

From Outcome to Implementation

Cabarrus County, North Carolina

Helping Families Change Conference

February 2014

Cabarrus County, NC, USA



Initiative Description

- **Target Population:** 6000 families with children under 18 years old
- **Partner organizations:** schools, health department, human services (child welfare), nonprofits, mental health
- **Service culture:** history of collaboration amongst agencies
- **Funding:** Awarded a 3 year grant from the North Carolina Division of Public Health

What was the primary outcome identified?

- Reduction of child maltreatment
- Why?
 - High incidence rate for the county compared to state and national averages
 - Aligns with the *Healthy People 2020* goals
 - Funder requirement
 - Community identified need

How was the outcome linked to implementation of Triple P?

- Target population
 - Determined based on county data for families that have experienced maltreatment and risk factors associated with maltreatment
- Identifying appropriate workforce
 - Established a representative community collation
 - Examined sectors of practitioners that serve the families in the target population (wide variety)
 - Looking for practitioners who can make Triple P part of their “core business”

How was the outcome linked to implementation of Triple P?

- Identifying appropriate levels of Triple P
 - Community collation determines based on gaps in services
 - Flexibility to change as the community changes
 - Focus on more preventive levels
- Structuring service delivery for the most effective use of Triple P
 - Various levels/formats of Triple P allow practitioners from many sectors to deliver evidence-based information to parents
 - Strategic selection of trainees
 - 100% attendance, 100% accreditation
 - Signed MOU's with each participating agency

How was the outcome linked to implementation of Triple P?

- Evaluation Plan
 - Communicated to practitioners at training, so they understand what is being asked of them
 - Allows for feedback to practitioners, agencies, collation, and community around whether the goals are being met
 - Collecting information at both the family and community levels
- Communication Plan
 - Stay Positive to raise awareness for parents and destigmatize asking for help with parenting
 - Communicate with practitioners through peer support, ongoing technical support, and supervisor participation in collation

What key factors have supported the implementation?

- Community buy-in
 - Collaborative process from determining needs through service delivery
- Peer support structure
 - Helps develop self-regulation and provides technical assistance
- Organizational and individual incentives
- Adequate staffing

From Outcome to Implementation

Berrien County

Helping Families Change Conference

February 2014

Berrien County, Michigan, USA



Initiative Description

- **Target Population:** 8,000 families of children 0-6 years old
- **Partner organizations:** health center, human services (child welfare), home visiting for young children, parent education, health department, substance abuse prevention
- **Service culture challenges:**
 - Practitioners/agencies struggle to see through the lens of the entire system or community
 - Practitioners use training to “check off” required professional development, rather than as a tool to change their practice
 - Agencies tend to work in silos
- **Funding:** Awarded a 3 year grant from the Centers for Disease Control and National Association of County and City Health Officials

What was the primary outcome identified?

- Reduction of child maltreatment
- Why?
 - Funder requirement
 - Community identified need

How was the outcome linked to implementation of Triple P?

- Target population
 - Assembled an implementation team with stakeholders in the arena of child maltreatment prevention and promoting the positive growth of families
 - Practitioners selected based on likelihood of working with families most at risk for child maltreatment
- Identifying appropriate workforce
 - Knowing the target was to reach the most vulnerable families helped to identify which staff within each organization would be best suited to providing Triple P services

How was the outcome linked to implementation of Triple P?

- Identifying appropriate levels of Triple P
 - Considering the target population and type of service provided by the practitioners, Levels 3 and 4 became the focus
 - Did not have this focus prior to the Triple P Implementation Framework, which resulted in practitioners being trained in levels that did not best their needs
- Structuring service delivery for the most effective use of Triple P
 - Work in a progress
 - Trying to understand the whole system of how parents and families interact with various community agencies
 - Goal is to have practitioners at each “touch point” to provide Triple P

How was the outcome linked to implementation of Triple P?

- Evaluation Plan
 - Knowing the desired outcomes helps define what to measure
- Communication Plan
 - Informing stakeholders about what Triple P can do and connecting that to the desired community outcomes

What key factors have supported the implementation?

- Implementation support from Triple P
- Funder understanding and appreciation of implementation science
- Implementation framework and a stable work plan
- Funding for a coordinator whose full-time job is to make sure the Triple P System is being built in a manner that positions long-term sustainability of Triple P

Thank you

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