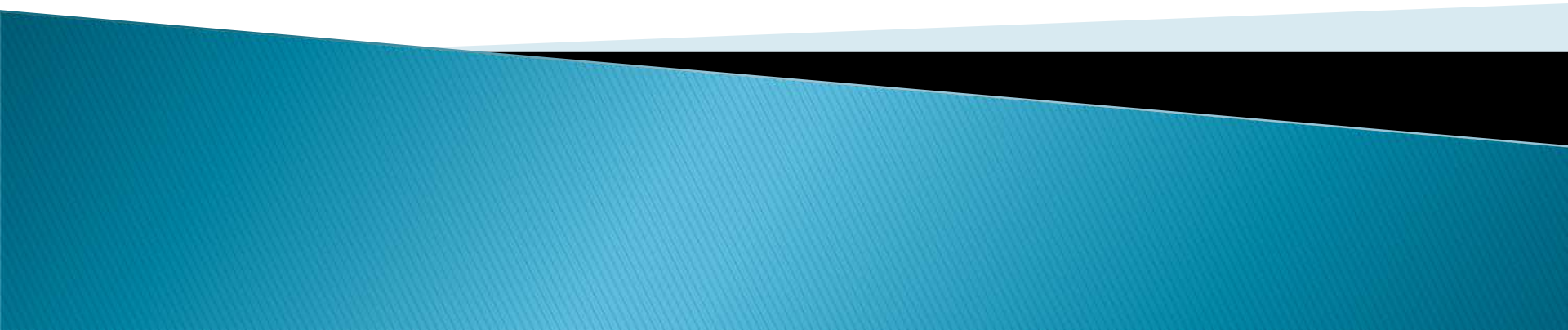# Delivering and Sustaining Evidence Based Interventions: Triple P in San Francisco

January 28, 2014

Presenters

- ## Sylvia Deporto
  - Deputy Director, San Francisco Human Services Agency

- ## Stephanie Romney, PhD
  - Director, Parent Training Institute

- ## Judith Baker, MA
  - Program Director and Consultant, Formerly of South of Market Child Care, Inc.

Evidence based interventions in San Francisco

- Triple P parenting
- Safecare
- Value of EBPs for child welfare

Supporting and Sustaining EBPs in Child Welfare

➤ Administrative commitment & ongoing support

➤ Consistent messaging to staff about EBP purpose, population target & outcomes

➤ Commitment to design, implementation, assessment/evaluation, review of outcomes

➤ Commitment to funding- creative thinking & blended funding

Challenges for Child Welfare

- Adherence to fidelity of model– time consuming, lower caseloads for providers
- Lack of flexibility of EBPs
- Lack of specific research on different ethnic populations
- High turnover rate with paraprofessionals– requires ongoing resources for training
- Constant need to communicate with child welfare line staff about EBPs purpose & target population

Implementing & Sustaining Triple P in Child Welfare

Stephanie Romney, PhD
Director, Parent Training Institute
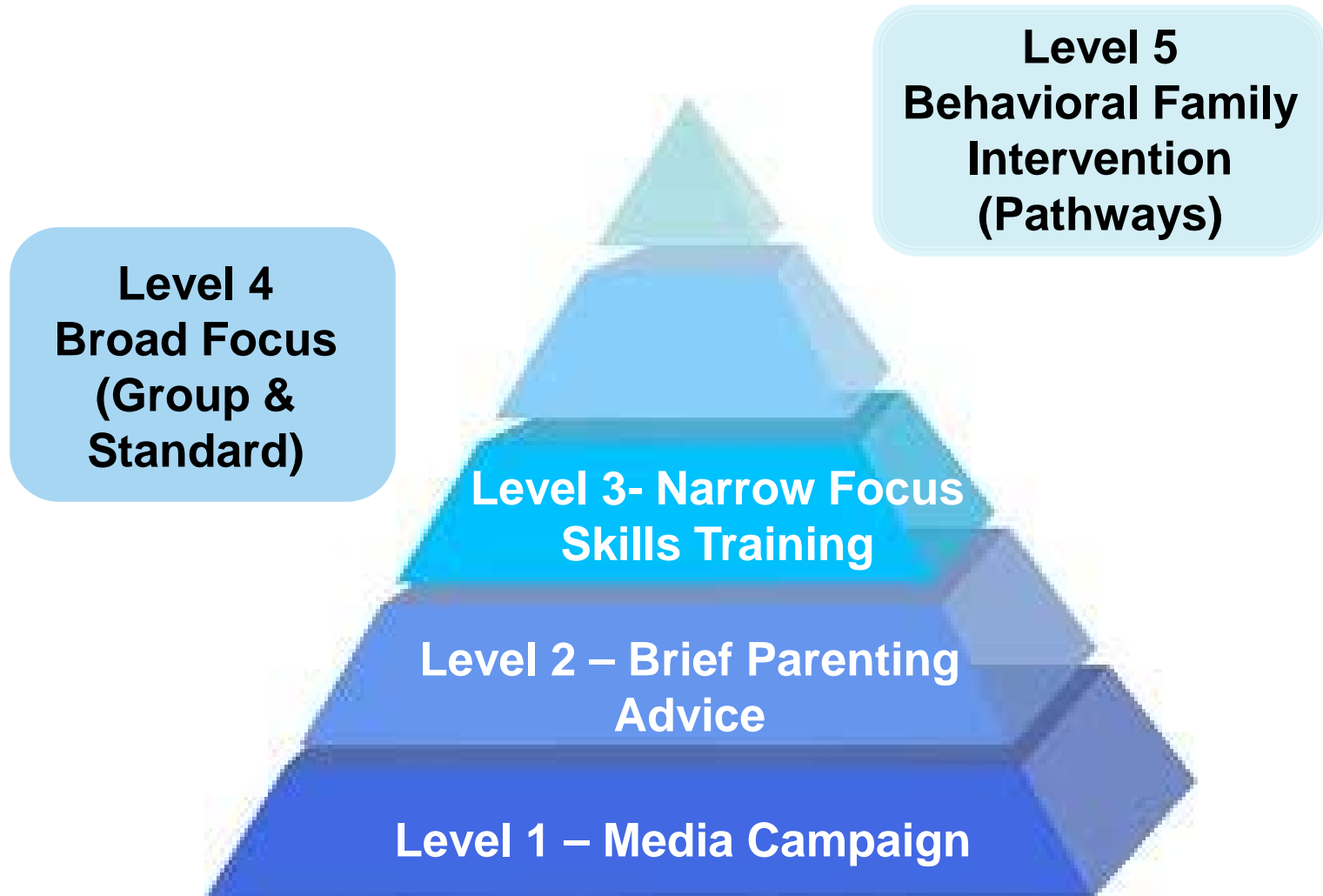San Francisco Department of Public Health
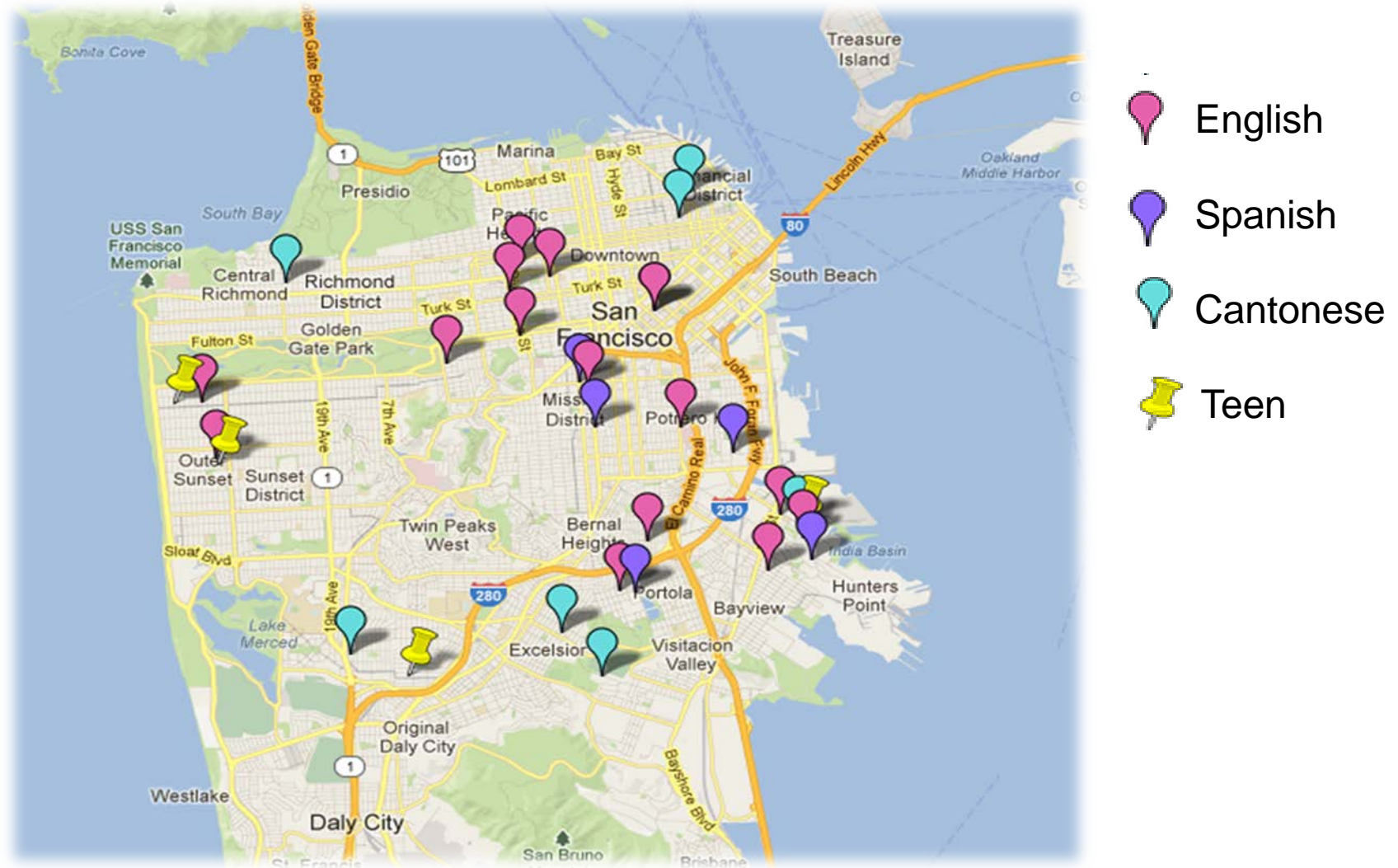
Parent Training Institute
www.pti-sf.org

- Provide training, technical assistance, and evaluation for nonprofit and civil service programs delivering evidence-based parenting in San Francisco

- Identify and champion "practice-based evidence" – local home-grown programs that achieve outcomes comparable to EBPs

- Receives blended funding from 4 family-serving agencies

Triple P Parenting System

Level 5 Behavioral Family Intervention (Pathways)

Level 4 Broad Focus (Group & Standard)

Level 3- Narrow Focus Skills Training

Level 2 – Brief Parenting Advice

Level 1 – Media Campaign

2013: Triple P in San Francisco

Legend:
- English (pink marker)
- Spanish (purple marker)
- Cantonese (teal marker)
- Teen (yellow pushpin)

Important Considerations for Child Welfare

- Reducing barriers to participation
  - Free food, childcare, transportation, incentives

- Reduce resistance / stigma
  - No separate classes for child welfare
  - Caregiver sets goals for self and child, & caregiver selects which strategies to use

- Triple P is not appropriate for caregivers with sexual abuse allegations against *any* child

Critical Considerations for Sustainability

- Selection of Staff for Training

- Outcome Monitoring

- Continuous Quality Improvement

Selection: Why a Readiness Process?

▸ Lessons learned from previous EBP rollouts
  ◦ high staff turnover – interns trained and then leave
  ◦ concerns about cultural fit
  ◦ lack of fit between practitioner's work and the new intervention
  ◦ lack of clarity around performance expectations
  ◦ data collection
  ◦ lack of supervisor or administrator buy-in

▸ Triple P – no train the trainer program
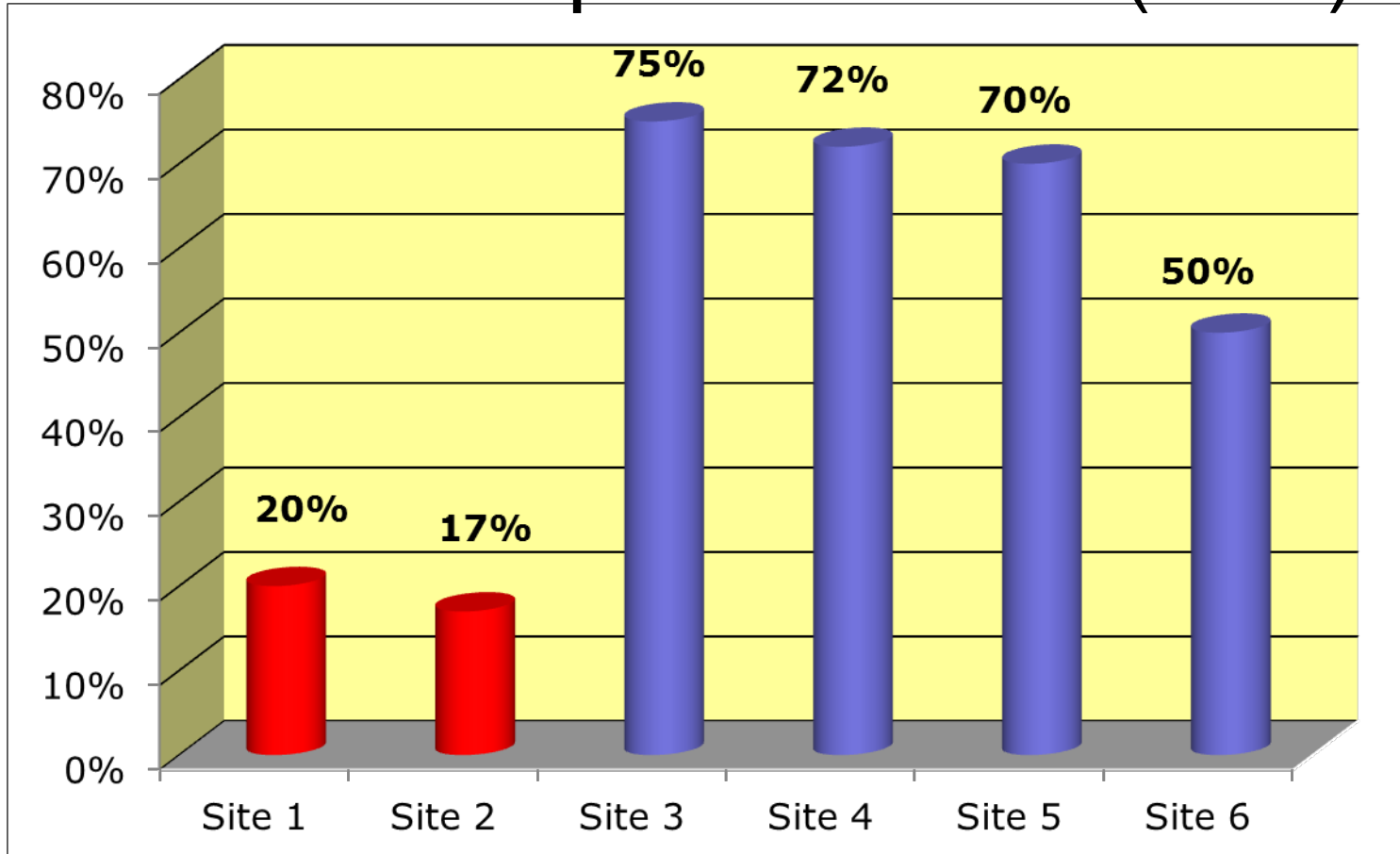
Readiness Process

▶ Components
  ◦ Written readiness assessment
  ◦ Face-to-face follow up with staff to be trained
  ◦ Provision of practitioner kits prior to the training

▶ Purpose
  ◦ Transparency about expectations and benefits of participating
  ◦ Problem-solve concerns <u>before</u> staff are trained

Example of written readiness worksheet

Impact of Readiness:
Parent Completion Rates (Pilot)

Outcome Monitoring

- **Access**:
  - Are child welfare-involved families accessing Triple P?
- **Engagement**:
  - Are child welfare-involved families completing Triple P?
- **Effectiveness**:
  - Are child welfare-involved families achieving the outcomes that we expect from Triple P?
- **Linkages / Follow-up**:
  - Are caregivers who need additional services following Triple P identified and connected to those services?

Sources of Information

- **Access**:
  - Matching Triple P participants with child welfare participants (quarterly)
- **Engagement**
  - Graduation rates (attendance sheets)
- **Effectiveness**
  - Caregiver-report measures at pretest, posttest, 3, 6, & 12 months
- **Linkages**
  - Child behaviors, parental stress still over the clinical cutoff at posttest
  - Unmet service needs at posttest

Example of Outcome Report

Caregiver Feedback

- Focus Groups
    - Conducted with group participants ~1 week after every Triple P group
    - Participants paid $25 (giftcard)
    - Approximately 1.5 hours
    - Conducted in the caregiver's preferred language

- Feedback from caregivers who do not complete Triple P

Example of Focus Group Questions

Quality Improvement

Evaluation answers
what are the outcomes?

Quality improvement asks
why is this happening and *how can we improve?*

Continuous Quality Improvement

1) Timely feedback loops with all stakeholders

- Parents
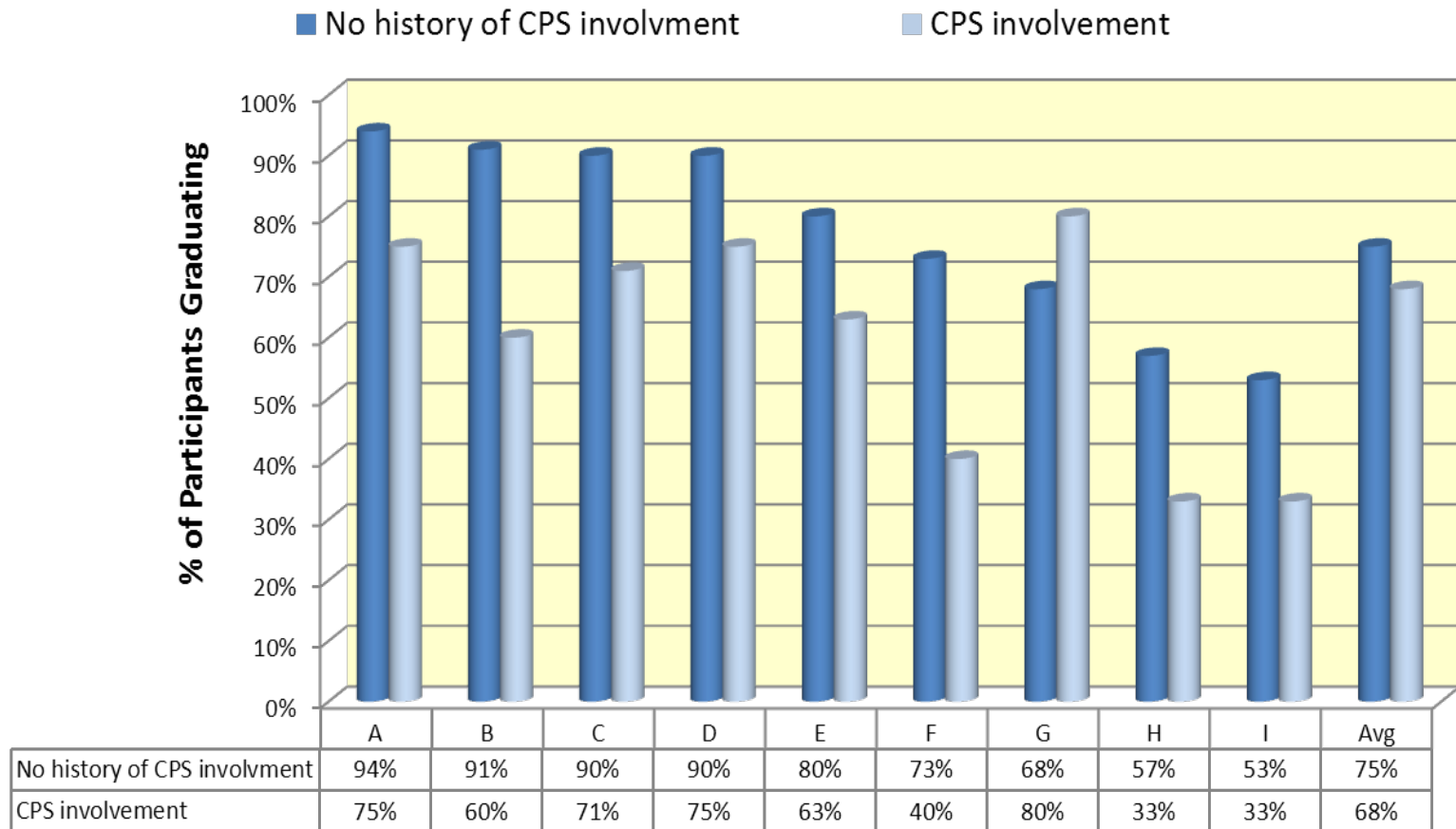- Practitioners
- Supervisors / Administrators
- Funders

2) Disaggregated data for specific populations / agencies

Enables problems to be resolved quickly and best practices to be shared

Customized Feedback

Recipient	Content	Timing
Practitioners & Supervisors	Outcome report and focus group findings List of participants over the clinical cutoff or having unmet service needs	Within 2 weeks following group completion Before the first group session and within 2 weeks following group completion
Administrators	Agency–level report in which outcomes are compared to same agency in the previous year and also to other comparable agencies	Annually unless requested more frequently
Funders	Aggregated reports based on specific populations Comparison of performance by funded agencies	2x per year unless requested more frequently Funders will also be cc'd on other reports if identified problems are outside the scope of the practitioner/agency to solve alone
Caregivers	Family–level outcomes	By request – not routine yet

The Importance of Disaggregated Data: Triple P Graduation Rates

% of Participants Graduating

Legend: ■ No history of CPS involvment ■ CPS involvement

	A	B	C	D	E	F	G	H	I	Avg
No history of CPS involvment	94%	91%	90%	90%	80%	73%	68%	57%	53%	75%
CPS involvement	75%	60%	71%	75%	63%	40%	80%	33%	33%	68%

Translating outcomes into improvement

- Hypotheses about why the outcome occurred
  - Practitioner & caregiver perspectives

- Develop a plan to address the problem

- Try out the plan to see if it works
  - With Triple P you'll have an answer within 12 weeks

- May need to include higher administrators or funders in the plan development

- Share successes with other agencies

Triple P: A Practitioner's Perspective

Judith Baker, MA
Program Director / Consultant

Delivery Context for Triple P

- ▸ My background
  - 40 years in child development field
  - Director of the South of Market (SOMA) family resource center when Triple P was first implemented

- ▸ <u>South of Market</u> – a family resource center that is part of a child development agency
  - ◦ Diverse populations served
    - Immigrants (primarily Spanish and Filipino)
    - Some low income and homeless families
    - Some undocumented immigrants
    - Some child welfare–involved / court mandated parents

Selecting Triple P

▸ Prior to Triple P, we had utilized a support group model (vs. skills training)

▸ Why Triple P?
  - Language capacity: English, Spanish, other
  - Can be delivered by diverse workforce (clinicians and paraprofessional family advocates)
  - Flexibility emphasized in addition to fidelity

Implementation Challenges

Challenge	How Challenge was Addressed
Low literacy level of parents – difficulty using the parent workbooks, understanding the powerpoints	Asking parents to draw instead of write, modifying homework to eliminate writing, allowing parents to take the DVD home
Parents reacting strongly to parts of curriculum (e.g., when parents are asked to reflect on their own childhood experiences in the Pathways curriculum)	A minimum of 2 facilitators ran each class, so 1 facilitator could work separately with parents should individual needs arise
Other concerns of families in addition to parenting (e.g., parental depression, case management needs)	The family resource center provided multiple other services to address families' needs
Group process issues (e.g., time management)	• Monthly support calls with a Triple P trainer • Facilitators worked together and improved with each class

Triple P Experiences

- 12-15 caregivers per class
- Supports provided at all classes to reduce barriers to participation and enhance retention
  - food, childcare, transportation support
  - use of incentives, graduation gift (gift certificate and family photo), class trip at the end of the class to practice skills
- No "typical" class or "typical" family
- Examples of families taking Triple P