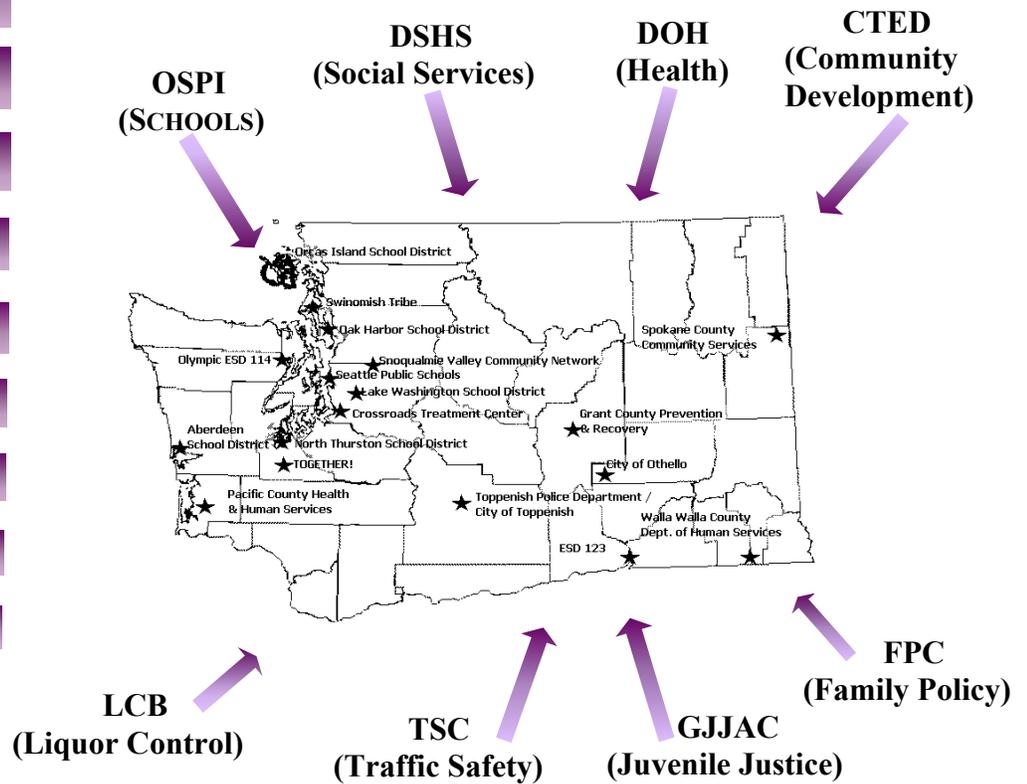


Implementing Science Based Prevention: The Experiences of Eighteen Communities and Progress Towards Inter-Agency Coordination to Reduce Alcohol and Substance Abuse Among Adolescents



Evaluation Report for the State Incentive Grant (July 1998 - July 2002)

March 2003

*Washington State Department of Social and Health Services
Management Services Administration
Research and Data Analysis Division*

Implementing Science-Based Prevention

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(July 1998 – July 2002)**

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March 2003

When ordering, please refer to Report 4.43

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ACKNOWLEDGMENTS

This research would not have been possible without the gracious participation of staff and community members of State Incentive Grant (SIG) community grantees and the representatives of participating state agencies, organizations, and offices. Local SIG project administrators and their staff committed many hours of their all-too-limited time to providing information for this evaluation. This report does not begin to adequately reflect the depth of their commitment and devotion to the cause of prevention.

Working at the state level to keep prevention a priority in these times of budget shortfalls requires tireless devotion, as well. State agency and office representatives kindly explained the intricacies of planning, funding, delivering, and monitoring prevention services in multiple interviews after participating in many layers of SIG meetings. Participating in evaluation interviews at the state level were the following:

Participating Agency, Organization, or Office	Interviewees
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Juvenile Rehabilitation Administration, DSHS	Mark Wirschem (no longer at JRA)

Robert McArdle and Steve Brown (now with Division of Alcohol and Substance Abuse, Department of Social and Health Services), staff of the Western Center for the Application of Prevention Technologies (WestCAPT), provided assistance to the evaluation by collecting tests associated with science-based programs and explaining WestCAPT's role in SIG system change during interviews.

Support throughout the research process was received from Elizabeth Kohlenberg in Research and Data Analysis; Mary Ann LaFazia, SIG Project Director, Margaret Shaklee, SIG Research Liaison, from the Division of Alcohol and Substance Abuse; and Paul Peterson at the University of Washington, Washington Institute for Mental Illness Research and Training, Western Branch.

At the federal level, Karen Salem, Center for Substance Abuse Prevention project officer for the State Incentive Grant, created an atmosphere of openness and respect that made this evaluation less stressful than it might have been. Robert Yin of COSMOS Corporation provided guidance in creating case studies at community and state levels.

Caryn Blitz and Michael Arthur of the University of Washington's Social Development Research Group (SDRG) conducted the data analysis of program outcomes. They authored tables and parts of the narrative in the program outcomes section of this report. Jean Lanz, formerly with SDRG, assisted community grantees with initial scale selections.

Community level evaluation staff, Raymond Mitchell, Kojay Pan, Anne Strode, and Linda Weaver, assisted with the process evaluation design, did the field work, and wrote up the results for the two progress reports on most of the eighteen SIG communities. Their work constitutes the basis for many tables and community level findings in this final evaluation report.

Judy Olmstead, Ph.D., of Olympia edited most of the eighteen 2000-2001 community progress reports. Her assistance was helpful in developing a common structure for these diverse case studies.

Nora Ellsworth, Pamela Stoney, and Warren Carter, Administrative Support staff in the Research and Data Analysis Division, provided formatting and editing expertise in creating this document and the multiple other progress reports associated with the project. The reports were much improved by their advice and insight.

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EXECUTIVE SUMMARY

Washington State was awarded a nine million State Incentive Grant (SIG) for the dual purposes of promoting prevention system changes among state agencies and of implementing more evidence-based prevention programs. The ultimate goal was to increase coordination and efficiency and to improve outcomes of prevention activities so that fewer youth would abuse alcohol and drugs.

Washington State visualized these system changes as occurring within a framework of decentralized power, where better coordination would follow from a common purpose and from a decision-making framework based on better information. The system would still give local constituents choices of local prevention foci, resource coordination, and program selection, but within a common, outcome-based framework established among diverse state agencies. State agency objectives within this framework were to:

- **Agree on a common set of prevention goals and outcome measures:** Collect and report better community data based on a common risk and protective factor framework, to help local prevention planners use a more data driven planning model. Futhermore, agree on statewide prevention goals and benchmarks that could partially guide local choices.
- **Develop common assessment tools of community needs and resources:** Create common and collaborative requirements for local need and resource assessments and planning, to decrease duplication of effort at the local level and improve outcomes.
- **Identify selection criteria and a common set of science-based prevention programs:** Agree on selection criteria to identify science-based programs that can best address the needs identified from common assessment and measures, and facilitate their local implementation.
- **Develop a uniform reporting mechanism for participant outcomes:** Discuss data compatibility across agencies for community wide reporting, and pilot the Everest Prevention Outcomes Evaluation Management System to assess program impacts among participants.
- **Establish guidelines for leveraging and redirecting resources:** Encourage both specialized independent prevention efforts and resource coordination, leveraging and redirection among community partners.
- **Create a cross-agency system of professional development:** Create a common training system for prevention professionals working for different state agencies.

SUMMARY FINDINGS

At the state level, most prevention partners participated in creating the plan for inter-agency coordination, considered it realistic and supported it. Progress has been made in building the common prevention plan and implementing the planned state objectives. Some major issues still remain unresolved, but state agencies and community constituents have common interests in resolving these issues in the long run.

Evaluation findings among selected Washington communities show that science-based prevention can be learned and implemented, outcomes can be measured, and there are significant possibilities for leveraging community funds. It thus becomes strategically important for state agencies interested in efficiencies, effective coordination and demonstrable outcomes to promote such prevention efforts.

STATE ACHIEVEMENTS

Significant progress was made on five of the six state-level objectives. They were:

- **A common set of prevention goals and outcome measures:** Agreements were reached on statewide benchmarks, on measures for the Washington State Survey of Adolescent Health Behavior, and on scales for monitoring outcomes for SIG program participants. A common health and substance use survey is being implemented in the Fall of 2002. Student participation in the student survey has doubled. Furthermore, archival indicators are being validated against student survey results.
- **Common assessment tools of community needs and resources:** All Washington counties conducted an inter-agency, collaborative needs assessment in the spring of 2001.
- **The identification of science-based prevention programs:** SIG communities have used the programs listed on the Internet by the Western Center for the Application of Prevention Technology (WestCAPT).
- **Uniform reporting mechanisms for participant outcomes:** SIG communities have piloted the Everest Prevention Outcomes Evaluation Management System.
- **System of professional development:** A training curriculum was developed and four training sessions were implemented in 2001 by WestCAPT with state agency funding; voluntary certification was available in June 2002.

The decision was made not to develop guidelines for leveraging and redirecting money and resources (one of the six state objectives), but to wait until the inter-agency group had experience in monitoring statewide benchmarks

Strategy development for system changes in prevention was largely successful by channeling input from many different constituents pushing for more coordination; placing prevention system changes as part of the Governor's agenda; avoiding inter-agency funding issues by focusing on common statewide goals; and setting up a formal inter-agency group to monitor statewide benchmarks.

State agency representatives gained inter-agency knowledge and strengthened working relationships across agency boundaries by attending SIG meetings.

STATE-LEVEL CHALLENGES

Top managers of state agencies, in follow-up interviews, identified the following issues as the most important ones to resolve for further movement toward the prevention system vision developed during this grant.

- How to gain long-term funding to support common, inter-agency prevention databases available to communities, including scales to measure program participant outcomes and community-level outcomes.
- How to create and fund a system of collaborative, inter-agency technical assistance and training.
- How to deal with accountability of the inter-agency group that will monitor the new substance abuse prevention system, and resolve issues of communication between local and state agencies.
- How to resolve the disagreements about whether the model of collaboration for the substance abuse prevention system should stand alone or whether it could be a model for other types of prevention.
- How to conduct further research, and with what funds, to demonstrate community wide outcomes in SIG sites when student survey data become available in the Fall of 2002, 2004 and 2006. -- to provide evidence for links between particular system change strategies in SIG sites and better, long term, community wide outcomes.

COMMUNITY ACHIEVEMENTS

Eighteen communities in Washington were awarded SIG grants based on a competitive selection process. They agreed to strive to accomplish five objectives:

- Coordinate prevention planning with community partners,
- Use a common ‘risk and protection factor’ framework for assessing community prevention needs and for targeting prevention activities,
- Consider relevant data on risk and protective factors in their planning,
- Implement prevention programs shown to be effective using evidence-based criteria (i.e. science-based programs), and
- Collect outcomes among program participants in order to improve program effectiveness.

All eighteen SIG communities achieved these objectives, even though most had never implemented science-based programs, and 28 percent had not used the risk and protective framework before. The use of a stepwise logic model, outcome driven and data driven, was important in this achievement.

Almost all SIG communities were also able to coordinate, leverage and redirect other resources among local partners, so as to increase and institutionalize overall prevention efforts, which served more people in the communities.

All SIG communities participated in the collection of outcomes among program participants. Many used a new Internet based software developed in Washington for this purpose: the Everest Prevention Outcomes Evaluation Management System. The scales used to measure relevant outcomes were found to be reliable. In many cases, where programs were implemented with fidelity to the original program design, expected changes occurred among program participants.

Whether these accomplishments (made mainly in the years 1999-2002) have led to community-wide changes in the SIG sites awaits the analysis of longer-term, trend data in student surveys and archival indicators. Student survey and archival data are available for the initial period of 1998, 1999 and 2000. SIG communities have committed to collecting further survey data in their schools in the Fall of 2002, 2004 and 2006. It is hoped that further archival data will also be available at the necessary level of small community geographies

COMMUNITY CHALLENGES

The availability and use of correct information is central to a more science-based approach to prevention. Communities experienced challenges that often related to limitations with existing data and how to interpret and use data. SIG communities struggled and asked for help in the following areas.

- **More technical assistance** is needed in the selection of science-based programs that would meet local needs and in training to overcome difficulties in their implementation. Communities also need more training in the use and interpretation of data useful for prevention planning and monitoring program effectiveness.
- **Better and more local information for needs assessment and community outcomes:** Community level data on risk and protection profiles is needed at more local, sub-county levels. Communities also need more help in interpreting often-partial data. County-wide archival indicators, based on data collected from various state agencies have been available for many years. However, more work needs to be accomplished to validate them against student survey information and make them available at smaller geographies for prevention planning.
- **Better reporting on participant outcomes:** More user-friendly, interpretable reports on the outcomes of program participants.

Resolution of the remaining state challenges would fulfill important community prevention needs by providing:

- Better information on which to base community prevention decisions and better data to demonstrate effectiveness of prevention efforts.
- Common tools and training to facilitate collaborative planning and reduce duplication.

- Clearer, less contradictory mandates from diverse state agencies, who are together accountable for better results.
- Better integration of substance abuse prevention efforts with other local prevention priorities.
- Higher chance of obtaining both private and state funding for prevention programs that have been shown by research to have better outcomes.

PREFACE: PURPOSE AND STRUCTURE OF THIS REPORT

This report is the last of a series of evaluation reports on the State Incentive Grant processes and activities in Washington State from mid-1998 through early 2002. It summarizes both the achievements in these years and the remaining challenges at two levels of prevention action and planning: the local (eighteen communities that received SIG grants as sub-recipient grantees) and the state (the eight state agencies' work towards designing and implementing a more coordinated prevention system).

This final report is based on the more detailed findings already presented in the earlier progress reports, which are available on the Washington State government website. This report includes tables that summarize detailed qualitative findings based on progress reports at both the community and state agency levels and based on statistical tests conducted on pre-post program participant outcomes.

Five SIG evaluators visited the eighteen communities yearly, attended meetings, observed programs, and conducted interviews face to face and by phone. They conducted qualitative analyses and wrote two detailed progress reports for each of the eighteen communities. These are available on the Research and Data Analysis Division (DSHS) website: <http://www1.dshs.wa.gov/rda/research/4/43/default.htm>

The Social Development Research Group at the University of Washington conducted statistical analyses on pre-post program outcomes collected through the Everest web-based system piloted by SIG communities. They also reviewed the results of the fidelity of program implementation instrument developed by the SIG evaluators.

The evaluation director attended and took notes on all SIG meetings, periodically interviewed key agency prevention managers, reviewed documents and lead focus groups. Three progress reports were written on statewide prevention system changes based on qualitative analyses described in Appendix A. Those reports are also available on the RDA website above.

This report is divided into three major sections. The first discusses state level findings on system improvements and remaining barriers. The second discusses community-level findings on changes in processes, the implementation of processes to guide the community leaders and providers by providing ongoing evaluation and monitoring data, and the results of the program monitoring – outcome changes for program participants. The third discusses the implications of the changes that have been made, and summarizes barriers and problems in service integration that remain to be solved.

CHAPTER 1: STATE LEVEL FINDINGS

THE STATE INCENTIVE GRANT IN WASHINGTON STATE

The State Incentive Grants were designed by the Center for Substance Abuse Prevention to substantially improve substance abuse prevention in participating states, by making it both more scientifically based and more coordinated. The grant was focused on systemic changes in the planning, funding, delivering, and monitoring of substance abuse prevention services for young people, at both local and state levels.

The grant had two major purposes:

- To prevent the abuse of alcohol and other drugs among youth in Washington State by implementing a more science-based strategy for prevention and science-based prevention programs in local pilot communities across the state;
- To move the system of substance abuse prevention towards a more coordinated system among state agencies to support such science-based prevention planning, execution and monitoring at the community level.

Washington State Governor Gary Locke's major youth initiatives are directed toward improving the health, welfare, and safety of the state's children in schools, families, and the communities in which they live. The prevention of substance abuse contributes to the successful achievement of those initiatives. Therefore, in 1998, Washington State applied to the federal Center for Substance Abuse Prevention (CSAP) for the State Incentive Grant (SIG) through Governor Locke's office.

SIG was a three-year, \$8.9 million grant, awarded in July 1998.¹ With the award, state agencies set out to revise the system of substance abuse prevention funding, planning, delivery, and monitoring in Washington State. The strategy was to provide a coordinated prevention framework that allowed local constituents choices of prevention foci, resource coordination, and program selection and monitoring. Within this central framework, guidance for local prevention work would be derived from state funded, local level indicators. Centrally analyzed risk and protective factor and prevalence data would be available, along with technical assistance. A measurement system for program outcomes would be developed. Standardized training would provide a professional workforce, literate in the latest prevention research.

The state coalition funded an enhanced substance abuse prevention process in 18 communities. Funding for the administration, evaluation, and community level prevention work was extended one year beyond the original grant's end, through June 2002.

¹ Funding received through the federal Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.

SIG's intent was to reduce substance abuse prevalence rates among youth in the future by way of these system changes, not simply by providing further funding for local prevention programs.

SIG INFRASTRUCTURE IN WASHINGTON STATE

The Governor's office designated the Division of Alcohol and Substance Abuse (DASA) within the Department of Social and Health Services as the lead administrative agency. Kenneth D. Stark, Director of DASA, is the grant's principal investigator.

The Governor's Substance Abuse Prevention Advisory Committee is the SIG oversight committee. It is composed of state legislators, a representative of the Governor, the Lt. Governor, and people affiliated with state agencies and offices, federally recognized tribes, high school and college student bodies, prevention service providers, and communities.

Eight state entities – agencies, boards and advisory committees -- participated in designing state level prevention system change plans and strategies. They are:

- Department of Social and Health Services (DSHS), which contains DASA
- Office of the Superintendent of Public Instruction (OSPI)
- Department of Health (DOH)
- Department of Community, Trade and Economic Development (CTED)
- Liquor Control Board (LCB)
- Traffic Safety Commission (TSC)
- Governor's Juvenile Justice Advisory Committee (GJJAC)
- Family Policy Council

These agencies represent schools, social and health services, community development agencies, liquor control and traffic safety organizations, the Governor's juvenile justice policy committee, and an interagency prevention body called the Family Policy Council. Appendix E contains more detailed information on each of these agencies and organizations and their role in prevention in Washington State.

The Governor's Substance Abuse Prevention Advisory Committee issued a Washington State Incentive Grant Substance Abuse Prevention System Plan in March 2000. Draft strategies for plan implementation were published in March 2001. Joint meetings were held with the Governor's Council on Substance Abuse and DASA's Citizen's Action Council to further develop the draft strategies. Plans are to provide recommendations for a final state substance abuse prevention system to Governor Gary Locke later in 2002.

STATE STRATEGIC PLANNING FOR PREVENTION: IMPROVEMENTS AND BARRIERS

SIG began its strategic planning efforts by placing the project within the context of Governor Gary Locke's agenda for children, families, and communities. This provided political incentives for agencies to participate and brought some agencies to the table that might otherwise have not participated. Initial plan and strategy development meetings were held in 1997 and 1998, involving stakeholders from all levels of the Washington State prevention system: business people and high school students to prevention professionals at community and state levels to government representatives.

The vision behind prevention system strategy development in Washington State has been a more coordinated framework for decentralized, local decision making. The more coordinated framework was formalized with the publication of the *State Substance Abuse Prevention Plan*, published in March 1999.² The Plan presented substance abuse prevention system changes goals and objectives for state and community levels. Strategies for accomplishing the framework's state level objectives were created during 2000-2001, and published in a draft document, *State Substance Abuse Prevention System*, in March 2001.³ And strategy development work continues even though SIG is officially over. A completed plan for a substance abuse prevention system was presented to Governor Locke in October 2002, signed by all the agencies. (See Appendix H for a copy of that plan).

The chronology of Washington State's strategy development during SIG is presented below.

Substance abuse prevention strategies resulted from workshops across the state that included community members, representatives of local non-profits, local governments, law enforcement, prevention professionals, and representatives of participating state agencies. Two state level objectives resulting from these workshops (and subsequently approved by the Governor's Substance Abuse Prevention Advisory Committee) concerned the identification and adoption of common outcome measures and the development of guidelines for leveraging and redirecting money and resources.

Reaching common outcome measures were viewed by participating agencies as relatively easy since many agencies had been using, for several years, archival data produced by the Research and Data Analysis Division in DSHS and the school survey data from the Washington State Survey of Adolescent Health Behavior as a primary source of risk and protective factor data. However, the SIG focus on community rather than county-level

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.

³ Governor's Substance Abuse Prevention Advisory Committee. 2001. *Washington State Incentive Grant Substance Abuse Prevention System*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

data required additional funding if all communities were to have both school survey and archival data. A barrier to buy-in proved to be the objective around funding and other resource management guidelines. State agency and office representatives were anxious about potential outside influence over internal budgeting and resource decisions.

A significant shift in emphasis occurred in Autumn 2000. At that time, the Governor's Substance Abuse Prevention Advisory Committee accepted the SIG System Changes Workgroup's recommendation that system changes proposed through SIG rely "...upon defining common goals rather than directly modifying structures and budgets."⁴

Under the guidance of the workgroup chair, Thomas J. Kelly, Associate Superintendent of Public Instruction, the SIG System Changes Workgroup recommended that a group of benchmarks be selected by participating state agencies. Agencies would then agree to address at least some of these benchmarks in their prevention efforts. The assumption was that local constituents would be encouraged or guided to address objectives that are related to one or more benchmarks selected by their agency affiliate. Local prevention efforts would then result in statewide changes and the common data would be used to measure progress toward achieving the benchmarks.

During Winter 2000-01, System Changes Workgroup meetings were held to select the benchmarks. Beginning with several hundred objectives from *Healthy People 2010*,⁵ all related to the Family Policy Council's proposed criteria for thriving and healthy families, the group selected eighteen benchmarks. Each state agency voted for the benchmarks that they felt were most reflective of their agency's mission.

Dissension arose during the benchmark selection meetings around the definition of prevention, specifically whether the group was addressing a system of general prevention or a system of substance abuse prevention. This issue came to the fore during meetings on benchmarks selection, when some agencies wanted to select benchmarks with a broader focus or a focus other than substance abuse.

The majority of agencies agreed to let the focus of system changes remain substance abuse prevention, even though only three participating agencies programs had their whole focus devoted to substance abuse prevention:

The Prevention Section of the Division of Alcohol and Substance Abuse in DSHS, The Tobacco Prevention and Control Program in the Department of Health, and The Reducing Underage Drinking Program at the Liquor Control Board.

Benchmarks with broad prevention implications were selected and included as well, since they are integral to substance abuse prevention.

⁴ Kelly, T. 2001. "Foreword" in *Washington State Incentive Grant State Substance Abuse Prevention System*, pg. v. Governor's Substance Abuse Prevention Advisory Committee. 2001. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

⁵ U.S. Department of Health and Human Services. 2000. *Healthy People 2010, Volumes 1 and 2*. Washington DC: US Printing Office.

The System Change Workgroup divided into sub-workgroups, one for each of the planned six state objectives. These sub-workgroups met during the spring of 2001 to create strategies for the achievement of each state level objective. Strategies developed at these meetings were incorporated into the draft *State Substance Abuse Prevention System* document, published in March 2001.

It should be noted that there were disagreements about specific strategies, but agreement was reached to implement them. Tom Kelly notes, in his foreword to the *System* document, that although

*“...workgroup members do not unanimously subscribe to each of the strategies...[state agencies do unanimously commit] to put forth and implement these strategies. State agencies administering substance abuse prevention services have volunteered to plan, administer, and implement the proposed strategies, and to evaluate the efforts”.*⁶

Linda Becker, Ph.D., then associated with the Research and Data Analysis Division of DSHS and currently affiliated with DASA, and Michael Arthur, Ph.D., Social Development Research Group, University of Washington, reviewed the selected benchmarks and suggested modifications based on their recommendations regarding realistic goals and the availability of data.

Agencies met again in February 2002 to discuss Dr. Becker and Dr. Arthur’s modifications, along with the outcomes’ purposes, the choice of the label *benchmarks* versus other labels, and measurement and reporting issues. The office chief of the Governor’s Council on Substance Abuse, Carole Owens, Ph.D., has been asked to provide a report on progress toward the outcomes every two years. Still to be resolved are finding the resources, location, and staff to maintain the database from which measurement data for the outcomes will be obtained.

The major planning and strategic SIG achievements at the state level are the formalizing and acceptance of this state plan. This was a significant achievement; there had been no coordinated planning prior to this event, though staff workgroups from the various agencies met periodically to exchange information and develop specific projects.

Table 1 outlines the major steps in the state plan.

⁶ Kelly, T. 2001. “Foreword” in *Washington State Incentive Grant State Substance Abuse Prevention System*, pg. v. Governor’s Substance Abuse Prevention Advisory Committee. 2001. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

TABLE 1: A SUMMARY OF STRATEGIC PLANNING

Date	Action
1997	Initial planning and strategy development meetings were held involving stakeholders from all levels of the Washington State prevention system.
July 1998	CSAP State Incentive Grant award was received.
March 1999	The Governor's Substance Abuse Prevention Advisory Committee published the State Substance Abuse Prevention Plan, following a year of development that included input from state and local prevention professionals and community members.
Fall 2000	GSAPAC approved the State Level Prevention System Changes Workgroup's recommendation for the selection of benchmarks to guide individual agency efforts, as an alternative to developing common strategic guidelines.
Winter 2000-01	System Changes Workgroup selected eighteen benchmarks from Healthy People 2010, subject to change depending on data availability and with the understanding that not all benchmarks are addressed by all participating agencies. Benchmarks selected address five of the seven thriving and healthy families characteristics proposed by the Family Policy Council.
Spring 2001	Workshops were held to develop strategies for achieving state level objectives.
Spring 2001	Benchmarks and strategies for achieving state level objectives were included in the March 2001 draft of the <i>State Substance Abuse Prevention System</i> . Heads of participating state agencies signed the draft.
Fall 2002	Modified benchmarks, or outcomes, based on available data, were discussed at a meeting of the System Changes Workgroup, along with the purpose, label, measurement, and reporting of the benchmarks. A presentation of the completed substance abuse prevention system was made to Governor Locke in October of 2002.

Further challenges, however, reside in the details of plan funding and implementation. These challenges are recognized by many top managers of participating state agencies and state organizations.

During interviews in January 2002, agency representatives were asked how their agencies had used or planned to use the benchmarks. None of the agencies had used them for guidance regarding internal resource distribution, nor had they been used for policy decision-making in the past. It was not clear to the interviewees how the benchmarks should relate to decision making for local constituents in the future, for example, counties or school districts. The process of doing this had not yet been specified.

Several interviewees expressed doubt about the ability of state funded prevention programs to affect statewide trends in the proposed benchmarks since funding has been so limited in the past and such a small percentage of the population was being reached. The dose of prevention that can be provided with the resources available is feared to be too small to have an adequate impact on statewide benchmarks. This fear exists

regardless of the percentage of science-based programs provided or the amount of data driven planning that can be done. Some communities may be more successful than others, particularly smaller communities. However, too many uncontrollable societal variables, it is argued, affect overall substance abuse rates and levels of risk and protection.

Some interviewees predicted that the end result could be a failure to make significant progress toward the benchmarks and an appearance would be created that prevention doesn't work or that the agencies were doing an inadequate job, rather than that they had inadequate resources to effectively address the problem. So caution was expressed in wholeheartedly accepting the benchmarks as realistically achievable goals. Rather, they recommended these benchmarks be seen as ways to focus on prevention issues and provide occasion for state level policy discussions.

An essential component of this new prevention system concerned with benchmarks and outcomes is the data. Data collection from multiple sources, including the maintenance, analysis of, and access to the various databases, is not yet assured. Technical expertise in doing this is relatively expensive.

Data analysis of prevalence rates, indicator data, and risk and protective factors has not yet progressed to the stage of examining relationships between and among the various types of data: archival and self reported, community wide and participant based. Nor has it progressed to readily provide reliable profiles of risk and protection at sub-county levels or for other types of administrative boundaries. Progress in this direction is planned by the increased participation of Washington schools in administering the school survey every two years. However, assignment of state staff and funding for this purpose has not yet occurred.

The conclusion among the interviewees was that further analyses were needed

- Of multiple data types,
- Of the strength of the relationship of risk and protection factors in the different domains to the prevention of problem behaviors, and
- For various geographic and administrative boundaries, in order to be useful to local constituents.

Funding would be required for a small staff and related equipment and expenses, to gather and integrate databases from various sources, maintain the system, perform analyses, and provide technical assistance and training to data users. As always in prevention work, funding for these purposes conflicts with the desire to funnel scarce resources to the communities themselves.

STATE COORDINATION, LEVERAGING, AND REDIRECTING OF PREVENTION RESOURCES: IMPROVEMENTS AND BARRIERS

INTRODUCTION

When SIG funding was awarded in July 1998, all of the agencies currently involved in SIG were collaborating and coordinating with other agencies in some fashion. However, these efforts were not coordinated within a larger prevention framework, such as that proposed by SIG. Inter-agency coordination efforts have continued, many now placed within the SIG strategic framework. Summaries of each agency's prevention efforts in 1999 and in early 2002 are contained in Appendix F.

In March 1999, the Governor's Substance Abuse Prevention Advisory Committee (GSAPAC), which is the SIG oversight committee, issued a prevention plan that included the following overall goal:

"The overall goal for participating state substance abuse prevention agencies is to streamline state-level prevention systems to coordinate resources and reduce duplication of effort."⁷

This goal reflected requests from local constituents of prevention agencies for reduced duplication of paperwork and reporting across agencies.

In addition to the overall goal created by the Governor's Committee, the March 1999 Substance Abuse Prevention Plan contained six state level objectives. These objectives incorporated needs for prevention system change identified by state agencies and local constituents. They also reflected advancements in practices implicit in science-based prevention. And these changes were seen as creating conditions for further generating incentives for coordination, leveraging, and redirecting of resources.

Objective 1: To identify and adopt a set of *common outcome measures* building on the emerging consensus of a "science-based" risk and protective factor approach to prevention.

Objective 2: To develop and coordinate the administration of *common community needs and resources assessment tools*, once agreement is reached on a set of common outcome measures.

⁷ 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.

Objective 3: To define *selection criteria to identify the science-based prevention programs*, which can best address the needs identified from common assessment and measures.

Objective 4: To develop *uniform reporting mechanisms* which can capture outcomes of individual community prevention programs.

Objective 5: To develop *guidelines for leveraging and redirecting money and resources* based on the confidence of scientifically established outcome measures, uniform community assessments, and reliable reporting.

Objective 6: To create a *system for continuous professional development for all prevention providers* both volunteer and paid. Prevention providers will receive initial and continuing education and training to keep them aware of current information and practices.

In the rest of this section, SIG-related efforts towards resource coordination, leveraging and redirection among state level agencies is explained in relation to the six state level objectives. First, however, it is useful to define the terms being used by SIG: the definition of resources and the differences between coordinating, leveraging and redirecting such resources.

DEFINITIONS

Prevention resources at the state agency level include program funding, staff, and items funded through a general capital budget, including supplies and space. Thus both monetary, staff and ‘in-kind’ resources are being included. The coordination, leveraging, and redirecting of such prevention resources are a contentious subject between state agencies as they involve issues of administrative control and political power.

Resource coordination uses the unique strengths of each partner to work toward a comprehensive mosaic of prevention service funding, planning, delivery, and monitoring.

Obstacles to coordinating prevention resources across state level agencies have historically been attributed to the following:

- Restrictions placed on funds by prevention funders.
- The logistics of allocation and accounting responsibilities.
- Differences in local conditions, including administrative boundaries, fiscal agents, prevention focus, and prevention delivery systems.

The leveraging of prevention resources, as opposed to coordinating existing resources includes the acquisition of further, extra resources from other sources based on accomplishments achieved with existing, previous funding. Another idea included in the concept of leveraging resources is to engage in coordinated prevention efforts in order to increase the likelihood of further separate efforts being deployed by others, thus multiplying the resources and the effects.

Redirecting prevention resources within agencies is fairly straightforward. It means moving resources from previously designated efforts to new areas of prevention. As examples, staff might be increased to provide technical assistance to constituents on selecting and implementing science-based programs, or agencies could join together to create a prevention database as part of the prevention infrastructure.

EFFORTS AT COORDINATING, LEVERAGING AND REDIRECTING RESOURCES

There were several excellent examples of state-level resource coordination during SIG.

The best example is the development and testing of the collaborative needs assessment, explained below in the subsection on Objective 2.

Another outstanding example is the development and implementation of the Substance Abuse Prevention Specialist Training (SAPST), accomplished by the Western Center for the Application of Prevention Technology (WestCAPT) and DASA.

These and other examples are described in relation to each of the six state-level objectives.

Appendix F contains a table of such efforts with detailed information on what state agencies were involved, for what purposes, expending what resources, and at what time.

OBJECTIVE 1 - COMMON OUTCOME MEASURES

Objective 1: To identify and adopt a set of *common outcome measures* building on the emerging consensus of a “science-based” risk and protective factor approach to prevention. This effort will build upon the work already under way by various federal agencies and research institutes to develop appropriate outcome measures.

Outcome measures are related to resource coordination in two ways. First, outcome measures are used in planning for prevention, when an assessment of past trends in the profile of risk and protection factors leading to more or less substance abuse permits better targeting and prioritization of efforts. Targeting or prioritizing usually involves redirecting resources, with possible better coordination and leveraging if there is consensus among prevention partners. This planning can occur at different levels of aggregation and geography: smaller populations in local communities or within small administrative boundaries (like school districts or school buildings) or larger populations within counties or regions or state boundaries.

Second, monitoring and assessing the effectiveness of past prevention programs in affective participant outcomes can lead to the redirection of resources towards more effective interventions and away from less effective ones, even if prevention goals and priorities remain the same. This requires an assessment of program outcomes. These

outcomes are often measured by the reduction of targeted risk factors or the increase of targeted protection factors among program participants. Furthermore, consensus on effectiveness criteria can lead to the encouragement of other prevention partners to engage in coordinated, more effective ventures, leading possibly to leveraging other resources

To develop common data elements for prevention and assessment planning purposes SIG has pursued two objectives. First, SIG has supported the effort at collecting school survey data every two years on a common set of health and risk and protection indicators. This effort predated SIG, but was consistent with SIG goals. A common school survey managed by all the SIG agencies was administered in the fall of 2002. The inter-agency support for such a common survey encouraged more schools to participate in the school survey. This greater participation will result in the ability to produce risk and protection profiles for smaller populations at smaller geographies than traditionally available in the past. In the past data have been available only at statewide, regional and county levels.

Second, SIG has taken the lead in getting agreement among state agencies on overall statewide benchmarks for prevention. The process of getting to this agreement has already been discussed in a previous section dealing with Strategic Planning. Here it is useful to point out that future monitoring of trends in such benchmarks at the state level and at various smaller geographies, based on school survey data and archival indicators, may lead to prioritizing efforts and provide the rationale for further coordination, leveraging or redirecting of prevention resources.

To develop better participant outcome data, SIG has piloted the Everest system, which allows communities to monitor the participant-level outcomes of their prevention programs. This model includes a test of whether such data can be collected efficiently on an ongoing basis for monitoring the effectiveness of funded prevention programs. These programs need not be science-based ones, with already proven effectiveness. The use of reliable scales, which can measure the particular risk and protection factors that are targeted by a given program, means that the outcomes of any prevention program can be monitored through Everest.

Commonly agreed criteria for successful monitoring of program effectiveness and good data may lead to redirecting resources towards more effective prevention programs

OBJECTIVE 2 - COMMON ASSESSMENT TOOLS

Objective 2: To develop and coordinate administration of *common community needs and resources assessment tools*, once agreement is reached on a set of common outcome measures. These efforts will reduce the duplication in community assessments for multiple state agency funding sources. The set of common assessment tools will help communities focus on local planning based on prevention priorities determined by the set of common outcome measures.

Most of the state agencies participating in SIG were involved in the development of the collaborative needs assessment process. A common resource assessment tool is also expected to be included with the needs assessment one, but such a tool, one that can be easily and efficiently used by various stakeholders, has yet to be developed. The task of addressing both resource and needs assessments at once was perceived as too complex. The decision was made to focus only on reducing inter-agency duplication on the needs assessment process and reporting.

It is expected that such a collaborative process will not only lead to efficiencies in local prevention resources - mainly local prevention staff time, but it will also lead to more coordination of planned prevention programs based on this common assessment. Since most prevention planning in Washington occurs in a decentralized fashion, mainly at county levels, progress in collaborative assessments is anticipated to lead to most opportunities for resource coordination in subsequent local prevention planning.

A pilot test of the collaborative needs assessment was conducted in the spring of 2001. In the fall of 2001, an evaluation of this effort was completed as a progress report, consistent with the formative nature of the overall SIG evaluation design. The complete collaborative needs assessment evaluation report is included in Appendix H. A summary of the main findings is reported below.

Major Results of the Pilot Collaborative Needs Assessment

The pilot involved prevention planning in all thirty-nine counties in Washington. Trainings for the new pilot process occurred across the state. Focus groups and interviews were conducted involving twenty-four counties or bi-county combinations.

Responses to this innovation were largely positive. Over one-third of the studied described the process and its results as entirely positive. Over one-half had mixed experiences: some positive, some negative. Only one county reported a largely negative experience and had results they did not feel were useful due to the lack of up-to-date data.

What worked during the Collaborative Needs Assessment

- All counties completed the collaborative assessment report.
- Most participants perceived the collaborative needs assessment trainings as understandable and applicable.
- The collaborative assessment resulted in first-time collaboration across local representatives of state agencies and prevention partners in some of the counties. New collaboration workgroups established for the pilot assessment sometimes decided to continue meeting after the pilot report was completed.
- The movement from collaborative assessment to collaborative planning occurred without a break in some counties.
- The majority of local constituents were willing and able to participate. They went to great lengths to collect, analyze, and present data to their peers and community members. Some rural county prevention staff created traveling data shows, which they took to several towns.

What Needs Work for future Collaborative Needs Assessments

- The process would be more easily understood and local tensions would be reduced through collaborative and comprehensive communication from state agencies to their local constituents detailing the agencies' expectations regarding the collaborative assessment process.
- State and local prevention staffs need web access to all collaborative assessment reports filed. Hard copies were not freely disseminated, even among state agencies.
- Agencies must acknowledge differences in administrative boundaries, fiscal agents, prevention focus, and prevention delivery systems and work together to create avenues for bridging these differences. Otherwise, local constituents are left to resolve these issues on their own. This acts as a barrier to local collaboration.
- More and better data needs to be accessible through a website and in formats other than strictly numerical.
- Agencies need to decide if the current content of the collaborative needs assessment will be modified to meet the needs of all participating state agencies and their local constituents, or if it will remain useful to only a subset of agencies and constituents.

Conclusions on the Pilot Collaborative Needs Assessment Process

The collaborative needs assessment work is the most visible progress to date toward achieving the state level SIG objectives. Its importance in this role cannot be overstated. It is evidence of the level of commitment and action of participating state agencies toward the creation of a state substance abuse prevention system. State agency prevention managers invested a lot of time in many meetings over several years to create a collaborative report form and expectations around the report.

The initial collaborative assessment process yielded both expected and unexpected payoffs. Significant, but not insurmountable issues remain to be addressed, the greatest of which involves collaboration at the state level in communicating with local constituents and in ensuring that the collaborative assessment is designed to meet the needs of all agencies that wish to participate.

SIG was not entirely responsible for the creation of the collaborative needs assessment. Requests from local constituents and work done by the Washington Inter-agency Network (WIN) members were early efforts to resolve the dilemmas of paperwork and report duplication. It was essential to the successful creation and implementation of the collaborative assessment process that SIG acknowledged and incorporated these early efforts. SIG did this formally, through the creation of an objective that addressed collaborative assessment, and in practice, through the inclusion of top managers from different state agencies originally involved in this work.

Some of the roadblocks to coordination that were experienced in the creation and implementation of the collaborative needs assessment were recognized at the outset of the

process. The failure to address them later in the process resulted in significant problems at both state and local levels. These issues are not unique to the collaborative needs assessment but are inherent in every topic addressed by the agencies participating in SIG. Prevention delivery systems differ from agency to agency. The two agencies that are most similar are the Division of Alcohol and Substance Abuse's (DASA's) Prevention Section and the Office of Community Development's (OCD's) Community Mobilization Against Substance Abuse Section (hereafter referred to as DASA and OCD). Not unexpectedly, these two entities have similar needs and goals regarding their funding, planning, delivery, and evaluation requirements from local constituents.

One of the characteristics of an agency's prevention delivery system is the type of problem behavior to be prevented. When the SIG award was received in 1998, DASA and the Liquor Control Board were the only two agencies to solely address substance abuse through their prevention services. OCD also had a primary focus on substance abuse prevention. Now, the Tobacco Prevention and Control Program of the Department of Health is devoted to tobacco prevention, funded primarily by the recent tobacco settlement money. Tobacco and substance abuse risk and protective factors are very similar. However, this program collects its own data regarding tobacco use and tobacco prevention is their sole focus. State agencies coordinating school issues (OSPI), traffic safety (TSC), juvenile justice (GJJAC) and the Family Policy Council (FPC), all address goals other than substance abuse in their prevention services.

Frequently, comments are made at workgroup meetings that the solutions provided by SIG are fine for substance abuse prevention services, but do not address or acknowledge all of the challenges or models within a more comprehensive prevention picture. Top management staff are sometimes reluctant to participate completely when they know that actions within SIG may lead to duplication of effort as they have to re-do work done through SIG to meet their own agency's broader needs. Some fear that the benefits for their agency from participating in SIG workgroups will be so minimal as to be not worth the effort.

Issues yet to be resolved include the following:

- Agreement at the highest management levels of SIG state agencies to participate in the collaborative assessment process.
- Identification of individual state agency needs that are not met by the current collaborative assessment form or process and resolution of those unmet needs.
- The creation of joint or simultaneous communication methods between participating state agencies and their constituents around collaborative assessment.
- Creation of an interactive website containing state-provided data (up-to-date data, analyzed, and with graphics capabilities).
- Creation of a web-based collection and distribution method for collaborative assessment reports.
- Continuing education for prevention professionals on data collection, analysis, and presentation during a collaborative needs assessment, although WestCAPT's

advanced Substance Abuse Prevention Specialist Training will likely address some or all of these issues.

OBJECTIVE 3 - IDENTIFICATION OF SCIENCE-BASED PROGRAMS

Objective 3: To define *selection criteria to identify the science-based prevention programs*, which can best address the needs identified from common assessment and measures. There is research available that demonstrates which prevention programs are most effective in addressing risk factors. Programs also address increasing protective factors during different developmental phases of a child's life.

A limited interpretation of this objective would concern itself only with defining selection criteria for science-based prevention programs. In practice, Washington's SIG went beyond this to require that 50% of all prevention programs selected by community grantees be science-based. This SIG requirement helped break the ice for some of the other state agencies and allowed them to introduce the concept to their constituents with less resistance than would otherwise have occurred. There is common concern that scarce prevention resources be used wisely, maximizing effectiveness of funded programs.

Defining science-based prevention program selection criteria required the assistance of the Western Center for the Application of Prevention Technology. They assisted with the definition contained in the *State Substance Abuse Prevention System* document, which is based on criteria from the federal Center for Substance Abuse Prevention:

*Prevention programs or prevention models are ranked according to intensity of science-based with 5 being the rigor of most intensive science. Rigor 5 programs are defined by their replication and multi-site studies and are considered best practices. Process evaluation or single-site experimental and quasi-experimental studies define Rigors 3 and 4, and have promising approaches. Rigors 1 and 2 contain programs and strategies that have some quantitative data showing positive outcomes in delaying substance abuse over time but do not have enough research or replication to support generalized outcomes and are, therefore, considered to be unproven programs.*⁸

Although none of the participating SIG agencies have established minimum requirements around the use of science-based programs, all are more aware of science-based programs and their associated criteria from various federal agencies as a result of participation in SIG and other grant opportunities.

Science-based programs are ones that have already been evaluated as effective. Criteria for accepting them as science-based differ slightly among different federal agencies.

⁸ Governor's Substance Abuse Prevention Advisory Committee. 2001. *Washington State Incentive Grant State Substance Abuse Prevention System*, p. 12. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

Often, however, these science-based programs are modified to fit different community situations or particular populations with different cultures. The effectiveness of these modified versions are unknown. Furthermore, most programs currently being implemented have not had formal evaluations, but are still thought to be effective. Some state agencies have funded or plan to fund formal evaluations of some of these programs; others are considering using program outcome monitoring systems like Everest. The Department of Health has already modified and adapted the Everest system for its own purposes.

Measuring the outcomes of programs – both for program participants and for communities as a whole - through the most efficient means possible, and providing timely, widespread access to the results is the point of the next state level objective.

OBJECTIVE 4 - UNIFORM REPORTING

Objective 4: To develop *uniform reporting mechanisms* which can capture outcomes of individual community prevention programs. This effort will build upon existing electronic databases to be shared across participating state agencies.

In practice, this objective, too, addresses issues beyond its original, limited meaning. Included in the strategy that was developed for this objective are ways of measuring and collecting outcome data not only among program participants but also for whole communities, and aggregating them to reflect statewide trends.

The funding of a common system of data reporting promises to be most efficient in terms of the prevention resources used to maintain such a system. It also would guarantee uniformity in data definitions across state agencies. Such a system would probably allow different data collection systems among state agencies, but it would pull data from these different sources for purposes of analysis and common reporting.

Community-wide and statewide results are measured using the Washington State Survey of Adolescent Health Behaviors, and archival social indicators from the Community Outcome Risk Evaluation Geographic Information System (CORE-GIS). However, future funding is uncertain for the support of the CORE-GIS and the publication of the County Profiles, which provide risk and protective factors profiles and prevalence data by county for substance abuse prevention planning every two years.⁹

Participant results are measured using pre-tests and post-tests with the children or adults attending prevention programs. The system piloted for this purpose was the Everest system already discussed in this report.

The discussion below addresses measurement of community- and statewide results of prevention programs first, then participant level results.

⁹ Website for the county profiles: <http://www1.dshs.wa.gov/rda/> Look in the Author List under “Becker.”

Reporting of Statewide and Local ‘Community Wide’ Data

In the fall of 2000, cross-agency meetings were held to determine database availability and compatibility, with some promising discussion. However, with no funding resources available, this effort did not lead to concrete results.

A year later, the office staff for the Governor’s Council on Substance Abuse, directed by Carole Owens, was asked to investigate the publication of a report every two years that would use data from the CORE-GIS, which includes results of the Washington State Survey of Adolescent Health Behavior and other databases, and data from the Washington Assessment of Student Learning. This report would explain progress made toward the substance abuse prevention related benchmarks selected by the agencies participating in SIG. The investigation into creating such a report was requested by a joint meeting of the Governor’s Substance Abuse Prevention Advisory Committee, DASA’s Community Advisory Council, and the Governor’s Council on Substance Abuse.

Carole Owens reported to the System Changes Workgroup in February 2001 that the Governor’s Council on Substance Abuse approved her participation in creating a report on progress toward substance abuse prevention benchmarks every two years. Discussion was held at that meeting about various issues affecting the report, including the following:

1. Report purposes and contents;
2. Terminology, especially the use of the word benchmarks as opposed to outcomes or goals;
3. Implications for state agencies if benchmarks are not met or need to be modified to reflect available data;
4. The potential for affecting statewide data with prevention programs aimed at small groups;
5. The lack of data availability for administrative units other than county ones and the state as a whole.

Further discussion will be required before these issues are settled. Final decisions will be made by the Governor’s Substance Abuse Prevention Advisory Committee and perhaps the Governor’s Council on Substance Abuse, based on recommendations from Carole Owens, Governor’s Council on Substance Abuse office chief; and from research staff, including Linda Becker, DASA, and Michael Arthur, SDRG (Social Development Research Group, University of Washington).

Reporting of Program Outcomes among Program Participants

The development and piloting of the Everest participants outcome system was an important SIG-sponsored activity. Discussions occurred between Washington SIG staff, WestCAPT, and the Center for Substance Abuse Prevention’s Decision Support System (DSS) staff to determine if Everest could be incorporated as part of the DSS. Funding for further enhancements of the Everest system have been explored both among state agencies in Washington and among other states who expressed an interest in adopting

this system. Thus far, no definite funding has been found, nor decision made as to what common reporting system is desirable.

Other program and evaluation monitoring efforts have been ongoing during the period of SIG funding. The Program Activities Report form, or PAR, is a form that describes the prevention programs. It does not provide an evaluation of program results, but does provide important descriptive information, such as participants' demographic characteristics, that are not presently included in Everest. The PAR form will soon be web-based. It is a result of several years of work by DASA and Community Mobilization state and county level prevention staffs. Other reporting tools developed by other states and federal agencies are being considered.

Catalyst is another program evaluation and reporting system. Developed by the Tobacco Prevention and Control Program at the Department of Health, using tobacco settlement funds, it is an expanded version of the Everest design and provides web-based pre-tests and post-tests results. It does this not only for programs involving targeted participants but also for 'environmental' community wide prevention programs aimed at changing community norms.

OBJECTIVE 5 - LEVERAGING AND REDIRECTING RESOURCES

Objective 5: To develop *guidelines for leveraging and redirecting money and resources* based on the confidence of scientifically established outcome measures, uniform community assessments, and reliable reporting.

Rather than developing guidelines for leveraging and redirecting money and resources, state agencies decided to choose a set of benchmarks or outcome measures toward which to work. Not all agencies will work toward every benchmark, but each of the eighteen benchmarks selected were chosen by at least one agency as reflective of its mission. The selection and subsequent modification and discussion of benchmarks have already been discussed in the Strategic Planning section.

Resource Leveraging

When asked about the leveraging of state level resources due to SIG, state agency representatives were unable to think of any funding examples. However, repeatedly mentioned were the increased contacts and awareness about prevention that resulted from different agencies' involvement in SIG. This led to a greater focus on prevention than previously and improved participants' knowledge of other agencies' prevention roles. The contacts also led to improved interpersonal relationships among state agency representatives. As one person stated, "You can't mandate kindness, forgiveness, acceptance of foibles. Interpersonal relationships, to work, need to be professional, to show human decency, and demonstrate trust." Strong interpersonal relationships were viewed as a prerequisite to agencies working together and leveraging other funding.

The question about leveraging brought to mind examples of local leveraging of prevention dollars, often the result of coordinated efforts among local representatives of different state agencies.

Community Mobilization did a survey of their local constituents and found that every \$5 of funding for substance abuse and violence prevention yielded \$20 in total funding and in-kind donations.

Some Community Mobilization and Family Policy Council Network boards have merged, reducing administrative costs.

Trainings at the local level for prevention professionals and volunteers have been jointly sponsored.

Community forums on prevention and early childhood are jointly sponsored in Jefferson County by the Network and Community Mobilization boards. Agency staff coordinates the forums and volunteers present them.

Family Policy Council Networks have leveraged initial funding into many multiples of the original amounts, although amounts were not tracked specifically for substance abuse prevention alone.

Resource Redirecting

Redirecting resources concerns moving resources between different funding categories based on knowledge gained in the interim between the point when the original allocations were made and the present. State agency representatives could not provide any examples of redirecting resources as a result of SIG or because of the benchmarks selected by participating agencies.

SIG strategic planning foresees this being more likely to happen in the future once trend data becomes available for the agreed upon benchmarks and some reporting system is funded and is able to make relevant reports. However, there is still uncertainty about whether this should occur freely and exclusively at the local level, as part of the decentralized prevention system and/or whether statewide guidelines will be developed.

OBJECTIVE 6 - SYSTEM FOR PROFESSIONAL DEVELOPMENT

Objective 6: To create a system for continuous professional development for all prevention providers both volunteer and paid. Prevention providers will receive initial and continuing education and training to keep them aware of current information and practices.

Since prevention planning occurs in a decentralized way in local communities and constituents, the likelihood of collaborative planning involving coordinating, leveraging and redirecting resources depend not only on common data and common goals but also on the expertise and common understandings of local prevention professionals working for different state agencies. Training in science-based prevention is therefore important.

The Western Center for the Application of Prevention Technologies (WestCAPT) played a key role in the accomplishment of this objective. WestCAPT is funded by the federal Center for Substance Abuse Prevention to support SIG states. Through SIG, WestCAPT staff worked with DASA staff members to develop and implement the Substance Abuse Prevention Specialist Training (SAPST) in February 2001. DASA provided workforce development funding. SAPST is a weeklong training that covers the basics of science

based prevention: research findings about prevention programs, the risk and protective factor model, program planning, best practices, new curriculum design, and program evaluation.

The response from prevention workers was overwhelmingly positive. Four trainings were provided in 2001; all were filled to capacity. Those attending included representatives of different state and local prevention related agencies, including DASA, OSPI, and others.

An advanced SAPST has been developed and will be implemented in October 2002. A training of trainers is also in the planning stage. In the fall of 2002, a test for voluntary certification as a substance abuse prevention specialist will be available.

WestCAPT staff is coordinating voluntary certification planning with the International Certification and Reciprocity Consortium and is facilitating a credentialing board. The board will review candidates for the exam. Once voluntary certification is available, it is anticipated that colleges will begin to offer courses that would complete the requirements to seek a prevention certificate. A college curriculum for that purpose has already been developed by WestCAPT and circulated to Washington colleges and vocational schools.

WestCAPT staff is working with Community Mobilization staff in OCD to develop a SAPST curriculum specialized to meet their local constituents' needs.

Feedback from SIG community grantees has led WestCAPT to consider creating an interactive, web-based calendar of trainings related to specific prevention programs. This would help defray costs for local constituents who are hosting such trainings because prevention workers from surrounding areas would be willing to pay to attend trainings instead of each site hosting their own, local training. Also, it would reduce local travel expenses by bringing trainers to the state instead of having to send staff to other states for training.

The trainings offered and the positive responses to them are examples of the far-reaching effects of WestCAPT's services. The SAPSTs are helping to create a common language, based on prevention research, among local constituents of various state agencies. Local prevention professionals have described the lack of a common prevention language as a barrier to collaboration in needs assessment, planning, and resource coordination.

STATE MANAGEMENT OF SCIENCE-BASED PREVENTION PROGRAMS: IMPROVEMENTS AND BARRIERS

AGENCY REQUIREMENTS FOR SCIENCE-BASED PROGRAMS

SIG’s requirement that a minimum of 50% of all prevention programs funded through SIG be science-based introduced the concept of science-based to geographically diverse local constituents of multiple state agencies. However, as of yet, none of the agencies have established minimum requirements for implementing science-based programs nor do they track the number of science-based programs. Agency representatives reported that prevention program funding is not allocated on the basis of science-based criteria.

Table 2 below clearly indicates the lack of formal decisions made by different state agencies regarding science-based programs and the lack of tracking of such programs.

TABLE 2: SCIENCE-BASED PROGRAMS

Agency	Minimum % of science-based programs	# of science-based programs funded in 1998 versus 2002	\$ allocated to science-based programs in 1998 versus 2002
All	None require a minimum percentage of science-based programs	Not tracked as a separate item	Not tracked as a separate item

Although state agencies have not developed minimum requirements around science-based programs and do not allocate funds on that basis, constituents are encouraged to use science-based programs. For the majority of state agencies, contractors and providers are required to defend their prevention program selection by findings from data driven needs assessments and research, which sets the context for the adoption of science-based programs.

Formal requirements set out by state agencies are general but still have implications for the types of programs that are selected. For example, the Principles of Effectiveness, from the Washington Administrative Code, guide Community Mobilization within OCD. The Principles require a needs assessment, evaluation, program selection decisions based on research, and data analysis. Another example is the requirement placed upon Family Policy Council Networks by state law to consider data from state and local sources and research when selecting prevention programs. This requirement sets the context for the adoption of science-based programs.

SIG’S ROLE IN TRAINING FOR IMPLEMENTING MORE SCIENCE-BASED PROGRAM

SIG provided training to state agency representatives about science-based programs at state level meetings. This was found very helpful by some, as their usual duties had not allowed adequate training on the subject before that.

State agency representatives interviewed in January 2002 felt that science-based programs are the wave of the future as far as federal and state funding is concerned. They were concerned, however, about local constituents trying to combine funding to achieve adequate service levels when different federal agencies and sub-disciplines of prevention had unique definitions of science-based prevention programs. Another concern expressed was trying to acquire adequate funding to train local constituents around science-based programs in an era of increasingly limited social service funds.

Through SIG's auspices, the Western Center for the Application of Prevention Technologies provided criteria about science-based prevention programs to the Governor's oversight committee. WestCAPT's website, www.unr.edu/westcapt/, provided definitions of program rigor, a list of programs categorized by rigor and the risk and/or protective factors that they address, as well as target populations.

SIG called on the services of WestCAPT to provide training to contractors and providers and local state agency representatives assisting them with the selection of science-based and other prevention programs, based on communities' risk and protective factor based needs assessments and resource assessments. State agency managers are aware of the potential of CSAP's Prevention Decision Support System, at www.preventiondss.org, in supporting such training.

OVERALL STATE FINDINGS ON COMMUNITY WIDE IMPACTS OF PREVENTION SYSTEM CHANGES

Conclusions regarding changes in community wide substance abuse prevalence rates, and average levels of risk and protective factors among youth that occurred during SIG's existence will need to be reached after the end of SIG funding. It is anticipated that changes in risk and protective factors made by participation in local programs will only begin to appear in community wide data in 2002 and in the years down the road.

Trend data before, during and after SIG (July 1999 to July 2002) are necessary for these analyses. Baseline data have been collected in 1999 and 2000. Pre SIG data are available for many SIG communities for 1998. Plans are to analyze community wide substance abuse prevalence rates and risk and protective factor levels via the school survey in 2002, 2004, and 2006 and via archival indicators provided by the Community Outcome Risk Evaluation Geographic Information System (CORE-GIS). For an example of the county level archival data reports, see: <http://www1.dshs.wa.gov/rda/research/4/43/default.htm>

Statewide substance abuse prevalence rates and risk and protective factor levels are measured using the Washington State Survey of Adolescent Health Behavior. Administered every two years in even numbered years, the survey is based on Hawkins and Catalano's Communities that Care survey. Through the work of the Joint School Survey Committee, the Youth Risk Behavior Survey will be interleaved with the Adolescent Health Behavior Survey to allow adequate sampling for both purposes and reduce the number of times that classes are interrupted for surveys. This was at the

request of the Superintendent of Public Instruction, Terry Bergeson. Funding for administering this school survey is shared among three different state agencies.

More schools are likely to participate in this common, interleaved, school survey. Currently the number of students who have signed up for the Fall 2002 administration are twice as many as those in the preceding administration, in the Fall of 2000. Depending on the number of schools participating and shared inter-agency funding for analyses, timely reports on smaller geographical or administrative units are possible. The Department of Health is planning to disseminate 2002 school survey information at the level of school district boundaries with funding provided from the tobacco settlement. These reports at smaller levels of geographies are necessary not only for monitoring outcomes, but as indicated earlier, for the collaborative needs assessment process.

Work on the validation of archival indicators is underway with both federal (Center of Substance Prevention) and state (Division of Alcohol and Substance Abuse) support. However, future funding is uncertain for the CORE-GIS and further work needs to be done on calculating/estimating indicators at smaller geographies. Currently, published results include only County Profiles every two years.

CONCLUSIONS ABOUT SIG IMPACTS ON STATE PREVENTION SYSTEM

State agencies were and are motivated by local constituents to improve the prevention system. The SIG infrastructure and strategies were created in response to this input from local constituents, as well as guidance from the federal Center for Substance Abuse Prevention. Several key decisions contributed to progress made toward substance abuse prevention system changes accomplished through SIG. These include the following:

1. SIG was placed within the **context** of Governor Gary Locke's agenda for children, families, and communities. This provided political incentives for agencies to participate and brought some agencies to the table that might otherwise have not participated.
2. SIG goals and objectives were developed with **input** from community members, community service organizations, and local prevention professionals, as well as state agency representatives and researchers, legislators and the Governor and Lt. Governor's offices.
3. The State Level Prevention System Changes Workgroup suggested that agencies work toward selected prevention-related **indicators** or benchmarks rather than directly coordinate prevention funding, planning, delivery, or monitoring at the state level. This avoided the turf battles that usually result from attempts at outside influence over internal budgets and decisions regarding resource management. The Governor's Substance Abuse Prevention Advisory Committee was flexible enough to accept the workgroup's suggestion.

The state partially achieved the six state level objectives, modifying the objective that it did not find workable.

1. **Common outcome measures** in the form of indicators (originally benchmarks), were selected. Now methods of using the indicators, whether independently or in a coordinated fashion and to what purpose, need to be developed. The Governor's Council on Substance Abuse will publish reports on the indicators, probably every two years. Report contents and data sources have yet to be determined.
2. **Common community needs and resources assessment tools** are not yet in place. A pilot test of a collaborative needs assessment tool place in spring 2001 and a formative evaluation report was provided at the end of that year. The progress achieved and challenges yet to be dealt with are discussed in the text of this report.
3. **Defining selection criteria to identify the science-based prevention programs** was accomplished through the assistance of the Western Center for the Application of Prevention Technologies.
4. **Uniform reporting mechanisms** to capture outcomes of prevention programs include both the Everest program outcomes monitoring system and, at the community level, the Washington State Survey of Adolescent Health Behavior. Extensive efforts went into developing the Everest system. While enhancements and more technical assistance are required, it is a unique and effective step forward in monitoring prevention program outcomes. A pilot program implementation fidelity survey was developed to allow self-reported assessment and recording of changes to original program designs. Survey results can be used in combination with Everest results to help assess the effects of those changes over time.
5. **Guidelines for leveraging and redirecting money and resources** were not developed. This became modified into use of the indicators selected by individual agencies, rather than guidelines that cut across agency boundaries.
6. **A system for continuous professional development for all prevention providers** is well on its way to happening. The Western Center for the Application of Prevention Technology developed a series of Substance Abuse Prevention Specialist Trainings that are well attended. Certification is the next step and appears likely to be established during 2002.

A value added effect of SIG was that agency representatives gained greater familiarity with the mission and work of other prevention agencies. They also established better working relationships with their peers. This was described by state level interviewees as one of the most important benefits of SIG in working toward the long-term coordination of prevention efforts.

There were a number of challenges met in working toward development of a state level prevention framework. State agencies were unable to agree on a method of funding a common prevention database, including expanding the existing project (CORE-GIS) that provides archival indicators to the community level. Such a database is essential for local

communities to carry out science-based prevention, but it is also essential for upper level managers and state officials to make informed decisions about resource management and strategy.

The collaborative needs assessment and the future resource assessment still face the challenges of multiple local administrative boundaries and other barriers to buy-in for all state prevention agencies. Collaborative, interagency technical assistance and training is needed to successfully implement these assessments and the other components of a statewide, science-based prevention system.

Disagreements remain among state agencies about the appropriateness of creating a system for substance abuse prevention as separate from other types of prevention. A related issue is the use of the substance abuse prevention system strategy as a model for other types of prevention. The prevention discipline is still young, but there were from the beginning, distinct areas of concentration, such as early childhood development. Washington State's prevention system will look very different depending on the decision of agencies to formally coordinate around science-based prevention, to act independently, or to function at some level between the two extremes.

CHAPTER 2: COMMUNITY-LEVEL FINDINGS

HISTORY AND ACHIEVEMENTS OF THE 18 SIG COMMUNITY GRANTEES

SIG community grantees were awarded funds to implement more science-based substance abuse prevention programs within a more coordinated and scientifically rigorous approach to prevention.

This means that grantees had to meet the following requirements:

- **Coordination:** They had to work with local prevention partners to use the strengths of each partner to fill the gaps in local prevention services, rather than duplicating services and competing for the same pools of funds and participants.
- **Use Risk And Protective Factors for Planning:** Their prevention strategy (prioritized goals, targeted populations, and intended results) had to be based on an assessment of data regarding the community's profile of risk and protective factors
- **Use Evidence-Based Programs:** The selection of programs they wanted to implement had to be based on an examination of the best fit between their prevention priorities and the best programs that could achieve them. At least 50% of the total grantee programs had to be evidence-based, i.e., shown to be effective or promising through published research.
- **Evaluate Program Outcomes:** They also had to monitor the outcomes of the participants of their prevention programs, using reliable measures in pre-tests and post-tests among program participants and obtain assurances that the schools in their communities would participate in the student survey measuring risk and protective factors and substance abuse prevalence in the 6th, 8th and 10th grades) administered every two years.

These requirements constituted high expectations for the communities, often necessitating big changes.

Table 3 below summarizes the experiences of the eighteen community grantees prior to receiving SIG grants, and two years after receiving those grants. This table is based on the information gathered from many interviews and ethnographic observations by the evaluation team. More detailed information on each site is available in the eighteen first- and second-year progress reports for each of the SIG communities.

TABLE 3: LOCAL SYSTEM CHANGES, BEFORE AND TWO YEARS AFTER SIG

County or Tribe, SIG Grantee Organizations	Before SIG, were partners usually...				After 2nd year, were partners usually ...			
	Coordinating with prevention partners?	Using risk and protective factor framework and data for planning?	Implementing science-based programs?	Evaluating program outcomes?	Coordinating with partners?	Using risk and protective factor framework and data for planning?	Implementing science-based programs?	Evaluating program outcomes?
Adams County, City of Othello	NO	NO	NO	NO	YES	YES	YES	YES
Benton Franklin County, ESD 123	YES	YES	YES	YES	YES	YES	YES	YES
Grant County PARC	YES	YES	YES	YES	YES	YES	YES	YES
Grays Harbor, Aberdeen SD	NO	YES	NO	NO	YES	YES	YES	YES
Island County, Oak Harbor SD	YES	YES	NO	YES	YES	YES	YES	YES
Jefferson County, Olympic ESD 114	NO	NO	NO	NO	YES	YES	YES	YES
King County, Lake Washington SD	YES	YES	YES	YES	YES	YES	YES	YES
King County, Seattle SD	NO	NO	NO	NO	YES	YES	YES	YES
King County, Snoqualmie Valley Network	YES	YES	NO	YES	YES	YES	YES	YES
Pacific County, PHHS and Willapa Children's Services	YES	YES	NO	YES	YES	YES	YES	YES
Pierce County, Crossroads Treatment Center	YES	YES	NO	YES	YES	YES	YES	YES
San Juan County, Orcas Island SD	YES	YES	NO	NO	YES	YES	YES	YES
Spokane County Community Services	YES	NO	NO	NO	YES	YES	YES	YES
Swinomish Tribe	YES	YES	NO	NO	YES	NO	NO	YES
Thurston, North Thurston SD	YES	YES	NO	YES	YES	YES	YES	YES
Thurston, TOGETHER! / ROOF	YES	YES	YES	YES	YES	YES	YES	YES
Walla Walla County Human Services	YES	YES	YES	YES	YES	YES	YES	YES
Yakima, Toppenish PD	NO	NO	NO	NO	YES	YES	YES	YES
Total NO answers	5 (28%)	5 (28%)	13 (83%)	7 (39%)	0	1 (5%)	1 (5%)	0

Before the SIG process began:

- Five out of eighteen (28%) communities did not usually coordinate their prevention services across agencies or consistently work with risk and protective factor framework.
- Seven out of eighteen (39%) did not use outcome data for assessing whether their prevention programs were effective.
- Thirteen out of eighteen (83%) had not consistently searched for and implemented evidence-based programs.

Even though communities obtained SIG funding through a statewide competitive process, five of the grantees had very little prior experience on many of the objectives they had to accomplish, and most of them had little experience implementing science-based programs.

By the end of the second year of the SIG grant, there were remarkable changes in community process. As Table 3 shows, all but one of the community grantees were consistently using all the components of the science-based prevention framework as defined by the Washington State SIG team. And that one exception, the Swinomish Tribe, found the risk and protective factor framework useful as a beginning point, though at the end they decided it was not a complete reflection of tribal prevention needs. The science-based programs available did not, in their opinion, adequately address the cultural renewal focus of their prevention project. However, the tribal community did coordinate, learned about risk and protective factors, and evaluated the results of their prevention programs.

Table 3 details remarkable changes. How did those changes occur? A major key was the development, training and use of the prevention planning “logic model” discussed in the next section. The application of the logic model, then, often created the basis for better coordination and increased sharing of resources among prevention planners, which will be discussed in the following sections.

THE LOGIC MODEL OF SCIENCE-BASED PREVENTION

The logic model is a tool that guides community constituents through a step-by-step process of prevention planning. The six steps of the model are summarized below.

STEP 1. IDENTIFYING INFORMATION

- Community project name and lead agency, or the organization managing the project, along with the identification of prevention partners that will help carry out project implementation.

STEP 2. NEEDS AND RESOURCE ASSESSMENT

- Prioritization of risk and protective factors based on assessed local data, along with a list of indicators for selected factors.
- List of available local resources that can be used to address each risk and protective factor, and the identification of resource gaps.

STEP 3. OBSERVABLE CHANGES

- Local problems related to each risk factor, protective factor, and resource gap.
- Immediate changes that prevention projects hoped to produce.

STEP 4. PROGRAM PARTICIPANTS

- Description of target population: years in school, or ages and school affiliation, or relationship to students, for example, parents, families, or school staff.
- Eligibility criteria for participation.

STEP 5. PROGRAM SELECTION

List of activities of selected science-based prevention programs or programs with promising approaches. This includes:

- Descriptions of the activities contained within each program selected.
- Categorizations of each program within the Institute of Medicine Prevention categories (i.e., Universal, Selective, or Indicated).
- Domains addressed by selected programs: individual/peer, family, school, or community.
- Risk or protective factors/components/incentives addressed in each program's activities.

STEP 6. PROGRAM IMPLEMENTATION PLAN

- Number and length of sessions associated with each program activity (dosage).

DELIVERY LOCATION

- Beginning and ending date of each prevention activity.

Completing the various steps of the logic model required negotiation and hard work over several months by both the local SIG project directors and the state project director's office. Once completed, the logic models were available to be used as:

- Tools for local project management;
- Contractual work orders;
- Tools to help generate scales for pre-and post participant outcome questionnaires;
- Models for local prevention efforts around other problem behaviors;
- Reproducible methods of using data to plan prevention services;
- Prevention planning records to use in future planning.

SIG COMMUNITIES AND RESOURCE MANAGEMENT

Substance abuse prevention competes with other social service needs at every level of government and private funding. All prevention professionals have had to cope with the fact that prevention is not adequately financed. Most SIG community grantees had a history of managing scarce prevention resources in remarkably efficient and effective ways.

Prevention resources at the community grantee level included funding, staff, general office expenses such as supplies and space, volunteers, and in-kind donations. Community grantees were expected to coordinate prevention resources with local prevention partners. They did this by agreeing with prevention partners to use available prevention resources in a manner that served broader community needs, rather than the needs of a single agency or prevention service. This type of coordination grows out of jointly examining prevention-related data, shared in common among local constituents of state agencies. It requires technical assistance with interpreting data and joint planning, provided with consistent content across agencies. Resource coordination can result from local prevention professionals deciding to meet and address prevention issues as a community, rather than as independent stakeholders.

Leveraging prevention resources, as opposed to coordinating existing resources, includes the acquisition of further funding based on accomplishments achieved with previous funding. Another way of leveraging resources is to coordinate individual prevention efforts to multiply the effects. At the community grantee level, both types of leveraging occurred.

Redirecting prevention funds within communities is fairly straightforward. It means moving funds from previously designated efforts to new areas of prevention. As an example, prevention providers within a community could decide to divide the population into older and younger target populations. Providers would then focus their efforts toward their designated age group, rather than spreading their resources across all ages.

Table 4 below shows resource coordination, leveraging, and redirecting among SIG communities. Brief descriptions of all the unusually impressive examples contained in Table 4 can be found in Appendix B.

TABLE 4: COMMUNITY LEVEL RESOURCE MANAGEMENT EXAMPLES

SIG GRANTEE COUNTY OR TRIBAL AFFILIATION	COORDINATION EXAMPLES	LEVERAGING EXAMPLES	REDIRECTING EXAMPLES
Adams	√	★	
Benton-Franklin	√	√	√
Grant	√	√	√
Grays Harbor	★	√	
Island	★	★	√
Jefferson	√		√
King – LWSD	★	√	
King – SPS	√	√	√
King – SVCN	★	√	√
Pacific	√	√	√
Pierce	√	√	√
San Juan	√	★	√
Spokane	√	★	√
Swinomish Tribe	√	√	√
Thurston – NTSD	√	★	√
Thurston – TOG!	√	√	√
Walla Walla	√	√	√
Yakima	√	★	

★ Unusually impressive example (discussed in Appendix B).

√ Is occurring in that site.

COORDINATION

All of the community grantees coordinated resources with their prevention partners. This is discussed in detail below. The most common types of coordination involved non-traditional prevention partners, building or enhancing a prevention resource infrastructure, and enhancing school-social service relationships.

For example, Oak Harbor School District in Island County placed a community service coordinator in the school, creating a liaison between services and the schools. As a result of SIG-influenced partnerships, community service agencies, such as Partnerships With Youth and Big Brothers/Big Sisters of Island County, were connected with the schools. These agencies were now able to offer prevention services to students that were not SIG funded.¹⁰

¹⁰ Pan, K.; Roberts, C., Longhi, D. 2002. “Oak Harbor School District, Island County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001”. DSHS, RDA Progress Report 4.43-8e.

LEVERAGING

All but one community grantee were involved in leveraging funds. Resource leveraging examples that stand out are those where prevention programs originally funded by SIG were institutionalized by the schools or community service organizations.

For example, In Spokane County, Children’s Home Society provided funds to continue a science-based prevention program, The Nurturing Program, after SIG funds end.¹¹

Another type of resource leveraging was the receipt of grants based on the strength of partnerships or programs established or enhanced under SIG.

Orcas Island School District in San Juan County received an Office of Juvenile Justice and Delinquency Prevention grant on the basis of its SIG coalition.¹²

One of the greatest successes of the North Thurston School District in Thurston County has been the creation of a menu of programs from which schools can choose and a system for funding those programs. Individual schools may choose programs that best fit their needs, and learn ahead of time the costs, challenges, and strategies for implementation, projected outcomes for each program, and a system for evaluation of those programs. Schools can use Medicaid Match monies, as well as other funding streams, to bring programs tested in their own district to their students and families.¹³

REDIRECTING FUNDS

All but four community grantees were involved in redirecting funds. Many of the examples of redirection involved expanding prevention services to previously un-served populations and using feedback mechanisms to modify or replace prevention programs.

THE ROLE OF COMMUNITY COALITIONS IN RESOURCE MANAGEMENT

Community prevention coalitions were the primary means by which resource coordination, leveraging, and redirecting occurred in SIG communities. The existence of such a group was an eligibility requirement for SIG funding. Thirteen of the eighteen grantees—nearly three-fourths—had formal meetings around coordinating services with prevention partners before applying for SIG funds. These efforts were often referred to as *community prevention coalitions*.

All of the coalitions, whether longstanding or formed in response to SIG, continued to meet after SIG funds were awarded, although some reorganized. Substance abuse prevention was not the sole focus of most coalitions. Nearly all coalitions addressed other prevention issues

¹¹ Strode, A., Roberts, C., Longhi, D. 2002. “Spokane County Community Services Division, Washington SIG 2nd Year Community-Level Evaluation 2000-2001”. DSHS, RDA Progress Report 4.43-14e.

¹² Pan, K., Roberts, C., Longhi, D. 2002. “Orcas Island School District, San Juan County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001”. DSHS, RDA Progress Report 4.43-10e.

¹³ Weaver, L., Roberts, C., Longhi, D. 2002. “North Thurston School District, Thurston County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001”. DSHS, RDA Progress Report 4.43-7e.

in addition to substance abuse prevention or were a subcommittee of a larger group with a prevention perspective inclusive of other problem behaviors besides substance abuse.

The coalitions' scope of activities included pursuing funding, collecting and reviewing data, seeking input from community members, planning, and selecting prevention programs to address needs identified through the planning process. Some groups of prevention partners reviewed the implementation of prevention programs, monitored outcomes, and modified either their program selection or the prevention program itself based on outcome results. Prevention program providers were sometimes members of local prevention coalitions and were often asked to report on program outcomes to the coalition and other interested parties. Coalitions sometimes acted as advocates for substance abuse prevention against other priorities in local and state arenas.

Overall, community coalitions often led to comprehensive planning; new partnerships and new types of partnerships, primarily between schools and social service organizations; leveraging by sharing space, staff, and other resources among prevention partners; reduced competition among service providers for youth and funding; and the institutionalization of prevention programs in the schools, or to a close partnership between schools and social service organizations.

Various methods were used for achieving successful community coalitions:

- Building interpersonal forms of trust and creating win-win situations among the partners;
- Using easy, organizational ways for diverse people to come together, meet and discuss;
- Focusing on topics of common interest or concern; and
- Providing frequent occasions for interaction in daily working routines.

Table 5 defines these methods in somewhat more detail.

TABLE 5: COALITION WORKING METHODS

Methods	Description
Interpersonal	Created an atmosphere of increased communication, trust, respect, and shared information.
	Developed a win-win situation, with some partners going the extra mile.
Organizational	Used experts from Community Mobilization and the FPC Networks for community organizing.
	Creatively involved meeting attendees in planning, problem solving, and leadership roles to boost meeting attendance.
	Used or expanded existing coalitions, rather than creating new.
	Involved non-traditional prevention partners, e.g., law enforcement.
Topical	Had a specific focus.
	Presented prevention as a community issue, not a school issue.
	Monitored and reported results (for both coalition agenda items and prevention programs, although reporting prevention program results were sometimes a problem with multiple funders and monitoring tools).
	Educated the public and prevention partners about prevention and about student survey results.
Co-Location	Co-located multiple social services.
	Integrated schools and social services, often by locating social service coordinator in schools.

Several prevention community coalitions used more than one of these methods. For example:

Toppenish Police Department in southeastern Yakima County focused on the commonly perceived need for a safe place for children, co-located multiple social services in the Safe Haven, a refurbished building with office space, used one of the rooms for organizational meetings, and provided computers and other activities for children. Prevention was presented as a community issue, not a school issue, nurturing relationships between the city and the school district. Law enforcement, not usually involved in prevention services, acted as the lead agency for the project.¹⁴

During SIG, the Rochester Organization of Families (R.O.O.F.), the prevention provider for the TOGETHER! organization in Thurston County, functioned in its traditional role as the primary social service delivery entity in unincorporated Rochester. It served as the after-school prevention service site for elementary school children, expanding its programs with SIG funding, and as the food bank and source of community service information for the public. With SIG funding, it expanded prevention services to include middle school age children, who had previously not received services. TOGETHER! provided project oversight and assistance with program evaluation while continuing in its other community service roles.¹⁵

¹⁴ Roberts, C., Longhi, D. 2002. "Toppenish Police Department, Yakima County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-17e.

¹⁵ Roberts, C. 2002. "TOGETHER!/R.O.O.F., Thurston County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-16e.

SELECTING, IMPLEMENTING, AND MONITORING SCIENCE-BASED PREVENTION PROGRAMS

More than three-fourths of the grantees had experience with delivering some type of prevention services before SIG. However, most grantees had not formally committed to use science-based prevention programs and many had never measured program outcomes. Science-based programs, also referred to as best practices, have been designated as such by the SIG funding agency, the Center for Substance Abuse Prevention (CSAP). They have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.¹⁶ This section discusses issues associated with the selection, implementation, and monitoring of science-based programs by SIG community grantees.

SELECTING SCIENCE-BASED PROGRAMS

SIG required that 50% of the total prevention programs funded through the grant be science-based. After SIG, seventeen of the eighteen grantees implemented at least one science-based program – for thirteen of them, it was the first time they had implemented such programs.

Communities found the science-based program selection process, and the trainings required by some of the programs to be unexpectedly difficult. The ‘logic models’ (community action plan implementation matrices) provided guidance as to the types of programs that would most reasonably address the prioritized risk and protective factors and the desired outcomes, for the selected target populations. However, the selection process itself entailed some challenges.

The Western Center for the Application of Prevention Technology (WestCAPT) is a regional substance abuse prevention center funded by CSAP. WestCAPT’s website contains program descriptions and was useful as a reference on prevention programs and their characteristics during the program selection process.

However, despite the many prevention programs listed on the website, grantees sometimes found an inadequate selection of science-based programs to meet their needs, especially when seeking programs in languages other than English. Furthermore, when potential selections were found, grantees often found that they needed more detailed information than the website could provide, requiring additional administration time. Unanticipated costs resulting from additional administration time required for program selection, and the high program purchase and training fees, required some grantees to seek additional funding from other sources.

¹⁶ 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. For details on science-based programs, see the WestCAPT website: <http://www.open.org/~westcapt/bestprac.htm>.

WestCAPT played a valuable role in advising grantees when modifications were needed to science-based programs. WestCAPT advised grantees on the limits of modification allowed before a program would lose its science-based status. If WestCAPT was unable to assist, they provided contact information to the prevention program's designer(s).

Training of program providers was required after some of the science-based prevention programs were purchased. Trainers were brought to Washington State; prevention providers were sent to out-of-state training sessions; or training materials were purchased with the prevention programs.

Science-based programs were often more expensive than local project directors had originally anticipated. When the cost of training was added to the purchase price, some grantees had to channel funds from other sources to complete the training. A few grantees chose the same science-based program as other grantees, but were not able to join with them to bring a trainer to the state due to lack of knowledge about other grantees' program selection. These grantees voiced a desire for the state to create a system whereby upcoming trainings for prevention programs would be listed on a website, which would enable cost sharing.

IMPLEMENTING SCIENCE-BASED PROGRAMS

After a two-month planning period, SIG grantees were expected to implement science-based prevention programs. In thirteen of the sites, this was the first time such a commitment had been made. A few examples follow, drawn from the community reports.

Urban Pierce County concentrated its SIG efforts in two communities with high levels of drug activity and many at-risk youth. Prior to SIG there were no science-based prevention programs in place. During SIG, the United Communities Coalition chose to implement two Rigor 5 programs -- Families and Schools Together to address school and family bonding and healthy beliefs and clear standards, and Project ALERT to address social skills resistance as well as healthy beliefs and clear standards. Both programs were consistently and successfully implemented in the two SIG middle schools.¹⁷

The Oak Harbor coalition in rural Island County, where there were no prior science based prevention programs in place, chose to implement Project ALERT (Rigor 5) to address social skills resistance and as well as healthy beliefs and clear standards, and a Big Brothers/Big Sisters Mentoring Program (Rigor 5) to provide one-on-one relationships between an adult and an at-risk youth. The Oak Harbor middle schools are now very eager to work with the mentoring program.¹⁸

Rural Jefferson County had no rigorous prevention programs in place before SIG, and implemented two Rigor 5 programs during SIG. They were: Strengthening Families (a multi-component family-focused program aimed at the children of

¹⁷ Weaver, L., Roberts, C., Longhi, D. 2002. "Crossroads Treatment Center, Pierce County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-3e.

¹⁸ Pan, K., Roberts, C., Longhi, D. 2002. "Oak Harbor School District, Island County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-8e.

substance abusers) and Functional Family Therapy, (aimed at improving bonding and communications in at-risk families). Both programs were aimed at high-risk families. Both worked well for the participants but had family recruitment and retention problems.¹⁹

The Seattle School District's King County site, which had no rigorous prevention programs in place prior to SIG. During SIG, they implemented Project Alert (a school based, social resistance program) and a tutoring program (Rigor 4) designed to increase commitment to school.²⁰

Of course, some problems occurred with implementing these programs.

- It was sometimes difficult to convince prevention professionals and school staff of the value of science-based programs.
- Recruitment of participants, especially adult mentors, sometimes fell short of initial goals.
- Grantees new to prevention were unaware of the complexity of administering, contracting for, and providing prevention programs. Even those that were experienced sometimes over-estimated their abilities during the planning process.
- Communication between local SIG grantees and their contracted prevention program providers was, for some grantees, neither straightforward nor consistent. Program providers who lacked Internet access and fax machines sometimes received notices several weeks after they had been issued. The numerous other responsibilities held by local SIG grantees or their part time status often made them unavailable for immediate access by program providers.
- Communication with program designers with questions about prevention programs was challenging: contact information was often lacking or wrong and repeated attempts were necessary before communication was established.
- Several grantees reported difficulty in communicating with state-level SIG staff. A few grantees were unfamiliar with the use of computers and the Internet, which was the primary form of communication between state staff and grantees. Some local SIG project directors hired project coordinators, who then had primary responsibility for implementing the grant. However, state-level SIG staff communicated with the local project directors, adding an extra level of message passing before the local person who needed to know received the information.
- Several grantees lacked adequate space for program presentation. For example, some parenting programs required one room for parents, another for children, and a room large enough for both parents and children for group activities. Some SIG program implementation sites ended up holding a parenting class on one night, the children's segment of the same class on a different night or not at all, and activities for children and parents together on yet another night.

¹⁹ Weaver, L., Roberts, C., Longhi, D. 2002. "Olympic Educational Service District 114, Jefferson County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-9e.

²⁰ Weaver, L., Roberts, C., Longhi, D. 2002. "Seattle Public Schools, King County, Washington SIG 2nd Year Community-Level Evaluation 2000-2001". DSHS, RDA Progress Report 4.43-12e.

- Many grantees met with unexpected costs related to transportation for program participants. For two grantees, transportation was the largest expense category in their budgets. Transportation availability was a major barrier to service access in the majority of rural and suburban SIG communities. In some sites, prevention program providers spent personal funds to transport students to and from programs.

MONITORING SCIENCE-BASED PROGRAMS: THE EVEREST PREVENTION OUTCOME EVALUATION MANAGEMENT SYSTEM

The Everest Prevention Outcome Evaluation Management System is a web-based prevention outcome evaluation and monitoring tool developed by SIG with some funding from the Division of Alcohol and Substance Abuse (DASA). It was field tested by SIG grantees. The tool was designed based on several past prevention research studies in which DASA had participated.

The Everest system allowed SIG grantees and providers to print tests that consisted of scales appropriate to the risk and protective factors addressed by the program. Tests were administered as paper and pencil pre-tests, at the beginning of the programs and as post-tests, at the end.

After administering the tests, answers for each question were entered over the web, and test results were immediately available to the grantee and the program provider.

Question responses were linked by a confidential code providing anonymity for each participant. Anyone accessing the data in Everest would be unable to link specific responses to a particular participant.

Ten out of the eighteen grantees used Everest to measure program outcomes during 1999-2000, and almost all in subsequent years. Site representatives attended one of three trainings held around the state in Autumn 2000. Training continued by phone and e-mail after providers started using Everest and staff turnover occurred.

This use of a common tool to measure and assess participant outcomes in a manner tied to risk and protective factor reduction is a major SIG accomplishment in Washington State.

The implementation and use of Everest was not without problems.

- Training occurred two months before Everest was available for use. Original plans were to have the tool available immediately after the trainings. Delays occurred in entering both the information from community grantees and the scales to be used in measuring outcomes. These delays meant that lessons learned during the trainings couldn't be used for several months, and people forgot what they had learned.
- It took several months to develop a scale-selection process and to clear up misunderstandings between the several people involved in this process at the state level. Then the process had to be communicated to the grantees and providers. A consultant from the Social Development Research Group at the University of Washington suggested scale-selection options. Grantees, providers, or both had to

select scales to use for pre-tests and post-tests. Scale selection remained a labor-intensive process throughout the field-testing period.

SIG OUTCOMES

INTRODUCTION

The ultimate test of the effectiveness of the science-based strategy for prevention involves ascertaining whether there was a decline in the community wide rates of substance abuse among all adolescents in each of the SIG communities after the three years of prevention work funded by SIG. Optimally, evidence would also show that the prioritized levels of risk decreased and the levels of protection increased, community wide levels of risk and protection, for the youth in these communities.

This test requires observation of levels of risk and protection and rates of substance abuse for all community youth in the years before, during and after the three years of SIG-funded prevention activities. It can only be done in future years, beyond the end of the SIG grant.

In preparation for conducting such a test, student survey data have been collected in the period before and during the SIG grant: 1998, 1999, and 2000. SIG grantees have committed to continue participating in the student surveys for three more survey administrations -- in the falls of 2002, 2004 and 2006. Archival social indicators from the Community Outcome Risk Evaluation Geographic Information System (CORE-GIS) have been available for the SIG communities in the past and will be available in the future (supported by DASA funds) to supplement the survey data.

The process evaluation conducted during the SIG implementation, and reported here and in the previous reports at both state and local levels, will also be useful in helping to interpret these post-SIG community outcomes. Essentially it documents how the SIG communities carried out their planning and prevention work. Positive overall outcomes among all youth may depend on whether the communities:

- Identified as prevention priorities the “worst” risks and the “best” protective factors that could be changed in each community;
- Selected the prevention programs best suited to affect these priorities;
- Targeted the groups of youth most affected;
- Succeeded in recruiting these youth and their families to participate in prevention programs in sufficient numbers; and
- Partnered with other community agencies so that coordinated efforts were most useful in accomplishing the prevention goals.

The Everest program provides an intermediate level of outcome measurement, by documenting whether programs successfully affected their participants in the expected directions. Assessing the outcomes of programs has required obtaining information on whether the evidence-based programs were implemented with fidelity to their original designs.

FIDELITY OF PROGRAM IMPLEMENTATION

Program implementation fidelity is the extent to which program providers in a local community follow the original design of the prevention program.²¹ Assessing fidelity of implementation is usually a very time-consuming effort by expert staff, requiring extensive knowledge of the program design and its components, and many visits and on-site observations on how the program is being run.

Washington State evaluators developed and tested a tool that could be used by local and state researchers to provide self-reported fidelity, to provide rough measures of fidelity in an efficient way.²² This was done for many reasons:

- Programs evaluators often want to know if program outcomes, the results from pre-test/post-test results, were due to the program as it was designed, or were the results of program characteristics unique to the site.
- The fidelity survey tool is important in monitoring program outcomes. It tells agency staff and local providers what they tested with Everest: the program named in their logic model or some variation of that program.
- Finally, the fidelity survey gives local providers and state staff a comprehensive record of what was changed.

When combined with Everest results, the fidelity survey tool helped to monitor program effectiveness.

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

Over time, within the limitations inherent in self-reporting, the fidelity survey tool will help provide useful long-term information on the following:

- The frequency and extent to which prevention programs are modified when administered outside of the research setting.
- A rough measure of which modifications are most effective with which populations, after fidelity results are combined with pre-test and post-test results and participant characteristics.

For a full description of the fidelity survey see Appendix C.

SCALE RELIABILITY

The full table on scale reliabilities in Everest is shown in Appendix D. Results suggest that the 50 of the 53 scales administered in the SIG project reliably measured the selected risk and protective factors. Fifty of the selected scales showed internal consistency reliability

²¹ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

²² Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

coefficients of .72 or higher, with a little less than half of the scales in the range of .80 or higher.

Three scales showed low reliability and may need modification: They are:

- LST: Questions from Drug Knowledge Section, $\alpha_{pre} = -.38$, $\alpha_{post} = .26$;
- FAM: Parental Attitudes Favorable Toward Drug Use, $\alpha_{pre} = .49$;
- LST: Questions from Drug Attitudes/Expectancies Section, $\alpha_{pre} = .33$.

PROGRAM OUTCOMES: CHANGES IN PRE-POST MEASURES AMONG PARTICIPANTS

Program outcomes were assessed by monitoring changes among program participants in the risk and protective factors targeted by the individual programs. Brief surveys containing scales measuring each of the targeted factors were administered to participants at the beginning of these programs (pre-tests) and then surveys with the same questions were re-administered to all available participants at the end of the program (post-tests).

Change scores on the survey questions were computed by subtracting each individual's pretest scores from their post test scores, and paired t-tests were computed to assess the statistical significance of the average change score on each risk and protective factor scale. While the exact interpretation of these change scores is impossible in the absence of data from comparison groups who did not receive the interventions, generally one would hope to see risk factor scores decreasing and protective factor scores increasing among program participants in accordance with the objectives of the program.

Program level outcomes are reported in Table 6 for a selected set of the programs funded through Washington State's State Incentive Grant. Programs were included if:

- a) They had sufficient prior evidence of effectiveness (at least rigor 3, on a rigor scale of 1 to 5) to anticipate attaining significant impacts on targeted risk and/or protective factors;
- b) They had entered matching pretest and post test data for 15 or more participants to protect the respondents' anonymity and to achieve adequate statistical power to detect change;
- c) They had data on the fidelity of program implementation to assist in the interpretation of results;
- d) They represented programs in each of the four domains of community, family, school, and peer/individual; and
- e) They represented a majority of the SIG sites spread across the state.

Table 6 reports the results of pre and post test comparisons on the risk and protective factors targeted by each of fourteen programs provided in eleven of the eighteen SIG community grantees. For two programs, Pierce County's FAST and Spokane County's Nurturing Program, results of the program are reported separately for the adults and children who participated. For one program, Walla Walla County's Life Skills Training Program, results are reported separately for the 2000-2001 programs and the 2001-2002 programs since program fidelity and program outcomes were substantially different in the two years the program was provided.

The table lists the results by program, grouped by risk factors and domains

- First, programs intending to reduce risks and increase protective factors in the individual/peer domain (I/P)
- Then those mainly in the school domain (S),
- Then those mainly in the community domains (C), and
- Lastly, those mainly in the family domain (F).

In the columns of the table are the program names, SIG sites, domains, individual scales used in Everest to measure the risk and protective factors targeted by each program with an indication of whether the scale is a risk factor (RF) or protective factor (PF), the number of matched pre- and post-test surveys completed (N), the significance and direction of the changes observed, and the fidelity scores for program implementation.

The statistical significance of observed changes in the expected direction (decreases in risk factors and increases in protective factors) are reported and the probability of observing these changes by chance are indicated by asterisks. Please see Appendix D for information on the magnitude of observed changes and t-tests of statistical significance.

The following results are apparent in Table 6:

- Of the 14 programs analyzed, 7 showed significant changes in participant outcomes in the expected direction and 2 more showed nonsignificant changes in the expected direction.
- Programs showing significant positive changes among participants were classroom-based programs in elementary and middle schools focusing on changing attitudes toward substance use and violence, teaching skills to resist negative peer influences, and promoting opportunities to increase positive involvement in school and with pro-social peers.
- The significant program outcomes observed most frequently were improved attitudes and norms regarding health and social issues, social skills, and bonding to school.
- Of the 5 programs that showed no change or changes in the wrong direction (i.e., increases in risk or decreases in protection), 3 were family-focused programs delivered to both parents and their children, and the other two were individual/peer focused interventions that had low fidelity scores.

TABLE 6: PROGRAM OUTCOMES

Only outcome measures that were appropriately matched to the risk and protective factor targets of the programs are included in this table. A complete list of all outcome measures for the SIG sites can be found in Appendix D.

*** p < .001; ** p < .01; * p < .05
RF = Risk Factor; PF = Protective Factor

Program Name	SIG Site	Domain	Scales	N	Statistically significant change	Change not statistically significant, but in right direction	No change or change in wrong direction	Fidelity 1999-2001	Fidelity 2001-2002	
Life Skills	King County-3 Friends of Youth	I/P	IND: Belief in the Moral Order>PF	540						
			IND: Favorable Attitudes Toward Drug Use>RF	557	X**					
			IND: Friends Use of Drugs>RF	565		X				
			IND/PEER: Perceived Risks of Drug Use>RF (user defined)	563	X***		X			
			IND: Social Skills>PF	419				X		
			LST: General Assert. Scale>PF	565	X*		X	High	High	
Life Skills 1999-2000	Walla Walla-WW Cty. Dept. of Human Services	I/P	LST: Drug Att./Expect. Secn.>RF	94		X				
			LST: Selected Qs from Drug Knowledge Secn.>RF	100						
			LST: Selected Qs from Life Skills Assess. Secn.>RF	95			X		Some Changes (1999-2000)	
			LST: Selected Quest. from Norm Expect. Secn.>RF	98			X			Not Applicable
			LST: Selected Qs from Refusal Skills/Assert. Secn.>RF	98	X***	X				
Life Skills 2000-2001	Walla Walla-WW Cty. Dept. of Human Services	I/P	LST: Instr. #28: Assert. Or LST: Gen. Assert. Scale>PF	74			X	High (2000-2001)	Not Applicable	
			LST: Expect. about Drug Use or LST: Pt. IV Drug Att.>RF	73			X			
Life Skills 2001-2002	Walla Walla-WW Cty. Dept. of Human Services	I/P	LST: Instr. #28: Assert. Or LST: Gen. Assert. Scale>PF	82						
			LST: Expect. about Drug Use or LST: Pt. IV Drug Att.>RF	82	X*		X	Not Applicable	High	
Transition Program	Thurston County-1	S, I/P	IND: Friends' Use of Drugs>RF	43			X		Not Available	
			SSDP: Acceptability of Substance Use>PRM>RF	43			X	Low		
Smart Kids	Adams County	C, I/P	SSDP: Acceptability of Substance Use>RF	32		X		High	Some Changes	

Second Step 4th graders	San Juan County	S	Commitment to School>RF SCH: School Opportunities for Prosocial Involvement>PF Sense of School as a Community >PF	24 24 24	X *** X * X ***				Low	Some Changes
Second Step 5th graders	San Juan County	S	Commitment to School>RF SCH: School Opportunities for Prosocial Involvement>PF Sense of School as a Community >PF	29 29 29	X *** X ***		X		Low	Some Changes
Second Step 6th graders	San Juan County	S	Commitment to School>RF SCH: School Opportunities for Prosocial Involvement>PF Sense of School as a Community >PF	35 35 35	X *** X * X ***				Low	Some Changes
Project Alert	Island County	S	IND: Early Initiation of Drug Use>RF IND: Favorable Attitudes Toward Drug Use>RF IND: Social Skills>PF	112 106 115	 X *		X	X	High	High
Project Alert	King County-2 WAPIFASA	S	DAS: Perceived Costs of Marijuana Use>RF SSDP: Acceptability of Substance Use>RF SSDP: General Peer Resisitance Skills>PF SSDP: Perceived Risk Involved in Substance Use>RF	69 71 70 72			X	X X X	Some Changes	Not Available
Project Northland	Benton County ESD #123	S	SSDP: Opps. for Conventional Classroom. Involvement>PF	53			X		Some Changes	High
Aberdeen FAST	Grays Harbor County	F,S	FRS: Family Cohesion Questions>PF	14				X	Some Changes	High
FAST - Adult	Pierce County	F,S	CBQ: Parent Appraisal of Dyad>PRM>RF	19				X	Not Available	High+
FAST - Youth	Pierce County	F,S	CBQ: Adolescent Appraisal of Dyad>RF FRS: Family Cohesion Questions>PF RHC-Child Survey: Commitment to School>RF SCH: Low Commitment to School>RF	18 19 19 19				X X X X	Not Available	High+
Nurturing Program (Adult)	Spokane/ Spokane Cty Community Services	F	AAPI2 Form: Nurturing Program A>RF	25				X	Some Changes	High+
Nurturing Program (Child)	Spokane/ Spokane Cty Community Services	F	AAPI2 Form: Nurturing Program A>RF	33				X	Some Changes	High+

The Everest system for monitoring participant level changes in the risk and protective factors targeted by prevention programs funded through Washington State's SIG program was successful. Programs that were high rigor, implemented faithfully, classroom-based programs, and aimed at changing attitudes and peer norms and promoting skills and bonding to school were most likely to show significant positive changes in participant outcomes.

Interestingly, in one program a lack of outcomes was observed in the first year when fidelity to the intervention was low. In the second year of the same program, however, program fidelity increased and some significant positive changes were observed. This finding suggests that the Everest system for monitoring participant changes and delivering that information back to program providers was successful, in at least one case, in improving the delivery of the intervention and in increasing the program's impact on participants.

However, despite the generally good reliability coefficients of the scales used by the SIG programs and the system's success at documenting positive changes among participants of some programs, some programs did not realize the expected changes and quite a few programs were not included in these analyses. Many programs did not match appropriate risk and protective factor outcomes or scales to their program activities or did not match the appropriate outcome measures to their targeted risk and protective factors. Other programs did not provide their follow-up data in time to be included in this analysis.

The failure of the family-focused programs to document improvements in parent-child relations and commitment to school may reflect a mismatch between the timing of the pre and post-tests and the timing of impacts of these programs (e.g., parent-child relationships may first seem to suffer as a result of some of the changes in parenting practices promoted by these programs, and then improve over a longer time frame as the changed practices become accepted and integrated into the family system).

These observations underscore the need for ongoing technical assistance to program providers as they use the system and its logic model to match prevention needs to program activities and target populations, to target specific risk and protective factors as program outcomes, to select appropriate scales to measure changes in the targeted risk and protective factors, and to interpret the findings of an analysis of pre/post changes.

Ongoing monitoring of prevention program impacts is feasible and appears to be useful in helping promote more effective prevention programs and practices, but such monitoring requires an infrastructure to support it in order to be successful. Investment in developing state infrastructure to support performance monitoring of prevention programs appears to be warranted by these findings.

CONCLUSION: HOW DID PREVENTION ACTIVITIES CHANGE IN THE SIG COMMUNITIES?

MOST COMMUNITY GOALS WERE ACCOMPLISHED.

Communities accomplished their local prevention system changes by using the logic model and by creative use of the community coalitions to manage resources. A significant accomplishment in the eyes of community grantees is the number of people who were reached by prevention programs through SIG. Using SIG guidelines, prevention services were provided to more people in a more coordinated fashion.

Despite the challenges experienced during the selection, and implementation of science-based programs, community grantees learned a great deal about science-based programs, selected based on local needs. A program implementation fidelity survey was developed and piloted to allow assessment of both adherence to original program design and the effects of program modifications over time with various populations and in multiple settings.

Many program outcomes among participants were monitored by the use of ‘Everest’ a web-based program participant outcomes evaluation and monitoring system developed by Washington’s SIG. The scales used to measure program participant outcomes in Everest were found to be reliable. Although a number of challenges were experienced in creating, implementing, and using this program participant outcome evaluation and monitoring system, it is a unique accomplishment that such a system was accepted and data were collected.

PROGRAM OUTCOMES WERE GENERALLY POSITIVE.

Statistical analyses of pre-post outcomes were conducted for a subset of fourteen programs in eleven of the eighteen SIG communities. They were programs that had higher rigor, had information on the fidelity of their implementation, and had an adequate numbers of pre-test/post-test results to allow meaningful statistical analysis. The results show positive effects on reducing risks and increasing protective factors among participants of most programs which were implemented with fidelity, especially the classroom-based programs aimed at changing attitudes and peer norms and promoting skills and bonding to school.

MANY CHALLENGES REMAIN.

SIG communities experienced difficulty in interpreting Everest data on program outcomes. Evidence is only sporadic on the use of Everest data to monitor whether the right populations had been recruited, the effectiveness level of programs, and whether changes needed to be made in the way programs were implemented.

Communities had difficulty reassessing their prevention strategy based on new community wide information on the risk and protective factor profiles provided every two years by the administration of the student survey and archival social indicators from the Community Outcome Risk Evaluation Geographic Information System (CORE-GIS).

There are only few examples of coordination of prevention planning efforts between smaller SIG communities, county based planning, and other state agency planning.

SOLVING THE COMMUNITY CHALLENGES REQUIRES ASSISTANCE FROM THE STATE.

Grantees could have used more technical assistance and training in many areas of prevention. It is a common complaint about prevention funding: it covers program implementation and occasionally administrative costs, but rarely do grants and funding allow for adequate technical assistance and training.

Specific areas in which more technical assistance was requested include the following:

- Community-wide data analysis and use for planning;
- Use and interpretation of Everest, in general, and specifically on program reports;
- Community coalition purpose, formalization techniques, and procedures;
- Coping with administrative challenges, such as unexpected expenses (transportation, program purchase/training, planning) or partnership development.

Central to the science-based prevention approach is data. Risk and protective factor profiles of county level data are published by the state. SIG sites are an example of how prevention can occur in sub-county community scales. They include a Tribal population, school districts, cities and towns, parts of cities, suburban areas, and unincorporated parts of counties. Community grantees had student survey data at the local level available to them for planning because of special administrations of the school survey, and had special runs of the archival data. A timely, web-accessible source of data for small geographies is needed and has still not been funded at the state level.

Many programs used Everest extensively for monitoring program participant outcomes. However, many enhancements to Everest are needed and have been documented:

- Better, more systematic process for the selection of appropriate scales,
- Better display of data and guidelines on report interpretation,
- Additional inclusion of information from the ‘logic model,’
- Better cover sheet designs, and
- Easier data entry.

Communities expect that the state’s prevention system will change to support their more science-based prevention work. This includes the provision of common prevention-related risk and protective factor data, analyzed at different geographies. It includes the development of a collaborative interagency process for needs and resource assessments to

replace the current duplicative one. It includes common training for prevention professionals, a web-based system for program monitoring, and technical assistance in many areas discussed above particularly in the selection of science-based programs that address local needs, including multi-cultural populations.

CHAPTER 3: IMPLICATIONS FOR CONTINUED PREVENTION SYSTEM CHANGES

It has been argued that organizational change is more likely to be sustained if it fulfills the interests of various parties, both at the top and the bottom of hierarchies of power. In this instance, in a decentralized structure, one would have to concentrate on examining the interests of parties at the center - the state agencies, and at the many decentralized localities - local representatives of state agencies and local community partners.

The evidence suggests there is congruence of interests among these parties and that, therefore, system change is likely to be self-sustaining in Washington State beyond the end of SIG federal funding. However, it is also argued that if some major issues are not resolved the infrastructure for the new, more coordinated prevention system will not be built and the momentum for system change may slow.

Local communities and state agencies share common interests and goals in preventing substance abuse. A survey of prevention priorities among local inter-agency planning bodies in Washington conducted by the Family Policy Council found that substance abuse prevention was one of the top concerns and goals in most localities (see Community Network prevention priorities submitted to the Family Policy Council as part of their yearly prevention plans). Top managers of diverse state agencies are familiar with the mounting evidence that substance abuse is one of the top obstacles to health, readiness to learn, and productivity, while also being a major contributing factor to very costly social services, traffic injuries and criminal justice involvement.

Furthermore, both communities and state agencies share an increasing need to demonstrate the effectiveness of their prevention efforts. Community prevention providers find that access to funding is more dependent on demonstrating positive program outcomes. State agencies find that efficiency and demonstrated effectiveness becomes more crucial for further funding in the context of declining state funding and increasing performance based budgeting.

The findings of this evaluation lend support to the fact that science-based prevention can be learned and implemented at the community level, outcomes can be measured, and there are significant possibilities for leveraging funding at the community level. It thus becomes strategically important for state agencies to promote such prevention efforts.

The empirical question is whether the SIG state level objectives correspond to community needs in further implementing science-based prevention. Table 7 on the next page demonstrates this close relationship. The realization of state agency objectives in the SIG plan would thus build the necessary infrastructure to support more effective prevention efforts in Washington communities.

TABLE 7: COMMUNITY LEVEL FINDINGS AS RELATED TO STATE LEVEL OBJECTIVES

State-Level Objectives	Related Community-Level Findings
1. Identify and adopt common outcome measures.	<ul style="list-style-type: none"> • SIG grantees need data at local levels, i.e., areas smaller than counties. • Data should be web-based in an interactive format. • More tribal data are needed. • Technical assistance is needed on locating, interpreting, and tracking local data other than those provided by the state.
2. Develop and coordinate administration of common community needs and resources assessment tools.	<ul style="list-style-type: none"> • Tools need to be accessible and relevant for local, as well as county and tribal levels, for planning. • Tools need to include consideration of population characteristics – language/ dialect, culture, migrant, homeless. • Coordinated, interagency technical assistance is needed to help community prevention coalitions/ partnerships learn about process, purpose, and goals.
3. Define selection criteria for science-based prevention programs.	<ul style="list-style-type: none"> • Eight grantees reported the need for more science-based programs and promising approaches designed specifically for populations with languages other than English. • A greater number of programs from which to choose for each risk factor are needed to allow for variation in community settings. • Program purchase and training costs need to be reduced and a process needs to be developed whereby specific program trainings are made available for larger audiences.
4. Develop uniform reporting mechanisms.	<ul style="list-style-type: none"> • Further training is needed regarding Everest use and result interpretation. • Everest needs to be enhanced to automate scale selection process and to simplify the cover sheet design, data entry process, and report interpretation.
5. Develop guidelines for leveraging and redirecting money and resources.	<ul style="list-style-type: none"> • Beyond SIG, categorical funding limits grantees' abilities to cope with unexpected costs associated with transportation, administration time for program selection, and program purchase and training.
6. Create a system for continuous professional development for prevention providers.	<ul style="list-style-type: none"> • Ten grantees reported high staff turnover and limited availability of qualified staff. • Training is needed not only in the field of prevention, but also for specific prevention program implementation. • A centralized calendar with information about trainings for specific programs is needed. • More bilingual staff is needed, along with those able to work effectively in cross-cultural settings, especially with migrant, homeless, and immigrant populations.

MAJOR REMAINING ISSUES

The following issues have been identified as the most important ones in interviews among top managers of state agencies for further movement toward building the infrastructure for the new coordinated prevention system.

Long term funding of common, interagency prevention databases that will provide local community assessment, participant outcomes and community outcomes.

Either a single database or separate, agency specific databases would be possible as long as agreement could be reached on best instruments and common elements would be collected. Staffing, hardware, software and web access are needed. Staff would need to collect information from various sources, do basic research, and train and provide technical assistance to users. Staff would need analytical abilities and an understanding of the risk and protective factor framework. And they would need good personal skills in order to provide effective technical assistance.

Web-based, interactive data access has been repeatedly requested by state and local users, leading to the suggestion that an access design include differing levels of access for users at different administrative levels. A study to determine data needs of users at multiple administrative and geographic levels would be appropriate.

Collaborative, interagency technical assistance with data analysis and interpretation and other aspects of planning, funding, implementing, and monitoring prevention services.

The pilot test of the collaborative needs assessment demonstrated the need for agencies to provide technical assistance in a coordinated fashion. Local constituents from various agencies were expected to work together on the needs assessment, yet some learned of its existence from their peers, rather than from the state agency with which they were affiliated. Confusion arose as to who should be participating in the collaborative needs assessment and to what extent. Prevention professionals in local communities have repeatedly said that suggestions for them to work collaboratively at the local level will be taken much more seriously when state agencies work collaboratively at the state level.

The pilot testing of the Everest program outcome system and the analysis of pre-post outcomes for selected SIG programs also suggest the need for ongoing technical assistance to program providers

- As they use the system and its logic model to match prevention needs to program activities and target populations,

- To target specific risk and protective factors as program outcomes,

- To select appropriate scales to measure changes in the targeted risk and protective factors, and

- To interpret the findings of an analysis of pre/post changes.

Accountability of the inter-agency group that will monitor the performance of the more coordinated prevention system.

While inter-agency collaboration around prevention is essential, it becomes problematic to hold inter-agency bodies accountable. Some agencies report to the Governor's office, some are accountable directly to the legislature. The governing body of the Family Policy Council is composed of both executive and legislative representatives. This was one reason why state agency representatives decided to develop statewide prevention benchmarks instead of working toward their original objective of developing guidelines for resource leveraging and redirecting.

Resolution of the disagreements about whether the model of collaboration for the substance abuse prevention system should stand alone or whether it could be a model for other types of prevention.

The most pressing question is the relation between the new inter-agency group responsible for coordinating substance abuse prevention and the existing Family Policy Council that is chartered to coordinate all types of prevention.

Follow through with initial plans to evaluate longer-term community wide changes to determine correlations between system change strategies and desired community wide outcomes.

Analysis of Washington State Survey of Adolescent Health Behavior results for community grantees in 2002, 2004 and 2006, and archival indicator trends, may provide important evidence on the long term effects of local system changes, including the use of science-based programs. These analyses should be conducted in light of results from the community process evaluation and from the analysis of outcomes among program participants.

To build the strength of conclusions from such analyses, it would be useful to identify comparison communities:

- Where local constituents have provided prevention services in non collaborative, non science-based ways, and

- Where local constituents independently created countywide collaborative systems, such as in Clark and Clallam counties.

Comparison of survey results of SIG communities with these diverse, comparison non-SIG communities would yield an informative mosaic of knowledge about the link between system change strategies and desired reductions in average risk and protection levels and substance abuse rates among young people.



Research and Data Analysis Division
Report Number 4.43