Seattle Public Schools, King County
Washington State Incentive Grant
2nd Year Community-Level Evaluation 2000-2001

Department of Social and Health Services

Research and Data Analysis Division and the University of Washington, Washington Institute for Mental Illness Research and Training, Western Branch

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Executive Summary

Seattle Public Schools is one of eighteen recipients of the Washington State Incentive Grant (SIG). SIG funds are allocated to communities to prevent the use, misuse and abuse of alcohol, tobacco, marijuana and other drugs by Washington State youth. Community grantees are expected to make their local prevention system more effective by establishing prevention partnerships, using a risk and protective factor framework for data driven needs assessments, and by implementing and monitoring science-based prevention programs. The focus of the Seattle Public Schools SIG project is Mercer Middle School in Southeast Seattle. Second year experiences of the project are reported here.

Progress toward SIG Community Level Objectives

The Southeast Seattle urban community is culturally diverse. Prevention programs and services must be sensitive to the cultural and language needs of the area. For many in the community, English is not the primary language spoken in the home. The schools and several community agencies respond to this diversity by offering many special programs, such as English as a Second Language. Economic deprivation is also an issue in Southeast Seattle. Area schools have one of the highest percentages of students involved in a free or reduced fee lunch program in the Seattle School District.

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

The Southeast Seattle SIG project holds monthly provider meetings, informally called the Southeast Seattle Community Partnerships Meetings. These meetings include program providers, agencies providing services, school principals and staff, counselors, project coordinators, project stakeholders, social workers from the Department of Social and Health Services, and representatives from Harborview Medical Center. An important SIG achievement has been establishing partnerships between the schools and outside prevention service agencies that were not previously involved with the public schools.

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

Implementation of SIG programs has helped educate the Southeast Seattle community about the prevention framework. SIG has helped school staff learn the risk and protective framework and then explain it to parents and the community. Respondents believe that the local prevention community is beginning to understand and accept the framework. The Developmental Assets prevention framework is used by Seattle Public Schools.

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

Respondents report that there has been a lack of organization and structure with regard to a joint community resource assessment. The prevention community is aware of the importance of participating in a joint resource assessment and hopes in the future to increase its efforts in this area.

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 selected to address Seattle Public Schools' prioritized risk and protective factors include the following:

- ***Tutoring:*** This school-based program places tutors in classrooms to assist teachers. Highly successful, the program has generated a demand for even more volunteer tutors. Teachers have concluded that tutors are having a positive impact and that youth attentiveness and commitment to academic activities has improved.

- ***Project ALERT:*** Project ALERT is a school-based, social resistance approach to drug abuse prevention with a highly participatory curriculum. Taught jointly by the Mercer Middle School and a local prevention agency, Washington Asian Pacific Islander Families Against Substance Abuse, the program is an example of successful collaboration. Additional benefits for the community include the ability to refer a troubled youth to the agency for a case management assessment and potential services. Due to heavy teaching schedules, however, Project ALERT is taught in only half of the middle school's classrooms. In addition, some students said they had already learned similar materials in sixth grade.

- ***Strengthening Multi-Ethnic Families:*** This program has a reputation for successfully addressing issues of substance abuse within diverse populations. Low attendance, despite multiple outreach efforts, has been a problem. Prevention planners are considering locating the program within the schools instead of in community centers in hopes of improving recruitment.

Objective 5: To *use common reporting tools…*

To determine community level prevalence rates and risk and protective factor levels, Mercer Middle School participates in the Washington State Survey of Adolescent Health Behavior. Program level data on risk and protective factors is gathered using pre-tests and post-tests. Some of these test results are entered into the Everest program outcome monitoring web-based database, developed by the Division of Alcohol and Substance Abuse, Washington State Department of Social and Health Services, and tested by SIG community grantees.

Everest was not used during the first year of the Seattle Public Schools SIG project. A pre-test was administered to students in the Project Alert program in 2000. Post-tests will be administered at the end of the school year in 2001.

Conclusion

The Southeast Seattle SIG community has shown some progress toward achieving most of the community level objectives established by the Governor's Substance Abuse Prevention Advisory Committee. During the last year of SIG community funding, the Southeast Seattle SIG community will hopefully move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring that they developed under SIG.

The Washington State Incentive Grant
Seattle Public Schools

Washington State Incentive Grant

The Seattle Public School System is one of eighteen recipients of the Washington State Incentive Grant. 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. The grant consists of a three year, $8.9 million award from the federal Center for Substance Abuse Prevention to Washington State through a cooperative agreement with Governor Gary Locke's office. Agencies participating in SIG are committed to coordinating resources and reducing duplication of effort. 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

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[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 Southeast Seattle State Incentive Grant. It summarizes progress made toward achieving the community-level goals and objectives of the Washington State Incentive Grant. The report describes the prevention partners' ongoing challenges and successes in providing substance abuse prevention services for youth, and lists the substance abuse prevention funding used by Southeast Seattle.

Background

The cultural diversity of the Southeast Seattle area requires that the selection of prevention programs and services be sensitive to the cultural and language needs of the area. For many in the community, English is not the primary language spoken in the home. Economic deprivation is also an issue in Southeast Seattle. Area schools have one of the highest percentages of students involved in a "free and reduced lunch program" in the district.

Progress Toward Community-Level Objectives

The Southeast Seattle SIG community has undergone a shift in the manner in which substance abuse prevention is carried out. Through participation in SIG, the community has been exposed to many new prevention ideas and concepts and has undergone significant changes in its prevention planning and processes. Progress made toward the statewide community-level objectives is described below.

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

SIG funding has had a significant impact on prevention in the Southeast Seattle Community, primarily by increasing services through the establishment of partnerships between the schools and outside prevention service agencies. Specifically, SIG funding allowed the Washington Asian Pacific Islander Families Against Substance Abuse (WAPIFASA) to expand services through its relationship with the schools. WAPIFASA, in conjunction with Mercer Middle School, created a program in which eighth graders are trained in the Life Skills program and sent to elementary schools to act as mentors and positive examples. At the elementary schools, these eighth graders facilitate Life Skills or substance abuse prevention exercises.

As a result of their familiarity with the schools and the schools' increased comfort level with them, WAPIFASA established new programs in the schools, such as

case management and a referral service. This resulted in the extension of comprehensive services for all youth in the area, even though not all these services are SIG funded.

How does the Southeast Seattle SIG community operationalize the concept of community partnerships?

The Southeast Seattle SIG project holds monthly provider meetings, informally called the Southeast Seattle Community Partnerships Meetings. During these meetings, program providers, agencies providing services, school principals, school administration, counselors, project coordinators, and project stakeholders convene to discuss and receive updates pertaining to SIG related issues. Also included in these meetings are social workers from the Department of Social and Health Services, representatives from Harborview Medical Center, and representatives of WAPIFASA. Respondents state that, despite specific invitations, elementary schools are not consistently represented at these meetings.

The Southeast Seattle SIG project has set up a series of meetings with Department of Social and Human Services representatives. They hope to create a more structured referral system in which people in need can be linked to available programs.

What activities do the Southeast Seattle Community Partnerships meetings carry out?

Two groups are operating: the larger monthly meetings and a smaller group that includes key members of the SIG project. They take on different responsibilities. Community alliances are strengthened through these face-to-face meetings of the many prevention stakeholders in Southeast Seattle.

Activities of the Southeast Seattle Community Partnerships meeting:
- Planned the initial SIG grant, although it no longer conducts planning
- Receive status reports on what is working and what is not working in SIG programs
- Discuss strategies for improvement
- Share information on funding requirements or requests
- Discuss and vote on budget decisions, structural changes, and programmatic alterations

Activities of the planning group comprised of key project members:
- Determine target groups
- Select programs
- Update matrices

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. Risk and protective factors addressed by the Southeast Seattle SIG project are italicized in Appendix C.

Respondents report that SIG implementation has had an important impact in educating the Southeast Seattle SIG community about the risk and protective factor framework. SIG has helped school staff learn the risk and protective framework and then explain it to parents and the community. Respondents believe that the prevention community as well is beginning to understand and accept the framework. In addition, respondents believe the risk and protective framework will likely be used in future planning efforts and applications for funding.

Some respondents, however, are skeptical as to the overall acceptance of the risk and protective factor framework by school staff and the general prevention community. They maintain that while SIG programming has enjoyed success, the risk and protective factor framework has been accepted more slowly.

Through a Healthy Communities Healthy Youth program, the Seattle Public Schools use a prevention framework called Developmental Assets. These 40 Developmental Assets were developed by the Search Institute and identify "building blocks of healthy development that help young people grow up healthy, caring, and responsible." [2]

Do risk factor and protective factor concepts have "real world" meaning in the Southeast Seattle SIG community?

The concepts introduced within the risk and protective factor model have gained a moderate level of acceptance in the Southeast Seattle prevention community. Selected risk and protective factors relevant to each program are a priority in the

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[2] *What To Do After School, After School Activities Guide for Middle School Youth.* Seattle Parks and Recreation, 2000, p 8-9.

planning and implementation of that program. The language of the risk and protective factor framework is not, however, regularly used.

Do the prioritized risk and protective factors in the matrix reflect what the community views as problems in their area for youth and parents?

Respondents report that selected risk and protective factors in the matrix (see the year one report for details) accurately reflect many of the issues confronting youth and parents in the community. The risk and protective factor model was primarily useful in the program administration process, providing structure for the daily task of properly implementing programs.

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.

Staff of the Southeast Seattle SIG project did not participate in the spring 2001 pilot test of the SIG-sponsored collaborative needs assessment. Local needs and resource assessments were completed during preparation of the SIG funding application and during preparation of the matrix.

Respondents report that no survey or program level data has been used for planning since SIG implementation. Any planning that was made after SIG implementation was based primarily upon participation, feedback, and observation within the community and the schools. At the time of this report, Everest post-tests have not yet been administered, so no program level data have been available for use in planning.

The matrix logic model, as explained in the Year 1 report, was used to select programs to address prioritized risk and protective factors. It has been used as a management tool, providing objectives for program providers and local SIG administrative staff.

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

The Southeast Seattle SIG community has, for the purposes of following SIG requirements, accepted the use of prioritized risk and protective factors in the selection and implementation of prevention actions.

Programmatic Impact of SIG

SIG funding has either created new services or increased service delivery by existing programs in the Southeast Seattle SIG community. A brief program by

program description can be found in this section, followed by an update on the status of the program.

Prevention programs were selected through a series of planning meetings in which representatives from the community, the schools, and local prevention providers discussed the overall prevention needs of the community. These meetings were held before the actual implementation of the grant, during the application of the SIG grant. A preliminary resource assessment was held to determine available prevention resources in the community. The results of this resource assessment, combined with the prioritization of risk and protective factors, allowed this planning group to select the appropriate programs for the target population.

Respondents report that the Western Center for the Application of Prevention Technologies website was consulted for information regarding the selection of appropriate programs. Several programs were identified and then discussed in this planning group. For example, risk factors such as: *early first use*, *friends who use*, and *positive attitudes about use*, were found to be addressed through the Project Alert curriculum/program. Programs were selected based upon this information.

Respondents did not report any problems arising during the program selection process. They maintain that the programs selected are appropriate with regard to the target population and the identified needs of the community. The Western CAPT website was found to be very helpful in the selection of appropriate programs.

The rigor level is noted for each program below. 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.[3] Recipients of SIG grants are expected to deploy at least half of their efforts in research-based programs, also referred to as best practices.

Tutoring, rigor 4

This is a school-based program. Tutors are placed in the classrooms and assist teachers, thus helping to lower student/teacher ratios. According to respondents, the tutoring program has been very successful, generating a demand for even more volunteer tutors. Teachers have concluded that tutors are having a positive

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[3] 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.

impact and that youth attentiveness and commitment to academic activities has improved.

Project ALERT, rigor 4

Project ALERT is a school-based, social resistance approach to drug abuse prevention. The curriculum specifically targets cigarette, alcohol, and marijuana use. The highly participatory curriculum makes extensive use of question-and-answer techniques, small-group exercises, role modeling, and repeated skills practice. These methods allow teachers to adjust program content to diverse classrooms with different levels of information and drug exposure. [4]

Implemented in the Mercer Middle School, the curriculum is taught jointly by the school district and a local prevention agency, WAPIFASA. Because Project ALERT is delivered by this outside agency, there are additional benefits for the school district and its youth. If program providers observe that a student needs additional assistance, that person would be able to receive services outside the SIG umbrella. For example, that youth could be referred to WAPIFASA for a case management assessment.

Other than pre- and post-test data collected through Everest, there were no evaluation measurement mechanisms in place apart from program observation and participation. Program providers report that Project ALERT includes built-in sessions during which students practice and demonstrate substance use refusal skills.

Some respondents raised concerns regarding the level of commitment on the part of the school and their staff to the Project ALERT curriculum. Only half of the teachers were willing to allow Project ALERT into their classroom as an elective. Some teachers assert that their academic curriculum is already very busy and find it difficult to allocate time to additional materials. This is particularly important to note because the Project ALERT sessions took more than the time allotted in the planning and program guidelines. Also, many students reported that a similar curriculum had already been taught in the 6th grade and that the current curriculum was repetitive.

Strengthening Multi-Ethnic Families, rigor 3

This is a family-based program, chosen to address issues of family management, family conflict, and youth alienation and rebelliousness. The program's reputation for successfully addressing issues of substance abuse within diverse populations was an important consideration during program selection because the Southeast Seattle community is so diverse. The goals of the program are to teach parents how to create a family atmosphere of discipline, respect, and goal setting.

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

The program is meant to strengthen the family, stress the importance of cultural and ethnic identity, and provide an opportunity for parents to support one another.

Materials were translated into multiple languages, and sessions were specifically oriented to meet the cultural and language needs of several populations. Nonetheless, participation in the program has been much lower than expected. Substantial recruitment efforts have been made. Program providers have held informational meetings with religious organizations, local housing projects, community centers, and grocery stores. Information has been passed to local hospitals, to social workers, to parents in an open house at the schools, to counselors, to teachers, and to principals. Flyers have also been printed in multiple languages in hopes of sharing information about Strengthening Multi-Ethnic Families among several different populations. In addition to disseminating culturally sensitive flyers and information, the program provider also spends two days a week at the middle school in hopes of creating a better connection with the schools and parents.

When asked, program providers stated that a large reason why program participation is low is the location of the sessions, which is in a community center. Operating out of the schools would be ideal, but authorization for school space must be received from the principals, and in turn there would be additional costs for the space. In addition, respondents maintain that appropriate space in the schools is also not regularly available for the sessions.

Do the selected prevention programs in the Southeast Seattle SIG project address prioritized risk and protective factors?

Respondents state that selected prevention programs effectively address prioritized risk and protective factors. Respondents maintain that program providers and coordinators are aware of the prioritized risk and protect factors associated with each program and that programs are conducted with those factors as an overall programmatic objective. For example, risk factors such as *early first use*, *friends who use*, and *positive attitudes about use*, were addressed through the Project ALERT program.

Were Southeast Seattle SIG programs perceived as addressing the problems of target populations? Was recruitment and participation an issue?

Recruitment and participation was not an issue for the Project ALERT/Life Skills curriculum and the tutoring program, which drew participants directly from the schools and their classrooms. On the other hand, low participation was a considerable issue for the Strengthening Multi-Ethnic Families program. Despite various efforts by the Southeast Seattle SIG team to recruit families for the program, participation has been extremely low and below expectations. To remedy this, the program provider has been taking the steps mentioned above in the program description.

Were program-associated costs predictable for the Southeast Seattle SIG project?

Respondents report some difficulty in sustaining programs within the agreed upon budget. The tutoring program might have undergone budgetary difficulties if not for unspent funds from year one that were transferred into year two. In addition, the schools absorbed many costs. Their in-kind contributions included space, phone services, office space, and paper.

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 database (hereafter, Everest). These tools are explained in the following paragraphs.

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

Everest is a web-based, program outcome monitoring tool 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, responses to each question are entered by local staff over the web. Test results are immediately available to the community grantee and the program provider. Everest contains no identified data. Questionnaire responses are linked by a confidential code for each participant. This means that anyone reviewing the data in Everest would be unable to identify the answers that any particular person chose.

Before SIG funding was received, district demographics and surveys formed the core of data used for planning. Also included in assessments were school-specific tests, including the ITBS and WASL examinations. These tests were used determine academic levels of the students and did not test substance abuse attitudes, knowledge, or behavior.

There are some examples of data feedback within the programs. In order to measure the effectiveness of the tutoring program, pre- and post- academic grades

of youth were compared. In addition, verbal feedback from program providers, parents, and teachers was collected, organized, and then considered in planning and in meetings.

Was the Everest database used in the Southeast Seattle SIG project?

The Everest database was not used during the first year. At the time of writing this report, year two pre-test data had been entered into the Everest database. Due to the yearlong nature of the selected programs, post-test data has not yet been entered. Respondents believe that comparable data will be available by June of 2001.

Did the scale selection process yield locally meaningful pre-test/post-test for the Southeast Seattle SIG project?

At the time of this report, no pre-test/post-test results have been produced. Some respondents suspect that the selected questions/scales might not result in useful quantitative data. Concerns center on the relevancy of selected scales to the programs and the success that scales might have with regard to measuring program effectiveness.

Training and Technical Assistance

A representative from the Southeast Seattle SIG project was unable to attend Everest training in year one. Respondents state that printed instructions were found to be a very useful substitute. Technical assistance was received on several occasions through electronic mail and the telephone. A representative from the University of Washington's Social Development Research Group assisted in the selection of scales to use in program outcome measurement.

Project Successes

The impact of SIG has been directly felt through funding for new programming. The biggest impact that SIG has had with the Southeast Seattle SIG community, however, is in the arena of prevention education, introducing the schools and local prevention providers to the following:

- The importance and benefits of a risk and protective factor framework
- The concept of joint needs and resource assessments
- The selection of science-based prevention programs that address risk and protective factors in the community
- The use of common reporting tools
- The evaluation of program outcomes

Another success to be noted for the Southeast Seattle SIG project was the new prevention partnership created between the Mercer Middle School and WAPIFASA staff during the planning and implementation of Project ALERT.

Project Challenges

- Southeast Seattle SIG continued to have difficulty with data input and retrieval when using the Everest database. Respondents report that this was frustrating because teachers and program facilitators were anxious to see if the program that was measured had the promised effects.

- Project ALERT curriculum is currently being implemented at Mercer Middle School. However many students reported that a similar curriculum was already taught in the 6th grade and that the current curriculum was repetitive.

- The Project ALERT curriculum was more time-consuming than expected. Sessions took more than the time allotted in the planning and program guidelines.

- The Strengthening Multi-Ethnic Families program had a difficult time recruiting participants, due perhaps in part to its location in community centers instead of in school buildings.

Program Implementation Fidelity Survey Results

As part of the evaluation, one program in each SIG community was used to pilot a program implementation fidelity survey known as the Program Implementation Survey (see Appendix D). Program implementation fidelity refers to how closely program providers in a local community follow the original design of the prevention program.[5]

The purpose of our inquiry into implementation fidelity was for research rather than monitoring purposes.[6] Evaluators wanted to know if the results we were seeing from pre-test/post-test results were due to the program as it was designed, or due to a program characteristic unique to the program site.[7] The fidelity survey also gave local program providers and staff a comprehensive record of what was changed.

Program implementation surveys were conducted for two programs in the Southeast Seattle SIG project: Project ALERT/Life Skills Training and Strengthening Multi-Ethnic Families program.
Project ALERT/Life Skills Training program implementation survey results concluded that no significant changes were made to the program. The number of sessions was reduced by a small amount in order meet the attention span limits of youth. Also, additional handouts regarding the "contents and dangers of cigarettes" were created and disseminated.

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[5] King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.
[6] Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. Journal of Community Psychology. 28(3): 309-321.
[7] *Program Implementation Survey.* Washington State Incentive Grant Evaluation Team, September 2000.

For the Strengthening Multi-Ethnic Families program, changes were made primarily in the area of time. The number of sessions was decreased from 12 to 9, while individual session length was reduced from 3 hours to 2 hours. These changes were made primarily to accommodate the needs of families. Additionally, certain materials and handouts were translated into more languages. One significant change made was the general location of the program. Instead of conducting sessions in the schools, as the program design suggests, program sessions were held at a local community center. Respondents indicated that the change in venue may have had a significant impact, decreasing the number of families participating in the program.

Baseline Funding and Planning

One program in each SIG site was studied to learn about the funding and planning components of program implementation. The Strengthening Multi-Ethnic Families program was selected for this purpose in the Southeast Seattle SIG project. Program facilitators participated in a baseline planning and funding survey (see Appendix E for a copy of this survey form). The results are as follows:

- The Jefferson Community Center provided in-kind service, offering the use of three rooms in the center.

- The Community HouseCalls Program at Harborview provided regular monthly house calls in several languages in order to remind parents of scheduled meetings and program sessions.

- The Harborview Coordinator, housed two days a week at Mercer Middle School, attended meetings with teachers, counselors, and family support workers.

- Referrals and consultation were provided by the Bridge Project.

- Specialized caterers provided culturally sensitive food to match the population participating in parent education groups.

- WAPIFASA provided additional services including case management and referrals.

Conclusion

The Southeast Seattle SIG community has shown some progress toward achieving most of the community level objectives established by the Governor's Substance Abuse Advisory Committee. During the last year of SIG community funding, the Southeast Seattle SIG community will hopefully move toward institutionalizing some of the changes they have achieved in their system of prevention planning, funding, implementation, and monitoring under SIG.

Appendix A:
Community-Level Goals and Objectives[8]

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 and what does not work to reduce youth alcohol, tobacco, marijuana, and other drug use, misuse, and abuse.

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[8] 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 audiotaped interviews were conducted, interviewees were informed at the beginning of each interview that the audiotapes were confidential, were for the purpose of ensuring accuracy and would be erased as soon as notes were taken from them. Questions were based on an interview guide, as well as related topics that arose during the interviews. Interview guides were modified after initial site visits, based on the interviewer's ability to obtain the desired information from the questions asked.

Baseline Funding and Planning Survey

Baseline Funding and Planning Survey was conducted for the Strengthening Multi-Ethnic Families program.

Program Implementation Survey

Program Implementation Survey was completed on the Project ALERT/Life Skills curriculum and the Strengthening Multi-Ethnic Families program.

Document Review

a. Local Progress Reports:

- WAPIFASA monthly reports for Project ALERT/Life Skills curriculum
- Tutor program information and evaluation results

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 Reports
- Informational flyers
- Program advertisements

Analysis

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

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

Appendix C:
Risk and Protective Factors, Categorized by Domain[9]

Note: Factors addressed by the Southeast Seattle SIG project are in italics.

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

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

Date _____ Site _____ Program Service _____

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

Name of person supplying information _____

Appendix D:

Baseline Planning and Funding Survey

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

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

Please add more pages as needed.

Date _____ Site _____ Program Service _____

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

Name of person supplying information _____

Appendix E:

Program Implementation Survey

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

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

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

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

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

3. Instructor training and experience
    a. Did you receive training for this program?   _____ Yes   _____ No
    b. How many years of experience do you have providing substance abuse prevention services?

        ___ <1   ___ 1-3   ___ 4 or more

    c. How many years of experience providing social services or teaching, outside of prevention services?

        ___ <1   ___ 1-3   ___ 4 or more

4. What was your observation of participants' engagement with the program?

    Mostly engaged   Neutral   Less than fascinated

5. What was your response to the program?

    Enjoyable   Neutral   Tedious

6. Would you use this program again, given the opportunity?

    Probably   Maybe   Unlikely

7. What shaped your opinion about whether or not you would use this program again, given the opportunity? Please select all that apply.

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