

SISEP

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

State Implementation & Scaling-up of Evidence-based Practices

www.scalingup.org

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



U.S. Office of Special Education Programs

Stage-Based Measures of Implementation Components

Full Implementation Stage Assessment

February 2011

With the identification of theoretical frameworks resulting from a synthesis of the implementation evaluation literature, there has been a need for measures of the implementation components to assess implementation progress and to test the hypothesized relationships among the components. Reliable and valid measures of implementation components are essential to planning effective implementation supports, assessing progress toward implementation capacity, and conducting rigorous research on implementation. Policy, practice, and science related to implementation can be advanced more rapidly with practical ways to assess implementation.

Since the beginnings of the field, the difficulties inherent in implementation have "discouraged detailed study of the process of implementation. The problems of implementation are overwhelmingly complex and scholars have frequently been deterred by methodological considerations. ... a comprehensive analysis of implementation requires that attention be given to multiple actions over an extended period of time" (Van Meter & Van Horn, 1975, p. 450 - 451; see a similar discussion nearly three decades later by Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004). Adding to this complexity is the need to simultaneously and practically measure a variety of variables over time, especially when the implementation variables under consideration are not well researched. Recent reviews of the field (Ellis, Robinson, Ciliska, Armour, Raina, Brouwers, et al., 2003; Greenhalgh et al., 2004) have concluded that the wide variation in methodology, measures, and use of terminology across studies limits interpretation and prevents meta-analyses with regard to dissemination-diffusion and implementation studies.

Recent attempts to analyze components of implementation have used 1) very general measures (e.g. Landenberger & Lipsey, 2005; Mihalic & Irwin, 2003) that do not specifically address core implementation components, 2) measures specific to a given innovation (e.g. Olds, Hill, O'Brien, Racine, & Moritz, 2003; Schoenwald, Sheidow, & Letourneau, 2004) that may lack generality across programs, or 3) measures that only indirectly assess the influences of some of the core implementation components (e.g. Klein, Conn, Smith, Speer, & Sorra, 2001; Panzano, et al., 2004).

The following assessments are specific to "best practices" extracted from: 1) the literature, 2) interactions with purveyors who are successfully implementing evidence-based programs on a national scale, 3) in-depth

interviews with 64 evidence-based program developers, 4) meta-analyses of the literature on leadership, and 5) analyses of leadership in education (Blase, Fixsen, Naoom, & Wallace, 2005; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Heifetz & Laurie, 1997; Kaiser, Hogan, & Craig, 2008; Naoom, Blase, Fixsen, Van Dyke, & Bailey, 2010; Rhim, Kowal, Hassel, & Hassel, 2007).

For more information on the frameworks for Implementation Drivers and Implementation Stages derived by the National Implementation Research Network, go to [HTTP://NIRN.FPG.UNC.EDU](http://NIRN.FPG.UNC.EDU). The synthesis of the implementation evaluation literature can be downloaded from the NIRN website.

You have our permission to use these measures in any non-commercial way to advance the science and practice of implementation, organization change, and system transformation. Please let us know how you are using the measures and let us know what you find so we can all learn together. As you use these measures, we encourage you to do cognitive interviewing of key informants to help revise the wording of the items to help ensure each item taps the desired aspect of each implementation component.

We ask that you let us know how you use these items so we can use your experience and data to improve and expand the survey. Please respond to Dean Fixsen (contact information below). Thank you.

Dean L. Fixsen, Ph.D.
Senior Scientist
FPG Child Development Institute
CB 8040

University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-8040
Cell # 727-409-1931
Reception 919-962-2001
Fax 919-966-7463

References

- Blase, K. A., Fixsen, D. L., Naoom, S. F., & Wallace, F. (2005). *Operationalizing implementation: Strategies and methods*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
[HTTP://NIRN.FMHI.USF.EDU/RESOURCES/DETAIL.CFM?RESOURCEID=48](http://NIRN.FMHI.USF.EDU/RESOURCES/DETAIL.CFM?RESOURCEID=48)
- Ellis, P., Robinson, P., Ciliska, D., Armour, T., Raina, P., Brouwers, M., et al. (2003). *Diffusion and Dissemination of Evidence-Based Cancer Control Interventions*. (No. Evidence Report /Technology Assessment Number 79. (Prepared by Oregon Health and Science University under Contract No. 290-97-0017.) AHRQ Publication No. 03-E033. Rockville, MD: Agency for Healthcare Research and Quality.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation Research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
[HTTP://NIRN.FMHI.USF.EDU/RESOURCES/DETAIL.CFM?RESOURCEID=31](http://NIRN.FMHI.USF.EDU/RESOURCES/DETAIL.CFM?RESOURCEID=31)
- Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *The Milbank Quarterly*, 82(4), 581-629.
- Heifetz, R. A., & Laurie, D. L. (1997). The work of leadership. *Harvard Business Review*, 75(1), 124-134.
- Kaiser, R. B., Hogan, R., & Craig, S. B. (2008). Leadership and the fate of organizations. *American Psychologist*, 63(2), 96-110.
- Klein, K. J., & Sorra, J. S. (1996). The challenge of innovation implementation. *Academy of Management Review*, 21(4), 1055-1080.
- Klein, K. J., Conn, B., Smith, A., Speer, D. B., & Sorra, J. (2001). Implementing computerized technology: An organizational analysis. *Journal of Applied Psychology*, 86(5), 811-824.

- Landenberger, N. A., & Lipsey, M. W. (2005). The Positive Effects of Cognitive-Behavioral Programs for Offenders: A Meta-Analysis of Factors Associated with Effective Treatment. *Journal of Experimental Criminology*, 1(4), 451-476.
- Mihalic, S., & Irwin, K. (2003). Blueprints for Violence Prevention: From Research to Real-World Settings-Factors Influencing the Successful Replication of Model Programs. *Youth Violence and Juvenile Justice*, 1(4), 307-329.
- Naoom, S. F., Blase, K., Fixsen, D. L., Van Dyke, M., & Bailey, F. W. (2010). Implementing Evidence-Based Programs in the Real World: Lessons Learned from Model Program Developers and Purveyors. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, UNC.
- Olds, D. L., Hill, P. L., O'Brien, R., Racine, D., & Moritz, P. (2003). Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice*, 10, 278-290.
- Panzano, P. C., & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: Risky business? *Psychiatric Services*, 57(8), 1153-1161.
- Panzano, P. C., Seffrin, B., Chaney-Jones, S., Roth, D., Crane-Ross, D., Massatti, R., et al. (2004). The innovation diffusion and adoption research project (IDARP). In D. Roth & W. Lutz (Eds.), *New research in mental health* (Vol. 16). Columbus, OH: The Ohio Department of Mental Health Office of Program Evaluation and Research.
- Rhim, L. M., Kowal, J. M., Hassel, B. C., & Hassel, E. A. (2007). *School turnarounds: A review of the cross-sector evidence on dramatic organizational improvement*. Lincoln, IL: Public Impact, Academic Development Institute.
- Schoenwald, S. K., Sheidow, A. J., & Letourneau, E. J. (2004). Toward Effective Quality Assurance in Evidence-Based Practice: Links Between Expert Consultation, Therapist Fidelity, and Child Outcomes. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 94-104.
- Van Meter, D. S., & Van Horn, C. E. (1975). The policy implementation process: A conceptual framework. *Administration & Society*, 6, 445-488.

Stage-Based Implementation Assessments

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

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

Full Implementation Stage Assessments

After an organization or human service system has begun their attempt to use an evidence-based program or other innovation, Implementation Drivers can be assessed in practice. At this point, the presence and strength of each Implementation Driver can be assessed at regular intervals.

It is recommended that each assessment of Implementation Drivers be correlated with proximal practitioner performance/ fidelity assessment outcomes and with eventual client/ consumer outcomes. The essential outcome of implementation done well is consistently high fidelity performance by practitioners. The essential outcome of high fidelity performance by practitioners is consistently desirable outcomes for the children, families, individuals, and communities receiving evidence-based or other innovative services.

Variations of the following items have been used by Giard and colleagues in their evaluations of statewide implementations of an evidence-based program, and by Panzano and colleagues (2004; 2006) as part of an evaluation of the uses of a variety of evidence-based programs in mental health

settings. Recently, considerable work has been done by Joshua Patras and colleagues at the Atferdssenteret - Norsk senter for studier av problematferd og innovativ praksis - Universitet i Oslo (The Norwegian Center for Child Behavioral Development, University of Oslo) to establish the reliability and validity of the items recommended below. Patras et al. interviewed 213 practitioners, supervisors, and managers associated with two established evidence-based programs in Norway. They found Cronbach alphas in the 0.80 range for most of the implementation driver scales. They also found the scales discriminated between the different implementation approaches used for the two evidence-based programs. Further testing continues in Norway. Meanwhile, Sarah Kaye at the University of Maryland and her colleagues nationally are using the following items in studies of the uses of a variety of evidence-based programs and other innovations in child welfare systems in all 50 states and tribal nations. The “implementation climate” items are adapted from the work of Klein & Sorra (1996) who originally used the items in a business setting.

Implementation Driver Assessment

Key informants

The following set of items is intended to be used with three groups of key informants within a human service organization. The information from all key informants should be obtained within a four-week period to help assure a complete view of implementation progress at one point in time within the organization. The measures can be repeated to assess initial progress toward full implementation and to assess changes in implementation over time (implementation supports fluctuate over time). The key informants are:

1. Practitioners who are providing services to children, families, or adults. Depending upon the number of practitioners using an

- innovation in an organization, it may be useful to randomly sample 10 to 15 practitioners at each point in time.
2. Supervisors/ Coaches who provide oversight and advice to the practitioners who are asked to complete this survey.
3. Decision makers who are responsible for the overall organization or the portion of the organization in which the practitioners and supervisors/ coaches work. Decision makers are those people who have nearly-independent authority to make changes in budgets, structures, and personnel roles and functions within an organization.

The wording of items may need to be changed to reflect the usage of language or identification of particular roles within a given organization.

Name of the innovation: _____

NOTE: Responses should be specific to one particular innovation. If the organization is implementing more than one innovation, a separate survey is required for each.

DEFINITIONS

1. Innovation
 - a. The practice or program that is the subject of this survey. Innovations require new ways of working with consumers or other recipients of services provided by a practitioner. **NOTE:** The practice or program may or may not have a strong evidence-base to support it. The implementation questions below are relevant to any attempt to establish any new ways of work in any organization.
2. Practitioner
 - a. The clinician or other person who is providing direct services to consumers or others. A practitioner is a person who is being asked to use an innovation.

Enter 1 - 9 next to each item to indicate the extent to which you agree the statement is true for your organization.

1 = Completely Disagree

2 = Disagree

3 = Somewhat Disagree

4 = Neither Agree nor Disagree

5 = Somewhat Agree

6 = Agree

7 = Completely Agree

8 = Does Not Exist in our organization

9 = Don't Know

Practitioner Selection

When an innovation is introduced to an organization (or sustained over time as staff expansion or turnover occurs), practitioners must be employed to interact with consumers using the new ways of work. The items in this section ask about the activities related to recruiting, interviewing, or hiring new practitioners or existing practitioners within the organization.

Within the past six months:

NOTE: A shorter time frame may be used to assess implementation progress more often during each year. For example, surveying key informants every four months will provide three data points a year.

1. Practitioners already employed by the provider organization are appointed to carry out this innovation. For example, without much discussion existing staff have been reassigned to use the innovation.
2. Practitioners already employed by the provider organization voluntarily applied to carry out this innovation. For example, there was a process where currently employed practitioners could learn about the innovation and decide if they wanted to make use of it in their work with consumers.
3. New staff members have been specially hired to be the practitioners using the innovation. That is, a new position was created and a new person was recruited and employed to be a practitioner.
4. Interviews to determine whether or not to employ a person to be a practitioner for this innovation have been conducted in-house by the provider organization's own staff. Note that this question applies to interviews of practitioners who voluntarily applied from within the organization as well as to those candidates who applied to be new employees of the organization.
5. Interviews to determine whether or not to employ a person to be a practitioner for this innovation have been conducted by one or more persons who are expert in the innovation. For example, the interviewers are part of the research group that developed the innovation or are specially trained to do interviews for this innovation.

6. Earlier in their career, nearly every person involved in interviewing candidates had been a practitioner using the innovation.
7. Interviews to determine whether or not to employ a person to be a practitioner for this innovation primarily have been focused on questions specifically related to the innovation.
8. Interviews to determine whether or not to employ a person to be a practitioner for this innovation have included role plays to elicit responses from candidates. For example, a role play situation might ask the candidate to respond to a situation that is acted out by the persons doing the interview. The situation might be typical of the kinds of issues a practitioner faces every day when using the innovation.
9. Data regarding practitioner performance in employment interviews have been collected and reported to management or a data collection unit.

Training

Innovations involve new ways of doing work with consumers and often require practitioners to acquire new knowledge, skills, and abilities. These items ask about any activities related to providing specialized information, instruction, or skill development in an organized way to practitioners and other key staff in an organization.

Within the past six months:

1. Practitioners have been provided with specific preparation to carry out this innovation.
2. Training for practitioners primarily has been provided in-house by the provider organization's own staff.
3. Practitioner training primarily has been provided off site (e.g. a national or regional training center; conference).
4. Practitioner training has been provided by one or more persons who are expert in the innovation. For example, the trainers are part of the research group that developed the innovation or are specially trained to do training for this innovation.
5. Training for practitioners primarily has been focused on content specifically related to the innovation.

6. Earlier in their career, nearly every trainer had been a practitioner using the innovation.
7. Training for practitioners has included behavior rehearsals to develop knowledge and skills to an established criterion. Behavior rehearsals are set up to allow the practitioner to practice saying and doing aspects of the innovation they are expected to use after training has ended.
8. Behavior rehearsals during training have included re-practice until a criterion for skill acquisition has been reached (e.g. 80% of the components done properly).
9. Data regarding practitioner knowledge and performance relative to the innovation has been assessed before and after training and reported to management or a data collection unit.

Supervision/ Coaching

Practitioners often are supported by supervisors or coaches as they work with consumers. These items ask about supervision/ coaching that may include personal observation, instruction, feedback, emotional supports, some form of training on the job, or debriefing sessions.

1. Each practitioner using this innovation has an assigned supervisor/ coach.
2. Supervision/ coaching for practitioners primarily is provided in-house by the provider organization's own staff.
3. The supervisor/ coach for every practitioner is expert in the innovation. For example, the coaches are part of the research group that developed the innovation or are specially trained to coach practitioners using this innovation.
4. Earlier in their career, every supervisor/ coach had been a practitioner using the innovation.
5. Supervision/ coaching primarily has been focused on helping practitioners develop their knowledge and skills specific to the innovation being implemented.
6. Supervisors/ coaches have been careful to match the content of supervision with the content of training.
7. Supervision/ coaching has occurred on a regular schedule known to the practitioner.
8. Supervision/ coaching has occurred a minimum of once a week for each practitioner who has

been using the innovation for less than 6 months.

- Supervision/ coaching for practitioners has included a considerable amount of direct observation of clinical skills on the job.
- Information and/or data regarding the results of practitioner supervision/ coaching contacts have been routinely collected and reported to management or a data collection unit.

Performance Assessment

Many organizations have some way to assess the quality and quantity of work done by practitioners and others involved in providing services to consumers. The information may be used for certification, merit pay increases, promotions, or decisions about continued employment. These items ask about the nature and content of performance assessments relative to practitioners' use of the innovation in the organization.

Within the past six months:

- The performance of each practitioner using this innovation has been evaluated with respect to adherence. That is, the critical features of the innovation are listed/ defined and a method is used to determine the practitioner's use of each critical feature.
- The performance of each practitioner using this innovation has been evaluated with respect to outcomes achieved. That is, the progress of each consumer being served by a practitioner is measured.
- Practitioner performance assessments has included direct observations and ratings of knowledge, skills, and abilities.
- Practitioner performance assessments have included opinions and ratings of performance by consumers and stakeholders.
- Nearly all of the practitioner performance assessment questions/ observations have been specific to the innovation.
- Practitioners have been well informed in advance regarding the purpose, content, and methods used to carry out practitioner performance assessments.
- Assessments of practitioners' performance have been conducted in-house by the provider organization's own staff.

- Assessments of practitioners' performance have been conducted by individuals who are specifically trained to evaluate the performance of practitioners using the innovation.
- Practitioners have received written results within 30 days of the performance assessment.
- Data regarding the results of practitioner performance assessments have been routinely collected and reported to management or a data collection unit.

Decision Support Data Systems

Many organizations have some way to assess the overall performance of various units and of the overall organization itself. The information may be used for internal or external accountability purposes, quality improvement, or decisions about contracts and services. These items ask about the nature and content of assessments relative to decision making regarding the use of the innovation in the organization.

Within the past six months:

- The provider organization has had a data collection and reporting system in place.
- Assessments of organizational performance primarily have been conducted in-house by the provider organization's own staff.
- There have been specific protocols used for data collection and analysis (e.g. specific measures, data collection routines, schedules for data collection)
- There have been specific protocols used for data reporting (e.g. schedules, formats for data reporting, schedule of meetings for discussion and interpretation of results)
- Organizational data collection measures primarily have been designed to acquire information specific to the processes of the innovation.
- Organizational data collection measures primarily have been designed to acquire information specific to the outcomes of the innovation.
- Information from data collection systems has been provided to practitioners at least monthly.
- Information from data collection systems has been provided to supervisors/ coaches at least monthly.

9. Information from data collection systems has been provided to managers and directors at least quarterly.

Facilitative Administration

Many organizations establish structures and processes to support and actively pursue agendas to encourage and support the use of an innovation by practitioners. These items ask about any changes in the organization related to the use of the innovation.

Within the past six months:

1. Administrative practices and procedures have been altered to accommodate the specific, identified needs of the innovation (e.g. personnel reporting arrangements; accountability methods; financing methods).
2. Administrative policies have been altered to accommodate the specific, identified needs of the innovation (e.g. revised policy and procedure manuals; modified merit pay criteria).
3. Administrative staff (key directors, managers, and supervisors) have received explicit training regarding their functions related to the innovation.
4. Adjustments have been made in organizational structures and roles specifically to promote effective use of the innovation (e.g. alignment of internal organizational systems to facilitate and support the work of practitioners, interviewers, trainers, coaches, and performance assessors).
5. New administrative practices and procedures have been put in place to facilitate the practice (e.g., new job descriptions and salary structures; new meeting schedules, new Board committees; written implementation plan).
6. Administrative staff has routinely used data when making decisions about changes in the organization.
7. Administrative staff has routinely used data when making decisions about staff performance.

Systems Intervention

Organizations may work with the larger systems in the region and state to develop better supports for the use of an innovation. These items ask about changes in external system policies, management, or operating structures or methods in response to experiences gained with the operations of an innovation.

Within the past six months:

1. Administrative staff of the provider organization (key directors, managers, and supervisors) have actively worked to change external systems so they are more hospitable to the specific methods, philosophy, and values of the innovation.
2. Administrative staff of the provider organization (key directors, managers, and supervisors) have received explicit training with respect to specific approaches for intervening in external systems.
3. Administrative staff of the provider organization (key directors, managers, and supervisors) have secured adequate resources to initiate and use the innovation effectively (e.g. assure appropriate referrals, sufficient funding, staff certification, agency accreditation, consumer and stakeholder support, community support).
4. Administrative staff of the provider organization (key directors, managers, and supervisors) have secured adequate resources to sustain the innovation effectively (e.g. assure appropriate referrals, sufficient funding, staff certification, agency accreditation, consumer and stakeholder support, community support).

Leadership

Organizations have leaders at various levels who make decisions that impact the way practitioners work with consumers. These items ask about the nature of leadership within the organization.

Within the past six months:

1. Leaders within the organization continually have looked for ways to align practices with the overall mission, values, and philosophy of the organization.
2. Leaders within the organization have established clear and frequent communication channels to provide information to practitioners and to hear about their successes and concerns.
3. Leaders within the organization have convened groups and worked to build consensus when faced with issues on which there was little agreement about how to proceed.
4. Leaders within the organization have provided specific guidance on technical issues where there was sufficient clarity about what needed to be done.
5. Leaders within the organization have been fair, respectful, considerate, and inclusive in their dealings with others.
6. Leaders within the organization have been very good at focusing on the issues that really matter at the practice level.
7. Leaders within the organization have been very good at giving reasons for changes in policies, procedures, or staffing.
8. Leaders within the organization have been actively engaged in resolving any and all issues that got in the way of using the innovation effectively.
9. Leaders within the organization have actively and routinely sought feedback from practitioners and others regarding supports for effective use of the innovation.
10. Leaders within the organization have been actively involved in such things as conducting employment interviews, participating in

practitioner training, conducting performance assessments of individual practitioners, and creating more and better organization-level assessments to inform decision making.

Implementation Climate

Organizations have a “personality” that is reflected in the day to day operations of the organization and the way staff members view their work.

The following items were adapted from Katherine Klein’s MRPTOO Survey Measures referred to in her paper on Implementing Computerized Technology: An Organizational Analysis (Klein, Conn, & Sorra, 2001). In Klein’s work, analysis was conducted at both the organizational and individual level. At the individual level, Cronbach’s alpha was reported as .83 and at the organizational level, Cronbach’s alpha was reported as .93.

Response scale: (1 = not true, 2 = slightly true, 3 = somewhat true, 4 = mostly true, and 5 = true). (R = Reverse scored.)

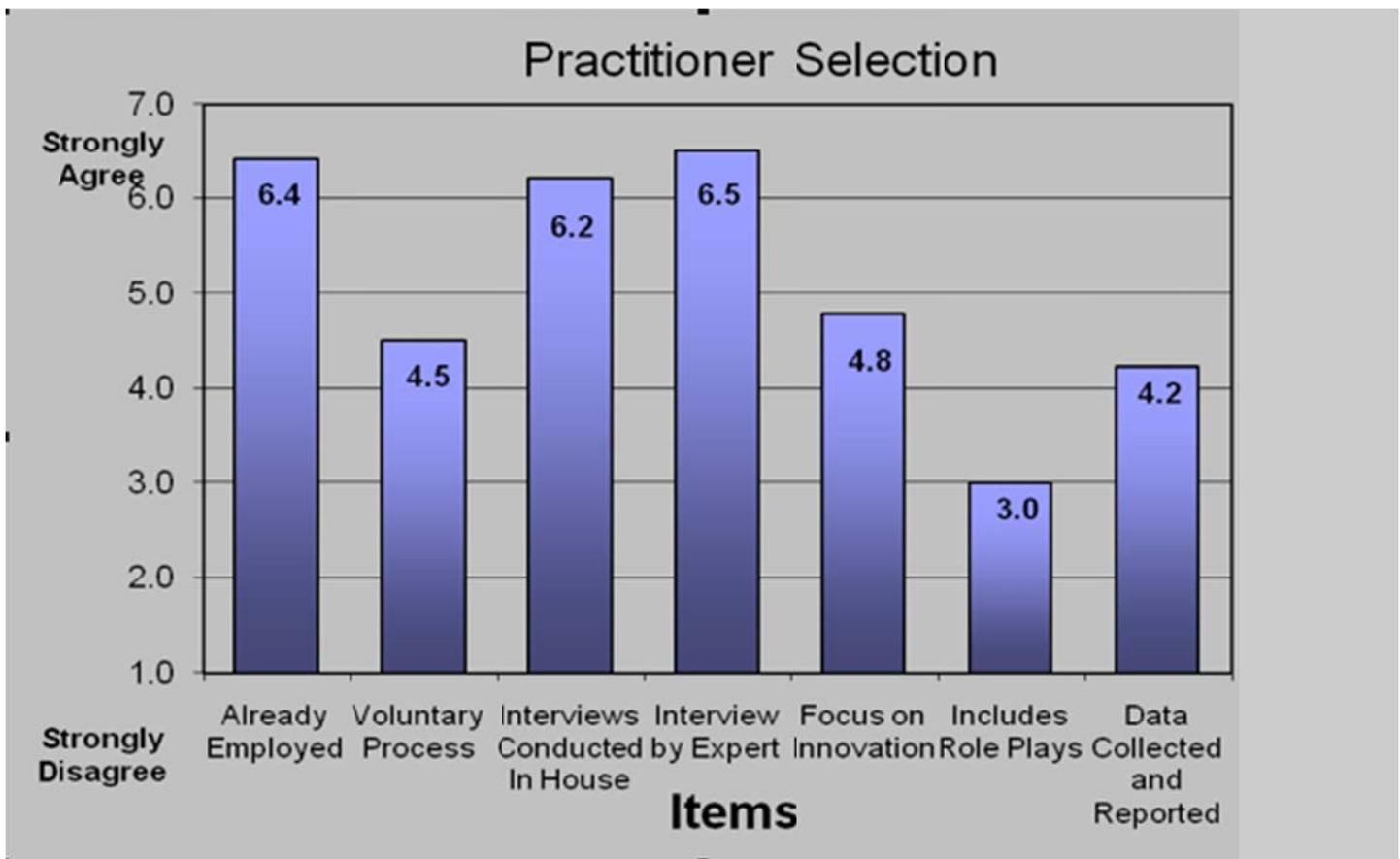
1. This innovation is a top priority at this organization.
2. At this organization, this innovation takes a back seat to other projects. (R)
3. People put a lot of effort into making this innovation a success here.
4. People at this organization think that the implementation of this innovation is important.
5. One of this organization’s main goals is to use this innovation effectively.
6. People here really don’t care about the success of this innovation. (R)
7. In this organization, there is a big push for people to make the most of this innovation.

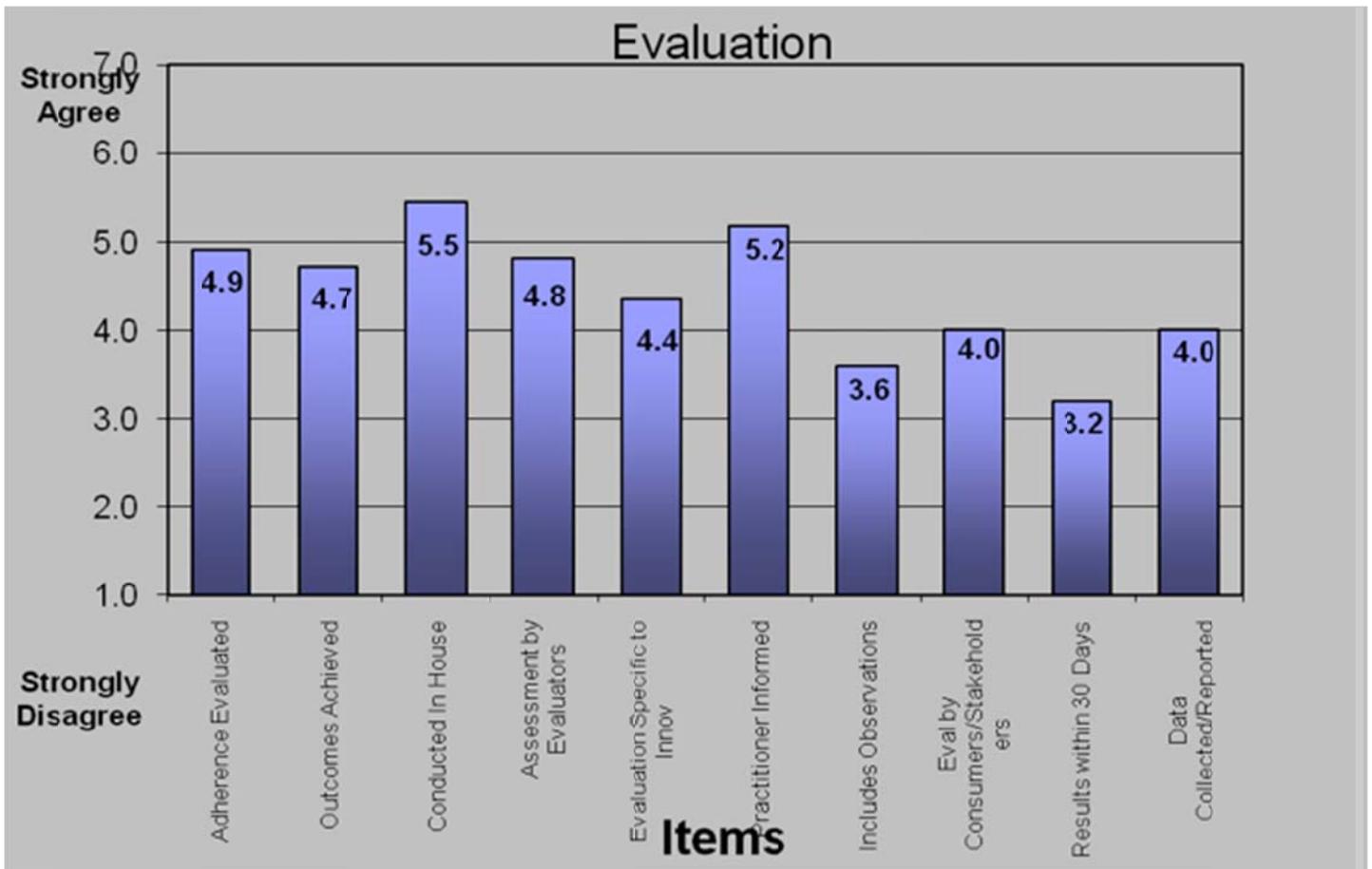
APPENDIX A

Examples of Implementation Data

Julienne Giard and her colleagues collected data using an earlier version of the Implementation assessment items described above. Some examples of her data from 12 adult mental health/substance abuse agencies using a common evidence-based program across the State are provided below. Note that Giard used a 7-point scale (7 = Strongly Agree).

As described in the Synthesis of the Literature ([HTTP://NIRN.FPG.UNC.EDU](http://NIRN.FPG.UNC.EDU)), implementation supports often begin by setting the context, then add content, and work toward competent uses of the Implementation Drivers. It was interesting that the respondents said that most of the implementation work was done by individuals who resided in the agency (context) and had expertise in the intervention and the support of the organization (content). However, with regard to how skillfully the implementation work was done (competence), there was less attention to best practices for the Drivers, less use of the data to make improvements, and less focus on the intervention as training and coaching were provided. It appears that the implementation context was in place (e.g. internal trainers and coaches, organization support) but the competence of the delivery still was developing. This is what we would expect early in the implementation process where everything is new to everyone (e.g. practitioners, trainers, coaches, administrators) and implementation components are not yet well integrated.





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

State Implementation and Scaling-up of Evidence-based Practice (2010). Stage-based Measures of Implementation Components: Full Implementation Stage Assessment. FPG Child Development Institute, University of North Carolina Chapel Hill, The National Implementation Research Network, February 2011.