OKLAHOMA EDUCATION

PREVENTION PROGRAM PLANNING GUIDE

CONTENTS

Introduction	3
Cultural Competence	5
Sustainability	6
Step 1. Assessment - Collecting Data	7
Task 1 - Data Collection	7
Task 2 - Program Selection	8
Task 3 - Program/Curriculum Training	8
Step 2. Capacity Building - How to Address Identified Issues	8
Guiding Alignment of Practices & Initiatives	9
Task 4 - Aligning Current Practices & Initiatives	10
Step 3. Planning: The Social-Ecological Model	11
Task 5 - SEM Planning Matrix	12
Task 6 - Develop a Strategic Multi-Tiered System of Support Plan	13
Step 4. Implementation of Program	14
Step 5. Evaluation	16
Task 7 - Evaluation Plan	17
References & Resources	18

Introduction

Prevention, also called Health Promotion, are efforts put into place to reduce the risk of an adverse health outcome from occurring. These efforts often focus on multi-level, public health approaches to create and contribute to the adverse health outcome. Prevention programs can focus on a specific area or cover many regions and fit different age groups, grade levels, and developmental levels.

•Ex) Teaching healthy relationships in classrooms, suicide prevention, bullying prevention, or social-emotional skills.

What is the difference between prevention and intervention?

Crisis intervention is when efforts are made to intervene during or shortly after someone has experienced a crisis. These efforts aim to help the individual so the impact of the crisis has as little an impact as possible.

•Ex) Referring to someone who has experienced dating violence to services and treatment.

Prevention is a Multi-Tiered System of Support

MTSS emerged as a framework from the work conducted in public health emphasizing three tiers of prevention. Schools apply this model as a way to align academic, behavioral, social, and emotional supports to improve education for all students. It's important to remember these tiers refer to levels of support students receive, not to students themselves. Students receive Tier 2 supports, they are not Tier 2 students.

Each tier has its own set of systems and practices, but some key components

appear across every level. Each of these features needs to be present in order for MTSS to be implemented with fidelity (PBIS, 2019).

TERTIARY PREVENTION Intensive supports for students at high risk Tier 3 **SECONDARY PREVENTION** Targeted supports for students with some Tier 2 risk factors **PRIMARY PREVENTION** Universal supports for all students in all Tier 1 settings

Practices are based on evidence to be effective in a similar context with similar populations. Practices are organized along a tiered continuum beginning with strong universal supports followed by intensified interventions matched to student needs. Data is collected and used to screen, monitor, and assess student progress. Resources are allocated to ensure systems and practices are implemented with fidelity over time.

Prevention specialists used to jump straight to finding solutions to the problems facing their communities, but research and experience have shown that prevention must begin with an understanding of complex problems within complex environments. Only then can schools and communities establish and implement effective plans to resolve their problems.

This Prevention Program Planning Guide is modeled off of the steps and guiding principles from the Substance Abuse and Mental Health Services Association's (SAMHSA) Strategic Prevention Framework (SPF).



1. Assessment: Identify prevention needs based on data.

(e.g., What is the problem?)

Possible data collection sources: school climate survey, universal screener, risk factors, student outcome data

2. Capacity: Build resources and readiness to address prevention needs.

(e.g., What do you have to work with? What types of knowledge and skills does your team need to be effective? What stakeholders need to be included?)

3. Planning: Find out what works to address prevention needs and how to do it well. Use the Social Ecological Model (SEM) to develop a solid prevention plan that will elicit positive changes to school climate and culture.

(e.g., What should you do and how should you do it?)

4. **Implementation**: Put your plan into action by delivering evidence-based interventions as intended.

(e.g., Have you built the systems and practices you need to support effective implementation of your plan?)

5. **Evaluation**: Assess the effectiveness of your prevention efforts. Examine the process and outcomes of interventions.

(e.g., What tools will you use to monitor the fidelity of your program? Is your plan succeeding?)

Prevention work is guided by the following principles:

- **Cultural competence**: The ability of an individual or organization to interact effectively with members of diverse population groups
- **Sustainability**: The process of building an adaptive and effective system that achieves and maintains desired long-term results

Cultural Competence

Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures. It also means being respectful and responsive to the health beliefs, values, practices, and cultural and linguistic needs of diverse population groups.

Cultural competence is the starting point for effective collaboration. With it, we become more open to the needs, strengths, and experiences of others. We can better understand who our prospective partners are, what is important to them, and how they view substance misuse in their community. We can gain insight into those cultural factors that may protect against substance use. And we can begin to create a collaborative environment that supports genuine and meaningful engagement, and that is more likely to produce effective approaches to prevention and reduce entrenched disparities.

Cultural competence isn't a quick fix; it can't be accomplished simply by following a set of culturally responsive rules and recommendations. However, here are some tips for beginning

the process of increasing the cultural competence of your collaborative efforts:

- Educate coalition members on issues of equity, inclusion, and disparities. Be deliberate and don't make assumptions about what people know (or don't know).
- Provide ongoing capacity-building opportunities to help members understand the importance of patience, meeting people where they are, and truly listening to their perspective; and resources to help them continue to build their cultural competence.
- Be humble. Cultural humility can be defined as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]."
- While education is the foundation for cultural competence, cultural humility requires self-reflection, lifelong learning, and a commitment to correcting injustices.
- Reach out to culturally relevant organizations to build connections. For example, if you
 want to connect with members of a new immigrant population in your community,
 reach out to organizations that provide services to this group. They can help you
 identify informal leaders who can in turn help you network with others.
- Develop policies and practices that support the involvement of all members in coalition activities. Make sure representatives from underserved populations have a central role in decision-making and are empowered to assume leadership positions and then provide support in these roles, as needed.
- Re-consider concepts like "capacity" and "productivity." We often have a narrow definition of these terms which can prevent us from recognizing and appreciating the contributions of people with skills and experiences that are different from our own. Ask others (coalition members and partners) to identify their strengths and to define what success looks like to them. Keep in mind that success and productivity should reflect the quality—not just the quantity—of our collaborations, relationships, and interactions.

- Make sure all materials reflect the culture, preferred language, and background of the
 populations they are meant to serve. For example, in tribal communities, symbols have
 significant meaning, as do colors. There are many dialects in the Spanish language;
 therefore, some terms and their uses can vary depending on the audience's country of
 origin. Understanding and using the most appropriate terms and phrases for your
 intended audience helps to ensure that materials are welcomed and not deemed
 offensive.
- Be deliberate about getting input. A core value of prevention practices is that people should have a voice in matters that affect their health and communities. Take time to involve partners in meaningful ways throughout the prevention planning process.
 Create an environment that encourages the honest exchange of ideas and recognizes everyone's contributions. Don't just wait until 'after the fact' to collect input (SAMHSA, 2019).

Sustainability

Sustainability is the capacity to produce and maintain positive prevention outcomes over time. To maintain positive outcomes, communities will want to sustain an effective strategic planning process as well as those programs and practices that produced positive prevention results. Accomplishing these dual tasks requires the participation, resolve, and dedication of diverse community members and a lot of careful planning.

A primary goal of an effective strategic planning process like the SPF is to identify the right combination of programs and practices to address prevention priorities. Many factors contribute to effectiveness in prevention. In general, programs and practices must operate in a variety of settings and influence risk and protective factors at both the individual and environmental levels.

Thus, a comprehensive prevention plan might include:

- A school-based social-emotional program
- Parent education to support children's healthy development
- Organizational/community rules and regulations that support behavior
- Implementation of school-wide rules and expectations that support positive behavior

Some programs and practices included in a comprehensive prevention plan are likely to work better than others (e.g., they produce positive outcomes and/or receive community support). To maintain positive outcomes over time, it's important to identify and sustain those prevention programs and practices that work well for a site, district, and community (SAMHSA, 2019).

Step 1. Assessment - Collecting Data to Identify Needs

Task 1 - Data Collection

Data is an integral part of program implementation, woven throughout every practice and system across every tier. School teams who use data to make decisions about student needs are more effective and efficient than teams who don't include data in their process. In MTSS, the data used most frequently fall into three categories: implementation fidelity, student outcomes, and screening. The first step to using data to make decisions is to figure out which questions teams want to answer. Once they have these questions, they can figure out which data to collect.

Identify the Problem	
What issues are occurring in your school/district?	
How often and where are these issues occurring?	
Who are the issues affecting the most?	
Other:	
Other:	
Data Collection Tools	
School Climate Survey	
Focus Group Toolkit	
Hotspot Mapping	
Parent/Caregiver Survey	
Staff Assessments and Screeners	
Local/Community Data: • Oklahoma Prevention Needs Assessment • Youth Risk Behavior Survey • CDC - Oklahoma • County Health Rankings - Oklahoma	

Task 2 - Program Selection

Use your data results from Task 1 and the **National Registries of Prevention Programs** to assist you with your program selection.

- CASEL
- SAMHSA
- What Works Clearing House
- Youth.Gov
- Technical Assistance from OSDE

Task 3 - Program/Curriculum Training		
Prevention program or SEL curriculum selected:		
Date for school climate team training on program:		
Date for full staff training:		
Plan for training any new staff:		

Step 2. Capacity Building - How to Address Identified Issues

A school/district needs both human resources (e.g., staff and stakeholders with knowledge, and skills) and structural resources (e.g., funding, technology, policies) to establish and maintain a prevention program that can respond effectively to student needs. Readiness describes the motivation and willingness of a school to commit local resources to address identified prevention needs. Prevention programs, policies, and strategies are always more likely to take off—and take hold—if they're well supported and sustainable.

Using the **Task 4 - Aligning Current Initiatives & Practices** chart below will show commonalities and differences of the system features of the related initiatives with a focus on examining consistency and/or potential overlap.

To guide an outcome-driven view for integrating initiatives, programs, or practices across the school and district levels, it is important to start with the end-in-mind: high fidelity implementation and effective student outcomes. Classrooms are the primary context where students should perceive a seamless system of support as educators braid or merge several different evidence-based practices within the learning environment. Therefore it is essential that district-level teams work side by side with school-level staff members to ensure a manageable number of evidence-based practices are used and matched to student need with consideration of the larger school community. In this context, informed decisions

regarding what to integrate (target), how much to integrate (interdependence), and for what purpose (goal) to integrate can occur at the school and district levels.

Guiding Alignment of Practices & Initiatives

As educators work to implement the Every Student Succeeds Act (ESSA), states and school districts will be working with an increased focus on school climate, social-behavioral health, school safety, and the impact of an integrated whole child approach on academic outcomes. In many districts and schools, educators are faced with the challenge of having to implement, sustain, and evaluate several different innovations, initiatives, programs, or practices at the same time. In many districts, oftentimes various approaches to promote social-emotional competence (e.g., PBIS, mental health, bullying & violence prevention, restorative practices, and trauma-informed care to name a few) are being concurrently implemented, and/or new ones are being adopted without recognition of the potential for redundancy, misalignment, ineffective implementation, and/or cost (funding and effort). In some instances, new or existing initiatives may actually be in conflict with each other philosophically, creating confusion and dissonance among leaders and practitioners.

Due to the complexity of implementing several initiatives at once or adopting new ones in the context of existing practices, the implementation systems of a district or school must be organized in a manner that is highly strategic, efficient, relevant, and effective. Ensuring sustainability and efficiency requires heightened attention on knowing what is being implemented across the system and the effective alignment and coordination of the systems that support the implementation including leadership teams, evaluation structures, and professional development.

Often districts have more programs or initiatives or practices than can be implemented well (Domitrovich et al., 2010; Sugai, & Horner, 2006) without a formal process to guide decisions about selecting new initiatives or abandoning existing programs. McIntosh (2013) has reported one of the primary variables impeding the sustained implementation of effective practices is the introduction of new initiatives that either (a) compete with resources needed for sustained implementation or (b) contradict existing initiatives.

In the absence of a clear system-wide response to (for example) students' social-emotional competence needs, a district cannot ensure that its initiatives, programs, and practices are adequately aligned, prioritized, and integrated. Implementing various initiatives in silos can strain the limited resources of any district, resulting in less than acceptable levels of fidelity and impact for each initiative. Therefore, district and school leaders need to assess existing and potential (social-emotional and behavioral) efforts carefully to ensure investments in professional development and instructional resources have a high likelihood of achieving desired outcomes.

Task 4 - Aligning Current Initiatives & Practices

Create an inventory of initiatives to be aligned.

- Identify each initiative, program or practice to be aligned across the top of the table.
- Include all academic, behavior, social-emotional, and prevention initiatives
- Identify department or division, with budget authority, overseeing the initiative.
- Identify the population served.
- List research that determines evidence of effectiveness.
- List/summarize outcomes achieved to date.

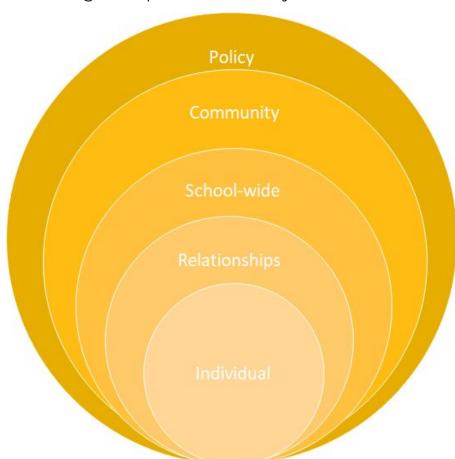
	District Level Initiative	Program, Practice, or Service	When/How Often Delivered/ Person Responsible	Financial Commitment/ Funding Source	Evaluation Method (Outcome/ Fidelity)	Connection to Mission and Expected Outcomes
Tier 1						
Tier 2						
Tier 3						

Step 3. Planning: The Social-Ecological Model

The Social-Ecological Model (SEM) is a public health model that is used to elicit behavior change. From research, this model indicates that if a school focuses on at least three out of the five areas you are more likely to see a culture change. Preferably, we would like to make all five areas a priority. Planning a culture change we cannot just focus on purchasing a curriculum. The program you purchased will likely focus on the individual and relationships area of the model. We have to make sure we have a school-wide campaign that this is a topic we take seriously at our school, community involvement through partners, and policies that reflect the changes we are wanting to see.

The SEM includes the following subsystems (Bronfenbrenner, 2005):

- **1. Individual** refers here to the students. Includes factors specific to the individual, such as the individual's attitudes, behaviors, and beliefs.
- **2. Relationships** refers to the layer closest to the student. Includes an individual's closest social circle—family members, peers, teachers, and other close relationships—that contribute to their range of experience and may influence their behavior.



- 3. School-Wide defines the larger social system (e.g. school). The structures in this layer impact the student's development by interacting with some structure in his/her microsystem. It is the social environment and culture of the school.
- 4. Community is composed of cultural values, resources, attitudes toward behavior, norms and laws. Public policy, which comprises policy and laws, referring in this study to educational systems that may have a cascading influence throughout the interactions of all other layers. Other significant factors operating at this level include the health, economic, educational, and social policies

that contribute to economic and/or social inequalities between populations.

5. Policy which comprises policy and laws, referring to educational systems that may have a cascading influence throughout the interactions of all other layers (Shapira-Lishchinsky and Ben-Amram, 2017).

Task 5 - SEM Planning Matrix

List the action steps you will develop and carry out to ensure success at all five Social-Ecological Model levels. Action steps are a to-do list to help accomplish your goal of addressing all SEM levels.

SEM Level	Focus	Strategies	Action Steps
Individual	Individual's attitudes, behaviors, and beliefs.	Prevention/SEL program in a core class. Small groups.	
Relationships	Relationships with peers, partners, faculty, and staff.	Promote healthy interactions through modeling.	
School-wide	Social environment and culture of the school.	A school-wide campaign to promote priority healthy behavior. Creating a culture.	
Community	Community resources, gaps in resources, and attitudes towards behaviors.	Contact local non-profits, mental health agencies, health departments, law enforcement, and tribal organizations for partnership.	
Policies	School /classroom policies that are currently in place.	Review current policies and determine if they fit in with the school's strategic plan.	

Task 6- Develop an Integrated, Strategic Multi-Tiered System of Support Plan

Use the space below to create a one-page snapshot of your desired MTSS plan.

These Oklahoma School Climate Transformation Roadmaps will assist you with planning your Multi-Tiered System of Support Plan:

- <u>Site-Wide Implementation</u>
- District-Wide Implementation

Tier 1				
 Considerations What supports will all students receive? Consider all settings of your school where students are active Consider Behavior, Social-Emotional, and Academic Supports 	Documentation/Response			
Tier 2				
 Considerations What targeted supports or interventions will be provided for students with some risk factors? What screening data or tools will be used to identify students who need Tier 2 supports? Consider Behavior, Social-Emotional, and Academic Supports 	Documentation/Response			
Tier 3				
 Considerations Who are potential community partnerships? What Tier 3 supports does the school have the capacity to provide? What Tier 3 supports will be handled through community partnerships? Consider Behavior, Social-Emotional, and Academic Supports 	Documentation/Response			

The curriculum or program you have selected may have an implementation plan that can assist you in this area and help you align your MTSS implementation.

Prevention Curriculum Planned ScheduleWhat is the timeframe for implementation?	
 If applicable, what day of the week/month will the school implement the curriculum? 	
 If applicable, what time of the day will the school implement the curriculum? 	
Curriculum Facilitation: • What classroom(s) will implement the curriculum?	
Who will implement the curriculum?	

Step 4. Implementation of Program

Important tasks in the implementation step include the following:

- Connect with key implementation partners
- Consider fidelity and adaptation
- Maintain core components
- Adapt with care (as needed)
- Establish implementation supports

Connect with Key Implementation Partners

You will have already identified and connected with key implementation partners during the previous steps (i.e., assessment, capacity, and planning). These are the individuals (district and site administrators, building staff) and partnerships that will be responsible for and/or involved in the delivery of your selected interventions. Sometimes these partners will want to make changes to the implementation plan. Even if they don't, it's important to communicate openly and make sure that all partners are onboard with the implementation plan as you move forward.

Consider Fidelity and Adaptation

As you prepare to implement your selected prevention interventions, it is important to consider fidelity and adaptation:

- Fidelity: Describes the degree to which a program or practice is implemented as intended
- Adaptation: Describes how much, and in what ways, a program or practice is changed to meet the needs of your school

Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater your fidelity to the original program design, the more likely you are to reproduce these positive results.

Customizing a program to better reflect the attitudes, beliefs, experiences, and values of your focus population can increase its cultural relevance. However, it's important to keep in mind that such adaptations may compromise program effectiveness.

Maintain Core Components

Evidence-based programs are more likely to be effective when their core components (i.e., those elements responsible for producing positive outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. You might be able to take out the chocolate chips, but if you take out the flour—a core component—the recipe won't work! Here are some general guidelines for implementing a program with fidelity and maintaining core components:

- Preserve the setting as well as the number and length of sessions.
- Preserve key program content: It's safer to add rather than subtract content.
- Add new content with care: Consider program guidance and prevention research.

Implementation and Cultural Competence

The following implementation activities can help to ensure that your prevention efforts will be culturally competent:

- Identify interventions with documented efficacy for your focus population
- Adapt interventions, as needed, to increase their cultural relevance
- Involve focus population members, including potential intervention participants and cultural leaders, in the adaptation process

Implementation and Sustainability

Many implementation activities help support the long-term sustainability of prevention efforts. Examples include the following:

- Ensure that interventions are evidence-based and part of a comprehensive prevention plan
- Increase the cultural relevance of interventions without compromising their effectiveness (i.e., maintain core components)
- Work closely with implementation partners to build capacity for prevention and evaluation
- Reach out to implementation and other community partners to increase support for prevention (SAMHSA, 2019)

Step 5. Evaluation

Evaluation involves examining both the process and outcomes of prevention interventions. Specifically, evaluation is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and make decisions.

Evaluation is about enhancing prevention practices (SAMHSA, 2019).

Types of Evaluation

There are several types of evaluations that can be conducted:

- **Formative evaluation** ensures that a program or program activity is feasible, appropriate, and acceptable before it is fully implemented. It allows for modifications to be made to the plan before full implementation begins and maximizes the likelihood that the program will succeed. It is usually conducted when a new program or activity is being developed or when an existing one is being adapted or modified. (CDC, 2020)
 - How do staff, students and stakeholders rate the quality, relevance, and utility of the program's activities, products and services?
 - How can the activities, products, and services of the program be refined and strengthened during project implementation, so that they better meet the needs?
 - Which elements of the program do participants find most beneficial, and which least beneficial? (Rose, 2020).
- Process evaluation, which documents the implementation of a support, can be used to improve delivery and enhance understanding of prevention outcomes. This type of evaluation provides an early warning for any problems that may occur and allows programs to monitor how well their program plans and activities are working. The following are examples of process evaluation questions: (SAMHSA, 2019)
 - Did the program's services, products, and resources reach their intended audiences and users?
 - To what extent were program sessions delivered as original designed?
 - How many people participated in the program?
 - What kinds of challenges did the program encounter in developing, disseminating, and providing its services, products, and resources?
 - What, if any, steps were taken to address challenges or what adaptations were made to the program? (Rose, 2020).
- **Outcome evaluation**, which measures the effects of an intervention following its implementation, can reveal whether the intervention produced the anticipated short-

and long-term outcomes and helped build support for those interventions that worked. The following are examples of outcome evaluation questions:

- What effect(s) did the program have on its participants and stakeholders (e.g., changes in knowledge, attitudes, behavior, skills, and practices)?
- Did the activities, actions, and services (i.e., outputs) of the program provide high quality services and resources to stakeholders?
- Did the activities, actions, and services of the program raise the awareness and provide new and useful knowledge to participants? (Rose, 2020).

Task 7 - Evaluation Plan		
How will the School Climate team monitor the fidelity of the program?		
What tool(s) will be used for staff fidelity?		
When will the staff complete the evaluation of the program?		
What tool(s) will be used for student evaluation?		
When will students complete the evaluation of the program?		
What tool(s) will be used for stakeholder evaluation?		
When will stakeholders complete the evaluation of the program?		

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