

Shasta County Health and Human  
Services Agency  
Children's Services Branch  
Triple P Implementation

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&

Cheryl Madrid

*for every parent*

# Triple P Training<sup>®</sup>

- Training Spring 2010-June 2012 (all levels of Triple P)
- Types of Practitioners: Family Workers, MFT, LCSW, Parent Partners
- Types of Agencies: Public and Private includes Mental Health, Social Services, Community-based organizations, and Schools

# Triple P Training Cont.

- 180 Practitioners Trained
  - Level 2 Seminar = 20
  - Level 2 Seminar Teen = 10
  - Level 3 Primary = 86
  - Level 3 Primary Teen = 26
  - Level 4 Standard = 89
  - Level 4 Standard Teen = 52
  - Level 4 Group = 19
  - Level 4 Group Teen = 12
  - Level 4 Stepping Stones = 15
  - Level 5 Pathways = 44
  - Level 5 Enhanced = 45

# Triple P Practitioners®

- Ongoing support for Practitioners

- Conference March 2012

- *Keynote Speaker - Dr. Ron Prinz, Ph.D. Carolina Distinguished Professor, University of South Carolina “Making the Most of a Public Health Approach to Parenting and Family Support”*
    - Morning Sessions and Afternoon Breakout Sessions (fellow practitioner experience)

- Peer Support System (Individual on-call)

# Triple P Service Delivery

- HHS Children's Services has contracted out with 7 different community providers to deliver Triple P Services.
- Three of these providers are the same providers who provide Children's Mental Health services to our Medi-cal population.
- The other four contracts are with community-based agencies that see a diverse population. They also include those who service our court mandated population.



# Shasta County Triple P Evaluation Procedures

**Shasta County  
uses two  
methods for  
evaluation:  
Scoring Application  
&  
Monthly Metrics**

# Introduction<sup>®</sup>

- The Scoring Application is web-based and available for use any time of the day; it's benefit is two-fold for the practitioner and pulling caregiver/child information for evaluation.
  - It includes demographics, assessments, and surveys relevant to the delivery of Triple P services in
    - Levels 3 Primary & Teen
    - Levels 4 Standard, Teen, Level 4 Group, Group Teen & Level 4 Stepping Stones
    - Levels 5 Enhanced & Pathways
- The monthly Metrics is required when Triple P services have been provided during the month. It has evolved from a web-survey located on Survey Monkey to an easy spreadsheet to be completed and emailed or faxed for us to input.
  - It includes client ID #, last 4 of SSN
  - The date and minutes of sessions
  - The behaviors for current session
  - The treatment status at end of session
  - If tip sheets were given out

# Exporting data on from Shasta County Scoring Application for your clients

- On your home page you have the option to export data

Client ID	Caregiver ID	Practitioner	Organization	Child's SSN	Child's Level	Participant's Postcode	Child's gender	Child's age today	Participant's Relationship to Child	Participant's Marital Status	Household Description	Language spoken at home	Participant's Ethnicity	Participant's Culture	Participant's highest level of education	Participant's Employment	Partner's highest level of education	Partner's Employment	Being a Parent Scale (PSOC) Level 4, Pre	Post	Follow Up
306	313	Cheryl Madrid	HHSA: Adult Services	0	Level 4, Standard	96001	male	5	Mother	Single	Sole parent family	English	Multi	:	:	:	:	:	Efficacy :6.00, Satisfaction:6.		
307	314	Cheryl Madrid	HHSA: Adult	0	Level 5,	96001	male	0	Father	Separated	Foster Family	English	:	:	:	:	:	:			

- This is the information received based on Scoring Application input. It includes all levels except Level 2 Individual & Seminars. Survey results for each survey that has been entered for each family/caregiver will also be shown. Example: if you have a father and a grandmother that have been entered for that child and they both did surveys you will see the results for both.
- Practitioners are also able to download this information from the Scoring Application for their own clients.



# Monthly Metrics Individual Levels

Below is the metrics for all individual levels including Group individual sessions

## Fields on Individual Metrics

- Full name
- Organization
- Month of Triple P Services
- Client ID from Scoring Application
- Last 4 #'s of SSN (if no # or not available use 0000)
- Date of session with Family/Caregiver
- Total minutes of the session
- Was it Face to Face or Phone
- If providing services through another Org, which one
- What level are you providing
- If level 5, which module
- Main behavior issue for this session
- What is the status at end of session
- Did you give out tip sheets

**Triple P Level 3, L3 Teen, L4, L4 Teen, L4 Stepping Stones, L4 Group/Group Teen individual sessions, L5 Enhanced & L5 Pathways** Print Form

Please fill out this monthly metrics and either email it to [mhsa@cccshasta.ca.us](mailto:mhsa@cccshasta.ca.us) or fax it to 245-6760. Thank you for your continued cooperation.

Name:  Organization:

Month:

Client ID #	Last 4 of SSN #	Date of Session	Total minutes of session	Face to Face or Phone	Through Organization if different than above	Level Provided	Modules for Levels 5	Behavioral Issues	Treatment Status at end of session	Gave out Tip Sheets
<input type="text" value="000"/>	<input type="text" value="00"/>	<input type="text" value="12/27/11"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4Teen"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L3"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4Stepping Stones"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4Teen"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4 Group Individua"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L4 Group Teen Indr"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L5 Enhanced"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text" value="L5 Pathways"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> FF <input type="checkbox"/> PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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# Monthly Metrics Group Levels

Below is the metrics for Group/Group Teen except when you've provided an individual session for a group client then it goes on the Individual Metrics

## Fields on Group Metrics

- Full Practitioner's Name
- Organization
- Month of Triple P Services
- Date of group session
- Client ID's from Scoring Application
- Last 4 #'s of SSN (if no # or not available use 0000)
- Total minutes of session
- Level provided (group or group teen)
- Main behavior issue for this session
- What is the status at end of session
- Did you give out tip sheets

**Triple P Level 4 Group & Group Teen** Print Form

Please fill out this monthly metrics and either email it to [mhsa@co.shasta.ca.us](mailto:mhsa@co.shasta.ca.us) or fax it to 245-6760. Thank you for your continued cooperation.

Name:  Organization:

Month:  Date of Session:

Client ID #	Last 4 of SSN #	Total minutes of session	Level Provided	Behavioral Issues	Treatment Status at end of session	Gave out Tip Sheets
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Filling out Monthly Metrics for Level 2 Seminars/SeminarTeen

If you have delivered Triple P Seminars you are required to fill out a monthly metrics for each seminar given.

[Print Form](#)

**Triple P Level 2 Seminar & Teen Seminar**

Please fill out one form for each Triple P Level 2 Seminar or Level 2 Teen Seminar you provide and either email to MHSA at [mhsa@co.shasta.ca.us](mailto:mhsa@co.shasta.ca.us) or fax it to 245-6760. Thank you for your continued cooperation.

Name:

Organization:

Seminar Date:

Start time:  End time:

Location of Seminar:

# In Attendance:

Seminar Target Group:

**Level 2 Seminar Presented: (Select Only One)**

The Power of Positive Parenting

Raising confident, Competent Children

Raising Resilient Children

Other (please specify)

**Level 2 Seminar Teen Presented: (Select Only One)**

Raising Responsible Teenagers

Raising Competent Teenagers

Getting Teenagers Connected

Other (please specify)

Comments:

### Fields on Level 2 Seminars

- Name of person giving seminar
- Organization giving seminar
- Date of seminar
- Time that seminar started
- Time that seminar ended
- Where was the seminar held
- Did you have a target group
- Which level was given, Level 2 for 0-12 yrs and which presentation (if other please specify)
- Which level was given, Level 2 Teen 13-18 yrs and which presentation (if other please specify)
- Any comments about the seminar

# Data Collected

- As of 7/24/2012 Shasta County has provided, or is in the process of providing, services to approximately 960 children with 1,031 caregivers.

*for every parent*

# What's Next<sup>®</sup>

- Increase practitioner participation in the countywide evaluation
- Work with contract providers to identify sustainability plans
- Full implementation of Level 1
  - Outreach Packets
  - Website
  - Paid Media Advertising (radio, billboards, theatres, etc.)

# Contact Info<sup>®</sup>

- For more information on Shasta County Triple P contact:
  - Minnie Sagar, MPH Community Development Coordinator @ 530-225-5192
  - Cheryl Madrid, MHSA Agency Staff Services Analyst @ 530-229-8040