



Spokane County Community Services Division Washington State Incentive Grant 2nd Year Community-Level Evaluation 2000-2001

Department of Social and
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Executive Summary

Spokane County Community Services Division is one of eighteen recipients of the Washington State Incentive Grant (SIG). SIG funds are allocated to communities to prevent the use, misuse and abuse of alcohol, tobacco, marijuana and other drugs by Washington State youth. Community grantees are expected to make their local prevention system more effective by establishing prevention partnerships, using a risk and protective factor framework for data driven needs assessments, and by implementing and monitoring science-based prevention programs. Spokane's second year experiences with SIG are reported here.

Progress toward SIG Community Level Objectives

Spokane County Community Services Division located its SIG project in the East Central Neighborhood, one of the oldest neighborhoods in Spokane. Two community centers and a cooperative extension program offer SIG-sponsored prevention services. Changes specific to each objective are listed here.

Objective 1: *To establish partnerships...to collaborate at the local level to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by youth.*

Spokane's prevention organizations have historically been self-sufficient in program planning and implementation. The strongest prevention partnerships are between Spokane County Community Services Division and the three organizations contracted to implement SIG-funded programs: East Central Community Center, Martin Luther King, Jr. Family Outreach Center, and Washington State University's Spokane County Cooperative Extension.

Objective 2: *To use a risk and protective factor framework to develop a community prevention action plan...*
and

Objective 3: *To participate in joint community risk and protective factor and resource assessment...*

The county's needs assessment traditionally uses the risk and protective factor model to prioritize needs. Spokane County Community Services Division acted as the lead agency in the pilot test of the collaborative needs assessment sponsored by SIG.

Objective 4: To select and implement effective prevention actions...

The SIG process encouraged the choice of programs shown through published research to be effective in different locales and with multiple populations. These are known as Best Practices. The county decided to strengthen the bond between community residents and available resources, and chose to focus on family and individual risk factors. The programs they selected to address their prioritized risk and protective factors include the following:

The Nurturing Program: Provided by Washington State University Spokane County Cooperative Extension, the Nurturing Program is a Best Practice. It teaches family members communication, negotiation, and conflict resolution skills.

Family Advocacy Network: This Best Practice and the remainder of the programs listed here are provided by the two community centers, East Central Community Center and the Martin Luther King, Jr. Family Service Center. The Family Advocacy Network program is based on the SMART Moves drug abuse prevention curricula developed by the Boys and Girls Club. It teaches leadership skills to children and parenting skills to parents. Community service is a component of the program.

Mentoring: Across Ages was the mentoring program originally attempted in Spokane's SIG project, but it proved too restrictive in its requirements. A less rigorous mentoring program was substituted that did not require mentors to be 55 or older and that had a less demanding time commitment.

Media Literacy: This program teaches students to examine advertisements for hidden messages that promote alcohol and tobacco use.

Alternative Activities: Field trips, recreational activities, and ropes courses serve to familiarize children with the community centers and provide recruits for the more formal prevention programs.

Objective 5: To use common reporting tools...

One of the requirements for participating in the SIG project was to participate in the Washington State Survey of Adolescent Health Behavior. Despite several attempts by state and local SIG staff, Spokane School District 81 declined to administer the survey. The middle school in District 81 administers a School Environment Student Survey. While not totally comparable, it does provide some data on student attitudes and includes a few questions on substance abuse.

A second SIG requirement was the pre- and post-testing of program participants. Youth in Best Practice programs are given pre- and post-tests to measure the extent to which their attitudes, knowledge, and social skills change during program participation. Some of these test results are entered into the Everest

program outcome monitoring web-based database. Initial confusion in year one of SIG led to students being re-tested many times. This was clarified in the second year of the project, during which each child has completed only one set of tests.

Conclusion

Spokane County Community Services Division has shown progress toward achieving all of the community level objectives established by the Governor's Substance Abuse Advisory Committee. During the last year of SIG community funding, Spokane's challenge will be finding ways to institutionalize the changes they have achieved under SIG in its system of prevention program planning, funding, implementation, and monitoring.

Several families in Spokane County learned valuable family management skills. During the Nurturing Program, families are asked to draw their image of home life at both the beginning and end of the program. The child of one family who participated provided a poignant example of how such programs affect individual lives. This child's picture was totally black at the program's beginning. The child's drawing at the end of the program was half black and half yellow. When asked about the difference between the two drawings, the child explained, "Now there is some sunshine in my life."

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Spokane County Community Services Division Community Level Evaluation 2000-2001

The Washington State Incentive Grant

Spokane County Community Services Division is one of eighteen recipients of the Washington State Incentive Grant. The federal grant consists of a three year, \$8.9 million award from the Center for Substance Abuse Prevention to Washington State through a cooperative agreement with Governor Gary Locke's office. State agencies participating in SIG are committed to coordinating resources and reducing duplication of effort. Eighty-five percent of State Incentive Grant (SIG) funds are allocated to communities to prevent the use, misuse, and abuse of alcohol, tobacco, marijuana, and other drugs by Washington State youth. In their efforts to reduce youth substance use, misuse, and abuse, it is expected that community grantees will reduce key risk factors and promote protective factors.

The goals and objectives of the *Washington State Incentive Grant Substance Abuse Plan* are listed in Appendix A.¹ They are summarized here:

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 to develop a community prevention action 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.

Introduction

The SIG evaluation is intended to provide feedback to state agencies and communities on their progress toward the goals and objectives stated in the *Washington State Incentive Grant Substance Abuse Plan*. Evaluation reports are provided as an integral part of that feedback.

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.

This report documents SIG-related activities for the second project year, 2000-2001, of the Spokane County Community Services Division. It summarizes progress made toward achieving SIG's community level goals and objectives. The report examines local prevention partners' ongoing challenges and successes in providing substance abuse prevention services for youth. It also describes the multiple substance abuse prevention funding sources used by the Division to provide one prevention program.

Information used here came from face-to-face and telephone interviews, examinations of documents, and data collected from survey instruments. A program implementation survey was conducted for the Nurturing Program to determine the extent to which programs had to be adapted for the local clientele. Also, funding and planning information was collected on the Nurturing Program. See Appendix B for a more detailed description of the research methods used to create this report.

Background: Spokane County and the East Central Neighborhood

Spokane County's population grew by 15% in the past decade, from 361,364 to 417,939. It is the fourth-largest county in Washington State. The population is 91% white compared to the state's percentage of 82%.² Median household income in Spokane County is \$35,691, compared to the state's \$41,715. Seventeen percent of the children in Spokane County live below the federal poverty threshold, similar to the state's 15%. The county serves as a retail trade and service center for the surrounding, more rural counties. Agriculture employs less than 1% of Spokane County's population. Nearly one-third of county residents are employed in the service sector.

SIG-sponsored prevention services are provided in the East Central Neighborhood, which is one of the oldest in the city of Spokane. Youth in this neighborhood experience many factors placing them at higher risk for using or abusing substances. The risk factors specifically addressed by the Spokane SIG project include low commitment to school, favorable attitudes towards drug use, and early initiation of problem behaviors.³ Many students in the community are eligible for free or reduced fee lunches due to their families' low income, an indication that the area experiences another risk factor: extreme economic deprivation.

² US Census Quick Facts website: <http://quickfacts.census.gov/qfd/states/53000.html>.

³ Spokane County Community Service, Community Based Prevention Action Plan Implementation Matrix, Approved February 7, 2000. See Appendix C for a list of all risk and protective factors with those addressed by Spokane County in italics.

Progress toward Community Level Objectives

Objective 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.

In the City of Spokane, a number of government and non-profit agencies provide community services. Historically, most agencies have been self-sufficient when it comes to planning and providing programs. The SIG push for agency partnerships to engage in prevention planning, funding, delivery, and monitoring partnerships was not easily incorporated into local prevention services. In this second year of SIG, collaboration among the various agencies improved.

The Spokane County Community Services Substance Abuse Advisory Board, which meets monthly, is an example of collaborative relationships formed around substance abuse prevention and services for youth and families. The board is composed primarily of county employees, with a variety of community members who are recruited through the Board of County Commissioners. Meeting topics include reports from county prevention and treatment staff, information on planning, and information about upcoming requests for proposals, training, or staff positions.

During the first project year, development of the local SIG Advisory Board was a positive step toward developing collaborative relationships.⁴ The initial purpose of this group was to bring parties interested in prevention to the same table. Board membership includes representatives from East Central Community Center, Martin Luther King, Jr. Family Outreach Center, Washington State University's Spokane County Cooperative Extension; Spokane School District #81, the city of Spokane, Spokane County Substance Abuse Advisory Board, law enforcement, community liaison, faith community, and youth and families who participate in SIG programs.

The SIG Advisory Board meets quarterly, or more often if needed. Meetings focus on status reports from the SIG project staff, upcoming events, and issues of project sustainability. The board serves as a place to solve problems at prevention program delivery sites or within programs. During 2000-2001, the work of the first year was consolidated. The board identified clear directions and adopted by-laws. The board defined its purpose as follows:

- To ensure programs are carrying out the intent of the grant
- To serve as a resource for programs – support, market, recruit, advocate, network
- To provide direction for programs
- To be empowered by their decision-making role

⁴ Spokane County Community Services, Subscribers to State Incentive-SIG Advisory Board List. Printed April 2, 2001.

The strongest prevention partnerships are between Spokane County Community Services Division and the three organizations contracted to implement SIG-funded programs. Staff members from the four organizations meet every other week to discuss mutual concerns. Towards the end of the second SIG year, they met to discuss sustainability of the programs after SIG funding ends in another year. Martin Luther King, Jr. Family Outreach Center and East Central Community Center are working together to obtain further funding. Cooperative Extension is working with other family oriented agencies to secure funding the Nurturing Program.

According to the local SIG project coordinator, Martin Luther King, Jr. Family Outreach Center and East Central Community Center are seeking to develop a closer partnership because of their close proximity and shared programs. Changes in leadership at Martin Luther King, Jr. Family Outreach Center and numerous staff changes in both agencies have made developing a closer partnership challenging.

Spokane County Cooperative Extension's original goal was to develop a partnership with East Central Community Center and Martin Luther King, Jr. Family Outreach Center for obtaining referrals. They were not able to get enough referrals through the community centers to sustain the Cooperative Extension parenting program, so they expanded their target population to include the entire city rather than limiting it to the East Central Neighborhood.

Objective 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.

Objective 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.

Since objectives 2 and 3 are inseparable in practice, they have been combined here for the sake of discussion.

Even before the SIG project, Spokane County followed the Division of Alcohol and Substance Abuse's guidelines, using Hawkins and Catalano's risk and protective factor model in planning prevention services.⁵ Local risk and

⁵ Hawkins, David J., Catalano, Richard F., and Associates. 1992. *Communities That Care, Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass Pub.

protective factors are regularly listed in the county’s needs assessment.⁶ The table below lists the risk factors identified as highest priority for the SIG project:

Table 2. Spokane County’s Priority Risk Factors

Domains	Risk Factors
Community	Availability of drugs Extreme economic deprivation
Family	Family management problems Favorable parental attitudes and involvement in problem behavior
School	Early and persistent antisocial behavior
Individual	Early initiation of substance use

Spokane County chose to focus on family and individual domains for the SIG grant. These domains were somewhat within their control. The two community factors, availability of substances and economic deprivation, were beyond their scope of services. Likewise, the risk factor within the school domain, early and persistent antisocial behavior, was perceived as outside the county’s immediate scope. See Appendix C for a comprehensive list of risk and protective factors, with Spokane County’s prioritized factors in italics.

To complete the county needs assessment, protective factors are prioritized through the Community Organization Protective Factor Assessment, which is part of the county needs assessment.⁷ According to the Spokane County Plan, the following programs provide protective services that reduce the effects of risk factors: the Adolescent Health Consortium of School District #81, the Health Improvement Partnership of ESD #101, the Spokane County Community Network sponsored by the Division of Alcohol and Substance Abuse, and the New Century Plan.

A complement to the needs assessment is Spokane County’s resource assessment. The findings were published as a reference manual for community services in 1999-2000: *Spokane Community Resource Directory* by Spokane County Head Start/ECEAP and Early Head Start.⁸

Spokane County Community Services Division was the lead organization during the pilot test of the SIG-sponsored collaborative needs assessment. Its state agency affiliation is with the Department of Social and Health Services, Division of Alcohol and Substance Abuse.

⁶ Spokane County Community Services Division. 1997. *County Needs Assessment in support of a Service System for 1997-1999 for Drug/Alcohol Prevention and Treatment.*

⁷ Ibid.

⁸ Spokane County Head Start/ECEAP and Early Head Start, *Spokane Community Resource Directory, 1999-2000.*

The collaborative needs assessment included local representatives of the following agencies:

- Community Mobilization Against Substance Abuse and Violence, Office of Community Development, Washington State Department of Community, Trade and Economic Development.
- Tobacco Prevention, Washington State Department of Health.
- Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services.
- Prevention/Early Intervention and Safe and Drug-Free Schools and Communities Programs, Office of Superintendent of Public Instruction.
- DUI Task Force and Reducing Underage Drinking, Washington Traffic Safety Commission.

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

SIG provides funds for prevention and parenting programs at the two community centers and in the general community. Spokane County decided to strengthen the bond between community residents and available resources. Thus they chose to add and enhance programs at East Central Community Center and Martin Luther King, Jr. Family Outreach Center and through Spokane County Cooperative Extension.

Prevention programs can be categorized by a rigor scale created by the federal Center for Substance Abuse Prevention. Rigor is the extent to which the program has been shown through published research to be effective in different locales and with multiple populations.⁹ The highest rating is rigor 5; the lowest is rigor 1.

Located within Spokane School District #81, both community centers provide the same programs to at-risk children and their families. These similar programs include:

- One rigor 5 program, the Family Advocacy Network
- A general mentoring program with a rigor 3 rating. This was substituted for another rigor 5 program, Across Ages, which proved unsuccessful
- Media Literacy, a rigor 2 program.
- Recreation, Ropes Courses, Drug-Free Dances, and Reading and Literacy.

At East Central Community Center, the biggest challenge was changing from purely recreational and sports activities to science-based curricula focusing on substance abuse prevention. The challenges at Martin Luther King, Jr. Family Outreach Center included starting up new programs and recruiting young people

⁹ Website for the Western Center for the Application of Prevention Technology (WestCAPT): <http://www.unr.edu/westcapt/>.

and families to the center. Those attending the centers and participating in the programs are primarily fifth and sixth grade students. A few seventh grade students attend intermittently. Getting the older youth involved is an ongoing challenge.

Below are summaries of SIG-funded programs:

The Nurturing Program, rigor 5, seeks to reduce dysfunction and to help families build healthy and positive relationships. During twelve weekly sessions, parents and children learn new skills and are invited to generate new attitudes. Spokane County Cooperative Extension provides this program. Facilitators have been educating the public about the program and encouraging families to participate. To spread the learning opportunity more widely, program facilitators are now certified to train local trainers and volunteers to conduct the sessions. Residents of the East Central Neighborhood are given priority, but services are available to any family in Spokane.

During start-up from January through June 2000, the program served 9 adults, 7 teens, and 7 children. While recruiting families has been challenging, the program met its 2000-2001 participation goals, serving 35 children in grades 4 through 9 and 31 parents.

Family Advocacy Network is a rigor 3 program. Both youth and program facilitators seem to enjoy the Family Advocacy Network because it uses creative materials that encourage youth to become leaders. This program uses the SMART Moves drug prevention curricula created by the Boys and Girls Club. The goal is to create a bond between youth and their parents by engaging them in fun and drug-free activities. Parents receive social and other support that helps them teach their kids how to lead drug-free lives. Community service is a component of the program. Youth from East Central Community Center helped serve homeless people at the Union Gospel Mission. Those from Martin Luther King, Jr. Family Outreach Center visited seniors at Alderwood Manor, a local retirement home, where they spent time reading and doing craft projects with the residents.

Youth participation goals for 2000-2001 were met at both centers. East Central Community Center had 35 enrollees in grades 5 through 8, and Martin Luther King, Jr. Family Outreach Center had 25 enrollees in grades 5 and 6. Staff commented that it has been difficult to convince parents to attend Family Nights at either center. In spite of the challenges, staff members were able to increase the number of parents at Martin Luther King, Jr. Family Outreach Center from zero to 20, exceeding their goal of 15. Adult participation from East Central Community Center fell only slightly short of the goal: 12 parents enrolled instead of the desired 15.

Mentoring has been a challenging program for both community centers. Originally, Spokane planned to use the Across Ages model, a rigor 3 program, but

its complexity and stringent requirements did not work in the East Central Neighborhood. The Across Ages program requires that mentors be 55+ years of age and that they meet with their assigned student two hours twice weekly for the entire year. Both college and high school mentors limit their commitment to three months. This not only causes a break in the relationship with children and youth, but it also increases management time and adds additional expenses to train the mentors. Additionally, the community has several organizations competing to obtain mentors. This increases the difficulty of getting mentors for SIG programs.

In an attempt to make mentoring succeed, program administrators loosened the requirements to allow more flexibility. They changed age requirements for mentors and decreased time commitments. This changed the rigor rating from 5 to 3. Even with these changes, the implementation problems have continued. Senior volunteers at East Central Community Center tend to be quite old and prefer to stay inside playing games at the center. They do not want to venture out into the community with the children and youth.

To obtain a better ratio of mentors to youth—the ideal is one to one—East Central Community Center began recruiting high school students. This helped them achieve a ratio of 30 mentors to 15 youth, which still is not ideal because older mentors are missing. Staff turnover resulted in the loss of some potential mentors who were being recruited by those staff members.

Nonetheless, both community centers met their mentoring program participation goal: Martin Luther King, Jr. Family Outreach Center had seven students from grades 5 and 6 in mentoring this past year, while East Central Community Center had 15 participants from grades 5 through 8.

Media Literacy, a rigor 2 program, also presented a challenge to staff at the two centers. The purpose of the program is to teach students to examine advertisements for intrinsic or built-in messages, such as the association of smoking a certain brand of cigarettes or drinking beer with having a good time or being popular. The curriculum is limited and costly, and instructors tended to run out of materials before the year's end. Last year's instructor used community billboards to instruct kids about the power of advertising when she ran out of purchased materials. Her creative teaching style was a real asset to the program.

Participation goals were not met at either center, although both achieved at least three-quarters of the anticipated number: Martin Luther King, Jr. Family Outreach Center had 20 participants and East Central Community Center had 26 participants.

Alternative Activities are considered rigors 1 and 2 programs. For alternative activities, both community centers offered field trips, recreational activities, and ropes courses. These were very popular. They served as ways for the centers to

familiarize area young people with the centers and provide recruits for more formal prevention programs.

One of the alternative activities is called the Reading and Literacy Program. It is intended to enhance reading skills and broaden students' literacy experience. East Central Community Center obtained a grant for the Reading/Literacy program and is now supplementing it with a curriculum called "Reading is Cool." East Central Community Center and Martin Luther King, Jr. Family Outreach Center collaborated to sponsor teen dances. These were not as successful as hoped. The centers serve different parts of the community, and the youth from the different areas are not used to mixing with one another.

Altogether, 92% of the participation goal for alternative activities was achieved, with 110 students engaging in one or more of the activities offered.

Objective 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.

Youth in Best Practice programs are given pre- and post-tests to measure the extent to which their attitudes, knowledge, and social skills change during program participation. Some of these test results are entered into the Everest database. Everest is the name of the web-based program monitoring system, developed by DASA and tested by SIG community grantees. It contains pre-tests and post-tests and provides results by group, by participant, and by question.

There was initially some confusion about evaluation requirements. In the first year, the East Central Community Center recreation program manager was doing individual pre- and post-tests with every child for every program. This meant that some children possibly had completed up to five sets of the same pre- and post-tests.

When evaluators were notified of this, they worked with the staff to design one instrument that could be used for all programs. After this change, each child completed only one set of pre- and post-tests, regardless of the number of programs in which he or she participated. Pre-test data has been collected during the second year of SIG, and post-test data will be available after June 2001. Spokane County Cooperative Extension conducted pre- and post-tests with family participants in the Nurturing Program. Results have been entered into the Everest database.

One of the requirements for participating in the SIG project was to participate in the Washington State Survey of Adolescent Health Behaviors. Despite several requests and presentations by state and local SIG staff, Spokane School District 81 declined to administer the survey. Officials indicated that they already

administered too many surveys, and they did not see the value in the Washington State Survey of Adolescent Health Behavior.

The middle school in District 81 administers a School Environment Student Survey. While this does not directly compare with Washington State Survey of Adolescent Health Behaviors, it does provide some data on student attitudes, and it includes a few questions on substance abuse.

Local prevention program providers contract with Spokane County Community Services Division to provide prevention services. Every ninety days, contracts are monitored by the Division to determine the extent to which service providers are fulfilling contract terms. The SIG Community-Based Prevention Action Plan Implementation Matrix is used to monitor contractual obligations. The matrix is a data driven, prevention planning document that serves as SIG community grantees' contractual work order and as a tool for the identification of anticipated immediate outcomes.

Fidelity

As part of the evaluation, one program in each SIG community was used to pilot a program implementation fidelity survey, known as the Program Implementation Survey (see Appendix E). Program implementation fidelity refers to how closely program providers in a local community follow the original design of the prevention program.¹⁰

The purpose of our inquiry into implementation fidelity was the development of a tool that can be used by local and state researchers to provide self-reported fidelity.¹¹ Evaluators want to know if pre-test/post-test results were due to the program as it was designed, or were the results of a program unique to the site. The survey tells evaluation staff and local SIG providers and staff what they tested with Everest: the program named in their matrix or some variation of that program. The fidelity survey also gives local SIG providers and staff a comprehensive record of what was changed. When combined with Everest results, the survey can help determine two things:

1. If Everest results were positive, should this program be used again as it was administered this time?
2. If Everest results were mediocre or negative, should this program be modified, further modified, or abandoned for a different program?

The Nurturing Program, provided by Spokane County Cooperative Extension, was chosen for the assessment of program fidelity (see *Appendix D* for a copy of the survey form). Survey results were that modifications were made to the program's original design in order to meet local needs. Staff shortened each

¹⁰ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

¹¹ Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

session from 3 hours to 2.75 hours, and supplemented program materials with research on brain development and anger management strategies. In addition, the video that came with the program was not used. The video featured a cartoon theme which was outdated and used swearing as a means of communication. Staff felt this use of language was inappropriate as a training tool. They substituted art activities, simulation exercises, and role-playing.

Because inadequate numbers of referrals of at-risk families were received from East Central Community Center and Martin Luther King, Jr. Family Outreach Center, the program was opened to all residents of Spokane County to increase enrollment. During summer 2000, staff experimented with a short (four week) summer program, but it was hard to develop trust and engage families fully during such a short time.

Overall, staff liked the program and they definitely plan to use it again. In fact, Children's Home Society liked the program so much they have decided to use it with their families. Spokane School District 81 may use the Nurturing Program as an after-school program.

Baseline funding and planning survey

One program in each SIG site was studied to learn about the funding and planning components required for program implementation. The Nurturing Program was selected for this purpose in Spokane. This program is managed and financially supplemented by Washington State University, Spokane County Cooperative Extension. Program facilitators participated in a baseline planning and funding survey (see *Appendix E* for a copy of the survey form).

In addition to SIG funds, the Division of Alcohol and Substance Abuse provided some training funds and was involved with planning. The Centenary United Methodist Church provided space for the program. Several businesses donated food or money for food. The Prevention Center provided free advertising through Channel 14's Talk Show.

Training and Technical Assistance

In the two years of the project to date, SIG staff benefited from a diverse range of training opportunities linked to the programs chosen for the Spokane community. With the help of Spokane County Cooperative Extension, three training sessions were offered for the Nurturing Program. Facilitators were able to learn how to train trainers. This avoided the use of costly outside consultants to train volunteers. Staff participated in training for the Across Ages program. Several people were trained in the Family Advocacy Network program. A program to help staff respond appropriately to cultural diversity was provided. Local SIG staff attended Everest training and sustainability workshops.

Table 3. SIG-Related Training

Month, Year	Training
Spring 1999	How to use data for prevention planning
January 2000	Nurturing Program Training
January 2000	Family Advocacy Network Training
January 2000	Across Ages Training
August 2000	Nurturing Program Training TOT
January 2001	Nurturing Program Training
March 2001	SIG Sustainability Workshop

Local System Changes

Prevention activities were not new to Spokane County or the city of Spokane before SIG began. SIG has contributed three elements to Spokane’s prevention system: an expansion of the partnerships involved in data sharing and planning; the use of science-based programs; and program evaluation.

Data Sharing and Prevention Planning: Spokane County Community Services has long conducted needs and resource assessments using the risk and protective factor model to examine and report prevention related data. The spring 2001 collaborative needs assessment process, sponsored by Division of Alcohol and Substance Abuse and developed under the aegis of SIG, encouraged local prevention partners to share data and to collaborate in prevention planning.¹² Spokane County Community Services expanded its planning process to include the community centers and Spokane County Cooperative Extension. To create a more stable framework for the process, the SIG Advisory Board clarified its mission and created by-laws.

Science-based Programs and Their Evaluation: Before SIG, science-based prevention programs were not commonly used in Spokane. SIG promoted the use of science-based programs through its requirement that 50% of the programs selected by each SIG community grantee be science-based programs. Several new evaluation components were introduced. One was the practice of examining prevention program outcomes using pre-tests and post-tests at the program level. The second was to enter program evaluation data into Everest, SIG’s master database.

¹² Department of Social and Health Services, Division of Alcohol and Substance Abuse, Prevention Services Materials, 2001-2003, Prevention Planning Packet, Revised: September 8, 2000.

Successes

- For the first time, the East Central Neighborhood used science-based prevention programs shown to be effective across venues and populations. Two science-based prevention programs were implemented: the Nurturing Program and the Family Advocacy Network program.
- Prevention program outcomes are now measured through pre- and post-test surveys, entered into the Everest database, and displayed in outcome reports.
- All of the prevention programs met or nearly met their participation goals. Over 100 youth and at least 30 parents benefited from prevention programs at the two community centers. Leadership skills are emerging among participants.
- Thirty-five children in grades 4 through 9 and 31 parents learned family interaction skills through the Nurturing Program.
- Fifty-eight adults were trained to be facilitators for the Nurturing Program, and two were trained to be trainers.
- When a science-based program initiated through SIG continues to be offered regularly in the local area, one of SIG's system change goals is achieved. The Nurturing Program appears to be headed toward such institutionalization. It has spread to the Children's Home Society, which used the Nurturing Program for two classes. Also, the program may be offered as an after-school program in Spokane School District 81.
- Another SIG goal is that communities will leverage funds, using what they've already accomplished as the basis for seeking additional funds, thus continuing programs past the end of the SIG award. Successfully using this approach, Spokane County Cooperative Extension received a three-year grant through the Washington Council for the Prevention of Child Abuse and Neglect to continue the Nurturing Program.
- Creating a more stable framework for the project, the SIG Advisory Board passed by-laws and clarified its role.
- While Spokane School District #81 chose not to participate in the Washington State Survey of Adolescent Health Behaviors, program sites did examine program outcomes by administering pre- and post-tests to participants. Local SIG staff and community center program providers worked with evaluators to create a simplified system of testing program participants. Participants in alternative activities at the community center were not tested. Pre- and post-tests were administered to participants in other prevention programs.

Project Challenges

- Leadership has remained constant at East Central Community Center, but there have been three directors at Martin Luther King, Jr. Family Outreach Center since the inception of the project. Turnover of program staff has been high at both centers. Staff turnover is costly because all instructors need to be trained in the programs they are to provide. Developing trust and open communication among providers and between providers and program

participants in the midst of changing staff composition is difficult. It is impossible to know the reason without further inquiry, but there was a decrease in youth participation levels after staff departures.

- There are few eligible mentors, particularly in the 55 and over age category, who are willing to work with at-risk youth and to commit the amount of time required. This factor and the complexity of the Across Ages program required a revision of the program. The mentoring program now provided is not considered science-based as it has not been shown to be effective across multiple venues and populations.
- Recruiting and engaging parents in programs continues to be difficult. Many factors contribute to this, including work schedules, defensive attitudes, and social barriers.

Influences on Local, Long-Term Substance Abuse Prevalence Rate Changes

Next is a table of several prevention contractors and services that are working to reduce risk factors, promote protective factors, and reduce substance abuse prevalence among youth in the city of Spokane. These programs operate, of course, within a matrix of broad cultural, social, and economic factors that also influence substance abuse. Any changes in long-term prevention outcomes must be attributed to the influence of these broad factors and these other services, as well as to the services funded by SIG.

Table 4. Selected Spokane County Prevention Contractors and Services

Contractor	Prevention Service
Children’s Home Society	Parent support program
East Central Community Center	SIG programs YES Prevention program for K-6 th grades Multiple social service programs
Martin Luther King Jr. Family Outreach Center	FAME Prevention Program for K-6 th grades SIG programs
Peaceful Valley Community Center	Prevention program for K-6 th grades and teen prevention program
Spokane Regional Health District	Project Assist and peer education Tobacco prevention education
Transition Program for Women/Transitional Living Center	Life skills program for homeless women; prevention program for children
Washington State University Cooperative Extension	Parenting Program: Strengthening Families SIG program: Nurturing Program
West Central Community Center	K.A.R.E. Prevention Program for K-6 th grades
YWCA Spokane	Prevention program for children who are homeless and are enrolled in District 81 schools K-6 th grades
YMCA of Spokane	Middle school after-school program at Northwood Middle School

Conclusion

Spokane County Community Services Division has shown progress toward achieving nearly all components of the community level objectives established by the Governor’s Substance Abuse Advisory Committee. During the last year of SIG community funding, Spokane’s challenge will be finding ways to institutionalize the changes they have achieved under SIG in its system of prevention planning, funding, implementation, and monitoring.

Several families in Spokane County learned valuable family management skills. The child of one family who participated provided a poignant example of the effects of such programs on individual lives. One of the Nurturing Program assignments is for families to draw their image of home life, both at the beginning and at the end of the program. This child’s picture was totally black for the first drawing. The second drawing was half black and half yellow. When asked about the difference between the two drawings, the child explained, “Now there is some sunshine in my life.”

Appendix A:

Community Level Goals and Objectives¹³

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

¹³ 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

Sources of Information

Interviews

Interviews were conducted with lead agency contacts, as well as prevention service providers and school district employees. If audio-taped interviews were conducted, interviewees were informed at the beginning of each interview that the audiotapes were confidential, were for the purpose of ensuring accuracy and would be erased as soon as notes were taken from them. Questions were based on an interview guide, as well as related topics that arose during the interviews. Interview guides were modified after initial site visits, based on the interviewer's ability to obtain the desired information from the questions asked.

Program Implementation Survey

Program Implementation Survey, completed on the Nurturing Program. See Appendix D for the survey form.

Baseline Funding and Planning Survey

Baseline Funding and Planning Survey, also completed on the Nurturing Program. See Appendix E for the survey form.

Document Review

- Six-month Progress Reports, required by state-level SIG administration.
- Matrices: Prevention programs intended to address desired outcomes and associated risk and protective factors are described in detail in Community-Based Prevention Action Plan Implementation Matrix, created by the staff of Spokane County Community Services Division and the SIG state project director's staff. Matrices were used to guide inquiry into the process of achieving anticipated local outcomes.
- SIG Advisory Board meeting minutes and by-laws

Census Data

US Census Quick Facts website:

<http://quickfacts.census.gov/qfd/states/53000.html>.

Analysis

Data analysis occurs throughout the research process in a case study, from the process of formulating the topic through the write-up. During and after interviews, information gathered is weighed in light of previous information. Questions and topics are modified.

as indicated by the new information. Data verification occurs through cross checking information from informants with that from other informants, documents, observation, and the researcher's journal entries

Data analysis in a case study occurs by creating categories of information, broad at first, then becoming more specific. As familiarity with the study topic occurs, categories are related to one another and to theory. Center for Substance Abuse Prevention and COSMOS Corporation created broad data categories around which interview questions and inquiry topics were framed. Data were gathered in the process of this evaluation with the intent of answering specific questions about system change in planning, providing, and evaluating prevention services for youth in local communities. Additional categories were added as it became apparent that they were of importance to the SIG community grantees.

Appendix C: Risk and Protective Factors, Categorized by Domain¹⁴

Note: Factors addressed by Spokane County are in italics.

Domains	Risk Factors	Protective Factors
Community	Availability of drugs Community laws and norms favorable to drug use Transitions and mobility Low neighborhood attachment and community disorganization Extreme economic deprivation	Opportunities for prosocial involvement Rewards for prosocial involvement
Family	Family history of the problem behavior <i>Family management problems</i> Family conflict Favorable parental attitudes and involvement in the problem behavior	<i>Bonding: family attachment</i> Opportunities for prosocial involvement <i>Rewards for prosocial involvement</i>
School	Early and persistent antisocial behavior Academic failure <i>Lack of commitment to school</i>	Bonding: attachment to school Opportunities for prosocial involvement Rewards for prosocial involvement
Individual	Rebelliousness Friends who engage in the problem behavior Favorable attitudes towards the problem behavior <i>Early initiation of the problem behavior</i> Constitutional factors	<i>Healthy beliefs and clear standards</i> Bonding: attachment to prosocial peers <i>Social skills</i>

¹⁴ Modified from *A Guide to the Community Substance Abuse Prevention Projects*. December 2000. Governor's Substance Abuse Prevention Advisory Committee. Available from State Incentive Grant Project, Division of Alcohol and Substance Abuse, Department of Social and Health Services, PO Box 45331, Olympia, WA 98504-5331 (ph: 360 438-8065) or Washington State Alcohol/Drug Clearinghouse (ph: 800 662-9111 in-state; 206 725-9696 Seattle or out of state).

Date _____ Site _____ Program Service _____
 Rigor Level _____ Beginning Date of Program Service _____ Ending Date of Program Service _____
 Name of person supplying information _____

**Appendix D:
 Baseline Funding and Planning Survey**

Agency/Organization/ Business/Individual involved in funding, donating to, or planning this program service	Are they a funding source, i.e., were funds applied for through a competitive process, such as an RFP?	Are they a source of in- kind contributions? If so, what type (financial, space, food, volunteer, materials)?	Were they involved in planning?	If they were involved in planning, what was their involvement (in general, e.g., attended meetings, consultant, etc.)?

Note: Listing the SIG planning committee as a group is appropriate because they volunteered their time and effort in planning. If they also held a fundraiser, as a group, or sought additional funding, please list that. If an individual member of the committee put in extra time and effort to arrange for donations of any kind, please list that person separately. The goal is to map the efforts of individuals and groups involved in providing this program service.

Please add more pages as necessary.

Date _____ Site _____ Program Service _____

Rigor Level _____ Beginning Date of Program Service _____ Ending Date of Program Service _____

Name of person supplying information _____

Appendix E: Program Implementation Survey

The purpose of this survey is to determine what was measured by the pre-test/post-test associated with your program: was it the program as originally designed and tested, or was it some variation on that program? If program modifications were made, test results may differ from those that would be expected if the program were implemented as originally designed, with the intended target population, taught by a trained instructor. Records of program implementation practices, reviewed in conjunction with program effectiveness measures, can inform future prevention planning. If possible, this form should be completed by the person providing prevention program services.

1. Did this prevention program differ from the original design?

Program Characteristic	Yes	No	Description of change	General reason for change (check one)		Notes on specific reason(s) for change
				Necessity	Program improvement	
Number of sessions						
Length of sessions						
Content of sessions						
Order of sessions						
Use of materials or handouts						

Program Characteristic	Yes	No	Description of change	General reason for change		Notes on specific reason for change
				Necessity	Program improvement	
General location (e.g., at community center instead of school)						
Intended population (age, language, level of risk, maturity)						
Number of participants						
Instructor training						
Instructor/ student ratio						
Anything else?						

2. If this is a Best Practices or science-based program (rigor 5), did you receive guidance from either the program’s designer or from WestCAPT in making changes? ____ Yes ____ No ____ Not applicable
 Is this still considered a best practice (in the opinion of the designer/WestCAPT) after you made these changes? ____ Yes ____ No



3. Instructor training and experience
 - a. Did you receive training for this program? Yes No
 - b. How many years of experience do you have providing substance abuse prevention services?
 <1 1-3 4 or more
 - c. How many years of experience providing social services or teaching, outside of prevention services?
 <1 1-3 4 or more

4. What was your observation of participants' engagement with the program?
 Mostly engaged Neutral Less than fascinated

5. What was your response to the program?
 Enjoyable Neutral Tedious

6. Would you use this program again, given the opportunity?
 Probably Maybe Unlikely

7. What shaped your opinion about whether or not you would use this program again, given the opportunity? Please select all that apply.

<input type="checkbox"/>	Pre-test/post-test results
<input type="checkbox"/>	Participants' or your own reactions to the program
<input type="checkbox"/>	Other measures (school grades, behavioral responses)
<input type="checkbox"/>	Response from parents, school staff, other community members
<input type="checkbox"/>	Discussion with other prevention professionals
<input type="checkbox"/>	Anything else? Please list:

Please note: Development of this form grew out of the book, *How to Assess Program Implementation*, by Jean A. King, Lynn Lyons Morris, and Carol Taylor Fitz-Gibbon, published in 1978 by Sage, Newbury Park, California.
 Created by the Washington State Incentive Grant Evaluation Team, September 2000: Christine Roberts, Ray Mitchell, Kojay Pan, Anne Strode, and Linda Weaver, University of Washington, Washington Institute of Mental Illness Research and Training/Western Branch. Developed under the guidance of the Department of Social and Health Services, Research and Data Analysis Division for the Department of Social and Health Services, Division of Alcohol and Substance Abuse.