



Alternative Peer Group Implementation Checklist

V.4 September 2020

(Cloutier, 2020)

Modified from: RENEW Implementation Checklist - Drake, Malloy, Francoeur (2014)

The APG Implementation Checklist is designed to help the APG Implementation Team self-assess and monitor the level of implementation at the organization level. It is designed to answer three questions:

1. Is there a plan in place to implement and support the APG?
2. Are staff facilitating APG groups as they were intended?
3. Is there a system in place to ensure that the APG is effectively implemented and sustained?

The APG Implementation Checklist is filled out quarterly at start-up by the APG Implementation Team and is used to assess current status, progress, and planning to improve APG implementation.

Agency: _____ **Date of Completion:** _____

Team Leader/Coordinator: _____

Team Members: _____

INSTRUCTIONS: A team that is responsible for APG implementation should complete the Checklist 2-4x/year. Team members should be trained in the use of the Checklist by someone familiar with the measure. The Checklist is completed by the team as a group or by each member independently. If completed independently, the team reconvenes and should reach consensus on the score for each item. If there

1 APG Tools V. 3 APG Implementation Checklist ©2020, Institute on Disability, University of New Hampshire

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is no team currently that is responsible for APG implementation, then the Checklist should be completed by a group of individuals with the most knowledge and involvement in providing supports for youth in recovery or providing supports to youth with problematic substance use while working to establish a team.

Rate each item for implementation: “2” fully in place, “1” partially in place, or “0” not yet started. Priority ratings are “H” for high priority, “M” for Medium, and “L” for low priority. Priority ratings should be made with considerations of staff time and resources, for example although the organization may have good relationships with other child serving organizations, without ongoing effort from staff this will likely not sustain, therefore this item may be rated as a medium or high priority based on the time and resources staff will commit to. It is suggested that if there is disagreement among members about items being in place, to round down. After completion of the CHECKLIST, use the *Action Plan* to develop a timeline for planning action steps to help the organization get closer to each item being “fully in place”.

	Scores			
Critical Component 1: Foundations	Baseline Date: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 2 date: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 3: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 4: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
1. All members of the organization are familiar with the APG model that is or will be implemented.				
2. The APG has adequate funding, staff, support, and supervision to sustain high quality implementation as outlined in the APG Model.				
3. The location where the APG meetings and events occur meet local and state safety standards, is physically accessible, and free from harassment or potential barriers to engagement.				

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	Scores			
Critical Component 1: Foundations	Baseline Date: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 2 date: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 3: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 4: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
4. There is an APG Implementation Team that meets at least 1 x each month and has defined roles, agenda, meeting notes, norms for working together and a current action plan.				
5. There is consensus on the mission and vision of the APG Implementation Team that is revisited at least annually and clarifies the: -Purpose of Team -Scope of Team’s work -Population the APG will serve.				

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	Scores			
Critical Component 1: Foundations (continued)	Baseline: __/__/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 2: __/__/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Baseline: __/__/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 4: __/__/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
6. Team has developed outreach and recruitment strategies, and established decision rules about APG participation. The rules are followed by staff and reviewed at least annually.				
7. The agency has strong working relationships with key community partners (schools, family organizations, behavioral health, child protection, juvenile justice, etc.). The APG intentionally partners with organizations in the community that are mutually beneficial and				

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will help garner community support.				
8. Team uses data to make decisions and engage in a quality improvement process at every meeting (i.e. attendance/ engagement of youth & families, demographics of those families, youth & family needs, interests, etc.).				
Subtotal Critical Component 1: Foundations: _____/16				

	Scores			
Critical Component 2: Training and Technical Assistance	Baseline: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 2: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 3: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 4: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
9. Young adults with lived experience in recovery are employed by the APG and				

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sufficient training and coaching/supervision is provided (at least 2 hrs /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 are posted for everyone to see.				
12. There is a plan in place for external coaching, consultation & support for the Implementation Team and APG Facilitators.				
13. Team has identified, trained, and provided resources (i.e. time, training, etc.) for internal APG coaching.				
Critical Component 2: Training and Technical Assistance _____/10				

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	Scores			
Critical Component 3: Youth & Family Engagement	Baseline: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 2: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Baseline: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	Quarter 4: ___/___/20__ 2 - Fully in Place 1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
14. APG clearly communicates the program expectations, structure, safety plan, and constraints to confidentiality in a verbal and written format. Family members are provided with a contact person and phone number to address questions and concerns to within the organization.				
15. The APG has intentionally recruited Family Peer Support Facilitators and identified strategies to foster family engagement in the APG. If not				

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<p>provided internally, the organization collaborates with another family support organization such as NAMI NH, PFLAG, SOS, WAYPOINT, etc. to provide family supports and facilitates referrals and “warm hand offs” for family members to receive recovery supports.</p>				
<p>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/referral points.</p>				
<p>17. APGs are clearly identified in the program descriptions, schedule, and other supporting materials for particular ages, developmental stages, or identified population (i.e. middle school, high school,</p>				

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young adult, LGBTQI+, BIPOC, etc.). The organization uses community data to determine what the needs are in their community.				
18. There is a formal process for soliciting input from youth and caregivers into APG programming (i.e. Talent & Interest Survey)				
19. APG has a process for linking members with natural supports, treatment, and other recovery support services, such as aftercare and transition supports.				
Critical Component 3: Youth & Family Engagement _____/12				

	Scores			
Critical Component 4: Ongoing Progress Monitoring, Support, and Sustainability	Baseline: ____/____/20__ 2 - Fully in Place	Quarter 2: ____/____/20__ 2 - Fully in Place	Quarter 3: ____/____/20__ 2 - Fully in Place	Quarter 4: ____/____/20__ 2 - Fully in Place

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	1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority	1 - Partially in Place 0 - Not Yet Started H - High priority M - Medium priority L - Low priority
19. The Team reviews current referrals for the APG, ensures quick enrollment, and identifies follow up plans for youth/caregivers at every meeting (referral log/tracking system).				
20. A data system is in place for tracking outcome measures and the Team reviews the data at least 2 x's a year (Data Tracker, Recovery capital scale, etc.) to celebrate successes, & problem solve improvements.				
21. 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				

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these interactions.				
22. Outreach and education activities about the APG took place with key stakeholder groups.				
23. Fidelity measures (i.e. APG Implementation Checklist, APG Facilitator Fidelity Tool, APG Coach Fidelity Tool) are used at least annually to assess how the APG is doing, celebrate successes, inform professional development, support needs and action planning.				
24. The team assesses youth and caregiver satisfaction with the APG at least 2x/year.				
25. Team has a five-year development plan and has developed Goals and Objectives for the current year include: -Data - Measurable objectives				

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-Action items -Measurable criteria for success				
Subtotal Critical Component 4: Ongoing Progress Monitoring, Support, and Sustainability: _____/14				

SCORING SUMMARY

CHECKLIST results are summarized as a percentage of features implemented score for each of the three areas:

Critical Component	SCORES	PERCENTAGES
1. Foundations	____/16	%
2. Training and Technical Assistance	____/10	%
3. Youth and Family Engagement	____/12	%
4. Ongoing Support and Progress Monitoring	____/14	%
TOTAL SCORE	____/52	%

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It is recommended that the Alternative Peer Group Oversight Team meet to review the APG Implementation Checklist, celebrating what is fully in place and action planning around those items that are below a “2” Fully in place, reflecting on what is needed to get closer to having these items fully in place. For many organizations this is a process that will be ongoing and may take a few years to have every item in place. APG Teams are encouraged to use this action plan below to identify steps needed and review this monthly at APG Oversight Team meetings.

Each Critical Component is listed below. Refer to the example below in blue. Add your current score, actions needed, who is responsible for completing the action (or overseeing the team if a joint effort) and include a target date to complete the action.

Item	Current Score	Action	Who is Responsible	By When
Critical Component 1: Foundations				
Example: The location where the APG meetings and events occur meet local and state safety standards is physically accessible & free from harassment or potential barriers to engagement.	0:H	Set aside time to establish a protocol for accessing location safety, accessibility & harassment potential prior to finalizing a location event & venue.	APG Facilitators (Devonne & Morgan)	By 11.15.20
1. Adequate funding, personnel, support, and supervision				
2. Location of meetings meets safety standards, is physically accessible & free from harassment or barriers				
3. APG Implementation Team meets at least 1x/mo & has operational guidelines				
4. Consensus on the mission of the APG Implementation Team & revisited annually				
5. Team has a 5-year development plan with Goals & measurable Objectives				

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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.				
Critical Component 2: Training & Technical Assistance				
Item	Current Score	Action	Who	When
9. Young adults with lived experience in recovery are employed by the APG and sufficient training and coaching/supervision is provided (at least 2 X 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				

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provided resources (i.e. time, training, etc.) for internal APG coaching.				
Critical Component 3: Youth & Family Engagement				
14. APG clearly communicates program expectations, structure, safety plan, 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 point and referral sources.				
17. APGs are clearly identified in the program descriptions, schedule, and other supporting materials for particular ages, developmental stages, or identified population, 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).				

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18. There is a formal process for soliciting input from youth and caregivers into APG programming (Talent & 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.				
Critical Component 4: Ongoing Progress Monitoring, Support, and Sustainability				
Item	Current Score	Action	Who	When
21. Team reviews current referrals to ensures 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/mo. (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.				

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24. Outreach and education activities took place about APG to key stakeholder groups.				
25. There is a process in place using data to assess youth retention, achievement of benchmarks, and outcomes (Tracker, Recovery Capital Scale).				
26. There is a periodic (at least bi-annual) evaluation of the cost/benefit of APG implementation.				
27. The team assesses and reviews fidelity of implementation at least 2x/year.				