

# Triple P Evaluation Guidelines

## Berrien County Demonstration Project

There are multiple factors to sustaining Triple P services in Berrien County beyond the current grant period, including the ability to show the effectiveness of the interventions and how many parents have been served by this multi-systemic approach. To this end, all Triple P providers are required to collect information on the families to whom they are providing Triple P services and submit this data to the Berrien County Health Department (BCHD) for analysis. From this evaluation data, we will be able to determine:

- How many and what kinds of families are being reached by Triple P services
- What types of Triple P interventions are being used in Berrien County
- What referrals are being made by Triple P practitioner
- If clients are satisfied with the Triple P services they received
- How agencies and individual practitioners are using Triple P services

**In order to evaluate the progress of this project and continue to receive grant funding for Triple P in Berrien County, the following documentation will be required of all Triple P providers:**

- Encounter Tracking Form - filled out by the provider for each Triple P encounter
- Satisfaction Questionnaires- filled out by the client at the end of the intervention

**Client Codes**

In order to determine how many unique parents are receiving Triple P services, each client will need a client code. The formula for the code is:

_ _ _	_ _	_ _	_ _ _ _
First 3 letters of parent's first name	First 2 letters of parent's last name	Parent's birth month (ex. July = 07)	Oldest child's birthday (ex. July 8 <sup>th</sup> = 0708)

Example:

My client is Jane Doe whose birthday is May 1. Her oldest child has the birthday September 25. Jane's client code is: **JANDO050925.**

This code does not contain any specific identifying information that would divulge the identity of the person; however it is reproducible meaning that Jane will answer these questions the same way every time she is asked. If Jane receives services from multiple agencies, that will be apparent in the dataset without the practitioner needing to document it.

**The client code must be included on every evaluation tool submitted to Berrien County Health Department.**

**Using the Evaluation Tools**

Encounter Tracking Form:

- Use this for each client that you serve with a Triple P intervention (Level 2 – Level 5).
- This is intended to be a double-sided document that can be filled out electronically or by hand. The demographic information will only be collected once at the beginning of the intervention. The table on the second page will enable you, the provider, to document each session within the intervention. The date and session number as well as any resources or referrals provided must be documented in this table for each session with your client.

### Satisfaction Questionnaires:

- The client is to fill out this survey at the END of the intervention
- Record the session number during which the survey was given
- The Parent Satisfaction Survey is to be used for Seminars. The Discussion Group Satisfaction Questionnaire is for Discussion Groups. The Client Satisfaction Questionnaire is to be used for all other Triple P interventions.

### **Referrals**

On occasion, you may encounter a family that needs a Triple P intervention for which you are not trained. When this happens, refer that family to an agency or provider that can provide the appropriate level of intervention and document that referral on the Encounter Tracking Form. Julie Coleman, Triple P Coordinator at the Berrien County Health Department, maintains a list of Triple P providers and the level at which they are trained.

### **Seminar and Discussion Group Referrals**

It may occasionally happen that you refer a Seminar or Discussion Group participant to some other Triple P service. Please document this referral on the Triple P Referral Form, which can be found on the Berrien County Health Department's website. Please submit this form with all other data.

### **Data Submission (10<sup>th</sup> of each month)**

Each agency has a person who has been designated as the Triple P Contact Person. This individual will be responsible for actually submitting the month's data from all practitioners in their agency to BCHD by the 10<sup>th</sup> of the following month (i.e. June data is submitted by July 10). *Providers do not submit data directly to BCHD- they must go through their Triple P Contact Person.* It is up to the agency to determine how and when practitioners are to get their data to the Triple P Contact Person. If you do not know who your Triple P Contact Person is, please ask Julie Coleman.

Triple P Contact Persons will submit all assessment data for the previous month from their agency to BCHD at one time by the 10<sup>th</sup> of each month. One data submission cover sheet is to be included each month (The agency contact person will be emailed a data submission cover sheet before the 10<sup>th</sup> of each month). One of the following methods can be used to submit data:

- Electronic versions of the evaluation tools are used to track data each month on the computer and the electronic files are emailed to [jcoleman@bchdmi.org](mailto:jcoleman@bchdmi.org) (preferred) **OR**
- Scan hard copies and email to [jcoleman@bchdmi.org](mailto:jcoleman@bchdmi.org) (preferred) **OR**
- Fax hard copies to 269-926-8129 attention Julie Coleman **OR**
- Deliver forms to BCHD at 769 Pipestone Rd, Benton Harbor, MI 49022

If an intervention for a client spans two or more months, send forms for all months during which any Triple P activity occurred, even if it is an extension of a form previously submitted.

**Failure to submit data on time will result in not receiving the Triple P resources needed for service delivery.**

### **Summary**

#### *Responsibilities of Providers*

- Use the data collection tools listed in the Assessment Tools Table on page four of this document. These tools can be found on BCHD website ([www.bchdmi.org/community\\_health/triple\\_p](http://www.bchdmi.org/community_health/triple_p)). Click on Provider Tools.
- Ensure that the client code is on each assessment and that the tools are complete.
- Submit assessments to Triple P Contact Person in your agency.

### *Responsibilities of Triple P Contact Person*

- Communicate with practitioners within your agency how and when they should submit their assessment data to you each month to ensure timely submission of data to BCHD.
- Submit all data from practitioners in your agency and a data submission cover sheet to BCHD by the 10<sup>th</sup> of each month, preferably by email (jcoleman@bchdmi.org).

### *Responsibilities of BCHD*

- Clearly communicate evaluation responsibilities and answer questions in a timely manner.
- Provide and maintain a list of Triple P providers and their levels of training to aid in making referrals.
- Provide access to the data collection tools and other documents Practitioners or Triple P Contact Persons may need to fulfill their evaluation responsibilities.
- Aggregate and analyze data from all agencies.
- Create and distribute quarterly reports of aggregated results.
- Create regular reports for each agency to monitor implementation and fidelity. (These reports will not be distributed publicly.)

## Evaluation Tools Table

These tools can be found on the Berrien County Health Department's website at: [www.bchdmi.org/community\\_health/triple\\_p](http://www.bchdmi.org/community_health/triple_p).  
 You can download all other clinical tools from the Triple P website at: [www.triplep.org](http://www.triplep.org)

Triple P Tracking Tools	Level 2		Level 3		Level 4	Level 5
	Selected Seminars	Brief Primary Care	Primary Care <i>and</i> Stepping Stones	Discussion Groups	Standard <i>and</i> Group	Enhanced <i>and</i> Pathways
Family Background & Demographics	Seminar Attendance Sheet	Encounter Tracking Form	Encounter Tracking Form	Discussion Group Attendance Sheet	Encounter Tracking Form	Encounter Tracking Form
Client Satisfaction	Parent Satisfaction Survey		Client Satisfaction Questionnaire	Discussion Group Satisfaction Questionnaire	Client Satisfaction Questionnaire	Client Satisfaction Questionnaire