



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

Department of Social and
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Executive Summary

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

Progress toward SIG Community Level Objectives

Oak Harbor is the largest town on Whidbey Island, located in Puget Sound. SIG funding was awarded to the Island County/Stamwood Community Public Health and Safety Network, which turned over the lead agency position to Oak Harbor School District. The presence of the Whidbey Island Naval Air Station provides a large economic base and employment source. Sixty percent of Oak Harbor School District students come from families connected to the Naval Air Station.

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

In and of itself, the SIG project, known as the Oak Harbor School District Student Assistance Program, is an important new prevention partnership. Its participants include the Oak Harbor School District #201, Island County/Stamwood Community Public Health and Safety Network, Partnership with Youth, and Big Brothers/Big Sisters of Island County.

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

Before SIG funding was received, the Oak Harbor prevention community had already had some experience with the risk and protective framework. SIG helped to reinforce and increase the community's awareness of this framework, which was used in the selection of SIG-sponsored programs.

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

Some of Island County's SIG Advisory Board members participated in the spring 2001 SIG-sponsored collaborative needs assessment. Although there has been little coordination with regard to a resource assessment in the past, Island County recently decided to conduct countywide assessments of resources and programs. Prevention partners have plans to continue sharing data.

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

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

- Project ALERT, a social resistance curriculum focusing on cigarettes, alcohol, and drugs, was part of the curriculum for all students in sixth grade.
- A variety of support groups were established for students in the middle schools, with topics ranging from substance abuse to divorce to self-care.
- Big Brothers/Big Sisters collaborated with the schools in establishing mentoring relationships with youth ages ten to fourteen.
- An After Hours program of after school activities was offered to youth in sixth to eighth grades. It takes place for two hours per day, three days a week.

Objective 5: To use common reporting tools...

One of the requirements for participating in the SIG project was to participate in the Washington State Survey of Adolescent Health Behavior. Survey data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6th, 8th, 10th, and 12th grade students. This objective was fulfilled in two ways:

- Pre-test/post-test, standard questionnaires drawn from the Everest database were used with participants in the SIG-funded, science-based programs.
- The two middle schools in Oak Harbor participated for the first time in the Washington State Survey of Adolescent Health Behavior, an important measure of substance abuse prevalence and of risk and protective factors.

Conclusion

A key achievement under the SIG project was to create a viable linkage between the school system and prevention activities occurring outside the system. The Oak Harbor SIG project has made progress toward achieving the community level objectives as established by the Governor's Substance Abuse Prevention Advisory Committee. During the last year of SIG community funding, Oak Harbor intends to develop methods to maintain some of the changes they have

achieved in the system of prevention planning, funding, implementation, and monitoring they developed under SIG.

In this regard, respondents report that the sustainability workshop offered them was very helpful. They appreciated the efforts made by SIG to help communities maintain programs after SIG. The Oak Harbor SIG project is exploring options including the multi-site consortium idea, grant opportunities, and the possibility of becoming a pilot program for an intensive research project.

Oak Harbor School District, Island County

Year 2 Community Level Evaluation

The Washington State Incentive Grant

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

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

Goals:

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

Objectives:

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

Introduction

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

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

provided as an integral part of that feedback. Research methods are described in Appendix B.

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

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

Background

Oak Harbor is the largest town on Whidbey Island, located in Puget Sound. SIG funding was awarded to the Island County/Stanwood Community Public Health and Safety Network, which turned over the lead agency position to Oak Harbor School District. The presence of the Whidbey Island Naval Air Station provides a large economic base and employment source. Sixty percent of Oak Harbor School District students come from families connected to the Naval Air Station. The name of the SIG project is the Oak Harbor School District Student Assistance Program.

Progress Toward Community-Level Objectives

The Oak Harbor School District has undergone a shift in the manner in which substance abuse prevention is planned and carried out. The community has been exposed to many new prevention concepts and has undergone significant changes in its prevention planning and processes. Progress made toward the five community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee is discussed below:

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

Before SIG funding was received, the Oak Harbor community had two major community coalitions, Community Mobilization and the Island County/Stanwood Community Public Health and Safety Network. These two coalitions successfully brought together diverse agencies and community members concerned with substance abuse prevention, increasing communication and collaboration.

However, the Oak Harbor School District did not participate in either coalition, for the most part.

One of SIG's greatest successes has been its positive impact in helping to connect the Oak Harbor School District with services and programs offered outside the normal school arena. Agencies such as Partnerships With Youth and Big Brothers/Big Sisters of Island County are now connected with the schools. These agencies are now able to offer students and families prevention services that are not SIG funded.

In addition, SIG has also had a positive impact in establishing partnerships with families and youth. Prior to SIG, according to respondents, many families were unaware of available prevention programs. SIG helped to increase the accessibility of these programs through increased visibility in the schools and helped to increase trust in and awareness of these programs.

The Oak Harbor School District Student Assistance Program includes a SIG advisory board, composed of representatives from the Oak Harbor School District, Island County Health Department, and the Island County/Stanwood Community Public Health & Safety Network. Also included on the SIG advisory board are representatives from the two remaining SIG partners for the project, Partnership With Youth and Big Brothers/Big Sisters of Island County. Advisory board members are generally those individuals who are directly involved in providing or coordinating SIG-related services.

The Oak Harbor School District Student Assistance Program Advisory Board acts as a planning mechanism, provides an opportunity for partners to touch base and share information, and assesses program effectiveness and the overall impact of prevention activities. Status reports on what is working and what is not working are shared during monthly provider meetings. In addition, state grant requirements and related information are disseminated at these meetings. The Advisory Board is developing a sustainability plan for continuing current programming.

The SIG Advisory Board led to the creation of other community partnerships. For example, as a result of the increased communication between local prevention providers, a support group for all prevention specialists on Island County has been created and now meets monthly to discuss issues related to prevention.

Objective 2: To use a risk and protective factor framework to develop a community prevention action plan which reduces factors which put youth at risk for alcohol, tobacco, marijuana, and other drug abuse and increase factors which protect or buffer youth from these risks.

SIG sites used the risk and protective factor model in planning their prevention approaches. This model, developed by David Hawkins, Richard Catalano, and others at the University of Washington, categorizes influences that either increase

the likelihood that a child will someday abuse substances or that help lessen the impact of those risks. Influences that increase the likelihood of substance abuse are known as risk factors; those that lessen the impact of risk factors are known as protective factors. Groups of risk and protective factors are categorized into domains of influence: community, school, family, and peer/individual. See Appendix C for a list of risk factors and protective factors, categorized by domain. Factors addressed by the Oak Harbor SIG project are italicized within the list.

Prior to SIG, the Oak Harbor prevention community had already had some experience with the risk and protective framework. SIG helped to reinforce and increase the community's awareness of this framework. School staff used the risk and protective factor framework to explain and justify new programs. According to respondents, these terms and concepts are now becoming well known and understood by prevention providers. Respondents mentioned an additional benefit of the risk and protective framework: it has provided a structure and an emphasis on specific goals and objectives for the daily task of properly implementing the chosen SIG programs.

Although the risk and protective factor model was used in the Oak Harbor area prior to SIG, respondents report that the knowledge and use of the model was inconsistent and infrequent. However, with the SIG funding, the community uses the model much more widely.

Familiarity with the risk and protective factor model is spreading to other communities outside of the SIG target area. For example, South Whidbey, which is a neighboring community outside of the SIG sphere, has received informal training and education regarding the prevention framework, which ultimately led to the award of a federal grant in South Whidbey.

Objective 3: To participate in joint community risk and protective factor and resource assessment by collecting, assessing, and prioritizing community-level information for: a) youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse; b) risk and protective factor indicators; and c) existing resources and service gaps.

Some of Island County's SIG Advisory Board members participated in the spring 2001 SIG-sponsored collaborative needs assessment. This was the first statewide attempt at collaborative assessment at the county level. Data was provided by the state. Participants were encouraged to consider local data, as well. The prevention community has agreed to continue sharing data beyond SIG requirements.

Although there has been little coordination with regard to a resource assessment in the past, Island County has recently decided to conduct countywide assessments of resources and programs.

Is the Oak Harbor SIG project matrix logic model used as a management tool?

The matrices—explained in the Year One report—are used as a goal-setting tool and as a mechanism to monitor program implementation. They have proven to be an excellent management tool for the prevention community. In addition, the matrices provide an effective way for Oak Harbor SIG team members to explain what SIG represents, and how the Student Assistance Program works to benefit the entire Oak Harbor community.

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

A brief description of each SIG-sponsored program can be found in this section, including an update on the status of the program.

Prevention programs can be categorized by a rigor scale created by the federal Center for Substance Abuse Prevention. Rigor is the extent to which the program has been shown through scientific research to be effective in different locales and with multiple populations. The highest rating is rigor 5; the lowest is rigor 1. Programs ranked as rigor 5 have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.² Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices. The rigor level of each program is noted below.

- ***Project ALERT, rigor 5***, is a school-based, social resistance approach to drug abuse prevention. The curriculum specifically targets cigarette, alcohol, and marijuana use.³ All 6th grade youth will be expected to graduate from the Project ALERT curriculum. Respondents note that the selection of this curriculum is an example of the community's commitment to programs that are scientifically evaluated and proven to be effective.

According to respondents, the introduction of the Project ALERT curriculum was a difficult process. In order to receive approval from the school district, the curriculum had to be presented to the Curriculum and Instruction Committee and the Oak Harbor School Board. The curriculum was originally intended for only one hundred and ten 6th grade students in each middle school. However, the Curriculum and Instruction Committee encouraged the Oak Harbor Community SIG project to target all students in 6th grade,

² A meta-analysis is an examination of a number of published research articles about the same subject. Findings from these articles are compared and sometimes combined to enable drawing conclusions that individual research articles did not warrant when examined independently.

³ *Best Practices and Promising Practices, Guide To Building A Successful Prevention Program.* Western CAPT, Second Edition, November 1999, p. 175.

therefore doubling the number proposed. In Oak Harbor, approximately 500 students are expected to receive Project ALERT.⁴

- **Support Groups, rigor 1, 2**, are generally conducted by prevention specialists and counselors within the middle schools. Topics that are regularly discussed by the Support Groups include anger management, self care, friendships, body image, divorce, and drug and alcohol abuse issues. Some groups focus on specific topics.

The prevention specialist is generally available from lunch until 4:00 p.m. The prevention specialist has helped create a climate at Oak Harbor Middle School where students are comfortable sharing their feelings and seeking help from adults.

- **Big Brothers/Big Sisters Mentoring, rigor 5**, is a one-on-one relationship between an adult and a high-risk youth. Mentoring provides the highest dosage of adult-child interaction of any formal community-based program.⁵ Students ages 10-14 are eligible for Big Brothers/Big Sisters Mentoring. Youth are generally referred by counselors, prevention specialists, parents, teachers, or themselves. Mentors meet with students for a minimum of one hour per week.

According to respondents, the Oak Harbor School District middle schools are now very eager to work with Big Brothers/Big Sisters. The schools have provided student referrals to the mentoring program as well as assisting in making compatible matches between mentors and youth. Oak Harbor High School has also been willing to allow Big Brothers/Big Sisters to work within the school to recruit volunteer mentors for peer mentorship.⁶

- **“After Hours” – Sponsored by Partnership With Youth, rigor 1, 2**, this program conducts enriching, educational, and recreational activities after school in the Oak Harbor School District. Staffed by a local prevention agency, Partnership With Youth, activities are held after school for a period of two hours for 6th-8th grade youth. Programs are conducted in four 5-week sessions, 3 days per week, 2 hours a day. The After Hours program is housed at North Whidbey Middle School, and plans are made to conduct a similar program at Oak Harbor Middle School.

⁴ *State Incentive Grant Six-Month Progress Report*. State Incentive Grant, Division of Alcohol and Substance Abuse, 2000.

⁵ *Best Practices and Promising Practices, Guide To Building A Successful Prevention Program*. Western CAPT, Second Edition, November 1999, p. 115.

⁶ *State Incentive Grant Six-Month Progress Report*. State Incentive Grant, Division of Alcohol and Substance Abuse, 2000.

Do the selected Oak Harbor SIG prevention programs address prioritized risk and protection factors?

According to respondents, the prevention community firmly believes that the selected prevention programs do address the prioritized risk and protective factors. Prior to SIG, science-based programs were sought in order to implement best practices. One selection was the Big Brothers/Big Sisters of Oak Harbor program. Additional community support for the program came in 1998 when participants from a Youth and Family Summit pledged their support for an “Imperative to Support the Big Brothers/Big Sisters program and Partnership With Youth.”

Another example is the creation and implementation of the Oak Harbor Student Assistance Program. The Oak Harbor Student Assistance Program was strongly supported by the Oak Harbor School District, as well as the rest of the community. The school district had previously examined the Student Assistance Program model and had seen its positive impact on other communities. Therefore when funding was available for such a program, the Student Assistance Program model was an easy choice for the prevention community.

What problems arose during the Oak Harbor SIG program selection process?

Most problems were associated with costs or initial implementation issues. For example, after initial implementation of programs, it was discovered that the drug and alcohol prevention curriculum/training was more costly than previously expected. A more thorough analysis of available curricula proved that the Oak Harbor SIG project could implement a similar program, Project ALERT, at a much more reasonable rate.

Respondents also report some difficulty in retaining a prevention specialist for the project during the first year. Respondents believe that under Oak Harbor School District policy, the Oak Harbor SIG project was initially unable to offer a competitive wage. The initial inability to retain a prevention specialist was a set back in the creation of the Student Assistance Program.

Finally, the after-school component of the Student Assistance Program went through some difficulty. During program implementation, there was some confusion on the part of staff and agencies with regard to agency roles and responsibilities. Once individual and agency roles and responsibilities were openly discussed and partnership expectations clearly outlined, the after-school component of the Student Assistance Program began to run much more smoothly.

According to respondents, recruitment and participation of youth were not significant issues for programs. Programs are primarily school-based or take place during school hours and do not require large amounts of recruitment. Respondents do however report that recruitment for program activity leaders has been more difficult and has required additional effort.

Were the program-associated costs predictable for the Oak Harbor SIG project?

Respondents report that program-associated costs for the Oak Harbor Student Assistance Program were not predictable. For example, implementation of the Project ALERT curriculum proved to be more difficult than anticipated. Representatives from the Oak Harbor advisory boards were required to go through an extensive school district review process in order to implement Project ALERT curriculum. This included a rigorous process of determining which grade to target as well as identification of which class to implement the curriculum. These additional costs were covered by SIG through an increase in funding for year two.

Objective 5. To use common reporting tools which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

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

The Washington State Survey of Adolescent Health Behaviors, also referred to as the school survey, is administered every two years in a representative sample of schools across the state. It is available to any other schools that are interested as well, at no cost. Funding for the survey is provided through tobacco settlement funds administered by the Department of Health. Washington State Survey of Adolescent Health Behaviors data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6th, 8th, 10th, and 12th grade students.

Schools associated with SIG community grantees were required to participate in the survey. The Washington State Survey of Adolescent Health Behaviors was administered for the first time in 1999 in North Whidbey Middle School and Oak Harbor Middle School.

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

Was the Everest database used by the Oak Harbor SIG community?

Respondents report that the Everest database was regularly used during the first year and a half of SIG programming. Pre- and post-tests were given to prevention program participants to measure the extent to which they absorbed class material. The local SIG coordinator entered pre- and post-test data into the Everest database and produced some reports for the first project year (1999-2000).

However, respondents report difficulty in obtaining any useable data from the Everest results. They note that results provided by Everest are not understandable and do not provide a meaningful measurement on overall program effectiveness. Evaluation expenses and the lack of information and data have created frustration. At the time of this report, respondents maintain that the scale selection process does not yield locally meaningful pre-test and post-test data. This lack of useable data has led to concerns about how that data could be used in any future sustainability planning.

Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements and therefore did not regularly participate in an organized common reporting process.

Training and Technical Assistance

Oak Harbor SIG project participants received training on the risk and protective factor framework, the SIG logic model for prevention planning, use of the Everest database for conducting and reporting pre- and post-test scores for prevention program participants, training in individual prevention programs, sustainability planning, and technical assistance from the Western Center for Applied Prevention Technology.

Representatives from the Oak Harbor School District Student Assistance Program were initially enthusiastic regarding the potential of Everest after attending the first training. However, when it came time to actually create scales and determine who would undergo pre-tests and post-tests, respondents report that Everest quickly became a burden. Technical assistance was received on several occasions through electronic mail and the telephone. In addition, a representative from Social Development Research Group at the University of Washington assisted in the selection of scales.

Project Successes

- A science-based prevention program, Project ALERT, was successfully implemented with students in the North Whidbey Middle School and the Oak Harbor Middle School.
- The Washington State Survey of Adolescent Health Behavior was administered for the first time in middle schools, thus acquiring risk and protective factor and prevalence baseline data against which to measure progress and to identify unmet needs.

- Program implementation fidelity was measured for Project ALERT to determine how closely the program as implemented resembled the program as designed. Program fidelity was high.
- New prevention partnerships have been created among Partnership With Youth, Big Brothers/Big Sisters of Island County, and the Oak Harbor School District.
- A Student Assistance Program Coordinator position was successfully created, allowing better coordination, communication, and access between the school staff and the local prevention provider staff.

Challenges:

- Recruitment of qualified people under Oak Harbor School District salary restrictions and policies made the hiring of qualified and effective prevention specialists difficult.
- Respondents report difficulty in obtaining any useable data from the Everest results.
- The Oak Harbor SIG community had difficulty understanding data and results that were derived from the Everest database.
- Curriculum changes and additions faced a difficult approval process, requiring Oak Harbor School Board approval.

Baseline Funding and Planning

One program in each SIG site was studied to learn about the funding and planning components of program implementation that are necessary to provide one prevention program. In Oak Harbor, the Project ALERT program was selected. Project facilitators participated in a baseline planning and funding survey (see Appendix D for a copy of this survey form). The results are as follows:

Participating Entity	Type of Funding or Planning Participation
Oak Harbor School District	<ol style="list-style-type: none"> 1. Classrooms for program sessions 2. In-kind administrative assistance 3. Access to students 4. Attendance at SIG-related meetings 5. Curriculum review and instructor approval
Island County Health Department	<ol style="list-style-type: none"> 1. Served as primary fiscal agent 2. Contributed staff time for planning 3. Attended local, regional, and state SIG-related meetings 4. Acted as consultants
Island County/Stanwood Community Public Health & Safety Network	<ol style="list-style-type: none"> 1. Contributed staff time for planning 2. Acted as a lead agency (initially) 3. Acted as consultants
Student Assistance Program Coordinator	<ol style="list-style-type: none"> 1. Attended training sessions 2. Coordinated implementation of programs 3. Attended local, regional, and state meetings 4. Led program sessions 5. Kept records for evaluation purposes
Oak Harbor School District Prevention Specialists	<ol style="list-style-type: none"> 1. Attended meetings 2. Implemented programs

Program Implementation Fidelity Survey Results

As part of the evaluation, one program in each SIG community was used to pilot a program fidelity survey known as the Program Implementation Survey (see Appendix E). Program implementation fidelity refers to how closely program providers in a local community follow the original design of the prevention program.⁷

The purpose of our inquiry into implementation fidelity was the development of a tool that can be used by local and state researchers to provide self-reported fidelity.⁸ Evaluators want to know if pre-test/post-test results were due to the program as it was designed, or were the results of a program unique to the site. The survey tells evaluation staff and local SIG providers and staff what they tested with Everest: the program named in their matrix or some variation of that program. The fidelity survey also gives local SIG providers and staff a

⁷ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

⁸ Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

comprehensive record of what was changed. When combined with Everest results, the survey can help determine the following two things:

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

Evaluators wanted to know from the survey if the results we were seeing from pre-test/post-test results were due to the program as it was designed, or were the results due to a program characteristic unique to the program site?⁹ The fidelity survey also gave local SIG providers and staff a comprehensive record of what was changed.

Project ALERT was chosen for the program implementation survey in Oak Harbor. Staff concluded that program fidelity was high. Changes were made only in the number of sessions. No other significant changes were made to the delivery of the program. Sessions were altered in order to accommodate the time required to collect Everest pre-test/post-test data. Also, the delivery of services was increased from one session a week to two sessions a week, which accommodated the minimal number of weeks in a school quarter.

Conclusion

Since the SIG project began in Oak Harbor, many changes have occurred in the way that substance abuse prevention is planned, implemented, and measured in the Oak Harbor SIG community. There are also many other influences on the local prevention system, some of which are listed here:

- requirements associated with other grants received
- requirements from multiple state and federal funding agencies
- additional efforts of individuals and agencies outside of the scope and requirements of SIG

Community level changes in substance abuse prevalence will be measured in years to come by Washington State Survey of Adolescent Health Behavior.

The presence of SIG funding has had a large impact in the manner in which substance abuse prevention is planned and carried out in the Oak Harbor prevention community. Provisions of the SIG funding have encouraged the Oak Harbor School District to open up its schools to the local community agencies. Prior to SIG, there was no channel available for local prevention providers to enter the school system and provide services from within the schools or in collaboration with the schools.

⁹ *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

SIG funding helped facilitate partnerships with the schools and the local prevention agencies through the creation of a SIG program coordinator position. The coordinator has the advantage of being housed within the schools, while at the same time having the freedom to connect and increase collaboration and communication with local prevention agencies. Respondents report that local prevention providers are now introduced into the school system by the program coordinator, easing any transition and establishing trust and communication between the two sides.

An example of this increased collaboration can be found in the development process of the Oak Harbor School District After-School program. At first, teachers were recruited to run these after-school programs. However, the use of teachers proved to be very costly. After a series of meetings it was decided that an agency outside the school system, Partnership With Youth, would run the After-School program under the direction of the program coordinator. Partnership With Youth provided programs and sessions. Volunteers and Partnership With Youth employees ran the After-School sessions, which proved to be cost-effective. According to respondents this example of an “outside” prevention provider entering the schools and providing services within the schools would have been very difficult prior to SIG.

SIG funding also helped to decrease the competition for youth and for funds that existed amongst school districts and local prevention providers. Prior to SIG, the Oak Harbor prevention community was not only in competition with local prevention providers, but with the communities of South Whidbey and Coupeville and their prevention programs as well.

Respondents noted how SIG funding enabled the Oak Harbor School District to address the issue of drugs and alcohol directly. Prior to the SIG funding, community awareness regarding issues of substance abuse was considerably lower than at present. As a result, according to some respondents, there was concern that the schools would be blamed for the problems as community awareness rose. Respondents believe, however, that the community is now allowing the school district more freedom to address these issues and does not blame the school district for the problems.

A key achievement under the SIG project was to create a viable linkage between the school system and prevention activities occurring outside the system. The Oak Harbor SIG project has made progress toward achieving the community level objectives as established by the Governor’s Substance Abuse Prevention Advisory Committee. During the last year of SIG community funding, Oak Harbor intends to develop methods to maintain some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring they developed under SIG.

In this regard, respondents report that the sustainability workshop offered them was very helpful. They appreciated the efforts made by SIG to help communities maintain programs after SIG. The Oak Harbor SIG project is exploring options including the multi-site consortium idea, grant opportunities, and the possibility of becoming a pilot program for an intensive research project.

Appendix A:

Community-Level Goals and Objectives¹⁰

Goal:

Communities selected to receive State Incentive Grant funds will work to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by the state's youth in these communities. They will develop and implement prevention plans, which will foster changes in the prevention system at the community level to make the system more effective.

Objectives:

1. To *establish partnerships* which include existing agencies and organizations, and families, youth, school, and workplaces to collaborate at the local level to prevent alcohol, tobacco, marijuana, and other drug use, misuse, and abuse by youth.
2. To *use a risk and protective factor framework* to develop a community prevention action plan which reduces factors which put youth at risk for alcohol, tobacco, marijuana, and other drug abuse and increase factors which protect or buffer youth from these risks.
3. To *select and implement effective prevention actions* that address priority risk and protective factors in the community by filling identified gaps in resources.
4. To *participate in joint community risk and protective factor and resource assessment* by collecting, assessing, and prioritizing community-level information for: (a) youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse; (b) risk and protective factor indicators; and (c) existing resources and service gaps.
5. To use common reporting tools which provide information on what works and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

¹⁰ Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

Appendix B: Methods

Interviews:

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

Program Implementation Survey

Program Implementation Survey was completed on the Project ALERT curriculum.

Baseline Planning and Funding Survey

Baseline Report for Local Effects of State Level Systems Changes survey was conducted for the Project ALERT curriculum.

Document Review

- a. Local Progress Reports:
 - Oak Harbor School District Student Assistance Program, Washington State Survey of Adolescent Health Behavior Results, Fall 1999
 - State Incentive Grant Six-Month Progress Report
- b. Matrices: Prevention programs intended to address desired outcomes and associated risk and protective factors are described in detail in Community-Based Prevention Action Plan Implementation Matrix, created by SIG state project staff. Matrices were used to guide inquiry into the process of achieving anticipated local outcomes.
- c. Local documents:
 - Advisory Board meeting minutes
 - Local correspondence
 - SIG six-month reports

Analysis

Data analysis occurs throughout the research process in a case study, from the process of formulating the topic through the write-up. During and after interviews, information gathered is weighed in light of previous information. Questions and topics are modified as indicated by the new information. Data verification occurs through cross checking information from informants with that from other informants, documents, observation, and the researcher's journal entries.

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

Appendix C: Risk and Protective Factors, Categorized by Domain¹¹

Note: Risk and protective factors addressed by the Oak Harbor School District SIG project are italicized.

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

¹¹ Modified from *A Guide to the Community Substance Abuse Prevention Projects*. December 2000. Governor's Substance Abuse Prevention Advisory Committee. Available from State Incentive Grant Project, Division of Alcohol and Substance Abuse, Department of Social and Health Services, PO Box 45331, Olympia, WA 98504-5331 (ph: 360 438-8065) or Washington State Alcohol/Drug Clearinghouse (ph: 800 662-9111 in-state; 206 725-9696 Seattle or out of state).

Date _____ Site _____ Program Service _____

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

Name and position/title of person supplying information _____

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

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

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

Please add more pages as needed.

Date _____ Site _____ Program Service _____

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

Name of person supplying information _____

Appendix E: Program Implementation Survey

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

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

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

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

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



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

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

Please note: Development of this form grew out of the book, *How to Assess Program Implementation*, by Jean A. King, Lynn Lyons Morris, and Carol Taylor Fitz-Gibbon, published in 1978 by Sage, Newbury Park, California.

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