Implement the Program

Learning Objectives

1. Identify specific issues that should be addressed with the funding source at the beginning of the relationship

2. Identify the three documents related to the proposal that must be reviewed to ensure effective implementation

3. Discuss the roles of information systems, quality assurance, and contract compliance in program management

I MUST HAVE MISSED THAT

Kyra had just received notification that the proposal she and her colleagues had developed had been funded. Their project involved facilitating a training curriculum for foster care and adoption workers across the state, using an existing curriculum. Because Kyra and two of her clinicians had developed the proposal, they felt comfortable that they had a firm grasp on the project's expectations; so they briefly reviewed the contract they had just received, had it signed by the agency's president, and sent it back to the contractor. Then they got to work planning for implementing the project. Knowing that they were required to deliver the trainings across the entire state, they mapped out a 1-year plan, identifying each of the locations to which they needed to deliver the training. In addition, they used a *Gantt chart* to identify each of the major activities needed for implementation, as well as time frames and the individuals responsible for each activity. Feeling as though they had a firm plan in place, they began implementation, finalizing the training schedule by coordinating with representatives from each of the organizations that would receive the training, preparing for training facilitation, and getting on the road to begin training.

Kyra and her co-trainers were excited by the initial responses of the training participants—the participants often telling them that they had enjoyed the training and commenting on the trainers' ability to connect with the audience. In addition, Kyra and her team found that they really enjoyed facilitating the training—even more than they had thought they would—and they liked the added bonus of getting out and meeting others across the state who worked in the child welfare field.

After training about one-third of their assigned population and spending approximately 6 months delivering the training across the state, Kyra received a call from the contract manager. The contract manager stated that she had still not received any of the training evaluations from the organizations that had been trained, although she knew from the monthly progress reports Kyra had submitted that they had in fact trained several organizations in multiple locations. Not quite knowing how to respond since she did not recall any type of evaluation requirement, Kyra asked the contract manager for more information about the evaluations. The contract manager stated that standardized evaluation tools had been developed for the training program and were available through the contract manager's office. She further stated that it was Kyra's responsibility as the trainer to distribute the evaluation form to all training recipients, along with instructions regarding electronic submission of the evaluation, following each completed training curriculum. Since the contract manager had never heard from Kyra, she assumed that Kyra had obtained the evaluation form from someone else in the funder's office.

Kyra was aghast—she was not aware of the evaluation and had not provided it to any of the training recipients, and she could only admit her oversight to the contract

manager. The contract manager encouraged Kyra to review her contract so that she did fully understand all its requirements. She then let Kyra know that she would have to speak to her supervisor to determine how they would handle this initial failure to comply with the contractual expectations and would get back to Kyra within a week.

CONSIDERING KYRA

1. How could Kyra have avoided this?

2. If you were Kyra, what might you propose to rectify this situation?

3. If Kyra is permitted to continue the contract, what advice would you give her to effectively move forward in her relationship with the contract manager?

About This Chapter

This chapter focuses specifically on program implementation—the step that follows successfully securing funding. This step in the comprehensive program development model follows developing the proposal and precedes program evaluation; however, as you know, implementation activities and initial evaluation activities are originally developed in Step III (Design the Clinical Program). As a result, this chapter is specifically connected to Step III, as well as Steps X (Evaluate the Program) and XIII (Develop an Information-Sharing Plan), again illustrating the interconnectedness of the model. Therefore, specific components of the program evaluation, such as process evaluation, fidelity assessment, and outcomes evaluation, are not fully examined here but, rather, in the following chapter, and whereas quality assurance methods and contract compliance issues are initially explored here, the significance of this type of data collection is specifically discussed in Chapter 15.

This chapter explores two major areas—program implementation and program management, which begins during initial implementation. In terms of program implementation, we will explore key issues that must be attended to during this time. These issues include establishing a relationship with the funding source, reviewing and implementing the grant/contract, and attending to the specific aspects of the program implementation process, including the implementation of various evaluation and

monitoring activities. In addition, critical aspects of program management are examined, with specific attention paid to four major areas: leadership and administrative oversight, the use of information systems, quality assurance planning and mechanisms, and contract compliance.

STEP IX: IMPLEMENT THE PROGRAM

Fully Implementing the Program

After investing a great deal of time, energy, and hard work into the development of a clinical program, the greatest reward is seeing it come to fruition—and this is possible only after funding support has been awarded. Indeed, receiving notification that your proposal for a new program/project has been selected for funding validates all the work that went into developing the proposal—from the exhaustive needs assessment process to the comprehensive literature review to putting the finishing touches on the program design. But as validating as such an award is, it also comes with a great deal of new work and a much longer time commitment. In fact, whereas the preplanning and planning phases may have taken up a year or so and possibly up to 5% of your overall time during the year, the implementation phase most often requires 80% to 100% of your time (as well as the time of other key staff), typically for the next 1 to 5 years.

Implementation signals a far more significant and steady commitment to the program/project and, as such, means that the program will likely become the primary focus of the program developer/mental health professional's energies. Further, there are dramatically different stakes involved in implementation versus proposal development, since funding was awarded on the basis of the funder's trust and a belief in the success of the project. As a result, the program developer must prove worthy of the funding but also must appreciate that the success of the program implementation has significant implications on future potential to garner funding. To be certain, how well a program developer is able to implement a program and effectively use the funds provided is critical not only to the relationship between the developer and the funder but also to the program developer's future ability to attract new funding.

Establishing the Relationship With the Funding Source

The first step in program implementation is formally establishing the relationship with the funding source. In many cases, a relationship with the

fund/contract manager will already have been formed—and should have already been formed—since cultivating relationships with potential funders is a critical aspect of pursuing funding (as discussed in Chapter 8). However, once funded, the relationship with the funder moves from being an informal one without contractual expectations to a formal business relationship and, therefore, must be treated as such.

On receipt of the notification of funding award, the program developer should immediately contact the funding source to acknowledge the award and personally extend gratitude. Depending on the funding source, there may be specific requirements regarding acceptance that may be both formal and informal. For instance, federal grants typically require formal acceptance of funding as well as the completion of initial setup activities. State and local governmental grants and philanthropic organizations may also require formal acceptance of funding, whereas others may initially require only a simple acknowledgment. In most—if not all—cases, instructions regarding acceptance and beginning implementation are provided in the initial notification letter, and these instructions must be followed.

Regardless of the requirements regarding acceptance of the funding award, the issue remains that the relationship between the program developer and the funding source is a particularly important one. Since clinicians are in the business of building effective relationships, this should not constitute too much of a challenge. As such, using the same skills that make clinicians effective can allow program developers to quickly establish a good working relationship with the contract manager. The type and scope of the relationship between the contract manager and the program developer will vary based on the particular funding source, just as the types of required acceptance activities do. Some relationships will require formal regular written reporting and frequent verbal communication and, thus, are characterized by frequent contact and close working relationships, whereas others may require minimal communication. Because it is the program developer's responsibility to comply with all the requirements and preferences of the funding source, it is important to find out exactly the type of relationship required and/or desired by the contract manager as part of establishing the relationship.

Interestingly, the type of relationship and reporting requirements may not be remotely correlated with the type of funding awarded or the amount of funding but, rather, are typically a reflection of the funding source itself. In fact, a $25,000 award from a corporation's community giving program may come with much more rigorous reporting requirements and require a greater level of involvement than a $300,000 award from the federal government. This again underscores why it is imperative that the program developer finds out exactly what type of relationship is required and/or

desired by the funding source and then complies fully with this, careful to avoid attempts to prejudge the scope of the relationship. Since any person and/or organization that receives external funding is a steward—trusted to carry out the mission and/or objectives of the funding source and all its constituents—the relationship between the program developer and the contract manager forms the basis for this type of *stewardship*.

Review of the Grant/Contract

Following acceptance of the award and as you are beginning to establish the relationship with the funding source, you must thoroughly review the grant/contract. This is of particular significance since it may have been a year or more since the proposal was actually developed. If you are anything like me, much of what you developed even a short time ago may not be easily recalled today; thus, a thorough review of the original proposal and all the accompanying documentation must occur. Failing to conduct a thorough review may put you in Kyra's shoes—a third of the way into the project and overlooking a critical requirement.

There are three basic components that must be reviewed:

1. The initial application requirements

2. The initial proposal

3. Any changes or modifications to the original requirements or documents

I have found the initial application requirements and initial notice of the funding competition to be among the most important documents to review, because it is in these documents that the rationale, objectives, and other aspects related to the intent of the funding are set forth. As such, this information can be quite rich in outlining the priorities of the funding source and can provide a unique window into the thinking behind the funding source leaders. Because funding recipients are most often evaluated based on the degree to which they can carry out the agenda of the funding source, as well as its more subtle ideological aspects, it is imperative that the recipient understand precisely what that agenda is so as to ensure that all aspects of the project reflect this—not simply the interventions themselves. As such, you must keep in mind that one of your jobs in carrying out the program is to help the funding source be successful (Porter, 2005). For instance, a Request for Proposals (RFP) to provide mental health treatment for returning veterans may include a narrative about the importance of family involvement

in the treatment process and reducing isolation. Whereas the funding recipient was successful in designing a treatment program that effectively addressed both of these issues, as evidenced by the award, it is equally necessary that other aspects of the program, including clinical decision making, are guided by these priorities; thus, clinical decision making would need to reflect family involvement. By attending to this, you are able to fulfill both the content and the substance of the funding source's expectations.

Reviewing the initial proposal that was developed in response to the RFP is also of critical importance, since this document outlines precisely what the program developer has agreed to do in terms of implementation and delivery of services. The proposal is a legal document insofar as it provides the initial agreement that the program developer has stipulated with the funding source. Moreover, funding was awarded based on what was outlined in the proposal. As a result, any changes or diversions from the proposal must receive preauthorization by the funding source so as to avoid a potential *breach of contract*—failure to conform to the contractual requirements.

Finally, it is not uncommon for changes or modifications to be made to the initial requirements of the funding source. These changes may occur as part of the review process in which the funding agent may request specific changes to your original proposal or request that you provide further explanation for part of the proposal—both of which can result in modifications to the proposal. As a result, any modifications to the original proposal and/or requirements of the funding source must be reviewed thoroughly, since these will replace parts of your initial proposal.

For each of these, a thorough reading must be conducted to ensure full understanding of the intent and requirements of the funding source and precisely what was promised by the applicant/funding recipient. Bear in mind that it is solely the responsibility of the funding recipient to comply with all requirements of the funding grant/contract. Therefore, this process must be wholly initiated by the funding recipient/program developer with a commitment to thoroughness, lest something of significance be missed in implementing the program.

To ensure that all individuals who will be working in the program/project are fully informed as to the program requirements, all relevant documentation should be shared with all key staff. In addition, an orientation should be held to further discuss the requirements and other aspects of the project and to answer any questions regarding the documentation. This should allow for all involved individuals to gain a thorough sense of the project/program. Moreover, these initial review activities can reinforce the significance of being awarded funding and the stewardship it brings—for which all key staff are accountable.

Program Implementation Monitoring

Once everyone has had an opportunity to get acquainted or reacquainted with the project/program through reviewing the official documents and orientation, program implementation is ready to begin. At this point, documentation from the original proposal is essential, especially with regard to planning and design tools such as timelines, Gantt charts, and logic models. Whereas there are multiple aspects of implementation that must be carefully considered and coordinated, each is directed at ensuring the most effective implementation process. Effective, in this sense, means that the program/project is implemented as originally designed (i.e., promised).

In order to ensure this is the case, the implementation must not only be closely guided by the program developer but also be evaluated throughout the implementation process. This type of evaluation is considered a *process evaluation* and focuses on assessing all aspects of the program by comparing the implementation of various activities with the information stipulated in the proposal and other requirements of the funding source. Activities assessed include the time frames in which staff are hired, trained, and begin work; the number and type of staff employed in each of the roles; the recruitment of clients; orientation; and delivery of each of the interventions and supporting activities, to name a few.

Whereas the existing planning tools are essential to effectively guide the implementation process, depending on the scope of the project/program, you may need to develop additional tools for use in implementation and assessing the implementation process. Because process evaluation is one of the types of evaluation that compose a comprehensive program evaluation, it is discussed indepth in the following chapter. At this point, we will focus primarily on methods by which to monitor the implementation process.

Implementation Update meetings are especially helpful in both guiding and assessing the implementation process. For most programs/projects, I recommend that these meetings be held weekly during the first 2 months of implementation and then reduced to biweekly and monthly, as necessary. I say this because the first 2 months of any program/project can be the most challenging and harried time in a program's life cycle. It is not difficult to imagine why this is the case, since during this time, there are competing pressures to finalize the development of any program manuals, policies, or other relevant documents; finalize and coordinate the program evaluation; train and orient new staff; orient clients; engage in public relations and/or marketing efforts to communicate the new program to the public; and attend to a multitude of other activities that all must be done in order to fully implement the program. Because of the chaotic

nature of this time period, open and constant communication is a necessity to ensure that nothing is missed, questions are answered, and continuous guidance is provided throughout the process. By creating a venue for this type of communication via weekly *Implementation Update* meetings, you are able to provide the necessary nurturing and monitoring needed to ensure successful implementation. And since achieving a successful program is no easy task, by spending the time up front to guide the implementation process, you are much better suited to attain long-term success for the project.

Program Management

Just as effective implementation is essential to the success of a program, effective management is critical to the sustainability of a program. Sound management begins with fully understanding and appreciating the objectives of a program and possessing a keen understanding of the program's meaning that can be effectively conveyed to clients, staff, and the public— all of which should be revealed through a review of the initial program documentation. Because management comes with a need for leadership, managers must be excellent communicators, able to convey not only the program's purpose but the reason why the purpose is so important to multiple groups.

However, in addition to providing leadership and guidance to the program throughout its life cycle, there are many other aspects of program management. Indeed, management of mental health and human service programs is also composed of the various activities of planning, designing, staffing, budgeting, supervising, monitoring, and evaluating (Lewis, Packard, & Lewis, 2007)—each of which is discussed throughout this text as part of the comprehensive program development process.

Program management is big—in both size and scope, often varying depending on the type of individuals serving as managers and the culture of the organizational and external environment in which they manage. Whereas individuals are needed to manage—thus, the job classification called *managers*—management is not the exclusive domain of individuals with the title of manager/supervisor/administrator. In fact, every staff person connected to a program typically engages in some form of program management. This is because program management includes paying attention to all the details that compose a program, working to ensure that everything is executed as planned, discussing issues and challenges, working collaboratively, collecting and reporting various data, and making changes as warranted, all with the shared goal of program success.

In this context, management refers to a series of processes that is shared by all key stakeholders and is highly collaborative, with input and monitoring occurring at multiple levels (Gibelman & Furman, 2008). As such, these management processes are designed to

- guide, inspire, and motivate;
- monitor and assess;
- correct or resolve problems and/or threats; and
- improve and lead to the attainment of success.

For the sake of this discussion, there are four key areas on which I want to focus, as each relates to program management: leadership and administrative oversight, information systems, quality assurance planning, and contract compliance. These four areas are integral, as each constitutes a specific management system that can effectively guide implementation.

Leadership and Administrative Oversight

"Management is about human beings. Its task is to make people capable of joint performance, to make their strengths effective and their weaknesses irrelevant" (Drucker, 2001, p. 10). As only Peter F. Drucker could, he sums up management concisely and brilliantly. I liken this characterization of management to the aspects of leadership and administrative oversight that are essential parts of program management. The program director/manager is primarily responsible for the program/project, overseeing day-to-day operations, serving as the chief program administrator, and engaging in multiple levels of decision making pertinent to the program, among other tasks. However, leaders of the organization and key administrators, such as human resource and finance executives, provide another layer of oversight to the program. As such, organizational executives are charged with broad-based responsibility for all the company's programs and operations and, therefore, indirectly provide leadership and engage in various types of oversight activities.

Most significantly, an organizational leader directly supervises the program director, ensuring that the director can effectively and successfully implement and sustain her/his program—thus, highlighting the director's strengths while, ideally, teaching the director how to be an effective manager. In addition, organizational leaders and administrators must closely observe and monitor the program's operations, reviewing various types of data (e.g., staffing reports, finance reports, client vacancy rates) and discussing findings and ongoing plans with the program director and/or other program leaders, as well as requiring modifications and/or action plans to correct any deficiencies. In this regard, the organizational leaders and

administrators provide a critical layer of management to the program, ultimately designed to ensure the program's success.

Information Systems

Information systems basically refer to forms and types of data collection and storage that allow for maintaining and analyzing various types of information. Today, it is difficult to imagine information systems without immediately thinking of computer technology. Indeed, computers have exponentially changed every aspect of the way that we work and live and, for many, are simply a common part of work and life. And because of the technological advances that have been made, funding source requirements for data collection and data reporting have changed dramatically over the past decade (Kettner, Moroney, & Martin, 2008). As a result, electronic technology is the most common means today to ultimately store and analyze data. However, the sophistication level of technology at a given agency may vary greatly based on financial disparities between organizations that dictate precisely what an organization can afford. Thankfully, relatively inexpensive hardware and software are now available that allow agencies to computerize many of their critical activities (Kettner et al., 2008). Basic spreadsheet programs such as Microsoft Excel and database programs such as Microsoft Access can be used with relative ease and little expense. And through charitable giving programs that provide reduced or no-cost technology to nonprofit organizations, acquiring technology is easier today than ever before in the mental health and human services. For instance, consider the impact that TechSoup Global—an essential technology resource in our field—has made in increasing access to technology for nonprofit organizations over just the past several years.

TECHSOUP GLOBAL

TechSoup Global is one of the most comprehensive technology resources for nongovernmental organizations in the world. Working with corporate donors, including Microsoft, Adobe, Cisco, and Symantec, TechSoup provides nongovernmental organizations, nonprofits, libraries, and community-based organizations with the latest professional hardware, software, and services they need. These information and communication technology donations are available alongside educational content such as articles, webinars, and nonprofit technology community forums. As of June 2009, TechSoup Global has served more than 101,000 organizations, distributed more than 4.9 million technology donations, and enabled nonprofit recipients to save more than $1.4 billion in information technology expenses (TechSoup Global, 2001–2009).

Since we now have such a variety of information systems available, program developers and managers must determine which types of data should be collected through which types of methods. In addition, they must specify precisely how the data will be used. In the mental health and human services industry, multiple types of electronic information systems are available that range in scope and degree of sophistication and functionality. There are electronic information systems designed specifically for accounting and other financial practices, systems designed to support human resource functions such as staff records and benefits, and systems designed to manage client information. Whereas these types of single-focused electronic systems have been developed as stand-alone systems (e.g., accounting), there are also now a host of *integrated electronic systems* that have been developed specifically for the mental health and human service industry. These systems are integrated in the sense that each of the major functions—accounting, human resource management, and client information management—is contained in one electronic information system.

Since the beginning of the new millennium, a host of integrated systems has hit the market, creating quite a wide selection from which organizations can choose. However, the cost of both integrated and function-specific electronic systems varies tremendously and can be cost-prohibitive for many organizations. Because nonprofit organizations typically do not receive specific funding to support such expenses as technology and rent/property, agencies must utilize other funds or create other mechanisms by which to support these critical components of the organizational infrastructure.

Further complicating the financial implications related to purchasing an integrated or stand-alone information system is the fact that payment for these systems is often an ongoing factor. This means that when making these purchases, you must be able to financially plan for 10 to 20 years to ensure the appropriate level of funding support will continue to be available for the system that you wish to use. To give you a sense of the costs that are involved, I recently shopped for a Client Information System (CIS) for a $50 million+ revenue nonprofit agency with approximately 400 users (revenue and users are noted here since costs of systems may be based on one or both). All four of the systems reviewed required both initial setup fees as well as annual maintenance fees. After annualizing the costs of each over 10 years, these products ranged from $40,000 to $130,000—meaning each year, the organization would have to be able to financially support this payment level. To give you another illustration of these costs, these products were projected to cost anywhere from $400,000 to $1.3 million over a 10-year period. This is not to say that all CIS systems require annual maintenance fees, but when they do, thoughtful financial planning must guide purchase decision making. I should add that much less expensive CIS systems are

available; however, purchasing a comprehensive client information system for most presents a considerable expense that must be appreciated and thoroughly examined.

In order to address this, due diligence must be conducted to determine precisely what need the organization has and examine the extent of the financial ramifications to ensure effective decision making in this area. Whereas the financial status of an organization will largely dictate the type of information system an organization will be able to purchase, there are a number of questions that should be asked to guide the purchase. First and foremost, everyone involved in the decision-making process must acknowledge that information systems were developed to make work more efficient and effective. At the same time, information systems can be used by individuals and organizations in a manner that produces wasted time and energy and, in effect, creates unnecessary costs to organizations—precisely what information systems are designed to combat! Indeed, I have witnessed many an organization purchase an information system and invest more than 3 years of multiple staff persons' time in modifying it to fit the perceived needs of the organization, just to abandon the system without ever fully implementing it. As a result, the organization is left where it started—only, now with an exorbitant amount of money lost, on both technology and staff time. Therefore, this most fundamental aspect of information systems must be understood prior to engaging in decision making about the potential type of system needed. There must be an understanding that if data is to be captured in an electronic system, the capture must be justified—meaning there must be a plan to use the data following its capture. As such, "every form, procedure, measure, data collection task, and data summary should be created in direct response to a particular need of the agency" (Lewis et al., 2007, p. 197).

Simply by spending the time to evaluate each desired data element and determine if each can be effectively justified for capture, program administrators are able to ensure that all the data they are capturing is necessary. This is not only essential to running an effective and efficient operation, but it is also necessary to convincing and motivating the individuals that are charged with collecting the data. Rare is the individual who wishes to engage in a futile act, and staff persons that collect data are certainly no exception. In fact, because data collection is not typically viewed as an exciting or necessarily meaningful act, it is that much more critical that those collecting data fully understand the rationale for their work. In order to guide the process of determining what types of data should be captured—and are thus justified—the *Data Element Evaluation Tool* was developed (see Table 11.1).

To illustrate the use of the *Data Element Evaluation Tool*, Table 11.2 provides an example of a partially completed evaluation for an independent living program for developmentally disabled adults.

Table 11.1 Data Element Evaluation Tool

The *Data Element Evaluation Tool* is intended for use in initial planning for data collection activities. For each identified data element to be captured, identify the purpose and explain how the data will be used. By doing so, you should be able to effectively vet the data collection process, ensuring that only data that is specifically needed is captured.

Data Element	Purpose of Data	Explanation as to How Data Will Be Used

Table 11.2 Sample Data Element Evaluation Tool

Data Element	Purpose of Data	Explanation as to How Data Will Be Used
Client date of birth	Determines age at various points of intervention	Client demographic reporting
Date of initial intake intervention	Quality assurance indicator	Assessing quality assurance; reporting contract compliance
Date of discharge from program	Calculates number of days of intervention; used to determine 6-month follow-up	Program evaluation; annual report of program
Completion of program status	Contract compliance issue related to number of clients that successfully completed program	Program evaluation; annual report of program; reporting contract compliance

By using this or a similar tool, you can identify desired data elements—which you need to do anyway when preparing to use an information system—justify the reason for needing to collect the data, and explain precisely how the data will be used. While this work may seem tedious, ensuring that all

data captured has a specific purpose may result in saving staff and the organization an inordinate amount of time and money that may otherwise have been used to collect unnecessary data. As such, engaging in this work up front may indeed reduce future work.

Quality Assurance Planning

Historically associated with the medical field and emphasized by accreditation bodies, quality assurance has become a basic feature of mental health and human service programming. Just as it sounds, quality assurance is concerned with ensuring quality and seeks to achieve this through ongoing assessment. By utilizing quality assurance, mental health professionals are able to continuously assess the extent to which a program meets identified standards (Royse, Thyer, Padgett, & Logan, 2006). However, unlike outcomes assessment, quality assurance focuses on process issues and activities that reflect the operations of the program. Because of this unique emphasis on processes, quality assurance can indeed be a highly useful component of a comprehensive program/organizational evaluation (Lewis et al., 2007), since it complements other types of assessment.

Quality assurance processes derive from clearly defined policies and procedures that initially guide program implementation. Therefore, planning for quality must begin during the program design phase, with much thought initially given to how each of the program operations will function and how and when each activity will be implemented. Therefore, programs that have been carefully planned and well documented with great attention to detail are highly amenable to quality assurance monitoring. As a result, program developers can ensure that clients receive quality service from the moment the program begins (Hutchins, Frances, & Saggers, 2009) and throughout the entire life of the program.

Quality assurance–related aspects may include

- the time frame in which a client received a physical examination,
- the completion of a comprehensive intake evaluation, or
- the development of an initial treatment plan that reflects a person-centered planning philosophy.

From a psychiatric perspective, quality assurance may include monitoring such treatment aspects as drug selection, changes in drug prescriptions, and compliance with prescription treatment guidelines (Pyrkosch, Psych, & Linden, 2007). By monitoring these activities, program developers and other mental health professionals are able to assess the degree to which quality is maintained throughout implementation.

Whereas some quality assurance aspects are self-determined by the program developer and other key mental health professionals, other aspects may be externally established by accrediting bodies, funders, or other governing bodies. It is because various stakeholders have an investment in the program that clients, board members, staff, and funding sources each should and usually do have input in determining precisely what constitutes quality (Kettner et al., 2008). For instance, issues such as the occurrence of an initial treatment team meeting within the first 3 days of a client's admission and a 6-month follow-up with clients post-discharge may be primary program components chosen by program leaders for quality monitoring, whereas the development of an initial treatment plan within the first 30 days of a client's treatment may be required by the funding agency. Both of these may then be included in the quality assurance plan.

Quality assurance is another area in which, for obvious reasons, it is not quantity but quality that matters. In this sense, the number of quality assurance aspects that are monitored does not necessarily reflect the sophistication level of a quality assurance program, but it is important that each aspect being monitored has substance. Any activity that is being monitored for quality assurance purposes should be deemed a quality indicator. Quality indicators refer to the fact that the activity/aspect being monitored is a reflection of the program's quality. In this regard, the occurrence of the initial treatment team meeting within the first week of a client's admission is indicative of a high level of program responsiveness to client needs and, therefore, constitutes a quality indicator. Similarly, the composition of a multidisciplinary treatment team is also reflective of quality, in that the input of multiple professional perspectives will likely impact the treatment planning process. However, the time of day that the meeting occurred or the number of individuals participating in the treatment team meeting would not constitute quality, as neither is substantive.

For the most part, quality assurance indicators are goals, since they identify a target to be attained. As a result, they should be developed as goal statements that specify both the desired threshold as well as the method by which it will be assessed/measured. Box 11.1 provides a sample of quality assurance indicators developed for a foster care program. It is important to note that, consistent with the nature of quality management, some quality assurance indicators are intended to change over time, illustrating continuous improvement. For instance, once the foster care program staff have reached and sustained the target goal of 470 days or less for permanency (Item 8), the indicator may be revised to 450 days or less, since this type of activity refers specifically to working more diligently on reducing the time children are in the foster care system.

BOX 11.1

SAMPLE QUALITY ASSURANCE
INDICATORS FOR A FOSTER CARE PROGRAM

1. Eighty percent of all foster parents will report that staff members return their calls within 48 hours.

   Measurement: Annual Foster Parent Survey item

2. A team approach to service delivery will be used 100% of the time that includes birth parents, staff, foster parents, and other significant persons and will demonstrate evidence of this approach in the Service Plan and/or Wraparound meeting notes.

   Measurement: Quarterly supervisory case record audits

3. Visitation between birth parents and children in foster care will be arranged within the first 14 days for 100% of families unless contraindicated by the court, and evidence of visitation arrangements will be documented in the Service Plan.

   Measurement: Quarterly supervisory case record audits

4. Foster care workers will have a private, face-to-face visit with all assigned foster children within the first 3 days of placement, and documentation of this will be recorded in the case file in the Initial Service Plan and/or Foster Home Visit record.

   Measurement: Quarterly supervisory case record audits

5. Welcome Packs will be distributed to all birth parents during the first 5 days that their children are in care and will contain information regarding the legal system, foster care, foster homes, foster parents, their rights, and other relevant information in order to provide an orientation to foster care.

   Measurement: Quarterly supervisory case record audits

6. The time between intake completion and case manager assignment will be 4 days or less.

   Measurement: Quarterly supervisory case record audits

7. A mean average number of days in care will be 171 days or less for family reunification cases.

   Measurement: Year-end discharge data analysis

8. Permanency (family reunification or availability for adoption) will be achieved within 470 days or less in order to reduce days in care for children and families.

   Measurement: Year-end discharge data analysis

The degree to which a program/organization establishes a system of quality assurance can vary dramatically; however, it is essential that all programs institute some type of quality assurance program. In fact, it is highly unlikely in this day and age that a program lacking a quality assurance plan will be able to remain in business long, since quality assurance has become an embedded feature in our business and part of standard practice. Without quality assurance monitoring, program developers and leaders have no real sense of how well they are succeeding—or not succeeding—in regard to compliance with various standards of practice.

Because data is a primary ingredient of quality assurance, electronic technology often plays an instrumental role in data storage, management, and analysis. Indeed, the use of an electronic spreadsheet program or a database is critical to maximizing the quality assurance program.

Because quality is predicated on a clear understanding by the program staff of precisely what constitutes quality and a commitment to quality, procedures and plans that allow for ongoing data collection, monitoring, and reporting must be established (Gibelman & Furman, 2008). At the most basic level, a quality assurance system may consist of a brief checklist that captures major quality indicators and that can be easily used by program staff to monitor quality assurance activities twice per year or in some other specified time frame. More sophisticated efforts may involve the development of a quality assurance committee composed of various levels of staff that are charged with both leading and overseeing the quality assurance program. The committee may conduct monthly monitoring, develop quarterly update reports, and engage in annual quality assurance planning. Regardless of the type of quality assurance program that is instituted, a culture of quality must be created within the program/organization in order to most effectively support quality assurance efforts. First and foremost, creating a culture of quality requires a commitment to quality by all staff. This means that every individual staff person has an appreciation of quality assurance, recognizes the significance of the quality indicators, and views quality assurance as pivotal to overall program success. This obviously requires program leaders who can effectively communicate this to staff. More significantly, though, this requires program leaders who view quality assurance as an opportunity for learning and professional development and not a cause for punishment. Therefore, failures to attain quality are viewed as opportunities to learn more about a specific aspect, to dissect what may have gone wrong, to review all its connected parts, and to rethink the aspect/process and perhaps make modifications. Such a culture can exist only when there is open and frequent communication about quality, with constant reinforcement of its significance through regular sharing of results and modifications to the program.

Contract Compliance

Not wholly separate from quality assurance, contract compliance refers specifically to compliance with activities that are required by the contractor/funder. These activities or aspects may be process-oriented and constitute areas that are a part of a quality assurance program, or they may be outcome-oriented and consist of a critical part of an outcomes evaluation. Because contractors/funders are most interested in ensuring that their investment was wisely made, the promulgation and monitoring of specific standards promotes accountability amongst the programs that they have funded and allows funders to be aware of exactly how successful these programs are in this regard.

Examples of contract compliance for an outpatient gambling addiction program may consist of items such as

- a comprehensive intake interview and evaluation conducted within 24 hours of program admission,
- 80% of clients successfully completing the program,
- 100% of clients having an identified sponsor, or
- 80% of clients refraining from gambling 6 months post-discharge.

As you can see, there are both process and outcome issues that may be part of the contractor's compliance requirements. As you can also see, contract compliance issues, just like quality indicators, may be directly related to program outcomes and, therefore, may also be incorporated into the outcomes evaluation.

Because contract compliance issues are not voluntarily selected but rather delineated by the funder, these aspects are nonnegotiable; therefore, continued funding may be dependent on the program's ability to achieve them. Moreover, these must be regularly monitored in accordance with the time frame established by the funder. Therefore, these items should automatically be included in the quality assurance program so that they are embedded in the program's quality assurance plan. Furthermore, if the contractor's monitoring time frames are more frequent and rigorous than those established by program staff, the contractor's time frames should be adopted and used to guide the other aspects of the quality assurance program. This is all done in the spirit of ensuring that the bar is set high enough for us to continuously strive to reach it.

Summary

As you can see, the program implementation process requires attention to multiple details and a great deal of planning and organization; however, effective implementation is largely aided by the work accomplished in the

program design phase. As a result, comprehensive and thorough program planning that took place in earlier steps can lead directly to efficient and effective program implementation—once again reinforcing that time and effort invested up front should never be underestimated.

There are two main aspects to program implementation that include fully implementing the program and specific components of program management. The initial implementation involves attention to such details as (1) establishing the relationship with the funding source/contract manager, (2) conducting a thorough review of the grant/contract, and (3) developing a program implementation plan and mechanisms by which to monitor and evaluate the implementation. In terms of program management as related to implementation, the key issues of (1) program leadership and administrative oversight, (2) information systems, (3) quality assurance planning, and (4) contract compliance must each be given appropriate attention.

By attending to each of these areas, the initial program implementation should proceed smoothly. And since so much of the work that has brought you to this point is at stake in the initial implementation, this level of attention to detail is precisely what is needed at this step.

CASE ILLUSTRATION

Lisa and Ann received notification that their proposal for a family-based autism treatment program had been selected to receive funding. After an ample celebration of lattés and muffins, they sat down to fully review the award notification letter and the attached instructions. Per the instructions, they logged into the funder's website to officially accept the award and to consent to following the specific guidelines outlined in the instructions. They then contacted the contract manager who had been assigned to their project. After personally thanking the contract manager, Lisa asked if she would prefer that they check in by phone each month with a verbal update to keep her abreast of their progress between the required 6-month written reports. The contract manager agreed that monthly telephone calls would be effective and that, other than that, Ann and Lisa should feel free to contact her if they ran into a problem or had a question. She also stated that if there were no problems or questions, she did not need more frequent or alternate communication than the monthly phone calls.

After hanging up, Ann and Lisa felt that they had successfully begun to establish a relationship with the contract manager and that they had established a solid plan for keeping her updated throughout the project. Excited to move forward, Ann then coordinated a meeting for all the staff that would be involved with the program. This meeting provided an opportunity for Lisa and Ann to review all the major aspects of the project, including the rationale behind the funding. Lisa highlighted the objectives

of the project from the original RFP, and Ann explained the major aspects of the proposal. Ann also shared the award notification letter with all the staff, emphasizing that the funders were particularly pleased with the commitment to family and community building that had been reflected in their proposal.

After answering questions about the program and gaining confirmation that everyone fully understood, Lisa reviewed the implementation plan with the group. She and Ann were glad they had taken the extra time when writing the proposal to develop detailed timelines and project maps to guide implementation. Assignments were made to ensure that someone was responsible for each part of the implementation, including such activities as finalizing staff hiring, recruiting clients, and developing the quality assurance plan.

Because the first clients would need to be served within the next 52 days, Ann reinforced the need for diligent work to the group. And in order to provide additional guidance to everyone during implementation, she established a weekly *Program Implementation Update Meeting* schedule. The update meetings would provide a forum to update progress, answer any questions, and monitor the implementation process.

Ann took on the task of updating the existing client information system to capture specific information for the autism program, some of which was required by the funder and some of which Ann and Lisa determined should be captured. These updates required adding new fields to the database and establishing new linkages between certain data fields. Ann worked directly with Gerri, the information systems administrator, to finalize these changes and prepare the electronic system for the new program.

While Ann devoted time to updating the technology, Lisa worked with Alli, one of the new program supervisors, on developing the initial quality assurance plan. To begin this process, they culled the contract compliance issues and performance standards that were identified in the award documents from the funder. They then incorporated the quality indicators that Lisa and Ann had stipulated in the proposal. Whereas these two data sets provided comprehensive quality indicators, Lisa wanted to ensure that they were not missing anything essential. After reviewing national accreditation standards for children's mental health programs, Alli identified two more critical quality assurance aspects related to individual educational planning and family-based decision making. At the same time, Lisa noted the need for documenting review of the state and federal Mental Health Codes with clients and families as an essential quality issue. They then asked for input from the staff regarding other specific aspects of quality that they wished to monitor. Following several hours of work and lots of input, Alli, Lisa, and Ann took a step back to review the initial draft of the quality assurance plan. Having done so, they felt that they had a solid plan in place and were anxious to present the draft to the group at the upcoming update meeting. Once the plan was finalized with the staff, they would set up the monitoring systems to begin tracking quality and would plan to share the quality assurance plan with the contract manager during their first monthly telephone call.

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