IMPLEMENTATION PROJECT TEMPLATE

Introduction/Background

The Implementation Project Template was developed by the Mental Health Technology Transfer Center (MHTTC) Dissemination & Implementation (D&I) Working Group, with feedback from the ATTC and PTTC Networks. The template is a tool to assist in planning and tracking the progress of implementation support/technical assistance projects that have the goal of implementing an intervention/program/practice (versus those focused on awareness raising or training only).

The template is based on key frameworks from D&I research:

- *Implementation Stages*: Implementation of a new practice or an intensive TA project proceeds via stages or phases, one model of which is the Exploration, Planning, Implementation, and Sustainment (EPIS) Framework (Aarons et al., 2012). Exploration—awareness of a patient/consumer/community need or a change in practice. Preparation—tasks needed to get ready to implement the new practice. Implementation—beginning to provide or use the new practice. Sustainment—maintenance of the practice over time.
- *Implementation strategies* are TA activities or "methods to enhance the adoption, implementation sustainment, and scale-up of an innovation" (Kirchner et al., 2018, p. 245). This template uses the nine categories of implementation strategies formulated by Waltz, Powell, and colleagues (e.g., Powell et al., 2012; Waltz et al., 2015).
- The *RE-AIM Framework* (reach, effectiveness, adoption, implementation, maintenance; e.g., Glasgow et al., 1999) is a model for evaluating intervention/program/practice outcomes, as well as the effect of the implementation strategies (implementation outcomes). This template uses the RE-AIM Framework to organize reporting on planned and completed evaluation components. Although TA purveyor funding and scope do not always allow for full evaluation, TA purveyors should strive to evaluate across the range of evaluation targets (e.g., can participant organizations track and report some outcomes?).

Instructions

This template consists of three iterative forms: Exploration/Preparation, Implementation, and Sustainment. Each builds on the information entered previously, with several new fields that appear in the latter two forms. The new data elements in each successive form are highlighted yellow.

References

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health*, *38*(1), 4–23. https://doi.org/10.1007/s10488-010-0327-7
- Gaglio, B., & Glasgow, R. E. (2018). Evaluation approaches for dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (2nd ed.). New York: Oxford University Press.
- Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health*, *7*, 64. https://doi.org/10.3389/fpubh.2019.00064
- Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of Public Health*, *89*(9), 1322–1327. https://doi.org/10.2105/ajph.89.9.1322
- Kirchner, J. E., Waltz, T. J., Powell, B. J., Smith, J. L., & Proctor, E. (2018). Implementation strategies. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.) *Dissemination and implementation research in health: Translating science to practice* (2nd ed.). New York: Oxford University Press.
- Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., et al. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review, 69,* 123–57. https://doi.org/10.1177/1077558711430690.
- Waltz, T. J., Powell, B. J., Matthieu, M. M., Damschroder, L. J., Chinman, M. J., Smith, J. L., Proctor, E. K., & Kirchner, J. E. (2015). Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*, *10*, 109. https://doi.org/10.1186/s13012-015-0295-0

(Questions? Contact Heather Gotham, gothamh@stanford.edu, MHTTC NCO Director).

IMPLEMENTATION PROJECT TEMPLATE
FORM #1 – Exploration/Preparation (Planning) Phase

This version of the form can be used when planning the project, or when the project is in the exploration/preparation phase.

	Organization: **Name & Title of Person Completing Form:** **Dates of Project:** **Date Completing Form:** **Project Title:**
1	**Describe your evidence-based intervention/program/service being implemented (WHAT):**
2	**What is the need/rationale for this project? Why/how did you decide to do this project?**
3	**Target audience/TA recipients (*WHO and WHERE*)** (e.g., behavioral health providers, prevention staff, educators): a) Describe the audience (including organizations, individuals, and cultural considerations): b) Specify discipline(s) of individuals: c) Specify the audience's setting (e.g., emergency departments, schools, opioid treatment programs): d) Specify roles of individuals: e) Specify audience relationship to one another (Choose one): ___Single individuals from multiple organizations ___Multiple individuals within one organization ___Multiple individuals or teams from multiple organizations f) How will your target audience/TA recipients be recruited?
4	**Contextual/determinant considerations** (What facilitators are anticipated to aid implementation? What barriers could hinder implementation? Include cultural considerations for each category): *Facilitators:* a) System factors—external to the organization (e.g., financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): *Barriers:* a) System factors—external to the organization (e.g., financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): How were these considerations ascertained (e.g., formal evaluation, needs/readiness assessment)?
5	**Implementation Strategies (*HOW*)** Implementation strategies are the training and technical assistance services that you provide as part of the project. The following list includes specific implementation strategies in 9 categories. Determine which implementation strategies were used in your project, and then fill in the table ***Determine which implementation strategies were used in your project.**

Category	Implementation Strategy
Use evaluative and iterative strategies.	Assess for readiness.
	Identify barriers and facilitators.

	Audit and provide feedback.
	Implement quality monitoring tools/programs.
	Develop a formal implementation blueprint/plan.
	Conduct local needs assessment.
	Conduct cyclical small tests of change.
Provide interactive assistance.	Provide facilitation (interactive problem-solving and support for implementation of an intervention).
	Provide technical assistance (negotiated series of activities designed to reach a valued outcome).
	Provide coaching (person with specific training in coaching guides and provides feedback).
	Provide consultation (on clinician practice by external consultant).
	Conduct mentoring (matching experienced person with less experienced person).
Adapt and tailor to context.	Use data experts.
Develop stakeholder relationships.	Identify and prepare champions.
	Inform local opinion leaders.
	Build a coalition.
	Recruit, designate, and train leadership.
	Obtain formal commitments.
	Involve executive boards.
	Involve patients/consumers and family members.
	Visit other sites.
Train and educate stakeholders.	Develop educational materials (e.g., guidelines, manuals, toolkits).
	Distribute educational materials (e.g., in person, electronically, via mail).
	Conduct educational meetings (with stakeholders to learn about the intervention).
	Conduct ongoing training.
	Conduct a train-the-trainer.
	Create a learning collaborative.
	Conduct a practice improvement collaborative.
	Create a community of practice or learning community.
Support deliverers of the intervention/program/service.	Set up clinical reminders.
	Develop resource sharing agreements.
Use financial strategies.	Provide incentives/allowance.
Change infrastructure.	Suggest policy mandates.
	Change records systems.

Adapted from Waltz, T. J., Powell, B. J., Matthieu, M. M., Damschroder, L. J., Chinman, M. J., Smith, J. L., Proctor, E. K., & Kirchner, J. E. (2015). Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*, *10*, 109. https://doi.org/10.1186/s13012-015-0295-0

For each strategy:

- Choose strategy from list above (dropdown in the online version) (if it really does not fit any of the strategies listed, choose Other)
- Describe the strategy briefly (including if it was tailored for specific/cultural groups)
- Enter information about:
  - Format – choose from dropdown: email/mail, in person, phone, virtual/video, website
  - # of units – how many times was strategy offered (number)
  - Frequency – how often was strategy offered
- Add or delete rows if needed:

Implementation Strategy* (from the list)	**Format** (email/mail, in person, phone,	**Planned # of Units** (# times this will occur)	**Frequency** (how often this will occur)	**Brief Description**

		virtual/video, website)			

Describe the timeline/sequence of the planned Implementation Strategies, step by step:

6 Evaluation

a) Target audience/TA participants

planned enrollment: _____organizations _____individuals

b) Proximal Training/TA Outcomes: List how you will measure proximal/short-term training outcomes such as knowledge, skills, confidence, and attitudes.

Outcome	How will the outcome be measured?

c) Implementation/Sustainment Measures. The *RE-AIM Framework* is a model for evaluating intervention/program/practice outcomes, as well as the effect of the implementation strategies (implementation outcomes). Review the following for definitions and possible ways to measure outcomes, including culturally focused measures. Then complete the table.

****RE-AIM FRAMEWORK**

Outcomes are measured either at the patients/consumers/participants level (intervention/program/practice outcomes in patients/consumers/participants) or the target audience/TA recipients/organization/setting level (outcomes in the staff/providers or organization).

Dimension	Level
Reach: Absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative/intervention/program (e.g., consumers who receive the intervention). This includes: (# of individuals receiving intervention)/(# of individuals needing the intervention). *Are the people receiving the intervention?*	Patients/consumers/participants
Effectiveness: The impact of an intervention on individual outcomes, including potential negative effects, quality of life, cultural, and economic outcomes (e.g., on consumers). *Is the intervention effective?*	Patients/consumers/participants
Adoption: The absolute number, proportion, and representativeness of settings and intervention agents who are willing to initiate a program (e.g., target audience/providers in an organization who adopt the intervention). *Are staff and programs using my intervention?*	Target audience/TA recipients/organization/setting
Implementation: The intervention agents' fidelity to the various elements of an intervention's protocol. This includes consistency of delivery as intended, adaptations made, and the time and cost of the intervention. *Is the intervention being delivered properly?*	Target audience/TA recipients/organization/setting
Maintenance: • Patients/consumers/participants level: The long-term effects of a program on participant's outcomes six or more months after the most recent intervention contact. • Target audience/TA recipients/organization/setting level: The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. • Is the intervention delivered over the long-term?	Both

Adapted from Gaglio, B., & Glasgow, R. E. (2018). Evaluation approaches for dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (2nd ed.). New York: Oxford University Press. Glasgow, R. E., Harden, S. M., Gaglio, B., Rabin, B., Smith, M. L., Porter, G. C., Ory, M. G., & Estabrooks, P. A. (2019). RE-AIM planning and evaluation framework: Adapting to new science and practice with a 20-year review. *Frontiers in Public Health*, *7*, 64. https://doi.org/10.3389/fpubh.2019.00064

	Outcome	**How will the outcome be measured?**
	a) Reach of intervention/program/service (# of individuals receiving intervention)/(# of individuals needing the intervention)	
	b) Effectiveness of intervention/program/service (with individuals)	
	c) Adoption (#/% of target audience/TA recipients using intervention)	
	d) Implementation fidelity/adherence/quality, cost	
	e) Maintenance (individual effectiveness; target audience/TA recipients' using intervention)	
	f) Other?	
7	**Other relevant issues?**	

IMPLEMENTATION PROJECT TEMPLATE
FORM #2 – Implementation Phase

This version of the form can be used when the project is in the implementation phase. New content is highlighted in **bold orange font**.

	Organization: **Dates of Project:** **Project Title:**		**Name & Title of Person Completing Form:** **Date Completing Form:**		
1	**Describe your evidence-based intervention/program/service being implemented (WHAT):**				
2	**What is the need/rationale for this project? Why/how did you decide to do this project? Did anything change from the previous phase to impact the project?**				
3	**Target audience/TA recipients (*WHO and WHERE*)** (e.g., behavioral health providers, prevention staff, educators): a) Describe the audience (including organizations, individuals, and cultural considerations): b) Specify discipline(s) of individuals: c) Specify what setting the audience is from (e.g., emergency departments, schools, opioid treatment programs): d) Specify roles of individuals: e) Specify audience relationship to one another (Choose one): ___Single individuals from multiple organizations ___Multiple individuals within one organization ___Multiple individuals or teams from multiple organizations f) **How were your target audience/TA recipients recruited?**				
4	**Contextual/determinant considerations** (What facilitators are aiding implementation? What barriers are hindering implementation? Include cultural considerations for each category. **Update as needed.**): **Facilitators:** a) System factors—external to the organization (e.g., financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): **Barriers:** a) System factors—external to the organization (e.g., financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): How were these considerations ascertained (e.g., formal evaluation, needs/readiness assessment)?				
5	**Implementation strategies (*HOW*)** (For each strategy, describe the strategy briefly [including if it was tailored for specific/cultural groups], and provide information about the format, # of units, and frequency. Note if the strategy was tailored for specific/cultural groups. Add or delete rows if needed):				
	Implementation Strategy* (from the list)	**Format** (email/mail, in person, phone, virtual/video, website)	**Planned # of Units** (# of times this will occur)	**Frequency** (how often this will occur)	**Brief Description**

	Describe the sequence of the implementation strategies, step by step (edit from previous if the plan changed):				
6	**Evaluation** **a) Target audience/TA participants** # planned enrollment: _____organizations ____individuals **# enrolled: _____organizations ____individuals** **# (%) initiating implementation strategy: _____organizations ____individuals**				
	b) Proximal training/TA outcomes: List how you will measure proximal/short-term training outcomes such as knowledge, skills, confidence, and attitudes.				
	Outcome		**How Measuring?**		**Results, if Available**
	c) Implementation/Sustainment Measures** The *RE-AIM Framework* is a model for evaluating intervention/program/practice outcomes, as well as the effect of the implementation strategies (implementation outcomes). Review the following for definitions and possible ways to measure outcomes, including culturally focused measures. Then complete the table below.				
	Outcome		**How Measuring?**		**Results, if Available**
	a) Reach of intervention/program/service (# of individuals receiving intervention)/(# of individuals needing the intervention)				
	b) Effectiveness of intervention/program/service (with individuals)				
	c) Adoption (#/% of target audience/TA recipients using intervention)				
	d) Implementation fidelity/adherence/quality, cost				
	e) Maintenance (individual effectiveness; target audience/TA recipients using intervention)				
	f) Other?				
7	**Other relevant issues?**				

IMPLEMENTATION PROJECT TEMPLATE
FORM #3 – Sustainment Phase

This version of the form can be used when the project is in the Sustainment Phase. New content is in **bold orange font.**

	Organization: **Dates of Project:** **Project Title:**		**Name & Title of Person Completing Form:** **Date Completing Form:**		
1	**Describe your evidence-based intervention/program/service being implemented (WHAT):**				
2	**What is the need/rationale for this project? Why/how did you decide to do this project? Did anything change from the previous phase to impact the project?**				
3	**Target audience/TA recipients (*WHO and WHERE*)** (e.g., behavioral health providers, prevention staff, educators): a) Describe the audience (including organizations, individuals, and cultural considerations): b) Specify discipline(s) of individuals: c) Specify what setting the audience is from (e.g., emergency departments, schools, opioid treatment programs): d) Specify roles of individuals: e) Specify audience relationship to one another (Choose one): ___Single individuals from multiple organizations ___Multiple individuals within one organization ___Multiple individuals or teams from multiple organizations f) How were your target audience/TA recipients recruited?				
4	**Contextual/Determinant Considerations** (What facilitators aided implementation? What barriers hindered implementation? Include cultural considerations for each category. **Update as needed.**): **Facilitators:** a) System factors—external to the organization (e.g., **policy,** financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): **Barriers:** a) System factors—external to the organization (e.g., financing, mandates, community, culture): b) Organizational factors—internal to the organization (e.g., leadership, readiness): c) Individual clinician/staff factors (e.g., alignment with existing practice, complexity): How were these considerations ascertained (e.g., formal evaluation, needs/readiness assessment)?				
5	**Implementation Strategies (*HOW*)** (For each strategy, describe the strategy briefly [including if it was tailored for specific/cultural groups], and provide information about the format, # of units, and frequency. Note if strategy was tailored for specific/cultural groups. Add or delete rows if needed):				
	Implementation Strategy* (from the list)	**Format** (email/mail, in person, phone, virtual/video, website)	**Planned # of Units** (# of times this will occur)	**Frequency** (how often this will occur)	**Brief Description**

	Describe the sequence of the implementation strategies, step by step (edit from previous if the plan changed):				
6	**Evaluation** **a) Target audience/TA participants** # planned enrollment: _____organizations _____individuals # enrolled: _____organizations _____individuals # (%) initiating implementation strategy: _____organizations _____individuals **# (%) completing 50% of implementation strategy activities:** _____organizations _____individuals **# (%) completing 80% or more of implementation strategy activities:** _____organizations _____ individuals _____				
	b) Proximal training/TA outcomes: List how you will measure proximal/short-term training outcomes such as knowledge, skills, confidence, and attitudes.				
	Outcome		**How Measured?**		**Results**
	c) Implementation/sustainment measures** The *RE-AIM Framework* is a model for evaluating intervention/program/practice outcomes, as well as the effect of the implementation strategies (implementation outcomes). Review the following for definitions and possible ways to measure outcomes, including culturally focused measures. Then complete the table below.				
	Outcome		**How Measured?**		**Results**
	a) Reach of intervention/program/service (# of individuals receiving intervention)/(# of individuals needing the intervention)				
	b) Effectiveness of intervention/program/service (with individuals)				
	c) Adoption (#/% of target audience/TA recipients using intervention)				
	d) Implementation fidelity/adherence/quality, cost				
	e) Maintenance (individual effectiveness; target audience/TA recipients using intervention)				
	f) Other?				
7	**Other relevant issues?**				