



Olympic Educational Service District 114, Jefferson County Washington State Incentive Grant 2nd Year Community-Level Evaluation 2000-2001

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Executive Summary

Olympic Educational Service District 114 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. The second year of the Olympic Educational Service District 114 (hereafter, Olympic ESD 114) SIG project is reported here.

Progress toward SIG Community Level Objectives

Olympic ESD 144 offices are located in Bremerton, Kitsap County. Their SIG project was located in Jefferson County, one of the counties within the boundaries of Olympic ESD 114, which is one of nine school district consortiums in Washington State. Located in the north and east Olympic Peninsula, Jefferson County is a rural county that lacks many of the services and programs found in urban areas. Many adults and youth view the use of alcohol, tobacco, and other drugs as an easy way to “kill time.” In order to counter these perceptions and attitudes, family-oriented programs that teach refusal and parenting skills were chosen for the project. SIG-sponsored prevention programs were provided in the eastern Jefferson County communities of Port Townsend, Chimacum, Brinnon, and Quilcene.

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.*

Jefferson County Community Network helped create the Jefferson County Prevention Council before SIG funding was awarded. SIG’s emphasis on partnerships has helped to stimulate the Prevention Council’s interest in increasing its own collaborations. On a quarterly basis, the Jefferson County Prevention Council brings together service providers and the public for the exchange of information, review of local research, and development of strategies to enhance services. The Council has had a tremendous impact, respondents note, in increasing community awareness about SIG programs.

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

SIG helped increase awareness of the risk and protective factor framework among Jefferson County prevention providers, the schools, and Olympic ESD 114. Further training is needed for other schools and providers as understanding and use of the framework is not universal.

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

Members of the Jefferson County Prevention Council participated in the data driven, SIG-sponsored, collaborative needs assessment, pilot-tested statewide in spring 2001. As their resource assessment, the council mapped school-based prevention programs throughout the county to identify existing resources and service gaps. Examples of data sets that were used in planning include local demographic reports, county profiles, juvenile justice reports, law enforcement data, the Washington State Survey of Adolescent Health Behavior, and local health district census reports.

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

The SIG process encouraged the choice of programs that have been shown, through published research, to be effective in different locales and with multiple populations. These are known as research-based programs. The programs the Council selected to address their prioritized risk and protective factors include the following:

- *Strengthening Families:* A science based program for 6- to 10-year-old children of substance abusers. It includes a parent training program, a children's skills training program, and a family skills training program. It has been implemented in three of the four SIG sites.
- *Take Time:* A school-based support program for students and their families, it serves a set number of youth and families. Some schools expected a higher number of youth to be served by the program.
- *Functional Family Therapy:* An eight to twelve week in-home program to increase reciprocity and positive support among family members and to create clear and positive communication. Enrollment and participation have been higher in the two larger communities, Port Townsend and Chimacum, than in Brinnon and Quilcene.

Objective 5: To use common reporting tools...

Common reporting tools include the Washington State Survey of Adolescent Health Behaviors and the Everest program monitoring outcome system. Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements.

Conclusion

The Jefferson County SIG community 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, Jefferson County 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.

Olympic Educational Service District 114, Jefferson County Year 2 Community Level Evaluation

The Washington State Incentive Grant

Olympic Educational Service District 114 is one of eighteen recipients of the Washington State Incentive Grant (SIG). 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.¹ They are summarized here:

Goals:

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

Objectives:

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

Introduction

The SIG evaluation is intended to provide feedback to state agencies and communities on their progress toward the goals and objectives stated in the

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

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 Jefferson County'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 Jefferson County.

Background

The Olympic Educational Service District 114 (hereafter Olympic ESD 114) office is in Bremerton in Kitsap County. The ESD is one of nine school district consortia in Washington State. The ESD's SIG project was implemented in Jefferson County, which covers parts of the northern and eastern Olympic Peninsula in northwestern Washington.

Jefferson County is a rural county that lacks many of the services and programs found in urban areas. Many adults and youth view the use of alcohol, tobacco, and other drugs as an easy way to "kill time." In order to counter these perceptions and attitudes, family-oriented programs that teach refusal and parenting skills were chosen for the project. SIG-sponsored prevention programs were provided in the eastern Jefferson County communities of Port Townsend, Chimacum, Brinnon, and Quilcene.

Progress Toward Community-Level Objectives

Through the Olympic ESD 114 SIG project, residents and prevention providers in four communities in eastern Jefferson County have been exposed to many new prevention concepts. 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. The Jefferson County Prevention Council has primary responsibility in monitoring and overseeing State Incentive Grant activities as a community partnership function. As a result, this report focuses on the Jefferson County Prevention Council and its relationship with SIG.

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

In January of 2000, Jefferson County Community Network helped create the Jefferson County Prevention Council. On a quarterly basis, the Council brings together service providers and the public for the exchange of information, review

of local research, and development of strategies to enhance services. One of the goals of the Jefferson County Prevention Council has been to examine the strengths and needs of the community in serving children and youth.

The various activities of the Council, which at the inception of the SIG funding partnered with Jefferson County/Olympic ESD 114 SIG project, include:

- Serving as the community-based monitoring and planning body for the State Incentive Grant
- Performing a resource assessment by mapping school-based prevention programs throughout Jefferson County and providing recommendations on needed services
- Serving as an education tool for the community regarding the availability and diversity of prevention programs that exist within Jefferson County
- Obtaining input from its own members regarding the programmatic needs of the community
- Receiving and disseminating information regarding new programming and future funding
- Giving providers an opportunity to network with one another, and to obtain information from community members regarding the perceived success and status of services
- Viewing presentations on community prevention programs, and on needs for project funds
- Formulating recommendations to the Community Network about prevention program opportunities

Respondents note that the Jefferson County Prevention Council has had a large impact in increasing the level of community awareness regarding the availability of SIG programs. Conversely, SIG's emphasis on partnerships has helped to stimulate the Jefferson County Prevention Council's interest in increasing its own collaborations.

There are two other community partnerships that coordinate substance prevention activities and planning: the Jefferson County Substance Abuse Advisory Board and the Olympic ESD 114 Safe and Drug Free Schools Advisory Board. The latter holds meetings on a quarterly basis and is primarily focused on the coordination of school-based substance abuse prevention and violence prevention. The partnership includes representatives from each school district within the Olympic ESD 114 region (North Mason, Kitsap, Jefferson, and Clallum counties), prevention/treatment county coordinators, community network coordinators, law enforcement officers, parents, and other community members.

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.

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. Those factors addressed by Jefferson County are italicized in Appendix C's table of risk and protective factors.

The Olympic ESD 114 Prevention Center has historically used the risk and protective factor information during the planning phases of multiple programs and grant writing efforts. Respondents report that SIG has helped increase awareness of the framework among Jefferson County prevention providers, the schools, and the Olympic ESD 114.

Despite its growing popularity, respondents report that the risk and protective factor framework has not gained universal or complete acceptance from the Jefferson County prevention community. There remain several schools, agencies, and programs that require further training in the framework.

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.

Needs and resource assessments were completed during preparation of the SIG funding application and matrix. Some members of the Jefferson County Prevention Council participated in the spring 2001 pilot test of the SIG sponsored collaborative needs assessment. Jefferson County is unique among the SIG community grantees in its mapping of school-based prevention programs.

What types of data did the Jefferson County prevention community use in planning, both before and after SIG?

According to respondents, data regarding youth alcohol, tobacco, marijuana, and other drug use was collected prior to SIG. Examples of data sets that were considered during the needs assessment include data from local demographic reports, county profiles, juvenile justice reports, law enforcement data, and local health district census reports.

Does the Jefferson County SIG project use the matrix logic model as a management tool?

According to respondents, the matrices have been used to monitor program implementation, to monitor anticipated changes, to select risk or protective factor scales, and to negotiate contracts. The matrices, however, are not part of any other prevention project operated through the Olympic ESD 114.

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.

Programmatic Impact of SIG

SIG funding has either created new services or expanded existing services for several programs in the Jefferson County communities participating in SIG. A brief description of each SIG-sponsored program can be found in this section, including an update on the status of the program.

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.² Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices. The rigor level of each program is noted below.

***Strengthening Families Program*, rigor 5**

The Strengthening Families Program is a multi-component, family-focused selective prevention program for 6- to 10-year-old children of substance abusers. It includes a parent training program, a children's skills training program, and a family skills training program.³ The Strengthening Families Program was conducted in three of the four Jefferson County SIG communities. In the fourth community, a lack of interest and participation resulted in cancellation of the program. The core of the Strengthening Families Program is a seven-week-long parent and child skills training program located in the school after normal school hours.

According to program providers, the Strengthening Families Program has been evaluated through discussions with parents and teachers. Respondents report that

² 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.

³ Taken from the Best Practices and Promising Practices, Western CAPT, November, 1999. P 217

both teachers and parents have reported that youth are showing improvement in the classroom as well as in the home.

The biggest challenge confronting the Strengthening Families program has been how to increase low participation numbers from the community. Program providers listed several possible modifications:

- No incentive for families was provided, such as monetary compensation, dinner, transportation, and/or baby-sitting.
- Perhaps the program should be held at one general site, thus increasing enrollment. However, this might prevent some potential participants from joining due to time and travel costs.
- A morning program might better accommodate the schedules of some parents and families.

Take Time Program, rigor 3

The Take Time Program is a school-based support program for students and their families. The Family Resource Specialists provide outreach, information, counseling, and support for children and families referred by teachers, counselors, and school administrators. In addition, the Family Resource Specialists provide school-based case management and assistance to families in accessing such services as emergency housing, food, medical, and alcohol/drug treatment.⁴

Respondents report that the Take Time program only serves a set number of youth and families. Some of the schools in which the programs are based expected a higher number or percentage of youth to be served by the program.

Functional Family Therapy Program, rigor 5

The main goals of Functional Family Therapy are to increase reciprocity and positive support among family members and to create clear and positive communications. The program is designed to reduce interpersonal problems by teaching communication skills, helping family members to identify what they desire from each other, and to identify possible solutions to family problems.⁵ The program takes place in the family's home, and an eight to twelve week commitment to the program is requested.

For SIG purposes, the program focus has been shifted away from intervention toward prevention. Program providers explained that referrals are now received from the school districts, parents, counselors, principals, and sometimes from the juvenile justice system. An intervention focus, in contrast, concentrates on referrals from the juvenile courts and probation officials.

⁴ Taken from *Jefferson County Prevention Project Family Resource Specialist Services*.

⁵ Taken from the Best Practices and Promising Practices, Western CAPT, November, 1999. P 83

Respondents note that there is no recruitment component of Functional Family Therapy. The program population is intended to come from a referral source, such as the schools. Enrollment and participation have lower than expected. It has been a struggle to get some people to accept in-home therapy, particularly in the two smaller communities, Brinnon and Quilcene. Respondents believe that the independent mindset of smaller communities may contribute to this low turnout. The larger communities of Port Townsend and Chimacum have produced higher numbers of participants.

Programs were selected through a series of planning meetings held during the application process for SIG funds. Representatives from the ESD, school districts, community agencies and organizations, and local prevention providers came together to discuss the overall prevention needs and service gaps in the community. A wide range of information was amassed: preliminary assessment of available services and programs, prioritized community risk and protective factors, and the results of youth-oriented focus groups. The planning group thus gained the information to select target populations and the programs that would address their problems.

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 Behaviors and the Everest Prevention Outcome Evaluation System database (hereafter, Everest). Respondents are not aware of any other regularly used common reporting tools. Prevention providers are focused on their own evaluation requirements and reporting.

The Washington State Survey of Adolescent Health Behavior, 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, as did the schools in Port Townsend, Brinnon, Quilcene, and Chimacum.

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 any particular person chose.

Jefferson County prevention providers, who are implementing SIG-sponsored programs, are participating in Everest data collection. Pre- and post-tests associated with the Everest program have reportedly not produced any useful data to date. Interviewees maintain that they were unable to understand the usefulness of the scale selection process. Results were considered difficult to interpret and understand. A clear connection between program objectives and pre- and post-tests was not apparent to them. The lack of meaningful results was due in part to the delay in implementation of Everest. Respondents report that results from Everest will be reviewed after the completion of services.

Training and Technical Assistance

Representatives from the Jefferson County and Olympic ESD 114 SIG project attended Everest training during Year 1, rating it as helpful and informational. Further technical assistance with the Everest database was received on several occasions through electronic mail and the telephone. The Social Development Research Group at the University of Washington assisted in the selection of appropriate scales and test questions.

Training in SIG-funded programs was necessary for local program providers. Respondents report that training for certain programs proved to be more costly than originally estimated. These additional costs were covered through collaboration with the Jefferson County Juvenile Justice Department.

Project Successes

- Collaboration among prevention partners was enhanced by SIG's focus on comprehensive, collaborative needs and resource assessments and planning.
- The use of the risk and protective factor framework, which provides a common language of prevention, was expanded and reinforced.
- Some Jefferson County Prevention Council members helped to pilot test the spring 2001 statewide collaborative needs assessment, sponsored by SIG.
- Two science-based prevention programs, selected to address prioritized risk factors, were implemented: Strengthening Families in three communities, Functional Family Therapy in four communities.
- Take Time Program, a school-based support program for students and their families, was implemented.
- The Washington State Survey of Adolescent Health Behavior continued to be administered in middle schools.

Project Challenges

- The Jefferson County SIG project continued to experience difficulty with data input and retrieval when using the Everest database.
- A lack of enrollment led to the cancellation of the Strengthening Families program in one community.

Because the schools were not directly involved in the planning and provision of services, some schools have had a difficult time with understanding the dynamics of the project. For example, some school administrators have expressed confusion about the parameters of the grant, expressing a desire to have the project serve a larger number of youth and families. The target population for this project is quite small, dealing strictly with at-risk youths and families. As a result, the Student Assistance Program Coordinator has made several attempts to increase communication with the schools and to answer any questions that the schools might have raised.

- Existing services primarily occur during the school year. Some respondents expressed concern regarding the lack of services for families during the summer months.
- Family Resource Specialists must travel to four communities in order to provide services, leading to long travel time.
- The training involved for the three Family Resource Specialists involved higher costs than originally expected. These unexpected costs, along with hidden program costs for supplies, food, and incentives for people to attend sessions, compelled Olympic ESD 114 to seek additional funding from a Juvenile Justice grant.

Baseline Funding and Planning

One program in each SIG site was examined to learn about the funding and planning components necessary to implement a prevention program in Jefferson County. The Strengthening Families program was selected for this purpose in the Jefferson County SIG project. Program facilitators participated in a baseline planning and funding survey (see Appendix D for a copy of this survey form). The results are as follows:

Participating entity	Type of funding or planning participation
School districts of Port Townsend, Chimacum, Quilcene, and Brinnon	<ol style="list-style-type: none">1. In-kind contributions of workspace and administrative support2. Referral sources for students and families3. Planning4. Preliminary review of program service needs5. Grant writing6. Facilitated student focus groups to gather information on community needs

	7. Assisted with implementation, coordination, and promotion of programs
Jefferson County Prevention Council	1. Developed the Jefferson County SIG project 2. Conducted a preliminary county needs assessment 3. Responded to the SIG request for proposals
Seven Cedars Casino, located in Sequim, Washington	Provided 100 decks of cards for the schools
Community agencies such as Department of Social and Human Services, the Health Department, Juvenile Court, and the Housing Authority	Promoted SIG-funded programs Referral sources

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.⁶

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.⁷ 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?⁸ The fidelity

⁶ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

⁷ Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

⁸ *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

survey also gave local SIG providers and staff a comprehensive record of what was changed.

Program implementation surveys were conducted for all three programs in the Jefferson County SIG project: Functional Family Therapy, Take Time, and Strengthening Families Program.

- *Functional Family Therapy* and *Take Time*: No significant changes were made to these programs. Minimal changes were made to materials and handouts used during sessions. A small amount of new skills training for youth and parents was added.
- *Strengthening Families Program*: Several minimal changes were made. To better suit the academic year, the number of the sessions was reduced. Minimal changes were also made to the program content. For example, two games were deemed inappropriate and were omitted.

Conclusion

Before SIG funding was received, the experiences in the county's larger communities were different than those in the county's smaller communities. In the two larger communities, Chimacum and Port Townsend, a variety of prevention programs existed. Examples are the Boys and Girls Club, recreational activities, mental health programs, and various intervention programs. In Quilcene and Brinnon, the two smaller communities that participated in SIG, no prevention services were available. For the two larger communities, SIG created a way to bridge gaps in prevention programming. For the two smaller communities, SIG has increased access, making prevention services directly available within Quilcene and Brinnon.

During the SIG application process, the Jefferson County application committee conducted a preliminary needs assessment, which determined that opportunities for improvement existed in the following areas:

- Increase counseling and training for families and youth (this was the biggest gap in substance abuse prevention services identified)
- Increase participation for youth and adults in educational opportunities outside of the school system
- Increase access opportunities when parents are not motivated or are unable to help youth
- Provide after-school programs for ages 5-12
- Increase involvement of elementary-aged children in community service projects
- Increase opportunities for youth groups to empower themselves

SIG helped the prevention community take steps toward meeting these identified needs by providing funding for family and youth oriented programs and services. Respondents believe that SIG funding for these family oriented programs is

extremely important in maintaining a complete continuum of prevention services. Respondents also maintain that the availability of these services provides families with support, education, and feedback that would otherwise not be available.

The Jefferson County SIG community 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, Jefferson County 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 *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.

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:

Interviews were conducted with lead agency contacts, as well as prevention service providers and school district employees. If audiotaped 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:

- a. Baseline Funding and Planning Survey, conducted for Functional Family Therapy, Take Time, and Strengthening Families programs. See Appendix D for a sample survey form.
- b. Program Implementation Survey, completed on Functional Family Therapy, Take Time, and Strengthening Families programs. See Appendix E for a sample survey form.

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

Local documents:

- Advisory Board meeting minutes
- Local correspondence
- Flyer and newsletters
- Jefferson County Prevention Council meeting sign-in sheets
- Jefferson County Prevention Council agendas
- SIG Reports

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 Olympic ESD 114 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 <i>Family management problems</i> Family conflict <i>Favorable parental attitudes and involvement in the problem behavior</i>	<i>Bonding: family attachment</i> <i>Opportunities for prosocial involvement</i> 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 <i>Early initiation of the problem behavior</i> 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).

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 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.

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



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3. Instructor training and experience
 - a. Did you receive training for this program? ____ Yes ____ No
 - b. How many years of experience do you have providing substance abuse prevention services?
____ <1 ____ 1-3 ____ 4 or more
 - c. How many years of experience providing social services or teaching, outside of prevention services?
____ <1 ____ 1-3 ____ 4 or more
4. What was your observation of participants' engagement with the program?
Mostly engaged Neutral Less than fascinated
5. What was your response to the program?
Enjoyable Neutral Tedious
6. Would you use this program again, given the opportunity?
Probably Maybe Unlikely
7. What shaped your opinion about whether or not you would use this program again, given the opportunity? Please select all that apply.

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

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