



The role of the SISEP Center is to build the capacity of state education systems to implement and scale up effective education innovations statewide, so that every student can benefit from the intended outcomes.

State Implementation & Scaling-up of Evidence-based Practices

www.scalingup.org

FPG Child Development Institute
The University of North Carolina at Chapel Hill



Stage-Based Measures of Implementation Components: ImpleMapping

Exploration Stage Assessment of Implementation Capacity

September 2010

Human service provider organizations (e.g. child welfare units, child care settings, community centers, healthcare clinics, residential care facilities, schools) are attempting to make use of interventions (e.g. evidence-based programs and other innovations) to improve outcomes for children, families, individuals, and communities. For the past few decades policy makers, researchers, and technical assistance providers have focused on *interventions*.

The same attention and support has not been given to *implementation* of interventions. Consequently, in most cases human service organizations have been left to their ingenuity to figure out how to make use of evidence-based programs. In a few instances, evidence-based program developers have created a purveyor group that can provide effective supports for implementation of that intervention. The lack of attention to implementation methods has led to what some have termed the quality chasm: we know what to do, but we are not making use of that knowledge to improve outcomes in human services.

The National Implementation Research Network encourages policy makers, practitioners, and communities to make greater use of evidence-based programs and other innovations (collectively called “interventions” in this document). The United States far outspends any other country on human services yet our outcomes rank near the bottom of the 30 or so most developed countries globally. Evidence-based interventions hold the promise of better outcomes.

Common sense tells us that children, families, individuals, and communities cannot benefit from interventions they do not experience. Thus, the promise of evidence-based interventions will not be realized unless they are used fully and effectively in practice, every day for everyone who could benefit. The growing science of implementation and documentation of implementation best practices provide guidance for effectively and efficiently supporting evidence-based programs in human service provider organizations. To realize benefits on a socially-important scale, policy

makers and directors of provider organizations must invest in creating effective implementation supports for practitioners.

Stage-Based Implementation Assessments

To use the stage-based assessments of implementation, the assessor first must determine the stage of implementation for the innovation in an organization. There are no fixed rules to follow, so assessors must use their good judgment. The reader is referred to the Assessment of Implementation Stages for more information and action planning.

| Stage of Implementation | Assessments |
|-------------------------|---|
| Exploration | Assessment of Implementation Stages ImpleMap |
| Installation | Installation Stage Assessment Installation Stage Action Planning Guide |
| Initial Implementation | Initial Implementation Component Assessment Initial Implementation Action Planning Guide |
| Full | Full Implementation Component Assessment Implementation Tracker |

Implementation Supports for Interventions

Implementation capacity is embodied in Implementation Teams. An Implementation Team consists of three or more full-time individuals who know interventions well, are skilled specialists regarding implementation science and best practices, and are well-versed in the many uses of improvement cycles to continually advance practices, organizations, and systems.

Implementation Team members do the work of implementation in organizations and systems. To create an Implementation Team, current positions are re-assigned, functions are re-purposed, team members develop new competencies, and reporting relationships are re-aligned so no new costs are

added. Implementation Teams are built into organization and system structures to provide lasting and sustainable supports for using a variety of evidence-based interventions and other innovations fully and effectively.

Readers are encouraged to visit the National Implementation Research Network website ([HTTP://NIRN.FPG.UNC.EDU](http://NIRN.FPG.UNC.EDU)) and the State Implementation and Scaling up of Evidence-based Programs website (WWW.SCALINGUP.ORG) for further information about implementation science, Implementation Teams, and infrastructures to support implementation on a large scale.

Mapping the Implementation Landscape

Creating implementation supports in human service provider organizations is not done in a vacuum. There already are efforts underway using the do-it-yourself approaches that characterize the vast majority of current attempts to use interventions in human services. Surveys of human service providers conducted by the National Implementation Research Network reveal areas of strength, areas of overlap, gaps, and degrees of integration and fragmentation when assessing current implementation efforts.

When creating Implementation Teams to provide supports that are effective, integrated, efficient, and sustainable, the first task is map the current implementation landscape. The goal is build on current strengths and collect information to inform planning the best path toward developing implementation capacity in *this* provider organization.

Respondents

The following sequence is used to map current implementation efforts in a human service provider organization. Mapping is done by way of a series of interviews. The first interview can be done with a small group (called “respondents”) who know the organization well and has good information about the history of the organization and knowledge of the interventions that have been/ are being tried. In larger or more diverse organizations one group often does not have all the information. In these cases, mapping requires a few meetings with an expanding group of respondents. In other cases, one or two people might be able to provide all of the information below during the course of one meeting.

Interviewers

The interviews are conducted by at least two people (three preferred). At least two of the interviewers need to be well versed in the Implementation Drivers. Interviews tend to wander, and the interviewer needs to know how to capitalize on what is said and ask the next question to elicit relevant information.

The knowledge base of the interviewers is essential to achieving the goals of the ImpleMap. A goal is to help others view their current work through an implementation lens. For example, it is important to recognize coaching best practices when they arise

as part of the interview, and name them for the respondents. This is the beginning of the engagement and implementation education process for organization staff.

During the interview, one interviewer facilitates the process, asks the questions, and takes cursory notes. The second interviewer takes detailed notes. The detailed notes are organized by Driver. The third person attends to the process. At what points were people leaning forward and completely engaged, or leaning back and looking bored, or whispering to one another anxiously/ sadly/ excitedly, or taking notes on what was just said? If there is no third person, the note-taker tries to pay attention to these process dimensions while capturing the content. The process notes are essential to improving the ImpleMap methods over time.

When conducting interviews, the interviewer should be genuinely curious about what is being done, how it is being done, and who is doing the work of implementation in an organization. There is much to learn and these interviews provide an opportunity to broaden and deepen our understanding of implementation in practice.

Interviewers are asked to be all positive, all the time. An important goal is to establish good relationships with respondents while eliciting useful information and making the interview interesting and enjoyable.

Steps for Mapping and Some Cautions

The steps below are listed one at a time and correspond to the grid shown on the following page. However, the steps are not intended to be conducted in a linear fashion. Conversations with respondents take on a life of their own. Some respondents will volunteer considerable information about one intervention so the questions proceed from left to right on the grid in no particular order. The goal is to arrive at a good “picture” of how implementation has been attempted in the organization. The goal is not to ask each question in a fixed order.

The mapping conversations are *not* intended to assess the *quality* of implementation. The National Implementation Research Network has assessment methods that can provide that information later. The goal of mapping is to find the general strengths, gaps, and overlaps before proceeding with creating the capacity to use implementation Stages and Drivers effectively.

Step 1

Ask the respondent to describe the evidence-based programs or other innovations that are being used in the organization to help improve services and outcomes (these are called “interventions” in this document and in the following Table). The name of each intervention is entered in the Intervention column.

Interventions are not just evidence-based programs or evidence-based innovations. Interventions also could be new data systems, new parent inclusion methods, and so on – anything that is new to an organization is an “innovation” from the perspective of that organization.

If the respondent provides a long list of interventions, ask them about the most important or most recent 3 or 4 interventions. To avoid being tedious, ask the following questions about just those few interventions (“focal interventions”).

Ask how the organization decided to use the focal interventions. Do they have a process for considering needs, matching interventions to needs, considering the fit of a prospective intervention with current practices, and so on. If there is a process, how does it work and how standardized has it become? The vetting process is an important bit of information to extract from the interview.

Step 2

For each focal intervention, ask WHAT defines that intervention. Interventions are defined by their essential ingredients, but sometimes the core components are not well known or understood. Thus, ask the question and ask a few clarifying questions as needed. Common questions are: What

are the critical elements of this intervention? What do you look for when someone is using this intervention? Don’t press for too much detail when that detail is not forthcoming. If someone else might know the core intervention components, ask to speak to that person later.

Step 3

For each focal intervention, ask HOW practitioners are supported in their use of the intervention. Are there methods in place for selecting clinicians to do this work? Is training provided to help foster parents learn how to use the intervention? Is coaching provided to help teachers use the intervention in the classroom? Continue these questions in a conversational manner as you work through all of the Implementation Drivers.

Step 4

For each intervention, ask WHO provides support for the practitioners who are intended to use the intervention. Are all teachers using the intervention, or just some teachers? How were they selected? Who did the selection? Interventions represent new ways of work. Were the clinicians trained? Who did the training? Is supervision and coaching provided after training to help foster parents use the intervention? Who provides that supervision and coaching? Continue these questions in a conversational manner as you work through all of the Implementation Drivers.

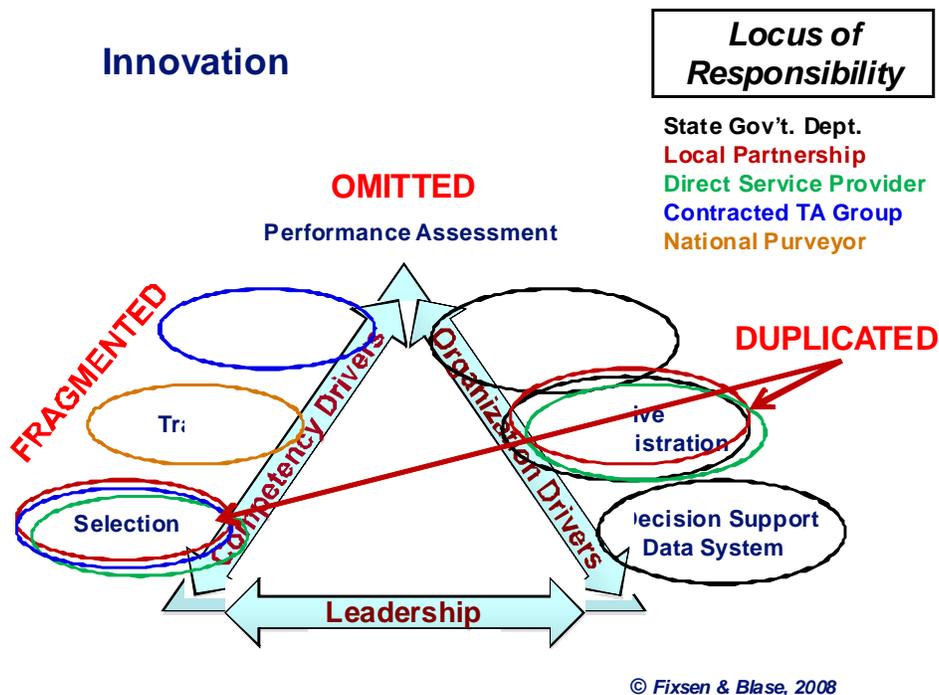
An important thing here is to record the name, position, and location of each person who provides one or more of the Implementation Drivers. Are they embedded in the organization, members of related organizations, contracted employees or organization staff members, and so on?

An ImpleMap Grid

| INTERVENTION | WHAT | HOW | WHO |
|---|--|--|---|
| <p>Enter the name of each intervention provided by the respondent.</p> <p>You may know the intervention by another name, but record the name used in this provider organization.</p> <p>Ask questions to get information about the vetting process.</p> | <p>Ask about the “core intervention components” as they are described by the respondent.</p> <p>Core intervention components are the critical functions that define an intervention.</p> | <p>Ask about the Implementation Drivers.</p> <p>Implementation Drivers are components related to:</p> <ul style="list-style-type: none"> ▶ developing staff competency (selection, training, coaching, performance assessments); ▶ organization supports (decision support data systems, facilitative administration, systems interventions); and ▶ leadership supports (technical and adaptive). | <p>Ask about the person accountable for providing each Implementation Driver.</p> <p>Record the name, position, and physical location of each person.</p> |

An Example of Mapping in Early Childhood Prevention and Intervention

The Figure below shows an example of the results of one set of ImpleMap interviews (view/ print this page in color to see the WHO and HOW). WHAT is being done, in this case, is one evidence-based program (the “Innovation”). In this case, HOW implementation work is done was divided among several groups WHO do the work (listed under “Locus of Responsibility”). The ImpleMap shows areas of overlap, areas of fragmentation, and a key implementation component (performance assessment/ fidelity) that was omitted. This map was created before the Leadership dimension was added to the Implementation Drivers framework. The ImpleMap is used to inform planning for developing capacity in the form of Implementation Teams. Harmonizing activities and resources likely will improve outcomes and improve efficiency at the same time.



An Example of Mapping in Education

Exploration Stage 90-minute interviews are designed to establish working relationships with district staff, focus attention on the implementation work already underway in the district, and produce a preliminary view of the strengths, gaps, and overlaps in implementation practices. For some districts, an Installation Stage assessment subsequently will be done to provide a more detailed analysis of implementation activities to inform a district implementation action plan.

The scores in this table were based on impressions of the interviewer who facilitated each of the 7 interviews and carefully reviewed the combined notes from the 3 interviewers present at each.

| Scoring: 0=None, 1=Some, 2=Basic, 3=Advanced | Districts | | | | | | |
|---|-----------|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | |
| <i>Initiatives</i> | | | | | | | |
| System for Vetting Initiatives | 2 | 1 | 2 | 3 | 3 | 3 | 3 |
| Operationalized Initiatives | 1 | 2 | 3 | 2 | 3 | 3 | 3 |
| <i>Competency Development</i> | | | | | | | |
| Selection (Teachers, Principals) | 0 | 3 | 2 | 1 | 3 | 3 | 3 |
| Training (Teachers, Principals) | 1 | 1 | 2 | 2 | 2 | 3 | 3 |
| Coaching (Teachers, Principals) | 1 | 2 | 2 | 2 | 2 | 3 | 3 |
| Performance Assessments | 1 | 1 | 1 | 1 | 1 | 3 | 3 |
| <i>Organization Supports</i> | | | | | | | |
| Decision Support Data Systems | 1 | 2 | 2 | 3 | 2 | 3 | 3 |
| Facilitative Administration | 1 | 2 | 2 | 1 | 2 | 3 | 3 |
| <i>Leadership</i> | | | | | | | |
| District Superintendent | 2 | 1 | 2 | 3 | 3 | 3 | 3 |
| Building Principals | 1 | 1 | 1 | 1 | 1 | 3 | 3 |
| <i>District Implementation Capacity</i> | 2 | 2 | 2 | 3 | 3 | 3 | 3 |
| <i>Regional Supports</i> | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| <i>State Supports (contracted initiatives)</i> | 1 | 2 | 3 | 2 | 3 | 3 | 3 |

Implementation Mapping: District Best Practices Summary

The following are implementation best practices detected during the ImpleMap interviews. These best practices currently are in place in one or more of seven districts that participated in the implementation mapping interviews. In the future, these are the implementation activities a Regional Implementation Team would help staff learn in each district.

| Implementation Driver Best Practices Among the Districts | |
|---|---|
| <i>Initiatives</i> | |
| System for Vetting Initiatives | <ul style="list-style-type: none"> • District leadership team decides – big vision, what will benefit students for the next decade (academics, safety, and equity are major criteria) • District team that continually looks at data, sees needs, searches for data-based interventions to meet those needs, vets interventions, conducts reviews/renewal of curriculum materials every 7 years as mandated by the State • Curriculum and instruction teams meet 2-3 times a month, identify needs, search for innovations, align with grades • Any new initiative or mandate is considered for its contribution to student learning and its fit with specified interventions already in classrooms and buildings; applicable to all buildings in the district • Mandate language and requirements examined and re-interpreted to fit current specified C&I to avoid confusion in the classroom and assure meeting the mandate • Vetting based on research base, availability of a fidelity assessment, fit with time/ scheduling/ • Avoid layering, initiative overload, initiative competition |
| Operationalize Initiatives | <ul style="list-style-type: none"> • 4 pages of non-negotiable education framework components • Two 50-page handouts to operationalize the frameworks • Methods to adapt specific methods to specific issues/ student problems • The intervention Blueprint is followed in detail |

| | |
|--------------------------------------|---|
| <i>Competency Development</i> | |
| Selection | <ul style="list-style-type: none"> • Job descriptions for teachers and principals modified to include district-specified competencies (e.g. literacy, behavior) • Principal and future colleagues of the applicant do the interviews; same process for teachers and Principals • Interview done by those who know the interventions and C&I well and will work with the candidate if hired (e.g. Principal, literacy coach, district coordinator) • Interview includes questions about literacy, behavior, etc. and role plays (watch video lesson, coach, design intervention) – maybe 3 of 10 applicants make it to the role play part of the interview |

| | |
|-------------------------|---|
| | <ul style="list-style-type: none"> • Respect union rules – credit for years of experience, but hire on the basis of willingness to do the work as prescribed by the district |
| Training | <ul style="list-style-type: none"> • Initial and on-going training for Principals and administrators • Teacher training takes 3 years – active participation in group training for new teachers led by staff specially prepared to do teacher training; 20-40 hours of instruction, video demonstrations, class co-visits, and other district support • For Special Ed teachers and staff – more time spent here as needed |
| Coaching | <ul style="list-style-type: none"> • Coaching for Principals (one hour per month) • Coaches work across buildings – learn and share • Coaches for teachers K-12; NOT part of teacher evaluation • Meet with new teachers 1-2 times a month for coaching; pre-meeting with Principal re: any areas that need special attention during coaching session; • Half day follow up coaching for a newly trained teacher, continuing coaching re: ways of work • For persistent issues, the district folks step up their coaching/ interactions with the building staff and teacher |
| Performance Assessments | <ul style="list-style-type: none"> • Principal’s secretary schedules walk throughs – 3 times per year for each classroom at a minimum, more if needed – done for all teachers • Do more walk through and feedback with new teachers, less with mid and senior teachers (but all have some) • New teachers, three years of observation and feedback by the Principal • Principal walk through to assess instruction and culture; lot of time in classroom by coaches and Principal; cross building walk throughs to “pollinate” best practices • Prompt feedback to teachers after walk through • Use intervention-specific fidelity assessments where available |

| | |
|-------------------------------------|--|
| <i>Organization Supports</i> | |
| Decision Support Data System | <ul style="list-style-type: none"> • Lots of data collection on a regular schedule; data reviews built into nearly all meetings; action planning based on data and progress assessed by data • Data reviews are a standing agenda item for weekly Principal meetings • All meetings with Principals are all about data; have laptop; dig into data; let peer decision making happen or help it along • Monthly meeting to review data from behavior and literacy such as ODRs, OAKS, DIBELS, data on fidelity, etc. to inform coaching and administration • Use data to challenge the status quo: systems view, integration of functions, facilitating change |
| Facilitative Administration | <ul style="list-style-type: none"> • Continual district and building changes (e.g. scheduling, staff assignments, meeting agendas) to support the intervention and to assure effective implementation supports <ul style="list-style-type: none"> ○ Scheduling times for literacy/math sessions – administration defines times and does problem solving • Building teams meet monthly |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Grade level teams meet twice monthly in elementary schools • Principals take any corrective action deemed necessary by any of the trainers or coaches • Arrange more help for the teacher so he/she can meet the established standards for performance • Teacher (other) leaving is OK – the focus is on what is best for student achievement • Work toward a common infrastructure in each building (teaming structures); to provide support we have to know what they are supposed to be doing • Roll out new initiatives in cohorts of buildings – cannot do a good job with so many all at once – build district capacity to support buildings in the first cohort and expand with each successive cohort |
|--|--|

| | |
|--------------------------|---|
| <i>Leadership</i> | |
| District Superintendents | <ul style="list-style-type: none"> • Principal and Superintendent are strong leaders and “accept no substitutes” • Better uses of resources when each teacher/building is not doing its own thing – common methods, common language, common supports = more frugal uses of resources • Need clear vision • Strong leadership support • Good communication plan with consistent messages • Effective supports need to be in place to help teachers and Principals follow through and do it • District oriented decision making to provide consistent support to every building and better outcomes for every student • District decision making applied to all buildings; lots of discussion in various meetings, consideration of implications (not options), staff feel heard and prepared • District has one point person per school to develop relationships, 10:1 ratio of positives to correctives for adults, help solve problems, relieve stressors, and create readiness for using literacy and behavior fully and effectively |
| Building Principals | <ul style="list-style-type: none"> • Principals are instructional leaders first; all eyes on the data; creators of common methods (e.g. RtI) across buildings with team structures in place to assure common practices; create a culture to support all of this |

This tool was developed by the National Implementation Research Network (NIRN) and adapted for use by SISEP. SISEP produced this product under a cooperative agreement associated with PR Award # H328K080001. Jennifer Coffey served as the project officer. The views expressed herein do not necessarily represent the positions or policies of the Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, service or enterprise mentioned in this publication is intended or should be inferred. This product is public domain. Authorization to reproduce it in whole or in part is granted. While permission to reprint this publication is not necessary, the citation should be:

State Implementation and Scaling-up of Evidence-based Practice (2010). Stage-based Measures of Implementation: Implemapping. FPG Child Development Institute, University of North Carolina Chapel Hill, The National Implementation Research Network, September 2010.