Best Practices for a Strong Implementation Plan

Office of Adolescent Health

and

Administration on Children, Youth and Families/Family and Youth Services Bureau

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Technical Assistance Webinar

- Welcome and introductions
- Objectives for today
- Implementation plan definition
- Implementation plan best practices
- Sample plans

Webinar Objectives

- By the end of this webinar, participants will be able:

    - to describe the key elements of an implementation plan and how it is used in program development.

What is an implementation plan?

- Management tool
  - Illustrate critical steps in starting a project
  - Guide or map
- Proactive vs. reactive
  - Identify challenges early in the process
- Implementation plans are developed and finalized in the first 6 months
- Separate from work plan
  - Provides detail on site specific plans

What is the difference between an implementation plan and a work plan?

- Implementation plan:
  - A guide for developing the program
  - A tool for planning the piloting of the program
  - Should provide a timeline of actions or activities
- Work plan:
  - Covers the entire 5-year project period
  - A concise, easy-to-read overview of the goals, strategies, objectives, measures, activities, timeline, and responsible parties

Why is an implementation plan important?

- Creates time and a process for thinking through critical components
- Allows for anticipation of challenges
  - Critical steps detailed in advance
- Common understanding among staff
  - Regardless of level of involvement or development, everyone understands the goal of the program
  - Identify and resolve discrepancies before they become costly

Why is an implementation plan important?

- Ensures best practices are used
  - Forces forward and proactive thinking

- Efficient use of time and energy
  - Time spent on implementing quality plan and not putting out fires

How will the implementation plan be used?

- Guide for development and piloting
  - Charts the course from thought to action
- Consistent interpretation by all staff
  - All staff will be using the same guide
  - Opportunity to explore individual staff interpretations and reinforce consistent interpretation
- Living document
  - Should be reviewed at staff meetings
  - Should be revised as necessary

How to begin

- Each grantee should have a written implementation plan.

- Each program or site should be represented on the implementation plan.
  - Each individual site or model should have a separate section.
  - Different steps or needs for individual sites or models should be stated.

Elements to be included: Identifying information

- Grantee name and other important contact information

- Program model(s) being used

- Goal(s) of the program

- Number of sites that will be replicating or implementing/testing the program

- Names and types (e.g., school, community, etc.) of sites implementing the program

Elements to be included: Site-specific

- Facilitators at each site

- Setting of each site

- Location at each site where the groups will meet

- Dates and times when the program will be implemented

- Number of groups that will receive the program intervention at each site during the year

- Number of youth served per group

Elements to be included: Site-specific staffing

- Number of staff already hired
- Number of staff that need to be hired
- Recruitment strategy for staff
- Retention strategy for staff
- Staff training

Elements to be included: Site-specific client recruitment details

- Recruitment strategy for clients at each site
  - Where
  - What tools are needed
  - Parental involvement
- Retention strategy for clients at each site
  - Creative ways to keep youth engaged

Elements to be included: Site-specific monitoring of fidelity

- Proposed adaptations and rationale for proposed adaptations

- Add-on activities

- Fidelity monitoring tools

- Plan for monitoring fidelity

- Plan for addressing lack of fidelity

Elements to be included: Site-specific data collection and evaluation

- Who is conducting the evaluation and collecting the data?

- How will data be collected?

- What data will be collected?

- What questions need to be asked?

Elements to be included: Site-specific referral system

- Proposed plan to provide referrals to health care services
- Where will patients be referred
- Plan to ensure client follow-through on referral

Sample Plan

OAH SAMPLE SITE IMPLEMENTATION PLAN

Grantee Information

Grantee Name: The DC Latino Clinic   **Grantee Address:** 555 Anystreet, Washington, DC

Project Director: Josefina Vargas   **Phone Number:** 202-555-1234   **E-mail:** anyperson@email.domain

Program To Be Implemented: ¡Cuídate!   **Number of Sites Replicating Model:** 2

Names of Sites Replicating Model: The Teen Center and The Education Center

Project Goal: To decrease the incidence of teenage pregnancy among Latino 12- to 18-year-old adolescents by 50%

Site Information

Implementation Site #1: The Teen Center, a teen drop-in center and after school center for Latino adolescents

Project Coordinator: Arturo Jirón   **Site Address:** 456 Anystreet, Washington, DC

Phone Number: 202-123-4567   **E-mail:** anyperson@email.domain

Name of Project: ¡Por Tu Salud!

Project Period: October 1, 2010–September 30, 2011

Project Goal: To decrease the incidence of teenage pregnancy among Latino 14- to 18-year-old adolescents by 50%

Evidence-Based Practice To Be Implemented: ¡ Cuídate!

Description of Meeting Location: Meeting room at the Teen Center

Number of Groups for Project Period: 5

Number of Participants Per Group: 20   **Total Number of Participants Year 1**: 100

Dates/Time of Meetings: Three Saturdays in a row per group (March 12, 19, 26; April 2, 9, 16; April 23, 30, May 7; May 14, 21, 28, and; June 4, 11, 18). Groups will consist of three 2-hour sessions, with a break for lunch after the first hour.

Sample plan: chart format (site 1)

Program Implementation Indicators	How Site Will Implement Program	Lead Staff	Deadline for Completion	Monitoring Tool(s)	Achievement Measures
Staff Recruitment and Retention Strategies: Coordinator at The DC Latino Clinic: Mary Vargas Number of staff already hired: 3					
Number of staff to be hired: 2	2 additional staff members: health educator and group assistant	Executive Director, Project Director, Deputy Project Director	November 1, 2010	Develop job descriptions/ interviews	Successful hiring of qualified professionals
Staff recruitment strategy	Announcements in The DC Latino Clinic newsletter, local community newspapers; job announcements mailed to other CBOs in area	Executive Director, Project Director, Deputy Project Director	January 1, 2011	Hiring contracts	Orientation for all staff on program implementation; staff ready to begin implementation
Staff training	Provide 4-day training on how to implement the ¡Cuídate! intervention	Project Director, Deputy Project Director, lead trainer, co-trainer	February 16–19, 2011	Pre- and post-tests; teach-back peer evaluations; written evaluations, feedback from trainers	80% increase in knowledge and understanding of ¡Cuídate! model; 90% increase in level of comfort to serve as ¡Cuídate! implementers
Staff retention strategy	Salary bonus at end of year one; ensure staff receive compensatory time for extra work hours; employee satisfaction surveys; graduation/certification ceremony at completion of training to include prizes (gas cards, grocery store cards, etc.); certificates to graduates for becoming ¡Cuídate! facilitators	Executive Director, Project Director	Upon completion of training, at year's end	Regular constructive performance feedback; personnel records; employee surveys	Staff retention throughout program period
Additional training	4 mini-trainings with external specialists on (1) cultural competence, (2) needs of LGBTQ youth, (3) youth development, and (4) parent involvement	Site Project Coordinator	Quarterly	Sign-in sheets at trainings	Attendance of staff at trainings

Sample plan: chart format (site 1)

Program Implementation Indicators	How Site Will Implement Program	Lead Staff	Deadline for Completion	Monitoring Tool(s)	Achievement Measures
Client Recruitment and Retention Strategies:					
Recruitment Strategies	Make personal contact with potential participants/parents; meet with school officials requesting assistance in recruitment; go to locations where members of target population gather; develop and distribute flyers in the community; personal contact and distribution of information to families already receiving services at the clinics; utilize peer recruiters; develop parent permission forms	Deputy Project Director, Community Health Educators	Start recruitment 8 weeks prior to each training, have appropriate number of clients no later than 2 weeks prior, send reminder texts 1 week and 2 days prior	Completed commitment forms to include contact information, cell phone numbers	95% of registered participants attend the program implementation sessions
Retention strategies	Provide incentives for completion of program; involve parents in family activities; provide appropriate referrals for other health services	Deputy Project Director, Community Health Educators	Ongoing	Participant sign-in sheets; personal contact from site staff if someone wants to drop out	Client participation records
Monitoring Fidelity:					
Plan for monitoring fidelity	Fidelity is an integral part of the ¡Cuídate! training; trainees will model program implementation for trainer and fellow trainees to assess fidelity; direct observations of implementation by Project Director and external evaluator	External Evaluator, Project Director, OAH staff	Ongoing	Written and verbal evaluations by for trainees at training of trainers (TOT); Program Director, Trainer, and OAH staff observations	Participant evaluation of program implementation, including assessment of knowledge, attitudes, and skills pre- and post-implementation
Plan for addressing lack of fidelity	Convene mini-trainings on fidelity. Review elements that maintain fidelity, provide examples of how fidelity was not maintained, and correct	External Evaluator, Project Director, OAH staff	Ongoing	Evaluator, Project Director, Trainer, OAH staff observations	Client evaluations demonstrating desired level of understanding of model's core element

Sample plan: chart format (site 1)

Program Implementation Indicators	How Site Will Implement Program	Lead Staff	Deadline for Completion	Monitoring Tool(s)	Achievement Measures
Evaluation:					
Who is conducting the evaluation	Evaluation will be subcontracted to external evaluator. External evaluator will assist program staff to develop program questions, data collection tools, and review of evaluation data	Project Director, External Evaluator	Ongoing	Quarterly review of all completed evaluation tools and program reports	Data analysis to measure whether desired increase in knowledge and skills to prevent pregnancy was achieved
Data Collection:					
How will data be collected	Verbal feedback; written evaluations; pre- and post-tests; attendance logs; staff meeting notes	Project Director, External Evaluator	Data Collection Instruments completed by January 31, 2011	Information system to track timely submission of data collection tools	% of timely submission of data collection instruments
What data are being collected	Number of trainings, number of youth reached per training, total number impacted by prevention model, level of increase in intention to postpone sexual activity and prevent pregnancy	External evaluator and project staff as appropriate	Ongoing	Monthly reports, process records (meetings/ outreach logs, TOT evaluation forms), pre- and post-tests	Review of monthly reports to ensure compliance with data collection requirements
Key questions that should be asked	Is program being implemented as stated? Was fidelity maintained? Were recruitment/retention plans effective? Did increase in level of knowledge and skills reach desired level? Were there any unexpected outcomes?	Program Director, External Evaluator	Ongoing	All program data and process records	Modifications made to improve project implementation

Sample plan: chart format (site 1)

Program Implementation Indicators	How Site Will Implement Program	Lead Staff	Deadline for Completion	Monitoring Tool(s)	Achievement Measures
Referral System:					
Where participants will be referred	Develop list of health and other service agencies in the community, to include location, hours of operation, payment schedule, acceptance of Medicaid, availability of culturally and linguistically appropriate staff	Deputy Project Director, Community Health Educators	January 1, 2011	Self-reported satisfaction with services; follow up with referral agencies	Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided
Plan to ensure patient follow-through on a referral	Establish relationship with agency; prepare letters of referral as necessary; provide support required for client to access services	Community Health Educators	Ongoing	Feedback from clients referred; twice yearly monitoring to ensure information is up to date	Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided

Sample plan: narrative format (site 1)

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Sample plan: narrative format (site 1)

PROGRAM IMPLEMENTATION INDICATORS

Coordinator at The DC Latino Clinic: Mary Valdéz

3 project staff members already employed (2 Community Health Educators, Project Director), need to hire (Deputy Project Director, Community Health Educator)

STAFF RECRUITMENT AND RETENTION STRATEGIES

Staff Recruitment Strategies:

Implementation: Announcements in The DC Latino clinic newsletter, local community newspapers; job announcements mailed to other CBOs in area

Lead Staff: Executive Director, Project Director, Deputy Project Director

Completion Deadline: November 1, 2010   **Monitoring Tools:** Job descriptions, Interview records

Achievement Measures: Successful hiring of qualified professionals

Staff Training:

Implementation: Salary bonus at end of year one; ensure staff receive compensatory time for extra work hours; employee satisfaction surveys; graduation/certification ceremony at completion of training to include prizes (gas cards, grocery store cards, etc.); certificates to graduates for becoming ¡Cuídate! facilitators

Lead Staff: Project Director, Deputy Project Director, lead trainer, co-trainer   **Completion Deadline:** February 16–19, 2011

Monitoring Tools: Pre- and post-tests; teach-back peer evaluations; written evaluations, feedback from trainers

Achievement Measures: 80% increase in knowledge and understanding of ¡Cuídate! model; 90% increase in level of comfort to serve as ¡Cuídate! implementers, sign-in sheets at trainings

Staff Retention Strategies:

Implementation: Salary bonus at end of year one; ensure staff receive compensatory time for extra work hours; employee satisfaction surveys; graduation/certification ceremony at completion of training to include prizes (gas cards, grocery store cards, etc.); certificates to graduates for becoming ¡Cuídate! facilitators

Lead Staff: Executive Director, Project Director   **Completion Deadline:** Upon completion of training, at year's end, and ongoing

Monitoring Tools: Regular constructive performance feedback; personnel records; employee surveys

Achievement Measures: Staff retention throughout program period

Additional Training:

Implementation: 4 mini-trainings with external specialists on (1) cultural competence, (2) needs of LGBTQ youth, (3) youth development, and (4) parent involvement

Lead Staff: Site Project Coordinator   **Completion Deadline**: Quarterly   **Achievement Measures:** Attendance of staff at trainings

Sample plan: narrative format (site 1)

CLIENT RECRUITMENT AND RETENTION STRATEGIES

Recruitment Strategies:

Implementation: Make personal contact with potential participants/parents; meet with school officials requesting assistance in recruitment; go to locations where members of target population gather; develop and distribute flyers in the community; personal contact and distribution of information to families already receiving services at the clinics; utilize peer recruiters; develop parent permission forms

Lead Staff: Deputy Project Director, Community Health Educators

Completion Deadline: Start recruitment 8 weeks prior to each training, have appropriate number of clients no later than 2 weeks prior, send reminder texts 1 week and 2 days prior

Monitoring Tools: Completed commitment forms to include contact information, cell phone numbers

Achievement Measures: 95% of registered participants attend the program implementation sessions

Client Retention Strategies:

Implementation: Provide incentives for completion of program; involve parents in family activities; provide appropriate referrals for other health services Deputy Project Director

Lead Staff: Community Health Educators

Completion Deadline: Ongoing

Monitoring Tools: Participant sign-in sheets; personal contact from site staff if someone wants to drop out

Achievement Measures: Client participation records

Sample plan: narrative format (site 1)

MONITORING FIDELITY

Plan for Monitoring Fidelity:

Implementation: Fidelity is an integral part of the ¡Cuídate! training; trainees will model program implementation for trainer and fellow trainees to assess fidelity; direct observations of implementation by Project Director and External Evaluator

Staff Lead: External Evaluator, Project Director, OAH staff **Completion Deadline:** Ongoing

Monitoring Tools: Written and verbal evaluations by for trainees at training of trainers (TOT); Program Director, Trainer, and OAH staff observations

Achievement Measures: Participant evaluation of program implementation, including assessment of knowledge, attitudes, and skills pre- and post-implementation

Plan for Addressing Lack of Fidelity:

Implementation: Convene mini-trainings on fidelity. Review elements that maintain fidelity, provide examples of how fidelity was not maintained, and correct

Staff Lead: External Evaluator, Project Director, OAH staff **Completion Deadline:** Ongoing

Monitoring Tools: Client evaluations demonstrating desired level of understanding of model's core elements

Achievement Measures: Client evaluations demonstrating desired level of understanding of model's core element

EVALUATION PLAN

Who Is Conducting the Evaluation:

Implementation Plan: Evaluation will be subcontracted to external evaluator External evaluator will assist program staff to develop program questions, data collection tools, and review of evaluation data

Staff Lead: Project Director, External Evaluator   **Completion Deadline:** Ongoing

Monitoring Tools: Quarterly review of all completed evaluation tools and program reports

Achievement Measures: Data analysis to measure whether desired increase in knowledge and skills to prevent pregnancy was achieved

Sample plan: narrative format (site 1)

DATA COLLECTION

How Data Will Be Collected:

Implementation Plan: Verbal feedback; written evaluations; pre/post tests; attendance logs; staff meeting notes

Staff Lead: Project Director, External Evaluator **Completion Deadline:** Data collection instruments completed by January 31, 2011

Monitoring Tools: Information system to track timely submission of data collection tools

Achievement Measures: % of timely submission of data collection instruments

Data Being Collected:

Implementation: Number of trainings, number of youth reached per training, total number impacted by prevention model, level of increase in intention to postpone sexual activity and prevent pregnancy

Staff Lead: External evaluator and project staff as appropriate **Completion Deadline:** Ongoing

Monitoring Tools: Monthly reports, process records (meetings/ outreach logs, TOT evaluation forms), pre- and post-tests

Measures of Achievement: Review of monthly reports to ensure compliance with data collection requirements

Key Questions That Should Be Asked:

Implementation: Is program being implemented as stated? Was fidelity maintained? Were recruitment/retention plans effective? Did increase in level of knowledge and skills reach desired level? Were there any unexpected outcomes?

Staff Lead: Program Director, External Evaluator **Completion Deadline:** Ongoing

Monitoring Tools: All program data and process records **Measures of Achievement:** Modifications made to improve project implementation

REFERRAL SYSTEM

Where Participants Will Be Referred:

Implementation Plan: Develop list of health and other service agencies in the community, to include location, hours of operation, payment schedule, acceptance of Medicaid, availability of culturally and linguistically appropriate staff

Staff Lead: Deputy Project Director, Community Health Educators **Completion Deadline:** January 1, 2011

Monitoring Tools: Self-reported satisfaction with services; follow-up with referral agencies

Measures of Achievement: Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided

Plan To Ensure Patient Follow-through on a Referral:

Implementation Plan: Establish relationship with agency; prepare letters of referral as necessary; provide support required for client to access services

Staff Lead: Community Health Educators **Completion Deadline:** Ongoing

Monitoring Tools: Feedback from clients referred; twice yearly monitoring to ensure information is up to date

Measures of Achievement: Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided

Conclusion

- These samples are guides on how to incorporate all required elements
- Inclusion of all elements is important

Questions?