

# RUTGERS

THE STATE UNIVERSITY  
OF NEW JERSEY



## **Planning and Implementing ATOD Abuse Prevention Programs**

**May 21, 2008  
Cherry Hill**

**May 28, 2008  
Livingston**

**May 30, 2008  
New Brunswick**

**<http://sdfsc.rutgers.edu>**

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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



## What is Program Planning?

Program planning includes methods and strategies to measure progress in addressing identified problems. This step occurs after data from the needs assessment have been collected and analyzed.

The program plan establishes a framework to select appropriate programs/activities, organize data collection for evaluation purposes, and establish criteria for determining whether program goals have been successfully met.

The program plan helps establish a link between needs assessment, program selection and program evaluation. It serves as a benchmark for assessing progress over time, which will inform program-related decisions. Furthermore, it ensures that programming is related to the identified problem(s).

*Based on “Step By Step Planning Guide”  
Rutgers SDFSC Project*

# What is Program Implementation?

- Refers to the operation of programs, activities, and services
- **Program integrity or fidelity** refers to the extent to which these programs, activities, and services are implemented with strict adherence to their original design
- **Program adaptation** refers to the accommodation of programs to individual school settings, meeting the needs of specific target audiences.

## Quality Implementation

Quality implementation refers to the degree to which an intervention is delivered as it was intended to be delivered. Programs that are implemented with a high level of *integrity* or *fidelity* are delivered with strict adherence to their original design.

Programs that are delivered with high levels of fidelity will be more likely to achieve their intended outcomes.

However, many researchers assert that successful implementation actually *depends* on some degree of adaptation. Programs must be adapted to accommodate complex and often idiosyncratic school settings, as well as to meet the needs of a variety of target audiences.

Given the tension between fidelity and adaptation, a third group of researchers have proposed a compromise: They suggest that program modification is acceptable as long as a program's *active ingredients* or *core elements* are delivered as planned. Core elements are intervention components that must be maintained without alteration to ensure program effectiveness. They may include basic program structure (e.g., number of sessions, setting), content (e.g., inclusion of certain types of skill-building activities), or method of delivery (e.g., modeling and practice of skills, role playing).

Quality implementation, thus, could be defined as:

**The effective delivery of a program's core components to its target audience.**

This definition recognizes that, in order to achieve your intended outcomes, you must not only examine what you are implementing (the core elements), but also how and to whom it is delivered. All of these factors will ultimately affect the quality of your implementation efforts.

*Based on "Implementing Research-Based Prevention Programs in Schools"  
Ed.gov*

# What is Program Implementation?

## Why is Quality Implementation Important?

Findings from the prevention literature, consistently support the conclusion that implementation influences program outcomes. Consider these examples:

Numerous evaluation studies have revealed the potential of the Life Skills Training (LST) program to produce positive outcomes among youth. Research reports also indicate that LST has no measurable effect when less than 60 percent of the curriculum is implemented. Yet, implementation of research-based prevention programs -- including LST -- often falls short of this level. In fact, some studies have documented that between 20 and 80 percent of a prevention program's activities may be left out when implemented within a school or community setting. (Gottfredson, D.G. et. al., 2000)

An evaluation study of the Midwestern Prevention Project/ Project STAR assessed student outcomes according to "level" of implementation. Findings showed that students at "low" implementation schools, when compared to non-intervention controls, demonstrated 18 percent less cigarette smoking, 25 percent less alcohol use, and the same level of marijuana use. By comparison, students at the "high" implementation schools, when compared to controls, demonstrated 43 percent less cigarette smoking, 34 percent less alcohol use, and 33 percent less marijuana use. (Durlak, J.A., 1998)

Poor implementation can, and often does, diminish program impact. Yet many schools and communities that seek out research-based programs precisely *because* of their documented potential to work sacrifice this potential to poor implementation.

According to the National Study on Delinquency Prevention in Schools:  
***"Individual prevention activities are not being implemented with sufficient strength and fidelity to be expected to produce a measurable difference in the desired outcomes."***

Based on "Implementing Research-Based Prevention Programs in Schools"  
Ed.gov

# What is Program Implementation?

## Defining Implementation Fidelity

Implementation fidelity, sometimes called adherence or integrity, is a determination of how well the program is being implemented in comparison with the original program design. The Center for Substance Abuse Prevention (2001) defines it as the degree of fit between the developer-defined elements of a prevention program and its actual implementation in a given organization or community setting.

Five primary components are examined when considering program fidelity (Dane and Schneider, 1998):

- **Adherence** refers to whether the program service or intervention is being delivered as it was designed or written (i.e., with all core components being delivered to the appropriate population; staff trained appropriately; the right protocols, techniques, and materials used; and in the locations or contexts as prescribed).
- **Exposure** may include any of the following: the number of sessions implemented, the length of each session, or the frequency with which program techniques were implemented.
- **Quality of program delivery** is the manner in which a teacher, volunteer, or staff member delivers a program (e.g., skill in using the techniques or methods prescribed by the program, enthusiasm, preparedness, attitude).
- **Participant responsiveness** is the extent to which participants are engaged by and involved in the activities and content of the program.
- **Program differentiation** identifies the unique features of different components or programs that are reliably differentiated from one another.

Although the concept of implementation fidelity is not new, ways in which to operationalize, or measure, fidelity are relatively recent phenomena. Fidelity is assessed by conducting a process evaluation.

*Based on "Blueprints for Violence Prevention"  
OJJDP Report-July 2004*

## **SUBCHAPTER 3 COMPREHENSIVE ALCOHOL, TOBACCO AND OTHER DRUG ABUSE PROGRAMS**

### **6A:16-3.1 Establishment of comprehensive alcohol, tobacco and other drug abuse programs**

(a) Each district board of education shall establish a comprehensive program of prevention, intervention, referral for evaluation, referral for treatment and continuity of care for student alcohol, tobacco and other drug abuse in the public elementary and secondary schools of the district according to the requirements of N.J.S.A. 18A:40A-10.

1. The purpose of the prevention component of the program shall be to:

- i. Keep students from using alcohol, tobacco or other drugs;
- ii. Reduce or eliminate the incidence and prevalence of student alcohol, tobacco and other drug abuse;
- iii. Increase the age of onset of students' first use of alcohol, tobacco or other drugs;
- iv. Reduce the factors that place students at risk for involvement with alcohol, tobacco or other drugs through school and community-based planning processes;
- v. Contribute to the development of school environments and alternative activities that are alcohol, tobacco and other drug-free;
- vi. Increase the knowledge and skills of students, staff and community members for avoiding the harmful effects of alcohol, tobacco and other drug use; and
- vii. Actively involve staff, parents and other community members in the development and implementation of prevention program plans.

## **SUBCHAPTER 4. PROCEDURES FOR ALCOHOL AND OTHER DRUG ABUSE INTERVENTION**

### **6A:16-4.1 Adoption of policies and procedures for the intervention of student alcohol and other drug abuse**

(a) Each district board of education shall adopt and implement policies and procedures for the assessment, intervention, referral for evaluation, referral for treatment and discipline of students whose use of alcohol or other drugs has affected their school performance, or for students who consume or who are suspected of being under the influence of the following substances on school grounds, including on school buses or at school-sponsored functions, according to the requirements of N.J.S.A. 18A:40A-9, 10 and 11:

### **6A:16-4.2 Review and availability of policies and procedures for the intervention of student alcohol or other drug abuse**

(a) Each district board of education shall establish a process for the annual review of the effectiveness of its policies and procedures on student alcohol and other drug abuse. The district board of education shall solicit parent, student and community input, as well as consult in the review process with local alcohol and other drug abuse prevention, intervention and treatment agencies licensed by the New Jersey Department of Human Services.

(b) Each district board of education shall annually disseminate to all school staff, students and parents its adopted policies and procedures for implementing N.J.A.C. 6A:16-4.

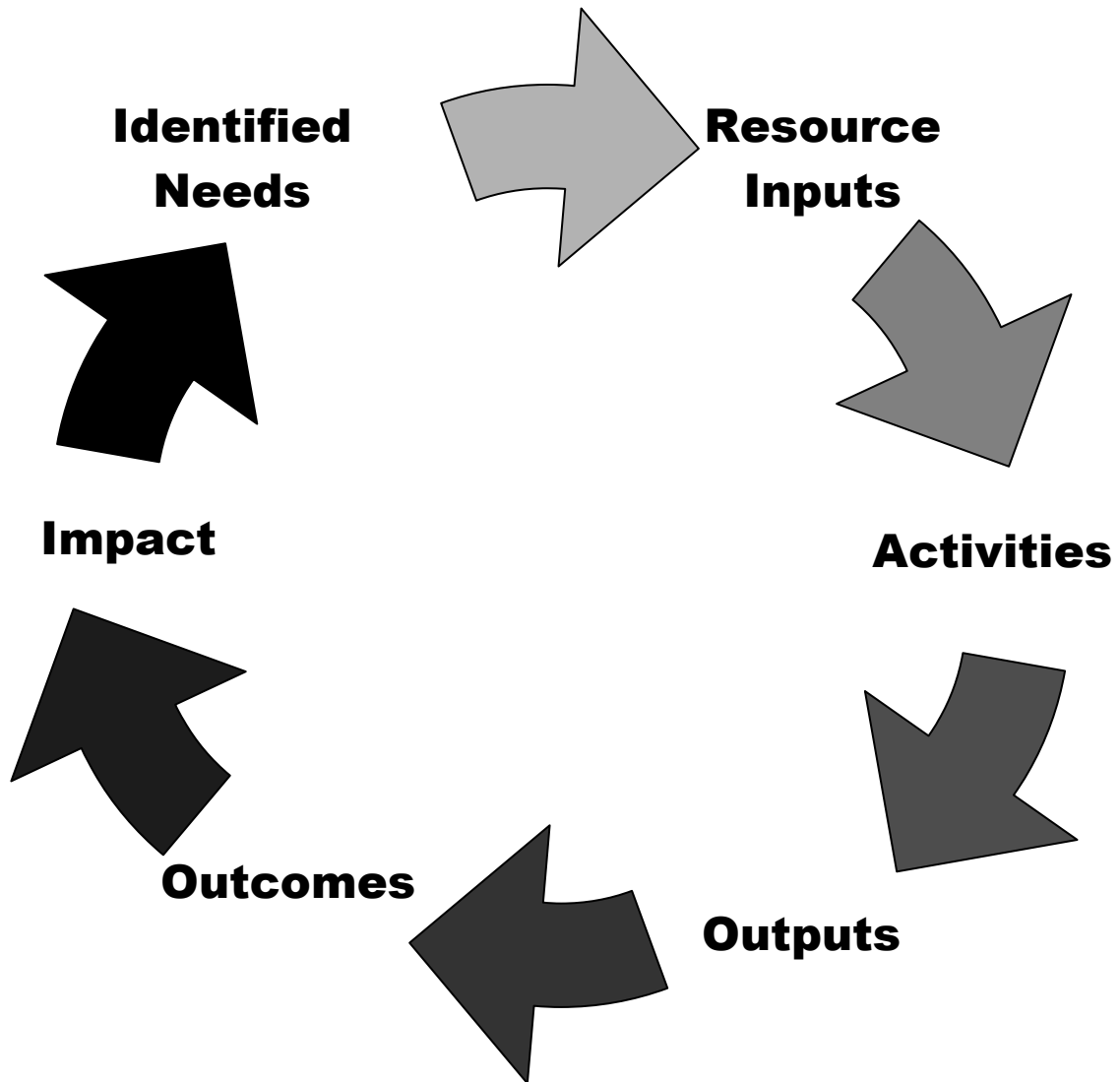
# **NEW JERSEY QUALITY SINGLE ACCOUNTABILITY CONTINUUM (NJQSAC) DISTRICT PERFORMANCE REVIEW (DPR)**

## **OPERATIONS**

### **STUDENT SUPPORT SERVICES**

5. The district has established, disseminated information about and implemented its comprehensive alcohol, tobacco and other drug abuse program and has adopted and disseminated to all school staff, students and parents its policies and procedures for the prevention, assessment, intervention, referral for evaluation, referral for treatment, discipline for students using alcohol or other drugs and continuity of care. (*N.J.S.A. 18A:40A-8 et seq.* and *N.J.A.C. 6A:16-1.4 (a)18; 6A:16-3 and 6A:16-4*)

# Logic Model



Logic Model based on the work of the W.K. Kellogg Foundation January 2004

# 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 incidents 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 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% by the end of a three year period

Identifying indicators: The variables, stated non-directionally, that include the necessary measures to address your evaluation question.

Example: The number of bullying-related incidents of 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> grade students as measured by the district's bullying reporting system

Setting Targets: A change, stated directionally, that is going to let you know whether or not you've achieved your program or strategy objectives

Example: 10% reduction of reported incidents by the end of a three year period

### 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

## What is an Evidence-Based Program?

One type of best practice is the use of evidence-based programs, which are often synonymous with “science-based” or “research-based” programs. The term “evidence-based” refers to the findings from a process that is based on scientific methodology. To determine if a program is truly evidence-based, clearly defined, objective criteria have been established for rating program effectiveness.

Several examples of these criteria are:

- The degree to which the program is based on a well-defined theory or model
- The degree to which the target population received sufficient intervention (i.e., dosage)
- The quality and appropriateness of data collection and data analysis procedures
- The degree to which there is strong evidence of a cause and effect relationship (i.e., a high likelihood that the program *caused* or strongly contributed to the desired outcomes).

Evidence-based is:

Determined by a process in which experts, using commonly agreed upon criteria for rating interventions, come to a consensus that evaluation research findings are **credible** and can be **sustained**.

*Based on “Getting To Outcomes-2004”  
Rand Health*

# 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/matrix/overview.html>

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://www.dsgonline.com/mpg2.5/mpg\\_index.htm](http://www.dsgonline.com/mpg2.5/mpg_index.htm)

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)  
<http://www.drugabuse.gov/pdf/prevention/RedBook.pdf>

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

8-Helping America's Youth  
[www.helpingamericasyouth.gov](http://www.helpingamericasyouth.gov)

9-Collaborative for Academic, Social, and Emotional Learning  
[http://www.casel.org/downloads/Safe%20and%20Sound/1A\\_Safe\\_&\\_Sound.pdf](http://www.casel.org/downloads/Safe%20and%20Sound/1A_Safe_&_Sound.pdf)

# How Do You Choose an Evidence-Based Program?

Examine the evidence-based and best practice resources that are available in your content area:

- 1) Select the content area(s) you will be working in (e.g., drug abuse, pregnancy prevention, crime prevention,) and review lists of best practices in your content area.
- 2) Determine the resources available in the content area (e.g., access resources such as libraries, particular literature areas, web sites).
- 3) Talk to others who have implemented programs in the content area(s).
- 4) Review interventions that best match the age, type of population (i.e., universal, selected, or indicated) and ethnicity and gender of your intended target population. Some web sites include matrices of programs organized 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 similar target populations(s)
  - demonstrated to be effective for similar problem areas that you will be addressing.
- 2) When 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 what resources are required for implementation.
- 4) Ensure that the intervention is age appropriate and culturally relevant for your target population.

Select your program based on the risk and protective factors present in your target population and the resources you have available.

*Based on “Getting To Outcomes-2004”  
Rand Health*

# Principles of Effective Prevention

- Prevention programs should be designed to enhance “protective factors.”
- Prevention programs should target all forms of drug abuse.
- Prevention programs should include skills.
- Prevention programs for adolescents should include interactive methods.
- Prevention programs should include a parents’ or caregivers’ component.
- Prevention programs should be long term.
- Family-focused prevention efforts have a greater impact.
- Community programs that include media campaigns and policy changes are more effective when accompanied by school and family interventions.
- Community programs should strengthen norms against drug use.
- Schools offer opportunities to reach all youth populations.
- Prevention programming should be adapted to the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age specific, developmentally appropriate, and culturally sensitive.

*National Institute on Drug Abuse*

# Fidelity vs. Adaptation: Striking the Balance

Perhaps the most difficult part of implementing a prevention program is figuring out if your school can implement a program with fidelity or whether some degree of adaptation will be necessary. If you decide that adaptation is needed, you must then determine the types and degrees of program adaptations that will boost, rather than detract from, program effectiveness. For example, allowing a teacher to present materials in her own style may promote buy-in for your program, but it may also compromise the quality of the presentation. Similarly, squeezing a 6-week curriculum into three 50-minute health classes might be the only way to integrate prevention into your school day, but what are you giving up in the process? Finally, what do you do if a program's core components are not clearly defined?

While there are no easy solutions to these issues, you may find this general approach to implementation helpful:

First, determine whether the research-based program you have selected can be implemented with fidelity.

**Your priority should be to replicate with fidelity a research-based program that has been proven effective through rigorous evaluation.**

If you choose to adapt a program, be sure to retain the core elements of the original research-based intervention. Doing so will increase the likelihood that you will achieve program outcomes similar to those achieved in a research setting.

Prepare all educators who are implementing the program to adhere to these elements to the greatest extent possible.

Finally, be sure the prevention program meets the needs and draws on the assets of the young people you serve.

**The ultimate goal of program adaptation is creating a program that respects and responds to the needs of all members of the target population.**

As you work to strike the right balance for your school, make sure to do so in consultation with program representatives and school and community partners. Together, you may be able to find a way to increase your school's capacity to meet program requirements so that fewer adaptations are necessary. Remember, if it becomes necessary to alter language or replace activities within a program session, make every effort to retain the essence of the lesson -- including the kind of information delivered and the methods employed. Also, make sure to document any changes that you make.

*Based on "Implementing Research-Based Prevention Programs in Schools" Ed.gov*

# Guidelines for Balancing Program Fidelity/Adaptation

Little empirical research has been conducted on many of the issues about fidelity/adaptation balance. We do not yet know if these are precisely the steps for "setting the boundaries." However, the weight of evidence suggests that these lead in the right direction, so they become a "what-to-do-until-the-doctor-comes" set of practices. Each of the steps is based upon literature reviewed for this paper.

## 1. **Identify and understand the theoretical base of the program.**

Published literature on the program should provide a description of its theoretical underpinnings; if not, an inquiry to the program developer may yield this information.

This may or may not include a logic model that describes in linear fashion how the program works. The theory and logic model are not in themselves core components of a program, but they can help identify what the core components are and how to measure them. This step also identifies core values or assumptions about the program that can be used to help persuade community stakeholders of the program's fit and importance for their environment.

## 2. **Obtain or conduct a "core components analysis" of the program.**

This will provide implementers with a roster of the main "program ingredients," and at least some sense of which components are essential to likely success and which are more amenable to modification, when considering local conditions. In essence, core components analysis represents a bridge between developer and implementer, and between fidelity and adaptation. Ideally, the program developer or a third party will already have conducted the core components analysis.

3. **Assess fidelity/adaptation concerns for the particular implementation site.**

This step means determining what adaptations may be necessary for the target population, community environment, political and funding circumstances, etc. It also means determining what core components are especially critical to address fidelity, considering local circumstances.

4. **Consult as needed with the program developer[s] to review the above steps and how they have shaped a plan for implementing the program in a particular setting.**

This may include direct technical assistance from the developer or referral to peers who have implemented the program in somewhat similar settings.

5. **Consult with the organization and/or community in which the implementation will take place.**

Consulting with stakeholders or consumers can facilitate the expression and resolution of fears and resistance to surface, build support for the program, and obtain input on how to successfully implement the innovation.

6. **Develop an overall implementation plan based on these inputs.**

Include a strategy for achieving and measuring fidelity/adaptation balance for the program to be implemented, both at implementation and over a period of time. By addressing all of the complex stages of implementation, such a plan can increase the opportunities for making choices that shape a program, while maintaining fidelity.

*Adapted from "Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention" by the National Center for the Advancement of Prevention, Center for Substance Abuse Prevention, 2002 Conference Edition, pages 45-46.)*

# Meeting the Needs of Diverse Students

Perhaps the most important element to consider in adapting research-based programs is how to best meet the needs of diverse student populations. When examining the literature on effective prevention programming, pay special attention to the populations with whom these strategies were tested. Ask, "How are the students described in the intervention similar to my target population? How are they different? Can I adapt this program to meet the needs of my students? If so, how?"

More specifically, consider the following questions when assessing a prevention program's appropriateness for your students and community:

Are the students (their ethnicity, sex, age, sexual orientation, physical abilities, economic condition, geographic setting, values) reflected in the program materials?

Are the language and the reading level of materials appropriate for students, parents, and other community members?

Does the program raise any issues that are not in keeping with community norms and policies?

What can be added or changed to make the program more appropriate for the diverse needs of students, parents, school personnel, and community members?

Will these modifications compromise the program's efficacy?

Does this program need to be altered to such a degree that it would be best to search for a different program?

Your school may have identified a research-based prevention program that could be enhanced through minor adaptations, such as revising selected scenarios to make them more culturally relevant, using a more up-to-date video, or encouraging teachers to use their own words when presenting lessons. These adaptations can improve program delivery without compromising program effectiveness.

*Based on "Implementing Research-Based Prevention Programs in Schools"  
Ed.gov*

## Adaptation Discussion

Judy is a district Substance Awareness Coordinator working in an urban NJ school district with 9 schools: 6 elementary schools, 2 middle schools, and 1 high school. The community is experiencing a change in demographics with a major increase in students from Hispanic and Middle Eastern backgrounds. There has been a documented increase in alcohol and marijuana use in the middle and high schools and the district would like to implement a new ATOD abuse prevention program to address these issues. The district has selected a comprehensive, evidence-based ATOD abuse prevention program, focused primarily in the two middle schools, that addresses character and civic responsibility. While the program is considered evidence-based, the research associated with the program has not been conducted with a population of students that matches the demographics in Judy's district. In addition, none of the program materials (including materials for parents/guardians) are available in languages other than English. Judy has been asked to help coordinate the planning and implementation of this program for this coming school year.

How should Judy proceed?

## Building Organizational Capacity

- **Develop Administrative Support**  
Programs are most successful when administrators, or top leaders, show support and encourage cooperation and coordination.
- **Demonstrate Active Support for the Program**  
Leaders must demonstrate active support for the program, (i.e. attendance at training, meeting periodically with implementing staff, listening to and making efforts to resolve problems, and allocating necessary resources).
- **Strive for Internal Stability**  
If staff turnover is high, the organization should examine the causes and make changes to increase staff stability.
- **Develop interagency linkages, as necessary**  
Although many programs can function in a school or agency without other linkages, programs in general are more successful and are better able to garner resources when they have the support of the surrounding community.
- **Begin program efforts incrementally**  
Start the program in one or two schools, or in one division of an organization, and expand the program as success and capacity to conduct the program increase.

*Based on "Blueprints for Violence Prevention"  
OJJDP Report-July 2004*

## **Build Staff Support**

- **Include Staff in Planning and Decision-making**  
Building staff motivation and support is a continuous process, beginning during the planning stages and continuing through implementation and evaluation.
- **Hire Staff With the Appropriate Credentials and Requisite Skills**  
Failure to hire capable staff may result in staff that are lacking in skills necessary for comprehending subsequent training sessions.
- **Build skills through training in the new program**  
An ongoing system of training and technical assistance helps to build confidence while imparting new skills.
- **Provide the time necessary to accomplish all aspects of the job**  
Lack of time is one of the biggest barriers to implementation success. The time required to learn the new program and to incorporate it into the daily routine must be considered.

*Based on "Blueprints for Violence Prevention"  
OJJDP Report-July 2004*

# Pre-Implementation Assessment

## Evidence-Based Model

### Comprehensive Strategy

#### Things to know before you select a program

Identified need(s) \_\_\_\_\_

Target Population \_\_\_\_\_

Available funding resources \_\_\_\_\_

### Organizational Support

Number of facilities where program will be operational \_\_\_\_\_

Who will be responsible for the day to day operation of the program? \_\_\_\_\_

Are there sufficient resources to properly implement this program as designed? \_\_\_\_\_

Whose support will be necessary to get approval to implement this program? \_\_\_\_\_

Whose support will be necessary to implement this program? \_\_\_\_\_

### Program Specific Research

Name of program \_\_\_\_\_

Contact information \_\_\_\_\_

Is this an evidence-based program? \_\_\_\_\_

What are the components of the program? \_\_\_\_\_

What are the stated goals and objectives of the program? \_\_\_\_\_

What kind of outcomes and impacts should you expect from a fully implemented program?

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What is a typical timeline for outcomes and impacts? \_\_\_\_\_

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Can you preview the materials for the program?  Yes  No

Who will deliver the program? \_\_\_\_\_

What type of training is required to operate the program? \_\_\_\_\_

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Where, when and how often will training take place? \_\_\_\_\_

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What are the costs for the core components of the program? \_\_\_\_\_

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What costs are involved in subsequent years of program implementation? \_\_\_\_\_

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What materials are necessary to operate the program? \_\_\_\_\_

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Are there specific materials that can only be purchased from the vendor? \_\_\_\_\_

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Can the materials be copied for dissemination to staff?  Yes  No

(or Do all set of materials need to be purchased?)

How much time is required to operate the program?

Facilitator \_\_\_\_\_

Staff \_\_\_\_\_

Teacher \_\_\_\_\_

Student \_\_\_\_\_

Other \_\_\_\_\_

Is ongoing technical support available?  Yes \_\_\_\_\_  No

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Does the ongoing support involve update or refresher trainings? \_\_\_\_\_

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What kind of evaluation tools do you have for your program? (For more information on evaluation tools, see workshop handouts on our website at: [http://sdfsc.rutgers.edu/page/workshop\\_handouts/](http://sdfsc.rutgers.edu/page/workshop_handouts/))

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If using Title IV-A funds to pay for this program, will you need to write a waiver?

Yes       No

**What information will you use to write the waiver?**

Program Title: \_\_\_\_\_

Developer: \_\_\_\_\_

Goal: \_\_\_\_\_

Description: \_\_\_\_\_

Components: \_\_\_\_\_

Justification: \_\_\_\_\_

Area Measured: \_\_\_\_\_

Research or Outcome Data: \_\_\_\_\_

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**Questions to ask a program's references**

Are you still implementing the program?  Yes       No

If no, why not? \_\_\_\_\_

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What program(s) did you replace it with? \_\_\_\_\_

What was needed to set up this program? \_\_\_\_\_

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Did the vendor respond to questions quickly?  Yes       No

Best way to reach the Vendor  Phone  Email  Other \_\_\_\_\_

How easy was the vendor to work with? \_\_\_\_\_

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How comprehensive and useful was the ongoing assistance and technical support for the program?

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How effective was the program in achieving the intended outcomes? \_\_\_\_\_

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How well did students respond to the program? \_\_\_\_\_

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How well did staff respond to the program? \_\_\_\_\_

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What kinds of adjustments to the program did you make? \_\_\_\_\_

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What adjustments were necessary to accommodate the program in your school? \_\_\_\_\_

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What reaction if any did parents have to the program? \_\_\_\_\_

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How soon after beginning to implement the program did you see any change in your priority problem? \_\_\_\_\_

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# Take a **SWOT** Analysis of Your Organization

## **Internal**

### **Strengths**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **Weaknesses**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **External**

### **Opportunities**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **Threats**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **Ensure That Site Has Program Champion(s)**

Every program must have a “champion” who is responsible for directing or coordinating the program. This person keeps the program moving forward and motivates other staff. The program champion may come from the administrative ranks, but is more commonly directly involved in program implementation as a coordinator, project director, team leader, or supervisor. The champion must have a voice in the organization to garner the necessary resources and help establish needed policy or work routine changes and must have good rapport and communication with all staff.

*Based on “Blueprints for Violence Prevention”  
OJJDP Report-July 2004*

# Planning and Implementing Comprehensive Alcohol, Tobacco, and Other Drugs (ATOD) Abuse Prevention Programs

## Designing an Action Plan

### Priority Needs & Target Audiences

| <b>Priority Needs</b> | <b>Target Audiences</b> |
|-----------------------|-------------------------|
|                       |                         |
|                       |                         |
|                       |                         |
|                       |                         |
|                       |                         |
|                       |                         |

## **Program Goals & Objectives**

Goals

Objectives

**Activities and Timelines**

| <b>Activities</b> | <b>Roles &amp; Responsibilities</b> | <b>Timeframes &amp; Deadlines</b> | <b>Indicators of Accomplishments</b> |
|-------------------|-------------------------------------|-----------------------------------|--------------------------------------|
|                   |                                     |                                   |                                      |
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## **Budget**

## **Marketing the Program Plan**

## **Planning Tips**

- Involve the “implementers” in the planning process to cultivate buy-in, and to keep the plan realistic and collaborative
- Clearly specify who is doing what and when, distribute responsibilities equitably, but also be sure to designate ultimate responsibility
- Build in plans to monitor progress
- Setup meetings, check-ins, and opportunities for professional development throughout the implementation period

## **Provide Pre-Implementation Training and Technical Assistance**

- Inform staff about a new program prior to training
- Hire all staff prior to training
- For a school-based program, plan in advance for substitutes or incentive pay so that all teachers can attend
- Have protocols detailing who should attend training and appropriate behavior during training days
- Start program implementation immediately after training, while information is fresh and motivation high
- Build ongoing training costs into the budget so that new staff may be trained

*Based on “Blueprints for Violence Prevention”  
OJJDP Report-July 2004*

# Predictors of Quality Implementation

The *National Study on Delinquency Prevention in Schools* examined the influence of several potential predictors of quality program implementation within a large national probability sample of U.S. schools. The following is a brief overview of the hypothesized predictors and the study's findings regarding their relative influence on program implementation.

| Hypothesized predictor   | Evidence  |
|--|---|
| <p><b>Program structure/Standardization of materials:</b> Greater program structure was expected to contribute to a school's ability to more closely follow a program's implementation plan and lead to higher quality implementation.</p> | <p><b>Strong support:</b> Programs scoring higher on this variable were found to reach more students and incorporate a greater percentage of "best practices" than less structured programs.</p>  |
| <p><b>Organizational support:</b> The level of principal support, staff supervision, and quality and amount of training were hypothesized to predict the quality of implementation.</p>  | <p><b>Strong support:</b> The evidence generally supports the importance of these four variables, with many correlations that are both in the expected direction and of moderate size</p>   |
| <p><b>Integration with normal school operations:</b> Better integration with the regularities of the school was expected to lead to more enthusiastic and widespread adoption of prevention activities.</p>                                | <p><b>Strong support:</b> Quality implementation is promoted when prevention activities are initiated and planned by school "insiders" selected based on an extensive search for what would work best in the school, coordinated and delivered by school staff, and incorporated as a regular part of the school's program.</p> |
| <p><b>Organizational capacity:</b> Higher levels of staff morale and stability and a history of successful program implementation were hypothesized to lead to better implementation.</p>  | <p><b>Moderate support:</b> The correlations are small, but generally in the expected direction. However, staff stability seems to be important only when those implementing the program are highly qualified and skilled. Otherwise, replacing staff may actually improve the quality of implementation.</p>                   |

|   |   |
|---|---|
| <p><b>Leadership and staff traits, including records of past accomplishments:</b> Program implementation was expected to be better in schools with principals who display effective leadership skills and with faculty/staff who are skilled and conscientious.</p> | <p><b>Moderate support:</b> The correlations are small, but generally suggest that principals, teachers, and program coordinators who are conscientious, highly skilled, and have track records of past accomplishments will promote better implementation.</p>   |
| <p><b>Budget and resources:</b> It was hypothesized that programs with funding that is secure for the next school year and programs in which the coordinator had more control over the budget would be better implemented.</p>                                      | <p><b>No support:</b> While programs with secure funding are more likely to expose a greater proportion of students and have slightly higher ratios of providers to students, they are also slightly less likely to make use of "best practices". When program coordinators have more control over the budget, more students are also likely to be exposed -- but no other positive results were found.</p> |
| <p><b>Program feasibility:</b> It was hypothesized that prevention programs that match the school's regular activities and resources, with few obstacles, would be better implemented.</p>  | <p><b>Mixed support:</b> As expected, more obstacles were found to be associated with somewhat less frequent staff participation and less frequent program operation; however, more obstacles were also associated greater "levels of use" and a higher proportion of "best practices".</p>   |
| <p><b>Little disorder:</b> High levels of disorder and chaos within the school environment were expected to undermine the quality of program implementation.</p>  | <p><b>Mixed support:</b> There are many ways to measure school disorder, and the connections between the different indicators of disorder (e.g., classroom orderliness, student and teacher victimization/safety, disciplinary responses, etc.) and quality implementation were inconsistent.</p>   |

*Based on "Implementing Research-Based Prevention Programs in Schools"*  
Ed.gov

# Integration into Normal School Operations

As schools face mounting pressure to improve academic achievement and raise standardized test scores, much of the responsibility for doing so falls squarely on the shoulders of administrators and classroom teachers. It is therefore not surprising that many educators approach prevention programming with reluctance: They are concerned that a new prevention program will add responsibilities to their already full workload and detract from academic priorities.

Research reports indicate that when prevention programs are effectively integrated into regular school activities, faculty support is increased and high-quality implementation is more likely. Strategies for achieving integration include the following:

- **Highlight program outcomes that are directly related to academic achievement and school-related behaviors.**

All research-based programs can provide information about evaluation studies that have demonstrated their efficacy (i.e., potential to work in a real setting). Some of these studies may also have investigated the program's capacity to promote academic achievement and other positive changes in school-related behaviors, such as attendance and classroom behavior. For example, you might present outcomes (if available) on how time invested in these programs early in the school year can reduce time devoted to classroom management later in the year.

- **Embed prevention programming into your overall school reform efforts.**

Prevention and education reform efforts share many similarities. First, both share the same overarching goal: To facilitate positive development so that young people can reach their full potential. Research has shown that healthy behavior and academic achievement are intrinsically connected -- any efforts to support one simultaneously supports the other.

Prevention and education reform research also share many "best practices." Both fields acknowledge the importance of providing activities, programs, and services that are sensitive to and span the continuum of student needs. To meet those needs, both advocate coordinated, multilevel approaches, as well as long-term collaboration among school staff, parents, and others invested in the well-being of youth.

By connecting and coordinating prevention and education reform agendas, you can prevent duplication of efforts, make the most of limited resources, enhance program acceptance, and maximize the impact on student performance. Most schools have several teams dedicated to increasing student achievement or related reform agendas. Try to find ways to have a voice on these committees. In some cases, it may make sense to join an existing team and strengthen your partnership, rather than to create your own separate team.

In addition, familiarize yourself with state standards and regulations, school district policies, and the different classroom curricula that are being used so that you can demonstrate to the administration and staff how prevention efforts can support their objectives and activities.

- **Incorporate prevention activities into the existing school structure.**

"Add-on" programs that require faculty to assume additional responsibilities are less likely to be implemented well. The same is true for activities that cannot be implemented within a typical classroom format (e.g., a large group of students in a 30- to 50-minute period). Some strategies for incorporating prevention activities into the school day include the following:

Incorporate prevention into classes already devoted to the promotion of life skills and health, such as health education, family and consumer science (formerly home economics), or physical education classes.

Explore ways to infuse prevention into academic subject areas. Although health and safety classes are the subjects most commonly associated with substance use and violence prevention education, these topics can be successfully incorporated into any subject area.

One way to do this is through an approach known as curriculum infusion, in which educators design lesson plans that use real-life issues as the context for teaching academic skills and knowledge. A prevention-infused curriculum addresses critical health and social issues while teaching and reinforcing a subject's skills and concepts. You might also explore whether there are any "open" classroom periods that might be devoted to prevention.

### **Keep a Positive Attitude!**

There are many ways that environment can influence program delivery. Research has shown that variables such as staff morale, past history with prevention programs, and administrative buy-in can each have a significant effect on implementation quality.

*Based on "Implementing Research-Based Prevention Programs in Schools" Ed.gov*

# PROCESS EVALUATION

## MONITORING PROGRAM IMPLEMENTATION

Was the intervention implemented as intended? The answer to this question can play a key role in helping you monitor how well your program is being implemented. A well-designed process evaluation can yield information that will help you do the following:

**Know what actually happened.** For example, it can tell you whether you reached your target audience and delivered all of the program's core components. If you have decided to adapt your program, monitoring can also help you document and track any changes that you make along the way.

**Understand how a program operates.** Be familiar with how the different pieces of a program fit together in reality versus on paper, how those involved in the program interact, challenges that emerge, and strategies employed to resolve them.

**Provide feedback for continuous quality improvement.** Monitoring can help you identify problems as they arise. This puts you in a better position to refine activities accordingly, which will increase the program's potential to produce intended results.

**Document compliance with legal and ethical guidelines, including State standards.** A variety of school, district, and state statutes and regulations and policies may impact the number and type of health-related programs school districts offer to students. Careful documentation of program delivery can help a school demonstrate the extent to which it is meeting these requirements. Also, in the event of an incident or tragedy among students involving substance use or violence, it is helpful for a school to have evidence of prevention programming.

**Provide regular updates to school and community partners.** As different program components are delivered, you can keep school and community partners informed and invested by sharing information about these achievements.

**Support conclusions about the program's role in producing change.** A school may judge a prevention program to be ineffective if an outcome evaluation reveals little change among participants. However, a lack of results may be due to poor program implementation rather than to one or more features of the program. Also, monitoring data may help explain differential outcomes among participants (e.g., why positive changes occur among some participants and not others).

**Share knowledge about how to successfully replicate the program.** Process evaluation data can yield valuable information about the realities of using research-based programs. If you have adapted your program, you will be able to describe how and why you did so, as well as the impact of these changes on program outcomes.

*Based on "Implementing Research-Based Prevention Programs in Schools" Ed.gov*

# Process Evaluations

Process evaluations (or implementation monitoring) assess the delivery of a program by describing and documenting how well the program is being implemented, or the integrity or fidelity of the implementation in comparison with the program's stated intent.

## **Process evaluation primarily describes:**

- **what services were provided to whom;**
- **the intensity and duration of services provided;**
- **and what problems were experienced.**

This involves documenting whether the program is delivering the program service or intervention as it was designed (adherence). In other words, is the program delivered by appropriately trained staff using the correct protocols in totality and in the intended order and with the appropriate techniques and materials, for the required number of hours, sessions, or activities, and in the locations or contexts prescribed? For example, if a program is designed to be taught in the classroom three times a week, a process evaluation would document whether the required number of lessons were actually taught, as fewer sessions might dilute the effectiveness of the program. Generally an assessment is made of the quality of the implementation as well as its content. For example, the process evaluation might document whether all of the major content areas of the lessons were taught, or whether all the core components of an intervention were implemented. It also involves documenting that the persons receiving the program or intervention are those targeted in the program design to receive the service or treatment.

*Based on "Blueprints for Violence Prevention"  
OJJDP Report-July 2004*

# What Aspects of Implementation Should Be Tracked?

Your implementation monitoring system should be designed to assess how much of the program was implemented, as well as how well each program component was conducted. For each session you deliver, be sure to track the following:

**Who is delivering the session?** This will help you identify patterns and track progress across sessions.

**Who is participating in the session?** Taking a head count and documenting who is there can help you determine the extent to which you are reaching your target population.

**Who is missing?** Knowing who is missing may help you explain why certain populations demonstrate fewer or weaker program outcomes.

**How much time is spent on each activity or component?** You will want to note whether or not activities are completed.

**Any changes that were made.** Document all program modifications, including any alterations to program sessions, additions of new activities or components, or omissions of activities or components.

**Problems that arose.** Note the strategies that were used to address these problems.

**Program success.** Too often, aspects of implementation that work well are overlooked. Make sure to note aspects of program delivery that educators felt particularly comfortable with, as well as activities to which participants seemed to respond.

Your program may include components that extend beyond the classroom, such as service learning, school wide activities to promote a positive school climate, and events to build school-family partnerships. Work with your evaluator to develop a system for monitoring these components if your program does not provide tips or tools for doing so.

Finally, there may be circumstances when you will want to monitor prevention activities that are not part of your initiative. For example, if your outcome evaluation is designed to include a control or comparison group, you will want to document any prevention activities in which students in these groups participate; this will increase the accuracy of your own assessment efforts.

*Based on "Implementing Research-Based Prevention programs in Schools" Ed.gov*

| <b>PROGRAM IMPLEMENTER LOG</b> |                               |                                   |                                  |                                   |                               |                             |                            |                           |                        |
|--------------------------------|-------------------------------|-----------------------------------|----------------------------------|-----------------------------------|-------------------------------|-----------------------------|----------------------------|---------------------------|------------------------|
| <b>Program Implementer:</b>    |                               |                                   |                                  |                                   |                               |                             |                            |                           |                        |
| <b>Session #</b>               |                               | <b>Title:</b>                     |                                  |                                   |                               |                             |                            |                           |                        |
| <b>Activity</b>                | <b>Number of Participants</b> | <b>Activity Completed? Yes/no</b> | <b>If no, what was left out?</b> | <b>What was added or changed?</b> | <b>Time spent on activity</b> | <b>Problems encountered</b> | <b>Attempted solutions</b> | <b>Successes Achieved</b> | <b>Lessons Learned</b> |
|                                |                               |                                   |                                  |                                   |                               |                             |                            |                           |                        |
|                                |                               |                                   |                                  |                                   |                               |                             |                            |                           |                        |
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|                                |                               |                                   |                                  |                                   |                               |                             |                            |                           |                        |

*Based on "Implementing Research-Based Prevention Programs in Schools," Ed.gov*

# Mid-Stream Implementation Assessment

This activity helps you "take the pulse" of how program implementation is going in your school or agency. It will help you lead a discussion with your colleagues and gather information for planning ahead. You can use this activity to generate enthusiasm for next year.

**Tip:** Make this a fun event.

**Time:** 1 hour.

## Objective

To gather information from program users regarding their:

- Ability to use program as designed.
- Feelings of success or perceived challenges during lesson presentation.
- Expectations for how they will benefit from booster training sessions.
- Expectations for support from their on-site trainer and administration.

## Ahead of Time

Using the following questions (or those you have written yourself), make two sets of posters, six posters per set, from large chart paper. Write one question on each. The second set should be a duplicate of the first.

1. What has been easy, interesting, and successful for you while teaching the program to students?
2. What challenges have you faced while teaching the program to students?
3. How have you incorporated program concepts and ideas into your code of student conduct?
4. How can your on-site trainer and administrator support you in teaching the program?
5. Please list any ideas to improve the use and effectiveness of the program in your school or agency.
6. What information, skills, or knowledge do you expect to gain from booster training sessions?

Put up each set of posters in opposite areas of the room. Place several markers and extra sheets of chart paper by each poster.

### **With Your Staff—20 minutes**

Divide your staff into small groups. Assign each group to a poster. Give each group two to four minutes to respond to the question on their poster before having them move on to the next of the six posters in their area.

This activity moves along more quickly if there are several markers available at each poster, so that each person can record her or his own responses. Neatness does not count.

Encourage the groups to be colorful; make it like graffiti! Make sure each group answers each of the six questions in their area.

### **Discussion—40 minutes**

After each of the groups has responded to their six questions, the staff can return to their seats. Move the posters to one area so the duplicate questions are side-by-side.

Guide the group in a discussion of each poster's responses. The staff's responses can be possible topics for future booster training sessions. Use voting or consensus to prioritize and decide the order in which the topics will be addressed.

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## Overcoming Implementation Barriers

- Revisit the theory behind the program to be sure that it is consistent with the findings from the needs assessment
- Analyze the core components of the evidence-based program in conjunction with your action plan to determine whether the components are working
- Check your needs assessment to single out those characteristics of your defined population that are truly unique and assess whether adaptation is needed to address the unique characteristics
- Assess fidelity to ensure the core components were implemented as planned
- Consult as needed with the program developer
- Obtain feedback from the organization or community in which the implementation has taken place to help explain the outcomes you are getting

## Implementation Success Requires

- The program to be delivered by skilled facilitators
- The program to be received by the proper audience
- The program to be delivered to a sufficient number of people over a sufficient period of time; and
- The program to be delivered as intended/designed.

*Based on “Pathways to Effective Programs and Positive Outcomes”  
U.S. Dept. of Health and Human Services*

## Strategies for Overcoming Implementation Barriers

|                 |   |
|-----------------|---|
| <b>PEOPLE</b>   | <ul style="list-style-type: none"> <li>• Include all stakeholders in the development and evaluation of program</li> <li>• Emphasize benefits to each stakeholder</li> <li>• Equitably distribute labor</li> <li>• Equitably distribute praise</li> <li>• Provide incentives</li> </ul>  |
| <b>PLACES</b>   | <ul style="list-style-type: none"> <li>• Develop positive relationships with gatekeepers of space needed for program implementation</li> <li>• Develop schedule in consideration of ongoing events and activities</li> <li>• Time all encounters for optimal outcome</li> <li>• Schedule events and activities in a way that increases positive attention and decreases likelihood of negative attention</li> </ul> |
| <b>PATTERNS</b> | <ul style="list-style-type: none"> <li>• Align activities with established routines of school as much as possible</li> <li>• Identify when patterns have to be broken and secure support through incentives</li> </ul>  |