**QIC-AG Initial Design and Implementation Plan (IDIP)**

**Introduction**

The Initial Design and Implementation Plan (IDIP) is a document that serves as a tool for the QIC-AG site to thoughtfully and strategically plan for successful implementation of the initiative and to ensure that the initiative has intervention validity and implementation integrity. The result of the implementation plan should be a document that guides the implementation of the evaluable intervention, supports the use of an intervention to address an identified problem, and outlines the steps that need to be taken to ensure that the intervention is delivered to clients in the way that it was intended. To accomplish this, the Initial Design and Implementation Plan (IDIP) will describe the following:

1. Project Overview
2. Key Components of your Research Question
3. What will be implemented
4. How the system will be modified or readied to support the intervention
5. Who is going to do the work

If done well, an IDIP has many benefits, including the promotion of a well-developed, logical approach to implementation and the description of strategies to address on-going implementation issues. Planning activities provide the process for thinking through the intervention’s critical components, allowing for anticipation of possible barriers and the steps to address them and developing a common understanding of how the identified program goal will be achieved. In addition, the plan can serve as a communication tool with leadership to promote buy-in and sustain support.

**Please note: All components of the plan do not require the development of new materials or content. In some sections of the plan you will simply need to pull together and/or expand upon existing materials, documentation or products to complete that element of the plan. Having just one comprehensive document will help guide the work as the project moves forward.**

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1. **Project Overview**
2. **Problem**

Using the information gathered during the “Identify and Explore” stage, briefly state the problem and the QIC-AG interval your intervention will address.

1. **Theory of Change**

Insert the QIC-AG approved site specific theory of change.

1. **Key Components of your Research Question**

A well-built research question is one that is directly relevant to the problem at hand and is phrased in a way that leads to precise answers (Wilson, Nishikawa & Hayward, 1995). Testa and Poertner (2010) recommend the PICO framework, which requires careful articulation of four key components: P – a well-defined target population; I – the intervention to be evaluated; C – the comparison group; and O – the outcomes expected to be achieved. Please note: Intervention (I) will be discussed in Section III. To complete this section, expand upon the QIC-AG approved PICO question.

1. **Target Population**

Using your population template as a starting point, supplemented with additional data from the evaluation team (as available) or through your site’s data system, clearly define the target population for the evaluable intervention. This may include data on the following:

* Eligibility and exclusionary criteria
* Geographic service areas
* Characteristics, demographics, or past experiences (e.g., age, race, ethnicity, or placement history, family structure)
* Needs (e.g., parents or guardians who lack the capacity to address trauma-related issues, or lack of parental skills and abilities to manage behavior)
* Estimates of the total number of children that will be served by the QIC-AG each year

1. **Comparison Group**

Describe the criteria for selecting your comparison group, and any anticipated concerns or processes that need to be developed for the comparison group. Please describe services as usual as they will be provided to the comparison group.

1. **Outcomes**

*Short-term outcomes:* Short-term outcomes will be specific to your selected intervention. Describe the short-term outcomes you expect to achieve with this initiative. In your description, please discuss how your short-term outcomes are linked to your theory of change. Also explain how these outcomes are different or similar to outcomes previously examined with the intervention.

*Long-term outcomes:* Please note that each site will be examining the same long term outcomes regardless of the selected intervention. The long-term outcomes are as follows:

* Increased post permanency stability
* Improved child and family well being
* Improved behavioral health for children and youth

1. **Logic Model**

Present a logic model that illustrates the conceptual linkages between core components and your selected intervention, expected outputs, and short-term and long-term outcomes. The logic model should clearly explain how specific activities or services are expected to produce or influence their associated outcomes. Please include the visual representation of the logic model as an appendix.

1. **Case Flow/Project Enrollment**

Describe how participants will be identified, selected or recruited to participate in the initiative. Please include when and how randomization will occur and when and how consent will be obtained. Also please describe any anticipated issues that may prevent the processes from occurring as planned.

1. **Data Collection**

Describe the process for collecting information related to implementation (outputs, 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. Indicate any concerns regarding the processes that need to be developed.

1. **Describing the What: Intervention**

Using your completed Hexagon Tool as a starting point, describe the intervention that was chosen for the QIC-AG evaluable intervention including the following:

1. **Philosophy, Values, and Principals**

The philosophy, values and principals of the intervention and how the intervention’s fit with current initiatives and values of the site (examples: families are experts about their children, children with disabilities have the right to be integrated into classrooms, culture sensitivity is critical to child welfare service delivery).

1. **Core Components**

* The core components of the intervention (if core components do not exist, then note that the development of core components is needed). Core components are features of the intervention that must be present to achieve the intended impact (examples: use of modeling, practice, and feedback to acquire parenting skills, acquisition of social skills, and recreation and community activities with high functioning peers). If there are optional intervention components specified, please describe.
* The research and theory that demonstrates that the core components support the theory of change. Core components should be grounded in research or theory that supports the theory of change.
* The operationalized definition of each core component. Core components must be operationalized to ensure that they are teachable, learnable and doable and facilitate consistency across practice.
* For the operationalized core components please describe any difficulties in execution that may arise.

1. **Materials**

Any materials that are available to support implementation such as manuals, training videos, assessment instruments, etc.

1. **Fidelity**

Any fidelity measures that have been created for the intervention. Please note if the fidelity measures have been positively correlated with better outcomes and if yes, what specific outcomes have been impacted.

1. **Adaptation**

A description of any adaptation or development work that will need to be done to ensure that the intervention meets the needs of the target population and any concerns that exist regarding this work. If adaptation work is necessary please make sure to include this activity in the intervention specific work plan described in Section IV. B.

1. **Developmental Phase of the Intervention**

Using the “Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare” developed by the Child Welfare Research and Evaluation Framework Workgroup (AKA the “flower”), determine within which phase the intervention falls.

1. **Describing the How: Implementation Support**

Once an intervention is selected it is important to know how the system will be readied to support service delivery. In this section describe the system’s exiting capacity to support service delivery, 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 them. Please note that any work that needs to be done to support the development of the implementation supports should be reflected in the intervention specific work plan (See Section IV. B.). Use information documented in your completed Hexagon Tool and Purveyor Interview Tool as starting point for this section.

1. **Implementation Supports**

* **Staff:** Qualification of staff and other criteria needed to select, recruit, and retain staff as well as the number of staff needed. Any barriers to obtaining appropriate staff.
* **Training:** Training curriculum and supervision or coaching plan, and the length of the training.
* **Fidelity:** Measures and protocols to assess practitioner’s implementation of essential functions and core components.
* **Policies and procedures:** Policies and procedures to support the new work; adaptations that are required and barriers to accomplishing this work.
* **Data systems:**
* Required hardware and software or modifications needed to collect and manage information related to implementation (core components and fidelity measures). Anticipated barriers to accomplishing any modifications or acquisitions.
* Required hardware and software or modifications needed to collect and manage information related to short- and long-term outcome measures. Anticipated barriers to accomplishing any modifications or acquisitions.
* **Leadership:** Current status of state, county, and local leadership buy-in and where further engagement may be needed.
* **Community linkages:** Availability and quality of linkages to community resources if necessary to provide the intervention.
* **Systems partners:** Availability of partners or collaborators, 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), and what is needed to engage these partners.
* **Program experts:** Experts who have been engaged, or need to be engaged in the use of the intervention.

1. **Intervention Specific Work Plan**

The intervention specific work plan will be incorporated into the site specific work plan. It is necessary to create a plan that delineates the developmental activities that need to

occur before the first clients can be served. These tasks will support the modification or adaption of the selected evaluable intervention as well as the development of implementation supports. The work plan should support the site work plan submitted to QIC-AG leadership, but will likely be more detailed with respect to tasks and will focus only on the evaluable intervention. The following detail should be captured:

* Activity
* Responsible team
* Start date
* End date

1. **Describing the Who: Teaming and Governance Structure**

Once you have determined the intervention and the necessary systems modifications, it is important to understand who will actually be responsible for the work that needs to be done. This section will capture the existing teaming structure and any additions/modifications that have been developed to ensure that the work can be completed. Please attach completed team charters as appendices.

1. **Teaming Structure**

Review the existing teaming structure and charters for the PMT and Stakeholder Advisory Teams as well as any other teams that have already been developed. Make necessary modification to support implementation, including expanding the teaming structure. For example, develop an implementation team if not already in place.

1. **Team Charters**

Develop team charters for newly defined team(s). A team charter describes the work a team will do, how the work will be done, and who on the team is responsible for the various work areas. The team charter should support the Intervention Specific Work Plan.

1. **Communication Strategies**

Detail the processes, procedures, and strategies for maintaining efficient and effective communication among leadership, staff, and partners who are:

* Paid by the cooperative agreement
* Members of a team as defined by the teaming structure

Critical to the successful implementation and utilization of the intervention (have an active role)