# Prevention Readiness Building Guide©

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Section 1:

# Introduction to Prevention Readiness

# Why Prevention Readiness? Why Now?

You care for the people at your university. You work tirelessly to improve the physical, mental, emotional, and spiritual health of all academia, staff and students. This includes making the working and learning environment a safe space, including preventing and responding to reports of sexual harassment and related sexual assaults.

But then a disappointing report comes in.

Maybe it's a news story of something bad that happened recently. Maybe it's survey results. Or maybe it's the annual report that shows high rates of sexual harassment and sexual assault occurring at universities.

This can be discouraging.

The annual report points out a real problem. It's a problem you are aware of and working on, and now you may have to address perceptions that you are ignoring the problem. You are **NOT** ignoring the problem. In fact, your team works tirelessly to address sexual harassment and sexual assault at your university.

⭐ For this project, the RBS is customized to help universities move from sexual assault **response** to sexual assault **prevention**. Being ready to implement new and improved evidence-informed prevention activities is a next step to success.

How can you address this complex problem and still prioritize university functions?

Sexual harassment and sexual assault are real leadership concerns. The problem however is *not* that teams at the university aren't working hard – the problem is that current efforts have not been sufficiently effective to reverse the unsettling, rising trend. What other prevention activities (e.g., programs, policies, etc.) might work?

The Wandersman Center has developed a system of support designed to help organizations improve their prevention outcomes by addressing readiness. This **Readiness Building System (RBS), along with the assistance of an assigned readiness coach,** helps organizations build their capacities and momentum for successful sexual assault prevention.

In this guide, we utilize a fictitious example to demonstrate how a university moves through the Readiness Building System.

# What is Prevention Readiness?

*Prevention Readiness* is how willing and able a university is to implement prevention activities. When prevention readiness is enhanced, there is an increased likelihood that the university will implement prevention activities with high quality. This, in turn, contributes to more favorable outcomes (e.g., fewer sexual assaults). We represent readiness as:

Readiness = Momentum x General Capacity x Innovation-Specific Capacities

$$R = MC^2$$

1. **General Capacities**

   How well the university functions on a day-to-day basis.

2. **Innovation-Specific Capacities**

   **The capacities the university has to ensure they implement a *specific prevention activity*.**

3. **Momentum**

   The degree to which the university commits to making the innovation happen.
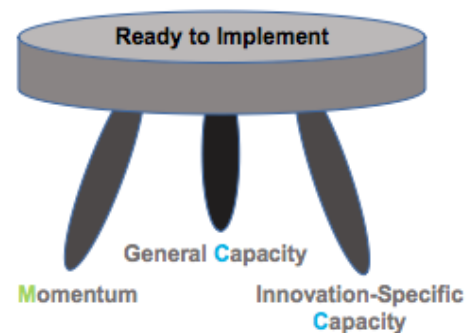
Each readiness component-- General Capacities, Innovation-Specific Capacities, and Momentum-- is broken down into smaller, more manageable parts, known as subcomponents of readiness. The next three pages give a broad overview of the components and their subcomponents. Appendix A outlines the components, the subcomponents, and their definitions.

> *The original RBS used the word "motivation" to describe how wiling an organization is to implement an innovation. We use the word "momentum" when an organization has existing motivation to engage in a new innovation, and the readiness building strategies are designed to further their momentum toward success.

## General Capacities

**General capacities** refer to the general functioning of the university. In many ways, general capacities are the basic building blocks of how well it functions.

Questions that might assess these building blocks (or general capacities) could be--What is the culture and climate of the university? How well do the relevant players communicate and function as a team? Is the university innovative in how it approaches its work? How easy has it been to implement other changes in the setting?

The likelihood of any innovation being successful—whether it be a prevention activity, a new school policy or a new priority—is higher when the overall functioning of a university is positive. General capacities such as organizational structure, adequate staffing, and leadership factors are all likely to impact the success of an innovation.

# GENERAL CAPACITIES

INNOVATIVENESS

CULTURE

CLIMATE

RESOURCE UTILIZATION

PROCESS CAPACITIES

STAFF CAPACITIES

INTERNAL OPERATIONS

LEADERSHIP

$$R = MC^2$$

## Innovation-specific Capacities

**Innovation-specific capacities** refer to specific skills and resources needed to implement a prevention activity well. What knowledge and skills are necessary? How supportive is the university?

Innovation-specific capacities include essential areas of implementation such as the knowledge and skills of those in charge of implementation. Do they know what is needed to implement the prevention activity well?

Understanding the gaps in knowledge and skills is necessary to address the gaps. However, innovation-specific capacities extend beyond the knowledge & skills to do the activity. They also include how the university supports implementation. For example, are there policies that make it easier for participants to engage in the prevention activity?  What equipment, space, or new technologies are necessary for success?

INNOVATION -SPECIFIC CAPACITIES

KNOWLEDGE & SKILLS

PROGRAM CHAMPION

SUPPORTIVE CLIMATE

INTER-ORGANIZATIONAL RELATIONSHIPS

INTRA-ORGANIZATIONAL RELATIONSHIPS

$R = MC^2$

This capacity also includes relationships and access to others who can support high-quality implementation. Innovation-specific capacities are "what it takes" to do a specific prevention activity well.

# Momentum

**Momentum** refers to the degree to which your university commits to making the innovation happen**.** Momentum is a critical – yet often overlooked – component when implementing an innovation such as the prevention activities designed to reduce the likelihood of sexual assault.

Certain factors increase the momentum to plan, implement, evaluate and sustain a prevention activity.  For example, when people understand the advantages of a new prevention activity or can easily observe its benefits, their momentum to implement that activity with high quality will be increased.

Leadership can increase momentum by making the prevention activity a priority through specific actions. For example, they might establish policies that support a prevention activity or allocate sufficient time for staff training and practice through teachbacks or observations.

**MOMENTUM**

SIMPLICITY

COMPATIBILITY

PRIORITY

RELATIVE ADVANTAGE

OBSERVABILITY

ABILITY TO PILOT
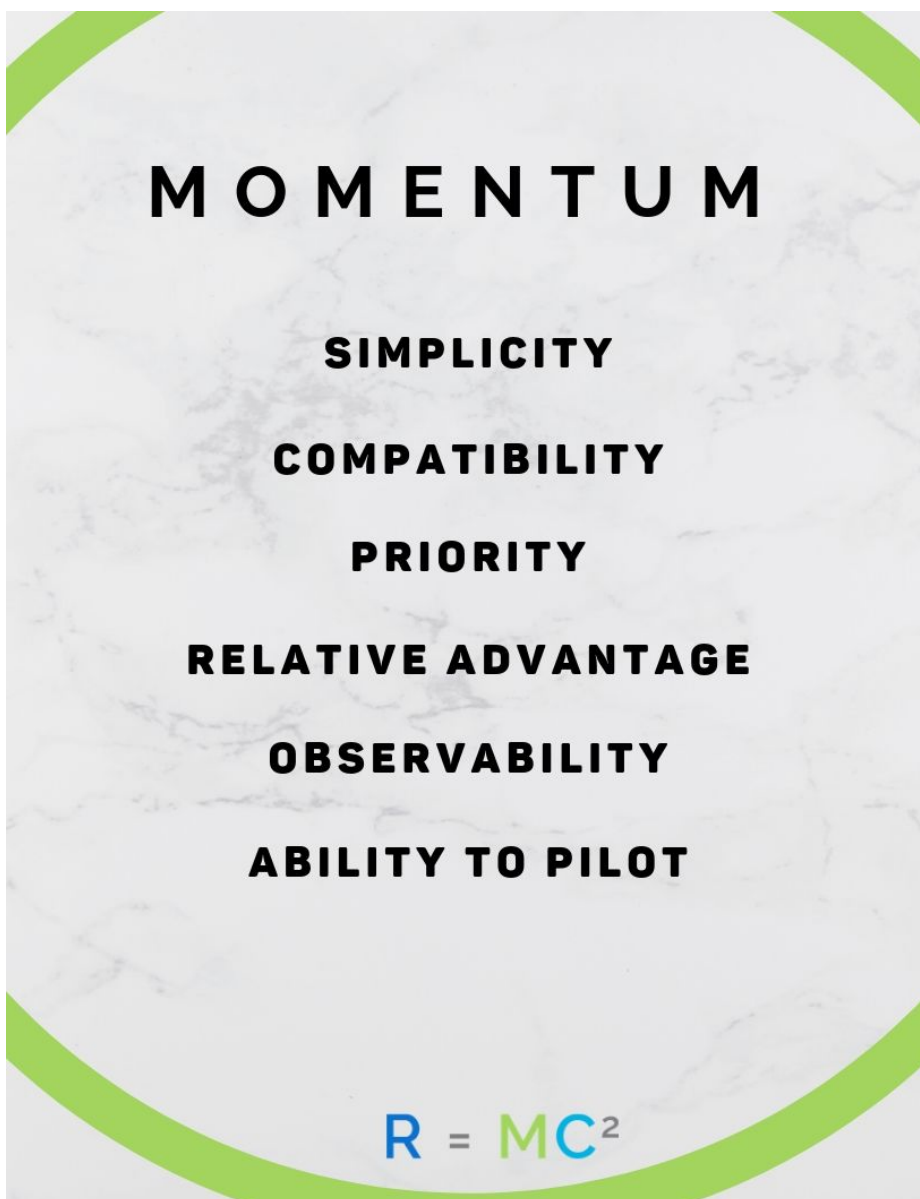
$R = MC^2$

Section 2:

# The Readiness Building System

# What is the Readiness Building System?

The Wandersman Center developed the Readiness Building System (RBS), with R=MC$^2$ as its foundation, for use by sexual assault prevention teams at universities. RBS helps universities build their momentum and capacities to implement evidence-informed sexual assault prevention activities. The four phases of RBS are illustrated in Figure 2 and include:

- ✓ Ongoing engagement
- ✓ Selecting assessment options
- ✓ Gathering feedback and prioritizing the subcomponents of readiness
- ✓ Implementing Change Management of Organizational Readiness (CMOR) strategies

<u>Figure 2</u>.  Phases of the Readiness Building System (RBS)
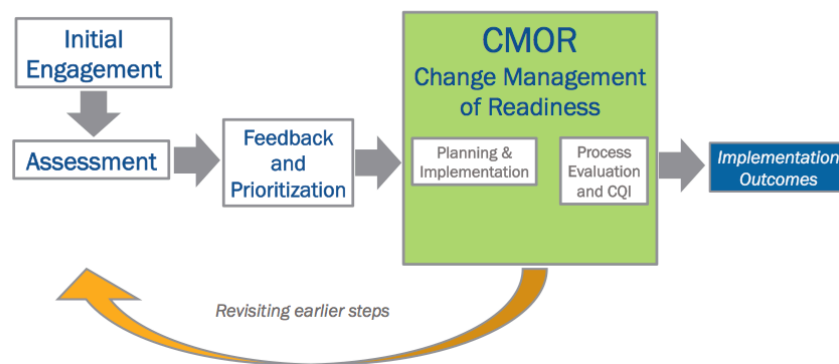


*Each phase consists of specific activities that help to build the capacities and momentum to be able to implement evidence-informed prevention activities. Increased prevention readiness will lead to decreased incidence and prevalence of sexual assault.*

# Roles of a Readiness Building Coach

A readiness coach is assigned to your university as a facilitator to build prevention readiness through RBS. Through training and technical assistance, your readiness coach will collaborate with your implementation team to:

- ✓ Identify your site's strengths and barriers related to prevention readiness
- ✓ Assist your team in choosing strategies to increase readiness
- ✓ Collaboratively plan to carry out readiness building strategies
- ✓ Help your team maintain prevention readiness throughout the project

However, it is you and your team who are the *key players* that will build prevention readiness at your site.

# Background for Prevention Readiness in Action

## ⭐ Example

State University is located in a large southern city and houses 2,000 staff and over 30,000 students. The Sexual Violence Prevention and Response (SVPR) task force at State University provides 24-hours, seven days a week sexual assault response capability for all students and staff members. Support services for victims of sexual assault include crisis intervention, one-on-one direct support, referrals, and ongoing support for specific legal investigation and recovery processes. The SVPR task force has weekly events during Sexual Assault Awareness and Prevention Month for all students and staff to include awareness events (e.g., Wear Denim Day) as well as learning opportunities (e.g., date rape drugs, cyber-bullying and harassment, and complaint processing, etc.). They indicated that their primary prevention activity is a 5K walk/run held in early fall, but they did not hold the event last fall because of budget constraints and challenges with scheduling. In the previous year, the 5K was canceled because of a hurricane and flooding. The program coordinator has a well-trained team including counselors, student volunteers, and staff from various departments such as Student Wellness Services, Advocacy Center, Sexual Health Resource Center and Peer Support Center. They reported feeling disappointed with a recent site report that showed significant increases in the number of reports of sexual harassment over the last 2 years for freshman. Prior trends had shown a great deal of variability in the reporting of sexual harassment and sexual assault.

# Phase 1: Initial Engagement

Successfully engaging a leadership team or group of key stakeholders in a readiness building process is essential for success. Within your university's prevention initiative, the group of individuals who will work to improve readiness to select, plan, and implement an evidence-informed prevention activity is the site's implementation team.

## Develop an Implementation Team

When selecting individuals for the implementation team, members should have a deep understanding of the strengths and challenges the university faces in the areas of sexual assault. This may include knowledge of risk and protective factors for sexual assault, relevant trend data, and historical records of previous prevention activities. These members may be tasked to lead the prevention activity, so training to gain the knowledge and skills for high-quality implementation may be required. While the number of members in a team can vary, optimally the team should consist of 6-10 members who represent various departments across the university.

## ⭐ Example

The president at State University knew that the Sexual Violence Prevention and Response task force staff spent most of their time responding to incidents of sexual harassment and sexual assault. The president and other leadership wanted to ensure additional support and guidance for incorporating prevention activities into the university. The president and SVPT task force program coordinator worked together to identify staff with diverse backgrounds and knowledge about the culture of the university. The SVPT program director wanted to ensure that all members had adequate time to learn and utilize the readiness building process, had skills to access and review data when necessary, and had experience with progress monitoring and documentation. As the weeks progressed, it was determined that 6 individuals (in addition to the SVPT task force program coordinator) would be the site's implementation team. In addition to the criteria above, they were chosen for their knowledge and commitment to prevent incidents of sexual harassment and sexual assault at the university.

## Phase 2: Conducting a Readiness Assessment

The readiness assessment phase involves measuring the implementation team's attitudes and knowledge about their university's readiness to plan, implement and evaluate an evidence-informed prevention activity. There are two main assessment tools: The Readiness Diagnostic Scale (RDS) and the Readiness Thinking tool (RTT). Both are designed to assess organizational readiness using the R=MC² framework. The implementation team usually completes the assessment, and leadership determines if additional staff or key partners should complete the tool as well. Key features of each assessment tool are provided below.

### ⭐ Example

The implementation team discussed the options for assessment and selected the Readiness Diagnostic Scale (RDS) for a variety of reasons. First, they wanted a detailed report to review and potentially share with other leaders and departments at the university. Second, they wanted the option of having some additional members complete the survey. They realized that those individuals might be more likely to complete an anonymous survey online. Third, they wanted the opportunity to examine the scores of the individual items that make up the readiness subcomponents. The team identified 12 people to complete the survey and 10 provided answers to each question. The readiness coach facilitated a 2-hour discussion about the team's perceptions of the results. This included overall comments from the team, specific examples as to why survey items were rated high and/or low, as well as suggestions for what conditions might make the respondent increase (or decrease) their ratings. A full copy of a sample report is included as Appendix C. Below is Table I of the report, which shows higher and lower average scores on the readiness subcomponents.

Regardless of which tool the implementation team chooses, the most important follow-up step is a facilitated discussion of the results. If the team received a readiness report after doing the RDS, they can discuss the subcomponents and individual items. Completion of the RTT should also prompt a similar discussion about how the team perceives the subcomponents. Regardless of the tool chosen, the discussion is likely to take 1 to 2 hours depending on the number of team members that participate.

| Readiness Diagnostic Survey (RDS) | Readiness Thinking Tool (RDT) |
|---|---|
| Administered online | Administered at training |
| Takes 20-25 minutes to complete | Takes 4-5 minutes to complete |
| 7-Point Likert Scale | 4-Point Likert Scale |
| Will receive customized readiness report | Will not receive customized readiness report |

## Phase 3: Gathering Feedback and Prioritizing Readiness Subcomponents

Based on the results of the facilitated discussion from either the RDS or the RTT and additional data from the readiness coach, the implementation team next prioritizes the readiness subcomponents that need improvement. The initial step is to review the lowest scores of the readiness subcomponents (in Table 1 of the RDS) and gather relevant information to prioritize subcomponents. The readiness coach then collaborates with the implementation team to complete the prioritization tool. This tool helps to clarify which

**Table 1: Readiness Subcomponents**

| Subcomponent | Score |
|---|---|
| Relative Advantage | 6.25 |
| Compatibility/Alignment | 5.75 |
| Culture | 5.33 |
| Ability to Pilot | 4.83 |
| Simplicity | 4.75 |
| Innovativeness | 4.72 |
| Structure | 4.60 |
| Leadership | 4.43 |
| Resource Utilization | 4.40 |
| Observability | 4.38 |
| Climate | 3.90 |
| Staff Capacity | 3.75 |
| Priority | 3.33 |

subcomponents to prioritize. These subcomponents should ultimately be those that are most likely to affect high-quality implementation. Appendix D contains a sample copy of the prioritization tool.
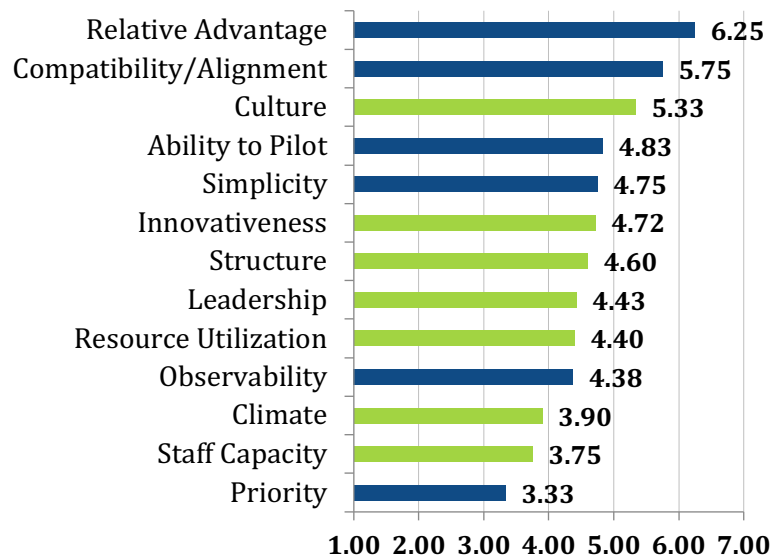
> ⭐ **Example**
>
> After the implementation team at State University received their readiness report from their coach, each member took several minutes to briefly review the document on their own. The readiness coach then walked the implementation team through the report and explained the interpretation of the subcomponent scores (Table 1). The team provided input as to their impressions of the scores and which results surprised them. After the discussion, the team worked with their readiness coach to complete the prioritization tool. Their three lowest scores were Priority, Staff Capacity and Climate. The team felt that they were unable to effectively address Staff Capacity at this time, because the possibility of hiring more staff was out of their control. As a result, they agreed on Climate and Priority as the two subcomponents they would focus on. Appendix D is a copy of the sample Prioritization Tool.
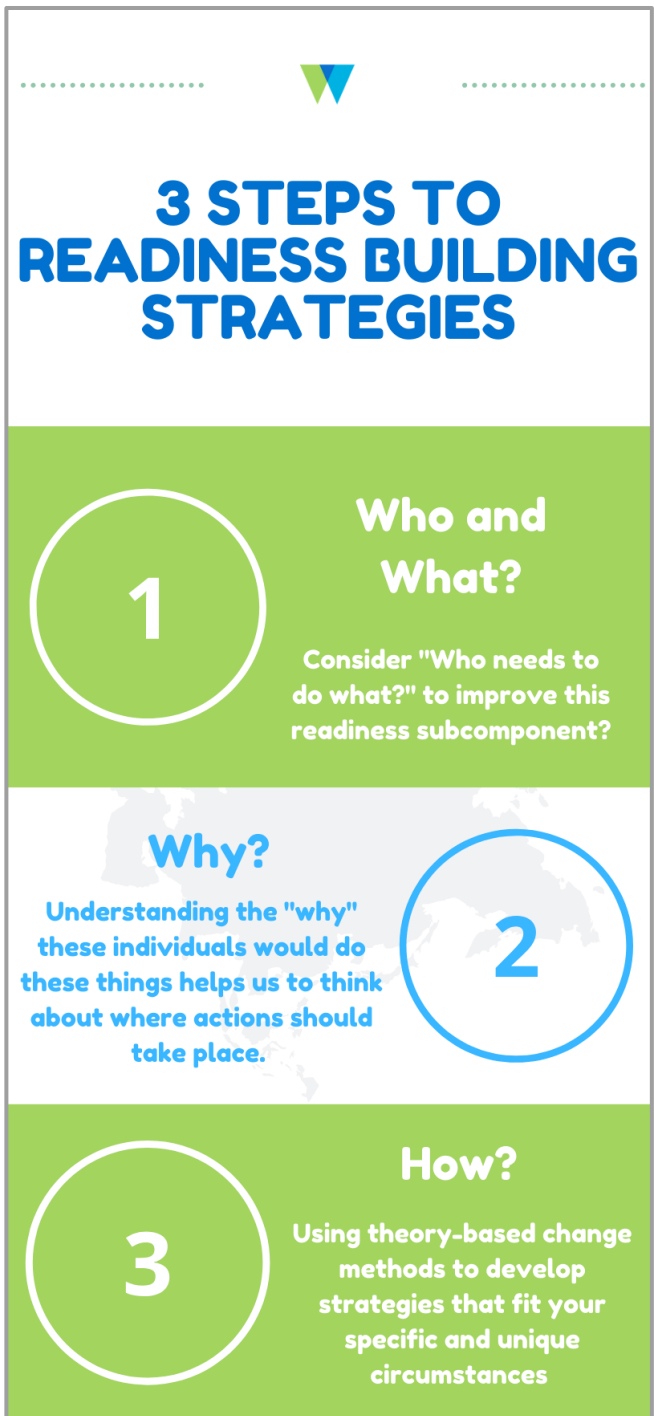
# Phase 4: Implementing Change Management of Readiness (CMOR) Strategies

## The Process of Readiness Building

RBS, a capacity-building system, helps organizations and universities plan, implement, and evaluate a sexual assault prevention activity to reduce sexual assault and related behaviors (e.g., harassment, etc.). In this project, change management of readiness (CMOR) focuses on improving the environmental conditions of the university that allow for quality implementation. Additionally, CMOR can be used to increase behaviors required to adopt and then implement a particular innovation with quality (e.g., evidence-based prevention activity). Readiness building strategies are based on several literatures including business, psychology, improvement science, and education. The evidence-informed CMOR strategies improve the three readiness subcomponents of R=MC$^2$:  1) general capacities, 2) innovation-specific capacities, and 3) momentum.

## Planning and Implementing Strategies

To determine the readiness-building strategies that should be used, the coaches use a 3-step Intervention Mapping process (IM) which involves collaboration between the coach and the implementation team[1]. In order to develop readiness-building strategies using IM, the readiness coaches gather information from the implementation team that addresses:

## 3 STEPS TO READINESS BUILDING STRATEGIES

**1**

### Who and What?

Consider "Who needs to do what?" to improve this readiness subcomponent?

### Why?

Understanding the "why" these individuals would do these things helps us to think about where actions should take place.

**2**

**3**

### How?

Using theory-based change methods to develop strategies that fit your specific and unique circumstances

## Formulating a Plan

The information gathered from the three clarifying questions (Who and What, Why, How) helps customize the readiness-building strategies in each university. Using the IM process, the answers to the prior questions help identify specific performance objectives, underlying determinants, and potential change management strategies. Once the best-suited strategy is identified, readiness coaches and the implementation team work to identify the action steps needed to conduct the strategy, those responsible for completing the tasks, and a timeline for completion.

⭐ **Example**

Once the implementation team decided to focus on improving the climate at the university, they worked with their readiness coach to brainstorm the "who and what, why, and how" process in building readiness.

**1 Who and What**
First, they discussed who and what would need to change in order for climate at the base to improve. Together, they had a discussion about what climate would look like if it was perfect. When their readiness coach prompted them to consider "who needs to do what?" to improve the climate, they came up with ideas like "leaders at our university need to recognize our accomplishments related to sexual assault prevention programming".

**2 Why**
Second, the team considered why their leaders would acknowledge their hard work in addressing sexual assault. They decided that leaders need to believe that it's important and advantageous to the implementation team and university overall, leading to improved climate and higher productivity.

**3 How**
Third, with the help of their readiness coach, they considered strategies to change attitudes of leadership to help them understand thee importance of recognizing the team's accomplishments related to sexual assault prevention. Knowing that someone on their implementation team had an upcoming meeting with leadership, the team and readiness coach brainstormed key talking points to share with leaders about ways they can support sexual assault prevention programming. This included acknowledging staff's accomplishments and the team's progress on efforts related to sexual assault prevention. They discussed with leaders at the university the rationale for this, including the benefits of staff feeling supported and valued in their efforts, increased visibility of their work amongst other university members and increased perception of leadership effectiveness.

## Evaluation and Continuous Quality improvement (CQI)

Progress on the action plan is reviewed by the readiness coach and the implementation team during bimonthly telephone calls. Certainly, modifications can be made including changes to specific tasks and timelines for completion. Formal evaluation and monitoring of success are the responsibilities of the readiness coach. Because of the collaborative relationship between the team and the coach, information about what strategies are successful under what conditions can be documented and reviewed. As the team looks to modify and increase readiness at their site, the coach can facilitate continuous quality improvement strategies.

[1]More details about Intervention Mapping process is described in Appendix F.

Section 3:

# Useful Tools

## Appendix A. Table of Components, Subcomponents, and Definitions

| Component | Subcomponent | Definition |
|---|---|---|
| General Capacity | Innovativeness | Openness to change in general. |
| | Resource Utilization | Ability to acquire and allocate resources including time, money, effort, and technology. |
| | Culture | Norms and values of how things are done in the setting. |
| | Climate | The feeling tone of the setting. |
| | Leadership | Effectiveness of the organization's leaders. |
| | Process Capacities | Ability to plan, implement, and evaluate. |
| | Staff Capacities | Having enough of the right people to get things done. |
| | Internal Operations | Effectiveness at communication and teamwork. |
| Innovation-specific Capacity | Innovation-specific Knowledge & Skills | Sufficient abilities to do the innovation. |
| | Program Champion | A well-connected person who supports and models this innovation. |
| | Supportive Climate | Necessary supports, processes, and resources to enable this innovation. |
| | Inter-organizational Relationships | Relationships among organizations that support this innovation. |
| | Intra-organizational Relationships | Relationships within the organization that support this innovation. |
| Momentum | Simplicity | This innovation seems simple to use. |
| | Priority | Importance of this innovation compared to other things the setting does. |
| | Relative Advantage | This innovation seems better than what the setting is currently doing. |
| | Compatibility | This innovation fits with how the setting does things. |
| | Ability to Pilot | Degree to which this innovation can be tested and experimented with. |
| | Observability | Ability to see that this innovation is leading to desired outcomes. |

# Appendix B. Readiness Thinking Tool

## READINESS THINKING TOOL ®

This tool can help you think about your university's readiness to implement a program, policy, practice or process. While reflecting on the subcomponents below, think about the current level of readiness your university has for this innovation. Determine your level of agreement with each subcomponent's statement for your university. Discuss with your implementation team the rationale and reasoning behind your determination and then check the column that best indicates your current level of agreement.

| Momentum | Degree to which an organization commits to making the innovation happen. | Disagree | Partially Agree | Strongly Agree | Unsure |
|---|---|---|---|---|---|
| **Relative Advantage** | This innovation seems better than what we are currently doing. | | | | |
| **Compatibility** | This innovation fits with how we do things. | | | | |
| **Simplicity** | This innovation seems simple to use. | | | | |
| **Ability to Pilot** | This innovation can be tested and experimented with. | | | | |
| **Observability** | We have the ability to see that this innovation is leading to outcomes. | | | | |
| **Priority** | This innovation has a high level of importance compared to other things we do. | | | | |
| Innovation-specific Capacity | What is needed to make this particular innovation happen. | | | | |
| **Innovation-specific Knowledge & Skills** | We have sufficient abilities to do the innovation. | | | | |
| **Champion** | There is a well-connected person who supports and models this innovation. | | | | |
| **Supportive Climate** | We have the necessary supports, processes, and resources to enable this innovation. | | | | |
| **Inter-organizational Relationships** | We have the necessary relationships between organizations that support this innovation. | | | | |
| **Intra-organizational Relationships** | We have the necessary relationships within organization that support this innovation. | | | | |
| General Capacity | Our overall functioning. | | | | |
| **Culture** | We have clear norms and values of how we do things here. | | | | |
| **Climate** | People have a strong sense/feeling of being part of this organization. | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Innovativeness** | Our organization is open to change in general. | | | | |
| **Resource Utilization** | Our organization has the ability to acquire and allocate resources including time, money, effort, and technology. | | | | |
| **Leadership** | Our organization has effective leaders. | | | | |
| **Internal Operations** | Our organization has effective communication and teamwork. | | | | |
| **Staff Capacities** | Our organization has enough of the right people to get things done. | | | | |
| **Process Capacities** | Our organization has the ability to plan, implement, and evaluate. | | | | |

Which subcomponent of readiness do you currently disagree with? Which do you strongly agree with? What evidence is there to support your determination? Who needs to be at the table to build your team's understanding of your current level of readiness in subcomponents where you marked "Unsure"? Where do you have differences in opinion with your colleagues? What sort of support or coaching would be needed to further build your readiness in these subcomponents?

## Appendix C. Sample Readiness Report

# State University's Readiness Report

*Readiness for Implementation of an Evidence-Informed Sexual Assault Prevention Activity*

## About This Report

This report summarizes results from the administration of the Readiness Diagnostic Scale (RDS). The purpose of the RDS was to hear from members of your implementation team and other staff to learn how "ready" they think State University is to implement an evidence-informed sexual assault prevention program.

The items in the RDS measured two major subcomponents of program readiness: general capacities and momentum. Organizations that are beginning major change efforts, including the adoption of a new program or practice, will benefit from high levels of general capacities to include the support from leadership, adequate staff capacities, and a culture of innovativeness. Universities with high momentum to adopt a new program or practice typically prioritize this change, recognize the advantage of the change, and see how it aligns with the organization's mission.
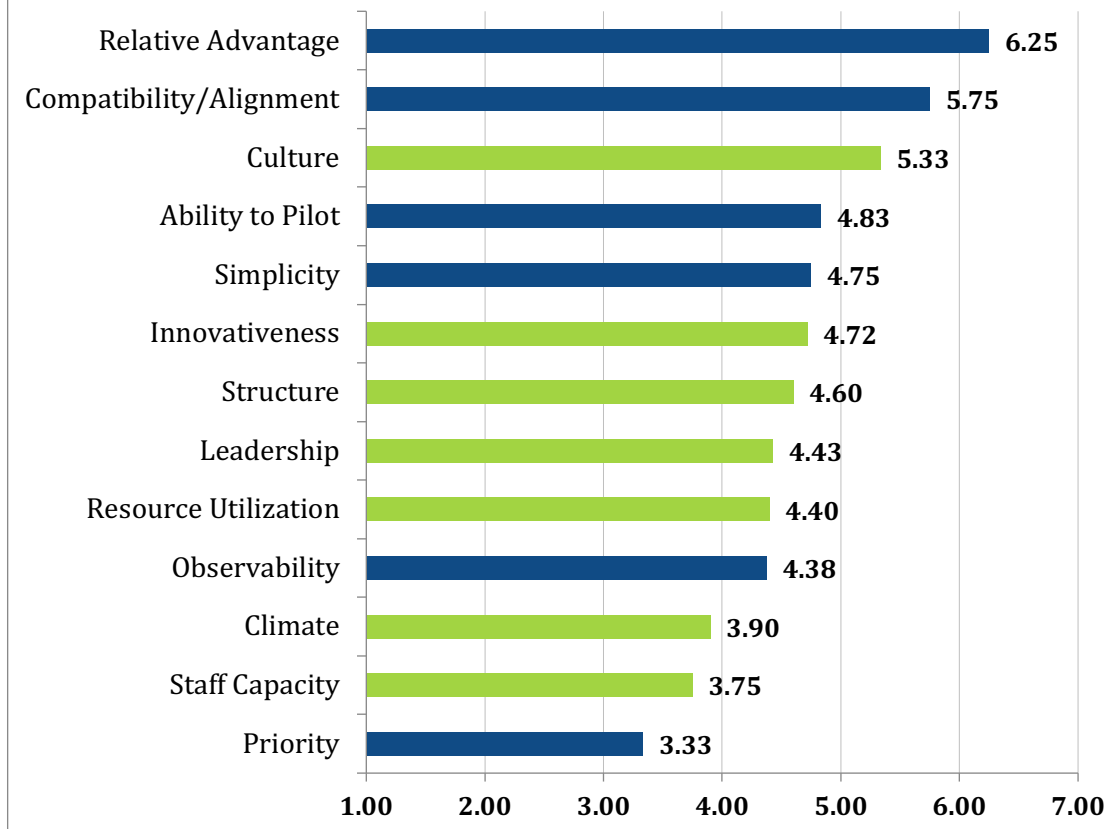
A total of 19 members completed the tool. The results are provided in the following report to help your university identify strengths and potential areas for improvement to increase readiness to implement an evidence-informed sexual assault prevention program.

## Summary of State University's readiness to implement an evidence-informed program

The scores in Table 1 show your team's average readiness scores across all of the subcomponents from high to low, on a scale from 1 (indicating lower readiness) to 7 (indicating higher readiness). The scores are a reflection of how the respondents from your site answered, not a comparison to other sites. Understanding which readiness subcomponents are stronger or weaker will help your implementation team decide where to focus efforts on building or maintain readiness to implement an evidence-informed sexual assault prevention program.

## Table 1: Readiness Subcomponents

| Subcomponent | Score |
|---|---|
| Relative Advantage | 6.25 |
| Compatibility/Alignment | 5.75 |
| Culture | 5.33 |
| Ability to Pilot | 4.83 |
| Simplicity | 4.75 |
| Innovativeness | 4.72 |
| Structure | 4.60 |
| Leadership | 4.43 |
| Resource Utilization | 4.40 |
| Observability | 4.38 |
| Climate | 3.90 |
| Staff Capacity | 3.75 |
| Priority | 3.33 |

Green = General Capacity, Blue = Momentum

**Subcomponents that are relatively high.** Respondents rated your organization highest in:
- **Relative Advantage:** The degree to which our team sees the advantages of the innovation compared to what we have done in the past.
  - *Higher scores in this subcomponent indicate that staff and/or team members see the benefits of the change effort relative to what you are currently doing or what you have done in the past. When the advantages of a change effort are clear to your team, it will be easier to communicate this to other members at your site and lead to implementation with quality.*
- **Compatibility/Alignment:** How well the innovation fits with how we do things.
  - *Higher scores in this subcomponent indicate that the change effort aligns with what's currently going on at your site, the needs or culture of your site, and available resources. When staff and/or team members feel that the change effort fits well with the way they are accustomed to working, they will be more motivated to complete the tasks needed to implement.*

- **Culture:** Norms and values about how we do things here.
  - *Higher scores in this subcomponent indicate that staff and/or team members commonly share your site's beliefs and expectations about how things are done. Having this common understanding will make the application of the new change effort easier to navigate.*

## Subcomponents that are relatively low. Respondents rated your organization lowest in:

- **Priority:** The importance of this innovation compared to other things we do.
  - *Lower scores in this subcomponent indicate that other tasks and responsibilities are seen as more important relative to the new innovation or program. This means that time, resources, and energy may not be properly allocated to the sexual assault prevention efforts at your university.*
- **Staff Capacity:** How experienced and skillful are the staff, and how many people we have.
  - *Lower scores in this subcomponent indicate that there is either not enough staff or staff lack experience or training. Without having the necessary capacities, like number of staff or staff trained in evaluating implementation or outcomes, corners may be cut at the expense of quality.*
- **Climate:** The sense/feeling of being part of the university.
  - *Lower scores in this subcomponent indicate that staff morale may be low within your team or organization, which can make staff feel like they are weighted down with every step they take. This may lead to increased difficulty when it comes to producing results.*

## Highest scoring items. The following items (*and the subcomponents with which they are associated*) were scored highest by respondents:

- Our university has a common purpose. *(Culture)*.
- Implementing an evidence-informed sexual assault prevention program or strategy is timely given the current needs of our university. (*Compatibility/Alignment*).
- Implementing an evidence-informed sexual assault prevention program or strategy has advantages for our university. *(Relative Advantage)*.

## Lowest scoring items. The following items (*and the subcomponents with which they are associated*) were scored lowest by respondents:

- ▪ Our leadership emphasizes the importance of planning, implementing, and evaluating an evidence-informed sexual assault prevention program or strategy. *(Priority)*.
- ▪ Planning, implementing, and evaluating an evidence-informed sexual assault prevention program or strategy is our university's top priority. *(Priority)*.
- ▪ People who work with our university have adequate experience. (*Staff Capacity)*.

## Next Steps

1. **Prioritize.** Using the Readiness Prioritization Tool your team will work with your readiness coach to determine which subcomponents of readiness are priority areas on which to focus. It is important to identify the areas that will most likely have an impact on your ability to implement with quality. Make sure to provide a brief rationale for each subcomponent you have chosen on the Readiness Prioritization Tool.
2. **Action Plan.** After subcomponents are prioritized, you will collaborate with your team and your readiness coach to develop a readiness action plan to implement strategies that are likely to improve readiness for your chosen subcomponent(s). Having an action plan that outlines the steps, personnel, time and resources necessary to implement readiness building strategies will keep your team on the same page and moving in the same direction.
3. **Take Action.** Carry out the action plan with your team.
4. **Monitor and Support.** Work with your readiness coach to meet on a regular basis to discuss progress with readiness building. Your readiness coach is there to provide support and guidance along the way, so do not hesitate to ask for help.

## Appendix D. Readiness Prioritization Tool – Sample & Blank Copy

Completed by: Ms. G.     Date: 6.10.19

Instructions: This tool will help you select the most important readiness subcomponents to target for improvement.

1. The left column, Prioritization Questions, provides prompts on how to carry out the prioritization.

2. If you received a Readiness Report, list the three readiness subcomponents with the lowest scores from the report in

Row Number 1. If you did not receive a report, use the information and knowledge you gained from the Readiness Discussion.

3. For rows 2-4, consider the prioritization question and answer "Yes" or "No" for each column, providing additional details as needed.

4. Copy the remaining subcomponents after this sorting process into the space at Row 5. These are your priority readiness subcomponents to target for improvement.

| Prioritization Questions | Readiness subcomponents to prioritize: | | |
| --- | --- | --- | --- |
| | (1) | (2) | (3) |
| 1. Readiness subcomponents | Priority (Momentum) | Climate (General Capacity) | Staff Capacity (General Capacity) |
| 2. Is this issue likely to have a significant negative impact on implementation of a sexual assault prevention program? | Yes | Yes | Yes |
| 3. **Do we have** the resources (time and budget) to address this issue? | Yes; Encouraging others to make SA/SH prevention a priority will not use a lot of resources. | Yes; However, it can potentially take time. | Unsure |
| 4. **Does it make sense for us to** address this issue at this time given our other priorities? | Yes; Sexual assault prevention needs to be a priority at the university for any program to be successful. | Yes; We can start by addressing climate of our team and then scale-up. | Not at this time; most of our staff capacity issues are around not having enough manpower/turnover and that is out of our control. |
| 5. **Highlight** the remaining readiness subcomponents. These are your priority readiness areas to address. | **Priority** | **Climate** | **--** |

### Readiness Prioritization Tool – Blank Copy

Completed by: _____ Date: _____

Instructions

This tool will help you select the most important readiness subcomponents to target for improvement.

1. The left column, Prioritization Questions, provides prompts on how to carry out the prioritization.

2. If you received a Readiness Report, list the three readiness subcomponents with the lowest scores from the report in Row Number 1. If you did not receive a report, use the information and knowledge you gained from the Readiness Discussion.

3. For rows 2-4, consider the prioritization question and answer "Yes" or "No" for each column, providing additional details as needed.

4. Copy the remaining subcomponents after this sorting process into the space at Row 5. These are your priority readiness subcomponents to target for improvement.

| Prioritization Questions | Readiness subcomponents to prioritize: | | |
| --- | --- | --- | --- |
| | (1) | (2) | (3) |
| 1. Readiness subcomponents | | | |
| 2. Is this issue likely to have a significant negative impact on implementation of a sexual assault prevention program? | | | |
| 3. **Do we have** the resources (time and budget) to address this issue? | | | |
| 4. **Does it make sense for us to** address this issue at this time given our other priorities? | | | |
| 5. **Highlight** the remaining readiness subcomponents. These are your priority readiness areas to address. | | | |

# Appendix E. Readiness Action Plan Tool – Sample & Blank Copy

Targeted Readiness Subcomponent: Priority     Completed by: Ms. G     Date: 6/7/2019

**Instructions**

1. Complete one copy of this tool for each readiness subcomponent you have targeted for improvement using the readiness prioritization tool.
2. For each targeted subcomponent, decide with your team and your Readiness Coach what readiness building strategies you will use.
3. Starting on the left, fill in the chosen Readiness Building Strategy. Break each strategy into Associated Tasks required to implement the strategy, work your way down, completing task details.

| Readiness Building Strategy | Associated Tasks | Who Is Responsible? | When will it be completed? |
|---|---|---|---|
| 1. Identify Barriers & Prepared Response | Have a brainstorming session with implementation team to identify potential barriers to making this innovation a priority | Implementation Team | 6/14/2019 |
| | Select barriers that will have greatest impact on implementation | | 6/21/2019 |
| | Brainstorm solutions to potential barriers | | 6/21/2019 |
| | Identify the solutions where leadership support is necessary | | 6/21/2019 |
| | Prepare to discuss at Leadership Meeting | TBD | 6/30/2019 |
| 2. Present at Leadership Meeting to share work | Discuss with Leadership Secretary to find out steps to getting on agenda | Dean of Student Affairs | 6/14/2019 |
| | Carry Out steps to getting on agenda | | 6/21/2019 |
| | Identify allotted time on agenda | | 6/30/2019 |
| | Determine information to share and ways of sharing it (ex: PowerPoint presentation, factsheet, etc.) | | 6/30/2019 |
| | Identify who will present information | | 6/30/2019 |
| | Attend meetings | TBD | 6/30/2019 |

# Readiness Action Plan

Targeted Readiness Subcomponent:　　　　　Completed by:　　　　Date:

**Instructions**

1. Complete one copy of this tool for each readiness subcomponent you have targeted for improvement using the readiness prioritization tool.
2. For each targeted subcomponent, decide with your team and your Readiness Coach what readiness building strategies you will use.
3. Starting on the left, fill in the chosen Readiness Building Strategy. Break each strategy into Associated Tasks required to implement the strategy, work your way down, completing task details.
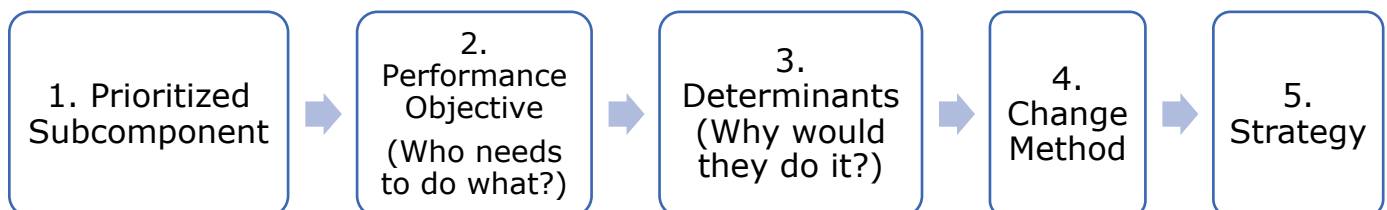
| Readiness Building Strategy | Associated Tasks | Who Is Responsible? | When will it be completed? |
|---|---|---|---|
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# Appendix F. Summary: Intervention Mapping

Intervention mapping is a systematic approach to designing and adapting programs. Additionally, it can be used to create strategies for program adoption, implementation, and maintenance. Readiness coaches from the Wandersman Center, in collaboration with UT Health, are using intervention mapping to develop and select strategies to address readiness-related barriers and facilitators. Identifying implementation strategies through intervention mapping will enhance adoption, implementation, and sustainment of sexual assault prevention initiatives because the strategy selection process is based on a systematic selection and/or development of implementation strategies that are informed by theory, evidence, and participatory processes to engage key stakeholders. Intervention Mapping first analyzes the underlying determinants that could improve readiness and then applies specific theory and evidence-based methods to influence these determinants. The methods are translated into strategies that organizations can easily put into action. The Wandersman Center works with the implementation teams to create strategies specific to their context. Intervention Mapping guides the strategy development process by answering the following questions:

1. What subcomponent of readiness needs to be addressed for program implementation, evaluation and sustainment?
2. What do they need to do to change that readiness subcomponent? (*Performance Objectives*)
3. Why would they do it? (*Determinants* such as knowledge, attitudes, skills, self-efficacy, outcome expectations)
4. How do we influence these adoption, implementation, and maintenance behaviors and conditions related to readiness? (*Methods* such as persuasion, active learning, modeling, social support)?
5. How do we operationalize these change methods into actionable strategies that fit the unique context of the organization?

| 1. Prioritized Subcomponent | → | 2. Performance Objective (Who needs to do what?) | → | 3. Determinants (Why would they do it?) | → | 4. Change Method | → | 5. Strategy |
|---|---|---|---|---|---|---|---|---|

## Appendix G. Glossary

| Term | Description |
|---|---|
| **Action Planning Tool** | A tool to break down key activities, persons responsible, and completion dates for strategies to build readiness |
| **Change Management of Readiness (CMOR)** | A repository of evidence-based interventions to build and sustain readiness |
| **General Capacities** | The overall functioning of an organization |
| **Innovation** | In this context of universities, innovation refers to a prevention activity |
| **Innovation-Specific Capacities** | What is needed to make a particular innovation happen at an organization |
| **Intervention Mapping** | A systematic approach to designing and adapting programs that helps create strategies for program adoption, implementation, and maintenance |
| **Motivation/Momentum** | The degree to which an organization commits to making the innovation happen |
| **Prevention activity** | This is a general term that is inclusive of a prevention activity, prevention policy, prevention process, and/or prevention protocol |
| **Prevention Readiness** | How willing and able an organization is to implement prevention activities (e.g., program, policy, etc.) |
| **Prioritization Tool** | A tool to identify and select important subcomponents to build |
| **R=MC²** | Readiness=Momentum x Capacities² |
| **Readiness Building System (RBS)** | A comprehensive system designed to help organizations build their motivation/momentum and capacities to implement prevention activities |
| **Readiness Coach** | A facilitator who guides an implementation team through the RBS for Prevention Readiness |
| **Readiness Diagnostic Survey (RDS)** | An online survey administered to assess an organization's readiness using one, two, or three readiness subcomponents |
| **Readiness Subcomponents** | The 18 areas that fall under the three readiness components. The subcomponents are those constructs that can be modified and will be prioritized to be increased using CMOR strategies |
| **Readiness Thinking Tool (RTT)** | A tool, presented in a worksheet format, that is used to assess an organization's readiness |

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