

Practice Brief: Best Practice Recommendations for Building and Measuring Capacity

Capacity refers to the ability of an early intervention/educational system and the individuals working within it to produce improved outcomes for the infants, toddlers, children, and youth within the system, including those with disabilities. Individual capacity includes a person's existing knowledge, skills, and disposition toward change. Capacity of an early intervention/educational system includes the degree to which organizational structures and processes support sustained change that ultimately leads to improved child/student outcomes.

Many components are important when attempting to build and measure changes in capacity. For example, the coordination of resources, development of infrastructure to support effective professional development, alignment of organizational structures and leadership, and use of instructional practices shown to improve developmental, academic, and behavioral outcomes are all important when building and measuring capacity (Fullan, 2005; Massell, 1998; O'Day, Goertz, & Floden, 1995). The National Center for Systemic Improvement recently convened a Thought Leader Forum to address what is meant by building and measuring state capacity. Researchers, practitioners, and technical assistance providers at the forum agreed that at least four components are essential to this work: 1

- 1. Stakeholder engagement: The active involvement of a broad range of people in order to problem-solve complex issues and problems
- 2. Data-based decision making: A set of explicit procedures for readily using data to make decisions
- 3. Alignment: The presence of fully linked systems, initiatives, programs, and divisions to achieve a common vision or goal
- 4. **Leadership:** The supportive and engaged guidance from those in a position of formal or informal authority to achieve a common vision

This practice brief is designed to define the essential components of capacity and to provide an "at a glance" summary of best practice recommendations for building and measuring capacity. These recommendations are presented in Figure 1. Each diamond within the graphic contains a component of capacity (e.g., stakeholder engagement, data-based decision making, alignment, or leadership) with a brief definition. Best practice recommendations are listed in the box attached to each diamond. These best practices reflect the most important tasks that capacity-builders should undertake when building and measuring capacity. Individuals or teams can use recommendations as they attempt build and measure their capacity to improve

¹ For more information about this team of experts, refer to the document *National Center for Systemic* Improvement (NCSI) Thought Leader Forum: Building and Measuring Capacity.















outcomes among all infants, toddlers, children, and youth, including those with disabilities.

Because "readiness" for change also plays an important role in building and measuring capacity (Barrett, Eber, & Weist, 2013; Damschroder et al., 2009; Fixsen, Blase, Horner, Sims, & Sugai, 2013; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004), the concept is discussed in the Spotlight: Readiness section of the brief. Finally, tools for building and measuring capacity are available in an accompanying document, *Resource List: Tools for Building and Measuring Capacity*. Tools included within this document address the four components of capacity and provide additional information about how to accomplish the best practice recommendations listed within this brief.



Figure 1. Best Practice Recommendations for Building and Measuring Capacity

COMPONENT 1 Stakeholder Engagement

The active involvement of a broad range of people in order to problemsolve complex issues and problems

- Continuously obtain diverse perspectives across agencies; levels of the system; and cultural and linguistic groups.
- Establish multi-directional communication structures (e.g., top to bottom and bottom to top).
- Facilitate involvement by planning times and places when stakeholders are able to participate.
- Explicitly define and communicate roles and responsibilities.
- Ensure skilled facilitators manage groups and difficult conversations.
- Acknowledge and act upon the advice, ideas, and concerns of stakeholders.

COMPONENT 2 Data-Based Decision Making (DBDM)

A set of explicit procedures for readily using data to make decisions

- Create and support a culture of DBDM, ensuring that stakeholders gain technical knowledge to interpret data and use data for decision making.
- Ensure data related to existing and new initiatives are readily available and examined by a wide group of stakeholders.
- Shift DBDM interpretation and decisionmaking activities from an expert provider to practitioners in the field.
- Ensure different data are used with different stakeholders, based on the purpose of the DBDM activity.

COMPONENT 3 Alignment

The presence of fully linked systems, initiatives, programs, and divisions to achieve a common vision or goal

- Conduct an analysis of the system, including an inventory all existing initiatives, resources, personnel, and the skill sets/competencies of personnel.
- Align initiatives, resources, and personnel according to system analysis, reducing potential for the duplication of efforts or competing initiatives. Create a plan that explains how alignment helps the systems move toward a common goal.
- Ensure the plan for alignment is housed in one readily accessible, centralized location, and that it is widely communicated.
- Build strong communication networks across departments and divisions, and gain support for a common goal.
- Ensure cross-division teams address complex issues related to alignment and that these teams propose viable options to solve issues.

COMPONENT 4 Leadership

The supportive and engaged guidance from those in a position of formal or informal authority to achieve a common vision

- Create and use an intentional plan for building systemwide, supportive, and engaged leadership.
- Identify critical levers (i.e., entry points) to begin systemwide improvement efforts.
- Actively voice commitment to improvement efforts and ensure personnel across divisions are able to adjust existing work patterns,
- Encourage the emergence of new leaders and create opportunities for new and experienced leaders to work together.
- Ensure stakeholders have a voice in improvement efforts.
- Establish and share through oral and written communication the explicit processes for decision making.
- Integrate decision-making processes into organizational routines.
- Measure leadership's growth over time and refine roles and responsibilities to continuously improve.
- Communicate the "political will" for aligning existing initiatives across departments and divisions, including at the higher levels within in a system.



Spotlight: Readiness

This practice brief presents and defines four essential components of building and measuring capacity. To produce outcomes among all infants, toddlers, youth, and children systems, including organizations and the individuals working within those organizations, we must continually consider developing in at least four areas. Systems must refine how they engage stakeholders and use data-based decision making. Continual growth also must be made in how leaders operate within the systems. Divisions and departments must refine their work, becoming more aligned and focused on a vision of improved outcomes for all children.

This brief provides recommendations for best practices in building capacity in stakeholder engagement, data-based decision making, leadership, and alignment. For example, building capacity in stakeholder engagement includes such action as continuously obtaining diverse perspectives across all levels of the system and across different cultural and linguistic groups. Providing regular communication in a multidirectional manner (e.g., top to bottom and bottom to top) is another best practice in building capacity in stakeholder engagement.

Building capacity also is influenced by at least one additional factor: readiness. Readiness can be defined as the presence of clear indicators that demonstrate that individuals and the organization are primed to undertake the changes required to implement new programs and practices. Readiness is important because the presence of it seems to minimize future resistance to change and helps foster a supportive climate for change (Damschroder et al., 2009; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Greenhalgh et al., 2004). These researchers suggest that indicators of readiness include the observable presence of the following:

- 1. The commitment and involvement of leaders (e.g., leaders explicitly communicate they are primed to guide others within the system toward the accomplishment of a specific goal)
- 2. The availability of resources such as funding, training, time, and so on (e.g., financial resources are filtered toward activities that help to achieve the common goal)
- 3. The accessibility of clear information about the innovation, program, or practice to be implemented (e.g., summaries of best practices for reading are provided to schools within each district in the state)

With regard to capacity, individuals and the organization will need to clearly demonstrate they are primed for change. However, capacity-builders should avoid *waiting* for such overt demonstrations of readiness, with the assumption that indicators of readiness will automatically appear. Rather, capacity-builders may need to *help* individuals and the organization move toward readiness, with the understanding that readiness can be developed over time (Barrett et al., 2013; Fixsen et al., 2013; Glover & DiPerna, 2007). Strategies for supporting readiness are available within several of the tools listed within the accompanying *Resource List*.



References

- Barrett, S., Eber, L., & Weist, M. (2013). Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support. *Center for School Mental Health*.
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 50.
- Fixsen, D. L., Blase, K. A., Horner, R., Sims, B., & Sugai, G. (2013). *State implementation and scaling up of evidence-based practices* (Scaling-Up Brief No. 3). Chapel Hill: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, Implementation and Scaling-up of Evidence-based Practices Center.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature (FMHI Publication No. 231). Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network. Retrieved from http://ctndisseminationlibrary.org/PDF/nirnmonograph.pdf
- Fullan, M. (2005). Turnaround leadership. The Educational Forum, 69(2), 174–181.
- Glover, T. A., & DiPerna, J. C. (2007). Service delivery for response to intervention: Core components and directions for future research. *School Psychology Review*, *36*(4), 526.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Quarterly*, 82(4), 581–629.
- Massell, D. (1998). State strategies for building capacity in education: Progress and continuing challenges (CPRE Research Report Series RR-41). Philadelphia: University of Pennsylvania, Graduate School of Education, Consortium for Policy Research in Education. Retrieved from http://www.cpre.org/images/stories/cpre_pdfs/rr41.pdf
- O'Day, J., Goertz, M. E., & Floden, R. E. (1995). *Building capacity for education reform.* Philadelphia: University of Pennsylvania, Graduate School of Education, Consortium for Policy Research in Education. Retrieved from http://www2.ed.gov/pubs/CPRE/rb18/index.html

