

# RMC Research

2021 design & data visualization portfolio



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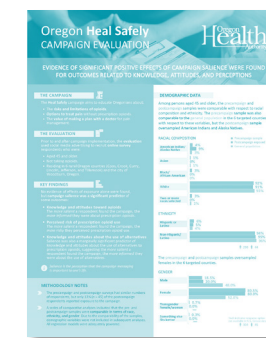
The scientific nature of research and evaluation requires the application of rigorous, standards-based methods to display qualitative and quantitative data effectively and accurately.

The objective is to present data in a way that stakeholders can understand and act on regardless of their grasp of the science behind the research.

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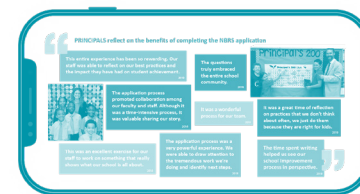
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# Reports & Briefs

The data have been collected and analyzed and it's time to present the findings in a report people actually want to read. Your audience might include your client, private or government organizations, or the public. You need an accessible report that credibly delivers complex information and inspires action.



# Oregon State Opioid Response Grant INVESTIGATION OF PEER RECOVERY MENTORS

## INTRODUCTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Oregon Health Authority a State Opioid Response (SOR) grant to increase access to medication assisted treatment; reduce unmet treatment need; and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities related to opioid use disorder. Currently 35 SOR subgrantees are providing treatment or recovery services to individuals with opioid use disorder in Oregon. A subset of these sites utilizes **peer recovery mentors**—trained professionals with lived experience of addiction and recovery—to offer services.

Peer recovery mentors have been shown to improve outcomes for clients in recovery from substance use disorders. For example, studies found that people receiving peer recovery mentor services had reduced rates of substance use (Armitage et al. 2010; Bernstein et al., 2005), improved retention in substance use treatment services (Tracy et al., 2011), and improved quality of life (Andreas et al., 2010). Oregon Health Authority opted to use SOR funding to further investigate how peer recovery mentors improve client outcomes in the Oregon context.

Oregon Health Authority and RMC Research codeloped a qualitative investigation to explore the following research questions:

**What is the nature of the relationship between peer recovery mentors and clients?**

**How do peer mentors benefit clients, peer mentors, and the recovery community?**

**What are essential elements to successfully implementing peer recovery mentor services?**

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**“I felt alone, like I just had nobody, like there’s nobody out there that really cares for me. My mentor opened the door for me. If it wasn’t for them, I would be homeless on the street, I would be doing drugs. I wouldn’t care as much as I do about myself like I do now. I wouldn’t be as strong as I am if it wasn’t for my mentor.”**

Client, Prime+ program

## SUMMARY OF KEY FINDINGS

RMC Research conducted dyadic and individual interviews with program staff, peer recovery mentors, and clients at 6 subgrantee sites to gather several perspectives on the research questions. In addition, to capture perspectives across the substance use treatment and recovery continuum, 2 each of treatment, recovery, and Prime+ sites were selected as study sites. This report explores the themes that emerged from interviews with respect to the research questions.

Embedded in this report are stories of how peer recovery mentors have guided clients through the illness of addiction. Peer recovery mentors are fundamentally in the business of saving the lives of people experiencing this highly stigmatized and misunderstood illness. Interview participants described how mentors provide hope to the thousands of Oregonians with an opioid use disorder.



\*The Prime+ (Peer Recovery Initiated in Medical Establishments) program aims to reduce drug overdoses through the use of peer recovery mentors who provide harm reduction support to current drug users.

DATA COLLECTION	
<b>Subgrantees</b>	2 opioid treatment programs 2 recovery programs 2 Prime+ programs
<b>Serve 6 Oregon communities</b>	
<b>Data Sources</b>	8 dyadic interviews 11 individual interviews
<b>Participants</b>	10 program staff 10 peer recovery mentors 10 clients

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## NATURE OF THE RELATIONSHIP BETWEEN MENTOR AND CLIENT

### A Shared Experience of Addiction and Recovery

Interview participants explained that at the heart of the mentor-client relationship is a shared experience of recovery that allows clients to easily relate to mentors. One client described their mentor as relatable and spoke of feeling like they were “in this together” and part of a recovery community. A mentor reported that some clients did not trust authority figures, such as counselors and healthcare providers, out of fear that they might report drug use or other illegal activities to law enforcement or the Department of Human Services. To mitigate these concerns, mentors assured clients they are safe talking about anything. A mentor with lived experience can open the door to a nonjudgmental space where clients can begin to feel understood and heard.

Interview participants also described how mentors serve as a **role model** for clients. One mentor stated that clients with little recovery experience are able to envision themselves following a recovery path similar to their mentor’s. In other words, the client starts to believe “if my mentor did it, I can do it too.” One mentor described being motivated by a desire for the kind of lifestyle their own mentor had when they first met, including a steady job, rewarding relationships—even the shoes their mentor was wearing.

**“I didn’t feel comfortable around the drug and alcohol counselor. I didn’t feel comfortable around the social worker or the doctor, because they were all clinical and they are gonna judge me and tell DHS what I talked about. But the peer mentor was sharing their story about losing their kids, their drug use. And I could relate to that. I could see myself through them.”**

Mentor, recovery program

### A Nonjudgmental and Trusting Relationship

A shared experience of recovery is the foundation upon which a nonjudgmental and trusting relationship is built. Mentors observed that trust is built over time. One mentor related how clients, who are often surrounded by authority figures, need time to accept that mentors are not authority figures—that mentors support clients through relapse rather than punish them. Mentors’ nonjudgmental approach, which allows clients to be themselves and fully experience the symptoms of the illness of addiction, bolsters clients’ sense of freedom and hope.

Mentors walk a fine line between cultivating trust and connection with clients and maintaining professional boundaries. Clients described mentors as a “friend” or “buddy” who treats them as an equal—an indication of the informal nature of the mentor-client relationship—but clients also recognized mentors as trained professionals. Mentors understood that they could not cross professional boundaries but strove to foster a genuinely trusting and compassionate relationship with their clients.

**“The magic of a mentor-mentee relationship is the mentee being able to see themselves in the mentor, that promotes hope within them. You don’t exactly want to be best friends with your mentee because you want to guide them, but also you want to make them feel comfortable enough to trust you so you can guide them effectively.”**

Mentor, recovery program

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### Serving as a Client Advocate

Interview participants reported that mentors convey clients’ perspectives to individuals who lack lived experience with recovery. Interview participants provided examples of mentors serving as **advocates or liaisons** between clients and front desk staff, primary care providers, counselors, police, and others. In one poignant example, when program staff learned that police were kicking the tents of homeless individuals to offer them services, the mentors suggested that police instead offer coffee and hot chocolate to entice people out of their tents where they can be engaged under less stressful conditions.

Mentors also provide advocacy by **connecting clients to services**. One mentor self-described as a “cheat sheet” for information on available services ranging from recovery groups, to medication assisted treatment providers, to mental health services, to job services, to dentists. Clients reported that mentors helped them meet their basic needs for medical care, food, clothing, and housing. One staff member commented, “Mentors guide clients in the direction where they can get help” and sometimes physically accompany clients to appointments and recovery group meetings. One mentor stated that people in early recovery can easily become overwhelmed by the complicated social service system and simply give up trying to access services. Mentors have the knowledge and experience to link clients to the services they need.

### Connecting Clients to a Recovery Community

Mentors connect clients to a key support—a recovery community. Interview participants indicated that mentors either refer clients to a group they attend on their own or agree to accompany clients to group meetings. One client explained that seeing their mentor at recovery meetings made them feel more comfortable and hopeful. Mentors described introducing clients to various pathways to recovery—such as the Recovery Café, Celebrate Recovery, Narcotics and Alcoholics Anonymous, and workout groups—so they could choose the best fit. Quoting their program’s motto, one mentor stated: “There’s no wrong door to recovery.”

**“What’s most helpful to me about working with a peer recovery mentor is that I’m working with a mentor and other mentees at the same time. It gives me a sense of community, a sense of belonging to a community that has similar experiences, similar goals.”**

Client, recovery program



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### Ensuring That Mentors Possess Unique Qualities

Although training is important, interview participants also emphasized that **mentors must have personal qualities** that make them suitable for the role. Clients described the importance of being a good listener, being knowledgeable about services, being consistent and trustworthy, following through on promises, and being kind and respectful. Program staff noted that not all clients in recovery are a good fit to be mentors; working with people in early recovery, whose brains are not functioning properly due to sustained drug use, is difficult. Mentors must have the heart and compassion to, in one program staff member’s words, “help a still suffering addict.”

**“Sometimes a warm room, a hot cup of coffee, and 20 minutes to use the phone is a pretty good way to entice somebody to come in and start talking about getting an assessment. ‘Hey, why don’t you here, why don’t we talk to about medication assisted treatment? And maybe you can come and get a cup of coffee once a day and take your meds.’”**

Mentor, treatment program

Interview participants described that having mentors with a **range of recovery experiences and demographic characteristics** is essential so clients can find a mentor with whom they connect. Interview participants observed that mentors being of various ages and having experience in the criminal justice and child welfare systems enables them to support clients interacting with those systems. Mentors reported referring clients to other mentors with more similar attributes or experiences because a strong connection with a mentor can open the door to recovery.

### Ensuring That Mentors Deliver Key Services

Interview participants described the need for mentors to deliver key services including:

- Conducting outreach, often using incentives such as coffee, food, or a quick phone call, to interest new and returning clients in recovery services.
- Sharing a lived experience of recovery with clients to build a trusting and safe relationship while also maintaining awareness of healthy mentor-client boundaries.
- Serving as a liaison between the client and police, clinical staff, and others.
- Connecting clients to services in the community such as housing and healthcare services and, in some cases, accompanying clients to services.
- Connecting clients to a recovery community and exposing clients to a range of recovery pathways.

Clients indicated that more groups, service locations, mentors, and client involvement in groups would strengthen the services that mentors already provide. Clients also reported that programs’ adaptations to the COVID-19 context, such as conducting group sessions and individual meetings via Zoom has been critical to maintaining recovery during the pandemic. One mentor stated that a **contingency management program**<sup>2</sup> would further strengthen the services already provided.

<sup>2</sup>Contingency Management is a treatment approach that involves giving patients tangible rewards to reinforce positive behaviors.

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## BENEFITS OF PEER RECOVERY MENTORS

### Hooking Clients on Recovery

Peer recovery mentors described **conducting outreach** in homeless camps and emergency departments to connect potential clients with recovery services. One program staff member noted that mentors “think like the client,” and can find ways to interest clients in recovery. Some potential clients are enticed by a cup of coffee and the opportunity to make a 15-minute phone call, and others are offered food boxes or other basic support. Initial outreach efforts might lead to a casual conversation about the mentor’s recovery story or an invitation to an outpatient clinic. Mentors emphasized there is no one-size-fits-all approach to engaging clients. The mentor “meets the client where they are at,” as one program staff observed, and waits until the client is ready to come to a recovery center or clinic. A program staff member added that mentors are invaluable because they approach potential clients instead of waiting for clients to come to them.

**“[Mentors] are like a bait on a hook—and it’s a good hook, the one you want to take. Because once they get you in there and they start making you feel like your life can change, then you get stuck in the program. And now you’re addicted to the program.”**

Client, treatment program

Interview participants also described how mentors **retain clients in recovery services**. Mentors explained how they “sell recovery” with activities such as parties, events, and exercise classes in an environment where others are not using drugs. This tactic is especially important because some clients fear that after they stop using drugs they will not have fun. In other words, the instant gratification of drug use needs to be replaced with enjoyable new activities. Another technique mentors use to retain clients is contacting them frequently—especially if clients fall out of touch. Mentors also need to understand when they should stop pursuing a client. One mentor reported using the “3 call rule”—that is, if a client does not respond after 3 attempts, the mentor stops contacting the client.

**“[Mentors] are the secret sauce to everything we do in addiction. One of the pieces that is so valuable is they are out in the community, they’re in hospitals, they’re collaborating with MAT doctors, they are going to the clients as opposed to waiting for the clients to come to us.”**

Program staff, treatment program

Because mentors have both professional and lived experience with recovery, they are approachable when clients relapse—a normal aspect of the illness of addiction. Program staff indicated that a client who relapses does not have to repeat a lengthy intake process to restart treatment, instead, they can simply contact their mentor—a nonjudgmental, supportive professional who knows what it is like to relapse—and engage in recovery again.

**“There’s a lot of success with people staying clean when there’s more support. If I’m using and I’m feeling like I want to go back to treatment and there’s the whole process of intake and assessment, there’s all these barriers. But, I can call [my mentor] and they’ll say, ‘Hey man, come on in and we can get you going.’ It’s so much easier than coming to the front desk.”**

Program staff, treatment program

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### Funding for Peer Recovery Mentor Programs

Program staff related that their programs are mostly grant funded, which makes maintaining a quality peer mentor program difficult beyond the grant period. Although one treatment program stated that peer mentors can bill insurance for services, several Prime+ and recovery program staff reported being unable to do so. These programs expressed a desire for stable, long-term funding to **employ peer recovery mentors**, including the ability to bill insurance for services.

Peer recovery mentors cited the need for **funds to engage with clients**, for example, buying coffee or gas to drive a client to a recovery group or job interview. One mentor said that their program needs hearty food that does not have to be cooked, such as canned stew, to distribute to homeless clients who lack kitchen facilities. These types of incentives are essential for mentors to begin to connect with clients.

**REFERENCES**

Andreas, D., Ja, D. Y., & Wilson, S. (2010). Peers Reach Out: Supporting Peers to Enhance Recovery (PROSPER): A Center for Substance Abuse Treatment-Recovery Community Services Program. *Alcoholism Treatment Quarterly*, 28, 326–338.

Armitage, V., Lyons, H., & Moore, T.L. (2010). Recovery Associates Project (RAP), Portland, Oregon. *Alcoholism Treatment Quarterly*, 28, 339–357.

Bertram, L., Bertram, C., & Bastoni, S. (2003). Brief motivational intervention as a clinic site reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77, 49–55.

Oregon Health Authority. (2021). Reducing Opioid Overdose and Misuse. <https://www.oregon.gov/ohah/prev-ent/prevention/substanceuse/opioids/pages/index.aspx>

Tracy, K., Burton, M., & Nich, C. (2011). Utilizing peer mentorship to engage high risk individuals in substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 37, 325–331.

### The Flexibility of the Prime+ Program

Interview participants described how Prime+ mentors have the flexibility to quickly respond to requests for services. For example, one interview participant at a program with both outpatient and Prime+ peer mentors described a situation in which a client needed support in jail. The outpatient mentors were booked with appointments, but the Prime+ mentor was able to go to the jail almost immediately. Flexibility is particularly important in emergency situations, such as if a client overdoses and needs support at the hospital. One Prime+ mentor stated that supporting clients when they are vulnerable builds a strong bond that can open the door to recovery.

**“My mentor saved my life.”**

## CONCLUSION

These perspectives on peer recovery mentors in Oregon illuminate the important support and services mentors provide to clients. Peer recovery mentors conduct informal outreach to interest clients in recovery, guided by their own experiences. Mentors then foster trusting and nonjudgmental relationships that allow clients to feel understood and heard and help clients overcome the stigma of addiction that might prevent them from seeking treatment. As the relationship develops mentors connect clients to services, including a recovery center, and serve as an advocate and liaison. Interview participants related that mentors’ work leads to improved client retention and involvement in treatment and recovery services. A common refrain from clients during interviews was, “My mentor saved my life.” Indeed, in a state where an average of 5 people die every week from opioid overdose (Oregon Health Authority, 2021), the work of peer recovery mentors is greatly needed.

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4D Recovery is a Recovery Community Organization (RCO) in the greater Portland, Oregon, area whose mission is providing a variety of substance use recovery support services to young people ages 18 to 35.

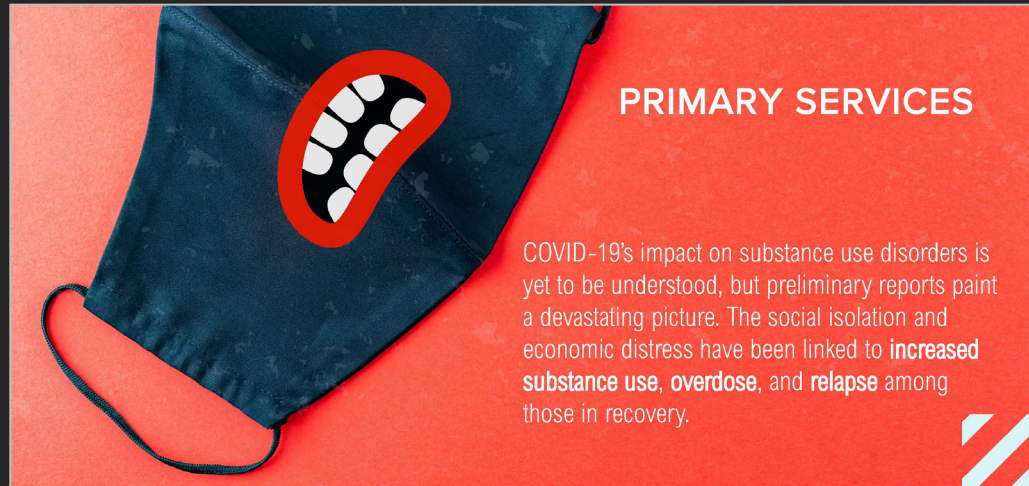
4D Recovery partners with systems, communities, and individuals to deliver age-specific recovery services that are sensitive to race, ethnicity, culture, and gender identity.

4D Recovery supports all pathways to recovery and offers a variety of services to support consumer needs, including peer mentoring, recovery meetings and events, community center spaces, leadership development, and housing supports.

### EVALUATION TAKEAWAYS

- ★ 4D Recovery services help young people make progress on recovery outcomes and improve recovery capital.
- ★ 4D Recovery complements traditional treatments for substance use disorder.
- ★ Investments in recovery services, like 4D Recovery, saves avoidable costs for communities.

untreated substance use costs Oregonians **\$6.7 billion a year** and causes **6 deaths every day**



### PRIMARY SERVICES

COVID-19's impact on substance use disorders is yet to be understood, but preliminary reports paint a devastating picture. The social isolation and economic distress have been linked to **increased substance use, overdose, and relapse** among those in recovery.

### IN 2020, DESPITE THE PANDEMIC, 4D RECOVERY

**expanded** from **1** recovery center program to **3** served **285 clients** and met with them **2,295 times** and **increased peer-delivered services**

4D Recovery hosts various meetings, including 12-Step, LBGQT, Men's, Open Recovery, SMART, and Medication Assisted Recovery. Meeting attendance ranges from 5 to 100 participants. Before COVID-19 stay-at-home orders went into effect in March 2020, 4D Recovery hosted over 200 meetings with more than 10,000 participants in January and February.

4D Recovery's pandemic response included digital recovery meetings; street outreach; and education and advocacy efforts. Meeting and participation numbers have not yet rebounded but 4D Recovery continues to be culturally and situationally responsive to serve clients and benefit the community during the ever changing pandemic and substance use disorder landscape.

4D Recovery has contributed to the expansion of peer-delivered services through the development of the following best practices manuals created in partnership with the Metro Association of Addiction Peer Professionals:

**SUD Transition Age Youth Peer Delivered Services manual**, which details a series of competencies programs providing peer services to young adults.

**SUD Recovery smartphone app**, which outlines an e-recovery technology demonstration project conducted through 4D Recovery.

**Reopening Community Recovery Center**, which was developed during COVID-19 to ensure safe recovery support operations during the pandemic.

### IMPACTS

Participants described 3 ways **4D Recovery is unique compared to other organizations**

- More flexible, less punitive approach to supporting consumers and clients
- Ability to leverage time and resources across staff and organizations
- Focus on empowerment and diversity

Other agencies described 3 ways **4D Recovery impacts other treatment and recovery agencies**

- Opportunities for consumers and clients to build community-based supports
- Facilitation of a network of organizations to provide unique supports for consumers and clients
- Promotion of cross-organizational learning opportunities

Participants **agreed or strongly agreed** that 4D Recovery services helped them **make progress on recovery outcomes and improve recovery capital.**



**recovery capital** is the combined total of resources and skills needed to support long-term sustained recovery—especially during occurrences of heightened stress

#### RECOVERY OUTCOMES

Improving quality of life	92%
Achieving abstinence milestones	90%
Achieving recovery goals	90%

#### RECOVERY CAPITAL

Improving health	85%
Achieving employment goals	77%
Achieving education goals	74%
Reconnecting with children	74%
Improving housing	72%

Participants who responded "Not Applicable" were not included in the percentage for that goal



Erin Stack and Christi Hildebran of Comagine Health in Portland, Oregon, conducted the program evaluation and prepared this report.

# Increasing Equitable Access to Career and Technical Education

## RESEARCH REPORT

February 2021



New Hampshire  
Department of Education



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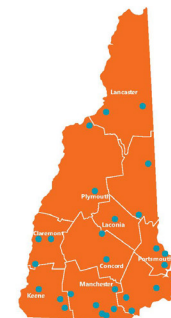
### FINDINGS AND RECOMMENDATIONS

#### THE EQUITABLE ACCESS CHALLENGE

This section presents findings related to CTE enrollment patterns based on RMC's analysis of enrollment data provided by NH DOE. In 2018-2019 a total of 9,428 New Hampshire students in Grades 11 and 12 attended programs at CTE centers—about 35% of all students eligible to attend CTE centers statewide.<sup>7</sup>

Career and technical education (CTE) at the secondary level in the state of New Hampshire is primarily delivered through 28<sup>8</sup> regional CTE centers. Regions generally include 2 to 9 high schools from area school districts, with the CTE center located on the campus of one 'host' high school. Students attending the host high school and high schools in the surrounding communities (referred to as 'sending schools') are eligible to attend programs at the CTE centers.

All New Hampshire students are eligible to attend a CTE center upon entering Grade 10. However, analysis of enrollment data shows that students who attend host high schools are far more likely to attend CTE centers than their peers at sending schools. Of the students attending CTE centers that serve multiple high schools,<sup>9</sup> 71% are enrolled the host high school, whereas the remaining 29% travel to the centers from the region's sending high schools.



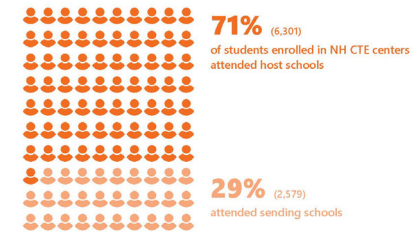
**Exhibit 1**  
Most CTE centers in New Hampshire serve students at their host high school and students from other schools in the region.

<sup>7</sup>For additional data on NH, national, and other state CTE enrollment, see Appendix C.  
<sup>8</sup>Students residing in communities closely bordering Vermont are eligible to attend one of 5 Vermont-based regional CTE centers.  
<sup>9</sup>Two CTE centers (Portsmouth Career Technical Center and Mt. Washington Valley Career Technical Center) serve only a single school (no sending schools). Plymouth Applied Technology Center serves a very small number of sending school students.

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#### Exhibit 2 Statewide, New Hampshire students from host schools are more likely to enroll in CTE centers than students from sending schools.<sup>10</sup>



Disparities in enrollment based on students' home high schools are evident statewide and also at the center level. Although CTE centers are intended to serve all students in their region and allot seats in proportion to the enrollment of students attending all of region's participating high schools, most CTE centers primarily serve students at the host high schools. For example, New Hampshire students residing in 1 of 7 school districts in Region 9 can attend the Huot CTE Center located in Lacois. As Exhibit 3 shows, the Huot Center's enrollment is not proportional to enrollment in each Region 9 community. Similar patterns are evident in most of New Hampshire; see also the comparison of the Dover Center's enrollment to Region 6 enrollment. (See Appendix D for additional proportional enrollment exhibits.)

<sup>10</sup>2018-2019 data received from New Hampshire Department of Education.

Increasing Equitable Access to CTE

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### WHAT IS WORKING WELL IN CTE IN NEW HAMPSHIRE?

Stakeholders described many positive aspects of CTE in New Hampshire.

- **High-Quality Programs.** On the whole, stakeholders reported that New Hampshire's secondary CTE programs are rigorous, well designed, and taught by caring, committed and skilled faculty.
- **Preparing Students for College and Career.** When describing the value of CTE, stakeholders noted that CTE courses help students prepare for both college and career. The courses place learning into "real world," "relevant," and "directly applicable" contexts, and in many cases help students earn college credit and industry-recognized credentials.
- **A Sense of Community.** In addition to preparing students for their academic and professional futures, stakeholders valued CTE for its broad and diverse program offerings. As one CTE leader stated, "There is something for everyone," and the programs give students a chance to connect with peers who share their particular interests.
- **Discovering CTE.** When reflecting on practices that effectively help students learn about CTE, many stakeholders pointed to the essential role of hands-on, experiential activities such as CTE summer camps. Additionally, current CTE student make effective ambassadors to their peers.
- **Relationships Matter.** Stakeholders generally agreed that strong relationships between centers, host and sending schools and districts is essential to supporting the best outcomes for students—especially when barriers to CTE attendance arise. The role of school counselors is deemed particularly important in this regard because their relationships with both the CTE centers and the students they support are key factors in helping students understand and access CTE.



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### WHAT ARE THE BARRIERS TO EQUITABLE ACCESS?

Stakeholders identified a wide array of barriers to students attending CTE centers.<sup>11</sup> Closely related issues are clustered together into 4 main types: systems barriers, information and understanding barriers, academic equity barriers, and enrollment barriers. Stakeholders often described contextual overlap across the themes, which are noted as appropriate.

#### Barrier Type 1: Systems

Stakeholders frequently identified 4 distinct but closely interrelated systems barriers as major roadblocks for students wishing to attend CTE centers—especially for students enrolled at sending schools.



**Scheduling.** Attending a CTE center can be a challenge for students when programs scheduled at the CTE center conflict with their school's schedule. For example, students might forgo participating in a CTE program they are interested in because of a scheduling conflict with an essential or desired academic course or nonacademic activity. Students attending both host and sending schools might experience these kinds of scheduling challenges.



**Calendar misalignment.** Stakeholders reported that although regional school district and CTE leaders meet annually to discuss calendar alignment between schools and CTE centers, as required by New Hampshire regulations, misalignments persist and cause scheduling challenges for students. Host schools, sending schools, and CTE centers—even those within the same CTE region—might have varying daily bell schedules, school year start and end dates, snow closure days, and educator professional development days. These misalignments are most challenging for students attending sending schools.



**Transportation.** Students attending host schools, where a regional CTE center is collocated on campus or embedded within the main school building, are more easily able to access CTE courses than their peers who attend sending schools. In contrast, sending school students are transported daily from their school to the CTE center and back again, which results in a significant loss in instructional time.



**Funding.** Budgeting for the costs of student transportation and CTE center tuition was often mentioned as a concern by school, district, and CTE center leaders. Although nearly all school and district leaders interviewed reported that no students were denied access to CTE due to a lack of funding, stakeholders generally agreed that the cost of student transportation and tuition are factors in local budgets and can be a challenge in some cases.

<sup>11</sup>See Appendix A for more information about stakeholder comments about barriers.

Increasing Equitable Access to CTE

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### WHICH STRATEGIES COULD INCREASE EQUITABLE CTE ACCESS IN NEW HAMPSHIRE?

New Hampshire recognizes that all districts and CTE regions have unique contexts, assets, and challenges. The evaluation findings suggest that New Hampshire students would be best served by a substantial menu of options that CTE regions, districts, schools, and NH DOE could consider implementing in response to local capacity and needs. **The proposed strategies presented in this section of the report include are based on discussions with a diverse set of stakeholders in New Hampshire and RMC's research on CTE delivery in other states.<sup>12</sup>**

Members of the Equitable Access to CTE Task Force engaged in an analysis of the extent to which various strategies would be most actionable and most impactful. **Some strategies emerged from the Task Force's analysis and further discussions as priorities for consideration.** Many barriers to equitable CTE access are interrelated (e.g., scheduling and transportation) and are further influenced by local context; accordingly, some of the proposed strategies could address more than one equitable access barrier and could be implemented in a customized manner to serve students' needs in each region, district, or school context. What may work well in one district or region may not be the right choice for others.

Additionally, we recognize that there would be variation in who is best positioned to lead and support the implementation of various strategies. In some cases, the suggested strategies could be implemented locally by individual schools, districts or communities, whereas others would require leadership from NH DOE, in partnership with stakeholders. For each strategy, the research team identified suggested **leaders**—stakeholder groups who would be best positioned to drive implementation and **support**—stakeholder groups who would collaborate with the leaders and provide recommendations and implementation assistance.

Just as the barriers to equitable access to CTE often intersect and overlap strategies to address those barriers may also intersect and address more than one challenge. Additionally, many of the substrategies or action items recommended for how to operationalize the strategy may occur simultaneously. The research team recommends that NH DOE, in collaboration with and with support from stakeholders, will identify several strategies that can be implemented at the state level—and supported at the local level—to address barriers on multiple fronts.

**Next Steps.** The research team and NH DOE recognize that the proposed strategies discussed here are not exhaustive. RMC's conversations with stakeholders yielded many suggestions and ideas, not all of which can be discussed in detail in this report. State, district, and CTE leaders—along with other stakeholders—are encouraged to use this section as a starting point for considering which actions could enhance equitable access to CTE in their communities and contexts.

<sup>12</sup>Additional details on strategies proposed by stakeholders—including some proposed strategies not discussed in detail in this section—are available in Appendix A.

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#### Priority Strategy

- Increase CTE exploratory opportunities in middle grades



**LEADERS** District Leaders, Middle School Leaders, Middle School Counselors



**SUPPORT** CTE Directors, NH DOE

**Background.** Attending a regional CTE center, especially for students from sending schools, requires advanced planning to identify programs, apply for admission, and complete required courses at their own school. However, many stakeholders noted that many students and parents first learn about CTE centers in Grade 9, often through a presentation made by a CTE administrator, or through conversations with their school counselor. Stakeholders reported that for some students and parents, this is not enough time in advance to fully learn about CTE options and plan for attending the center during Grades 10-12. Instead, many stakeholders believed that increasing opportunities to learn about CTE in the middle grades was an important strategy for improving equitable access.

**Strategies.** Although stakeholders shared various ideas for exposing middle school students to information about CTE, students interviewed for this study shared that visiting the CTE center in person was a key factor in their decision to ultimately enroll. Accordingly, providing more students with hands-on exploratory opportunities at the CTE center during the middle grades seems likely to support their making a more informed decision making about accessing CTE in high school. Stakeholders made multiple suggestions, many of which could be implemented simultaneously:

- **Support schools in creating tools and professional learning opportunities for educators to provide for early career planning** with students that feature opportunities along a continuum for career pathways, and which show how courses available in middle school are aligned to career-focused courses and programs in high school and/or at CTE centers. For example, educators could more explicitly connect existing middle school programs, such as technology and family and consumer sciences, with CTE pathways.
- **Support middle school educators and counselors to leverage SB276.** New Hampshire's recent legislation that requires incoming high school freshmen to take a career assessment. In addition to administering a career assessment, middle school educators and counselors can help students see how their career interests could be explored through CTE opportunities offered in their region(s).
- **Expand out-of-school opportunities for middle school-aged students and their parents to learn about career opportunities.** Many CTE centers report that summer camps are a popular and effective way to help students get hands on experience with their programs.

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# Data Visualizations & Infographics

Research shows that visual representations of data help people understand and relate to the story in the numbers. Whether your audience is data-savvy researchers or hurried policymakers, you need persuasive graphics that convey quantitative and qualitative information quickly and clearly.



after



Objective	Description	Breadth Target	Effectiveness Target	Breadth			Effectiveness			
				Actual	% of Target	Result	Actual % Taking Test	Average Post-test score	% of Target	Result
1	This objective refers to training and follow-up TA across CALM, ELM, Childcare Licensing. It does not include more intensive coaching, which is conducted with a subset of participants, and is covered in other	850 trained	80% of professionals will score 70% or higher on post-	1,409	166%	Exceeded	88%	95%	119%	Exceeded
2	Provide <u>coaching</u> to 165 countywide Early Childhood Education Practitioners participating in CALM.	165 participants	75% show developmentally appropriate practices on Conscious Discipline Progress	144	87%	Unmet	100%	93%	124%	Exceeded
3	Provide 250 Non-System Early Childhood Education (ECE) Centers and Family Child Care Homes (FCCH) onsite support.	250 ECEs	70% of at least 200 centers show improvement from pre- to post-test on either BAS/PAS or PQA.	140	53%	Unmet	100	100%	143%	Unmet (quantity)
4	Provide supported services for social-emotional development of 135 countywide children (ages 3 – 5) in classrooms where ECE staff receive coaching and resources.	135 participants	75% of at least 135 children will show increased social-emotional competence.	538	399%	Exceeded	506	88%	117%	Exceeded
5	Provide 200 Countywide parents/caregivers of engaged ECE sites with CALM strategies.	200 parent/caregiver	75% of at least 200 achieve a 70% on post-test	502	251%	Exceeded	325	97%	129%	Exceeded
6	Provide 445 countywide parents/caregivers of engaged ECE sites in developing strategies for emergent literacy and home-school engagement.	445 parent/caregiver	85% of at least 445 parent/caregivers score at least a 20 on home literacy checklist	679	153%	Exceeded	395	98%	115%	Unmet (quantity)
7	Provide technical assistance to 60 ECE staff in 25 sites countywide.	60 staff across 25 sites	85% of at least 60 staff will show increased scores on the ELLCO	81	135%	Exceeded	75	91%	111%	Exceeded
8	Provide 615 children (ages birth-5) in countywide centers or family childcare homes with emergent literacy skills support.	615 children	85% of 495 children will show increased literacy skills on ELSA or	798	130%	Exceeded	607	90%	106%	Exceeded
9	Provide ELM activities to 225 children (ages 3 – 5) to carryover classroom literacy strategies into the home environment.	225 children	80% of the 225 children have a record of being read to at least 4 times a week	253	112%	Exceeded	237	73%	91%	Unmet

TRAINING AND TECHNICAL ASSISTANCE

Objective 1

Access to countywide training and technical assistance to 850 early childhood education staff in community-based locations.



Teachers



Directors



Cognitive



Social



Emotional



Physical



Advancement

This objective refers to training and follow-up training and technical assistance across CALM, ELM, HCC-Pathways, and Childcare Licensing. This objective does not include more intensive coaching, which is conducted with a subset of participants and is covered by other objectives.

Year 1 Findings



Breadth

166% of target

1,409 teachers provided with training and technical assistance

Year 1 target = 850 teachers



Effectiveness

119% of target

95% of the teachers trained for whom data were submitted demonstrated increased knowledge from pretest to posttest by achieving at least 70% correct on the posttest

Year 1 target = 80% of the teachers trained

EXCEEDED TARGET

EXCEEDED TARGET



# Oregon Heal Safely CAMPAIGN EVALUATION



EVIDENCE OF SIGNIFICANT POSITIVE EFFECTS OF CAMPAIGN SALIENCE WERE FOUND FOR OUTCOMES RELATED TO KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

## THE CAMPAIGN

The **Heal Safely** campaign aims to educate Oregonians about:

- The risks and limitations of opioids.
- Options to treat pain without prescription opioids.
- The value of making a plan with a doctor for pain management.

## THE EVALUATION

Prior to and after campaign implementation, the **evaluation** used social media advertising to recruit **online survey** respondents who were:

- Aged 45 and older.
- Not taking opioids.
- Residing in 6 rural Oregon counties (Coos, Crook, Curry, Lincoln, Jefferson, and Tillamook) and the city of Woodburn, Oregon.

## KEY FINDINGS

No evidence of effects of exposure alone were found, but **campaign salience** was a significant predictor of some outcomes:

- **Knowledge and attitudes toward opioids**  
The *more salient* a respondent found the campaign, the *more informed* they were about prescription opioids.
- **Perceived risk of prescription opioid use**  
The *more salient* a respondent found the campaign, the *more risky* they perceived prescription opioid use.
- **Knowledge and attitudes about the use of alternatives**  
Salience was also a marginally significant predictor of knowledge and attitudes about the use of alternatives to prescription opioids, suggesting the *more salient* a respondent found the campaign, the *more informed* they were about the use of alternatives.

*Salience is the perception that the campaign messaging is important to one's life.*

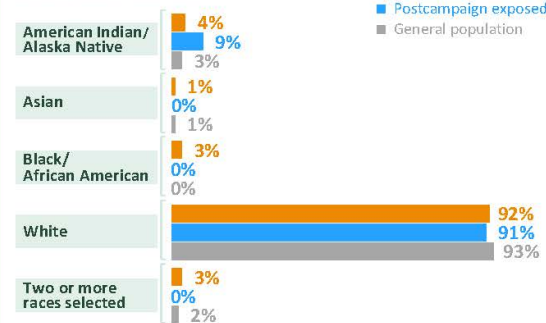
## METHODOLOGY NOTES

- The precampaign and postcampaign surveys had similar numbers of respondents, but only 13% (n = 45) of the postcampaign respondents reported exposure to the campaign.
- A series of comparative analyses indicated that the pre- and postcampaign samples were **comparable in terms of race, ethnicity, and gender**. Due to the comparability of the samples, demographic variables were not included in subsequent analyses. All regression models were adequately powered.

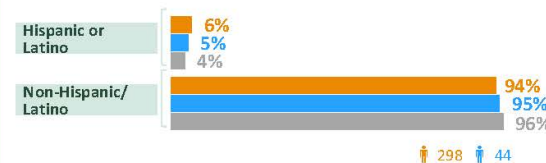
## DEMOGRAPHIC DATA

Among persons aged 45 and older, the **precampaign** and **postcampaign** samples were comparable with respect to racial composition and ethnicity. The **precampaign** sample was also comparable to the **general population** in the 6 targeted counties with respect to these variables, but the **postcampaign** sample oversampled American Indians and Alaska Natives.

### RACIAL COMPOSITION

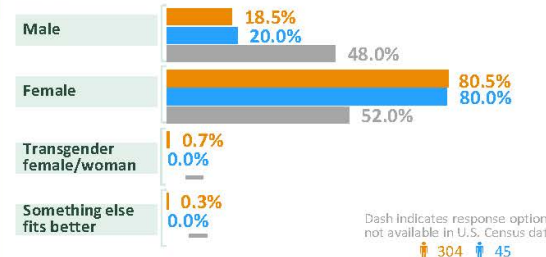


### ETHNICITY



The **precampaign** and **postcampaign** samples oversampled females in the 6 targeted counties.

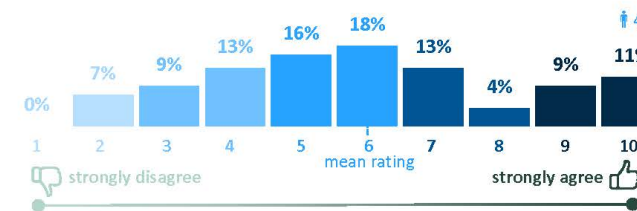
### GENDER



# Oregon Heal Safely Campaign Evaluation

**Campaign salience** was a better predictor of campaign effects than exposure.

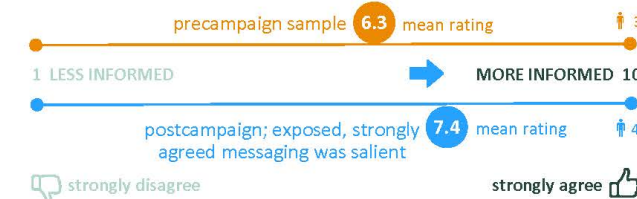
This finding might be partially explained by the range of campaign salience ratings made by exposed **postcampaign** survey respondents. Positive effects were predicted by whether **individuals exposed to the campaign found the messaging salient**, but not by exposure to the campaign alone.



**Postcampaign** survey respondents who **strongly agreed** that the campaign was salient were **more informed** on the following 3 outcomes.

### FINDING 1

Campaign salience significantly predicted **knowledge and attitudes toward opioids**: the more salient respondents found the campaign, the more informed they were in their knowledge and attitudes toward opioids.



### FINDING 2

Campaign salience was a marginally significant predictor of **knowledge and attitudes toward the use of alternatives to prescription opioids**: the more salient respondents found the campaign, the more informed they were in their knowledge and attitudes toward the use of alternatives to prescription opioids.



## CAMPAIGN SALIENCE

“Images or messages from the Oregon Heal Safely campaign...  
... got my attention  
... come to mind when I'm making decisions about my health  
... said something important to me”  
adequate scale reliability (α = .79)

### FINDING 3

Campaign salience significantly predicted whether survey respondents **perceived the use of prescription opioids as risky**.

67% precampaign sample  
↑ 82% postcampaign; exposed  
More survey respondents perceived risk at postcampaign.

## CONCLUSION

This evaluation found evidence of **significant positive effects of campaign salience for outcomes related to knowledge, attitudes, and perceptions**, but not for the intention to use prescription opioids or alternatives to prescription opioids or to speak with a doctor about acute pain management.

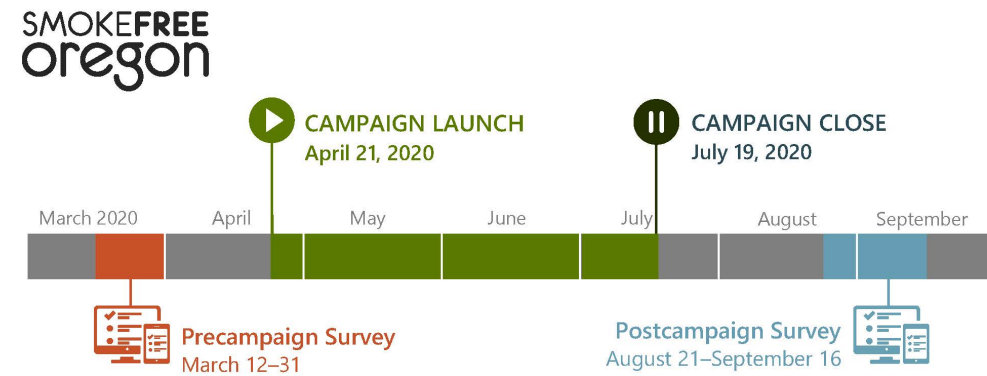
Past research suggests that positively impacting knowledge, attitudes, and perceptions is an important first step in efforts to change intentions and behaviors.

RMC Research Corporation  
Nicole Cerra, MPH, & Emily Saxton, PhD  
111 SW Columbia Street, Suite 1030  
Portland, Oregon 97201

MARCH 2020

# METHODS

Exhibit 1  
Data Collection Timeline



## DATA ANALYSIS APPROACH

This report describes the characteristics of the SmokeFree Oregon 2020 precampaign sample and the postcampaign exposed survey sample.<sup>1</sup> Chi-square tests of independence were used to compare the composition of the **precampaign sample** and the **postcampaign exposed sample** to each other and to the panel survey quotas.<sup>2</sup>

Each evaluation question was examined using linear regression models to determine if exposure to campaign messages predicted short-term or intermediate outcomes, controlling for key covariates of relevance to tobacco use prevention public health campaigns. Covariates include gender, age, education, race/ethnicity, area of state (metro or nonmetro), income, current smoking status (both cigarettes and e-cigarettes/vaping), and whether children currently lived with the respondent.

<sup>1</sup>Postcampaign survey respondents who indicated they had seen campaign messages served as the postcampaign exposed sample for this evaluation.

<sup>2</sup>Panel survey quotas were based on Oregon population statistics from the National Center For Health Statistics (2018).

## SAMPLE DESCRIPTION

Exhibit 2  
The postcampaign, exposed survey respondents were significantly different (younger) than precampaign respondents and panel survey quotas.

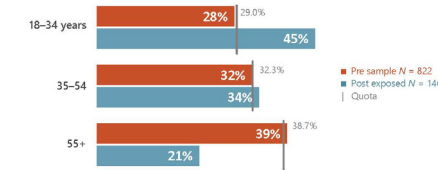


Exhibit 3  
The precampaign survey respondents were significantly different (more educated) than panel survey quotas.

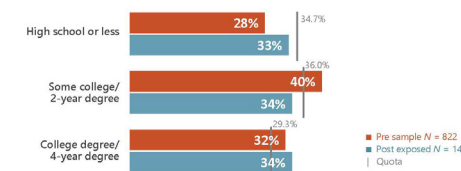


Exhibit 5

Nearly all Oregon counties (33 out of 36) are represented in the precampaign survey sample with two thirds of respondents (65%) indicating that they live in Tier 3 counties.

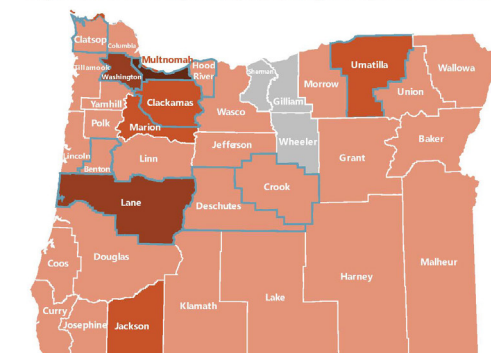


Exhibit 10  
Postcampaign survey respondents who had seen the Smokefree Oregon campaign agreed that campaign messaging was salient.

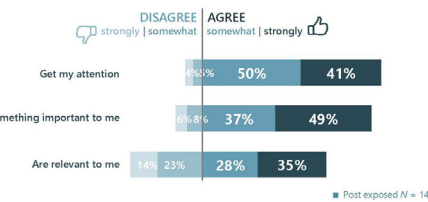
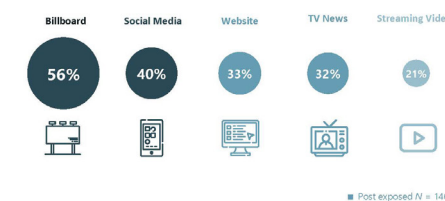
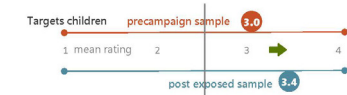
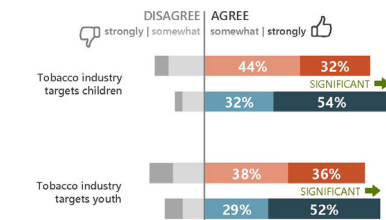


Exhibit 11  
Many postcampaign exposed survey respondents saw Smokefree Oregon campaign messages on billboards (56%) and social media (40%).



## SHORT-TERM OUTCOMES

Exhibit 13  
Exposure to campaign messages predicted significantly more agreement that the tobacco industry targets children.



# Presentations & Conference Posters

When it's time to stand and deliver the last thing you want is to put stakeholders to sleep. Your audience deserves an informative and enjoyable experience. You need an eye-catching showcase of your work expertly crafted to impress your audience and summary handouts to send the message home.



June 2020


# ROOT CAUSES OF SCHOOL VIOLENCE

## PRACTICAL IMPLICATIONS FROM LONGITUDINAL RESEARCH IN OREGON

Julia Dmitrieva, PhD  
University of Denver

Paul Smokowski, PhD  
University of Kansas

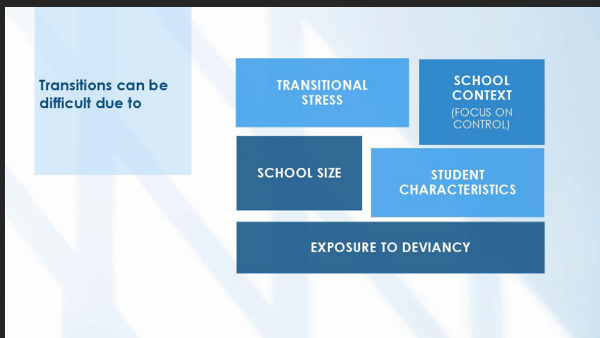
Emma Espel, PhD  
RMC Research Corporation



Stakeholders want a deeper understanding of the **root causes of school violence** and student problem behavior.

Arora, 2005; Cook, Mascaren, Mitchell, & Vignola, 2008; Loeber, Moffitt, Keithly, Morrison, & Bolway, 2015; Makapana & Rimm-Kaufman, 2008

Middle school can be an age of vulnerability during which **transitions might be harmful**



- ### Research Questions
- 1 How do trajectories of problem behavior, violent behavior, and status offenses in Grades 3-8 vary based on the presence of school transition between Grade 5 and Grade 6 and the school grade composition?
  - 2 How do student demographic characteristics predict the trajectory of problem behavior?
  - 3 How does school context contribute to changes in problem behavior during the middle school transition?

### Conclusions

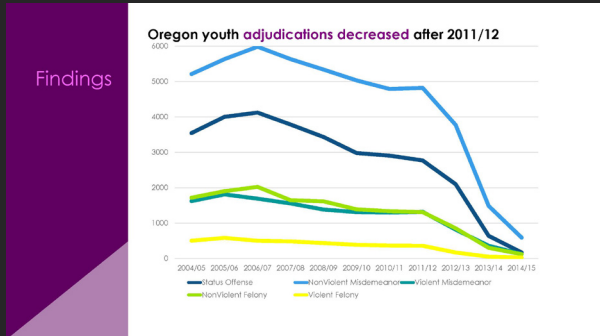
Students are **more likely** to exhibit problem behavior if they transition to a **new school in Grade 6**.

This rise in problem behavior is particularly potent in **larger schools** and **schools that have more problem behavior**.

**School policies that encourage a smaller feel** may support students as they transition.

**Support for students to create stable and consistent relationships with peers and adults.**

Smokowski & Evans, 2019



### Conclusions

Following Oregon legislation changes:

- **Fewer youth were convicted** of criminal activity of all types, including misdemeanor and felony convictions.
- Gaps in convictions remained **disparate for minority students**—particularly African American students.

Reflect on these findings.

**Do these trends align with what you would expect given your experience in your role?**

## ROOT CAUSES OF SCHOOL VIOLENCE

PRACTICAL IMPLICATIONS FROM LONGITUDINAL RESEARCH IN OREGON

**WEBINAR** June 24, 2020  
12:30-1:45 PST [Register Now](#)

**YOU ARE**

**Decisionmakers and educators at the state and local levels who are involved with supporting students and improving school safety**

**YOU'LL LEARN**

- How school transitions from Grades 5-6 are related to behavior problems.
- How school discipline policies are related to student involvement with the justice system.
- About the effectiveness of school safety programs and practices.

**School violence, behavior problems, and discipline policies and practices are of continued concern for educators and decisionmakers in education settings across the nation.**


This webinar provides an overview of root causes and consequences of school violence and behavior problems based on research that followed students in Oregon from 2004/05 through 2012/13. The researchers learned about why school behavior problems tend to spike during the middle school years and the relationship between school discipline practices and later involvement with the juvenile justice system, and reviewed evidence for school safety decision-making

**Presenters**

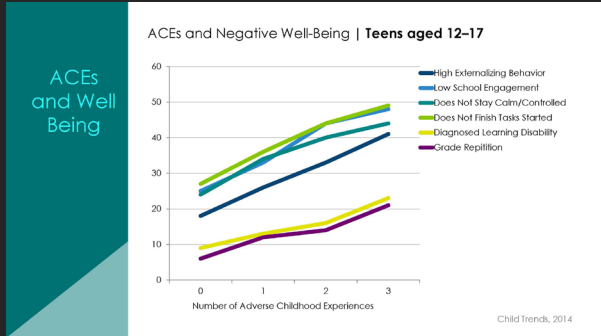
Julie Dmitrieva, PhD  
University of Denver

Paul Smokowski, PhD  
University of Kansas

Emma Espel, PhD  
RMC Research Corporation



Negative consequences for **bullying victims**



**Safety-Focused Strategies**

**51%** of U.S. public schools had a law enforcement officer on campus at least once a week (2017/18)

**43%** of these schools had policies on SRO involvement with discipline

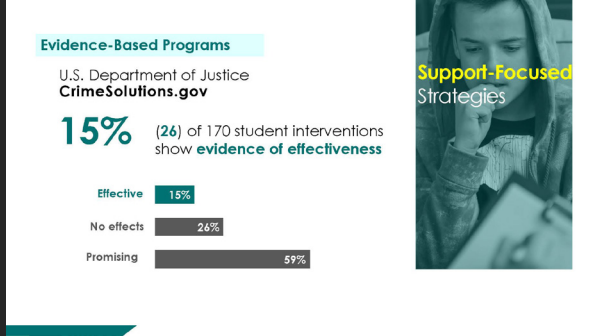
*MIGHT ENHANCE SCHOOL-TO-PRISON-PIPELINE*

**Threat Assessments**

*MANY FALSE POSITIVES*

**Safety is not convenient.** It better not be because complacency quickly follows that kind of a attitude. . . . Nobody's ever ready, but if we had not been as prepared as we were, perhaps the event would have been worse than the cleanup.

A high school principal whose school had an active shooter incident discussing the importance of lockdown drilling



**Summary**

Schools are **very safe places**.

- High-frequency problems such as bullying and adverse childhood experiences should be addressed.
- School safety strategies, such as lockdown drills and threat assessments, have no evidence of effectiveness, and can increase fear.
- **School support programs are more promising**, but few options exist for middle and high school students.

# The More You Know: Linkage of Public Health Datasets and All Payer Claims to Further Population-Level Opioid Research

Sara Hallvik, MPH (presenter)<sup>1</sup> · Christi Hildebran, LMSW<sup>1</sup> · Kevin Novak, MS<sup>1</sup> · Sanae El Ibrahim, PhD MPH<sup>1</sup> · Scott Weiner, MD, MPH<sup>2</sup>

<sup>1</sup>Comagine Health <sup>2</sup>Brigham and Women's Hospital



Financial support: NIDA 1R01Da044167, 120025

## Research Objective

Administrative datasets used for opioid research are often limited, restricted to a subset of a population (e.g., a single payer type) or a subset of records (e.g., paid pharmacy claims). Our objective was to link, at an individual patient level, public health datasets with all payer claims and census data to create a richer administrative dataset to assess prescription opioid risk.

## Background



In compliance with various data governance statutes, we worked closely with the Oregon Public Health Division on 2 phases of this work.

### Phase I

- Public health analyst linked Medicaid claims, hospital discharge data, vital statistics (death) records, and the prescription drug monitoring program (PDMP) dataset
- 2012 through 2014
- Used the Link King application in SAS to perform probabilistic linkages of patients within and between datasets
- De-identified data by removing all patient, provider, and pharmacy identifiers
- Prepared the data by removing invalid and erroneous records, duplicates, and non-Oregon prescribers and patients

### Phase II

- Repeating similar process to create a refreshed dataset
- Adding emergency medical services (EMS) data, census data, and all payer claims data (expanding beyond Medicaid claims)
- 2012 through 2018

## Population Studied



### Phase I

Oregonians who filled a controlled substance prescription in an outpatient pharmacy

### Phase II

Oregonians in the all payer claims dataset

## Implications



Using public health, medical claims, and publicly available datasets, other states could replicate our methodology to create a state-specific CORR. This is a significant undertaking that requires both financial and stakeholder support.

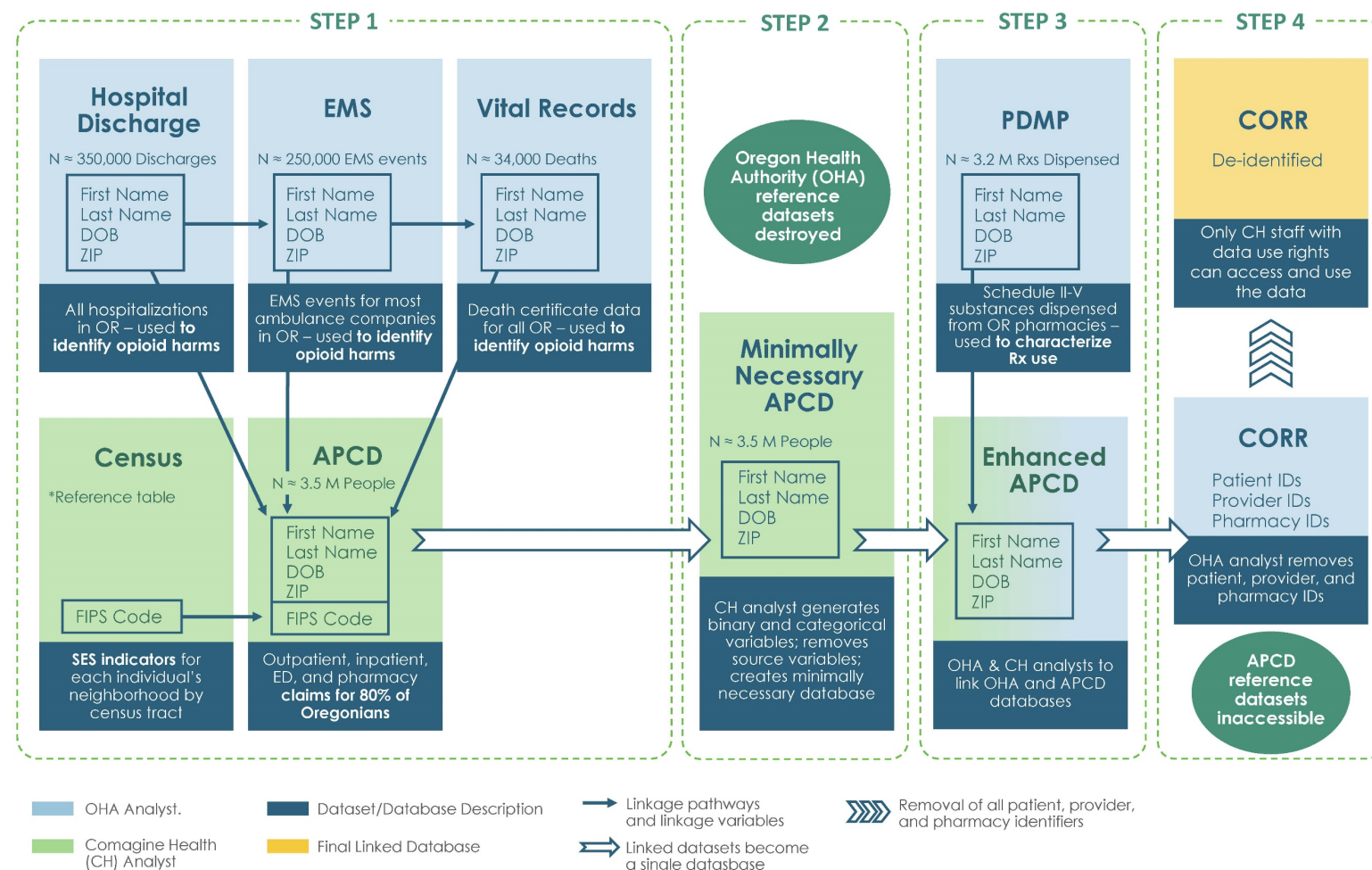
**However, these databases could be used to further opioid research with the goal of understanding predictive factors to prevent overdoses.**



## Principal Findings

Comprehensive opioid research datasets require a substantial amount of preparation and cleaning, but can yield valuable information. **Databases like the CORR are unique in that they link prescription and clinical history across payers with other factors predictive of overdose.**

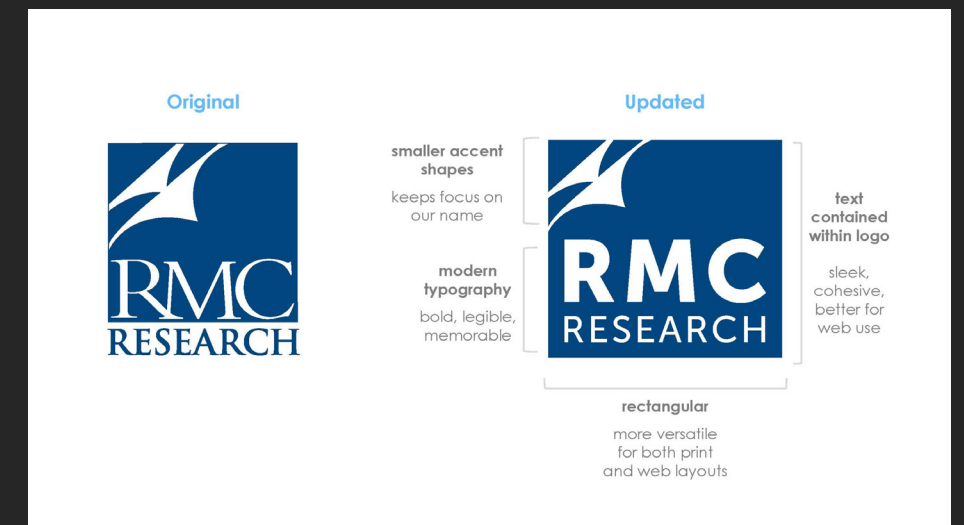
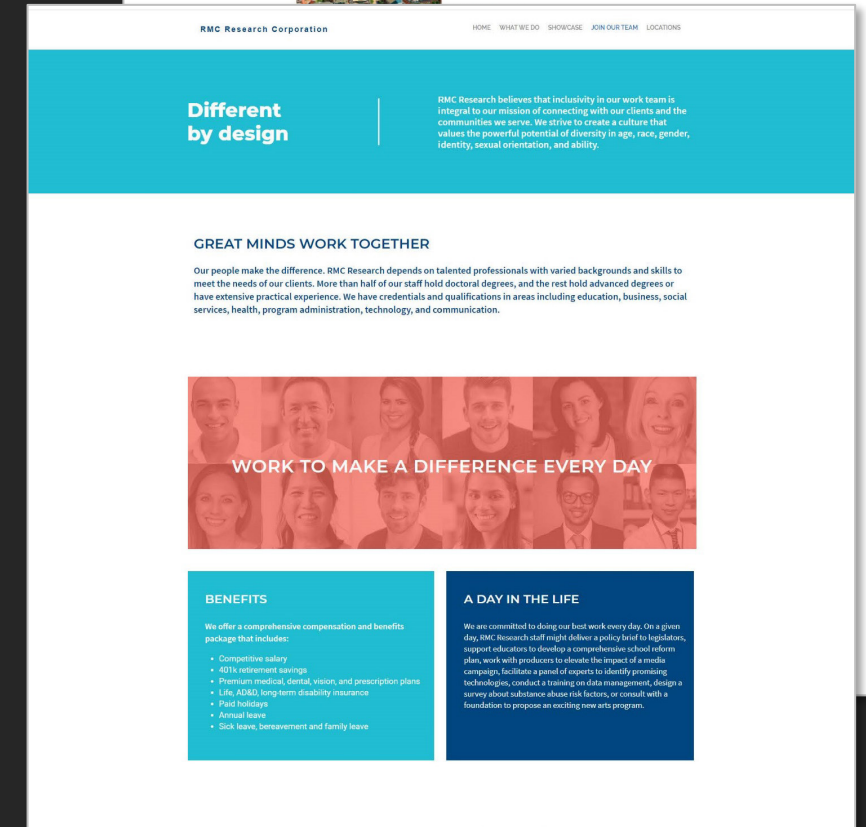
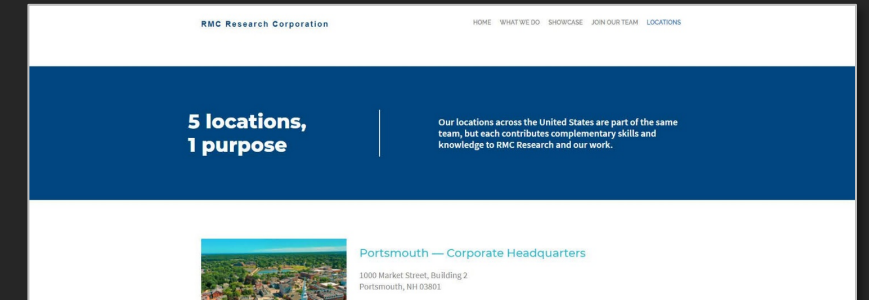
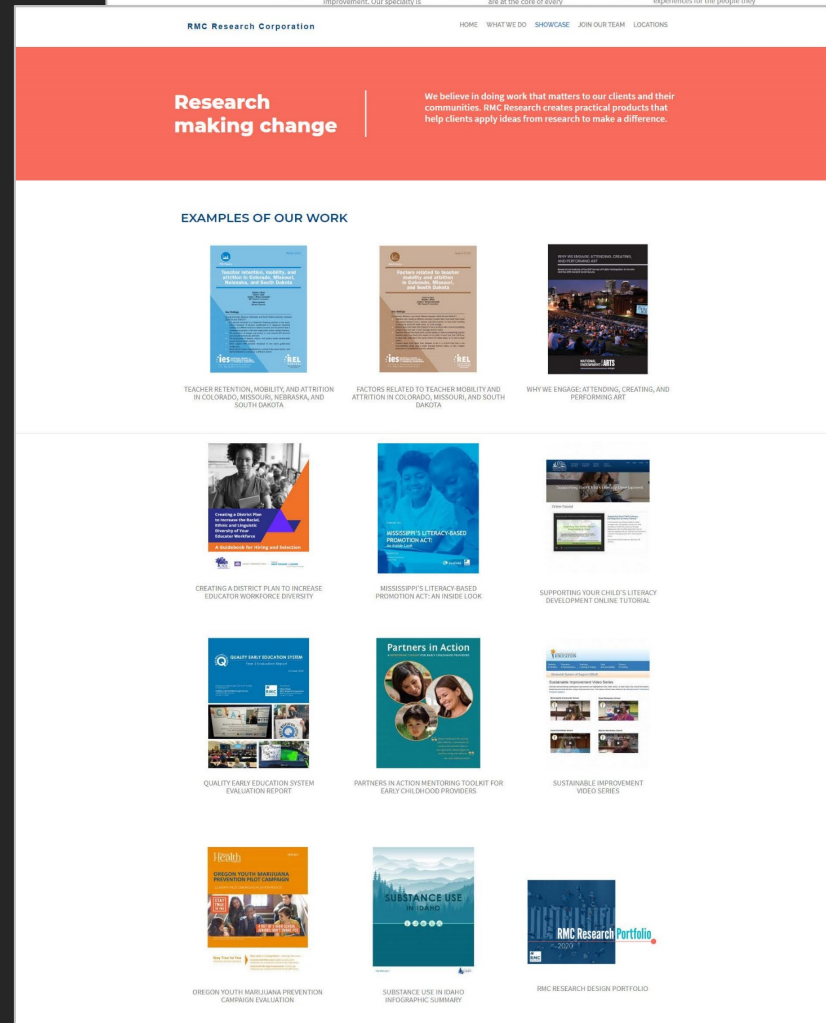
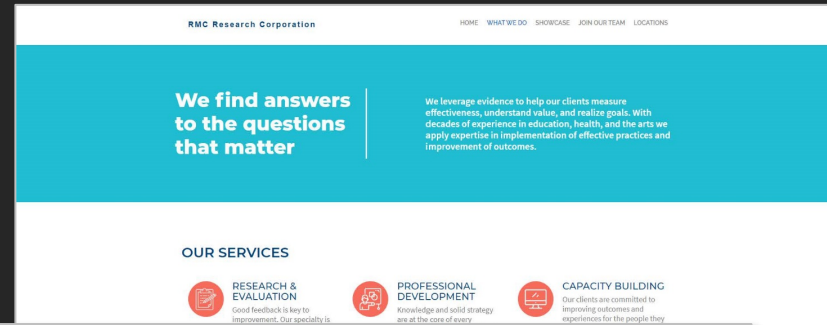
## CORR Data Linkage Map



# Branding & Custom Products

Even when you're not selling something, managing how the world sees your organization or project is critical. Effective branding reflects your character and objectives. You need an distinct visual identity that resonates with your target audience and inspires confidence.





# New York State Education Department P-3 INSTRUCTIONAL GUIDANCE TOOLKIT

EFFECTIVE P-3 INSTRUCTION

**Why and How Instruction Plays a Role in Child Outcomes**

Terms such as *practice*, *developmentally appropriate practice*, *instruction*, *approach*, and *teaching* are commonly used to describe teachers' actions in the classroom. This toolkit uses the definition proposed in New York State Education Department's resource for understanding the relationships between the state learning standards and the P-3 instructional cycle, "locally determined approaches and strategies used to teach so students can learn," and identifies a core set of instructional strategies to establish a common language about effective instruction for teachers, principals, and other P-3 education professionals.

**Instruction as relationship-based interactions driving learning and development**

Children learn best through interactions occurring in the context of established relationships that address their social and emotional needs as well as learning needs. Relationship-based instruction is informed by teachers' knowledge of how children learn generally and how each individual child learns. Teachers who understand how their students learn are better able to identify the most appropriate instructional strategies to support every child's learning. Furthermore, teachers who are skilled at using effective P-3 instructional strategies can successfully sequence the strategies to provide progressively more complex learning opportunities that continually further students' knowledge and skills.

**"A teacher's moment-by-moment actions and interactions with children are the most powerful determinant of learning outcomes and development. Curriculum is very important, but what the teacher does is paramount."**

Noted child psychologist Urie Bronfenbrenner placed proximal processes, characterized as "progressively more complex interactions between an active child and the persons, objects, and symbols in [their] immediate environment," at the center of children's development.<sup>1</sup>

P-3 Instructional Guidance Toolkit 7

EFFECTIVE P-3 INSTRUCTION

**Tools for Effective P-3 Instruction**

- The **Instructional Strategies** summary sheet describes 8 instructional strategies identified in the research as highly effective and establishes common language that teachers and leaders can use to discuss using and supporting effective P-3 instruction.
- The **Instructional Decision Making** summary sheet describes the factors and instructional mindsets that inform teachers' instructional decision making.
- The **Knowledge of Effective Instructional Strategies** tool and the **Use of Effective Instructional Strategies** tool assist teachers to reflect on their knowledge and use of the 8 instructional strategies that form the core of effective P-3 instruction.
- The **P-3 Classroom Walkthrough Checklist** tool allows leaders supporting teachers' instruction to capture a general sense of teachers' instruction.
- The **Observation Discussion Framework** tool can be used to structure conversation between teachers and leaders based upon the teacher's reflection and observations of instruction.

**NYSED Office of Early Learning Video Series  
A Look at Quality Learning Environments**

- Prekindergarten: <https://vimeo.com/310438802>
- Kindergarten: <https://vimeo.com/318076773>
- Grade 1 + Grade 2: <https://vimeo.com/339169689>

P-3 Instructional Guidance Toolkit 9

**Instructional Strategies**

Effective P-3 instruction relies on the use of instructional strategies that support young children's learning and development. As NYSED's introduction to the New York State Next Generation Early Learning Standards states, there is no single "lock-stepped" approach to P-3 instruction. P-3 teachers rely on a variety of instructional strategies to help children learn and must—like all teachers—plan a systematic approach to instruction that builds on children's prior knowledge and a clear understanding of the intended learning goals and sequence within content areas. A review of the research and evidence-based practices revealed 8 instructional strategies that tend to be the most effective when used in a balanced approach to support P-3 students.

<b>Scaffold learning</b> Identify each child's current knowledge and skills and provide challenges to support their advancement.	<b>Monitor progress</b> Use ongoing formal and informal assessments to monitor each child's progress toward learning goals.	<b>Provide new material in a way that supports learning</b> Manage how much and how intensely new information is provided, and work to connect it with prior learning and experience.	<b>Provide regular, appropriate feedback</b> Use feedback to recognize each child's value, interests, and achievements, and to guide problem solving.
<b>Model and role model</b> Use both explicit demonstration and implicit role modeling to provide opportunities for student learning.	<b>Use questions to check for understanding and reflection</b> Ask questions to check for student understanding, encourage reflection and deeper thinking, and identify interests.	<b>Foster student ownership of learning</b> Allow students to make some choices about their learning and periodically lead instruction.	<b>Integrate opportunities for play-based instruction</b> Use play as a means to promote learning rather than an alternative to learning.

Helping young children progress toward learning goals requires a balance of instructional strategies. In the P-3 setting, teachers plan the instructional approaches they will use with the knowledge that young children learn best in a supportive social and experiential context.

P-3 Instructional Guidance Toolkit 10



LEADER SUPPORT FOR EFFECTIVE P-3 INSTRUCTION

**Supporting Effective P-3 Instruction**

Building capacity to support P-3 teachers by adopting a whole-school model that includes principals and instructional leaders is foundational to establishing a coherent P-3 instructional approach.<sup>1</sup>

**Whole-School Buy-In Matters**

P-3 instruction is most effective part of an all-in, whole-school approach.<sup>1</sup> For example, alignment of instruction, curriculum, and assessment; collaborative planning within and across grades; and comprehensive and needs-based professional learning for teachers rely on whole-school buy-in for successful implementation. Indeed, the very notion of a P-3 instructional approach calls attention to the importance of collaboration and coordination across the early elementary years—and engaging the entire school furthers P-3 goals.

**Leader Roles to Support P-3 Instruction**

Prioritizing a P-3 instructional approach at the leadership level sets the tone for the entire school. By cultivating a deep understanding of early childhood development and providing a clear vision of effective P-3 instruction, leaders build credibility and encourage collaboration. Leaders must also work to ensure alignment among the New York State Learning Standards, curricula, and assessments to support student learning and improve outcomes.

P-3 Instructional Guidance Toolkit 19

**How to Support Effective P-3 Instruction**

**3 Critical Leader Roles to Support Effective P-3 Instruction**

- Provide a clear vision of effective P-3 instruction and learning
- Create a space for collaborative instruction
- Support data-informed instruction

**Provide a Clear Vision of Effective P-3 Instruction and Learning**

**Provide support for effective P-3 instruction**

- Learn about effective P-3 instruction to recognize these practices in P-3 classrooms and to describe these practices and why they are appropriate and effective for young learners.
- Provide instructional leadership in developing strategies to support teachers' use of effective P-3 instructional practices.
- Push back against mandates or other pressure for P-3 teachers to adopt practices other than those that are effective in P-3.

**Build foundational knowledge of child learning and development**

- Engage in professional learning opportunities to build this knowledge.
- Learn from teachers, instructional supports and leaders through observation and question to supplement gaps in knowledge.

**Ensure that curricula and assessments are aligned to support the instructional cycle**

- Ensure fidelity with the standards for P-3.
- Ensure that the curricula and assessments used by teachers in P-3 classrooms are aligned to these standards.
- Ensure that teachers are aware of the standards and where there is alignment.

**Create a Space for Collaborative Instruction**

**Identify key providers of instruction and their supports**

- Identify instructional team members and their roles supporting individual teachers and the school.
- Ensure that teachers have access to members of instructional teams, which might include working with district and other administrative levels to ensure access to individuals not regularly located in the school.

P-3 Instructional Guidance Toolkit 22

**Assessment of Leader Support for Effective P-3 Instruction**

Rate the strength of your school's leadership supporting teachers in effective P-3 instruction. Then briefly note areas strengths and areas for improvement.

Leader: \_\_\_\_\_

Assessment completed by (optional): \_\_\_\_\_

**Rating of School Leader**

<b>Provide a clear vision of effective P-3 instruction and learning</b>	Weak	●	●	●	Strong
Provide support for effective P-3 instruction	Weak	●	●	●	Strong
Build foundational knowledge of child learning and development	Weak	●	●	●	Strong
Ensure that curricula and assessments are aligned to support effective P-3 instruction	Weak	●	●	●	Strong
<b>Create a space for collaborative instruction</b>	Weak	●	●	●	Strong
Identify key providers of instruction and their supports	Weak	●	●	●	Strong
Encourage collaboration among teachers and other instructional supports	Weak	●	●	●	Strong
Provide time and space for collaboration to occur	Weak	●	●	●	Strong
<b>Support data-informed instruction</b>	Weak	●	●	●	Strong
Identify and support data that teachers can use to inform instruction	Weak	●	●	●	Strong
Foster a critical understanding of data	Weak	●	●	●	Strong
Use data on instruction to inform teacher feedback from other teachers and instructional support staff	Weak	●	●	●	Strong

P-3 Instructional Guidance Toolkit 26



# Social Media & Internet Content

The internet has indelibly changed how we work and live, and using digital platforms to connect, collect data, and share information is the norm now. You need messaging crafted for the technical specifications and culture of today's communication channels.





An official website of the United States government [Here's how you know](#)

## National Blue Ribbon Schools Program

EXCELLENCE IN EDUCATION SINCE 1982

**About Us** | **Award Recipients** | **Awards Ceremony** | **School Practices** | **Media Use**

# Award Winners

### 2020 NATIONAL BLUE RIBBON SCHOOLS

367 schools recognized in 47 states plus DC and DoDEA

317 PUBLIC SCHOOLS **iA** 55% with 40% or more disadvantaged students

50 NON-PUBLIC SCHOOLS **iA**

**SCHOOL LEVEL**

Level	Public Schools	Non-Public Schools
PRE-K-12	1%	4%
ELEMENTARY	76%	78%
MIDDLE	8%	0%
HIGH	15%	18%

**GEOGRAPHIC LOCALE**

Locale	Public Schools	Non-Public Schools
SUBURBAN	43%	66%
RURAL OR SMALL CITY/TOWN	30%	30%
URBAN OR LARGE CENTRAL CITY	29%	4%

**SCHOOL TYPE**

Type	Public Schools	Non-Public Schools
TITLE I	94%	80%
CHOICE	11%	8%
MAGNET	6%	8%
CHARTER	5%	0%

**AFFILIATION**

Affiliation	Public Schools	Non-Public Schools
CATHOLIC	8%	80%
CHRISTIAN	8%	8%
JEWISH	8%	8%
LUTHERAN	0%	0%

\*States not participating in 2020: UT (last participation in 2019), VI (2014)  
\*\*States not participating for over 15 years: OR (1996), PR (1999), RI (1996), VT (1994)

6:23

facebook

**National Blue Ribbon**  
@NatiBlueRibbon

Attendees describe what they found most valuable about the awards ceremony

ATTENDEES describe what they found most valuable about the awards ceremony

Attendees describe what they found most valuable about the awards ceremony

nationalblueribbonsschools.ed...  
4.2 / 5.0 stars - 123 ratings

The New York Times  
Yesterday at 10:14 PM ·

Global Warming

**PRINCIPALS** reflect on the benefits of completing the NBR application

This entire experience has been so rewarding. Our staff was able to reflect on our best practices and the impact they have had on student achievement. 2018

The questions truly embraced the entire school community. 2018

The application process promoted collaboration among our faculty and staff. Although it was a time-intensive process, it was valuable sharing our story. 2018

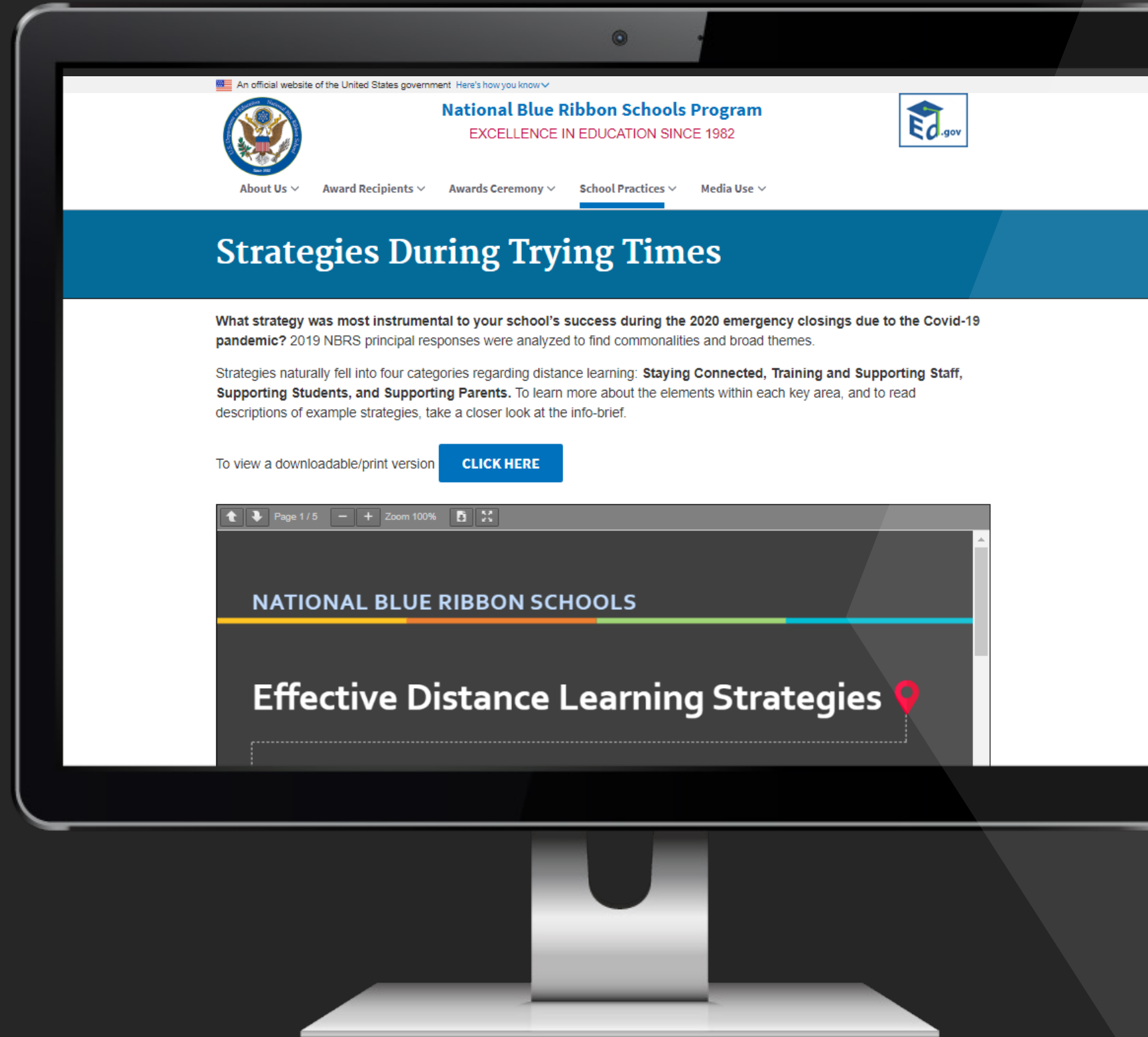
It was a wonderful process for our team. 2018

It was a great time of reflection on practices that we don't think about often, we just do them because they are right for kids. 2018

This was an excellent exercise for our staff to work on something that really shows what our school is all about. 2018

The application process was a very powerful experience. We were able to draw attention to the tremendous work we're doing and identify next steps. 2018

The time spent writing helped us see our school improvement process in perspective. 2018



## NATIONAL BLUE RIBBON SCHOOLS

# Effective Distance Learning Strategies

**In this time of emergency school closures** educators remain committed to providing a quality learning experience for students. In May principals of 2019 National Blue Ribbon School Awardees described key strategies their schools have implemented successfully. Amid myriad challenges, other schools might benefit from their examples.

**KEY AREAS**

- STAYING CONNECTED WITH STAFF, PARENTS, AND STUDENTS
- TRAINING AND SUPPORTING STAFF IN DISTANCE INSTRUCTION
- SUPPORTING STUDENTS' DISTANCE LEARNING
- SUPPORTING PARENT ENGAGEMENT

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### STAYING CONNECTED WITH STAFF, PARENTS, AND STUDENTS

**STRATEGIES**

- ▶ Employ a variety of tools and methods for communications among students, parents, teachers, and other school staff depending on the purpose and the audience
- ▶ Provide a consistent and efficient systems for managing and accessing communications
- ▶ Use periodic meetings to support connections among students and teachers

Great learning is driven by great teaching regardless of the method of delivery. Communicate regularly with students. This regular communication and collaboration can take place in person or online through a digital messaging center, discussion group, or email through the feedback provided on teacher scored activities. We ask parents which communication methods are best for them. We do not assume that parents see all the same. Using multiple communication methods allows parents to know from you in ways that work for them. Our school uses phone calls, email, text messages, the campus website, SchoolMessenger and ClassDojo.

The most important thing during this difficult time is communication. I have twice a week Zoom meetings with the faculty and staff and email all students at least once a week encouraging them to continue learning and to reach out for assistance. Teachers communicate with students and parents using Teams meetings, emails, Remind, and by phone. All teachers have office hours daily, during which students can get about instant one-on-one assistance with assignments and activities. The Guidance Counselors and School Social Worker monitor all students, particularly struggling students. We plan to hold events, virtually, for as much nostalgia as possible.

**Willow E. Lucas Elementary**  
medium-sized suburban school in Hidalgo, TX

**Arlene Technical College and Technical High School**  
medium-sized suburban high school in Coonard Creek, FL

click here for school profiles

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### TRAINING AND SUPPORTING STAFF IN DISTANCE INSTRUCTION

**STRATEGIES**

- ▶ Use Professional Learning Communities to support teachers
- ▶ Support collaboration by school staff on instructional content, methods, and schedules
- ▶ Provide training and support to teachers in remote instruction

The most successful practice thus far in remote learning has been collaboration on curriculum and content by our teachers. We have weekly grade level meetings with teachers collaborating together on the content to be taught virtually. This approach is providing our students distributed the same content being taught, and individual teachers are utilizing Google Meet and other resources to provide meaningful instruction to our students.

One instrumental practice our school has implemented successfully in teacher preparation for delivery of instruction through distance learning. Immediately after receiving orders of our school closure, administrators assisted in setting up virtual technology training sessions. With the help and assistance of our campus digital learning specialist, our teachers were able to set up their google classrooms within the first week. To provide resources and support to ensure consistency of instruction, virtual staff meetings and virtual grade level planning sessions were scheduled with all campus teachers and support staff. Through the collaborative efforts of the campus administration, school counselors, campus nurse, instructional specialist and digital learning specialist, teachers have been able to receive the necessary preparation to deliver instruction to all our students.

**Anniston Elementary**  
small rural school in Washington, PA

**Michael's Ryan Elementary**  
large urban school in Laredo, TX

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### SUPPORTING STUDENTS' DISTANCE LEARNING

**STRATEGIES**

- ▶ Employ a variety of tools and resources to support remote instruction in different subjects and activities
- ▶ Use a single digital learning platform to provide, manage, and support online instruction
- ▶ Share learning plans with students and parents
- ▶ Use periodic meetings to provide remote instruction to students

As an elementary leadership team, we put together a weekly learning plan template that every teacher across the district uses. The weekly plans provide an overview for students and families about what they will be learning, how they will be learning it, and where to go for questions. Parents can sit at home on Monday and go over the plan with their child, get a schedule going for the week based on their own work schedules and reach out to the teachers with questions. Our students then have multiple video conferences (via Google Hangout) with teachers where they receive core instruction and can ask targeted questions about their learning plan for the week. This has provided great organization and a collaborative focus for our staff.

Our district has used the **Wise** platform for Grades K-3 and Google Classroom for Grades 3-5 to deliver online instruction primarily in the areas of English language arts and math as well as Zoom platform to conduct one-on-one office hours and class meetings to further support our on-line instruction. In addition we have provided paper copies to those families that requested it.

**St. Praxed Elementary**  
small suburban school in Norwood, MA

**Kennedy de la Sierra**  
medium-sized suburban K-8 school in Phoenix, AZ

Our school is using an eLearning model that incorporates live virtual sessions with groups and individual students, teacher-captured videos of guided instruction, virtual assignments, choice board activities, and digital resources in academic and cocurricular subjects. The multiple videos allow students to work on standards-based new [content] and review instruction at their own pace, including teacher feedback in real time. Virtual gatherings allow teachers to continue to meet the social and emotional needs of students through planned lessons and activities that typically occur inside our physical classrooms.

**Dean Bay Elementary**  
large suburban school in Myrtle Beach, SC

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### SUPPORTING PARENT ENGAGEMENT

**STRATEGIES**

- ▶ Provide training and ongoing support to parents on setting up and using a remote learning environment
- ▶ Regularly communicate with parents regarding the types of communication that work best for them

We recognize that parents—especially of elementary students—are experiencing the challenge of both working and supporting their children. Therefore, over the weekend of the upcoming week, our teachers send one email or post for the entire week with all the daily assignments and due dates. Included are all the links and instructions regarding Zoom sessions.

We put together a slide deck with tips for parents on how to create a remote learning environment at home, things to consider when creating the daily framework that meets their individual family needs, and remote-learning school rules/family constitution. Administrators created the slide deck in a video to walk parents through. The first two days helped parents set up remote learning in their homes. We also gave some practice work for families to try out the home learning routines for Monday and Tuesday. On Wednesday, Thursday and Friday, we added one new aspect and let the families get used to the technology. There was no new material the first week because the new learning environment and routines needed to be mastered first. The school provides encouraging morning and afternoon announcements to frame the learning day. The announcements are helpful to bring the community together and send positive messages to our families. They also allow them to connect virtually with each other. We began to introduce new material in week 2. Parents provided very positive feedback.

**St. Joseph's Regional Catholic**  
small suburban K-8 school in Beltsville, MD

**St. Benedict Preparatory**  
medium-sized urban K-8 school in Chicago, IL

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# Our Approach

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Clients expect appealing products that tell the story in the data with simple language and effective illustration. We rely on collaboration, innovative thinking, practical planning, and hustle to design solutions that support each client's objectives.

click to see

[2019 portfolio](#)

[2020 portfolio](#)

## Research making change



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