First 5 Sonoma County
Program Evaluation Brief
Cumulative Results from 6/1/2010 - 6/30/2012

Triple P—Positive Parenting Program®

October 2012

Prepared For
First 5 Sonoma County

Prepared By
LFA Group: *Learning for Action*

LFA Group: *Learning for Action* enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services.

Executive Summary

Program Details	
Program Name	Positive Parenting Program® (Triple P)
Contractors	California Parenting Institute (CPI), Early Learning Institute (ELI), Jewish Family and Children's Services (JFCS), and Petaluma People Services Center (PPSC) receive grant funding through Sonoma County's Behavioral Health division from the Mental Health Services Act to provide Triple P services. Multiple other agencies have entered into a Memorandum of Understanding (MOU) with First 5 to be trained in Triple P at no cost to their agencies in exchange for providing data to First 5. The data is used to monitor whether services are being delivered with fidelity to the Triple P model.
Date Range of Results	June 1, 2010 – June 30, 2012
2011-15 Strategic Plan Goal Area	Goal 2: Supported and Nurturing Families
Priority Outcome	Priority Outcome 2B: Strengthen parenting capacity
Strategic Plan Core Program Outcomes (First 5 Sonoma County Pathways to Results)	**Community Outcomes:** ▪ Decrease in substantiated reports for child abuse and neglect ▪ Decrease in out-of-home placements ▪ Decrease in number of children visiting the emergency room for suspected maltreatment **Program Level Outcomes** ▪ Decrease in children exhibiting difficult behaviors ▪ Decrease in negative parent-child interactions
First 5 Sonoma County Funding Amount	First 5 Sonoma County allocated more than $550,000 in FY2011-12 to fund Triple P training, technical assistance, and evaluation services for the Triple P network providers.
Triple P Level of Evidence[1]	Evidence-Based Practice (Achieved Tier 1 placement in the Sonoma County Portfolio of Model Upstream Programs)

Key Accomplishments

Triple P providers achieved three of five evaluation targets and is on track to achieve one more. Achievements include:

- **Large numbers of families served:** Eight hundred and sixty-nine family members were served via Level 2 seminars, 310 children under age six were served via Level 3, and 311 children under age six were served under Level 4/5. Parents/caregivers of an additional 115 children over age six received Level 3 and 351 children over age six received Level 4/5. The siblings of these children also benefit from the skills their parents learn – and therefore these figures underestimate the number of children who have benefitted from Triple P.
- **Parents report a decrease in difficult behavior in their children:** More than eighty percent of parents who rated their children as having a high frequency of problem behaviors and/or indicated that they saw their children's behavior as a substantial problem before receiving Triple P services rated their children as improved after participation in Triple P.

Key Challenges and Lessons Learned

- **Parents are less likely to report change in themselves than in their children following Triple P services:** A smaller percentage of parents/caregivers than anticipated reported improvement on the parental self-assessment after participating in Triple P. More research is needed to understand if these results are in line with others' experience delivering Triple P.

[1] Please see the First 5 Sonoma County Evaluation Plan for a complete description of the evidence-based continuum, and definitions of each level of evidence.

This evaluation brief provides an update on the progress trained Triple P providers are making toward key evaluation targets, including populations served and outcomes achieved, during the reporting period. This brief is intended to be a resource to guide program development, implementation and improvement. It is also intended to inform the First 5 Sonoma County Commission of the impact of its investments and lessons learned for future funding decisions.[2]

Program Description

The Triple P Positive Parenting Program® is a multi-level evidence-based[3] program proven to significantly reduce child abuse and out-of-home placement by increasing the knowledge, skills, and confidence of parents. Each of the five levels offers tips, tools and strategies to support parents. Parents receive the services, and their children benefit because the family relationship improves. These levels progress in intensity of intervention as follows[4]:

- Level 1 is a social marketing and promotional campaign to reduce the stigma of seeking parenting help and to increase parental awareness of Triple P resources in the community.
- Level 2 consists of "brief, individual, or seminar-based consultation with parents and caregivers."
- Level 3 consists of brief, flexible parent consultation, targeting parents who have children with mild to moderate behavioral difficulties.
- Level 4 is a moderately intensive parent program for parents who have children with moderate to severe behavioral/emotional difficulties, and is delivered in a group or individual setting.
- Level 5 is delivered in conjunction with Level 4 and is an enhanced family intervention when parenting is complicated by other sources of distress, such as relationship conflict, depression, or high stress.

Triple P in Sonoma County

First 5 Sonoma County provides free training in all levels of Triple P relevant to families of children from birth through five years of age. In order to evaluate the effectiveness of Triple P services to local families, First 5 requests data from the trained providers. Providers of Level 2 and 3 collect demographic data and tip sheet information about the families they serve. Providers of Level 4 and Level 5 services also provide results of pre- and post-tests using the Eyberg Child Behavior Inventory (ECBI) and the Parenting Scale. (For more information on these assessments, please see Appendix C.)

This combined data gives a profile of how well the trained providers are delivering Triple P in the county and enables First 5 to determine whether the providers are adhering to the model. When providers demonstrate fidelity to the Triple P model, First 5 can be assured that the outcomes expected from Triple P (see core program outcomes in Exhibit 9) will be achieved.

As a result of this First 5 effort, Triple P services are being incorporated into parent education and intervention services across the county. Sonoma County Behavioral Health has engaged four grantees to provide Levels 2, 3, 4, and 5 Triple P services to local parents through its Mental Health Services Act—Prevention and Early Intervention 0-5 (Early Childhood PEI) program. These grantees are: California Parenting Institute, Early Learning Institute, Jewish Family & Children's Services, and Petaluma People Services Center. First 5 Sonoma County has partnered with Sonoma County Behavioral Health to provide Triple P training to these grantees and to evaluate the results

[2] For a complete description of the First 5 Sonoma County evaluation approach, please see the Evaluation Plan at http://www.first5sonomacounty.org/documents/evaluation_plan.pdf.
[3] Please see the First 5 Sonoma County Evaluation Plan for a complete description of the evidence-based continuum, and definitions of each level of evidence.
[4] Triple P America. 2011. 13 September 2011 <http://www.triplep-america.com/pages/Abut Us/index.html/>

of MHSA Early Childhood PEI. Additionally, First 5 Sonoma County has entered into Memoranda of Understanding to provide training and technical assistance to many additional agencies in Sonoma County who agree to provide Triple P services to parents. Exhibit 1 and 2 list the nonprofit organizations that provide (or will soon provide) data about their Triple P services under these agreements, as well as the level of Triple P they provide.

Exhibit 1. Overview of Services, for Agencies Providing Data

Agency	MHSA Grantee	Level of Triple P Provided		
		Level 2	Level 3	Levels 4/5
4 Cs			✓	
California Parenting Institute	✓		✓	✓
Catholic Charities of Santa Rosa			✓	
Early Learning Institute*	✓		✓	
Jewish Family & Children's Services	✓	✓	✓	✓
Petaluma People Services Center*	✓		✓	✓
Petaluma City Schools			✓	
Santa Rosa Community Health Centers				✓
Sonoma County Public Health			✓	
Sunny Hills Services				✓

**Updated data on numbers served and demographic information was not available from these agencies in time for this report. Data for these agencies includes numbers served through December of 2011.*

Exhibit 2. Overview of Services, for Agencies Not Yet Providing Data

Agency	Level of Triple P Training Received		
	Level 2	Level 3	Levels 4/5
Action Network		✓	✓
Alternative Family Services		✓	✓
Committee on the Shelterless	✓	✓	✓
Community Action Partnership of Sonoma County	✓	✓	✓
DHS-Behavioral Health		✓	✓
Drug Abuse Alternatives Center	✓	✓	✓
Family Service Agency		✓	✓
HSD-Child Protective Services		✓	
Petaluma City School District		✓	✓
Seneca Center			✓
River to Coast Children's Services		✓	✓
The Living Room		✓	
Matrix Parent Network		✓	
Sonoma County Office of Education		✓	✓

First 5 contracts with the California Institute for Mental Health (CIMH) to collect the demographic and outcomes data from these trained providers and report on the data twice each year. In FY 2011-12, grantees reported on Triple P services in Levels 3, 4, and 5.

The countywide data included in this report comes from CIMH. Data from CIMH is cumulative, and reflects all Triple P services reported between June 2010 and June 30, 2012. (Triple P data for specific MHSA-PEI Early Childhood grantees are reported in the MHSA-PEI Early Childhood Evaluation Brief.) Since First 5 began training Triple P providers, families of 1,074 children have received Triple P services. This includes a cumulative total of 610 children under age six.

Program Theory

Need for the Program

Sonoma County stands to benefit substantially from Triple P prevention-focused services. In 2011, 134 children under age six in Sonoma County were removed from their homes, and 332 families had substantiated abuse allegations involving children under age six.[5] Furthermore, it is likely that many more children are abused than these statistics show; the true prevalence of child abuse is difficult to predict because child abuse is vastly underreported. Evidence of this underreporting comes from a study showing that in anonymous telephone surveys, mothers reported incidences of physical child abuse at rates 40 times greater than official child abuse reports.[6]

How the Intervention Links to Outcomes

Numerous studies have shown that Triple P demonstrates long-term effects for parents and their children. A population-based trial in Australia evaluating Triple P communities and comparison communities found that Triple P communities experienced a significant reduction in parental depression, coercive parenting, psychosocial problems, and emotional difficulties.[7]

A random sample, population-based trial by the Centers for Disease Control (CDC) in 18 counties within South Carolina found that counties with the Triple P program also experienced a significant reduction in child maltreatment, out-of-home placements, and children with injuries requiring hospitalization or emergency room treatment.[8] In the study, a mean of 38.8 providers were trained per 50,000 community members. Results of the study demonstrate that, in a community with 100,000 children under 8 years old, implementing the program would decrease child maltreatment cases by 688, decrease out-of-home placements by 240, and decrease cases of children with injuries requiring hospitalization or emergency room treatment by 60.[9]

With a similar saturation of trained providers as achieved in the South Carolina CDC study and all other factors being equal, First 5 expects that population-wide implementation of Triple P in Sonoma County will achieve marked improvement in the lives of children from birth through five years old, including an annual decrease of 165 cases of child maltreatment, 58 cases of out-of-home placement, and 14 cases of children's injuries requiring hospitalization or emergency room treatment.

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[5] Prevent Child Abuse Sonoma County. (2011). Sonoma County Statistics. Retrieved from http://preventchildabuse-sonomacounty.org/statistics/

[6] UC Berkeley's CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx.

[7] Sanders, et al. (2008). *Every Family: A Population Approach to Reducing Behavioral and Emotional Problems in Children Making the Transition to School.* Journal of Primary Prevention.

[8] Prinz, et al. (2009). *Population-based prevention of child maltreatment: the U.S. Triple P System population trial.* Prevention Science. Published with open access at www.Springerlink.com

[9] *Ibid*.

Long Term Cost Savings

Triple P is highly cost-effective and well-positioned to spur significant long-term savings. Child maltreatment is associated with extremely high direct and indirect costs, including hospitalization, mental health care, child welfare services, law enforcement, special education, adult criminal justice system involvement, and lost labor productivity.[10] Prevent Child Abuse America estimates that child abuse and neglect in the U.S. costs $104 billion annually in 2007 dollars.[11] As a program that is shown to prevent child abuse, Triple P is highly cost-effective because the program costs are much lower than the costs associated with child maltreatment. One study found that building the infrastructure needed to implement Triple P in nine South Carolina counties would cost less than $12 per child.[12] Additional research shows that Triple P will pay for itself if it averts less than 1.5% of conduct disorder cases.[13]

Reaching the Target Population

The various levels of Triple P are targeted at different populations. Level 2 is universally available, and targeted to the general population. Level 3 is targeted to families who require slightly more in-depth assistance, but is still aimed at a broad section of the population. Levels 4 and 5 are narrowly targeted; they are designed to help the subset of families most in need of assistance.

Level One

First 5 Sonoma County has been selected as a pilot site for Triple P International's (TPI) Stay Positive Campaign. Stay Positive is a social marketing campaign that normalizes seeking help with parenting and promotes Triple P to parents. It also provides support and marketing assistance to trained providers. Support materials include websites, brochures, posters, tip papers, and more. First 5 and TPI planned and prepared the campaign in 2011-12 for launch to providers in November 2012 and to parents in December 2012.

Level Two

Though providers were not required to report their Level 2 results in FY 2011-12, Jewish Family and Children's Services (JFCS) provided 58 Level 2 seminars to 869 family members, far exceeding their MHSA target of 360 seminar participants. Of these attendees, 288 received seminars in Spanish (33%).

[10] Fromm, S. (2007). *Total estimated cost of child abuse and neglect in the United States.* Prevent Child Abuse America.
[11] *Ibid*.
[12] Foster, et al. (2008). *The cost of public health infrastructure for delivering parenting and family support.* Children and Youth Services Review 30:493-501. As cited in Sanders, M. (2008). *Triple P-Positive Parenting Program as a public health approach to strengthening parenting.* Journal of Family Psychology 22(3): 506-517.
[13] Mihalopoulos, et al. (2007). *Does the Triple P- Positive Parenting Program provide value for money?* Australian and New Zealand Journal of Psychiatry 41(3):239-246. As cited in Sanders, M. (2008). *Triple P-Positive Parenting Program as a public health approach to strengthening parenting.* Journal of Family Psychology 22(3): 506-517.

Level Three

Exhibit 3 shows the reported number of children under age six served with Triple P Level 3 *since the program began.* From June of 2010 to June of 2012, a cumulative total of 311 children under age six have received Triple P Level 3 services in Sonoma County.

Of the 311 children served with Level 3, 59 have special needs. Their average age is 2.7 years old for Level 3, and 59.2% are male.

Exhibits 4 and 5 summarize key demographic information for the children served. Nearly 43% of children served are Hispanic/Latino, and three-quarters of all children served speak English as their primary language.

Parents most frequently required support about "Being a Parent," "Disobedience II," "Coping with Stress," "Promoting Development," and "Tantrums."

Exhibit 3. Number of Children Served Since June 2010

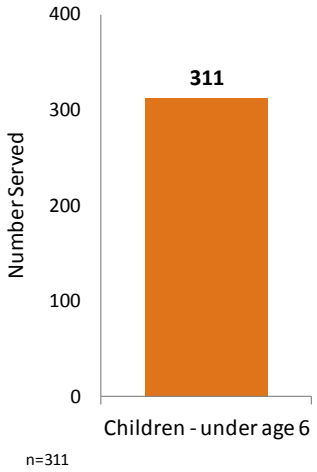


Exhibit 4. Ethnicity of Children Served Since June 2010

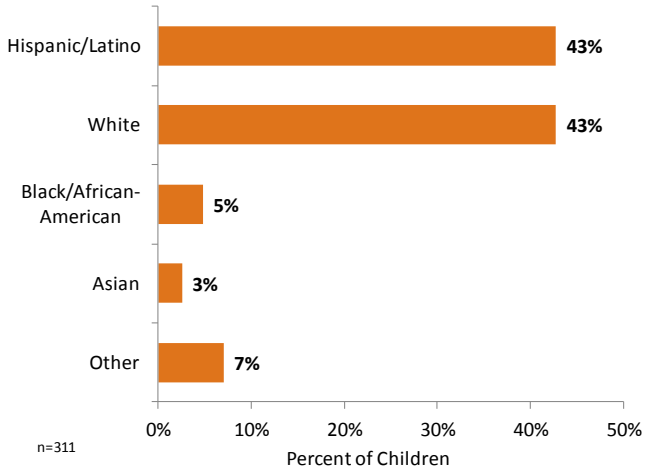
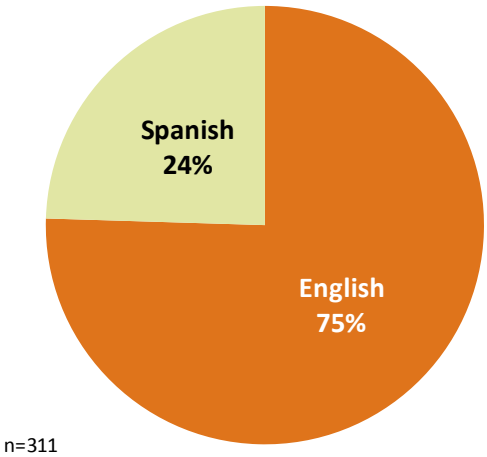


Exhibit 5. Primary Language of Children Served Since June 2010



Level Four/Five

Exhibit 6 shows the number of children under six served with Triple P Level 4/5 *since the program began* in June of 2010. A cumulative total of 310 children have received Triple P Level 4/5 services in Sonoma County. Eleven of these children were also served under Level 3, and are therefore represented in both this section and the previous section.

Of the 310 children under six whose parents/caregivers were referred to Triple P Levels 4/5 and had a first session, 114 (37%) dropped out before completing Triple P.[14]

Of the 310 children served under Level 4/5, 52 have special needs. The average age of the children in the families served is 3.6 for Levels 4/5.

Exhibits 7 and 8 summarize key demographic information for the children in these families. Almost three-quarters are Hispanic/Latino, and two-thirds of them speak Spanish as their primary language.

Exhibit 6. Number of Children Served Since June 2010

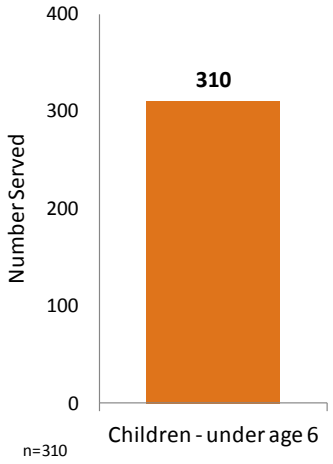


Exhibit 7. Ethnicity of Children Served Since June 2010

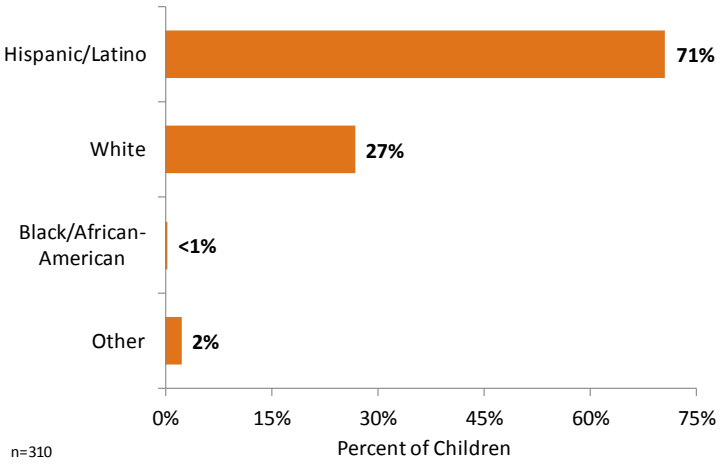
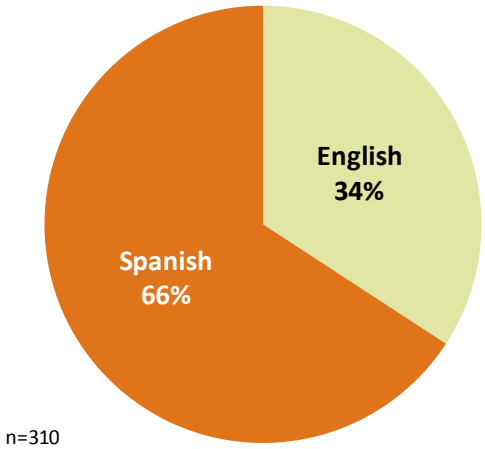


Exhibit 8. Primary Language of Children Served, Since June 2010



Progress Achieved

Progress Toward Core Outcomes

Because Triple P is an evidence-based program that has repeatedly been proven to be effective when delivered with fidelity to the model, First 5 can expect to achieve the outcomes experienced in earlier, comprehensive studies of Triple P if local providers are delivering Triple P as it was designed. Using CIMH reports, First 5 looks to see that the data is relatively consistent from provider to provider and that the outcome measures reveal significant levels of improvement in children's behavior, in parents' perception of their children's behavior, and in parenting skills. First 5 believes that the data shows that Sonoma County trained providers are delivering Triple P with fidelity and, as a result, are impacting the community outcomes that Triple P has been proven to address:

- Decrease in substantiated reports for child abuse and neglect
- Decrease in out-of-home placements

[14] Completion status is determined by the agency that provided services.

- Decrease in number of children visiting the emergency room for suspected maltreatment

Additional program level outcomes support the Triple P assertion that children benefit when parents/caregivers increase their confidence and competence in parenting skills:

- Decrease in the percentage of children exhibiting difficult behaviors
- Decrease in negative parent-child interactions

Progress toward these outcomes is highlighted in the table below.[15]

Exhibit 9. Progress Achieved

Progress Achieved Toward Core Outcomes[16] 05/01/2010 – 06/30/2012			
Core Community Outcome	**Specific Target**	**Actual Results**	**Progress Toward Target**
Decrease in substantiated reports for child abuse and neglect	The rate of substantiated reports for child above and neglect, per 1,000 children, will go down over time. 2010 will serve as the baseline year.	*Rates per 1,000 children under age six:*[17] 2009: 9.75 2010: 10.51 2011: 9.73	*No target set*
Decrease in out-of-home placements	The rate of out-of-home placements, per 1,000 children, will go down over time. 2010 will serve as the baseline year.	*Rates per 1,000 children under age six:*[18] 2009: 3.08 2010: 3.73 2011: 3.92	*No target set*
Decrease in number of children visiting the emergency room for suspected maltreatment	The rate of visits to the emergency room for suspected maltreatment, per 100,000 incidents, will go down over time. 2010 will serve as the baseline year.	*Rates per 100,000 incidents, for children under age six:*[19] 2009: 3 2010: 1	*No target set*
Core Program Outcome	**Specific Target**	**Actual Results**	**Progress Toward Target**
Decrease in children exhibiting difficult behaviors	**90%** of children who receive an Intensity Score above the clinical cut-off point on the pre-intervention ECBI will receive scores below the clinical cut-off point on post-intervention ECBI	**85%** (50 of 59)	On Track
	80% of children who receive a Problem Score above the clinical cut-off point on the pre-intervention ECBI will receive scores below the clinical cut-off point on post-intervention ECBI	**82%** (55 of 67)	Achieved

[15] The Triple P Pathway to Results provides a complete overview of the program's measureable outcomes and accompanying targets. The Pathway can be found in Appendix A following this report.

[16] Throughout this report, progress toward targets is measured using these definitions: Not achieved (more than 5% below target), On Track (<0-5% below target), Achieved (0-5% above target), Exceeded (more than 5% above target).

[17] These figures are per calendar year, not fiscal year. UC Berkeley's CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx.

[18] These figures are per calendar year, not fiscal year. UC Berkeley's CSSR database. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx.

[19] These figures are per calendar year, not fiscal year. California Department of Public Health's Epicenter database, http://epicenter.cdph.ca.gov.

Exhibit 9. Progress Achieved

Progress Achieved Toward Core Outcomes[16] 05/01/2010 – 06/30/2012			
Decrease in negative parent-child interactions	**80%** of parents whose self-assessed ratings place their score above the clinical cut-off point on the pre-intervention Parenting Scale will rate themselves below the clinical cut-off point on the post-intervention Parenting Scale	**58%** (42 of 73)	Not Achieved

Substantial and Significant Improvement

Additional analysis of the change in ECBI and Parenting Scale scores reveals substantial and statistically significant improvement. CIMH found that the average score on each of the three scales improved a statistically significant amount from pre-intervention to post-intervention ($p<.01$), and that the average scores on each scale dropped to below the clinical cut-off point for each test. These drops in average scores are sizeable and reflect significant progress for the families receiving Triple P. Please see Exhibits 10 and 11 for more information.

Exhibit 10. Pre- and Post-Intervention ECBI Scores

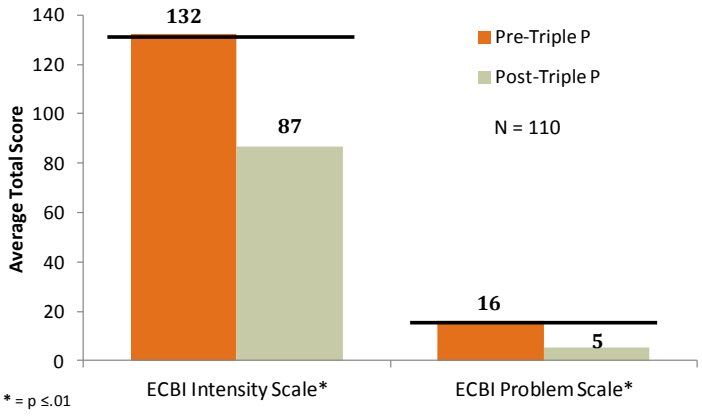
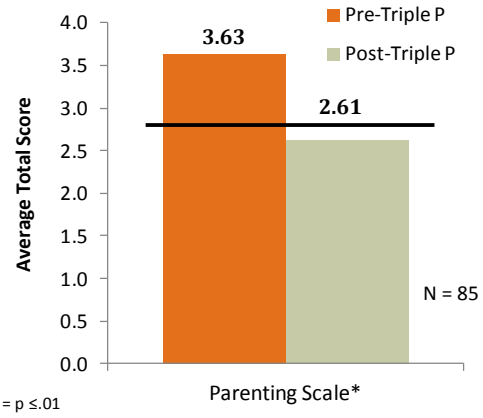


Exhibit 11. Pre- and Post-Intervention Parenting Scale Scores



Solid lines indicate clinical cut-off points.. ECBI Intensity Scale cut-off point is 131. ECBI Problem Scale cut-off point is 15. The cut-off point for the Parenting Scale is 2.8.

CIMH also calculated the percent of clients showing a reliable change[20] from pre-intervention score to post-intervention score on each scale. This information is summarized in Exhibits 12 through 14.

[20] CIMH explains reliable change as follows, "The percent of clients showing reliable change reflects those with an amount of change on an outcome measure from pre-Triple P to post-Triple P that meets or exceeds the value of the Reliable Change Index (RCI). RCI, as calculated using the Jacobson-Truax (1991) method, is the amount of change that can be considered reliable based on the difference from pre- to post-, taking the variability of the pre-treatment group and measurement error into consideration. It reflects an amount of change that is not likely to be due to measurement error ($p<.05$) [see Wise, E.A. (2004). Methods for Analyzing Psychotherapy Outcomes: A Review of Clinical Significance, Reliable Change, and Recommendations for Future Directions. Journal of Personality Assessment, 82(1), 50-59]."

Exhibit 12. Change in Intensity Scale Scores in Children Who Received Level 4/5

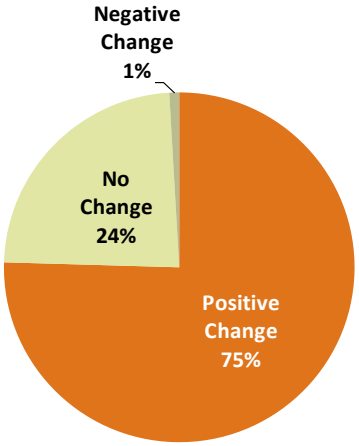


Exhibit 13. Change in Problem Scale Scores in Children Who Received Level 4/5

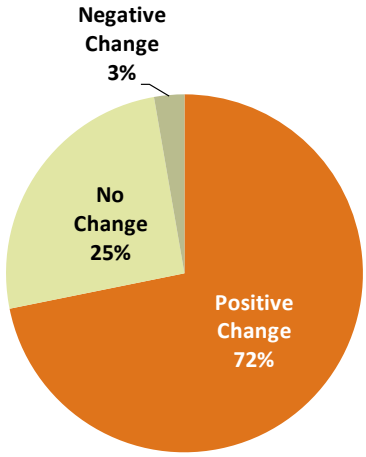
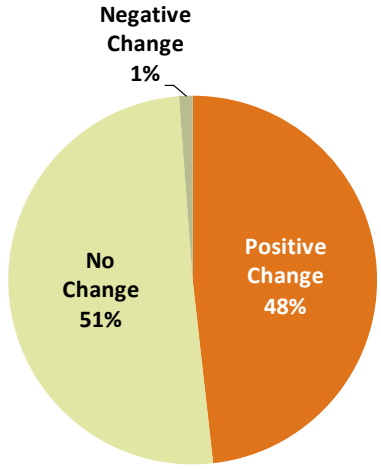


Exhibit 14. Change in Parenting Scale Scores in Parents Who Received Level 4/5



Those who complete Triple P Level 4/5 benefit substantially. Triple P is contributing effectively to First 5 Sonoma County's strategic priority outcome of strengthening parent capacity, and will ultimately contribute to lower rates of child abuse, child maltreatment, and out-of-home placements in Sonoma County.

Additional Indicators of Progress

In addition to the key accomplishments described above that are specifically related to First 5 Strategic Plan outcomes, the trained providers who deliver Triple P also worked toward the following goals:

Exhibit 15. Additional Progress Achieved

Additional Progress Achieved 07/01/2011 – 06/30/2012			
Program Outcome	**Specific Target**	**Actual Results**	**Progress Toward Target**
Completion of pre- and post-intervention Eyberg Child Behavior Inventory (ECBI)	**75%** of parents who complete Triple P Level 4/5 will complete pre- and post-intervention ECBIs for their children	**56%** (110 of 196)	Not Achieved
Completion of pre- and post-intervention Parenting Scale survey	**50%** of parents who complete Triple P Level 4/5 will complete pre- and post-intervention Parenting Scale surveys	**43%** (85 of 196)	Not Achieved

Triple P Providers work hard to ensure that parents complete the final assessments, but many parents do not complete the series of sessions. Providers are left with a high dropout rate; 37% of families that enter Level 4/5 stop participating prior to successfully completing Triple P. Several grantees noted that it is very difficult to persuade parents to return and complete the series of programs, which is reflected in both the high dropout rate and the low rate of assessment completion. Providers may want to experiment with providing after-hours services where possible.

Learning for Action: Building on Successes & Lessons Learned

Sonoma County Triple P Providers are making a significant and meaningful impact on the lives of children. To date, they have served over 600 children under six, plus an additional 466 over age six. The number of children positively affected is higher still, since the siblings of these children undoubtedly benefit from their parents' participation in Triple P.

The Triple P model has been proven to reduce the rate of child abuse, out-of-home placement, and injuries due to maltreatment. Sonoma County can expect to benefit from these effects over the course of the next several years.

These results should make Triple P providers proud. However, these evaluation findings also point to a few specific ways in which First 5 Sonoma County and providers may consider further improving implementation of Triple P in Sonoma County:

- **Invest in developing new methods to reduce the dropout rate:** Thirty-seven percent of families drop out of Triple P Level 4/5. Of those families who complete the program, just 56% complete a post-intervention assessment of their children's progress. The comparable figure for the parents self-assessment is even lower: 43%. Grantees may want to seek targeted financial support for innovative methods to effectively address these challenges; for example, grantees could provide services in the evening or on the weekend. Grantees are already experimenting with providing incentives and providing services in the family's home.
- **Support providers to adhere to the Triple P model:** Triple P providers tend to provide more sessions at Level 4/5 than the model calls for (please see Appendix B for the relevant figures). In part, this reflects the challenge of a high-needs and low-literacy population, but it may also reflect an implementation issue. Providers may benefit from peer support and training to identify effective Triple P interventions for this population of clients.
- **The target for the percentage of parents who will improve on the Parenting Scale after Triple P services may be too high.** The target for parents whose self-assessed ratings place their score above the clinical cut-off point on the pre-intervention Parenting Scale will rate themselves below the clinical cut-off point on the post-intervention Parenting Scale was set at 80%. Just 58% of parents who rated themselves above the cut-off point had a score below that point at the post-intervention. Parents may be less able to see change in themselves than in their children, where they tend to rate change in line with the targets set by First 5 and the Department of Health Services Behavioral Health Division. More research is needed to understand if these results are in line with others' experience delivering Triple P.

Providers are already making strides to address these issues. Data for 2011-12 demonstrates a lower dropout rate and a lower maximum number of sessions provided, than was reported during the first year data was available.

Appendices

A. Pathway to Results
B. Additional Data
C. Description of Triple P Outcome Measures

Appendix A.
Pathway to Results

Multiple Agencies Implementing Triple P:

Four Agencies Providing Triple P under MHSA: Community Child Care Council (4Cs), California Parenting Institute (CPI), Early Learning Institute (ELI), and Petaluma People Services Center (PPSC).

Multiple Other Agencies have entered into a Memorandum Of Understanding (MOU) with First 5 to provide data for purposes of fidelity monitoring in exchange for being trained in Triple-P at no cost to their agency.

Grant Period: June 1, 2010 – June 30, 2015

Project Summary: The First 5 Sonoma County Commission has contracted with Triple P America to provide Triple P training and certification for Levels 2 through 5 over the next several years. The First 5 Sonoma County Commission and the Department of Health Services are training an ever-increasing list of agencies in Sonoma County to provide Level 2, 3, 4, and 5 Triple P services to families with children age six and younger in Sonoma County. The Commission has also contracted with California Institute for Mental Health (CIMH) to provide Triple P implementation support to agency/program administrators and to help First 5 and its implementing partners evaluate the results of these efforts. Triple P is an evidence-based, multi-level system of parenting interventions. The program provides five different levels of parenting supports intended to prevent child maltreatment and social, emotional, and behavioral problems. Triple P is also designed to improve parenting skills and strengthen parents' confidence in their ability to be good parents.

The Pathway to Results outlined here highlights the data the partnering agencies should collect to allow First 5 to monitor the impact of Triple P. MHSA contractors should also refer to the MHSA PEI 0-5 Pathway to Results.

Community-Level Indicators

In addition to the measures outlined in the next pages, First 5 Sonoma County will also be monitoring the occurrence of substantiated reports of child maltreatment, the number of out-of-home placements, and the number of children visiting the emergency room for suspected maltreatment in Sonoma County. A decrease in those numbers will be taken as a long-term indicator of Triple P's success.

Reports of child maltreatment and all number of out-of-home placements will be drawn from UC Berkeley's CSSR database (available at http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx and http://cssr.berkeley.edu/ucb_childwelfare/EntryRates.aspx, respectively). The number of emergency room visits for suspected maltreatment will be drawn from the California Department of Public Health's Epicenter database (http://epicenter.cdph.ca.gov).

Annual Count for Children Ages 0-5 in Sonoma County	Occurrence of substantiated reports of child abuse and neglect	Number of out-of-home placements	Number of children visiting the emergency room for suspected maltreatment
2009	332 out of 34,025 (9.75 per 1,000 children)	105 out of 34,025 (3.08 per 1,000 children)	3 (Rates are calculated per 100,000 incidents)
2010	358 out of 34,064 (10.51/per 1,000 children)	127 out of 34,064 (3.73 per 1,000 children)	1 (Rates are calculated per 100,000 incidents)
2011	332 out of 34,119 (9.73 per 1,000 children)	134 out of 34,119 (3.92 per 1,000 children)	No data available

Strategies/Activities	Measurable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measure-ment Tool	Timeline
I. Intervention Services for Families					
A. Provide Level 2 Triple P Individual Counseling ▪ Brief, individual consultation with parents ▪ Parents are provided with topic-specific guidance and Triple P tip sheets ▪ Active skills training provided for parents	▪ Number of tip sheets distributed ▪ Tip sheet topics ○ English and Spanish topics will be counted separately as a proxy for demographic information	▪	▪	▪	<u>Data Collection:</u> Semi-annual data sent to CIMH (sent in at the beginning of January and July) <u>Reporting:</u> 60 days after data is submitted
B. Provide Level 2 Triple P Seminars ▪ Three 90-minute seminars ▪ Parents are provided with topic-specific guidance and Triple P tip sheets ▪ Active skills training provided for parents	▪ Number of individuals attending each seminar ○ Number of children from 0 to 3rd birthday represented by attendees ○ Number of children from 3rd birthday to 6th birthday represented by attendees ▪ Dates of seminar ▪ Number of seminars provided ▪ Topic of seminar (choose one of three, plus 'other' option) ▪ Language of seminar	▪	▪	▪	<u>Data Collection:</u> Semi-annual data sent to CIMH (sent in at the beginning of January and July) <u>Reporting:</u> 60 days after data is submitted
C. Provide Level 3 Triple P ▪ As little as 1, and up to or over 4 session intervention, targeting children with mild to moderate behavior difficulties ▪ Active skills training provided for parents. ▪ Parents are provided with topic-specific guidance and Triple P tip sheets ▪ Parenting booklet	▪ Number of parents served ▪ Number of other family members served ▪ Contact dates ▪ Demographic information (see summary of demographic data at end of this document) ▪ Zip codes ▪ Tip sheet topics	▪	▪	▪	<u>Data Collection:</u> Semi-annual data sent to CIMH (sent in at the beginning of January and July) <u>Reporting:</u> 60 days after data is submitted

Strategies/Activities	Measurable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measure-ment Tool	Timeline
D. Provide Level 4 Triple P ▪ Parenting course (10 individual sessions or 5 group sessions plus additional phone sessions), with workbook, for parents of children with more severe behavior difficulties ▪ More sessions may be necessary for parents with low levels of literacy	▪ Number of parents served ▪ Number of other family members served ▪ Contact dates ▪ Contact focus ▪ Number of families completing course (practitioner decides when complete) ▪ Zip codes ▪ Demographic information (see summary of demographic data at end of this document)	▪ Decrease in children exhibiting difficult behavior** ▪ Decrease in negative parent-child interactions**	Note: The following targets will be measured by First 5 in collaboration with CIMH. Providers of Triple P need to gather this information but only need to provide it to CIMH. **Intensity Score**: The numerical score on the ECBI Intensity subscale, which measures the intensity of a child's behavioral problems, as rated by the parent. **Problem Score:** The numerical score on the ECBI Problem subscale, which measures the extent to which the parent view the child's behaviors as problematic, as rated by the parent. ▪ Of the children who receive an intensity score above the clinical cut-off point on the pre-intervention ECBI, 90 percent of children will receive scores below the clinical cut-off point on the post-intervention ECBI. ▪ Of the children who receive a Problem Score above the clinical cut-off point on the pre-intervention ECBI, 80 percent of children will receive scores below the clinical cut-off point on the post-intervention ECBI. ▪ Of the parents whose self-assessed ratings place the parent's score above the clinical cut point on the pre-intervention Parenting Scale, 80 percent of parents will rate themselves below the clinical cut-off point on the post-intervention Parenting Scale. ▪ 75 percent of parents who complete Triple P Level 4 will complete pre- and post-intervention ECBIs for their children ▪ 50 percent of parents who complete Triple P Level 4 will complete pre- and post-intervention Parenting Scale surveys	▪ ECBI ▪ Parenting Scale	Data Collection: Semi-annual data sent to CIMH (sent in at the beginning of January and July) Reporting: 60 days after data is submitted

Strategies/Activities	Measurable Short-Term Program Outputs	Measureable Long-Term Program Outcomes	Specific Targets	Measure-ment Tool	Timeline
E. Provide Level 5 Triple P ▪ Parents are referred to Level 5 from Level 4. ▪ Module-style training for parents at risk of maltreatment ▪ Employs active skills training to help parents manage their own emotions and behaviors along with those of their children	▪ Same as Level 4 ▪ Which part of Level 5 implemented – parent support or parent stress – only given to Level 4 folks. Additional component on top of 4.	▪ Same as Level 4	▪ Same as Level 4	▪ Same as Level 4	▪ Same as Level 4

***Outcome links to the First 5 Sonoma County Pathways to Results framework*

Demographic data on populations served to be captured for Descriptive Purposes and for the State Annual Report:

- # of children served less than 3 years old
- # of children served, ages 3-6th birthday
- # of parents/ guardians/primary caregivers served
- # of other family members served – open question? Tracked through triple P
- # of providers served
- Race/ethnicity of providers, children, and parents/primary caregivers served
    - Please use the following categories: Alaska Native/American Indian, Asian, Black/African-American, Hispanic/Latino, Pacific Islander, White, Multiracial, Other (Specify: ____), Unknown
- Primary language of providers, children, and parents/primary served
    - Please use the following categories: English, Spanish, Cantonese, Mandarin, Vietnamese, Korean, Other (Specify: ____), Unknown
- # of children less than 3 years with special needs
- # of children 3-6 years with special needs

Note: Historically, CIMH has provided data on Triple P outcomes in the aggregate, instead of at the individual level. As of June 2011, the average ECBI score for children who had completed Triple P Level 4/5 (and had completed the pre- and post-intervention ECBI) fell from just above the clinical cut-off points to well below it on both the Intensity and Problem scales. On the Intensity scale, the average score dropped from 137 to 92 (the clinical cut-off point on the Intensity scale is 131). On the Problem scale, the average dropped from 16 to 5 (the clinical cut-off point on the Problem scale is 15). Among parents who completed Triple P Level 4/5 (and who completed the pre- and post-intervention Parenting Scale), the average score dropped from well above the clinical cut-off point to just above the point. The average Parenting Scale score dropped from 3.75 to 2.88 (the clinical cut-off point for the Parenting Scale is 2.8).

Appendix B.
Additional Data

Additional Data

This section contains additional data collected by CIMH from Triple P providers in Sonoma County, as well as the results of an analysis CIMH performed on the outcome data.

Level Three

Level 3 was designed as a four-session series. Level 3 clients received, on average, three sessions – with a range of one to 12 sessions.

Sessions are built around tip sheets covering specific parent-selected topics. Providers track the topic and the quantity of tip sheets provided. For information on the most commonly distributed tip sheet topics, please see the table to the right.

Exhibit 1. Most Common Tip Sheet Topics (Level 3)

Topic	Number Distributed
Being a Parent	230
Disobedience	53
Promoting Development	44
Tantrums	41
Coping with Stress	40
Sleep Patterns	34
Home Safety	26
Hurting Others	22
Supporting Your Partner	21

Level Four/Five

Level 4 usually requires between eight and ten sessions. Level 5 offers enhanced elements that supplement Level 4 when parents and caregivers are experiencing relationship conflicts, parental depression or high levels of stress that complicate their parenting efforts.[1] In Sonoma County, Level 4/5 clients received, on average, 13 sessions – with a range of four to 58 sessions.

First 5 Sonoma County may want to work with providers to determine why they tend to provide more sessions than the Triple P Level 4/5 model calls for. Closer adherence to the Triple P model may help improve outcomes for clients.

Differences Between Hispanic and Caucasian Clients

CIMH noted in its analysis that "the data indicate that Hispanic clients had a higher rate of improvement with regard to ECBI Intensity Scores than Caucasian clients (38.5% vs. 25.4%)." This statistically significant difference ($p<.05$) is not due to differences in how these two groups interact with Triple P. The two groups did not different rates of entry or completion. The level of severity of problem at entry into the program also did not differ between the two groups. In short, Hispanic clients appear to benefit more than Caucasian clients. However, the number of Caucasian clients served was only one-third of Hispanic/Latino clients.

[1] Triple P America. 2011. 13 September 2011 http://www.triplep-america.com/pages/About_Us/index.html

Appendix C.
Description of Triple P Outcome Measures

Description of Triple P Outcome Measures

This section contains brief descriptions of the instruments used to measure progress for parents and children who receive Triple P. These descriptions were provided by CIMH.

Eyberg Child Behavior Inventory (ECBI)

The *Eyberg Child Behavior Inventory* (ECBI) is an outcome measure completed before and after participation in Triple P Level 4/5. This 36-item measure has two components: one that assesses the frequency, or intensity, of current child behavior problems displayed by children between the ages of 2-16; and one that assesses the extent to which these behaviors are currently perceived as problematic to the child's parent/caregiver.

Possible ECBI Intensity Raw Scores range from 36-252, with a clinical cut-off point of 131; and possible ECBI Problem Raw Scores range from 0-36, with a clinical cut-off point of 15.

Parenting Scale

The *Parenting Scale* is an outcome measure completed before and after participation in Triple P Level 4/5. This 30-item questionnaire assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of child disruptive behavior problems. It is completed by parents/caregivers of children ages 1-12.

Possible Parenting Scale Total Scores range from 1-7. Scores of 2.8 or higher are most similar to clinical populations.