TRIPLE P
Positive Parenting Program
April 2016

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Triple P America

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What is Triple P?

Triple P – Positive Parenting Program

3141 Counties
Population: 312,958,930
Estimated Underserved Population: 20.8%

Triple P is an evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.
206 Evaluation Studies

- 104 Randomized Controlled Trials
- 776 Authors
- 244 Academic Institutions
- 25 Countries
- 588 papers
**Triple P Interventions**

**Overall parenting practices** = 0.58  
**Overall child outcomes** = 0.47  
2014 Triple P Meta-analysis (n = 16,009)*

<table>
<thead>
<tr>
<th>Intervention Intensity</th>
<th>Population Reach</th>
</tr>
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<tbody>
<tr>
<td>Level 5</td>
<td>Child</td>
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<tr>
<td>Intensive family intervention</td>
<td>Parent</td>
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<tr>
<td>Level 4</td>
<td>Child</td>
</tr>
<tr>
<td>Broad parent training</td>
<td>Parent</td>
</tr>
<tr>
<td>Level 3</td>
<td>Child</td>
</tr>
<tr>
<td>Narrow parent training</td>
<td>Parent</td>
</tr>
<tr>
<td>Level 2</td>
<td>Child</td>
</tr>
<tr>
<td>Brief consultations</td>
<td>Parent</td>
</tr>
<tr>
<td>Level 1</td>
<td>Child</td>
</tr>
<tr>
<td>Media strategy</td>
<td>Parent</td>
</tr>
</tbody>
</table>

*S = 0.2  M = 0.5  L = 0.8  

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Configuring Triple P Interventions

Engagement: Determining the fit; can Triple P reach your aspirations? (scale of operations, targeted populations, program outcomes)

Implementation Planning: Staging, scaling, and organization readiness (Admin, Data, Clinical Supports)
Triple P across California

Cumulative US Triple P Practitioners x Level
State: CA

<table>
<thead>
<tr>
<th>Year</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<td>2016</td>
<td>0</td>
<td>0</td>
<td>2151</td>
<td>11</td>
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</table>

Number of Practitioners
Monitoring and Technical Assistance Site Visits
Supporting Fidelity and Sustainability

Keri Pesanti, PsyD
Mental Health Clinical Program Head
Los Angeles County Department of Mental Health
The TASVs were conducted in order to:

- Ensure fidelity to PEI Program implementation;
- Improve sustainability of PEI Practices;
- Help agencies claim appropriately;
- Provide information and resources;
- Share PEI principles; and
- Prepare agencies for future monitoring visits.

The specific objectives of the site visits were to:

- Gather information regarding the PEI transformation process at the agency level
- Identify agency successes and challenges
- Collaborate with agencies to appropriately claim for services
- Provide technical assistance including support for fidelity and sustainability
- Identify resources to support implementation of PEI Practices
The nine-step process is depicted in the TASV Flow Chart below:

**Step 1:** Schedule Site Visit with Agency & Service Area District Chief

**Step 2:** Send Pre-Site Visit Packet to Agency for Completion

**Step 3:** Completed Packet Returned to PEI Admin.

**Step 4:** Agency Specific Data Report Created by PEI Admin. Team

**Step 5:** Send Data Report and Completed Packet to DMH Representatives to Review

**Step 6:** Pre-Site Visit Meeting: Review Reports, Develop Round Table Questions, Identify Site Visit Team

**Step 7:** Site Visit (Immediate Feedback Provided to the Agency)

**Step 8:** Agency Returned Completed PEI TASV Evaluation

**Step 9:** Summary Report Provided to the Agency (2-3 months)
In addition to technical assistance, the MTASVs focus on fidelity to the EBP/PP/CDE practices and sustainability of PEI programs. Agencies progress on the following key indicators supporting effective and successful PEI programs are examined:

- Claiming
- Target Population
- Quality Assurance
- Training
- Supervision and Staff Support
- Agency and Administrative Support
- Data Reporting
- Outcome Utilization
- Fidelity
- Sustainability
### 2014-16 PEI Monitoring and Technical Assistance Site Visits

#### FACT SHEET

| Purpose | Monitoring and Technical Assistance Site Visits (MTASVs) will be conducted with each Legal Entity (LE) and DMH Directly Operated (DO) Clinic implementing the PEI Program in order to:  
- Assess implementation trends along identified indicators and highlight areas in which improvement is needed.  
- Determine agency performance in providing PEI services in accordance with PEI Guidelines.  
- Work collaboratively to strengthen the implementation process, increasing the potential for sustainability of the PEI Practices and Program. |
|---|---|
| Expected Outcomes | As a result of the MTASVs, the Department will:  
- Ensure our ability to continue to provide the highest level of client care and clinical outcomes.  
- Identify and share effective implementation strategies and information among our providers.  
- Increase the potential for sustainability of the PEI Practices and Program.  
- Expand and enhance its range of supports for PEI implementation. |
| Components of Site Visit | The site visit will consist of:  
- Discussion of the agency’s responses to the PEI Pre-Site Visit Questionnaire and PEI Practice-Specific Questionnaire.  
- Review of the agency’s PEI Data Report and Staff Registry Report.  
- Verification of staff training certificates and plans for completing training.  
- Review of selected PEI clients’ charts.  
- Summary discussion to share the MTASV findings and develop recommendations and strategies for the agency’s PEI Program. |
| **Site Visit Process** | Key steps in the MTASV:  
• DMH staff will schedule and conduct a site visit with each LE and DO, beginning with pilot sites in December 2014.  
• For LEs with multiple provider sites, DMH will conduct the initial MTASV at the primary site, and then may conduct subsequent MTASVs at selected provider sites.  
• Providers complete Pre-Site Visit Questionnaires and submit an updated Staff Verification Form,  
• Prior to the visit, Providers will receive roundtable questions, data reports, and a list of clients whose charts will be reviewed.  
• The visit will last approximately 6-hours, generally from 9:00 AM to 3:00 PM.  
• The MTASV Report will be distributed to the Provider, District Chiefs, and Deputy Director.  
• If required, a Quality Improvement Plan must be submitted to PEI Administration 15 days subsequent to the agency’s receipt of the report. |
| **Who Attends** | **Providers:**  
Administrators, Supervisors of PEI Practice(s), Clinicians, Finance, Data Entry Personnel  
**DMH (4 to 6):**  
PEI Administration, Outcomes Division, Practice Lead, Age Group/Service Area Lead, Quality Assurance |
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - PREVENTION AND EARLY INTERVENTION ADMINISTRATION
MONITORING AND TECHNICAL ASSISTANCE SITE VISIT

Sample Agency
PEI PRACTICE: Triple P

Yearly Claims and Current Year Projection

<table>
<thead>
<tr>
<th>Provider</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>FY 12-13</th>
<th>FY 13-14</th>
<th>FY 14-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000 - SA</td>
<td>34%</td>
<td>38%</td>
<td>34%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>0000 - SA</td>
<td>17%</td>
<td>31%</td>
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<td>13%</td>
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<td>21%</td>
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<tr>
<td>0000 - SA</td>
<td>18%</td>
<td>9%</td>
<td>14%</td>
<td>24%</td>
<td>23%</td>
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<tr>
<td>Total</td>
<td>$440,753</td>
<td>$820,420</td>
<td>$609,513</td>
<td>$515,380</td>
<td>$473,612</td>
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Countwide Average Cost per Client as of 03/31/15
$1,645 $2,275 $2,622 $2,683 $2,684

Top 5 Diagnoses at Admission

<table>
<thead>
<tr>
<th>Diagnoses at Admission</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>FY 12-13</th>
<th>FY 13-14</th>
<th>FY 14-15</th>
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</thead>
<tbody>
<tr>
<td>61-Disruptive Behavior Disorder NOS</td>
<td>115-Disruptive Behavior Disorder NOS</td>
<td>91-Disruptive Behavior Disorder NOS</td>
<td>87-Disruptive Behavior Disorder NOS</td>
<td>102-Disruptive Behavior Disorder NOS</td>
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<tr>
<td>61-ADHD, Combined Type or Hyperactive Impulse</td>
<td>46-ADHD, Combined Type or Hyperactive Impulse</td>
<td>33-Depressive Disorder NOS</td>
<td>36-Diagnosis Deferred (code invalid as Second)</td>
<td>24-Depressive Disorder NOS</td>
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<tr>
<td>33-ODD</td>
<td>37-ODD</td>
<td>29-Angery Disorder NOS</td>
<td>22-Depressive Disorder NOS</td>
<td>23-Angery Disorder NOS</td>
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</tr>
<tr>
<td>19-Depressive Disorder NOS</td>
<td>35-Anxiety Disorder NOS</td>
<td>26-ADHD, Combined Type or Hyperactive Impulse</td>
<td>18-ODD</td>
<td>17-Diagnosis Deferred (code invalid as Second)</td>
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<tr>
<td>18-PTSD</td>
<td>33-Depressive Disorder NOS</td>
<td>24-ODD</td>
<td>16-ADHD, Combined Type or Hyperactive Impulse</td>
<td>14-ADHD, Combined Type or Hyperactive Impulse</td>
<td></td>
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FY 2013-14 DEMOGRAPHICS

- Staffing Information
  Number of Staff Providing Service: 157
  Number of Staff Trained: 38
  - to-date since FY 13-14
  * based on the most current staffing info provided by the agency
COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU - PREVENTION AND EARLY INTERVENTION ADMINISTRATION  
MONITORING AND TECHNICAL ASSISTANCE SITE VISIT  

Sample Agency  
PEI PRACTICE: Triple P

### PEI Outcome Measure Data

Data reflects active cases which have been integrated into the PEI OMA or were inputted directly to the PEI OMA as of February 9, 2015.

<table>
<thead>
<tr>
<th>Questionnaire Administered</th>
<th>Pre-Test with Scores</th>
<th>Post-Test with Scores</th>
<th>Matched Pairs</th>
<th>Average Pre Score</th>
<th>Average Post Score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>total</td>
<td>percent</td>
<td>total</td>
<td>percent</td>
<td>total</td>
</tr>
<tr>
<td>ECBI</td>
<td>218</td>
<td>94%</td>
<td>18</td>
<td>51%</td>
<td>14</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECBI (CIBHS)</td>
<td>28</td>
<td>78%</td>
<td>4</td>
<td>19%</td>
<td>3</td>
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<tr>
<td>SESBI - R</td>
<td>3</td>
<td>1%</td>
<td>0</td>
<td></td>
<td>0</td>
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<td>YOQ - 2.01 P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>YOQ - 2.01 P (CIBHS)</td>
<td>16</td>
<td>50%</td>
<td>12</td>
<td></td>
<td>12</td>
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<tr>
<td>YOQ - SR - 2.0</td>
<td>30</td>
<td>52%</td>
<td>5</td>
<td>42%</td>
<td>3</td>
</tr>
<tr>
<td>YOQ - SR - 2.0 (CIBHS)</td>
<td>5</td>
<td>38%</td>
<td>1</td>
<td>11%</td>
<td>1</td>
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</tbody>
</table>

Note: 1. Matched Pairs - only include matched pairs where the client completed the Practice.  
2. Average Scores - the pre and post average scores are for matched pairs where the client completed the Practice.

<table>
<thead>
<tr>
<th>Provider Number</th>
<th>Completed Treatment</th>
<th>Duration of Tx (months)</th>
<th>Number of Sessions</th>
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<tr>
<td></td>
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<td>Average</td>
<td>Min</td>
</tr>
<tr>
<td>00000 - SA</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>0000- SA</td>
<td>12</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>0000 - SA</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>0000- SA</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Real World Treatment Through Delivery of Services via Mobile Clinics: Direct Community Contact

Jennifer Dixon, LMFT
Riverside University Health System
Behavioral Health
Preschool 0-5 Programs
Partnerships
Funding Sources Because You Have Data

MHSA
Riverside County Mental Health Services Act
Mobile Clinic Sites & Regional Coverage

Riverside County California:
7,000 Sq. Miles = Approximately the size of Connecticut
Mobile PEI Client Demographics

Race/Ethnicity of PCIT Clients (n=95)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Desert</th>
<th>Mid-County</th>
<th>West</th>
<th>CountyWide</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.1%</td>
<td>1.1%</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3.6%</td>
<td>8.6%</td>
<td>0.0%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>53.6%</td>
<td>37.1%</td>
<td>59.4%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>7.1%</td>
<td>31.4%</td>
<td>25.0%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Multiple/Other</td>
<td>32.1%</td>
<td>22.9%</td>
<td>9.4%</td>
<td>21.1%</td>
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<tr>
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<td>3.6%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Development of Mobile Units

- 39 feet long
- 13 feet high
- 8 feet wide
“A Picture is Worth A 1000 Words”
Stay Positive Campaign – Welcome Families
Client Story & Video Clip: Triple P Mobile Clinic

• **Triple P and Mobile Clinic impact on families**
Client Story with Tip Sheet Delivery
Mobile Clinic: Real World Treatment Provided

- Individualized Support with Triple P Tip Sheets
- Incredible Years Dinosaur School
- Parent Child Interaction Therapy
- Trauma Focused Cognitive Behavioral Therapy
- Classroom Support for Teachers
- Referrals to Triple P Parent Groups

Triple P Weaved Throughout!
Services Provided on Mobile Units

Referrals Made/Services Provided As a Result of Consultation

- Pro-social group: 21.7%
- Physician: 5.4%
- PCIT: 4.7%
- Parenting group: 1.6%
- Parent tip sheets: 15.5%
- Other: 13.2%
- Mental health service: 23.3%
- Discuss post-measure outcomes: 8.5%
- Contact information for future: 6.2%
Triple P in Action

• Universal Triple P (Level 1)
The mobile units are a traveling billboard for the Stay Positive Campaign!

• Brief Primary Care Triple P (Level 2)
Short 1:1 consultation on a specific issue

• Primary Care Triple P (Level 3)
Consultations or skills training for parents with a specific concern/s about child's behavior

• Group Triple P (Level 4)
More intensive training in positive parenting skills

• Services offered by therapists on the mobile units or by Parent Partners at nearby sites
Method of Consultations

- On Phone: 55%
- Walk-In on Mobile: 33%
- By Appointment: 9%
- Not Reported: 2%
- In SET-4-School Office: 1%

(n=80)
Most Commonly Used Tip Sheets
Parent Concerns

**Count of Type of Parent Concerns**

- Tantrums: 36
- Speech and language development: 4
- Purposely hurts him/herself or others: 5
- Problems Listening: 41
- Poor Academic Performance: 12
- Overly active: 15
- Other: 30
- Bullying/Being Bullied: 10
- Breaks/Throws things: 13
- Argues: 21
Mobile PEI Services Provided

Number of Services Provided Per Client (Closed) in 14-15 FY (n=57)

<table>
<thead>
<tr>
<th>Services</th>
<th>Desert</th>
<th>Mid-County</th>
<th>West</th>
<th>Countywide</th>
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<tbody>
<tr>
<td>1 to 4</td>
<td>33.3%</td>
<td>36.40%</td>
<td>35%</td>
<td>35.10%</td>
</tr>
<tr>
<td>5 to 10</td>
<td>13.3%</td>
<td>4.5%</td>
<td>20.0%</td>
<td>12.3%</td>
</tr>
<tr>
<td>11 to 20</td>
<td>20.0%</td>
<td>27.3%</td>
<td>25.0%</td>
<td>24.6%</td>
</tr>
<tr>
<td>21 to 30</td>
<td>0.0%</td>
<td>9.1%</td>
<td>10.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>31 to 40</td>
<td>13.3%</td>
<td>13.6%</td>
<td>5.0%</td>
<td>10.5%</td>
</tr>
<tr>
<td>41 to 50</td>
<td>6.7%</td>
<td>4.5%</td>
<td>0.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>51+</td>
<td>13.3%</td>
<td>4.5%</td>
<td>5.0%</td>
<td>7.0%</td>
</tr>
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</table>
ECBI Pre-Post Data Mobile PEI Clients

Figure 8. Average ECBI Intensity Scores Pre to Post By Region n=43

- **West**: t=4.34, df=19, p=0.000
- **Mid-County**: t=6.00, df=14, p=0.000
- **Desert**: t=3.69, df=7, p=0.008
- **Countywide**: t=8.033, df=42, p=0.000
Visitors Welcome
Jennifer Dixon, LMFT  
PEI Mobile Services  
JDixon@rcmhd.org

Ish Urbina, LCSW  
Mental Health Services Supervisor,  
PEI Mobile Services  
IOUrbina@rcmhd.org

Emma Girard, PsyD  
Mobile Coordinator  
PEI Mobile Services  
EIGirard@rcmhd.org
Thank You!

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