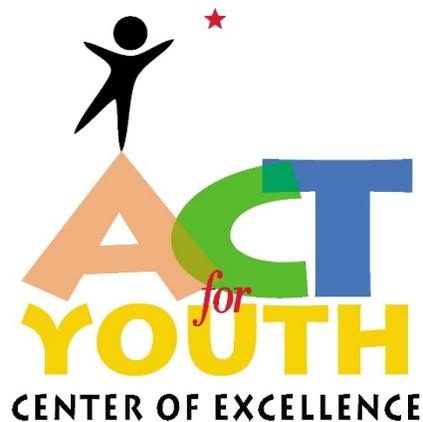


Implementation Handbook

*Best practices for implementing
evidence-based programs*

A guide for CAPP and PREP providers in
New York State



ACT for Youth Center of Excellence

2017

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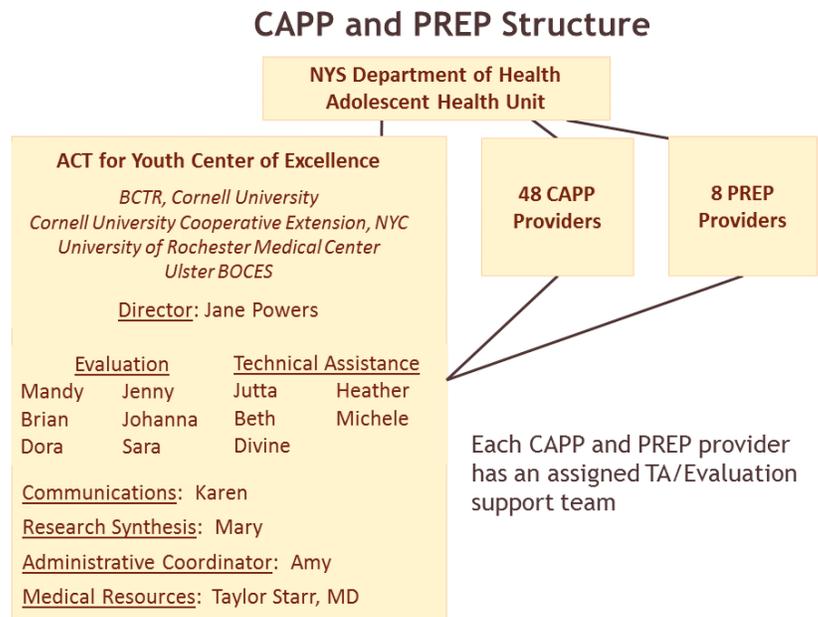
ACT for Youth Center of Excellence, 2017

www.actforyouth.net/resources/capp/implement-hb.pdf

ABOUT THE HANDBOOK

Delivering evidence-based programs (EBPs) effectively is rarely simple. However, high quality implementation is within reach. Supporting youth with programs that have demonstrated a positive impact on sexual health is at the heart of New York State's Comprehensive Adolescent Pregnancy Program (CAPP) and Personal Responsibility Education Program (PREP) initiatives. We offer this guide to help CAPP and PREP providers reach young people more effectively. In it we discuss lessons learned about EBP implementation over the course of six years supporting the first CAPP and PREP initiatives. We supplement these lessons with best practice findings from the new field of implementation science.

The ACT for Youth Center of Excellence (ACT COE) provided technical assistance (TA) and evaluation services to providers in the first round of the CAPP and PREP initiatives, 2011-2016, and continues this support with CAPP and PREP II. Providers and the ACT COE are funded by the New York State Department of Health.



Part of a new suite of tools created for CAPP and PREP II, this handbook offers:

- 1) Brief background on lessons learned in the previous CAPP and PREP initiatives
- 2) Big picture overview of the implementation process, including the planning, installation, and implementation phases
- 3) Overview of an important driver of the implementation process: the implementation team
- 4) Discussion of a useful tool, Getting to Outcomes, to guide the work of the implementation team
- 5) Description of how the implementation team can build readiness at the educator, organization, and community levels
- 6) An example of how a team might guide implementation of *Be Proud! Be Responsible!* in a particular community

A NOTE TO EXPERIENCED PROVIDERS

CAPP and PREP providers who were part of the 2011-2016 grant cycle have accumulated a wealth of experience implementing evidence-based programs. While we recognize this, we also see the start of this new initiative as a unique opportunity to step back and reflect on these experiences and what we have learned. We can also overlay these lessons learned with

the insights of the first round of the federal Teen Pregnancy Prevention Program (2010-2014) and findings from the new field of implementation science.

Thus, we highly recommend that experienced providers take the time to reflect and engage in comprehensive planning before starting to implement EBPs in the new initiative. In the spirit of Peter Senge’s “learning organizations,” we can do this reflection together as a community. We can learn from each other, try out new approaches and strategies, mentor new providers, and collaborate with new partners.

LESSONS LEARNED FROM CAPP AND PREP I: READINESS IS KEY

Together with the original CAPP and PREP providers, the ACT COE found that implementing evidence-based programs in real world settings is very complex—more so than anticipated. Carefully selecting a program and training staff to deliver that program does not guarantee the desired outcomes.

Implementing EBPs with quality and fidelity to program design requires considerable planning and preparation. To be effective, providers must go beyond building the capacity and readiness of frontline educators; we must also examine the environments that surround implementation. Supportive organizational practices and policies are needed at the home agency as well as at the institution where the program is being implemented. In addition, we have learned that community support is critical. Sexual health education remains a controversial issue. Oppositional or non-supportive community norms, individuals, and media stories can create major hurdles in implementation. Without support in organizations and communities, attendance and program delivery with fidelity can be compromised.

Consequently, moving forward we will pay closer attention to three domains of readiness:

- **Educator readiness**: Assessing and building capacity of educators to implement evidence-based programs with fidelity and quality.
- **Organizational readiness**: Assessing and building organizational support for implementing evidence-based programs with fidelity and quality.
- **Community readiness**: Assessing and educating community stakeholders and institutions about the need to address teen pregnancy and STD rates. This includes education about effective sexuality education (evidence-based programs) and the requirements of implementation with fidelity and quality.

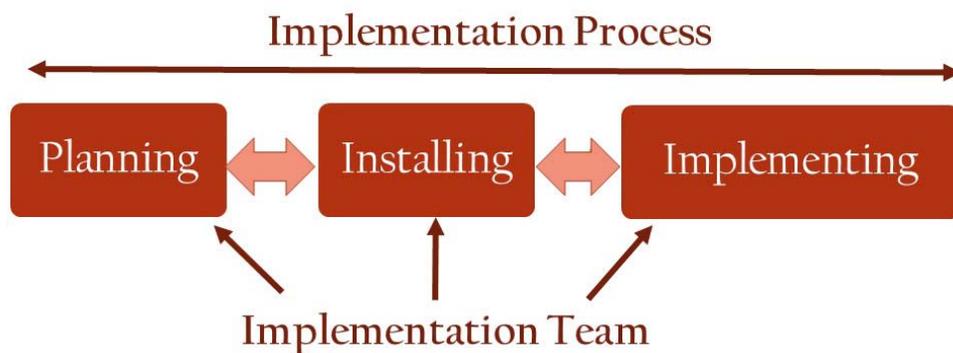
READINESS REFERS TO THE CAPACITY AND WILLINGNESS TO UNDERTAKE NEW PRACTICES OR PROGRAMS.

IMPLEMENTATION PROCESS: THE BIG PICTURE

Since the first CAPP and PREP initiatives were launched in 2011, the field of implementation science has established itself and grown immensely. Implementation science draws from multidisciplinary theories and methodologies to address the factors involved when integrating new practices into organizations. The implementation of EBPs with a high degree of fidelity

and quality is still quite new; it requires a set of practices that have rarely, if ever, been institutionalized in our organizations. Most organizations do not attend to all of the practices that are important to effective EBP implementation.

Looking through the lens of implementation science, we can map the implementation process for the new CAPP and PREP initiatives. Implementation science distinguishes several distinct phases of the implementation process. As the graphic below shows, the implementation process moves from initial planning, to installing (creating the infrastructure and capacity), to fully and regularly implementing the evidence-based program. The process is driven and monitored by implementation teams: small teams of program and decision-making staff and stakeholders who are tasked with ensuring that everything is in place for effective program delivery. (Implementation teams are described below on page 7.)



PLANNING PHASE

This start-up phase typically begins with several critical tasks:

- identifying the need for change,
- assessing community needs and resources,
- learning about possible evidence-based interventions,
- selecting the program or intervention,
- beginning the work of creating readiness for change, and
- learning about implementation guidelines and best practice.

In the case of the CAPP and PREP initiatives, much of this work occurred during the grant application process. However, it may become necessary to revisit or redo the community needs and resources assessment as well as program selection. As we learned in the first round of CAPP and PREP, once the implementation starts and results are coming in, it may become clear that the program selected might not be a good match for the setting or population, or the results are not as beneficial as anticipated.

Clarify Goals and Performance Standards

The planning process also involves clarifying goals and performance standards, allowing for progress to be measured and adjustments

PERFORMANCE STANDARDS ESTABLISHED BY NYS-DOH

Educator competence: All new educators will complete the online implementation course

Adaptations: 100% of planned adaptations are approved by the ACT for Youth Center of Excellence

Attendance: All youth will attend at least 75% of each EBP cycle (one complete delivery of the program)

made. In other words, in this phase we lay the foundation for a performance management system.

DOH has established performance standards, or benchmarks, for all CAPP and PREP providers in the areas of educator competence, adaptations, and attendance (see sidebar on page 4). In addition, each provider is encouraged to set additional goals that are particular to the project, such as prioritizing a specific youth population (e.g., youth in the foster care system or pregnant and parenting adolescents).

COMMUNITY READINESS MODEL

The ACT COE will offer training and support for a community readiness assessment and process known as the Community Readiness Model. The process involves assessing the community's readiness level and devising community outreach and education strategies appropriate to that level.

New providers might use this tool to look at a specific community, neighborhood, or school. For experienced providers, this may be an opportunity to reach out to a school or district that has been unresponsive to previous outreach efforts.

Attend to Readiness

As mentioned above, we have learned that we need to pay closer attention to organizational and community readiness, establishing structures and practices that support implementation. Readiness refers to the capacity and willingness to undertake new practices or programs. It means doing things differently and often giving up established practices and routines. There may be an experience of loss or uncertainty which can express itself in apparent resistance to change.

Readiness is also relevant for experienced CAPP and PREP providers, as they are likely to experience changes in their work force, organizations, and priority communities.

People, organizations, and communities have to be motivated, educated, and supported to change practices and/or norms. Readiness work begins in the planning phase and continues in the installation phase.

INSTALLATION PHASE

In the next phase, emphasis shifts to the establishment of resources needed to implement the evidence-based program with fidelity and quality. This includes building the internal capacity to deliver the EBP, planning certain necessary adaptations, preparing and negotiating with host sites, and instituting and becoming familiar with a documentation system.

- **Build internal capacity.** In addition to attending to educator readiness through training and other forms of professional development, attention to the organizational infrastructure and support for implementation is critical. Administrative and managerial support is needed for high-quality program delivery and evaluation. (For example, fiscal support to hire a sufficient number of educators; high level administrative support to advocate for comprehensive sex education.)
- **Plan necessary adaptations.** While preserving a high degree of fidelity to the EBP as it was originally designed is important, certain adaptations—such as using inclusive language and updating statistics—should be considered and put in place.
- **Work with host sites.** Since most of the programming occurs in other community locations or schools, this is the time to work with and prepare the host sites. It is necessary to negotiate the conditions needed for high-quality, high-fidelity program

implementation—such as adequate schedules and appropriate length of the program delivery cycle—and plan additional, careful adaptations if necessary.

- **Establish a documentation system.** The ACT COE has developed evaluation tools for tracking attendance, fidelity, and outcomes, and has established an online reporting system for CAPP and PREP data collection (see sidebar). In the installation phase, all educators and Health Education Supervisors should become familiar with the documentation system.

EACH EBP HAS ITS OWN PROGRAM-SPECIFIC SET OF IMPLEMENTATION GUIDELINES:

<http://bit.ly/imp-guid>

TRACK FIDELITY AND ATTENDANCE THROUGH THE ONLINE REPORTING SYSTEM:

<http://bit.ly/capp-prep-ors>

LEARN MORE ABOUT OUTCOME SURVEYS

CAPP:

<http://bit.ly/capp-pre>

PREP:

<http://bit.ly/prep-ent>

IMPLEMENTATION PHASE

In the implementation phase, EBP delivery is initiated, becomes integrated into educator practice, and is supported by administrators and community stakeholders. The first program cycle will be very informative, especially for new CAPP and PREP providers. Initial cycles will show if the team is prepared, if the host agencies or communities provide adequate support, and if additional adaptations are needed.

After several cycles of EBP programming, data begin to come in. (Note that by “cycle,” we mean delivery of the program from start to finish with a unique group of participants.) Now it is time to use the performance management system to analyze what needs to be improved and how those improvements can be made. Have performance standards and goals been met? What can be done to make adjustments or enhance program delivery? Data-driven decision making will ensure program fidelity and quality and foster program enhancement. This, in turn, will result in better outcomes and sustained practice.

An additional benefit of using a performance management system is that it will control, or at least decrease, the negative impact of staff turnover. As became clear in the first CAPP and PREP initiatives, staff turnover during a multiple year initiative is very likely and can be very disruptive.

A successful implementation process can take time, and it may be necessary to go back and revisit phases to adjust to major changes or challenges in provider organizations, host agencies, and communities.

THE IMPLEMENTATION TEAM

OVERVIEW

The purpose of the implementation team is to guide and monitor the implementation process. We highly recommend establishing an implementation team, which is identified as a best practice in implementation science literature. With the right people on board, the implementation team brings together special expertise and perspectives regarding evidence-based programming, implementation strategies, organizational capacity, performance management, and community engagement. It will greatly strengthen the efforts of project staff.

TEAM MEMBERS

Team membership should include but go beyond project staff (the Health Educator Supervisor and the educators). In addition to project staff and an agency administrator, it will be extremely helpful to enlist one or two community stakeholders who can bring a community perspective to the implementation team and promote community engagement.

- **Educators** bring a unique perspective because they are on the front line delivering the program to specific youth populations in specific host agencies. They can report on challenges with program material, priority population, and delivery settings. They can also identify any needs for further professional development.
- **The Health Educator Supervisor** plays a central role on the implementation team. In charge of the project and the team, the supervisor coordinates the team's efforts, guides the community and organizational readiness assessment and engagement, negotiates with host sites, supervises educators, and coordinates evaluation efforts. The supervisor also connects with the ACT COE.
- **The Administrator/Manager** represents the organizational leadership on the team. This person is likely to be the manager who oversees the Health Educator Supervisor and was involved in the grant application. It is critical to engage a representative of the administration or management on the implementation team. Without organizational buy-in and support for project staff, implementers will not be able to resolve many of the obstacles and challenges that they may encounter internally, at host sites, and in their targeted communities. For example, let's say your agency decides to hire very part-time educators (less than half-time) as a way to stretch grant dollars. This will create challenges for the educators, who will have limited time for the training and preparation needed to deliver the EBP with fidelity and quality. They will not have the time to reflect on program delivery, nor will they be able to participate regularly in team meetings. Having a high-level administrator on the team increases the likelihood that the challenges of implementation will be grasped and addressed at the organizational level.
- **A Community Representative** reflects the perspectives and concerns of a community targeted for implementation. This representative—a valuable resource in education, outreach, and advocacy—may be recruited through the community readiness process.

Meeting Structure

Implementation teams meet regularly and frequently, especially in the planning phase. The administrator and community representative can time their attendance depending on needed support or expertise. However, regular communication should keep them up-to-date.

USING GTO TO GUIDE THE TEAM'S WORK

As mentioned above, key functions of the implementation team revolve around planning, preparation, programming, and tracking progress. A helpful planning tool that provides teams with a road map is the Getting to Outcomes (GTO) model.

The GTO provides tools and resources for a cycle of ten steps, listed below. The model is flexible; teams can enter the planning process at different points. In the case of CAPP and PREP, the first four steps were completed as part of the grant application process. Consequently, implementation teams might start with Step 5, addressing the internal capacity for the implementation of the selected evidence-based programs. If EBP implementation does not progress as effectively as anticipated, the team can revisit the earlier steps, such as identifying goals and objectives, or program fit.

For a version of the GTO designed specifically for pregnancy prevention, including detailed explanations of each step and useful tools, visit: <http://www.rand.org/pubs/tools/TL199.html>

Implementation Phase	Planning Steps: Getting To Outcomes (GTO)
Planning	<ol style="list-style-type: none"> 1. Conduct needs/resources assessment <ul style="list-style-type: none"> • Identify existing needs and resources 2. Establish goals/desired outcomes <ul style="list-style-type: none"> • Base goals and desired outcomes (objectives) on the needs/resource assessment 3. Consider best/promising practices, and select an evidence-based program <ul style="list-style-type: none"> • Review existing evidence-based programs for achieving the goals/objectives 4. Assess fit of the EBP <ul style="list-style-type: none"> • Ensure that the selected evidence-based program aligns with the needs of the priority population, community, and organization
Installation	<ol style="list-style-type: none"> 5. Address capacity issues <ul style="list-style-type: none"> • Address any existing capacity gaps (e.g., staffing, expertise, financial, technical) 6. Develop a plan for meeting the goals/objectives set forth in GTO step 2
Implementation	<ol style="list-style-type: none"> 7. Carry out plan and conduct process evaluation <ul style="list-style-type: none"> • Implement and monitor implementation of the plan 8. Conduct outcome evaluation <ul style="list-style-type: none"> • Assess the effectiveness of the program 9. Engage in continuous quality improvement <ul style="list-style-type: none"> • Make short-term (mid-course) and long-term (strategic) corrections as the program progresses 10. Address sustainability issues <ul style="list-style-type: none"> • Develop and implement plans for sustaining the program

TEAM TASKS AND STRATEGIES TO BUILD READINESS

We've noted that organizational and community readiness are emphasized in the new CAPP and PREP initiatives. Without buy-in from administrators and community stakeholders implementation of evidence-based programs can stall, failing to reach the anticipated outcomes. At the ACT COE, we have developed tools and strategies that the implementation team can use to assess and build readiness for all three readiness domains: educator (individual), organization, and community.

Strategies and Tools: Educator Readiness

Domain	Tasks of Implementation Team	Strategies and Tools
Educator Readiness & Capacity	Hire educators with adequate experience and skills	Use the CAPP & PREP section of the website for orientation: http://bit.ly/capp-prep
	Assure professional development: <ul style="list-style-type: none"> • Implementation • Specific EBPs • Facilitation • Anatomy and reproduction 	See resources for CAPP and PREP Educators: http://bit.ly/c-p-edu
	Provide regular supervision (including observations)	<ul style="list-style-type: none"> • EBP Educator Competencies • Online Implementation Training • Required and Recommended Training
	Create implementation plan (feasible sites, settings, and time table for EBP delivery)	Observation training Observation Protocols & Tools http://bit.ly/c-p-observation
	Create a master list of planned adaptations	Implementation Guidelines http://bit.ly/imp-guid
	Establish a process for preparation, debriefing, and data gathering	Adaptation Master List Planning Tools http://bit.ly/capp-prep-adap
	Use performance management process to enhance capacity	Implementation Plan Template http://bit.ly/imp-plan-doc (Word) Documentation tools (online reporting system) http://bit.ly/capp-prep-ors

Strategies and Tools: Organizational Readiness & Infrastructure

Domain	Tasks of Implementation Team	Strategies and Tools
Organizational Readiness & Infrastructure	<p>Educate management about EBP implementation process</p> <p>Identify EBP champion</p> <p>Use organizational checklist to assess infrastructure needs</p> <p>Establish adequate fiscal support</p> <p>Establish adequate staffing</p> <p>Use evaluation data to promote project within the organization</p>	<p>Planning for Evidence-based Programming: http://bit.ly/ebp-plan</p> <p>Organizational Support Checklist http://bit.ly/org-chklist-doc (Word)</p> <p>HHS Office of Adolescent Health resources:</p> <ul style="list-style-type: none"> Organizational Capacity & TPP http://bit.ly/oah-org-capacity (PDF) Organizational Capacity Assessment http://bit.ly/oah-org-assess (PDF) <p>Online reporting system http://bit.ly/capp-prep-ors</p> <p>Program reports from the ACT COE</p>

Strategies and Tools: Community Readiness & Support

Community Readiness & Support	<p>Plan readiness assessment process</p> <p>Conduct outreach to stakeholders</p> <p>Conduct readiness assessment</p> <p>Use readiness assessment to plan next steps such as educational outreach, youth advocacy, strategic outreach to gain new implementation sites, etc.</p> <p>Identify a community champion</p> <p>Use evaluation data to celebrate success/educate community groups</p>	<p>Community Readiness Model (CRM) process and tool</p> <p>CRM training & TA</p> <p>Engaging Community Partners http://bit.ly/engage-partners</p> <p>Online reporting system http://bit.ly/capp-prep-ors</p> <p>Program reports from the ACT COE</p>
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WHAT DOES IT LOOK LIKE? AN IMPLEMENTATION OF BPBR

Let's walk through the implementation process with a specific evidence-based program, *Be Proud! Be Responsible!* (BPBR).

SCENARIO STARTING POINT

Representing an upstate urban area, our fictional provider states in their work plan that the CAPP project will reach 500 youth the first year. They are prioritizing youth age 14-18 in two zip code areas/neighborhoods. The goal is to reduce young people's sexual risk behaviors by offering BPBR in two high schools and in community-based organizations that serve youth in the juvenile justice system. One health educator supervisor and three part-time educators make up the project staff.

First, the health educator supervisor convenes an implementation team that includes the supervisor, educators, and one higher-level administrator, most likely the administrator involved in writing the grant. If the provider agency has been part of the first CAPP initiative, they will have established relationships with community stakeholders, such as school principals or administrators of juvenile justice organizations. Thus, they can invite one or two stakeholders to join the implementation team. If this is a new CAPP provider, they might be able to recruit a community stakeholder during the community readiness process.

The team uses a modified GTO process to guide its work.

GTO STEP 1: CONDUCT NEEDS/RESOURCES ASSESSMENT

This first GTO step was completed during the application process. Based on the assessment, the agency decided to focus on reaching youth in the juvenile justice system.

GTO STEP 2: ESTABLISH GOALS/DESIRED OUTCOMES

As one of their first tasks, the implementation team clarifies the project goals and performance standards (benchmarks). They have one set of performance standards established by NYS DOH:

- Attendance: All youth will attend at least 75% of each BPBR cycle (one complete delivery of the program)
- Adaptations: 100% of planned adaptations will be approved by the ACT COE
- Educator competence: All new educators will complete the online implementation course

This is the beginning of a performance management system that will help the team assess progress and achievements. In addition, the team sets other, project-specific goals and performance standards:

Goal: Enroll 500 youth age 14-18 in first year
Performance standard: 50% of priority youth reached by mid-year

Goal: 100% of participants will attend 100% of EBP sessions
Performance standard: 100% of participants attend at least 75% of EBP sessions

Goal: 50 youth involved in juvenile justice (10% of overall population the project seeks to reach) will participate in the EBP
Performance standard: 25 youth involved in juvenile justice participate in the EBP

The team establishes a process to track and review performance data on a regular basis, then use the data to inform and improve implementation of BPBR and the overall project. Tools and technical assistance are available from the ACT COE to aid in performance management and identifying strategies for improvement.

GTO STEP 3: CONSIDER BEST/PROMISING PRACTICES, AND SELECT AN EBP

EBPs were selected as part of the application process. Over time, the choice of EBP could be revisited, if implementation suggests that this might not be the best program for local conditions and the priority population.

GTO STEP 4: ASSESS FIT OF THE EBP

During EBP selection in the grant application process, the program's fit with the priority population was likely a driving factor. The organization's capacity to deliver the program as designed should also have been considered.

GTO STEP 5: ADDRESS CAPACITY ISSUES

In step 5, the team addresses readiness and capacity for implementation on all three domains: educators, organization, and community. This process is recommended both for new CAPP and PREP providers and experienced providers who may face staffing changes, new sites for implementation, or changes in the community.

- **Educators**. The Health Educator Supervisor reviews educators' capacity to implement the program.
- **Organization**. The implementation team reviews organizational capacity and works with administration and management to create a supportive infrastructure.
- **Community**. With support from the administrator/manager, the Health Educator Supervisor engages in the Community Readiness Model assessment. The team reviews results and participates in follow-up steps such as community education efforts.

GTO STEP 6: DEVELOP A PLAN

The team develops an implementation plan that includes recruitment, host site conditions, timetable, staffing, material, coordination of sites, adaptations, and incentives. (See a template for an implementation plan here: <http://bit.ly/imp-plan-doc> [Word].)

Prior to delivering a cycle of BPBR the Health Educator Supervisor and the educators review the site conditions and the timetable. This step is critical when delivering EBPs in schools. The program needs to be adjusted to classroom periods (6 modules of BPBR will take at least 8-9 classroom periods). Has sufficient time been allocated to complete the program, including the pre/post surveys? A large class might require additional educators.

Are educators ready to deliver the program? They are prepared to handle sensitive questions and disruptive students. They have mapped the sessions and prepared all the materials; the equipment works. Adaptations have been pre-approved by the ACT COE (see <http://bit.ly/capp-prep-adap>). They are familiar with the online reporting system and are prepared to complete it, along with attendance documentation, at each session.

Important questions to consider:

- Do host agencies understand what it takes to implement an EBP? Will conditions at the host site adequately support implementation of BPBR with fidelity and quality? (See implementation guidelines: <http://bit.ly/imp-guid>)
- Who is the right person to do outreach and education?
- How are parents engaged and informed?
- Is staff sufficiently prepared to implement the EBP, using evaluation tools and the online reporting system?
- Is the timetable feasible, especially if delivering the EBP in multiple sites? Do educators have sufficient time to prepare and debrief sessions? Is there back up for staff in case of sickness or other emergencies?
- Is all the required material and equipment available, especially if delivering the EBP in multiple sites in the same time period?

The development of an implementation plan brings numerous benefits. By identifying gaps and challenges, the team can develop strategies to address these up front, avoiding unnecessary adaptations of the program. As we have learned from past experience, unrealistic timing, insufficient staffing, lack of preparation, and poor host site conditions will lead to incomplete or poor delivery of the EBP.

GTO STEP 7: IMPLEMENT PLAN AND CONDUCT PROCESS EVALUATION

The Health Educator Supervisor and the educators enter program information on a rolling basis once implementation starts, and review results after a cycle of BPBR is completed. The ACT COE has introduced an online reporting system for attendance and fidelity data. The Health Educator Supervisor has direct access to the system and is able to review data in real time.

The team discusses the data and specific circumstances of delivery, and brainstorms ways to enhance the next implementation of BPBR. They might think about making changes to the timetable or decide to practice session delivery in-house to improve time management. Or they might think about adapting an activity in the future and seek approval from the ACT COE.

It's a best practice to allow educators sufficient time to prepare and debrief after each session of an EBP. Scheduling sessions back-to-back might seem time and labor efficient, but is not very productive in terms of delivering the program with fidelity and quality.

Time pressure often results in poor delivery, problems with equipment, missing materials, and inadequate documentation.

Debriefing time is critical for reflection on session flow and challenges, and for considering possible adaptations or ways to handle disruptive students more effectively. Reflection leads into planning and preparing for the next session and the next cycle.

GTO STEP 8: CONDUCT OUTCOME EVALUATION

In collaboration with the ACT COE, the Health Educator Supervisor develops a plan and timetable to do outcome evaluation. Outcomes can be assessed through CAPP pre-post and PREP entrance-exit surveys, which measure knowledge, attitudes, and intentions with respect to adolescent sexual risk behavior and contraceptive use.

Surveys are submitted electronically, and the ACT COE periodically sends summaries of survey findings. These findings are used by the implementation team to measure progress toward performance standards and goals.

GTO STEP 9: ENGAGE IN CONTINUOUS QUALITY IMPROVEMENT/PERFORMANCE MANAGEMENT

The team reviews and analyzes the data regularly to discuss strategies to enhance program delivery and project outcomes:

- Attendance
- Program fidelity/adaptations
- Immediate outcomes (youth intentions, knowledge learned, perceptions as measured in the pre-post surveys)

One analytic strategy that offers insight into how EBP delivery can be improved is to compare the cycle data of different host sites, such as two different schools or two different community-based organizations. For example, comparing site conditions (e.g., program spaces, timing, group sizes, and distractions) specific to the site will help the team identify alternative strategies for effective program delivery.

These data analysis sessions can be used to make adjustments to the overall planning for the year. Identifying trends can also lead to changes and possibly new directions in implementation.

Important questions to keep in mind:

- Is progress being made to reach the goals? If not, what are the main obstacles?
- Is the program a good match for the priority population and community? Maybe we need to explore another EBP?
- Are the host sites providing the conditions needed to do the program well? Do we need to identify different host sites?

GTO STEP 10: ADDRESS SUSTAINABILITY ISSUES

It is good practice to consider sustainability issues from the beginning. How can the team continue to offer effective sexuality education, such as BPBR or another evidence-based program, once the CAPP or PREP funding ends?

Generally, there are three strategies to sustain programming.

1. **Look for new funding.** For this strategy it is helpful to keep good program data documents and publish successes in preparation for future funding applications.

2. **Integrate and align the program with services in your organization.** For this strategy, record program data, enhance program delivery, and document success so that you can make the case to your organizational leadership for incorporating the program into the organization's service system.
3. **Create community support and identify partners who are able to continue the program.** For this strategy, documenting success would be helpful as well. Furthermore, the community readiness process engages a variety of community stakeholders and can be used to strategically create linkages with other community organizations and coalitions.

The implementation team discusses these options to decide which strategy they want to pursue. Keeping sustainability strategies in mind will also inform program enhancements or goal modifications along the way.

THE ACT COE IS HERE FOR YOU

Implementation of evidence-based programs with fidelity and quality is a complex undertaking. The ACT COE is ready to assist you and your team with technical assistance, training, and evaluation support throughout the lifetime of the CAPP and PREP initiatives.

We define technical assistance as a collaborative, relationship-based model of assistance and support designed to identify, select, or develop research-based solutions to address problems, needs, and goals. It is a process through which the ACT COE and CAPP and PREP providers work together to put knowledge into practice and efficiently implement solutions customized to meet the needs of providers.

Based on your needs, we offer training in evidence-based programs, implementation, adolescent sexual health, youth development, and other topics. We also provide a wealth of resources through the website: www.actforyouth.net

Learn more about working with the ACT COE:
http://www.actforyouth.net/sexual_health/community/capp/working.cfm

We look forward to working in partnership with you.