MARY: Hi, everyone. Thanks so much for joining us

today, and welcome to our June, 2018 webinar. My name

is Mary Hyde, and I am the Director of the Office of

Research and Evaluation at Corporations for National

and Community Service. Our office's objectives are to

support our agency's mission by building knowledge on

civic engagement, volunteering, and national service.

We conduct in house research, but also fund research

through competitive grants to researchers, scholars,

and dissertators at institutions of higher education,

and support research and evaluation of our programs

and our grantees with other sources of support, like

those you are going to hear today. Our webinar series

is one way we share our ongoing research and

findings. Today we are very excited to host another

research and evidence webinar, titled Using Evidence

for Scaling Community-Based Interventions That Work.

And I would like to acknowledge and thank all of the

national service programs who are hard at work

building that evidence base so that we can help

improve lives and strengthen community conditions.

We are also very excited to welcome members from the
Federal Evidence and Evaluation Community of
Practice, who are both in the audience here on site
with us and online today, and the webinar will serve
as part of their workshop series. Because this is
part of the series, we will keep the lines open until
3:30 instead of ending at 3:00. For those of you who
have joined us in the past, we tend to not go that
long, but today's a special occasion.

Here with us today is Dr. Diana Epstein, who leads
the evidence team at the Office of Management and
Budget, and she will say a bit more about the
workshop series. Diana.

DIANA: Thanks, Mary. [unintelligible] to be here with
you today and I want to thank everyone at CNCS for
allowing us to jump onto this webinar and cobrand it
as part of our broader Evidence and Evaluation
Community in Practice series. So the Evidence and
Evaluation Community Practice is an informal group
that we run, our team at OMB coordinates. The goal is
to really engage folks from across the federal
government from evaluation offices, research offices,

analytics offices, pretty much anyone who's interested in efforts to build and use evidence for decision making. Particular focus on program evaluation. So we do a couple things. We run a MAX site that has a bunch of resources, both in formals or OMB directives, as well as resources that other agencies have produced, and also serves as a collaborative workspace for some of the interagency groups that have evaluation as a central component. We also are running trainings like this, workshops, about once a month. So the way we've been doing this over the past year or so is we rotate through; we have a different agency host every month, both onsite, and then also hopefully having a webinar component for those who are not able to attend in person. So I'd really encourage you all to check out the MAX site on Federal Evidence and Evaluation Community of Practice, and hopefully you will join some of our events in the future. And just a plug for our team as well. We're here as a support unit, so we're here to support you. If you or others at your agency would like to reach out to us, we are more than happy to offer support.

MARY: Great. Thank you, Diana. And welcome to all of

you on the line and in the room. Before I move into

introducing our speakers, we'd like to cover a few

housekeeping items. As this is the second webinar we

are hosting using our new platform, Adobe Connect. So

with that, I will turn it over to Emily.

EMILY: All right. Thank you for everyone joining us

online [unintelligible] Adobe Connect. I want to let

you know this webinar will be recorded and posted

online following the presentation. Unlike previous

webinars, there is no dial-in phone line. All audio

will be broadcast over the internet using your

computer's speakers. All participants online will be

in listen-only mode until the Q and A session

following the presentation, at which time you can ask

a question using your computer's microphone. We ask

that you ask the question directly into your

computer's microphone as that will give us the best

sound quality. You can also ask questions at any time

during the presentation, using the Q and A in the

chat boxes below. As I mentioned earlier, this

webinar is recorded and if you have any questions or

experience technical difficulties, please let us know

in the chat box. I believe that takes care of all of

our housekeeping items.

MARY: Thank you. So let me introduce our speakers

today. We're going to being with a few introductory

comments from Dr. Lily Zandniapour, who is a research

and evaluation manager here at CNCS, and who has been

developing and championing the evidence base at CNCS.

We are also going to be hearing from Anthony Nerino,

who is a research analyst here at CNCS, and he

oversees the analysis and reporting of the national

volunteering and civic engagement data, as well as

leading the scaling project here at the corporation.

In addition, we have Nan Maxwell and Scott Richmond,

joining us from Mathematica Policy Research. Nan

Maxwell is a senior researcher with more than 30

years of experience in conducting basic and applied

research. She has extensive experience in survey

research and has served as a principal investigator

for numerous randomized controlled trial and quasi-

experimental design impact studies of programs

designed to prepare youth for successful careers and

post-secondary education. Also to help at-risk

groups, such as the homeless, parolees, those with
mental illness, and opportunity youth gain employment
and life stability. She has worked with an array of
clients including federal, state, and local
governments; nonprofit organizations with missions to
improve employment or education outcomes, and for-
profit organizations scaling promising interventions
in a community. Scott Richmond is a survey researcher
with diverse experience in several key areas,
including education, family support, and early
childhood, and has extensive experience in directing
data collection activities for evaluation studies. He
is also an expert in developing systematic review
processes and synthesizing the results for our broad
audience. Having served as a project director for
systematic review projects funded by foundations and
nonprofit organizations, we were interested in
improving youth and community well-being. We will
conclude after these speakers share with us their
knowledge with a few concluding remarks. After the
remarks we will open up the discussion for Q and A.
During the webinar, please feel free to ask any
questions or provide comments in the chat box. At

this point, I will hand it over to Dr. Lily

Zandniapour.

LILY: Thank you, Mary. Good afternoon everyone, and

thank you for joining us today. Before our guests

begin their presentations, Anthony and I are going to

give you some context for today's discussion and some

background about the journey that brought us to this

point.

Just a little bit about the agency. The Corporation

for National and Community Service, as many of you

know, is a key funder of the nonprofit sector, and

its mission is to improve lives, strengthen

communities, and foster civic engagement through

service and volunteering. The agency's flagship

programs include AmeriCorps, Volunteers in Service to

America or VISTA, Senior Corps, and National Civilian

Community Corps or N triple C. These programs provide

an opportunity for thousands of Americans of all ages

and backgrounds to serve their country each year. The

Edward M. Kennedy Serve America Act reauthorized the

agency in 2009 and expanded national service

programs. The Act stipulated that CNCS and its

grantees support programs in six focus areas, as you
see on the slide. In addition to these six focus
areas, the agency has focused efforts on
organizational capacity building as well. At CNCS
programs we work in a variety of areas, diverse
areas, covering rural and urban areas.

I just wanted to say a few words about sort of
measurement, particularly output and outcomes. CNCS
programs have used performance measure since the
inception of the agency. These performance measures
have been periodically updated, most recently in
2008, and part of the then-current strategic planning
process. With regard to impact, however, there were
few if any reverse evaluations done prior to that
point. Over the past decade, and in particular
following the signing of the Serve America Act, CNCS
began to more intentionally organize and develop an
evidence base for a national service program and
increase its focus on evaluation, evidence-building,
and use.

Both the agency and the grantees invest in

significant resources in evaluation of their

interventions and programs during this period. One of

the things that we [unintelligible] as a catalyst for

this evidence, focus on evidence, was that the

legislation called for the implementation of the

social innovation fund, which is a tiered evidence

based initiative part of several of these across the

federal agency. And this particular program really

had evidence effectiveness baked in its DNA. The aim

and the mission of that program was to scale what

works. And so that program really served as a

catalyzer in the agency. Sort of as, I want to say,

as an evidence that the agency itself is a learning

organization. AmeriCorps, the agency's largest

program, has since become much more evidence-driven.

For example, it's adopted a singular tiered-evidence

framework. It's implemented evaluation requirements

based on funding levels, and it's increased its

weight on evidence for review process. It's developed

and rolled out evidence-based planning grants. So a

whole lot has been happening with our largest program

around evidence.

Senior Corps, another one of our key programs, has also started offering augmentation grants so that grantees can implement evidence-based programs. In addition to all of that, most of our programs, and in specific I want to all out CIF and Senior Corps as well as AmeriCorps have undergone impact evaluations at the funding stream level. And they've been put through rigorous impact evaluations. As for this agency's use of evidence and focus on third-part evaluations and systematic evidence reviews, it's sort of expanded. A sort of body of evidence has started emerging. And in order to better understand it, we started commissioning meta-analysis types of studies to really grasp what's been going on and what we are learning about the evidence face of the programs.

At the same time, we tried to share a lot of what we've learned on our website. Evidence Exchange is a repository where a lot of our evaluation and research reports are housed. We have expanded our evaluation resources and all of those can be tracked on the

website. We're moving in the direction of trying to

make a lot of these more self-paced and more

interactive over time. And finally, we could use this

2017 state of evidence report where we try to really

write a summary of what we've learned so far around

our evidence.

With sort of that as a backdrop, our vision going

forward is really to leverage all these investments

we've done to date. Our hope is to take what works

and bring it to more people across different

communities nationwide and our hope is to sort of use

national service to support that expansion and

growth. And to do that, we wanted to sort of develop

further our knowledge base about what works and how

that can be scaled up. So with that, I'm going to

pass it on to Anthony to give you more of an overview

of this particular project.

ANTHONY: Thank you, Lily. In 2016, the Office of

Research and Evaluation contracted with Mathematica

Policy Research to conduct a multi-year, multi-

component learning project that could move us closer

to our goal. The project is designed to deepen our

understanding of agencies' most effective evidence-

based innovations and to expand the agencies and the

its grantees knowledge base on how to successfully

scale them. The project aims to answer a number of

critical questions.

Which CNCS-supported interventions and components

demonstrate the strongest evidence of effectiveness?

How do CNCS-funded organizations define and

operationalize scaling?

How do they ensure they're scaling their programs

with fidelity, and the extent and reasons why they

may adapt or modify the program?

What facilitates or hinders the scaling process?

And finally, what does scaling readiness of the

organizational program and intervention level look

like? As part of the project, we want to develop

policies and practice guidelines and technical

assistance for materials for CNCS and its grantees.

This is knowledge that can inform the path forward to

those thinking of scaling their interventions. To

date, the project has generated a synthesis and

analysis of the existing and emerging evidence

gleaned from evaluation reports; and the next phase

will include in-depth case studies or process

evaluations of a select group of grantees to capture

their experiences around scaling using the scaling

right in this framework. In addition to these in-

depth studies, we also hope to draw a broader set of

experts to gather insight on the topic. Consequently,

we plan to put together a field working group,

potentially comprising project directors,

researchers, federal grant makers, and foundation

staff. And it's our hope that we are able to share

these learnings beyond the agency and its grantees

with the larger grant making and nonprofit community.

With that, I want to introduce and turn over our

presentation to Scott Richmond and Nan Maxwell from

Mathematica, and thank you for being here.

SCOTT: So as Anthony mentioned, Mathematica has been

working with CNCS for the past year and a half on the

Scaling Evidence-Based Models Project, in an effort

to generate practical knowledge on how CNCS might

foster the successful scaling of effective

interventions. Anthony and Lily provided a nice

overview of the project components and how they align

to the project's overall goals, but our presentation
today will focus on the evidence and scaling activity
review components and the processes we developed to
execute these tasks.

The evidence and scaling plan review components can
best be thought of as different sections of a larger
pipeline, which are represented by the two different
shades of blue in the graphic. The first part of the
pipeline is designed to identify the CNCS-funded
interventions with evidence of effectiveness. That
is, interventions that have been found through a
rigorous research to improve the outcomes for
individuals receiving the interventions' services.
The second part of the pipeline is designed to learn
the extent to which grantee organizations demonstrate
a readiness to scale these interventions. So by
working to identify the interventions with evidence
of effectiveness, and a readiness for scaling, this
project will help support CNCS' efforts to identify
which interventions work and how to make them work
for more people.

So I'll be discussing the first part of the pipeline,
which focuses on the evidence review while Nan will
be discussing the second part, which is based on the
review of the grantee's scaling plans. I'll note that
while the project is also designed to help CNCS and
its grantees to strengthen their capacity to build
evidence and a readiness to scale, we won't be
discussing that piece during the presentation today.
Thanks a lot.

So the first section of the pipeline for identifying
interventions with evidence of effectiveness is to
collect and categorize the current evidence that
exists for interventions that are of potential
interest. This evidence can be identified through
various avenues, such as evaluation sponsored by
federal agencies, funding opportunity requirements
where applicants must submit evidence as part of
their application process, and then evidence review
clearing houses that compile evidence and then review
them against evidence quality standards.

For this project, we used the evidence sets CNCS
compiled through its notice of funding opportunity
evidence requirements and also the evaluations that
CNCS grantees must perform as part of their funding
requirements from the agency. Because the quality of
evidence can vary, it's important to then categorize
that evidence, such as how CNCS uses its evidence-
tiered framework to rate the quality of the evidence
for the interventions it supports. CNCS contracts
with third-party evaluators to review grantee
evidence documents based on the research methods that
are used and then provide an evidence rating that can
range from pre-preliminary to strong. An example of
one of the categories, preliminary, would be a study
that looks at the credit scores of individuals before
and after they receive a financial literacy program,
but the study would not have also included a
comparison group to compare the treatment group to.

The moderate and strong ratings are evidence that is
generated from studies that use more rigorous
research design, such that if done well, they would
provide sense of competence that the intervention

caused any differences between the treatment and
comparison groups. So an example of these sorts of
studies would be a study that examines children's
healthy eating habits among those who are assigned to
receive a school lunch initiative program and
comparing them to a similar group of children who are
not assigned to receive that program. So for this
project, the interventions we initially considered
for our review, were those that evidence with a
moderate or strong rating.

So the next step of the pipeline is to identify the
evidence that aligns the project's research
questions. Because our project was interested in how
CNCS' grantees planned to scale effective
interventions, we developed screening criteria to
identify which evidence used more rigorous research
designs, evidence that showed consistently favorable
results, and aligned the scaling activities that
grantees had for their planned interventions. The
evidence that met these criteria would then move on
to the next phase of the pipeline where we would take
a more in-depth look at the quality of the evidence

itself. So the first set of criteria we developed
pertained to the design, the reporting, and the
objectivity of the evidence submitted by the CNCS
grantees. So for example, we wanted evidence that
used a comparison group in its study design to get a
better understanding of what would have happened to
the treatment group had they not received the
intervention. We also needed details on the study
design and methods to get a better sense of whether
the study was using adequate procedures when
implementing the design that they had in place.

The next criteria we developed is the need for the
evidence documents to have consistently favorable
impact findings for the program participants. And
this is done as a prerequisite to successfully
scaling an intervention; there needs to be some
underlying evidence that that intervention was
successful to begin with.

And then the last criterion we developed at this
stage was that grantees needed to have submitted
evidence for the specific intervention that they

sought to scale. So for example, a grantee planning

to scale a specific parenting education program

needed to have submitted evidence for that specific

program itself, and not just any parent education

program, as a general proof of concept that this

approach could work.

So for the last step of this part of the pipeline, we

assess the quality of the evidence based on the

internal validity criteria we establish, which were

informed by standards developed by existing evidence

review clearing houses. Using internal validity

criteria provide greater confidence that any

differences between a group of individuals receiving

interventions and a group that did not could be

attributed to the intervention itself and not to

other factors. In order to have confidence that the

intervention caused any differences between the

treatment and comparison groups at the end of the

intervention, you first have to know whether these

groups were similar to each other before the

intervention began. You want groups that are equal to

either other at the start of the intervention so that

you know you are comparing apples to apples, and that
the only difference between the groups at the start
of the study is that one of them received the
intervention. If you don't have this, then you can't
be certain that any outcome differences assessed at
the end of the intervention were due to the
intervention itself or maybe some preexisting
differences that the groups had before the
intervention even began.

So to help make sure that the studies we reviewed
were not comparing apples to oranges, we developed
civic criteria to address issues that can arise and
threaten a study's internal validity. These issues
could include losing a large number of sample
participants over the course of the study, switching
participants from one group to another after the
intervention has already begun, or not showing that
the final treatment in comparison groups were similar
to each other before the start of the intervention.

So the fourth criterion we developed is about
identifying whether there were other factors embedded

within the study design, also known as study design

confounds, that could otherwise explain the outcome

differences between the intervention between

comparison groups.

So at this stage of our broader pipeline,

interventions that had evidence meeting the project's

quality standards were then considered having

evidence of their effectiveness. We then reviewed the

plan's scaling activities that CNCS grantees had for

these specific interventions, which Nan will speak to

next.

NAN: Thanks, Scott. Before discussing the scaling

portion of the pipeline, we really need to define

scaling. And as Lily pointed out, we are discussing

three different types of scaling. We're looking at

expansion, that is surveying more people in the same

location. We're looking at replication, so that

you're serving the same population, but at a

different location. And then we're looking at

adaption, that is serving a different population or

modifying the intervention for the same population.

Now we note that, when scaling an intervention
differences often emerge between the intervention as
it was designed and the intervention that's actually
planned to be scaled. Furthermore, there's
differences that likely arise between the
intervention that was implemented and the evaluation
of it or the plan's scaling of it. Now these are
really important differences, and don't want to
minimize these differences with my next statement,
but we're going to ignore them right now, for the
sake of brevity and when you talk about the
intervention and scaling the intervention, we're just
going to talk about the intervention as it was
designed, or the intervention model, so to speak.

So in order to look at the scaling readiness for the
interventions that Scott identified as being, having
evidence, we really need to develop a framework, so
Mathematica developed a framework for looking at
interventions and organizations that implement them,
and determining whether they're ready or not to be
scaled. So the framework, as you can see on the

slide, identifies five different conditions of readiness to scale. The first three of well-specified intervention, well-defined target population, and implementation supports, allow us to assess whether the intervention is ready to scale. The last two conditions, enabling context and implementation infrastructure, allow us to assess whether the organization is ready to scale the intervention. And we'll go through each of these conditions, [unintelligible].

So the first condition is the intervention being well-specified. And having a well-specified intervention means that the intervention is described in sufficient detail to make clear what activities are crucial, and then describes details, actually behavioral descriptions of those activities, to ensure that they can be implemented as they were intended. So I like to think about this as like a recipe. Someone can enjoy a cake and ask for the recipe, and someone can say, "Oh, it's made with butter, eggs, flour, sugar, milk." That's great. But without the details about those ingredients and how

do you put them together, you're unlikely to be able

to replicate that cake. So just like the cake, CNCS

grantees will not be ensured of successfully scaling

an intervention without it being well-specified. And

this means a grantee should have a clear sense of not

only what those key activities are, but also each one

of these elements about those components or key

activities. How is the activity to be delivered? Mode

of delivery. Must it be in person? Can technology

substitute for in person? Can it be a combination of

the two? How intense? How much of the component must

a participant receive? How long should the activity

last? How often should it be undertaken, and then how

much of it should a participant get? What staff are

needed to implement the activity effectively? And

this is really critical for CNCS because knowing what

kind of staff are needed helps them match volunteers

appropriately to the service opportunities out there.

You have to know what setting the activity will work

best in, and setting includes both location like

rural or urban area kind of thing, and it also

includes venue. Is the implementation designed to

unfold; is the activity designed to unfold in a park,
at home, in a school, in a classroom, whatever? So
these all need to be defined for each activity.

And then finally, the intervention needs to define
the requirements for being considered a participant
and a completer. And although each of those
activities are core components, might improve
outcomes for some individuals, it's the combination
of them. It's the taking it together that really, the
designer had in mind when developing the
intervention. It's that combination that will make
the outcomes happen.

The second component of scaling readiness is that the
intervention defines the target population. Now, each
intervention is designed to work for a certain
population. Say, the low income; say, kids in grades
2 and 3. It might not work on other populations,
which means that the target population has to be
clearly identified.

Now, of note in that description of the target

population, it also has to include any criteria for

including that people must have in order to enroll in

the intervention or criteria that would exclude them.

You know, for example, a program might be designed to

include only youth that were at least age 18, but

younger than age 25.

The third component is that the intervention has to

have supports for its implementation. And these

support ensure that the intervention can be

implemented in the way it was designed. And there's

six different types of support that are needed. The

first is that the intervention needs to have a team,

or at least an individual, who is responsible for

monitoring it, to ensure that it's implemented

successfully, and that problems are identified as

they arise. The second type of support is that the

intervention needs to specify performance procedures

for staff that provide benchmarks for them to meet

when delivering the intervention. The third is that

the intervention needs to have continuous quality

improvement to ensure that quality is maintained

while it's being implemented or scaled. The fourth is
that the intervention needs to clearly identify the
training that staff will need to implement it with
quality. The fifth, the intervention needs to have
clearly identified lines of communication, so that
both staff and partners have knowledge about
operations in order to effectively implement. And
then finally the intervention needs to be supported
by data systems that provide information about
participants and the intervention per se, so that
decision-making can be effective.

Now let's switch over to what the organization needs
to have in place in order to be ready to scale an
intervention. First, and maybe not foremost but
certainly first, is that leaders and stakeholders
must be on board with the scaling, and partners are
one of those stakeholders there. These individuals
have to provide to support. They have to promote the
intervention and its scaling efforts, and certainly
not put up roadblocks to it.

Second, the organization must have a culture that

supports both the intervention and its scaling. And

what this means is that the organization values

innovation, learning, moving forward. It also means

that improvements are made in responses to challenges

encountered. And there will be challenges

encountered, that's a given. And the organization has

to have an attitude of 'we will conquer these

challenges; we will overcome them. We will improve

and move forward and not give up'.

And finally, the organization has to have a

supporting infrastructure. Now what does this mean?

It means that in scaling, it has to have sufficient

financial resources, it has to have sufficient staff,

materials, physical space, so that it can scale. It

also has to have a human resource system that

supports staff selection, training, and ongoing

supervision.

And finally, let's just close the loop that Anthony

started, 15 minutes ago, 20 minutes ago. The

project's been going on for about a year and a half,

and we've really made some tremendous progress, although on any given day… Specifically, we reviewed and evaluated research evidence from CNCS grantees, and that has allowed us to identify intervention that CNCS funds that have demonstrated effectiveness. Then we've also, as you've heard, developed a framework by which to identify interventions and organizations that are ready to be scaled. We've applied the conditions for scaling to say which effective interventions and organizations might be ready to scale, and then we've selected organizations that are currently scaling effective interventions for in-depth study, the case studies that Anthony talked about.

So what's coming up? Preview here. In the next few years, we're going to continue the learning and knowledge development here. We're going to conduct an in-depth study of the selected organizations to understand their scaling. We're going to use that information that we gather from these key studies to identify the factors that challenge and facilitate scaling. And then we're going to disseminate findings

widely to a wide variety of audiences. We really,

really, really want CNCS and its grantees to make

practical use of the research. You know, the goal is

to foster successful scaling of effective

interventions, and with that comes improved lives,

strengthened communities, and a better civic

engagement.

And finally, I'm giving some prompts here for Q and

A. You've heard our thinking about evidence and

scaling and we're real curious about your thoughts

about what's going on out there. So during the Q and

A period, we're hoping that you can think about and

provide discussion on what role does evidence play in

your organizations. And what indicators does your

organization use to determine if it's ready to scale?

So with those thoughts, I'll turn it back to Mary.

Thank you.

Mary: Thank you very much. Do Anthony or Lily have

           any additional comments?

ANTHONY: I just want to say thank you for the

           presentation and for the work you've done on this

project, and I want to highlight that this project

and a number of other projects, this one in

particular, has really been the result of a whole

group of people coming together and thinking about

it, both in the moment and over time. And Diana

Epstein was a factor in bringing this project to

light. I've had the pleasure of working with Scott

and Nan on getting this implemented and Lily's been

tremendously valuable to me in terms of insight or

scaling from her experience with CIF. So I just want

to point out that that collective effort really kind

of shines a light on the notion that as we move

forward, we're really developing a very visible

notion as a learning agency, that we're taking the

information that we get and we're looking at it in

terms of where it applies and what more information

is needed for us to make very conscious decisions

about where we go and what we do, both with national

service and generally, with a lot of our grant

making. So, thank you.

MARY: Great. Thank you. Before we open this up to Q

and A, I would also like to introduce Amy

[unintelligible], our program examiner within the

Education, Income Maintenance, and Labor Division at
the Office of Management and Budget. We really
appreciate you being here today and I would like to
give you the floor for any comments you'd like.

AMY: Thank you, first and foremost, to our
excellent panel. [unintelligible] the corporation,
CNCS, for allowing me to be here. You know, something
you said, Nan, about CNCS being a learning agency;
that really speaks to the president's management
agenda that was released in March of this year.
Specifically, the objective of federal government in
the 21st century will be to provide high-quality and
timely information to inform evidence-based decision
making in learning. So that is the objective of being
administration writ large. But then also just as
great stories of taxpayer dollars going into the
future. So that said, we totally support CNCS and are
looking forward to working with you and supporting
your efforts.

MARY: Great. Thank you so much. With that, I'm going
to turn it over to Q and A, and I think Andrea will
sort of help us walk through how that works with the

technology as well as folks in the room, because we

want your thoughts.

ANDREA: We're going to try it. So for our in-person

audience, just please state your name before asking

your question. And for our online audience, you can

ask a question by typing it in to the Q and A box, or

you could also use the microphone on your computer by

selecting the raised hand feature from the menu

above, and we will grant you microphone rights in the

order the questions come in. So, anything else,

Emily?

EMILY: No, I think that covers it all, and if anyone

online wants to ask a question, just please make sure

you speak directly into your computer's microphone.

ANDREA: So could we go back to the two questions you

two had posted and just as prompts? But of course,

any questions are welcome. And we do have one here

from the chat that I'll just read to get us started.

So this is from Allison Augustin. "Hello, would love

more detail of what is considered a confounding

factor. We know that isolating the impact of the

AmeriCorps member within a complex environment, such

as a school, can be challenging." So any thoughts on…

MALE: Yeah. Great question. An example of

confounding factors would be where you're unable to

disentangle what the intervention might be doing

versus just the context in which it may be

implemented and could otherwise explain outcomes. So

I think one example to illustrate this is you are

trying to assess an education program that teachers

were putting a new curriculum in the classroom, but

your treatment condition; it was just novice teachers

and then in the control condition, it was just more

experienced teachers. Because of those differences

and who was implementing the intervention, the one

group that then the control group, would have been

qualitatively different from the other and you don't

know if any differences you would see is because of

the intervention, or just because of the differences

in the teaching experiences that these two groups

have. So that would be an example of a confound,

where you can't really attribute any outcome

differences to the intervention versus those other

factors that were inherent in the study design.

MALE: [unintelligible], the Congressional Research

Service. So I don't have any special expertise in

grants, but I understand that many of them are

structured to last three years or five years, and one

question that comes up occasionally is that when a

grantee takes up an intervention, it takes a while

for the intervention to mature, raising the question,

do we have a valid construct here of what the

intervention is as practiced, as they use an impact

evaluation to look at it, they also use CQI and

probably a variety of evaluation and research methods

to kind of think about their process. So can you talk

a little bit about just maturity of the intervention

and kind of the glide path that occurs?

MALE: Yeah, absolutely. And I think your question

really touches on a lot of different things. One, it

[unintelligible] the timing of the impact evaluation

itself, knowing that some interventions might need a

longer runway to really say, "We're finally here with

the model we're trying to implement." And if you do

that impact evaluation too soon, then you're going to

prematurely get impact that you would otherwise had

gotten had you waited. But I think, touching on what

Nan spoke about too, it also speaks to the need for

those sorts of implementation supports, in terms of

the intervention specification and readiness, so that knowing that you may need a longer runway to get that model and put it into practice, that's why you need the CQI processes. That's why you need an implementation monitoring team to identify that those sort of issues are occurring and how do you address them over time, because without that sort of implementation supports, you might think, "I am doing the model as it was intended," but you may not actually know that because you don't have the supports in place. You don't have the data systems that have that feedback for those. So it sort of speaks to the need of, knowing that in advance, those are sort of challenges you might experience, so to be ready to scale, you want to do as much as you can to have those in place before you embark on that journey.

MALE: So can I ask you a quick follow up? How does this technical assistance play into that? Because in medicine, you have doctors kind of gliding on the same path with you as a patient, doing [unintelligible] time series. You know, how does this

feel? How is this working? And so, kind of like, for

CNCS or for other helpers there, financially?

FEMALE: I just wanted to say that I think that

what you say is quite valid. It's something that CNCS

would be grappling with. Right now, we're trying to

sort of get more feel for how these interventions are

being scaled up and how grantees are approaching

them. Because there's going to be some change that

does happen as you try to replicate and expand. And

sort of getting a good grasp of where those

interventions have veered off of what was supposed to

be to the extent that they're not change; are they

really being implemented with [unintelligible]? All

of those sorts of aspects come into play. I think

what we're trying to do now at this stage is gain

enough experience and tap what's happening on the

ground so we have to better position to do the

support that you were talking about. So I think we're

still a bit away from that, but we know that a lot of

organizations and programs have started on this

journey, so they have some experience that we want to

tap into, and then all of those things come into

play.

FEMALE: [unintelligible] My question is more in terms

of the frame, specifically the framework for the

scaling. The first thing that comes to my mind, with

experience of community work is that of adaptation or

modification of evidence-based program. But at least

scaling, right now, to me, sounds more like size of

this number [unintelligible], this number. But

usually, and you actually addressed this also, the

scaling is not so simple as just numbers because

different times, it's different kinds of individuals,

[unintelligible] they are the range of modifications

can be so wide, really. So I don't know if it's

scaling any more [unintelligible]. Maybe what I'm

trying to get at, why is scaling as important as

probably all the factors that may have to do with

different kinds of modifications? Is scaling in terms

of size, the most important factor when you modify or

try to implement an evidence-based program or is

[unintelligible] other aspects, even with the

framework that you mentioned, I am thinking, "Okay,

it's staff." Staff can be numbers. Three is staff,

five is staff. But staff can also mean the experience

the kind of background that they have. And then, if

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you think about grantees, usually they implement

something based on their own experience

[unintelligible], but they're not really detailed of

evidence-based programs necessarily, about you need

three staff per the ratio, you know. Five per

[unintelligible] and they need to be experienced in

these. So how [unintelligible] the need

[unintelligible] is so much that I'm thinking about

what framework were you talking about. The kind that

meets [unintelligible].

FEMALE: You know, you're absolutely right. It's

not; the framework's simple, real world is not

simple. And you touched on a lot of the complexity in

your question. I think the point, or one of the

points, is that you really have to be mindful of what

you're doing. You know, you really need an

intervention that you know what it's supposed to look

like; you know where you're starting from. It's well-

defined, the population is well-defined. Yes, you can

adapt it. Most developers of interventions allow for

some adaptation, you know, of it. That's without a

doubt. But you have to be mindful where it is, and

then when you're going out from that, you have to

really, again, be mindful. Is there evidence? What

have you got? What evidence do you have to suggest

that you're going to be successful on this new type

of population? What evidence is out there? And yes,

it's not going to be evidence that's exactly on your

intervention, but maybe it's a reading literacy

program that similar programs have been effective on

this new population. Or similar programs have been

effective in this new area. You just have to be

mindful and think through how it's going to be

adapted and what evidence is out there and what

evidence is out there that there are going to be

challenges and can you overcome them? It's not as

simple as the diagrams, absolutely not. But

purposeful and mindful are words that come to my

mind.

FEMALE: There's a question down here as well.

FEMALE: Yeah, I'm sorry. I'm going to take a few

from the chat. So Eric Cruz says, okay, sorry. She

wants to know if CNCS is moving into evidence-based

research, will all programmatic grants as a senior

primary core be required to move into higher

evidence-based tiers. And if so, are federal and

direct [unintelligible] be considered research and
will it be of a higher level needing less funds for
operating a program? How will that work? Will we be
able to apply for additional funding to cover that
cost?

Finally, moving programs into research means that
grant will be needed to be submitted to the IRB which
can take two months. Will there be enough time for
that? So just questions around how this is funded.

MARY: So I would say I'm not a program person. This
is Mary Hyde. I wouldn't venture to speak to
programmatic policy issues but I would say that I
would hope that some of this information would be
used to inform the ways in which we structure our
grants, the ways in which we guide the investments,
and certainly the AmeriCorps [unintelligible]
national grants have three years to conduct an
evaluation, so certainly building in time for the IRB
is something that could be accommodated by that time
frame. But from an agency perspective, I think that
is the space where we start to speak more
intentionally with the programmatic side of the house

and say, "Okay, what are the implications of this?",

or how we fund or how dollars are allocated.

FEMALE: So we're going between the live audience

and the chat. So now the live audience.

FEMALE: Hi, this is Laurie Frank [unintelligible]

Policy Fellow, and I'm interested in the relationship

between interventional readiness and organizational

readiness and your plans for refining your framework.

So I was very interested to see that some of your

next steps are to look at facilitators and challenges

to scaling, which is terrific. But wanted to assess

your level of optimism that you'll find generalizable

principles; you know, how much is idiosyncratic to

given conditions and how much really can be

generalized, and then what your plans are for feeding

that back into your framework.

FEMALE: Great question. And since we haven't

started yet, I can have all the optimism in the

world. And I do, actually. The framework wasn't

developed in isolation. It's grounded; very, very

heavily grounded actually, in implementation science.

And so it comes from a strong literature base. That

said, like I said in my discussion points, we're

going to face challenges and we will have to feed

those challenges back to the framework, absolutely.

So I don't know. At this point we're not heading to

the field until the fall. I think we've got good

instruments in heading into the field that will

capture, that have been designed based on the

framework, as well as the nuances of the

organizations and interventions selected. So I think

we'll get the information that will allow us to go

back and reconcile everything. I don't know.

Personally, I hope there's not a lot of

reconciliation, but I can say that because it's only

June. Check back. Check back next year this time. I

may have a completely different answer.

FEMALE: We'll do a follow-up in a year.

Mary: Yes.

FEMALE: So why don't you go ahead and then I'll

take a few from the chat.

FEMALE: Okay, great. Hi, I'm [unintelligible].

I'm from the Office of Evaluation Sciences at GSA.

Thank you very much for your presentations. My

question is, what we do is we evaluate different

program changes and my question is when to continue

building evidence versus when to suggest implementing

or replicating or scaling. So are there criteria you

would use around determining recommendations for

those different types of scaling?

MALE: So just in terms of continuing to fund or

taking what's to scale? Can you clarify that?

FEMALE: Well, continuing to study something. So in

different contexts. Like, how do you decide when it's

appropriate to replicate something in a different

context, with different populations versus it's

appropriate to go ahead and implement it or decide

whether you want to replicate the study or scale it

MALE: Gotcha. Thank you. So I mean, I would say, if

your starting point, what you're doing doesn't have

evidence of effectiveness, then you shouldn't be

trying to scale until you have that underlying

success. Because you're trying to either adapt to a

population or replicate/expand. You don't want to do

that if what you're initially doing is not working.

So I think from there you would go back to your logic

model or revisit what is it that you are doing, and

kind of do some adaptations at that sense to really

go back to the lab, and see if I give more dosage, if

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I add these components or less of that. So I think, as Nan was saying, a lot of our model is based on implementation science and may just be revisiting some of these same exact parameters where maybe I need to adjust my core elements. Or I could think about who the staff was. How many of the staff? Am I doing the right implementation support? So I think you can think about if you're not having that underlying evidence to begin with, kind of revisit what is my model and then keep working to develop more evidence. But we would say you wouldn't want to try to bring it on the road until you know what you're doing in your local context or what you're trying to do [unintelligible].

FEMALE: I would say, assume that there is underlying evidence for something. But there might be less evidence for specific population or a specific context. At what point would you feel comfortable or have defined criteria around when would make sense to continue studying something versus…

FEMALE: This is Lily Zandniapour. I just wanted to say that we see the evidence-building piece as an ongoing process. And don't really see this. It's an iterative

process at each stage it might be using a different

frame, a different approach, different methodology

based on the question you are trying to answer. But

really, this process builds on each other. I don't

see sort of a particular end point to this. So I

think evidence building and evaluation sort of is a

kind of that river that runs through it. So you want

to do that even post establishing this strong

evidence-based program. You might be looking more at

the fidelity of implementation. Your questions might

be pointed at that at the first phase of replication

or expansion or adaptation. And then continue to

build that evidence of effectiveness, because it is

always, at the end of the day you want to sort of

strengthen that body of evidence. So I just don't see

that as an end game to this.

FEMALE: I would add, also, because I think I hear a

little something different in your question. Part of

what the next phase of this project is, by going into

the three case study sites, is to learn intentionally

from folks who've had varying experiences and success

with scaling. And not only from the evidence

perspective, but what was it that made people decide

to scale? What happened along the way? So people have decided to intentionally scale back, and why is that? It's both a programmatic decision as well as an evidence decision, which is just a little something I heard also in your question. So we hope to learn from them what those things are.

FEMALE: Okay, so a few questions online. This is from Jennifer [unintelligible]. I'll just read it to you then because a number of [unintelligible]. Are the conditions for scaling shown in the scaling framework based on the theoretical model or based on findings from the review of grantee-generated evidence?

FEMALE: That's easy. They're based on, I don't know that you'd call it a theoretical model, but it's a based on scaling that has been done in other areas, the principles that have been derived from those other areas that the framework was actually developed, mathematically developed, the framework before this project, so…

FEMALE: So this is from Tina [unintelligible]. Can you provide some examples of the programs supported by CNCS grants that were part of the research conducted to date?

MALE: What was the question?

FEMALE: Can you provide some examples of the programs

               supported by CNCS grants that were part of the

               research conducted to date?

MALE: Well, when we did the meta-synthesis meta-

               analysis, we were careful to look at what focus areas

               were addressed by the program. So we recognized that,

               while we run six [unintelligible], we have activity

               in those six areas. We really were producing evidence

               in three of them to an appreciable degree, and one of

               them to a very appreciable degree, and that was

               evidence. So many of the programs that we looked at

               had to do with education interventions. Secondary to

               that were economic opportunities and those were back-

               to-work programs or budgeting programs, fiscal or

               financial learning programs, and that sort. And in

               the evidence area, the things we looked at spanned

               pre-K all the way up through college readiness and

               college completion. So we had evidence in all of

               those areas. But the strongest ones emerged, the ones

               that we looked at hard for selecting the process

               evaluations, were primarily in health, I mean

               education, and then healthy futures. And they had to

do with mostly pre-K and early childhood learning and
then healthy futures, again around early childhood
development, child abuse prevention. Those are the
programs that emerged with the strongest evidence and
also provided us with a great deal of variety with
regard to their scaling experiences. We didn't want
to pick three successful scaling projects; we wanted
to pick projects that had varying degrees of success
and had to retrench and rethink going forward what
they were going to do so that they could teach us
something about that whole process. But in terms of
the specific grantees, no, we're not at a point where
we want to release those just yet, because we have to
announce who we selected for the process evaluations
and then also who we're going to approach to help
serve on our field working group. And that's not
public knowledge yet.

FEMALE: Thank you. I'll take one more from here and
then I'll open it up here. So Diane Manheim, this
model seems to give preference to research-based
interventions rather than field-based success. Will
this limit interventions with promise that are
considered?

FEMALE: Well, I guess almost by definition, the answer

is yes. It's yes. There's, we're only looking at

those with evidence. I don't know what to say. Yes.

But what I wanted to say was, actually, the mechanism

that we've created with this field work is to draw on

a broader set of experiences. So we have the ones

that are promising also feeding into this. But you

want to start with a foundation of what has had some

evidence that it works and has been sort of tested in

some application and expansion processes.

MALE: I would also like to add that while

interventions are not equivalent across all of our

grantees, neither are evaluations. Grantees choose to

do an evaluation and have a limited budget; they have

a limited time frame and they approach it from

different perspectives, and that produces the types

of evaluations that we have to look at and determine

the strength of that. And those evaluations may find

very positive impacts, and that may very well be

true, but they may be missing components in the

explanation of that finding that limit our really

embracing that as strong evidence. So part of this

project is designed to identify what are those key

components that need to be looked at in an evaluation
regardless of who's doing it, they need to consider
these components when reporting that, so that when we
look at it, we can make a fair judgement across all
of them. And that's part of the learning process
that's going on now.

FEMALE: And can I just add, taking it, if I can have a
little latitude here, taking it out of the CNCS
framework and into the broader evaluation and scaling
footnote, but just for a sec; you have to start
somewhere with this process. You know, CNCS has to
start somewhere; the evaluation world has to start
somewhere. And I don't think anyone, I'll let you
guys speak for yourself, is saying that evidence-
based and then you go into this scaling and apply the
framework for readiness for scaling is the be-all and
end-all right now, but it's a good, solid place to
start. And that doesn't mean that once this pipeline,
it's no longer on the screen, is followed, that you
can't start burying the pipeline. And it's sort of
just like building evidence and scaling; this process
is much like it. You start somewhere and then you see
if you can go in a different direction, just like

scaling takes you in a different direction. And I do

think this is a solid place to start this process and

this thinking.

MALE: So this is Clint again from the Congressional

Research Service, and by the way, I'm speaking only

for myself now, not for my agency bosses. But maybe

building on that observation and question; so the

tiered evidence model sets up kind of a troika,

promising to proven – I don't like the term proven –

but I wonder with your case studies, if you might

find if the model creates perverse incentives for

grantees to go for the money, rather than going to

get stuff in the strong category instead promising.

Because it's almost like they're self-diagnosing and

they might pick an intervention off the shelf that

may not be fully suitable for their circumstances and

I wonder if your case study approaches might be

looking at that, to the extent that that's a

financial phenomenon out there.

FEMALE: Hopefully we'll get at that. Hopefully the

case studies will provide some insight. Again, it's

case studies. It's not like we're doing millions of

them. But hopefully; what you raise is something that

I do think about a lot, perverse incentives. And it's
a great question. We're on the lookout for it, yeah.

FEMALE: Another thing though, I want to say is it also
offered opportunity, because if you really have
programs that solve challenges in the communities and
you have a lot of evidence that they do, then you
want to be in a position to bring that to communities
that don't have access to those solutions. So I think
part of this is moving us in the direction where
you're attempting to; because at the end of the day
the goal is not the evidence, the goal is that…the
goal is to solve challenges on the ground, and if we
have solutions, we want to be able to bring them
where they're needed. And then that would allow for
us to also have that ability to innovate and support
that innovation and promise while you're really
trying to bring solutions where you know that there
is merit to those solutions. So I think it's
straddling these lines and always being aware that
you have to be intentional and look at it and make
sure you're not creating those perverse incentives
and you're sort of being stewards of taxpayer money,

I think as far as we're concerned, being in this
position.

FEMALE: Hi, [unintelligible] OMB. Yeah, this tension
of funding the evidence, this is more a general
comment, but funding the evidence across several
billion dollars, you know, 1800 different federal
programs, I don't think anyone including the
Corporation is at the exclusion of funding innovation
grants. Considering the spectrum that the tiered
model, it can't stand to reason that everyone's going
to put the money into what works and not perhaps fund
the grantees that are still learning and tweaking and
experimenting. So to perhaps counsel the grantees on
the phone, what have you, yeah. This is a spectrum
and there's [unintelligible] innovation grants, and
then those that are higher up the tier.

FEMALE: Oh, two more questions.

FEMALE: [unintelligible] with [unintelligible]. I was
wondering; what exactly is the purpose of this study?
Is it to test this model of scaling? [unintelligible]
something that was true, you have to start somewhere
and that program in mentioning that there were case
studies that will be considered. If we have to start

somewhere, because I also heard the description of this study, so the interventions that have been considered and they are pretty different from each other [unintelligible] mental health and that. So if we need to start somewhere, a framework that we want to test, assuming that this is really the purpose of this study, wouldn't it be wiser…again, it's probably a question of [unintelligible] methodology…to focus more on, for example, case studies that are similar somewhere so that you have preliminary information on a framework that is focused on some kind of specific content or population, rather than just going across very different interventions to see a framework with information about its effectiveness based on three interventions that are so different? You see where I'm going in terms of focusing the study to really, what are we going to learn about it if we have to [unintelligible] if we're all so spread out?

FEMALE: I just want to say, your point is well taken. But I think you have to kind of think about the context a little bit. So CNCS works across various focus areas. In that sense we are unique. Like, we're not Department of Education. We have national service

so our base is a bit different. So they have a broad

spectrum of programs that we fund across the

nonprofit sector and I think that's partly what has

made us sort of venture into different directions. If

we were the Department of Ed, probably started with a

much more narrower thing. But this is not to negate

what you're saying. We are sort of starting, as you

said, somewhere. And I think as we learn more, we'll

decide what is the best strategy to go forward,

because at this point, we have looked at what we have

in terms of an evidence-based, we've looked at the

strongest solutions that we've funded. And we're

looking at them as a test case to see what we're

learning about getting them, again, to

[unintelligible] across the country. It doesn't mean

we will not want to look back and we think this as we

learn more.

FEMALE: Can I also add that I don't see this as a

testing of the framework? I see the framework as sort

of setting parameters for what we're looking at. I

totally agree if we were testing a framework that it

would be better to have interventions that are pretty

similar, but maybe vary the context in which they're

unfolding, or something like that. I don't see it as

testing the framework. I see the framework as

providing structure to what we're doing and then

feeding off of what really says is really trying to

provide practical, very practical, I hope,

information to CNCS and the grantees about the

challenges and what are the challenges you're going

to face when you scale and what can help you overcome

them. And given the fact it's practical knowledge,

and the array of programs to CNCS funds, we really

different want to get a broad view.

FEMALE: Okay, so I'm just going to take a couple more

of…go ahead.

FEMALE: Hi. This is Laurie Frank, [unintelligible].

Part of what I think some of us are wondering about

is your sampling frame, more the selection for this,

and I'm interested in your orientation toward or your

tolerance for modifications. The butterfly question.

At what point does scaling become innovation because

things have changed so much in the course of scaling?

MALE: Yeah, and I think the way we set up our

project is in hopes to tackle that, and I think one

of the things Nan talked about in the framework is,

it's not just what are the elements, but what are the

core elements of the program. So something of the

intervention. So at what point are you deviating so

far from that that you're really scaling something

entirely? But then, if you are making modifications

or adaptations, which of course are necessary when

you're bringing new context. You might have to do

that. But are you staying true to maybe some of the

core essential elements of the intervention to stay

grounded in the underlying evidence for it, or are

you deviating so much from it? And if you happen to

deviate from it, are you doing it in a way that, as

Nan said, that's purposeful and that's mindful? Are

you bringing in evidence or other underlying

justifications to say, we are changing the dosage

which existed for the original model but we feel

confident because we're bringing in this evidence to

support [unintelligible]? So the way we reviewed some

of these documents is what is the adaptation. But we

also wanted to collect information of did the grantee

justify or did they provide a rationale for why

they're doing it, too. So we were very mindful of

that, that adaptation is sometimes necessary and it's

also, it happens, but are you doing it in a way

that's at least informed by evidence or for some

other rationale, too, and staying hopefully true to

the original model but knowing maybe you're tweaking

around the edges?

FEMALE: Does that answer?

FEMALE: Okay.

FEMALE: So just a few from online. Vicki Jones. She

wants to know about the best practices for

identifying quote/unquote organizational readiness

for scaling and she points to slide three and she

said it seems fuzzy; qualitative rather than

quantitative. So it's more of a remark.

[unintelligible] move to that slide, thirteen.

FEMALE: Slide three or slide thirteen?

FEMALE: Thirteen, I believe.

FEMALE: It's more of a comment.

FEMALE: It is more of a comment, and I agree. I'm

trying to think of a succinct way of answering the

comment or addressing the comment. I guess the

succinct way of saying it is underlying each of these

bullets are sub-bullets, and then sub-bullets to the

sub-bullets. And so when we say leaders and key

stakeholders and partners support the interventions,
we've got under that operational definitions of what
that means, and then sometimes under those
operational definitions, it gets more specific. So
what I presented is sort of the first line, you know,
very high level and very astutely you've noticed that
there's a lot that goes under this.

FEMALE: So just moving on to two more. Sandy
Schiffers. If the intervention keeps changing, isn't
it impossible to conduct an RCT or even a QED? I
think back to adaptation.

FEMALE: I do think that this level RCT experimental
designs that is as many of you know, come from
national sciences where the situation is much more
controlled, and I do that that if a program is making
a lot of adaptations and tweaking and refinement, it
is not at point where an RCT or a quasi-experimental
design should be done. It typically has to, the
program has to be mature and stable enough with a
number of other qualifiers like many things need to
be well-defined to make that a worthwhile endeavor.
And as you all know, some of those have some
[unintelligible] are fairly expensive, so you don't

want to just do it willy-nilly and you know you want

to do it at the right time. So I want to acknowledge

that and say that that is not an appropriate time if

the program is not ready for an impact evaluation

that's fairly rigorous, I don't think that it should

be done. Also, there are certain programs that are

just not constructed for this type of design, and you

have to acknowledge that and move forward and sort of

use the best methodology for studying a program based

on its sort of stage of development, if that makes

sense.

MALE: I can add on to that. It also mentioned this

nuance, too. It brings up the nuance of the program

model and then that for which was actually evaluated.

And you want to make sure that you're specifying,

that you might have started [unintelligible] be over

here with the model that we're testing, but if you

made so many modifications, then you're not actually

testing that anymore; you're testing the adaptations

and having clear specifications that, you know, we

started with this teacher practice program but

because of these modifications, the evidence is now

for those modifications. But then, has the study done

well because of all the changes along the way, too. So it also speaks to you really need to be really clear about what you're actually studying both in terms of the original conception but then actually what happened in practice, because what happened in practice, that's the evidence.

FEMALE: So, in terms of models, I'll read this and I'll go to the live audience. This is [unintelligible]. Hello, I'm looking for examples of high-quality evidence models and evaluation models, methods, and scaling projects specifically for environmentally-based interventions. There are great examples that involve social services and educational interventions, and how populations of people are affected, but few related to the environment.

MALE: I'm sorry, I was…

FEMALE: But there's you in terms of environmentally-based interventions, are there any examples that mostly they're in education and social services.

MALE: It's true that we looked at the strongest programs we have with regard to both their evidence and also their activity in terms of the, you know, when we look at the grants, they're scaling up or

they're scaling out or they're scaling deep. And they

provided us with an opportunity to look at some

variation and to pull some knowledge from that. With

regard to a lot of our programs, particularly in the

conversation area, yes, we want to look at different

programs and scale them. But the first question you

might ask is, scale them in what direction? Or how do

you want to scale this? Is it scaling up? Is it

scaling in one particular focus area or is it scaling

in another focus area? Such as, or using that focus

area rather to measure scaling so it's just capacity

building. And we've spoken about this. There's a lot

of ways to do evaluations and a lot of ways to look

at what those outcomes are, and then study those

outcomes in a rigorous way. And I think a lot of

programs are just learning that. And we're hoping

that this project will identify those key elements

that all programs can use. In response to some of the

other statements that were made about whether or not

an intervention changes so much it's hard to measure

it, yeah. Certainly that would be a concern, but one

of the things we certainly know is that if you scale,

you need certain components to be present to do that.

The organization wanted the intervention well-defined and all of that stuff. And I think in some areas some of our grantees are going to have to think hard about how they define their intervention and look at that; what does that mean? And then, what are ways of measuring that out from there? So we're hoping that this applies to all of our grantees across all of our focus areas, that key elements will be relevant to them as well. And hopefully, we can provide some guidance with regard to where they might go.

FEMALE: Okay, so Leticia Braga. Have efforts been made to compare the evidence standards across agencies? For example, the Department of Education uses the terms moderate and strong evidence, but the definitions include different components. What do you see as the balance between adapting definitions to the needs of specific agency area of focus and having enough commonality to develop a common vocabulary?

FEMALE: I can take that one. So yes, I think this is something that we are doing and have done. We had actually tiered evidence work group that was meeting for a while on specific [unintelligible]. This is one of the questions that came up, and something that

members of the group discuss on a regular basis. I

think the group's in a little bit of a hiatus, but

you know, we're thinking about potentially some

additional meetings particularly around this very

question and I think it is a balance. So there's

certainly some desire to standardize and if you look

at some of the recent legislation that is included to

your components, in one way or another, you'll see

that those definitions are starting to converge and

that new programs are sort of referred back to

definitions that are already in statute. So we

definitely are seeing that. I think at the same time

there's recognition that the evidence base is not the

same in all areas, that there are certainly some

policy areas in which we have very little evidence

and the priority should be on building that evidence

base; whereas in other areas, the evidence base is

much more well-developed, and that might be more

amenable to [unintelligible] tier structure with that

higher level. So I think it is a balance. On some

level, we want to set the aspiration high, and in all

areas we would hope that the evidence base is

developed sufficiently to eventually get to that

highest level. And we're also recognizing that it

does vary quite widely, but appreciate the question

and I think it's something that is on quite a few

people's mind these days.

FEMALE: [unintelligible] NIH. Maybe I'm going further

back in the pipeline; I'm not completely sure how

CNCS' grant mechanism works, exactly, but I was

curious specifically about the health focus programs

and grants. Does CNCS consume information from NIH,

for like aging and early childhood type of work? Is

there a dialogue already going on?

FEMALE: I wouldn't say it's ongoing. We have,

particularly in the space of again we have had

conversations and enjoyed some of their sort of

retreats, if you will, with some of their researchers

with the overlap with Senior Corps, so there are

occasions where we try to sync up and certainly, in

the example of the Senior Corps, augmentation grants,

and I think we're referenced early on. There is a

list of NIA evidence-based programs that they select

from. So wherever we can find those natural

synergies, we try to definitely do so. In early

education, I would say there's been more tenuous

conversations. We've had stronger conversations at

IES and the Department of Ed in the prior

administration than we've had in the current, but

it's always an aspiration.

FEMALE: Okay. I was at NIA before and I remember

meeting with [unintelligible].

FEMALE: Yes, exactly.

FEMALE: …so I was curious how it is in the other

areas.

FEMALE: Alright, so Mary Newton says, I'm not sure I

understand what you mean by [unintelligible]. It

sounds like a fancy name for expand. Can you clarify

this term a little bit more?

FEMALE: Okay, where was that slide? Seven? Bringing

that up. Eight. So expansion is certainly one form,

but we have put definitions to scaling and your

question is spot-on in that the first thing you have

to do is define scaling and people define it in very

different ways. So expansion is one part of it, but

we set the definition of expansion to more of the

same chart of population in the same area, in the

same location. So you're just sort of growing your

business, so to speak, where you are. But then we do

go beyond that and talk about replication, where
you've got the same program in a different location,
maybe a different organization, wherever, with the
same population. And then the adaption which is the
one I think that we're all struggling with because it
is modifying the intervention or modifying it for a
new population. That really is the heart of the
discussion, and when does it become a new
intervention? So we do have these three definitions.
They're not quite standard, you know. Across the
field, people do define it differently, but this is
what we invoked.

FEMALE: And then Allison Augustin actually has a
question that is a bit of a follow up. What are the
indicators City Year uses to assess whether we can
scale our program as marketplace demand? By that I
mean the extent to which our school district partners
are requesting our services and willing to invest to
support them. Being able to respond to district
needs, share a strategy, and show the effectiveness
of our program allows us to do that, but scaling
won't happen without the market quote/unquote demand.

MALE: Yeah, absolutely. I mean, I think the

             [unintelligible] local context itself. You don't want

             to bring an intervention where there may not be a

             need for it. If you say you want to expand but

             there's no more population to expand to, then that

             wouldn't be a successful effort. So in addition to

             not just the demand, it's also the support that might

             exist, too. [unintelligible] specifically on the

             intervention readiness and the organization

             readiness, but that's not to say that the local

             context and reading where you're trying to expand or

             replicate or adapt, that also is very important to

             the success of the scaling, too.

FEMALE: And I also add that I think the local context

             and demand for the intervention does affect whether

             you scale up or scale down. You know, we're using the

             word scaling, but scaling down is captured in local

             demand.

FEMALE: Okay, so, we're near the end, but I just want

             to give everyone – I know Mary's going to close – but

             are there any last comments from the live audience or

             Anthony, Lily, any of the speakers?

MARY: Well, thank you again to our speakers and to

those who provided comments and as well to the

audience who's joined us in this discussion today.

Special thank you to our ICF colleagues as well as

our other [unintelligible] colleagues and our friends

at OMB who have really tried to pull all this

together and coordinate this series. It's been a nice

collaboration. We will be sending out a post-webinar

survey, so please let us know your thoughts on this

webinar or ideas for future webinars, and we will

post this recording in about a month. So thank you

for joining and thank you for your time today.

[APPLAUSE]

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