



## Walla Walla County Department of Human Services Washington State Incentive Grant 2<sup>nd</sup> Year Community-Level Evaluation 2000-2001

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Health Services*

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### **Executive Summary**

Walla Walla County Department of Human Services 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. Walla Walla's second year experiences with SIG are reported here.

### **Progress toward SIG Community Level Objectives**

Walla Walla County is a major agricultural and service hub for southeastern Washington State. The majority of jobs are service related. Agriculture has been replaced as the primary employer by government agencies, light manufacturing, and retail trade. Washington State Penitentiary is located between the cities of Walla Walla and College Place. The county's population grew 14% over the past decade, less than Washington State's 21%. Over half of the county's 55,180 residents live in the city of Walla Walla: 29,686. College Place has 7,818 residents. The county's (estimated) 1997 median household income of \$34,471 was lower than the state's \$41,715.<sup>1</sup>

**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.*

Substance abuse prevention and many of the current concepts within the field are not new to Walla Walla County, including the notion of prevention partnerships. In 1992, Walla Walla County applied for a Governor's Juvenile Justice Advisory Committee grant. The grant required the community to form a coalition of agencies and individuals working for children. Walla Walla formed a group of businesses, schools, and government and social service agencies, known as Community Connections, to secure the grant. When the SIG request for applications was released, Community Connections coordinated the application

<sup>1</sup> <http://quickfacts.census.gov/qfd/states/53/53071.html> Website for Walla Walla County US Census data.

process. In spring 2001, the Walla Walla Community Public Health and Safety Network partnered with law enforcement, Community Connections, and the local Division of Alcohol and Substance Abuse (DASA, a division of the state Department of Social and Health Services) to plan and present a community forum on problems with the drug, methamphetamine, and the labs used to create it.

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

and

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

Walla Walla County Department of Human Services has been using a risk and protective factor framework in planning for prevention programs for years. They participated in the spring 2001 pilot test of the collaborative needs assessment, sponsored by SIG. The group included local representatives from numerous state agencies including DASA, Community Mobilization Against Substance Abuse, Community Network, ESD 123, Washington Traffic Safety Commission, and the Department of Health. Representatives of local prevention coalitions and service agencies also attended: Community Connections, health care services, the faith community, Children's Home Society, YWCA, Juvenile Justice Center, County Resource Management, school staff, and chemical dependency treatment providers.

**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 practice of selecting research-based programs to address prioritized risk factors was new to Walla Walla with SIG. They implemented two prevention programs that meet the requirements for research-based during the first and second years of SIG funding: Across Ages and Life Skills Training.

**Objective 5:** *To use common reporting tools...*

A requirement of SIG is that the Washington State Survey of Adolescent Health Behaviors (WSSAHB) be administered in participating schools. Survey data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students. Some schools in College Place and in other parts of the county had participated in the 1998 WSSAHB. The survey was first administered in the city of Walla Walla in 1999 to comply with SIG requirements.

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. Pre-test/post-test measurements of program participants were conducted in the research-based programs.

## **Conclusion**

Overall, the Walla Walla County SIG project has improved the quality and the comprehensiveness of the county's prevention system. Major achievements include the initial and continuing administration of the Washington State Survey of Adolescent Health Behavior in Walla Walla and College Park schools, the introduction of science-based programs, and the initiation of program level outcome monitoring. Community-level changes in substance abuse prevalence will be measured in years to come by the WSSAHB. Influences on prevalence rates, in addition to SIG, include the many other prevention efforts ongoing in Walla Walla County.

# Walla Walla County Department of Human Services Year 2 Community Level Evaluation, 2000-01

## The Washington State Incentive Grant

Walla Walla County Department of Human Services 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 community grantees 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.<sup>2</sup> 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 provided as an integral part of that feedback.

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<sup>2</sup> 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.

This document is a report of SIG related activities for the second project year in Walla Walla County. It summarizes progress made toward achieving the community level goals and objectives of the Washington State Incentive Grant. The report examines local prevention partners' ongoing challenges and successes in providing substance abuse prevention services for youth. It also presents the substance abuse prevention funding and planning sources that were necessary in order to implement one prevention program in Walla Walla County. Information used here came from face-to-face and telephone interviews, examinations of documents, and data collected from survey instruments. Research methods are described in Appendix B.

## Background

Walla Walla County is located in the southeastern part of the state. Historically, agriculture was the basis for the county's economy. The majority of jobs are service related, and many of these services are related to agricultural needs. Government, education, light manufacturing, and retail trade employ the most people, followed by agriculture and natural resource-related positions. A state penitentiary employs many residents. A new wine industry is emerging, as evidenced by the increase in vineyards and wineries.

Since 1990, the city of Walla Walla grew by slightly over 12%, with a 2000 population of 29,686. College Place grew more rapidly, by 24%, and now has a population of 7,818, one-fourth the size of Walla Walla.<sup>3</sup> The 2000 U.S. Census shows that the county's population grew about 14% over the past decade, and is now at 55,180.<sup>4,5</sup> The median household money income is \$34,471, compared to the state median income of \$41,715.<sup>6</sup>

Law enforcement officers stated during interviews that Walla Walla has two main youth gangs. The juvenile court system has a caseload of about 1,000 kids. Almost half of the youth within the juvenile court system use drugs and alcohol consistently, as shown by urinalysis results. The county is creating a new database to monitor caseloads.

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<sup>3</sup> Thomsen, Jim, and Porter, Andy. 25 March 2001. WW, CP see substantial growth. *Walla Walla Union Bulletin*.

<sup>4</sup> <http://quickfacts.census.gov/gfd/states/53/53071.html> Walla Walla County.

<sup>5</sup> *Census 2000 Profiles of General Characteristics Washington*. Prepared by the U.S. Census Bureau, 2001. Website: <http://www.census.gov/prod/cen2000/>.

<sup>6</sup> People living in group quarters, such as dormitories, military quarters, or institutions (prisons or nursing homes), are not included in the calculation of median household income. Half of the households make more than the median income; half make less than the median income. The median is a more stable measure over time than the mean, or average, because it is less influenced by extremes. These definitions are modified from technical documentation associated with *Census 2000 Profiles of General Demographic Characteristics Washington*, prepared by the U.S. Census Bureau, 2001.

Adequately enforcing laws against substance use is reportedly difficult because staffing is limited, and, in rural areas, it is easy for youth to hide out. There is great concern about methamphetamine labs in the area. Chemicals used for farming are readily accessible as ingredients for manufacturing methamphetamine. Farmers have noted increases in chemical thefts. Several labs have been found in rural of Walla Walla County.

### **Progress Toward Community-Level Objectives**

Walla Walla County had a well-developed system of youth services and families prior to the SIG grant. The SIG programs fit into the mosaic of services for youth in Walla Walla and College Place. SIG introduced science-based prevention programs in the Walla Walla and College Place schools. Descriptions of progress made toward the statewide community level objectives follow below. Progress toward objectives 2 and 3 is described in one section.

**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.

Government and non-profit organizations have formed solid partnerships in Walla Walla County to serve children and youth. Walla Walla Department of Human Services' "prevention specialist coordinates and monitors prevention programs that are available countywide, assists in county plan development for prevention activities, and serves on a variety of local committees and task forces that address substance abuse prevention."<sup>7</sup> The Department of Human Services' prevention program is run through the Substance Abuse Task Force. Below is a summary of Walla Walla's prevention-related partnerships.

#### *Community Public Health and Safety Network:*

Walla Walla County established a Community Public Health and Safety Network following the enactment of the Youth Violence Reduction Act in 1994. The Walla Walla Community Network was established by a county commissioner's resolution in 1995. The Network, composed of 13 non-fiduciary and 10 fiduciary members, receives funds from the Family Policy Council. The organization is very active. The focus for 1999-2001 was to create a community youth center. This center, established using a variety of resources, was an immediate success with area youth. The program, Youth Navigator, was initiated at the Community Center for Youth in December 2000. The program design grew out of the program Parent Navigator. Both programs were developed in Walla Walla to meet local needs. In the spring of 2001, the Community Network partnered with law enforcement, Community Connections (see below), and the local Division of Alcohol and Substance Abuse (DASA, a division of the state Department of

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<sup>7</sup> Walla Walla Department of Human Services Prevention website:  
<http://home.bmi.net/wwdhs/Prevention.htm>.

Social and Health Services) Prevention Specialist to plan and provide a community forum on problems with the drug, methamphetamine, and the labs used to create it.

*Community Connections:*

In 1992, Walla Walla County applied for a Governor's Juvenile Justice Advisory Committee grant. The grant required the community to form a coalition of agencies and individuals working for children. Walla Walla formed a group of businesses, schools, and government and social service agencies, known as Community Connections, to secure the grant. The Community Connections website describes the coalition as "...a comprehensive and coordinated community movement focused on the positive development of children, the reduction of problematic behaviors, and the empowerment of youth and their families to make healthy lifestyle choices." When the SIG request for applications was released, Community Connections coordinated the application process.<sup>8</sup>

*Substance Abuse Task Force:*

The Substance Abuse Task Force meets monthly and actively promotes prevention. The number of regular attendees ranges from eight to fourteen. A routine agenda includes a progress report on the SIG project, an update on the Tobacco Advisory Council, which is a subcommittee of the task force, and various community projects. Last year, a subcommittee of the Substance Abuse Task Force produced *Youth And Family Yellow Pages*, a resource directory for youth services.

*Community task forces:*

*The Walla Walla County Agency Resource Guide (1999-2000)*, published by the county Department of Human Services, lists 25 community task forces. A list of these task forces is in Appendix C. A new computerized resource guide is scheduled to go on-line in 2001.

*Community Prevention Collaborative Needs Assessment Coalition:*

Planning for the new biennium began in December 2000 by the Community Prevention Collaborative Needs Assessment Coalition. This group included local representatives from numerous state agencies including DASA, Community Mobilization Against Substance Abuse, Community Network, ESD 123, Washington Traffic Safety Commission, and the Department of Health. Representatives of local prevention coalitions and service agencies also attended: Community Connections, health care services, the faith community, Children's Home Society, YWCA, Juvenile Justice Center, County Resource Management, school staff, and chemical dependency treatment providers.

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<sup>8</sup> Community Connections website: <http://home.bmi.net/wwdhs/Community%20Connections.htm>.

*Partnering in the provision of prevention and social services:*

- *Parent Navigator:* The Walla Walla County Department of Human Services partners with Children's Home Society and Walla Walla City Library to provide the Parent Navigator program. In addition, Sager Middle School in College Place and Garrison Middle, Pioneer Middle, and Walla Walla High School set aside space for parent information centers. Children's Home Society in Walla Walla is part of the statewide organization of the same name. It provides a range of family support services.<sup>9</sup>
- *Life Skills:* A SIG partnership with College Place schools allowed them to hire an independent educator to teach the Life Skills program in the classroom as part of the regular health curriculum. The school counselor served as liaison between the SIG project and the school district.
- *Across Ages:* Partnerships between the Retired and Senior Volunteer Program (R.S.V.P.) and Pioneer Middle School provided mentors and students for the Across Ages program during 1999-2000.
- *Mentoring:* A new partnership is forming between SIG and Friends, a local mentoring program, to provide mentors to at-risk SIG eligible youth. This program will replace the Across Ages mentoring program, which was not successful in Walla Walla. Friends is a non-profit organization. This partnership will help support the new mentoring program, while providing mentors for youth in schools participating in the local SIG project.
- *Bridge:* This past year, the Children's Home Society obtained a prevention grant for a program at Walla Walla High School. This prevention program, known as Bridge, provides prevention materials to eighth graders as well.
- *Social services:* Every couple of years, the Walla Walla County Department of Human Services publishes a county *Agency Resource Guide*.<sup>10</sup> In addition, the Department and the Walla Walla Area Library Network (WALNET) are creating an electronic interactive community resource and referral database, scheduled to be on line in 2001.

**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.

**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.

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<sup>9</sup> Children's Home Society website: [http://www.chs-wa.org/1\\_history.htm](http://www.chs-wa.org/1_history.htm).

<sup>10</sup> Walla Walla County. *Agency Resource Guide, 1999-2000*.



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 D for a list of risk factors and protective factors, categorized by domain. Factors addressed by the Walla Walla County SIG project are italicized within the list.

A risk and protective factor framework for prevention planning was already used in Walla Walla County before SIG funds and training were received. Data had already been collected on substance abuse prevalence, risk and protective factor indicators, and resource gaps. They participated in the spring 2001 pilot test of the collaborative needs assessment, sponsored by SIG. The group included local representatives from numerous state agencies including DASA, Community Mobilization Against Substance Abuse, Community Network, ESD 123, Washington Traffic Safety Commission, and the Department of Health. Representatives of local prevention coalitions and service agencies also attended: Community Connections, health care services, the faith community, Children's Home Society, YWCA, Juvenile Justice Center, County Resource Management, school staff, and chemical dependency treatment providers. Below are examples of some other instances of collaborative assessment and use of the risk and protective factor framework.

- Before receiving SIG funds and training, the Walla Walla County Department of Human Services conducted a county needs assessment using Hawkins and Catalano's social development model as a guide.<sup>11</sup> Data regarding risk and protective factors were compiled and community priorities established using the following three methods: analysis of local and state statistics; agency, adult and youth surveys; and input from focus and special interest groups. A total of twenty-six agencies and organizations completed an Alcohol/Drug Abuse Prevention and Treatment Needs Assessment Survey and reported the risk factors, critical service needs, and barriers to treatment in order of priority.
- Walla Walla County used a risk and protective factor framework for its needs assessment overview in its comprehensive county plan for 1999-2001.<sup>12</sup>

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<sup>11</sup> Hawkins, David J., Catalano, Richard F., and Associates. 1992. *Communities That Care, Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass Pub.

<sup>12</sup> Walla Walla County. *Comprehensive County Plan: Alcohol and Other Drug Dependency Program and Prevention/Early Intervention Programs, Phase I: Needs Assessment Overview, 1999-2001*. N.p.

- In 1998, a total of 484 middle and high school aged youth completed a youth survey asking them to prioritize risk and protective factors in their community.<sup>13</sup> The survey results mirror the community-wide assessment. Three of the top five risk factors were the same for both youth and adults.
- In 1998, a Children’s Forum focused on J. David Hawkins and Richard F. Catalano’s risk and protective factor framework and how it could be used in Walla Walla County.<sup>14</sup> A second Children’s Forum in 2000 also referred to Hawkins and Catalano’s framework and summarized data by domains and risk and protective factors.<sup>15</sup>
- Walla Walla County Community Network used risk factors in the needs assessment section of their *Community Public Health and Safety Plan, 1997*.

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

Prevention programs can be categorized by a rigor scale created by the federal Center for Substance Abuse Prevention. Rigor is the extent to which the program has been shown through scientific research to be effective in different locales and with multiple populations. The highest rating is rigor 5; the lowest is rigor 1. Programs ranked as rigor 5 have been shown effective and replicable across venues and populations in published, refereed research journals or in a meta-analysis.<sup>16</sup> 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.

The local SIG project director reported that matching the needs of the community to specific best practice programs was a challenge. Life Skills Training addressed risk factors identified by using results from the Washington State Survey of Adolescent Health Behaviors, but other identified needs were harder to match to science-based programs. Across Ages was selected because it partly met the identified needs of the community and the partnering school, but the program was not successful in Walla Walla. The Parent Navigator program was developed locally to meet identified needs in the community, as was the After-School Program at Pioneer Middle School.

What follows is a synopsis of prevention programs funded either partially or completely by SIG in Walla Walla and College Place.

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<sup>13</sup> Walla Walla High School. 1998. *Alcohol/Drug Survey Summary*. N.p.

<sup>14</sup> Pankl, Richard. 2000, April 17-18. The Valley’s children 2000, second children’s forum, Walla Walla. *Walla Walla Union Bulletin*.

<sup>15</sup> Pankl, Richard. 2000, June 4. Valley’s concern for children is part of its allure. *Walla Walla Union Bulletin*.

<sup>16</sup> 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.

**Life Skills Training**, rigor level 5, is offered as part of the health curriculum at John Sager Middle School and Meadowbrook Intermediate School in College Place. Life Skills Training is a universal program, which means that it is intended for a general audience, rather than for students selected or targeted because of their high risk or low protection characteristics. The program addresses a wide range of risk and protective factors. Program facilitators focused on teaching general personal and social skills, with an emphasis on drug resistance.

Life Skills started in 6<sup>th</sup> and 7<sup>th</sup> grade during 1999-2000. The school district funded the 6<sup>th</sup> grade classes. This second year, 2000-2001, the program facilitator conducted the first series in the program for the 6<sup>th</sup> grade classes at Meadowbrook and Year 2 booster classes for 7<sup>th</sup> and 8<sup>th</sup> graders at Sager.

As the program progressed, the school liaison and facilitators reported that students opened up and became more engaged in the discussions as the program evolved. Students developed a sense of trust when discussing the topics. It was noted that some students who, in other classes, demonstrated adverse behaviors, became engaged, cooperative, and, in some cases, leaders in the Life Skills classes. While she couldn't say that Life Skills Training was responsible, the school counselor noted that drug and alcohol incidents stopped after the first part of the second year and disciplinary problems dropped markedly in the latter part of the school year.

The College Place School District has been pleased with the Life Skills Training classes for the 6-8<sup>th</sup> graders. The SIG coordinator felt that the following were key factors in Life Skills Training's success:

1. The receptiveness of the schools.
2. The opportunity to implement this program in the classroom instead of after-school.
3. A skilled facilitator.
4. Support received from the administration of both schools.
5. A school counselor serving as liaison and becoming trained in LST.

**Parent Navigators**, rigor levels 1-2, was developed locally to meet identified prevention needs that could not be addressed by available Best Practice programs. The program consists of parent resource centers and support groups to help parents navigate the many services available in the community. SIG funded the initial program and, in partnership with the Department of Social and Health Services, Mental Health Division, added a new mental health component during SIG's second year of funding. Parent resource centers are located in Walla Walla Public Library and at Children's Home Society. Pamphlets, describing the program, are available at schools and the youth center.

*Parent Navigators are parents of children with complex needs who have navigated the system and have demonstrated knowledge of what it takes to access a broad range of services for children. Parent Navigators are available to assist families and to support them in areas tailored to their need. Most requests for assistance occur in the areas of mental health and chemical dependency.<sup>17</sup>*

Parent Navigators assist families to arrange a stabilization meeting or to implement an Individualized and Tailored Care (ITC) on behalf of their loved one or family. Eligibility criteria to receive Parent Navigator services include the following:

- Families with a child with complex needs.
- Families with children between the ages of 6 and 21 having complex needs.
- Families that need assistance navigating the system.
- Families that have experienced difficulty navigating the system in the past.
- Families with children having complex needs at feel estranged from the services offered in the community.

As of December 2000, there were fourteen parents and twenty-three youth in ten small support groups. The SIG coordinator reported that at least nineteen parents used the library resource center. Another 75 parents obtained information from the parent centers in local schools. A newsletter and brochures, describing the program, were widely distributed throughout the community.

The SIG coordinator reported positive comments from families using the program. Reasons given for the satisfaction were as follows: Parent Navigator staff availability when needed, flexible scheduling, and facilitators advocating for them in Individualized and Tailored Care meetings. Transportation was provided and support was given in varied settings, including family homes.

These are examples of Parent Navigator effects:

- Staff helped two parents find employment.
- A homeless mother was able to retain custody of her child after staff helped her locate transitional housing and employment.
- With staff assistance, a child who had been expelled from school was accepted back into the school system.

In August 2000, Walla Walla County Department of Human Services staff wrote a report on the Parent Navigator Program.<sup>18</sup> This report covers steps taken to develop and evaluate the program. Process outcomes, including volunteer training and establishment of resource libraries, were monitored for compliance

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<sup>17</sup> Parent Navigators website: <http://home.bmi.net/wwdhs/Parent%20Navigators.htm>.

<sup>18</sup> Walla Walla County Department of Human Services. 2000. State Incentive Grant Narrative, *Parent Navigator Program, Year one project narrative*.

by the SIG project coordinator. The biggest challenges were to develop the program components and to handle staff turnover.

The Parent Navigator Program is well underway and beginning to serve more families each month. A new mental health component was added this year.

**Across Ages**, rigor levels 4-5, has four major components: elders mentoring youth, youth performing community service, social skills, and family events. During the first project year (1999-2000), the program was to be offered only during the school year and as an after school program at Pioneer Middle School in Walla Walla. During planning sessions in May and June 2000, youth indicated that they would like to continue meeting during the summer. Program staff was able to partner with the Walla Walla Public Library to use their meeting room for weekly sessions during summer break. Community service, a family fun event, and field trips were conducted in other community settings during the summer months, as well. At the beginning of the SIG project, the team decided to substitute the Totally Awesome Health and Personal Social Responsibility curriculum for the Positive Youth Development section of the program.

One student from last year's Across Ages program went on to high school, yet she went back to help with the program this year. When asked for her opinion of how Across Ages could be improved, she reflected on her experiences visiting residents of the Pioneer Assisted Living facility while in the program:

*I don't know how it could be changed for the better...because how could putting smiles on peoples faces that hardly get visitors and have little to look forward to...how could it get better than that?*

There were downsides to Across Ages in Walla Walla. The program required implementation of four components simultaneously. It was extremely difficult to recruit mentors. From July through December 2000, sixteen youth and only two adults had been involved in the mentoring aspect of the program. Student participation was not steady over time, making matches difficult to achieve.

In the first project year, SIG staff asked Andrea Taylor, the developer of Across Ages, to visit Walla Walla and recommend ways to improve the program. She recommended that they commit more time and resources into recruiting mentors for Across Ages. The county did not have the financial resources to hire a full time coordinator, so they developed an after-school program to serve as a vehicle to get people involved with Across Ages.

According to the local SIG coordinator, the kids were not really interested in having mentors this past year. The program coordinator continually tried to find ways to make a mentoring program work. She finally decided that it would benefit the project and the community to use SIG funds to support another mentoring program, rather than to keep trying to make Across Ages work.

Friends, a non-profit mentoring organization, matches adults and children. The SIG Coordinator consulted with the state SIG project director, the local project director, school staff, and the local SIG Advisory Board, following the recommended process for changing a program. All supported making the change.

A combination of school record review, pre- and post-test outcome data, school survey results, and meeting minutes were used to monitor outcome evaluation objectives for this program. While the Across Ages program was difficult to implement, those who participated enjoyed the program.

The addition of the **After-School Program**, rigor level 1-2, for the second year of the SIG project extended the partnership with Pioneer Middle School by offering services to students after school hours. The school provided office space for a SIG staff assistant, assisted in student recruitment, and used daily announcements and teacher bulletins to promote the program. In addition, the school provided space to hold club sessions and stipends to teachers to facilitate some of the clubs. By December 2000, twenty-one students had participated in a variety of activities that taught them new skills and helped them develop new interests. Initially, activities included arts, crafts, reading, and woodshop. Photography, sports, and fishing clubs were added in 2001, with eight to twelve students per club activity. The local SIG coordinator plans to continue using this program to identify and refer students who would benefit from mentoring. It was initially hoped that older volunteers, recruited to assist with these activities, would then become mentors in the mentoring program. That did not turn out to be the case.

The after-school program went well this past year, especially in the winter months when there were fewer outdoor diversions. Pre- and post-tests were conducted and data entered into Everest for a sample of participants. Teachers and counselors noted positive responses from the kids.

**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 (WSSAHB) and the Everest program outcome monitoring system (hereafter, Everest). These tools are explained in the following paragraphs.

WSSAHB, 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. WSSAHB data provide cross-sectional substance abuse prevalence rates and measures of risk and protective factors among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students. Schools associated with SIG community grantees were required to participate in the survey.

Everest is a web-based, prevention program-monitoring tool developed for SIG by the Division of Alcohol and Substance Abuse. SIG community grantees have pilot tested Everest. The database was designed based on findings from several prevention research studies in which DASA has participated. It allows SIG grantees and providers to print tests, to be used as pre-tests and post-tests, to measure 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. Question responses are linked by a confidential code for each participant. Everest contains no identified data. This means that anyone reviewing the data in Everest would be unable to identify the answers that any particular person chose.

Here are examples of how Walla Walla has progressed toward achieving the use of common reporting tools:

- The local SIG coordinator assisted Walla Walla High School and Garrison and Pioneer middle schools in administering the WSSAHB in 1999 and 2000. Sager and Meadowbrook middle schools in College Place participated in the spring 1998 and fall 2000 survey, but chose to exclude family domain questions in 2000, which ask about family relations.
- Pre- and post-tests were given to prevention program participants to measure the extent to which they absorbed class material. Volunteers and local SIG staff entered pre- and post-test data into the Everest database and produced some reports for the first project year (1999-2000). Sometimes it was difficult to access the database. The system occasionally disconnected when large amounts of data were being entered. School professionals have asked for Everest pre- and post-test results. They are eager to know if the programs worked.
- Walla Walla County uses state and local data in a collaborative planning process which involves local constituents of state agencies and community and family service organizations.

### **Training and Technical Assistance**

Training offered to SIG staff focused primarily on the research-based programs offered through the project. The following table contains a list of the training in which staff members participated. Technical assistance on research-based program selection and modification was provided by the Western Center for Applied Prevention Technology (WestCAPT), funded by the federal Center for Substance Abuse Prevention.

**Table 2. SIG Related Training**

<b>Training Provided</b>	<b>Number Participating</b>	<b>Funded By</b>	<b>Benefits</b>
Training to prepare the SIG RFP response, including the Social Development Model	Unknown	SIG	Received SIG funding
Technical assistance with the SIG logic model for prevention planning and completing the matrix	Unknown	SIG	Completed planning and matrix
Everest	1	SIG	Learned how to use database for pre-/post-test data entry
Across Ages	14	SIG	Learned how to implement programs
Life Skills Training	2	SIG	
Across Ages – volunteer training	15	SIG	
Parent Party Patrol	1	SIG	Learned about this parent mobilizing program
Annual Northwest Regional Parenting Conference, hosted by WSU Cooperative Extension.	1	WSU, DASA and other state agencies (SIG covered local SIG staff)	Parent Navigator coordinator attended to expand knowledge of parenting programs and support group models.
Washington State Prevention Summit	1	DASA	Learned about successful mentoring programs

**Project Successes**

- A science-based prevention program, Life Skills Training, was successfully implemented with 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students in the College Place School District. While not directly attributable to the program, the school counselor noticed that incidents of substance abuse, detention, and disciplinary actions were fewer in the middle school after completion of Year 2 LST.
- Prevention program participants now receive pre- and post-tests to measure changes in knowledge, attitudes, and skills. The Everest database is used to



generate tests and, after data entry, supply reports by group, by question, and by (unidentified) participant.

- The WSSAHB was administered in three additional schools, an example of using common measurement tools and acquiring risk and protective factor and prevalence data to measure progress and identify unmet needs.
- Program implementation fidelity was measured for one program, Life Skills Training, to determine how closely the program as implemented resembled the program as designed. Results will be used to help interpret pre-/post-test results.
- New prevention partnerships have been created, for example, between the SIG coordinator and Pioneer Middle School staff through the planning and implementation of the after-school program.
- Parent Navigator, a new prevention program designed to meet local needs, was designed and successfully implemented. Results have been documented, the first step toward proving the program effective and making it available to other communities. The Mental Health Division of the Department of Social and Health Services thought the program worthy of additional funding to expand services. This is an example of leveraging funds, as SIG funding was used to design and implement the initial program, and, with a documented beginning, additional funding was acquired. It is also an example of building prevention partnerships.
- In early 2001, the Community Center for Youth began a Youth Navigator program through the Community Network. It is modeled on the same concept as Parent Navigator. This is an example of institutionalization.
- While Across Ages was discontinued, a new partnership was created with the Friend's, a mentorship program planned about a year before SIG funds were received. Mentoring matches began in late 1999. This is an example of recognizing and using existing resources, instead of duplicating services.

### **Project Challenges**

- Staff turnover at county, school district, and SIG program level made it difficult to carry out plans smoothly. It took time to recruit and train new staff, and institutional memory was lost.
- Walla Walla continued to have difficulty with data input and retrieval when using the Everest database. This was frustrating, especially with the Life Skills program, because teachers and program facilitators were anxious to see if the program had the promised effects with program participants.
- The challenges involved in designing and implementing a prevention program are many. One of the challenges experienced with the Parent Navigator program was the education of staff at Walla Walla Public Library about the program and the existence of materials available at resource centers within the libraries. In May 2001, library staff did not know about either the program or available materials. Upon learning of this situation, SIG staff made immediate efforts to educate them.

## **Baseline Planning and Funding**

One program in each SIG site was studied to learn about the funding and planning components of program implementation that are necessary to provide one prevention program in Walla Walla. The Parent Navigator program was selected for this purpose in Walla Walla. Program facilitators participated in a baseline planning and funding survey (see Appendix E for a copy of the survey form). The results are as follows.

- To provide a more comprehensive service to families and allow for the expansion of Parent Navigator:
  1. Mental Health Division (DSHS) offers a program known as Individualized Tailored Care. This program provided collaboration and support for Parent Navigator staff and volunteers.
  2. Mental Health Division's block grant provided enhancement dollars to allow incorporation of a mental health component.
  3. Division of Developmental Disabilities (DSHS) Family Support, Parent to Parent program provided collaboration and support for Parent Navigator parent groups.
- Walla Walla County provided general operating and administrative support and grant writing services for the original RFP response for SIG funding.
- The Division of Alcohol and Substance Abuse (DASA), Department of Social and Health Services (DSHS), provided support for the initial SIG prevention program planning, primarily by funding the local prevention specialist.
- Office of Community Development, Department of Community, Trade and Economic Development, Community Mobilization Against Substance Abuse funds supported the local prevention specialist, who helped plan Parent Navigator and respond to the RFP for SIG funding.
- College Place and Walla Walla school districts, Walla Walla Public Library, and Children's Home Society provided space, support, or participated in planning.
- The Parenting Commission, which includes Juvenile Justice, Children's Home Society, DASA Prevention Specialist, Camp Fire, Center for Sharing, and other service organizations include Parent Navigator on their website and share information about the program at their events.
- Referrals are provided by numerous agencies, organizations, and schools, including the Friends mentoring program, Street Youth Services, Juvenile Justice Center, counseling agencies, and social service agencies. Some people are self referred.

## **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 F). Program implementation fidelity refers to how closely program

providers in a local community follow the original design of the prevention program.<sup>19</sup>

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.<sup>20</sup> Evaluators want to know if pre-test/post-test results were due to the program as it was designed, or were the results of a program unique to the site. The survey tells evaluation staff and local SIG providers and staff what they tested with Everest: the program named in their matrix or some variation of that program. The fidelity survey also gives local SIG providers and staff a comprehensive record of what was changed. When combined with Everest results, the survey can help determine two things:

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

Evaluators wanted to know from the survey if the results we were seeing from pre-test/post-test results were due to the program as it was designed, or were the results due to a program characteristic unique to the program site?<sup>21</sup> The fidelity survey also gave local SIG providers and staff a comprehensive record of what was changed.

Local SIG staff and the evaluator selected Life Skills as the pilot in Walla Walla. The Program implementation fidelity survey revealed these changes to the Life Skills Training program in Walla Walla:

- SIG management discontinued the family nights component due to poor attendance. Family nights are not a part of the original LST program design. They were originally proposed by the local schools. SIG administrators in Olympia approved dropping them.
- Meadowbrook 6<sup>th</sup> grade classes met once weekly for 17 weeks. The facilitator and school liaison condensed the booster session material into 3-4 weeks instead of the regular six week program due to scheduling conflicts at the school.
- Program facilitators felt they had to develop incentives to get kids to complete their workbooks. They added a Ropes Course to develop team-building skills.

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<sup>19</sup> King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

<sup>20</sup> Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

<sup>21</sup> *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

## Conclusion

Walla Walla County is well organized around prevention, and it offers many types of prevention programs and activities for youth. SIG is one small component of the prevention network. Community coalitions and services were well organized before SIG funding was received. The risk and protective factor framework was already in use. Needs and resource assessments, based on measurable data, had been conducted. The SIG project can claim credit for two major changes in prevention in Walla Walla and College Place:

1. SIG was responsible for the implementation of the Washington State Survey of Adolescent Health Behaviors in some of the target schools. The survey provides a cross-sectional measurement of substance abuse prevalence and risk and protective factors among 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students.
2. The SIG project provided funds to support science-based prevention programs in three schools.

These changes occurred because of SIG requirements, although the implementation of science-based programs may have resulted from another influence, as well. WSSAHB data will be used to measure community level changes in substance abuse prevalence rates and risk and protective factors in 2002 and every two years thereafter. SIG community grantees were required to participate in the survey. Another SIG requirement was that 50% of all prevention programs funded by the grant would be science-based. State agencies have informed their county and tribal prevention contractors that federal funding agencies are moving toward a similar requirement.

Children and youth are a high priority of the prevention system in Walla Walla County as evidenced by the large number of programs, amount of press coverage, and number of special forums. There are over twenty-five active social service coalitions in the community, many focusing on youth. The community applies for many grants on behalf of youth. Below is a list of some of the services that help youth in the county and that are also contributing to risk reduction and protection enhancement. Any changes in long-term prevention outcomes must be attributed to the influence of these services, as well as those funded by SIG:

- A partnership among the city of Walla Walla Parks and Recreation Department and the Community Network opened a teen center during the first project year (1999-2000). It is viewed as a great success.<sup>22</sup> The center now has an advisory board and non-profit status.
- Children's Home Society has a grant to provide prevention services in the public schools through the Bridge project.<sup>23</sup> The project is located at the high school, with outreach to 8<sup>th</sup> graders. It involves recruiting tutors and mentors

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<sup>22</sup> Michael, Sharon. 27 March 2000. Youth center a big hit, but funds stretched. *Walla Walla Union Bulletin*.

<sup>23</sup> Grimes, Cathy. 24 August 2000. Children's Home Society, area schools to get grant. *Walla Walla Union Bulletin*.

of all ages to assist students with their studies and transitions from middle to high school.

- D.A.R.E. (Drug Abuse Resistance Education) programs operate in the county schools outside the city of Walla Walla.
- Law enforcement officers provide a Gang Resistance Education and Training (GREAT) program in local schools.<sup>24</sup>
- *Youth And Family Yellow Pages* provide an easy-to-use guide to family and youth services and resources. The *Pages* also include information on ATOD prevention.<sup>25</sup>
- Tobacco settlement funds, administered through the Department of Health, are used to educate kids about the dangers of tobacco use.
- ESD 123 places prevention specialists in Sager and Pioneer Middle Schools. Among other services, they provide the Teens Against Tobacco Use (TATU) prevention program.
- Community Connections, Community Network, and local DASA prevention staff collaborated to present a methamphetamine awareness workshop this spring.

Walla Walla County Department of Human Services has shown progress toward achieving all of the community-level objectives established by the Governor's Substance Abuse Advisory Committee. During the last year of SIG community funding, Walla Walla intends to move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring developed under SIG.

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<sup>24</sup> McConn, Terry. 1 January 2000. Grant comes through: WA-HI to get deputy. *Walla Walla Union Bulletin*.

<sup>25</sup> Walla Walla County. *Youth And Family Yellow Pages*.

## **Appendix A:**

### **Community-Level Goal and Objectives<sup>26</sup>**

#### **Goal:**

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

#### **Objectives:**

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

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<sup>26</sup> Governor's Substance Abuse Prevention Advisory Committee. 1999. *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

## **Appendix B: Methods**

### **Information Sources**

#### **Interviews**

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

#### **Surveys**

- a. Program Implementation Survey, completed on the Life Skills Training program. See Appendix F for a sample survey form.
- b. Baseline Funding and Planning Survey, conducted for the Parent Navigator program. See Appendix E for a sample survey form.

#### **Document Review**

- a. Six-month progress reports, required by state-level SIG administration.
- b. 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 administration staff in conjunction with Walla Walla SIG staff.
- c. Advisory Board meeting minutes
- d. Local correspondence
- e. Newspaper articles
- f. 2000 Census Data website:  
<http://quickfacts.census.gov/qfd/states/53/53071.html>.

#### **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 progress toward system changes in planning, providing, funding, and evaluating prevention services for youth in local communities.



## **Appendix C: Community Task Forces**

- Bicycle and Pedestrian Committees
- Blue Mountain Heart to Heart – assistance to persons with HIV
- Community Center for Youth
- Community Connections
- Community Network
- Community Recreation Coalition
- Community Service Council
- Crime Prevention
- County Interagency Coordinating Council
- D.A.R.E. (The city of Walla Walla has dropped this program, but the county continues to offer it.)
- Domestic Violence Coalition
- Friends
- Health Education Advisory Committee
- HIV/AIDS Task Force
- Homeless Coalition
- Juvenile Justice Advisory Committee
- National Alliance for the Mentally Ill
- Parents Are Vital in Education
- Parks and Recreation Advisory Board
- Search and Rescue
- Senior Round Table Advisory Council
- Substance Abuse Task Force
- Teen Support Coalition
- Tobacco Advisory Council
- Urban Forestry Advisory Commission
- Walla Walla Area Library Network
- Walla Walla Area Crime Watch
- Walla Walla Community College Advisory Board for Children and Family Studies
- Walla Walla Council on Child Abuse and Neglect
- Walla Walla DWI/Traffic Safety Task Force

## Appendix D: Risk and Protective Factors, Categorized by Domain<sup>27</sup>

*Note:* Risk and protective factors addressed by the Walla Walla County Department of Human Services SIG project are italicized.

<b>Domains</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Community</b>	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
<b>Family</b>	Family history of the problem behavior <i>Family management problems</i> Family conflict <i>Favorable parental attitudes and involvement in the problem behavior</i>	<i>Bonding: family attachment</i> Opportunities for prosocial involvement Rewards for prosocial involvement
<b>School</b>	Early and persistent antisocial behavior Academic failure <i>Lack of commitment to school</i>	Bonding: attachment to school Opportunities for prosocial involvement Rewards for prosocial involvement
<b>Individual</b>	Rebelliousness <i>Friends who engage in the problem behavior</i> <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> <i>Bonding: attachment to prosocial peers</i> <i>Social skills</i>

<sup>27</sup> 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 E:  
Baseline Planning and Funding Survey**

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

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

Please add more pages as needed.

Date \_\_\_\_\_ Site \_\_\_\_\_ Program Service \_\_\_\_\_

Rigor Level \_\_\_\_\_ Beginning Date of Program Service \_\_\_\_\_ Ending Date of Program Service \_\_\_\_\_

Name of person supplying information \_\_\_\_\_

## Appendix F: 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:

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

Created by the Washington State Incentive Grant Evaluation Team, September 2000: Christine Roberts, Ray Mitchell, Kojay Pan, Anne Strode, and Linda Weaver, University of Washington, Washington Institute of Mental Illness Research and Training/Western Branch. Developed under the guidance of the Department of Social and Health Services, Research and Data Analysis Division for the Department of Social and Health Services, Division of Alcohol and Substance Abuse.