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.
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<tr>
<th>Program Implementation Indicators</th>
<th>How Site Will Implement Program</th>
<th>Lead Staff</th>
<th>Deadline for Completion</th>
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<tr>
<td><strong>Staff Recruitment and Retention Strategies:</strong></td>
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<tr>
<td>Coordinator at The DC Latino Clinic: Mary Vargas</td>
<td>Number of staff already hired: 3</td>
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<tr>
<td><strong>Number of staff to be hired:</strong> 2</td>
<td>2 additional staff members: health educator and group assistant</td>
<td>Executive Director, Project Director, Deputy Project Director</td>
<td>November 1, 2010</td>
<td>Develop job descriptions/interviews</td>
<td>Successful hiring of qualified professionals</td>
</tr>
<tr>
<td><strong>Staff recruitment strategy</strong></td>
<td>Announcements in The DC Latino Clinic newsletter, local community newspapers; job announcements mailed to other CBOs in area</td>
<td>Executive Director, Project Director, Deputy Project Director</td>
<td>January 1, 2011</td>
<td>Hiring contracts</td>
<td>Orientation for all staff on program implementation; staff ready to begin implementation</td>
</tr>
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<td><strong>Staff training</strong></td>
<td>Provide 4-day training on how to implement the ¡Cuídate! intervention</td>
<td>Project Director, Deputy Project Director, lead trainer, co-trainer</td>
<td>February 16–19, 2011</td>
<td>Pre- and post-tests; teach-back peer evaluations; written evaluations, feedback from trainers</td>
<td>80% increase in knowledge and understanding of ¡Cuídate! model; 90% increase in level of comfort to serve as ¡Cuídate! implementers</td>
</tr>
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<td><strong>Staff retention strategy</strong></td>
<td>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</td>
<td>Executive Director, Project Director</td>
<td>Upon completion of training, at year’s end</td>
<td>Regular constructive performance feedback; personnel records; employee surveys</td>
<td>Staff retention throughout program period</td>
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<td><strong>Additional training</strong></td>
<td>4 mini-trainings with external specialists on (1) cultural competence, (2) needs of LGBTQ youth, (3) youth development, and (4) parent involvement</td>
<td>Site Project Coordinator</td>
<td>Quarterly</td>
<td>Sign-in sheets at trainings</td>
<td>Attendance of staff at trainings</td>
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## Sample plan: chart format (site 1)

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<td>Recruitment Strategies</td>
<td>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</td>
<td>Deputy Project Director, Community Health Educators</td>
<td>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</td>
<td>Completed commitment forms to include contact information, cell phone numbers</td>
<td>95% of registered participants attend the program implementation sessions</td>
</tr>
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<td>Retention strategies</td>
<td>Provide incentives for completion of program; involve parents in family activities; provide appropriate referrals for other health services</td>
<td>Deputy Project Director, Community Health Educators</td>
<td>Ongoing</td>
<td>Participant sign-in sheets; personal contact from site staff if someone wants to drop out</td>
<td>Client participation records</td>
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<tr>
<td>Monitoring Fidelity:</td>
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<tr>
<td>Plan for monitoring fidelity</td>
<td>Fidelity is an integral part of the ¡Cuidate! training; trainees will model program implementation for trainer and fellow trainees to assess fidelity; direct observations of implementation by Project Director and external evaluator</td>
<td>External Evaluator, Project Director, OAH staff</td>
<td>Ongoing</td>
<td>Written and verbal evaluations by for trainees at training of trainers (TOT); Program Director, Trainer, and OAH staff observations</td>
<td>Participant evaluation of program implementation, including assessment of knowledge, attitudes, and skills pre- and post-implementation</td>
</tr>
<tr>
<td>Plan for addressing lack of fidelity</td>
<td>Convene mini-trainings on fidelity. Review elements that maintain fidelity, provide examples of how fidelity was not maintained, and correct</td>
<td>External Evaluator, Project Director, OAH staff</td>
<td>Ongoing</td>
<td>Evaluator, Project Director, Trainer, OAH staff observations</td>
<td>Client evaluations demonstrating desired level of understanding of model’s core element</td>
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<td><strong>Evaluation:</strong></td>
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<tr>
<td>Who is conducting the evaluation</td>
<td>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</td>
<td>Project Director, External Evaluator</td>
<td>Ongoing</td>
<td>Quarterly review of all completed evaluation tools and program reports</td>
<td>Data analysis to measure whether desired increase in knowledge and skills to prevent pregnancy was achieved</td>
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<td><strong>Data Collection:</strong></td>
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<tr>
<td>How will data be collected</td>
<td>Verbal feedback; written evaluations; pre- and post-tests; attendance logs; staff meeting notes</td>
<td>Project Director, External Evaluator</td>
<td>Data Collection Instruments completed by January 31, 2011</td>
<td>Information system to track timely submission of data collection tools</td>
<td>% of timely submission of data collection instruments</td>
</tr>
<tr>
<td>What data are being collected</td>
<td>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</td>
<td>External evaluator and project staff as appropriate</td>
<td>Ongoing</td>
<td>Monthly reports, process records (meetings/ outreach logs, TOT evaluation forms), pre- and post-tests</td>
<td>Review of monthly reports to ensure compliance with data collection requirements</td>
</tr>
<tr>
<td>Key questions that should be asked</td>
<td>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?</td>
<td>Program Director, External Evaluator</td>
<td>Ongoing</td>
<td>All program data and process records</td>
<td>Modifications made to improve project implementation</td>
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<td><strong>Referral System:</strong></td>
<td>Where participants will be referred</td>
<td>Deputy Project Director, Community Health Educators</td>
<td>January 1, 2011</td>
<td>Self-reported satisfaction with services; follow up with referral agencies</td>
<td>Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided</td>
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<td></td>
<td>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</td>
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<td><strong>Plan to ensure patient follow-through on a referral</strong></td>
<td>Establish relationship with agency; prepare letters of referral as necessary; provide support required for client to access services</td>
<td>Community Health Educators</td>
<td>Ongoing</td>
<td>Feedback from clients referred; twice yearly monitoring to ensure information is up to date</td>
<td>Satisfaction reported by persons referred at least 75% of the time; discussion with agencies regarding services provided</td>
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Sample plan: narrative format (site 1)

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
Evidence-Based Practice To Be Implemented: ¡Cuídate!
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Project Goal: To decrease the incidence of teenage pregnancy among Latino 12- to 18-year-old adolescents by 50%

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Phone Number: 202-123-4567  E-mail: anyperson@email.domain  Name of Project: ¡Por Tu Salud!
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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 ¡Cuidate! 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?