



Aberdeen School District, Grays Harbor County Washington State Incentive Grant 2nd Year Community-Level Evaluation 2000-2001

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Executive Summary

The Aberdeen School District in Grays Harbor County 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. This report documents the Aberdeen School District's second year of the SIG project.

Progress toward SIG Community Level Objectives

Aberdeen is a rural town with a population of 16,420. It is located in Grays Harbor County on Washington's Pacific Coast. U.S. Census data show that Grays Harbor County, with a population of 67,194, has grown modestly over the last ten years, with a population increase of a little less than 5% since 1990. While 16% of Grays Harbor County's population lives below the Federal Poverty Level, the percentage of the county's children living in poverty is nearly 24%. This is in comparison to 15% of children living in poverty statewide.¹

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.*

The Aberdeen School District partners with Grays Harbor County Public Health and Human Services, Educational Service District 113, the Aberdeen Police Department, and Community Mobilization against Substance Abuse to provide substance abuse prevention, intervention, and treatment to its students. This partnership is further broadened by the extensive work that Grays Harbor County Public Health and Human Services does with a broad spectrum of agencies, both public and private.

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

¹ US Census Bureau *State and County Quick Facts*,
[Http://quickfacts.census.gov/gfd/states/53/53027.html](http://quickfacts.census.gov/gfd/states/53/53027.html), accessed 07/11/01. Population estimates based on 2000 census, children's poverty figures are 1997 model-based estimates.

Grays Harbor County Public Health and Human Services and its partners have been using a risk and protective factor framework since 1993 to coordinate substance abuse prevention efforts.

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

Every two years, Grays Harbor County partners assess the substance abuse prevention needs of their community. The resource assessment is conducted by the Community Assessment Steering Committee and is published as the *Grays Harbor County Resource Directory* by Community Mobilization against Substance Abuse. One consistent finding is that the needs of Grays Harbor County residents far outstrip the resources available, both in terms of funding and in terms of professional personnel capable of providing services in the community.

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. A workgroup of elementary school principals in the Aberdeen School District, working with Grays Harbor County Public Health and Human Services, found that the family domain was not being addressed for their students. They chose to implement the Families and Schools Together (FAST) program, which is a research-based program.

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. Survey data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6th, 8th, 10th, and 12th grade students. The Aberdeen School District participates in the Washington State Survey of Adolescent Health Behaviors. The Alliance for Children and Families provided and then analyzed pre-and post-program surveys to measure Families and Schools Together (FAST) immediate outcomes.

Conclusion

The Aberdeen School District FAST teams have provided four eight week cycles of the program at its first site, two cycles at the second site, and a first cycle at the third site. All Aberdeen elementary schools now participate in FAST, and teams plan to provide at least two cycles at each of the three sites for Year 3.

Two members of the FAST team have become trainers and have trained Aberdeen's other teams. TogetherWorks, the follow-up program for parents, is gaining in parent participation. One active TogetherWorks group now exists.

Aberdeen School District 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, the local prevention community intends to move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

Aberdeen School District, Grays Harbor County Community-Level Evaluation Report, Year 2

The Washington State Incentive Grant

The Aberdeen School District of Grays Harbor County is one of eighteen recipients of the Washington State Incentive Grant. The project took place in four communities in eastern Jefferson County. 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.² 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

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

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 Aberdeen's second project year. It summarizes progress made toward achieving the community-level goals and objectives of the Washington State Incentive Grant. The report also presents local prevention partners' ongoing challenges and successes in providing substance abuse prevention services for youth. It also describes the substance abuse prevention funding and planning necessary to implement a single prevention program in Grays Harbor County.

Background

Aberdeen is a rural town with a population of 16,420 located in Grays Harbor County on Washington's Pacific Coast. U.S. Census data show that Grays Harbor County, with a population of 67,194, has grown modestly over the last ten years, with a population increase of a little less than 5% since 1990. While 16% of Grays Harbor County's population lives below the Federal Poverty Level, the percentage of Grays Harbor County's children living in poverty is nearly 24%, compared to 15% of children living in poverty statewide.³

Grays Harbor has several new businesses and a few new industries. This economic growth, however, is balanced by continued downsizing in traditional industries. One large business and a smaller, family-owned business both closed in the last year. The unemployment rate was 10% in the year 2000.⁴

Poverty is thought to exacerbate some of the county's other problems. The rates of domestic violence, adults in alcohol or other drug treatment, and child abuse in Grays Harbor County are all significantly higher than statewide rates. Youth substance abuse is also high, with juvenile drug arrest rates higher than those for similar counties and juvenile alcohol arrest rates over twice that of the state rate. The 1998 Washington State Survey of Adolescent Health Behaviors indicated that Aberdeen youth are initiating alcohol, tobacco, and other drug use at an early age. Of Aberdeen sixth graders surveyed, 23% reported that they had used alcohol within the last thirty days, nearly 13% had used tobacco in the last thirty days, and 10% had used some other drug in the last thirty days.⁵

³ U.S. Census Bureau *State and County Quick Facts*, <http://quickfacts.census.gov/gfd/states/53/53027.html>, accessed 07/11/01. Population estimates based on 2000 census, children's poverty figures are 1997 model-based estimates.

⁴ Washington State Department of Employment Security, *Labor Market Information by Area, Grays Harbor County, Selected Economic Data*, <http://www.wa.gov/esd/lmea/labrmkt/sed/graysed.htm>, accessed 07/11/01.

⁵ WSSAHB results for this age group must be viewed with some caution, however, as less than 40% of county sixth graders participated in the 1998 survey.

Progress toward community-level objectives

Progress made toward the five community level objectives that were established by the Governor's Substance Abuse Prevention Advisory Committee is described in this section of the report.

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.

For over a decade, Grays Harbor County has benefited from partnerships among agencies and organizations serving families and children. Multiple groups have worked with Grays Harbor County Public Health and Human Services to provide substance abuse prevention services. Grays Harbor County Public Health and Human Services coordinates its substance abuse prevention efforts with Community Mobilization against Substance Abuse and the Grays Harbor County Health and Safety Network. Other partners include individual contractors, law enforcement task forces, traffic safety groups, domestic violence groups, DSHS children's case staffing, Child Protective Services, DSHS Mental Health and Chemical Dependency divisions, schools, 4-H groups, churches, and scouting groups. Active community members are often responsible for participation in multiple coalitions and organizations.

A partnership between Grays Harbor County Public Health and Human Services and the Aberdeen Police Department has recently resulted from the encouragement of collaboration by the Washington Traffic Safety Commission. It awarded a grant to train high school members of the Teen Safe and Sober Community Coalition teams so that they can, in turn, educate merchants not to sell to minors and adults not to purchase alcohol for minors. Team members will also participate in underage alcohol sales stings.

Partnerships among the Aberdeen School District, Grays Harbor County Public Health and Human Services, and Educational Service District (ESD 113) have been enhanced through working together to provide Families and Schools Together at Aberdeen elementary schools. A new partnership between the Aberdeen School District and Eastcenter Recovery has begun. Eastcenter Recovery provides the substance abuse partner for one Families and Schools Together site; ESD 113 provides the substance abuse partner for the other two sites.

More connections and partnering with community agencies are continually being sought. Respondents indicated, however, that a lack of funding and of qualified professional personnel make it a challenge to meet the needs of Grays Harbor residents. These shortages also make it difficult to get increased participation in the Families and Schools Together program from community providers. One example of this, according to respondents, is that area mental health and drug and

alcohol treatment professionals have overwhelming caseloads and are not looking for additional clients.

In Grays Harbor County, volunteers contribute a large amount of the work involved in community improvement programs and efforts to help youth. This makes it difficult to build a lasting infrastructure, according to one respondent, since enthusiasm ebbs and flows:

So, there are some years...where we have some great things happening, but it's all contingent on who's standing where, and what they have to use to help make it happen.

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 Aberdeen School District SIG project are italicized within the list.

Grays Harbor County partners have been using a risk and protective factor framework for substance abuse prevention planning since 1993. Every two years, Grays Harbor County conducts a community needs assessment as required by the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and the Office of Community Development's Community Mobilization against Substance Abuse program. To accomplish this, Grays Harbor County Public Health and Human Services works with its partners, Aberdeen School District, the local Community Mobilization against Substance Abuse office, the local office of the Washington State Department of Health, ESD 113, Grays Harbor County Human Services Advisory Board, the Juvenile Justice Committee, the United Way, and the Washington State Traffic Safety Commission. The partners also seek input from the business community, service

providers, and youth, including members of the Teen Safe and Sober Community Coalition.

Among the sources of data used by the partners are the following: the current edition of the *County Profile on Risk and Protection for Substance Abuse Prevention Planning in Grays Harbor County*, the Washington State Survey of Adolescent Health Behaviors, data from Juvenile Justice, and data from the Washington State Traffic Safety Commission.

A community resource assessment is conducted by the Community Assessment Steering Committee, which consists of many of these same partners. It is published as the *Grays Harbor County Resource Directory* by Community Mobilization against Substance Abuse and is updated quarterly.

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.*

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 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.⁶ Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices.

Prior to the State Incentive Grant, selective research-based substance abuse prevention strategies were primarily targeted at older youth, and did not target fourth through sixth graders in the family domain. The Aberdeen School District, working with ESD 113, has been implementing research-based substance abuse prevention programs such as True North and 21st Century Learning Centers at the high school and junior high levels.

DARE was being offered in the elementary schools, but its approach is universal, and it does not address risk factors specific to the family domain. It also is not validated by research findings. Early initiation of alcohol, tobacco, and other drug use continues to be a problem for the county. When the Washington State Incentive Grant sent out requests for proposals, the Aberdeen School District principal's workgroup, with help from Grays Harbor County Public Health and Human Services, chose to focus at the elementary school level.

After studying Best and Promising Practices for substance abuse prevention that addressed these risk and protective factors, the principals' workgroup chose the

⁶ 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.

Rigor 5 Best Practice program, Families and Schools Together (FAST).⁷ This program addresses the issues of family bonding and school attachment seen as crucial elements for children's success in Aberdeen. The principals felt that FAST would also be the most economical program to provide because they could utilize school personnel and community partners.

FAST is designed to empower parents to take control of their families. The program provides time for parents to practice listening skills and learn how to ask non-threatening questions, in one-to-one time with their child. Parents learn to communicate with their children, including talking about expectations and setting limits. They also have time to talk with other parents and learn that they share many of the same challenges. Targeted children meet as a group with a counselor, while their non-targeted siblings have supervised playtime. Because FAST meets at school and school staff are part of the FAST team, parents and school staff become more comfortable with each other as they share the informal settings of meal times and large-group activities.

The FAST program was initially implemented in two elementary schools. By the end of the second year of SIG funding, the FAST program was available for families at all elementary schools in the district.

SIG funds FAST at three elementary schools in Aberdeen, but these three sites provide FAST to families of all six Aberdeen elementary schools. FAST sites are organized as follows:

- McDermoth Elementary School and Robert Gray Elementary School participants meet at McDermoth.
- A.J. West Elementary School and Alexander Young Elementary School participants meet at Alexander Young.
- Stevens Elementary and Central Park Elementary participants meet at Stevens.

The McDermoth/Robert Gray FAST team has provided four eight-week cycles of FAST at McDermoth Elementary, with the first cycle taking place in the spring of 2000, and subsequent cycles occurring in the 2000-2001 school year. The Stevens/Central Park site ran two cycles of FAST during the 2000-2001 school year, one in the winter, and one in spring. The A.J. West/Alexander Young site ran its first FAST program in the spring of 2001. It is anticipated that each site will run two eight-week cycles in Year 3, making a total of six FAST cycles for the district in the 2001-2002 school year.

⁷ For more information about the FAST program, see Baseline Evaluation, Appendix C: FAST Program Goals, and Western Regional Center for the Application of Prevention Technologies (1999): *Best Practices and Promising Practices*, Reno, Nevada, University of Nevada—Reno, Reno, Nevada. Online at: <http://www.unr.edu/westcapt>.

FAST Partners Year 2

- **Aberdeen School District:** Aberdeen FAST is provided by FAST teams primarily consisting of school staff, including principals, counselors, and para-educators.
- **Grays Harbor County Public Health and Human Services:** A public health educator works with the parent group at one FAST site and helps with the FASTWorks parent follow-up group.
- **Educational Service District 113:** A prevention specialist from ESD 113 is the Substance Abuse Partner at the McDermoth/Robert Gray site.
- **Eastcenter Recovery:** A treatment specialist from Eastcenter Recovery, the treatment branch of Grays Harbor Community Hospital, is the Substance Abuse Partner at the A.J. West/Alexander Young FAST site.

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 prevalence rates and measures of risk and protective factors among 6th, 8th, 10th, and 12th grade students. Schools associated with SIG community grantees were required to participate in the survey. Aberdeen School District complied with this requirement.

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.

The Aberdeen FAST program has consistently used the pre-and post-program surveys provided by FAST, which are analyzed by the Alliance for Children and Families, national providers of FAST training and materials. Starting with Year 3 of SIG, 2001-2002, Aberdeen School District FAST will begin using the Everest system, with the Alliance for Children and Families survey instrument and additional scales, selected with the assistance of the Social Development Research Group of the University of Washington.

Training and Technical Assistance

Members of the Aberdeen School District FAST team participated in Everest training provided by SIG and in the Washington State Prevention Summit in 1999. They used the Western Regional Center for the Application of Prevention Technologies website to access information about Best Practices and Promising Practices in substance abuse prevention during the planning stages of their SIG project.⁸

The McDermoth/Robert Gray FAST team received training from the Alliance for Children and Families' National FAST Director, Linda Wheeler, M.S.S.W. By the end of Year 1 of SIG, they had received certification as a FAST site from the Alliance for Children and Families and became eligible to train other FAST sites. During the second year of SIG, the McDermoth/Robert Gray FAST team trained teams for the Stevens/Central Park site and the A.J. West/Alexander Young site.

After a year of experience with running the FAST program, the Aberdeen FAST team decided that one of the providers would be the most appropriate person to enter the FAST data into the Everest Database. Since the original Everest training had not included any of the providers, the SIG evaluator provided this additional training in accessing the Everest Database and data entry.

Project Successes

Improved relationships between parents and schools. One immediate outcome of the FAST program has been improved communication between parents and schools. Targeted students' parents participating in FAST become familiar with principals and school staff in a casual, family atmosphere. Principals report that their familiarity with FAST parents makes them less threatening in those parents' eyes; and parents seem to be more comfortable approaching them.

FAST students occasionally invite their teachers to come to FAST. Teachers have been able to use FAST to have positive contact time with parents. To do this, they come in and work with the FAST team, and are generally invited to join their student's family for the meal. In one case, a teacher managed to make

⁸ Western Regional Center for the Application of Prevention Technologies (1999). *Best Practices and Promising Practices*, Reno, Nevada, University of Nevada—Reno, Reno, Nevada. Online at: <http://www.unr.edu/westcapt>.

contact with a parent who had never attended a parent-teacher conference. After this face-to-face contact, the parent was willing to have the parent-teacher conference on the spot.

Improved teamwork. Respondents report improved teamwork among the principal, the support staff, and the counselor, as well. FAST has brought an increased awareness to principals of the need to work closely with parents and keep them well informed. FAST has empowered parents to be more proactive in their children's education. Prior to FAST, according to principals, parents were often the last people in the communication stream at schools. With improved communications, students are no longer able to exploit parents' gaps in knowledge of school happenings or homework assignments.

Recruiting for FAST. Respondents reported that recruiting for FAST, particularly at the original two schools, McDermoth and Robert Gray, has been much easier during the second year of SIG. Sessions, except for those in the spring, have been full.

Aberdeen FAST uses multiple approaches to recruiting parents for FAST: providers present an informational table at school orientations in the fall, schools send home information with students about the availability of FAST, and the FAST providers contact parents of students identified by teachers or the school counselor. In addition to these efforts, providers report that word of mouth from parent to parent is starting to generate inquiries from interested parents:

Word of mouth...if you keep running it long enough...people begin to recognize it as a part of their school system, and something that they might be able to buy into.

Providers reported that parents of children younger than the age FAST targets often ask about the program. Providers encourage these parents to try again when their child reaches fourth grade.

Principals regularly include FAST events in their school's calendars and on school bulletin boards. Due to the nature of the Aberdeen community, publicity for FAST in the wider community, outside of the schools, has not been sought for fear of creating a stigma for FAST families. Future participation by those families who are most in need of the FAST program would be jeopardized, according to respondents. They report that a mix of socio-economic status among FAST families is the ideal in Aberdeen, where it is important that the program not become known as a program for "families in need."

Increased counselor contact time with at-risk students. Respondents noted that counselors' participation in FAST gives them more contact time with the students who need help:

Kid's Club (is) an ideal role for the school counselor, because these are the very children that they are seeing daily in the halls... so it just helps them extend their relationship with them a little bit further.

Counselors also have a rare opportunity of seeing children in the context of their families:

Our counselor was able to see them in a different light, and see the whole family interact. How often does a school counselor ever see a family interact?

Parent Group success stories. Anecdotal information about families' individual successes, and Parent Group successes, helps demonstrate the potential of the FAST program for reducing family domain risk factors. A few individual examples are included here, but identifying information has been excluded.

One set of parents shared in Parent Group that they were recovering alcoholics, and that one of their big challenges was finding other non-drinking parents with whom to socialize. At this, another set of parents volunteered that they were having the identical problem. As a result, the two families have made that connection and are now finding ways to spend time with each other.

A shut-in parent was persuaded to attend FAST and has since continued contact with other FAST parents through FASTWorks. This person shared with the Parent Group that it was the only opportunity for social contact.

One parent, since joining FAST, has decided to return to school to get a college degree.

A family that recently moved to town, with children who were exhibiting disruptive behaviors in school, found a support group with FAST parents.

Parent feedback has indicated that often the most important function of Parent Group is as a forum for parent discussions on any number of issues, many of them having little relationship to childrearing. Participants in the Parent Group, for example, support each other through crises, such as trouble making ends meet or problems with a landlord. Providers felt this sharing has been crucial in helping families not "spiral out of control."

FASTWorks. FASTWorks is now functioning with parents from the McDermoth/Robert Gray FAST cycles. Providers see this continuation of parents in FASTWorks as a sign of FAST's success in creating parent empowerment, a primary goal of FAST.

FASTWorks families from the McDermoth/Robert Gray FAST site, which has been offering FAST longer than the other Aberdeen FAST sites, began to take control of their agenda in SIG Year 2 and to plan FASTWorks activities for six months at a time. Providers report that this group of parents got very excited about the idea of raising funds to finance family events such as skating parties. The FASTWorks families held a garage sale in June of 2001, opened a bank account for their group, and planned an all FASTWorks families fall party for 2001.

Counselors. When SIG began, Aberdeen's two elementary school counselors divided their time among six schools, with one counselor working quarter time at four schools and another counselor working quarter time at two schools. Some turnover of staff associated with job dissatisfaction occurred. Counselors interviewed in SIG Year 1 reported difficulty in establishing meaningful relationships with students, due to lack of time at each school.

To better meet the needs of its students, the Aberdeen School District applied for additional funding for counseling staff and successfully met this challenge. Beginning with the second year of SIG, new school counselors were hired. Included in their job descriptions was participation in the FAST program. They provide the mental health component for FAST Kids' Club.

Each counselor divides time between just two elementary schools. By design, these are schools that share a FAST site. For example, the counselor for McDermoth Elementary School also works half time at Robert Gray Elementary School, and she participates in the shared FAST sessions for both schools, which are held at McDermoth. To avoid the need to pay counselors overtime for their evening work in the FAST program, counselors are allowed to flex their time: they leave three hours early on Fridays, and work three hours on FAST nights once per week.

Successful maintenance at small numbers Because FAST serves only five to seven families, on average, during each cycle at each site, members of the Aberdeen community feel that the level of help is much more profound than that provided by substance abuse prevention programs that target large numbers of students in their classes. Because FAST targets families, it has some impact on all children in the family. This notion is supported by the National Institute for Drug Abuse (NIDA), which states that family-focused prevention efforts have greater impact than strategies that focus on parents or children only (NIDA, 1997).

According to one respondent,

It's okay that (FAST) is small, because it's more concentrated. And that's where the difference comes in one person or one family at a time.

Expense. A frequent criticism of FAST in other areas has been the expense of the program. By using school counselors on flex time, Aberdeen School District cuts down on some of this expense. ESD 113 and Grays Harbor County Public Health and Human Services also use flexible hours to allow their employees to help out with FAST.

Buying supplies for meals and a gift basket for each family is another expense of FAST. The Aberdeen FAST providers are creative in meeting this challenge. They buy items such as paper plates through the school and in bulk wherever possible; the schools provide storage space for FAST supplies. Gift baskets are stocked with inexpensive items: special interest magazines, such as women's magazines or sports magazines, dishtowels, matchbox cars, hair clips, and craft kits—these because they usually require the involvement of an adult with a child—and always include popcorn or hot chocolate and a family video for a night of family entertainment. Family games remain a larger expense. Providers are investigating the possibility of getting these donated.

Project Challenges

Recruiting. Recruiting families for the spring FAST cycles was a challenge and very few families participated in those cycles. For Year 3 of SIG, Aberdeen FAST cycles will occur in the fall and winter only.

Appropriate staffing. Including FAST participation in the job description for school counselors has eliminated problems with finding qualified staff for the Kids' Club portion of FAST. Getting qualified professionals to act as Parent Group facilitators and Substance Abuse Partners, however, continues to be a challenge. Part of the reason for this is the time commitment required: two and a half hours, once per week, for eight weeks.

Perhaps unique to the Aberdeen interpretation of FAST is the inclusion of the Substance Abuse Partner in all sessions at each site. This is seen as essential because Aberdeen parents are not open to presentations from outsiders. By including the Substance Abuse Partner in the Parent Group from the outset, a trust relationship is built between that partner and the parents. Respondents reported that, because of this relationship, parents are receptive to the substance abuse prevention message.

As stated above, Grays Harbor County Public Health and Human Services provides one parent group facilitator, while another is an individual who contracts to do the work; and ESD 113 provides the Substance Abuse Partner at one site, while Eastcenter Recovery provides that partner at another. This leaves one site, the Stevens/Central Park site, without outside professionals for either of these positions. School staff must fill these roles. Efforts are underway to get current partner agencies to provide additional staff.

Baseline Planning and Funding

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 Aberdeen, the FAST program was selected. Project facilitators participated in a baseline planning and funding survey (see Appendix E for a copy of this survey form). The results are as follows:

Table 1. Results of the Baseline Planning and Funding Survey

Support Source	Type of Support
Aberdeen School District	Facilities for FAST meetings Storage space Printing for FAST information and events Craft materials Allowed staff flex time Staff volunteer hours
Educational Service District 113	Allowed staff flex time
Grays Harbor County Public Health and Human Services	Allowed staff flex time Literature Training opportunities

Conclusion

The Aberdeen School District SIG Project, FAST, has had a profound impact on the way Aberdeen elementary schools do prevention. Principals have taken a proactive role in substance abuse prevention planning for their students, using a risk and protective factor framework for understanding students' needs and choosing the FAST program as a result.

The use of FAST in the Aberdeen School District SIG Project has changed the way law enforcement deals with young offenders. The Aberdeen School District informed their DARE officer about FAST. The officer, in turn, shared this information with the Aberdeen Police Department. Prior to SIG, if younger children were starting to get into trouble with the law, the police could arrest them or warn their parents about the seriousness of their children's behavior. Now the Aberdeen Police Department has an additional strategy that they can use: officers tell parents about the FAST program at their local elementary schools and recommend that families take advantage of it.

FAST is incorporated into the fabric of school life, and changed the way principals perceive troubled families, as well as in their schools' ability to provide help to those families. FAST has also changed the nature of the relationship between schools and parents. As one respondent stated:

I really like the way that the schools have embraced it, because it is a paradigm shift for them, in allowing power to be shared with the parents on a very real basis, instead of what has happened in the past. (FAST) comes alongside parents, supports them in their efforts to grow to be the best parents they can be, versus doing it for them.

As families graduate from FAST, their participation in FASTWorks leads parents into a more proactive role in their community. Providers report that parents working with other parents through FASTWorks are freed from isolation and begin to see what they can accomplish in their community when they are not alone. This new level of parent participation may have a long-term positive impact on the Aberdeen community as parents who have previously felt powerless realize that they can accomplish their goals.

Aberdeen School District 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, the local prevention community intends to move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

Appendix A:

Community-Level Goals and Objectives⁹

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.

⁹ 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:

Audiotaped interviews were conducted with lead agency contacts, as well as prevention service providers and community members. 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 responses were compared and tallied to identify majority and minority opinions.

Meeting Observation:

The DASA Site Visit meeting was observed.

Document Review :

- a) Aberdeen Approved State Incentive Grant Community Matrices: Prevention programs intended to address desired outcomes and associated risk and protective factors are described in detail in matrices created by the Aberdeen School District, as lead agency, and the Division of Alcohol and Substance Abuse (DASA) State Incentive Grant administrative staff. These matrices were used to guide inquiry into the process of achieving anticipated local outcomes.
- b) Becker, L., et al (1999): *1999 County Profile on Risk and Protection for Substance Abuse Prevention Planning in Grays Harbor County*, DSHS Publication # 4.33-14, Department of Social and Health Services, Research and Data Analysis Division for the Division of Alcohol and Substance Abuse.
- c) McDonald, Lynn (2000): *Fast Tour*, FAST web site:
<http://www.wcer.wisc.edu/fast/tour/index.html>
- d) McDonald, Lynn (1999): *FAST(FAST): 1988-1998, Ten Years of Evaluation*, Wisconsin Center for Education Research, University of Wisconsin—Madison, Madison, Wisconsin.
- e) National Institute for Drug Abuse (1997). *Preventing Drug Use among Children and Adolescents: A Research-Based Guide*, National Clearinghouse for Alcohol and Drug Information, Rockville, MD.
- f) Western Regional Center for the Application of Prevention Technologies (1999). *Best Practices and Promising Practices*, University of Nevada, Reno, Reno, Nevada.
- g) Washington Employment Security Department (2000): *Washington State Labor Market Information, Labor Market Information by Area, Selected*

Economic Data, <http://www.wa.gov/esd/lmea/labrmrkt/sed/graysed.htm>, accessed 03/15/01.

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 added as it became apparent that they were of importance to the SIG community grantees.

Appendix C: Risk and Protective Factors, Categorized by Domain¹⁰

Note: Risk and protective factors addressed by the Aberdeen SIG project are italicized.

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 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
School	Early and persistent antisocial behavior Academic failure Lack of commitment to school	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 Early initiation of the problem behavior Constitutional factors	Healthy beliefs and clear standards Bonding: attachment to prosocial peers Social skills

¹⁰ 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).

Appendix D:

FAST (FAST) Program Goals¹¹

Enhance family functioning.

- Strengthen the parent-child relationships in specific focused ways.
- Empower the parents to help them become the primary prevention agents for their own children.

Prevent the target child from experiencing school failure.

- Improve the child's behavior and performance in school, both short-term and long-term.
- Empower the parents in their role as partners in the educational process.
- Increase the child and family's feelings of affiliation toward their school.

Prevent substance abuse by the child and family.

- Increase the family's knowledge and awareness of substance abuse, and the impact of substance abuse upon child development.
- Link the family to appropriate assessment and treatment services, as needed.

Prevent substance abuse by the child and family.

- Develop an ongoing support group for parents of at-risk children.
- Link the family to appropriate community resources and services, as needed.
- Build the resilience and social networks of each family member.

¹¹ McDonald, Lynn. 1999. *FAST (FAST): 1988-1998, Ten Years of Evaluation*. Madison, WI: Wisconsin Center for Education Research, University of Wisconsin-Madison.

Date _____ Site _____ Program Service _____

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

Name and position/title of person supplying information _____

Appendix E: 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.



**Research and Data Analysis
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