Delaware School Health Curriculum

Resources Analysis

This report analyzes 17 school health and behavioral health curricula so that Delaware school districts and charter schools are best able to select curricula that both meet their needs as well as fulfill the requirements outlined in Delaware Regulation 851 (Del. Code, Title 14).

Under Delaware Regulation 851, K-12 educators are required to use well-defined, evidence-based school health and behavioral health curricula that address specific learning objectives in a developmentally appropriate manner.

The analyses contained in this report are the result of an independent review by Health Management Associates conducted at the request of the Delaware Department of Education (DDOE) and the Delaware Division of Public Health (DPH). Each analysis includes the following:

- A content description of the model
- A description of the population that is the focus of the evidence-based program
- Details of the delivery model
- Categories of evidence
- Outcomes and evidence to be tracked
- Cost of implementation

Contents

Note: Those with designations Model +, Model, and Promising are rated by Blueprints for Healthy Youth Development. The Blueprints for Healthy Youth Development mission is to provide a comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.

Botvin Life Skills Training (Model+)

Content Description	LifeSkills Training (LST) is a three-year universal prevention program for middle/junior high school students targeting the use of gateway substances (tobacco, alcohol, and marijuana) and violence. The program provides students with training in personal self-management, social skills, and social resistance skills. LST consists of 15 core sessions in the first year, ten booster sessions in the second year, and five booster sessions in the third year. Each year also contains optional violence prevention sessions (three in year one, and two for both years two and three). Sessions are taught sequentially and delivered primarily by classroom teachers. Each unit in the curriculum has a specific major goal, measurable student objectives, lesson content, and classroom activities.
Curricular Focus	Life skills development, substance use prevention
Focus Population	Middle School, with grades 3-6 and 9th-10th grade components and "Transitions" for students age 16+.
Workflow/delivery model	Botvin LifeSkills Training (LST) is an evidence-based substance abuse and violence prevention program that is uniquely designed to be flexible and interactive. The program can be taught either on an intensive schedule (two to three times a week) until the program is complete, or on a more extended schedule (once a week until the program is complete). Both formats have proven to be effective. While one year of LST has been proven to achieve measurable positive effects, multi-year implementation is strongly recommended. LST is a self-contained, teacher friendly, and easy-to teach curriculum. One of the strengths of the LST program is its simplicity. It only requires a Teacher's Manual and the Student Guide for each student. Audio CDs containing relaxation exercises, a Smoking & Biofeedback DVD, CD-ROMs, and companion websites are also available to supplement the curriculum. *Elementary School Program* - The LST Elementary School program consists of 8 class sessions per year across all three years of upper elementary school. The elementary program can be implemented over one, two, or three years, depending on the availability of time. It is designed to be implemented either as a stand-alone program or in combination with the Middle School program

Middle School Program - The LST Middle School program is designed to be taught in sequence over three years in either middle or junior high school. The first year of the program has 15 class sessions (plus 3 optional violence prevention sessions), the second year contains 10 sessions (plus 2 optional violence prevention sessions), and the third year consists of 5 sessions (plus 4 optional violence prevention sessions).

High School Program - The LST High School program comprises 10 class sessions. The program is typically taught in one year in either grade 9 or 10, and can be used alone or as a maintenance program in combination with other LST programs.

Transitions Program - The LST Transitions program has 6 class sessions for ages 16+. The program is typically taught in one year and can be used alone or as a maintenance program in combination with other LST programs.

Parent Program - The LST Parent program has 7 sessions designed for parents and guardians of students in grades 6 – 9. The program is available in two formats and can be delivered as a workshop or as individual self-study. (also available in Spanish)

Galaxia - LST Galaxia is an engaging and interactive educational game designed to prevent bullying, cyberbullying, substance use, and violence among middle school youth. Since middle school is a particularly high risk period for bullying and cyberbullying, LST Galaxia is a perfect complement to the Botvin LifeSkills Training (LST) Middle School program (Levels 1 – 3).

Prescription Drug Abuse Prevention Module - The LST Prescription Drug Abuse Prevention Module is one class session that can be used as a standalone component for programs that need content to explicitly address this serious public health issue, or in conjunction with LST Middle School program (intended to be implemented after Assertiveness in any LST Middle School level).

(https://www.lifeskillstraining.com/program-structure/)

Categories of Evidence-based	LST is the most widely used evidence-based tobacco, alcohol, drug abuse, and violence prevention programs available. It is also one of the most comprehensive and rigorously tested prevention programs in America today. LST has been extensively tested and proven effective both by Dr. Botvin and colleagues at Cornell University's Weill Cornell Medical College and by a number of independent research groups. (https://www.lifeskillstraining.com/faqs/)
Outcomes, if evidence-based	Studies testing the effectiveness of LST show that it can reduce the prevalence of tobacco, alcohol, and illicit drug use by as much as 80%. It can also reduce multiple drug use by up to 66%. Research conducted for the elementary version of the program shows a 60% reduction in tobacco and alcohol use as well as increased self-esteem. LST has also been shown to reduce violent and aggressive behavior. Evaluation studies: https://www.lifeskillstraining.com/evaluation-studies/
Monitoring fidelity and impact	Pre- and post-tests are available for the LST Elementary, Middle, High School, Transitions and Parent programs. The questionnaires are designed to evaluate the participant's knowledge and attitudes prior to and at the end of implementing the Botvin LifeSkills Training program. (https://www.lifeskillstraining.com/lst-evaluation-tools/) Fidelity Checklists help teachers recognize whether they are covering the right material and teaching the program properly. Checklists are available for the LST Elementary, Middle, High School, Transitions, and the Prescription Drug Abuse Prevention Module (https://www.lifeskillstraining.com/lst-fidelity-checklists/)
Model developer	Dr. Gilbert J. Botvin (https://www.lifeskillstraining.com/program-developer/)
Cost/potential funding sources	Pricing is based on number of materials Price list – Elementary by Level: Student Guide 10-Pack $50.00 Teacher's Manual $85.00 Training set (1 Teacher's Manual & 1 Student Guide) $95.00 Curriculum set (1 Teacher's Manual & 30 Student Guides) $235.00 Full Elementary Curriculum: Full curriculum set $655.00 Levels 1-3 (1 Teacher's Manual & 30 Student Guides per level)

	Middle School by Level: Student Guide 10-Pack $40.00 - 60.00 Teacher's Manual $45.00 - 85.00 Training set (1 Teacher's Manual & 1 Student Guide) $55.00 – 75.00 Full Middle School Curriculum: Full curriculum set $645.00 Levels 1-3 (1 Teacher's Manual & 30 Student Guides per level + tools) https://www.lifeskillstraining.com/wp-content/uploads/2020/01/2019-Price-List-Updated-1.10.20.pdf Federal Administration for Children and Families AmeriCorps Campaign for Tobacco-Free Kids Catalog of Federal Domestic Assistance Center for Disease Control and Prevention Center for Health and Health Care in Schools Department of Education Department of Health and Human Services Drug Free Communities – ONDCP Foundation Center Statistical Services Grants.gov Health Resources & Services Administration National Institute for Mental Health National Institute on Drug Abuse National Institutes for Health Office of Juvenile Justice & Delinquency Prevention Office of National Drug Control Policy Office of Safe and Drug-free Schools Substance Abuse & Mental Health Services Administration (SAMHSA) Delaware Delaware Community Foundation
Link	https://www.lifeskillstraining.com/

Positive Action (Model +)

Content Description	Positive Action (PA) is a school-based program that includes school-wide climate change and a detailed curriculum with lessons 2-4 times a week—approximately 140 15-minute lessons per grade K-6 and 82 15-20 minute lessons per grade 7 and 8. Lessons for each grade level are scripted and age-appropriate. All materials necessary to teach the lesson are provided including posters, puppets, music, games, and other hands–on materials integrated into the lessons. Students' materials include activity booklets, journals and other lesson aids. The content of the program is included in six units that form the foundation for the whole program. The first unit teaches the philosophy of the program and the Thoughts-Actions-Feelings about Self Circle, and provides an introduction to the nature and relevancy of positive and negative actions/behaviors. Units 2-6 teach the positive actions for the physical, intellectual, social and emotional areas. There are two school-wide climate development kits (elementary and secondary) and a Counselor's Kit. The contents delivered through the climate development and counselor kits reinforce the classroom curriculum by coordinating the efforts of the entire school in the practice and reinforcement of positive actions.
Curricular Focus	School-wide, universal intervention, Social Emotional Learning and school climate
Focus Population	K-5, 6-8
Workflow/delivery model	Positive Action is a comprehensive program that is delivered through toolkits that are complete with manuals and all the materials needed to carry out the lessons and activities. Each component can stand alone, be configured in any combination, or be used as part of the whole. Every grade level features the same seven units. The scope and sequence enable schools to unify the program message across classrooms and throughout the school. These fundamental concepts form the basis of the program and prepare students for more specialized instruction. Supplemental kits for specific topics are designed to key off these concepts and offer educators a systematic method for addressing common issues in education. Supplemental kits help educators integrate other important topics into the program such as: School Climate, Substance Use Prevention, Bullying Prevention, Counseling, Family Involvement, Community Involvement Units: 1 – Self-Concept

	2 – Positive actions for your body and mind 3 – Managing yourself responsibly 4 – Treating others the way you like to be treated 5 – Telling yourself the truth 6 – Improving yourself continually 7 – Review Positive Action offers a full set of services to assist educators with their implementation. From designing a basic implementation to coordinating a district-wide rollout, educators can implement with confidence. Program training is available and customized for each customer. Training can be completed on-site, with webinars, or both. Program consultants are with you every step of the way. They will help you design the implementation, setup training, coordinate product delivery and help you create a successful implementation

Categories of Evidence-based	Behavior Outcomes, Academic Outcomes, Substance Abuse Outcomes
	
	Positive Action is an evidence-based, "Approved" Whole-School Reform Model that addresses the school's entire ecosystem—school, family, and community.
	
	ESSA Tier of 'Evidence-Based'
	1 – Strong Evidence, RCT study
	    • Chicago, Hawaii, Southeastern State
	2 – Quasi-experimental study
	    • Long term, Nevada, Hawaii
	
	Trial(s) Meet WWC Standards.

Outcomes, if evidence-based	https://www.positiveaction.net/research-outcomes
	Improvements in:
	    • Absenteeism
	    • Academics
	    • Adulthood
	    • Alcohol
	    • Behavior
	    • Bullying
	    • Character
	    • Crime
	    • Discipline referrals
	    • Drop out
	    • Drug use
	    • Early childhood
	    • Family
	    • Math achievement
	    • Mental health
	    • Physical health

	- Pre-kindergarten - Reading achievement - School quality - Substance use - Suspensions - Tier 2 support - Tobacco - Violence - Weapons
Monitoring fidelity and impact	Traditional Method – The simplest and oldest method is to administer a paper and pencil version of a proven survey and then input those results into a form or spreadsheet. Positive Action offers basic assistance for customers who wish to use SurveyMonkey or Google Forms. Positive Action recommends SurveyMonkey for a streamlined experience that also allows educators to customize the surveys for their needs. Please contact us to access the latest surveys. Contemporary Method – In conjunction with the 3C Institute (3C), Positive Action has developed software to track and monitor implementation and student progress. The Impact Implementation System (IIS) is specifically designed to collect and track fidelity, progress, and outcomes data and provide ongoing personalized resources to foster a high-quality implementation.
Model developer	Dr. Carol Allred (https://www.positiveaction.net/about-us)
Cost/potential funding sources	Positive Action is priced by the classroom and each kit provides enough materials for 30 students. Kit: $450 (High school $500-525) Refresher Kit: $150 Subscription: $330 (not available for HS) https://www.positiveaction.net/curriculum/elementary-school https://www.positiveaction.net/curriculum/middle-school https://www.positiveaction.net/curriculum/high-school Federal Title 1 funding State Refer to state DOE Private

Link	https://www.positiveaction.net/overview/design

Promoting Alternative Thinking Strategies (PATHS) (Model)

Content Description	The PATHS curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children (grades K-6) while simultaneously enhancing the educational process in the classroom. PATHS is now available by grade level in the following grades: Kindergarten, Grade 1, Grade 2, Grade 3, Grade 4, and Grade 5/6. The original multi-year version is also available from the publisher. The grade level versions maintain all key elements of the original version and now organize them more discretely by grade levels. The preschool version of the program, called Head Start REDI, is treated separately by Blueprints. PATHS targets five major conceptual domains: (1) self control; (2) emotional understanding; (3) positive self-esteem; (4) relationships; and (5) interpersonal problem solving skills. In addition, a 30-lesson non-mandatory supplementary unit reviews and extends PATHS concepts that are covered in other units. The PATHS curriculum is designed for use by regular classroom teachers. Lessons are sequenced according to increasing developmental difficulty and designed for implementation in approximately 20-30 minutes 2 to 3 times per week. The curriculum provides detailed lesson plans, exact scripts, suggested guidelines, and general and specific objectives for each lesson. However, the curriculum has considerable flexibility so that it can also be integrated with an individual teacher's style. Lessons include such activities as dialoguing, role-playing, story-telling by teachers and peers, social and self-reinforcement, attribution training, and verbal

	mediation. Learning is promoted in a multi-method manner through the combined use of visual, verbal, and kinesthetic modalities.
Curricular Focus	Social Emotional Learning
Focus Population	K-6
Workflow/delivery model	Comprehensive set of materials included in each PATHS® classroom module and counselor's package. Online, self-paced training is including in every classroom implementation package. (https://pathsprogram.com/paths-program-pk5) The PATHS® programs cover the CASEL Core Competencies. The PATHS® programs bring students through each of these domains in stages. Each unit is organized around one or more of these domains, while integrating aspects from all five. • Self Awareness • Self Management • Social Awareness • Relationship Management • Responsible Decision Making
Categories of Evidence-based	Emotional Well-being & Regulation and Academic Performance
Outcomes, if evidence-based	In rigorous clinical studies, the PATHS® Program has been shown to: • Reduce teachers' reports of students exhibiting aggressive behavior by 32%. • Increase teachers' reports of students exhibiting self-control by 36%. • Increase students' vocabulary for emotions by 68%. • Significantly improve students' ability to tolerate frustration plus their ability -- and willingness -- to use effective conflict-resolution strategies. • Reduce behavior problems, such as aggression at school (for both regular and special-needs students). • Significantly decrease conduct problems and the percentage of aggressive/violent solutions to social problems. • Reduce depression and sadness among special-needs students. • Significantly increase teachers' reports of improved behavior in the classroom. • Significantly reduce students' reports of male students exhibiting aggressive behavior. • Improve performance on state achievement tests in reading, math, and writing.

	• Increase students' scores on cognitive skills tests by 20%. • Significantly increase teachers' reports of improved academic engagement. Additional achievements: • Significant Improvement in Academic Achievement • Important Results Among Low-Income Students • Improved Results on State Achievement Tests • Positive Impacts in Head Start Classrooms (https://pathsprogram.com/outcomes)
Monitoring fidelity and impact	An Implementation Record and Evaluation Form is included in the PATHS® Evaluation Kit (included in the program kits). This measure is a practitioner self-report assessment. Use of the form is optional. Evaluation and observation forms to assess fidelity and collect other data are available at EpisCenter, Penn State University (http://www.episcenter.psu.edu/ebp/altthinking/evaltools). A PATHS® Program Monitoring Form for use by trained classroom observers is available by request from the publisher, PATHS® Program LLC. https://www.cebc4cw.org/program/promoting-alternative-thinking-strategies/detailed
Model developer	The PATHS® Program was designed by a team of authors who have done extensive work on child development • Dr. Carol A. Kusché • Dr. Mark T. Greenberg The PATHS® program was also developed in part by a team of researchers from leading universities in the U.S. and British Columbia, the Conduct Problems Prevention Research Group. The PATHS® Preschool/Kindergarten classroom module was also developed by Drs. Kusché and Greenberg, along with: • Dr. Celene E. Domitrovich • Dr. Rebecca C. Cortes (https://pathsprogram.com/authors)
Cost/potential funding sources	PATHs classroom packages range from $439 – 879. There are discounted prices based on quantity. Each package provides a complete set of materials and training for implementation. https://shop.pathsprogram.com/collections/paths%C2%AE-classroom-implementation-packages?_ga=2.261052685.103265927.1600698330-156810520.1600273161

Link	https://pathsprogram.com/

Project Towards No Drug Abuse (Promising)

| Content Description | Project TND is a drug prevention program for high school youth who are at-risk for drug use and violence-related behavior. It originally consisted of nine sessions designed to address issues of substance abuse and violence: 1) Communication and Active Listening, 2) Stereotyping, 3) Myths and Denial, 4) Chemical Dependency, 5) Talk Show, 6) Stress, Health and Goals, 7) Self Control, 8) Perspectives, and 9) Decision Making and Commitment. Three new sessions were added from the third trial on; that is, most trials utilized a 12-session program. These three newer sessions are the 1) Marijuana Panel, 2) Positive and Negative Thought Loops and Subsequent Behavior, and 3) Smoking Cessation. Classes are taught by trained health educators, who administer the curriculum over a 3-week period. Each session lasts 40 minutes and is conducted during the class period. The current version of TND contains twelve 40-minute interactive sessions. The sessions should be taught as written. Those students who are absent on days that a lesson is implemented should be provided with single-page summaries of the material from each lesson that they can utilize as a means to "make-up" learning of missed lesson material.

The Socratic method is used throughout the curriculum. Thus, the emphasis is on interactions between the students and the teacher and the students with each other. The teacher's use of questioning leads students to generate the answers based on the reasoning that information is internalized more readily when it is not imposed from someone else.

Classroom management in Project TND involves development of positive norms of classroom behavior. Although interaction among the youth is encouraged, the course is primarily teacher-directed and highly structured. In Project TND, the teacher's role is to actively develop and maintain peer group support in the class by modeling support, positively reinforcing it among group members, and negatively reinforcing deviant peer bonds and activities. The teacher creates and structures interactions among youth in prosocial directions. |
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Curricular Focus	Drug prevention program
Focus Population	High school
Workflow/delivery model	Project TND was designed for implementation in a classroom setting by a trained teacher or health education specialist. The project includes 12 classroom-based sessions, each of which is 40 to 50 minutes in length. The program was designed for implementation over a four-week period (i.e., 3 sessions per week). However, if you need to spread it out, you could implement it twice a week over a six-week period on the condition that all lessons are taught. Each of the program sessions is highly participatory and interactive. The sessions provide opportunities for interactions among students and between students and the teacher. Three of the 12 sessions include the option to deliver program content using either entire class discussion, or the use of small groups. In order for the program to be effective, all of the sessions need to be taught. In addition, the sessions need to be taught as written in the Teacher's Manual, utilizing the content and instructional techniques that are specified. https://tnd.usc.edu/?page_id=71
Categories of Evidence-based	• Alcohol • Marijuana • Hard drug use https://tnd.usc.edu/wp-content/uploads/2019/01/TND_Summary_of_Trials.pdf
Outcomes, if evidence-based	Project TND has been rigorously tested, with seven research trials and over 8,600 youth participants, to date. More than 5,700 youth from 42 high schools in Southern California, and over 2,800 youth from 45 high schools outside of California across the U.S., have participated in our research on the program. We have evaluated program effectiveness in alternative (continuation) high schools as well as regular high schools. The student populations in these schools have been ethnically diverse, including African American (5-26%), Latino/Hispanic (28-46%), Asian (1-7%) and White (36-45%) students.

	To date, we have conducted seven randomized experimental studies in which schools that received the program were compared to schools that did not receive the program.
	https://tnd.usc.edu/?page_id=38
	Additional Outcome Papers – https://tnd.usc.edu/?page_id=42
Monitoring fidelity and impact	Project TND Student Surveys – Pre and Post tests
	https://tnd.usc.edu/?page_id=128
	Suggestions for Using the Student Survey Data – https://tnd.usc.edu/?page_id=130
Model developer	Steve Sussman, Ph.D. and staff at the Institute for Health Promotion and Disease Prevention Research, in the Keck School of Medicine at the University of Southern California.
Cost/potential funding sources	Teacher's Manual - $90 Student Workbooks (set of 5) - $60 Additional materials are available https://tnd.usc.edu/?page_id=43
Link	https://tnd.usc.edu/

Too Good for Drugs

Content Description	Skill development is at the core of *Too Good for Drugs*, a universal K-12 prevention education program designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use. The lessons introduce and develop social and emotional skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence.
	Too Good for Drugs teaches five essential social and emotional learning skills, which research has linked with healthy development and academic success: Setting Reachable Goals, Making Responsible Decisions; Bonding with Pro-Social Others; Identifying and Managing Emotions; Communicating Effectively.

Curricular Focus	Substance use prevention and Social Emotional Learning
Focus Population	K-12
Workflow/delivery model	Too Good puts social and emotional learning to work through fun and interactive lessons, building the self-confidence young people need to make healthy choices and achieve success. Too Good for Drugs and Too Good for Violence Social Perspectives promote positive, pro-social attitudes and behavior, while fostering healthy relationships, resistance to substance abuse and conflict, and resistance to negative peer pressure and influence. *Too Good* includes the resources necessary for interactive, social, and engaging implementation, including: • Instructor-Friendly Lessons • Assessment and Evaluation Tools • Social Interactive Activities • Comprehensive Sequential Lesson Structure • Strategies for Building Family and School Connectedness • Family Component with Activities for Caregivers and Students • Cross-curricular supplement activities https://toogoodprograms.org/pages/research-base
Categories of Evidence-based	Too Good is a comprehensive family of substance use and violence prevention curricula designed to mitigate the risk factors associated with risky behavior and build protection within the child. Too Good develops a framework of Social Emotional skills through the development of goal-setting, decision-making, and effective communication skills in addition to peer pressure refusal, pro-social bonding, conflict resolution, and media literacy. Too Good programs are based on an accepted Theory of Change employing strategies and teaching key behavioral skills that research has shown to promote healthy decision making and positive outcomes. Too Good programs are proven effective in evaluations that apply rigorous, systematic, and objective procedures to obtain reliable and valid program data across evaluators, across multiple measurements and across studies. https://toogoodprograms.org/pages/what-is-too-good
Outcomes, if evidence-based	Each of the *Too Good* programs has undergone rigorous, independent evaluation studies to measure their effects on students' skills, attitudes, intentions, and behaviors. Studies have

	been published in peer-reviewed journals and presented at national evaluation conferences.
	https://toogoodprograms.org/pages/evidence-base
	Post-survey results show the TGFD treatment, in comparison to the control, to be effective in diminishing reported 30-day smoking use, alcohol consumption, binge drinking and marijuana use among high risk 6th graders, and in impacting all seven R&P factors to boost these high risk students' resiliency related to drug use.
	The post-survey ESs for the four 30-day usage outcomes (.56 to 1.03) and the seven R&P factors (.33 to .76) evidence a short-term impact of the treatment for high risk students that was broad and substantive. The positive effects, though attenuated by time, were still present six months after treatment for the high risk students on all of the 30-day usage outcomes (ESs of .30 to .65) and on five of the seven R&P outcomes (intent to use ATOD, peer resistance, bonding with prosocial peers, harmful effects of drugs, and ATOD attitudes) with ESs of .30 to .63. Also, students' reported use of cigarettes, alcohol and marijuana over the past year showed a diminution favoring the treatment high risk students (ESs of .26 to .57).
	Source: *Too Good for Drugs 2013 Summary*

Monitoring fidelity and impact	*Too Good* Fidelity Model
	1. Instructor Preparation
	• Each Instructor must complete at least one curriculum training session.
	2. Intensity and Dosage
	• Deliver one lesson per week for 10 weeks.
	• Deliver the lessons in an academic-type classroom setting.
	• Instructors have an average class size or teacher/student ratio.
	• Deliver the lessons in the order presented in the Teacher Manual.
	• Plan for and follow the allotted lesson time including the minimum activity time.
	   Grades K, 1, 2, and 3 - 30 minute lesson run time
	   Grades 4 and 5 - 45 minute lesson run time
	   Grades 6, 7, 8, and HS - 50 minute lesson run time
	
	3. Method
	• Deliver every activity in each lesson.
	• Deliver the activities in the order presented in the lesson.
	• Use all of the program materials.
	• Provide each student with his/her own Student Workbook.

	https://toogoodprograms.org/pages/research-base
Model developer	Mendez Foundation https://toogoodprograms.org/pages/who-we-are
Cost/potential funding sources	Each Program Kit includes a Teacher's Manual with fully scripted lessons, Home Workouts, Lesson Extenders, and Evaluation Instruments. Kits also include a starter pack of Student Workbooks, Game Materials, Role Play Scripts, and other activity materials you will need to deliver the program with fidelity. Most program kits cost $249.95 Program kits include 30 student workbooks. https://toogoodprograms.org/collections/program-kits?page=1 Funding Resources: **Federal** Many educators who purchase the *Too Good* programs receive federal funding from these agencies and departments: Administration for Children and Families Campaign for Tobacco-Free Kids Catalog of Federal Domestic Assistance Centers for Disease Control and Prevention Center for Health and Health Care in Schools Foundation Center Grants.gov Health Resources & Services Administration National Association of State Boards of Education - Healthy Schools National Institute on Drug Abuse National Institutes for Health Office of National Drug Control Policy Office of Safe and Drug-free Schools Parents for Public Schools Substance Abuse & Mental Health Services Administration (SAMHSA) U.S. Department of Education U.S. Department of Health and Human Services **State** Many educators who purchase the *Too Good* programs receive funding from these state departments: State Departments of Health

	Community Many educators who purchase the *Too Good* programs use community funds like these: • County government discretionary funds • Mayors' offices—municipal government • Banking institutions, including credit unions • Mental health funds • School enhancement dollars • Police departments and other crime prevention organizations • Hospitals and medical clinics • Neighborhood Watch groups • Parent-teacher organizations • Faith-based institutions • Community foundations • Private foundations • Corporations or local businesses • Service organizations • Libraries **Online Databases of Federal and Private Grants** Many educators who purchase the *Too Good* programs search for funding on these databases: Grants.gov Forecast of Funding Fundsnet https://toogoodprograms.org/pages/funding-options
Link	https://toogoodprograms.org/

ATLAS and ATHENA (Promising)

Content Description	ATLAS is a drug prevention and health promotion program for high school athletes. It is integrated into team practice sessions and consists of a classroom curriculum and weight room skill training sessions. Coaching staff and peer educators administer the classroom curriculum consisting of seven classroom sessions delivered to subjects over seven weeks of the football season. Program staff administer seven weight room sessions during the same period. Additionally, the ATLAS staff deliver a single evening session to parents describing the program and its goals, and answering questions. The classroom curriculum covers subjects such as risk factors of steroid use, strength training and sports nutrition

	as well as skills to refuse steroids and other substances. In addition, nutritional recommendations and false claims of over the counter supplements are discussed. A pocket-sized sports nutrition guide and a weight-training booklet are distributed to all student participants. The weight room sessions provide demonstrations of different weight-lifting techniques, while reinforcing other elements of the classroom curriculum. The parent session consists of a one evening informational session about the program as well as ways in which parents can help reinforce the knowledge gained by the youth in the classroom curriculum.
Curricular Focus	Substance use risk reduction, focus on steroids
Focus Population	High school athletes
Workflow/delivery model	Training is recommended prior to implementing ATLAS and is provided by the Center for Health Promotion Research. During training, participants learn the current trends in adolescent athlete substance abuse, underpinnings of effective drug prevention and health promotion, alternatives to drug use (sports nutrition and physical training), and the background and outcomes of ATLAS. Coaches and other prospective instructors will have practical experience learning to use the programs and integrating them into their usual team activities. Program materials are the Coach/Instructor Package. Coaches are the primary implementers of the program and the program is incorporated into practice time during the sport season. *Ratios*: One coach per team and one Squad Leader needs to be assigned for every five athletes. *Time to Deliver Intervention*: The team will meet for 45 minutes, once a week for 10 weeks.
Categories of Evidence-based	- Alcohol - Illicit Drug Use - Physical Health and Well-Being
Outcomes, if evidence-based	Drug Use Intentions and Behaviors - Decreased likelihood of lifetime steroid use at posttest and one-year follow-up, but differences not significant. - Decreased likelihood of alcohol and other drug use at the one-year follow-up. - Decreased likelihood of new occurrences of drinking and driving at one-year follow-up. Health Promotion Behaviors found at posttest and one-year follow-up:

	• Heightened perception of coach intolerance to drug use. • Improved nutrition knowledge and behaviors. • Enhanced strength training self-efficacy. • Less likely to believe advertisements for sports supplements and positive steroid use images. • Reduction in sport supplement use at one-year follow-up. Significant Program Effects on Risk and Protective Factors: • Greater self-reported ability to refuse drug offers from peers. • Greater knowledge of the effects of steroids and alcohol. • Stronger beliefs about the harmful effects of anabolic steroid use and perceived greater susceptibility to their effects.
Monitoring fidelity and impact	Time of staff person designated as liaison to monitor and support staff in implementing sessions with fidelity to the model.
Model developer	Linn Goldberg, M.D., F.A.C.S.M. Oregon Health Sciences University
Cost/potential funding sources	Training: On-site 5-hour training costs $1,000 per trainer (up to 2 trainers) for up to 100 participants plus trainer travel expenses. Each participant will need a training workbook at a cost of $5.50 per participant. Also included are coach and squad leader training videos with the purchase of the Coach Manual, as teaching instruments for those schools that do not receive the on-site training. Curriculum and Materials: *Coach Manual* - $280.00 Includes background information, coach and squad leader training DVD's and the 10 session curriculum guide (ATLAS). The package also includes one Team Workbook and an Athletes Guide. One Coach Manual is needed per team. (Coaches can share manuals if they are implementing the programs at different times.) *Squad Leader Manual* - $11.00 Includes one Squad Leader Eight Session Curriculum Guide and one Athletes Guide. There should be one Squad Leader for every five athletes on each team. *Athlete Package* - $11.00 Includes one Team Workbook and one Athletes Guide. Each student who is not a Squad Leader should have an Athlete Package. *Shipping and Handling* - 5% This charge applies to the subtotal of materials purchased. Community fundraising through Parent Teacher Associations or partnerships with local businesses and civic associations can assist with funding training and materials.

Link

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Good Behavior Game (Promising)

Content Description	The Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. During the first weeks of the intervention, GBG is played three times a week for 10 minutes each time during periods of the day when the classroom environment is less structured and the students are working independently of the teacher. Game periods are increased in length and frequency at regular intervals; by mid-year the game is played every day. Initially, the teacher announces the start of a game period and gives rewards at the conclusion of the game. Later, the teacher defers rewards until the end of the school day or week. Over time, GBG is played at different times of the day, during different activities, and in different locations, so the game evolves from being highly predictable in timing and occurrence with immediate reinforcement to being unpredictable with delayed reinforcement so that children learn that good behavior is expected at all times and in all places.
Curricular Focus	Social Emotional Learning, substance use prevention
Focus Population	K-5
Workflow/delivery model	Teachers play the game with their class while students are completing independent or group assignments in small teams. Students learn teamwork; they receive positive reinforcement for promoting and following classroom rules; and they practice monitoring and managing their own behavior.

	While the Good Behavior Game is played, teachers monitor teams to ensure they are following each of the class rules. If team members break a rule, that team receives a check mark. Teams that receive four or fewer check marks win the game and receive positive reinforcement to encourage future success. The game is not a curriculum and does not compete with instructional time. In the beginning of the school year the Good Behavior Game is intended to be played three times a week for approximately 10 minutes at time. At the end of the school year, a teacher may play the game daily for up to 30 or 40 minutes. https://goodbehaviorgame.air.org/about_gbg.html
Categories of Evidence-based	• Alcohol • Antisocial-aggressive Behavior • Illicit Drug Use • Internalizing • Mental Health - Other • Suicide/Suicidal Thoughts • Tobacco

Outcomes, if evidence-based	The Good Behavior Game was tested with 1st and 2nd grade classrooms in Baltimore City, MD beginning in the 1985-1986 school year. The trial was implemented in 41 classrooms in 19 elementary schools with two groups of first graders. Experts followed up with students in these classrooms periodically to study the immediate, mid- and long-term effects of the game. The results from this trial showed positive outcomes for students and teachers.
	
	Elementary Schools
	Male students who entered the first grade displaying aggressive behavior had reduction in:
	    • Aggressive and disruptive behavior
	    • Off-task behavior
	
	Middle Schools
	Male students who entered the first grade displaying aggressive behavior had reduction in:
	    • Aggressive and disruptive behavior
	    • Off-task behavior
	    • Delay in age of first smoking
	    • Use of mental health service
	
	Young Adulthood
	Males at ages 19-21 had a reduction in:
	    • Use of school based services for problems with mental health or use of tobacco/alcohol

	- Illicit drug use/dependence disorder Alcohol use/dependence disorder - Tobacco use - Antisocial personality disorder https://goodbehaviorgame.air.org/evidence_base.html
Monitoring fidelity and impact	An implementation rubric is available, here. An example fidelity checklist is available, here.
Model developer	Sheppard G. Kellam, M.D., Retired Johns Hopkins Bloomberg School of Public Health https://www.blueprintsprograms.org/programs/20999999/good-behavior-game/print/
Cost/potential funding sources	**Cost** The Good Behavior Game purveyor, American Institutes for Research (AIR), aims to develop local capacity to deliver the program. The program is implemented by teachers in the classroom. There are two strands of professional development: one for teachers and one for local GBG coaches and trainers. Teachers receive one year of GBG training that consists of group-based sessions enhanced by the support of a coach in the classroom. Local coaches are trained *in situ* over one year as they work with teachers. Teachers receive 3 days of on-site training: a 2-day Initial GBG Training and a 1-day Booster Session. Training for program Coaches includes attending the sessions above plus a one day Initial Coach Training . Coaches also receive at least two on-site Implementation Audits and up to 100 hours of technical assistance by phone and email in their first year. For the group-based trainings, the ratio is one trainer for up to 16 trainees. Costs for training program coaches are the same for 1-5 coaches. One full-time coach can support up to 16 teachers. Trainer on-site: $3,000/day plus travel expenses; Trainer off-site: $200/hour email/phone support and prep for trainings. Initial set of teacher training and classroom materials at $600 per teacher/class, student incentives are budgeted for $100 per class per year, and Coach training materials at $200/set. Annual cost of $200 per classroom for replacement supplies and $100 for student incentives. **Funding** Grants, whether federal or from the foundation community, are a good option for initial costs. Title 2 funds have been used by districts to provide GBG training and support to teachers.

	Foundations can be a good source of funds, for initial training, curricula and funding for the coaches. https://www.blueprintsprograms.org/programs/20999999/good-behavior-game/print/
Link	https://goodbehaviorgame.air.org/index.html

Olweus Bullying Prevention (Promising)

Content Description	The Olweus Bullying Prevention Program targets the problem of bullying at three levels: the school, the classroom, and the individual. Designed for elementary, middle, and high schools, the program addresses the problem of bullying with multiple strategies at each level. At the school level, students are given an anonymous questionnaire (25-45 minutes long) to assess the nature and prevalence of bullying at the school. The survey is administered in spring of the school year prior to program implementation. Secondly, the school administration convenes a conference day, during which program consultants and school staff discuss findings from the student questionnaire, familiarize themselves with the program and its effects (through discussions with program consultants, handbooks and videos), form a Bullying Prevention Coordinating Committee, and plan for program implementation. The coordinating committee includes representatives from all constituencies involved with the school (i.e., administration, teachers, counselors, health professionals, parents, and students). The school component also involves increased adult supervision of school areas that are frequently the setting for bullying (i.e., the playground, cafeteria, and restrooms). The classroom-level component involves establishing clear and consistently enforced rules against bullying, along with regular class discussions and activities designed to reinforce rules and anti-bullying values and norms. Discussions and activities also present the harm caused by bullying and strategies for preventing it. The program encourages parental involvement through meetings and discussion of the problem and efforts to address it. Individual-level components include interventions with students who bully, students who are bullied, and their parents. Interventions are designed to ensure the cessation of the bullying behavior and to provide support to victims.

Curricular Focus	Bullying prevention, school climate
Focus Population	K-12
Workflow/delivery model	OBPP is used at the school, classroom, individual, and community levels and includes tools to reach out to parents for involvement and support. The OBPP addresses the problem of bullying at multiple levels.

School-level
- Establish a Bullying Prevention Coordinating Committee (BPCC)
- Conduct committee and staff trainings
- Administer the Olweus Bullying Questionnaire (OBQ)
- Hold staff discussion groups
- Introduce the school rules against bullying
- Refine the school's supervisory system
- Hold a school kick-off event
- Involve parents

Classroom-level
- Post and enforce school-wide rules against bullying
- Hold regular class meetings
- Hold meetings with students' parents

Individual-level
- Supervise students' activities
- Ensure that all staff intervene on-the-spot when bullying occurs
- Hold meetings with students involved in bullying
- Hold meetings with parents of involved students
- Develop individual intervention plans for involved students

Community-level
- Involve community members on the BPCC
- Develop partnerships to support your program
- Help spread anti-bullying messages and best practice throughout the community

https://olweus.sites.clemson.edu/olweusinfo.php

Successful implementation of the program begins with training and consultation.
- A certified OBPP Trainer-Consultant conducts training for members of the school's Bullying Prevention Coordinating Committee
- Ongoing telephone consultation for at least one full school year (18-24 months preferred) with a Certified OBPP Trainer-Consultant.

	Additional Information in: [Why the OBPP Works]?
Categories of Evidence-based	Goals 1. reduce existing bullying problems among students 2. prevent new bullying problems 3. achieve better peer relations https://olweus.sites.clemson.edu/olweusinfo.php
Outcomes, if evidence-based	**First Bergen Project** The first evaluation of the program took place in Bergen, Norway and targeted 2,500 children in grades 5-8 over a period of 2½ years between 1983 and 1985. Findings revealed: ▪ Substantial reductions (50% or more for most comparisons by students' age and grade) in self-reported bullying and victimization. ▪ Significant reductions in self-reported vandalism, fighting, theft, alcohol use, and truancy. ▪ Reductions in teachers' and students' ratings of bullying among students in the classroom. ▪ Significant improvements in the social climate of the classroom (as reflected in students' reports of increased satisfaction with school life and school work, improved order and discipline at school, and more positive social relationships). ▪ Fidelity of program implementation was related to program outcomes--those classrooms that implemented essential components of the program saw greater reductions in bullying problems. **South Carolina** The first evaluation of the OBPP in the U.S. involved students in elementary and middle schools in South Carolina in the mid-1990s. After one year of implementation, and compared with schools not implementing the OBPP, researchers found: ▪ Large, significant decreases in boys' and girls' reports of bullying others. ▪ Significant differences between intervention and comparison schools in self-reports of delinquency, vandalism, school misbehavior, and sanctions for school misbehavior. **Commonwealth of PA** Researchers have recently conducted the largest evaluation of the OBPP to date in the U.S. Analyses included more than 72,000 students at baseline assessment in grades 3-11 from 214 schools. Findings revealed: ▪ Positive effects of the OBPP on student reports of being bullied and bullying others.

	▪ Program effects were larger the longer the program had been in place.
	The research was published in August 2018 in the *Journal of School Psychology* and can be accessed here.
	Findings revealed that the OBPP was succccessful in reducing all forms of being bullied and bullying others. Read that study published in the *International Journal of Bullying Prevention* here.
	https://olweus.sites.clemson.edu/effectiveness.php
	OBPP has over 35 years of research and successful implementation all over the world. Seven large-scale evaluations of the OBPP have been carried out in Norway with very positive effects. Studies of the OBPP in the U.S. have also produced encouraging results. In a recent evaluation of a large scale implementation of the OBPP in the U.S. there were significant decreases in being bullied and in bullying others over three years. Other program effects were also documented: There were increases in students' expressions of empathy with bullied peers, decreases in students' willingness to join in bullying, and increases in perceptions that their primary teacher had addressed bullying at the school. Overall, the program effects were stronger the longer the program had been in place.
	In May 2016, The National Academies of Sciences, Engineering, and Medicine released a new report, Preventing Bullying through Science, Policy, and Practice. The report emphasizes that "the most likely effective bullying prevention programs are whole school, multicomponent programs that combine elements of universal and targeted strategies." They also noted that the Olweus Bullying Prevention Program is "the most extensively studied bullying prevention program" of this type.
	In a meta-analyses that is widely recognized as the most comprehensive and rigorous meta-analyses on bullying prevention programs, Ttofi & Farrington found that whole-school programs can be successful in reducing bullying but there are great variations in the effects of different programs. Researchers concluded that that programs "inspired by the work of Dan Olweus worked best" (Ttofi et al., 2008, p. 69) and that future efforts should be "grounded in the successful Olweus programme" (p.72).
	https://olweus.sites.clemson.edu/olweusinfo.php
Monitoring fidelity and impact	Implementation Checklist, available here. First-Year Implementation Checklist, available here. Continued Program Implementation Checklist, available here.
Model developer	Dr. Dan Olweus, OBPP Founder https://olweus.sites.clemson.edu/programleadership.php

Cost/potential funding sources	The main categories of cost are the initial training, consultation, and program materials. Trainer-Consultant rates will vary but cannot be more than $3,000 for a 2 day committee training plus up to $125/hour/school for the consultation that follows. If your district has more than three school buildings, it may be more cost effective to have someone from your school district become an OBPP Certified Trainer-Consultant. The Trainer Certification Course registration fee is $3,925.

The program material costs listed below are standard costs for hard copy materials. Bulk discounts are available as well as electronic formats.

Required Program Materials:
- *Olweus Bullying Questionnaire (OBQ)* - Each student grades 3-12. $43.95 for 30 scannable surveys with scanning service.
- *OBPP Schoolwide Guide* - For Bullying Prevention Coordinating Committee members. $98.95
- *OBPP Teacher Guide* - For classroom teachers and identified staff members. $62.95

Optional Program Materials:
- *Class Meetings that Matter: A Year's Worth of Class Meeting Ideas* for Grades K-5, Grades 6-8, and Grades 9-12. $86.95
- *More Class Meetings that Matter* for Grades K-5, Grades 6-8, and Grades 9-12. $62.95
- *Class Meeting and Individual Intervention* for elementary, middle, and high school. This video is used for BPCC, staff and parent training. $214.95.
- *Bullying for* Grades K-5 and Grades 6-8. A general video that introduces key concepts to students, teachers and parents. (Good for parent groups, class meetings, teacher discussion groups.) $119.00
- *Cyberbullying Curriculum* for Grades 3-5 and Grades 6-12. $119.00

The start-up costs for the OBPP program including training and program materials are one-time expenses that occur only in the first year of implementation. All required materials are purchased the first year. Some schools purchase optional recommended program materials the second year of implementation, others purchase all materials during year one.

Ongoing implementation results in lower costs in subsequent years and will vary depending on whether a school has purchased printed program materials or an electronic subscription. Ongoing costs may include the recommended annual survey of students using the

	Olweus Bullying Questionnaire (OBQ) and renewal of the electronic subscription for program materials every 3 years (includes the OBQ). Sustainability costs may involve training each year for new school administrators, educators, staff, and parents if conducted by someone outside the district.
	https://olweus.sites.clemson.edu/olweusinfo.php Hazeldon Publishing Funding Opportunities Funding Toolkit (for grant writing) Funding Backpack: • EFP • PND • EDDA Title V • Grants.gov • Grant Wrangler • Foundation Directory Online • USED • GetEdFunding • Bank of America • Million TShit March Also consider potential funding from: • PTA/SAC • Insurance /Risk Management Company • Local Foundations • Title I or Title II
Link	https://olweus.sites.clemson.edu/

Second Step (Endorsed by CASEL)

Content Description	Second Step Social-Emotional Learning (SEL) gives students the tools to excel in and out of the classroom. This easy-to-teach program garners outstanding reviews from educators who've noticed schoolwide improvement and see even the most challenging students make progress in emotion management, situational awareness, and academic achievement.
Curricular Focus	Social Emotional Learning

Focus Population	K-8
Workflow/delivery model	**Elementary** With age-appropriate lessons, Second Step SEL for K–5 features catchy songs, fun games, and other engaging activities that develop social-emotional skills. Children learn how to make friends, manage their emotions, solve problems, and deal with peer pressure. Scope and Sequence: K-5 Units - • Skills for Learning • Empathy • Emotion Management • Problem Solving https://www.secondstep.org/elementary-school-curriculum **Middle School** Teacher-led units now have more interactive, 25-minute lessons and discussion-based activities with distinct grade-level experiences. 25-Minute Lessons, 6–8 Lessons Per Unit. Units – • Mindsets & Goals • Recognizing Bullying & Harassment • Thoughts, Emotions, & Decisions • Managing Relationships & Social Conflict
Categories of Evidence-based	A truly effective curriculum that helps children improve their social-emotional skills and be successful in school and in life.
Outcomes, if evidence-based	**Second Step SEL for Elementary School** (conducted with the 2011 edition) Improvements in Prosocial Skills, Empathy, Conduct Shown with Second Step SEL This study conducted a randomized controlled trial over a one-year period with 7300 students and 321 teachers in 61 schools across six school districts, from kindergarten to second grade. **Significant improvements in social-emotional competence and behavior** were made by children who started the school year with skill deficits in these areas. Additionally, the number of lessons completed and student engagement were predictive of improved student outcomes. Two-year Study Found Second Step Increased Social-Emotional Skills and Decreased Disruptive Behaviors in K–2 Students In a two-year randomized control trial, students (Kindergarten to Grade 2 in year 1) in Second Step had **increased social-emotional skills and decreased disruptive behaviors** compared to the control

	group. These effects were strongest for students who had the weakest skills at the beginning of the study. Both groups exhibited summer learning loss in their social-emotional skills, signaling a need to extend social-emotional learning through the summer. **Second Step for Middle School** (conducted with the 2008 edition) Physical Aggression 42 Percent Less Likely Thirty-six middle schools in the Chicago and Wichita areas participated in an evaluation of Second Step for Middle School. Schools in the study were randomly assigned to teach either Second Step or be control schools. After one year, sixth-graders in schools that implemented Second Step were **42 percent less likely to say they were involved in physical aggression** compared to sixth-graders in schools that didn't implement the program. 20 Percent Reduction in Bullying by Students with Disabilities This three-year study followed 123 students with disabilities from sixth through eighth grade. The 47 students in the intervention group received Second Step lessons during these three years. The control group of 76 students received no Second Step lessons. The study found that **bullying by students with disabilities decreased by one-fifth** during this three-year period of middle school among the intervention group participating in Second Step. https://www.secondstep.org/research
Monitoring fidelity and impact	Assessment guides and tools are available – https://www.secondstep.org/student-assessment **Second Step Assessment Guides** The guides below provide more detailed information about the different ways evaluations can be designed, how to match evaluation strategies to program goals, how to implement Second Step SEL with fidelity, and how to use findings to improve outcomes. Early Learning K–5 Middle School Program Evaluation Guide Middle School 2008 Edition **SEL Assessments Aligned to Second Step** To learn how the skills taught in Second Step SEL link to assessments and strategies in other programs, use the alignment charts below. Second Step and DECA Alignment Chart Second Step and Panorama Alignment Chart

	Second Step SEL for PreK–8 includes formative and summative assessments that allow educators to benchmark student skills and track students' progress acquiring social-emotional skills taught in the program. View Second Step summative knowledge assessments for Kindergarten–Grade 5 in English. Additional online surveys, checklists, and guidelines can help with program implementations. If your aim is to delve deeper and thoroughly evaluate students' individual SEL competencies, then investing in an assessment-specific tool, might be worthwhile.
Model developer	Committee for Children https://www.cfchildren.org/
Cost/potential funding sources	**Second Step Suite K–5 Bundles** *One program kit and unit notebook for each grade, Kindergarten through Grade 5.* • SEL Program • Bullying Prevention Unit • Child Protection Unit Product #000900—$4529 (Save $593) • SEL Program • Bullying Prevention Unit Product #000901—$3419 (Save $449) • SEL Program • Child Protection Unit Product #000902—$3419 (Save $449) https://www.secondstep.org/elementary-school-curriculum **Middle School –** Schoolwide License**:** It allows access to program lessons, activities, and resources for a nearly unlimited number of your school's educators and staff so all students can be supported in and out of the classroom. It also comes with a Principal Toolkit so administrators can lead and communicate about the program's implementation effectively and monitor schoolwide progress over time. It's an investment in a positive school climate, and it brings the benefits of SEL to every classroom. • 1 year - $2,749 • 3 years - $6,599 • 5 years - $8,799 Individual License: perfect for trying out the program in a single classroom for one grade (6, 7, or 8) with one user login and the

	ability to create one class in the online portal. The ability for each user to create multiple classes, all-staff schoolwide access, and the Principal Toolkit are not included with an individual license.
	Individual License: Single-Classroom Set-Up for Grade 6, 7, or 8
	1 Year - $219 3 Years - $549 5 Years - $719 https://www.secondstep.org/middle-school-curriculum https://www.secondstep.org/purchase/ **Funding**: Potential Federal Programs - IDEA—Special Education Grants to States - Title I, Part A—Improving Basic Programs Operated by Local Educational Agencies - Title I, Part C—Migrant Education - Title I, Part D—Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk - Title II, Part II—Supporting Effective Instruction (Teacher Training and Teacher Retention) - Title IV, Part A—Student Support and Academic Enrichment (SSAE) Grants - Title VI, Part B, Subpart 1—Small, Rural School Grant Program - Title VI, Part B, Subpart 2—Rural and Low-Income School Program - Title VIII—Impact Aid - McKinney-Vento Homeless Assistance Act - Promoting Student Resilience https://www.secondstep.org/funding-grants
Link	http://www.secondstep.org/second-step-social-emotional-learning

Responsive Classroom (Endorsed by CASEL)

Content Description	*Responsive Classroom* is an evidence-based approach to education that focuses on the strong relationship between academic success and social-emotional learning (SEL). The Responsive Classroom

	approach empowers educators to create safe, joyful, and engaging learning communities where all students have a sense of belonging and feel significant.
Curricular Focus	Social Emotional Learning
Focus Population	K-8
Workflow/delivery model	**Six Guiding Principles:** 1. Teaching social and emotional skills is as important as teaching academic content. 2. How we teach is as important as what we teach. 3. Great cognitive growth occurs through social interaction. 4. How we work together as adults to create a safe, joyful, and inclusive school environment is as important as our individual contribution or competence. 5. What we know and believe about our students—individually, culturally, developmentally—informs our expectations, reactions, and attitudes about those students. 6. Partnering with families—knowing them and valuing their contributions—is as important as knowing the children we teach. **Shared Practices (K–8)** • **Interactive Modeling**—An explicit practice for teaching procedures and routines (such as those for entering and exiting the room) as well as academic and social skills (such as engaging with the text or giving and accepting feedback). • **Teacher Language**—The intentional use of language to enable students to engage in their learning and develop the academic, social, and emotional skills they need to be successful in and out of school. • **Logical Consequences**—A non-punitive response to misbehavior that allows teachers to set clear limits and students to fix and learn from their mistakes while maintaining their dignity. • **Interactive Learning Structures**—Purposeful activities that give students opportunities to engage with content in active (hands-on) and interactive (social) ways. **Elementary Practices (K–6)** • **Morning Meeting**—Everyone in the classroom gathers in a circle for twenty to thirty minutes at the beginning of each school day and proceeds through four sequential components: greeting, sharing, group activity, and morning message.

- **Establishing Rules**—Teacher and students work together to name individual goals for the year and establish rules that will help everyone reach those goals.
- **Energizers**—Short, playful, whole-group activities that are used as breaks in lessons.
- **Quiet Time**—A brief, purposeful and relaxed time of transition that takes place after lunch and recess, before the rest of the school day continues.
- **Closing Circle**—A five- to ten-minute gathering at the end of the day that promotes reflection and celebration through participation in a brief activity or two.

Middle School Practices (5–8)
- **Responsive Advisory Meeting**—A practice with a set, predictable routine, organized around one of seven distinct purposes, that offers a solid framework for building meaningful connections and developing respectful and trusting relationships while meeting students' developmental needs. The meetings have four sequential components: arrival welcome, announcements, acknowledgments, and activity.
- **Investing Students in the Rules**—A process facilitated by the teacher that is composed of four steps: setting SMART goals, connecting the goals to rules, connecting the rules to concrete behaviors, and making the rules come alive.
- **Brain Breaks**—Short breaks in whole-class lessons that give students a chance to move and interact, used to increase focus, motivation, learning, and memory.
- **Active Teaching**—A strategy for delivering curriculum content where the teacher presents, explains, illustrates, and demonstrates content in a way that enables students to meet a learning objective. The three phases of active teaching are Teach and Model, Student Collaboration, and Facilitate Reflection.
- **Student Practice**—A process that follows active teaching where students explore and practice, under the teacher's guidance, the content and skills taught during a lesson. This gives the teacher the opportunity to identify and correct students' thinking before they practice further on their own.
- **Small Group Learning**—A structured way for students to work together on a specific learning goal, assignment, or project that
is organized by the teacher.

https://www.responsiveclassroom.org/about/principles-practices/

Categories of Evidence-based	Responsive Classroom is an evidence-based approach to teaching and discipline that focuses on engaging academics, positive community, effective management, and developmental awareness. Independent research has found that the Responsive Classroom approach is associated with higher academic achievement in math and reading, improved school climate, and higher-quality instruction.
Outcomes, if evidence-based	1. Responsive Classroom Efficacy Study University of Virginia's Curry School of Education conducted a major research study which showed that the use of the Responsive Classroom approach is associated with higher academic achievement, improved teacher student interactions, and higher quality instruction. 2. The Economic Value of Social and Emotional Learning The Center for Benefit-Cost Studies of Education at Teachers College, Columbia University, evaluated the economic benefits of social-emotional learning (SEL) by studying six interventions, including the Responsive Classroom approach. Researchers found that "improving SEL shows measurable benefits that exceed its costs, often by considerable amounts." Specifically, for every dollar schools spent on Responsive Classroom, there was a return of almost nine dollars per student. https://www.responsiveclassroom.org/wp-content/uploads/2015/11/What-research-says-updated-12.16.pdf
Monitoring fidelity and impact	Assessment Tool for Administrators, available here.
Model developer	Center for Responsive Schools https://www.crslearn.org/who-we-are/
Cost/potential funding sources	**School & District Services:** The most cost-effective and comprehensive way to train your whole school, or your entire district, in the Responsive Classroom SEL approach to teaching and discipline. - Cost-Effective: Training your whole staff at once can be a very affordable option, especially if your school or district is particularly large. - Comprehensive: Our courses provide you with all you need to bring social and emotional practices into your classrooms. - Flexible Scheduling: We'll work within your professional development calendar to schedule the best dates for you.

- Abundant Resources: Books and supplementary materials are included to set you up for long-term success.
- Immediate Implementation: Start implementing what you learn right away.
- Ongoing Support: We're here to help you assess your progress and keep your skills and knowledge up to date.

Course packages:
- Comprehensive Elementary Package
- Elementary Core Course
- Elementary Advanced Course
- Middle School Course

Workshops:
- Introduction to Responsive Classroom for K-8 Educators
- Strategies to Prevent Bullying
- Support Staff Working Together
- Special Area Teachers
- Responding to Misbehavior
- Improving Teacher and Student Language
- Connecting Morning Meeting to Academics
- Sustaining Responsive Classroom Momentum
- Addressing Middle School Challenges
- Consultant Observation and Feedback Visit

https://www.responsiveclassroom.org/courses/school-district-services/

Virtual Institutes: ($729)
- Elementary Core Course
- Elementary Advanced Course
- Middle School Course

https://www.responsiveclassroom.org/courses/institutes/

One-day Workshops: ($199-$399)
https://www.responsiveclassroom.org/courses/institutes/
Essential Bundles: $185
Quick Coaching Guides: $11/one; $150/10; $315/30

https://www.responsiveclassroom.org/store/

Funding
Federal funding
- A Guide to Federal Education Programs That Can Fund K–12 Universal Prevention and Social and Emotional Learning Activities (May 2014)

	- Grants.gov provides a search engine for federal grant opportunities. You can also sign up to receive notifications by email. Visit their website for information. - The U.S. Department of Education publishes funding forecasts on its website. Private funding - The Foundation Center provides information about foundation funders. Visit their website for more information and to sign up for their Education Funding Watch newsletter. - The Grantsmanship Center offers training and other fundraising resources to its members. Its website includes a free state-by-state review of foundations and corporate giving programs. - The Character Education Partnership has recognized a number of schools and districts that use the *Responsive Classroom* approach as National Schools of Character. https://www.responsiveclassroom.org/on-site-services/funding-ideas/
Link	https://www.responsiveclassroom.org/about/

Planet Health (Promising)

Content Description	The Planet Health program is a two-year intervention designed to reduce obesity by increasing energy expenditure while promoting key dietary behaviors. The curriculum introduces and reinforces five simple health messages or goals: 1) Be physically active every day; 2) Limit your screen time to no more than two hours per day; 3) Eat five or more servings of fruits and vegetables (combined) daily; 4) Eat more whole grains and less added sugar; and 5) Eat foods low in saturated fat and containing no trans-fat. The Planet Health curriculum includes teacher training workshops, classroom lessons, PE materials and wellness sessions. Classroom components are designed to fit into 45-minute periods and are designed to be inter-disciplinary. Each program theme is addressed in one lesson per subject (language arts, math, science and social studies) for a total of 16 core lessons each in year 1 and year 2, for a total of 32 lessons.
Curricular Focus	Obesity prevention

Focus Population	Middle school
Workflow/delivery model	Through classroom and physical education activities, *Planet Health* aims to increase activity, improve dietary quality, and decrease inactivity. The second edition of *Planet Health* includes revised nutrition and physical activity information, ensuring that you're equipped with the most up-to-date science. The book also includes a CD-ROM with plenty of reproducible worksheets, parent information and newsletters, school health resources, and other teacher resource materials. *Planet Health* provides: • 35 complete, ready-to-use lesson plans and 31 microunits that promote healthy nutrition and activity; • materials and instructions to implement Power Down, a two-week campaign to reduce television and other media viewing time, which you can launch in the classroom or school-wide; and • FitCheck, a self-assessment tool to help students track and improve their activity levels. Teacher trainings, flexible design, and planning tools facilitate the implementation of *Planet Health*.
Categories of Evidence-based	Reducing obesity among youth
Outcomes, if evidence-based	Reducing obesity via a school-based interdisciplinary intervention among youth: Planet Health • Planet Health decreased obesity among female students, indicating a promising school-based approach to reducing obesity among youth.
Monitoring fidelity and impact	Planet Health includes planning sheets for schools as well as monthly and weekly planners. These can be used to assess fidelity by tracking who teaches each lesson and when the lessons are taught. https://www.blueprintsprograms.org/programs/630999999/planet-health/print/
Model developer	Principal Investigator: Steven Gortmaker, PhD
Cost/potential funding sources	**Cost** Set of Planet Health Books: $62 each Fitness funds: $500 On-site training: $400

	Trainer travel estimate: $1,500
	https://www.blueprintsprograms.org/programs/630999999/planet-health/print/
Link	https://www.hsph.harvard.edu/prc/projects/planet/ https://www.planet-health.org/

Safe Dates (Promising)

Content Description	*Safe Dates* is a ten-session dating abuse prevention program for middle/high school students consisting of both school and community components. The school component has a curriculum that is implemented in schools by regular classroom teachers and targets primary prevention, while the community component targets secondary prevention by providing support groups and activities for youth as well as information for parents. The curriculum in the school component can also be presented by community resource people outside of the school setting. Each session is 45-50 minutes in length and includes the following topics: defining caring relationships, defining dating abuse, why people abuse, helping friends, overcoming gender stereotypes, equal power through communication, how we feel/how we deal, and preventing sexual assault. Booster sessions can also be offered after the initial administration of the curriculum.
Curricular Focus	Sexual health
Focus Population	Middle school
Workflow/delivery model	Through ten engaging sessions, students will learn and discuss the causes of dating violence, how they can help a friend in an abusive relationship, common gender stereotypes regarding dating violence, and important prevention techniques. Additionally, the curriculum includes: • Updated statistics and facts on dating violence and sexual assault • Information on dating abuse through technology • A CD-ROM with reproducible handouts and parent resources • A new *Families for Safe Dates* program to help facilitate conversations about healthy relationships and dating abuse The curriculum consists of five components:

	- A ten-session dating abuse curriculum - A play about dating abuse - A poster contest - Parent materials, including a letter, newsletter, and the Families for Safe Dates program - An evaluation questionnaire *All the materials needed to implement the program are included in the Safe Dates manual and on the CD-ROM. Safe Dates* can be used as a dating abuse prevention tool for both male and female middle- and high-school students. *Safe Dates* would fit well within a health education, family life skills, or general life skills curriculum. Because dating violence is often tied to the abuse of alcohol and other drugs, you may want to consider using *Safe Dates* in conjunction with alcohol and other drug prevention programs, as well as any other general violence prevention programs. A school counselor could offer *Safe Dates* as part of a support group or counseling/education program or it could be used in after school, community youth enrichment, and faith-based youth programs. *Safe Dates* could also be used as an intervention tool at domestic abuse or crisis centers, in juvenile diversion programs, and with victim support groups. https://www.hazelden.org/web/public/safedatesabout.page Each session is approximately 50 minutes in length. *Safe Dates* can be flexibly scheduled (e.g., daily or weekly sessions). Reproducible student handouts for each session are included on the CD-ROM. If you do not have time to complete all ten sessions, the curriculum has suggestions for a six-session or four-session program. It is important to realize, however, that the fidelity of the product and accompanying outcomes are best maintained by completing all ten sessions. https://www.hazelden.org/web/public/safedatesproduct.page
Categories of Evidence-based	Dating violence
Outcomes, if evidence-based	This engaging interactive curriculum uses stories and role plays that reflect current topics and has shown a 56%-92% decrease in physical and sexual dating violence.
Monitoring fidelity and impact	Fidelity checklist is provided for implementation. https://www.hazelden.org/web/public/safedatesproduct.page
Model developer	Vangie Foshee, Ph.D. Stacey Langwick, Ph.D.

	https://www.hazelden.org/web/public/safedatesauthors.page
Cost/potential funding sources	Manual with CD-Rom: $295 Three-year electronic subscription: $175 Funding: • Grant writing support https://www.hazelden.org/store/item/38103
Link	https://www.hazelden.org/web/public/safedates.page

Footprints for Life

Content Description	Footprints for LifeTM program design is grounded in the theory of asset-based prevention developed by The Search Institute, an independent non-profit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth and communities. At the heart of the Institute's work is the framework of 40 developmental assets, which are positive experiences and personal qualities that young people need to grow up to be healthy, caring and responsible citizens. Young people with low levels of developmental assets are two to four times as likely to use alcohol, tobacco and other drugs as those who have above-average asset levels. This is true for young people from all racial/ethnic, family, and socioeconomic backgrounds. *Footprints for Life TM* addresses internal assets, particularly the area referred to as social competencies. The skills to be developed include planning and decision-making, interpersonal skills, peaceful conflict resolution, cultural competence, and dealing with peer pressure, specifically around substance use/abuse. *Footprints for Life TM* includes a family component with weekly assignments to be supervised by a parent/guardian. The assignments introduce effective language and techniques for communicating about feelings and problems. Parents/guardians as well as classroom teachers are strongly encouraged to promote the use of this language to reinforce the value of the program and its concepts around healthy decision-making and peaceful conflict resolution. Each of the five characters in the stories has unique footprints and personalities as well as family situations. Each comes to learn how to become more self-aware and consider the consequences of their

	actions. They demonstrate an increased appreciation and understanding of their friends and realize the positive power of healthy problem solving such as coping instead of moping.
Curricular Focus	Social Emotional Learning, conflict resolution, life skills
Focus Population	Grades 2-3
Workflow/delivery model	FOOTPRINTS for LIFE™ is a research-based primary prevention program designed to builds assets and teach skills through the use of puppets and stories that feature "real-life" situations experienced by a children's soccer team.

The six-week program is designed to be presented in the classroom setting and includes a parent information letter and weekly home assignments.

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| **Categories of Evidence-based** | The social competencies that Footprints addresses are planning and decision-making practice, interpersonal skills, cultural competence, peer pressure, and peaceful conflict resolution — assets identified as promoting positive attitudes and behaviors. The program is |

	designed to promote developmental assets to deter the first use of alcohol and other drugs.
Outcomes, if evidence-based	NCADD hired the Center for Children and Families (CCF), a research center affiliated with the Rutgers, The State University of New Jersey, to analyze evaluation data collected for the project. The goals of the evaluation included analysis of teacher responses for satisfaction with the program and observed child outcomes. The evaluation identified many positive findings regarding the Footprints for Life TM program. Teachers reported high levels of satisfaction with the program and indicated that they witnessed students' using the skills taught by the Footprints curriculum. In particular, teachers reported that the Footprints program facilitated enthusiastic learning by youth participants and featured grade- and age-appropriate information. In addition, teachers reported using lessons from the Footprints curriculum to reinforce concepts in the classroom on a regular basis. https://www.footprintsforlife.org/component/content/article/95-about/101-rutgers-evaluation?Itemid=437
Monitoring fidelity and impact	Information is not available
Model developer	NCADD of Middlesex County, Inc. (now doing business as Wellspring Center for Prevention)
Cost/potential funding sources	**Cost** $600/classroom https://centerforprevention.org/footprints-for-life/
Link	https://www.footprintsforlife.org

Hip Hop 2 Prevent Substance Abuse and HIV

Content Description	Hip-Hop 2 Prevent Substance Abuse and HIV is designed to improve knowledge and skills related to preventing and reducing the use of drugs and HIV/AIDS among youth 12-16. The program incorporates hip-hop culture as a social, cultural, and contextual framework for addressing these issues.
Curricular Focus	Substance use and HIV prevention

Focus Population	Middle and High School
Workflow/delivery model	H2P uses a curriculum consisting of 10 modules, called "ciphers," delivered in 10 2-hour sessions. Through the curriculum's use of Hip-Hop culture, interactive multimedia, and a mix of traditional but mostly non-traditional methods for positive youth engagement, youth learn information about drugs, HIV/AIDS, and sexual behavior; resistance and refusal skills; effective communication and negotiation skills; information about healthy alternatives to sex and drugs; and prevention self-efficacy skills. Youth engagement professionals (e.g., educators, counselors, trainers) deliver the first four modules in after-school or in-school sessions and the remaining modules in a relaxed environment like what we call H2P camp, a 3-day retreat or recreational setting offering students structured learning and recreational activities, team-building experiences, mentoring, and opportunities for creative expression and sharing. Prior to serving as implementers of H2P, program staff must participate in a 2-day training to expand their understanding about the genesis, ideology, and cultural components of Hip-Hop culture, the Hip-Hop Development Theory for positive youth engagement outcomes, and the H2P program overall. There is a 12-hour training and engagement requirement.
Categories of Evidence-based	1: Perceived risk of harm from drug use 2: HIV knowledge 3: Self-efficacy to refuse sex 4: Disapproval of drug use
Outcomes, if evidence-based	**Outcome 1: Perceived risk of harm from drug use** In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group. In the first study, from pretest to posttest, H2P participants had a significant increase in perceived risk associated with marijuana use compared with control group participants ($p < .05$). No other statistically significant results were found from pretest to posttest. From pretest to 6-month follow- up, H2P participants had a significant increase in overall drug risk perception compared with control group participants ($p < .05$), with no other statistically significant results found. In the second study, H2P participants perceived greater risk of harm associated with marijuana use than participants from the control group at posttest ($p = .009$). No other significant differences between the two groups were observed at posttest or at 6-month follow-up.

	Outcome 2: HIV knowledge In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group. In the first study, no statistically significant differences on HIV knowledge were found between the groups at posttest. From pretest to 6-month follow-up, however, H2P participants had a significant increase in HIV knowledge compared with the control group (p < .01). In the second study, H2P participants had significantly greater HIV knowledge than the control group at posttest (p < .05), with no statistically significant differences between the groups at 6-month follow-up. **Outcome 3: Self-efficacy to refuse sex** In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group. In the first study, no statistically significant differences were found across time between the two groups on self-efficacy to refuse sex. In the second study, however, a significantly higher percentage of H2P participants compared with control group participants reported confidence in their ability to show love without sex at posttest (p= .008) and 6-month follow-up (p = .04). In addition, at 6-month followup, H2P participants compared with their control group counterparts reported significantly greater confidence in their ability to resist having sex despite their partner's desire to do so (p = .005) and in their ability to abide by their decision not to have sex yet (p = .007). **Outcome 4: Disapproval of drug use** In one study, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group. At posttest, a significantly higher percentage of participants in the H2P group than the control group believed it was wrong for youth their age to drink alcohol regularly (p = .045), smoke cigarettes (p = .03), or use marijuana (p = .007). At 6- month followup, the percentage of participants disapproving of marijuana use remained significantly higher in the H2P group than in the control group (p = .01). https://www.theathenaforum.org/sites/default/files/hip-hop_2_prevent_substance_abuse_and_hiv_4-21-12.pdf
Monitoring fidelity and impact	**H2P Training of Trainers (TOT)** Trainers and other youth stakeholders who will be implementing the evidence-based H2P program curriculum will be provided the tools for ensuring fidelity, including the strategic framework

	necessary for a successful, fun and rewarding implementation experience with youth.
Model developer	Lead: P. Thandi Hicks Harper, Ph.D. Team: Timothy Jones, Shelly Briscoe, Sudani Scott
Cost/potential funding sources	Information is not available.
Link	https://hiphop2prevent.com

Project Alert

Content Description	The Project ALERT curriculum was created and tested by the RAND Corporation, a nonprofit, nonpartisan research organization. Developed over a ten-year period, Project ALERT addresses the pro-drug mindset of today's teens and effectively increases their likelihood to remain drug-free. The online training was designed to be completed in about 5 to 6 hours, but will vary by user. You must do all 11 core and 3 booster lessons to receive your certificate. It will be emailed to you within 24 hours of completion.
Curricular Focus	Substance use prevention (includes opioids module)
Focus Population	Grades 7-8
Workflow/delivery model	Project ALERT is a free classroom-based substance abuse prevention program for 7th and 8th graders that's proven to reduce the experimental and continued use of drugs. Through a series of comprehensive lessons, Project ALERT motivates students against drug use, cultivates new non-use attitudes and beliefs, and equips teens with the skills and strategies they'll use to resist drugs. Bringing Project ALERT to your classroom is easy with self-paced online training, web-based and downloadable lesson plans, including supporting videos and posters. What Project ALERT includes: • Fourteen eReader lesson plans • Eight online interactive student videos • Twelve projectable classroom posters • Online teacher training • A certificate of training completion • Toll-free phone support and online technical assistance • An electronic newsletter

	The Project ALERT two-year core curriculum consists of 11 lessons that are most effective when taught once a week during the first year, plus three booster lessons that should be delivered the following year. Project ALERT complements other curricula and can be implemented in conjunction with lessons from sex education, health, physical education, science and social studies.
Categories of Evidence-based	Project ALERT is proven to: • Motivate students against drug use • Provide skills and strategies to resist drugs • Establish new non-use attitudes and beliefs
Outcomes, if evidence-based	The Project ALERT curriculum was developed and field tested over a ten-year period by RAND. RAND research demonstrates that teens have a mindset about drugs. By shifting the pro-drug mindset, students of Project ALERT administrators have benefited from these measurable results: • 40% drop in students already experimenting with cigarettes in becoming regular smokers • 24% lower alcohol misuse score • 20% reduction of highest-risk early drinkers • 20 to 25% decrease in cigarette use during the past month • 33 to 55% decrease in regular and heavy usage of cigarettes • 60% decrease in current marijuana use Additional research: https://www.projectalert.com/resources/research
Monitoring fidelity and impact	Fidelity instrument is available for each lesson.
Model developer	RAND Corporation
Cost/potential funding sources	A digital version of Project ALERT is available online FREE of charge. You can access lesson plans formatted for eReader technology, streaming videos, projectable posters, and shareable student handouts. FREE online training is available by creating a user account, logging on, and accessing the Online Training module in the left navigation area of the home page. A certificate of training will be provided upon completion of all 14 lessons.
Link	https://www.projectalert.com

Ripple Effects

Content Description	Ripple Effects' digital suite of intervention, assessment and data management tools make personalizing student supports doable, affordable, effective, and efficient. The culturally relevant, easy-to-use tools can be implemented by paraprofessionals with a minimum of training, making it easier and more efficient to improve the lives of young people, without adding to the already heavy burden on teachers. Ripple Effects Whole Spectrum Intervention System includes three main parts: direct-to-learner, personalized interventions, digital planning and assessment tools, and an easy to use data management system. Live training and support services are available for all three.
Curricular Focus	Social Emotional Learning
Focus Population	K-12
Workflow/delivery model	Expert system technology uses natural selection patterns to deliver the most relevant set of evidence-based, motivational counseling, SEL skill building, behavioral interventions, and social empowerment practices to each learner, based on personal concerns. Multiple instructional modes per topic provide differentiated learning opportunities for every student. Available on Mac, PC, Chromebook, iPad, and Android. https://rippleeffects.com/tools_Interventions/ Ripple Effects digital planning tools support individualized interventions and meet your RTI/MTSS needs. The *Individual Playlist Creator* and *Group Playlist Creator* allow implementers to assign a lesson or select from a research-based scope of lessons for individuals or groups. Assessment tools include *Screen for Strengths* self-report surveys of social emotional competencies/resiliency assets and *Seeing I to I*, a survey of student/staff/parent perceptions of respect and bias at school. **Individual and group planning** • *Individual Playlist Creator:* This strengths-based app allows users to customize skill-building for their student by matching lessons from Ripple Effects research-based treatment plans to their student's learning objectives. Seamlessly connected to the *Data Viewer,* it is easy for users to quickly see what lessons students have completed. Treatment plans are designed to solve behavior challenges by addressing presenting behavior, and the reasons behind it. A personalized learning plan made up of multiple lessons

	can be spread out, or compressed, to fit a range of time constraints.
	• *Group Playlist Creator:* This enhancement to the evidence-based digital *Teens and Kids* interventions allows implementers to tailor a curriculum to their group and allows users to assign preset curricula or specific topics to groups of students. The customized group playlists will then show up in each student's individual playlist in the intervention.
	Individual and group assessment
	• *Screen for Strengths*: Self-report surveys of social emotional competencies/resiliency assets. Identify strengths and opportunities for growth, and monitor progress toward targeted social-emotional competencies with this student self-report tool. Screen for Strengths aids educators in directing students to personalized, targeted interventions and reduces legal exposure possibly due to subjective, culturally biased assessment.
	• *Seeing I to I* : Survey of student/staff/parent perceptions of respect and bias at school. Identify potential trouble spots and build positive school climate with survey tool. Separate online surveys capture student, staff and parent perspectives of bias. The surveys focus on three areas related to respect: perceived adult behavior toward diverse groups, perceived student behavior toward diverse groups and personal attitudes about diversity.
	https://rippleeffects.com/tools_PandA/
Categories of Evidence-based	These interventions (Grades PreK – 11) have been proven to change behavior, increase academic success, and strengthen pro-social behavior among children and adolescents, and the adults who work with them. *Ripple Effects Whole Spectrum Intervention System* is NREPP listed for comprehensive mental health supports and substance abuse prevention.
	https://rippleeffects.com/tools_Interventions/
	Students using Ripple Effects demonstrate positive gains in academic achievement, attendance, and resiliency asset scores, and reductions in suspensions, ISS referrals, dropout rates, behavior problems, and depression scores.
	https://rippleeffects.com/impacts/

Outcomes, if evidence-based	Previously failing students exposed to Ripple Effects raised their grades from a 1.1 to a 2.4 in one semester, while the control group went down over the same period (Perry, Bass, Ray, & Berg; 2008).
	Use of Ripple Effects has resulted in improved student behavior, as evidenced by school and district data about office discipline referrals, in-school suspensions, and out of school suspensions.
	- In one study of 3800+ students using Ripple Effects in ISS, repeat referrals to ISS declined an average of 28% from fall to spring, a time when they normally increase. (Ray, Patterson & Berg, 2008). - In another cross-site-study, use of Ripple Effects resulted in statistically significant lower rates for out-of-school suspensions among Ripple Effects Treatment Group students versus students in control group (Bass, Perry, 2008). - A mixed methods evaluation in a PBIS school's ISS program showed use of the Ripple Effects behavioral intervention resulted in a statistical significant decrease in repeat referral rates, including for student subgroups (African American, male, and experiencing academic failure) identified as being disproportionately referred (Cooper, 2013).
	One study showed a statistically significant, more than 50% lower dropout rate one year later, among students who were exposed to Ripple Effects, compared to the control group.
	A randomized controlled trial by WestEd, measured the impact of Ripple Effects on resilience assets. Students who used Ripple Effects showed stronger gains in empathy and problem solving skills, compared to the control group, pre to post intervention. Unexpectedly, control group students showed a higher sense of connectedness. Researchers hypothesize that the Ripple Effects students' stronger skills in empathy may have triggered the control group students feeling more connected to their school (DeLong-Cotti,2009).
	Ripple Effects students had fewer tardies in 4 of the 6 studies measuring it. In one study, the finding was significant. In one school where Ripple Effects was the first period activity, tardies were reduced to zero (Perry, Bass, Ray, 2008).
	A school-based, gang prevention program in Los Angeles, which used Ripple Effects as the psycho-social component of a comprehensive intervention, found that seven cohorts of students exposed to Ripple Effects showed significant decreases in

	depression scores from pre-intervention to post (Koffman et al, 2008). https://rippleeffects.com/impacts/
Monitoring fidelity and impact	Data Viewer monitors and documents the development of collective, and individual social-emotional strengths, documents dosage levels of personal exploration, and tracks progress in meeting individual behavioral goals: • Being able to easily share a students RTI plan with all those who can support it (but not unauthorized personnel) increases the chance that students will receive an integrated system of personal supports. • Documenting and sharing the good things that some teachers are seeing in a student provides practical support and direction to the teacher who has become narrowly focused on a problem area • Having a written, site-based, implementation plan saved into the system supports greater sustainability through teacher turnover. • On the administrative side, educators can customize groups to include only those student for whom they responsible • Program directors can assign, and system administrators implement, different levels of access to information (such as RTI plans), based on setting and relationship to students. https://rippleeffects.com/data-assessment-intervention
Model developer	Child advocate/media creator, Alice Ray, and technology innovator and producer, Sarah Berg https://rippleeffects.com/about-us/
Cost/potential funding sources	**Student Programs Purchase Option 1: One-time Payment Permanent License per program: _Ripple Effects for Kids_ or _Ripple Effects for Teens_** (see table below)

Student Programs Purchase Option 1: One-time Payment Permanent License per program: *Ripple Effects for Kids* or *Ripple Effects for Teens*

Ripple Effects Program Level	5 Device	30 Device	School-wide, <450 enrollment	School-wide Standard
GOOD	$3,500	$6,900	$9,900	$13,900
BETTER	NA	$9,700	$11,900	$15,900
BEST	NA	NA	$13,900	$17,900
Annual Maintenance /Upgrade Plan	*Option 1 purchases only:* 10% of the license cost paid annually, starting year 2			

	Purchase Option 2: Annual Subscription License based on enrollment per site/district per program - minimum 400 enrollment for: *Ripple Effects for Kids* **or** *Ripple Effects for Teens*

Ripple Effects Program Level	Site or District-wide Subscription based on total enrollment at a site or district
GOOD	$7 x enrollment
BETTER	$10 x enrollment
BEST	$13 x enrollment

SIS Integration plus automatic SSO/rostering, Annual Charge	
Single Sign On capability via various systems	$250 per school per year

Professional Services - Implementation Training
Implementation Support for Staff: Included in License Fee One 90-minute customized implementation training webinar, telephone/email technical support, and digital links to professional development manuals for Tiers 1, 2, 3, Mental Health & Juvenile Justice. Live
Implementation Training: $3,200 for 6-hour implementation training Includes materials for up to 30 participants. Travel/living expenses for one trainer extra.
Ripple Effects Train the Trainer: $4,500 for two-day, 6-hour course Includes up to 20 participants, includes trainer training kits. Travel/living expenses for one trainer extra.

http://www.rippleeffects.com/pdfs/RE_Pricing.pdf |
| **Link** | https://rippleeffects.com/tools/ |

HealthSmart

Content Description	*HealthSmart* is a comprehensive K–12 health education program. Lessons are easy to use, with clear, concise teaching steps focused on the essential concepts and skills that will enable students to develop, practice and support specific healthy behaviors. Activities are developmentally appropriate, challenge students in a variety of ways, and accommodate a range of learning styles. Schools can teach the comprehensive program or select only the grades and/or subjects they need. The ultimate goal of the *HealthSmart* program is to promote the healthy growth and development of youth and give them the knowledge and skills to make healthy choices and establish life-long healthy behaviors.
Curricular Focus	Comprehensive health education.

https://www.etr.org/healthsmart/about-healthsmart/ |

Focus Population	K-12
Workflow/delivery model	**Teacher Resources** The lessons are available in both print and digital formats. Review and teach the lessons from your copy of the print edition book, or access the lessons online with a digital edition subscription. Online lessons link directly to slides, keys, masters, scoring rubrics and other teacher materials. Print edition users can also access teacher materials online, as well as from the flash drive that comes with the print edition curriculum. The PowerPoint slides used to present key concepts, prompt discussion and guide group activities include all the notes for the lesson, making it easy to present the lesson in both in-person and virtual classrooms. **Student Resources** Printed student workbooks for Grade 3 through High School provide students with all of the activity sheets used in the program. Having their own printed and bound workbooks can help ensure student engagement and provide educators with a completed portfolio of student work for review and assessment. A digital student license allows the educator access to a predetermined number of copies of the student activity sheets. Digital activity sheets are provided as fillable PDFs that can be printed out or downloaded for students to fill out on a chromebook or laptop. **Administrators—Mix and match to meet your district's goals** *HealthSmart* is evidence informed and meets national and state standards. Schools and districts can purchase different formats to fit their unique circumstances. For example: • Teachers can use the print edition teacher's guide, and the district can purchase a digital student license to make student materials available for students to complete on a laptop at school or from home. • Schools or agencies may purchase the digital edition for their teachers and choose to purchase printed workbooks for students who don't have access to technology. • When conducting the program remotely for students, teachers can use the PowerPoint slides, which include all the notes for the lesson, to guide discussion in the virtual classroom, while students download and complete their activity sheets from home. ETR can provide professional development to ensure effective implementation. Please note that *HealthSmart* protects student information. Only teachers receive a login to the platform and no student information is collected.

	https://www.etr.org/healthsmart/about-healthsmart/for-teachers-administrators/
Categories of Evidence-based	*HealthSmart* meets the 15 Characteristics of an Effective Health Education Curriculum defined by the CDC. 1. Focuses on clear health goals and related behavioral outcomes. 2. Is research-based and theory-driven. 3. Addresses individual values, attitudes and beliefs 4. Addresses individual and group norms that support health-enhancing behaviors 5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors. 6. Addresses social pressures and influences. 7. Builds personal competence, social competence, and self-efficacy by addressing skills. 8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors. 9. Uses strategies designed to personalize information and engage students. 10. Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods and materials. 11. Incorporates learning strategies, teaching methods and materials that are culturally inclusive. 12. Provides adequate time for instruction and learning. 13. Provides opportunities to reinforce skills and positive health behaviors. 14. Provides opportunities to make positive connections with influential others. 15. Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.
Outcomes, if evidence-based	No information available.
Monitoring fidelity and impact	Health Education Curriculum Analysis Tool (HECAT) https://www.etr.org/healthsmart/standards/hecat/
Model developer	Dr. Susan Telljohann
Cost/potential funding sources	**Cost** HealthSmart Individual Grades K-2: $129.99 HealthSmart Individual Grades 3-5: Set: $149.99

	Workbooks: $15/pack of 5; $90/pack of 30

HealthSmart Middle School or High School Complete Set, Print or Digital Edition: $999.99

HealthSmart Middle School or High School Complete Set of Student Workbooks, Print or Digital Edition (30 workbooks): $540.00

Topic specific packages for Middle School or High School –
Set: $189.99
Workbooks: $15/pack of 5; $90/pack of 30

https://www.etr.org/store/healthsmart/#MiddleSchool |
| **Link** | https://www.etr.org/healthsmart/about-healthsmart/help/ |