

# Planned Scaling Activities of AmeriCorps-Funded Organizations

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## EXECUTIVE SUMMARY

Agencies throughout the federal government and other grant-making institutions are increasingly conducting systematic evidence reviews and synthesizing the results of well-executed research to identify interventions that have evidence of effectiveness. These efforts can help funders make strategic decisions on how they can most effectively and efficiently address individual and community needs. These reviews and syntheses can also enhance funders' decisions about scaling up specific interventions that show the most promise in order to expand the scope of their impact.

AmeriCorps invests significant resources in interventions designed to improve lives and strengthen communities.<sup>1</sup> AmeriCorps and its funded organizations also invest resources in evaluating the effectiveness of these interventions. To gain insights about which of its funded interventions with evidence to improve participant outcomes might be ready to scale, the agency funded the project known as Scaling Evidence-Based Models in 2016. Conducted by Mathematica, this project is designed to deepen the agency's understanding of the most effective interventions it has funded and its knowledge base on scaling them. The project also is designed to generate both practical knowledge about how AmeriCorps and other funders can successfully scale effective interventions. The project can be thought of as having two parts. The first, which is discussed in the companion report "Evidence of Effectiveness in AmeriCorps-Funded Interventions" (Richman and Streke 2020), is to identify AmeriCorps-funded interventions with evidence of effectiveness—in other words, those supported by rigorous research to improve outcomes for participants. The second, the focus of this report, is to examine the extent to which organizations describe the intervention and organizational factors that are important for being ready to scale an intervention with evidence of effectiveness.

This report presents scaling readiness findings for a cohort of 25 organizations that provided plans to scale interventions with evidence of effectiveness. This report also examines variations in demonstrated scaling readiness across AmeriCorps funding years.

### A. Research approach and questions

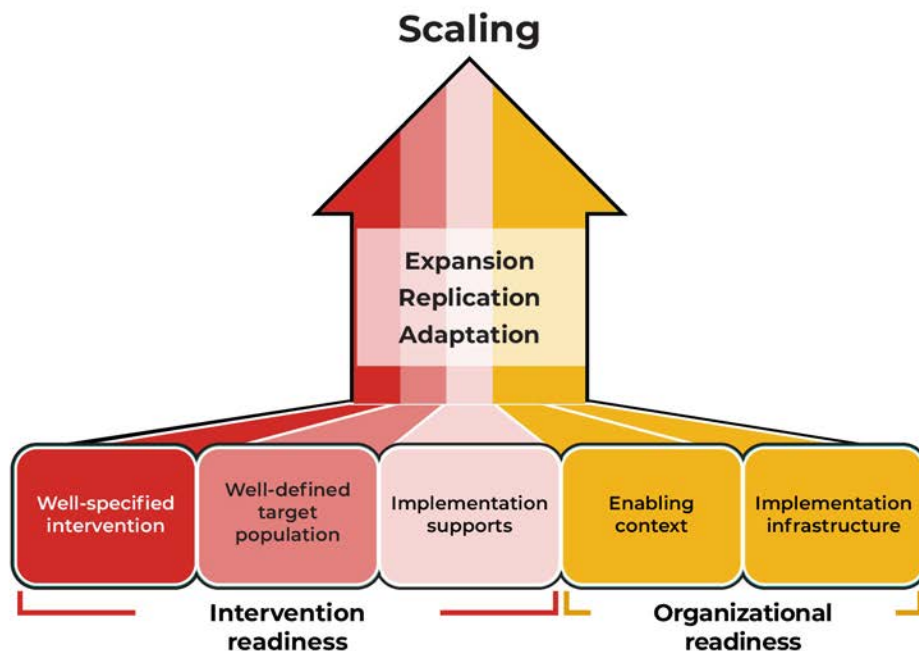
Mathematica developed a framework, based on implementation science literature, that identifies five conditions necessary to successfully scale an intervention (Figure ES.1). We define successful scaling as expanding, replicating, or adapting the intervention while maintaining or

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<sup>1</sup> As of September 29th, 2020, the Corporation for National and Community Service is operating under the name AmeriCorps.

exceeding the beneficial impacts documented in evidence about its effectiveness.<sup>2</sup> The first three conditions indicate whether an intervention might be ready to be successfully scaled:

**Figure ES.1. Necessary conditions for successful scaling of interventions**



- A *well-specified intervention*, consisting of a description of the content, mode of service delivery, intensity, personnel needs,<sup>3</sup> and setting for each core element. A well-specified intervention also includes a definition of participation in and completion of the intervention.
- A *well-defined target population*, consisting of a description of the population for which the intervention was found to be effective.
- *Implementation supports*, consisting of a description of supports that can ensure fidelity, such as have an implementation monitoring team and performance benchmarks. Implementation supports also include a description of the procedures for putting the supports into action, such as describing the processes the monitoring team follows and a process for measuring performance benchmarks.

<sup>2</sup> Some AmeriCorps-funded organizations planned to sustain or deepen intervention services. Because the goal of the analysis is to provide insights about the readiness for successful scaling, we included organizations that had funding for sustaining and/or deepening services and no explicit plans for scaling. Chapter I defines the five scaling approaches proposed by AmeriCorps-funded organizations.

<sup>3</sup> We use the term *personnel* to refer to organization and partner staff as well as AmeriCorps members who deliver intervention services.

The final two conditions indicate that an organization might be ready to scale an intervention:

- *Enabling context*, consisting of a description of the presence of organizational and partner agency leadership and culture that supports the scaling effort. Enabling context is demonstrated with examples of ways that the organization is innovative and has improved upon past interventions, particularly in the face of implementation challenges.
- *Implementation infrastructure*, consisting of a description of the organizational infrastructure, such as the personnel, materials, and physical space that support implementation.

In light of the framework, Mathematica developed three research questions about the scaling readiness of the interventions with evidence of effectiveness and the organizations that implemented them (see sidebar). The first question pertains to the three conditions about intervention readiness in Figure ES.1. The second question pertains to the two conditions about organizational readiness in Figure ES.1. The third research question pertains to all five conditions in Figure ES.1, and this question reflects a synthesis of the first and second questions.

To answer the questions, we developed a two-part systematic review process to collect and record information about the intervention and the extent to which organizations' scaling plans describe the intervention and organization conditions that are necessary for successful scaling. The sources of information for this review process were the funding applications submitted by AmeriCorps State and National organizations and the plans for growing suborganization impact submitted by SIF organizations (referred to collectively as "scaling plans"), as well as the documents that provided evidence of the intervention's effectiveness.<sup>4</sup> It is important to note that the information provided in these funding applications and plans for growing suborganization impact were in response to existing reporting requirements set forth by the AmeriCorps State and National and SIF program offices that organizations needed to address. Although these existing AmeriCorps requirements asked organizations to provide information that aligned to many aspects of the scaling framework, there were also some important differences. For example, the framework developed for this study requires specification of more details related to organizational readiness for scaling than required by AmeriCorps. Readers of this document should consider these differences, as we applied our systematic review process to these documents based on the scaling framework after the fact.

#### Research questions

- How do organizations demonstrate that their interventions are ready for scaling?
- How do organizations demonstrate they are ready for scaling interventions?
- How do organizations demonstrate overall readiness for scaling?

<sup>4</sup> Appendix A provides more details about the process of identifying documents for review and the process of extracting information from these documents.

The analysis sample for this report includes 25 organizations that submitted scaling plans for interventions that received a strong or moderate evidence rating from another independent, third-party evaluator contracted by AmeriCorps. For each scaling plan, we rated the level of specificity provided for each necessary condition for successful scaling on a three-point scale: (1) a full description, (2) a limited description, or (3) no description. We conducted a tabular analysis of the information from the organizations' plans for each condition for successful scaling.

## B. Research findings and their implications

Our analysis shows that organizations provided greater specification of the intervention readiness conditions for scaling (28 percent) than of the organization readiness conditions for scaling (4 percent) in their scaling plans. However, no organization described all the conditions of intervention and organizational readiness. Our findings of the extent to which organizations specify various conditions of scaling readiness generally align with what AmeriCorps requires organizations to specify. For instance, the most commonly described conditions were the target population (described by 100 percent of organizations) and the intervention core elements (described by 56 percent of organizations), and the least commonly described conditions were enabling context of the organization (described by 12 percent of organizations) and implementation infrastructure (specified by 36 percent of organizations). However, we do find some instances in which organizations are required to specify specific elements of a condition, but those elements are not actually well specified by organizations in their documents, such as specifying the personnel needs of the intervention. When we analyze scaling readiness according to the information AmeriCorps requested organizations to specify, we find that specification of scaling readiness conditions increases. Thus, the extent to which organizations demonstrate scaling readiness, based on the level of specification in the scaling plans, may reflect AmeriCorps requirements rather than the organizations' readiness for scaling. Organizations may have a higher degree of scaling readiness than what was detectable through a review of scaling plans.

## C. Conclusion

Through this project, we have assessed the degree to which AmeriCorps organizations have described the conditions for scaling readiness. The analysis of scaling readiness identified those areas in which organizations specified critical scaling readiness components as well as those areas that would have benefited from more detail. The framework developed to guide this assessment is based on the necessary elements for scaling readiness as identified in the implementation science literature. The use of such a framework is applicable to understanding scaling readiness for other organizations beyond AmeriCorps. Our study found that, generally, organizations report what they are asked to report. Thus, funders and grant makers can use the scaling framework to inform their reporting requirements, such that their requirements will align to the different conditions that organizations should speak to demonstrate their readiness to scale. Additionally, our study finds that even among those conditions related to scaling that

AmeriCorps organizations were already asked to report, some areas would have benefited from more detail. Thus, our framework can help funders provide more guidance on the details they are looking for. In the end, aligning reporting requirements with the conditions specified in our framework may foster more successful scaling efforts and more efficient use of funds.

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## I. INTRODUCTION

Agencies throughout the federal government and other grant-making institutions are increasingly conducting systematic evidence reviews and synthesizing the results of well-executed research to identify interventions that have evidence of effectiveness. These efforts can help funders make strategic decisions on how they can most effectively and efficiently address individual and community needs. These evidence reviews can also enhance funders' decisions about scaling up specific interventions that show the most promise in order to expand the scope of their impact.

AmeriCorps was established as a federal agency in 1993 with a mission to improve lives, strengthen communities, and foster civic engagement through service and volunteering.<sup>5</sup> The AmeriCorps State and National program and three AmeriCorps Seniors programs (RSVP, Senior Companions, and Foster Grandparent) are the main avenues through which AmeriCorps achieves this mission.<sup>6</sup> In 2020, an estimated 75,000 AmeriCorps members were located at more than 21,000 sites across the country. In addition, from 2010 to 2016 the Social Innovation Fund (SIF) supported the agency's mission through funding innovative community-based programs to address the most challenging social problems communities face. These programs fund the implementation of interventions, which are combinations of activities or services designed to change knowledge, attitudes, or behaviors or improve conditions for specific individuals or groups. The types of organizations that can receive AmeriCorps State and National and SIF funding are diverse, but they include public or private nonprofit organizations, including faith-based and other community organizations; institutions of higher education; government entities within states or territories, such as cities or counties; partnerships, consortia, and intermediary organizations; and Indian Tribes.

Because AmeriCorps strives to be a good steward of taxpayer dollars and to operate programs cost effectively (AmeriCorps 2017), it funded the Scaling Evidence-Based Models project in 2016. This project seeks to shed light on how AmeriCorps organizations approach program implementation and scaling and assesses the level of scaling readiness of AmeriCorps' State and National funded grantees 2015–2019 and SIF 2010–2015 interventions with demonstrated evidence of effectiveness. Conducted by Mathematica, this project is designed to deepen the agency's understanding of the most effective interventions it has funded and its knowledge base on scaling them. The project also is designed to generate both practical knowledge about how AmeriCorps could successfully scale effective interventions and recommendations for going forward. The research in this project will help AmeriCorps find which of its funded interventions improve participant outcomes and make them work for more people.<sup>7</sup>

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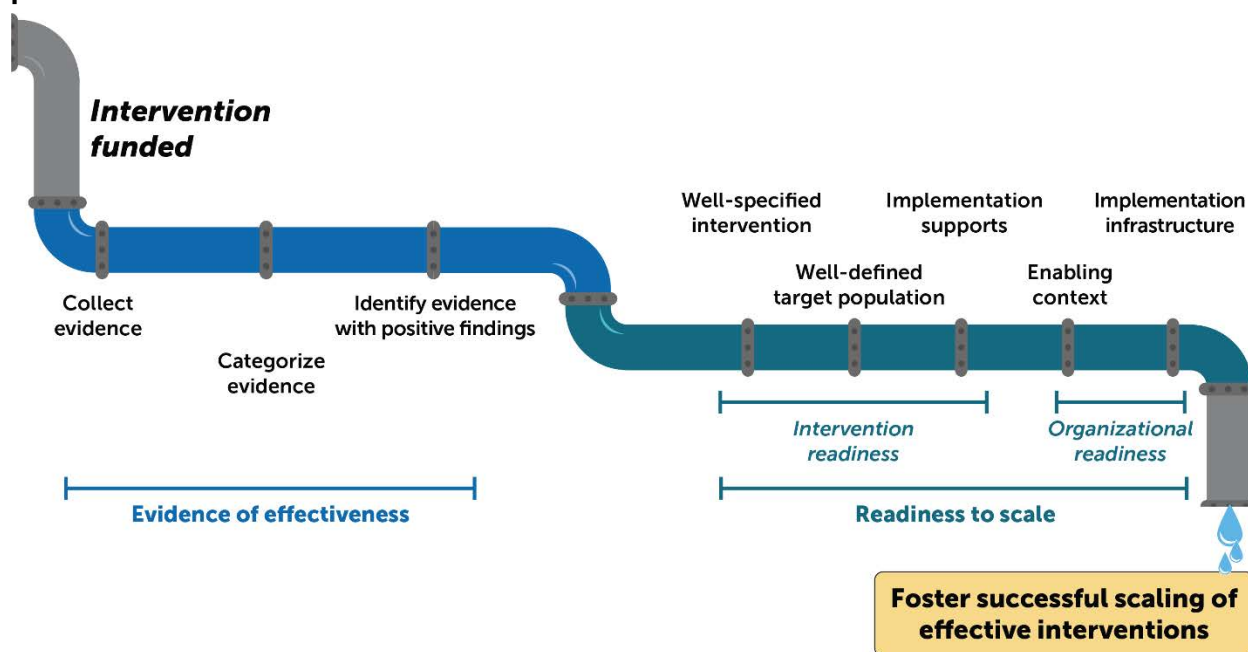
<sup>5</sup> As of September 29th, 2020, the Corporation for National and Community Service is operating under the name AmeriCorps.

<sup>6</sup> Because the AmeriCorps Seniors programs were not part of the analysis in this report, we do not discuss them. AmeriCorps (2016) provides a more detailed description of AmeriCorps' programs. AmeriCorps' focus areas include disaster relief services, economic opportunity, education, environmental stewardship, healthy futures, nonprofit organizational capacity, and veterans and military families.

<sup>7</sup> See <https://www.nationalservice.gov/programs/social-innovation-fund> for additional information.

Since 2016, AmeriCorps has applied a process called Scaling Programs with Research Evidence and Effectiveness (SPREE) to help AmeriCorps identify which of its funded interventions demonstrate evidence of effectiveness and a readiness to scale (Maxwell and Richman 2019). SPREE is a two-part process that (1) identifies interventions that are most likely to achieve desired outcomes and (2) identifies which effective interventions demonstrate a readiness for scaling and which organizations might be ready to scale them. Figure I.1 presents the SPREE process. The first part of the process, identifying effective interventions, is discussed in the companion report, “Evidence of Effectiveness in AmeriCorps-Funded Interventions” (Richman and Streke 2020). The second part of the process is the focus of this report.

**Figure I.1. The Scaling Programs with Research Evidence and Effectiveness (SPREE) process**



### A. How do we know whether interventions are ready to be scaled?

AmeriCorps-funded organizations used three main approaches to scaling their interventions so more people could receive the beneficial impacts of an intervention:

- **Expansion:** Extending the intervention to more people in the same target population and location as the intervention had previously been offered.
- **Replication:** Extending the intervention to the same target population but in a new location. Replication is about creating a new implementation infrastructure, whereas expansion is about increasing the capacity of an existing infrastructure.
- **Adaptation:** Modifying an existing intervention to serve a new target population or to implement it in a new setting (type of location).



Successful scaling uses at least one, and possibly more, of these approaches while maintaining or surpassing the beneficial impacts of the intervention that have been documented to have evidence of effectiveness.

AmeriCorps also has funded other organizations that planned to implement interventions with evidence of effectiveness through methods other than scaling. Some planned to sustain services that have previously been provided; that is, they planned to serve the same population in the same location without making purposeful changes to the intervention. Others intended to deepen services to serve the same target population in the same location with enhanced services of the same intervention (for example, more hours of a specific service component).

Regardless of the scaling approach used, our framework for successfully scaling an intervention with evidence of effectiveness identifies five conditions that indicate that an organization is ready to scale an intervention (Figure I.2). Though AmeriCorps provides funding to many organizations, we prioritize inclusion of interventions with evidence of effectiveness because it is these interventions for which there is an implementation model known to achieve positive impacts and to which organizations should sustain fidelity to during scale up. The conditions in the framework were drawn from implementation science literature. The first three conditions indicate that the intervention is ready for scaling because it is clearly organized and well designed—to generate beneficial participant outcomes, interventions are designed to be implemented in a standardized way (using an “intervention model”):

- It is a *well-specified intervention* if it makes clear what set of activities are critical for achieving good outcomes for the intervention’s participants, although the intervention can be implemented with some flexibility if it adheres to the principles underlying each core element (Fixsen et al. 2005).<sup>8</sup> Implementation science finds that for each core element of an intervention, there should be a description of the features necessary to produce the intended outcomes (Blase and Fixsen 2013). A well-specified intervention will, for each core element, describe the content of the intervention, the mode of service delivery, the intensity, personnel

<sup>8</sup> Core elements of an intervention are the pieces of an intervention that are central to achieving program outcomes and are often seen as the elements that define a program. For example, a reading intervention may deliver intensive one-on-one tutoring using a specific reading curriculum in the classroom whereas a non-core, or supplemental, activity could be disseminating monthly newsletters to parents or caregivers with book recommendations that could be read to children during non-school hours.

### Examples of types of scaling

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**Expansion**

- Increasing the number of unemployed adults served at a work center by hiring five more job search specialists who will each serve 20 more adults

**Replication**

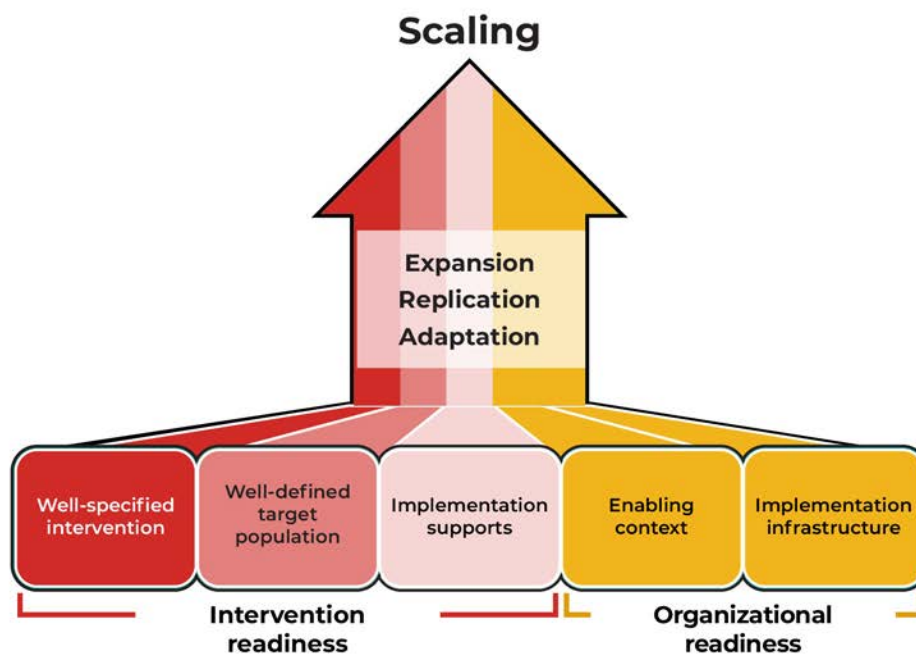
- Implementing a reading program designed for 5th graders in a new school district, city, and state, but serving the same target population

**Adaptation**

- Adapting a parent training curriculum designed for mothers to include language that is more inclusive of fathers

needs, and setting. This condition also includes a definition of participation in and completion of the intervention, as defined by the organization and is specific to each intervention.

**Figure I.2. Necessary conditions for successful scaling of interventions**



Having a clear understanding of the content of the intervention, the mode of service delivery, the intensity, personnel needs, setting, and criteria for completion can contribute to implementing an intervention with fidelity—that is, with strong correspondence between the intervention as intended and as implemented—and to increasing the likelihood of successful scaling. Interventions with evidence of effectiveness implemented without fidelity might not achieve the improvements in participant outcomes that could be expected based on the intervention’s prior success. For instance, a description of exactly how the core elements of the intervention will be delivered (the mode of service delivery) is central to ensuring that services are delivered as intended. A description of the qualifications for those who will deliver the intervention (personnel needs) ensures that there are qualified individuals who are able to deliver services with fidelity. A clear definition of criteria needed for intervention participation and completion is also critical to ensuring that participants receive the necessary amount of intervention services to exhibit impacts. For example, a program participant can be defined as someone who completes the program orientation or receives a minimum number of services, whereas program completion may be defined as those who receive all services or achieve a specific benchmark. The absence of such specifications may indicate that an organization has not considered how to implement a particular dimension so that it is done consistently for the duration of the intervention and across locations. Additionally, the intervention might not improve participants’ outcomes to the extent expected, given the intervention’s prior success.

- It has a *well-defined target population*, which is critical to intervention readiness for scaling because an intervention should be designed to serve the needs of a specific population (U.S. Centers for Disease Control and Prevention n.d.; Community Tool Box n.d.). The organization needs to be clear about inclusion and exclusion criteria: inclusion criteria are attributes that are essential for potential participants to be selected for participation in an intervention, whereas exclusion criteria are attributes that disqualify people from participating in an intervention (Garg 2016; McElroy and Ladner 2014).

In some instances, organizations may first identify a population in need and then develop or identify an intervention that addresses those needs. In other instances, organizations may first develop or identify an intervention to serve a particular need and then identify the target population that is appropriate for the intervention. In either scenario, thoroughly describing the characteristics of the population receiving the intervention helps ensure that (1) the proper services are in place for successful service delivery and (2) the target population is appropriate for the intervention. For example, an employment preparation program designed for youth ages 14 to 16 with learning disabilities might require different services than an employment preparation program designed for youth ages 14 to 16 without learning disabilities. This condition was unchanged in the refined scaling readiness measure.

- *Implementation supports* are in place so the intervention can be implemented as intended (that is, it retains fidelity to its model). Implementation supports include a team that monitors implementation, continuous quality improvement processes, and personnel training requirements. Implementation supports also include procedures for putting the supports into action, such as describing a process for monitoring implementation fidelity that an implementation monitoring team will follow. These supports are derived from best practices and commonalities observed among successfully implemented interventions, and they can help ensure that the intervention retains fidelity to its model and delivers the beneficial outcomes for participants when it is scaled (Breitenstein et al. 2010; National Implementation Research Network n.d.). In a refined scaling readiness measure, we broke down these supports into finer details so that we could isolate nuances of the supports. Additional nuances that we can isolate with the revised measure include procedures for putting implementation supports into action and analyzing data for implementation supports. The specific additions are discussed in more detail in Chapter II.

The next two conditions indicate what an organization must have in place to be ready to scale an intervention:

- An *enabling context* in which the organization's leadership and culture support innovation, learning, and improvement for an intervention. Although this context develops in different ways, a common one is through having successfully tackled challenges in the past. The organization's structures, roles, and functions facilitate (rather than hinder) service delivery as well as the achievement of beneficial participant outcomes. We expanded our measure of this condition to include a description of the support that organizational and partner agency leadership provide for scaling. We also broke out innovation and improvement so that we can isolate each separately.

- An *implementation infrastructure* to support scaling the intervention. The organization’s infrastructure must permit the organization to work with both internal and external systems to ensure that it has sufficient resources to support the intervention (Bernfeld 2006; Fixsen et al. 2009; Klingner et al. 2003). Infrastructure requirements include sufficient resources, such as financial resources; personnel who will deliver the intervention; materials required to deliver services; and a human resource system for hiring and managing personnel. A refined scaling measure includes the presence of physical space for implementation.

## B. How we determined whether organizations and their interventions were ready to scale

We used the framework presented in Figure I.2 to determine whether AmeriCorps-funded organizations have provided a level of specification that indicates that they and the interventions they have planned to implement are ready for scaling. In this section, we discuss the research questions that guide our analysis, the organizations included in the analysis, and the methodology we used. We also provide guidance for how to interpret the findings.

### 1. Research questions

Our analysis is structured to answer three research questions and related subquestions (Table I.1). The first question pertains to the three conditions about intervention readiness, shown in Figure I.2. The second question pertains to the two conditions about organizational readiness, shown in Figure I.2. The third research question pertains to all five conditions, shown in Figure I.2; this question reflects a synthesis of the first and second research questions.

**Table I.1. Research questions for the readiness for scaling analysis**

Research questions
<b>1. How do organizations demonstrate that their interventions are ready for scaling?</b>
1a. To what extent do organizations describe their proposed intervention?
1b. To what extent do organizations describe their proposed target population?
1c. When organizations propose changes to the proposed intervention and/or target population as part of their plans for scaling, to what extent do they provide a rationale for doing so?
1d. To what extent do organizations describe supports they put in place to foster implementation?
<b>2. How do organizations demonstrate they are ready for scaling interventions?</b>
2a. To what extent do organizations describe their past experience successfully implementing interventions?
2b. To what extent do organizations describe their infrastructure for supporting implementation?
<b>3. How do organizations demonstrate overall readiness for scaling?</b>
3a. To what extent do organizations demonstrate that their intervention meets all the conditions for scaling?
3b. To what extent do organizations demonstrate that they meet all the conditions for scaling?
3c. To what extent do organizations demonstrate that both they and their interventions jointly meet all the conditions for scaling?

## 2. Overview of organizations being examined

To answer the research questions, this analysis builds upon a companion meta-synthesis that provides details about the identification of interventions that have evidence of effectiveness of improving participants' outcomes (Richman and Streke 2020). In this report, we present findings for 25 organizations that planned to implement interventions identified as having evidence of effectiveness.<sup>9</sup> Because the goal of the analysis is to provide insights about the readiness for successful scaling, we included organizations that had funding for sustaining or deepening services and no explicit plans for scaling. It is important to note that the information provided in these funding applications and plans for growing suborganization impact were in response to existing reporting requirements set forth by the AmeriCorps State and National and SIF program offices that organizations needed to address. Although these existing AmeriCorps requirements asked organizations to provide information that aligned to many aspects of the scaling framework, there were also some important differences. For example, the framework developed for this study requires specification of more details related to organizational readiness for scaling than required by AmeriCorps. Readers of this document should consider these differences, as we applied our systematic review process to these documents based on the scaling framework after the fact.

Among the organizations included in this analysis, 20 received AmeriCorps State and National grants during 2015–2019. Of the 20 State and National grantees that are included in our analysis, 8 received funding in 2015, 8 received funding in 2016, 5 received funding in 2017, 3 received funding in 2018, and 11 received funding in 2019. The number of organizations receiving funding exceeds the number of organizations in the analysis because 9 organizations received funding in multiple funding years. The remaining 5 organizations included in our analysis received SIF grants during 2010–2015. Of the 5 SIF organizations included in our analysis, 3 received funding in 2010, 1 received funding in 2011, 1 received funding in 2012, and 1 received funding in 2014. The number of organizations that received funding exceeds the number of organizations included in the analysis because 1 organization received funding in multiple funding years. Seventeen organizations (68 percent) planned to implement education-related interventions. Five organizations (20 percent) planned to scale interventions with a focus on providing services to help participants to have healthy futures, and 5 (20 percent) planned to implement an intervention focused on helping participants with economic opportunities.<sup>10</sup> The organizations sought to engage low-income and at-risk populations for services. Because most interventions related to education, the target population was most commonly children and their families. Among the organizations, there were plans to implement the interventions in communities across the nation and in both urban and rural areas. Some organizations focused on particular cities or states, whereas others planned to scale in communities across a region or the country.

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<sup>9</sup> Appendix A describes the approach used to select the interventions for this study, as well as what we mean by an “organization” for the purposes of this report.

<sup>10</sup> The percentages of organizations focused on an education intervention, healthy futures intervention, and economic opportunities intervention sum to more than 100 percent because two organizations focused on two of these areas.

Eleven of the 25 organizations (44 percent) planned to implement an intervention using one scaling method only, such as expanding or replicating services. The other 14 organizations (58 percent) planned to use two or more implementation methods. Across the organizations, 15 organizations (60 percent) planned adaptations to the proposed intervention. The plans for 13 organizations (52 percent) described intent to expand an intervention, and 11 organizations (44 percent) intended to replicate an intervention. Eight organizations (32 percent) intended to sustain their intervention and 4 organizations (16 percent) proposed to deepen an intervention.

### 3. Analysis approach

Our review and assessment of organizations' readiness to scale interventions with evidence of effectiveness aligns with each of the five conditions for scale-up presented in the framework. First, we analyzed the level of specification of the three intervention readiness conditions. Second, we analyzed the level of specification of the two organizational readiness conditions. Finally, we analyzed the level of specification of all five conditions together to assess overall scaling readiness.

To conduct the analysis, we developed a two-part systematic review process to collect and record information about the intervention and the extent to which organizations' scaling plans describe the intervention and organization conditions that are necessary for successful scaling. The sources of information for this review process were the funding applications AmeriCorps State and National organizations submitted and the scaling plans SIF organizations submitted:

- To receive funding from the AmeriCorps State and National program, organizations submit an application that describes their project that will use AmeriCorps members to solve a significant community problem. AmeriCorps State and National dictates the information that organizations must describe in their funding applications, including a description of the program design (including a description of the duration and dosage of core activities, the target population, inputs, outputs, and outcomes of the intervention), organizational capabilities (including personnel structure and training and supervision plans), cost effectiveness and budget adequacy, and an evaluation plan. Applications for AmeriCorps State and National funding include a description of how the proposed program model builds on, or scales, an intervention for which there is evidence of effectiveness. Our review of application materials included reviewing the application narrative as well as attachments that include the program logic model and performance measures. Over time, AmeriCorps State and National program has modified the information it requires applicants to specify in their application narratives. In Appendix A, we describe how these reporting requirements have changed most recently and present results of a sub-analysis that examines overall scaling readiness over time. The results of the over-time analysis did not affect the findings of our main analysis.<sup>11</sup>
- As part of the funding that SIF organizations receive, organizations must submit a plan for growing, or scaling, suborganization impacts. For each suborganization, SIF organizations

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<sup>11</sup> The over-time analysis examined variations in specification but did not find any noticeable patterns as they relate to specifying all the conditions for scaling readiness.

are asked to describe their approach to growing the suborganization impact. They are also asked to specify the growth goals for suborganizations, as well as the supports necessary for helping facilitate suborganization impact growth, their plan for monitoring progress toward their growth goals, and the potential risks and challenges they may encounter.

Collectively, we refer to the AmeriCorps State and National funding application and the SIF plan for growing suborganization impact as “scaling plans.” We also reviewed the documents that provided evidence of the intervention’s effectiveness.<sup>12</sup>

Readers should interpret the analysis results with the understanding that the AmeriCorps-funded organizations might describe only the information they are required to report by AmeriCorps. Given the purpose of the application narrative and growth plan, Table I.2 shows the extent to which the scaling readiness framework aligns with AmeriCorps State and National Notice of Funding Opportunity (NOFO) requirements and the SIF growth plan requirements, separately. Though there is overlap in what information should be included in the scaling plans and the study framework, our assessment of scaling readiness is restricted to what organizations describe in the reviewed documents. Interpretation of study findings should keep in mind that a lack of description of demonstrating readiness for scaling may be more reflective of reporting requirements than of a lack of readiness to scale (see Tables A.1 and A.2 for more details).

We compared information in the scaling plans to information in the documents that provided evidence of intervention effectiveness to ascertain how the planned intervention differed from the evaluated intervention and, where there were differences, whether the organization provided a rationale for the difference. This comparison of the planned intervention to the evaluated intervention is valuable because with some scaling efforts, one might expect that the changes to the intervention would be needed to ensure that the services are appropriate for a new population or location, for example.

Focusing on the organization for our analysis is consistent with the framework for successful scaling presented in Figure I.2 because the individuals at organizations are the actors who define what the intervention is and how they intend to scale it. To assess scaling readiness, we categorized whether each component of a condition had been described fully, in a limited way, or not at all (see Appendix A for details). We also present examples of full descriptions of the conditions for scaling to illustrate the richness of information that is necessary to demonstrate readiness for scaling. A full description included several details regarding the component, whereas a limited description mentioned the component but lacked details.

We did not have a priori expectations of what percentage of organizations will provide full or partial details for every condition of scaling readiness. The analysis can help funders by identifying the conditions of successful scaling that could be emphasized in requests for proposals and other funding announcements.

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<sup>12</sup> Appendix A describes the process used to identify documents for review to assess scaling, including the development or use of a rubric to document the extent to which each organization described its plans to scale the intervention, as well as how we conducted the reviews.

**Table I.2. Alignment of scaling readiness framework and AmeriCorps State and National NOFO and SIF Growth Plan requirements**

Scaling readiness framework		Do scaling readiness framework component align to AmeriCorps State and National NOFO requirements?	Do scaling readiness framework component align to SIF Growth Plan requirements?
Intervention readiness	Well-specified intervention		
	Content	Yes	No
	Delivery	Yes	No
	Intensity	Yes	No
	Personnel	Yes	No
	Setting	Yes	Yes
	Completion	Yes	No
	Well-specified target population	Yes	Yes
	Implementation supports		
	Implementation monitoring	Yes	Yes
	Performance benchmarks	Yes	Yes
	Continuous quality improvement (CQI)	No	No
	Training	Yes	Yes
Communication plan	Yes	No	
Data systems	Yes	Yes	
Organizational readiness	Enabling context		
	Support for implementation	Yes	Yes
	Prior implementation experience	No	Yes
	Prior implementation challenges	No	Yes
	Implementation infrastructure		
	Funding	Yes	Yes
	Dedicated personnel	Yes	Yes
Program materials	Yes	Yes	
Space for implementation	Yes	Yes	
Human resource system	No	No	

Note: For more information on how the AmeriCorps State and National NOFO requirements and the SIF Growth Plan requirements align with the scaling readiness framework components, see Tables A.1 and A.2.

### C. Road map for the report

This report presents our review of the scaling plans submitted by AmeriCorps-funded organizations that were seeking to implement interventions with evidence of effectiveness. Chapter II presents findings of the extent to which organizations described the three conditions of intervention readiness for scaling in their scaling plans. Chapter III presents our findings about organizations’ descriptions of the two conditions related to the readiness of the organization for scaling. Chapter IV presents findings about readiness for scaling across all five conditions described in the Figure I.2 framework. Appendix A describes in detail our methodology for reviewing the scaling plans and includes a supplemental analysis of changes in scaling readiness over time. Appendix B contains the rubric used to extract information from the plans.



## II. FINDINGS ON INTERVENTION READINESS

In this chapter, we describe the extent to which organizations described the three intervention readiness conditions in their scaling plans: (1) intervention core elements, (2) the target population, and (3) implementation supports. As described in Chapter I, we categorized the level of description for each condition as full, limited, or no description.<sup>13</sup> A full description included several details regarding the dimension, whereas a limited one mentioned the dimension but lacked details. In this chapter, we also discuss the extent to which organizations provided a rationale for planned modifications to the intervention and target population. We also discuss the extent to which the descriptions of the intervention readiness conditions in the scaling plan indicate overall intervention readiness for successful scaling.

### Key findings

- **Well-specified intervention.** Fifty-six percent of organizations specified the intervention in their scaling plans with full or limited details. When describing the intervention, organizations most often lacked a description of the qualifications for those who will deliver the intervention (personnel needs) and a definition of intervention completion.
- **Well-defined target population.** All organizations described the target population for the intervention with full or limited details.
- **Implementation supports.** Forty-eight percent of organizations described all implementation supports with full or limited details. When organizations did not describe all supports, they most often lacked a description of continuous quality improvement (CQI) processes.

### A. Well-specified intervention

A well-specified intervention describes the essential elements for generating beneficial outcomes, referred to as core elements, with enough detail as to enable an element to be taught, learned, and done in practice, and it must promote consistent service delivery. Specificity is especially important for consistent implementation. For example, describing an element as being offered “regularly” or “as needed” is not specific enough to allow a program implementer to understand how often services should be delivered. This information is needed for consistent service delivery across locations or settings.

Evidence suggests that clear specification of core elements can boost the likelihood that scaling efforts will be successful (Bauman et al. 1991; Dale et al. 2002; Winter and Szulanski 2001). When not well specified, the intervention may not be appropriately implemented, does not achieve the intended outcomes, or both (Michie and Lester 2005; Michie et al. 2009; Blase and Fixsen 2013). Each core element should include a description of the following:

<sup>13</sup> As described in Chapter I, results of all analyses should be interpreted with the understanding that it is possible that organizations have unreported details for scaling that might demonstrate a higher degree of intervention and organizational readiness for scaling than what is detectable through the review of their scaling plans.

- **Identification of content**, such as the services or activities that make up the intervention.
- **Mode of service delivery**, such as face-to-face or electronic communications.
- **Intensity**, including how often and how long (including how many hours and over what time period) participants receive of each element and over what time frame.
- **Personnel needs**, including who will deliver the core element(s), qualifications needed, and personnel arrangements (for example, service provider-to-participant caseloads). Personnel includes anyone needed for the element's implementation regardless of whether they are volunteers, paid by the main provider organization, or are employed by a partner or affiliated with another entity (such as AmeriCorps members).
- **Setting**, including location and venue. The location describes the geographic region and indicates whether the setting is rural or urban. The venue describes the place where activities occur, such as a community center, home, nonprofit organization, park, or school. When the intervention is implemented in different settings, the description should explain which elements occur in each setting (for example, job training might happen at a training site, and job coaching might take place at both the training site and an employer's workplace).
- **Intervention completion**, including the minimum participation requirements for being considered a participant in the intervention and criteria for being considered a completer of the intervention.

### Example of a well-specified intervention

#### HIPPY (Colorado Parent and Child Foundation)

**Identification of content:** The intervention will deliver an early childhood curriculum that addresses seven domains of learning goals: literacy, language development, physical and motor development, social/emotional development, mathematics, science, and creativity. The domains will be taught using role-play. The curriculum includes weekly activity packets, nine storybooks for each year, as well as a set of 20 manipulative shapes.

**Mode of service delivery:** The curriculum will be delivered through in-person, one-on-one home visits, activity packets for parents to complete at home with their children, and parent group meetings.

**Intensity:** Home visits will last 45 to 60 minutes and be offered weekly or biweekly over 30 weeks. Parents of children ages 3 and 4 will receive weekly home visits, and parents of 5-year-old children will receive biweekly visits. Parents will work with their children on weekly packets for 15 minutes per day, five days per week. Parent group meetings will be held monthly.

**Personnel needs:** The program will use approximately 50 AmeriCorps members, recruited from the parent population served, to reach more than 700 families, establishing a member-to-participant ratio of roughly 1:15.

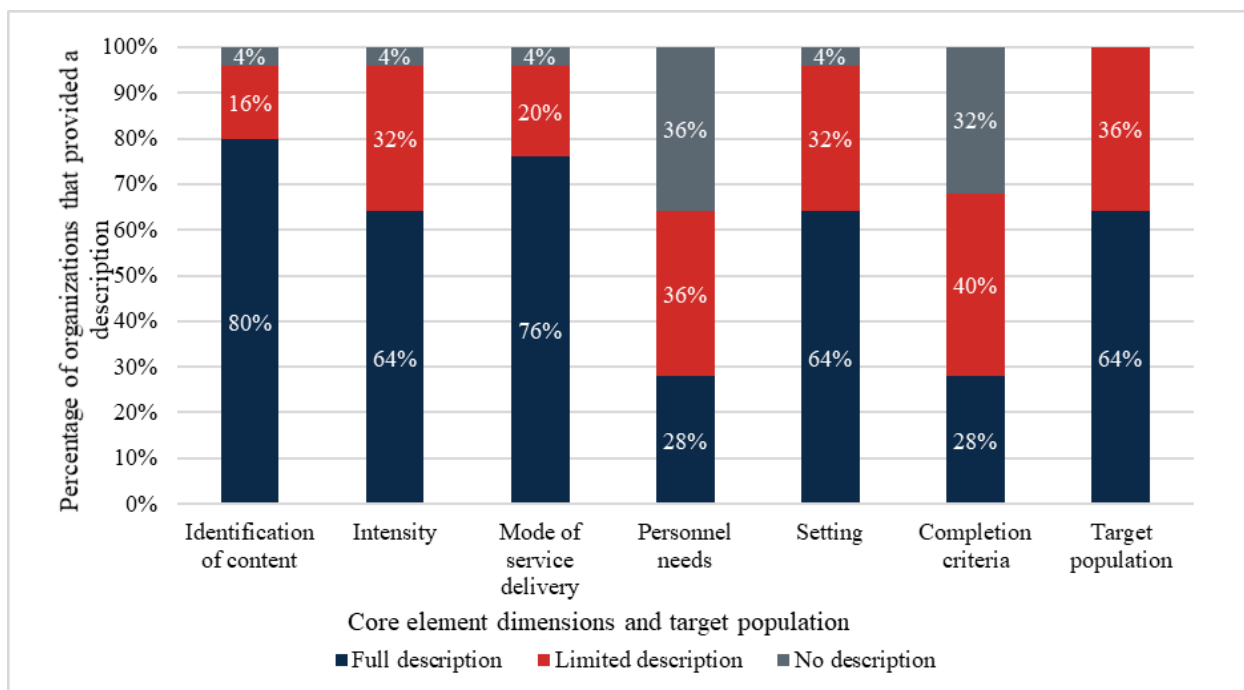
**Setting:** The intervention will be implemented in five urban counties (counties included in metropolitan areas), two rural counties (counties not included in metropolitan areas), and two frontier counties (counties with six or fewer people per square mile). The program sites will include one school district, one county government, and four nonprofits.

**Completion:** HIPPY USA defines program completion as having completed at least 26 weeks of the 30-week curriculum.

Our analysis examines the extent to which each of these dimensions is specified. We describe the extent to which organizations provided any specification (that is, limited or full details) and full specification. We also examine the extent to which organizations describe all the dimensions, in order to assess overall intervention specification.

Across dimensions, 96 percent of AmeriCorps organizations provided at least some identification of the content, intensity, mode of service delivery, and setting for the intervention, most of which were fully described (Figure II.1). In contrast, 68 percent of organizations defined completion and 64 percent of the organizations specified personnel needs. These findings align with what organizations—in particular, AmeriCorps State and National organizations (which make up a majority of the study sample)—are expected to describe in the scaling plans, because content, intensity, mode of service delivery, and setting are clearly required to be described in the program logic models and supported in the narrative. For AmeriCorps State and National organizations in particular, personnel descriptions are targeted to a description of AmeriCorps participants, and thus a broader description of the personnel needed for program implementation would not be expected. Guidance for SIF organizations’ growth plans did not require a thorough description of these components, but they make up a very small portion of the sample.

**Figure II.1. Percentage of organizations that provided a full, a limited, or no description of each core element dimension**



Note: The analysis includes 25 organizations that (1) received either an AmeriCorps State and National grant during years 2015–2019 or a Social Innovation Fund grant during 2010–2014 and (2) planned to implement an intervention that had evidence of effectiveness. See Appendix A for details about the analysis. Results for a given core element dimension may not add to 100 percent due to rounding.

Fifty-six percent of AmeriCorps organizations provided at least a limited specification of all six dimensions (results not shown). Sixteen percent of the organizations described five dimensions, 20 percent described four dimensions, 4 percent described three dimensions, and 4 percent described two dimensions in at least a limited way. In contrast, 12 percent of organizations provided a full specification of all six dimensions, and another 16 percent did so for five of the six dimensions.

## B. Well-defined target population

A well-defined target population helps ensure the target population is appropriate for the intervention, and individuals will be properly included or excluded from access to services. This specification should include both the main characteristics of the people served and eligibility criteria for participation (McElroy and Ladner 2014; Garg 2016), although these two facets are often interrelated. For example, an obesity intervention would specify that it will include adults ages 18 to 64 and who have a body mass index of at least 30, but that pregnant women are ineligible to participate. A well-defined target population increases the likelihood of successful scaling, as program implementers will have a greater potential to align the intervention with the needs of the target population and use appropriate screening for admission to the program—thus achieving higher impacts for the population.

Overall, we found that 64 percent of the organizations fully described the target population, and the remaining 36 percent provided a limited description (results not shown). Organizations categorized as providing a limited description gave broad descriptions of the target population without additional details, such as only stating their target population was “at-risk youth.” If the organization provided additional details, such as the risk factors that put youth at risk, or other population details, such as age of the youth, then we categorized the organization as providing full details. The analysis results show that all organizations described the target population to some extent, which could align the scaled intervention with the target population. These results also align with information organizations are expected to provide in their scaling plans.

### Example of a well-defined target population

#### Minnesota Reading Corps

The intervention will enroll students who need supplemental instruction to become successful readers in grades K–3. Students will be screened three times per year for program eligibility, using valid and reliable assessments that predict state proficiency performance at 3rd grade. The assessment results will be used to identify students who are below grade level but not scoring low enough to otherwise qualify for individualized assistance.

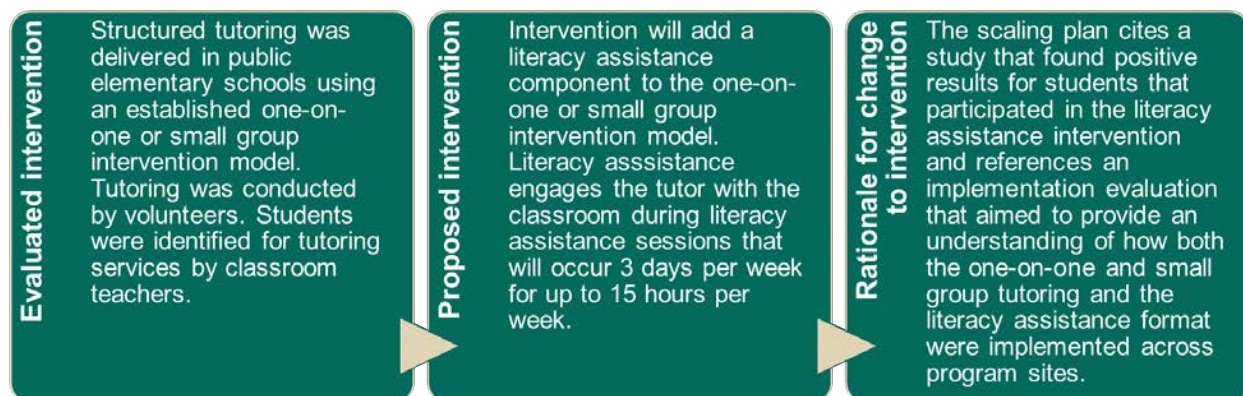
## C. Modification to the intervention core elements and target population

To identify the most effective or core elements of an intervention prior to scaling, interventions are usually developed and tested with a small number of participants (Arthur and Blitz 2000; Gallagher 2001; Harachi et al. 1999; Winter and Szulanski 2001; Wolf et al. 2008). Furthermore, modifying an intervention that is supported by evidence can be an important way to help a new

population or identify new effective core elements. However, intervention modifications can inhibit the intervention's effectiveness (Chen et al. 2013; Stanton et al. 2005). Justifying the differences between the evaluated intervention and the planned intervention suggests that organizations have a specific reason for the change and have anticipated the effect these changes might have on the potential impacts of the intervention. An example of differences in the planned intervention and the evaluated intervention and the justification for such changes is provided in Figure II.2.

In this section, we compare the descriptions of the planned core element dimensions and the target population found in the scaling plans to their descriptions found in the evidence documents.<sup>14</sup> We describe the extent to which organizations provided any description of differences between the scaling plans and evidence document (that is, limited or full details) and full description of differences.

**Figure II.2. Example of differences in planned and evaluated interventions and rationale for change**

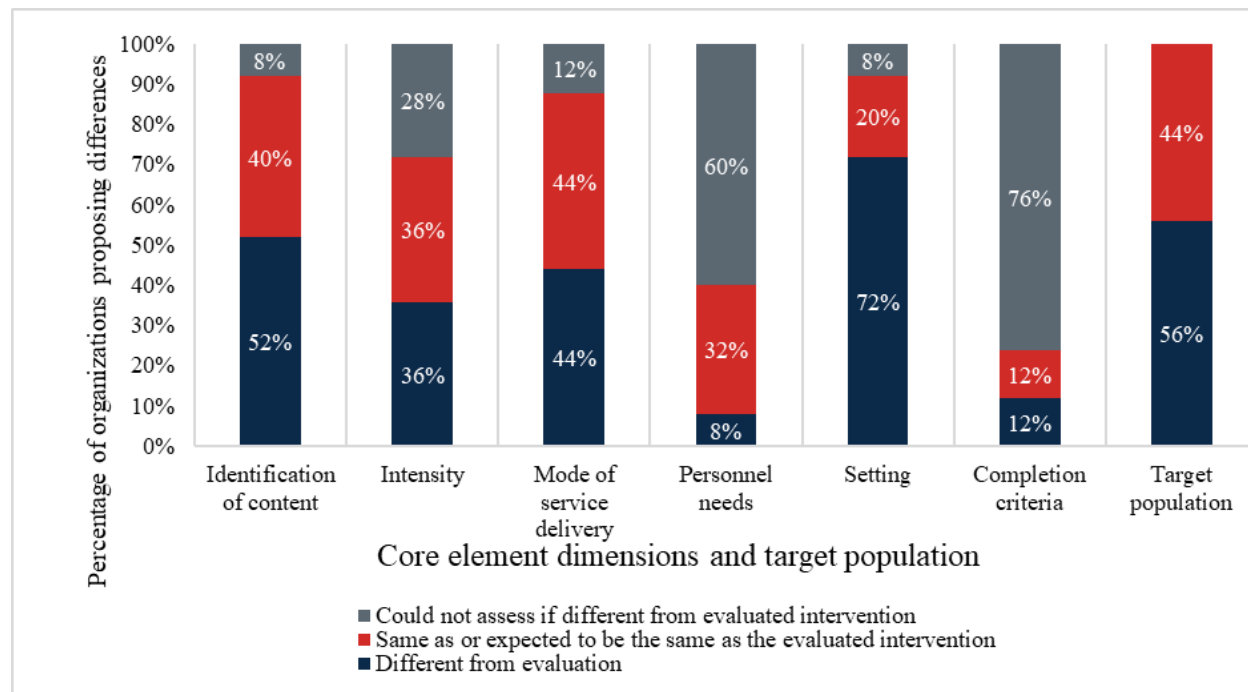


The results indicate that organizations described differences in the setting for services, the population to be served, the content of the intervention, and the way the intervention would be delivered in their scaled intervention. They did not describe as many differences in the intensity of services offered (Figure II.3). In most cases, we could not assess differences in personnel needs and definition of intervention completion because more than half of the organizations did not describe changes to these elements. Seventy-two percent of organizations described an implementation setting in the scaling plan that differed from the implementation setting described in the evidence documents. The next most common differences were in the target population and the planned and evaluated content of the core elements, described by 56 percent and 52 percent of organizations, respectively. Forty-four percent of the organizations planned a

<sup>14</sup> In some instances, we could not assess if a difference existed between the planned intervention and the evaluated intervention because the evidence documents or the scaling plans did not describe all core element dimensions. We indicate these scenarios in Figure II.3. When a difference could be expected and both the scaling plans and evidence documents describe the core element, we present the percentages of organizations in which the description does and does not differ.

mode of delivery that differed from the description of the delivery mode in the evidence documents.

**Figure II.3. Percentage of organizations that planned core element dimensions and target population that differed from those in the evaluated interventions**



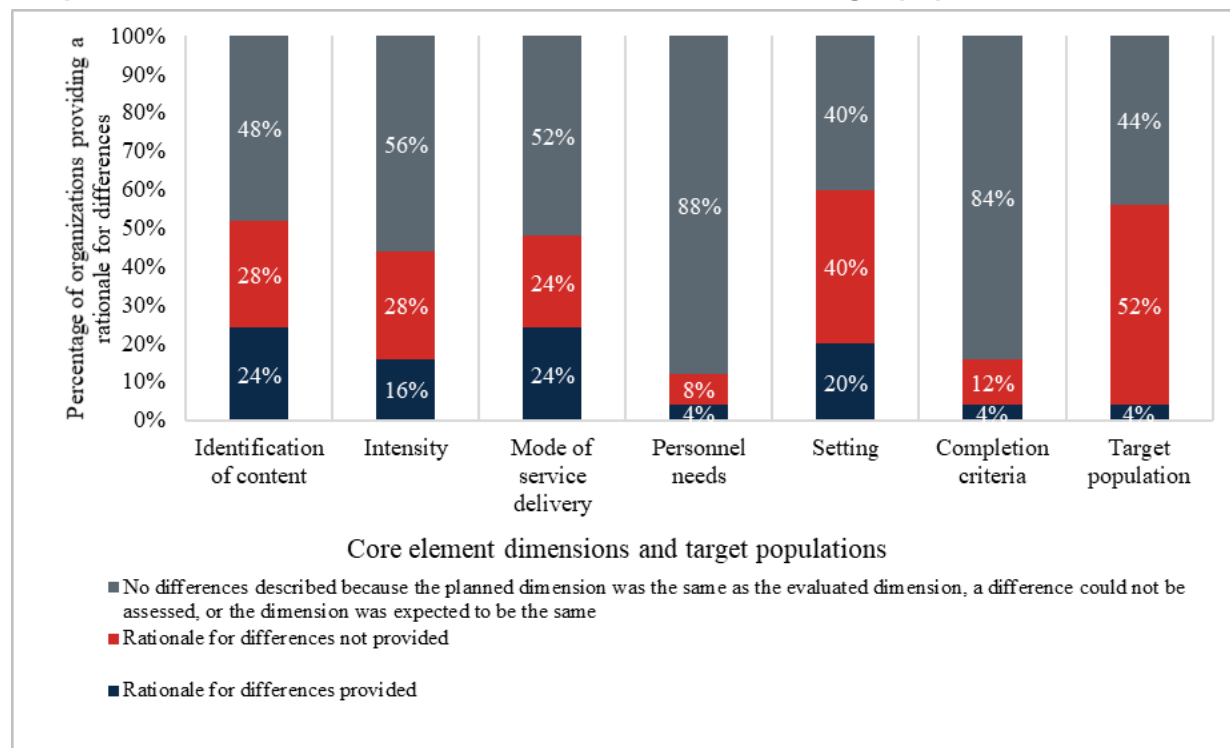
Note: The analysis includes 25 organizations. See Figure II.1 note for additional information on the organizations. The “Same as or expected to be the same as the evaluated intervention” bar segments combine (1) instances in which we would not expect differences between the evaluated intervention and the planned intervention due to the plan for expanding and/or replicating the intervention with (2) instances in which the planned core elements described in the scaling plan were the same as evaluated core elements described in the evidence document. Results for a given core element dimension may not add to 100 percent due to rounding.

Figure II.4 presents findings about the rationale provided for the differences described in the scaling plans. In this figure, the middle and bottom bar segments show, among those organizations for which differences were described, the percentage of organizations that provided a rationale for differences (bottom) and did not provide a rationale for differences (middle). The top bar segments show those organizations that did not provide a rationale because a) the description of the core element dimension was the same in the scaling plan and evidence document, b) differences in the planned and evaluated core element dimension could not be assessed because either the scaling plan or the evaluation did not describe the element at all, or c) the planned core element dimensions did not differ from the evaluated core element dimensions because of the proposed scaling approach (that is, if the organization proposed to replicate an intervention, the target population would not be expected to change).<sup>15</sup> The percentage of

<sup>15</sup> The top bar segments in Figure II.4 equal the total of the top and middle bar segments in Figure II.3 for identification of content through workforce needs and completion criteria, and they equal the top bar segments in Figure II.3 for setting and target population.

organizations that justified differences in the core element dimensions or target population ranged from 4 percent for definition of completion, target population, and personnel needs to 24 percent for identification of content and mode of service delivery.

**Figure II.4. Percentage of organizations that provided rationale for differences between the planned and evaluated core element dimensions and target population**



Note: The analysis includes 25 organizations. See Figure II.1 note for additional information on organizations.

When we examine the percentage of organizations that described differences, looking only at those for which a difference existed (that is, when we examine the breakdown between the middle and bottom portions of the bars and ignore the top portion), descriptions of differences in core element dimensions and target population varied across dimensions. Of those organizations in which differences were described, 33 percent to 50 percent of organizations justified the identification of content (46 percent), intensity (36 percent), mode of service delivery (50 percent), setting (33 percent), and personnel needs (33 percent). This suggests that differences in intervention content and mode were the most likely to be purposeful deviations from the intervention model. Differences in completion criteria were described by only four organizations, only one of which provided a rationale for the differences. Given these small numbers, patterns of rationale for this dimension are not very telling. Fourteen organizations described differences in the target population, but only one of those (7 percent) provided a rationale for those changes. Overall, these results could call into question the purposefulness of some of the changes and the implications of the changes on fidelity to the models and anticipated intervention impacts. It is important to note that before 2019, AmeriCorps State and National did not require organizations to provide a rationale for differences between the evaluated and proposed interventions for

scaling, and thus, a lack of description may reflect the reporting requirements more so than the purposefulness of the changes proposed (see Appendix A for more discussion of changes in reporting requirements over time).

## D. Implementation supports

Although organizations often rely on informal ways of supporting implementation, such as informal mentoring for personnel, having formal procedures to support scaling helps to ensure sustained fidelity to the model as time goes on (Fixsen et al. 2005). As mentioned previously, we broke down the measure of each of the six supports into two subcomponents. For three supports, we captured both the presence of the implementation support and the procedures for implementing the support. Categorizing the specificity of both subcomponents provides a richer description of each implementation support. For example, a full description of performance procedures will include a definition of the performance benchmarks as well as a description of the procedures used to assess progress on those benchmarks. For the other three supports, we broke out the separate activities related to the support. For example, we broke out training for personnel to capture preservice training and ongoing training separately. Formal implementation supports include the following:

- **An implementation monitoring team:** (1) A team of people who monitor implementation and (2) procedures the team follows to ensure implementation fidelity.
- **Performance procedures:** (1) Benchmarks that service providers must meet to ensure that the intervention is delivered as designed and (2) procedures for monitoring those benchmarks.
- **Continuous quality improvement (CQI) processes:** (1) Identification, description, and communication of challenges during implementation and implementation of strategies to address challenges in order to continually improve the program and (2) use of data to support the CQI process.
- **Personnel training requirements:** (1) Specification of training that personnel need to receive prior to implementation (preservice) to ensure personnel have the up-front skills needed to begin delivering services and (2) specification of ongoing training (inservice) to ensure that personnel will continue to acquire new or different knowledge, skills, and abilities to improve and enhance service delivery over time. Training includes training for supervisors to ensure that supervisors can provide effective training to those providing direct services.
- **Communication system supports among personnel and partners:** (1) Procedures for regular, formal communication to ensure that communication continues as implementation of the intervention becomes more complex, such as during expansion of personnel or diversifying roles, and (2) procedures for obtaining feedback that the communication system functions as intended.



- **Data systems:** (1) Tracking, measurement, and storage of information about intervention implementation that is used to make decisions relevant to maintain fidelity to the model and (2) procedures for ensuring data quality.

Although each support on its own is important to maintaining fidelity, in some instances the combination of formal implementation supports is also important. For example, to identify implementation challenges, an implementation monitoring team may use data maintained in the data system to track performance. Organizations may use this information to improve the intervention's processes, maintaining or bolstering fidelity on an ongoing basis (U.S. Health and Human Services 2016). Moreover, having a robust communication system supports the ability to address implementation challenges and for the intervention to be strengthened and improved continually (Nord and Tucker 1987).

We found that all organizations provided at least some detail about performance procedures and 96 percent of organizations provided at least some detail about training requirements. The majority of organizations provided some description of the communication system (92 percent), implementation monitoring team (84 percent), and data systems (80 percent). Sixty-eight percent of organizations described CQI processes (Figure II.5). When we analyzed each subcomponent of implementation support, we found similar patterns. More organizations described the subcomponents of implementation monitoring, performance procedures, personnel training, data systems, and communication systems; fewer organizations described the subcomponents of CQI. The most frequently specified subcomponent of implementation support was the existence of performance benchmarks (96 percent of organizations provided a full or limited description), and

### Examples of two implementation supports

#### United Way of Iowa – Iowa Reading Corps

**Implementation monitoring team:** The program utilizes a multilayered supervisory structure that includes internal coaches, master coaches, and program managers. Each position has a clearly defined role that contributes to program fidelity, including supervision and support to members and provision of ongoing coaching in day-to-day service and school settings, review of student progress and fidelity, and oversight to support program implementation. Implementation monitoring procedures include nine hours of supervision each month using checklists explicitly tied to intervention core elements, monthly site visits, and review of program data.

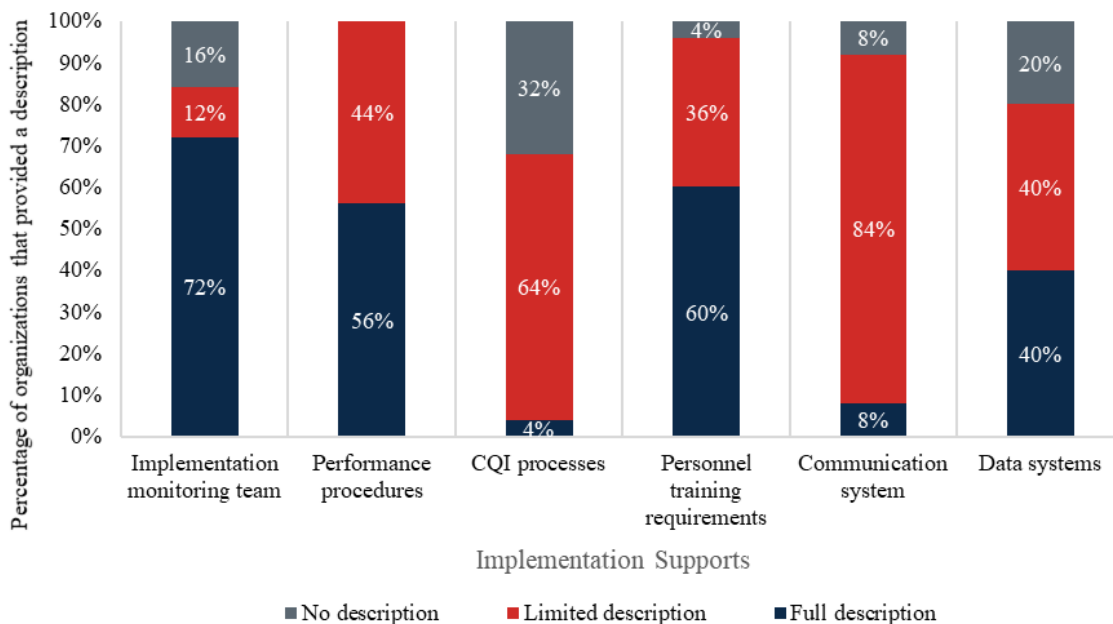
#### Personnel training requirements:

AmeriCorps members serving as tutors will receive initial and ongoing training. Preservice training for AmeriCorps members will include information on (1) AmeriCorps 101, (2) program expectations (including prohibited activities), (3) the literacy needs, (4) the fundamentals of evidence-based reading instruction, (5) student confidentiality, and (6) the tutoring model. Tutors will also receive an on-site orientation from their internal coach and participate in two additional days of literacy content training during the year. Tutors are coached each month in effective practices from master literacy coaches and meet regularly with internal coaches to further develop their skill set. Finally, tutors participate in AmeriCorps-specific trainings and member development trainings throughout the school year to develop professional skills and create team spirit and camaraderie within the program.

the least specified subcomponent was the presence of a communication system monitoring plan (12 percent of organizations provided a full or limited description) (results not shown).

These results generally align with what organizations were expected by AmeriCorps to describe in their scaling plans. For instance, organizations provided a great deal of specification of personnel training and performance procedures, both of which are required for specification by AmeriCorps. Also, for components that were not required to be specified, like in the case of CQI procedures, we saw very little specification of this component by organizations. However, in some cases, organizations lacked specification of components that were expected to be specified, such as data systems and an implementation monitoring team. As our framework includes implementation supports that implementation science research has documented as critical to successful implementation, AmeriCorps may want to request more details of how organizations will support implementation in practice. Moreover, for those components that are AmeriCorps requirements but organizations did not specify, AmeriCorps may want to provide more detailed guidance to organizations on how to specify these components.

**Figure II.5. Percentage of organizations that provided a full, a limited, or no description of each implementation support**



Note: The analysis includes 25 organizations. See Figure II.1 note for additional information on organizations.

CQI = continuous quality improvement.

We found that 48 percent of organizations provided a limited or full specification of all six implementation supports (results not shown). Another 28 percent did so for five of the six implementation supports. When calculating only organizations that provided a full description of implementation supports, none fully specified all six implementation supports and only 12 percent fully specified five of the six implementation supports.

### III. KEY FINDINGS ON ORGANIZATIONAL READINESS

In this chapter, we provide detail on the two organizational readiness conditions—an enabling context and an implementation infrastructure—and assess how well the 25 AmeriCorps organizations included in the analysis specified the conditions in their scaling plans. As discussed in Chapter I, we assessed whether the organizations provided a full, a limited, or no specification of each component within the organizational readiness conditions.<sup>16</sup> We also present overall results for each condition based on how many components of the condition each organization described.

#### Key findings

- **Enabling context.** Twelve percent of organizations specified all three components of enabling context in at least a limited way. Organizations were more likely to describe support from organization leadership, stakeholders, and partners and least likely to describe encountering past implementation challenges.
- **Implementation infrastructure.** Thirty-six percent of organizations provided in their scaling plans at least some description of financial resources, intervention materials, sufficient personnel, physical space, and human resource management systems. Organizations' scaling plans most often lacked a description of intervention materials. Financial resources and personnel for the intervention were most frequently described.

#### A. Enabling context

Organizations that support innovation, learning, and improvement and are able to overcome implementation challenges have an implementation context that will help enable them to effectively scale an intervention. Successful scaling requires support from organizational and partner agency leadership for the scaling effort during either the planning or implementation phase. Organizations that have previous experience with program innovation and learning during either phase can apply those experiences to improve upon the intervention and how it is delivered to facilitate its successful scaling (National Implementation Research Network n.d.). An organization that can support learning and improve its systems is better equipped to support innovations and to implement interventions as designed (or with improvements) to produce desired outcomes. Additionally, organizations that have experienced and successfully addressed implementation challenges in the past might be more likely than other organizations to be able to address issues that arise when implementing the scaled intervention. Specifically, describing experience in addressing challenges signifies that the organization has (1) mechanisms in place for identifying challenges, (2) the ability to develop strategies to overcome challenges, and (3) a

<sup>16</sup> Results of all analyses should be interpreted with the understanding that it is possible that organizations have unreported details for scaling that might demonstrate a higher degree of intervention and organizational readiness for scaling than what is detectable through the review of their scaling plans.

track record implementing similar types of strategies successfully. Taken together, these experiences indicate that an organization can assess whether implementation is occurring as planned and change procedures to improve the likelihood of successful intervention scaling. Moreover, organizations can use past experiences overcoming challenges to develop procedures and train personnel to avoid similar challenges.

Figure III.1 shows the percentage of AmeriCorps organizations that described each of the three components of enabling context. The first component is represented by the percentage of organizations that described support for the scaled intervention from organizational leadership and/or partner agency leadership. The second component is represented by the percentage of organizations that described experience with innovation and learning. The third component is presented in two ways: the percentage of organizations that described encountering past implementation challenges, and the percentage of organizations that described their approach to addressing those challenges. By definition, the issue of whether an organization addressed past implementation challenges is not relevant for organizations that did not describe any past implementation challenges. Thus, the black horizontal line in Figure III.1 separates these organizations from the organizations that described past challenges and, therefore, might have described how they addressed such challenges.

Overall, every organization described support from organization leaders and partner agency leaders, with 84 percent providing a full description. These results align with the AmeriCorps reporting requirements in which organizations were asked to describe organizational and partner support for implementation. Sixty-eight percent of

### Examples of an enabling context

#### Organizational and partner agency leadership support for scaling

**Birth and Beyond Program.** The Child Abuse Prevention Council (CAPC) has implemented evidence-based programs for 40 years. CAPC sees AmeriCorps as critical to its mission as demonstrated by receipt of AmeriCorps State and National funds for 14 years. Community engagement is a core Birth and Beyond program value. Leadership is shared at all levels of staff and community. There are monthly meetings of partner agency staff, members, and parent leaders to exchange best practices and standardization of services across the partner agencies.

#### Past experience with innovation and learning

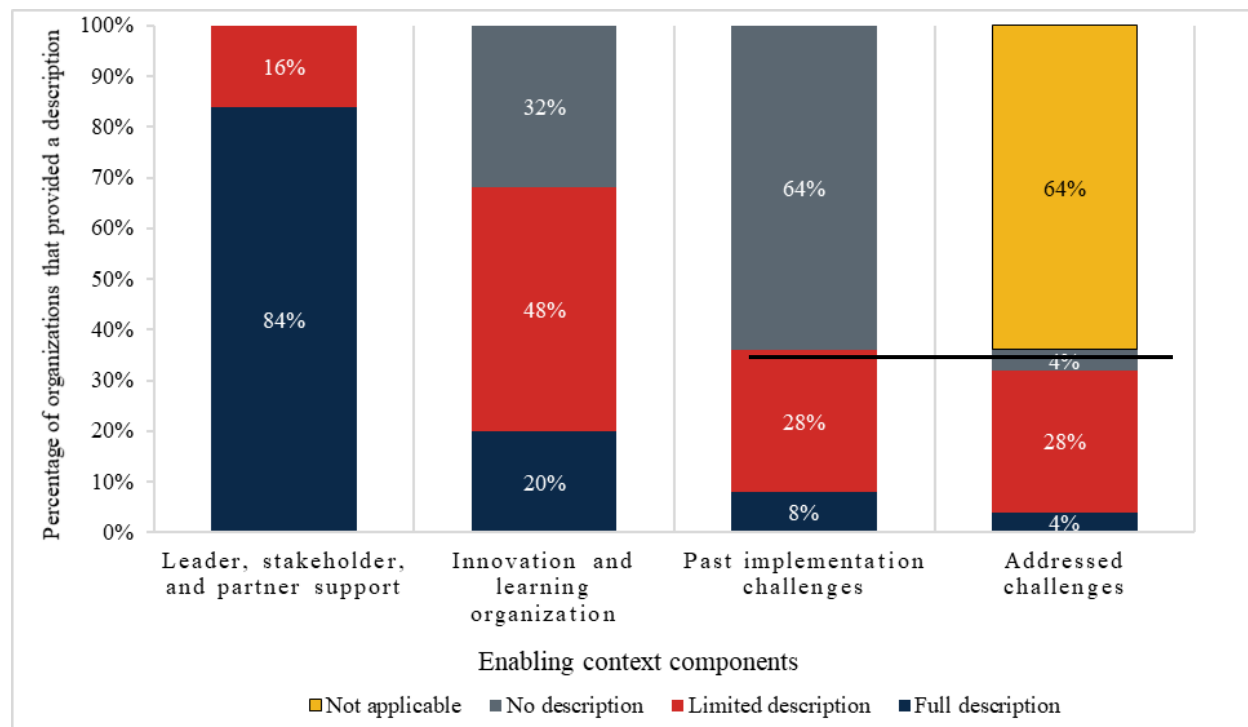
**Minnesota Reading Corps Pre-K Program.** The organization runs an Innovation Center that uses a continuous improvement process to develop and field test interventions, analyze data, and modify and scale the interventions. The organization previously modified the intervention to serve more students, increase dosage, and broaden the scope of the intervention for the youngest grade level. Based on the results of a pilot of the changes, the organization planned to permanently incorporate them into the intervention.

#### Past experience addressing implementation challenges

**North State Rural Assets Project.** One organization described challenges retaining AmeriCorps members who deliver intervention services. The organization described several strategies it has used to increase retention, including more thoroughly recruiting and screening members, offering more training for members, providing more support to sites and members, and recognizing members' contributions and accomplishments more consistently and

organizations provided at least some description of experiences with innovation and learning, and 20 percent provided a full description. Thirty-six percent provided at least some description of encountering past implementation challenges, and 8 percent provided a full description. Of the 9 organizations (of 25) that described past challenges, all but one described their approach to addressing those challenges. It is possible that the other 16 organizations did not encounter prior implementation challenges and, therefore, did not have anything to describe in their scaling plan; however, it is also possible that they encountered challenges but did not discuss them in their scaling plan. Additionally, AmeriCorps State and National organizations were not required to describe implementation challenges and approaches for handling challenges in their scaling plans. Regardless, these scaling plans lacked supporting evidence that these organizations had experience with addressing challenges when implementing interventions.

**Figure III.1. Percentage of organizations that provided a full, a limited, or no description of each component of an enabling context**



Note: The analysis includes 25 organizations. See Figure II.1 note for additional information on organizations. By definition, the question about addressing past implementation challenges is not applicable for organizations that did not describe any past implementation challenges. The black horizontal line separates these organizations from the organizations that described past challenges and which, therefore, might have described how they addressed such challenges.

Looking across the enabling context condition, 12 percent of organizations provided at least a limited description of organizational and partner leadership support, their experiences with innovation and learning, and implementation challenges (results not shown).<sup>17</sup> A majority (76

<sup>17</sup> To count whether the organization described the third component, we used the result for whether the organization described its approach to addressing past challenges, not the result for whether the organization described encountering past challenges.

percent) of organizations described two of these three components in at least a limited way, and the remaining 12 percent of the organizations described one component in at least a limited way.

## B. Implementation infrastructure

From our review of implementation science literature, we identified several components of an implementation infrastructure that ensure sufficient resources for service delivery.

- **Resources.** Organizations that ensure the availability of resources before implementation begins can develop and put into place any needed space, equipment, and other supports (Metz and Albers 2014). Implementing the intervention may require certain resources, so securing them beforehand is important for implementing with fidelity to the model, instead of having to alter the model because necessary resources are missing. Three types of resources are important components to an organization’s implementation infrastructure:
  1. **Financial resources.** Organizations need financial resources to pay the costs of implementing the intervention. These include costs of service providers and supervisors (such as salaries, wages, or benefits); costs for intervention activities (such as advertising to recruit participants); and costs of infrastructure (such as rent for the physical space where the intervention will be implemented). In addition to AmeriCorps grants, organizations may obtain financial resources from other government grants, donations from philanthropic organizations and individuals, or fees charged for services.
  2. **Materials.** The interventions may require producing materials for service providers (such as training manuals or implementation guides) or for participants (such as workbooks or supplies for activities). Producing or acquiring these resources is necessary for delivering the intervention to participants as it was designed.
  3. **Physical space.** The interventions may require specific space for delivering the intervention (such as classrooms or space for one-on-one tutoring). Obtaining the space for delivering the intervention to participants is necessary for fidelity to the program model.
- **Sufficient personnel.** Having a plan for identifying and selecting individuals who have the necessary qualifications to provide services can influence whether personnel can deliver the intervention as intended (Fixsen et al. 2005; Metz and Albers 2014). For example, without adequate personnel, an organization and its partners might not be able to implement an intervention with the planned dosage and duration or even implement it in the first place.
- **Human resource system.** Human resource systems are critical because they typically oversee three key implementation functions—hiring, training, and ongoing supervision of personnel (National Implementation Research Network n.d.). An organization’s scaling efforts can be hindered without adequate human resource management to coordinate and perform these functions. For example, without such a system, the burden to train and hire

personnel may fall to other personnel, reducing their availability to deliver services directly. Having in place a human resource system can reduce this burden and other risks.

All organizations described financial resources, and 92 percent of organizations described the personnel for the intervention at least to some extent (Figure III.2). A majority of organizations described these components with full details (56 percent for financial resources and 52 percent for a sufficient personnel). Seventy-two percent also mentioned a human resource management system; 16 percent described it fully. Materials were the least-described component, as 40 percent of organizations mentioned them and 4 percent provided a full description. These results suggest that all or almost all the organizations had at least some plans for how the intervention would be funded and the personnel who would deliver it. However, many scaling plans did not demonstrate that the organizations had plans for securing the materials or space needed to implement the intervention with fidelity.

These findings mostly align with AmeriCorps reporting requirements, but with some divergence. AmeriCorps requires both State and National and SIF organizations to specify funding and personnel for scaling and for the most part, organizations provide the required information. However, we found that in other cases, organizations did not describe what is required for specification, such as program materials and space for implementation. Conversely, although AmeriCorps does not require a description of the human resource system, many organizations did describe having a human resource system. One potential explanation for the trends we observed is that materials and physical space may be easier to overlook when describing an implementation plan, compared to funding or having sufficient personnel to deliver services, especially if organizations assume they can develop or purchase materials easily using available funds or know they already have access to space needed. Additionally, the human resource system may be well specified by organizations because specification of a human resource system would be related to supporting the organization's

### Example of an implementation infrastructure

#### Colorado Parent & Child Foundation: HIPPY

##### Resources:

*Financial resources.* The planned AmeriCorps State and National funding represents only part of the overall intervention budget. The remaining funds come from a broad base of supporting organizations, including other federal programs, a local school district, private foundations, and charitable organizations.

*Materials.* The intervention curricula for each targeted age group contains weekly activity packets, storybooks for each year, and a set of manipulative shapes. These materials and the rest of the curriculum are designed to support school readiness.

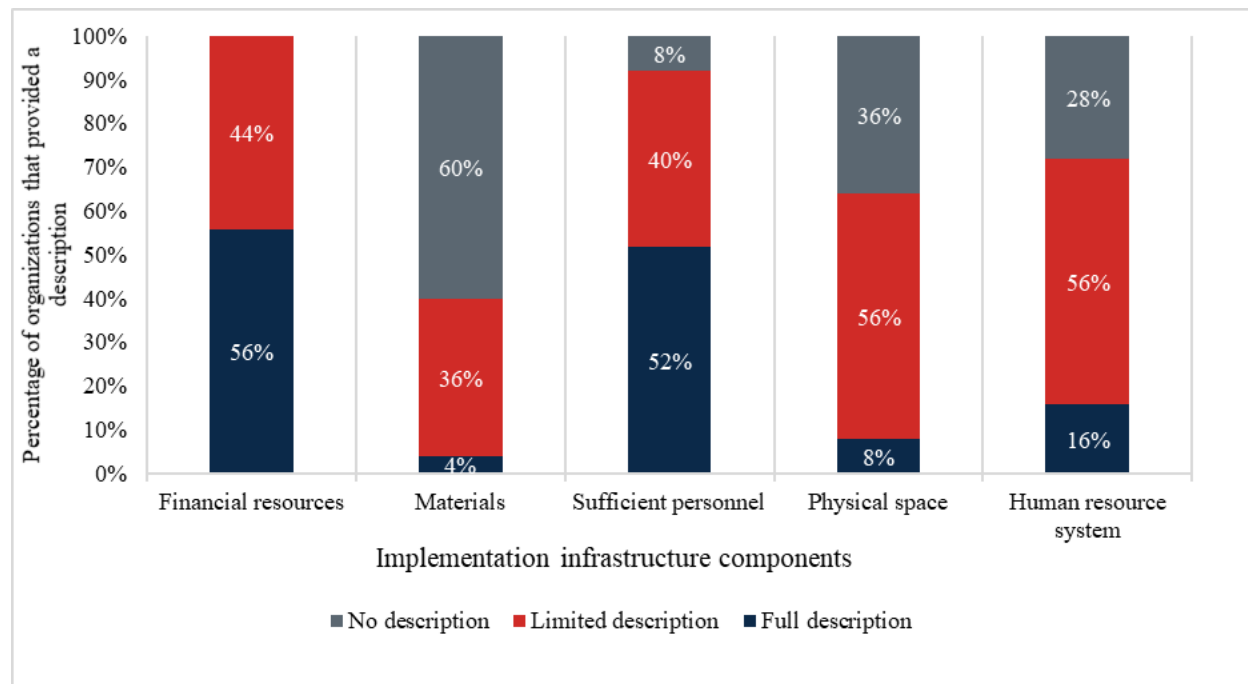
*Physical space.* The organization specifies that the services are delivered at the participant's home.

**Sufficient personnel:** Intervention services are primarily provided by home visitors, who are AmeriCorps members. At each site, an intervention coordinator oversees the home visitors. Senior organization staff overseeing the intervention include an executive director, deputy director, program officer, federal home visiting program manager, and an accountant/finance manager.

**Human resource system:** The organization recruits parents who previously participated in the intervention to be home visitors. The organization also ensures—through initial training as well as ongoing training and guidance—that each intervention coordinator thoroughly understands the priorities, rules, and regulations of the intervention and AmeriCorps.

ability to recruit, monitor, and support AmeriCorps participants, which AmeriCorps State and National requires for specification.

**Figure III.2. Percentage of organizations that provided a full, a limited, or no description of each implementation infrastructure component**



Note: The analysis includes 25 organizations. See Figure II.1 note for additional information on organizations.

Thirty-six percent of organizations described all five components in either full or limited detail (results not shown). This indicates that almost all the organizations that described intervention materials (the least-specified component) also described the other four components. Another 24 percent of organizations described four of the five implementation infrastructure components, 16 percent described three components, 20 percent described two components, and the remaining 4 percent described one component. Although no organization fully described all five components of its implementation infrastructure, 4 percent of organizations provided a limited description of all five components and another 4 percent provided full descriptions for four components.



## IV. OVERALL READINESS FOR SCALING

### Key findings

- **Overall scaling readiness.** Using the scaling readiness framework developed for this study, we found that 32 percent of organizations provided at least some description of all three intervention readiness conditions; 4 percent of organizations provided at least some description of both organizational readiness conditions; and no organization provided at least some description of all five conditions of scaling readiness.
- **Scaling readiness by AmeriCorps requirements.** When examining scaling readiness based on an assessment of those elements of our framework that align with AmeriCorps reporting requirements, we found that demonstration of scaling readiness increases. With a revised definition of scaling readiness, we found that 40 percent of all organizations specify all three conditions of intervention readiness, 36 percent of all organizations specify both conditions of organizational readiness, and 24 percent of all organizations provide some description of all five conditions of scaling readiness.

Chapters II and III of this report presented findings about whether organizations described in their scaling plans the three conditions for intervention readiness and the two conditions of organizational readiness, according to the criteria laid out in our framework for scaling readiness. This chapter examines the readiness of interventions with evidence of effectiveness for scaling by presenting a holistic assessment of both intervention and organizational scaling readiness. We also examine scaling readiness by conducting an assessment based only on those conditions required by AmeriCorps for specification in the scaling plans. We report findings of overall intervention and organizational readiness for scaling separately and then examine overall scaling readiness. We conclude by discussing recommendations for consideration by AmeriCorps or other potential funders in light of the findings from this analysis.

### A. Scaling readiness based on scaling readiness framework

#### 1. Intervention readiness

As discussed in Chapter II, 56 percent of organizations provided a full or limited description of the intervention core element dimensions, 100 percent of organizations had a full or limited description of the target population, and 48 percent of organizations provided a full or limited description of all implementation supports.<sup>18</sup> Looking across these three intervention readiness

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<sup>18</sup> We define a well-specified intervention as having a full or limited description of all five dimensions (identification of content, intensity, mode of service delivery, workforce needs, and setting) and of criteria for completion. We consider a well-defined target population as having a full or limited description of the target population, including inclusion or exclusion criteria. We define having implementation supports as having a full or limited description of all six implementation supports (an implementation monitoring team, performance procedures, continuous quality improvement processes, workforce training requirements, communication system supports among workforce and partners, and data systems).

conditions, 32 percent of organizations provided a full or limited description for all conditions of intervention readiness (Table IV.1). Ten organizations specified only two of the three intervention readiness conditions in at least a limited way: six specified core elements and the target population and four specified implementation supports and target population. Of the organizations that described only one condition in at least a limited way, the condition described was the target population. Restricting the analysis to a narrower standard of readiness, including only those organizations that provide full descriptions, we found that no organization provided a full description of all three intervention readiness conditions (results not shown).

**Table IV.1. Description of intervention readiness conditions**

	Described all three intervention readiness conditions	Described two of the three conditions only			Described one condition only			Did not describe any intervention readiness conditions
		Intervention core elements and target population	Intervention core elements and implementation supports	Implementation supports and target population	Intervention core elements	Target population	Implementation supports	
Percentage of organizations	32%	24%	0%	16%	0%	28%	0%	0%

Note: The analysis includes 25 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organizations.

## 2. Organizational readiness

As described in Chapter III, 12 percent of organizations provided a full or limited description of the enabling context, and 36 percent of organizations provided a full or limited description of implementation infrastructure.<sup>19</sup> Looking across the organizational readiness conditions, we found that 4 percent of organizations provided a full or limited description for enabling context and implementation infrastructure (Table IV.2). Although implementation infrastructure was more likely to be described on its own compared to enabling context, more than half of the organizations did not describe either organizational readiness condition. Restricting the analysis to a narrower standard of readiness, including only those organizations that provide full descriptions, we found that no organization fully described both organizational readiness conditions (results not shown).

**Table IV.2. Description of organizational readiness conditions**

	Described both organizational readiness conditions	Described one condition only		Did not describe either organizational readiness condition
		Enabling context	Implementation infrastructure	
Percentage of organizations	4%	8%	32%	56%

Note: The analysis includes 25 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organization.

<sup>19</sup> We consider the enabling context to be well described if the organization provides a full or limited description of all three contextual components (leader, stakeholder, and partner support; experiences with innovation and learning; and addressing implementation challenges). We consider the implementation infrastructure to be well described if the organization provides a full or limited description of all five infrastructure components (financial resources, materials, physical space, sufficient workforce, and a human resource system).

### 3. Overall scaling readiness

Looking across all the scaling readiness conditions, no organizations provided a full or limited description of all the intervention and organizational readiness conditions, 28 percent provided a full or limited description for only the intervention readiness conditions, and 4 percent provided a full or limited description for only the organizational readiness conditions (Table IV.3). Sixty-eight percent of organizations did not describe either type of readiness.

**Table IV.3. Description of all scaling readiness conditions**

	Described all scaling readiness conditions	Described one set of scaling readiness conditions		Did not describe either set of scaling readiness conditions
		Intervention readiness conditions	Organizational readiness conditions	
Percentage of organizations	0%	32%	4%	64%

Note: The analysis includes 25 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organization.

These results indicate that organizations that received AmeriCorps funding to implement interventions with evidence of effectiveness did a better job in their scaling plans of describing their interventions than they did of describing the organizational readiness to support scaling. There are two possible reasons for this pattern. First, scaling plans may provide more information related to the intervention because of the requirements of the plans. The AmeriCorps State and National NOFO emphasizes the importance of information that specifies the components of their interventions rather than implementation supports, though implementation supports are also expected to be described. Second, organizations may have considered what they will implement rather than how they will support implementation. However, to increase the likelihood of successful implementation, organizations must have the infrastructure to support implementation. A strong implementation infrastructure and enabling context are needed to increase the likelihood of successful scaling.

### B. Scaling readiness based on AmeriCorps reporting requirements

As previously discussed, the primary sources of information for this review process were the funding applications AmeriCorps State and National organizations submitted and the scaling plans SIF organizations submitted. For each of the documents, the AmeriCorps funding programs established their own requirements for the information that organizations should report. These reporting requirements did not align perfectly with the scaling readiness framework established for this study; therefore, we examine scaling readiness including only the readiness components and elements that AmeriCorps also requires. Additionally, we examined readiness for the whole sample of organizations as well as a subsample of only AmeriCorps State and National organizations. Eighty percent of the sample are AmeriCorps State and National organizations, thus reporting requirements for AmeriCorps State and National organizations overwhelmingly dictate the content of the data sources examined for this study.

Both AmeriCorps reporting requirements and our scaling framework expect organizations to specify six dimensions of a well-specified intervention. Because of this alignment, our findings reported in Chapter II related to specification of the intervention remain the same for this sub-analysis. We found that 56 percent of all organizations specified all six dimensions of a well-specified intervention. When we restricted the sample to only AmeriCorps State and National organizations, that percentage increased to 65 percent, thus indicating that AmeriCorps State and National organizations provide more specification of these elements compared to SIF organizations, which aligns with the information AmeriCorps State and National requires these organizations to provide in their scaling documents (results not shown). Similar to having a well-specified intervention, AmeriCorps requirements and our scaling framework both expect specification of the target population. Because our main analysis presented in Chapter II found that 100 percent of all organizations specify the target population (Figure II.1), additional analysis of AmeriCorps State and National organizations was not needed (results not shown). When examining organizations’ specification of only those implementation supports required for specification by AmeriCorps (that is, when we removed CQI procedures from our scaling readiness framework), the percentage of all organizations’ specification of implementation supports increased from 48 percent (reported in Chapter II) to 64 percent. When we included only AmeriCorps State and National organizations, the percentage increased to 70 percent (results not shown). Thus, we found that when the implementation supports dimensions are restricted, we see better specification of the implementation supports component, but there still remains several organizations that do not provide specification of all implementation support dimensions. When looking across the intervention readiness condition and examining only those elements required by AmeriCorps, the percentage of organizations that specified all the conditions of intervention readiness for scaling increased from 32 percent to 40 percent of all organizations and 45 percent of AmeriCorps State and National organizations (Table IV.4).

**Table IV.4. Intervention readiness using AmeriCorps reporting requirements**

	Described all three intervention readiness conditions	Described two of the three conditions only			Described one condition only			Did not describe any intervention readiness conditions
		Intervention core elements and target population	Intervention core elements and implementation supports	Implementation supports and target population	Intervention core elements	Target population	Implementation supports	
Percentage of all organizations (n = 25)	40%	16%	0%	24%	0%	20%	0%	0%
Percentage AmeriCorps State and National organizations (n = 20)	45%	20%	0%	25%	0%	10%	0%	0%

AmeriCorps did not require organizations to provide the same level of specification of items that our model identifies as central to demonstrating organizational readiness for scaling. Using our model and as described in Chapter III, we found that 12 percent of organizations provided specification of enabling context components. Including only those components that align with the AmeriCorps requirements, we found that specification of enabling context increased to 100 percent of all organizations. That is, all organizations described their support for implementation of the proposed intervention. However, when comparing specification of implementation infrastructure as defined by our model to the AmeriCorps requirements, we found that under

both definitions, 36 percent of all organizations specified all components of the implementation infrastructure, though this increased to 45 percent when including only AmeriCorps State and National organizations (Table IV.5). This is expected, as nearly three-quarters of all organizations provided a specification of a human resource system even though it was not required by AmeriCorps. Thus, removing this element of implementation infrastructure did not change the overall specification of the component. Overall, when examining specification of organizational readiness using only those components and elements required by AmeriCorps, we found that specification of both organizational readiness conditions increased from 4 percent of all organizations to 36 percent of all organization and 45 percent of AmeriCorps State and National organizations.

**Table IV.5. Organizational readiness using AmeriCorps reporting requirements**

	Described both organizational readiness conditions	Described one condition only		Did not describe either organizational readiness condition
		Enabling context	Implementation infrastructure	
Percentage of all organizations (n = 25)	36%	64%	0%	0%
Percentage AmeriCorps State and National organizations (n = 20)	45%	55%	0%	0%

Finally, when examining overall scaling readiness by those components and elements required for specification by AmeriCorps, we found that 24 percent of organizations specified all scaling readiness conditions, 16 percent provided a description of only the intervention readiness conditions, and another 12 percent provided a description of only the organizational readiness conditions (Table IV.6). These percentages increased slightly when including only AmeriCorps State and National organizations; 30 percent of State and National organizations described all scaling readiness conditions, while 15 percent described only the intervention readiness conditions and another 15 percent provided a description of only the organizational readiness conditions (Table IV.6). This is a dramatic increase from the overall scaling readiness demonstrated when using our framework for scaling readiness. This analysis supports our original hypothesis that findings of scaling readiness may be indicative of the information AmeriCorps required organizations to provide.

**Table IV.6. Overall scaling readiness using AmeriCorps reporting requirements**

	Described all scaling readiness conditions	Described one set of scaling readiness conditions		Did not describe either set of scaling readiness conditions
		Intervention readiness conditions	Organizational readiness conditions	
Percentage of all organizations (n = 25)	24%	16%	12%	48%
Percentage AmeriCorps State and National organizations (n = 20)	30%	15%	15%	40%

## C. Conclusion

AmeriCorps aims to fund evidence-based models that are ready for scaling. Through this project, we have assessed the degree to which AmeriCorps State and National and SIF organizations have demonstrated that readiness. The analysis of scaling readiness identified those areas in which organizations specified critical scaling readiness components as well as those areas that would have benefited from more detail. Our sub-analysis of scaling readiness components that align with AmeriCorps reporting requirements supports the hypothesis that organizations will provide the information they are required to. With such information, AmeriCorps can make important decisions about future funding requests, such as what scaling components organizations should be asked to describe more completely in order to assess scaling readiness.

The framework developed to guide this assessment is applicable to understanding scaling readiness for other organizations beyond AmeriCorps. Reviewing applications for funding based on the level of evidence provided for the proposed intervention, the readiness of that intervention, and the applicants' organizational readiness for scaling will foster more successful scaling efforts and more efficient use of funds. The findings of this project provided important information to AmeriCorps on how to approach its application guidelines to obtain the highest level of information relevant for successful scaling. Funders and grant makers can use the scaling framework to inform their reporting requirements, such that their requirements will align to the different conditions that organizations should speak to demonstrate their readiness to scale. Additionally, our study finds that even among those conditions related to scaling that AmeriCorps organizations were already asked to report, some areas that would have benefited from more detail. Thus, our framework can help funders provide more guidance on the details they are looking for. In the end, aligning reporting requirements with the conditions specified in our framework may foster more successful scaling efforts and more efficient use of funds.

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**APPENDIX A:**  
**SCALING PLAN REVIEW PROCESS**

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This appendix describes the review rubric and process that Mathematica used for extracting information on the characteristics of the 25 organizations and their interventions with evidence of effectiveness that were included in the analysis, as described in the organizations' scaling plans. Here we describe the scaling plans that we reviewed, our rationale for the unit of analysis, and our method for reviewing and analyzing the plans. We also include the rubric used to extract information related to scaling readiness.

## A. Documents for review

AmeriCorps required applicants to submit different types of documents to plan for implementation of an intervention based on whether the request for funding was through the AmeriCorps State and National program or the SIF program. In 2015 through 2019, those applying for AmeriCorps State and National funding submitted applications that explained the rationale and approach for their planned interventions, a plan for supervising AmeriCorps members, organizational capacity to provide the intervention, and other details of their planned implementation approach. We used this application as the scaling plan for these applicants, although not all the organizations in the analysis were planning to scale the interventions. The reporting requirements established by AmeriCorps aligned with the scaling readiness framework developed for this study in many ways but also differed in some important ways (see Table A.1). In 2010 through 2015, SIF organizations were required to submit scaling plans that described their approach for scaling, their growth goals and indicators, the actions required to achieve their growth goals, and a monitoring plan. Table A.2 shows the extent to which the growth plan reporting requirements aligned with our scaling readiness framework. Although many AmeriCorps State and National and SIF organizations might not characterize their funding applications as scaling plans, we use that terminology for ease in exposition. We use these documents as the primary information source for our review.

AmeriCorps also required applicants to submit documents, typically research reports or journal articles, which provided evidence that the interventions they planned to implement were effective.<sup>20</sup> Although these evidence documents were not the primary source of information for our review, we did use them specifically to determine how the planned interventions differed from the interventions with evidence of effectiveness.

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<sup>20</sup> Both AmeriCorps State and National and SIF have tiered-evidence frameworks to rate the quality of evidence submitted to them. Evidence ratings are assigned at the organization level only for AmeriCorps State and National organizations and at either the SIF organization or suborganization level, depending on which entity is implementing a SIF-funded intervention. Organizations can submit multiple evidence documents for their one intervention or multiple interventions that they are seeking to implement with AmeriCorps funding. The evidence rating is based upon the evidence document(s) deemed as having the most rigorous study design. The evidence rating was assigned by a third-party evaluator. See Richman and Streke (2020) for additional details on the evidence of effectiveness and documents submitted by organizations.

**Table A.1. Alignment of scaling readiness framework and AmeriCorps State and National 2019 NOFO narrative application requirements**

Scaling readiness framework	Program design					Organizational capacity				Does scaling readiness framework component align to NOFO requirements?
	Theory of change and logic model	Performance measures (from application narrative attachment)	Evidence base	Notice priority	Member experience	Org. background and staffing	Compliance and accountability	Culture that values learning	Member supervision	
<b>Intervention readiness</b>										
<b>Well-specified intervention</b>										
Content	X		X	X						Yes
Delivery	X	X	X							Yes
Intensity	X	X	X							Yes
Personnel	X		X		X	X				Yes
Setting	X		X							Yes
Completion		X								Yes
Well-specified target population	X		X							Yes
<b>Implementation supports</b>										
Implementation monitoring	X					X			X	Yes
Performance benchmarks	X	X							X	Yes
CQI										No
Training					X					Yes
Communication plan									X	Yes
Data systems								X		Yes
<b>Enabling context</b>										
Support for implementation						X				Yes
Prior implementation experience										No
Prior implementation challenges										No
<b>Implementation infrastructure</b>										
Funding						X				Yes
Dedicated personnel	X					X				Yes
Program materials	X									Yes
Space for implementation	X									Yes
Human resource system										No
<b>Organizational readiness</b>										

**Table A.2. Alignment of scaling readiness framework and SIF Growth Plan reporting requirements**

Scaling readiness framework	Approach to growing impact		Growth goals				Monitoring plan	Potential risks and challenges		Does scaling readiness framework component align to Growth plan requirements?	
	Overall approach to growing impact	How is readiness for and extent of expansion determined	Growth goals	How growth goals will occur and be tracked	Key actions and activities to enable growth	Resources invested	Timeline	How progress will be monitored	Potential risks or challenges to meeting growth goals		Mitigation of risks or challenges
<b>Intervention readiness</b>											
<b>Well-specified intervention</b>											
Content										No	
Delivery										No	
Intensity										No	
Personnel										No	
Setting			X	X						Yes	
Completion										No	
Well-specified target population			X							Yes	
<b>Implementation supports</b>											
Implementation monitoring				X				X		Yes	
Performance benchmarks								X		Yes	
CQI										No	
Training					X	X				Yes	
Communication plan										No	
Data systems					X	X				Yes	
<b>Enabling context</b>											
Support for implementation					X	X				Yes	
Prior implementation experience									X	X	Yes
Prior implementation challenges									X	X	Yes
<b>Implementation infrastructure</b>											
Funding					X	X					Yes
Dedicated personnel					X	X					Yes
Program materials					X	X					Yes
Space for implementation					X	X					Yes
Human resource system											No

## B. Study sample and unit of analysis

The analysis presented in this report focuses on the organization—not the scaling plan or the intervention—because our research questions pertain to how organizations define and conduct scaling. We define the organization to include organizations receiving AmeriCorps funding to implement their interventions and suborganizations selected by AmeriCorps organizations during their own competitions (in the case for SIF) to implement their interventions. However, it is important to note that organizations submit a scaling plan for their own or their suborganizations' scaling activities. Regardless, we focus on organizations because it is the individuals at organizations who act to define what the intervention is that they intend to scale and how they, as an organization, intend to scale it. This approach is consistent with the framework for successful scaling described in Chapter I, which requires that the organization must be ready to scale the intervention, which itself must be ready to be scaled.

Our analysis included AmeriCorps-funded organizations that had grants that received a strong or a moderate evidence rating from another independent, third-party evaluator contracted by AmeriCorps based on the evidence they submitted for the intervention they planned to implement. Richman and Streke (2020) describe the effectiveness standards that the third-party evaluator used to assess the evidence of the interventions' effectiveness, with the goal of identifying interventions that had statistically significant beneficial impacts on participants' outcomes that could be reliably attributed to access to the intervention. Richman and Streke (2020) reviewed the evidence of effectiveness for 32 interventions submitted by 30 organizations that met the study inclusion criteria. An organization could have described in a scaling plan one or possibly more planned approaches for implementing an intervention, and those approaches might or might not meet the definition of scaling. For example, an organization could have planned both to expand and replicate intervention services.

We developed additional screening criteria to determine the final sample of organizations and scaling plans to include in our analysis. First, a scaling plan must be informed by evidence that supports the intervention's effectiveness. Therefore, evidence of effectiveness must be established before the submission of the scaling plan. This ensures that organizations first have a clear understanding of the intervention's components and the supports and context that were in place during the implementation that helped enable the intervention to have a favorable impact on its target populations. This would help organizations understand what worked well and what did not, thus informing their development of plans for scaling interventions that will maintain effectiveness. However, eight SIF organizations submitted scaling plans before evidence was established for their interventions' effectiveness, and were treated as follows in the final sample:

- Three SIF organizations each submitted one scaling plan for one or more intervention(s). However, the accompanying evidence documents did not precede the scaling plan(s), and the organizations and the intervention(s) were removed from the sample.
- One SIF organization submitted one scaling plan for one intervention; however, the accompanying evidence documents did not precede the scaling plan. This particular intervention was removed from the sample. The same organization submitted a separate



scaling plan for a separate intervention that did meet the inclusion criteria. The organization and the intervention that met the inclusion criteria are included in the sample.

- One SIF organization submitted one scaling plan for two separate interventions. One of the interventions did not meet the inclusion criteria because the evidence document did not precede the scaling plan. We included the organization in the overall sample and the one intervention that met the inclusion criteria. However, the excluded intervention was proposed for scaling by other AmeriCorps organizations that were included in the sample. Thus, although this particular scaling plan was not included in the analysis, other plans for scaling this particular intervention were included.
- One SIF organization submitted one scaling plan for three separate interventions. Two of the interventions did not meet the inclusion criteria because the evidence document did not precede the scaling plan. The third intervention proposed also did not meet the inclusion criteria; however, the excluded intervention was proposed for scaling by other AmeriCorps organizations that were included in the sample. Therefore, we excluded the organization and the first two interventions from the sample but included the third intervention in the analysis, based only on information from proposed scaling plans submitted by the other AmeriCorps organizations.
- One SIF organization submitted a scaling plan for a SIF-funded intervention, but the evidence document did not precede the scaling plan. However, the same organization also submitted an application for AmeriCorps State and National funding for the same intervention, so although the SIF scaling plan was not included in the analysis, the organization and the intervention are included.
- One SIF organization submitted one scaling plan for four separate interventions. Two of the interventions did not meet the inclusion criteria because the evidence document did not precede the scaling plan. However, the other two interventions proposed in the scaling plan did meet our inclusion criteria, thus we included the organization and the two interventions in the analysis sample.

Table A.3 provides an overview of these different scenarios and presents the total number of organizations, scaling plans, and interventions included in this analysis. Of the analysis sample, 12 organizations provided 12 scaling plans for 12 unique interventions; that is, the interventions were not proposed by any other organization. However, other organizations submitted more than one scaling plan for one intervention. Seven organizations submitted a total of 30 scaling plans for 7 unique interventions; that is, these 7 interventions were not proposed by any other organization. Another 3 organizations submitted a total of 7 scaling plans for the same intervention; that is, 3 organizations planned to implement the same intervention. Finally, 3 organizations each submitted one scaling plan that described more than one intervention, yielding a total of 3 scaling plans and 6 interventions. In the next section we describe how we accounted for all these scenarios in our analysis.

**Table A.3. Number of organizations, scaling plans, and interventions in the analysis**

Scenario	Number of organizations	Number of scaling plans	Number of interventions
A single organization submitted one scaling plan for one unique intervention	12	12	12
A single organization submitted more than one scaling plan for one unique intervention	7	30	7
Multiple organizations submitted at least one scaling plan for the same intervention	3	7	1
Multiple organizations submitted multiple scaling plans for multiple interventions	3	3	6
Total	25	53	26

### C. Review methodology and analysis strategy

We used a two-part systematic review process to collect and record information about the intervention and the extent to which organizations' scaling plans demonstrated that the organizations and their interventions had the conditions necessary for successful scaling. Members of the study team developed a two-part rubric for systematically reviewing documents submitted by AmeriCorps organizations that (1) provided evidence of an intervention's effectiveness and (2) described plans for scaling the effective intervention.<sup>21</sup>

- The **intervention review section** is first used to review the evaluation reports submitted to AmeriCorps by organizations as support for their interventions' effectiveness. In this section, reviewers focused on describing the intervention as implemented and evaluated. When completing this section, we did not consult other external sources (for example, we did not query authors to collect information not available in the documents or web searches to find additional information on the interventions). If more than one evidence document that met the project's effectiveness standards was submitted, a separate assessment was created for each evidence document, and the information was then combined to provide an intervention-level summary of characteristics that informed the evidence supporting each intervention. The completed assessments of the evidence documents were used to provide context for the review of the scaling plan.
- The **scaling readiness section** is used to review the scaling plans and application narratives submitted by AmeriCorps organizations designed to understand organizations' planned activities for scaling the interventions with evidence of effectiveness. This is designed to capture an intervention's readiness to be scaled and the organization's ability to support that scaling. This section contains six subsections that align with our framework for successful scaling. The first subsection collects information about the approach to scaling and the context in which the intervention will be implemented. Each of the next five subsections collects information on one of the five conditions needed for intervention and organizational

<sup>21</sup> This document presents the details of the rubric used for reviewing evidence documents and scaling plans submitted by AmeriCorps organizations. However, this document is more generally applicable for other audiences in need of a rubric to systematically review documents that present evidence of intervention effectiveness or assess readiness for scaling.

readiness for scaling: (1) a well-specified intervention, (2) a well-defined target population, (3) implementation supports, (4) the implementing organization's enabling context, and (5) the organization's implementation infrastructure.

For each condition of scaling readiness, reviewers determined how well the organization described the condition and demonstrated readiness for scaling. Most conditions consisted of subcomponents that made up the overall condition. For example, the overall condition of implementation infrastructure was measured by the specification of five specific infrastructure components: (1) financial resources, (2) personnel to implement the intervention, (3) materials, (4) physical space, and (5) a human resource system. When a condition consisted of components, we measured the specification of each component and used this to describe readiness for the overall condition. Reviewers pulled information from the scaling plans to determine if organizations provided a full specification, a limited specification, or no specification for each condition.

Over time, minor modifications were made to the review rubrics to allow for enhanced analysis of scaling readiness. All scaling plans were ultimately reviewed with the finalized rubric, so the same rubric items were applied to all scaling plans.

We broke out several components for implementation supports and enabling context so reviewers could analyze these components at their subcomponent level. In the first round, for example, reviewers described the specification of presence of an implementation monitoring team and procedures to monitor fidelity in one response; in the second round of reviews, implementation monitoring team and procedures to monitor fidelity were two separate review items, creating a pair of subcomponent questions. We created paired subcomponent questions for all 6 implementation subcomponents, thus creating 12 implementation subcomponents.

The breakdown of components into subcomponents required us to modify our tabulation of the results of these components. To report a single value for each of the paired subcomponents, we created composite categorizations of specification of each subcomponent pair. We did so by attributing a numerical value to each specification value (2 = full description, 1 = limited description, 0 = no description). For each paired subcomponent, we averaged the values of the two individual subcomponents and rounded to the nearest whole number to assign a single categorization for each subcomponent. Rounding to the nearest whole number tilts the specification of each subcomponent toward a more full or limited specification than no description. For example, a component in which the first subcomponent was described fully and the second subcomponent was described in a limited way will have a combined specification that indicates a full description. Additionally, a component in which the first subcomponent was described in a limited way and the second subcomponent was not described at all will have a combined specification that indicates a limited description. Table A.4 presents an example of how we created the composite score, and Tables A.5 and A.6 present the results of implementation support and enabling context subgroup analysis, respectively.

**Table A.4. Example of creating composite specification score from implementation support subcomponents**

Organization	Subcomponents		Composite Implementation monitoring
	Implementation monitoring team	Implementation monitoring process	
A	2	2	2
B	2	1	2
C	2	0	1
D	1	1	1
E	1	0	1
F	0	0	0

Note: 2 = full description; 1 = limited description; 0 = no description.

**Table A.5. Percentage of organizations that provided a full, a limited, or no description of each dimension of implementation supports**

Organization	Implementation monitoring team			Performance procedures		
	Monitoring team	Monitoring process	Combined	Performance benchmarks	Benchmarks process	Combined
<b>Full description</b>	60	52	72	56	36	56
<b>Limited description</b>	20	28	12	40	56	44
<b>No description</b>	20	20	16	4	8	0
Organization	CQI processes			Personnel training requirements		
	CQI process	Data for CQI	Combined	Preservice training	Inservice training	Combined
<b>Full description</b>	12	4	4	60	56	60
<b>Limited description</b>	56	28	64	32	36	36
<b>No description</b>	32	68	32	8	8	4
Organization	Communication system			Data systems		
	Communication plan	Communication monitoring	Combined	Data system	Data quality	Combined
<b>Full description</b>	36	8	8	48	12	36
<b>Limited description</b>	56	4	84	32	36	44
<b>No description</b>	8	88	8	20	52	20

Note: For each of the six components in this table, the combined result for an organization is the average of the results for the component's two subcomponents (where full description = 2, limited description = 1, and no description = 0), rounded to the nearest whole number.

CQI = continuous quality improvement.

**Table A.6. Percentage of organizations that provided a full, a limited, or no description of each dimension of an enabling context**

Organization	Leader, stakeholder, and partner support			Innovation and learning organization		
	Leader support	Stakeholder/ partner support	Combined	Past innovation	Previous improvement activities	Combined
<b>Full description</b>	76	64	84	20	8	20
<b>Limited description</b>	20	28	16	36	44	48
<b>No description</b>	4	8	0	44	48	32

Note: For each of the two components in this table, the combined result for an organization is the average of the results for the component's two subcomponents (where full description = 2, limited description = 1, and no description = 0), rounded to the nearest whole number.

For two conditions of intervention readiness for scaling—having a well-specified intervention and a well-defined target population—we compared the organization's description in the scaling plan with the description of these conditions in the evidence documents. Doing so helped us identify modifications to the intervention for which there is evidence of effectiveness.

Specifically, we noted whether the two documents specified the feature in the same way. If they specified it differently, we noted whether the scaling plan provided a rationale for the change. The rationale could be theoretical or practical, and evidence-based or not. We recorded this information to document the extent to which the departures from the evaluated intervention were purposeful.

We conducted a tabular analysis of the information about the 25 organizations' plans for each condition for successful scaling, with a focus on whether the organizations provided a full, a limited, or no information about each component. For the 7 organizations that submitted more than one scaling plan for a unique intervention and the 3 organizations that submitted at least one scaling plan for the same intervention, reviewers finalized an assessment for each submitted scaling plan. For these cases, we replicated the process of creating a composite score by averaging the values included in the finalized assessment for the scaling plans and rounded to the nearest whole number to assign a single categorization for each component of the condition. Table A.7 provides an example of this process. We used the same process for the organizations that submitted a single scaling plan for two interventions—completing a separate rubric for each planned intervention and creating a composite categorization of overall scaling readiness for the organization based on the average values across the two rubrics.

**Table A.7. Example of categorizing intervention readiness for organizations that submitted multiple scaling plans for their interventions**

Organization	Intervention	Scaling plan	Are the services well specified?	Is the intensity well specified?	Is the service delivery mode well specified?	Is the personnel well specified?	Is the setting well specified?
A	B	C	2	1	2	0	1
A	B	D	1	1	2	0	1
A	B	E	0	1	2	1	2
Overall categorization of intervention readiness component used for analysis			1	1	2	0	1

Note: 2 = full description; 1 = limited description; 0 = no description.

Reviewing the scaling plans required systematic procedures to ensure that the study team reliably extracted standardized information from each evaluation report. Study team leaders trained 10 reviewers, including a third-party consultant, to identify the scaling approach and document scaling readiness criteria using the rubric. The consultant was external to Mathematica and reviewed all evidence documents in which Mathematica was the evaluator of the intervention to avoid any potential conflicts of interest. Reviewers classified the scaling approach of each intervention and documented the characteristics related to scaling readiness of each intervention being reviewed. Study team leaders reviewed all finalized assessments to ensure that they contained complete and accurate information. Finalized assessments were also reviewed by a Mathematica researcher external to the rest of the review process as a final quality assurance procedure.

#### D. Scaling readiness over time

The AmeriCorps State and National program office will periodically make modifications to the Notice of Funding Opportunity (NOFO) requirements and guidelines. Because of the periodic changes that occur, examining how conditions of scaling readiness are specified over time could point to patterns of the extent to which organizations respond to changes in reporting requirements. To test this relationship, we compared 2019 organizations—those that received the most recent round of funding—with organizations that applied for funding in earlier years.

In 2019, the AmeriCorps State and National program office modified the NOFO requirements and guidelines for the interventions eligible for funding and the supporting evidence for these interventions. The changes to the NOFO, which included decreased page limits for grant applications and changes in the review criteria that applicants were asked to address, could result in differences in the demonstration of scaling readiness among organizations funded in 2019 compared with those funded in prior cohorts. We compared intervention readiness of the 2019 applicants with that of applicants from the prior funding years. We found that 2019 applicants had similar trends of specification across most intervention and organizational readiness components. Despite having similar patterns of specification of scaling readiness components, no 2019 organizations specified all three intervention readiness conditions or both organizational readiness conditions.

Between 2018 and 2019, AmeriCorps State and National updated the guidance for interventions eligible for funding and the required supporting evidence for these interventions. Additionally, in response to feedback from applicants, the funding opportunity guidelines removed duplicative information and reduced the page length of the application. Through these changes, a higher value of evaluation points was placed on applicants’ description of the evidence base for their proposed intervention. Applicants were also instructed to ensure that the proposed intervention clearly aligned with the evidence base on characteristics of the beneficiary population, characteristics of the population delivering the intervention, dosage and design of the intervention, the context in which the intervention is delivered, and outcomes of the intervention. In some instances, the changes to the NOFO could result in differences in the demonstration of scaling readiness among organizations funded in 2019 compared with those funded in prior cohorts. In Table A.8, we list the elements of the 2019 NOFO that are different from previous funding years and what the potential implications of those changes might be.

**Table A.8. Changes to 2019 NOFO and implications for scaling activities report**

Change	2019 NOFO	Potential implications for scaling activities report
Page length	The narrative application page length is 10 pages.	The 2019 application page length is shorter than in prior years, potentially resulting in briefer descriptions of all components due to less space. However, this may not impact the <i>presence</i> of information (as our study analysis reports on full description or limited description).
Point values	More points are allocated to theory of change/logic model, evidence base, and organizational background/staffing. Less points are allocated to notice priority, member experience, and compliance and accountability.	Potentially more details in the description of theory of change/logic model, alignment with evidence, and organizational background/staffing in 2019. This may result in fewer details in the description of member experience. However, this may not impact the <i>presence</i> of information (as our study analysis reports on full description or limited description).
Theory of change (TOC) and logic model	<p>The TOC shows how the intervention will lead to outcomes and clearly articulates design, dosage, target population, and roles of AmeriCorps members.</p> <p>The logic model states the community problem, describes the inputs (intervention locations, number of AmeriCorps members who will deliver the intervention, core activities that define the intervention or program model that members will implement or deliver, including: duration of the intervention, dosage of the intervention, and target population), measurable outputs, and outcomes.</p>	A thorough specification of core intervention has always been required for AmeriCorps State and National applications. Therefore, there is little expected difference in the <i>presence</i> of a description of core intervention components (as our study analysis reports on full description or limited description).
Performance measures	Applicants must include at least one aligned performance measure that corresponds to the primary intervention. All performance measures must be consistent with the TOC. Applicants are not expected to select performance measures that correspond to each and every activity or impact.	2019 applications required less detail of performance measures. This may result in less detail with the information on core element intensity, delivery, completion, and performance benchmarks.

Change	2019 NOFO	Potential implications for scaling activities report
Evidence base	Organizations must describe how the proposed evaluation matches the intervention described in the evaluation documents and aligns with the intervention described in the logic model.	However, this may not impact the <i>presence</i> of information (as our study analysis reports on full description or limited description). If there are differences between the proposed intervention and the intervention described in the submitted evaluation documents, 2019 applicants may be more likely to provide a rationale for these differences. This may impact the study analysis that reports on whether organizations propose adaptations to an intervention and, if so, whether they provide a rationale for doing so.
Notice priority	Describe how the intervention fits with the funding priorities.	There are no expected implications for the analysis.
Member experience	Organizations must describe the extent to which AmeriCorps members will gain skills through training and service experience, how AmeriCorps members will be recruited from the geographic or demographic communities in which the programs operate, and how that they will foster an inclusive service culture.	2019 applicants are expected to discuss the use of training to build AmeriCorps members' skill, but 2019 applicants are no longer required to discuss how the training will be delivered. This may result in fewer details on AmeriCorps member training. However, this may not impact the <i>presence</i> of information (as our study analysis reports on full description or limited description).
Organization background and staffing	Organizations must include a description of roles and responsibilities of staff.	There are no expected implications for the study analysis.
Compliance and accountability	Describe how to comply with AmeriCorps rules and monitor compliance on an ongoing basis.	There are no expected implications for the study analysis.
Culture that values learning	Organizations must specify that their board, management, and staff collect and use information, including performance data, for learning and decision making.	May see a greater <i>presence</i> of information of performance monitoring processes and use of data in 2019.

To assess the potential impact the change in NOFO requirements may have had on organizations' demonstration of scaling readiness, we examined changes in intervention readiness over time in a few ways. First, we compare scaling readiness of the pre-2019 applicants (n = 21) to 2019 applicants (n = 11) to using the scaling readiness framework developed for this study.<sup>22</sup> Then we examined the same sample but examined scaling readiness using only those components and elements required for specification in the AmeriCorps State and National application narratives. Finally, we compared only pre-2019 AmeriCorps State and National applicants' (n = 16) and 2019 AmeriCorps State and National applicants' (n = 11) scaling readiness as defined according to the application specification requirements. Because of the small sample sizes, percentages should be interpreted as indicators for trends and should not be weighed heavily.

<sup>22</sup> Of all the AmeriCorps State and National applicants included in the study, five organizations submitted scaling plans before 2019 and in 2019. These organizations are included in both samples; however, for the pre-2019 cohorts, we used only scaling readiness data from applications submitted before 2019 and for the 2019 cohort, we used only scaling readiness data from the application submitted in 2019.



### Over-time scaling readiness, as defined by the scaling readiness framework: full sample

- Intervention readiness.** Looking across the intervention readiness condition, we find that organizations that submitted applications for funding prior to 2019 more frequently specified all three intervention readiness components, than organizations that submitted applications in 2019 (Table A.9a). However, we also found that the patterns of specification of intervention readiness components were similar between the pre-2019 cohort and the 2019 cohort. In both instances, personnel needs and completion criteria were the least frequently specified element, while identification of content, intensity, mode of service delivery, setting, and target population were specified by nearly all or all organizations (results not shown). We also found that 2019 organizations more frequently specified CQI processes and their data systems than did the pre-2019 cohort (results not shown). The increase in specification of data systems aligns with our expectation that given the addition of the description of “culture that values learning,” organizations in 2019 may have provided more information about performance monitoring and use of data. Furthermore, by specifying the use of data for learning and decision making, organizations may have also described CQI procedures, even though AmeriCorps State and National did not specifically require specification of CQI.

**Table A.9a. Intervention readiness across cohorts, by scaling readiness framework**

	Intervention readiness condition			Did not describe any intervention readiness conditions
	Described all three intervention readiness components	Described two of the three conditions only	Described one condition only	
Percentage of pre-2019 organizations <sup>a</sup>	33%	29%	38%	0%
Percentage of 2019 organizations <sup>b</sup>	0%	81%	18%	0%

<sup>a</sup> The analysis includes 21 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organizations.

<sup>b</sup> The analysis includes 11 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organizations.

- Organizational readiness.** Looking across the organizational readiness condition, we find that organizations that submitted applications for funding prior to 2019 more frequently specified both organizational readiness components, than organizations that submitted applications in 2019 (Table A.9b). However, patterns of specification of each organizational readiness component was also similar across cohorts. Organizations funded in 2019 specified at similar rates leadership and stakeholder support of scaling and innovation and learning. However, 2019 organizations described having past implementation challenges and how to address those challenges to a lesser extent (results not shown). 2019 organizations’ specifications of implementation infrastructure were also similar to those of pre-2019 organizations. Most organizations specified the financial resources required for scaling and descriptions of sufficient personnel, and fewer organizations specified materials, physical space, and having a human resource system to support implementation (results not shown).

**Table A.9b. Organizational readiness across cohorts, by scaling readiness framework**

	Organizational readiness condition		
	Described both organizational readiness conditions	Described one condition only	Did not describe either organizational readiness condition
Percentage of pre-2019 organizations <sup>a</sup>	14%	34%	52%
Percentage of 2019 organizations <sup>b</sup>	0%	27%	73%

<sup>a</sup> See footnote for Table A.9a.

<sup>b</sup> See footnote for Table A.9a.

- Overall readiness.** Overall, we found that 2019 organizations did not demonstrate intervention readiness or organizational readiness at the same rate as pre-2019 organizations (Table A.9c). No 2019 organizations specified all three intervention readiness conditions or both organizational readiness conditions, which means that no 2019 organizations specified all scaling readiness conditions. In contrast, among the pre-2019 organizations, two organizations did.

**Table A.9c. Overall scaling readiness across cohorts, by scaling readiness framework**

	Overall scaling readiness		
	Described all scaling readiness conditions	Described one set of scaling readiness conditions	Did not describe either set of scaling readiness conditions
Percentage of pre-2019 organizations <sup>a</sup>	10%	29%	62%
Percentage of 2019 organizations <sup>b</sup>	0%	0%	100%

<sup>a</sup> See footnote for Table A.9a.

<sup>b</sup> See footnote for Table A.9a.

### Over-time scaling readiness as defined by AmeriCorps: full sample

When we used only the variables that AmeriCorps required for specification, we found that 2019 organizations had much lower intervention readiness specification than pre-2019 organizations (9 percent compared to 43 percent), similar rates of organizational readiness specification (36 percent compared to 38 percent), and lower overall readiness (9 percent compared to 29 percent) (see Tables A.10a,b, and c). The primary driver of this stark decline in intervention readiness appears to be related to a decline in the percentage of organizations that specified personnel needs in 2019 (down to 45 percent of 2019 organizations from 71 percent of pre-2019 organizations) and a decline in specification of performance benchmarks (down to 73 percent of 2019 organizations from 95 of pre-2019 organizations). Though the decline in detail of personnel is unexpected because the changes in the NOFO do not appear to relate to personnel, the change in specification of performance benchmark is expected, as the 2019 NOFO required less detailed specification of performance monitoring benchmarks.

**Table A.10a. Full sample intervention readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Intervention readiness condition			
	Described all three intervention readiness components	Described two of the three conditions only	Described one condition only	Did not describe any intervention readiness conditions
Percentage of all pre-2019 organizations <sup>a</sup>	43%	29%	29%	0%
Percentage of all 2019 organizations <sup>b</sup>	9%	73%	18%	0%

<sup>a</sup> The analysis includes 21 organizations and presents percentages of organizations that provided a full or limited description of each condition. See Figure II.1 note for additional information on organizations.

<sup>b</sup> The analysis includes 11 organizations and presents percentages of organizations that provided a full or limited description of each condition. All the organizations that submitted applications in 2019 were AmeriCorps State and National organizations. See Figure II.1 note for additional information on organizations.

**Table A.10b. Full sample organizational readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Organizational readiness condition		
	Described both organizational readiness conditions	Described one condition only	Did not describe either organizational readiness condition
Percentage of all pre-2019 organizations <sup>a</sup>	38%	62%	0%
Percentage of all 2019 organizations <sup>b</sup>	36%	64%	0%

<sup>a</sup> See footnote of Table A.10.a

<sup>b</sup> See footnote of Table A.10.a

**Table A.10c. Full sample overall scaling readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Overall scaling readiness		
	Described all scaling readiness conditions	Described one set of scaling readiness conditions	Did not describe either set of scaling readiness conditions
Percentage of all pre-2019 organizations <sup>a</sup>	29%	24%	48%
Percentage of all 2019 organizations <sup>b</sup>	9%	27%	64%

<sup>a</sup> See footnote of Table A.10.a

<sup>b</sup> See footnote of Table A.10.a

### Over-time scaling readiness, as defined by AmeriCorps: AmeriCorps State and National only sample

When we looked at over-time readiness of just the AmeriCorps State and National organizations, according to only those items that should be specified per AmeriCorps State and National reporting requirements, we found again that 2019 organizations had lower specification of all scaling readiness conditions compared to pre-2019 organizations (Table A.11a, b, and c). This

indicates that overall, by using the scaling readiness framework and solely the AmeriCorps State and National reporting requirements, AmeriCorps State and National organizations in 2019 provided less specification of components that indicate scaling readiness than did applicants from previous cohorts. The lack of observed changes in specification could be due to the restricted page limit, as organizations had two fewer pages for the main narrative. However, the results of the analysis of scaling readiness over time should be interpreted with caution as the small sample sizes make it challenging to assess the changes in specification across cohorts.

**Table A.11a. AmeriCorps State and National sample intervention readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Intervention readiness condition			
	Described all three intervention readiness components	Described two of the three conditions only	Described one condition only	Did not describe any intervention readiness conditions
Percentage of AmeriCorps State and National pre-2019 organizations <sup>a</sup>	56%	25%	19%	0%
Percentage of AmeriCorps State and National 2019 organizations <sup>b</sup>	9%	73%	18%	0%

<sup>a</sup> The analysis includes 16 AmeriCorps State and National organizations and presents percentages of organizations that provided a full or limited description of each condition.

<sup>b</sup> The analysis includes 11 AmeriCorps State and National organizations and presents the percentages of organizations that provided a full or limited description of each condition. Because all 2019 applicants were submitting AmeriCorps State and National applications, these are the same 11 organizations included in the whole sample analysis. Thus, the percentages for the 2019 whole-sample analysis are the same as those for the 2019 AmeriCorps State and National-only analysis.

**Table A.11b. AmeriCorps State and National sample organizational readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Organizational readiness condition		
	Described both organizational readiness conditions	Described one condition only	Did not describe either organizational readiness condition
Percentage of AmeriCorps State and National pre-2019 organizations <sup>a</sup>	50%	50%	0%
Percentage of AmeriCorps State and National 2019 organizations <sup>b</sup>	36%	64%	0%

<sup>a</sup> See footnote of Table A.11.a

<sup>b</sup> See footnote of Table A.11.a

**Table A.11c. AmeriCorps State and National sample overall scaling readiness across cohorts, by AmeriCorps State and National reporting requirements**

	Overall scaling readiness		
	Described all scaling readiness conditions	Described one set of scaling readiness conditions	Did not describe either set of scaling readiness conditions
Percentage of AmeriCorps State and National pre-2019 organizations <sup>a</sup>	38%	31%	31%
Percentage of AmeriCorps State and National 2019 organizations <sup>b</sup>	9%	27%	64%

<sup>a</sup> See footnote of Table A.11.a

<sup>b</sup> See footnote of Table A.11.a

## **APPENDIX B:**

### **RUBRIC FOR INTERVENTION AND SCALING ACTIVITIES**

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## I. INTERVENTION REVIEW SECTION

The intervention review section of the rubric is structured to extract information from documents submitted by AmeriCorps organizations that report evaluation findings for AmeriCorps-funded interventions. The information extracted through the use of this rubric section describes the characteristics of the intervention when it was evaluated. It contains six subsections. The first subsection collects information about the context in which an intervention was implemented, and each of the next five subsections collects information on one of the five conditions needed for scaling.

### A. Context for the intervention

Table B.I.1 provides the first subsection of the rubric, which includes three types of questions about the context in which the intervention unfolds:

1. **Description of the intervention**, according to AmeriCorps nomenclature. The nomenclature includes the intervention’s (1) focus area, (2) topic area, (3) intended outcome domain(s), and (4) intended outcome(s). The appendix provides a list of predetermined response options for classifying the intervention per the nomenclature, with the “other” response indicating that the predetermined areas do not adequately describe the intervention.
2. **Local area context**, including contextual features that could affect implementation of the intervention, including any regional, state, and local contextual features; demand for the intervention at the local level; and partners.
3. **Measures of implementation**, including the percentage of participants who complete the intervention and cost per participant. The measures require a definition of components (participant, completer, and costs).

**Table B.I.1. Questions about context for the intervention**

Question	Response options	Additional guidance
<b>I. Description of the intervention</b>		
1. What is the intervention’s focus area?	Only one focus area.	Focus areas include disaster services, economic opportunity, education, environmental stewardship, healthy futures, nonprofit organizational capacity, and veterans and military families.
2. What is (are) the intervention’s topic area(s)?	Up to two topic areas listed in Table 1 in the appendix.	The topic area provides greater specificity about the intervention’s broad goals than about the focus area. For example, an intervention may fall into the “economic opportunity” focus area. If it helps low-income people obtain employment, however, it would fall into the “employability” topic area.



Question	Response options	Additional guidance
3. What is (are) the intervention's outcome domain(s)?	Up to two outcome domains listed in Table 1 in appendix that fall within the topic area selected.	The outcome domain provides greater specificity than the topic area. The intervention aimed at helping low-income people obtain employment may do so by providing industry skill training, which is the intervention's outcome domain. The veterans and military families, disaster services, and nonprofit organizational capacity focus areas and some of the education topic areas do not have outcome domains.
4. What is (are) the intervention's outcome(s)?	Up to four outcomes listed in Table 1 in appendix.	Outcomes are the targets that the intervention seeks to affect. In the example of the industry skill training intervention, an outcome might be certifications/skills obtained by participants. Outcomes may span several outcome domains within a given topic area.
<b>II. Local area context</b>		
1. Might the regional, state, and local context facilitate or challenge implementation of the intervention?	Yes, contextual considerations might affect implementation. No, contextual considerations are not mentioned.	Regional, state, and local contextual factors can challenge or facilitate implementation of an intervention. Such factors may include community stakeholders, the political environment, or the local economy. For example, an affordable housing intervention that was implemented during a local economic downturn could see increased demand for its services. Question 2 is skipped with a "no" response.
2. What are the major features of the regional, state, and local context that could have affected implementation of the intervention?	[open-ended]	Describe any features of the regional, state, or local context that may have been salient in implementing the intervention.
3. Does evidence exist for local demand for the intervention?	Yes (full), local demand exists for the intervention. Yes (limited), local demand exists, but details are not available. No, local demand for the intervention is not mentioned.	Local demand may be identified by conducting a needs assessment, landscape analysis, or informal data collection through attendance at community meetings or conversations with key stakeholders.
4. Do key partners play a role in implementing the intervention?	Yes, implementation partners are identified. No, partners are not identified.	The organization may use partners to deliver services or assist with implementation of the intervention. Question 5 is skipped with a "no" response.
5. What role do the key partners play in implementing the intervention?	[open-ended]	Describes the partners or contractors that assisted with implementation of the intervention, including the role played by each.
<b>III. Measures of implementation</b>		
1. What is the intended overall completion rate for participants in the intervention?	[open-ended]	Intended intervention completion rate during a specific time period. Interventions often set forth completion goals for participants.

Question	Response options	Additional guidance
2. What is the actual overall completion rate for the intervention?	[open-ended]	Actual rate of participants' completion of the intervention during a specific time period.
3. Is cost-per-participant information discussed?	Yes, cost per participant is discussed. No, cost per participant is not mentioned.	Cost-per-participant information may be presented as part of a cost-benefit analysis. Question 4 is skipped with a "no" response.
4. What is the cost per participant for the intervention?	[open-ended]	The average cost of delivering the intervention per participant, including the year the costs were captured and information about the resources reflected in the calculation (the cost of personnel time, materials, space rental, partner services, among other items).

## B. Well-specified intervention

This subsection addresses the first condition of the scaling readiness framework—a well-specified intervention. It includes questions in six areas (Table B.I.2). The first area describes the intervention, and the next four describe a different dimension of each core element. The last area describes what it takes a participant to complete the intervention.

- 1. Core elements**, including identification of the intervention by its name. Core elements are activities that were part of the intervention and were intended to achieve the intervention's ultimate outcome domain and outcomes.
- 2. Mode of service delivery**, including how each element was designed to be delivered to participants.
- 3. Intensity**, including how often and for how long each element was offered to participants and how much of each element each participant received.
- 4. Personnel needs**, including the intervention's personnel structure. A personnel structure includes the job titles of personnel who delivered the intervention, the number of individuals involved in delivery of the intervention, reliance on AmeriCorps national service participants, and qualifications of personnel.
- 5. Setting**, including location (geography) and venue (the place where activities occurred, such as a community center, home, nonprofit organization, park, school).
- 6. Definition of completion**, including criteria for being considered a participant in the intervention and what a participant needed to do to be considered a "graduate" or completer of the intervention.

In some cases, the rubric refers to a standardized, name-brand intervention (for example, Teach For America). A standardized intervention adheres to a specific model or curriculum in terms of the scope and sequence of the intervention's content. It spells out the same type and amount of services that each participant should receive. In a nonstandardized intervention, each participant's need determines the type and amount of services delivered; as a result, each participant experiences the intervention differently.

**Table B.I.2. Questions about specifying the intervention**

Question	Response options	Additional guidance
<b>I. Core elements</b>		
1. What is the name of the intervention?	[open-ended]	Use of a standardized, name-brand intervention rather than the local intervention name.
2. What are the designed core elements of the intervention?	[open-ended]	Core elements are the set of activities or curricula that result in participants' receipt of services, such as a description of services, the content area of the intervention, the existence of a standardized intervention model, the services or curriculum comprising the intervention, and the content area of the intervention to be delivered. A standardized intervention is considered to have a clearly specified intervention. Examples of core elements are tutoring, facilitator-led classes or workshops, one-on-one coaching, case management, electronic or telephone communication with participants, and building the capacity of an organization or partner organization. The description must align with the selected categorical responses in Table A.1 in the appendix.
3. Were all of the intervention's core elements implemented?	Yes, all core elements were implemented. No, some core elements were not implemented.	Question 4 is skipped with a "yes" response.
4. Which core elements of the intervention were implemented?	[open-ended]	Identify all core elements implemented.
5. Were any <b>purposeful</b> changes made to the intervention core elements implemented as compared to an earlier version of the model (including adaptations and modifications)?	Yes, intervention core elements were purposefully changed. No, intervention core elements were not purposefully changed.	Organizations may make changes to the intervention core elements prior to implementation, referred to as purposeful changes. Purposeful changes could extend to the intervention content, service delivery mode, intensity, and personnel needs (for example, a model designed for classroom training of service providers may have changed to one-on-one training). Implementing a "2.0" version is also a purposeful change. Differences between intended and actual implementation are not considered purposeful changes if, for example, the actual duration was shorter than intended, but the intended duration did not differ from the intervention model. Question 6 is skipped with a "no" response.
6. What purposeful adaptations or modifications did the organization make?	[open-ended]	Describes all purposeful changes made to the intervention core elements.

Question	Response options	Additional guidance
7. Were any <b>planned</b> changes made to the intervention during the implementation period?	Yes, planned changes were made to the intervention during implementation. No, planned changes were not made to the intervention during implementation.	During implementation, an organization may decide to make changes to an intervention, referred to as planned changes. Planned changes may include modifications to activities or services, mode of delivery, source of delivery, setting, or intensity. For example, an organization may have decided to offer an intervention in a new setting, extend the period of service delivery, or change the originally planned activities in order to test whether such changes would increase participant outcomes. Question 8 is skipped with a “no” response.
8. What were the planned changes to the intervention and the reasons for them?	[open-ended]	Describes all planned changes to intervention core elements.
<b>II. Mode of service delivery</b>		
1. What is the mode of delivery for each element?	[open-ended]	The service delivery model specifies how services are delivered, who delivers services, and the mode through which services are delivered. Organizations should provide a description of the way in which each core element is delivered. For example, peer educators or teams of facilitators may deliver services in groups or one-on-one meetings and through the use of electronic communication or in-person meetings.
<b>III. Intensity</b>		
1. What is the <b>intended</b> frequency of delivery of each element?	[open-ended]	For each element implemented, describes how often the element is intended to be offered during a specific time period.
2. What is the frequency with which each element was <b>actually</b> implemented (on average)?	[open-ended]	For each element implemented, describes how often the element was actually offered during a specific time period.
3. What is the <b>intended</b> duration of attendance for each element?	[open-ended]	For each element implemented, includes the intended length of time participants were supposed to receive an element during a specific time period.
4. What is the <b>actual</b> duration of attendance for each element (on average)?	[open-ended]	For each element implemented, describes the actual length of time participants received an element during a specific time period.
5. What is the <b>intended</b> number of hours of service receipt for each session of each element?	[open-ended]	For each element implemented, describes how many hours participants were supposed to receive an element during a specific time period.

Question	Response options	Additional guidance
6. What is the actual number of hours of service receipt for each session of each element (on average)?	[open-ended]	For each element implemented, describes the number of hours that participants actually received an element during a specific time period.
7. What is the intended total number of hours of programming for each element?	[open-ended]	For each element implemented, describes the total number of hours of services that participants were scheduled to receive.
8. What is the actual total number of hours of programming for each element (on average)?	[open-ended]	For each element implemented, describes the total number of hours of services that participants actually received, on average, during a specific time period.
<b>IV. Personnel needs</b>		
1. How many individuals deliver the intervention (overall and by intervention element)?	[open-ended]	Describes the number of individuals, by job title, who directly delivered the services across all locations, both overall and by element. For example, if an after-school reading intervention used 3 national service participants to lead classroom sessions and 9 classroom teachers to provide one-on-one tutoring across three locations, the response would state, "12 personnel overall: 3 participants (classroom sessions) and 9 teachers (one-on-one tutoring)."
2. Who delivers the services per intervention element?	[open-ended]	For each core element, lists job titles of individuals who directly delivered services, including several job titles as necessary. For example, if an after-school reading intervention used national service participants to lead classroom sessions and classroom teachers to provide one-on-one tutoring, the titles of both the participants and teachers are listed, along with the service element delivered by each group.
3. Does the intervention's personnel structure include AmeriCorps service participants?	Yes, AmeriCorps participants are included in the personnel. No, these groups are not mentioned.	Question 4 is skipped with a "no" response.
4. What role do AmeriCorps participants play?	[open-ended]	Describes the role played by AmeriCorps participants. For example, "participants provided tutoring services for an after-school intervention."
5. What qualifications are the required or preferred as a prerequisite for the personnel involved in delivering the intervention?	[open-ended]	Describes qualifications for each job title involved in delivering the intervention. Qualifications could include experience or expertise in delivering the needed services or education/training. For example, a nutrition education intervention requires educators to hold a degree in nutrition and demonstrate at least two years of teaching experience.

Question	Response options	Additional guidance
6. Does the organization intend or plan for a different personnel structure or personnel qualifications or training from what was originally intended or planned?	Yes, personnel plans differ from the personnel as implemented. No, personnel plans do not differ from the personnel as implemented.	Describes how the intended personnel plan, including the job titles of those who delivered the intervention, the number of individuals involved in service delivery, whether the personnel included AmeriCorps national service participants, personnel qualifications, and training plans for personnel, differed from the plan that was implemented. Question 7 is skipped with a “no” response.
7. How does the personnel structure differ from what was originally intended or planned?	[open-ended]	Describes the differences between the planned personnel structure and the implemented personnel structure. Includes the job titles of those who delivered the intervention, the number of individuals involved in service delivery, and whether the personnel included AmeriCorps service participants.
<b>V. Setting</b>		
1. What are the geographic location(s) of the intervention, and what sites are included in implementation?	[open-ended]	For all locations, describes the geographic region, location, and whether the intervention was implemented in a rural or urban setting (or both). For example, an intervention implemented in two regions of the United States, three cities or areas, and several school districts and schools within each district would state, “Northeast and Southern regions, including New York, NY (Brooklyn): three school districts, 10 schools; Washington, DC: one school district, 8 schools; eight rural counties in southwestern Virginia (two school districts, 4 schools).”
2. In what venue(s) are the intervention core elements implemented?	[open-ended]	The implementation setting is where an intervention physically takes place, such as community center, home, nonprofit organization, park, school, and residential facilities. Organizations may implement core elements in different settings. For example, an intervention may have included job training at an American Job Center and job coaching on site with employers; both the American Job Center and employer settings, along with the job training and job coaching activities, are listed.
3. Did the evaluation enroll participants from a subset of intervention locations?	Yes, the locations for the evaluation were a subset of places where the intervention was implemented. No, the locations for the evaluation and implementation were the same.	The evaluation of the intervention may be conducted with participants from a subset of the locations in which the intervention was implemented. For example, an intervention may have been implemented in two cities, but the evaluation included participants in only one city. Question 4 is skipped with a “no” response.
4. What locations were included in the evaluation?	[open-ended]	Describes geographic locations indicating where the evaluation occurred and the number of locations.

Question	Response options	Additional guidance
<b>VI. Definition of completion</b>		
1. Is intervention participant defined?	Yes, participant is defined. No, participant is not defined.	Definition of a participant describes the minimum amount of services needed to be received in order to be considered a “participant” in the intervention. For example, individuals may enroll in an intervention and be considered a participant even if they never receive any services. Alternatively, participants may be defined as only those individuals who enroll and receive at least one service through the intervention. Question 2 is skipped with a “no” response.
2. What is the definition of an intervention participant?	[open-ended]	Describes the amount of services an individual must receive in order to be considered a “participant.”
3. Is completion of the intervention defined?	Yes, completion is defined. No, completion is not defined.	Definition of completion indicates what participants must do to be considered “completers” or “graduates.” For example, participants may have to complete a course and obtain a certificate in order to complete an intervention. Question 4 is skipped with a “no” response.
4. What is the definition of intervention completion?	[open-ended]	Describes what participants must do to be considered “completers” or “graduates.”

## C. Well-defined target population

This subsection addresses the second condition of the scaling readiness framework—a well-defined target population. It includes questions about the target population along three major dimensions (Table B.I.3):

- 1. Intervention as it was designed**, including the characteristics of the target population as the intervention was originally designed.
- 2. Intervention as it was implemented**, including the characteristics of the population that was eligible to participate in the intervention as it was implemented.
- 3. Evaluation sample for the intervention**, including the participants in the evaluation sample.

**Table B.I.3. Questions about defining the target population**

Question	Response options	Additional guidance
<b>I. Intervention as it was designed</b>		
1. What is the target population for the intervention as it was designed?	[open-ended]	Describes the characteristics of the population that the intervention was originally designed to serve. Includes risk factors, age or grade ranges, participants' locations, gender, and so forth. In the case of several target populations, describes each population.
<b>II. Intervention as it was implemented</b>		
1. Who is eligible to participate in the intervention as it was implemented by the organization?	[open-ended]	Describes who is eligible to participate in the intervention as implemented. Includes risk factors, age or grade ranges, participants' locations, gender, and so forth, along with inclusion and exclusion criteria and information for several target populations.
2. Does the intervention as it is implemented enroll participants primarily from a specific racial or ethnic group?	Yes, participants are primarily from one of the prespecified racial or ethnic categories. No, participants are not primarily from a racial or ethnic category.	Racial/ethnic groups include African American, Hispanic, and other. An even distribution of African American, European American, and Hispanic participants is considered a "no" response.
3. Does the intervention as it is implemented enroll participants primarily from a certain age group?	Yes, participants are primarily from one of the prespecified age group(s). No, participants are not primarily from a certain age group(s).	Age categories include 0-5, 6-9, 10-7, 18-24, 25 55, and 56+. The intervention may be designed to serve participants in a specific age category, but, during implementation, participants from a different age category might enroll. Age group categories include all ages in that range. For example, if an intervention enrolled 4- to 6-year-old children, the response would be "0-5 and 6-9."
4. Does the intervention as it is implemented enroll participants primarily from any of the key populations?	Yes, participants are primarily from one of the prespecified key populations. No, participants are not primarily from a key population.	Key populations include low-income households/individuals, developmentally disabled individuals, homeless individuals, parents/caregivers of young children, parolees, and veterans/military families.



Question	Response options	Additional guidance
<b>III. Evaluation sample for the intervention</b>		
1. Does the evaluation sample differ from the target population of the intervention as it is implemented?	Yes, the evaluation sample and target population differ for the intervention as implemented. No, the evaluation sample and target population do not differ for the intervention as implemented.	Differences may arise if the evaluation sample was a subset of the population served by the intervention. For example, an intervention may have targeted 1,000 students in grades 9 through 12 in Chicago and Detroit, but the evaluation may have considered the outcomes of only 250 of those students in all grades and in both cities. Although the evaluation sample might be representative of the population it served, it does not include all of those served. Questions 2 through 5 are skipped with a “no” response.
2. How does the evaluation sample differ from the target population for the intervention as it is implemented?	[open-ended]	Describes how the evaluation sample differs from the population intended to receive the intervention.
3. Does the evaluation measure outcomes of participants primarily from a particular racial or ethnic group?	Yes, the evaluation measured outcomes of participants primarily from a prespecified racial or ethnic group(s). No, the evaluation did not measure outcomes of participants primarily from a racial or ethnic group(s).	Racial/ethnic groups include African American, Hispanic, and other. An even distribution of African American, European American, and Hispanic participants is considered a “no” response.
4. Does the evaluation measure outcomes of participants primarily from a certain age group?	Yes, the evaluation measured outcomes of participants from a certain age group(s). No, the evaluation did not measure outcomes along the age dimension.	Age categories include 0-5, 6-9, 10-17, 18-24, 25-55, and 56+.
5. Does the evaluation measure outcomes of participants from any of the key populations?	Yes, the evaluation measured outcomes of participants from a prespecified key populations. No, the evaluation did not measure outcomes of participants from the key populations.	Key populations include low-income households/individuals, developmentally disabled individuals, homeless individuals, parents/caregivers of young children, parolees, and veterans/military families.

## D. Implementation supports

This section of the rubric addresses the third condition of the scaling readiness framework—implementation supports (Figure I.2 in the main report). It includes questions in six major areas, each of which describes the supports that help ensure quality in implementation (Table B.I.4).

1. **Implementation monitoring team**, including how the organization ensures fidelity to the intervention model (whether an organization delivered an intervention as intended). It also includes whether implementation issues arose, and whether the organization made any purposeful changes to the implementation supports.
2. **Performance procedures**, including performance goals and benchmarks for how personnel deliver the intervention.
3. **CQI**, including the ongoing, systematic process of identifying, describing, and analyzing strengths and challenges during implementation, along with the collection and use of data to improve the intervention’s processes.
4. **Preservice and inservice training for the personnel**, including initial and ongoing training for those who deliver the intervention as well as the identification of those responsible for the delivery of training.
5. **Communication systems**, including the elements that facilitate high quality communication among intervention leaders, personnel, and partners.
6. **Data systems**, including efforts to track, measure, and store information about implementation and to use the information to help make decisions for monitoring and CQI.

**Table B.I.4. Questions about implementation supports**

Question	Response options	Additional guidance
<b>I. Implementation monitoring team</b>		
1. Is an implementation monitoring team described?	Yes (full), an implementation monitoring team is described, with details provided. Yes (limited), an implementation monitoring team is described, but with no details provided. No, an implementation monitoring team is not mentioned.	A monitoring team ensures that implementation takes place as planned. Team members may play other roles in the organization, such as supervisors, project managers, and project directors, or they may be other personnel dedicated exclusively to ensuring implementation of the intervention takes place with fidelity to the model. Question 2 is skipped with a “no” response.
2. Which personnel make up the implementation monitoring team?	[open-ended]	Describes the team members, including their titles and responsibilities, who are monitoring implementation of the intervention with fidelity to the model.

Question	Response options	Additional guidance
3. Does a process exist for monitoring service delivery to assess fidelity to the intervention as planned?	<p>Yes, steps exist for monitoring fidelity.</p> <p>No, steps to monitor fidelity are not mentioned.</p>	<p>A process for monitoring fidelity to the intervention model ensures that services are being delivered as intended. The process for monitoring implementation fidelity could include collection of service delivery data through observations during site visits or regular reviews of service data entered into a data system. References to processes for assessing whether the “intervention is delivered as intended” are considered in assessing fidelity. Discussions of monitoring quality or other facets of implementation are not considered.</p> <p>Question 4 is skipped with a “no” response.</p>
4. How is implementation fidelity monitored?	[open-ended]	<p>Describes the steps taken to monitor implementation with fidelity, including identification of the individual (by job title) responsible for assessing fidelity, frequency of implementation monitoring, processes for managing/supervising personnel involved in service delivery, and frequency of personnel management or supervisory meetings.</p>
5. Are issues or challenges noted regarding implementation fidelity?	<p>Yes, issues were noted.</p> <p>No, issues regarding fidelity were not mentioned.</p>	<p>Fidelity issues include variation among instructors in the manner in which they deliver the curriculum across classes or cohorts and unplanned modifications to the intervention during the evaluation, such as changing an implementation site or adjusting the curriculum to meet the target population’s unexpected needs.</p> <p>Question 6 is skipped with a “no” response.</p>
6. What issues or challenges are noted regarding implementation fidelity?	[open-ended]	<p>Describes any issues or challenges reported with implementation of the intervention with fidelity.</p>
7. Who was responsible for supervising personnel involved in service delivery?	[open-ended]	<p>Describes, by job title, who supervised the personnel involved in service delivery. If more than one personnel member responsible for supervising the individuals involved in service delivery, identifies each title and who was supervised.</p>
8. How were personnel involved in service delivery supervised?	[open-ended]	<p>Describes the frequency and format of supervision for each job title. For example, supervision may take place on a weekly, monthly, or as needed basis and may be in the form of one-on-one meetings or small team meetings. Supervision extends to check-in meetings, case note reviews, administrative data analysis, communication, and supports for supervisors.</p>

Question	Response options	Additional guidance
9. Did any implementation supports <b>purposefully</b> change from an earlier version of the intervention model before the start of implementation?	<p>Yes, the implementation supports changed from an earlier version of the model before the start of implementation.</p> <p>No, the implementation supports did not change from an earlier version of the model before the start of implementation.</p>	<p>Organizations may make changes to implementation supports before the start of implementation. Purposeful changes to implementation supports may include changes related to the following: the personnel structure, personnel training, supervision and performance management, implementation monitoring, communication processes, and data systems. Question 10 is skipped with a “no” response.</p>
10. What <b>purposeful</b> changes were made to the intervention’s implementation supports?	[open-ended]	<p>Describes implementation supports that purposefully differ from an earlier design of the intervention. Changes may include any support related to the following: steps to ensure fidelity, the personnel structure, personnel training, supervision and performance management, monitoring, communication, and data systems.</p>
<b>II. Performance procedures</b>		
1. Are performance benchmarks established for personnel involved in service delivery described?	<p>Yes (full), performance benchmarks established for personnel involved in service delivery are described, with details provided.</p> <p>Yes (limited), performance benchmarks established for personnel involved in service delivery are described, but with no details provided.</p> <p>No, performance benchmarks established for personnel involved in service delivery were not mentioned.</p>	<p>Performance benchmarks are specific goals that personnel involved in service delivery must meet as related to delivery of the intervention, such as the number of participants contacted per personnel member or the number of participants served per personnel member. Question 2 is skipped with a “no” response.</p>
2. What were the performance benchmarks established for personnel involved in service delivery?	[open-ended]	<p>Describes the performance benchmarks established for personnel involved in service delivery, such as the number of participants contacted per personnel member or the number of participants served per personnel member. If different performance goals are set for specific job titles, goals are listed by job title; for example, “case managers are required to contact 12 participants per day.”</p>
3. Are procedures for monitoring achievement of performance benchmarks described?	<p>Yes, procedures for monitoring achievement of performance benchmarks are described, with details provided.</p> <p>Yes (limited), procedures for monitoring achievement of performance benchmarks are described, but with no details provided.</p> <p>No, procedures for monitoring achievement of performance benchmarks were not mentioned.</p>	<p>Procedures for monitoring achievement of performance benchmarks include how benchmarks are measured and collected, who reviews progress toward benchmarks, and the frequency of performance monitoring. Question 4 is skipped with a “no” response.</p>

Question	Response options	Additional guidance
4. What were the performance benchmarks monitoring procedures?	[open-ended]	Describes the procedures for monitoring achievement of performance benchmarks including how benchmarks are measured and collected, who reviews progress toward goals, and how frequently benchmarks for goals are captured and reviewed. If different performance monitoring procedures are set for specific job titles or roles, monitoring procedures are listed by job title.

### III. Continuous quality improvement (CQI)

1. Are CQI processes for the intervention described?	Yes (full), CQI processes are described, with details provided. Yes (limited), CQI processes are described, but with no details provided. No, CQI processes are not mentioned.	Continuous quality improvement processes refer to procedures for continuously assessing the quality of the intervention as implemented to improve implementation practice. CQI includes regularly testing the intervention and making adjustments as needed, with continual retesting of the modifications to ensure that the intervention is succeeding as planned. Question 2 is skipped with a “no” response.
2. What were the CQI processes for the intervention?	[open-ended]	Describes the process for testing the intervention, including how frequently CQI data is collected.
3. Were data analyzed to support CQI for the intervention?	Yes (full), data were analyzed and used for CQI, with details provided. Yes (limited), data were analyzed and used for CQI, but with no details provided. No, the analysis and use of data for CQI was not mentioned.	CQI requires the collection of data on performance benchmarks and use of the data to provide ongoing personnel development training and the delivery of technical assistance to partners. Data analysis to support CQI includes examining personnel achievement of performance benchmarks. Question 4 is skipped with a “no” response.
4. How were data analyzed to support CQI for the intervention?	[open-ended]	Describes how performance data were used to continuously improve intervention implementation.

### IV. Preservice and inservice training for personnel

1. Is the initial training to deliver the intervention received by personnel described?	Yes (full), initial personnel training to deliver the intervention is described, with details provided. Yes (limited), initial personnel training to deliver the intervention is described, but with no details provided. No, initial personnel training to deliver the intervention is not mentioned.	Training for service delivery given to personnel before implementation begins includes training on intervention content (such as a training on a curriculum used in the intervention), methods for service delivery (such as motivational interviewing), and client processing procedures (such as intake procedures). Question 2 and 3 are skipped with a “no” response.
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Question	Response options	Additional guidance
2. What initial training did personnel receive to deliver the intervention?	[open-ended]	Describes, for each job title, initial personnel training for delivery of the intervention. Specifies when training occurred and training content and format (such as classroom, online). For example, a "summer training institute" for teachers occurs in person (through classroom sessions and practice teaching) in the summer before teachers begin teaching.
3. Who delivered the initial training?	[open-ended]	Describes, by job title, who delivered the initial training (for example, supervisors, personnel involved in service delivery, and partners). Separately identifies people with different job titles who delivered different types of training. For example, Teach For America personnel might deliver a "summer training institute" for teachers.
4. Is the ongoing training to deliver the intervention described by personnel described?	Yes (full), ongoing personnel training to deliver the intervention is described, with details provided. Yes (limited), ongoing personnel training to deliver the intervention is described, but with no details provided. No, ongoing personnel training to deliver the intervention is not mentioned.	Training for personnel involved in service delivery during implementation and throughout the service delivery period includes refresher trainings on intervention content, methods for service, and client processing procedures (such as intake procedures). Question 5 and 6 are skipped with a "no" response.
5. What is the ongoing training needed to deliver the intervention?	[open-ended]	Describes, by job title, the ongoing training that helps service providers deliver the intervention. Details include when and how often training occurred, content (for example, curriculum content, use of data systems), and format (for example, classroom, online).
6. Who delivered the ongoing training?	[open-ended]	Describes, by job title, who delivered the ongoing training (for example, supervisors, service providers, and partners).

#### V. Communication systems

- |  |  |   |
|--|--|---|
| 1. Is a communication system to support coordination among personnel and partners described? | Yes (full), a communication system is described, with details provided.<br>Yes (limited), a communication system is described, but with no details provided.<br>No, a communication system is not mentioned. | Communication systems support coordination among personnel and partners and specify the frequency and the expected duration of communication, the parties responsible for communication, and the expected duration of communication. Systems may vary in the extent to which they specify and standardize communication. For example, a detailed plan may state that, for the first six months of the intervention, service providers must meet as a group with their supervisor for one hour each week to discuss topics related to recruitment and engagement of participants; for the next six months, meetings must take place monthly in the form of hour-long sessions to discuss service provision.<br>Question 2 is skipped with a "no" response. |
|--|--|---|

Question	Response options	Additional guidance
2. What was the communication system for supporting coordination among personnel and partners?	[open-ended]	Describes the communication system, including the frequency and duration of the communication between personnel and with any partners, and which individuals are included in the communication system.
3. Is a process for ensuring the communication system functioned as intended described?	Yes (full), a process for ensuring the communication system functioned is described, with details provided. Yes (limited), a process for ensuring the communication system functioned is described, but with no details provided. No, a process for ensuring the communication system functioned is not mentioned	Processes to ensure a communication system functions as intended include obtaining feedback from personnel regarding the communication system and tracking the communication that takes place. Details include how feedback was obtained regarding the functioning of the communication system. For example, a communication system may have included logs of how often personnel met together\ or used regular check-ins with personnel eliciting feedback on how easily they feel they are able to get in contact with each other or key intervention partners. Question 4 is skipped with a “no” response.
4. What was the process for ensuring the communication system functioned as intended?	[open-ended]	Describes the process for ensuring the communication system functioned as intended.

## VI. Data systems

1. Is a data system to support data collection, analysis, and decision making described?	Yes (full), a data system is in place, with details provided. Yes (limited), a data system is mentioned, but with no details provided. No, a data system is not mentioned.	Data systems (for example, a management information system or a standardized Excel spreadsheet) capture enrollment and participation data and generate reports on participation trends. Such systems support data collection, analysis, and decision making. A detailed description specifies the information captured by the system, the organization’s capacity to analyze recorded data, and how the organization uses the data to support its decision-making processes. Question 2 is skipped with a “no” response.
2. What was the data system developed to support data collection, analysis, and decision making?	[open-ended]	Describes the data system developed to support data collection, analysis, and decision making.
3. Is a process for ensuring data quality described?	Yes (full), a process for ensuring data quality is described, with details provided. Yes (limited), a process for ensuring data quality is described, but with no details provided. No, a process for ensuring data quality is not mentioned.	Processes for ensuring that the data collected are of high quality, such as checking for the completeness, accuracy, consistency, and timeliness of the data. For example, there is a plan to check participation data entered into a data system with paper records of attendance or case note file reviews. Question 4 is skipped with a “no” response.

Question	Response options	Additional guidance
4. What was the process for ensuring the quality of the data collected through the data system?	[open-ended]	Describes the process for ensuring that the data collected through the data system was of high quality.
5. Is a data system to support data collection, analysis, and decision making described?	<p>Yes (full), a data system is in place, with details provided.</p> <p>Yes (limited), a data system is mentioned, but with no details provided.</p> <p>No, a data system is not mentioned.</p>	<p>Data systems (for example, a management information system or a standardized Excel spreadsheet) capture enrollment and participation data and generate reports on participation trends. Such systems support data collection, analysis, and decision making. A detailed description specifies the information captured by the system, the organization's capacity to analyze recorded data, and how the organization uses the data to support its decision-making processes.</p> <p>Question 2 is skipped with a "no" response.</p>



## E. Enabling context

This subsection addresses the fourth condition of the scaling readiness framework—the enabling context. It includes three aspects of the context in which organizations provide services (Table B.I.5):

1. **Support for the intervention**, including support from organizational leadership and partner agencies for implementing and evaluating the intervention.
2. **Innovation and learning**, including earlier activities that the organization might have undertaken in an effort to introduce new practices or improve the intervention and the organization’s ability to understand the reason for any successes.
3. **Improvement in response to challenges**, including the identification of any challenges that organizations have encountered during implementation of the intervention and the solutions to those challenges.

**Table B.I.5. Questions about the enabling context**

Question	Response options	Additional guidance
<b>I. Leaders, key stakeholders, and partners support for the intervention</b>		
1. Is support from organizational leaders for the intervention described?	Yes (full), support from organizational leaders for the intervention is described, with details provided. Yes (limited), support from organizational leaders for the intervention is described, but with no details provided. No, support from organizational leaders for the intervention is not mentioned.	Describes organizational leaders and their commitment to the intervention. For example, organization leaders are described as engaging in planning activities or making implementation of the intervention a priority for the organization. Question 2 is skipped with a “no” response.
2. How was support from organizational leaders for the intervention demonstrated?	[open-ended]	Describes how support was demonstrated by organizational leaders.
3. Is support from stakeholders and/or partners for the intervention described?	Yes (full), support from stakeholders and/or partners for the intervention is described, with details provided. Yes (limited), support from stakeholders and/or partners for the intervention is described, but with no details provided. No, support from stakeholders and/or partners for the intervention was not mentioned.	Describes stakeholders’ and/or partners’ commitment to the intervention. Stakeholders and partners include service delivery partners or leadership at implementation sites. Support may be demonstrated by securing space for service delivery at local implementation sites or removing responsibility for non-intervention related workload for personnel involved in service delivery. Question 4 is skipped with a “no” response.
4. How was support from organization stakeholders and/or partners for the intervention demonstrated?	[open-ended]	Describes how support was demonstrated by stakeholders and/or partners.

Question	Response options	Additional guidance
<b>II. Innovation and learning</b>		
1. Is there any description of the organization's earlier efforts to be innovative?	<p>Yes (full), efforts to be innovative are described, with details provided.</p> <p>Yes (limited), efforts to be innovative are described, but with no details provided.</p> <p>No, efforts to be innovative were not mentioned.</p>	<p>Describes organizational efforts to identify, develop, and implement new ways of meeting community needs. For example, organizational innovation could include offering new products or services or identifying novel ways of delivering regularly available services.</p> <p>Question 2 is skipped with a "no" response.</p>
2. What were the innovative efforts described?	[open-ended]	Describes organization's efforts to be innovative.
3. Is there a description of the organization's efforts to improve its interventions?	<p>Yes (full), efforts to improve its interventions are described, with details provided.</p> <p>Yes (limited), efforts to improve its interventions are described, but with no details provided.</p> <p>No, efforts to improve its interventions are not mentioned.</p>	<p>Describes the way in which organizations have improved interventions. Improvement may be demonstrated by a description of how the organization advanced its practices and enhanced the current service array. For instance, the evaluated intervention may have improved upon a previous version of the intervention by making changes to its recruitment strategies.</p> <p>Question 4 is skipped with a "no" response.</p>
4. What were the improvement efforts described?	[open-ended]	Describes organization's efforts to improve interventions.
5. Is there any discussion of successes regarding implementation of the intervention?	<p>Yes (full), implementation successes are discussed, with details provided.</p> <p>Yes (limited), implementation successes are discussed, but with no details provided.</p> <p>No, implementation successes were not mentioned.</p>	<p>Describes successes related to implementing intervention core elements, recruiting or serving the target population(s), supporting implementation, and creating an enabling context.</p> <p>Question 6 is skipped with a "no" response.</p>
6. What were the implementation successes of the intervention and the reasons for those successes?	[open-ended]	Describes the implementation successes and the reasons for those successes.
<b>III. Improvement in response to challenges</b>		
1. Is there any discussion of challenges regarding implementation of the intervention?	<p>Yes, challenges were discussed.</p> <p>No, challenges were not discussed.</p>	<p>Challenges could be related to intervention components, target population(s), implementation supports, and the enabling context.</p> <p>Question 2 is skipped with a "no" response.</p>
2. What were the challenges regarding implementation of the intervention and solutions to those challenges?	[open-ended]	Includes the implementation challenges and the solutions to those challenges, if any.

## F. Implementation infrastructure

This section of the rubric addresses the fifth condition of the scaling readiness framework—implementation infrastructure (Figure I.2 in the main report). It includes questions in four major areas, each of which describes the organization’s infrastructure in support of implementation of the intervention (Table B.I.6).

1. **Financial resources**, including how the organization demonstrates that it or its partners successfully supported implementation of the intervention with dedicated financial resources.
2. **Sufficient personnel**, including whether the organization dedicated the personnel needed either to implement or scale the intervention.
3. **Materials**, including the standardization of materials and tailoring of materials to meet participants’ needs.
4. **Physical space**, including the availability of space necessary for service delivery.
5. **Human resource system**, including a human resource system that is critical in typically overseeing three highly important, recognized implementation drivers—hiring, training, and ongoing supervision.

**Table B.I.6. Questions about implementation infrastructure**

Question	Response options	Additional guidance
<b>I. Financial resources</b>		
1. Does the organization provide funding for implementation of the intervention?	Yes (full), adequate funding is in place, with details provided. Yes (limited), adequate funding is in place, but with no details provided. No, funding is not mentioned.	Describes the amount and source of funds and, if applicable, partners’ funding for implementation of the intervention. Question 2 is skipped with a “no” response.
2. What funding was provided by the organization for implementation of the intervention?	[open-ended]	Describes the funding provided by the organization for implementation of the intervention.
<b>II. Sufficient personnel</b>		
1. Does the organization provide personnel to implement the intervention (including dedicated supervisors and service providers)?	Yes (full), the organization provides dedicated personnel, with details provided. Yes (limited), the organization provides dedicated personnel, but with no details provided. No, dedicated personnel are not mentioned.	Describes the number of personnel needed for implementation, whether personnel worked exclusively on intervention implementation or also had nonintervention responsibilities, and, if applicable, partners’ role in providing personnel for the intervention. Question 2 is skipped with a “no” response.
2. How many personnel were provided by the organization to implement the intervention?	[open-ended]	Describe the number of personnel needed for implementation.

Question	Response options	Additional guidance
<b>III. Materials</b>		
1. Is there a description of materials needed for the intervention?	Yes (full), intervention materials are described, with details provided. Yes (limited), intervention materials are mentioned, but with no details provided. No, needed intervention materials are not mentioned.	Describes the materials needed to implement the intervention, such as workbooks, culturally sensitive documents, or other handouts. Question 2 is skipped with a “no” response.
2. What were the materials needed for the intervention?	[open-ended]	Describes the intervention materials needed for implementation.
<b>IV. Physical space</b>		
1. Is there a description of the physical space needed for the intervention?	Yes (full), the physical space is described, with details provided. Yes (limited), the physical space is described, but with no details provided. No, the physical space is not mentioned.	Describes the physical space needed for implementation, such as the size or number of classrooms needed to fit the target number of participants or the availability of private meeting spaces for one-on-one service delivery. Question 2 is skipped with a “no” response.
2. What physical space was needed for implementation of the intervention?	[open-ended]	Describes the physical space needed for implementation.
<b>V. Human resource system</b>		
1. Is a human resource system in place to hire, supervise, and develop the personnel?	Yes (full), a human resource system is in place, with details provided. Yes (limited), a human resource system is in place, but with no details provided. No, a human resource system is not mentioned.	A human resource system supports implementation through processes and procedures for hiring personnel who meet qualifications for implementation with fidelity; for defining a supervisory structure (including the identification of who reports to whom, the frequency of supervisory meetings, mechanisms for reporting on personnel progress); and for providing personnel development (including planned training for personnel and opportunities for performance monitoring and improvement). A clearly defined human resource system specifies how these supports are routinized and whether procedural guidelines are developed to standardize the supports. Question 2 is skipped with a “no” response.
2. What was the human resource system put in place for the intervention?	[open-ended]	Describes the human resource system put in place for the intervention.

## II. SCALING READINESS SECTION

The scaling readiness section of the rubric is used to assess an intervention’s readiness to be scaled and the organization’s ability to support that scaling as described in the organization’s narrative application for funding or in the organization’s scaling plan. This section is used

primarily to assess the degree to which the organization specifies details critical for assessing that the intervention and the organization will be able to successfully implement the intervention and to what degree the intervention proposed for scaling differs from the intervention that was evaluated (and described using the previous section of the rubric that was applied to the intervention's evaluation report). The section includes six subsections. One subsection collects background information about the approach to scaling and the context in which implementation will occur, and the next five subsections collect information on each of the five conditions needed for scaling. (Figure I.2 in the main report).

## A. Scaling approach and its context

Table B.II.1 provides the first subsection of the rubric, which includes two types of questions about the organization's approach to scaling and the context in which it occurs:

- 1. Scaling approach** planned for the intervention. Research from implementation science includes three forms of scaling. (1) **Expansion** extends the intervention to more people in the same target population in the same location. Successful expansion requires the intervention and the organization to serve a larger number of participants with the same service quality and in a manner demonstrating fidelity to the model's design. (2) **Replication** extends the intervention to the same target population, but in a new location. Successful replication requires the intervention and the organization to maintain service quality and fidelity to the intervention in the new location. (3) **Adaptation** extends the intervention to a new target population. Successful adaptation requires the organization to change the intervention in a way that maintains service quality. AmeriCorps also funded some AmeriCorps State and National organizations to sustain or deepen the intervention services instead of scaling the intervention. Some organizations received funds to **sustain** services, which means that the intervention will continue serving the same target population in the current location without any purposeful changes to it. Some organizations received funds to **deepen** services, which means that the intervention will serve the same target population in the current location, but with enhanced services (for example, more hours of job coaching).
- 2. Local context and demand** associated with the geographic area where the intervention is proposed for scaling. Local contextual factors include any regional, state, and local features that may affect implementation of the intervention, and local demand factors include evidence of demand for the intervention in the local area.

**Table B.II.1. Questions about scaling approach and local context**

Question	Response options	Additional guidance
<b>I. Scaling approach</b>		
1. What is the organization's proposed intervention?	[open-ended]	Describes the proposed intervention, including its core components and activities and plans for implementation.
2. How does the organization self-categorize its scaling approach?	Expansion Replication Adaption Sustaining services Deepening services Not described	Describes the <b>self-categorization</b> of the scaling approach.
3. Based on the description of the proposed intervention, what is the scaling approach?	Expansion Replication Adaption Sustaining services Deepening services	Describes the scaling approach as defined by implementation science.
4. Will the intervention proposed for scaling be implemented by the organization that developed it?	Yes, the intervention proposed for scaling will be implemented by the organization developing it. No, the intervention proposed for scaling was developed by a different organization.	Describes whether the scaled intervention was developed by the implementing organization or by another entity.
<b>II. Local context and demand</b>		
1. Does the organization provide evidence of demand in the local area for the intervention that is being scaled?	Yes (full), evidence exists for local demand for the intervention being scaled, with details provided. Yes (limited), demand exists for the intervention being scaled, but with no details provided. No, local demand is not mentioned or does not exist.	Means of illustrating local demand include the results of a needs assessment, a landscape analysis specifying the scope of the intervention, or informal data collection via attendance at community meetings or conversations with key stakeholders. The results of such efforts must motivate the proposed scaling approach.
2. Does the organization provide evidence that the local, regional, or state context will be conducive to scaling the intervention?	Yes (full), the context will be conducive to scaling, with details provided. Yes (limited), the context will be conducive to scaling, but with no details provided. No, the context is not mentioned or not conducive to scaling.	Evidence exists that key community partners will value the intervention and that stakeholders at the local, regional, or state level will not impede implementation. Such evidence might include memorandum of understanding, grants, contracts or more formal arrangements, as well as tacit relationships, such as board memberships.

## B. Well-specified intervention

This subsection addresses the first condition of the scaling readiness framework—the well-specified intervention—as described in the organization's plan for scaling. It includes overall questions on the core elements of the intervention proposed for scaling and their dimensions for service delivery, as well as the definition of participants completing the intervention (subsection B.I.2 describes these dimensions). The subsection asks questions about five dimensions of intervention specification (Table B.II.2): (1) core elements (services, the intervention's content

area, and whether a standardized intervention model is used), (2) mode of service delivery, (3) intensity, (4) personnel needs, (5) setting, and (6) definition of completion. For each, questions (1) categorize the specificity of the proposed intervention elements, (2) identify differences between the proposed intervention element and the evaluated intervention element (as described in the intervention evaluation reports and captured in subsection B.I.2 of the rubric), and, if applicable, (3) report the rationale for differences between the proposed intervention element and evaluated intervention element. If the organization proposes to expand to a new population or replicate the intervention, it may not make any changes to the intervention itself.

**Table B.II.2. Questions about specifying the intervention proposed for scaling**

Question	Response options	Additional guidance
<b>I. Core elements</b>		
1. Are the core elements of the intervention well specified?	<p>Yes (full), core elements are well specified, with details provided.</p> <p>Yes (limited), core elements are specified, but with no details provided.</p> <p>No, core elements are not mentioned.</p>	Core elements are the set of activities or curricula that result in participants' receipt of services, such as a description of services, the content area of the intervention, the existence of a standardized intervention model, the services or curriculum comprising the intervention, and the content area of the intervention to be delivered. A standardized intervention is considered to have a clearly specified intervention.
2. Do the proposed core elements differ from those in the evaluation?	<p>Yes (full), proposed core elements differ from those evaluated, with details of the differences provided.</p> <p>Yes (limited), proposed core elements differ from those evaluated, but with no details provided.</p> <p>Do not know; proposed core elements are not defined.</p> <p>No, proposed core elements for the evaluation and intervention are the same.</p>	The proposed core elements of the intervention for scaling may differ from the core elements of the intervention that were evaluated. Changes to the intervention could include the addition of services, the modification of existing services, the discontinuation of some services, the addition of content, or the use of a new curriculum, all described in sufficient detail to allow an external audience to replicate them. Question 3 is skipped with a "don't know" or "no" response.
3. Does a rationale or support exist for the proposed change(s) to the core elements?	<p>Yes, a rationale or support for the change(s) is provided.</p> <p>No, a rationale or support is not provided.</p>	Organizations may provide a reason for differences between the proposed intervention core elements and the evaluated core elements. Support might refer, for example, to research showing that a proposed change has positive impacts on outcomes.

Question	Response options	Additional guidance
<b>II. Mode of service delivery</b>		
1. Is the service delivery model well-specified?	<p>Yes (full), the service delivery model is well-specified, with details provided.</p> <p>Yes (limited), the service delivery model is specified, but with no details provided.</p> <p>No, the service delivery model is not mentioned.</p>	<p>The service delivery model specifies how services are delivered, who delivers services, and the mode through which services are delivered. For example, services may be delivered in groups or one-on-one meetings, by peer educators or teams of facilitators, and the through the use of electronic communication or in-person meetings. A standardized intervention clearly specifies the service delivery model.</p>
2. Does the proposed service delivery model differ from the service delivery model implemented during the evaluation?	<p>Yes (full), the proposed service delivery model differs from the intervention evaluated, with details provided.</p> <p>Yes (limited), the proposed service delivery model differs from the intervention evaluated, but with no details provided.</p> <p>Do not know; the service delivery model is not defined.</p> <p>No, the proposed and evaluation service delivery models are the same.</p>	<p>The proposed service delivery model for the intervention for scaling may differ from the service delivery model of the intervention that was evaluated. Changes to the service delivery model could include the type of delivery (such as face-to-face meetings or electronic communications) and the nature of delivery (such as in a group or one-on-one meetings).</p> <p>Question 3 is skipped with a “don’t know” or “no” response.</p>
3. Does a rationale or support exist for the proposed change(s) to the service delivery model?	<p>Yes, a rationale or support for the change(s) is provided.</p> <p>No, a rationale or support for the proposed change(s) is not provided.</p>	<p>Organizations may provide a reason for differences between the proposed interventions’ service delivery mode and the evaluated service delivery mode. Support could include research showing that a proposed change has positive impacts on outcomes.</p>
<b>III. Intensity</b>		
1. Is the intensity of the intervention well-specified?	<p>Yes (full), the intensity is well-specified, with details provided.</p> <p>Yes (limited), the intensity is specified, but with no details provided.</p> <p>No, the intensity is not mentioned.</p>	<p>Describes the total number of hours of intervention programming participants will receive. This is based on how long an intervention will last (duration) and the amount of services participants will receive (dosage), including the frequency of intervention interaction and hours of service.</p>
2. Does the proposed intensity of the scaled intervention differ from the intensity of the intervention evaluated?	<p>Yes (full), the proposed intensity differs from the intervention evaluated, with details of the differences provided.</p> <p>Yes (limited), the proposed intensity differs from the intervention evaluated, but with no details provided.</p> <p>Do not know; the intensity is not defined.</p> <p>No, the proposed and evaluated intensity is the same.</p>	<p>The proposed intensity of the intervention for scaling may differ from the intensity of the intervention that were evaluated. Differences may include changes to how long an intervention lasts, how many times a participant and a service provider meet, and how many hours of service content a participant receives.</p> <p>Question 3 is skipped with a “don’t know” or “no” response.</p>



Question	Response options	Additional guidance
3. Does a rationale or support exist for the proposed change(s) to the intensity of the intervention?	Yes, a rationale for the change(s) is included, with details provided. No, a rationale for the change(s) to dosage or duration is not mentioned.	Organizations may provide a reason for differences between the proposed interventions' intensity and the evaluated intensity. Support might include research showing that a proposed change has positive impacts on outcomes.

#### IV. Personnel needs

1. Are the qualifications clearly specified for the personnel involved in delivering the intervention?	Yes (full), personnel qualifications are clearly specified, with details provided. Yes (limited), personnel qualifications are specified, but with no details provided. No, personnel qualifications are not mentioned.	Clearly specified qualifications for each job title involved in delivering services for the scaled intervention. Qualifications could include required training or education and experience levels of the personnel delivering the intervention services.
2. Do the proposed personnel qualifications after scaling differ from the qualifications of personnel delivering services as part of the evaluation?	Yes (full), the proposed personnel qualifications differ from the intervention evaluated, with details of the differences provided. Yes (limited), the proposed personnel qualifications differ, but with no details of the differences provided. Do not know; the personnel qualifications are not defined. No, the proposed and evaluation personnel qualifications are the same.	The proposed personnel of the intervention for scaling may differ from the personnel of the intervention that were evaluated. Differences in personnel qualifications may include education, experience, or various levels of training. Question 3 is skipped with a "don't know" or "no" response.
3. Does a rationale or support exist for the proposed change(s) to the personnel qualifications?	Yes, a rationale or support exists for the personnel qualifications change(s). No, a rationale for the proposed change(s) is not mentioned.	Organizations may provide a reason for differences between the proposed interventions' personnel and the personnel of the evaluated intervention. A rationale could include research showing that a proposed change has positive impacts on outcomes.

#### V. Setting

1. Is the implementation setting clearly specified?	Yes (full), the implementation setting is clearly specified, with details provided. Yes (limited), the implementation setting is specified, but with no details provided. No, the implementation setting is not mentioned.	Implementation setting includes the geographic location of implementation and where an intervention takes place. The description of the implementation setting may include the city and state; whether the intervention is being implemented in a school, community-based organization, or workforce center; and the number of implementation settings. The number of implementation sites is not considered a change unless the new sites are located in a new city, state, or type of setting (such as a different implementing agency).
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Question	Response options	Additional guidance
2. Does the proposed implementation setting differ from the evaluation's implementation setting?	<p>Yes (full), the proposed setting differs from the evaluation setting, with details provided.</p> <p>Yes (limited), the proposed setting differs from the evaluation setting, but with no details provided.</p> <p>Do not know; the setting is not described.</p> <p>No, the proposed and evaluation setting are the same.</p>	<p>The proposed implementation setting of the intervention for scaling may differ from the implementation setting of the intervention that was evaluated. Differences in the implementation setting might include delivering services in a new city, state, region, or urban/rural area as well as switching from a community-based to a school-based intervention.</p> <p>Question 3 is skipped with a "don't know" or "no" response.</p>
3. Does a rationale or support exist for the proposed change(s) to the implementation setting?	<p>Yes, a rationale exists for the change(s).</p> <p>No, a rationale is not provided for the proposed change(s).</p>	<p>Organizations may provide a reason for differences between the implementation setting of the proposed intervention and the setting of the evaluated intervention. A rationale could include research showing that a proposed change has positive impacts on outcomes.</p>
<b>VI. Definition of completion</b>		
1. Are the criteria for completion well-specified?	<p>Yes (full), the criteria for completion are well-specified, with details provided.</p> <p>Yes (limited), the criteria for completion are specified, but with no details provided.</p> <p>No, the criteria for completion are not mentioned.</p>	<p>Criteria for completion indicate what participants must do to be considered "completers" or "graduates" for the intervention for scaling. To sufficiently specify the completion criteria, there must also be a definition of a "participant," including the minimum amount of services needed to be received in order to be considered a "participant." For example, to be considered a participant, a youth must attend at least 1 case manager meeting; to be considered a completer or graduate, participants must attend 10 case manager meetings.</p>
2. Do the criteria for completion differ from the criteria described in the evaluated intervention?	<p>Yes (full), the proposed completion criteria differ from the criteria for the intervention evaluated, with details provided.</p> <p>Yes (limited), the proposed completion criteria differ from the criteria for the intervention evaluated, but no details are provided.</p> <p>Do not know; the completion criteria are not described.</p> <p>No, the proposed and evaluated criteria for completion are the same.</p>	<p>The completion criteria of the intervention for scaling may differ from the completion criteria of the evaluated intervention. Changes to the criteria for completion might include requiring a new minimum amount of services to be attended to be considered a participant or a change in the number of services received to be considered a graduate of the intervention.</p> <p>Question 3 is skipped with a "don't know" or "no" response.</p>
3. Does a rationale or support exist for the proposed change(s) to the participant completion definition?	<p>Yes, a rationale or support for the change(s) is provided.</p> <p>No, a rationale or support for the proposed change(s) is not provided.</p>	<p>Organizations may provide a reason for differences between the completion criteria of the proposed intervention and the completion criteria of the evaluated intervention. A rationale could include research showing that a proposed change has positive impacts on outcomes.</p>

## C. Well-defined target population

This subsection of the rubric addresses the second condition of the scaling readiness framework—well-defined target population (Figure I.2 in the main report). It includes questions discussed in subsection B.I.3 about the target population proposed for scaling (Table B.II.3) and describes differences between the proposed target population after scaling and the population studied in the evaluation. If the organization proposes to expand the population size or replicate the intervention, it may not make any changes to the target population.

**Table B.II.3. Questions about the target population proposed for scaling**

Question	Response options	Additional guidance
1. Is the target population well-specified?	Yes (full), the target population is clearly specified, with details provided. Yes (limited), the target population is specified, but with no details provided. No, the target population is not mentioned.	Describes who is eligible to participate in the intervention, including inclusion and exclusion criteria. For example, a proposed intervention to serve unemployed adults should include examples of eligible age ranges (for example, 18-64), length of unemployment, and any other inclusion or exclusion criteria such as no felony conviction.
2. Does the proposed target population differ from the evaluation sample?	Yes (full), the proposed and evaluation populations differ, with details of the differences provided. Yes (limited), the proposed and evaluation populations differ, but with no details of the differences provided. Do not know; the populations are not defined. No, the proposed and evaluation populations are the same.	Changes to the target population include age requirements (for example, expanding the eligible age range from 11- to 13-year-old children to 10- to 14-year-old children), personal characteristics (for example, risk factors or education levels), or eligibility (for example, veterans or youth). Question 3 is skipped with a “don’t know” or “no” response.
3. Does a rationale or support exist for the proposed change(s) to the target population?	Yes, a rationale exists for the change(s), with details provided. No, no rationale for the change(s) is mentioned.	A rationale could include research showing that a proposed change has had positive impacts on outcomes in other studies or that modifications could be based on the recommendations.

## D. Implementation supports

This section of the rubric addresses the third condition of the scaling readiness framework—implementation supports (Figure I.2 in the main report). It includes questions about the implementation supports discussed in subsection B.I.4 that are available for the scaled intervention (Table B.II.4): (1) implementation monitoring team, (2) performance procedures, (3) CQI, (4) preservice and inservice training for the personnel, (5) communication system, and (6) data system.

**Table B.II.4. Questions about implementation supports for the intervention proposed for scaling**

Question	Response options	Additional guidance
<b>I. Implementation monitoring team</b>		
1. Is a team proposed to monitor implementation of the scaled intervention?	<p>Yes (full), a team is proposed, with details provided.</p> <p>Yes (limited), a team is described, but with no details provided.</p> <p>No, a team is not mentioned.</p>	<p>A monitoring team ensures that implementation takes place as planned. Team members may play other roles in the organization (such as supervisors, project managers, and project directors) or they may be other personnel dedicated exclusively to ensuring that the intervention is implemented with fidelity to the model. Details include specific information about members of the implementation team.</p>
2. Does a process for monitoring fidelity to the intervention model exist for the scaled intervention?	<p>Yes (full), a process for monitoring fidelity to the intervention model is described, with details provided.</p> <p>Yes (limited), a process for monitoring fidelity to the intervention is described, but with no details provided.</p> <p>No, a process for monitoring fidelity is not mentioned.</p>	<p>A process for monitoring fidelity to the intervention model ensures that services are being delivered as intended. The process for monitoring implementation fidelity could include collecting service delivery data through observations during site visits or regular reviews of service data entered into a data system. Details include identification of the individual (by job title) responsible for assessing fidelity, frequency of implementation monitoring, processes for managing/supervising personnel, and frequency of personnel management or supervisory meetings.</p>
<b>II. Performance procedures</b>		
1. Do performance benchmarks exist for personnel involved in service delivery of the scaled intervention?	<p>Yes (full), performance benchmarks are described, with details provided.</p> <p>Yes (limited), performance benchmarks are described, but with no details provided.</p> <p>No, performance benchmarks are not mentioned.</p>	<p>Performance benchmarks are specific goals that personnel must meet as related to delivery of the scaled intervention, such as the number of participants contacted per personnel member or the number of participants served per personnel member.</p>
2. Do procedures for monitoring achievement of performance benchmarks exist for the scaled intervention?	<p>Yes (full), procedures for monitoring achievement of performance benchmarks are described, with details provided.</p> <p>Yes (limited), procedures for monitoring achievement of performance benchmarks are described, but with no details provided.</p> <p>No, procedures for monitoring achievement of performance benchmarks are not mentioned.</p>	<p>Procedures for monitoring achievement of performance benchmarks include how benchmarks are measured and collected, who reviews progress toward benchmarks, and the frequency of performance monitoring.</p>

Question	Response options	Additional guidance
<b>III. Continuous quality improvement (CQI)</b>		
1. Are CQI processes proposed for the scaled intervention?	<p>Yes (full), CQI processes are proposed, with details provided.</p> <p>Yes (limited), CQI processes are proposed, but with no details provided.</p> <p>No, CQI processes are not mentioned.</p>	<p>CQI processes refer to procedures for continuously assessing the quality of the intervention as implemented to improve implementation practice. CQI includes regularly testing the intervention and making adjustments as needed, with continual retesting of the modifications to ensure that the intervention is succeeding as planned. Details include a description of the data collected throughout this process.</p>
2. Does a plan exist to analyze data to support CQI for the scaled intervention?	<p>Yes (full), data analysis to support CQI are described, with details provided.</p> <p>Yes (limited), data analysis to support CQI are described, but with no details provided.</p> <p>No, data analysis to support CQI is not mentioned.</p>	<p>CQI requires the collection of data on performance benchmarks and use of the data to provide ongoing personnel development training and the delivery of technical assistance to partners. Describes plans for using data to support CQI includes examining personnel achievement of performance benchmarks.</p>
<b>IV. Preservice and inservice training for personnel</b>		
1. Do plans exist to provide initial training to personnel to deliver the scaled intervention?	<p>Yes (full), initial training plans are described, with details provided.</p> <p>Yes (limited), initial training plans are described, but with no details provided.</p> <p>No, initial training plans are not mentioned.</p>	<p>Training for service delivery given to personnel before implementation begins includes training on intervention content (such as a training on a curriculum used in the intervention), methods for service delivery (such as motivational interviewing), and client processing procedures (such as intake procedures).</p>
2. Do plans exist to provide ongoing training to personnel to implement the scaled intervention?	<p>Yes (full), ongoing training plans are described, with details provided.</p> <p>Yes (limited), ongoing training plans are described, but with no details provided.</p> <p>No, ongoing training plans are not mentioned.</p>	<p>Training for service delivery given to personnel during implementation and throughout the service delivery period, includes refresher trainings on intervention content, methods for service, and client processing procedures (such as intake procedures).</p>
<b>V. Communication system</b>		
1. Does a communication system exist to support coordination among personnel and partners for the scaled intervention?	<p>Yes (full), a communication system exists, with details provided.</p> <p>Yes (limited), a communication system is mentioned, but with no details provided.</p> <p>No, a communication system is not mentioned.</p>	<p>Communication systems support coordination among personnel and partners and specify the frequency and expected duration of communication and the parties responsible for communication. Systems may vary in the extent to which they specify and standardize communication. For example, a detailed plan may state that, for the first six months of the intervention, service providers must meet as a group with their supervisor for one hour each week to discuss topics related to recruitment and engagement of participants; for the next six months, meetings must take place monthly in the form of hour-long sessions to discuss service provision.</p>

Question	Response options	Additional guidance
<p>2. Do processes exist for ensuring the communication system is functioning as intended for the scaled intervention?</p>	<p>Yes (full), processes for ensuring the communication system is functioning as intended are described, with details provided.</p> <p>Yes (limited), processes for ensuring the communication system is functioning as intended are described, but with no details provided.</p> <p>No, processes for ensuring the communication system is functioning as intended are not mentioned.</p>	<p>Processes to ensure a communication system functions as intended include obtaining feedback from personnel regarding the communication system and tracking the communication that takes place. Details include how feedback was obtained regarding the functioning of the communication system. For example, a communication system may have included logs of how often personnel met together or used regular check-ins with personnel eliciting feedback on how easily they feel they are able to get in contact with each other or key intervention partners.</p>
<p><b>VI. Data system</b></p>		
<p>1. Does a data system exist to support data collection, analysis, and decision making for the scaled intervention?</p>	<p>Yes (full), a data system is described, with details provided.</p> <p>Yes (limited), a data system is described, but with no details provided.</p> <p>No, a data system is not mentioned.</p>	<p>Data systems capture enrollment and participation data and generate reports on participation trends. Such systems support data collection, analysis, and decision making. Details include the information captured by the system, the organization's capacity to analyze recorded data, and how the organization uses the data to support its decision-making processes.</p>
<p>2. Does a process exist for ensuring the data quality for the scaled intervention?</p>	<p>Yes (full), a process for ensuring the data quality is described, with details provided.</p> <p>Yes (limited), a process for ensuring the data quality is described, but with no details provided.</p> <p>No, a process for ensuring the data quality is not mentioned.</p>	<p>Processes for ensuring that the data collected are of high quality, such as checking for the completeness, accuracy, consistency, and timelines of the data. For example, there is a plan to check participation data entered into a data system with paper records of attendance or case note file reviews.</p>

## E. Enabling context

This subsection addresses the fourth condition of the scaling readiness framework—the enabling context. It includes questions about the implementation supports discussed in subsection B.I.5 that are available for the scaled intervention (Table B.II.5). Support for scaling pertains to the organization’s leaders and key stakeholders, as well as to the organization’s culture and its focus on innovation, learning, and improvement. The enabling context involves questions in three major areas about the system in which organizations provide services: (1) organizational leadership and partner support, (2) innovation and learning and (3) improvements in response to challenges.

**Table B.II.5. Questions about the enabling context for the organization proposing the scaling**

Question	Response options	Additional guidance
<b>I. Leaders, key stakeholders, and partners support for the intervention</b>		
1. Is support from organizational leaders for scaling the intervention described?	<p>Yes (full), support from organizational leaders for scaling the intervention is described, with details provided.</p> <p>Yes (limited), support from organizational leaders for scaling the intervention is described, but with no details provided.</p> <p>No, support from organizational leaders for scaling is not mentioned.</p>	<p>Describes organizational leaders and their commitment to scaling the intervention. For example, organization leaders are part of the team that is overseeing the AmeriCorps grant and the scaling plan for the intervention.</p> <p>Question 2 is skipped with a “no” response.</p>
2. Is support from stakeholders and/or partners for scaling the intervention described?	<p>Yes (full), support from stakeholders and/or partners for scaling the intervention is described, with details provided.</p> <p>Yes (limited), support from stakeholders and/or partners for scaling the intervention is described, but with no details provided.</p> <p>No, support from stakeholders and/or partners for scaling the intervention is not mentioned.</p>	<p>Describes stakeholders and/or partners’ commitment to scaling the intervention. Stakeholders and partners include service delivery partners or leadership at implementation sites. Support may be demonstrated by securing space for service delivery or removing responsibility for non-intervention related workload for service providers so they can focus on scaling the intervention.</p>
<b>II. Innovation and learning</b>		
1. Has the organization previously participated in efforts to be innovative?	<p>Yes (full), efforts to be innovative are described, with details provided.</p> <p>Yes (limited), efforts to be innovative are described, but with no details provided.</p> <p>No, efforts to be innovative were not mentioned.</p>	<p>Describes organizational efforts to identify, develop, and implement new ways of meeting community needs. For example, organizational innovation could include offering new products or services or identifying novel ways of delivering regularly available services.</p>
2. Has the organization previously participated in activities to improve its interventions?	<p>Yes (full), efforts to improve its interventions were described, with details provided.</p> <p>Yes (limited), efforts to improve its interventions were described, but with no details provided.</p> <p>No, efforts to improve its interventions were not mentioned.</p>	<p>Describes the way in which organizations have improved interventions. Improvement may be demonstrated by a description of how the organization advanced its practices and enhanced the current service array. For instance, the evaluated intervention may have improved upon a previous version of the intervention by making changes to its recruitment strategies.</p>
<b>III. Improvements in response to challenges</b>		
1. Did the organization previously face challenges in supporting intervention implementation?	<p>Yes (full), the organization faced challenge(s), with details provided.</p> <p>Yes (limited), the organization faced challenges, but with no details provided.</p> <p>No, no challenges are described.</p>	<p>Describes earlier challenges experienced by the organization in providing organizational support for implementation of the intervention. For example, organizational leaders might have changed or a previous leader might not have endorsed the intervention and thus refused to dedicate personnel to its implementation.</p> <p>Question 2 is skipped with a “no” response.</p>

Question	Response options	Additional guidance
2. Did the organization make improvements to address earlier challenges in providing organizational support for the scaled intervention?	<p>Yes (full), the organization made improvements to address challenge(s), with details provided.</p> <p>Yes (limited), the organization made improvements to address challenges, but with no details provided.</p> <p>No, improvements to address challenges were not mentioned.</p>	Describes improvements made to address challenges that may include a change in organizational structure or the identification of new funding sources.

## F. Implementation infrastructure

This subsection addresses the fifth condition of the scaling readiness framework—implementation infrastructure. It includes questions about the implementation infrastructure discussed in subsection B.I.6 that are available for the scaled intervention (Table B.II.6): (1) financial resources, (2) sufficient personnel to implement the intervention, (3) materials, (4) physical space, and (5) a human resource system.

**Table B.II.6. Questions about implementation infrastructure for the organization proposing the scaling**

Question	Response options	Additional guidance
<b>I. Financial resources</b>		
1. Will the organization provide funding for the scaled intervention?	<p>Yes (full), funding for scaling exists, with details provided.</p> <p>Yes (limited), funding after scaling exists, but with no details provided.</p> <p>No, funding for scaling is not mentioned.</p>	Describes how the organization and, if applicable, its partners will provide funding to implement the intervention after scaling. Details include the amount and source of funds and the plan to continue providing funds in the future.
<b>II. Sufficient personnel</b>		
1. Will the organization provide dedicated personnel to implement the scaled intervention?	<p>Yes (full), personnel plans are described, with details provided.</p> <p>Yes (limited), personnel plans exist, but with no details provided.</p> <p>No, personnel plans are not mentioned.</p>	Describes the number of personnel who will work on implementation (as compared to the number required by the intervention model), whether personnel will work exclusively on intervention implementation, and, if applicable, partners' role in providing personnel to implement the intervention.
<b>III. Materials</b>		
1. Will the organization have the materials needed for the scaled intervention?	<p>Yes (full), materials are described, with details provided.</p> <p>Yes (limited), materials are mentioned, but with no details provided.</p> <p>No, materials are not mentioned.</p>	Describes how the organization will obtain materials needed for implementation after scaling, such as workbooks, culturally sensitive documents, or other handouts.



Question	Response options	Additional guidance
<b>IV. Physical space</b>		
1. Will the organization have the physical space needed for the scaled intervention?	<p>Yes (full), the physical space is described, with details provided.</p> <p>Yes (limited), the physical space is mentioned, but with no details provided.</p> <p>No, the physical space is not mentioned.</p>	Describes how the organization has or will obtain the physical space needed for implementation after scaling, such as classrooms to fit the target number of participants or private meeting spaces for one-on-one service delivery.
<b>V. Human resource system</b>		
1. Is a human resource system in place to hire, supervise, and develop the personnel for the scaled intervention?	<p>Yes (full), a human resource system is in place, with details provided.</p> <p>Yes (limited), a human resource system is mentioned, but with no details provided.</p> <p>No, a human resource system is not mentioned.</p>	Describes a human resource system to support implementation after scaling. Details specify how the human resource system supports processes and procedures for hiring appropriate personnel, describe a supervisory structure, and provide for personnel development, including a description of how supports are routinized and standardized.

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