Implementation Plan[1]

Each county can use this guide to develop an implementation plan that will guide the installation, implementation and evaluation of their selected intervention/strategy. This implementation plan will help delineate the developmental activities that need to occur before the intervention is initially installed. The identified tasks will support the modification or adaptation of the selected intervention as well as the development of implementation supports. Using materials developed as part of the needs assessment process this document guides sites through building on the hypothesis, describing the intervention, and identifying the implementation supports.

On page X of this document is a tracking tool/template that can be used to record information on implementation and evaluation activities by implementation stage (installation, initial implementation and full implementation), including the activity, responsible team member, date assigned, date due, current status, date completed and notes.

I. Project Overview

A. **Problem**: Using the information gathered during the needs assessment and the "Exploration" stage, briefly state the problem the intervention will address.

B. Briefly describe the **intervention** here.

C. **Theory of Change**: Insert the theory of change here.

II. Key Components of your Hypothesis

A. **Target Population**: Define the target population for the intervention. This may include data on the following:

- Types of staff or partners who need to be involved
- Characteristics, demographics of the children the intervention seeks to target (e.g., age, race, ethnicity, length of time in care)
- Needs (as identified in the needs assessment)

B. **Monitoring:** What process will be put in place to know

- If the intervention is being executed with fidelity
- If the intervention is helping your county reached the desired outcomes

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[1] Numerous materials were used to develop this site plan: The Quality Improvement Center for Workforce Development (QIC-WD), Quality Improvement Center on Adoption and Guardianship; National Implementation Research Network (NIRN); Permanency Innovations Initiative (PII); and the Atlantic Coast Child Welfare Implementation Center (ACCWIC).

C. **Outcomes**

Short-term outcomes: What short-term outcomes do you expect to occur as a result of this intervention/strategy?

Long-term outcomes: What long-term outcomes do you expect to occur as a result of this intervention/strategy?

D. **Logic Model**: The logic model illustrates the conceptual linkages between core components of the selected intervention and expected short-term and long-term outcomes.

E. **Data Collection**: Describe the process for collecting information related to implementation (activities, core components and fidelity measures). Indicate any concerns regarding the processes that need to be developed. In addition, describe the process for collecting data to support short- and long-term outcome measures.

III.   *The Intervention*

Describe the intervention/strategy including the following:

A. **The Underlying Theoretical Framework of the Intervention**: Describe how the intervention was developed and include any theoretical base upon which it is built. Also include any evidence upon which the intervention was built and how that evidence base informs each component of the intervention.

B. **Core Components**
   - The core components of the intervention are features of the intervention that must be present to achieve the intended impact.
   - The operationalized definition of each core component needs to be described in as much detail as possible.

C. **Materials**: Describe any materials that are available to support installation and implementation of the intervention such as manuals, assessment instruments, etc.

D. **Fidelity**: Define the fidelity measures that will be needed to verify execution of the intervention or how those will be developed. There are 5 types of fidelity (e.g. Dane & Schneider, 1998).
   - *Adherence* involves following the intervention protocol. Measures focus on compliance- the extent to which practitioners follow the intervention protocols using rating scales as well as open-ended comments on the nature of any deviations. Answers the questions: Is "it" being executed? If so how closely to the original model as it has been defined is "it" being executed?
   - *Dosage* refers to the amount or strength of the intervention that is delivered to the participants. Dosage is usually measured in terms of percentage of sessions attended or number of interactions with the target population. Answers the questions: How much exposure did the staff have to the intervention? How much exposure to the intervention does it take for positive outcomes to occur?
   - *Quality of Intervention Delivery* focuses on the clarity and effectiveness with which the intervention is delivered. If the intervention is a training, it could include how well the trainer delivered the curriculum, managed the classroom, attended to each participant's needs, etc.
   - *Participant Responsiveness* includes the level of participant engagement in an intervention. This can be measured through observation of interactions between practitioners and staff, surveying participants about their perspectives on the interaction(s), engagement in the process, and satisfaction with both process and outcomes.

- *Program Differentiation* involves ensuring that the intervention is different from the components in any comparison group or practice as usual or from general social activity and engagement.

IV.   Implementation Supports

Once an intervention is selected it is important to know how the system will be readied to support installation of the intervention. In this section, describe the system's capacity to support the installation of the intervention, as well as work that needs to be done to develop supports that are not currently available. Please include discussion about any anticipated concerns and strategies for addressing each one. Please note that any work that needs to be done to develop the implementation supports should be reflected in this.

Ensure organizational readiness for the change with an emphasis on cultural humility and competence.

At the same time, leadership may need to manage group dynamics. For example, strategies may be needed to build trust regarding the intervention, build teams to support the intervention, and to manage and resolve conflict. The following considerations of implementation supports should be considered and included in planning for an implementation:

- *Staffing*: What are the qualifications of staff needed to execute the intervention? What are other criteria needed to select, recruit, and retain intervention staff? What number of staff are required to execute the intervention? Are there any barriers to obtaining appropriate staff?
- *Training*: Do training curricula for the intervention already exist or do they need to be developed? Are there any people capable of training the curriculum once it is located or developed? How many participants can be in any given training group for the training to be effective? How many training cohorts need to be trained at the leadership/manager level? at the supervisor level? at the frontline worker level? How long is the training (e.g. ½ day?) for each level of staff and when in the calendar will it be rolled out? Are there any evaluation tools for the training itself or do new tools need to be developed?
- *Technical Assistance*: How will the training be reinforced? Are there follow-up training days or refreshers? When do those follow-up trainings occur and for how long and who will deliver them? Are there other forms of reinforcement such as technical assistance, coaching, reminders of content via text message or other means? Who conducts the reinforcement? Champions? Coaches in the agency? Supervisors as they do consultation with employees? Peers? If peer to peer support is warranted, how will it be executed? Group meetings? Dyadic interactions to practice skills? Who will make sure these coaching, reinforcement, TA sessions happen, how often, who avails themselves of them?
- *Tools*: What tools have been developed to help people remember what was learned in training, and what to do in the field when practicing the intervention? Are there other resources needed to execute the intervention?
- *Fidelity*: What are the measures and protocols to assess implementation of essential functions (defined as the activities or strategies that a practitioner engages in to address the identified problem) and core components of the intervention? Reference the preceding section related to fidelity for additional detail. A sample fidelity tool can be found on pages 40-44 of this hyperlink. https://www.acf.hhs.gov/sites/default/files/cb/guide_vol3_installation.pdf

- *Data systems*: These can be related to execution of the intervention itself or to support the evaluation. What hardware and software (or modifications) are needed to collect and manage information related to implementation (core components and fidelity measures)? Are there anticipated barriers to accomplishing any modifications or acquisitions? What are the required hardware, software, or modifications needed to collect and manage information related to short- and long-term outcome measures? Are there anticipated barriers to accomplishing any modifications or acquisitions?
- *Continuous Quality Improvement (CQI)*: How will fidelity measurement and other evaluation findings be used to give CQI feedback to the people executing the intervention for course correction, to improve the intervention and its installation and implementation and increase participant engagement?
- *Leadership*: How will leaders be engaged to support the implementation of the intervention? What training, coaching, TA, tools and CQI will they be given so that they can maximally support the installation and implementation of the intervention in their agency? What leadership behaviors do they need to learn and engage in to support the intervention or align with the intervention? What indicates the leadership at the county level are "bought in" to the intervention, study and implementation process? What further engagement is needed? What barriers need to be overcome?
- *Policies and procedures*: What policies and procedures are necessary to support the intervention? What adaptations to policy and procedure are required and what barriers exist to accomplishing this work in this domain (policies and procedures)?
- *Community engagement and partnerships*: What types of community resources, if necessary, are available to support the intervention? What is the quality of those existing linkages?
- *Systems partners*: Are partners or collaborators available, including those who are on board and those who are not yet on board (e.g., mental health, education, courts, substance abuse providers, other providers? In sites where work will be more field based and flexible, will courts secure private space for child welfare workers to complete or print court reports? What is needed to engage these partners?
- *Systems integration*: What is the tie between the intervention and other strategic priorities, plans, and initiatives for the agency? Show how the intervention fits with other parts of the agency and existing goals. This will help reduce resistance and competition for resources between initiatives.
- *Program experts*: What experts are engaged or need to be engaged in the use of the intervention?
- *Team structure*: Does the project's team structure need to be modified to support implementation? Do additional workgroups need to be formed to support implementation? Remember to adjust team charters accordingly.
- *Communication strategies*: What are the processes, procedures, and strategies for maintaining efficient and effective communication among leadership, staff, and stakeholders? Include the communication plan for the installation and implementation of the intervention.

(state/county/tribe name)_____ TRACKING TOOL/TEMPLATE

Project Title _____   **Leader_____**   **Date Due _____**

Implementation Stage_____

Implementation Activity	Responsible Party	Date Assigned	Date Due	Current Status, Percent Complete & Date	Date Completed	Notes

Purpose

This Tracking Tool is intended to serve as a template for organizing essential projects within a stated goal. It will allow for the tracking of progress and keep the management of projects focused and timely. This template will track the key implementation activities from beginning to final completion. This template can be dropped into Excel for real-time updating.

Definitions

Project Title - The name given to a single element of an implementation plan that will include one or more activities.

Leader – The person responsible for insuring that the Activity is completed.

Date Due – The date in which the Activity is due.

Implementation Stage –Complete section for each stage implementation (installation, initial implementation, full implementation, sustainability)

Implementation Activity – Components of each Activity that need to be accomplished for the activity to be complete.

Responsible Party - The individual or organizational unit with primary responsibility for executing the activity.

Date Assigned – The date that the Activity was assigned.

Date Due – The date that this Activity should be complete

Current Status & Date– The level of completion of an Activity, percentage completed and associated date in which the Current Status was documented.

Date Complete – Actual date that the Activity was completed.

Notes - A place to make notations.