

Scaling Evidence-Based Models: Document Review Rubrics

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Scott Richman and Rebekah Selekman

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AmeriCorps
Office of Research and Evaluation
250 E Street, SW
Washington, DC 20525
Project Officer: Lily Zandniapour
Contract Number: GS10F0050L/CNSHQ16F0049

Submitted by:

Mathematica
111 East Wacker Drive, Suite 3000
Chicago, IL 60601
Telephone: (312) 994-1002
Facsimile: (312) 994-1003
Project Director: Scott Richman
Reference Number: 50332

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I. INTRODUCTION

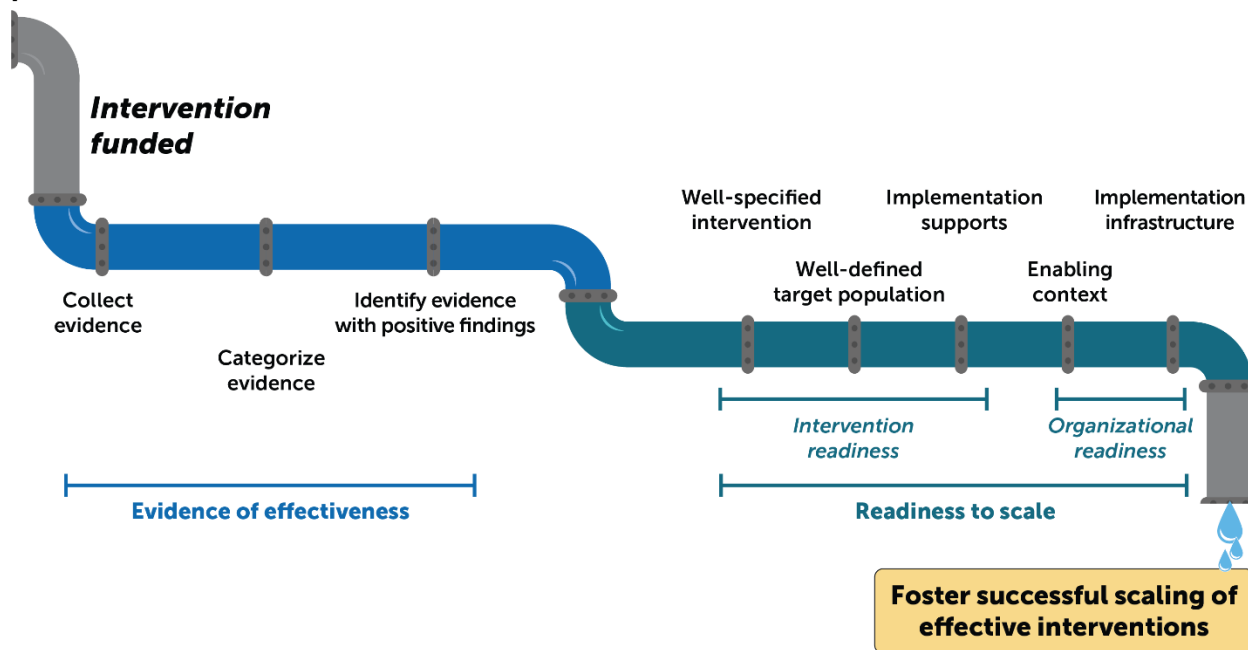
AmeriCorps was established as a federal agency in 1993 with a mission to improve lives, strengthen communities, and foster civic engagement through service and volunteering.¹ The AmeriCorps State and National program and the three AmeriCorps Seniors programs (RSVP, Senior Companions, and Foster Grandparent) are the main avenues through which the agency currently achieves this mission; the Social Innovation Fund (SIF) also provided funding to innovative community-based programs from 2010 to 2016.

In 2016, AmeriCorps funded the Scaling Evidence-Based Models project to gain insights about which of the AmeriCorps State and National and SIF interventions were effective and might be ready to scale. Conducted by Mathematica, this project is designed to generate practical knowledge about how AmeriCorps might foster the successful scaling of effective interventions and support AmeriCorps' efforts to identify which interventions work and how they can work for more people. This information will also help inform the agency's interest in identifying the intervention components that are critical for an intervention's effectiveness.

The project developed and applied the Scaling Programs with Research Evidence and Effectiveness (SPREE) process to help AmeriCorps identify which of its funded interventions demonstrate evidence of effectiveness and a readiness to scale (Maxwell and Richman 2019). The SPREE process has two distinct parts, each of which is represented in Figure I.1. The first part is designed to identify AmeriCorps-funded interventions with evidence of effectiveness, which we define as those that met the project's effectiveness standards and produced favorable findings on the majority of targeted outcomes among participants receiving the intervention. We often refer to interventions that have provided evidence of effectiveness as interventions that work. The second part of the process is designed to determine the extent to which the effective interventions and the organizations implementing them demonstrate a readiness for scaling.

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

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



In this report, we provide an overview of the process, including the rubrics, we applied to the interventions funded from 2015 to 2019 by the AmeriCorps State and National program and from 2010 to 2015 by the SIF. These programs and grantee cohorts were of interest to AmeriCorps and had evidence and scaling documents available for review for this project. Chapter II describes the evidence review process that we applied to evidence documents to identify interventions with evidence of effectiveness. Chapter III describes the scaling review process that we used with scaling plans documents to identify which interventions and organizations were ready to scale. We discuss this process and how we applied review rubrics to the Scaling Evidence-Based Models project so that they can be of use to other funding agencies and grantmaking entities that are interested in identifying and supporting the scaling of interventions with evidence of effectiveness.

II. EVIDENCE REVIEW PROCESS AND RUBRIC

In this chapter, we describe the process that Mathematica used for extracting information on the characteristics of the 32 AmeriCorps-funded interventions identified as having evidence that they work (Richman and Streke 2020). These interventions were among those proposed by AmeriCorps State and National 2015–2019 and SIF 2010–2015 grantees that were judged by an independent, third-party evaluator contracted by AmeriCorps as providing strong or moderate evidence for their intervention.

Table II.1 describes the criteria we applied to each evidence document (typically research reports or journal articles) AmeriCorps grantees submitted for these interventions to determine eligibility for further review. We developed these criteria to align with the overarching goal of the project: to identify interventions with evidence of effectiveness that grantees intended to scale to produce a wider impact.

Table II.1. Standards for categorizing evidence of effectiveness

Criterion	Question	Yes or No
Project objectives		
Study design	Did the study use a comparison group in its research design to allow for causal inferences to be drawn about the impact of the intervention?	
Reporting on methods	Did the study sufficiently describe its research design and statistical approach? For example, did the study provide adequate information on the formation of its study groups and the statistical procedures used to gauge the impacts of the intervention?	
Evaluator independence	Was the study conducted by an evaluator external to the grantee?	
Impact findings	Did the study show consistently favorable findings on the intervention's outcomes of interest? Having consistently favorable findings is defined as having intervention impacts that are statistically significant across the majority of confirmatory research questions examined in the study.	
Scaling plan alignment	Is the intervention assessed in the study aligned to the intervention the grantee plans to scale up?	
Internal validity		
Attrition	If the study was a randomized controlled trial (RCT), did the study experience high attrition? ^a Attrition from the study sample (overall and differential attrition between the study groups) can compromise the initial equivalence of the groups and lead to biased estimates of an intervention's effects. To determine the potential for attrition bias, we used the What Works Clearinghouse (2020) model, ^b which combines the overall and differential attrition rates a study may encounter, and generates acceptable and unacceptable levels of bias.	
Reassignment	If the study was an RCT, did the study use reassignment? Reassignment, or switching study participants from the comparison group to the intervention group (or vice versa) after random assignment, is another major internal validity concern for RCTs. Using reassignment would undermine the important assumption that the intervention and comparison groups are similar at baseline due to random assignment.	
Baseline equivalence	For an RCT study that had high attrition or used reassignment or a study that used a quasi-experimental design, did the study demonstrate baseline equivalence? That is,	

Table II.1 (continued)

Criterion	Question	Yes or No
	<p>did it show that the intervention and comparison groups in the final analytic sample are similar on a pre-test outcome measure at baseline?</p> <p>When intervention and comparison groups are not formed through a randomization process (or when RCTs experience high attrition or use reassignment), it is possible that groups could differ in unobservable ways at baseline even if they appear similar on their measured characteristics. Unmeasured baseline differences can bias estimates of the intervention's impact. As a result, studies must demonstrate baseline equivalence, showing that the intervention and comparison groups have similar observable characteristics at baseline. For this review, equivalence had to be established on at least one primary outcome measure, meaning there were no statistically significant differences on primary outcome measures for the analytic sample at baseline. If a statistical difference occurred, the study would have to statistically control for these baseline differences when analyzing post-test outcomes.</p>	
Confounding factors	<p>Does the study have the presence of a confounding factor that makes it difficult to distinguish between the effect of that factor and the intervention, thus making it impossible to attribute any potential impacts solely to the intervention?</p> <p>One common confounding factor is when some aspect of the research design lines up with either the intervention or comparison group, also referred to as an "n = 1 confound." For example, if the intervention or comparison group comprises a single unit (school, classroom, teacher), the study would not be able to isolate the effect of the intervention from other observable or unobservable characteristics of that unit. Interventions bundled with other services not being studied can also make it impossible to isolate the unique impact of the intervention.</p>	

^a Attrition is examined only for RCTs and is not applicable to studies using quasi-experimental designs because for this study design type, only the *analytic* sample with post-test outcomes (not the initial sample present at the onset of the study) is considered when determining evidence quality.

^b We used the What Works Clearinghouse's "optimistic" assumptions for assessing unacceptable levels of expected bias. See https://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc_standards_handbook_v4.pdf.

When applying these criteria, we did not consult other external sources (for example, we did not query authors to collect more information not available in the documents or conduct web searches to find additional information on the interventions). Several interventions supported their effectiveness by providing more than one evidence document that met the project's effectiveness standards. 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. Table II.2 shows practical examples of how the evidence review rubric criteria can be applied to evidence documents submitted for (fictitious) interventions/programs and what the final assessments concluded. These examples demonstrate the level of detail that reviewers can record to explain the response option they selected for a given rubric item.

Table II.2. Evidence review rubric examples

Criterion	Summer Boost Reading Intervention	Youth Fitness Fun Program
Project objectives		
Study design	Yes	Yes
Reporting on methods	Yes	Yes
Evaluator independence	Yes	Yes
Impact findings	Yes	Yes
Scaling plan alignment	Yes	Yes
Internal validity		
Low attrition	Not applicable The study used a quasi-experimental design.	Yes
No reassignment	Not applicable The study used a quasi-experimental design.	No The study discussed how several youth who were randomly assigned to the comparison group ultimately received the program. When examining the impact of the fitness program, the study analysis switched these youth into the intervention group (in other words, the study reassigned these youth into a different study group).
Baseline equivalence	Yes	No Because the study used a randomized controlled trial that experienced participant reassignment, it must establish baseline equivalence with the final analytic sample on a pre-test outcome measure at baseline. However, the study did not conduct any baseline equivalency analyses.
No confounding factors	Yes	Yes
Final assessment		
	The study met all the criteria that show evidence of the intervention's effectiveness.	The study's randomized controlled trial experienced reassignment but did not then establish baseline equivalence with the final analytic sample on a pre-test outcome measure at baseline. As a result, the study did not meet all the criteria that show evidence of the intervention's effectiveness.

Reviewing these documents required systematic procedures to ensure that we reliably extracted standardized information from each document. Trained reviewers documented the interventions' characteristics using the rubric; in addition, a third-party consultant, external to Mathematica, reviewed all evidence documents authored by Mathematica to reduce any potential conflicts of interest. Reviewers classified each intervention and documented the characteristics of each intervention being reviewed, describing the intervention as implemented and evaluated. Study team leaders also reviewed the evidence documents and completed assessments to ensure the information was complete and accurate. The reviewer and study team leader discussed and resolved any discrepancies, and an additional study team leader was consulted if a consensus could not be reached. As a final quality assurance procedure, a Mathematica researcher external to the project reviewed all finalized assessments.

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III. SCALING ACTIVITIES REVIEW PROCESS AND RUBRIC

This chapter describes the process that Mathematica used for extracting information on the characteristics of the 25 AmeriCorps-funded organizations and their interventions with evidence of effectiveness (that were identified using the evidence review rubric described in Chapter II). These organizations were among those funded by AmeriCorps State and National 2015–2019 and SIF 2010–2015 grants.

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. From 2015 to 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 organizations. From 2010 to 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.

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 met 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.

- **Intervention review section.** Reviewers used this first part of the rubric to review the evaluation reports submitted to AmeriCorps by organizations as support for their interventions' effectiveness. In this section, reviewers described 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 conduct web searches to find additional information on the interventions). If more than one evidence document that met the project's effectiveness standards was submitted, we created a separate assessment for each evidence document and then combined the information to provide an intervention-level summary of characteristics that informed the evidence supporting each intervention. We used the completed assessments of the evidence documents to provide context for the review of the scaling plan.
- **Scaling readiness section.** Reviewers used this second part of the rubric to review the scaling plans and application narratives submitted by AmeriCorps organizations. This part of the rubric was designed to understand organizations' planned activities for scaling the interventions with evidence of effectiveness by capturing information on the 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 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 (see Selekman et al. 2020 for additional information on the scaling readiness conditions). For example, the overall condition of a well-specified intervention was measured with questions about five dimensions of intervention specification: (1) core elements, (2) mode of service delivery, (3) intensity, (4) personnel needs, (5) setting, and (6) definition of completion. 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 whether organizations provided a full specification, a limited specification, or no specification for each condition.

Table III.1 shows practical examples of how the scaling readiness rubric section can be applied to the scaling plans that organizations submit for (fictitious) their interventions/programs. The provided examples are for a subsample of scaling activities rubric questions (those that pertain to specifying an intervention). These examples demonstrate the level of detail that reviewers can record to explain the response option they selected for a given rubric item by clarifying what aspects of scaling readiness the scaling plans have and have not addressed.

Table III.1. Examples of applying scaling activities rubric questions on specifying the intervention proposed for scaling

Question	We Read Together Intervention	Planning for Success Program
I. Core elements		
1. Are the core elements of the intervention well specified?	Yes (full), core elements are well specified, with details provided. The intervention will deliver an early childhood curriculum taught using role-play that addresses literacy and social/emotional development. The curriculum includes weekly activity packets and two storybooks for each month.	Yes (limited), core elements are specified, but with no details provided. The program participants will receive access to financial counselors who will conduct financial assessments of each participant and offer individualized coaching on budgeting, saving, and credit building. The scaling plan discussed how employment counselors will also be available to eligible participants but no further information is provided on what types of services the employment counselors will offer.

Table III.1 (continued)

Question	We Read Together Intervention	Planning for Success Program
2. Do the proposed core elements differ from those in the evaluation?	No, proposed core elements for the evaluation and intervention are the same.	Yes (limited), proposed core elements differ from those evaluated, but with no details provided. The core elements of the intervention that were evaluated did not include employment counselors. This is a new core element that is being added to the program.
3. Does a rationale or support exist for the proposed change(s) to the core elements?	Not applicable	No, a rationale or support is not provided.
II. Mode of service delivery		
4. Is the service delivery model well-specified?	Yes (full), the service delivery model is well-specified, with details provided. 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.	Yes (limited), the service delivery model is specified, but with no details provided. Financial counselors will meet with participants in-person, one-on-one. Service delivery information on the new services provided by employment counselors was not described.
5. Does the proposed service delivery model differ from the service delivery model implemented during the evaluation?	No, the proposed and evaluation service delivery models are the same.	No, the proposed and evaluation service delivery models are the same.
6. Does a rationale or support exist for the proposed change(s) to the service delivery model?	Not applicable	Not applicable
III. Intensity		
7. Is the intensity of the intervention well-specified?	Yes (full), the intensity is well-specified, with details provided. Home visits will last 60 minutes and be offered weekly over 30 weeks. 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.	No, the intensity is not mentioned. No information was provided on the dosage, duration, and frequency of the services provided by the financial counselors and employment counselors.
8. Does the proposed intensity of the scaled intervention differ from the intensity of the intervention evaluated?	No, the proposed and evaluated intensity is the same.	Do not know; the intensity is not defined.
9. Does a rationale or support exist for the proposed change(s) to the intensity of the intervention?	Not applicable	Not applicable

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 the information was complete and accurate. As a final quality assurance procedure, a Mathematica researcher external to the rest of the review process reviewed finalized assessments.

III.A. Intervention Review Section

The intervention review section of the rubric is structured to extract information from documents submitted by AmeriCorps grantees 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.

III.A.1. Context for the intervention

Table III.A.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 III.A.1. Questions about context for the intervention

Question	Response options	Additional guidance
I. Description of the intervention		
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.
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.
II. Local area context		
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.

Table III.A.1 (continued)

Question	Response options	Additional guidance
3. Does evidence exist for local demand for the intervention?	<p>Yes (full), local demand exists for the intervention.</p> <p>Yes (limited), local demand exists, but details are not available.</p> <p>No, local demand for the intervention is not mentioned.</p>	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?	<p>Yes, implementation partners are identified.</p> <p>No, partners are not identified.</p>	<p>The organization may use partners to deliver services or assist with implementation of the intervention.</p> <p>Question 5 is skipped with a “no” response.</p>
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.
III. Measures of implementation		
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.
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?	<p>Yes, cost per participant is discussed.</p> <p>No, cost per participant is not mentioned.</p>	<p>Cost-per-participant information may be presented as part of a cost-benefit analysis.</p> <p>Question 4 is skipped with a “no” response.</p>
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).

III.A.2. 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 III.A.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 III.A.2. Questions about specifying the intervention

Question	Response options	Additional guidance
I. Core elements		
1. What is the name of the intervention?	[open-ended]	Use of a standardized, name-brand intervention rather than the local intervention name.

Table III.A.2 (continued)

Question	Response options	Additional guidance
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 purposeful 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.
7. Were any planned 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.

Table III.A.2 (continued)

Question	Response options	Additional guidance
II. Mode of service delivery		
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.
III. Intensity		
1. What is the intended 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 actually 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 intended 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 actual 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 intended 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.
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.

Table III.A.2 (continued)

Question	Response options	Additional guidance
IV. Personnel needs		
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.
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.

Table III.A.2 (continued)

Question	Response options	Additional guidance
VII. Setting		
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.
VI. Definition of completion		
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."

III.A.3. 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 III.A.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 III.A.3. Questions about defining the target population

Question	Response options	Additional guidance
I. Intervention as it was designed		
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.
II. Intervention as it was implemented		
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.

Table III.A.3 (continued)

Question	Response options	Additional guidance
III. Evaluation sample for the intervention		
1. Does the evaluation sample differ from the target population of the intervention as it is implemented?	<p>Yes, the evaluation sample and target population differ for the intervention as implemented.</p> <p>No, the evaluation sample and target population do not differ for the intervention as implemented.</p>	<p>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.</p> <p>Questions 2 through 5 are skipped with a “no” response.</p>
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?	<p>Yes, the evaluation measured outcomes of participants primarily from a prespecified racial or ethnic group(s).</p> <p>No, the evaluation did not measure outcomes of participants primarily from a racial or ethnic group(s).</p>	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?	<p>Yes, the evaluation measured outcomes of participants from a certain age group(s).</p> <p>No, the evaluation did not measure outcomes along the age dimension.</p>	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?	<p>Yes, the evaluation measured outcomes of participants from a prespecified key populations.</p> <p>No, the evaluation did not measure outcomes of participants from the key populations.</p>	Key populations include low-income households/individuals, developmentally disabled individuals, homeless individuals, parents/caregivers of young children, parolees, and veterans/military families.

III.A.4. Implementation supports

This section of the rubric addresses the third condition of the scaling readiness framework—implementation supports. It includes questions in six major areas, each of which describes the supports that help ensure quality in implementation (Table III.A.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 III.A.4. Questions about implementation supports

Question	Response options	Additional guidance
I. Implementation monitoring team		
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.

Table III.A.4 (continued)

Question	Response options	Additional guidance
3. Does a process exist for monitoring service delivery to assess fidelity to the intervention as planned?	Yes, steps exist for monitoring fidelity. No, steps to monitor fidelity are not mentioned.	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. Question 4 is skipped with a “no” response.
4. How is implementation fidelity monitored?	[open-ended]	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.
5. Are issues or challenges noted regarding implementation fidelity?	Yes, issues were noted. No, issues regarding fidelity were not mentioned.	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. Question 6 is skipped with a “no” response.
6. What issues or challenges are noted regarding implementation fidelity?	[open-ended]	Describes any issues or challenges reported with implementation of the intervention with fidelity.
7. Who was responsible for supervising personnel involved in service delivery?	[open-ended]	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.
8. How were personnel involved in service delivery supervised?	[open-ended]	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.

Table III.A.4 (continued)

Question	Response options	Additional guidance
9. Did any implementation supports purposefully 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.</p> <p>Question 10 is skipped with a “no” response.</p>
10. What purposeful changes were made to the intervention’s implementation supports?	[open-ended]	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.
II. Performance procedures		
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.</p> <p>Question 2 is skipped with a “no” response.</p>
2. What were the performance benchmarks established for personnel involved in service delivery?	[open-ended]	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.”
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.</p> <p>Question 4 is skipped with a “no” response.</p>

Table III.A.4 (continued)

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.
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.

Table III.A.4 (continued)

Question	Response options	Additional guidance
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 received 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 the described?	Yes (full), a communication system is described, with details provided. Yes (limited), a communication system is described, but with no details provided. 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. Question 2 is skipped with a "no" response.
2. What was the communication system for supporting coordination 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.

Table III.A.4 (continued)

Question	Response options	Additional guidance
3. Is a process for ensuring the communication system functioned as intended described?	<p>Yes (full), a process for ensuring the communication system functioned is described, with details provided.</p> <p>Yes (limited), a process for ensuring the communication system functioned is described, but with no details provided.</p> <p>No, a process for ensuring the communication system functioned is 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>Question 4 is skipped with a “no” response.</p>
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?	<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>
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?	<p>Yes (full), a process for ensuring data quality is described, with details provided.</p> <p>Yes (limited), a process for ensuring data quality is described, but with no details provided.</p> <p>No, a process for ensuring 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 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.</p> <p>Question 4 is skipped with a “no” response.</p>
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.

III.A.5. 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 III.A.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 III.A.5. Questions about the enabling context

Question	Response options	Additional guidance
I. Leaders, key stakeholders, and partners support for the intervention		
1. Is support from organizational leaders for the intervention described?	<p>Yes (full), support from organizational leaders for the intervention is described, with details provided.</p> <p>Yes (limited), support from organizational leaders for the intervention is described, but with no details provided.</p> <p>No, support from organizational leaders for the intervention is not mentioned.</p>	<p>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.</p> <p>Question 2 is skipped with a “no” response.</p>
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?	<p>Yes (full), support from stakeholders and/or partners for the intervention is described, with details provided.</p> <p>Yes (limited), support from stakeholders and/or partners for the intervention is described, but with no details provided.</p> <p>No, support from stakeholders and/or partners for the intervention was not mentioned.</p>	<p>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.</p> <p>Question 4 is skipped with a “no” response.</p>
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.

Table III.A.5 (continued)

Question	Response options	Additional guidance
II. Innovation and learning		
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.
III. Improvement in response to challenges		
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.

III.A.6. Implementation infrastructure

This section of the rubric addresses the fifth condition of the scaling readiness framework—implementation infrastructure. It includes questions in four major areas, each of which describes the organization’s infrastructure in support of implementation of the intervention (Table III.A.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 III.A.6. Questions about implementation infrastructure

Question	Response options	Additional guidance
I. Financial resources		
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.
II. Sufficient personnel		
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.

Table III.A.6 (continued)

Question	Response options	Additional guidance
III. Materials		
1. Is there a description of materials needed for the intervention?	<p>Yes (full), intervention materials are described, with details provided.</p> <p>Yes (limited), intervention materials are mentioned, but with no details provided.</p> <p>No, needed intervention materials are not mentioned.</p>	<p>Describes the materials needed to implement the intervention, such as workbooks, culturally sensitive documents, or other handouts.</p> <p>Question 2 is skipped with a “no” response.</p>
2. What were the materials needed for the intervention?	[open-ended]	Describes the intervention materials needed for implementation.
IV. Physical space		
1. Is there a description of the physical space needed for the intervention?	<p>Yes (full), the physical space is described, with details provided.</p> <p>Yes (limited), the physical space is described, but with no details provided.</p> <p>No, the physical space is not mentioned.</p>	<p>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.</p> <p>Question 2 is skipped with a “no” response.</p>
2. What physical space was needed for implementation of the intervention?	[open-ended]	Describes the physical space needed for implementation.
V. Human resource system		
1. Is a human resource system in place to hire, supervise, and develop the personnel?	<p>Yes (full), a human resource system is in place, with details provided.</p> <p>Yes (limited), a human resource system is in place, but with no details provided.</p> <p>No, a human resource system is not mentioned.</p>	<p>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.</p> <p>Question 2 is skipped with a “no” response.</p>
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.

III.B. 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.

III.B.1. Scaling approach and its context

Table III.B.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 grantees to sustain or deepen the intervention services instead of scaling the intervention. Some grantees 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 grantees 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 III.B.1. Questions about scaling approach and local context

Question	Response options	Additional guidance
I. Scaling approach		
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 self-categorization 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.
II. Local context and demand		
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.

III.B.2. Well-specified intervention

This subsection addresses the first condition of the scaling readiness framework—the well-specified intervention—as described in the grantee'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 III.A.2 describes these dimensions). The subsection asks questions about five dimensions of intervention specification (Table III.B.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 III.A.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 III.B.2. Questions about specifying the intervention proposed for scaling

Question	Response options	Additional guidance
I. Core elements		
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>	<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.</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 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.
II. Mode of service delivery		
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>	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.

Table III.B.2 (continued)

Question	Response options	Additional guidance
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>
III. Intensity		
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>
3. Does a rationale or support exist for the proposed change(s) to the intensity of the intervention?	<p>Yes, a rationale for the change(s) is included, with details provided.</p> <p>No, a rationale for the change(s) to dosage or duration is not mentioned.</p>	<p>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.</p>
IV. Personnel needs		
1. Are the qualifications clearly specified for the personnel involved in delivering the intervention?	<p>Yes (full), personnel qualifications are clearly specified, with details provided.</p> <p>Yes (limited), personnel qualifications are specified, but with no details provided.</p> <p>No, personnel qualifications are not mentioned.</p>	<p>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.</p>

Table III.B.2 (continued)

Question	Response options	Additional guidance
2. Do the proposed personnel qualifications after scaling differ from the qualifications of personnel delivering services as part of the evaluation?	<p>Yes (full), the proposed personnel qualifications differ from the intervention evaluated, with details of the differences provided.</p> <p>Yes (limited), the proposed personnel qualifications differ, but with no details of the differences provided.</p> <p>Do not know; the personnel qualifications are not defined.</p> <p>No, the proposed and evaluation personnel are the same.</p>	<p>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.</p>
3. Does a rationale or support exist for the proposed change(s) to the personnel qualifications?	<p>Yes, a rationale or support exists for the personnel qualifications change(s).</p> <p>No, a rationale for the proposed change(s) is not mentioned.</p>	<p>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.</p>
V. Setting		
1. Is the implementation setting clearly specified?	<p>Yes (full), the implementation setting is clearly specified, with details provided.</p> <p>Yes (limited), the implementation setting is specified, but with no details provided.</p> <p>No, the implementation setting is not mentioned.</p>	<p>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).</p>
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. 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>

Table III.B.2 (continued)

Question	Response options	Additional guidance
VI. Definition of completion		
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>	Criteria for completion indicates 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.
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>	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.

III.B.3. Well-defined target population

This subsection of the rubric addresses the second condition of the scaling readiness framework—well-defined target population. It includes questions discussed in subsection III.A.3 about the target population proposed for scaling (Table III.B.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 III.B.3. Questions about the target population proposed for scaling

Question	Response options	Additional guidance
1. Is the target population well-specified?	<p>Yes (full), the target population is clearly specified, with details provided.</p> <p>Yes (limited), the target population is specified, but with no details provided.</p> <p>No, the target population is not mentioned.</p>	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?	<p>Yes (full), the proposed and evaluation populations differ, with details of the differences provided.</p> <p>Yes (limited), the proposed and evaluation populations differ, but with no details of the differences provided.</p> <p>Do not know; the populations are not defined.</p> <p>No, the proposed and evaluation populations are the same.</p>	<p>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).</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 target population?	<p>Yes, a rationale exists for the change(s), with details provided.</p> <p>No, no rationale for the change(s) is mentioned.</p>	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.

III.B.4. Implementation supports

This section of the rubric addresses the third condition of the scaling readiness framework—implementation supports. It includes questions about the implementation supports discussed in subsection III.A.4 that are available for the scaled intervention (Table III.B.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 III.B.4. Questions about implementation supports for the intervention proposed for scaling

Question	Response options	Additional guidance
I. Implementation monitoring team		
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>	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 members dedicated exclusively to ensuring that the intervention is implemented with fidelity to the model. Details include specific information about members of the implementation team.
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>	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 members, and frequency of personnel management or supervisory meetings.
II. Performance procedures		
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>	Performance benchmarks are specific goals that personnel must meet as related to delivery of the scaled intervention, such as such as the number of participants contacted per personnel member or the number of participants served per personnel member.
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>	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.

Table III.B.4 (continued)

Question	Response options	Additional guidance
III. Continuous quality improvement (CQI)		
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>	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.
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>	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.
IV. Preservice and inservice training for personnel		
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>	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).
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>	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).
V. Communication system		
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>	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.

Table III.B.4 (continued)

Question	Response options	Additional guidance
2. Do processes exist for ensuring the communication system is functioning as intended for the scaled intervention?	<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>	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.
VI. Data system		
1. Does a data system exist to support data collection, analysis, and decision making for the scaled intervention?	<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>	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.
2. Does a process exist for ensuring the data quality for the scaled intervention?	<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>	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.

III.B.5. Enabling context

This subsection addresses the fourth condition of the scaling readiness framework—the enabling context. It includes questions about the organizational supports discussed in subsection III.A.5 that are available for the scaled intervention (Table III.B.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 III.B.5. Questions about the enabling context for the organization proposing the scaling

Question	Response options	Additional guidance
I. Leaders, key stakeholders, and partners support for the intervention		
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 State and National 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>
II. Innovation and learning		
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>

Table III.B.5 (continued)

Question	Response options	Additional guidance
II. Improvements in response to challenges		
1. Did the organization previously face challenges in supporting intervention implementation?	Yes (full), the organization faced challenge(s), with details provided. Yes (limited), the organization faced challenges, but with no details provided. No, no challenges are described.	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. Question 2 is skipped with a “no” response.
2. Did the organization make improvements to address earlier challenges in providing organizational support for the scaled intervention?	Yes (full), the organization made improvements to address challenge(s), with details provided. Yes (limited), the organization made improvements to address challenges, but with no details provided. No, improvements to address challenges were not mentioned.	Describes improvements made to address challenges that may include a change in organizational structure or the identification of new funding sources.

III.B.6. 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 III.A.6 that are available for the scaled intervention (Table III.B.6): (1) financial resources, (2) sufficient personnel to implement the intervention, (3) materials, (4) physical space, and (5) a human resource system.

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

Question	Response options	Additional guidance
I. Financial resources		
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.
II. Sufficient personnel		
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.
III. Materials		
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.
IV. Physical space		
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.
IV. Human resource system		
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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- Selekman, Rebekah, Katie Eddins, Natalie Reid, and Scott Richman. “Planned Scaling Activities of AmeriCorps-Funded Organizations.” Submitted to AmeriCorps by Mathematica. Chicago, IL, September 2020. Available at <https://americorps.gov/evidence-exchange/planned-scaling-activities-ameri-corps-funded-organizations>. Accessed May 18, 2021.

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