Washington State Incentive Grant
State and Community-Level Evaluation Report
Autumn 2000

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Acknowledgements

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Executive Summary

The Washington State Incentive Grant (SIG) is a three-year, $8.9 million grant from the Center for Substance Abuse Prevention. Its purpose is to reduce the use, misuse, and abuse of alcohol, tobacco, and other drugs among youth in Washington State by changing the system of substance abuse prevention planning, funding, delivery, and monitoring at state and community levels. This document is an evaluation progress report containing updates from October 1999 through September 2000 on state and community-level SIG activities. It builds upon the baseline report completed in October 1999 (see Appendix F). Plans for current and future evaluations are included.

Washington State's SIG evaluation design is unusual among the other SIG states, approximately twenty-five in all. Our focus goes beyond the outcomes achieved at the state and among the eighteen funded community grantees. This is a formative evaluation, wherein we observe the processes of change and provide feedback along the way. The intent is to provide a chance for reflection on how change is happening while it is occurring. This is done by assessing and recording where the various groups began, where they are now, and what has happened in between.

State-level agencies, organizations, and offices (hereafter, agencies) participating in SIG have been meeting since before the grant was received in July 1998. It is now more than two years into the grant for the state, while the communities are just beginning their second year of SIG-funded prevention activities. Major milestones have been met in this change process. *Washington State Incentive Grant Substance Abuse Prevention Plan,* a document containing goals and objectives for SIG efforts, was published in March 1999. By July 1999, eighteen community grantees were selected.

State-Level Evaluation

State agencies participating in SIG are engaged in the process of changing the system by which substance abuse prevention services are planned, funded, delivered and monitored in this state. The goal and objectives of their work are contained in the *Washington State Substance Abuse Prevention Plan*,[1] and are listed here in abbreviated form (see Appendix A for a complete list):

> *Goal:* Streamline state-level prevention systems to coordinate resources and reduce duplication of effort.
>
> *Objectives:*
> 1. Identify and adopt common outcome measures.
> 2. Develop and coordinate administration of common community needs and resources assessment tools.

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[1] Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

3. Define selection criteria for science-based prevention programs.
4. Develop uniform reporting mechanisms.
5. Develop guidelines for leveraging and redirecting money and resources.
6. Create a system for continuous professional development for prevention providers.

State agencies participating in SIG's state-level systems change workgroup selected a group of desired outcome objectives to serve as state benchmarks to use as planning and funding guidelines. Draft strategies for achieving the goals and objectives contained in the Plan were approved by the Governor's Substance Abuse Prevention Advisory Committee in October 2000. These strategies are contained in the document W*ashington State Incentive Grant State Substance Abuse Prevention System* (January 2001). The SIG State-Level Systems Change Workgroup and SIG staff developed these strategies at the instruction of the Advisory Committee. Recruiting is underway for SIG sub-committees to develop action plans for strategy implementation. These action plans are due for review by the Advisory Committee in April 2001.

Agency representatives involved in SIG workgroups identified positive outcomes beyond these major accomplishments. The first three positive outcomes listed below refer to SIG's decision to use selected benchmarks in lieu of developing specific funding guidelines.

- Prevention-related benchmarks promote development of comprehensive agency prevention goals and policies, related to benchmarks chosen by the agency.

- Proposals from special interest groups can be more consistently evaluated by using benchmarks as criteria.

- Benchmarks may come to provide legitimacy for agencies and programs that agree to incorporate them when creating intra-agency/program goals and funding guidelines.

- SIG helped speed up previous prevention system change efforts and aided in bringing more agencies to the table.

- Agency representatives involved in SIG workgroup meetings gained a deeper understanding of how prevention roles differ among state agencies.

- SIG is seen by some as the opportunity to provide a statement of what substance abuse prevention can be for the state.

- SIG's requirement that fifty percent of all community grantee prevention programs be science-based, that is, shown to be effective through research published in peer-reviewed publications, helped introduce this concept to community-level service providers. This introduction is seen as smoothing the way for other agencies to move toward similar requirements.

Continued Challenges: As with any change effort of this magnitude, the road has not been totally smooth. Agency representatives raised several concerns during interviews for this report about SIG's eventual effects:

- Will SIG's model prevention system acknowledge and incorporate prevention models for other youth problem behaviors?

- Will SIG cause individual agencies to lose control of funding decisions?

- Will current work on prevention within individual agencies be lost if SIG's proposed prevention system gains acceptance?

Agency representatives were shown the list of six state-level objectives from the Washington State Incentive Grant Substance Abuse Prevention Plan (1999) and asked about their respective agency's status regarding each objective. A lack of common interpretations of four out of the six objectives was observed, leaving in question the extent to which agency representatives are working toward addressing the agreed upon common objectives.

While the above challenges remain, those listed in the October 1999 report are largely resolved. The current challenges are hardly insurmountable. Agency representatives need to continue to work together toward common interpretations of SIG's intended outcomes. It may be valuable for agency representatives to develop detailed explanations of what the various state-level objectives mean to their respective agencies, and how their current prevention work will be incorporated into the State Substance Abuse Prevention System. An action plan should be developed with the state agencies as to the most efficient way to proceed to diminish misunderstandings and address concerns. The creation of specific action plans for implementing the state-level system change strategies may also help allay these concerns.

Community-Level Evaluation

Each SIG community grantee received one or more visits from a local evaluator, who collected information on local prevention history and current activity, as well as descriptive data about SIG communities. The information contained in this report is an analysis of their findings.

- The eighteen geographic and membership-based communities funded through SIG include the following: seven grantees associated with public education, two countywide, two community public health and safety networks associated with the Family Policy Council, one American Indian tribal community, a city, a small town, a police department, and a treatment center. One network has recently turned local grant administration over to a school district, increasing the number of grantees associated with public education to eight. Two-thirds of the prevention services funded through SIG are delivered in rural areas or small towns, where public transportation is limited. Poverty rates are above the state average for two-thirds of SIG communities. Half of the communities report a changing cultural or language base in the local area.

- The majority of SIG grantees had experience delivering prevention services before SIG. Most of those with experience had both used data for planning prevention services and coordinated with local prevention partners to carry out prevention activities. Two-thirds of the grantees were new to using science-based prevention programs and one-third were new to measuring program outcomes.

- During their first year of funding, community grantees finished developing the prevention plans drafted in their SIG proposals. Community prevention coalitions were formed as a grant requirement. For half of the grantees, the practice of a community prevention coalition was either new or was markedly enhanced as a result of participating in SIG.

- Using risk factor and protective factor related data, grantees prioritized risk and protective factors and identified related problems for their areas or members. Based on this plan, prevention programs were selected. Participants were recruited and programs were implemented, both with varying levels of success. Approximately one-third of the grantees measured program outcomes through the Everest database, a web-based system that allows local prevention providers immediate access to outcome reports.

An examination of the challenges experienced by community grantees shows strong support for the system changes occurring at the state level. Evidence from the community-level evaluation reports shows that achieving each state-level objective will enhance the planning, funding, provision, and evaluation of local prevention services. Additional challenges are also described in the report.

The majority of SIG grantees have experience with planning, delivery, and evaluating prevention services. However, SIG provided new, standardized methods for community-wide prevention planning and program evaluation. The extent of community grantees' progress toward the five community-level objectives will reflect their substance abuse prevention history and their readiness to expand their understanding of how prevention work is done.

Evaluation Plans for State and Community Levels

State-Level Evaluation: The upcoming state-level evaluation will include monitoring progress toward state-level objectives and corresponding system changes strategies, and updating the organizational information for participating state agencies presented in the October 1999 evaluation report.

Guidelines for the final evaluation report to be prepared under the current evaluation contract were established by the Center for Substance Abuse Prevention (CSAP) in the document, *The SIG State Case Study Protocol.* This protocol was presented to SIG state evaluators in January 2000. A final written report, responding to the case study protocol, will be issued in June 2002. Verbal updates will be presented at meetings of the Governor's Substance Abuse Prevention Advisory Committee through June 2002.

It is the intent of state agencies participating in SIG that changes in local substance abuse prevention planning, funding, delivery, and monitoring will occur as a result of changes at the state. The local evaluation team is currently gathering baseline descriptions of the planning and funding relationships required to provide local prevention programs. An analysis of these relationships will be included in the Autumn 2001 report.

Community-Level Evaluation: Community-level evaluation activities will include studying program implementation methods; monitoring progress toward community-level objectives and the anticipated immediate changes listed in each community grantee's community action plan (contractual statement-of-work) matrices; and measuring outcomes for three prevention programs, each in a different domain. In preparation for future evaluation activities, a substance abuse prevention history will be written for comparison sites that have participated in the Washington State Survey of Adolescent Health Behavior in order to allow comparison of their results with those of two SIG community grantees, North Thurston School District

and Toppenish. Comparing the scores and prevention histories of the sites will strengthen the conclusions that can be drawn about SIG's community-wide effects.

State-Level Evaluation Report

Evaluation Purpose and Methods

The purpose of this report is to outline the successes, challenges, and status of state agencies in moving toward the state-level goal and objectives outlined in the *Washington State Substance Abuse Prevention Plan*.[2] A detailed list of these goal and objectives is in Appendix A. Here is an abbreviated list:

> *Goal:* Streamline state-level prevention systems to coordinate resources and reduce duplication of effort.

> *Objectives:*
> 1. Identify and adopt common outcome measures.
> 2. Develop and coordinate administration of common community needs and resources assessment tools.
> 3. Define selection criteria for science-based prevention programs.
> 4. Develop uniform reporting mechanisms.
> 5. Develop guidelines for leveraging and redirecting money and resources.
> 6. Create a system for continuous professional development for prevention providers.

Representatives of state agencies involved in substance abuse prevention were interviewed for this report. Additional information was gathered by attending numerous committee meetings. Data collection and analysis methods are detailed in Appendix B.

Please note that the word *agencies* as used in this report includes participating agencies, organizations, and offices.

Successes

There is "community readiness" among state prevention agencies for changes to occur in the planning, funding, delivery, and monitoring of prevention services. Agency representatives see SIG as playing an essential role in those changes.

In April 2000, the Governor's Substance Abuse Prevention Advisory Committee approved a motion to have the SIG staff and the State-Level Prevention System Changes Workgroup move ahead with the work they had done to date. Their efforts focused on developing strategies to carry out state-level objectives and resulted in the document, *Washington State Incentive Grant State Substance Abuse Prevention System* (January 2001). The strategies contained therein address each state-level objective. SIG staff are now recruiting for sub-workgroups to build action plans for implementing the approved system changes strategies.

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[2] Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

The "value-added" effects (with thanks to Letty Mendez from the Washington State Traffic Safety Commission and Pam Darby from the Division of Alcohol and Substance Abuse) of SIG are things that wouldn't have happened or would have taken longer to happen if SIG hadn't been around. Timing is key. The time is right for changes in the substance abuse prevention system to occur. SIG's value-added effects were described by interviews as occurring at both state and local levels. They included the following:

1. SIG provided the opportunity for agency representatives to move from a micro-level of understanding about other agencies' prevention roles to the macro-level, destroying misperceptions and instilling new depth. This occurred on two levels: moving from the view of interactions with individuals at other agencies to interactions between agencies and beginning to understand how the various prevention agencies fit together (similar to the desired community-level prevention planning process).

2. With the selection of desired outcome objectives to serve as state benchmarks, on which agencies can base planning and funding decisions, SIG helped some agencies move toward more comprehensive agency prevention goals and policies. Using their selected benchmarks as a guide, agencies can more effectively evaluate special interest groups' foci in relationship to the agency's larger goals.

3. SIG's benchmarks selection process is seen as potentially providing legitimacy for agencies and programs that sign on.

4. Several interviewees felt that an opportunity is provided through SIG toward creating a statement of what prevention is in this state.

5. Interviewees believed that, while the collaborative needs assessment process for the 2001-2003 biennium would have happened even without SIG, SIG helped speed things up and bring more agencies to the table.

6. SIG is viewed by several interviewees as incorporating and legitimizing the work of other state-level prevention organizing efforts, including development of the collaborative needs assessment, the joint school survey, and the standardized training and continuing education standards for prevention providers.

7. Some interviewees felt that promoting research-based prevention programs at the local level will be easier since SIG broke the ice in providing education about them and requiring their use. The same is true for program outcome measurement.

Challenges

Three main challenges are apparent for participating state agencies:

1. Besides DASA, the agencies involved in SIG have prevention agendas beyond substance abuse.

2. Participants are reluctant to abandon or re-design ongoing work within their own agencies to fit the State Substance Abuse Prevention System design approved by the Governor's Substance Abuse Prevention Committee.

3. All participants do not interpret the six state-level objectives in the same way.

Explanations of these challenges are below.

Prevention agendas beyond substance abuse: Prevention models differ for various types of prevention foci. Discussions among state agency representatives on the State-Level Prevention System Changes Workgroup moved beyond focus on the SIG's state-level goal "to streamline state-level prevention systems to coordinate resources and reduce duplication of effort." The movement was toward creating a prevention system that could be expanded by participating agencies to include different types of prevention, beyond substance abuse prevention. Some agencies are reluctant to participate in the formation of such a system, knowing they would be unable to incorporate models and advice of professionals from prevention fields other than substance abuse prevention. Associated with this is the concern that the State Substance Abuse Prevention System will be developed with the authority to cause funding to be re-allocated.

Concerns about abandoning previous and ongoing work: Planning, funding, delivery, and monitoring models around substance abuse and other problem behaviors have been studied and are undergoing development at several participating state agencies. Considerable amounts of staff and funding resources have been devoted to these efforts. Some agency representatives are apprehensive that this work would be swept aside when and if the State Substance Abuse Prevention System is accepted as the "gold standard."

Different interpretations of the six state-level objectives: Each interviewee was asked to explain his or her agency's status regarding the six state-level objectives in the Plan. It is not possible to report their responses because consistent interpretations of the objectives were lacking. Two of the objectives were clear to most people: the second objective regarding needs assessment tools, because most knew of the Washington Interagency Network (WIN) Prevention Subcommittee's efforts around this topic, and the sixth objective, which addresses creation of a system for continuous professional development for prevention providers. The others were not interpreted consistently. The specifics of the varying interpretations are not important here. The problem is that the interpretations are inconsistent from one agency to another. This leads to the concern that participating state agencies are not working toward the same actual objectives, despite their perceptions that they are. There continues to be some misperceptions about SIG's ultimate goals and the grant's perceived authority that are making people reluctant to participate in the development of a State Substance Abuse Prevention System.

Discussion of Challenges, Past and Present

By October 1999, state agencies had selected SIG community grantees through a competitive application process, the Governor had announced the awards, and community prevention program implementation was just beginning. An initial plan for state-level system changes strategy development was presented to the Governor's Substance Abuse Prevention Advisory Committee at their October 1999 meeting. This plan was approved and SIG staff and the State-Level Prevention System Changes Workgroup were given the authority to move ahead with the development of an implementation strategy for each state-level objective. These strategies are included in the document, *Washington State Incentive Grant State Substance Abuse Prevention System* (January 2001).

Challenges Summarized in the October 1999 Evaluation Report: In October 1999, the evaluation staff reported four challenges to the Governor's Committee that it had observed as

potentially limiting the ability of SIG to accomplish its goals and objectives. These were the four challenges listed at that time:

1. Comprehensive versus specialized prevention goals: Interviewees expressed the desire to broaden SIG's focus from substance abuse prevention alone to include other types of problem behavior prevention. Nearly all state agencies involved in prevention address other types of problem behaviors, in addition to substance abuse.

2. Education style: Interviewees voiced concern that prevention service delivery styles would become dictated by SIG. Prevention services tend to be either directed at the general population (media campaigns or environmental focused, as examples) or at high-risk populations (participant-based programs). SIG was perceived as promoting participant-based programs.

3. Local planning units: The variation of local fiscal agents and local constituent boundaries from one state agency to another were seen as deterrents to local collaboration around planning, funding, delivering, and monitoring local prevention programs.

4. Centralization *vis-à-vis* decentralization: Some agencies promote more local creativity than others and felt that their constituents would feel they were being dictated to if told that they had to choose from among a list of science-based prevention programs.

Response to Challenges reported in October 1999: All of the challenges in this list reflected the concerns of participating state agencies that the local changes that might result from SIG would become more, rather than less, directed from a centralized, state level. Has SIG resolved these challenges from a year ago?

- Comprehensive versus specialized prevention goals: The first challenge in the list (exclusion of other types of problem behaviors) is only partially diminished. Agency representatives involved in the SIG process now understand that the grant must focus on substance abuse prevention because it is from the Center for Substance Abuse Prevention and that's how the grant was written. As explained in the list of challenges for the year 2000, however, the concern has shifted from, "Why can't we broaden the focus of SIG to include other types of prevention?" to "Why can't SIG realize that work to develop prevention models is going on in other fields of prevention, besides substance abuse?"

- Education Style and Centralization *vis-à-vis* Decentralization: Challenges two and four (education style and centralization of prevention program selection) have been resolved in the past year as agency representatives gained a better understanding of SIG's purposes. SIG's state-level objectives do not address whether or not an agency's prevention programs should be directed at the general population or at targeted sub-populations, nor do the objectives address the use of science-based programs, only the criteria for the selection of such programs.

- Local planning units: The third challenge in the list (local fiscal and constituent boundary variations) remains, but will not be resolved by SIG. Individual agencies will work out issues of local fiscal agents as plans and policies are made to reflect the benchmarks they select. Local constituent boundary differences, for example, school

district boundaries crossing county lines, thus requiring multiple planning and funding efforts, will be more difficult to change because so many administrative entities would have to be involved. Again, it will be up to individual agencies to create solutions for this dilemma.

To summarize, of the challenges presented in the October 1999 report, one still exists (comprehensive versus specialized prevention goals), but in a slightly different form; two are resolved (education and centralization *vis-à-vis* decentralization); and one is beyond SIG's influence (local planning units).

The Contexts of Challenges listed in the Present Report: The greatest challenge for participating agencies is to come to an agreement about the intended outcome of the SIG project. If agency representatives do not support the adoption of the State Substance Abuse Prevention System, currently under development, then it is unlikely that their directors will do so.

The related issue, which is that SIG needs to learn about, acknowledge, and incorporate ongoing substance abuse prevention work within individual agencies, may not be of as great a concern. Individual agency representatives will be participating on sub-workgroups during coming months. These sub-workgroups will develop specific action plans for implementing the strategies corresponding to the six state-level objectives. Through this process, agency representatives may realize that SIG's outcome is intended to facilitate, and not to impede, their freedom to plan, fund, deliver, and monitor prevention activities at the local level. This potential change in perception will depend on the types of action plans that the state agency participants develop and their ability to incorporate the different styles of work already in progress into the action plans.

The final challenge presented in this report is about the lack of consistency among agency representatives' interpretations of the six state-level objectives. This appears to be the most deceptively easy challenge to resolve, perhaps through explanatory paragraphs about each objective and follow-up meetings to resolve remaining differences of interpretation. Granted, representatives of participating state agencies were the people who developed the state-level objectives and corresponding strategies. However, diverse interpretations at this point in time are somewhat understandable, probably resulting from staff changes at some agencies, and from the multitude of other duties to which agency representatives have had to attend during the years of the SIG project. However, the dilemma of multiple interpretations of state-level objectives remains and must be resolved if action plans that are acceptable to the various agencies are to be developed by the sub-workgroups. Each state agency should be provided with optimal opportunities to contribute to the development of the State Substance Abuse Prevention System design and to include each agency's "work in progress" into the system design.

Conclusion

SIG staff and agency representatives accomplished a great deal of work in a short amount of time. While challenges remain, positive outcomes have already occurred from the SIG project. Tangible results include the document containing strategies for accomplishing the six state-level objectives, *Washington State Substance Abuse Prevention System* (January 2001). Intangible results, described in the list of "value-added" successes, are likely to yield

positive outcomes in prevention policy, agency cooperation and collaboration, and service delivery.

Baseline Community-Level Evaluation Report

Evaluation Purpose and Methods

The purpose of this initial community-level evaluation was to establish a baseline of community prevention activity against which changes can be measured. The types of prevention activity focused on in this effort are outlined in the five community-level objectives contained in the *Washington State Substance Abuse Prevention Plan*.[3] Appendix C contains a detailed list of those objectives. Here is a summary of them:

Goals:
1. Prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by the state's youth.
2. Make the community-level system more effective.

Objectives:
1. Establish local prevention partnerships.
2. Use a risk and protective factor framework for the community prevention plan.
3. Participate in joint community risk and protective factor and resource assessment.
4. Select and implement effective prevention actions.
5. Use common reporting tools.

Below are descriptions of the SIG Community Project grantees (referred to in this reports as *grantees),* their prevention history, and their experiences during the first year of SIG funding. The discussion relates findings from this study to the state-level system changes efforts.

Primary data sources for this report are the baseline community-level evaluation reports created by local evaluators (Raymond Mitchell, MA, Ed.; Kojay D. Pan, MPA; Anne D. Strode, MSW; and Linda Weaver, MA) and Christine Roberts, Ph.D., SIG Evaluation Director, the author of this report. Local evaluators used site visits, interviews, document reviews, telephone conversations, and observations to gather information. For details on research methods, please see Appendix D.

Description of SIG Grantees

Who are the SIG Grantees? There are eighteen grantees funded through SIG. Two-thirds of them are delivering prevention services in rural areas or small towns. Grantee types include the following:

1. Slightly less than half (eight) of the funded grantees are associated with schools: two educational service districts (ESDs), five school districts, and one school building.

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[3] Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

2. Four of the grantees are associated with county prevention services, two of which are focused on single geographic areas within the county. The other two have contracted services in several small towns throughout their respective counties.

3. Two grantees are community public health and safety networks associated with the Family Policy Council, although one of these recently transferred its status as a lead agency to a local school district.

4. The remaining grantees include an American Indian tribal community, a treatment center, a small town, and a police department.

<u>What are the most common sociodemographic characteristics of SIG Grantees?</u>

- Poverty rates are above the state average in two-thirds of the grantees.

- Nearly half reported a changing or recently changed cultural or language base for their populations. These changes had two effects for implementation of SIG programs:

  1. For those grantees with sub-populations of people who speak English as a second language or not at all, translating pre-test and post-test scales for prevention program participants accomplished the goal of including all participants when measuring program outcomes, but had its limitations. For example, a woman who spoke only Japanese required a translator to enable her participation in a parenting program. When she and the translator discussed the answers to the test questions, deciding together which was best, the test results were seriously compromised. In another situation, a member of a local Hispanic community translated the pre-test and post-test scales. This was positive in that it presented the test in the local dialect, but it was impossible to know if the translated questions carried the same meaning to Spanish speakers as the English questions did for English speakers

  2. Language and cultural variation was also a factor in prevention program selection. Grantees report that few programs are translated into languages other than English, and those that are translated are unlikely to be in the local dialect of the people served by the grantees. Selecting a prevention program that is culturally appropriate to the target population is difficult without inside knowledge of that population. Cultural barriers as complex as different values around parenting are not addressed merely by translating a program from English into another language. One site learned that the concept of a "parenting class" implied to the parents they were targeting that these people were bad parents. To improve recruitment, they learned to advertise the class as a class for dealing with challenging children. Finally, parents signed up

- A cultural change not anticipated by the evaluators, but of concern in three of the SIG grantees, is the growing divide between rich and poor in their areas. Not only is income and lifestyle markedly different for the two, as it has always been, but affordable housing is becoming less available and the cost of living is increasing faster than wages for those with lower incomes.

- Half of the grantees report that there are few, if any, activities or places available to interest teens in their areas, whether the teens have money or not. In rural areas and small towns, teens must often travel to nearby towns for teen-oriented activities, but finding transportation is reportedly difficult or impossible, as limited or no public

transportation is available. Transportation woes also plagued local SIG staff in trying to convey children to their homes following after-school prevention programs. Expenses associated with hiring buses, drivers, and aides to maintain order on the buses became the largest item in the budget for two SIG grantees.

What are SIG grantees' histories in planning, delivering, and evaluating substance abuse prevention services? The evaluation staff expected that SIG grantees would have varying levels of experience in planning, delivering, and evaluating substance abuse prevention services. The descriptions contained in this section of the report are provided as a baseline against which future changes in these areas can be compared. Below is a table containing characteristics of the SIG grantees' prevention histories. Please note that this table refers to the history of the grantees, not necessarily the sites where services are delivered.

Prevention History of SIG Grantees Prior to SIG

SIG Grantee	Familiar with prevention in general?	Used data for planning?	Coordinated with prevention partners?	Implemented science-based programs?	Evaluated program outcomes?
Aberdeen School District #5	YES	NO	YES	NO	NO
City of Othello	YES	NO	NO	NO	NO
Crossroads Treatment Center	YES	YES	YES	NO	YES
ESD 123	YES	YES	YES	YES	YES
Grant County Prevention and Recovery Center	YES	YES	YES	YES	YES
Island Co. Stanwood Public Health & Safety Network/ Oak Harbor School District	YES	YES	YES	NO	YES
Lake Washington School District	YES	YES	YES	YES	YES
North Thurston School District	YES	YES	YES	YES	YES
Olympic ESD 114	NO	NO	NO	NO	NO
Orcas Island School District	YES	YES	YES	NO	NO
Pacific Co. Public Health & Human Services and Willapa Children's Services	YES	YES	YES	NO	YES
Seattle Public Schools	NO	NO	NO	NO	NO
Snoqualmie Valley Community Network	YES	YES	YES	NO	YES
Spokane County Community Services	YES	YES	NO	NO	NO

Swinomish Tribal Community	YES	YES	YES	**NO**	**NO**
TOGETHER!/ R.O.O.F.	YES	YES	YES	**NO**	YES
Toppenish Police Department	**NO**	**NO**	**NO**	**NO**	**NO**
Walla Walla Co. Dept. of Human Services	YES	YES	YES	YES	YES
Total **NO** responses	**3**	**5**	**5**	**13**	**7**

Over three-fourths of the grantees had experience with delivering prevention services before SIG, and most of those with experience had both used data for planning prevention services and had coordinated with local prevention partners to plan and deliver services. Far fewer grantees had used science-based prevention programs or measured program outcomes.

What were and are the roles of community prevention coalitions? One component of the above table merits special attention and that is the coordination of prevention planning and delivery with local prevention partners. Thirteen of the eighteen grantees, nearly three-fourths, had coordinated with prevention partners before applying for SIG funds. These efforts are often referred to as community prevention coalitions or some variation of that.

The coalitions' scope of activities include pursuing funding, gathering and reviewing data, seeking input from community members, planning, and selecting prevention programs to address needs identified through the planning process. Some groups of prevention partners review the implementation of prevention programs, monitor outcomes, and modify either their program selection or the prevention program itself based on outcome results. Prevention providers are sometimes members of local prevention coalitions and are often asked to report on program outcomes to the coalition and other interested parties. Coalitions sometimes act as advocates for substance abuse prevention against other priorities in local and state arenas.

An eligibility requirement for SIG funding was the presence of a community prevention coalition. All of the coalitions, whether longstanding or formed in response to SIG, continued to meet after SIG funds were awarded, although some reorganized. Nearly all address other prevention issues besides substance abuse or are a subcommittee of a larger group with a prevention perspective inclusive of other problem behaviors besides substance abuse.

Evaluators received numerous questions about what coalition activities should be after SIG funding was received. These questions increased after prevention programs were implemented.

First Year Experiences

During their first year of funding, SIG grantees accomplished the completion of their formal community prevention planning process, including prevention program selection, and began delivering prevention services. Some also measured program outcomes. The subsections below contain descriptions and discussions of the first two topics, those being, planning and

program selection, and the last topic, program outcome measurements. Program implementation is one of the components of the upcoming community-level evaluation.

What are Community Prevention Action Plans (The Matrices)? SIG grantees were required to complete a prevention planning document that served as their contractual work order and tool for identification of anticipated immediate outcomes. This document, the Community-Based Prevention Action Plan Implementation Matrix, is commonly referred to as the matrix. Grantees completed one or more matrices. The matrix is a tool, based on a logic model, which includes steps for creating the following information:

1. Prioritization of risk and protective factors based on assessed local data, along with a list of indicators for selected factors.
2. Assessment of available local resources that can be used to address each risk factor and protective factor and the identification of resource gaps.
3. Local problems related to each risk factor, protective factor, and resource gap.
4. Immediate changes that prevention program participation is hoped to produce.
5. A description of the target population(s).
6. Eligibility criteria for program participation.
7. Selection of science-based prevention programs and programs with promising approaches and descriptions of the activities contained within each program service.
8. A categorization of each program service within the Institute of Medicine Prevention categories, i.e., Universal, Selective, or Indicated.
9. The domains of activities addressed by selected program services' activities: individual/peer, family, school, or community.
10. Protective factors/components/incentives addressed in each program service's activities.
11. Number and length of sessions associated with each program service.
12. Location of each activity.
13. Beginning and end dates of each prevention program activity.

What are the roles of the Community Action Plans (the Matrices) in SIG? Completing the matrices required hard work over several months from both local SIG project directors and the state project director's office. Once completed, they were found useful in a number of ways:

1. As tools for organizing local SIG prevention efforts.
2. As tools for monitoring local SIG prevention efforts through contractual work orders.
3. As a model for local prevention efforts around other problem behaviors.
4. As a reproducible method of using data to plan prevention services.
5. As prevention planning records to use in future planning.
6. As tool to generate scales for pre-and post program outcome questionnaires.

What were some of the issues associated with science-based prevention program selection? The science-based program selection process and the training required by some of the programs were unexpectedly difficult. Science-based programs, also referred to as best

practices, have been designated as such by the SIG funding agency, the Center for Substance Abuse Prevention (CSAP). They have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.[4] The community action plan matrices provided guidance as to the types of programs that would most reasonably address the prioritized risk and protective factors, the desired outcomes, for the selected target populations. However, the selection process itself entailed some challenges.

The Western Center for the Application of Prevention Technology (WestCAPT) is a regional substance abuse prevention center funded by CSAP. It acted as a reference for prevention program characteristics during the program selection process. WestCAPT's website contains program descriptions and was useful for creating an initial list from which to select. Despite the many prevention programs listed on the website, grantees sometimes found an inadequate selection of science-based programs to meet their needs, especially when seeking programs in languages other than English. When potential selections were found, grantees often found that they needed more detailed information than the website could provide. Thus, they had to use administration time to seek additional information about the programs in which they were interested. Unanticipated costs resulting from additional administration time required for program selection and the high program purchase and training fees required some grantees to seek additional funding from other sources.

WestCAPT played a valuable role in advising grantees when modifications were needed to science-based programs. WestCAPT advised grantees on the limits of modification allowed before a program would lose its science-based status. If WestCAPT was unable to assist, they provided contact information to the prevention program's designer(s).

Training of program providers was required after some of the science-based prevention programs were purchased. Trainers were brought to Washington, prevention providers were sent to out-of-state training sessions, or training materials were purchased with the prevention programs. Science-based programs were often more expensive than local project directors had originally anticipated. When the cost of training was added to the purchase price, some grantees had to channel funds from other sources to complete the training. Sometimes programs were purchased with training materials included in order to avoid the price of face-to-face training. The materials were not always adequate. In those cases, training had to be purchased anyway. A few grantees chose the same science-based program as other grantees, but were not able to join with them to bring a trainer to the state due to lack of knowledge about other grantees' program selection. These grantees voiced a desire for the state to create a system whereby upcoming trainings for prevention programs would be listed on a website so that costs could be shared.

How did initial program implementation go? After a two-month planning period, SIG grantees implemented prevention programs with varying degrees of success. Here are some of the problems that arose during the initial program implementation:

1. It was sometimes difficult to convince prevention professionals and school staff of the value of science-based programs.

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[4] A meta-analysis is an examination of a number of published research articles about the same subject. Findings from these articles are compared and sometimes combined to enable drawing conclusions that individual research articles did not warrant when examined independently.

2. Recruitment of participants, especially adult mentors, sometimes fell short of initial goals.
3. Grantees new to prevention were unaware of the complexity of administering, contracting for, and providing prevention programs. Even those that were experienced sometimes over-estimated their abilities during the planning process.
4. Communication between local SIG project directors and their contracted prevention program providers was, for some grantees, neither straightforward nor consistent. Program providers who lacked Internet access and fax sometimes received memos and notices several weeks after they had been issued. The numerous other responsibilities held by local SIG project directors or their part time status often made them unavailable for immediate access by program providers.
5. Several grantees reported difficulty in communicating with state-level SIG staff. A few grantees were unfamiliar with the use of computers and the Internet, which was the primary form of communication between state staff and grantees. Some local SIG project directors hired project coordinators, who then had primary responsibility for implementing the grant. However, state-level SIG staff communicated with the local project directors, adding an extra level of message passing before the local person who needed to know received the information.
6. Eight grantees experienced high staff turnover or difficulty hiring qualified staff in the first place.
7. Limited planning, administrative time, or both was a common complaint, especially around science-based programs and program evaluation.
8. Several grantees lacked adequate space for program presentation. For example, some parenting programs require one room for parents, another for children, and a room large enough for both parents and children for group activities. Some SIG program implementation sites ended up holding a parenting class on one night, the children's segment of the same class on a different night or not at all, and activities for children and parents together on yet another night.
9. Many grantees met with unexpected costs related to program purchase, training, and transportation for program participants. For two grantees, transportation for program participants is the largest expense.
10. The need to present program services as designed versus the freedom to modify them to meet the specific needs of the target population and service site was a source of confusion for many grantees.

What is the Everest Prevention Outcome Evaluation Management System database? The Everest Prevention Outcome Evaluation Outcome Evaluation System database is a web-based prevention program monitoring tool developed for SIG by the Division of Alcohol and Substance Abuse for field test by SIG grantees. The database was designed based on several prevention research studies in which DASA has participated. It allows SIG grantees and providers to print tests, to be used as pre-tests and post-tests, to measure program outcomes. After administering the tests, answers for each question are entered over the web and test results are immediately available to the grantee and the program provider. Question responses are linked by a confidential code for each participant. Everest contains no identified data. This means that anyone reviewing the data in Everest would be unable to tell

the answers that a person chose. Results are already available to the grantees that have entered data, but will not be considered final until after review by the database manager to insure accuracy in database calculation processes and in data entry.

What were the results of Everest's initial use? Ten out of the eighteen grantees used the Everest prevention effectiveness monitoring database to measure program outcomes during the first year. Site representatives attended one of three trainings held around the state last fall, and training has been ongoing by phone and e-mail as the database was implemented and staff turnover occurred.

The use of the Everest database was complicated by two major factors:

1. Trainings occurred two months before the database was available for use. Original plans were to have the database available immediately after the trainings. This did not happen because the evaluation staff involved in entering data from the matrices into Everest did not adequately understand the steps involved, and errors were made that required correction by Starling Consulting, the software company that created the database. These delays meant that lessons learned during the trainings couldn't be used for several months, and people forgot what they had learned.

2. Grantees, providers, or both had to select scales to use for pre-tests and post-tests. It took several months to develop a scale selection process and to clear up misunderstandings between the several people involved in this at the state level. Then the process had to be communicated to the grantees and providers. Scale selection remained a labor intensive process throughout the initial field testing process.

After scales were selected, the evaluation staff was contacted with the selection. Links were made between the various components of descriptive data about the prevention programs and the grantees, including the scales. The links made include these items:

1. Lead agency (terms in Everest are slightly different than those used in this report; lead agency refers to SIG grantee), address, contact person, phone, fax, and e-mail
2. Service provider, address, contact person, phone, fax, and e-mail
3. Service site and address
4. Scale name, its status as a CSAP or a Unique scale, program, author's name, risk or protective factor, scale fee, scale description, and scale questions and answers
5. Program name, program group, test status, rigor type, program description, Institute of Medicine program type, selected scales, activities, and risk or protective factors
6. Program occurrence beginning and end dates, number of participants, number of contact hours, survey type, main service site, service provider, amount DASA funds, amount other funds, and target population(s)

Once these links are created, community grantees can view the scales they selected for each program occurrence that occurs in their site. Scales are then printed, along with a cover sheet, tests are administered, data is entered, and results are immediately available.

The cover sheet design was a problem for most participants, primarily due to the request for the cross streets of each participant's address. Most participants, child and adult, do not know their cross streets. In the many SIG service delivery sites that are located in rural

areas, cross streets are often miles away from a participant's home. Additionally, the encryption sequence was difficult and time consuming for participants to complete, requiring many service providers to complete the encryption code before handing out the cover sheet. Communication between grantees and their providers about the proper use of cover sheets was not always effective. Program providers sometimes did not understand that cover sheets must be completed for each participant and must remain stapled to each test after the test is completed and during data entry. The test date and the encryption code on the cover sheet are what link pre-tests and post-tests.

About half of the SIG grantees that used Everest during the first year of program provision lacked adequate staff for data entry.

Future Everest Enhancement Plans: Based on what has been learned from SIG grantees' use of the Everest system, efforts are underway at the state level to reduce the amount of time and labor required. The scale selection process and the scale inventory database, known as PROMISE, will be incorporated into the Everest website. The University of Washington's Social Development Research Group, in collaboration with the Four State Consortium Integrated Needs Assessment Study, developed the PROMISE database.

Discussion

The relationship of community-level findings to state-level objectives: A number of findings from this baseline community-level evaluation provide evidence of the need for the state to accomplish the six state-level objectives. Below, findings are related to each state-level objective. Following the table is a list of common barriers with which SIG grantees must cope in their provision of prevention services.

State-Level Objectives	Related Community-Level Findings
1. Identify and adopt common outcome measures.	• SIG grantees need data at local levels, i.e., areas smaller than counties. • More tribal data is needed. • Technical assistance is needed on locating, interpreting, and tracking local data other than that provided by the state.
2. Develop and coordinate administration of common community needs and resources assessment tools.	• Tools need to include consideration of population characteristics – language/ dialect, culture, migrant, homeless. • Tools need to be accessible and relevant for local, as well as county and tribal levels, for planning. • Technical assistance is needed to help community prevention coalitions/ partnerships learn about process, purpose, and goals.

3. Define selection criteria for science-based prevention programs.	• Eight grantees reported the need for more science-based programs and promising approaches designed specifically for populations with languages other than English.
	• A greater number of programs from which to choose for each risk factor is needed to allow for variation in community settings.
	• WestCAPT's program descriptions need to be enhanced.
	• Program purchase and training costs need to be reduced and a process needs to be developed whereby specific program trainings are made available for larger audiences.
4. Develop uniform reporting mechanisms.	• Further training is needed regarding Everest and interpreting results.
	• Everest needs to be enhanced to automate scale selection process and to simplify the cover sheet design, data entry process, and report interpretation.
5. Develop guidelines for leveraging and redirecting money and resources.	• Beyond SIG, categorical funding limits grantees' abilities to cope with unexpected costs associated with transportation, administration time for program selection, and program purchase and training.
6. Create a system for continuous professional development for prevention providers.	• Training is needed not only in the field of prevention, but also for specific prevention program implementation.
	• A centralized calendar with information about trainings for specific programs is needed.
	• Ten grantees reported high staff turnover and limited availability of qualified staff.
	• More bilingual staff are needed, along with those able to work effectively in cross-cultural settings, especially with migrant, homeless, and immigrant populations.

Other community-level issues: Other issues with which SIG grantees must cope in providing prevention services, which are not included in state-level objectives, include the following:

1. High poverty rates and low adult education levels in many communities.
2. Limited or no transportation services available for participants (for two grantees, transportation was their highest cost).
3. Inadequate space in which to present program services.
4. Inadequate communication between grantees and providers.
5. Inadequate communication between grantees and the state SIG staff.

Conclusion

Prevention is not new for most SIG grantees. Most of them have experience with planning, delivering, and evaluating prevention services, including using data for planning and coordinating with local prevention partners in community coalitions. One aspect of prevention, that is, the use of science-based prevention programming, is new for most grantees. Despite their familiarity with prevention in general, the grantees have learned new, standardized methods of community-wide prevention planning and program outcome measurement through their participation in SIG. The extent of the grantees' progress toward the five community-level objectives will reflect their initial levels of experience and their readiness to incorporate new methods of prevention planning, delivery, and evaluation.

The next community-level report will be issued as part of the October 2001 SIG Evaluation Report. Appendix E contains upcoming community-level evaluation plans.

State agencies participating in the SIG project will be provided with the findings from the SIG grantees to use in their movement toward achieving the state-level objectives and the design of the State Substance Abuse Prevention System. Grantees expressed clear statements of need that justify agencies' efforts to improve the system of substance abuse prevention in Washington State.

Appendix A: State-Level Goal and Objectives[5]

Goal:

The overall goal for participating state substance abuse prevention agencies is to streamline state-level prevention systems to coordinate resources and reduce duplication of effort.

Objectives:

1. To identify and adopt a set of *common outcome measures* building on the emerging consensus of a "science-based" risk and protective factor approach to prevention. This effort will build upon the work already under way by various federal agencies and research institutes to develop appropriate outcome measures.

2. To develop and coordinate administration of *common community needs and resources assessment tools,* once agreement is reached on a set of common outcome measures. These efforts will reduce the duplication in community assessments for multiple state agency funding sources. The set of common assessment tools will help communities focus on local planning based on prevention priorities determined by the set of common outcome measures.

3. To define *selection criteria to identify the science-based prevention programs* which can best address the needs identified from common assessment and measures. There is research available that demonstrates which prevention programs are most effective in addressing risk factors. Programs also address increasing protective factors during different developmental phases of a child's life.

4. To develop *uniform reporting mechanisms* which can capture outcomes of individual community prevention programs. This effort will build upon existing electronic databases to be shared across participating state agencies.

5. To develop *guidelines for leveraging and redirecting money and resources* based on the confidence of scientifically established outcome measures, uniform community assessments, and reliable reporting.

6. To create a *system for continuous professional development for all prevention providers,* both volunteer and paid. Prevention providers will receive initial and continuing education and training to keep them aware of current information and practices.

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[5] Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan.* Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

Appendix B: Methods

State-Level Information Sources

1. <u>Interviews</u>: Audiotaped interviews were conducted with agency representatives from seven state agencies involved in substance abuse prevention (Family Policy Council; Washington State Traffic Safety Commission; Liquor Control Board; Department of Health; Department of Community, Trade and Economic Development, Office of Community Development; Office of the Superintendent of Public Instruction; and the Lt. Governor's Office). A telephone interview was conducted with the representative of an eighth agency (Department of Social and Health Services, Division of Alcohol and Substance Abuse) as time restrictions prohibited a formal interview. Interviewees were informed at the beginning of each interview that the audiotapes were confidential, were for ensuring accuracy, and would be erased as soon as notes were taken from them. They could refuse to be taped and could ask to have the tape recorder shut off at any point during the interview. Questions were based on an interview guide, as well as topics that arose during the interviews.
2. <u>Document review</u>: Interviewees provided written and, on occasion, videotaped documentary material describing his or her agency's prevention activities. An additional document that was reviewed during data analysis was the evaluator's journal of impressions, events, feelings, observations, and questions.
3. <u>Observation</u>: The evaluator attended the following workgroup meetings: State-Level System Changes Workgroup, Leveraging Workgroup, and the Data Collection and Management Workgroup, and the Community-Level System Changes Workgroup. Information on statewide evaluation trends was gathered by attending meetings of the Association for County Human Services (ACHS) Evaluation Workgroup. One meeting of the Joint School Survey Committee was also attended.
4. <u>Accessing Informants</u>: Agency representatives who attended SIG workgroup meetings were informed that they might be requested to participate in interviews for purposes of this evaluation. Interviewees were asked for names of additional contacts.

State-Level Data Analysis

During and after interviews, document review, and meeting observations, data collected were weighed in light of previous information. Questions and topics were modified as indicated by the new information. Data verification occurred through cross checking information with that from other sources, including the evaluator's journal entries.

CSAP and COSMOS Corporation created broad data categories around which initial interview questions and inquiry topics were framed. Specific data categories within those broader categories were created depending on the frequency of topic occurrence, the unique nature of a topic, or the evaluator's sense that a topic might be relevant to the study. Data were gathered during this evaluation with the intent of answering specific questions about system changes for state-level agencies in planning, funding, and monitoring substance abuse prevention services.

Appendix C: Community-Level Goal and Objectives[6]

Goal:

Communities selected to receive State Incentive Grant funds will work to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by the state's youth in these communities. They will develop and implement prevention plans which will foster changes in the prevention system at the community level to make the system more effective.

Objectives:

1. To *establish partnerships* which include existing agencies and organizations, and families, youth, school, and workplaces to collaborate at the local level to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by youth.

2. To *use a risk and protective factor framework* to develop a community prevention action plan which reduces factors which put youth at risk for alcohol, tobacco, marijuana, and other drug abuse and increase factors which protect or buffer youth from these risks.

3. To *participate in joint community risk and protective factor and resource assessment* by collecting, assessing, and prioritizing community-level information for: a) youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse; b) risk and protective factor indicators; and c) existing resources and service gaps.

4. To *select and implement effective prevention actions* that address priority risk and protective factors in the community by filling identified gaps in resources.

5. To *use common reporting tools* which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

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[6] Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

Appendix D: Methods Used for Community-Level Evaluation

Data Sources

1. The primary data sources for this report were the baseline community-level evaluation reports by the local evaluators, including the author. One report was written for each of the eighteen community grantees. Verbal, written, and numeric data were collected for these reports. Data collection methods included interviews, document review, and observations. Analysis was primarily qualitative. Descriptive quantitative information was included in community descriptions. Informants reviewed their respective reports for accuracy.

2. Local evaluators were consulted about their grantees:

Local Evaluator	Assigned Grantees	Fiscal Agents
Raymond Mitchell, MA, Ed.	Swinomish Tribal Community	Swinomish Tribal Community
Kojay D. Pan, MPA	ESD 114	Jefferson County
	Seattle Public Schools	King County
	Lake Washington School District	King County
	Orcas Island	San Juan County
	Oak Harbor	Island County
Anne D. Strode, MSW	Spokane	Spokane County
	Walla Walla	Walla Walla County
	ESD 123	Benton County
	Othello	Adams County
	Grant County	Grant County
Linda Weaver, MA	Pacific County	Pacific County
	Aberdeen School District	Grays Harbor County
	Crossroads Treatment Center	Pierce County
	North Thurston School District	Thurston County
Christine Roberts, Ph.D.	Snoqualmie Valley Community Network	King County
	TOGETHER!/R.O.O.F.	Thurston County
	Toppenish Police Department	Yakima County

Community-Level Data Analysis

Data from the baseline reports were organized into broad categories of successes and challenges met by SIG community grantees during their first year of funding. Types of success and challenges were identified and developed through a further review of the reports. Relationships with state-level objectives were then identified. The purpose of relating successes and challenges to the state-level objectives is to provide evidence that the Governor's Substance Abuse Prevention Advisory Committee's efforts are directed at specific challenges that communities are experiencing as they provide substance abuse prevention services.

A prevention history table was developed, reflecting each community's status regarding prevention in general, the use of data in prevention planning, coordination among local prevention partners, the use of science-based substance abuse prevention programs, and the practice of evaluating program outcomes. Table categories reflect the five community-level objectives developed by the Governor's Committee. Categorizations within this table were checked for accuracy by local evaluators. One purpose of the table is to display the range of experience levels across SIG communities. The Governor's Committee may choose to vary their expectations for community progress toward the community-level objectives based on prevention history. A community that began with minimal experience in organizing around, planning for, and providing prevention services might not be realistically expected to achieve the same outcomes within three years as a community with significant experience in those areas.

Appendix E: Evaluation Plans

This section of the report contains plans for current and future evaluations at both state- and community-levels. There are four subsections: Current Community-Level Evaluations, Future Community-Level Evaluations, Current State-Level Evaluation, and Future State-Level Evaluation.

Current Community-Level Evaluations

The current community-level evaluation has five components. Data collection began in October 2000 and will be completed in June 2001. Reports will be issued in October 2001. The five evaluation components and their associated data collection methods are listed in the table below.

Current Community-Level Evaluation Components	Data Collection Methods
CSAP requirements	Request SIG grantees to complete sub-recipient checklist form. Measure program outcomes for three programs, each in a different domain, using Everest pre-tests and post-tests; select programs from the three intensive sites.
Community process	Interview community members, observe meetings, and review documents; use interview guide and focus on progress toward community-level objectives.
Program implementation	Conduct a program implementation survey with one science-based program and one promising approach in each site.
Baseline of intended state-level system changes at the community-level	Use interview guide to conduct interviews with and review documents from providers, grantees, and local representatives of state agencies and other funding/donation agencies.
Baseline of prevention activities in comparison sites	Interview community members and review documents to develop a list of substance abuse prevention activities in two comparison sites.

Future Community-Level Evaluations

The SIG project's three intensive sites (Swinomish Tribal Community, Toppenish Police Department, and North Thurston School District) will be the only grantees involved in community-level evaluations after June 2001. Reduced evaluation staff will result in the inability to complete community-level evaluations for the remaining fifteen grantees. CSAP

requires the evaluation of program outcomes for three prevention programs, which will be selected from those provided by the three intensive sites. Continued progress toward achievement of the five community-level objectives and the local effects of state-level system changes will also be examined in the three intensive sites after June 2001. Below is a table of anticipated evaluation components and data collection methods for community-level evaluations. Some are unchanged from the current evaluation, such as CSAP requirements and Community Process.

In 2002, results from the Spring 2002 administration of the Washington State Survey of Adolescent Health Behavior and social archival indicator data will be available for the analysis of community-wide changes in prevalence of substance use and associated risk and protective factors. Evaluation staff and Research and Data Analysis Division data analysts will work together to perform the analysis. Evaluation staff will write up the results.

Future Community-Level Evaluation Components	Data Collection Methods
CSAP requirements	Request SIG grantees to complete sub-recipient checklist form.
	Measure program outcomes for three programs, each in a different domain, using Everest pre-tests and post-tests; select programs from the three intensive sites.
Community process	Interview community members, observe meetings, and review documents; use interview guide and focus on progress toward community-level objectives.
Program implementation	Review the use of program implementation survey with providers for program monitoring and modification purposes.
Effects of state-level system changes at the community-level	Use interview guide to conduct interviews with and review documents from providers, grantees, and local representatives of state agencies and other funding/donation agencies.
Prevention activities in comparison sites	Interview community members and review documents to update baseline lists of substance abuse prevention activities in two comparison sites.

Current State-Level Evaluation

The state-level evaluation to be completed in June 2001 will have two primary components: CSAP requirements and progress toward state-level objectives. One component overlaps with the community-level evaluation: baseline of state-level system changes at the community-level. This component is described above in the section, Current Community-Level Evaluations. The final evaluation component, organizational information for participating state agencies, will be based on the organizational information presented for each state agency in the baseline state-level evaluation report (October 1999).

Current State-Level Evaluation Components	Data Collection Methods
CSAP requirements	Interview key informants, observe meetings of SIG-related workgroups, and review associated documents to collect data for completion of the report, "The SIG State Case Study Protocol," designed by Robert Yin of COSMOS Corporation.
Progress toward state-level objectives	Interview key informants, observe meetings of SIG-related workgroups, and review associated documents to monitor progress toward state-level objectives.
Organizational information for participating state agencies	Update summaries from October 1999 report.

Future State-Level Evaluation

Local effects of state-level system changes will be evaluated for the three intensive sites through March 2002 (Swinomish Tribal Community, Toppenish Police Department, and North Thurston School District). The primary component of future state-level evaluations will be an analysis of system changes, specifically, progress toward carrying out action plans developed by participating state agencies for the six state-level objectives.

Depending on research and evaluation funding beyond the SIG project period, statewide substance use prevalence and risk and protective factor status would be measured through the Washington State Survey of Adolescent Health Behavior and archival social indicator data. Analysis of these community-wide and statewide results is beyond the financial scope of the present evaluation.

Appendix F: Summary from October 1999 State-Level Evaluation

Collaboration opportunities, such as the State Incentive Grant, are a necessary but not sufficient condition for collaboration to occur. Potential benefits must outweigh perceived costs before sufficient motivation will exist and collaboration will occur. I heard this repeated at many different workgroup meetings and interviews. Collaboration studies of business and governmental organizations state the same thing. Collaboration and coordination around substance abuse prevention among state agencies is the main state-level goal of the State Incentive Grant.

This goal about coordination grew from the recognition that, while collaboration and coordination have occurred and are occurring in Washington State, things could be better. Feedback from local constituents provides this recognition, as does the awareness gained from interagency communication. Local constituents have complained about forms that are only slightly different or required at different times; forms that require too much time to complete and/or are aimed only at meeting agency requirements, not the needs of local communities and planners; cumbersome needs assessment processes; time consuming funding requirements and processes; inadequate feedback mechanisms; and data either irrelevant to or at an inappropriate scale for local prevention needs. The list could go on. These concerns are not new, but they are receiving significant interagency attention and action, as can be seen by the progress made in the various workgroups. This is encouraging. We can conclude that motivation for collaboration around substance abuse prevention, in the form of a desire to avoid negative feedback from local constituents, exists. The State Incentive Grant provides, among other things, an opportunity for increased substance abuse prevention collaboration among state agencies.

The opportunity exists, and collaboration is occurring, as can be seen from the State Agency Collaboration Survey results and the Workgroup and Committee Membership and Activity subsections above. But challenges to state-level coordination remain. The main challenge seen by representatives from the various agencies is that different goals for prevention service delivery exist among Washington State agencies. It is difficult to coordinate substance abuse prevention services when many state agencies do not list it as a separate prevention category for either planning or budgeting purposes. Meeting state-level objectives which address outcome measures, needs and resource assessment tools, creating common criteria for science-based programs, uniform reporting mechanisms, and funding guidelines will require addressing the issue of variation in prevention goals. However, different prevention goals do not necessarily dictate differences in prevention services delivered at the local level, as many prevention services are similar in practice and have comprehensive prevention intent, rather than focusing their prevention messages and skills training on substance abuse.

The educational focus of substance abuse prevention education among state agencies is primarily either universal or program participant-based. Agencies face a similar problem to that of having focused versus generic prevention goals, in that planning and funding

commonalties between universal and participant-based substance abuse prevention services are not immediately apparent.

Variation in local planning units has implications primarily for the state-level objective regarding the leveraging and redirecting of money and resources, although it overlaps with the other objectives listed above, as well. Differences in categories of fiscal agents and the variations in planning unit boundaries will need to be addressed if SIG state-level objectives are to have statewide impact.

The issue of centralization *vis-à-vis* decentralization in the context of science-based programs is of concern for the SIG objective regarding the definition of selection criteria for science-based prevention program criteria and for the objective regarding leveraging funding. Agencies are not all in agreement that the use of science-based programs, once they are defined, should be a funding criterion. This seems to be a larger issue in some agencies' perspectives than the need to define criteria for such programs.

The good news is that agencies are attending meetings of workgroups and committees on a fairly regular basis, progress is occurring within those groups, and there is by and large a positive attitude toward improved coordination of prevention services. This work is being conducted on the basis of prior efforts, building on past successes and learning from past problems.

CONCLUSION

For collaboration to occur, some of the boundaries between differing substance abuse prevention goals and service delivery models must become less rigid. But the lessening of such boundaries has implications at numerous different levels throughout an agency's work, of which not all are immediately evident. It is not easy for those outside the agency to understand the extent of these implications. Neither is it easy for agency staff to explain these implications to others due to a lack of a common knowledge base and a lack of understanding of the internal workings of other agencies. The assumption behind this report is that increased knowledge about other agencies will foster improved understanding, communication around common topics in a manner appreciative of difference, and a way to create linkages despite these differences. That each agency has a unique approach to providing substance abuse prevention was known before this evaluation ever began. What this evaluation can perhaps provide is the beginning of accessing opportunities that lie hidden within these differences.

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Research and Data Analysis
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