



APG Implementation Checklist Action Plan

Organization:

Date:

Use the scores on the APG Implementation Checklist to build an action plan. Identify the current score in the second column, and the priority level "H" for High, "M" for Medium and "L" for Low. Celebrate the "2s" and identify action steps for items with a "1" or a "0" to move closer to full implementation. List these in the "Action" column. Identify who is responsible for taking the identified actions in the "Who" column. Make sure to include at least one or more individuals in the organization. Review all steps that require action and highlight activities that are judged by the team as priorities. Some activities may not be initiated until the subsequent year; in this case, simply note the month and year in which the activity will be targeted in the "When" column. The columns highlighted in yellow for "Status" and "Date of Progress Check" are to be used for monthly progress monitoring. Indicate the status (completed, in progress, just started, or not yet started) and the date the team assessed progress.

Task	Current Score	Action	Who	When	Status	Date of Progress Check
Example						
Example: The locations where the APG meetings and events occur meet local and state safety standards, are physically accessible, and free from harassment or potential barriers to engagement.	0:H	1.Set aside time to establish a protocol for accessing location safety, accessibility, and harassment potential prior to finalizing a location event and venue. 2. Identified protocol will be used to plan each APG Meeting/ event.	1. APG Facilitators (Rheanna, Rob, Kathryn) 2. Rheanna, Rob, Kathryn	By 11/15/20 2. Weekly starting 11/17/20	Not yet started	10/15/20
Critical Component 1: Foundations						
1. Adequate funding, personnel, support, and supervision.						



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2. Location of meetings meets safety standards, is physically accessible, and free from harassment or barriers.						
3. APG Implementation Team meets at least 1x/month and has operational guidelines.						
4. Consensus on the mission of the APG Implementation Team and revisited annually.						
5. Team has a 5-year development plan with Goals and Measurable Objectives based upon data.						
6. Outreach and recruitment strategies and established decision rules about APG participation have been developed. The rules are followed by staff.						
7. Strong working relationships with key community partners.						
8. Team uses data to make decisions and engage in a quality improvement process at every meeting.						



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Critical Component 2: Training and Technical Assistance						
9. Young adults with lived experience in recovery are employed by the APG and sufficient training and coaching/supervision is provided (at least 2x/month).						
10. Team has identified, scheduled training, and provided resources (i.e., time, supplies, etc.) so that staff can be effective APG Facilitators.						
11. All staff and volunteers are trained in emergency procedures and APG norms which are posted for everyone to see.						
12. There is a plan in place for (external) consultation for the Implementation Team and APG Facilitators.						
13. Team has identified, trained, and provided resources (i.e., time, training, etc.) for internal APG coaching.						



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Critical Component 3: Youth and Family Engagement						
14. APG clearly communicates program expectations, structure, safety plan, and constraints to confidentiality in a verbal and written format. Family is provided with contacts to address questions/concerns.						
15. Family Peer Support facilitators and identified strategies to foster family engagement in the APG have been developed.						
16. Youth, families, and community are consulted on how the organization can break down barriers to engagement. Programs consider possible stigma associated with participation and, thus, have multiple entry points and referral sources.						



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17. APGs are clearly identified in the program descriptions, schedule, and other supporting materials for particular ages, developmental stages, or identified populations, and the organization uses community data to determine what the needs are in their community. (The organization has multiple APGs for varying ages/developmental stages as indicated by community data).						
18. There is a formal process for soliciting input from youth and caregivers into APG programming (Talent and Interest Survey)						
19. The team assesses youth and caregiver satisfaction with APG at least 2x/year.						
20. APG has a process for linking members with natural supports, treatment, and other recovery support services, such as aftercare and transition supports.						



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Critical Component 4: Ongoing Progress Monitoring, Support, and Sustainability						
21. Team reviews current referrals to ensure quick enrollment and identifies follow-up plans for youth/caregivers at every meeting (referral log/tracking system).						
22. A data system is in place for tracking outcome measures and the team reviews implementation benchmarks at least 1x/month (Tracker).						
23. There is a system for documenting 1:1, APG group, and family support provided through the APG. All staff have been trained and receive at least quarterly updates on best practices for documenting these interactions.						
24. Outreach and education activities took place about APG to key stakeholder groups.						



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25. There is a process in place using data to assess youth retention, achievement of benchmarks, and outcomes (Tracker, Recovery Capital Scale).						
26. APG describes expectations, structure, and plan are both conveyed clearly in writing and verbally. Family members are provided with a contact information.						
27. There is a periodic (at least bi-annual) evaluation of the cost/benefit of APG implementation.						
28. The team assesses and reviews fidelity of implementation at least 2x/year.						