



Positive Behavioral Interventions and Supports Implementation Blueprint: Part 1 – Foundations and Supporting Information

Technical Assistance Center on Positive Behavioral Interventions and Supports

U. S. Department of Education, Office of Special Education Programs

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PREFACE

The OSEP Center on Positive Behavioral Interventions and Supports (PBIS) is grateful to students, educators, families, researchers, and many others who have worked tirelessly to improve educational outcomes for all students and who have contributed to our understanding of the critical practices and systems of PBIS.

These materials have been developed to assist local and state education agents to improve their capacity to address school climate and PBIS for all students.

Authority for and use of the terminology “Positive Behavioral Interventions and Supports” was first indicated in the Individuals for Disabilities Education Act of 1996, and has been referenced in subsequent reauthorizations in 2000 and 2006. The priority for this Center was developed in 1997. In this document PBIS is used as equivalent to “School-Wide Positive Behavior Support” (SWPBS), “School-wide Positive Behavioral Interventions and Supports (SWPBIS), and “Multi-Tiered Behavioral Frameworks” (MTBF).

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Positive Behavioral Interventions and Supports Implementation Blueprint

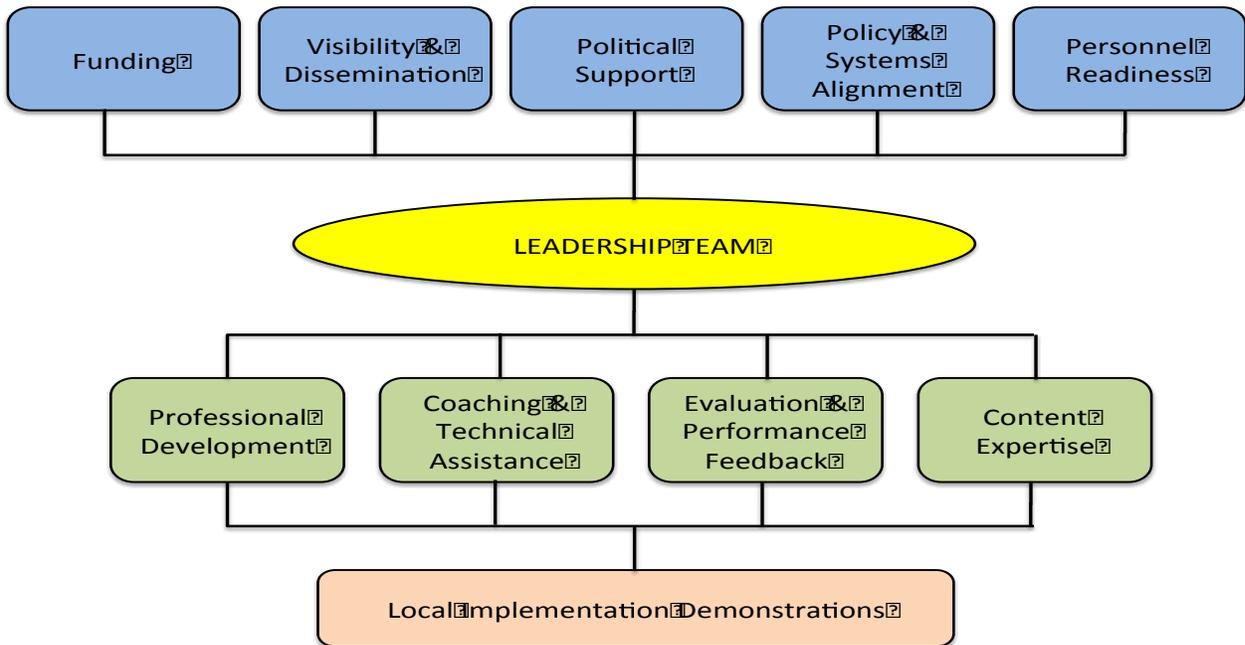
PURPOSE

The **purpose** of the *Positive Behavioral Interventions and Supports Implementation Blueprint* is to guide leadership teams in the assessment, development, and execution of action plans that have as an outcome the systemic capacity for sustainable, culturally and contextually relevant, and high fidelity implementation of multi-tiered practices and systems of support.

The *PBIS Implementation Blueprint* is organized in two major sections:

Part 1	<i>Foundational and Supporting Information</i>	The PBIS Implementation Blueprint is grounded in the behavioral and prevention sciences and emphasizes within a multi-tiered support system framework (a) measurable outcomes, (b) evidence-based practices, (c) implementation systems, and (d) data for decision making. In Part 1, foundational content and guidelines are described in relation to PBIS implementation <i>Self-Assessment and Action Planning</i> .
Part 2	<i>Self- Assessment and Action Planning</i>	State, county, regional, and district leadership teams should regularly assess the status of implementation drivers related to systemic implementation of the PBIS framework. Self-assessment results are used to develop action plans designed to achieve organizational capacity to sustain and adapt relevant and high fidelity implementation of the PBIS framework. In Part 2, the self-assessment tool and action planning template are provided.

The PBIS Implementation Blueprint Self-Assessment and Action Planning process is organized around implementation drivers or elements highlighted in the following figure. These elements also are considered when conducting systemic implementation activities related to, for example, resource mapping, practice alignment and integration, program evaluation, and local capacity development.



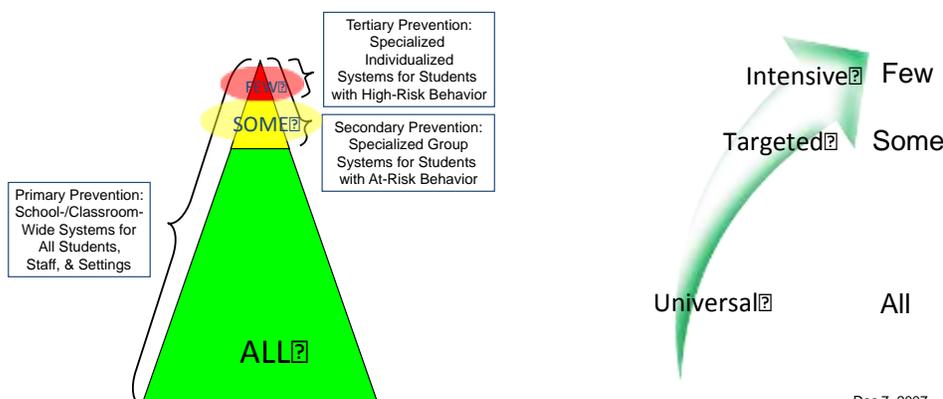
POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS)

The U. S. Department of Education first referenced the term “positive behavioral interventions and supports” (PBIS) in 1996, and the term is currently used in the Individuals with Disabilities Education Act (IDEA) (e.g., sections 601(c)(5)(F), 611(e)(2)(C)(iii), 614(d)(3)(B)(i), 662(b)(2)(A)(v), and 665).

The Department of Education indicated further that

1. PBIS does not “mean any specific program or curriculum” (p. 4).
2. PBIS generically references “a multi-tiered behavioral framework used to improve the integration and implementation of behavioral practices, data-driven decision making systems, professional development opportunities, school leadership, supportive SEA and LEA policies, and evidence-based instructional strategies” (p. 4).
3. A PBIS framework helps to “improve behavioral and academic outcomes by improving school climate, preventing problem behavior, increasing learning time, promoting positive social skills, and delivering effective behavioral interventions and supports” (2013, 4000-01-U, DFDA 84.326S, p. 4)
4. “In 1997, OSEP funded the first national TA center to explore how to incorporate a variety of behavioral practices into a school-wide framework that would (1) address the social, emotional, and behavioral needs of students with challenging behaviors in a comprehensive and deliberate manner, similar to how academic instruction is provided; and (2) provide a structure for the delivery of a continuum of evidence-based practices designed to benefit all students and supported by data-driven decision making” (pp. 4-5)

In the 1990s, the PBIS Center adopted the three-tiered prevention logic that was promoted by the public health community (below left) to conceptualize the “multi-tiered behavioral framework.” In 2007, a blended continuum (below right) was developed to reduce the focus on static tiers and tiered labeling and to increase the emphasis on prevention logic. As the magnitude of the problem increases, so does the need for (a) resources to address the problem, (b) enhancements to teaching and learning environments, (c) collecting and using data for decision making, (d) teaming and coordination, and (e) engagement with and feedback to students.



General descriptions for each tier are presented below:

Tier	Prevention Description
<p style="text-align: center;">I. Primary (Universal)</p>	<p>Preventing the development of new cases (incidence) of problem behaviors by implementing high quality learning environments for all students and staff and across all settings (i.e., school-wide, classroom, and nonclassroom).</p>
<p style="text-align: center;">II. Secondary (Targeted)</p>	<p>Reducing the number of existing cases (prevalence) of problem behaviors that are presenting high risk behaviors and/or not responsive to primary intervention practices by providing more focused, intensive, and frequent small group-oriented responses in situations where problem behavior is likely.</p>
<p style="text-align: center;">III. Tertiary (Intensive)</p>	<p>Reducing the intensity and/or complexity of existing cases (prevalence) of problem behavior that are resistant to and/or unlikely to be addressed by primary and secondary prevention efforts by providing most individualized responses to situations where problem behavior is likely.</p>

The tiered-prevention logic emphasizes the following **guiding principles**:

- All members of an organization (e.g., public school, alternative program, district) across all settings (especially, classroom) should experience an effective and relevant **foundation of social and behavior support (Tier I)** that emphasizes arrangement of high quality teaching and learning environments by directly and explicitly teaching social skills, monitoring their use, providing opportunities to practice in applied settings, giving specific and contingent encouragement and recognition when they are used.
- **Implement PBIS across the whole school.** Enhancing the social culture of a classroom or school requires all students and staff members to participate in the implementation process. As a whole school approach, the PBIS framework is implemented by and within individuals within classroom and across non-classroom settings (e.g., hallways, lunchrooms, assemblies, sporting events, field trips).
- **Invest in prevention first.** All members of an learning environment (e.g., public school, alternative program, classroom, preschool) should experience an effective and relevant foundation of academic, social, and behavior support (Tier I) that emphasizes arrangement of high quality teaching and learning environments: (a) direct and explicit teaching of social skills, (b) continuous progress monitoring, (c) multiple opportunities to practice in applied settings, (d) specific and contingent encouragement and recognition when social skills are used, and (e) constructive reteaching when behavior errors occur.

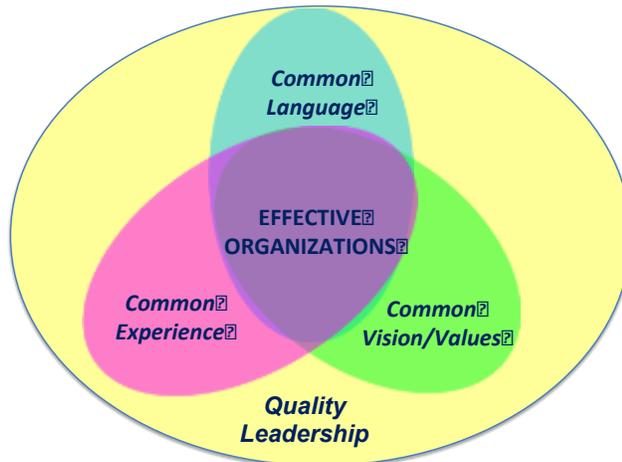
- **Establish a continuum of behavior support tailored to address the needs of ALL students.** A continuum of behavior support is characterized by a range of evidence-based practices (i.e., interventions and strategies that are aligned with a range of problem behaviors based intensity and severity). A continuum of behavior support is not characterized by placement of students within tiers, service delivery programs (e.g., special education, mental health), or personnel roles (e.g., school psychologist and counselors, mental health workers), but more by an array of evidence-based practices.
- **Select and use evidence-based practices.** After a need or problem has been justified as important and described in observable terms, practices should be selected that have clear documentation of aligning with and addressing the need or problem in the indicated situation or context. To the greatest extent possible, evidence should be supported by formal and controlled experimental research trials that document meaningful change in student outcomes in similar applied settings (i.e., functional relationships).
- **Build local capacity with high fidelity technical assistance and support.** Although initial practice acquisition may be externally derived, sustained and accurate use of an evidence-based practice requires establishment of on-site personnel who are fluent in its use and who can make adjustments and decisions based on responsiveness to ongoing implementation.
- **Document high fidelity of practice implementation.** For students to experience maximum benefit, structures and systems should be in place to ensure that each evidence-based practice is implemented with the highest degree of fidelity. Continuous assessment of implementation fidelity and monitoring of student responsiveness to intervention are required.
- **Decide with data.** Information should be collected, reviewed, and acted upon routinely, formally, and directly, based on six key questions: (a) What topic or problem needs to be addressed when, where, and how? (b) What intervention or practice might best address the need or problem? (c) How well have interventionists been prepared to implement the intervention or practice? (d) How well is the intervention or practice being implemented (fidelity)? (e) How well are students responding (i.e., progress monitoring)? and (f) What adjustments are indicated to improve implementation fidelity and student responsiveness?
- **Enhance implementation to be culturally relevant.** Development, implementation, and enhancements of a continuum of evidence based practices of behavior support must be contextualized explicitly to reflect the cultural learning history of students, staff, and family and community members (e.g., language, customs and practices, normative expectations, forms of acknowledgements and recognition). Systems that are tailored to the needs and preferences of the local students, families, and community are more likely to be effective than those that are implemented in a generic format.

TERMINOLOGY

In general, the three-tiered or multi-tiered prevention logic has influenced the development of variations in terminology. For the purpose of this blueprint, “PBIS” will be the main terminology. A brief summary of common variations follows:

Terminology	Acronym	Description
Positive Behavioral Interventions and Supports (1996)	PBIS	Referenced in IDEA to refer to a framework for delivering practices and systems to enhance academic and behavior outcomes for students with disabilities and their families.
Response to Intervention (1997)	RtI	Initially developed and used in special education to refer to a framework for improving identification and delivery of educational supports for students with significant learning disabilities, and later became a framework for supporting academic needs of all students.
Multi-tiered Systems of Support (2013)	MTSS	Used in general and special education to refer to a framework for delivering practices and systems for enhancing academic and behavior outcomes for all students.
Multi-tiered Behavior Frameworks (2014)	MTBF	Used in elementary and secondary education to refer to a framework for delivering practices and systems enhancing the behavior outcomes for all students.

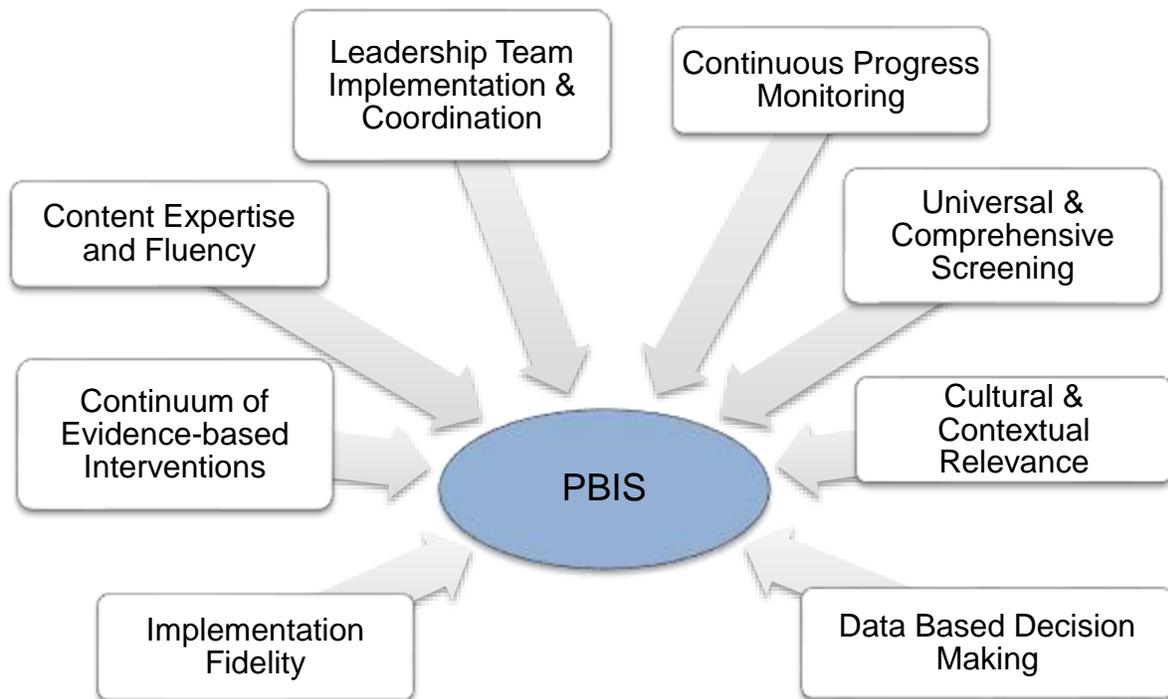
Classrooms, schools, and local and state education agencies are **organizations** that must operate as effectively, efficiently, and relevantly to benefit each member of the organizations. As such, we describe organizations as “Groups of individuals whose collective behaviors are directed toward a common goal and maintained by a common outcome” (Skinner, 1953). Furthermore, effective organizations have four defining features (Gilbert, 1978; Horner, 2003; Sugai, 2014):



Feature	Description
Common Vision/Values	A mission, purpose, or goal that is embraced by the majority of members of the organization, reflects shared needs, and serves as the basis for decision-making and action planning.
Common Language	The terminology, phrases, and concepts that describe the organization’s vision, actions, and operations so that communications are understood, informative, efficient, effective, and relevant to members of the organization.
Common Experience	A set of actions, routines, procedures, or operations that are practiced and experienced by all members of the organization and include data feedback systems or loops to assess the quality of implementation and link activities to outcomes.
Quality Leadership	Personnel, policies, structures, and processes that are organized and distributed to achieve and sustain the organization’s vision, language, and experience.

PBIS CORE FEATURES AND PRACTICES

The PBIS logic is linked to the response-to-intervention (RtI) and multi-tiered support systems (MTSS) approaches. In general, PBIS, MTSS, RTI, and MTBF share the following core features:



In the following table, each PBIS core feature is described briefly.

Feature	Description
Implementation Fidelity	Structures and procedures are in place to assess, ensure, and coordinate appropriate adoption and accurate and sustained implementation of evidence-based practices and systems in the context of assessment data regarding student responsiveness.
Continuum of Evidence-Based Interventions	<p>An integrated and sequenced organization of practices is developed such that a (a) core curriculum is provided for all students, (b) modification of this core is arranged for students whose performance identified as nonresponsive, and (c) specialized and intensive curriculum is developed for students whose performance is deemed nonresponsive to the modified core.</p> <p>Elements of this continuum must have empirical evidence to support efficacy (intervention is linked to outcome), effectiveness (intervention outcomes are achievable and replicable in applied settings), relevance and socially valid (intervention can be implemented by natural implementers and with high fidelity), and durability (intervention implementation is sustainable and student outcomes are maintained). Intensity of implementation is matched to the intensity of behavioral challenge.</p>
Content Expertise and Fluency	Local personnel have high levels of content knowledge, fluency, and experience to support the culturally relevant and high fidelity implementation of evidence-based practices and systems.
Leadership Team Implementation and Coordination	Implementation of evidence-based practices and systems are guided, coordinated, and administered by a local team comprised of representation from leadership, stakeholders, implementers, consumers, and content experts. This team is responsible for ensuring high implementation fidelity, management of resources, and data-based decision making.
Continuous Progress Monitoring	Performance is reviewed on a frequent and regular schedule to identify the adequacy of growth trends, student responsiveness, fidelity of support implementation, and adaptations and modifications in supports.
Universal & Comprehensive Screening	Performance and progress of all students are reviewed on a regular schedule (e.g., quarterly, annually) and in a systematic manner to comprehensively or completely assess (a) current level of progress, (b) adequacy of progress, (c) fidelity of support implementation, (d) effectiveness of support, and (e) need or change in supports.
Cultural and Contextual Relevance	Implementation of evidence-based practices, systems, and associated data-based decision making are adapted to the context of the local culture such that characteristics and cultural learning histories of stakeholders, implementers, and consumers are embedded in a comprehensive and authentic manner. The influences of individual or group perspective, bias, and/or beliefs (learning history) on actions and decision-making are highlighted.

Each tier in the PBIS framework is comprised of core practices and systems that characterize the specific interventions, strategies, and/or curricula selected and/or developed by the implementation leadership team. Across tiers, practices, and systems, increases in engagement, intensity, feedback, teaming, and monitoring are indicated. Similarly, supports for implementers also intensify. The following table summarizes these core practices and systems by tier.

I. Universal or Primary	
All students, all staff, all settings	
Systems	Practices
<ul style="list-style-type: none"> • Leadership team with active administrator participation • Efficient routine, schedule, and structure for conducting efficient team meetings • Commitment statement for establishing a positive school-wide social culture • Procedures for on-going data-based monitoring, evaluation, and dissemination • Procedures for selection, training and coaching of new personnel • Procedures for evaluation of personnel related to PBIS implementation 	<ul style="list-style-type: none"> • Set of school-wide positive expectations and behaviors are defined and taught • Procedures for establishing classroom expectations and routines that are consistent with school-wide expectations • Continuum of procedures for encouraging expected behavior • Continuum of procedures for discouraging problem behavior • Procedures for encouraging school-family partnerships
II. Targeted or Secondary	
Supplemental small group	
Systems	Practices
<ul style="list-style-type: none"> • All Tier I systems above • Intervention team with coordinator • Behavioral expertise • Increased precision in data collection related to implementation fidelity and progress monitoring • Formal process for screening and identifying students in need of more than Tier I support. • Access to training and technical assistance on Tier II practices and supports 	<ul style="list-style-type: none"> • All Tier I practices above • Increased instruction and practice with self-regulation and social skills • Increased adult supervision • Increased opportunity for positive reinforcement • Increased antecedent manipulations (e.g., precorrection) • Increased precision to minimize rewards for problem behavior • Increased access to academic supports

III. Intensive or Tertiary Tailored for individual student	
Systems	Practices
<ul style="list-style-type: none"> • All Tier I and II systems above • Multi-disciplinary team with coordinator based on individual student need • Behavior support expertise • Formal data collection plans related to implementation fidelity of individualized behavior intervention plans • Formal collection and use of data related to the impact of the support plan on student outcomes 	<ul style="list-style-type: none"> • All Tier I and II practices above. • Comprehensive function-based assessment, including functional behavioral assessment • Individualized plan of support that includes strategies for (a) prevention, (b) teaching, (c) positive reinforcement, (d) controlled reduction of natural rewards for problem behavior, and (e) safety. • Wraparound supports and culturally responsive person centered planning that actively involves family and community supports and resources

PBIS IMPLEMENTATION PROCESSES

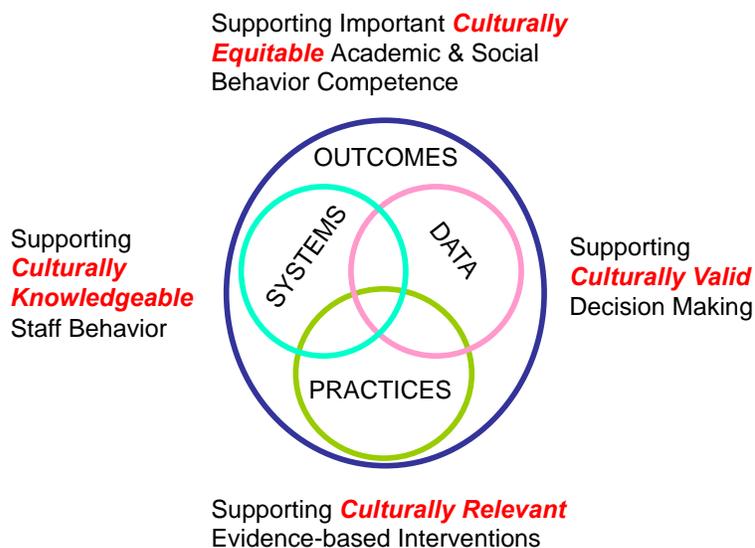
Given the core practices and systems delineated above, **PBIS processes** are based on important implementation logic, concepts, and guidelines (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Implementation Guidelines
<p>1. Readiness and commitment agreements precede any implementation activities and include</p> <ol style="list-style-type: none"> a. Leadership approval (e.g., superintendent, commissioner, principal) b. Participant commitment to implement (“buy-in”) (e.g., >80% agreement) c. Initiative and program integration d. Collection of local data for decision-making e. Leadership teaming and coaching
<p>2. Based on a set of decision rules, implementation by school, district, and state agencies moves forward and backward through a series of generic phases</p> <ol style="list-style-type: none"> a. Exploration and adoption (i.e., determining need and solutions) b. Installation (i.e., getting ready to implement) c. Initial implementation (i.e., early acquisition and fluency building) d. Full implementation (i.e., system or organization wide execution) e. Sustainability (i.e., fidelity implementation with existing resources) f. Scaling (i.e., expansion of implementation to other similar units or organizations)
<p>3. Implementation is directed, coordinated, and institutionalized by a leadership team that has</p> <ol style="list-style-type: none"> a. Policy and decision making authority b. Representation by key stakeholders c. Top administrative support and participation d. Recurring and sufficient resources (funding and personnel) based on 3-5 years of committed local resources e. Data collection and decision making that targets student outcomes and implementation fidelity f. An across initiative and program organization that is unified based on student outcomes g. Individuals who coordinate implementation process and leadership team functioning h. Individuals internal and external to the organization designated to coach or facilitate implementation of action plan

<p>4. Support is in place for the development and long-term maintenance of implementation demonstrations that show</p> <ul style="list-style-type: none"> a. High fidelity of implementation of essential core features b. Documented improved outcomes
<p>5. Local implementation capacity* (see note below) includes</p> <ul style="list-style-type: none"> a. On-going professional development of existing personnel b. Coaching facilitation by existing personnel c. Leadership coordination within existing organization d. Data-driven decision making e. Fluent PBIS practice and process expertise within existing personnel f. Recurring fiscal support within existing budget g. Supporting institutional policy statements and procedures
<p>6. The implementation leadership team develops and works from a data-based 3-5 year action plan that considers</p> <ul style="list-style-type: none"> a. Preparation for new implementation b. Sustaining high fidelity implementation c. Efficient adaptation for expansions and scaling d. Changes and transitions in implementation and implementers to maintain, for example, leadership, funding, and initiative priority e. Formative and summative data collection and use for current and future action planning

*Although “**capacity**” is indicated in “Local Implementation Capacity” (5. above), all implementation blueprint elements and processes emphasize developing local resources for sustained and scaled PBIS implementation. Grants, contracts, and other outside sources of support are useful for “jumpstarting” an effort (e.g., professional development, policy-making, practice selection and demonstration, organizational efficiency); however, because they are **temporary**, implementation fidelity and achieved outcomes may not be durable or sustainable. Therefore, implementation of any practice must give priority to improving the effectiveness, efficiency, and relevance of existing resources, policies, procedures, and organizational and leadership structures.

Effective implementation processes are iterative, informing, continuous, and team-based. Four essential interactive elements serve as the core of the implementation process and illustrated in the following figure. Consideration of “culture” or context is important within and across all four elements because of the influence and added value of the local environments (e.g., neighborhood, city), personal characteristics (e.g., race, nationality), learning histories (e.g., family and social routines, customs, experiences), and language (e.g., dialect, vocabulary) to the implementation process and outcomes.



Element	Description
Systems	Supports that are needed to enable the accurate and durable implementation of practices, efficient use of data, and achievement of outcomes.
Data	Information that is used to select, monitor, and evaluate outcomes, practices, and systems.
Practices	Interventions and strategies that are evidence-based in achieving indicated outcomes.
Outcomes	Academic and behavior targets or indicators that are specified, endorsed, emphasized, and monitored because of their social and education significance.

SYSTEM-WIDE PBIS IMPLEMENTATION

Team-based Readiness and Implementation

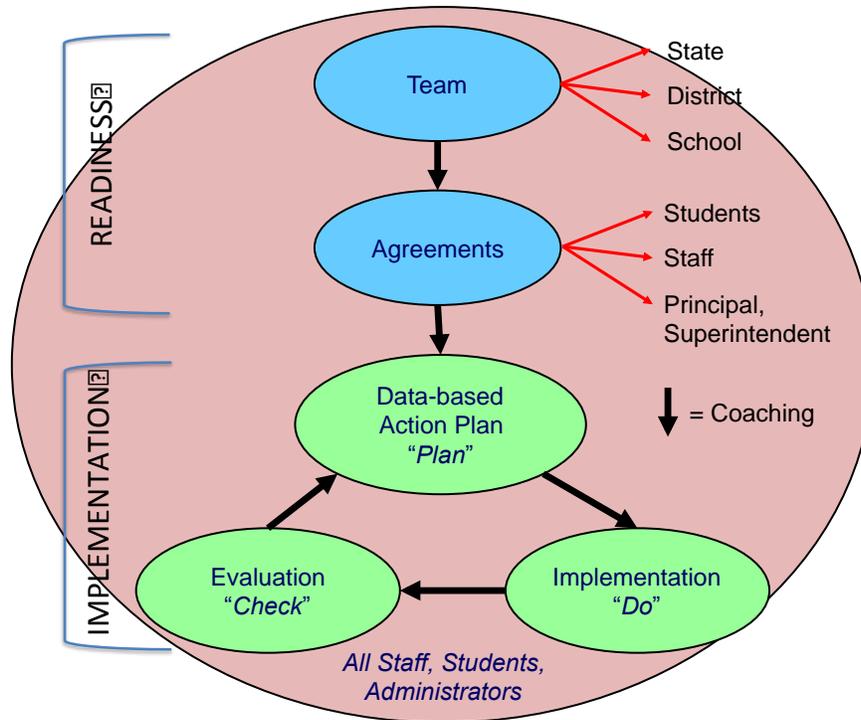
The PBIS approach emphasizes three important aspects of team-driven implementation.

First, to ensure high fidelity implementation and maximum consumer outcomes, establishment of the leadership team and securing agreement among the implementers and stakeholders must precede implementation of any practice or system (shaded blue in the figure below).

Second, implementation of any practice or system must be coordinated by the leadership team and based on local data or information that is (a) focused on implementation fidelity and consumer benefit and (b) collected, summarized, and disseminated on an on-going basis to inform implementation decision making (shaded green in the figure below).

Third, the PBIS Leadership Team has responsibility for establishing and implementing an action plan. The elements described above “drive” the implementation of the action plan (see figure below), and the following points are important about this planning and implementation process.

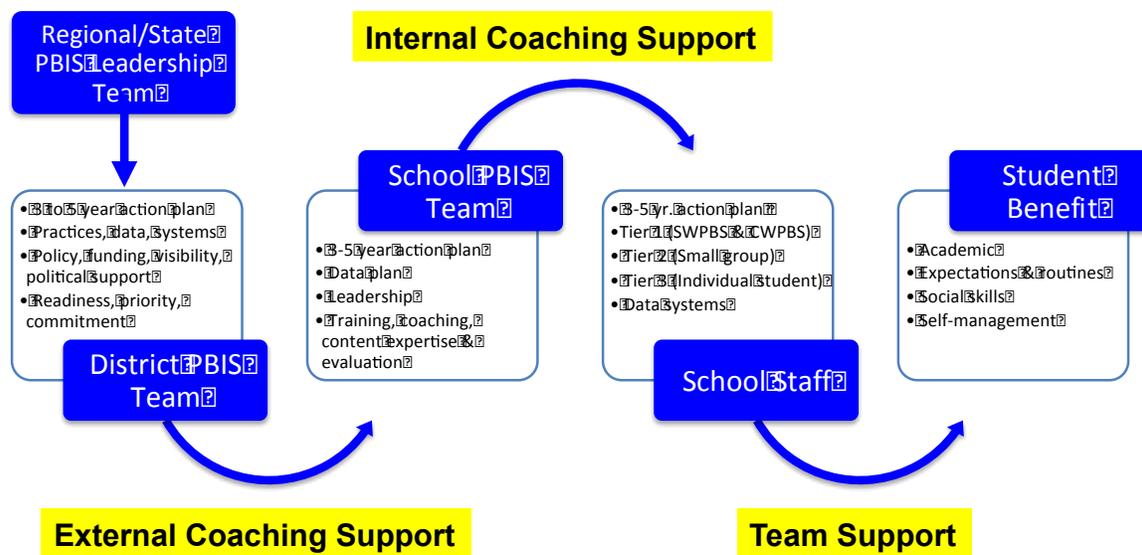
1. Comprehensive action planning targets benefits for **all** students, staff, and administrators.
2. **Teaming** occurs at **multiple levels** (i.e., school, district, state), and the actions of each team are mutually aligned and supported by each other.
3. **Agreements** by students, staff members, and leadership (e.g., principals, superintendents) are required before any action plan activity is initiated.
4. The **action plan** has three key features:
 - a. Data to document and characterize the need and the evidence-based intervention or practice
 - b. Schedule and lesson plan for the actual interactions and engagement with students
 - c. Continuous progress monitoring of implementation fidelity and student progress



Teaming, Coaching, and Student Benefit

In the following figure, features of the general implementation structure are highlighted. The goal is to enhance the visibility, specificity, and accountability of the interaction of structure (team) to action plan to implementation (team and coaching) to student benefit.

- **Leadership teams** across levels (state, district, school) (blue shaded boxes) are responsible for development and coordination of implementation action plans (white shaded boxes).
- **Action plans** function as the agreed upon template for implementation of evidence-based practices and include prioritized need, selection and alignment of evidence-based practices, high fidelity and local implementation capacity, and data-based decision.
- **Coaching supports** (yellow shaded boxes) serves as the mechanism for translating plans into actionable steps.
- **Student benefit** is always the primary target or end-goal for assessing practice appropriateness and implementation success.



Implementation Phases and PBIS

Because implementation of any practice or system is dynamic and influenced by a range of organizational, political, procedural, and regulatory factors, TA for PBIS is guided by implementation status or phase. Although number and differentiation between phases may vary, the following represents how the PBIS Center operationalizes implementation phase (adapted from Fixsen & Blase, 2006; Goodman 2013).

1. Exploration and Readiness Agreement

Description

The organization assesses the situation, examines and selects possible directions and actions, develops a social marketing strategy, secures agreements, and establishes implementation readiness.

“Emphasis is on the assessment of the potential match between community needs, evidence-based practice and program needs, and community resources and to make a decision to proceed (or not)” (Fixsen et al., 2006; p. 15).

This phase is characterized by three basic operations: (a) documentation of need or problem to be addressed and outcome to be achieved, (b) identification of core elements of an evidence-based practice, and (c) consideration of the features of the practice that fit and do not fit current needs and capacity (resources, expertise) (See Hexagon tool).

Assessment Questions

- What is the **need or problem**?
- What **data** are available to describe the need or problem?
- Does the organization agree to the desired **outcome**?
- How high of a **priority** is the need or problem?
- Are **funding** streams identified to support implementation?
- What **evidence-based practices or systems** are available to address the need or problem?
- Does the organization **leader** agree to endorse, support, and participate in the implementation?
- Are **personnel** available to support implementation?
- Do members of the organization **agree** to the nature of the need or problem, desired outcome, relative priority for change, selection of possible solutions, allocation of resources, and participation in the implementation of the solution?

2. Installation

Description

The emphasis is on the preparation for initial implementation of an agreed upon solution (evidence-based practice).

Preparation consists of (a) identifying funding streams, (b) conducting audits and reorganizing of current resource uses, (c) developing strategies for personnel utilization, (d) developing supporting policy, (e) developing descriptions of operational procedures, (f) establishing professional development activities, and (g) estimating start-up costs.

Assessment Questions

- Is a **leadership team** or structure in place to guide and coordinate implementation of professional development and the practices and systems?
- Is competent and experienced **professional development** (training, coaching) available?
- Does the organization have a plan and schedule for continuous and quality **professional development**?
- Is a **data system** in place to provide continuous monitoring of implementation fidelity and progress toward desired outcomes?
- Are **material resources** in place to support implementation?
- Has the leadership team developed a 1-3 year **action plan** for implementation and data management?

3. Initial Implementation

Description

The organization initiates and documents implementation with relatively high levels of prompting, monitoring, and implementation feedback by the leadership team and TA providers.

The emphasis is on establishing full implementation of the practice in a subsection of the larger organization. Change in practice, organization, and functions may be required with a priority on effectiveness, efficiency, and relevance.

The goal is to show how existing resources can be applied to the implementation of the practice by real implementers and to document whether accurate use and desired outcomes are achievable. Specification of practice-related evaluation questions, meaningful measures, and efficient data collection procedures occurs at the demonstration phase. The goal is to minimize risk when full and larger scale implementation occurs.

Assessment Questions

- Do **size and/or place** of initial implementation ensure successful implementation?
- Are data systems in place to monitor **implementation fidelity**?
- Are data systems in place to monitor **consumer benefit and satisfaction**?
- Is the leadership team following an implementation **action plan**?
- Is the **organization leader** actively involved and supportive of the implementation?
- Is quality of **technical assistance** high (e.g., high levels of engagement, performance feedback, coaching, problem solving)?

4. Full Implementation

Description

The whole organization has established the capacity to implement with greater internal (leadership team) levels of prompting, monitoring, and implementation feedback and less external TA.

The objective is to expand accurate implementation of the practice and demonstrate that durable outcomes can be replicated across sites within the organization. Factors that would affect accurate and sustained implementation, cost-effective resource management and administration, and controlled expansion to the whole organization are assessed and evaluated. If other practices or initiatives with similar desired outcomes exist, feasibility of integrating or eliminating overlapping and ineffective efforts is considered.

The objective during this phase is local demonstration of a practice such that all roles, responsibilities, functions, organizational structures are in place and functioning effectively and efficiently.

Important considerations include integration with other initiatives with similar outcome goals, complete staffing supports, establishment of practice expertise and fluency, efficient operational procedures, administrative structures for leadership and coordinated implementation, and data collection and evaluation procedures for formative decision making.

Documentation of implementation features, procedures, and outcomes is important for ensuring visibility and securing political support.

Assessment Questions

- Has **fidelity of implementation** being **demonstrated by a majority** of the organization's members (>80%) and across most settings?
- Are a majority of **consumers benefiting** from the implementation?
- Does the **leadership team** provide continuous implementation support and guidance?
- Are fidelity and consumer outcome data **reviewed at least monthly**?
- Has the implementation been identified as an **institutionalized** component of the organization's daily operation?

5. Sustainability, Scaling, and Continuous Regeneration

Description

The organization has institutionalized the implementation by establishing internal capacity to sustain, demonstrate, and improve or contextualize, and other similar organizations begin the implementation process with systems level capacity and resources.

The focus is on developing policy, recurring funding, coordinating implementation leadership at the organizational level, and establishing sustainable and local implementation capacity.

Efforts are focused on institutionalizing the implementation of the practice or initiative with a particular emphasis on continuous regeneration and enhancement such that sustainable and efficient economies of scale are achieved.

Sustainable outcomes and controlled presentation are possible through systems of continuous regeneration if priority is given to valued student and school outcomes, efficacious evidence-based practices are shown to be functionally related to these valued outcomes and adapted to the features of the local context, relevance is demonstrated through continuous self-assessment and evaluation, and fidelity of practice implementation is maximized.

Careful and regular consideration of evaluation questions is important to document the impact of implementation. Within this phase, the greater the diversity or variation in the features of the organization, the greater the likelihood that the intervention or practice may not be as useful or effective as replication is attempted (McLaughlin & Mitra, 2001).

Variations in cultural norms, environmental features, economic conditions, and policy adherence will require greater attention to adaptation and fine tuning of the organization implementation supports (Menter et al., 2004). In schools, Payne, Gottfredson, and Gottfredson (2006) document that implementation fidelity of prevention interventions was related to “local program development process, integration into school operations, organizational capacity, principal support, and standardization” (p. 225).

Assessment Questions

- Has the **organization documented** its implementation practices, products, and procedures to serve as a demonstration for other similar organizations?
- Has the organization increased its **implementation capacity** to reduce dependence on external TA resources?
- Has **leadership across similar organizations** established implementation capacity (i.e., leadership, professional development, coaching, evaluation, policy)?
- Does the organization review implementation fidelity and consumer outcome data at least monthly to **monitor progress** and to coordinate implementation training “boosters” and improvement sessions.
- Does the organization have the capacity to consider and respond to **new or renewed needs** and/or problems?
- Does the organization address **personnel turnover** by selecting individuals with skills, experience, commitment to PBIS and providing on-going and embedded training/coaching (Goodman, 2013).

SELF-ASSESSMENT AND ACTION PLANNING

A self-assessment tool and process have been designed to serve as an action planning guide for (a) appraising the status of drivers or elements related to supporting the implementation of PBIS systems and (b) developing and evaluating PBIS implementation action plans at the state, regional, county, and district levels. This self-assessment and action planning tool and process also can be used by other organizational units (e.g., large schools, special/alternative schools, educational facilities).

Go to Part 2 for PBIS Implementation Self-Assessment and Action Planning

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