Selecting Behavioral Health Prevention Programs

A Guide for Kentucky Schools Grades K-12

July 2020

CHFS
KENTUCKY
Cabinet for Health and Family Services

TEAM KENTUCKY

KENTUCKY REGIONAL PREVENTION CENTERS

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Introduction

This toolkit is a guide Kentucky schools can utilize as they select programs and practices to reduce substance use/misuse, mental health and violence issues. Across the nation, youth are struggling with substance use and misuse, mental health and violence issues. These issues impact individual students and deeply affect a school's ability to provide the most effective education. The good news is we have more information than ever about the powerful role schools can play in reducing these problems. This document is a guide for Kentucky schools as they update substance use prevention efforts, and focuses on evidence-based and evidence-informed programs.

The following pages include process steps, information and tools to select the best programs for individual schools. This guide can help research and answer questions that will assist in the decision-making process. This document does not provide a prescriptive list of "recommended programs" for the following reasons:

- Selection of programs should fit your school's needs and resources. A program that works well in one school may not be a good fit for another.
- Selecting programs is just one part of the process. Being able to implement the program with fidelity (i.e. as it was designed to be implemented, from content and structure to instructional methods), and tracking and evaluating progress are equally important.
- The prevention field is dynamic and evolving. To have the greatest impact, prevention programs and systems need to be responsive to new research. New programs are continually being developed and evaluated and schools should make certain they are working with the most up-to-date information as they undergo program selection, implementation and evaluation.

A Developmental Approach

"Preventive interventions begun early in life may have comparatively stronger effects because of the malleability of several developmentally central risk factors, such as family relationships, peer interactions, cognitive development, and emotional regulation."

(Institute of Medicine, 2009)

Five Steps to Selecting Prevention Programs for Your School

The following steps are adapted from Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF): Each step includes a list of questions that can help to target your school's prevention efforts.

Step 1: Determining need.

Resources are limited. It is important to conduct an assessment to help focus efforts. This step includes collecting and examining data, assessing areas of need, weighing available resources and selecting priorities.

a. **What risky health behaviors occur with the greatest frequency, are on the rise and/or take the greatest toll in your classrooms?**

- What data do you have available on health risk behaviors such as substance use, mental health and violence in your school community? For example, you might use data from the Kentucky Incentives for Prevention (KIP) Survey or your school's own administrative records.
- Which grades or student groups are most affected by these behaviors?
- Which health risk behaviors are of greatest concern to your school community? Do you have interview or focus group data from school staff, community members, parents and students to show their concerns?

b. **What factors are known to contribute to these health risk behaviors?**

- Normative beliefs: Do youth believe adults and/or peers think it is okay or "cool" for them to use substances? Do peer and adult norms support non-use?
- Availability: How easy or hard is it for youth to get substances?
- Enforcement: Do youth believe they'll get caught and face consequences by law enforcement?
- Parental monitoring: Do youth believe they will be caught by their parents and face consequences as a result?
- Social and emotional competencies: Research shows problems such as substance use generally do not show up until adolescence, however, these problems are strongly predicted by whether certain social and behavioral skills are nurtured during

childhood (see, "A Developmental Approach" on page 1). This means we cannot ignore the essential role of preschools and elementary schools. For more information, see Appendix G: Beyond Programs: Examples of Proven, Low-to-No-Cost Prevention Strategies.

c. What prevention programs and practices are you currently implementing to address these health risk behaviors?

- What are the strengths of your current programming and what are the weaknesses?
- What have been the teacher reactions to the current programming?
- Have there been any obstacles to program implementation? Are programs implemented as intended by their developers or do teachers make significant modifications?
- Are any of the programs using non-recommended strategies (see side bar, "What doesn't work")?
- Are any of the programs listed on a federal registry of evidence-based programs? If so, what kind of ratings did they receive? (see Step 3, Selecting Priorities and Programs, for a list of searchable online registries)
- Do you have evaluation data to show if your current programs are achieving outcomes in reducing the problems they are meant to prevent?

School-based Prevention… What doesn't work?

The following approaches to prevention have consistently been found to be ineffective in reducing alcohol use and in some cases, other high-risk behaviors:

- Relying on provision of information **alone**, fear tactics or messages about not drinking until one is "old enough."
- Focusing solely on increased self-esteem.
- Focusing solely on strategies to resist peer pressure.
- Identifying youth who have problems with alcohol use and other high-risk behaviors and putting them together in groups. (Institute of Medicine, 2004)

Examples: DARE, Zero-Tolerance policies, Scared Straight programs (Ghost Outs, mock crashes), one-time events such as speakers in recovery or family members of those in recovery.

d. What resources are available for implementing prevention curricula in your school?

- Is there funding or room in the current budget to support new prevention programming?
- Are there limitations or conditions for the ways the funding can be used?
- Which staff are available? Which staff are interested? Would staff require additional training?
- Can time be carved out during the school day for new programming? When would that happen?

Step 2: Getting key players on board.

A prevention program will more likely be implemented and sustained if there is support from teachers, administrators, students, parents and community. Make sure key players are involved from the beginning in setting priorities and selecting programs.

a. **Who do you need on board to create changes in your school's prevention programs and how they are implemented?**

b. **How can you get these key individuals involved throughout the process of program selection, implementation and evaluation?**

Step 3: Determining program fit.

Before selecting a new program, consider a number of criteria including evidence of effectiveness, feasibility of implementation and cost. Answer the following questions based on your findings to Step 2:

a. **What evidence-based programs address the needs identified in Step 2?**

The following websites provide a searchable database of exemplary, effective and promising programs:

- Blueprint Programs-Positive Youth Development https://www.blueprintsprograms.org/programs/
- What Works Clearinghouse https://ies.ed.gov/ncee/wwc/
- Office of Juvenile Justice and Delinquency Prevention https://www.ojjdp.gov/
- Pay attention to the ratings received by each program on these websites. Some programs listed on these registries may have low ratings that indicate that no positive changes have been found or the programs may even have been found to cause harm. Other programs may have been evaluated with less rigorous research methods. Each registry's ratings will provide some context and description to help you determine whether a specific program has good evidence for supporting positive change and is a good fit for your community.
- Appendix H provides a list of approaches supported by Kentucky's state and federal substance use prevention funding. Contact your local Regional Prevention Center for more information on these programs.

Of the programs you identified under question 3-a. above, which are feasible to implement? Consider available resources and capacity—including staffing, instructional time and funding?

- Will you be able to implement the program as designed to be most effective?
- What additional support is available in your local community? You may have prevention groups that may be helpful partners and advocates in seeking additional funding and/or resources to bring evidence-based programs to your school. Access technical assistance from your local Regional Prevention Center. Contact information is included in Appendix I.

b. If your school can only implement one or two programs, which would you choose? Which ones could go on a "wish list" to be pursued at a later date?

Some things to consider:

- Choose quality over quantity. It is better to do one program well with impact, than to do five poorly, with little effect.
- In narrowing down options, it can be helpful to consider a variety of factors that include both importance (level of need) and feasibility—such as buy-in from key stakeholders (instructors, administrators, parents, funders), available resources, capacity to implement the program with fidelity, and estimated ratio of cost/benefits of adopting the program.
- Ensure the program aligns with KRS 158.441 (The School Safety and Resiliency Act) (2019) and KRS 158.6453 (2018) enacted by the Kentucky General Assembly. These bills require suicide prevention awareness information and annual, age-appropriate, instruction in drug awareness for all students in Kentucky schools beginning in school year 19-20.
- With limited resources, the natural tendency is often to focus prevention efforts on a few individuals who have been designated as having the highest need. While these *selective* and *indicated* approaches serve an important role, they can sometimes result in "rationing" of services to a selective few. *Universal* approaches are implemented with the general population regardless of risk level, and tend to be successful in achieving reductions in risk behaviors *even among higher-risk participants*. Schools should develop a prevention plan that is as comprehensive as possible. Universal, selective and indicated approaches are all important components of a comprehensive prevention plan.

Step 4: Working out the details.

Once you have identified a program that seems to fit your school's needs and resources, you are ready to start planning the nuts-and-bolts of making the program a reality.

a. What are the essential components of the program and how will you fulfill them?

For each selected program, create an outline or chart (Appendices B & C) of key information identified on the developer's website or materials. A Program Key Information sample worksheet is included in Appendix A.

It may be helpful to create a chart or logic model (Appendices B & C) that visually links program inputs and outputs. Some programs come with their own planning tools, available from program developers.

b. What additional resources are needed to implement the program effectively?

What funding sources are available to support evidence-based prevention curricula in your school?

Regional Prevention Centers often have access to free or reduced-cost educational materials for your school. A complete list of RPCs by county is included in this packet (Appendix I).

c. What preparation steps can be taken to increase the school's readiness and capacity to implement the program successfully?

Site readiness and capacity are key factors in enhancing fidelity of program implementation[3]. Elements include:

- A well-connected and respected local champion
- Strong administrative support
- Formal organizational commitments and staffing stability
- Up-front commitment of necessary resources
- Program credibility within the community
- Some potential for program routinization

Before moving forward, it is recommended that a school meet at minimum of 4 of the 6 elements for readiness and capacity.

Step 5: Tracking progress.

It is important to set up evaluation systems *before* a program begins. This includes deciding on the intended *outcomes* and how they will be measured. It also includes outlining the intended program activities or *processes* and how they will be documented.

For each selected program, it can be helpful to create a chart or logic model that allows the reader to visually link this information. The chart can serve as a valuable tool for instructors, administrators, and funders alike. For a sample fill-in-the-blank Evaluation Logic Model (see Appendices B & C).

a. *Process* evaluation:

- **What systems will you put into place to measure whether the selected programs are implemented correctly?**

  Evidence-based programs are designed to be implemented a certain way in order to be effective. For example, considerations may include number and length of sessions, content of sessions and use of program materials. A sample worksheet to track program fidelity is included in Appendix F. Many programs come with their own fidelity checklists and tools, available from program developers.

- **What processes will you put into place for program instructors to document and share what is working for them, what isn't and ideas to improve success?**

  There are several ways to track this valuable information—including meeting notes and written reports.

b. *Outcome* evaluation:

- **What data will you use to measure the selected programs' success in achieving the priorities identified in Step 2?**

  For example, if a program was chosen to reduce overall youth alcohol use, you might compare underage drinking rates before and after the program is implemented, using data from the Kentucky Incentives for Prevention (KIP) Survey. Please note that most programs don't impact substance use rates specifically, but rather impact risk and protective factors that in turn result in substance use (i.e. a program may address the perception that substance use is risky. Research shows that when youth perceive increased risk in a behavior, they are less likely to participate in that behavior).

Some programs include evaluation tools such as tests or surveys to administer to students before and after the program. Be sure to include any costs in using these tools in your program budget.

c. What systems will you put into place to review and utilize the information collected?

It is essential to review and analyze evaluation data at regular intervals, to determine whether the program is achieving its intended outputs (process measures) and outcomes, and decide how this information will be used. This includes sharing information with program funders, instructors, administrators, parents, students and the community—and engaging them in the process.

Additional Resources and Support

The Department of Behavioral Health Prevention and Promotion Branch supports the implementation of evidence-based substance use prevention strategies and programs by non-profit agencies and schools across Kentucky. DBH works closely with the Regional Prevention Centers (RPCs) across the Commonwealth to provide technical assistance, information, and training to community partners and schools. The RPCs also work with community stakeholders to support the implementation of substance use programming and resources. Resources include:

Kentucky Incentives for Prevention (KIP) Survey:
https://www.kipsurvey.com/

The KIP survey is Kentucky's largest source of data related to student use of alcohol, tobacco, and other drugs (ATOD), as well as a number of factors related to potential substance use. In October 2018, more than 128,000 students representing 151 school districts completed the survey, and the information gathered provides an invaluable substance use prevention tool for communities. Districts utilize their KIP results extensively for grant-writing purposes, prevention activities, and various other needs related to program planning.

The KIP survey provides information about student self-reported use of substances (e.g., within the last 30 days, last year), student perceptions about substance use (e.g., level of risk, peer and parent disapproval), and perceived accessibility of substances in the community. The survey also includes questions related to mental health, bullying, dating violence, school safety and suicidal behaviors. Once the survey data are gathered and analyzed, each participating school district receives a report outlining district-specific results, and depicting comparisons to the region, state and (when available) the rest of country.

On this site you can find recent publications, information related to technical aspects of the KIP survey, links to relevant resources, and contact information to learn more.

Appendix A: Program Key Information – Example Worksheet

Below is a sample worksheet based on information from a program website. For accurate and up-to-date information, please confirm with program developers.

Appendix A: Program Key

The information below is an example of information pulled from a program developer's website and does indicate that CHFS endorses this program for implementation in your school.

Program Name	Too Good for Drugs
Developer Contact Info/Website	https://toogoodprograms.org/
Training requirements/ options	The fidelity model for Too Good for Drugs includes completion of a Curriculum Training session as part of its built-in quality assurance mechanism. Modes of Training: Customized on-site training to facilitate the agency climate, strategies for connecting with families and communities, and curriculum training Group curriculum training provided at regional settings (Open Enrollment Curriculum Training Sessions) Technical assistance and implementation support via email, teleconference, or videoconference.
Training Cost	On-site Training: $2,000.00 per day + Trainer Travel costs* *Trainer Travel costs between $1,000.00 - $1,750.00 based on location and number of days training. Open Enrollment Curriculum Training: Early Bird Rate – $345 per person, per day Regular Rate - $445 per person, per day Late Rate - $545 per person, per day **Training and materials for this program may be available at low or no cost through the Regional Prevention Centers.
Materials requirements/ options	Requirements: Program Kits – Grades K-HS (includes Teacher Manual, 30 student workbooks, visuals and activities in lessons). Program Consumables: Student Workbooks
Materials Cost	Program Kits: Grades K-1 are $179.95 each, Grades 2-8 are $295.95 each, and High School and After School are $425.95 each Student Workbooks: packs of 30 priced at $39.95 each for grades K-3, $49.95 for grades 4-High School

Instructors	Too Good for Drugs is designed to be provided by professionals such as teachers, guidance counselors, social workers, resource officers, prevention specialist, etc. within a school system or community agency who are certified through the Too Good for Drugs program.
Number and duration of sessions	10 lessons, one per week
Timing and frequency of sessions	One, 30-50 minute class session per week, although alternative delivery of the sessions can occur. Talk to your local prevention specialist for guidance.
Order of sessions	All lessons are delivered in sequential order
Booster sessions?	Each of the 10 lessons at each grade level volume of the program includes a Home Workout, quick take-home lesson on the lesson topic, inviting family to support, practice, and reinforce what their child is learning in the program.
Instructional Methods	Youth participate in an interactive classroom setting designed to instruct, review, and reinforce the skills and social constructs built into the lessons. Each lesson builds upon the previous to stack the learning and continue to reinforce for retention and immediate application.
Content of the Sessions	Development and strengthening of personal and interpersonal skills in: • Goal setting • Decision making • Effective communication • Pro-social bonding • Respect for self and others • Managing emotions • Normative expectancies Additional skills and developmental topics build on the core social skill set to broaden the student's sense of self-efficacy and confidence and are tailored to the intellectual, cognitive, and social development of the student. Depending on the applicable developmental level, areas of focus include: • Media literacy and media influence • Resisting peer pressure • Understanding peer influence • Understanding addiction • Complex social and dating relationships • Exploring risk taking and differentiating healthy and unhealthy risks

	The curriculum emphasizes the negative consequences of drug use and the benefits of a drug-free lifestyle, thereby working to build student resiliency to inappropriate and harmful drug use. ATOD topics include: • Prescription and OTC drugs • Stimulants • Depressants • Alcohol • Nicotine including tobacco and ENDS • THC and marijuana
Use of materials	• Program kits provide educators with the essentials they need to implement the Too Good programs. • Each program kit includes a teacher's manual with fully scripted lessons, take home activities, lesson extenders, and evaluation instruments. Kits also include a starter pack of student workbooks, game materials, role play scripts, and other activity materials to get you started.
Setting	• Community agencies, school (classroom), residential, group home, or congregate care • Too Good for Drugs program kit for the grade level(s) of the class or students and a student workbook for each student. • Delivery sites must have space for students to sit in a classroom-type setting that can accommodate individual, paired, and group work. Some grade levels of the program require use of a CD or DVD for a portion of the material delivery. A blackboard or marker board and access to a photocopier are necessary.
Intended classroom Audience	• Children and adolescents ages 5-17
Instructor/ participant ratio	• N/A

Appendix B: Program Key Information – Sample Worksheet

Program Name	
Developer Contact Info/Website	
Training requirements/options	
Training Cost	
Materials requirements/options	
Materials Cost	
Instructors	
Number and duration of sessions	
Timing and frequency of sessions	
Order of sessions	
Booster sessions?	
Instructional methods	
Content of the sessions	
Use of materials	
Setting	
Intended classroom audience	
Instructor/ participant ratio	

LOGIC MODEL **Too Good for Drugs** Kentucky

K-5, Middle School, and High School

INPUTS

Schools motivated to incorporate substance use prevention into policies and curriculum

An identified TGFD coordinator in every participating school

Training for instructors

Technical Assistance available to schools related to policies and procedures

TGFD Curriculum that includes:

- Ten (10) developmentally appropriate curricula for students K-High School
- Curricula incorporate information on the harmful effects of drug use and teaches peer resistance skills
- Classroom kits include interactive instructional strategies including role-playing scenarios
- Curricula include a parent engagement component through homework assignments

Evaluation assistance from REACH Evaluation

STRATEGIES/ACTIVITIES

Schools inform RPC of interest and identify primary contact person

Letters of Agreement (LOA) signed by school official

Schools conduct an assessment of their policies* and revise as needed

Schools educate staff and students on revised policy(ies)

Train the Trainer sessions prepare trainers to implement TGFD with fidelity

Curricula delivered and evaluation instruments administered

OUTCOMES

Short-term

Policies related to health risk and protective factors are amended.

Administrators, faculty, support staff, students and parents are informed about revised policy(ies).

Schools use TGFD to meet expectations of Kentucky law for prevention curriculum

Students participate in classroom and homework activities, developing skills in:

- Setting Reachable Goals
- Making Responsible Decisions
- Identifying and Managing Emotions
- Communicating Effectively
- Bonding and Relationship Building

Students positively interact with peers

Teachers reinforce pro-social norms

Parents assist with homework activities and talk with children about pro-social behavior

Intermediate Outcomes

New policies and procedures are implemented

Students improve ability to recognize, manage, and appropriately express their own emotions and appropriately respond to the emotions of others

More students perceive substance use as wrong, risky, or harmful

More students report that substance use is not the norm among their friends/ peers

Students gain skills to resist negative media influences and peer pressure to use

Long-term Impacts

School climate reflects positive changes as a result of amended policies

Students report reduced intention to use substances

Student self-reports reveal reductions in 30 day use of substances

Data reflect a reduction in negative consequences of substance use/abuse:

- Substance involved disciplinary actions
- Substance involved traffic accidents
- Overdose deaths

*related to health risk and protective factors

Based on Social Development Theory, Social Learning Theory, and Social and Emotional Competency Theory. Behavior is shaped through information about risks and protective factors, modeling and observing behaviors, and experiencing positive consequences for pro-social behavior.

REACH Evaluation is working with the Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities to conduct an evaluation of the *Too Good for Drugs* program in schools across Kentucky.

APPENDIX D: SAMPLE PLANNING LOGIC MODEL

Situation/need to address: **Strategy or Program:**

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM IMPACTS
In order to accomplish our set of activities we will need the following:	In order to address our situation or need we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence of service delivery:	We expect that if accomplished, these activities will lead to the following changes in 1-3 years:	We expect that if accomplished, these activities will lead to the following changes in 4-6 years:	We expect that if accomplished, these activities will lead to the following changes in 7-10 years:
(list and describe necessary funding, staffing, materials, training, time, participants, etc.)	(list activities necessary for program preparation and implementation)	(list # of teachers trained, #classes administered, #participants, etc.)	This is where we see increases in knowledge as measured by pre/post-test for example	This is where we see changes in behavior, i.e., increase in perception of harm, decreases in access, changes in social norms related to use	This is where we see reduction in substance use rates

Adapted from W.K. Kellogg Foundation's Logic Model Development Guide, p. 25 (http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf) and University of Wisconsin Cooperative Extension (http://extension.missouri.edu/staff/programdev/plm/LMback.pdf)

APPENDIX E: SAMPLE EVALUATION LOGIC MODEL *Strategy or program:*

GOALS	RISK FACTOR/ OBJECTIVE	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	PROCESS MEASURES (OUTPUTS)
What is the problem to be changed?	What root causes or risk factors are contributing to the problem?	Who are the people you are directly targeting with the intervention?	What strategies or programs do you want to implement?	Use the If-then approach to test the logic of your strategy.	What should you see to know these strategies were implemented well? (i.e. process measures)

Adapted from Maine Office of Substance Abuse, Logic Model to test strategy fit, 2008

Appendix F: PROGRAM FIDELITY CHECKLIST

Did your delivery of the _____program differ from the original design of the program in terms of:

	Yes	No	If yes, please describe the change and the specific reasons for the change.
1.) Number of sessions			
2.) Length of sessions			
3.) Content of the sessions (e.g., lesson plan)			
4.) Order of sessions			
5.) Frequency of sessions			
6.) Use of materials			
7.) Setting (e.g., community center instead of school)			
8.) Intended population (e.g., age, language, risk)			
9.) Instructor/participant ration			
10.) Training of instructors			

11.) If changes were made to the _____program, did you receive guidance about making them?

Yes → If yes, from whom:

No

No changes were made

Coalition coordinator

Program developer

Evaluator

Other, please specify:_____

Please note: Many programs have their own fidelity tools created by program developers. This is an abbreviated version of OSA's YSAPP Grant Checklist, an instrument adapted from the One ME Program Implementation Checklist developed by Hornby Zeller Associates, Inc. and RTI International. The One ME Program Implementation Checklist was based on knowledge gained from the book How to Assess Program Implementation (King, Morris, and Fitz-Gibbon, 1987) and an adapted tool created by the Washington State Incentive Grant Evaluation Team (Roberts, Mitchell, Pan, Strode, and Weaver, 2000).

Appendix G: Beyond Programs: Examples of Proven, Low-to-No-Cost Prevention Strategies

In addition to the evidence-based curricula available for school prevention programs, scientific studies have identified many small but powerful prevention strategies that are inexpensive to implement and can be integrated into the day-to-day functioning of schools and classrooms. These "kernels," as Drs. Dennis Embry and Anthony Biglan call them, are supported by rigorous experimental evidence—and often have multiple positive outcomes that can include improved academic achievement *and* decreased behavior problems (Embry & Biglan, 2008).

While many of us tend to think of adolescence as the time for substance use prevention, developmental psychologists point out that early childhood and elementary school provide important developmental windows for teaching social and behavioral skills (Biglan et al., 2004), which then translate into reduced problems down the road—including substance use/misuse. These early developmental approaches focus on changing the fundamental neurological and behavioral predictors of multi-problem behaviors such as substance use/misuse, violence and school failure. For example, the Good Behavior Game, a first-grade classroom management intervention, not only has been found to have immediate results in reducing disruptive behavior by children; it also has been linked to important long-term outcomes—including reduced likelihood of conduct disorder by 6th grade, and reduced likelihood of substance abuse disorder by ages 19-21 and suicidality in adolescence (Institute of Medicine, 2009).

On the next page are examples of a few "kernels" that can be implemented at low-to-no-cost by elementary, middle, or high schools. All are examples of activities that can be made universally accessible to all students in a classroom or school. In other words, even though some of the activities might have special impact on higher-risk students in a particular classroom, they work best when they are inclusive and made available to all.

This also helps to create a supportive and reinforcing classroom or school environment.

For more information about low-cost evidence-based "kernels" for behavioral change, visit www.paxis.org or www.simplegifts.com.

Sample "Evidence-based Kernels" for Schools

Kernel	Description	Impact
Pleasant greeting with or without positive physical touch	Friendly physical and verbal gestures, on a frequent basis	Affects social status, perceptions of safety or harm, behaviors of aggression, hostility or politeness
Meaningful roles (jobs)	Providing responsible roles to all children in the classroom, school, or home	Increases pro-social behaviors, instructional time, and achievement, and provides positive adult and peer reinforcement & recognition
Verbal praise	Person or group receives spoken (or signed) recognition for engagement in target acts, which may be descriptive or simple acknowledgements	Increases cooperation, social competence, academic engagement/ achievement; reduces disruptive or aggressive behavior and DSM-IV symptoms
Peer-to-peer written praise - "Tootle"/ compliment or praise note	Tootles (opposite of tattles) are written compliment notes that are publicly posted or sent from school to home or home to school or from adults to children/youth. A pad or display of decorative notes are posted on a wall, read aloud, or placed in a photo type album in which behaviors receive written praise from peers.	Effective in improving positive family attention to child, social competence, school adjustment and engagement, academic achievement, work performance, and reducing problem behaviors, aggression and negative/harsh interactions; unites adults; protection against substance abuse and related antisocial behaviors
Public posting (graphing) of feedback of a targeted behavior	Results or products of activity posted for all, e.g., scores of individuals, teams or simple display of work products	Increases academic achievement, community participation, and injury control
Peer-to-peer tutoring	Dyads or triads take turns asking questions, giving praise or points and corrective feedback	Improves behavior, increases standardized achievement, and reduces ADHD/conduct problems and special-education placement
Aerobic play or behavior	Daily or many times per week engagement in running or similar aerobic solitary activities or game	Reduces ADHD symptoms, depression, stress hormones; may increase cognitive function; decreases PTSD
Structured/ Organized Play or Recess	Structured or planned activities that emphasize turn taking, helpfulness, rule following, and emotion control with or without "soft competition"	Dramatically improves cooperative behavior, social competence; affects BMI; reduces social rejection; decreases bullying and aggression; improves social norms and academic learning during the day; and reduces ADHD and other disturbances

Kernel	Description	Impact
Good behavior game	A team-based, response-cost protocol for groups of children that rewards inhibition of inattentive, disruptive and aggressive/bullying behavior.	Reduces short-term and long-term behavior problems as well as DSM-IV ADHD and conduct problems, special-education placement plus substance abuse initiation
Beat the timer/ buzzer	Use small timers to reduce allocated time for task, with access to reward or recognition if task successfully completed before time interval	Powerful effects for reducing negative behaviors, child aggression, physical abuse, ADHD; and improving parent-child interactions, work completion and academic accuracy
Choral responding	Person(s) chant (or sign) answer to oral or visual prompt in unison; praise or correction follows	When compared to hand raising, improved academic achievement and retention; reduced disruption and behavior problems
Stop clock	Clock is triggered when children misbehave; lower times on the clock result in access to rewards	Increases academic engagement; reduces disruptions
Stop lights/Red flag	Traffic light/flag signals when behavior is appropriate/desirable or inappropriate/undesirable in real time, and connected to some kind of occasional reinforcement	Decreases noise, off task behavior; reduces explosive anger and aggression among children exposed to drugs, neglect or abuse
Response cost	Removal of token, money, or privilege for misbehavior without emotional displays.	Decreases inattention and disruption; works as well as stimulant medication for children with ADHD; may, if used as a part of teams in first grade, decrease substance abuse over lifetime
Nonverbal transition cues	Nonverbal (visual, kinesthetic, and auditory) cues for transitions (stopping one task & starting another) that signal shifting attention or task in patterned way, coupled with praise or occasional rewards	Reduces problem behaviors, dawdling; and increases time on task or engaged learning
Team competition	Groups compete on some task, performance, or game	Improves academic engagement and achievement; reduces disruptive behavior, smoking; increases safety; changes brain chemistry favoring attention and endurance

Appendix H: State Approaches

Youth Initiatives

40 Developmental Assets
All Stars
Coaches Initiative / Life of an Athlete Program
Guiding Good Choices
Life Skills Training
Lifelines - A Suicide Prevention Program
Monitor, Educate, Dispose, Secure (MEDS)
N-O-T
Olweus Bullying Prevention Program
Prime for Life
Project ALERT
Project Northland
Project Towards No Drug Abuse (TND)
Smart Mouth
Sources of Strength
TATU
The Leader in Me
Too Good for Drugs
Too Good for Violence
Truth and Consequences: The Choice is Yours

Staff Development

Applied Suicide Intervention Skills Training (ASIST)
Mental Health First Aid for Youth
Naloxone/Narcan Training
Opioid Toolkit Community
Question, Persuade and Refer (QPR)
SBIRT Training

Funding Opportunities

Youth Empowerment System (Y.E.S)

Appendix I: Regional Prevention Centers

Four Rivers RPC 01
Ellen Walsh, Director
ewalsh@4rbh.org
425 Broadway, Suite 202, Paducah, KY 42001
(270) 442-8039 ext. 1703; fax (270) 442-5729
Serves: Ballard, Calloway, Carlisle, Graves, Hickman, Fulton, Livingston, Marshall, McCracken

Pennyroyal RPC 02
Chris Sparks, Director
csparks@pennyroyalcenter.org
607 Hammond Plaza, Hopkinsville, KY 42240
P.O. Box 614 Hopkinsville KY 42241
(270) 886-0486; fax (270) 890-1790
Serves: Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, Trigg

River Valley RPC 03
Dianne McFarling, Director
McFarling-Dianne@rvbh.com
P.O. Box 1637; 1100 Walnut St.
Owensboro, KY 42302
(270) 689-6565; fax (270) 689-6677
Serves: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster

LifeSkills RPC 04
Amy Hutchinson, Director
ahutchinso@lifeskills.com
P.O. Box 6499; 380 Suwannee Trail
Bowling Green, KY 42102-6499
(270) 901-5000 Ext. 1277; fax (270) 842-6553
Serves: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren

Communicare RPC 05
Tara Smith, Director
tcsmith@communicare.org
1311 N. Dixie Avenue, Bldg. A
Elizabethtown, KY 42701
(270) 765-5992 x1401; fax (270) 737-2293
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Seven Counties RPC 06 (Sarah Jemison, Office Mgr.)
Patty Gregory, Director
Patty.Gregory@centerstone.org
10101 Linn Station Road, Suite 600
Louisville, KY 40223
(502) 589-8600: Fax (502) 589-8925
Serves: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble

Northkey RPC 07
Autumn Smith, Interim Director
Autumn.smith@northkey.org
7459 Burlington Pike Florence, KY 41042
859) 283-0952 x 3278 (fax) (859) 431-7959
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Comprehend RPC 08
Sarah Arrasmith, Director
sarrasmith@comprehendinc.org
731 Kenton Station Road, Maysville, KY 41056
(606) 759-7799; fax (606) 759-7609
Serves: Bracken, Fleming, Lewis, Mason, Robertson

Pathways RPC 09-10
Amy Jeffers, Director
Amy.Jeffers@pathways-ky.org
P.O. Box 790; 1212 Bath Ave, 9th Floor
Ashland, KY 41105-0790
(606) 329-8588 x4099 (Amy); fax (606) 324-9501
Serves: Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan

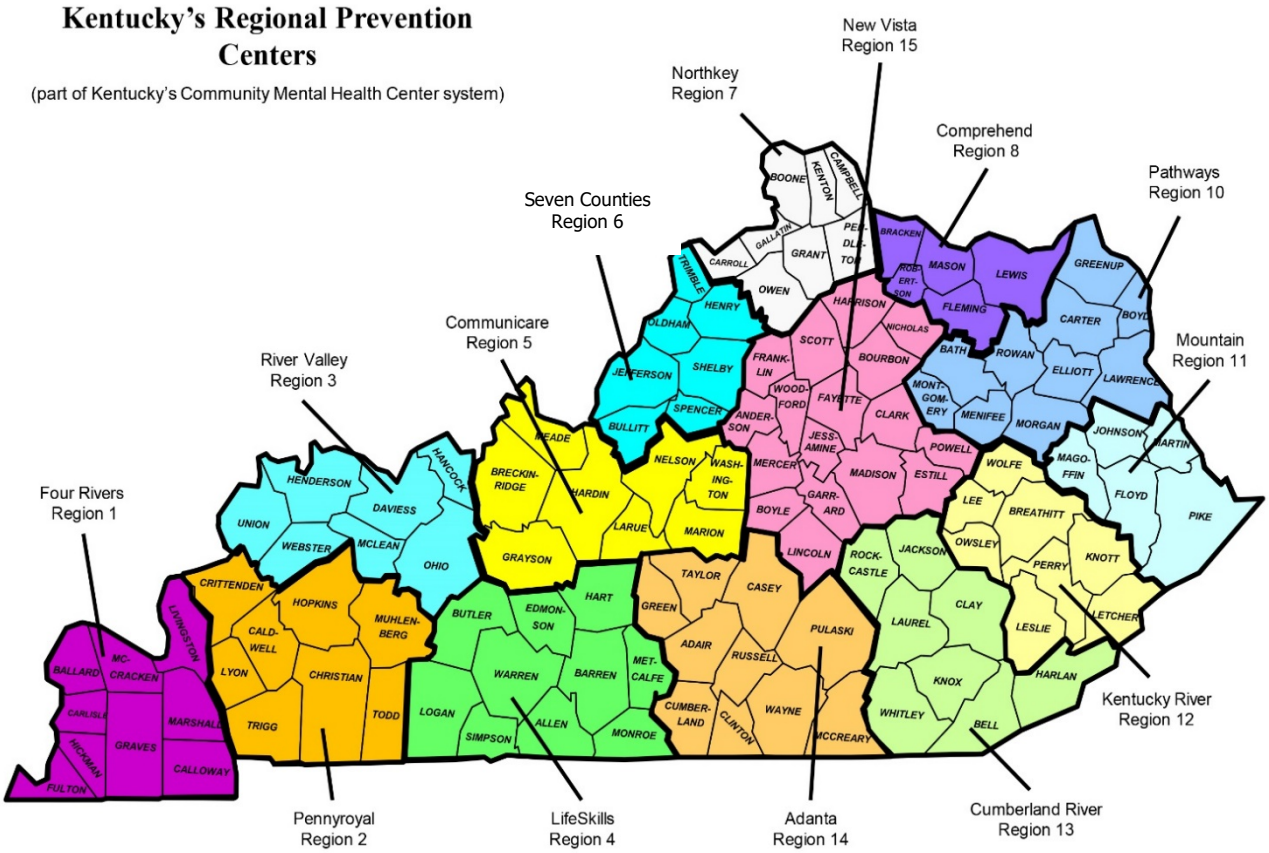
Mountain RPC 11
MaShawna Jacobs, Director
Mashawna.Jacobs@mtcomp.org
173 N. Lake Drive, Prestonsburg, KY 41653
(606) 889-0328; fax *606-889-6427*
Serves: Floyd, Johnson, Magoffin, Martin and Pike

Kentucky River RPC 12
Ginger H. Shouse, Director
Ginger.Shouse@krccnet.com
3834 Hwy 15 S., Jackson, KY 41339
9606)666-7591 Ext. 7110; fax (606) 666-4151
Serves: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe

Cumberland River RPC 13
Jill Owens, Director
jill.owens@crccc.org
223 S. Cherry St., Pineville, KY 40977
(606) 337-2070; fax 606-337-2210
Serves: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley

Adanta RPC 14
Sherri Estes, Director
sestes1@adanta.org
130 Southern School Road, Somerset, KY 42501
(606) 679-9425 Ext. 2272; fax (606) 677-1862
Serves: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne

New Vista RPC 15
Shawn Freeman, Director
shawn.freeman@newvista.org
1351 Newtown Pike, Building 3
Lexington, KY 40511
(859) 225-3296; fax (859)254-2412
Serves: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford



Adapted from "Selecting Evidence-Based Substance Use Prevention Programs: A Guide for Maine Schools Grades K-12", September, 2016, with permission.

https://www.maine.gov/dhhs/mecdc/population-health/prevention/pdfs/SchoolStarterGuideFINAL2016.pdf

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