



**State-Level Agencies Involved in
Substance Abuse Prevention:**

**Washington State Status as of
September 1999**

October 1999

**STATE-LEVEL AGENCIES INVOLVED IN
SUBSTANCE ABUSE PREVENTION:
WASHINGTON STATE STATUS AS OF SEPTEMBER 1999**

October 1999

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INTRODUCTION

The State Incentive Grant (SIG) provides an opportunity and an incentive for collaboration and coordination among state-level agencies involved in substance abuse prevention, whether they are involved primarily or peripherally in prevention services. It is an opportunity for the formal recognition of previous and ongoing collaborative work, such as that done by the Needs Assessment Sub-committee of the Washington Interagency Network. The grant encourages broadening the circle of agencies directly involved in collaboration and coordination of prevention services by providing a framework of goals and objectives.

This report is a qualitative evaluation of the collaboration and coordination efforts of nine state agencies, organizations, and offices involved in substance abuse prevention services. The report's purpose is twofold: 1) to provide a baseline measure of substance abuse prevention service coordination and collaboration among state agencies involved in prevention and 2) to provide feedback from state agencies to the Governor's Substance Abuse Advisory Committee on perceived challenges to state-level substance abuse prevention coordination and collaboration.

The Center for Substance Abuse Prevention's requirements for the SIG state-level evaluation asked for information only about the top five state-level agencies involved in substance abuse prevention and required only responses to a collaboration survey. We felt this would not provide an adequate representation of prevention activity in Washington, so we included the top ten agencies in this report and expanded data collection methods to include audiotaped interviews, document review, agency websites, document review, and meeting observations. Interview summaries from audiotaped interviews are included as *Appendix A*. They contain descriptions of agency functions, strategies, and collaboration efforts. Interviewees reviewed these interview summaries for accuracy and made modifications when necessary.

Three sections comprise this report: Results, Analysis, and Conclusion. Research methods are described in *Appendix B*. The "Results" section contains three subsections: State Agency Collaboration Survey Results; Committee and Workgroup Membership and Activity; and Commonly Perceived Challenges. Categories of perceived challenges were drawn from issues raised during interviews. The "Analysis" section discusses implications of the report's findings for the state-level objectives.

A note about terms: "Agency" is used generically in this report to refer to organizations, units, programs, departments, and even a committee. It is not intended to imply any particular status within state government.

Abbreviations used in this report are listed in *Appendix F*.

RESULTS

This section is organized into three subsections: State Agency Collaboration Survey Results, Workgroup and Committee Membership and Activity, and Commonly Perceived Challenges. Data sources include audiotaped interviews, document review, agency websites, document review, and meeting observations. Please see *Appendix B: Methods* for details. An analysis of these results follows in the section so titled.

STATE AGENCY COLLABORATION SURVEY RESULTS

In the fiscal year leading up to and including the SIG application and award, all eight agencies who responded to the survey became or continued to be at least moderately familiar with the prevention activities of the top five agencies:

- CTED — Community, Trade and Economic Development
- DASA — Division of Alcohol and Substance Abuse, DSHS
- DOH — Department of Health
- FPC — Family Policy Council
- OSPI — Office of the Superintendent of Public Instructions

These agencies were chosen based on the results of the Agency Ranking Survey completed at the System Change Workgroup meeting, March 23, 1999 (see *Appendix C*). Interagency contacts occurred at least monthly and consisted of shared information/data, planning, program implementation, and technical assistance (either provided or received). Joint funding of projects, programs, or positions, program design and coordination, design, and delivery of programs or services were less likely to be the subjects of interagency contacts. Seven out of eight respondents had at least one written memo of understanding or some other official specification in existence between their agency and others.

Anticipated interagency contacts were seen by half the respondents as likely to increase. The other half thought they would stay the same. Those believing that interagency contacts would increase cited the following reasons:

1. New issues are at the fore, including tobacco settlement money, school survey modifications, and management information system development.
2. There's a new depth of commitment from agencies regarding working collaboratively toward general prevention goals, which includes substance abuse prevention.
3. Anticipate of funding increases, e.g., Reduce Underage Drinking (RUaD) Program, which provide increased opportunities for collaboration through new oversight committees.
4. Presence of the State Incentive Grant.

The reasons why half the respondents thought that interagency contacts would stay the same were as follows:

1. Type of contact (e.g., monthly High Intensity Drug Trafficking Areas meetings) determine contact frequency.
2. Collaboration already well established and will continue.
3. Collaboration unlikely to increase due to different prevention activity foci, markedly different funding levels.
4. Lack of FTE's, funding, and time to increase collaboration activities.

WORKGROUP AND COMMITTEE MEMBERSHIP

Membership and participation in informal organizations, such as workgroups and committees, is viewed by Center for Substance Abuse Prevention (CSAP) as key to establishing and improving communication and collaboration among state-level agencies involved in substance abuse prevention. Many interagency contacts occur on a group level, as opposed to the individual interagency contacts listed in the collaboration examples within each agency's interview summary (*Appendix A*). Below is a list of state-level organizations that have formed around substance abuse prevention. Membership status is based on attendance at two out of three meetings. Membership and attendance follow a pattern of interest related to substance abuse prevention goals, as well as limitations imposed by staffing shortages and/or funding cutbacks.

Governor's Substance Abuse Advisory Committee: DOH, OSPI, GJJAC, Traffic Safety Commission, Lt. Governor's Office, DASA, and CTED.

System Change Workgroup, a subcommittee of the Governor's Substance Abuse Advisory Committee: OSPI, DASA, CTED, JRA, DOH, Lt. Governor's Office, Governor's Office. The Division of Research and Data Analysis is a consulting member.

Needs Assessment Workgroup, a subcommittee of the WIN Prevention Sub-committee: CTED, DASA, OSPI, DOH, GJJAC, FPC, and Traffic Safety Commission. The Division of Research and Data Analysis is a consulting member.

Joint School Survey Committee: DASA, CTED, OSPI, and DOH. The Division of Research and Data Analysis is a consulting member.

Prevention MIS: CTED and DASA. The Division of Research and Data Analysis is a consulting member.

COMMONLY PERCEIVED CHALLENGES

This subsection presents the challenges to state-level collaboration and coordination around substance abuse prevention as perceived by interviewees. Each of the five subsections is a category based on information from interview summaries. Collaboration challenges were noted on the original summaries but were removed from the summaries contained in Appendix A. This was to protect confidentiality around sensitive issues. Interviewees reviewed their respective agency's interview summary for accuracy.

Category 1: Comprehensive versus specialized prevention goals

The table below shows categories of prevention goals for ten state-level agencies involved in substance abuse prevention. Two categories are listed: substance abuse (SA) prevention services alone and substance abuse prevention in addition to other problem behaviors (SA + PROB BEH). The criterion for inclusion within a particular category is that the category of prevention services is the predominant goal at an agency. Placement in a particular category is not meant to imply that other prevention goals are not used within an agency.

Agency	SA ALONE	SA + PROB BEH
CTED		√
DASA	√	
DOH		√
FPC		√
OSPI		√
Gov’s Juv Justice Advisory Comm		√
Juvenile Rehab Admin		√
Liquor Control Bd		√
Lt Gov’s Office	√	
Traffic Safety Comm		√

Prevention services are rarely carried out in our state as solely focused on substance abuse. The most common delivery model is to address other problem behaviors as well, such as violence, early initiation of sexual activity, or juvenile delinquency. Two agencies out of ten focus on substance abuse prevention services in isolation from other problem behaviors: DASA and the Lieutenant Governor’s Office.

Category 2: Education Focus

Substance abuse prevention education can be universal, that is, directed toward the public at large, or it can be directed toward children and adults participating in programs with more than one session. Universal substance abuse prevention education is delivered in Washington State through speeches and one-time presentations, the popular media, highway and retail signs, brochures, and classes for retailers on tobacco and liquor laws. Participant-based substance abuse prevention programs are generally delivered to school-age children and/or their parents. Some are directed toward juveniles in high-risk groups and are provided on an individual level.

The Liquor Control Board and the Traffic Safety Commission are listed in more than one category as they have so much overlap in educational foci.

Agency	Universal Education	Participant-Based Programs
CTED		√
DASA		√
DOH	√	
FPC		√
OSPI		√
Gov's Juv Justice Advisory Comm		√
Juvenile Rehab Admin	√	√
Liquor Control Bd	√	
Lt Gov's Office		√
Traffic Safety Comm	√	√

Although DOH, the Liquor Control Board, the Lieutenant Governor's Office, and the Traffic Safety Commission all tend toward universal substance abuse prevention education, the last three have focused their efforts toward specific sub-populations. Lt. Governor Brad Owen and his staff are primarily youth-oriented in their prevention efforts. The Liquor Control Board and the Traffic Safety Commission have targeted Hispanic youth and families in educational prevention services. Local health jurisdictions carry out universal substance abuse prevention activities that vary by geography and demographics. Their content is largely determined locally, rather than at the state level, which is why there is little description of them in this report.

Category 3: Local Planning Units: Fiscal Agents and Boundaries

The role of fiscal agent involves receiving funds from the grantor and distributing funds to grantees. While information regarding who is designated by an agency to act as a fiscal agent for agency funds was not specifically sought during interviews and surveys, it frequently arose as an area of potential challenge to coordination between different agencies.

Categories of fiscal agents are listed in the next table. They include county governments, tribal governments, schools or colleges, non-profit organizations, Public Health and Safety Networks, juvenile courts, local health jurisdictions, and local administrations. All known categories of fiscal agents allowed by a particular agency are indicated. Agencies about whom this information is unknown or irrelevant (Liquor Control Board and the Lt. Governor's office) are excluded from the table.

AGENCY	COUNTY GOVTS	TRIBAL GOVTS	SCHOOLS/ COLLEGES	NON- PROFITS	NETWKS	JUV COURTS	LOCAL HEALTH	LOCAL ADMINS
CTED	√	√	√	√				√
DASA	√	√						
DOH							√	
FPC		√			√			
OSPI			√					
GJJAC		√						√
JRA						√		√
TSC			√					

OSPI and the Traffic Safety Commission, along with CTED, allow schools as fiscal agents, which fits with their prevention service focus on school-age children. The Family Policy Council (FPC), Juvenile Rehabilitation Administration (JRA), and the Governor’s Juvenile Justice Advisory Committee (GJJAC) have designated fiscal agents based on their respective legislative mandates.

The reason that differences in fiscal agents is an issue related to coordination challenges is because funding through an agency that requires the county act as a fiscal agent may not be easily combined or linked with funds from an agency that requires schools to act as fiscal agents.

Local planning unit boundaries can also present challenges for coordinating substance abuse prevention funds. For example, school districts sometimes cross county borders, so substance abuse prevention planning that occurs within a county may not be able to encompass the entire school district or a school district’s prevention planning may have to be conducted in light of data from two counties.

Below is a chart of local planning unit boundaries. These differences present challenges for data gathering and use due to differing boundary and scale requirements, and for determining which types of data are relevant to which geography.

AGENCY	COUNTIES OR SUB-COUNTIES	NETWORKS	SCHOOL DISTRICTS	EDUC'L SERVICE DISTRICTS	LOCAL HEALTH JURIS.	LOCAL ADMINS
CTED	√					
DASA	√					
DOH					√	
FPC		√				
OSPI			√	√		
GJJAC						√
JRA						√
TSC						
LCB						

Category 4: Centralization *vis-à-vis* decentralization in a science-based context

All agencies place importance on determining the needs and wishes of local constituents. No agency refuses to allow its grantees the right to use science-based prevention services. Yet some agencies, more than others, require applicants to use science-based substance abuse prevention services as a funding eligibility criterion. This has sometimes resulted in resentment on the part of local constituents, who may interpret such a requirement as centralized control over the local planning process with a concomitant lack of appreciation and understanding of local conditions. This issue is examined here because it is a difference that some agencies view as fundamental to the manner in which prevention services should be funded.

At one end of the continuum, the Family Policy Council’s Public Health and Safety Networks are required to choose or design prevention programs that speak directly to community need. Programs that are science-based are encouraged only if they do speak directly to what the community perceives as its most important needs. The Traffic Safety Commission and the Liquor Control Board create their own prevention services based on experience, research, and what they learn from other agencies in this state and across the nation. There is a give and take between their prevention services and local needs, within frameworks specified by each agency. The Department of Health (DOH) does not dictate which prevention services local health jurisdictions provide.

At the other end of the continuum is the Division of Alcohol and Substance Abuse (DASA), where funding applicants are required to choose a science-based program linked to the risk and protective factors identified in their needs assessment process. The Governor’s Juvenile Justice Advisory Committee (GJJAC) requires the use of best practices, as shown by research, and the hiring of an outside evaluator to determine program effectiveness. The State Superintendent’s Office (OSPI) and the Juvenile Rehabilitation Administration (JRA) also require the use of best practices.. The Department of Community, Trade and Economic Development (CTED) is in the process of instituting a similar requirement, although they are allowing applicants to incorporate such prevention approaches as asset building, incorporating them as promoting protection factors. The Lt. Governor’s office provides prevention services in the form of educational programs based on research.

ANALYSIS: IMPLICATIONS FOR STATE-LEVEL OBJECTIVES

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. This was repeated at many different workgroup meetings and interviews. Collaboration studies of business and governmental organizations state the same thing (Wilkof and Brown 1995).

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 SIG workgroups. This is encouraging. The conclusion is 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 presented in the results. 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 alone.

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 commonalities 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 underlying 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 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.

APPENDIX A
INTERVIEW SUMMARIES

These summaries are presented in alphabetical order. Interviewees from respective agencies reviewed their summaries for accuracy.

COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE AND VIOLENCE (CMASA), SAFE AND DRUG-FREE COMMUNITIES UNIT, DEPT OF COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT (CTED), DEPT OF SOCIAL AND HEALTH SERVICES (DSHS)

Summary of Prevention Activities, August 1999

Interviewees:

- Susie Roberts, Program Supervisor for Community Mobilization (June 2, 1999)
- Paul Perz, Managing Director for the Safe and Drug-free Communities Unit (June 10, 1999)

Prevention Mission:

To effectively address the problems of substance abuse and violence by promoting collaboration, cooperation, communication, commitment, and cultural competency.

Theory/framework:

CMASA uses the risk and protective factor framework in its prevention work. Communities that choose to focus on asset building or resiliency skills are included as emphasizing protective factors, thus promoting community participation and implementation of prevention programs.

Prevention Focus:

“...Provide incentive and support for communities to develop targeted and coordinated strategies to reduce the impact and incidence of the abuse of alcohol and other drugs and violence.” (Community Mobilization Application for Funding, 1999-2001 Biennium, p 3).

Strategy:

- Assist communities in implementing an integrated, logic model prevention approach. CTED has contracted with DRP to do logic model and self-evaluation training for Community Mobilization contractors. Principles of Effectiveness provide guidance for choosing prevention programs (in brief):
 - 1) Assess objective drug and violence data for schools and communities
 - 2) Design program related to measurable goals and objectives
 - 3) Use science-based programs
 - 4) Evaluate progress and use the results
- “Services include job training and placement, parent education and support, anger management and conflict resolution skill building, alcohol and other drug abuse prevention, education and treatment, peer support groups, tutoring and mentoring programs, and alternative educational programs. The program also works to bring

community norms and rules into closer alignment with a no-drugs, no-violence philosophy.

- Educate legislators about the changes effected by Community Mobilization sponsored prevention programs.
- Train Community Mobilization contractors regarding logic model consistency and self-evaluation techniques.
- Directly provide or subcontract prevention programs at the local level. Community Mobilization contractors have the authority to provide mini-grants to prevention related projects.
- Contract for outside evaluation of CMASA to provide perspective and guidance.

Target populations or behaviors:

Substance abuse and violence among youth and families.

Funding Sources:

Community Mobilization receives half of its funds from state money (Washington State Omnibus Controlled Substances and Alcohol Abuse Act) and half from federal money (US Dept of Education, through the Governor's portion of the Department of Education's Safe and Drug-free Schools Act).

County boards are not required to choose the county as fiscal agents, although they can if desired. They are also free to choose a city government, a school, a non-profit (as long as they have a 501C3), or a college. Community Mobilization's contractor, then, is this fiscal agent. A memorandum of understanding (MOU) is required between the board and the fiscal agent, specifying authority and responsibility for different tasks.

Safe and Drug Free Communities Unit contractors administer several categories of funding: local health jurisdictions, drug courts, and undercover narcotics task forces.

Community Mobilization contractors know how much money they're applying for ahead of time because they know allocation formula results. The RCW requires that half of the state funds be awarded on a competitive basis. There are requirements for matching funds on the state portion of the funding. The amounts per biennium for Community Mobilization funds are \$3.4million from the state and \$1.4 million annually from the federal government.

The Byrne Grant funded the Governor's Council on Substance Abuse (GCSA) at \$91,000 this past biennium.

Needs/Resource Assessment Process/Form:

The Risk Factor Indicator form is intended to assist in compiling and analyzing indicator data. Information may also be submitted in narrative or in whatever format suits contractor needs. Nineteen risk factors are listed. Respondents identify types, sources, and results of indicator data used to assess each risk factor. This form is very similar to DASA's form. The differences are that it lists two additional risk factors, over DASA's

seventeen, to choose from and it allows for the consideration of risk factors not listed, but which meet the criteria of a minimum of two longitudinal studies showing ATOD use predictability or alternate standards of evidence for certain populations. In addition, CM contractors are required to focus on at least one risk or protective factor from the community domain.

Outcome Measures:

- Immediate program evaluation includes the use of surveys or pre-tests and post-tests, depending on the county.
- Intermediate outcome measures include surveys and qualitative data.
- Long-term measures include time-series analyses, surveys, qualitative data analyses, and archival indicators.
- In 1999, seven of thirty-eight Community Mobilization contractors began to create their own outcome tools; all contractors will implement outcome tools designed around risk and protective factors in 2000.

Collaboration Examples:

- To reduce duplication, CTED and DASA agreed to make the PAR form [Program Activity Reporting form] a common reporting instrument, saving time and effort for Community Mobilization contractors and county chemical dependency coordinators.
- In Pacific County, CTED arranges for volunteers in schools to teach refusal skills, personal health and safety issues, and conflict resolution.
- In Pierce County, CTED helped coordinate efforts between local government, law enforcement, the local health department, schools, block groups, and neighborhood coalitions to reduce illegal drug availability. Fifty-three drug houses were closed through their combined efforts.

FAMILY POLICY COUNCIL (FPC)

Summary of Prevention Activities, August, 1999

Interviewee:

Laura Porter, Staff Director (June 15, 1999)

Prevention Mission of the Family Policy Council:

Make systemic changes to improve outcomes for children and families.

Theory/framework:

- Public health model: a target population is picked based on prior knowledge, then resources and needs regarding that population are assessed. Only plans that appear to be achievable should be chosen. In the community model, an assessment of community needs and resources determines the target population.
- Networks' Recommended Decision Making Process, based on the public health model:
 1. List possible target problem behaviors.
 2. List possible target populations (be specific).
 3. List interim results for each population that, if achieved, would likely lead to reduction in one or more problem behaviors.
 4. Gather data to inform decision making and prioritizing process.
 5. Prioritize the interim results (outcomes) and note their relationship to the possible target populations.
 6. Choose the priority results for certain populations for Network projects for the coming biennium and choose strategies to achieve these results.

Prevention Focus:

For the 1999-2001 biennium, the Family Policy Council's focus will be on increasing support for socially or economically isolated families with children ages prenatal to eight. Research shows social and/or economic isolation to place children at higher risk for youth violence, and problem behaviors believed to contribute to violence: teen substance abuse, teen pregnancy and male parentage, teen suicide attempts, dropping out of school, child abuse or neglect, and domestic violence. Reduction of out-of-home placements is also a Family Policy Council focus.

Strategy:

- Strategy: A general description of an approach to improving outcomes (i.e., mobilizing families to support children and other families, skills training, service collaboration, outcomes training for service providers, etc.)
- Fifty-three Community Public Health and Safety Networks, ten of which are Tribal, address problem behaviors by identifying existing services and support, creating strategies to fill gaps in support systems, and monitoring and evaluating progress. The Networks update and modify their ten-year plan every two years to reflect community and social change. They provide opportunities for grassroots participation in preventing violence and associated problem behaviors and for direct communication with the heads of five state agencies and organizations: Dept of Social and Health Services, Office of the Superintendent of Public Instruction, Dept of Health, Employment Security Department, Dept of Community, Trade and Economic Development. The varying size and nature of networks result from the recognition of differing social and geographic situations between rural and urban, Tribal and other ethnic or racial minority and mainstream cultures.
- Family Policy Council provides a means for collaboration between the legislature, with representatives from both House and Senate and from both parties, and state agencies and organizations that are concerned with family policy issues.
- Reviews and approves Readiness to Learn grants, a collaborative effort between schools and human service organizations.

Target populations or behaviors:

At-risk youth and the families and communities in which they live.

Funding Sources:

Washington state legislature.

Needs Assessment Process/Form:

The form consists of two sections, “Needs” and “Strengths.” The Needs section includes checklists on data and opinion topics and indicator data considered in the needs assessment process. Variation in priority problem behaviors from the Network’s long-range (10 year) plan is allowed if reasons are supported by data. The Strengths section contains checklists of available formal prevention services, data sources for prevention services, and groups participating in Network plan review. This section also contains an update form for RE-Direct Resource Directory prevention services listings, a table format to enable interim results (outcomes) for the coming biennium, and a list of interim results (outcomes) related to each target population.

Resource Assessment Process/Form:

See description above in “Needs Assessment Process/Form” category.

Outcome Measures:

Determined by individual Networks and monitored by the Washington State Institute for Public Policy (WSIPP).

- Results (outcome) indicators: A precise statement of what will be observed or asked that would give data for reporting results (outcomes). (e.g., what is the number of parents who use appropriate disciplinary techniques?; what is the number of families who have at least one person to assist in respite care for child?).
- Long-term result (outcome): A measurable, long-term result, relating to changes in the lives of children and families, that can be expected to change within two (2) to ten (10) years.
- Interim community result (outcome): see community result (outcome).
- Community result (outcome): A change in the skills, practice, awareness and/or response to human needs, on the part of service providers, policy and other decision makers, systems, organizations, communities, that are expected to lead to long term outcomes and/or short term outcomes.
- Short-term result (outcome): A measurable, short-term result, reflecting changes in the lives of children and families, that can be expected to change within one (1) to two (2) years and with sufficient scale and duration is logically related to long term outcome(s).
- Child and/or family result (outcome): A change in the knowledge, skills, attitude, behavior or status of a child or family. This may be a short-term outcome (result), or a long-term outcome (result).

Collaboration Examples:

- With the Office of the Superintendent of Public Instruction, the Family Policy Council reviews and approves Readiness to Learn grants for community agencies working together to help children succeed in schools.
- The Family Policy Council sends lists of family and children support services from the Community Health and Safety Networks to the Employment Security Department's RE-Direct Resource Directory, improving the comprehensive nature of their statewide list of support services.

GOVERNOR'S JUVENILE JUSTICE ADVISORY COMMITTEE (GJJAC), DEPT OF SOCIAL AND HEALTH SERVICES

Summary of Prevention Activities, August 1999

Interviewee:

Rosalie McHale, Office Chief (July 13, 1999)

Prevention Mission of the Governor's Juvenile Justice Advisory Committee:

In sum, to promote delinquency prevention and improve the juvenile justice system through community-based programs designed by and operated by local communities, thus promoting the development of local solutions to local problems.

Theory/framework:

The GJJAC is required to implement the federal Juvenile Justice and Delinquency Prevention Act (JJDP). Research-based best practices are utilized; various program bases are allowed, including those addressing risk and protection factors, resiliency, and asset building. In addition to the JJDP, the GJJAC is responsible for administering the federal Byrne Youth Violence Prevention and Intervention Grant Program (YVPIP), and the State Juvenile Violence Grant program. The Byrne Grant Program provides federal funds for community-based youth violence prevention and intervention projects based on a public health model of reducing risks, while enhancing protective or resiliency factors.

Prevention Focus:

The focus of the State Juvenile Violence Grant program as well as the Byrne grant program is to assist communities in developing prevention and intervention strategies in order to impact juvenile violence and delinquency. The Federal Juvenile Justice and Delinquency Prevention Act, enacted in 1974, requires states to establish state advisory groups on juvenile justice to carry out the standards created in the Act:

1. Children who have not committed crimes should not be treated like criminals.
2. Children who have committed crimes should never have contact with adult criminals.
3. The juvenile justice system should be free of conscious or unconscious bias.

Strategy:

- The GJJAC funds local juvenile justice advisory committees, known as Regional Program Development Units, which are community-based programs that are assigned to improve coordination of local juvenile justice services for delinquency prevention and systems improvement efforts.
- Technical assistance, training, and research projects intended to improve Washington's juvenile justice system receive funds.
- The GJJAC funds projects to address the needs of runaways and status offenders (\$340,000 in 1997-98).

- The GJJAC provides policy recommendations and information to the Governor, the Legislature, DSHS, other organizations, and the public.
- Target sites are funded to determine whether a coordinated and complete system of prevention, intervention, and rehabilitation services for youth and their families would result in a significant reduction in delinquent behavior. Evaluations are also funded and have found these efforts effective in reversing upward trends in juvenile arrest rates.
- Through the *Title V Community Prevention Grants Program*, the GJJAC funds local delinquency prevention programs, including nighttime and after school recreation activities, interventions with youths convicted of domestic violence and parents, conflict resolution and anger management education, mentoring and tutoring programs, life skills training, parent training, and drug and alcohol prevention curricula.
- *State Challenge Activities* is a federally funded program created in 1992 as an amendment to the Juvenile Justice and Delinquency Prevention Act. This program provides funds for one-year seed grants to enhance juvenile justice and delinquency prevention programs and systems. In 1999, the GJJAC chose to fund programs to improve access to counsel for juveniles accused of crimes before they waive the right to counsel.

Target populations or behaviors:

The majority of the projects funded address substance abuse prevention activities in their programs. In general, targeted populations are juvenile offenders who have entered the juvenile court and rehabilitation system, and communities in which juvenile offenses have occurred. Communities in “underfunded areas,” defined by the GJJAC policy, are favored in the funding process. The GJJAC has provided Target Site/Delinquency Prevention funding to three target sites, to date, to provide a community-wide program to prevent and reduce delinquency with concentrated funding of \$250,000 for each grant year. Positive evaluations were completed in both of the first two sites selected. The third site will also be evaluated in time. Byrne Youth Violence Prevention and Intervention Grant Program Projects are targeted towards at-risk youth in accordance with communities' prioritized risk factors that are predictive of violent behavior.

Funding Sources:

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Justice, Title II Formula grants program and Title V Delinquency Prevention grant program. A 50% match requirement (cash or in-kind) exists for Title V funds. Federal block grants stem from the Juvenile Justice and Delinquency Prevention Act, adopted by Congress in 1974 and amended periodically, most recently in 1992. An approximate total of \$200,000 was spent in 1998 on substance abuse prevention. Delinquency prevention projects awarded funds by the GJJAC must follow the goals and objectives, tasks and timeline as set forth in the grant contract. GJJAC also administers the State Juvenile Violence Prevention Grant fund and the Byrne Grant Youth Violence Prevention and Intervention Grant Program. The GJJAC was legislatively appointed as the entity to administer the State program (July 1999), and the Byrne program was

transferred to the GJJAC by the legislature effective July 1999. Byrne Youth Violence Prevention and Intervention Grant Program Projects are funded for up to four years. Approximately \$903,000 has been allocated for fiscal year 2000 to fund sixteen projects across the state. 25 percent of the cost of the project must come from non-federal funds. Approximately \$1.8 million was allocated for the biennium by the legislature for state supported juvenile violence and delinquency prevention projects.

Needs Assessment Process/Form:

GJJAC requests a narrative statement addressing the following topics: the need intended to be alleviated by the grant; supporting statistical information; other possible community resources and why those resources are inadequate; manner in which grant will address the need. Current funding or other resources available in the applicant's area, minority cultural issues, and the history of prior awards and contract outcomes may influence grant selection. Projects funded through the \$1.8 million (biennial amount) Juvenile Violence Prevention Projects must be based on research that supports the effectiveness of the project in reducing delinquency; be for the prevention of juvenile crime, not as a disposition or confinement option for adjudicated or diverted juvenile offenders; have community support; and be a new program or a replication of an existing program in another area. 25 percent of the cost of the project must come from non-state funds.

Resource Assessment Process/Form:

See description above in "Needs Assessment Process/Form" category.

Outcome Measures:

All recipients of grant awards are required to use 7% of their funds to hire outside, qualified evaluators. The written evaluation must be submitted within 30 days of the contract's end date. Projects must submit quarterly progress and financial reports to the Office of Juvenile Justice. Awards recipients must provide a list of matching funds. Projects are monitored onsite by Office of Juvenile Justice staff for fiscal and program compliance.

Collaboration Examples:

- Some aspects of target site projects are funded in collaboration with the Office of the Superintendent of Public Instruction, improving school achievement, reducing class disruptions, and reducing violent and assaultive behavior.
- Other projects collaborate with DASA, JRA and Children's Administration, DCFS.

LIEUTENANT GOVERNOR BRAD OWEN'S OFFICE

Summary of Prevention Activities, August 1999

Interviewee:

Sydney Baron, Substance Abuse Prevention Coordinator for the Lt. Governor's Office (June 15, 1999)

Prevention Mission of the Lt. Governor's Office:

Substance abuse prevention was the Lt. Governor's campaign theme, and he has made promotion of substance abuse prevention a priority of his time in office.

Theory/framework:

Risk and protective factors, resiliency, asset building, early brain development.

Prevention Focus:

Prevention of substance abuse and associated problem behaviors and attitudes, public involvement/community service.

Strategy:

- *Take a Page from Our Book* was designed by the Lt. Governor and his staff to provide information and ideas for community members of all ages to become involved in prevention work. It includes stories and profiles of youth and adults who have made a difference in their communities. The need for this book was evident from audience members' responses to Lt. Governor Owen's presentations: people were inspired to help their communities, but they weren't clear what they could do as individuals and groups. *Take a Page from Our Book* was designed to help answer that question. It is available in color hardcopy and on the Lt. Governor's website (www.ltgov.wa.gov).
- Website creation through High Intensity Drug Trafficking Area (HIDTA) funds: the M-files. Information about marijuana prevention, use and abuse (www.mfiles.org).
- Lt. Governor Owen presents educational or keynote speeches about substance abuse prevention at conferences and schools and participates in community forums. He also holds fact-finding meetings with constituents.
 - Lt. Governor Owen created and supports Strategies for Youth, a multi-media presentation that is given in middle schools and high schools throughout the state. The presentation is a tribute to youth who have made, and continue to make, contributions in today's society.
 - Networks with Traffic Safety, Community Mobilization, OPSI/ESD Coordinators, and Health and Safety Networks.
- Participating in meetings, for example, the Governor's Substance Abuse Advisory Committee, the High Intensity Drug Trafficking Area Prevention Advisory Board, the RUaD Committee, the Washington State Mentoring Partnership, the

Community Mobilization Advisory Board, and workgroups, such as SIG; and conferences, including the state's annual drug prevention conference and the national prevention conference.

- Marijuana/Methamphetamine Education Specialist: Position funded through HIDTA. Gives presentations to students, law enforcement, community block leaders, health care professionals, community mobilizers, prosecutors, and others. Produced meth awareness poster for retailers. Organized a state-wide meth conference in September at Wenatchee. Developing Marijuana/Methamphetamine education CD.

Target populations or behaviors:

Youth and communities.

Funding Sources:

The Lt. Governor's office budget provided the funds for the idea-generating book, *Take a Page from Our Book*, for the Lt. Governor's presentations, and for committee, workgroup, and conference participation. The Office of National Drug Control Policy (ONDCP) HIDTA (High Intensity Drug Traffic Area) program has funded website development, and materials such as a video and fact sheet/brochure done in English and Spanish. HIDTA also funds the marijuana/methamphetamine education outreach position.

Assessment Process/Form:

None.

Outcome Measures:

Program specific and long-term. Programs are assessed through phone survey pre- and post-tests with program participants of a "train the trainers" session regarding attitudes toward marijuana. Also, in the process of tying in Strategies for Youth presentations with OSPI's Essential Learning format.

Collaboration Examples:

1. Traffic Safety Commission
2. CTED
3. Law Enforcement

OFFICE OF THE SUPERINTENDENT OF PUBLIC SCHOOLS (OSPI)

Summary of Prevention Activities, August, 1999

Interviewees (dates):

Tom Kelly, Assistant Superintendent, Operations and Support (June 10, 1999), and Martin Mueller, Program Supervisor, Prevention and Intervention Services (June 14, 1999).

Prevention Mission of the Office of the Superintendent of Public Schools (OSPI):

Assist school districts and their family and community partners in creating and sustaining quality learning environments that support the success of children and youth.

Theory/framework:

Early childhood development, risk and protective factors, asset building, and the resiliency model.

Prevention Focus:

Provide early drug and alcohol prevention and intervention services to students and their families; assist in referrals to treatment providers; strengthen the transition back to school for students who have had problems of drug and alcohol abuse.

Strategy:

- The Prevention and Intervention Services Program places intervention specialists in schools to provide prevention and intervention services for students and their families, referring to treatment providers where necessary, and assisting during the transition period for students returning to school following problems with substance abuse. Prevention activities in the Prevention and Intervention Services Program target classrooms or the entire school.
- Manage the Adolescent Health Behavior Survey, which occurs every two years.

Target populations or behaviors:

The Safe and Drug-free Schools program targets all students. Parents of pre-kindergarten through grade 3 students are targeted by the parental education program, funded through retail license fees collected by the Liquor Control Board. The Prevention and Intervention programs target school age youth, particularly those attending middle and high schools. About half are referred because they are using or experimenting with drugs and nearly two-thirds are in need of improved social skills or attitudes regarding refusal to use. Students can refer themselves for intervention specialist services (one-third), although they are more frequently referred by school staff (one-half).

Funding Sources:

- The Prevention and Intervention Services Program is funded through the state Omnibus Alcohol and Controlled Substances Act. \$9million was distributed during

the last biennium (1997-98). The Division of Alcohol and Substance Abuse (DASA) contracts with OSPI to provide these services.

- The Readiness to Learn Program distributes \$7million per biennium in state funds.
- Safe and Drug-free Schools distributes \$10million in grants per biennium, with 70% of the funds distributed to school districts per student FTE, and the remainder distributed to the 10% (approximately 30) school districts in greatest need.
- \$300,000 per biennium is distributed to schools for parental education around alcohol and substance abuse issues. The program is funded through the state legislature from retail license fees collected by the Liquor Control Board.
- An additional \$20million per biennium is administered by OSPI for violence prevention.

Needs and Resource Assessment Process/Form:

For the Safe and Drug-free Schools program, applicants must describe the need for the project in terms of drug, violence, or safety problems that will be served by coordinators funded, problem behavior statistics in their school, and the extent to which service and infrastructure gaps or weaknesses will be addressed by the proposed project

Outcome Measures:

Students receiving treatment/intervention services are tracked individually in four areas:

- compliance with service plan
- protective factors
- substance use
- school success.

For students receiving prevention services only:

- Immediate — None.
- Intermediate or interim outcome measures of risk and protective factor rates are used only with students receiving treatment services.
- Long-term — Rates of substance use and abuse are compared with similar age groups in prior years. Not formally measured on an individual basis, although school records and PISP records would indicate if a child became or continued to be involved in substance use or abuse.

Collaboration Examples:

- OSPI and the Liquor Control Board co-sponsor a poster contest each year for Drug-free Washington month. The Liquor Control Board is the funding source for a parenting education program regarding alcohol-related issues.
- OSPI participates in the state prevention conference.
- OSPI staff are active in the HIDTA program, along with representatives from other state agencies and organizations.

- ° OSPI is an active participant in the Joint School Survey Committee, the Needs Assessment Workgroup, the System Change Workgroup, and the Governor's Substance Abuse Advisory Committee.

PREVENTION SECTION, DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA), DSHS

Summary of Prevention Activities, August 1999

Interviewees:

Fred Garcia, Michael Langer, Louie Thadei, Scott Waller, Pam Darby

Prevention Mission of DASA/Prevention Section:

Support individuals, families, and communities in their efforts to raise alcohol, tobacco, and drug-free children and maintain healthy lifestyles.

Theory/framework:

Risk and protective factors, using the risk and protective factor framework as a planning guide, balancing environmental and individually-based prevention strategies.

Prevention Focus:

Prevention of substance abuse by youth.

Strategy:

DASA follows CSAP's six prevention strategies as guidelines for conducting substance abuse prevention:

1. Information dissemination: Provide information about ATOD use, abuse, and addiction prevalence and risks, its effects on individuals, families, and communities, and provide information about prevention policies, programs, and services.
2. Prevention education: Skill-building programs including decision making, refusal skills, critical analysis, and systematic and judgment abilities. Designed to improve critical life and social skills.
3. Alternatives: Provides ATOD-free activities for targeted populations, offering healthy choices, mentoring, and role modeling activities.
4. Problem identification and referral: Screening for substance abuse risk factors and referral for preemptive treatment to curb further ATOD use or abuse by early initiators.
5. Community-based process: Community mobilization to build prevention commitment. Includes organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
6. Environmental approach: Setting up or changing written and unwritten community standards, codes, and attitudes that influence ATOD problem incidence in the general population.

Three specific substance abuse prevention strategies that have grown out of these general strategies are as follows:

- Support programs designed to increase protective and reduce risk factors by contracting through county and tribal governments, state agencies, and statewide non-profit organizations.
- Fund training of local providers.
- Provide technical assistance to local providers.

Target populations or behaviors:

Increase the percentage of 6th, 8th, and 10th graders who have not used ATOD in the last thirty days.

Funding Sources:

Estimated \$26million for this biennium. Sources include federal SAMHSA block grant money, Violence Reduction and Drug Education state funds, and grants from various federal sources, such as the Office of Juvenile Justice and Delinquency Prevention, the National Institute on Drug Abuse, and the Center for Substance Abuse Prevention's State Incentive Grant.

Needs/Resource Assessment Process/Form:

Program services funded through the county and tribal governments are required to do a needs assessment. Funding for substance abuse prevention programs requires the completion of the Risk Factor Indicator form. This form is very similar to CTED's form by the same name. It is intended to assist in compiling and analyzing indicator data. Information may be submitted in narrative or in whatever format suits contractor needs. Risk factors to target are chosen depending on indicator data and resources available in the community. Respondents identify types, sources, and results of indicator data used to assess each risk factor. Program services funded through the county and tribal governments are required to do a needs assessment.

Outcome Measures:

- Long-term, statewide level: The percentage of 6th, 8th, and 10th graders who have not used ATOD in the last thirty days. The Children's Transition Initiative will be the pilot program for this.
- Program level: Program-specific pre-test and post-test scores, including or consisting of CSAP's core measures, are voluntary for now. CSAP will require the use of core measures by 2003.
- Individual level: The Children's Transition Initiative will be relying on changes in attitudes and behaviors as reflected in CSAP's core measure scores (30 day past use; age of first use; perceived risk/harm; attitudes about substance use; and intention/expectation to use substances). These scores will be tracked at the individual level. Participants will be engaged in several different programs, so

changes will not reflect selected program outcomes as much as they will reflect cumulative program outcomes.

Collaboration Examples:

- With DOH and the Liquor Control Board on SYNAR compliance.
- With OSPI and DOH on the Adolescent Health Behavior Survey.
- Participation in the Washington Interagency Network with 14 other agencies on ATOD issues.
- With OSPI, DOH, the Traffic Safety Commission, the Family Policy Council, and CTED on the State Prevention Conference.
- Involvement in interagency committees, including SIG.
- Provision of data and technical assistance to numerous other state agencies involved in prevention.
- Co-funding a position with the Washington Traffic Safety Commission for the Reducing Underage Drinking (RUaD) Program.
- Collaboration with CTED collaborated in the design and updating of the Program Activity Form.
- With OSPI to design and implement school interventions.

SUBSTANCE ABUSE SERVICES, A SPECIAL PROGRAM OF THE JUVENILE REHABILITATION ADMINISTRATION (JRA), DEPT OF SOCIAL AND HEALTH SERVICES (DSHS)

Summary of Prevention Activities, August 1999

Interviewee (date):

Mark Wirschem, Manager, Substance Abuse Services (June 23, 1999)

Prevention Mission of the Juvenile Rehabilitation Administration

“The mission of the Juvenile Rehabilitation Administration (JRA) is to provide a continuum of preventive, rehabilitation, residential, and supervisory programs for juvenile offenders that hold offenders accountable, protect the public, and eliminate repetitive criminal behavior.” The primary goal of JRA substance abuse programs is to reduce recidivism through the early identification and treatment of chemical abuse.

Theory/framework:

Effective rehabilitation occurs when juvenile justice systems, youth, their families, and communities work interactively. Youth should leave the juvenile justice system more capable of productive participation in conventional society than when they entered. JRA uses risk & protective factors as guidelines, but also works within communities’ chosen framework, using risk and protective factors, the public health model; or asset building. Programs are multi-system and multi-disciplinary. By statute, local juvenile courts and communities must use research-based best practices to implement several programs.

Prevention Focus:

Prevention of recidivism. Within that, prevention of youths moving further into the system, prevention of family dysfunction through parenting skills classes and fatherhood groups for incarcerated fathers; prevention of substance abuse reoccurrence upon discharge by the 82% of chemically dependent (upon admission to the juvenile justice system) youths in the system; and prevention of delinquency and substance abuse by their siblings.

Strategies:

- JRA’s current biennial strategic business plan includes goals to improve program accountability, build a stronger continuum of care for juveniles and their families within the justice system, and reduce repetitive criminal behavior. Objectives include incorporation of best practices identified by research, development of an internal system for JRA program monitoring, and development of an objective system for evaluation of program quality and effectiveness.
- Interventions throughout the JRA continuum of care designed so youth achieve and retain competencies that lead to measurable rehabilitation outcomes.
- Assist youths to develop drug and crime-free lifestyles and a personal responsibility for and commitment to abstinence.

- Family involvement, continuation and duration of care, and prevention beyond substance abuse are necessary for the successful prevention of recidivism.
- Assess and treat any youth with an alcohol and/or drug related problem in the juvenile rehabilitation system and establish community supports upon discharge.
- Addressing the need for prevention of delinquency and substance abuse by providing family skills as part of the JRA competency based rehabilitation system.
- Addressing the need for use of best practices as determined by Washington State Institute for Public Policy and University of Washington researchers and through DASA collaboration.
- Contracting with local courts and communities to implement a continuum of community-based programs that emphasize the juvenile offender's accountability for his or her actions while assisting him or her with early identification and treatment.
- Community Juvenile Accountability Act and Chemical Dependency Disposition Alternatives, both about a year old, will be continued into the next biennium. They're outcome based. Some programs are prescribed; best practices are shared with providers.

Target populations or behaviors:

Youths who have been in contact with the juvenile justice system, particularly those removed from their families and communities and placed within institutions. Specialized sex offender, mental health, and substance abuse treatment is provided. Locally sanctioned youth are targeted based on risk and need.

Funding Sources:

There are no separate funds for substance abuse prevention at JRA. JRA funding comes from state general funds in two streams, in addition to the federal entitlement dollars for youth in group care and rehabilitation. The majority of funds is awarded through the legislature. \$40million was received through the state legislature's passage of the Consolidated Juvenile Services Act (CJAA). The CJAA is designed to provide a statewide continuum of community-based programs, proven to work with diverted or adjudicated juvenile offenders, to assist in social skill development.

Funding Restrictions:

Funds must be spent as designated by the Legislature. Little or no opportunity to look for new funding streams.

Needs Assessment Process/Form:

Sites are not funded competitively. A culturally relevant continuum of care related to substance abuse services is provided throughout the JRA system, including a DASA-certified chemical dependency coordinator in all institutions.

Outcome Measures:

- Long-term outcome measure is decreased recidivism. Statewide outcomes for locally contracted programs also include increasing youth protective factors, decreasing youth risk factors, and maintaining or increasing the number of youth who live in family homes and receive services in their communities, in lieu of commitment to state custody.
- Interim outcome data relating to recidivism is being developed in partnership with local courts, e.g., risk and protective factors at entry, and six, twelve, and eighteen months thereafter. Every child placed on probation will be given a ten-page questionnaire based on risk and protective factors. The purpose is to determine the child's risk to the community and needed interventions.
- For youth committed to JRA, progress in behavioral and cognitive skills is measured by a set of twelve competency measures.
- Short-term substance abuse program performance outcomes focus on acquired skills, such as learning to work in a group, learning to develop supportive networks, learning to access resources, conflict resolution, problem solving, communication/negotiation, and relapse prevention.
- Program level outcome data is not yet available, but gathering and reporting process are in development. One of the purposes of the JRA Management Information System (MIS) is to collect and compare best practices.
- Evaluations of program fidelity and outcomes are being conducted by the Washington State Institute for Public Policy (WSIPP) on CJAA and by the University of Washington on CDDA.

Collaboration Examples:

- JRA works closely with county chemical dependency coordinators to link services to youth and families involved in local courts and to youth that have received substance abuse treatment while in detention.
- DASA is helping JRA review chemical dependency programs, choose best practices, and increase access and capacity to treat chemically dependent youthful offenders.
- JRA works with Community Public Health and Safety Networks (associated with the Family Policy Council) to support the prevention of youth violence.
- Mark Wirschem, Substance Abuse Services Manager, is the liaison with DASA, Family Policy Council, OSPI, DOH, and other prevention related agencies and organizations, including the juvenile courts.

WASHINGTON STATE LIQUOR CONTROL BOARD (LCB) ALCOHOL AWARENESS PROGRAM

Summary of Prevention Activities, August 1999

Interviewees (Date):

Manuel Romero, Alcohol Awareness Program Manager, and Jennifer McDougal, past Alcohol Awareness Program Manager, June 17, 1999

Situation within the larger Agency/Organization:

The Alcohol Awareness Program, created in 1992, is one part of the Enforcement Division of the Liquor Control Board. Liquor and Tobacco Enforcement is the other part of the Enforcement Division. There are five other divisions besides Enforcement.

Prevention Mission of the Liquor Control Board and Alcohol Awareness Program:

“Through education and enforcement, ensure liquor and tobacco products are available only to legally eligible persons and that liquor is sold and served in a safe environment and used in a responsible manner.”

Alcohol Awareness Program goals include the development of programs to reduce underage drinking and foster responsible behavior in adults who choose to drink.

Theory/framework:

The primary framework for Liquor Control Board and the Alcohol Awareness Program’s activities is provided by liquor and tobacco-related legislation. Hawkins and Catalano’s community norms theory is used at the Liquor Control Board, as are Healthy People 2010 benchmarks.

Prevention Focus:

Prevention of substance abuse. The Alcohol Awareness Program provides technical assistance, training, and education regarding liquor and tobacco laws and appropriate use on group and personal levels.

Strategy:

The LCB takes a preventive approach to enforcement, educating licensees, servers, and the public. Liquor control agents are fully empowered to enforce tobacco laws, tobacco tax, and sales to underage youth and all alcohol laws. Licensee orientation with each retailer is one-on-one, explaining expectations and laws. Alcohol servers receive training and are certified through private trainers who are required to use Liquor Control Board approved programs. The Board monitors training presentations. Grocery store licensees are trained directly by liquor control agents.

Target populations or behaviors:

- Populations – youths and pregnant women, people who drink and drive.

- Behaviors – purchases by or for underage youth, possession by underage youth, and licensees and/or servers providing additional alcohol to obviously inebriated customers.

Funding Sources:

- Operating funds: The Liquor Control Board receives all operating funds from liquor and tobacco tax revenues. Discretionary funds are available for special projects, such as the public service announcements described below in “Collaboration Examples.”
- Educational materials and programs: The liquor industry occasionally provides advertisement-free educational material for schools.
- The National Alcohol Beverage Control Association and the Washington Traffic Safety Commission provide funding for the creation and maintenance of the Hospital Resource Panel, described below under “Collaboration Examples.”

Needs Assessment Process/Form:

None.

Resource Assessment Process/Form:

None.

Outcome Measures:

- Immediate or Program specific: education r/t fatal vision goggles, alcohol-related crime, particularly in target populations; reduced rates of fetal alcohol syndrome births.
- Intermediate: None.
- Long-term: Statistics on alcohol-related crime rates, particularly in target populations and reduced rates of fetal alcohol syndrome births.

Collaboration Examples:

- Funding:

The Liquor Control Board funded “Ready or Not” parent education programs for school parent networks.

The Washington Traffic Safety Commission funds some programs for the Liquor Control Board, e.g., “Cops in Shops,” funded for two years, provided undercover law enforcement officers to assist grocery stores in preventing alcohol or tobacco purchases by or for underage youth. The Liquor Control Board initiated the program through discretionary funds, and then the Traffic Safety Commission picked it up.

- Program oversight: Community Mobilization is providing oversight for a \$26,000 grant to create and maintain a Hospitality Resource Panel, a coalition between Western Washington University, Tacoma-Pierce County DUI Task Force, and

Washington State University and liquor licensees who serve alcohol on the premises as equal members. The Alcohol Awareness Program provides technical assistance for the Panel. Healthy People 2010 led to the formation of this panel.

◦ In the office:

Review of other agencies' grant applications is common, as is reciprocal sharing of technical assistance and research.

Participation in groups and efforts to prevent alcohol misuse, such as the Governor's Council on Substance Abuse, Community DUI Task Forces, Traffic Safety Advisory Group, Washington Substance Abuse College Task Force, and other state and national organizations.

Poster Contest: OSPI and the Alcohol Awareness Program conduct an annual poster contest, with winning designs distributed to all public and private schools in the state. Winners receive a certificate and are recognized at the annual prevention conference.

◦ In the field:

Technical assistance is provided to school districts in writing needs assessments and/or classroom activities addressing substance abuse prevention.

Liquor control agents work with fully commissioned law enforcement in communities. Agents also provide education to law enforcement officers regarding liquor and tobacco laws.

- Across cultures: A Yakima public radio station was awarded discretionary funds to produce a series of public service announcements to educate licensees about the consequences of selling to minors, targeted toward Hispanic licensees, and to educate Spanish-speaking parents. These will run for twelve months and include interviews with a Spanish-speaking member of the Liquor Control Board and a liquor control agent. Depending on outcomes, this may spread to Spokane.

- State and national trade organization funding: The National Alcohol Beverage Control Association and the Washington Traffic Safety Commission jointly fund the Hospitality Resource Panel. The purpose of the Panel is to form partnerships between hospitality industry members who serve alcohol and the Tacoma-Pierce Co. DUI Task Force, Western Washington State University, and Washington State University. Goals include liquor law education, responsible serving, and the creation of environments where getting drunk is not the ultimate goal, thus reducing driving under the influence violations and alcohol-related accidents and deaths.

WASHINGTON STATE TRAFFIC SAFETY COMMISSION

Summary of Prevention Activities, August 1999

Interviewee:

Letty Mendez, State Coordinator

Prevention Mission:

Reduce the number of deaths and serious injuries that result from traffic crashes.

Theory/framework:

Elements of the Protection Program: Use prevention combined with law enforcement. Using research-based design for Reducing Underage Drinking (RUaD) Program.

Prevention focus:

- Reduce impaired driving motor vehicle deaths and serious injuries as a percentage of all motor vehicle deaths and serious injuries.
- Reduce the rate of drinking-driver related deaths and serious injuries per 10,000 population for younger age groups.
- Reduce the percentage of fatally injured drivers found to have drugs in their systems.
- Deterrence: To prevent from happening by consideration of significant negative consequences that are perceived to be certain, swift, and continuous.

Strategy:

- Improve local capacity for coalition building: law enforcement and prevention are promoted via twenty DUI Community task forces.
- Build on local infrastructure: Access youth through local clubs and organizations, such as Students Against Destructive Decisions (SADD) and Future Farmers of America (FFA), for programs such as:
 - SAFTYE — Stop Auto Fatalities Through Youth Efforts (85% school based, 15% tribal and community based, e.g., the Boys and Girls Clubs.
 - RUaD — Reducing Underage Drinking Project
- Set and monitor zero tolerance standards in youth participating at the state level in advisory boards and conferences. Monitoring occurs by three adults for each youth.
- At the Institute of Medicine's universal level, recreate crash scenes to powerfully deter drinking and driving.
- Involve youth in advisory boards, committees, and focus groups: Responsibility plus accountability guides these groups, which results in improved community attachment, self esteem, and bonding with pro-social peers.
- Provide technical assistance and training to county

Target populations or behaviors:

Adults who drink and drive, youth who drink at all.

Funding Sources:

Federal agencies — the National Highway Traffic Safety Administration (NHTSA) and the Office of Juvenile Justice and Delinquency Prevention.

Needs/Resource Assessment Process/Form:

Narrative form, available over the web.

Outcome Measures:

- Detailed activity report forms are required from each school club involved in SAFTYE.
- Project reports are required from each school funded for the purchase of breath testing machines.

Collaboration Examples:

- Sought assistance from DASA for a section of the SAFTYE Handbook on data.
- The mentorship task force at DASA is using the TSC's model for involving youth, developed through the SAFTYE program.
- DASA provided funding, through the federal Office of Juvenile Justice and Delinquency Prevention's RUaD Program, for TSC's .08 law media campaign.
- DASA is co-funding a position to work on the RUaD Program.
- Washington State National Guard has supplied a position to TSC for program development and drug-free education with youth.

APPENDIX B:
RESEARCH METHODS

AGENCY SELECTION

All agencies represented on the Governor's Substance Abuse Advisory Council were contacted for interviews following a letter of introduction about the evaluation process from Mary Ann LaFazia, SIG Project Director.

Department of Health

Division of Alcohol and Substance Abuse, DSHS

Governor's Juvenile Justice Advisory Committee, Juvenile Rehabilitation
Administration (JRA), Department of Social and Health Services (DSHS)

Lt. Governor Brad Owen's Office

Office of the Superintendent of Public Instruction

Washington State Traffic Safety Commission

The Washington State Liquor Control Board, the Department of Community, Trade and Economic Development, the Family Policy Council, and the Association of County Human Services were included in the interviews even though they are not members of the Advisory Council. Both the Office Chief of the Governor's Juvenile Justice Advisory Committee and the Substance Abuse Services Manager at JRA were interviewed. A representative from Children's Administration participated in a brief phone interview. The decision to include agencies not represented on the Advisory Committee followed from their mention by initial interviewees as essential to a complete picture of substance abuse prevention activities in our state. Other sources were inclusion in the Agency Ranking Survey conducted March 23, 1999, at the initial System Change Workgroup (see *Appendix C*) and the State Agency Collaboration Survey (*Appendix D*).

RESPONDENT SELECTION

Individuals from the agencies listed above were selected for interviews through the following process. The initial list of potential respondents was compiled from the membership list of the state-level System Change Workgroup, a subcommittee of the Advisory Council. All agencies represented on the Advisory Council were also represented on the Workgroup. Added to the list were members of two workgroups relating to substance abuse prevention: the Joint Committee on School Surveys, the Washington Interagency Network Prevention Subcommittee Needs Assessment Workgroup, and the Prevention Management Information Workgroup. As noted above, additional contacts were made based on recommendations from those interviewed.

The Center for Substance Abuse Prevention required, at the time of this report's initiation, a state agency collaboration survey to be completed by the top five state agencies (see *Appendix C*). Survey responses are presented below in the "Results" section.

Respondents were initially contacted by phone. They included program managers, prevention coordinators or specialists, directors, administrators, a staff director, and an office chief. Three people were spoken with by phone to determine the relevance of their

duties to substance abuse prevention activities (two from Department of Health, one at Children’s Administration). They did not participate in the complete interview, but their descriptions of substance abuse prevention related activities at their agencies were noted.

Summary of Respondents by Job Description

Job Description	Interviewed In Person	Interviewed By Phone	Total Interviewed
Program Manager	6		6
Staff Director or Office Chief	2		2
Prevention Coordinator or Specialist	6		5
Director or Administrator	4		4
Other		3	3
TOTAL	18	3	21

Respondents from each agency listed in the above section, “Agency Selection,” participated in face-to-face interviews. In the majority of the agencies, there was only one or two staff members at each who were directly involved in substance abuse prevention activities at the state level.

Number of Respondents by Agency

Agency	Number Of Respondents
Association of County Human Services	1
Children’s Administration	1 by phone
Dept. of Community, Trade and Economic Development	2
Dept. of Health	1 interview, 2 phone
Division of Alcohol and Substance Abuse	5
Family Policy Council	1
Governor’s Juvenile Justice Advisory Committee	1
Juvenile Rehabilitation Administration	1

Agency	Number Of Respondents
Liquor Control Board	2
Lt. Governor's Office	1
Office of the Superintendent of Public Instruction	2
Traffic Safety Commission	1
TOTAL	21

DATA COLLECTION AND ANALYSIS METHODS

Interviews

Interviews consisted of open-ended questions, which were developed based on information requests by the System Change Workgroup, the Center for Substance Abuse Prevention, and the researcher's experience. The interview guide is included in *Appendix E*. Interviews touched on all subjects in the guide, but the focus was allowed to vary depending on the agency's functions and respondents' expertise. Respondents were told that the information they were providing would be used in an aggregated fashion. They were later contacted to inform them that the interview summaries would be included in this report. Complete confidentiality regarding individual responses was assured. Respondents were also told that if a direct quote were to be used, they would be contacted first for permission. Most interviews required an hour and a half to two hours to complete.

Data collected from the interviews included the audiotaped interview, agency documents provided by respondents, and handwritten notes taken during and after the interview. Following the interviews, audiotapes were reviewed and notes taken on selected topics discussed therein. Interview summaries were then created, one per agency, which included responses from all interviews at that agency, and returned to respondents via e-mail for review. Six interview summaries required revisions or additions.

State Agency Collaboration Survey

Eight of the ten agencies requested completed CSAP's State Agency Collaboration Survey (see *Appendix D*). Responses are discussed below in the "Results" section. Only one respondent from each agency was asked to complete the survey. The survey consisted primarily of closed-ended questions regarding the respondent's familiarity with, and the agency's frequency and types of (current and anticipated) prevention-related collaboration with the top five state agencies involved in substance abuse prevention activities. Open-ended questions asking why interagency contact with the top agencies might increase, decrease, or remain the same were also included.

Results of the State Agency Collaboration Survey were used in completing the State Management Information Form, a form created by CSAP out of several separate surveys, including the State Agency Collaboration Survey. This form is required by CSAP every six months throughout the State Incentive Grant's existence. Selected results are also included in this report where relevant.

Agency Websites

Information regarding agency prevention mission, function, strategies, and accomplishments was gleaned from some agencies' websites. Accuracy was checked by inclusion of this information in the summary reviewed by each interview respondent.

Committee and Workgroup Minutes and Reports

An essential part of state-level substance abuse prevention activity are committees and workgroups that are comprised of agency, professional, legislative, administrative, and community representatives. Notes from direct meeting observation, minutes, and written reports were used as resources for this report. Minutes and notes from the Governor's Substance Abuse Advisory Committee, the Association for County Human Services, the Joint Survey Committee, the Needs Assessment Workgroup, and the Prevention Management Information Service were used. Two newly formed workgroups have grown directly out of the State Incentive Grant and were also observed: the Leveraging Workgroup and the Program Monitoring Information Services Workgroup. Their initial meetings were observed and information from those meetings will be included in the next state-level evaluation report.

LIMITATIONS

Inaccuracies in interview summaries may not have been detected or reported upon review by respondents. Also, respondents may not have had time to review or respond to interview summaries as they were given short notice that summaries were to be included in this report. Conclusions drawn from this research are based on a relatively brief exposure to the agencies involved.

**APPENDIX C:
AGENCY RANKING SURVEY**

Note: This survey was conducted at the March 23rd, 1999, System Change Workgroup meeting.

Washington State Incentive Grant (SIG) Agency Ranking Survey

Many organizations and/or agencies, both public and private, are involved in the prevention of child and adolescent substance use and abuse within the state. This questionnaire is designed to identify the most influential organizations and/or agencies involved in statewide substance abuse prevention. The SIG Evaluation Director, Chris Roberts, will use this information, in conjunction with other sources, to choose agencies for state level systems change evaluation.

In response to the following questions, identify and rank the top five organizations and/or agencies in the state. *The same organizations and/or agencies may or may not appear on each list.* Answers will be kept confidential.

- A. What five organizations and/or agencies in the state have the most **influence** in setting or directing substance abuse prevention policy and activities?
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____

- B. What five organizations and/or agencies in the state have the greatest **capacity** (i.e., staffing, expertise, experience, leadership skills, effectiveness, etc.) for providing substance abuse prevention activities?
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____

Your agency/organization affiliation _____
Number of years in substance abuse prevention work _____
Thank you for your participation!

APPENDIX D: STATE AGENCY COLLABORATION SURVEY

Notes:

1. Designed by the Center for Substance Abuse Prevention, this survey was originally intended only for the top five state-level agencies involved in substance abuse prevention. To be more inclusive and to gain a more comprehensive picture of interagency collaboration in Washington State, this survey was offered to ten agencies and was completed by eight. Survey design, however, only allowed recording of interagency collaboration between the responding agency and four other agencies. CTED, DASA, DOH, and OSPI were the four used for the three agencies beyond the top five as the Family Policy Council has representatives of the other four on it.
2. The “top five” state-level agencies involved in substance abuse prevention were determined through an agency ranking survey completed by members of the System Change Workgroup, March 23, 1999. The top five agencies, in alphabetical order, were CTED, DASA, DOH, the Family Policy Council, and OSPI. Also frequently mentioned were Traffic Safety and the Liquor Control Board. See *Appendix C*.

APPENDIX E: INTERVIEW GUIDE

Interview guide for state-level interviews

1. Is there an overriding theory or framework which guides prevention work in your agency/organization, e.g., Hawkins and Catalano, Assets/?, Others?
2. How does this theory/framework influence your choice of
 - a. Needs assessment process/forms
 - b. Resource assessment process/forms
 - c. Program selection
 - d. Outcome measure selection
 - e. Analysis
 - f. Reporting (community to/from state)
3. What choices have you made in these areas, i.e., what forms/information/reports do you require from a) funding applicants and b) funding recipients?
4. Who makes these decisions?
5. Are outside researchers involved? How?
6. What are the shortcomings/deficits of these requirements? For your agency? For funding applicants/recipients?
7. Who are the stakeholders in your prevention related agency work?
8. How do they influence the selections process (above)?
9. How is the selection process of the above components of your agency's work mandated by state or federal funding decisions?
10. Other restrictions?
11. What priority does substance abuse prevention among youth have at your agency?
12. What is your agency's mission?
13. What are your agency's primary accomplishments in the substance abuse prevention field?
14. What do you see as the barriers to accomplishing your prevention goals?
15. What are your plans for the future? Leveraging/redistricting funds? At the local and state community levels?
16. How has SIG affected your personal work and your agency's work/actions thus far? What does SIG mean to you in light of other collaboration efforts, such as WIN?

APPENDIX F: ABBREVIATIONS

STATE AGENCIES:

CTED — Community, Trade and Economic Development
DASA — Division of Alcohol and Substance Abuse, DSHS
DOH — Department of Health
DSHS — Department of Social and Health Services
FPC — Family Policy Council
GJJAC — Governor’s Juvenile Justice Advisory Committee
JRA — Juvenile Rehabilitation Administration, DSHS
LCB — Washington State Liquor Control Board
OSPI — Office of the Superintendent of Public Instructions
TSC — Washington State Traffic Safety Commission

FEDERAL AGENCIES:

CSAP — Center for Substance Abuse Prevention, Substance Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services

TOPICS:

SA — Substance abuse
SIG — State Incentive Grant



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