**ROSES Implementation and Sustainability Plan**

Agency:

Date:

Person completing plan:

Who will have copies of the plan:

**Setting your agency up to succeed:**

 What made implementation of previous programs succeed or fail at your agency?

 How does your agency typically identify evidence of progress, feasibility for a new program you implement?

**Clinical Component:**

Who will the ROSE facilitators be?

Who and how will ROSE be presented to clinical and operational staff (i.e., describe evidence for the clinical benefits of ROSE to staff and patients/clients and any benefits ROSE can provide to the agency besides helping clients/patients).

*\*\*\* Slides from the PowerPoint presentation might be helpful in presenting ROSE to other providers/agencies and clinics, especially impact of postpartum depression on the mother child and often entire family, that ROSE is evidence-based, prevents 50% of cases of postpartum depression*, etc.

Who will ROSE facilitators and agency staff report to for questions, challenges, or suggestions for modifications to implementation?

How will the referral process work? Which health care providers/staff will be involved?

Who and how will ROSE be presented to patients/clients and patients/clients oriented to ROSE?

*\*\*\*Often patients/clients respond positively when ROSE is presented as a support group with other pregnant patients/clients to talk about relationships, share ways to find support, take care of yourself, and how to survive motherhood.*

*Your agency is the expert in terms of the clients/patients you serve, but presenting ROSE as an intervention to prevent postpartum depression can trigger panic over concerns that providers are really concerned about child abuse.*

*Other ways to present ROSE include ROSE provides you with a toolkit to help you through the first couple of months after you have had your baby. We talk about ways you can take care of yourself, get support, and how to enjoy those first couple of months with your newborn.*

Who will reserve rooms for ROSE? Will all sessions be in the agency, including after delivery session?
Will the agency be offering virtual ROSE or a hybrid of in-person and virtual delivery?

How will staff and clinical providers be trained and involved in the process of implementing ROSE?

Who will supervise the ROSE facilitators?

 Who will monitor progress?

 Plans for staff turnover

How can ROSE become routine and integrated into agency workflow as much as possible?

**Operational Component: (Reimbursement involves several factors)**

Who will be responsible for billing?

Who and how will ROSE be presented to those involved in the billing of ROSE?

How will the staff be trained and involved in the process of implementing ROSE?

What will be the process for addressing any concerns regarding ROSE?

Who do those responsible for billing report to for supervision, difficulties, modifications?

Who will be monitoring progress?

Plans for staff turnover

**In General**

How can your agency monitor whether ROSE is happening and/or working?

How can facilitators and staff be involved from the beginning of implementing ROSE as much as possible? How will their input be heard and what would help them feel empowered as part of the change process?

What type of feedback loop for staff and facilitators can exist to reinforce ROSE benefits and progress?

Overall, who will be responsible for sustaining ROSE?

How will agency leaders be involved in sustaining ROSE?

What strengths can your agency leverage to support ROSE?

Is there anything in your agency processes you think might be a barrier to implementing ROSE, or run counter to the message of ROSE?

How is ROSE consistent with your agency’s strategic aims?

How will this be communicated?

What communication strategies are needed to make ROSE work in your agency long-term?