Comprehensive Alcohol, Tobacco, and Other Drug (ATOD) and Violence Prevention Planning Institute
Session #3
January 22, 2010

8:30 a.m. Registration
9:00 a.m. Welcome, Recap, Overview of Session #3
9:20 a.m. Revisiting:
- Goals and Objectives
- Program Planning
- Selecting Evidence-Based Programs and Strategies
- Program Implementation
9:40 a.m. Breakout: Selecting Evidence-Based Programs and Strategies
10:40 a.m. Break
10:50 a.m. The Program Implementation Cycle
12:00 p.m. Lunch
1:00 p.m. From Implementation to Evaluation
2:30 p.m. Preparing for Session #4 Team Presentations
2:45 p.m. Wrap-Up & Next Steps

Funds for the Title IV-A and Unsafe School Choice Option Training and Technical Assistance Project were provided in full by a grant to the New Jersey Department of Education from the United States Department of Education, Safe and Drug-Free Schools Program
Setting Goals and Objectives

Definitions

**Setting Goals:** What are you trying to accomplish through the implementation of your program or strategy?

Example: To reduce the level of bullying among students in grades 6 to 8 in our school district.

**Setting Objectives:** What are the specific rates or changes you want to see as a result of the program or strategy?

Example: The percent of students in grades 6 to 8 who indicate that they were bullied, threatened, or pushed around in school or on the way to or from school in the past 30 days will decrease by 10% in the next three years as measured by a locally administered survey and school bullying incident records.

**Evaluation Question:** Given the program’s goals and objectives, what is the question (or questions) your evaluation design will answer?

Important Considerations: Who wants or needs to know the answer to the evaluation question? What is the purpose and target audience for the evaluation design?

Example: Is our district’s bullying prevention program decreasing incidents of bullying among our 6th, 7th, and 8th grade students?

**Identifying indicators:** Do the variables, stated non-directionally, include the necessary measures to address your evaluation question?

Example: The number of bullying-related incidents as reported by our 6th, 7th, and 8th grade student survey and our bullying incident records.

**Setting Targets:** A change, stated as an increase or decrease that is going to let you know whether or not you’ve achieved your program or strategy objectives.

Example: 10% reduction of reported incidents in the next 3 years.

**Benchmarks:**
Year 1: A 3% reduction as compared to baseline.
Year 2: A 6% reduction as compared to baseline.
Year 3: A 10% reduction as compared to baseline.
Overview of Research-Based Prevention Strategies

Three types of strategies are generally used to prevent substance use and violence: those that target individuals (e.g., students, parents, and teachers), those that promote systems change (e.g., within the classroom, school, family, or community agency), and those that involve changes to the community as a whole. Historically, most school-based approaches to preventing or reducing high-risk behaviors have been designed to change individual behavior (e.g., skill-building activities). Schools and communities can play an important role in promoting and reinforcing these individual-level changes, and practitioners should develop a coordinated approach to prevention that addresses change at multiple levels.

Key school-linked prevention strategies that support multi-level change are described below. Please note that particular combinations of strategies have not been studied to see how they affect (i.e., strengthen, weaken, or have no effect on) one another, however, these strategies are not effective in isolation.

- **Enhancing students' personal and social skills.** Instructional approaches that promote critical thinking and enhance social and emotional skills may prevent or reduce the behaviors that lead to substance use and violence. Skills-based instructional approaches can be offered as discrete "health education" courses, incorporated within existing courses (e.g., health, social studies), or integrated across the academic curriculum (i.e., spread throughout numerous existing courses and activities).

- **Connecting at-risk students and families with appropriate services.** Teachers, guidance counselors, school nurses, and others in the school setting are in a prime position to identify young people at risk for substance use and violence. They can also connect students to (or provide) the necessary educational or therapeutic interventions, medical care, or social services. Strategies that target at-risk students and their families are most effective at enhancing protective factors and producing positive youth outcomes. Schools can offer these services in the school or through links to other social service agencies in the community. Three family-centered approaches, in particular, have shown great potential for success: parent and family skills training, family in-home support and home visiting, and family therapy.

- **Providing safe and supervised alternatives.** Enrichment and recreational activities that are enjoyable, safe, and supervised provide positive alternatives to situations that may lead to substance use and violence. These activities, which can include mentoring programs, community service, school-to-work assignments, and internships, can be offered in conjunction with a variety of community-based organizations and businesses. Although these activities alone are insufficient to counteract substance use and violent behavior, they are more likely to be effective if they are part of a comprehensive prevention plan that includes other strategies that have been proven effective.
• **Restructuring classrooms to promote student engagement.** Improving the very structure of and management style in a classroom can help students engage in the learning process, "bond" to their school, and improve academic performance. Effective classroom management strategies include establishing and enforcing clear classroom rules, managing classroom time to hold students’ attention, and using rewards to promote positive behaviors. Classroom restructuring may also present a prime opportunity to connect with school reform planning teams working in your district to promote academic achievement among students.

• **Influencing school and community norms.** A critical part of any prevention initiative is the creation and reinforcement of a set of anti-drug and anti-violence messages within the school setting. One way to do this is by setting, communicating, and reinforcing positive norms – clear and consistent social messages that substance use and violence are harmful, unacceptable, and illegal. To create and sustain changes, school-based efforts tend to be most effective when supported and reinforced by the larger community.

• **Establishing and enforcing clear school policies.** School policies can be a powerful influence on reducing substance use and violence at school. When creating new school policies, make sure to communicate policy information and standards to students, school personnel, and families (including your rationale for developing the policy), include clear consequences for infractions, and ensure consistent enforcement. It's also important to reward those who abide by the policies.

• **Establishing and enforcing clear community policies.** Establishing community policies that limit the availability of harmful substances and weapons represents another critical piece of a comprehensive prevention plan. Look to governments (municipal, state, and federal), public agencies (e.g., social service departments), and private organizations (e.g., hospitals, HMOs, convenience stores) to institute policies. Although some new community policies may be necessary to help prevent substance use and violence among youth, many such policies are already in place.

• **Building school-family-community partnerships.** Schools, families, and communities should be actively and meaningfully involved in the design, delivery, and reinforcement of activities intended to prevent substance use and violence. For example, efforts to create, promote, and enforce social norms and policies directed at preventing substance use and violence tend to be most effective when they involve coordination and collaboration among schools, families, and communities. If anti-drug and anti-violence messages – and the skills to follow through with those messages – are to be effective, they must be consistently modeled and reinforced across these critical contexts.

Based on "Selecting Research-Based Prevention Programs for Your School" ED.gov
### Mapping Prevention Strategies

<table>
<thead>
<tr>
<th>Key Prevention Strategies</th>
<th>Target Audience</th>
<th>Location/ Provider</th>
<th>Corresponding Activities</th>
<th>Duration/ Intensity</th>
<th>Reason for Selection</th>
<th>Length of Time in Place</th>
<th>Evidence of Effectiveness</th>
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<tbody>
<tr>
<td>Enhancing student Skills</td>
<td>For example: 7th graders</td>
<td>Classroom/7th grade teachers</td>
<td>Curriculum only</td>
<td>15 30-minute lessons</td>
<td>Recommended by a local researcher/ teacher's friend</td>
<td>It has been implemented for the last three years</td>
<td>Teacher observations; no evaluation data</td>
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<td>Identifying and intervening with at-risk students and families</td>
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Based on “Selecting Research-Based Prevention Programs for Your School” 
ED.gov
How Do You Choose an Evidence-Based Program?

Investigate available evidence-based and best practice resources:

1) Select the content area(s) you will be working in (e.g., drug abuse prevention, pregnancy prevention, crime prevention, etc.) and review lists of best practices in your content area.

2) Determine the resources that are available in that area (e.g., access resources such as libraries, practice or evaluation studies, web sites).

3) Talk to others who have implemented programs in your content area(s).

4) Review interventions that best match your intended target population. Pay particular attention to demographics, such as age, ethnicity, gender, socio-economic status and settings, such as urban and suburban. Some web sites include matrices of programs by age and type of targeted populations.

Determine how the results of the evidence-based/best practice program fit with the goals and objectives already identified:

1) Ensure that each potential intervention being considered was:
   • evaluated according to evidence-based best practice standards;
   • demonstrated to be effective for the same or similar target populations(s); and
   • demonstrated to be effective for the same or similar problem areas that you will be addressing.

2) If adapting an evidence-based intervention to fit your local context, make sure that the principles from “Lessons from Prevention Research from NIDA” are followed and all new research findings are considered.

3) Assess the cost of the proposed intervention and the resources that are required for implementation.

4) Ensure that the intervention is age appropriate and culturally relevant for your target population.

NOTE: Select your program based on the findings of the needs assessment for your target population and the resources you have available.

Based on “Getting To Outcomes-2004”
Rand Health
Principles of Effective Prevention

School Based:

- Prevention programs should be designed to enhance “protective factors.”
- Prevention programs should target all forms of drug abuse, e.g., alcohol, prescription drugs, over the counter medications.
- Prevention programs should include skills, e.g., resiliency skills, social skills and stress management skills.
- Prevention programs for adolescents should include interactive methods.
- Prevention programs should include a parents’ or caregivers’ component.
- Prevention programs should be long term.
- Prevention programs should be age specific, developmentally appropriate, and culturally sensitive.
- Prevention programs should be coordinated or planned as part of the overall educational program.
- Schools should offer opportunities to reach all youth populations.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

Community Based:

- Prevention programming should be adapted to the culture and social structure of the local community.
- Prevention programs that are family-focused have a greater impact.
- Community programs that include media campaigns and policy changes are more effective when also accompanied by school and family interventions.
- Community programs should be designed to strengthen norms against drug use.

Based on the work of the National Institute on Drug Abuse
## Feasibility Checklist

### Resources
- How much does it cost?
- Does it require staff training?
- How much space will we need?
- Can we access program materials?
- What are the time requirements?
- Do we have access to the target population?
- Do we have the necessary equipment?
- Does the program require any additional services (e.g., transportation)?

### Target Population
- Are program materials appropriate for our target population (e.g., age, gender, socioeconomic status)?
- Are program materials culturally relevant (e.g., language, customs, norms)?
- Are members of the target population likely to accept the new program?

### School Climate
- Are there any existing organizational barriers to implementation?
- Are school administrators and staff likely to accept the new program?
- Does the new program fit with existing prevention efforts and the overall educational program?
- Do prevention programs have a favorable history in your school?
- Will you be able to obtain the "buy-in" of school administrators?
- Will you be able to obtain the "buy-in" of staff?
- Will you be able to generate universal support?

### Community Climate
- Are community members likely to accept a newly proposed program?
- Does the new program fit with existing prevention efforts?
- Do prevention programs have a favorable history in your community?
- Will you be able to obtain the “buy-in” of key community leaders?
- Will you have access to a referral network for program participants?
Feasibility Checklist (continued)

**Evaluability**

- Is baseline data available?
- Are financial resources, if necessary, available for evaluation?
- Will you have access to participants over time?
- Do you have access to appropriate evaluation skills?
- Does the program design lend itself to straightforward evaluation (e.g., it does not include multiple components)?

**Future Sustainability**

- Does the program require close collaboration between the school and community?
- Can you depend on strong, ongoing leadership for continuous program support?
- Will you have access to renewable financial support, if needed?
- Does the program have a positive image in your community?
- Does your initiative have a strong advocate(s) or spokesperson(s)?
- Is the program embedded in the school climate?
- Do you collect data on the effectiveness of the program?

*Based On “Selecting Research-Based Prevention Programs for Your School”*

*ED.gov*
Resources for Information About Evidence-Based Programs

1. Rutgers Safe and Drug-Free Research-Based Program Matrix
   http://sdfsc.rutgers.edu/page/program/

2. Blueprints for Violence Prevention
   http://www.colorado.edu/cspv/blueprints/

3. National Registry of Evidence-based Programs (NREPP)
   http://www.nrepp.samhsa.gov/find.asp

4. Office of Juvenile Justice and Delinquency Prevention (OJJDP)
   http://www2.dsgonline.com/mpg/

5. United States Department of Education: Safe and Drug Free Schools
   http://www.ed.gov/admins/lead/safety/exemplary01/panel.html

6. National Institute of Drug Abuse (NIDA)

7. Communities That Care
   http://ncadi.samhsa.gov/features/ctc/resources.aspx

8. Find Youth Info
   http://www.findyouthinfo.gov/

9. Collaborative for Academic, Social, and Emotional Learning
## Research-Based Program Matrix—ATOD Prevention Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Target Population</th>
<th>Special Features</th>
<th>Categories</th>
<th>Availability</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across Ages</td>
<td>Elementary, Middle School</td>
<td>Ages 9-13; Pairing of older adult mentors (55 and up) with young adolescents</td>
<td>ATOD, Alcohol Use, Drug Use, Tobacco Use, DELINQUENCY/BEHAVIORAL PROBLEM, Delinquency, Truancy/Attendance</td>
<td>Available</td>
<td>Andrea S. Taylor, Ph.D., Temple University, Philadelphia, PA, Phone: (215) 204-6708; Email: <a href="mailto:ataylor@temple.edu">ataylor@temple.edu</a>; Website: <a href="http://www.acrossages.org">http://www.acrossages.org</a></td>
</tr>
<tr>
<td>Adolescent Community Reinforcement Approach</td>
<td>Middle School, High School, Postsecondary / Adult/ Parent</td>
<td>Outpatient program</td>
<td>ATOD, Alcohol Use, Drug Use, COMMUNITY BASED PROGRAMS</td>
<td>Available</td>
<td>Mark D. Godley, Ph D, Director, Lighthouse Institute, Chestnut Health Systems, Inc., Bloomington, IL: Phone: (309) 820-3543; Email: <a href="mailto:mgodley@chestnut.org">mgodley@chestnut.org</a>; Website:<a href="http://www.chestnut.org/li/cyt/index.html">http://www.chestnut.org/li/cyt/index.html</a></td>
</tr>
<tr>
<td>Adolescent Transitions Program</td>
<td>Middle School</td>
<td>Multilevel, family centered intervention</td>
<td>ATOD, Alcohol Use, Drug Use, DELINQUENCY/BEHAVIORAL PROBLEMS, Delinquency, ACADEMICS, COMMUNITY BASED PROGRAMS</td>
<td>Available</td>
<td>Child and Family Center, University of Oregon, Eugene, OR; Phone: (503) 282-3662; Email: <a href="mailto:katek@hevanet.com">katek@hevanet.com</a>; Website: <a href="http://cfc.uoregon.edu/atp.htm">http://cfc.uoregon.edu/atp.htm</a></td>
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</table>
What is “Scope and Sequence?”

A curriculum plan, usually in chart form, in which a range of instructional activities, skills, etc., is organized according to the successive levels at which they are taught.

**Scope**

What should be taught and learned.

A narrow scope would include only a few problems, experiments, or activities. A broad scope program would offer a wide variety of guided experiences including instructional, visual, conceptual, and virtual.

**Sequence**

The order that the curriculum components are taught and learned.

Sequence is critical to appropriate progressions in learning so that prerequisite skills and knowledge are acquired prior to more advanced skills and knowledge. Also, experiences should be sequenced to be appropriate for each grade level so that students advance in their development, i.e., the same instruction in an activity unit should not be taught at each grade level and learning activities for beginning level students should be different for advanced level students.

Based on Adaptive Curriculum
# Institute

## Emotional Health

- **Kindergarten**
  - Identifying and expressing feelings
  - Decision-making and problem-solving skills
- **Grade One**
  - Managing strong feelings, including:
  - Making and keeping friends
  - Showing respect
- **Grade Two**
  - Positive role models and friends
  - Making and keeping friends
  - Everyone has special talents
- **Grade Three**
  - Positive self-felt
  - Effects of teasing and bullying and what to do to protect self and others
- **Grade Four**
  - Assertive communication
  - People who can help
  - Criteria for getting help
- **Grade Five**
  - Non-violent conflict resolution skills
  - Advocating for a healthy school environment
- **Grade Six**
  - Positive and negative risks of friendships
  - Listening skills
  - Assertive communication, including:
  - Managing strong feelings
  - Anger feelings

## Social and Emotional Health

- **K-6 Scope & Sequence Chart**

## Nutrition and Physical Activity

- **K-6 Scope & Sequence Chart**

## Safety

- **K-6 Scope & Sequence Chart**

## Alcohol, Tobacco, and Other Drugs

- **K-6 Scope & Sequence Chart**

## Personal Health and Wellness

- **K-6 Scope & Sequence Chart**

## HIV

- **K-6 Scope & Sequence Chart**

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**Michigan Model for Health®**

**Michigan Model for Health® K-6 Scope & Sequence Chart**

**The Michigan Model for Health® is a skills-based, evidence-based, K-12 curriculum.**

**Institute #3**

12
What Is Evaluation?

Evaluation is a process that, through the collection and analysis of data, allows school staff to determine the extent to which a prevention strategy is working and whether adjustments should be made to that strategy. Steps for completing evaluation need to be established and followed from the initial strategy planning phase through program implementation.

For example, when you are getting a substance abuse prevention strategy up and running, evaluation is more than just a luxury. By taking a hard look at your prevention strategy, you can determine whether or not desired outcomes have been achieved and plan for any programmatic or strategy adjustments based on those results.

A central purpose of evaluation is to determine how well a strategy works. Coming to an unbiased conclusion requires measuring results and comparing them against some standard of success. Even complex evaluation can be done with the resources available to most schools or prevention coalitions.

There is no single correct approach to evaluation issues. Any evaluation must be tailored to local conditions.

Adapted from “Focus On Prevention”
United States Department of Health and Human Services
& SAMHSA
Process and Outcome Evaluation

A **process evaluation** assesses the degree to which your programs and project are implemented as planned. It includes an examination of:

- The degree to which activities specified in the logic model are implemented as planned;
- The quality of the activities implemented and mid-course corrections;
- The targeted number of people you hope to involve versus the actual number of participants who become involved; and
- The degree to which your targeted group members (youth and/or adults) participate as planned. This could mean evaluating the duration or intensity of your participants’ experiences or their perceptions about the quality of their experiences.

Information from a process evaluation allows you to examine how the implementation is proceeding. You can use process evaluation methods to help you monitor your program in progress while also gathering information to strengthen and improve the program as you continue.  
**(LOGIC MODEL: OUTPUT)**

An **outcome evaluation** determines whether an initiative, program, or project achieved the desired changes or outcomes.

Outcomes can be assessed at various times throughout implementation, including:

- Short-term or immediate changes  
  Knowledge changes, such as youth learning basic skills.
- Intermediate changes  
  Youth showing increased interpersonal competence.
- Long-term outcomes  
  Youth feeling a sense of purpose in life.

For example, an outcome evaluation of asset-building strategies assesses the degree to which the initiative or program made a difference in the lives of youth, adults, or aspects of the community.  
**(LOGIC MODEL: OUTCOME & IMPACT)**

Adapted from Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities. Copyright 2006 Search Institute, Minneapolis, MN; www.search-institute.org
Why Evaluate a Prevention Strategy?

- To determine the extent to which a program is yielding the anticipated outcomes.
- To measure the success of implementation strategies.
- To determine whether a program is being implemented as intended.
- To identify any needed adjustments in the program design or implementation.
- To help insure that resources are dedicated to effective programs.
- To earn the support of partners and funding organizations.

Put Another Way

TO VERIFY THAT YOU’RE DOING WHAT YOU THINK YOU’RE DOING.

(“Basic Guide To Program Evaluation”, Carter McNamara, MBA, PhD, Authenticity Consulting, LLC)
Starting Points to Evaluation

Get Help
Consult with university and college faculty members or other resources with expertise in evaluation methods. In particular, faculty in social science academic disciplines often have an interest in community activities that are related to their academic work.

Clarify Expectations
One size does not fit all. Top decision makers, program directors, staff members, outside funders, and community members may have different interests in program evaluation. Be prepared to set and negotiate priorities.

Involve Participants, Staff, and Community Partners
Stakeholders can provide feedback about whether evaluation methods are appropriate and realistic. Partner organizations may have a special interest in certain evaluation issues, and may be able to tell you whether certain questions make sense and whether there is an easier way to obtain the information. Involving community partners can increase their cooperation in evaluation activities and enhance the implementation of prevention plans and strategies.

Consider a Variety of Methods and Measures
Make sure that the evaluation reflects your prevention activities and that the information can be collected. Programs are not always conducted as planned due to resistance, unclear directions, or lack of time. It is important to collect information about these changes in implementation as part of your evaluation plans as these data help explain why a prevention strategy may not be yielding the anticipated results.

Use Process Evaluations With Care
While project staff may want evaluation information to correct problems as a prevention strategy unfolds, be aware that midcourse corrections can positively or negatively affect the results of an outcome evaluation.

Consider Cost
Planning an evaluation involves tradeoffs between costs and benefits. Identify the most important evaluation questions and look for efficient evaluation methods, such as sampling, focus groups, and review of existing records.

"Focus On Prevention"
United States Department of Health and Human Services
& SAMHSA
Plan an Outcome Evaluation

Finalize Your Outcome Measures

- Outcomes are the changes that occur as a result of an initiative, program or project. The questions to ask -
  What will change?  
  By how much?  
  When will the change occur?  
  How will it be measured?

- Common outcomes for program-level interventions are typically changes at the individual level, such as -
  Changes in youth and/or adult knowledge of how to build assets for and with youth;  
  Changes in the numbers of assets reported by youth;  
  Changes in negative behaviors; and  
  Changes in youth self-esteem.

- In addition to measuring individual-level behavior, there are also outcomes at other levels you may want to access, such as initiative-level outcomes. They may include -
  Changes in the policies or practices of a youth-serving organization to build assets;  
  Changes in systems to create a positive organizational climate for asset building;  
  Changes in how organizations and agencies mobilize their own internal asset-building capacities; and  
  Changes in funding streams to prioritize asset-building initiatives throughout the community.

- Remember that positive changes in knowledge, attitudes, and skills do not always lead to changes in behavior.

- Review your outcomes to determine whether they -
  Affect actual behavior;  
  Affect larger groups of people;  
  Are short term or long lasting;  
  Are realistic;  
  Are specific; and  
  Have at least one measure for each.
Choose an Evaluation Design to Fit the Program or Initiative

- Post only - Allows you to examine specific results of your participants at the conclusion of the program or project and does not measure change.

- Pre-post – This design requires participants to complete a measurement tool (i.e., survey) prior to their participation in the program or project, and then complete the same measurement tool at the end of the program or project. This design provides only moderate confidence that your program caused the change.

- Retrospective pre-post - A special case of the pre-post design in which participants at the end of the program or project rate themselves now and then. This design provides only moderate confidence that your program caused the change and it may be hard for participants to recall how they were at the start.

- Pre-post with a comparison group - The way to have more confidence that your program or project was responsible for the changes in outcome is to assess a group similar to your target group that did not participate in the program, called a comparison group. It can be difficult to find a group that is similar to the program group.

- Pre-post with a control group - Participants are randomly assigned to the intervention or control group. This is the best way to ensure that both groups are equal. It can be difficult to find a group willing to be randomly assigned.

Choose Methods of Measurement and Data Collection

- Quantitative methods answer who, what, where, and how much questions.
- Qualitative methods answer why and how questions and usually involve talking to or observing people.

Determine the Target Audience(s) For Your Measures

- Make certain that your sample reflects the makeup of the community.

Determine When You Will Collect the Data

- Do you have the resources to conduct data collection at a point in time after the conclusion of the program to determine whether positive change continues or fades?

Adapted from Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities. Copyright 2006 Search Institute, Minneapolis, MN; www.search-institute.org
Implement an Outcome Evaluation

Gather the Data
- Who will be the best person(s), who is organized, responsible, and a good planner on your evaluation team to collect your data?
- When will the data be collected by, and can you stay true to your data collection plan?
- What needs to be assessed?
- What indicators will be measured?
- What is the method for data collection?
- Where are these data located?

Remember to collect the data you will use and use the data you collect.

Analyze the Data
- Use the most recent information you can find.
- When confronted by conflicting archival data and more subjective data, use anecdotal information and individual perspectives to help interpret the data.
- Get a complete picture by using a combination of data sources.
- Look for patterns, and remember that interpreting data is not always an exact science.

In going through the process of interpretation, spend a lot of time asking, “Why?” and “how do you know?”

Interpret the Data
Following are examples of methods that can be used to interpret evaluation data:
- An individual can take all the information, sort it into categories that address the different questions, then integrate it on her or his own. Discussion and modification can occur through a presentation of the initial findings to the evaluation team.
- Several people can review all the findings and then cluster them into themes that grow out of your key evaluation questions. These themes can be formatted into a simple report.
- Two team members can look over all the information and then do some initial sorting and summarizing of the findings individually. When they meet, they can discuss their summaries to reach consensus, create an outline of the report, and start writing, knowing that through the collaborative acts of thinking, talking, and writing, insights will begin to surface. Finally, they can present the draft of their report to the full team for review and discussion.

By comparing the data you collect to what you stated you were hoping for in the logic model, you can fairly quickly determine which activities were a success and which need to be improved.

Adapted from Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities. Copyright 2006 Search Institute, Minneapolis, MN; www.search-institute.org
Report the Results of Your Outcome Evaluation

Once you’ve gathered and analyzed your data and sorted out the findings that you want to highlight, you’ll need to create a reporting structure. A number of structures could be useful and effective:

- If you are evaluating a program mainly to meet funder requirements, that funder may have provided you with a structure to follow; if not, you can ask the funder for a sample format.
- Another option would be to organize your report by your initiative’s or program’s goals or by your key evaluation questions; in this case, you’ll want to write an introduction and conclusion to “frame” the main sections.
- Or you can simply describe strengths, improvement, criticisms, and plans for the future - all supported by the evidence, of course.

Be aware that different stakeholders may be interested in different types and depth of detail of information. For broad community audiences, try not to report too much data in your findings, as this can quickly become overwhelming. Instead, describe the most important and practical findings using only a few numbers and a few charts, graphs or other illustrations and a clear explanation of what you think they mean. For a more professional audience, you might include more discussion of the statistics and types of analyses.

**How Are We Going To Report Our Findings?**

- Who are the key groups to which we need to report our findings?
- How are we going to report to each of these groups?
- Do we need someone to check our report(s) for accuracy? If so, who could do this?

**Demonstrating strong results and sharing them with others in the community help build sustainability beyond the implementation of a single program or project.**

Adapted from Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities. Copyright 2006 Search Institute, Minneapolis, MN; www.search-institute.org
PROGRAM SUSTAINABILITY

Program sustainability may be defined as the ability to continue a program (i.e., set of activities or services) beyond its initial implementation cycle or beyond the end of its initial funding period. A program's sustainability depends upon:

- availability of the resources (e.g., funding, qualified staff, facilities) needed to continue;
- interest and ability of the target population and local community to continue to participate in and support the existence of the program; and
- the social and political climate, which can influence priorities and laws and policies governing whether or how the program can be implemented.

Because resources for prevention programs are scarce and the agency and community climates in which they are implemented frequently shift, it is crucial that prevention practitioners and their agencies begin to plan for sustainability early in the program planning process. It is also important to be able to react quickly and with flexibility to changing social, political, and financial conditions.

Why is sustainability important to prevention programming?

Even the most successfully run, effective prevention program will have very limited impact on a community if it cannot be sustained over time. Every year a new cohort of youth will enter adolescence, and they need knowledge, skills, self-efficacy, and motivation to make healthy lifestyle choices.

Adapted from Wisconsin Department of Public Instruction
http://dpi.wi.gov/sspwhivsustain.html
SUSTAINABILITY PLANNING

The Sustainability Planning Information Resource Center connects initiatives engaged in sustainability planning to helpful resources for addressing each element of sustainability.

Resources are organized by the following elements of sustainability:

- **Vision** - Defining goals and understanding your “niche.”
- **Results Orientation** - Evaluating outcomes and demonstrating effectiveness.
- **Using Resources Strategically** - Using current resources, including funds if applicable, efficiently and marshalling new supportive resources.
- **Broad-Based Community Support** - Communicating and collaborating with a range of stakeholders.
- **Key Champions** - Cultivating and engaging leadership.
- **Adaptability to Changing Conditions** - Monitoring trends and influencing changes.
- **Strong Internal Systems** - Ensuring efficiency and accountability through effective management.

Adapted from "The Finance Project" (http://www.financeprojectinfo.org/sustainability/spoverview.asp)
## Sustainability Plan Checklist

<table>
<thead>
<tr>
<th>Sustainability Goals</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
<th>What We Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision:</strong> Our vision has been developed through the shared efforts of our coalition and community members. The vision provides clarity and allows for future-oriented planning. We have a vision team or process that provides a constant source of fresh faces and fresh ideas, keeping our initiative or program dynamic and creative.</td>
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<tr>
<td><strong>Relationships:</strong> We emphasize building relationships as the basis of all our work. Our relationships are based on strengths, which will provide a platform for skill development, behavioral change and informed decision making.</td>
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<tr>
<td><strong>Diversity:</strong> We continually cultivate diverse youth and community engagement and active participation in all levels of our work not only to keep our efforts relevant but also to strengthen and sustain our members. We also emphasize building relationships among our participants.</td>
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<tr>
<td><strong>Q#1 Assessment:</strong> We have a clear understanding of how our initiative or program fits into the larger picture of what’s going on in the community.</td>
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<tr>
<td><strong>Q#2 Goals and outcomes:</strong> We use what we’ve learned through our planning and evaluation efforts to continually communicate with our participants, community, and stakeholders.</td>
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<tr>
<td><strong>Q#3 Effectiveness:</strong> We’re being proactive by identifying efforts we think are worth sustaining.</td>
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<tr>
<td><strong>Q#4 Fit:</strong> We continue to engage multiple agencies, organizations, and community sectors that have a shared stake in what we’re doing.</td>
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<tr>
<td><strong>Q#5 Capacity:</strong> We build and maintain the infrastructures and capacities needed to plan, do, and grow our work.</td>
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</tr>
<tr>
<td>Sustainability Goals</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td><strong>Q#6 Plan:</strong> We integrate both planning and doing to implement our programs and projects and maintain momentum for our work.</td>
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<tr>
<td><strong>Q#7 Process:</strong> We take time to reflect back on our vision and make sure our work remains congruent with what we set out to do.</td>
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<tr>
<td><strong>Q#8 Outcome:</strong> Our data supports our success.</td>
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<tr>
<td><strong>Q#9 Improvement:</strong> We systematically assess and review our progress, and implement changes where necessary to keep our work vital.</td>
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<tr>
<td><strong>Q#10 Sustainability:</strong> We plan for sustainability just as we plan our goals, outcomes, projects, and programs.</td>
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</table>

Adapted from Getting To Outcomes with Developmental Assets: Ten Steps to Measuring Success in Youth Programs and Communities. Copyright 2006 Search Institute, Minneapolis, MN; www.search-institute.org
## The Program Implementation and Evaluation Cycle

This tool outlines steps for program implementation and evaluation.

<table>
<thead>
<tr>
<th>Cycle Steps</th>
<th>Example</th>
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<tbody>
<tr>
<td><strong>Priority Problem And Target Audience</strong></td>
<td>ATOD misuse of prescription Medications 8th and 9th grade students</td>
<td>Taken from your Needs Assessment Plan Tool</td>
</tr>
<tr>
<td><strong>List Your Goals And Objective</strong></td>
<td>To reduce by 50% the number of students reporting abusing prescription drugs within the last 30 days in the first year of implementation. To eliminate the abuse of prescription drugs as reported by students in all grades. To make parents aware of the need to safeguard prescription drugs including their safe disposal.</td>
<td>Taken from your SMART Goals Alignment Tool  You will find help with setting goals and objective on page 12 of the session 2 handout</td>
</tr>
<tr>
<td><strong>Evaluation Question</strong></td>
<td>Has our approach changed attitudes among students regarding the use of prescription drugs and by that reduced their abuse? Has our approach changed the attitude among parents about the dangers of prescription drug abuse and by that increase their awareness and prevention practices such as safeguards and disposal?</td>
<td>Page 12 of session 2 handout</td>
</tr>
<tr>
<td>Cycle Steps</td>
<td>Example</td>
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</tbody>
</table>
| Develop Strategies To Address The Priority Problem | 1. Educate students to the dangers of prescription drugs.  
   a. Guidance classes  
   b. Health classes  
   c. Infused curriculum that might use literature to highlight the dangers of PD Abuse.  
   d. Librarians will be asked to highlight books that relate to the problem of PD abuse.  
2. Educate parents and staff to:  
   a. The dangers of prescription drugs  
   b. Methods to safeguard prescription drugs in the home.  
   c. Safe disposal of unused or expired prescriptions. | Help can be found on pages 10 and 11 of the session 2 handouts. |
| Program Selection To Address Priority Problem |                                                                                        | Use the New Program Selection Tool to select evidence based prevention program.                  |
| Identify Location And Target Audiences To Receive Implementation | Middle school 7th and 8th grade students and 9th grade high school. Parents of 6th through 10th grade students in the community room of the YMCA. | The Y was chosen for the parents group because it has better parking and is more centrally located than either the High or Middle Schools. |
| Identify Program Implementers | Middle & high school health teachers and guidance counselor, Medical personnel and Law enforcement and 12 grade peer councilors |                                                                                                  |
| Pre Implementation Training And Technical Assistance | Middle and high school implementer will receive 4 training sessions beginning May of the current school year.  
2 sessions will take place during the summer break  
The final session will take place in September  
All 7th, 8th and 9th grade teachers will receive a 2 hour training |                                                                                                  |
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| during the week before school opens on signs and symptoms for ATOD recognition along with policy and procedure information  
12th grade peer councilors will receive 3 sessions on dealing with ATOD prescription drug misuse as a part of their training as peer councilors.  
For the Parent training High School implementer plus speakers form the medical community and district attorney’s office will be used | | |
| Gather Base Line Data | The American drug and Alcohol survey will be given to all Middle and HS students during the second week of school.  
Parents who attend workshop will be given a quiz on the effects of ATOD and prescription drug use. This information will be used to help educate parents.  
All 7th, 8th, 9th and 10th grade students will be given a test on the effects of ATOD and prescription drug use during September health or guidance classes.  
All data will be gathered and evaluated by November 1 of the current year. | Refer to the following pages form the Session #1 handout.  
Data Collection Methods: page 26  
Survey instruments: pages 55-56  
Active Parental Consent: pages 57-59 |
| Program Implementation | • Schedule of staff training  
• Schedule of classes by grade when program will be implemented.  
• Schedule of workshop sessions for Parents  
• Schedule meetings to review baseline data and program and implementation evaluation. | |
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<td>Ongoing Technical Assistance &amp; Additional Training</td>
<td>February: a mid stream meeting of implementers will be held to discuss the progress of implementation and to identify any areas that are in need of support. (Additional training or resources)</td>
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<tr>
<td>Program Evaluation</td>
<td>Output</td>
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<tr>
<td></td>
<td>Output</td>
<td>1. Have you been able to schedule all of the classes that are a part of the plan?</td>
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<tr>
<td></td>
<td>Output</td>
<td>2. Have you been able to schedule the parent workshops?</td>
</tr>
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<td></td>
<td>Output</td>
<td>3. Has attendance been as expected? Are there any adjustments needed to improve attendance?</td>
</tr>
<tr>
<td></td>
<td>Outcome</td>
<td>Ongoing Data</td>
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<tr>
<td></td>
<td>Outcome</td>
<td>After looking at the baseline data that was collected are there any adjustments that might be needed to help keep the program on course toward the stated goals?</td>
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<td></td>
<td>Impact</td>
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<tr>
<td><strong>End Of Cycle Data To Measure Change</strong></td>
<td>Students in 7-9\textsuperscript{th} grades will be given a follow up test on the effects of ATOD and prescription drug use and a survey on attitudes and use. Implementers will be surveyed on the materials and methods used to train and implement the program. Implementers and administrators will participate in a round table to discuss ways to improve the program.</td>
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</tr>
<tr>
<td><strong>Program Evaluation Based On Change In Priority Problem And Input From Program Implementers.</strong></td>
<td>In July, after the program has been implemented, use the data collected to evaluate and determine the effectiveness of the program. Information collected from the implementers' survey and round table will be included. A report with recommendations will be delivered to ______ and the school board in August.</td>
<td>Use both Process data and Output data</td>
</tr>
<tr>
<td><strong>Planning For Next Implementation Cycle</strong></td>
<td>The planning team will meet to review results and recommendations and make adjustments for the coming year.</td>
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</table>
### The Program Implementation and Evaluation Cycle

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<td>Pre Implementation Training And Technical Assistance</td>
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<td>Gather Base Line Data</td>
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<td>Planning For Next Implementation Cycle</td>
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Preparing for Session #4 Team Presentations

During Session 4, each district team will present its Comprehensive ATOD and Violence Prevention Comprehensive Plan to all Institute Participants. Each team should prepare an overview of the plan (as described below) as if the audience is the district's board, and the team is soliciting board support for the plan. Each team will be asked to present to the “board” for 10-15 minutes and will then be asked questions for 10 minutes and provided with feedback for 5 minutes, which will provide each district team a total of approximately 30 minutes for the presentation.

Each team should provide an overview of its comprehensive plan using a logic model and address the following components:

- A summary of needs and target audiences who have those needs
- An assessment of resources available and needed to address the needs
- Clearly defined goals and objectives for the ATOD and violence prevention plan (SMART format, short term and long term)
- A set of programs and strategies that will be implemented to address those needs and an overview of how these strategies will be implemented (how, when, and who will be involved)
- A description of how implementation of these programs and strategies will be tracked
- An evaluation plan to determine if these programs and strategies are working i.e., a method to determine the extent to which goals and objectives are being met
- Strategies for Sustainability

Teams are encouraged to develop a PowerPoint presentation and utilize other visuals to help explain the plan. This presentation is not being “evaluated.” It is meant to provide teams with an opportunity to compile the components of a comprehensive plan (as reviewed in the Institute sessions), practice presenting the plan, and get feedback from participants.
## Session #3 Homework

<table>
<thead>
<tr>
<th>Item to Complete</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Complete the Program Implementation and Evaluation Cycle Worksheet</td>
<td>February 12, 2010</td>
</tr>
<tr>
<td>Prepare initial strategy for Session #4 Comprehensive Plan Team Presentation and submit overview to SDFSC project staff</td>
<td>February 26, 2010</td>
</tr>
<tr>
<td>Complete consultation meetings with SDFSC project staff to discuss team presentation</td>
<td>March 19, 2010</td>
</tr>
<tr>
<td>Conduct learning and sharing conference call or meeting with partner districts to discuss Session #4 presentations</td>
<td>March 19, 2010</td>
</tr>
<tr>
<td>Finalize Comprehensive Plan Team Presentation, including any materials, ready to present at Session #4</td>
<td>April 15, 2010</td>
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</tbody>
</table>