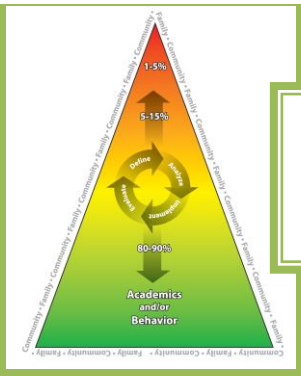


Colorado Positive Behavioral Interventions and Supports:

RtI for Social Emotional Learning

RtI/PBIS Unit

Mission

To assist school districts in establishing and maintaining effective school environments that maximizes academic achievement and behavioral competence of all learners in Colorado.

2010-11 CO PBIS Benefits of Participation

RtI/PBIS Unit at CDE integrated with other priorities (Turnaround, School and District Improvement, Unified Planning):

- Developing a continuum of support (universal, targeted, intensive)

Regional Model of Service and Support:

- 12 Regional Technical Assistance Coordinators to support schools and districts build capacity at the local level
- On-going coaching and skill building

Professional Development Opportunities:

- Face-to-face, webinar, online
- In-district, Regional

Support with Data-Based Decision Making:

- Collection, interpretation, application to intervention, connection to outcomes
- Technical Assistance and support with using SWIS (behavior progress monitoring system)

Continued Access to Tools and Resources:

- National and state specialists
- Participation in research and training opportunities

District Exploration and Adoption Tool (Guide)

Note: Exploration and Adoption phase could take up to a year

1. Establish a District Implementation Team

Purpose:

- Provide political support, visibility, funding and policy development around district PBS and RtI implementation and integration
- Support/guide/assist implementation within district
- Lend credibility and visibility
- Ensure development and sustainability of positive school climate
- Increase positive outcomes for schools, students and families

Role & Responsibilities:

- Build awareness of the elements and practices of PBIS
- Align district and school improvement goals
- Determine desired outcomes
    - Example: Increase graduation rates, decrease drop-out rates, increase academic achievement, increased time for instruction, increased teacher retention, increase parent engagement, improving post-graduate outcomes for students
- Data audit
- Resource mapping
- Determine if PBIS is necessary
- If adoption is deemed necessary, guide implementation towards innovation and sustainability
- Maintain connection and communication with TAC

Membership

- Numbers representative of size and roles within district
    - Suggestions: Supt., staff development, curriculum, mental health, building administrator, special ed director, RtI director, community/family member, board member , classroom teacher, district/external coach

- During exploration stage, may meet more frequently (monthly, bi-monthly), as district moves through implementation process, need for meetings is less frequent

2. Provide 0.5 FTE in External/District coaching per 5-10 schools (congruent with OSEP TA center research)

Purpose and Role:

- Ensure fidelity of implementation
- Provide guidance
- Coordinate fidelity data collection and outcome data use
- Relationship building
- Strategy development
- Networking within district and with regional TAC

See District PBS Coach Role and Responsibilities for a more comprehensive list of duties

Considerations:

- Approximately 3 – 4 hours per week per building (direct coaching support)
- Schools in exploration through initial implementation typically utilize more direct coaching time. Once in full implementation and beyond, direct coaching support may be less needed
- It is recommended that External/District PBS Coach begin their training series prior to school-team training, when possible.

3. Sign Behavior Progress Monitoring Agreement

Purpose:

- Ensure progress monitoring data around behavior at universal, targeted and intensive levels are used by buildings to determine trends and guide practice

Method:

- Visual representation incorporating big 5 data (Who, What, Where, When, How Often) that can be efficiently accessed by identified building level staff and shared at team and faculty meetings to guide practice.

- Use of SWIS for at least 2 years in each building
  - Technical assistance and support for data collection and analysis will be provided by regional TAC and district PBS coach.
  - *Note:* SWIS *readiness checklist must be complete before training and utilization of SWIS (see SWIS Readiness Checklist attached to District and Building Readiness Checklists)*

4. Pay travel and substitute costs for state-supported trainings for district implementation team
5. Pay travel and substitute costs for state-supported trainings for External/District Coach

   - State-supported training is provided at no cost for registration
   - 2-day SET training, 3-day SWIS Facilitator, 4 days of coaches professional development

6. Pay travel and substitute costs for state-supported trainings for building-level teams

   - 3 days of new team training
   - Ongoing professional development opportunities for building facilitators

District Exploration and Adoption Phase Tasks to be Completed

1. Contact Colorado PBS statewide coordinator

    - Erin Sullivan at sullivan_e@cde.state.co.us or (303) 866-6768

2. Contact regional Technical Assistance Coordinator (TAC)

    - Contact info provided by PBS statewide coordinator

3. Complete Exploration Questionnaire with TAC
4. Establish District Implementation Team
5. Attend PBS Leadership Overview (webinar, podcast or in person)

    - Attendees may include: central office administrators, principals, board members, PTA, etc.

6. Identify district/external coach
7. Complete District Readiness Checklist with Regional TAC

    - Goal alignment/Outcomes
    - Data audit
        - Analyze trend data with TAC (attendance, discipline, dropout, suspension/expulsion)

    - Resource mapping
        - Working smarter matrix
        - Braiding initiatives and programs
        - Funding
            - Coaching FTE, SWIS, training, travel, subs, etc.

        - Coordination/coaching

    - Registration for coaches trainings

8. Sign Behavioral Progress Monitoring Agreement
9. Select demonstration sites with Regional TAC

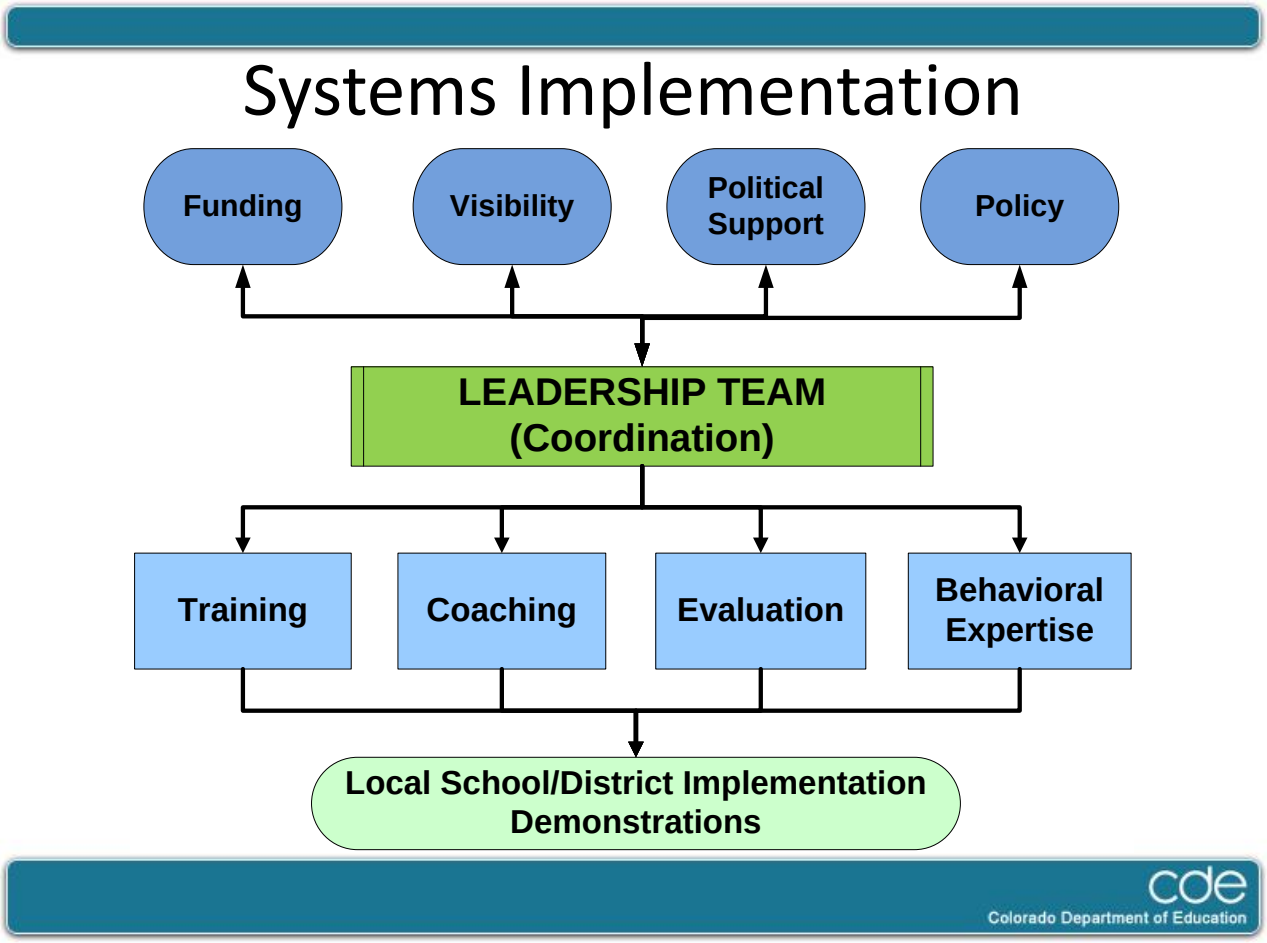
- Complete working smarter matrix and analyze competing priorities (ex. Character Counts, Why Try, etc.) – similar to resource mapping at district level

10. Complete Building Readiness Checklist with each site

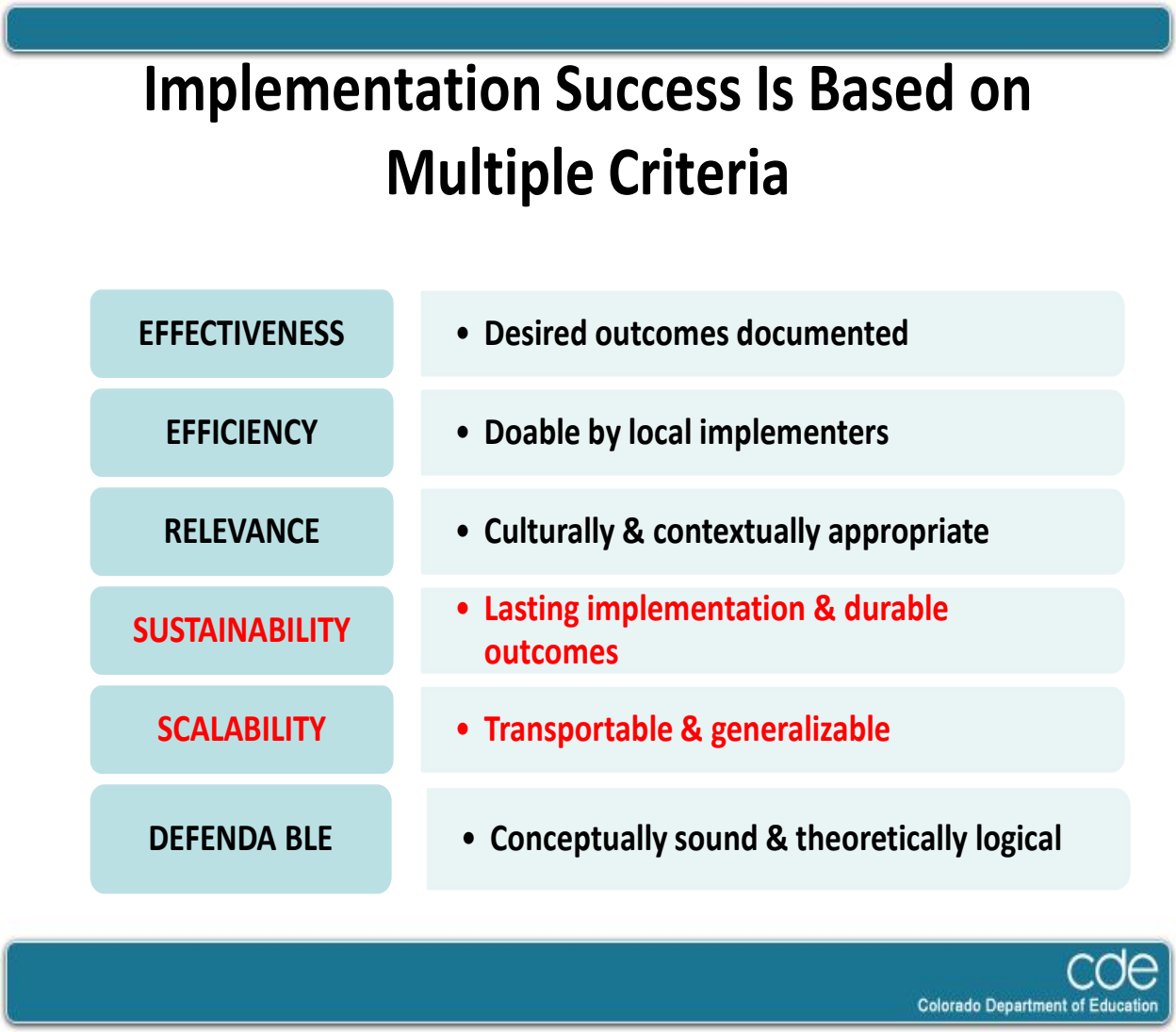
- Identify at least one internal PBS coach/ building facilitator
- Complete PBS Self-Assessment survey
- Participate in Pre-SET and/or pre-BoQ
- Schedule staff overview
- Establish representative school team for universal implementation
- Establish building meeting schedule

11. Establish dates and process for new team training
12. Continue to make progress towards Initial Implementation

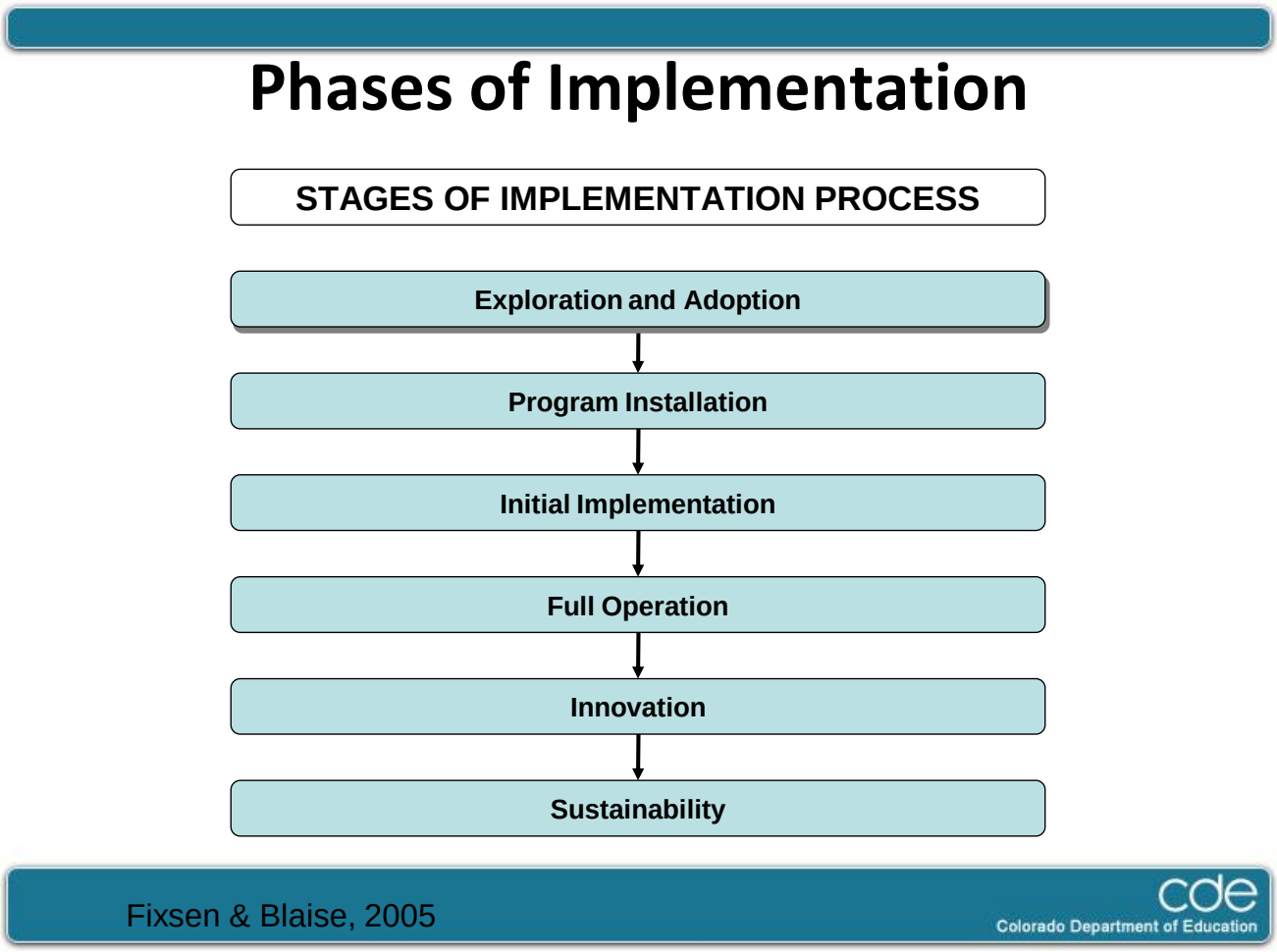
Appendix A: Systems Implementation and the Leadership Team



Appendix B: Criteria for Implementation Success



Appendix C: Phases of Implementation



Exploration and Adoption

At some point, someone has to think about making use of an innovation. This requires some degree of awareness that leads to acquisition of information and exploration of options. A large and varied literature exist describing "diffusion" of information and how individuals and organizations make "adoption decisions" (Rogers, 1983; Westphal et al., 1997; Fitzgerald, Ferlie, & Hawkins, 2003). Rogers' work has been influential and often is cited as the conceptual model used by others.

The purpose of exploration is to assess the potential match between community needs, evidence-based practice and program needs, and community resources and to make a decision

to proceed (or not). Social marketing methods seem to be relevant to the exploration process. Social marketing emphasizes knowing consumer needs and matching interventions with those needs (Andreasen, 1995). Flocks, Clarke, Albrecht, Bryant, Monaghan, & Baker (2001) provide a detailed description of social marketing strategies applied to reducing the adverse effects of pesticide exposure among farm workers. Cohen, Farley, Bedimo-Etame, Scribner, Ward, Kendall, & Rice (1999) describe the use of similar strategies to increase the availability and use of condoms in one state.

The processes of mapping consumer needs and understanding the enabling and limiting aspects of the contexts in which interventions can occur seem to be important during the exploration process. At the end of the exploration stage, a decision is made to proceed with implementation of an evidence-based program in a given community or state based on formal and informal criteria developed by the community and by the evidence-based program (Blase et al., 1984; Khatri & Frieden, 2002; Schoenwald & Hoagwood, 2001).

The point of entry for evidence-based practices and programs may be at the system level or at the provider level. Broad-based community education and ownership that cuts across service sectors may be critical to installing and maintaining an evidence-based program with its unique characteristics, requirements, and benefits. Kraft et al., (2000) describe a “pre-implementation” stage for implementing HIV/AIDS prevention programs where service providers, community planning groups, advisory boards, consumer population members, related organizations, and purveyors meet and exchange information to:

- identify the need for an intervention considering the information available
- acquire information via interactions with one another
- assess the fit between the intervention program and community needs
- prepare the organization, staff, and resources by mobilizing information and support.

It seems clear that evidence-based practices and programs will not be implemented on any useful scale without the support of political, financial, and human service systems at state and local levels (Schoenwald, 1997). That support is garnered during the adoption process and is important throughout all implementation stages.

Deciding to “adopt” an evidence-based program or practice and having well-aligned support should not be confused with actually putting that program or practice into effective use (Rogers, 1983). observed that fewer than 3% of the more than 1,000 articles he reviewed pertained to implementation. Rogers noted that the diffusion literature takes us up to the point of deciding to adopt an innovation and says nothing about what to do next to implement that innovation with fidelity.

Program Installation

After a decision is made to begin implementing an evidence-based practice or program, there are tasks that need to be accomplished before the first consumer is seen. These activities define the installation stage of implementation. Resources are being consumed in active preparation for actually doing things differently in keeping with the tenets of the evidence-based practice or program.

Structural supports necessary to initiate the program are put in place. These include ensuring the availability of funding streams, human resource strategies, and policy development as well as creating referral mechanisms, reporting frameworks, and outcome expectations. Additional resources may be needed to realign current staff, hire new staff members to meet the qualifications required by the program or practice, secure appropriate space, purchase needed technology (e.g., cell phones, computers), fund un-reimbursed time in meetings with stakeholders, and fund time for staff while they are in training.

These activities and their associated "start up costs" are necessary first steps to begin any new human service endeavor, including the implementation of an evidence-based program or practice in a new community setting.

Initial Implementation

Implementation involves complexity in every aspect. Implementation requires change. The change may be more or less dramatic for an individual or an organization. In any case, change does not occur simultaneously or evenly in all parts of a practice or an organization. Kitson et al., (1998) note that implementation requires changes in the overall practice environment. That is, the practitioner in the context of personal, administrative, educational, economic, and community factors that are themselves influenced by external factors (new info, societal norms, economic recession, media).

Changes in skill levels, organizational capacity, organizational culture, and so on require education, practice, and time to mature. Joyce & Showers (2002) describe how they help practitioners through the "initial awkward stage" of initial implementation. Fisher (1983) stated it clearly when he described "the real world of applied psychology [as] an environment full of personnel rules, social stressors, union stewards, anxious administrators, political pressures, interprofessional rivalry, staff turnover, and diamond-hard inertia" (p. 249).

During the initial stage of implementation the compelling forces of fear of change, inertia, and investment in the status quo combine with the inherently difficult and complex work of implementing something new. And, all of this occurs at a time when the program is struggling

to begin and when confidence in the decision to adopt the program is being tested. Attempts to implement new practices effectively may end at this point, overwhelmed by the proximal and distal influences on practice and management (e.g., Macallair & Males, 2004).

Full Operation

Full implementation of an innovation can occur once the new learning becomes integrated into practitioner, organizational, and community practices, policies, and procedures. At this point, the implemented program becomes fully operational with full staffing complements, full client loads, and all of the realities of "doing business" impinging on the newly implemented evidence-based program. Once an implemented program is fully operational, referrals are flowing according to the agreed upon inclusion/exclusion criteria, practitioners carry out the evidence-based practice or program with proficiency and skill, managers and administrators support and facilitate the new practices, and the community has adapted to the presence of the innovation.

Over time, the innovation becomes "accepted practice" and a new operationalization of "treatment as usual" takes its place in the community (e.g., Faggin, 1985). The anticipated benefits should be realized at this point as the new evidence-based program staff members become skillful and the procedures and processes become routinized. Once fidelity measures are above criterion levels most of the time, the effectiveness of the fully operational evidence-based program implementation site (DESTINATION) should approximate the effectiveness of the original evidence-based program.

Innovation

Each attempted implementation of evidence-based practices and programs presents an opportunity to learn more about the program itself and the conditions under which it can be used with fidelity and good effect. New staff members working under different conditions within uniquely configured community circumstances present implementation challenges. They also present opportunities to refine and expand both the treatment practices and programs and the implementation practices and programs. Some of the changes at an implementation site will be undesirable and will be defined as program drift and a threat to fidelity (Adams, 1994; Mowbray et al., 2003; Yeaton & Sechrest, 1981). Others will be desirable changes and will be defined as innovations that need to be included in the "standard model" of treatment or implementation practices (Winter & Szulanski, 2001).

When attempting to discriminate between drift and innovation, the Dissemination Working Group (1999) advised to first implement the practice or program with fidelity before attempting to innovate. In that way, it is clear that "innovation" is not an attempt to escape the scrutiny of

fidelity assessments and that the innovation is based on a skillful performance of the program or practice.

In addition, Winter & Szulanski (2001) noted that adaptations made after a model had been implemented with fidelity were more successful than modifications made before full implementation.

The Dissemination Working Group also encouraged "innovation with scrutiny over a long enough period of time to see if the innovation is beneficial to children, families, the organization, or community."

Of course, at some point, innovations may sufficiently change the definition and operations of an evidence-based program to merit a new round of experimental outcome studies to confirm the overall benefits of the revised program.

Sustainability

After the intensity of establishing a fully implemented evidence-based program implementation in a new community (often requiring 2 to 4 years), the implementation site needs to be sustained in subsequent years.

Skilled practitioners and other well trained staff leave and must be replaced with other skilled practitioners and well-trained staff. Leaders, funding streams, and program requirements change. New social problems arise; partners come and go. External systems change with some frequency, political alliances are only temporary, and champions move on to other causes.

Through it all the implementation site leaders and staff, together with the community, must be aware of the shifting ecology of influence factors and adjust without losing the functional components of the evidence-based program or dying due to a lack of essential financial and political support.

The goal during this stage is the long-term survival and continued effectiveness of the implementation site in the context of a changing world.