

Model
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The Model Demonstration Coordination Center: Final Report of the First 5 Years

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The American public school system currently is the target of unprecedented investments¹ aimed at markedly improving the academic performance, high school completion rates, and postsecondary preparation of our students through the use of evidence-based programs and practices. Fortunately, this focus on educational improvement comes at a time when a click of a mouse gives practitioners ready access to information on evidence-based practices for a wide range of subject areas, grade levels, and subpopulations.²

It is interesting then, with all the access to information on “what works” in education, why actual instructional practices often do not reflect the best of what is known about effective teaching and learning for all children. This gap in the implementation of best practices has led some to conclude that, although “the science related to developing and identifying ‘evidence-based practices and programs’ has improved...the science related to implementing these programs with fidelity and good outcomes for consumers lags far behind.”³

Addressing the gap between what research indicates are effective programs and practices and what schools implement, as it relates to improving outcomes for children and youth with disabilities, is the charge of the Research to Practice Division of the Office of Special Education Programs (OSEP), U.S. Department of Education. In administering the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), OSEP pursues a mission of “improving results for infants, toddlers, children and youth with disabilities ages birth through 21, by providing leadership and financial support to assist states and local districts.”⁴ An important part of that pursuit is the Research to Practice Division’s technical assistance, model demonstration, and dissemination activities.

This report begins by describing OSEP’s recent investments in model demonstration activities, including the activities and accomplishments of its Model Demonstration Coordination Center (MDCC) over the past 5 years and the evaluation questions it has addressed. The conceptual framework that has guided MDCC’s work and is the organizing structure for its findings is presented, along with lessons that have emerged regarding OSEP’s model demonstration process and effective model demonstration implementation and sustainability.

¹ For example, Race to the Top (<http://www2.ed.gov/programs/racetothetop/executive-summary.pdf>), the Investing in Innovation Fund (<http://www2.ed.gov/programs/innovation/factsheet.html>).

² For example the What Works Clearinghouse (<http://ies.ed.gov/ncee/wwc/>), the National Dissemination Center for Children with Disabilities (<http://www.nichcy.org/>), the National Secondary Transition Technical Assistance Center (http://www.nsttac.org/ebp/evidence_based_practices.aspx).

³ 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. p. v1.

⁴ U.S. Department of Education. (2007). Offices of Special Education and Rehabilitative Services; Overview information; Technical assistance and dissemination to improve services and results for children with disabilities—Model demonstration centers on early childhood language intervention; Notice inviting applications for new awards for fiscal year (FY) 2007. *Federal Register*, 72(55), 13483-13488.

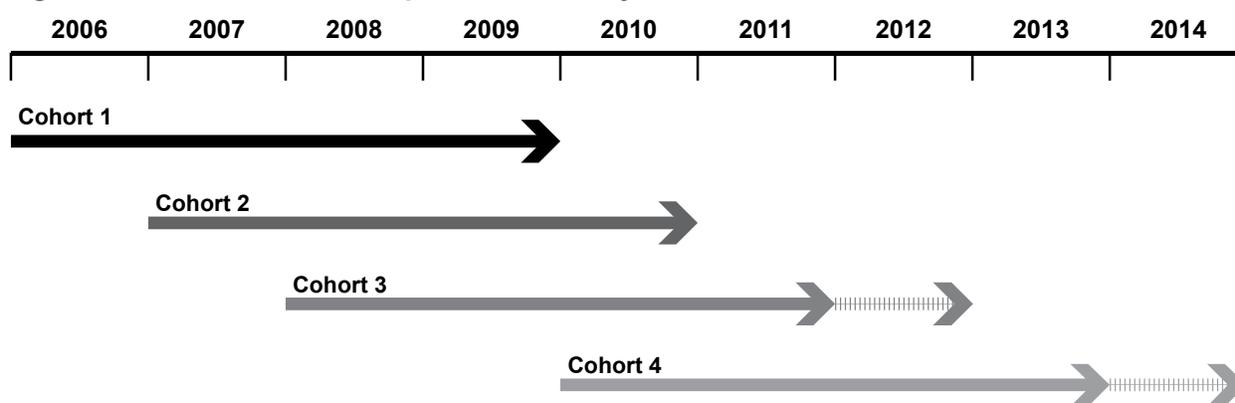
Current Model Demonstration Activities

Beginning as early as 1970 and continuing through the reauthorization of IDEA 2004, Congress has authorized OSEP to conduct model demonstrations to improve early intervention, educational, and transitional results for children with disabilities [Sec. 661 (a)]. In IDEA 2004, model demonstrations were authorized to support OSEP’s technical assistance activities through

applying and testing research findings in typical settings where children with disabilities receive services to determine the usefulness, effectiveness, and general applicability of such research findings (Sec.663 (c) (1)).

The purpose of model demonstration projects (MDPs) is to develop new practice, procedure, or program models on the basis of theory and/or scientifically or evidence-based research. Each project then implements its model in typical settings; assesses impacts; and if the model is associated with benefits, may go on to disseminate or scale-up the model. Since 2005, OSEP has funded four cohorts of MDPs, each focused on a single new and promising (or perhaps poorly understood or implemented) practice, procedure, or program that is deemed to have high potential for improving child outcomes. Each cohort is comprised of multiple MDP grantees, which have worked or are working to develop models to address the same topic area but with their own unique approach. The topics the cohorts addressed are described below; the timeline of implementation is presented in Figure 1.⁵

Figure 1. Timeline of MDP Implementation, by Cohort



⁵ The findings reported in this document focus on the MDPs’ activities from October 2005 through September 2010. OSEP has funded MDCC for another 5 years to continue to document and analyze the implementation and outcomes of cohorts 2 through 4 and to facilitate the collaboration of subsequent cohorts of MDPs.

Cohort 1 (C1): Progress Monitoring in Preschool and Elementary Reading Instruction

In 2005, OSEP solicited proposals to develop evidence-based models that would use classwide progress monitoring “for all students, preschool through grade four in regular and special education classrooms.”⁶

- For instructional decisionmaking and progress monitoring in reading instruction,
- For “Accountability in special education, and
- As a component of an RTI model for identifying children with learning disabilities.”⁷

Cooperative agreements were awarded to Lehigh University, in partnership with the University of Pittsburgh; the University of Minneapolis, in partnership with a nearby school district; and the University of Oregon.

Cohort 2 (C2): Tertiary-Level Behavioral Interventions Within a Schoolwide Model for Children Who Are Not Responsive to Universal and Secondary-Level Interventions

The second cohort of grantees, funded in 2006, was charged with developing behavioral models that incorporated evidence-based research and applying them in regular and special education settings in elementary and middle schools. Each funded model was expected to:

- Target children who had not responded to universal behavioral strategies or secondary evidence-based interventions and who required intensive and individualized tertiary behavioral interventions,
- Include a process for collecting, analyzing, and using data for decisionmaking, and
- Apply a professional development strategy to generate change in professional practice.⁸

C2 cooperative agreements were awarded to the University of Kansas, in partnership with the Illinois Positive Behavior Intervention and Supports Network; the University of Oregon; and the University of Washington.

⁶ The activities of C1 MDPs related to progress monitoring for preschool literacy development were not a focus of their work after year 1 and are not discussed further in this report.

⁷ U.S. Department of Education. (2005b). Offices of Special Education and Rehabilitative Services; Overview information; Technical assistance and dissemination to improve services and results for children with disabilities—Model demonstration centers on progress monitoring; Notice inviting applications for new awards for fiscal year (FY) 2005. *Federal Register*, 70(125), p. 37789.

⁸ U.S. Department of Education. (2006). Offices of Special Education and Rehabilitative Services; Overview information; Technical assistance and dissemination to improve services and results for children with disabilities—Model demonstration centers on implementing tertiary level behavioral interventions within a school-wide model for children who are not responsive to universal and secondary level interventions; Notice inviting applications for new awards for fiscal year (FY) 2006. *Federal Register*, 71(41), p. 10659.

Cohort 3 (C3): Early Childhood Language Interventions

In 2007, OSEP solicited proposals for a third cohort, which would develop models that incorporate evidence-based research related to language interventions for children birth through age 5 who have significant language disorders and are served across the Part C early intervention and Part B preschool programs under IDEA. Funded projects were required to do the following:

- Implement a single functional language intervention model in at least three sites;
- “Serve children with disabilities...either in separate early intervention and preschool programs within the same community or through a coordinated system that serves children with disabilities...”
- Include in each site both early intervention and preschool components “so that critical elements of the language intervention models are consistent as children transition from IDEA Part C to Part B services;” and
- Implement and evaluate the model in typical early childhood environments, “such as child care settings, Head Start programs, private or public preschools, early childhood special education settings, and home/community-based environments to determine their usefulness...and general applicability to these typical settings.”⁹

Recipients of cooperative agreement awards were the Orelena Hawks Puckett Institute, the University of Kansas, and Vanderbilt University, in partnership with Florida State University.

Cohort 4 (C4): Tiered Approaches for Improving the Writing Proficiency of High School Students

The fourth cohort of model demonstration projects, funded in 2009, asked successful applicants to design, implement, and evaluate a tiered approach in high schools to improve the writing skills of students with writing difficulties. Projects were expected to do the following:

- Have writing as the core instructional component;
- Include “screening, progress monitoring, core instruction, and instructional interventions at varying levels of intensity based on student’s learning needs;” and
- Focus on ninth-grade students, including both those at risk for and those with learning disabilities.¹⁰

The University of Kansas Center for Research on Learning and the University of Hawaii at Manoa were the recipients of the C4 awards.

These brief descriptions highlight several important differences in the MDP cohorts, including the age groups of children with disabilities served (e.g., pre-K to fourth grade, middle-schoolers, infants and toddlers, ninth-graders), the education/provider organizations involved

⁹ U.S. Department of Education. (2007). Offices of Special Education and Rehabilitative Services; Overview information; Technical assistance and dissemination to improve services and results for children with disabilities—Model demonstration centers on early childhood language intervention; Notice inviting applications for new awards for fiscal year (FY) 2007. *Federal Register*, 72(55), p. 13484.

¹⁰ U.S. Department of Education. (2009). Offices of Special Education and Rehabilitative Services; Overview information; Technical assistance and dissemination to improve services and results for children with disabilities—Model demonstration projects on tiered approaches for improving the writing proficiency of high school students; Notice inviting applications for new awards for fiscal year (FY) 2009. *Federal Register*, 72(55), pp. 33419-20).

(i.e., elementary, middle, and high schools; Part C early intervention programs; Part B preschool special education programs), and the skill areas that are the focus of intervention (i.e., elementary reading, behavior, language development, writing).

Other important differences are less apparent. For example, some MDPs had many years of experience implementing various components or versions of their models (e.g., the C1 Minnesota MDP and its staff's extensive experience with progress monitoring and curriculum-based measurement, the C4 Kansas MDP with its well-developed and previously implemented Strategic Writing Model) and, thus, had a variety of tools and/or training materials already developed. In contrast, many other MDPs were formulating strategies to implement research-based components of their models "from scratch." Some MDPs also had first-hand experience working in their implementing districts, schools, or programs (e.g., the C1 Oregon MDP, the C3 Kansas MDP) and had developed trusting relationships with key stakeholders there. Others had recruited new organizational partners and needed to establish those relationships of trust in the early months or years as a basis for model implementation and sustainability. Although all models were required by OSEP to incorporate research-based practices (e.g., progress monitoring, functional behavioral assessments) the breadth of the literatures and the strength of the evidence differed across cohorts. These and many other dimensions of variation across cohorts, MDPs, and implementing districts, schools, programs, and staff constitute fertile ground for learning about factors that contribute to an effective model demonstration program.

Coordinating Model Demonstration Activities

In funding model demonstration projects, OSEP had a larger purpose than supporting the development, implementation, and evaluation of individual models. OSEP wanted to consider "broad questions of interest about model demonstration such as, 'Are there common components of successful models?' or 'What project features promote scaling up of a practice/program?'"¹¹ The Model Demonstration Coordination Center (MDCC) is the mechanism through which OSEP sought to consider these kinds of questions. Launched in 2005 through a contract with SRI International, MDCC supported OSEP's model demonstration work by (1) coordinating the evaluations of each cohort of MDPs and synthesizing and analyzing their findings to maximize the strength of evidence produced, and (2) identifying characteristics of an effective implementation/evaluation/refinement process that moves a practice from early testing to being ready for sustainability and wider adoption.

To achieve these ends, MDCC has done the following:

- Facilitated collaborative partnerships among the MDPs to create opportunities for learning and sharing ideas. Regular communication was instituted to avoid reinvention and promote trust and to support MDPs in building on the ideas and tools of their colleagues to further their own work. MDCC has provided agendas for each call to keep calls focused. MDCC also provided detailed notes of discussions that have served as a feedback loop and confirmation function and as ongoing documentation of collaboration and joint problem solving efforts.
- Worked with the MDPs to establish consistent design elements across projects to produce the strongest evidence base for the models possible within the projects' time, budget, and

¹¹ U.S. Department of Education. (2005a). *Model Demonstration Data Coordination Center Scope of Work*. Washington, DC: Office of Special Education Programs, p. 2.

contextual constraints. Common definitions of target populations, for example, give greater confidence that differences between models in their implementation experiences and outcomes are attributable to features of the models rather than to differences in the children served.

- Supported cross-MDP documentation by suggesting or negotiating with the MDPs the content and format of common organizational and child assessment items and surveys, qualitative profile tools, and qualitative templates to describe the model specifications and the model development and implementation processes. Consistent data collection by MDPs within a given cohort permits comparison of the relative ease with which the models are implemented with fidelity in participating schools or early intervention programs. It also supports comparison of the outcomes achieved when the unique approach of each model is implemented.
- Negotiated agreements with the MDPs to use these common instruments and tools to document key features of their models, characteristics of the sample, the organizational contexts for implementation and changes in these contexts over time, their implementation experiences, and model revisions made as a result of these experiences. Their “stories” of model implementation generate important insights regarding factors that facilitate or hinder model development and implementation, regardless of the topic or practice area the cohorts address.
- Maintained a web-based data system to track, enter, and process data efficiently across MDPs that minimized burden on their staffs, and made data accessible in real time for analyses and reporting. MDCC staff developed a “data dictionary” for each cohort that provided an organizational framework for data submitted by each MDP on a mutually agreed upon schedule. Data quality reports provided by MDCC to the MDPs after each submission helped promote comparable and complete datasets across projects.
- Generated cohort-specific data analysis plans that mapped the data available for a cohort to the cross-MDP evaluation questions being addressed by MDCC and specified the types of analyses that would produce findings related to those questions.
- Developed and maintained an MDCC website, which functioned as a common depository for MDCC- and MDP-generated data collection tools and measures, relevant literature being reviewed and incorporated by MDPs into their models, model descriptions, evaluation questions, contact information, and other information and resources relevant and accessible to individual cohorts. The website also contained information pertinent to potential grantees of future cohorts.
- Used a conceptual framework to study the model demonstration process and customized the framework for each new cohort of grantees. The conceptual framework, described in the next section, was the organizing mechanism supporting the generation of hypotheses regarding how variations in elements of the model demonstration process might relate to variations in the implementation and intervention outcomes MDPs achieve.

- Reported to OSEP on findings as they emerged in the form of cohort-specific reports and cross-cohort reports¹² and disseminated information on the model demonstration projects, processes, and findings to relevant audiences.¹³

In carrying out this work, MDCC has put principles into practice that have made explicit our intent to collaborate with our OSEP and MDP colleagues. These principles are as follows:

- Acting on the belief that partners in the model demonstration process—implementing organizations and individuals and staff of the MDPs, MDCC, and OSEP—are all learners all the time. We shared a common goal of learning all we could about developing and implementing models that create positive change in education and early intervention systems and in the knowledge, skills, and behaviors of adult professionals as a way to improve outcomes for children and youth with disabilities.
- Recognizing and respecting the expertise of the MDPs’ principal investigators (PIs) and staff and their knowledge about their interventions and communities.
- Being collaborative, not prescriptive, in formulating decisions and issuing guidance.
- Iterating ideas to gain multiple perspectives.
- Listening carefully and reflecting what was heard in what was practiced and produced.

These principles have been central to MDCC’s ability to find common ground and build consensus among our MDP colleagues and to achieve shared goals.

Focusing MDCC Activities, Analyses, and Products

A set of evaluation questions and a conceptual framework for addressing them have focused and organized MDCC’s work.

Evaluation Questions

MDCC has developed a series of evaluation questions, with three levels, that MDPs and MDCC have addressed. Level 1 questions are specific to each MDP within a cohort and have been or are being answered independently by them. Level 2 questions pertain to the process of developing and implementing models across the MDPs within a cohort. Level 3 questions, presented in Table 1, are those MDCC has addressed using data from all MDPs in the four cohorts as they have carried out their work. Preliminary findings related to these Level 3 questions are presented in later sections of this report.

¹² Wagner, M., & Levine, P. (2009). *The Model Demonstration Coordination Center: Reflections on the first four years*. Menlo Park, CA: SRI International. Available at <http://mdcc.sri.com/productsAndReports.aspx>.

¹³ Wagner, M., Marston, D., & Sadler, C. (2006). *Model demonstration projects (MDPs) as a strategy for change*. U.S. Office of Special Education Programs Project Directors’ Conference, Washington, DC; Wagner, M. (2008). *Tools for bridging the research to practice gap*. Presentation to the Office of Special Education Programs, U.S. Department of Education Project Directors’ Conference, Washington, DC; Wagner, M., & Levine, P. (2010). *Lessons learned from model demonstration projects*. Presentation to the Office of Special Education Programs, U.S. Department of Education Project Directors’ Conference, Washington, DC.

Table 1. Level 3 MDCC Evaluation Questions

Model Development
1a. How do the core intervention components of models differ?
1b. How do differences relate to the models' perceived: <ul style="list-style-type: none">• Relative advantage• Complexity• Compatibility with the destination organization and contextual environment• Social validity?
1c. How do these perceived differences relate to the fullness/fidelity of model implementation and to establishing conditions supportive of sustainability?
1d. Do relationships differ with the kind of intervention?
Implementation
2a. How do models differ with regard to: <ul style="list-style-type: none">• Strategies for recruiting destination organizations and introducing models• Professional development approaches• Approaches to ongoing support• MDP staffing strategies• Ways of learning from implementation experiences and adapting core implementation and intervention components?
2b. How do these differences relate to the fullness/fidelity of model implementation and to establishing conditions supportive of sustainability?
2c. Do relationships differ with the kind of intervention?
3a. How do organizations differ with regard to key characteristics: <ul style="list-style-type: none">• Children/families served• History with model-related practices• Organizational functioning• Staff and leadership• Resources relevant to model• Climate/culture• Support for the model?
3b. How do organizations differ with regard to implementation outcomes—their ability to establish the following in support of implementation with fidelity and the potential for sustainability: <ul style="list-style-type: none">• Staff knowledge, attitudes, and actions/behavior• Organizational structures, processes, and culture• External relationships
3c. How do differences relate to the fullness/fidelity of model implementation and to establishing conditions supportive of sustainability?
3d. Do relationships differ with the kind of intervention?
4a. How do model contexts differ with regard to: <ul style="list-style-type: none">• Support for/alignment with model• Resources provided for model implementation and sustainability• Circumstances/authorities outside of the model that exert some control over implementation and/or sustainability?

Table 1. Level 3 MDCC Evaluation Questions (concluded)

4b. How do differences relate to the fullness and fidelity of model implementation and to establishing conditions supportive of sustainability?
4c. Do relationships differ with the kind of intervention?
Outcomes
5a. How do models and destination organizations differ with regard to: <ul style="list-style-type: none">• Individual-level outcomes• System-level outcomes
5b. How do differences in core intervention and implementation components, destination organizations, and influences relate to differences in individual- and system-level outcomes?
5c. Do relationships differ with the kind of intervention?

A Conceptual Model of the Model Demonstration Process

MDCC has adapted a conceptual model for understanding the implementation of interventions that was developed by the National Implementation Research Network (NIRN) at the University of North Carolina, Chapel Hill.¹⁴ The NIRN conceptual framework specifies the key elements in the implementation process; the adaptation of this framework for model demonstration is presented in Figure 2.

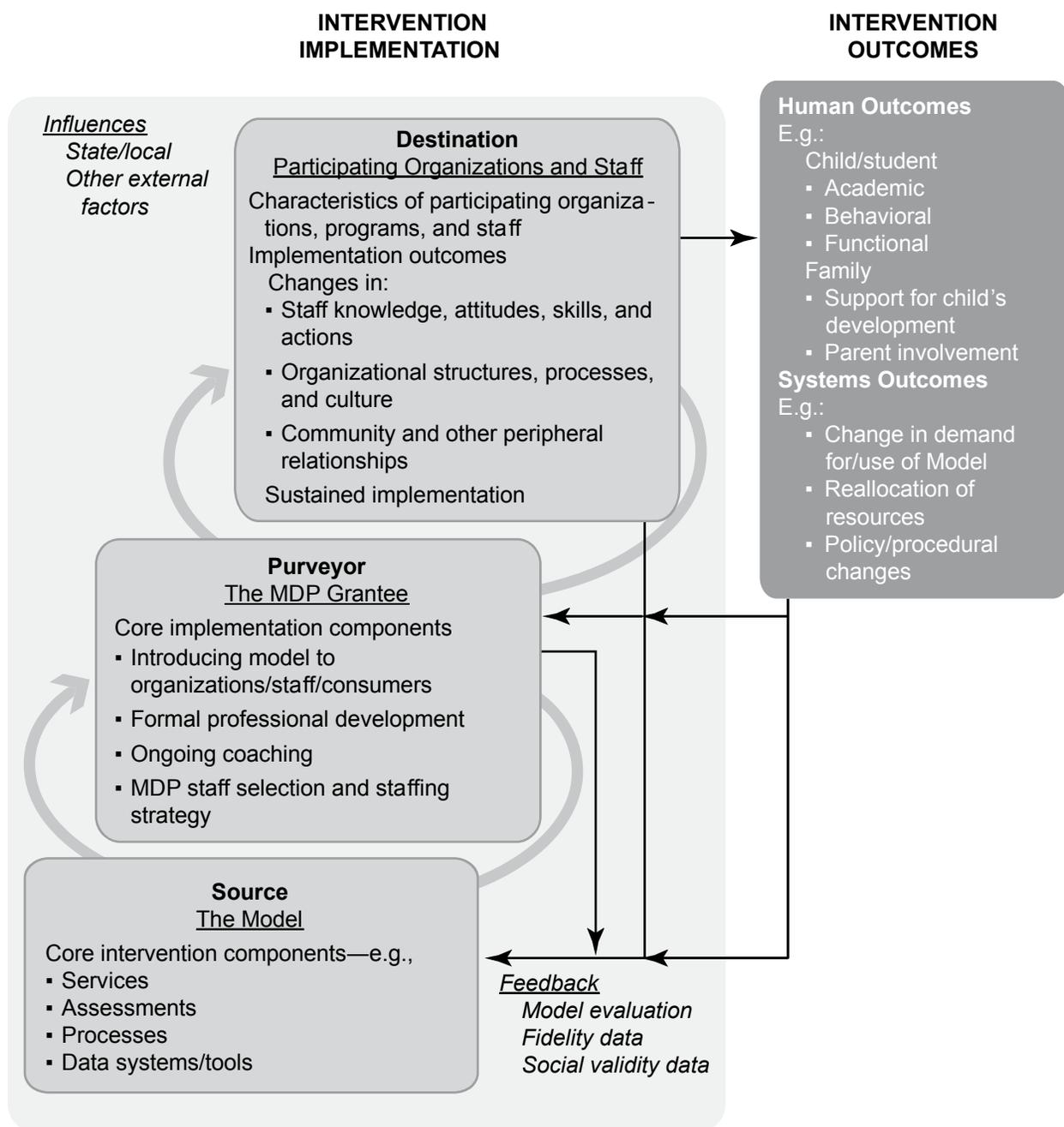
The conceptual model has four major elements. The “**source**” is the model being implemented, which has “core intervention components.” At the broadest level, regardless of the topic area of the models, these components include at least assessment and/or data collection activities, processes for using data and making decisions related to the model’s services, and the services and interventions themselves. Models within a particular cohort may have one or more additional intervention components.

The “**purveyor**” of the model is the MDP that is implementing a model. Whereas the model itself has core *intervention* components, the MDPs have core *implementation* components in their process of putting models into practice. These include strategies for:

- Selecting demonstration sites and introducing the model to district and school administrators and teachers;
- Providing professional development, training, and support;
- Offering ongoing coaching to teachers, providers, and/or parents in support of implementation; and
- Selecting and supporting MDP staff (e.g., the characteristics and funding of MDP “coaches” and teaming staff who work with children, students, and/or parents).

¹⁴ 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. Available at <http://www.fpg.unc.edu/~nirn/>.

Figure 2. Conceptual Framework for Model Demonstration Implementation and Outcomes



* Adapted from *Implementation Research: A Synthesis of the Literature* (Fixsen et al., 2005).

The framework posits that actions by the MDPs are the mechanisms through which the models are transmitted to the staff of participating programs and schools (the “**destination**”). The destination organizations within each cohort differ markedly, differences that could be expected to influence the extent to which the model interventions are implemented (fidelity), accepted (social validity), sustained, and effective in producing positive outcomes. A fourth element of the NIRN conceptual framework for implementation involves the model development

context, or the “**influences**” on the implementation process. These factors can include the state, county, and city (e.g., statewide initiatives, funding streams, demographics), agencies delivering services (e.g., school districts), and others (e.g., union relationships).

In addition to these key elements, the NIRN model posits three **implementation outcomes** that would be expected to occur within the destination organizations when implementation is successful: (1) changes in the knowledge, attitudes, skills, and behaviors of practitioners and other key staff members within the implementing organization or system; (2) changes in both formal and informal organizational structures and cultures (e.g., values, policies, decisionmaking) to bring about and support the desired changes among professionals; and (3) changes in relationships to consumers, stakeholders, and organizational partners in the system.¹⁵ These changes establish the conditions that are needed to support the ability and willingness of the destination organization to maintain the models’ core intervention components.

Because the NIRN conceptual framework focuses solely on the implementation of, not the results of, interventions, an element related to intervention outcomes needed to be added to the model to reflect the full intention of the MDPs. Regardless of topic area, the ultimate intention of the models is to improve outcomes for children with disabilities, which can entail changes at both the individual and systems levels. Finally, the conceptual model includes feedback loops, which are the learning paths through which experience with model implementation informs iterations in core intervention and implementation components.

Each of these elements of the conceptual framework is manifested somewhat differently in each cohort, as appropriate to their substantive focus. For example, the core intervention component, “assessments,” is manifested in the C1 progress monitoring models as benchmarking assessments for tier 1 and progress monitoring assessments for tiers 2 and 3. In C2, the assessment component involves screening assessments for determining level of intervention needed, functional behavioral assessments to support the development of individualized interventions, and progress monitoring assessments to track student behavior against goals. However, it is the commonality of the component itself that enables a cross-cohort analysis of the models’ similarities and differences.

Lessons Derived from Model Demonstration Projects

As noted earlier, the four cohorts of MDPs are in different stages of model implementation, ranging from having completed their work within their implementing organizations long enough ago to be ready to look back and assess sustainability and expansion (C1) to putting finishing touches on model materials and looking forward to the first year of implementation (C4). These different stages of model demonstration implementation mean that the various cohorts have contributed different amounts of “data” to MDCC’s task of identifying themes across cohorts that inform our Level 3 evaluation questions (see Table 1). Because only data from C1 has been analyzed to address questions related to individual- and system-level intervention outcomes (i.e., improvements in reading ability, changes in IEP goals and procedures to incorporate progress monitoring results) the lessons learned noted here relate to implementation outcomes only. These lessons address issues related to the core intervention components of the models

¹⁵ 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, p. 12.

themselves, the core implementation components of the strategies used by MDPs, the implementing organizations with which MDPs work, and the contexts surrounding the organizations and MDPs.

Components of MDPs' Models

Naturally, models differ across cohorts targeting a wide range of issues in education practice, and MDPs also differ from one another within a cohort. However, some lessons have emerged regarding some of the models' core intervention components, as described below.

- **Provide tools and procedures for *using data early, not just for collecting it*.** All models are designed to change adult practice (e.g., reading or writing instruction) as a vehicle for improving child outcomes. An important mechanism for generating adult change is regularly providing practitioners with data about child performance. In their proposals and early professional development efforts, MDPs seem clearer about how the data are to be produced (e.g., a curriculum-based measurement approach, Individual Growth Development Indicators—IGDIs) and the kinds of changes in services that are to result (e.g., tier 2 interventions, greater emphasis on generalizing language strategies or increasing adults' commenting on children's actions) than they are about the process through which the data are to be used in decisionmaking (e.g., the content and frequency of teacher meetings to consider progress monitoring data and to place students in skill-based reading groups, use of IGDI data in meetings for children transitioning to preschool special education programs). MDP staff members need to be able to articulate this process at the outset and to develop tools and devote professional development resources to support the use of data, alongside training in measurement procedures and interventions.
- **Generate and share data that are important to implementers as soon as possible.** Data on a model's impacts can be powerful. Nonetheless, collecting child-level data is initially "a burden without the benefit" for implementers. It takes time for even a very effective intervention's impacts to be demonstrated with performance data, even when the instruments being used are sensitive to change. It is imperative that MDPs ensure that data are available to demonstrate change as early in the project as is feasible. C1 MDPs reported that data demonstrating initial positive outcomes in the schools implementing in year 1 garnered support and enthusiasm for the model in later-implementing schools. The projects also reported that concrete data suggesting improved reading fluency enhanced the model's social validity, which together with performance data formed a powerful lever for generating full and sustained implementation in the schools.
- **Model technologies need to be appropriate to diverse users and purposes.** Many models incorporate electronic tools in some form. Examples include C1's web-based progress-monitoring graphing programs, the School-Wide Information System—SWIS—being used to track incidents of behavior problems in some C2 schools, and C3's web-available data collection tools for parents and providers to use in tracking children's progress in specific strategies and contexts. MDP staff typically plan to use or apply these tools in a similar way across their implementation contexts (e.g., in all schools, with all teachers or parents). MDPs are learning, though, that they may need to customize both their selection of technologies and how they are used because they are more available in some contexts (e.g., in urban vs. rural communities) and appropriate for some purposes

than others. Additionally, MDPs often contribute the technology tools or cover their costs for participating organizations as part of their projects. However, heavy reliance on costly or proprietary technologies can be a limiting factor in expansion of a model beyond the original implementation sites.

- **“What are the core intervention components of this model?” should be an ongoing question for MDP staff.** Core intervention components are “the most essential and indispensable components of an intervention practice or program”¹⁶ that must be implemented with fidelity if a model is to generate the benefits expected of it. Although it takes repeated implementations in different environments to identify what is essential, MDP staff should be alert to variations in the models across sites and how those variations may be affecting the model. Some MDP teams invite local adaptations of their models from their originally intended form as a way to gain buy-in from implementing organizations. In doing so, they have natural variations to the model to help inform the identification of core intervention components. Even without intending such variations, implementing organizations are likely to adapt some core intervention components of the original model, particularly after MDPs conclude their direct involvement and support. For example, C1 schools in one district continued to do progress monitoring and to conduct data decisionmaking team meetings after the MDP’s exit, but did both less frequently than was specified in the original model. If these activities are in fact core components of that model, adaptations could lead to struggling students remaining in intervention groups that are not effective for them longer than intended by the model. Adaptations to the timing or length of professional development activities, on the other hand, may not have serious consequences.

MDP staff need to use their best judgment and experience and to collect data to help determine which of the components of their models are most important to maintain as designed, communicate that information clearly to implementing organizations, provide tools to make maintaining the core components more likely, and help the organizations problem solve to obtain resources that support maintenance.

Components of MDP Implementation Strategies

Research has long shown that implementation is enhanced when model developers think about sustainability from the start. Doing so has implications for several core implementation components.

- **A long history with an implementation site may be a mixed blessing.** Selecting appropriate partner organizations is a critical first step in model demonstration. Those chosen should be well-matched to the experiences MDP teams think will best inform the development of their models and build critical knowledge about what it takes to implement them. MDP leaders often have established collaborative relationships with local programs, schools, and districts through earlier projects, and staff members of several MDPs across cohorts have turned to these “old friends” as sites for their MDP work. Experience has shown (with some exceptions) that implementation generally goes more smoothly in organizations that have been “laboratories” for MDP staff before.

¹⁶ 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, p. 24.

Eliminating the “getting to know you” challenges can be helpful in implementing a model whose core components have not been implemented widely before or are relatively complex. But the very absence of significant “bumps in the road” in such sites may not paint a realistic picture of what implementation challenges would occur in less hospitable environments. The feasibility of implementation question may best be addressed in new sites where less groundwork has been laid and where relationships of trust must be built from scratch.

- **Choose compatible partners.** MDPs need to vet carefully the destination organizations they recruit for the compatibility of their cultures with the theoretical foundations and core components of the models. Incompatibility of the organization and model (e.g., a direct instruction approach to reading being implemented in a school that embraces a whole-language approach; implementing naturalistic, functional early childhood language intervention strategies in a program that provides direct services to children in a preschool classroom setting for 15 minutes a week) can present potentially insurmountable obstacles to implementation. If not overcome, they may seriously threaten a model’s likelihood of being sustained after the MDP exits the organization. MDP teams need to be able to articulate the minimum set of factors or conditions that need to be in place for them to accomplish their goals and look for that fit among potential partners. OSEP’s timing of RFAs for new MDP grantees so that partner organizations are in operation and available to negotiate fully informed participation agreements (e.g., not in the summer if schools or districts are to be recruited) could help MDPs vet and engage appropriate organizational partners.
- **Emphasize opportunity.** An additional potential concern in partner selection can occur when practitioners perceive they were selected for model implementation because of poor performance (e.g., schools with many struggling readers or with highly exclusionary policies for students with behavior problems **need** the model most). Strategies for recruiting partner organizations should emphasize participation in the model as an opportunity or invitation to help validate promising practices that may later have broad benefits for children and youth.
- **Pay attention to infrastructure support.** Another partner selection consideration is whether an MDP team can “nest” aspects of its work in a larger organization that will support a model’s sustainability and spread after the end of the project. For example, some MDP teams have partnered with a long-standing technical assistance network in their respective states. These organizations can add value to the professional development activities provided to implementing organizations and can help in taking the models or core components of them to other sites in their states. MDP teams might benefit from such partnerships as part of an infrastructure that can enable them to maximize the impact of their models.
- **Provide professional development and coaching for leaders too.** Much of the professional development that MDP teams designed and provided was aimed at the professionals who directly interact with children—reading teachers, participants on behavior support teams, early childhood educators, ninth-grade language arts teachers. At the same time, MDP staffs were deeply aware of the critical role of district, school, and

program leaders in providing the “facilitative administrative support”¹⁷ needed for professionals to commit to a model and for it to take hold, be sustained, and spread. In addition to professional development for implementers, some MDPs began to target both professional development and coaching to district, school, and program administrators on topics such as aligning district resources to support the model. They also actively encouraged and expected administrators to attend relevant meetings with their professional staffs who were involved with model implementation (e.g., expecting principals to attend grade-level teacher meetings to examine behavior data and establish individualized interventions for students needing tier 3 supports). More actively soliciting and providing training to enhance administrator involvement can facilitate implementation during the project; it also can directly address the kind of system change needed for sustainability and for garnering the maximum benefit from a model.

- **Concrete directions and usable tools give implementers confidence and competence.** Some MDPs’ implementation strategies began with a “soft sell” during initial implementation, when they introduced and trained on the core intervention components of their models but avoided being prescriptive on how staff should put them into practice. Instead they invited staff to use their own judgments as to how to make the model work in their program or school. In many cases, though, MDP staff noticed program personnel floundering, not knowing how to get started. MDP staff then became more proactive by developing concrete tools (e.g., a recommended agenda format for “Wrap Team” meetings, a template for a reading lesson plan) and saying, “here, try this.” Many implementers voiced appreciation at the confidence they took from concrete directions and from the competence they felt when they followed those directions. Similarly, interventions with standard implementation protocols often were preferred over a more individualized problem solving approach for matching interventions to student needs because clear guidelines were provided to practitioners, most of whom were implementing the interventions for the first time.
- **Staff for sustainability.** MDPs use a variety of staff in different roles to install their models in destination organizations. Keeping an eye on sustainability means selecting a staffing strategy that does not place untenable demands on the implementing organizations to fill and maintain staff positions after the MDP leaves. For example, including a half-time site coordinator in each school as a key implementation component means the schools or districts will need to fill that position if they are to continue the model, posing a potentially serious obstacle to sustainability and to extending the model to new schools.
- **Be mindful of implementer burnout.** Some MDPs noticed that as implementation progressed, schools and programs that had been steadily improving their systems and processes but still had a ways to go before reaping all the potential benefits of the model, became resistant to MDP efforts to encourage continued change and improvement. The implementing staff “had had enough” and were reported to be eager for the MDP to finish its work so they could “have their school back.” The MDP staffs who experienced this phenomenon at their implementation sites believed it may have resulted from a lack

¹⁷ 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.

of clarity in communicating with implementers about the level of change the model entailed. School staffs' experiences with "initiatives" often involved researchers working for a finite period of time on a specific intervention and then leaving; they did not expect MDPs' efforts to spark sustainable, systems-level change. To avoid burnout, MDPs should communicate their intent from the beginning and use professional development opportunities to reward and acknowledge the accomplishments of the implementing staff throughout the intervention period.

- **Capacity does not stay built.** Because all models aim to change adult behavior, they all incorporate an adult/professional¹⁸ education program that typically involves formal training sessions, supplemented by ongoing coaching, reinforcement, and support. MDPs typically provide this training and coaching and may facilitate group processes during early implementation (e.g., grade-level meetings to consider progress monitoring data, C3 trainings to explain the model intervention strategies to be used with parents). However, thinking about sustainability from the start suggests that an MDP should have a well-thought-out plan and timeline for developing the capacity within the implementing organization to continue the needed training, facilitation, and support after the project ends. A sustainability focus also encourages MDPs to acknowledge that capacity does not stay built; the potential for turnover in all staff positions means there always will be some need for training. Developing easily accessible training materials (e.g., web-based training modules, DVDs that demonstrate model practices) can reduce the labor demands of continuous training during a project and support sustainability after it ends.

Characteristics of Implementing Organizations

The destination organizations for C1 were elementary schools; for C2, they were districts; for C3, they are early intervention programs, and for C4, they are high schools. Despite these differences, there are commonalities among them regarding the implementation process.

- **Leadership is critical.** The MDPs consistently assert that their ability to create change in adult behavior within destination organizations requires strong commitment and consistent support from leaders—district superintendents, principals, and program administrators. The fact that turnover at the leadership level can seriously jeopardize a model's future in an organization suggests that MDPs should develop a "deep bench" of key destination staff who understand and actively support the project (e.g., a district's directors of curriculum and instruction and of special education, in addition to the superintendent; lead agency directors and practitioners across a wide range of disciplines in early intervention).
- **Sustained leadership is needed to overcome the burden and risks to staff of the changes the models require of them.** Most of the change in adult behavior needed for the models to benefit children and youth is required of the professionals and other adults who work directly with them—teachers and other school staff, early childhood educators, service providers, and parents. For them to take on the burdens and risks involved in learning and implementing new ideas and practices, those targeted for adult behavior change must have some assurance that their leaders will back them in their change

¹⁸ We refer to "adult/professional development" because some cohort 3 model programs involve training parents as well as practitioners to implement strategies that enhance children's language development.

efforts. Instances where leaders reneged on verbal promises of support undercut MDPs' change efforts. Training for organizational leaders and clear expectations for their involvement, discussed earlier, can emphasize the critical role of sustained leadership in creating an implementation environment that supports success. Further, when leaders provide concrete "facilitative administrative support" (e.g., changing the school schedule to provide time for teams to meet to do model-related work, redefining job descriptions to clearly delineate staff responsibility for carrying out model components), they communicate that they are fully behind the changes entailed in a model and expect similar commitment on the part of staff.

- **Creating systemic change requires a high sense of "group efficacy."** A superficial look at any of the models being implemented can lead to the mistaken conclusion that they entail fairly localized change. A parent or early childhood educator changes the way s/he works with a toddler to better develop her/his language; a teacher delivers reading instruction in a more differentiated way in his/her classroom; school staff members learn to use the results of a functional behavioral analysis to define a behavior intervention for a student. In fact, all of these localized changes can only be implemented, sustained, and effective when the systems around them adapt to support them. Professional development systems and resources must change, the dynamic between staff members and the ways they work together must change, and leadership must be distributed. Systemic change can be facilitated when leaders harness the power of a group working together with shared goals, a shared responsibility, and with shared accountability—a group with a sense of its own efficacy.¹⁹
- **Competing initiatives are challenging.** With increased demands that schools be accountable for the academic performance of all students, many schools are undertaking multiple efforts to achieve performance improvements. Creating and maintaining a consistent focus on a particular model can be difficult in this environment. Articulating to school leaders and staff how a coherent program of reforms could be envisioned that aligns the model with other initiatives to support an overall school improvement strategy may help counterbalance a tendency for the focus of a school to shift to consecutive waves of new initiatives.

Contextual Factors

Multiple factors come into play when model implementation occurs in real-world environments, factors that are not always anticipated at the outset of a project.

- **Contextual influences often involve events outside the MDPs' control.** Some influences on the implementation process stem from the destination organizations themselves (e.g., redistributing staff), whereas other influences are part of the external context within which destination organizations work. For example, restrictions enforced by unions, competing state priorities, a district leadership change that brings change in priorities, an economic crisis, and changing program eligibility criteria all were

¹⁹ Pescosolido, A.T. (2003). Group efficacy and group effectiveness: The effects of group efficacy over time on group performance and development. *Small Group Research* 34(1), 20-42; Gibson, C. B. (1999). They do what they believe they can? Group efficacy and group effectiveness across tasks and cultures. *The Academy of Management Journal* 42(2), 138-152.

experienced by at least one MDP in the first four cohorts. MDPs must exhibit a level of flexibility, creativity, and resourcefulness to respond effectively to such factors.

For example, a C2 district had to deal with a state budget crisis so severe that each principal became responsible for two schools, all support personnel (e.g., social workers, counselors) also had to service multiple buildings, and no district- or school-level Positive Behavior Intervention and Support (PBIS) coordinator positions were retained. Recognizing that without these resources, their model could not be implemented there, all MDP staff volunteered their time to support PBIS implementation. Schools that lacked building staff dedicated to supporting PBIS received more frequent and focused technical assistance to maintain forward momentum. Moreover, MDP staff volunteered to collect behavior data in this and other districts that lacked the resources to do so themselves, believing it was critically important that school teams continue to apply data-based decisionmaking when addressing behavior problems. MDP staff members also actively worked to build partnerships with community mental health centers to make available new intervention resources that could be sustained in the face of continued shortfalls in education system resources.

- **The need for specialized services creates the opportunity and challenge of developing partnerships with outside sources.** This issue is most apparent in C2 models. MDP staffs have sought to incorporate behavior specialists and community-based mental health services to augment tertiary behavior support in schools. The effort often requires an understanding of the variations inherent in organizations' cultures and embedded "ways of doing business." Similar challenges could arise and should be anticipated in other intervention areas in which OSEP might choose to support model demonstration, such as secondary school transition planning.
- **Models may be easier to implement in "coherent" systems than in more "diffuse" ones.** Staff members of cohorts 1, 2, and 4 worked or are working in school districts and schools. They have known boundaries and populations and clearly delineated structures of authority and supervision and have staff members who are physically located in proximity to each other. In contrast, C3 MDP staff work in early intervention and/or early childhood programs, which organizationally vary greatly from state to state and even from site-to-site within states and sometimes even within counties. Providers often are "solo practitioners"—contractors who may be loosely affiliated with the early intervention programs for which they work and who work independently, often in the homes, with individual children and families. Even staff members who work directly for an early intervention program may be itinerant—going to the child, family, or early education program to provide services. In this kind of environment, MDP staff find it difficult to identify the "levers" they need to use to create change in the knowledge, skills, and behaviors of practitioners, including knowing whose buy-in and leadership is critical in that effort.

Learning Paths

The fundamental purpose of the MDPs is to learn what it takes to establish evidence-based models in real-world contexts. Lessons derived from their experiences with the "learning paths" created within their projects include the following points.

- **Plan to collect and use multiple types of data to serve the formative purpose of a model demonstration.** The MDPs solicited input and feedback on their models in many ways and used the information to revise both intervention and implementation components over time. Data collected via practitioner surveys, observations, and focus groups encouraged the MDPs to strengthen professional development and to adapt procedures to staff and organizational preferences and needs. Outcome data have pinpointed the need for more intensive or redirected intervention efforts. However, several MDP staff members noted the effort required to remain intentional about learning from their data and experiences. The “press” of being on-site, delivering professional development, working with implementers, “putting out fires,” and negotiating compromises around problems that arose often took precedence over examining and reflecting on the implications of these experiences for their models. To become more intentional about their own learning, several MDPs held regular staff debriefings to consider their data and identify implications for the core intervention and implementation components of their models. Intentionally making these kinds of regular investments in staff learning can have multiple benefits for model development and implementation.
- **Fidelity data are more important to MDPs than to implementers.** In the initial stages of implementation, MDP staff regularly collected fidelity data on multiple aspects of their models (e.g., core and tier 2 and tier 3 reading interventions and data-based decisionmaking team processes) to monitor implementation of those components and identify additional training or professional support needs. When MDP staff began to shift responsibility for various aspects of the model to program or school staff, they often were met with resistance. Implementers did not see the same need to “learn as they go” as model developers did and often were reluctant to be seen as evaluating the skills of their colleagues by measuring the fidelity of their model implementation. C1 MDPs, the only ones who completed their work on site long enough ago to judge sustainability, note that frequent fidelity checks were among the first components of the models to be abandoned after MDP teams exited the scene. Without an assurance that a model’s core intervention components are being implemented with fidelity, there is no assurance that the expected benefits of the model will be realized. By including in their professional development activities an explanation of the critical purpose of fidelity checks and demonstrating their utility in helping shape concrete decisions that are salient to implementers, MDP staff might head off some of this reluctance to implement and sustain fidelity measurement.

Lessons Learned About the Model Demonstration Process

In addition to the lessons outlined above that have been derived from the experiences of the MDPs and organized around the key components of the conceptual framework, MDCC has offered several lessons that are more broadly applicable to the model demonstration process itself. OSEP has been able to act on some of these lessons to strengthen that process during MDCC’s first 5 years.

- **Change takes time.** The cooperative agreements with C1 funded their work for 3 years, beginning in 2006, which would allow them to work in the schools for a maximum of 2 school years. MDP staff were justifiably concerned that the extent of change required within schools and districts to fully implement the models and achieve their expected benefits could not be accomplished in that time period. They asked OSEP to consider

adding funding for a fourth year. OSEP did so and extended the funding period for subsequent cohorts to 4 years.

- **Set aside resources for collaboration.** The kind of collaboration among MDPs that OSEP envisioned in creating MDCC was a new experience for MDP staff members, who in the early cohorts did not know going into the process exactly what to expect. When it became clear the amount of time they were expected to devote to collaboration (i.e., monthly conference calls) and to using common measures for data collection (e.g., observation protocols, teacher/provider surveys), considerable “pushback” resulted. One reason for pushback was financial. The MDP funding level is modest, and budgets for the early cohorts had already fully allocated those resources to proposed project activities. They were forced to redirect resources from the activities they had committed to in their proposals so they could fund the shared work expected by OSEP and MDCC. These expectations were more clear with each successive cohort, as RFAs became more explicit about what was entailed in working with MDCC. By the time C4 was planned, an estimate of the costs to the MDPs of administering MDCC-requested common instruments was compiled from earlier cohorts’ experiences, and an average amount was provided for potential applicants on the MDCC website. C4 applicants were explicitly requested to set aside that amount within their proposed budgets so that resources to support the common work of the cohort with MDCC were built in from the beginning.
- **Expect tension between expectations for data collection that primarily supports the needs of implementing organizations and data collection that primarily supports the evaluation needs of OSEP and MDCC.** MDCC and OSEP also sometimes got “pushback” around MDPs implementing common data collection tools because MDCC-focused data collection was perceived to be incompatible with some MDPs’ commitment to their sites not to ask for any data unless that information directly supported the functioning of the model (e.g., helped establish the need for intervention, demonstrated needed improvements in fidelity). Data that served MDCC’s purpose of understanding the implementation process (e.g., profile tools, school or student background surveys) were considered by some MDPs to be a violation of the “contract” they had with their implementing organizations. Compromise agreements on a shared data collection agenda were reached, but the actual quality and/or amount of data submitted to MDCC varied with the perceived value of it on the part of the MDP staffs and their implementation organizations. OSEP has determined that no data will be required of MDPs for MDCC purposes in future cohorts.
- **Facilitated collaboration benefits the model demonstration process.** The value of the regular facilitated conversations among MDPs in each cohort soon became apparent to their participants. MDCC staff actively sought to create a collaborative environment in which all participants had “permission to be learners” as OSEP’s funding parameters and expectations, MDCC’s charge to address designated evaluation questions, and the MDPs’ proposed ideas and strategies met the realities of implementation in real-world settings. Each succeeding group of projects more quickly took on their identity as a cohort, not a set of independent MDPs, and many MDP staff reported that the regular discussions and the qualitative templates MDCC asked them to complete to document their implementation stories helped them reflect more intentionally on and learn from their

experiences, to the benefit of their projects. MDPs also problem-solved together, seeking each others' input on implementation issues as they arose.

For example, during a conference call, a C2 PI expressed concern that a district superintendent who championed the model was replaced with an interim superintendent whose support was not assured; the absence of support could well prevent the MDP from moving forward in that district. Hearing these concerns, another PI described how a similar problem had been overcome when their dean hired a "school partnership" liaison to work with nearby districts and schools to develop future joint projects and ongoing collaborations. The resulting partnerships assured support that was far broader and more sustained than any individual project could have generated on its own. The first PI indicated she would explore a similar approach at her own university.

The MDPs' clear appreciation of their facilitated collaboration has led OSEP to make those activities the primary focus of MDCC's support for future cohorts.

- **Build in time to learn from implementation experiences.** MDCC asked C1 grantees to delay implementation of their models in at least one school until their second implementation year as a way to develop a solid baseline on key outcomes against which to measure intervention effects. Although the request was aimed at strengthening the models' evaluations, MDPs reported that it led to stronger implementation in the second-year schools and was "the best idea" MDCC had offered that cohort of MDPs. Staggered implementation allowed the MDPs to work through the challenges of implementation in their first-year schools and identify training and support needs that could be filled from the start in their second-year schools. Further, as first-year schools began to see student learning gains related to the model, they communicated their enthusiasm to colleagues in second-year schools, creating a more receptive environment there than MDPs had found in their first-year schools. Although this approach is not feasible in all cases (e.g., C3 could not implement a lagged design because their approach was longitudinal), OSEP capitalized on the C1 experience by building into the C4 RFA a requirement for "staggered implementation" to create time for learning.

In addition to these lessons that already have helped shape the model demonstration process, two other lessons have emerged from the experiences of the first four cohorts that might be considered by OSEP for future cohorts of model demonstration projects.

- **Requirements that models cross system or program boundaries are among the greatest implementation challenges for MDPs.** The implementation environments of each MDP cohort involve multiple systems or programs to a greater or lesser degree. OSEP's requirements in their RFAs that models cross the boundaries between them have been most problematic for the MDPs. For example, C3's early childhood language intervention models were explicitly required to be developed for infants and toddlers receiving Part C early intervention services and for their providers and caregivers with the expectation that these models' services would follow participating children and families to the Part B preschool special education system. Similarly, the C1 progress monitoring models primarily were directed toward elementary reading programs, but were expected to reach down the grade range to preschoolers and address their early literacy skills; they also were to be implemented in general education classrooms but still influence the process and products of special education program eligibility determination. C2's tertiary behavior models often asked that cohort's MDPs to reach outside the

education system to create access to mental health and other services for students with the most serious emotional/behavioral support needs. C4 RtI writing models are to be implemented in language arts classes, but the writing skills, once developed, are to be reinforced in the instruction provided by teachers in science, social studies, and other content-area departments.

In each case, the early cohorts' system or program boundaries "tripped up" the MDPs. Professionals in the "secondary" arena—the system or program that is not the major focus of a model—have their own procedures and priorities and little incentive to adapt them to make way for the new model's core intervention components. C3s early childhood language intervention models are being successfully implemented in the Part C early intervention programs that were their primary implementation targets, but are having trouble transferring to Part B special education preschool programs, where less individualization and differentiation of services and family involvement are the norm. The C1 model components directed toward preschool programs were abandoned after the first implementation year because feeder preschools were rarely linked to participating districts and were unwilling to adopt "testing" procedures that preschool educators thought were inappropriate for preschoolers, and the inadequacy of resources in local mental health systems were a significant barrier to providing wrap-around services for C2 students who needed them. C4 MDPs are not far enough into implementing their writing models to have encountered the potential barriers posed by the departmental structure of high schools, but they are alert to the challenges they may encounter.

This track record with the challenges of boundary crossing suggests that requirements for it be considered carefully in structuring the RFAs for future cohorts. The appropriateness of and feasibility of transferring a given model to a particular system or program are empirical questions; answers to them must be investigated carefully rather than assumed. If the transfer of a model from one system or program to another is hoped for or expected, then time, resources, and explicit direction for exploring its feasibility should be part of the parameters laid out for a cohort by OSEP.

- **The resources supporting the MDPs need to align with the evidence base they are expected to produce.** Although the priorities for the model demonstration projects require successful applicants to evaluate the "effectiveness" of their models and assert that MDCC will do the same, the MDPs are not funded at a level that permits a true effectiveness study. Rather, the MDPs demonstrate that evidence-based model components can be transferred to and applied in real-world environments. They are rightly expected by OSEP to "package" the models so they can be implemented in other than the original demonstration sites. Packing the model would allow others to take it and subject it to a rigorous test of its effectiveness. However, expectations that MDPs or MDCC will determine a model's effectiveness do not align with the reality of the resources provided MDPs. A clarification of language to assert OSEP's expectations that MDPs demonstrate feasibility of implementation with fidelity and provide evidence that suggests efficacy would provide more reasonable guidance to MDP staff.

The implementation themes and lessons reported here illustrate what MDCC staff have gleaned, along with OSEP and MDP staffs, about the process of creating change in organizations to improve the outcomes of children and youth with disabilities through model demonstration. Fortunately, our opportunity to learn about factors that may influence the implementation and

sustainability of promising models will continue. OSEP has funded MDCC for a second 5 years. In that time, we will work with cohorts 2 through 4 as they reach the end of their projects to further refine the perspectives we offer here and to develop new insights from their experiences. We also will be facilitating the collaboration of several new cohorts of grantees so they too have the opportunity to learn from each other and from MDCC's accumulated experience as they engage in both the promise and the challenges of implementing model demonstration projects.

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