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**IMPLEMENTATION PROJECT TEMPLATE**

**Revision 6/22/21**

**Introduction/Background**

This Implementation Project Template was developed, piloted, and refined 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 technical assistance projects that have the goal of implementing an intervention/program/practice (versus those focused on awareness raising or training only). It is likely most useful for intensive technical assistance projects, defined by the TTCs as projects that “Support full incorporation of a new innovation or practice into real world settings that require changes in policies, practices, and system functioning” (see the ATTC Training and Technical Assistance (TTA) Framework). Intensive TA projects usually have a “*Combination of TA activities* involving regular assessment of skill development and progress based on active participation by the TA recipient as well as direct observations by the TA provider, supplemented with long-distance planning and work sessions.”

**The template is based on three 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 implementation stages 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, such as staff training, building a community coalition, and changing protocols and policies. Implementation– beginning to provide or use the new practice. Sustainment – maintenance of the practice over time. This template has three iterative forms for Exploration/Preparation, Implementation, and Sustainment.
* *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) as a way to organize the description of TA activities used in a project.
* 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. We recognize that TTC funding and scope does not necessarily allow for evaluation of intervention/program/practice outcomes; however, the framework keeps our focus on the full range of evaluation targets and TTCs may be able to have the TA recipient organizations track and report this information.

**How the template can be used:**

* TTC staff can enter their projects and view other TTC’s projects through the secure MHTTC Intranet.
* Similar to other TTC-wide data, such as the website, data can be summarized across projects and reflected back to the Network(s) (e.g., what implementation strategies are used most frequently, what outcomes are being measured and how). Requests for aggregated data will follow the same process as that used for other TTC data.
* Use of the template is voluntary, and is only applicable to some of the work completed by a TTC.

**Benefits of wide adoption of the template across the TTCs:**

* As a learning health system, we want to be able to collect information/data, beyond GPRA, on the training and TA activities we provide.
* Summary information from forms completed across the TTCs will inform us about how intensive TA projects are being conducted, and shed light on how we might better use implementation science findings to guide our work.
* The intention is not to compare Centers to each other. We want to learn how we are all developing TA services and how we can improve.

**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](https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.3389%2Ffpubh.2019.00064&data=02%7C01%7Cthomas.e.strayer%40vumc.org%7Cf2499c6d2920437be71708d7d5996228%7Cef57503014244ed8b83c12c533d879ab%7C0%7C0%7C637212727077111699&sdata=ZFowYe4fdaXSeaez5gn2YJ%2F5IcFnoL0unhwDjac3QoQ%3D&reserved=0)
* 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

**Instructions**

There are three versions of the template. A version for exploration/planning, implementation, and sustainment. Each builds on the information entered previously. When you move to the next form, information from the previous form will pre-fill, with ability to modify anything you’ve already entered. There are also several new fields that will appear in the latter two forms.

* To get started, log into the MHTTC Intranet at [www.mhttcintranet.org](http://www.mhttcintranet.org)
* Click on:
  + My Projects to view or edit projects associated with your Center
  + New Project to enter a new project
  + Search Projects to search and view projects that have been ‘published’ (released for viewing) by other Centers
* For New Projects
  + Start by entering the title and the main contact person for the project (must be from your Center)
  + All projects start with the Exploratory/Planning Phase form. Complete all of the fields in that form, and then you can choose Save.
  + When you’re ready to move to the next phase of the project, and complete the next form, click the “Move Project to Next Stage’ box and then Save. The project will advance to the Implementation Phase form. The same when you’re ready to move to the Sustainment Phase form.
  + If a project is already completed, start with the Exploratory/Planning form, and then when you move to the Implementation and Sustainment forms, only enter the new data elements.
* Publishing your project so others may view it.
  + At any stage, you may click on the Publish button, and your project will then be viewable and searchable through the Search Projects function.

The forms are included next for your reference. The new data elements in each successive form are highlighted yellow.

Questions? Please contact Heather Gotham, [gothamh@stanford.edu](mailto:gothamh@stanford.edu), MHTTC NCO Director

**FORM #1 – Exploration/Preparation (Planning) Phase**

**IMPLEMENTATION PROJECT TEMPLATE**

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|  | **Center: 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, 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\*** (list/dropdown) | **Format** (email/mail, in person, phone, virtual/video, website) | **Planned # of Units** (# times this will occur) | | **Frequency** (how often this will occur) | **Brief Description** |
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| **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, attitudes. | | | | | |
| **Outcome** | | | **How will the outcome be measured?** | | |
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| **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**  Outcome 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](https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.3389%2Ffpubh.2019.00064&data=02%7C01%7Cthomas.e.strayer%40vumc.org%7Cf2499c6d2920437be71708d7d5996228%7Cef57503014244ed8b83c12c533d879ab%7C0%7C0%7C637212727077111699&sdata=ZFowYe4fdaXSeaez5gn2YJ%2F5IcFnoL0unhwDjac3QoQ%3D&reserved=0) | | | | | |
| **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 (w/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?** | | | | | |
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**FORM #2 - Implementation Phase**

**IMPLEMENTATION PROJECT TEMPLATE**

Information from the exploration/preparatory phase will be auto-filled into the previously completed sections. The user can update based on what is occurring during the implementation phase. New content is highlighted in yellow.

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|  | **Center: 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? 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 strategy was tailored for specific/cultural groups. Add or delete rows if needed)**:** | | | | | | |
| **Implementation Strategy\*** (list/dropdown) | **Format** (email/mail, in person, phone, virtual/video, website) | **Planned # of Units** (# times this will occur) | | **Frequency** (how often this will occur) | **Brief Description** | |
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| **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, attitudes. | | | | | | |
| **Outcome** | | | **How measuring?** | | | **Results, if Available** |
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| **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 (w/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?** | | | | | | |
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**FORM #3 - Sustainment Phase**

**IMPLEMENTATION PROJECT TEMPLATE**

Information from the implementation phase will be auto-filled into the previously completed sections. The user can update based on what is occurring during the implementation phase. New content is highlighted in yellow.

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|  | | **Center: 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? 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\*** (list/dropdown) | | **Format** (email/mail, in person, phone, virtual/video, website) | **Planned # of Units** (# times this will occur) | | **Frequency** (how often this will occur) | **Brief Description** | |
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|  | **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 \_\_\_\_\_ | | | | | | | |
| **7** | **b) Proximal Training/TA Outcomes:**  List how you will measure proximal/short-term training outcomes such as knowledge, skills, confidence, attitudes. | | | | | | | |
| **Outcome** | | | | **How measured?** | | | **Results** |
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| **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 (w/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? | | | |  | | |  |
| **8** | **Other relevant issues?** | | | | | | | |