OKLAHOMA
EDUCATION

# UNIVERSAL PROGRAM PLANNING GUIDE

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## 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 promotion of positive health outcomes. Prevention programs can focus on a specific area or cover many regions and fit different age groups, grade levels, and developmental levels.

**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, and mental health 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.

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*

**SECONDARY PREVENTION**
*Targeted supports for students with some risk factors*

**PRIMARY PREVENTION**
*Universal supports for all students in all settings*

Tier 3

Tier 2

Tier 1

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.
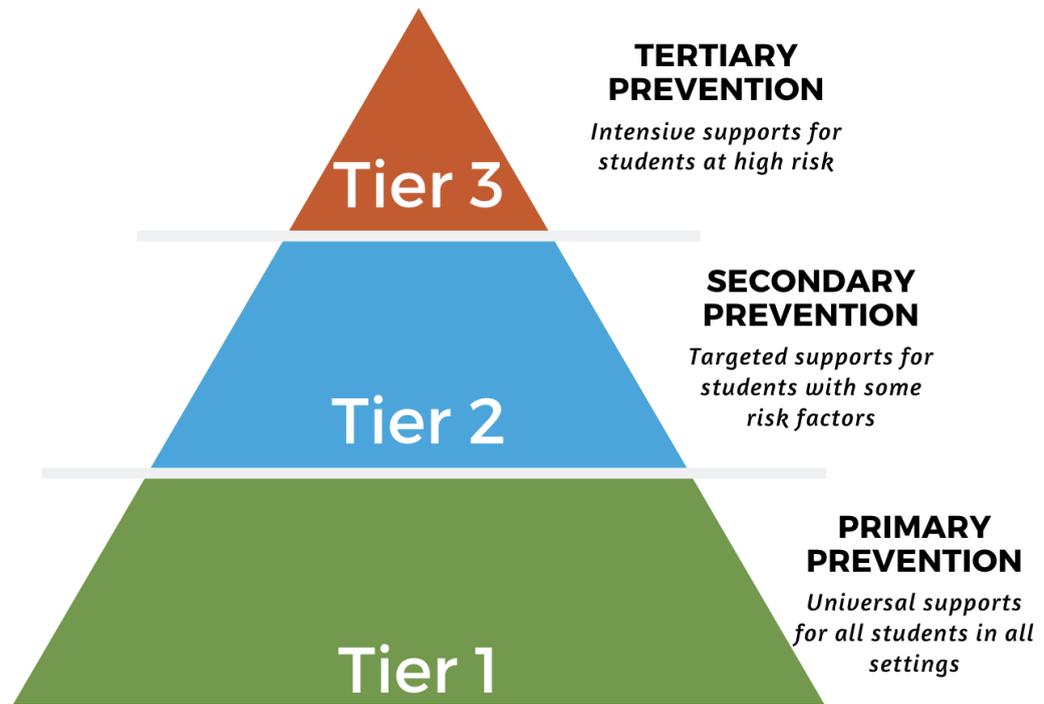
**Building Protective Factors**

Protective factors are conditions or attributes in individuals, families, communities that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Building protective factors is a fundamental building block of all school-based prevention programs. For children aged 5-12 years, the school's role in supporting protective factors in children cannot be understated. Through daily contact, schools help shape children's beliefs in their abilities to achieve and help children develop and strengthen protective factors, which promote their resilience when exposed to adverse events and even prevent problems from occurring in the future.

**Elementary**
This planning guide suggests that schools should first implement programs that build protective factors through life skills programs in grades pre-kindergarten through fifth. Building this foundation of skills will reduce the risk of experiencing adverse health behaviors later in life.

**Secondary**
While life skills programs should still exist throughout a student's entire educational career, grades 6th - 12th should receive programs targeted to specific health-risk behaviors. A school must select relevant prevention programs based on students' needs. Identifying school need is accomplished through data collection and review. Once school need is determined, an evidence-based prevention program may be selected and implemented with all students.
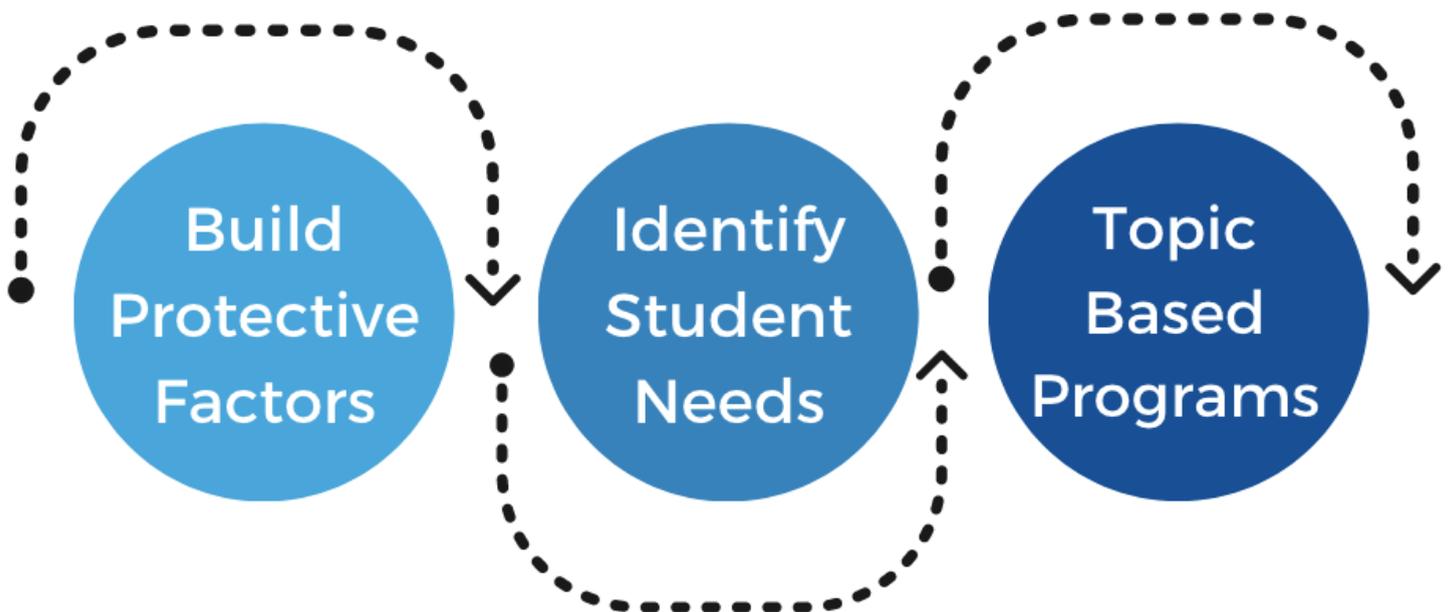
This Prevention Program Planning Guide is modeled off of the steps and guiding principles from the Substance Abuse and Mental Health Services Association's (SAMHSA) Strategic Prevention Framework (SPF).



**1**. **Assessment**: Identify prevention needs based on data.
(e.g.What is the school's priority?)

**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:**
- **School Relevance**: The ability of an individual or organization to interact effectively with members of school population groups

- **Sustainability**: The process of building an adaptive and effective system that achieves and maintains desired long-term results

## School Relevance

School relevance describes the ability of an individual or organization to interact effectively with people of different backgrounds. It also means being respectful and responsive to the health beliefs, values, practices, and needs of various population groups.

School relevance isn't a quick fix; it can't be accomplished simply by following a set of relevant rules and recommendations. However, here are some tips for beginning the process of increasing the school relevance of your collaborative efforts:

- 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 relevance.
- Be humble. Social humility is valuable in order to put focus on others in relation to their life circumstances by letting them know of their relevance in the community.
- Reach out to various 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.
- Make sure representatives from various populations have a central role in decision-making and are empowered to assume leadership positions and then provide support in these roles, as needed.
- Make sure all materials are relevant to the communites they serve..
- Be deliberate about getting 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 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.
(SAMHSA, 2019).

## Step 1. Assessment - Collecting Data to Identify Needs

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.

## Task 1 - Data Collection

**Data Collection Tools**

| | |
|---|---|
| School Climate Survey | |
| Focus Group Toolkit | |
| Hotspot Mapping | |
| Parent/Caregiver Survey | |
| Universal Screening Tools | |
| Staff Assessments and Screeners | |
| Local/Community Data:<br>● Oklahoma Prevention Needs Assessment<br>● Youth Risk Behavior Survey<br>● CDC - Oklahoma<br>● County Health Rankings - Oklahoma | |

**Identify the Priority**

| | |
|---|---|
| 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: | |

## Task 2 - Program Selection

Use your data results from Task 1 and registries of programs to assist you with your program selection.

- **SAMHSA**
- **What Works Clearing House**
- **Youth.Gov**
- **Oklahoma Department of Mental Health and Substance Abuse Services**
- **Technical Assistance from OSDE**

## Task 3 - Program Selection & Curriculum Training

| | |
|---|---|
| Prevention program or curriculum selected: | |
| Date for school leadership 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.

## 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, 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 behavioral 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.

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.

## 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 behavior 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.

The Social-Ecological Model (SEM) is a public health model that is used to recognize the multiple spheres of influence that affect behavior . This model is a comprehensive approach to prevention and research indicates that if a school focuses on multiple layers, they are more likely to see a culture change. A shift in the climate and culture of the school does not happen by purchasing a curriculum.

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.
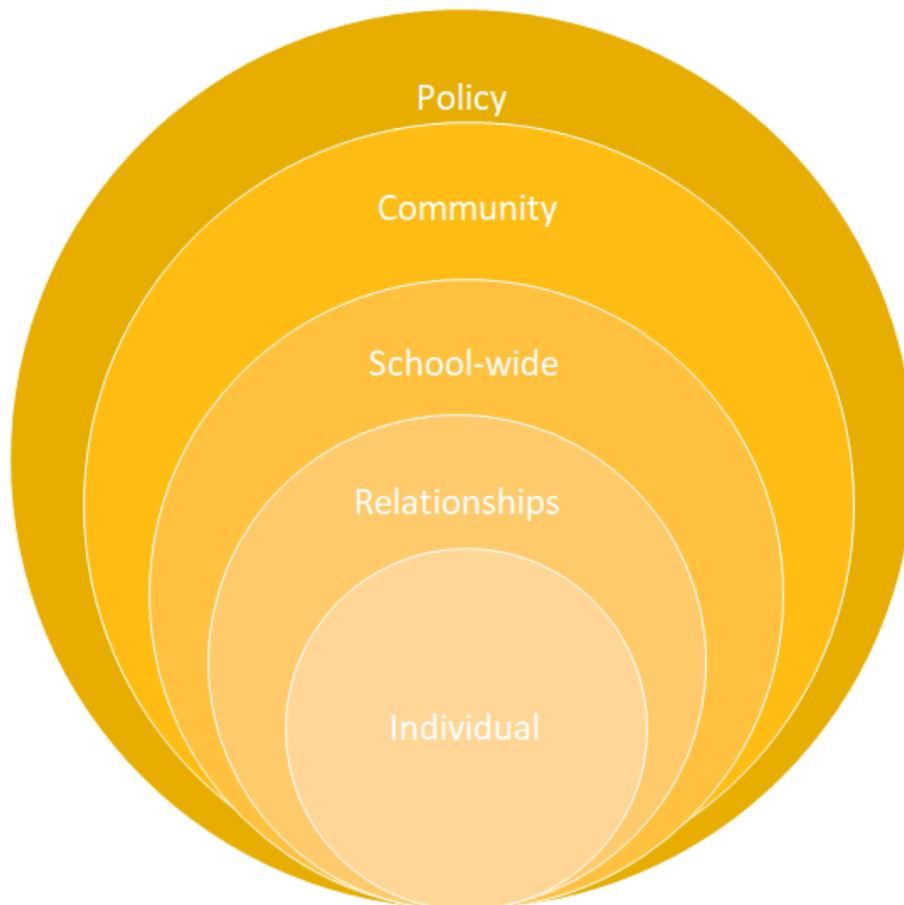
**3. School-Wide** defines the larger social system (e.g. school). The structures in this layer impact the student's development by interacting with some structure in his/her microsystem. It is the social environment and culture of the school.

**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 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 - Strategic Planning

**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 Schedule**<br>● What is the timeframe for implementation?<br><br>● If applicable, what day of the week/month will the school implement the curriculum?<br><br>● If applicable, what time of the day will the school implement the curriculum? | |
| **Curriculum Facilitation:**<br>● What classroom(s) will implement the curriculum?<br><br>● 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 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 Relevence**

The following implementation activities can help to ensure that your prevention efforts will be relevent:
- Identify interventions with documented efficacy for your focus population
- Adapt interventions, as needed, to increase their relevance
- Involve focus population members, including potential intervention participants and school 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 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 originally 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? | |

References

- CDC. (2020, February 5). Types of Evaluation. Retrieved October 26, 2020, from https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf

- Orly Shapira-Lishchinsky & Miri Ben-Amram (2017): Exploring the social ecological model based on national student achievements: extracting educational leaders' role, International Journal of Leadership in Education, DOI: 10.1080/13603124.2017.1318956

- OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (2019). Positive Behavioral Interventions & Supports [Website]. Retrieved from www.pbis.org.

- Rose, B. (2020). Program Evaluation Methods and Questions: A Discussion. Retrieved October 26, 2020, from https://bradroseconsulting.com/program-evaluation-methods-and-questions-a-discussion/

- Substance Abuse and Mental Health Services Administration: A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, 2019.

- Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts. (2017, January 18). Retrieved September 30, 2020, from https://www.pbis.org/resource/technical-guide-for-alignment-of-initiatives-programs-and-practices-in-school-districts