PROPOSAL FOR FORMATIVE EVALUATION

Early Intervention Health Systems: [Organization Name Removed]

A-011B Evaluation for Continuous Improvement
Harvard Graduate School of Education

Authors: [HGSE students—names removed]
Developed in Partnership with [the Organization]

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I. Introduction

The Harvard Graduate School of Education's Evaluation for Continuous Improvement (A-011B) course, led by lecturer and practiced program evaluator Candice Bocala, provides an opportunity for both students and organizations to increase their knowledge and proficiency with evaluative inquiry and improvement science (Buitrago et al., 2015). Through a rich field experience with non-profit partner organizations, teams of students have the opportunity to develop evaluation plans with stakeholders from their respective organizations. This collaborative evaluation process benefits both the engaged students and the partner organizations, as organizations often use the resulting discussions and feedback to refine aspects of their program (Buitrago et al., 2015). This proposal is the capstone product that emerged from our experience in A-011B, and was prepared by a team of four students with diverse professional backgrounds in education, evaluation, and engineering. In partnering with [the Organization], whose history and services are described in the following section, we strived to learn from the practitioners of the organization in order to deliver a well-informed evaluation proposal for a program called [name of Program].

The W. K. Kellogg Foundation (2017) describes three types of evaluation: performance monitoring, process (formative) evaluation, and outcome (summative) evaluation. While these three approaches may be applied simultaneously, our team's proposal outlines a formative evaluation for continuous improvement of [the Program], that is, an evaluative effort to enhance a program (Patton, 2016). Therefore, summative, or outcome-related, evaluation questions (e.g., asking how students' behaviors may have changed as a result of a school-based early intervention program) are outside the scope of this endeavor.

After giving an overview of [the Organization] and the activities and stakeholders involved in [the Program] we propose to evaluate, we will provide a logic model for the program that served as a guide for developing our formative evaluation plan. Finally, we will offer guidance on the evaluation process: we recommend questions and data collection methods that could be used to improve the program, as well as suggestions for engaging stakeholders in the evaluation process and for helping [the Organization] to build its own capacity for formative evaluation.

In designing this plan, we communicated with numerous stakeholders, all of whom were generous with their time and invaluable to our understanding of [the Program]. Our recommendations are based on knowledge gained through interviews with [the Organization] staff and intervention team members of client schools as well as research about [the Organization] implementation of [the Program], using resources provided by [the Organization] administrative staff. Our collective hope is that [the Organization] finds this formative evaluation plan to be valuable to its continual pursuit of organizational improvement and, ultimately, to its ability to support the students and communities it serves.

II. Program Description

Program History. [The Organization] is a non-profit organization that provides substance-abuse prevention services to school communities. Founded in 1976 by [founder's name], [the Organization] has touched the lives of adolescents in hundreds of schools throughout the world ([supporting foundation], 2015). [The Organization] has assisted over two million students in more than forty states and sixty countries with its prevention programs, which include faculty development and education of students' families.

Social Context of [the Organization's] ***Work.*** Intervention services are intended to prevent substance abusers from "hitting rock bottom" before seeking help. Beginning as "family crisis intervention," this early means of intervention was found to be highly successful in getting people into treatment and, for this reason, continues today ([the Organization], 2017). Due to the noticeable increase in drug and alcohol use by adolescents in the early 1970s (MacDonald, 1987), concerned family members, school administrators, and health care professionals recognized the need to intervene to reduce the chances of childhood substance addiction. This early-stage intervention yielded positive results ([the Organization], 2017). Early intervention strategies became a vital means of redirecting adolescents from a path of addiction and risk to one of self-awareness and behavioral change. Due to the emotional, mental, and physical changes occurring in adolescence, schools have proven to be a critical setting for early intervention. After initial mediation strategies focused on observable behaviors caused by substance abuse, school administrators recognized the need to implement non-disciplinary prevention and intervention systems to address more subtle or unobservable risky behavior prior to the onset of addiction a ([the Organization], 2017).

[The Organization's] Mission and Need for Customization. [The Organization] strives to supply students with the understanding and skills needed to make healthy decisions about abstaining from drug and alcohol use. The program's mission is to:

- provide educational communities with the guidance and training necessary to implement comprehensive, effective approaches to substance abuse prevention
- educate students, parents, teachers, and school administrators on the physiological and psychological effects of alcohol and other drugs

- promote awareness of drug addiction, including alcoholism, as a progressive, chronic, and often fatal disease

- teach children and adults how to recognize the early warning signs of substance abuse and to intervene appropriately

- empower young people to make healthy, responsible choices regarding alcohol and other drug use

- encourage and support the non-use of alcohol and other illegal or illicit drugs during the growing years ([the Organization], 2016).

[The Organization] recognizes that each school is unique based on geographic and cultural differences. Due to the diversity of its partner schools, [the Organization] staff utilize their substance-abuse knowledge and implementation experience to match service provision with differing school contexts. [The Organization] tailors its programming to maximize positive health outcomes for students.

Organizational Structure and Services. [The Organization's] organizational structure is designed to enable personnel with first-hand substance-abuse experience to help schools provide intervention for students who may be on their way to substance abuse. [The Organization's] frontline staff are Prevention Specialists (PSs), who directly serve schools by providing training on intervention and prevention systems. The PSs are overseen by Regional Officers (ROs), who have previously served as PSs and therefore are familiar with program components and how programming is administered at the individual school level. The ROs are selected by [the Organization] to oversee program implementation in client schools and mentor the PSs within their locality ([the Organization], 2016). PSs and ROs are supported by central office staff based in [city], Massachusetts, who specialize in areas such as client relations, administrative services, and data services. [The Organization] has a diverse portfolio of services that includes:

- *student prevention programs*, including [the Organization's] research-based [course name]

- *adult engagement and education*, designed to increase prospective clients' and program participants' knowledge base

- *surveys and assessments*, including [the Organization's survey], which provides schools and [the Organization] staff with insight into substance abuse levels and norms

- *community prevention services*, including training on [the Program] ([supporting foundation], 2018).

Early Intervention Health Systems. [The Programs] are a customizable means of providing health-focused early intervention to reduce substance use. [The Program] helps students and staff to recognize potential substance-abuse problems before addiction or other significant consequences develop. Student health and disciplinary action must both be taken into consideration to help students gain insight into risky behavior and the need for change. [The Program] is a non-disciplinary model designed to operate in concert with school discipline systems. This non-disciplinary response to substance use entails primary and secondary impacts:

- *primary impact*, in which accountability is fostered through early intervention (initial response involves the expression of concern to a student, complemented by a recommendation to seek support, if appropriate)

- *secondary impact*, in which accountability is augmented if legitimate concerns are not addressed by the students' parents ([the Organization], 2017).

This health-focused model provides schools with a robust system for responding to substance use that cannot be solely or appropriately addressed through disciplinary mechanisms, and encourages students to report concerns by lessening fears associated with a disciplinary response

to substance use. [The Organization] envisions [the Program] as being one component of a school's effort to cultivate a comprehensive approach to substance-abuse prevention ([the Organization], 2017).

Building a community that can effectively intervene in a student's life before substance abuse occurs constitutes the essence of any intervention team ([the Organization], 2017). In order to establish a productive early intervention team (EIT), [the Organization] has articulated four goals for [the Program]:

1. To systemically raise school community awareness of the warning signs of risky use by educating students and adults in the evidence-based social norms approach to substance use prevention,

2. To receive early, appropriate referrals of concern from all members of the school community,

3. To assist students before their potential alcohol or other drug use becomes a larger health or discipline issue through effective early interventions, and

4. To guide school communities in making early, appropriate referrals and perform informal interventions by increasingly helping them to a) feel safe with the school's system, and b) identify specific consequences of risky drinking and other drug use among the community's student population ([the Organization], 2017).

The success of [the Program] is directly related to the personnel who comprise a client school's EIT. [The Organization] describes four traits of an effective team member:

1. Someone with healthy boundaries who is respected by both students and adults.

2. Someone who is able to learn about the "health perspective" of early intervention.

3. Someone who does not hold personal biases about alcohol or other drug use.

4. Someone who can keep the team a safe place to pool community concerns ([the Organization], 2017).

Using these characteristics as selection criteria, a school chooses its own EIT members through a student election process (nominated members confirm their availability and willingness to serve). Incorporating students' direct input into which staff members form the school's team empowers students and lends credibility to the elected members. Selected EIT members serve at-will, and upon joining, receive initial training from a Prevention Specialist ([the Organization], 2017). EIT members are at the core of [the Program]; other stakeholders are identified in the next section to provide context for the personnel involved with the program's administration and those involved in and affected by its services.

[The Program's] Stakeholders. There are numerous stakeholders involved in [the Program] planning and implementation. The following list enumerates stakeholders who play a key part in [the Program].

- Early Intervention Team

- School administration

- School counselor and/or supervising clinician

- Other school health team members (nurses, social workers, etc.)

- Students, who may make referrals to the EIT and be referred to the EIT

- School parents, families, and other primary caregivers

- School faculty

- Other school staff, including athletics, arts, and maintenance/grounds staff

[The Organization's] leaders emphasized that these school community members are the center of [the Program], so when we developed a logic model for [the Program], we positioned these staff as key *inputs* and drivers of *activities* and ensured their roles were represented in *outcomes* and *impact*.

III. Program Logic Model

[Logic Model image removed]

V. Evaluation Questions and Focus for Evaluation

Strengthening [the Program] is a priority for multiple reasons: one driver is increased demand for [the Program] programming as [the Organization] has marketed this service line more actively. [The Organization's] administrators explained that many schools are searching for strategies to identify students who may be engaging in unhealthy behavior, even if it is not directly observed by school staff. Schools want to proactively intervene in cases where students are at risk of substance abuse. Currently, [the Organization] is dissatisfied with the limited information it has about how services are tailored to fit schools' needs and preferences, training quality, and schools' success implementing [the Program] over time.

Any school that contracts with [the Organization] for training receives a few standard questions after the training is delivered. However, the questions are identical across services; a school that participated in [the Organization's] [course name] receives the same questions as a school that participated in [the Program] training. Additionally, the questions are only sent to the school's point of contact, so they do not capture a variety of perspectives. [The Organization] also collects data using the aforementioned [survey], but this tool is optional and is not specifically aligned with [the Program]. Only a fraction of [the Organization's] partner schools receive both the training and the survey, which entails a separate fee. Furthermore, schools' schedules for administering the survey vary (e.g., some schools administer it only once, while others re-administer the survey every few years).

Based on the gaps in [the Organization's] current evaluation systems, we constructed a plan to help our partner gather more information about: (1) how services are tailored to fit a school's context, (2) the quality and impact of the [the Program] training, and (3) schools' progress after completing a training. Because the initial training is typically [the Organization's] "point of entry" into a school community, we used the training as the anchor for three evaluation questions, developing one primary question each about [the Organization's] activities *before, during,* and *after* the training.

These stages (before, during, after) map to the three areas where more evidence is desired – i.e., planning for customization *before* a training, what skills and knowledge participants acquire *during* the training, and what schools put into place *after* the training. Our logic model describes additional activities beyond this initial training, but we recognize that this is the foundational level of involvement. While some schools may request additional services, any [Program] client will, at a minimum, hold an initial training. The three main questions we converged on were:

1. To what extent does [the Organization] gather information on schools' needs/preferences and use this knowledge to tailor [the Program] to schools' contexts?

2. To what extent does [the Program] training impart the necessary knowledge and skills for school intervention teams to fulfill their role?

3. To what extent do school intervention teams apply the knowledge/skills acquired from the [the Program] training?

Our second and third questions were inspired by Guskey's seminal work on evaluating professional development (2000). Guskey delineated five levels of professional development evaluation. Our questions align mainly to levels two and four because these levels seem most relevant to [the Organization's] interests and most applicable to the organization's training model. Level two, "participants' learning," resonates because training quality is integral to the acquisition of new skills and knowledge, which inspired our second question. Level four, "participants' use of new knowledge and skills," is applicable because schools' implementation of [the Program] was a recurring theme in our client conversations, which inspired our third question.

Ultimately, we believe that the answers to these three questions will be multifaceted. There are multiple actors (e.g., school leadership, school staff, Client Relations Officers, PSs) whose actions could influence events before, during, and after [the Program] training. To arrive at

meaningful answers, we believe there are "sub-questions" that [the Organization] will need to explore. Table 1 presents an overview of the three main questions, relevant sub-questions, the rationale for each question, and possible measures or data sources to inform each line of inquiry.

Table 1. Evaluation Questions

Main Evaluation Question:	Example Sub-Questions:	Rationale:	Possible Data Sources:
Before Training: To what extent does [the Organization] gather information on schools' needs/preferences and use this knowledge to tailor [the Program] to schools' context?	Is there a decision-making guide or process to help schools determine what individual services best meet their needs? How are Client Relations Officers helping client schools select [the Program] services based on their needs and means? To what degree are Prevention Specialists oriented to a particular school's context or key characteristics before they provide training? How does having prior knowledge of the school environment impact Prevention Specialists' ability to provide differentiated training?	Our Prevention Specialist contact indicated that it is hard to customize programming or make recommendations when leading a training without prior knowledge of the school - e.g., information on school norms, climate, or resources. They asked whether a few questions could be sent to schools in advance to learn more about the school environment before they conduct a training. Some information could be gleaned from existing documents like codes of conduct if schools are willing to share these materials.	Responses to standard pre-screen questions before training Artifacts such as school code of conduct, school values statement, etc.
During Training: To what extent does [the Program] training impart the necessary knowledge and skills for school intervention teams to fulfill their role?	Do participants gain a clear sense of what they must communicate to students? Can participants identify which student behaviors should be addressed via discipline protocols versus early intervention protocols? How aware are participants of the early warning signs of substance abuse?	[The Organization's] administrators conveyed that they have limited information on participants' training experiences. Current information includes a record of whether the school completed the training and responses to a few questions asking about overall satisfaction, impressions of the trainer's performance, and whether any positive/negative feedback was received from the school community at large. We believe a post-training evaluation would help provide richer and more reliable information about training quality, particularly if the evaluation is completed by multiple participants.	Post-training evaluation / survey
After Training:	How comfortable are students	[The Organization] indicated that follow-up with	Questionnaire

To what extent do school intervention teams apply the knowledge/skills acquired from the [the Program] training?	and staff with making referrals to the EIT? How has the school maintained EIT staffing? How frequently do referrals (of significant concern) lead to connections with further intervention and support? Has the EIT run up against any unanticipated challenges that were not discussed in training?	schools is inconsistent because schools take the lead in deciding how to continue the relationship. The challenge with this is that if schools do not choose to follow up, [the Organization] cannot learn how the school has implemented [the Program] after receiving training. EIT members also mentioned sustainably staffing teams and addressing students' concerns about trusting the EIT as a non-disciplinary system as implementation challenges they have met. We recommend that [the Organization] look into some simple measures of EIT functioning. This could include informal or semistructured conversations between the Prevention Specialist and school contact, and/or asking schools for artifacts related to the EIT.	to be completed by (recently trained) schools attending [the Program] summit Reports of progress from follow-up consultations with Prevention Specialist Artifacts produced by EIT team such as meeting minutes, referral forms (w/ names redacted) [Specific] results (especially responses to questions such as: "[How often] *have you had a discussion of any kind about alcohol or drugs with a teacher or other adult in the school?*")

The set of evaluation questions and possible measures presented above may seem

daunting, but we envision that [the Organization] could incorporate aligned practices in

existing routines. To address the first evaluation question (and strategically customize [the

Program's] programming), Client Relations Officers could ask a few questions about school

assets and school challenges as they

familiarize schools with [the Organization's] services. If Client Relations Officers do not wish to assume this responsibility, then there may be ways to "automate" this task. For example, it is standard practice to send [the Program's] manual to a school in advance of a training. One option could entail asking schools to complete a brief "getting to know you" form with three questions about their school and automatically sharing a download link to the manual when the form is completed.

When the data are gathered, these answers could be relayed to the PS for review.

To address the second evaluation question, [the Organization] could develop a post-training evaluation that gauges whether participants acquired key information about the value of prevention, the health implications of use, and how to present [the Program] to students. This piece might be more manageable if [the Organization] could create efficiencies by hosting the SABS and the evaluation on the same online survey platform. [The Organization] could also reduce the data collection burden by incentivizing schools to provide data so less time is spent encouraging schools to share data or pursuing high survey response rates. This incentive could be provided in different forms – e.g., schools could receive either a modest discount off a "booster" training booked in the next six months or small tangible items, such as posters with key principles of [the Program].

We recognize that the third question is potentially the most challenging to assess with [the Organization's] current capacity because it asks what happens after [the Organization] delivers the initial training. Some measurement ideas are more ambitious than others, but there are data sources [the Organization] could examine without expending major effort or resources. For example, there may be existing data points, such as responses to [specific Program] items, that could be correlated with participation in training. (See example question in Table 1.) If [the Organization] does undertake additional follow-up after the initial training, we recommend distributing some of these responsibilities to Client Relations Officers, who have frequent contact with schools and are instrumental to cultivating open, trusting

relationships. To the extent that PSs have the bandwidth to do so, they could support data collection by asking schools if they would be willing to share artifacts from their activities and answer a brief survey to find out, for example, what students' responses to the program have been, what kind of "troubleshooting" has been required, and how EIT members feel supported (or not) by school structures. The question about organizational support in schools may not be an immediate (or feasible) priority for [the Organization] as it adds another layer of complexity to a formative evaluation. However, this aspect is worth considering because it dovetails with our other questions inspired by Guskey (2000). Guskey conceptualizes the dimension of organizational support as the third level of PD evaluation, falling between levels two and four (participants' learning and participants use of new knowledge and skills, respectively).

W.   Stakeholder Involvement and Evaluation Capacity-Building

Throughout the process of discussing [the Program] with various stakeholders (six [Organization] central office staff, one Regional Officer, one Prevention Specialist, and two teachers involved with the EIT at a partnering school), we noticed two common core values. The first core value was collaboration between [the Organization] and client schools to adapt [the Program] to fit the schools' contexts and needs. The second core value was the empowerment of EITs and school community members to spearhead the [the Program] program in their schools. We also noted that [the Organization] has not developed mechanisms for routinely collecting and analyzing detailed feedback from partner schools, which is complicated by the inherent challenge of analyzing feedback from schools with differently tailored programs. We see [the Organization's] collaborative mindset as a strength and suggest collaborative approaches that will engage stakeholders in the evaluation process and build the organization's capacity for evaluation and improvement.

One important factor in ensuring the success of collaborative approaches to evaluation is having clear expectations for stakeholders' participation in evaluation activities (Shulha et al., 2016). When [the Organization] and the schools it partners with first discuss launching [the Program], [the Organization] should clearly state the importance of evaluation to the success of [the Program] so partner schools are aware of their role and invested in program evaluation. Then, stakeholders should collectively determine the level of collaboration and participation required from [the Organization's] central administration, ROs, PSs, school administration, teachers, and students in evaluation. Addressing the concern raised in conversation with administrative staff about overloading the PSs, whose workload is at capacity, the Client Relations Officers could take on the role of initiating and facilitating discussions with partner schools on collaborative evaluation.

Another success factor for collaborative approaches to evaluation involves giving stakeholders the authority to make decisions. Just as partner schools are given the authority to make decisions about [the Program's] programming, they should be given the authority to determine what effective program implementation looks like in their school context and create an evaluation to track the program's development. For example, if a school's goal is to change students' misconception that substance use is common among their peers, partner schools could either create their own school climate survey or use [the Organization's] [particular] assessment before and after program implementation. PSs or Client Relations Officers can support EITs and school administrators in the process of clearly articulating school goals and creating systems to monitor progress by modeling and promoting evaluative thinking. Evaluative thinking is cultivated through dialogue, reflection, asking questions, and identifying and clarifying values, beliefs, assumptions, and knowledge (Preskill & Torres, 1999 as cited in Shulha et al., 2016). The goal is for schools to be

able to self-monitor and strengthen [the Program] after receiving guidance on best practices from [the Organization], enabling them to develop a self-sustaining [Program] in their schools.

X. Conclusion

The process of developing this formative evaluation proposal has been, in itself, one of continuous improvement. As students of evaluation, we have appreciated the opportunity to collaborate with the staff of [the Organization] to design an evaluation plan that reflects [the Program] in its design and implementation, and that we hope the program's stakeholders can use. By focusing on evaluating the program before, during, and after the initial [Program] training, we hope to reflect the collaborative and evolving nature of [the Organization's] work with schools. By focusing on team members' knowledge of [the Program] and application of the skills they gain from the training, we hope that [the Organization] can gain a nuanced understanding of how this program *activity* relies on the program *inputs* and influences the *outcomes.*

One request from our client was to weigh our ideas for data collection and identify what data source represents the best "low-hanging fruit" – that is, what opportunity strikes us as the most feasible and the best return on investment. In our opinion, either developing pre-screening questions for schools (i.e., a few questions to elicit a "snapshot" of the school's context) or developing a post-training evaluation would be the most impactful, depending on the level of effort [the Organization] can devote to this project; the pre-screening questions would be a lighter lift, whereas the evaluation would be a greater lift. The evaluation plan proposed here does not evaluate program outcomes per se, but we believe that process evaluation is also key to providing the best possible service to communities. We know from [the Organization's] open-minded, improvement-driven approach that they believe this, too, and we hope they will soon see their efforts bear fruit.

References

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