# California Triple P Funding Survey Summary

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### Survey Background

- August 2013 California Statewide Triple P call
- Discussion about possible call topics
  - Funding and sustaining of Triple P services
  - Innovative funding practices
- Apparent from the call discussion that participants knew very little about the populations served, provider types, and funding streams used to support Triple P across California

# Survey Respondents by County

County	# of Respondents
Contra Costa	1
Los Angeles	2
Nevada	1
Orange	2
Riverside	2
San Diego	1
San Francisco	1
Santa Cruz	1
Shasta	1
Sonoma	2
Ventura	2
TOTAL:	16

#### 8 Survey Questions

- Q1. Respondent contact information
- Q2. Levels of Triple P currently implementing
  - # of practitioners trained
  - Estimated # of caregivers served in the past 12 months
- Q3. Implementation start date
- Q4. Primary service settings
- Q5. Level / Provider type / Primary funding source
- Q6. Funding for program implementation components (e.g., initial training, staff time, evaluation)
- Q7. Innovative funding / billing approaches
- Q8. Final comments

### Implementation Start Date

Year Started	# of Programs					
2005	1					
2009	4					
2010	10					
2011	1					
Total	16					

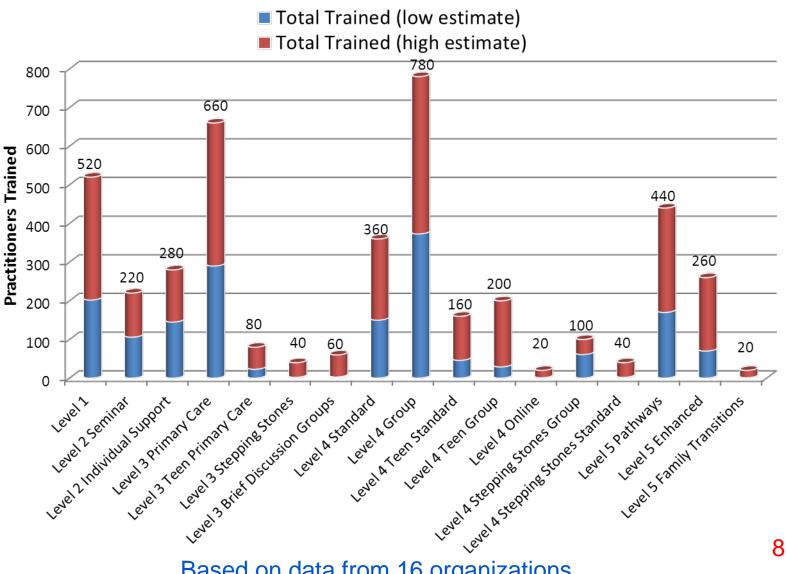
#### Levels of Triple P Currently Implementing

Triple P Level	Implementing Organizations (n=16)	% Implementing
Level 1	3	19%
Level 2 Seminar	6	38%
Level 2 Individual Support	5	31%
Level 3 Primary Care	10	63%
Level 3 Teen Primary Care	3	19%
Level 3 Stepping Stones	2	13%
Level 3 Brief Discussion Groups	3	19%
Level 4 Standard	10	63%
Level 4 Group	13	81%
Level 4 Teen Standard	6	38%
Level 4 Teen Group	9	56%
Level 4 Online	1	6%
Level 4 Stepping Stones Group	1	6%
Level 4 Stepping Stones Standard	2	13%
Level 5 Pathways	10	63%
Level 5 Enhanced	10	63%
Level 5 Family Transitions	1	6%

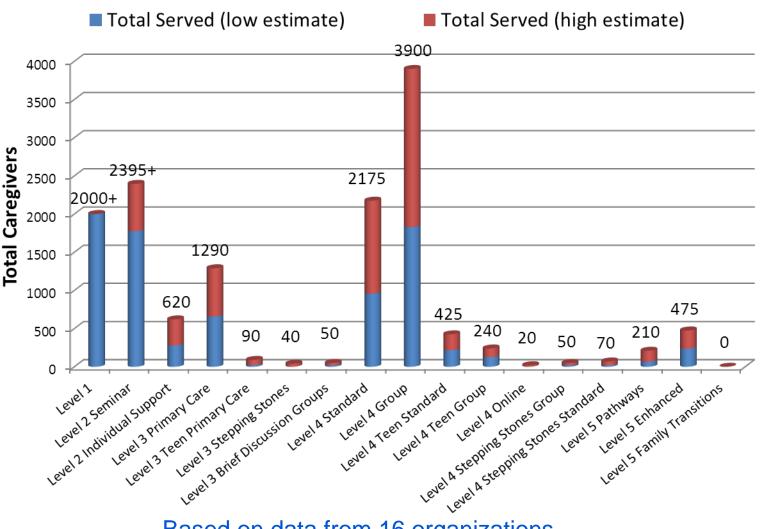
# Estimated Practitioners Trained (calculations)

Which levels of Triple P is your organization / county currently implementing?	n=16 organizations	%	1 to 20	21 to 40	41 to 60	61 to 100	101 to 200	201 to 500	DK	Total Trained (low estimate)	Total Trained (high estimate)
Level 2 Seminar	6	38%	3	1	2					106	220
Level 2 Individual Support	5	31%	2	1		2				145	280

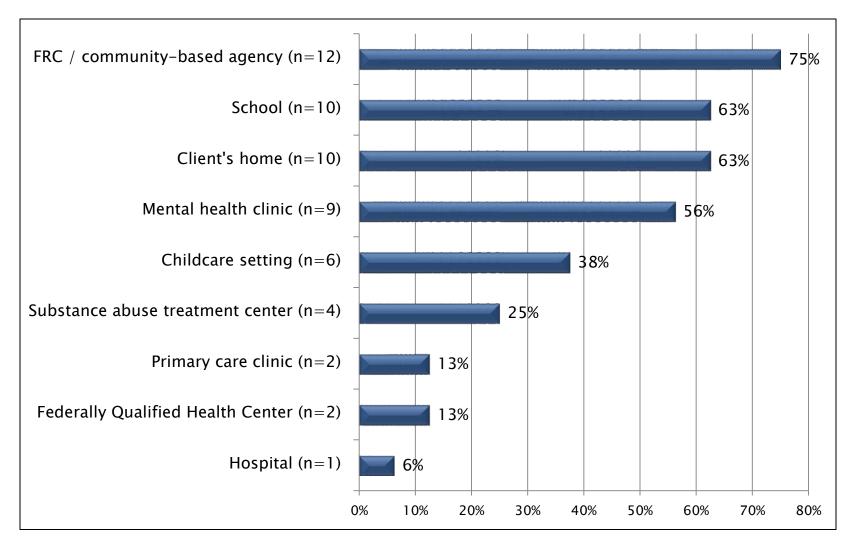
#### Estimated Practitioners Trained



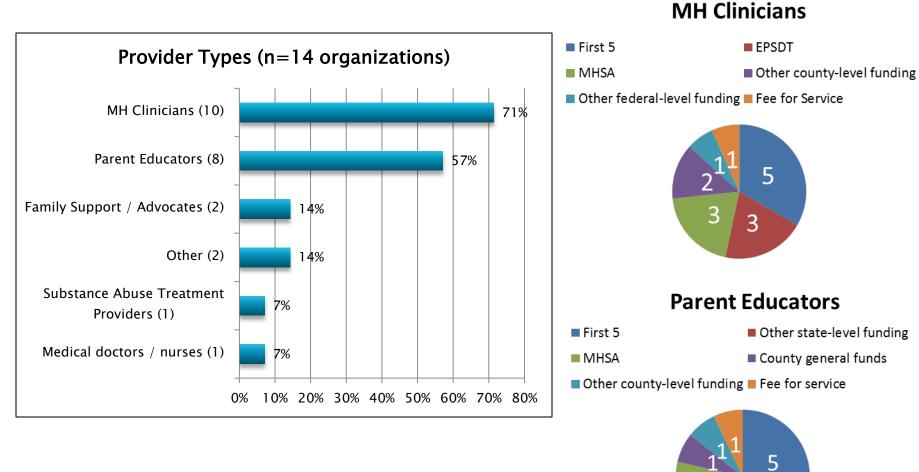
# Estimated Caregivers Served (last 12 months)



### Primary Service Settings



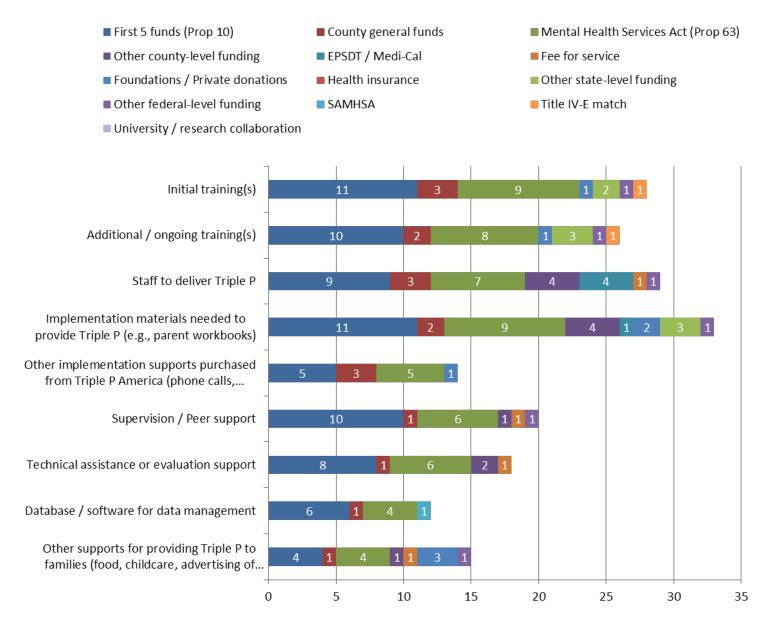
# Funding by Provider Type



#### Funding by Implementation Component (Top 3)

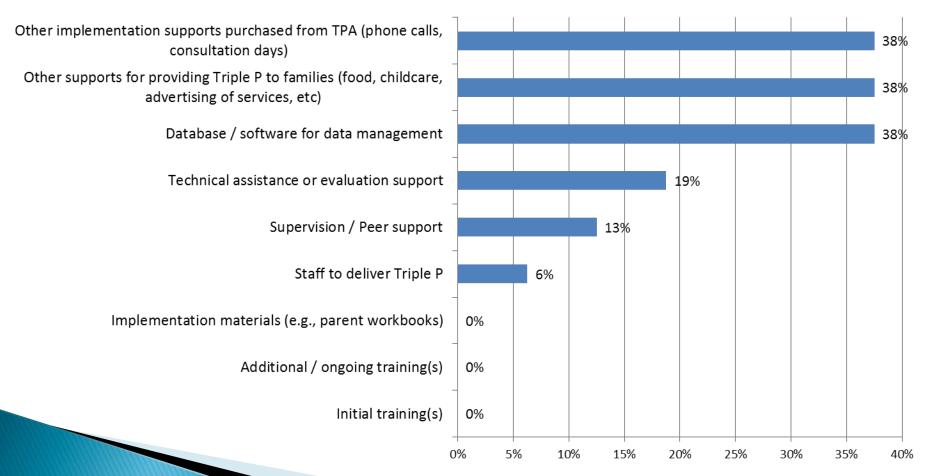
	Most Common	2nd	3rd
Initial training(s)	First 5 = 11 (69%)	MHSA = 9 (56%)	County General Funds = 3 (19%)
Additional / ongoing training(s)	First 5 = 10 (63%)	MHSA = 8 (50%)	Other State-Level Funding = 3 (19%)
Staff to deliver Triple P	First 5 = 9 (56%)	MHSA = 7 (44%)	County General Funds/EPSDT = 4 (25%) each
Implementation materials (e.g., parent workbooks)	First 5 = 11 (69%)	MHSA = 9 (56%)	Other County-Level Funding = 4 (25%)
Other implementation supports purchased from Triple P America (phone calls, consultation days)	First 5 = 5 (31%)	MHSA = 5 (31%)	County General Funds = 3 (19%)
Supervision / Peer support	First 5 = 10 (63%)	MHSA = 6 (38%)	4 categories had 1 respondent each
Technical assistance or evaluation support	First 5 = 6 (38%)	MHSA = 6 (38%)	Other County-Level Funding = 2 (13%)
Database / software for data management	First 5 = 6 (38%)	MHSA = 4 (25%)	2 categories had 1 respondent each
Other supports for providing Triple P to families (food, childcare, advertising of services, etc)	First 5 = 4 (25%)	Foundations/ Private donations = 4 (25%)	MHSA = 3 (19%)

#### Funding by Implementation Component (All)



# Implementation components with no funding source specified

#### **Components with No Funding Source Specified**



#### Innovation (text)

- Targeted Case Management
- Targeted Case Management funds- State MediCal
- We are looking at hosting a training at our agency to provide for additional staff to deliver services and do cost sharing between multiple programs (privately, grant and County funded) for the training cost.
- Currently surveying providers to learn how they are funding. Thinking about developing a collaborative of providers who want to do Triple P on a fee for service basis to provide advertising/marketing/pr support to reach families who can afford to pay for service.
- We are currently trying to deliver Triple P Group Services at different locations including low income housing as part of the resource centers and their government funding.

### **Next Steps?**

- I would like to hear about whether/how other licensed clinicians and medical providers are billing health insurances for Triple P. Will anything about the ACA make this a more feasible funding strategy?
- Next steps for the survey, if any

To all of the California Triple P Administrators who took the time to complete the survey and share their knowledge: Thank you!