



## **TOGETHER!/ROOF, Thurston County Washington State Incentive Grant 2<sup>nd</sup> Year Community-Level Evaluation 2000-2001**

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### **Executive Summary**

TOGETHER!/ Rochester Organization of Families of Thurston County are 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. The project's second year experiences with SIG are reported here.

### **Progress toward SIG Community Level Objectives**

TOGETHER! is a community mobilization organization located in Lacey, Washington, a suburb of Olympia. Both the director, Earlyse Swift, and the board of director's were recognized for their prevention efforts when they became recipients of the 2001 Drug Free Washington Month Governor's Recognition Award.

TOGETHER!'s SIG project is in the unincorporated town of Rochester, located about thirty miles southwest of Olympia in rural Thurston County. Community members in Rochester have over a decade of activism behind them, forming the Rochester Organization of Families (ROOF) ten years ago and opening the ROOF Center in its present location six years ago. The ROOF Center is a multipurpose community center that houses a food bank, alternative high school, and space for the Kids Place elementary school students to meet after school for SIG- and other funded activities. About 40% of the Kids Place participants are of Hispanic descent, and many of these children come from families where English is a second language. Teen Zone SIG programs are provided at the middle school.

**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.*

SIG enhanced ROOF's relationships with Rochester schools, especially the middle school. There are few other organizations in Rochester with which to partner. ROOF and TOGETHER!'s decades long experience with community mobilization around prevention has taught them that consistent, motivated, and

informed local leadership is essential for a community to maintain its momentum and make progress toward its long term vision.

**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...*

After over a decade of work in the prevention field, both TOGETHER! and ROOF staff are aware of and use the risk and protective factor model. They collaborated with all available prevention partners around both needs and resource assessments.

**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 research-based programs. ROOF and the Rochester School District choose a systems perspective, rather than focusing on individual prevention programs. They view ROOF's prevention efforts as a system of helping children mature in a safe and healthy environment that teaches them to make appropriate decisions. However, they value the firsthand experience they received through SIG with research-based programs, a concept they had been exposed to at trainings but never implemented. The challenges involved in budgeting, training, unplanned expenses, and monitoring will be useful in future endeavors.

ROOF staff looked beyond prevention programs to the contexts in which they are presented by addressing language needs: a Spanish speaking assistant is available as 40% of their elementary age participants are from Spanish speaking families; Spanish language parenting classes are available at the primary school; and ESL classes are provided.

**Objective 5:** *To use common reporting tools...*

Common reporting tools include the Washington State Survey of Adolescent Health Behaviors (WSSAHB) and the Everest program monitoring outcome system. WSSAHB data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students. Rochester School District has participated in the WSSAHB since its inception. The staff measured Kids Place and Teen Zone Tutoring programs with Everest pre- and post-tests. Other programs used evaluation instruments that were developed by program designers or alternative methods of feedback, such as teacher data, staff observations, attendance, reading scores, and class grades.

## **Conclusion**

The prevention project at Rochester became stronger with SIG. SIG improved coordination with prevention partners, allowing ROOF to move beyond serving only elementary school children to addressing the needs of middle school youth, as well. Teachers and school administrators are now more aware of the effects of ROOF on the behavior, literacy levels, and academic achievements of students who participate in their programs.

ROOF staff became aware of what works and what doesn't work with science-based prevention practices, which they feel is important now that so many funders are requiring them. SIG taught them about having a target population. SIG changed the immediacy of evaluation. With other three-year CSAP grants, they never saw preliminary results before the end of the grant. They didn't have feedback on results along the way

Although not SIG-sponsored, part of the prevention infrastructure that ROOF has created is English as a Second Language classes, held at the primary school. Since those classes began, teachers have reported an increase in Spanish-speaking parents' participation in school conferences and meetings.

TOGETHER!'s SIG project has shown progress toward meeting its internal SIG goals and objectives, and toward achieving the community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee. During the third and last year of SIG community funding, TOGETHER! and ROOF intend to move toward institutionalizing some of the changes they achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.



# **TOGETHER!/Rochester Organization of Families, Thurston County Year 2 Community Level Evaluation**

## **The Washington State Incentive Grant**

TOGETHER!/ Rochester Organization of Families (ROOF) of Thurston County 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 communities 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.<sup>8</sup> 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

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<sup>8</sup> 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.

Washington State Incentive Grant Substance Abuse Plan. Evaluation reports are provided as an integral part of that feedback. Research methods are described in Appendix B.

This report documents SIG-related activities for the second project year of TOGETHER!/ROOF. It summarizes progress made toward achieving the community-level goals and objectives of the Washington State Incentive Grant. The report describes the ongoing challenges and successes in providing substance abuse prevention services for youth. It also reports the substance abuse prevention funding and planning necessary to implement one prevention program in Rochester.

Information used in this second evaluation report came from face-to-face and telephone interviews, review of written reports, meeting minutes and data collected from survey instruments. Data was collected on funding sources and planning processes. A program implementation survey was conducted for the Tutoring program to determine the extent to which programs had to be adapted for the local clientele.

## **Background**

TOGETHER! is a community mobilization organization located in Lacey, Washington, a suburb of Olympia. Both the director, Earlyse Swift, and the board of director's were recognized for their prevention efforts when they became recipients of the 2001 Drug Free Washington Month Governor's Recognition Award.<sup>9</sup>

TOGETHER!'s SIG project is in the unincorporated town of Rochester, located about thirty miles southwest of Olympia in rural Thurston County. Community members in Rochester have over a decade of activism behind them, forming the Rochester Organization of Families (ROOF) ten years ago and opening the ROOF Center in its present location six years ago. The ROOF Center is a multipurpose community center that houses a food bank, alternative high school, and space for the Kids Place elementary school students to meet after school for SIG- and other funded activities. About 40% of the Kids Place participants are of Hispanic descent, and many of these children come from families where English is a second language. Teen Zone SIG programs are held in the middle school.

## **Progress Toward Community-Level Objectives**

Progress made by the TOGETHER!/ROOF prevention community toward the five community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee is described below.

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<sup>9</sup> Schnellman, Deb. 2001. Drug Free Washington Month statewide awards. Focus: Chemical Dependency Newsletter. Volume 11, Issue 2, page 4.

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

SIG improved ROOF's connections with the schools. The Teen Zone project in the middle school opened as a direct result of SIG funding. As a follow-up to Kids Place, it was sorely needed – staff observed a lack of follow through from Kids Place once children experienced the transition from elementary to middle school. Primary and elementary school teachers were impressed with the results of ROOF's summer program. The program was coordinated with the schools. Kids Place participants took a weekly trip to the school library during the summer. They read books and took tests on content. Children who had struggled in the previous year did not fall further behind during the summer. Some were ahead of their peers.

There are few social service type organizations in Rochester with which to partner around prevention. The schools and law enforcement are the major players besides ROOF, and both are involved in prevention planning. ROOF's advisory board had a monthly meeting in Rochester, but the attendance declined, so they changed to less frequent meetings. ROOF receives guidance from its SIG lead agency, TOGETHER!, as well. The ROOF directorship changed hands during year 2 of the project when the director became employed by TOGETHER! and moved her office to Olympia. She was replaced by another employee of TOGETHER!

TOGETHER! has twelve years of experience in planning and funding prevention services, working within the Communities that Care model. The community mobilization organization has guided eight Thurston County towns and communities in developing their own visions of healthy communities and strategies to create them. Their experience is that members of the multi-disciplinary teams or coalitions required by most grants expect to be involved in planning a better community. They are often unaware that they may be asked to fundraise for the coalition and sometimes find themselves in the uncomfortable position of simultaneously fundraising for their respective organizations, as well as for the coalition. This creates conflict and some boards may decide to not participate in fundraising.

Another lesson that TOGETHER! learned in community development is that a support person from their office is sometimes essential to keeping the vision and effort alive in the outlying communities. TOGETHER! staff have seen efforts to improve the community falter when the original people cease to be involved. Second round people do not share in the collective memory of the group. They were not involved in either the envisioning process or in strategy design, which results in a loss of momentum and sometimes discontinuation of the effort altogether. It seems vital to TOGETHER! staff members that someone be available to function as a quasi-independent observer and organizer. This person

must have a clear community vision or goal and be able to motivate others. In the eyes of TOGETHER!'s director, the community of Rochester has been fortunate in having Linda Clark, a person who fits that description, involved in project design and implementation since ROOF's inception.

**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.

and...

**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.

SIG sites used the risk and protective factor model in planning their prevention approaches. This model, developed by David Hawkins, Richard Catalano, and others at the University of Washington, categorizes influences that either increase the likelihood that a child will someday abuse substances or that help lessen the impact of those risks. Influences that increase the likelihood of substance abuse are known as risk factors; those that lessen the impact of risk factors are known as protective factors. Groups of risk and protective factors are categorized into domains of influence: community, school, family, and peer/individual. See Appendix C for a list of risk factors and protective factors, categorized by domain. Factors addressed by the TOGETHER!/ROOF SIG project are italicized within the list.

For TOGETHER! and ROOF staff, SIG funding was received after a decade of experience with the Communities that Care model. They were well versed in the risk and protective factor model and the practice of collaborative needs and resource assessments. TOGETHER!'s definition of substance abuse prevention is creating a safe and healthy community environment in which kids can grow. ROOF's focus is on literacy as a key factor in that vision.

Staff observed that nearly all prevention grants now require use of the risk and protective factor model, so it's essential for community prevention providers to be familiar with it. Integrating academic achievement as a thread throughout their prevention efforts led staff to include schools as an essential part of ROOF's planning, implementing, and monitoring of prevention programs.

As part of their prevention infrastructure, ROOF provides Hispanic language parenting classes courses at the primary school. Teachers reported an increase in Hispanic parents' participation in school conferences and meetings since attending the classes. The classes are not funded through SIG, but are used here as an example of the "value added" effects of partnering around prevention: the



school provides the program site and ROOF staff facilitate the classes, then the school benefits from having the parents become more comfortable with the school setting in a non-threatening, non-authoritarian situation.

Earlyse Swift, TOGETHER! director, participated in Thurston County's collaborative needs assessment in spring 2001. This needs assessment was a pilot test of the collaborative assessment process designed and implemented by state agencies participating in SIG.

**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.

The practice of using research-based programs was not new to the ROOF staff, but they were already familiar in concept. Staff had learned about research-based programs through training provided by the federal Office of National Drug Control Policy and the Office of Juvenile Justice and Delinquency Prevention, related to the Drug Free Communities Grant. Research based programs are becoming a standard requirement of prevention funding agencies, and ROOF is grateful for the experience they gained through SIG of selecting, implementing, and monitoring these programs.

Staff found that research-based programs require facilitator training in order to be successfully implemented. Some even require the services of professionals, such as a school counselor or a drug and alcohol prevention specialist. The cost of some programs that staff selected was prohibitive, especially when training was included.

Here is a list of some of the ways that the ROOF organization has paid attention to the community context in which they provide prevention services.

- At Kids Place, where 40% of the children come from Spanish-speaking families, one Spanish-speaking assistant has been provided.
- People are not assumed to be literate in their first language when they participate in English as Second Language classes.
- Food bank provisions and energy assistance are provided through ROOF with no questions asked about residency status. This enables everyone in the community to access some of the basic survival services they need.
- Family Nights were created as an interactive opportunity for families involved in ROOF. These are nights where dinner and casual group activities are provided for the whole family. Teen Zone students volunteered to do a drug and alcohol prevention presentation for one of the Family Nights.
- In dealing with schoolteachers, ROOF staff found that teachers were not necessarily impressed by the term "research based" or "best practices." Teachers were interested in results, not catchwords. Kids Place and Teen Zone are presented, then, as a whole system of helping children succeed, rather than places where students participate in prevention programs.

ROOF provides prevention services to elementary school age children separately from those in middle school. The younger children are bussed to ROOF after school four days a week. Programs provided for the older children were on site at the middle school. ROOF programs for the younger children are referred to as Kids Place; those for middle school students are called Teen Zone. Below is a table of the SIG funded programs provided through ROOF, grouped by rigor level within each age group category. The rigor scale used here was created by the federal Center for Substance Abuse Prevention. Rigor is the extent to which the program has been shown through scientific research to be effective in different locales and with multiple populations. The highest rating is rigor 5; the lowest is rigor 1. Programs ranked as rigor 5 have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.<sup>10</sup> Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices.

**Table 1. Kids Place and Teen Zone Prevention Programs and Rigor Levels**

<b>Age Group Category</b>	<b>Program Name</b>	<b>Rigor Level</b>
Kids Place	Tutoring	5
	PATHS	5
	Get Real About Violence	2
	Social Skills/Recreation	2
	Winning at Parenting	2
Teen Zone	Tutoring	5
	Project Northland	5
	GREAT	2
	Social Skills/Recreation	2

**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.

Common reporting tools include the Washington State Survey of Adolescent Health Behavior and the Everest program outcome monitoring system. These tools are explained in the following paragraphs.

The Washington State Survey of Adolescent Health Behaviors, also referred to as the school survey, is administered every two years in a representative sample of schools across the state. It is available to any other schools that are interested as well, at no cost. Funding for the survey is provided through tobacco settlement funds administered by the Department of Health. Washington State Survey of Adolescent Health Behaviors data provide cross-sectional substance abuse

<sup>10</sup> A meta-analysis is an examination of a number of published research articles about the same subject. Findings from these articles are compared and sometimes combined to enable drawing conclusions that individual research articles did not warrant when examined independently.

prevalence rates and measures of risk and protective factors among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students.

Schools associated with SIG community grantees were required to participate in the survey. This was no problem for ROOF staff, as the Rochester School District has participated in the survey since its inception and plans to continue doing so.

Everest is a web-based, prevention program outcome monitoring system developed for SIG by the Division of Alcohol and Substance Abuse. SIG community grantees have pilot tested Everest. The database design is based on findings from several prevention research studies in which Division of Alcohol and Substance Abuse has participated. It allows SIG grantees and providers to print out tests to be used as pre-tests and post-tests for measuring program outcomes. After administering the tests, answers for each question are entered by local staff over the web. Test results are immediately available to the community grantee and the program provider. Everest contains no identified data. Questionnaire responses are linked by a confidential code for each participant. This means that anyone reviewing the data in Everest would be unable to identify the answers that a particular person chose.

Kids Place and Teen Zone Tutoring programs were monitored using Everest pre- and post-tests. TOGETHER! assigned a staff member, Aaron Stark, to an analysis and planning position, at least partially because of SIG's emphasis on data. ROOF staff found Everest results the least useful data source, despite Mr. Stark's independent analysis of the data. Everest reports were found to be lacking in score interpretation language, and scales were reportedly not always age appropriate, especially for the younger children in Kids Place. Data sources that staff found more useful included teacher data, staff observations, WSSAHB results, attendance, reading scores, and class grades. One staff member stated,

*Teachers are aware of homework done and behavior changes when ROOF is open. When ROOF is not open, homework is not done, behavior is worse.*

An example of how staff observations are used in program monitoring is the attempt to combine Teen Zone participants with those in the Century 21 Grant received by the Educational Service District. The purpose was to save money and increase the variety of services offered. Some kids revolted. They didn't show up. Staff observed that the students seemed to have lost their sense of ownership of the program and their team identity. Efforts to combine the two groups were discontinued.

### **Baseline Funding and Planning**

TOGETHER! and ROOF staff members had two observations about prevention program funding. The first is that the focus by funders on individual programs is a problem. Budgeting is hard when you must state what percent of overhead goes to which program. The second observation is that getting started with a new

prevention program is relatively easy, maintaining one is the challenge. Private foundations tend to want to fund new, innovative ideas. Finding a funding source for maintenance of a successful program and/or infrastructure is difficult. Government grants don't let you hire fundraisers, and people from outside the organization who are hired to raise funds don't have the passion for the group's vision that insiders do.

One program in each SIG site was studied to learn about the funding and planning components of program implementation that are necessary to provide one prevention program. In Rochester, the Tutoring program was selected. Project facilitators participated in a baseline funding and planning survey (see Appendix D for a copy of this survey form). The results of the survey are presented in the table below. Organizations, businesses, and groups that provide funding or contributions or engage in planning are listed in the left hand column. The types of funding or planning that each provides is listed in the right hand column.

**Table 1. Baseline Funding and Planning Survey Results**

<b>Participating entity</b>	<b>Type of funding or planning participation</b>
Thurston County Commissioners	Funding Visited programs Followed programs via reports
Community Mobilization Against Substance Abuse Program (CMASA)	Funding
Lassen Foundation	Funding
Community Action Council	Funding for rent and utilities
Rochester School District	Maintenance Support staff Teacher, principal, & counselor evaluations Supplies Printing Mail service Advice Program materials
Timberland Regional Library System	Connect Kids with Books program Staff time
Rochester businesses	School supplies
Churches	Donated notebooks
Rochester Education Association	Funding Volunteer hours
Veterans of Foreign Wars	Funding Supplies
National Guard	Staff time

Rochester citizens	Snacks
Mega Foods, IGA, Northwest Harvest, Food Lifeline, Fran's Bakery	Snacks

### **Program Implementation Fidelity Survey Results**

As part of the evaluation, one program in each SIG community was used to pilot a program 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.<sup>11</sup>

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.<sup>12</sup> 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?

Evaluators wanted to know from the survey if the results we were seeing from pre-test/post-test results were due to the program as it was designed, or were the results due to a program characteristic unique to the program site?<sup>13</sup> The fidelity survey also gave local SIG providers and staff a comprehensive record of what was changed.

Kids Place Tutoring was chosen for the program implementation survey in Rochester. Program fidelity was high, according to self-report, with only the use of handouts differing from the program's original design. No details were provided as to the reason for this change (i.e., necessity or program improvement) nor were the specifics of the change stated. The program facilitator did not receive training specific to this program, but had four or more years of experience in providing substance abuse prevention services and providing social services or teaching, outside of substance abuse prevention. The participants were reportedly

<sup>11</sup> King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

<sup>12</sup> Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

<sup>13</sup> *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

“mostly engaged” with the program. The facilitator’s response to the program was that it was “enjoyable,” and would probably use the program again, given the opportunity, due to outcomes and responses from parents, school staff, or other community members.

## **Conclusion**

The program at Rochester became stronger with SIG. SIG improved coordination with prevention partners, allowing ROOF to move beyond serving only elementary school children to addressing the needs of middle school youth, as well. Teachers and school administrators are now more aware of the effects of ROOF on the behavior, literacy levels, and academic achievements of students who participate in their programs.

ROOF staff became aware of what works and what doesn’t work with science-based prevention practices, which they feel is important now that so many funders are requiring them. SIG taught them about having a target population. SIG changed the immediacy of evaluation. With other three-year CSAP grants, they never saw preliminary results before the end of the grant. They didn’t have feedback on results along the way

Although not SIG-sponsored, part of the prevention infrastructure that ROOF has created is English as a Second Language classes, held at the primary school. Since those classes began, teachers have reported an increase in Spanish-speaking parents’ participation in school conferences and meetings.

TOGETHER!’s SIG project has shown progress toward meeting its internal SIG goals and objectives, and toward achieving the community level objectives established by the Governor’s Substance Abuse Prevention Advisory Committee. During the third and last year of SIG community funding, TOGETHER! and ROOF intend to move toward institutionalizing some of the changes they achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

## **Appendix A:**

### **Community-Level Goals and Objectives<sup>14</sup>**

#### **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 *select and implement effective prevention actions* that address priority risk and protective factors in the community by filling identified gaps in resources.
4. 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.
5. To use common reporting tools which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

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<sup>14</sup> 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**

### **Information Sources**

#### **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.

#### **Surveys:**

1. Program Implementation Fidelity Survey was completed on the Life Skills Training curriculum.
2. Baseline Planning and Funding Survey was conducted for the Life Skills Training curriculum.

#### **Document Review:**

- a. State Incentive Grant Six-Month Progress Report

#### **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 SIG state project staff. Matrices were used to guide inquiry into the process of achieving anticipated local outcomes.

### **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. CSAP 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 included as it became apparent that they were of importance to the SIG community grantees.

## Appendix C: Risk and Protective Factors, Categorized by Domain<sup>15</sup>

*Note: Risk and protective factors addressed by the TOGETHER!/ROOF SIG project are italicized.*

<b>Domains</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Community</b>	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
<b>Family</b>	Family history of the problem behavior Family management problems Family conflict Favorable parental attitudes and involvement in the problem behavior	Bonding: family attachment Opportunities for prosocial involvement Rewards for prosocial involvement
<b>School</b>	Early and persistent antisocial behavior Academic failure Lack of commitment to school	Bonding: attachment to school Opportunities for prosocial involvement Rewards for prosocial involvement
<b>Individual</b>	Rebelliousness Friends who engage in the problem behavior Favorable attitudes towards the problem behavior Early initiation of the problem behavior Constitutional factors	Healthy beliefs and clear standards Bonding: attachment to prosocial peers Social skills

<sup>15</sup> 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 Planning and Funding 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 needed.

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	
1) Number of sessions						
2) Length of sessions						
3) Content of sessions						
4) Order of sessions						
5) 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	
6) General location (e.g., at community center instead of school)						
7) Intended population (age, language, level of risk, maturity)						
8) Number of participants						
9) Instructor training						
10) Instructor/student ratio						
11) 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:

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*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.



**Research and Data Analysis**  
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