



Lake Washington School District, King County Washington State Incentive Grant 2nd Year Community-Level Evaluation 2000-2001

Department of Social and
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Research and Data Analysis
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Western Branch

Kojay Pan, M.P.A.,
Christine Roberts, Ph.D.,
with Dario Longhi, Ph.D.

Executive Summary

The Lake Washington School District in King County 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. Lake Washington School District's second year experiences with SIG are reported here.

Progress toward SIG Community Level Objectives

The Lake Washington SIG Project is known as the Eastside Central Community. The Eastside Central Community project serves an urban community that is primarily encompassed by Lake Washington School District. The area has several highly profitable companies that attract professional people. It is also home to an increasing number of unskilled workers and individuals who speak little or no English and have difficulty finding well-paid employment as a result. Local percentages of the population at the extreme ends of the socioeconomic scale are increasing.

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.*

Before receiving SIG funding, the community represented by the Eastside Central Community SIG project already had substantial experience with creating prevention partnerships. Prevention partnerships were extensive in their scope and their participation, involving interested participants from the schools, parents, youth, neighboring agencies, the community, and local governments. One benefit of SIG has been to formalize communication on prevention between schools and program providers through the creation of advisory boards that focus primarily on substance abuse prevention. These boards have increased collaboration among prevention agencies.

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

The Eastside Central Community was already educated in the risk and protective framework before participating in SIG trainings. According to

respondents, SIG helped to reinforce this knowledge. Also in use by local prevention professionals is the Developmental Assets prevention framework.

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

Lake Washington School District has traditionally participated in the collection and examination of substance abuse-related prevention data, but not always with multiple prevention partners.

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. Some research-based programs have been selected as best practices by the federal Center for Substance Abuse Prevention. SIG provided funding for two best practices in the Eastside Central Community project: SUCCESS Mentoring and Family Connections. The concept of research-based programs was not new to the area with SIG.

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

Reporting tools used in common among prevention partners in the Lake Washington School District include the Washington State Survey of Adolescent Health Behavior and the Developmental Asset Survey at the community level. At the program level, the Everest program outcome monitoring database and other program-specific methods are used. Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements. Although SIG is not responsible for introducing the concepts of data assessment and outcome evaluation, respondents believe that SIG helped to reinforce these methods.

Conclusion

The Lake Washington School District and its prevention partners were familiar with and used most of the prevention concepts promoted through the SIG community level objectives that were established by the Governor's Substance Abuse Advisory Committee. SIG has helped to promote and formalize the practice of those concepts. During the third and last year of SIG community funding, the Eastside Central Community intends to continue to move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring they developed through SIG.

Lake Washington School District, King County Year 2 Community Level Evaluation

The Washington State Incentive Grant

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

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

Goals:

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

Objectives:

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

Introduction

This report documents SIG-related activities for the second project year in the Eastside Central Community. It summarizes progress made toward achieving the

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

community-level goals and objectives of the Washington State Incentive Grant. The report presents local prevention partners' challenges and successes in providing substance abuse prevention services for youth. It also describes the substance abuse prevention funding and planning necessary to provide a single prevention program in the Eastside Central Community. Research methods are described in Appendix B.

Background

The Eastside Central Community project serves an urban community that is primarily encompassed by Lake Washington School District. The Eastside Central Community area has several highly profitable companies that attract professional people. The area is also home to an increasing number of unskilled workers and individuals who speak little or no English and have difficulty finding well-paid employment as a result. The area's percentages of the population at the extreme ends of the socioeconomic scale are increasing. See the first Lake Washington School District SIG report for details.

Progress Toward Community-Level Objectives

Lake Washington School District had many of the components of the prevention model promoted by SIG before its selection as a SIG community grantee. SIG helped focus and formalize the school district's prevention services and integrate them with prevention efforts in the community. A description of progress made by the Eastside Central Community SIG project toward the statewide community level objectives follows.

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.

The Lake Washington School District has primary responsibility for organizing and running the SIG project, which incorporates several agencies and programs outside of the school district. Because the project was not contained within school boundaries, project stakeholders chose a name reflect the community's interest and involvement in the project: the Eastside Central Community. The two committees established as a result of SIG are the Oversight Committee and the Advisory Committee.

The Oversight Committee is comprised of the local SIG project director, the project manager, and the project coordinators. The SIG project manager assists the director with the day-to-day activities associated with programs. Project coordinators include representatives from Youth Eastside Services, Evergreen Community Health Care, and the City of Kirkland. There have been efforts made by the Oversight Committee to increase its scope. Invitations have been sent out to representatives from the cities of Bellevue, Kirkland, and Redmond. The

Oversight Committee hopes that by increasing participation, it can increase information exchange and prevent duplication of effort.

The Advisory Committee, the second SIG committee, is a larger group of prevention partners than the Oversight Committee. The Oversight Committee selected members of the Advisory Committee. Members include the following:

- School principals participating in SIG
- The SIG mentoring program coordinator from Youth Eastside Services
- Representatives from the Pacific Training Network, which facilitates the Family Connections and Smooth Transitions programs
- Representatives from the King County Community Organization Program
- Members of the Oversight Committee

The Oversight and the Advisory Committees both provide an opportunity for updates and information sharing about how the SIG programs are progressing. They share ideas about future prevention efforts and possible funding opportunities. The Oversight Committee reviews budgetary issues and is also responsible for making yearly decisions pertaining to each program. For example, after the first year, the Oversight Committee decided to discontinue the Student Assistance Teams and add a new program, Health Works. The Advisory Committee is a good place for all participants to make suggestions, such as sharing recruitment ideas, and to note how individual programs complement other programs in the area.

Respondents believe that the partnerships created for the purposes of SIG have been successful in generating and increasing communication between schools and program providers. Prevention partners are now discussing issues of access to programs and schools and how to better balance programs with each other. The scope of the meetings has also shifted. During year one, a large majority of meeting time was committed to logistics and to programmatic concerns. Respondents state that, during year 2, the scope of their collaboration shifted toward the successes of programs, how various programs are interrelated, and how to improve programs and better help youth and families in need.

Respondents report that the overall impact of SIG implementation and programming on partnerships and collaborations Eastside Central Community has been positive. Representatives from the city, county, the school district, and local prevention providers were already actively communicating ideas, planning projects, and voicing concerns, but there was no formal arena for this collaboration. With the introduction of SIG funding, new, more clearly defined partnerships have been created with the goal of addressing substance abuse issues.

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

SIG sites used the risk and protective factor model in planning their prevention approaches. This model, developed by David Hawkins, Richard Catalano, and others at the University of Washington, categorizes influences that either increase the likelihood that a child will someday abuse substances or that help lessen the impact of those risks. Influences that increase the likelihood of substance abuse are known as risk factors; those that lessen the impact of risk factors are known as protective factors. Groups of risk and protective factors are categorized into domains of influence: community, school, family, and peer/individual. See Appendix C for a list of risk factors and protective factors, categorized by domain. Factors addressed by the Lake Washington School District SIG project are italicized within the list.

Much of the Eastside Central Community was already educated in the risk and protective framework before SIG funding was received. Respondents maintain that the risk and protective factor framework and the prevention language related to the framework is understood and used by local agencies and program providers. Respondents report that SIG helped to reinforce this knowledge.

It is important to note that, in addition to the risk and protective factor framework, the Eastside Central Community also uses another prevention framework, the Developmental Asset Model. Both models have been used in the past, and respondents believe that there is very little difference between the two. Local prevention providers are aware that funding can be linked to either model and assert that it is important for the prevention community to be familiar with both prevention models.

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.

Lake Washington School District has collected, assessed, and prioritized substance abuse-related prevention data, but not always with multiple prevention partners. SIG formalized the process of developing prevention partnerships and performing joint planning and needs and resource assessments.

Are the matrices used as a management tool in the Eastside Central Community? For the selected prevention programs, respondents report that the matrices, as explained in the Year One report, are viewed as a guide for week-to-week implementation. Program providers and the project manager use the matrices to compare the number of projected participants to the number of actual participants.

The Oversight Committee has used the results from six-month reports based on the matrices to make decisions. For example, the Student Assistance Teams program originally received training from the Pacific Training Network. However, through a series of Oversight Committee meetings, it was decided that the Student Assistance Teams were not being used properly in the schools. The committee terminated funding for the Student Assistance Teams and sought a more effective program.

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.

Respondents report that, before SIG, the substance abuse prevention community was well aware of the concept of best practices and that future funding from a variety of sources would likely be linked to science-based programming. As a result, prevention providers had already begun to select programs that are science-based and that have been selected as best practices. Respondents report that some program providers are in constant contact with program creators, seeking to improve their programs and qualify as a best practice program.

Programmatic Impact of SIG

SIG funding has either created new programs or enriched the services of current programs in the Lake Washington/Eastside Central Community. A brief description can be found in the following section, followed by an update on the status of the program.²

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. The rigor level of each program is noted below.

- **PeaceBuilders**, rigor 1

This curriculum integrates positive principles, such as praising others and righting wrongs, into the culture and climate of the entire school. By creating a positive environment in which adults and children work together, PeaceBuilders addresses one of the risk factors: lack of commitment to school.

² *Building Partnerships, Eastside Central SIG Community Brochure*. Lake Washington School District, 2000.

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.

School staff report that PeaceBuilders is well received, and the vocabulary and attitudes being taught by the curriculum are present throughout the school. Some students who have completed the program perform as role models and teachers for younger students.

School principals shared with the Advisory Committee the successes they have experienced in integrating the PeaceBuilders language into their discipline policies.

- **Teens Against Tobacco Use (T.A.T.U.), rigor 3**

This peer education model is facilitated by Evergreen Community Hospital. It trains junior high students to teach elementary-aged youth about the risks of tobacco use. T.A.T.U. program providers report that 46 students signed up for the program and that approximately 10 presentations were conducted at the elementary schools. One challenge confronting the T.A.T.U. program has been providing transportation for the students who present elementary school programs.

- **Family Connections, rigor 5**

This six-week program involves the entire family. It provides seven families with skills and education about drug and alcohol issues. Topics include setting limits, strengthening assets, strengthening communication skills, and acquiring drug/alcohol information. Family Connections provides interpreters for families who have difficulty understanding English.

During year one, Family Connections was negatively impacted by a late start. Since recruitment is necessary, the limited time remaining made following a regular schedule very difficult. Program providers discovered that elementary school level parents were much more interested in the program than parents of older students. Family Connections is now completely focused on elementary students and their families.

- **SUCCESS Mentoring Program, rigor 5**

Students are matched with adults who commit two to four hours a week to mentor them. Mentors undergo extensive training and orientation. Respondents describe year one of the SUCCESS Mentoring Program as a program-building year. It was not until year two that the SUCCESS Mentoring Program was able to secure a program coordinator. Since the coordinator was hired, school staff are more comfortable with the program, and communication and collaboration has increased.

- **Here's Looking At You, rigor 3**

As well as sharing information about drug and alcohol use, teachers for grades 4 through 6 have been trained to provide classroom lessons in improving self-esteem, developing positive peer groups, forming good decision-making skills, and learning refusal skills. Here's Looking At You was originally

planned for two elementary schools. In one of the elementary schools, the program was determined to be a bad fit. As a result, that particular school decided to implement a different curriculum, **Health Works**, rigor 1,2, which is an interactive curriculum on prevention.

- **Media Campaign**, rigor 1

This program disseminates information to the community about prevention programs and their success. In addition to educating and raising public awareness, this program also actively recruits mentors and solicits public support. Respondents report that articles and announcements have been published in local newspapers in English and Spanish.

Do the selected Eastside Central Community prevention programs address prioritized risk and protection factors?

Programs were selected through a series of planning meetings involving representatives from the cities of Kirkland and Redmond, Youth Eastside Services, King County Community Organizing Program, Evergreen Hospital, Lake Washington School District and PTSA Council. This group worked to identify and assess available community resources and gaps in services, and then select programs that would address those gaps.

Some programs were chosen because they were successfully being conducted in other parts of the community. Experienced program providers and coordinators already existed. They provided insight and knowledge regarding those programs. Examples are programs such as PeaceBuilders, Here's Looking At You, and Success Mentoring that have now been expanded to schools that were previously not receiving services.

Other programs were new to the Lake Washington School District/Eastside Central Community. These were selected based largely upon community need. Examples include the Media Campaign and Family Connections.

Now that programs are in place, respondents maintain that program providers and coordinators are aware of the prioritized risk and protective factors associated with each program and that programs are conducted with those factors in mind as overall programmatic objectives. For example, the mentoring program directly addresses factors such as improving commitment to school.

Did any issues or problems arise during the program selection process for the Eastside Central Community?

Respondents report no significant problems during the program selection process. The most important consideration was to ensure that programs provided a correct fit for a particular school. After implementation, some programs experienced difficulty in a particular school. For example, a teacher normally facilitates the

Here's Looking At You program. In one school, this did not take place, and the program was eventually cancelled.

Was recruitment and participation an issue for programs in the Eastside Central Community? How so?

According to respondents, recruitment and participation was not an issue for youth programs. For example, the Teens Against Tobacco Use program had more youth participate in the program than originally planned. However, recruitment for parent programs, such as Family Connections and Smooth Transitions, was more of a problem. Although several school counselors and teachers promoted and advertised those parenting programs, the actual turnout for parental training programs was lower than expected. Respondents cite parents' busy work schedules and their desire to spend evenings at home as major reasons for the low turnout. In addition, respondents also add that the low turnout may be partly because facilitators for those programs were not part of the school staff. Without such a connection to the schools, program facilitators had a more difficult time connecting with parents.

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.

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

Everest is a web-based, prevention 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, answers for each question are entered by local staff over the web. Test results are immediately available to the community grantee and the program provider. Everest contains no identified data. Questionnaire responses are linked by a confidential code for each participant. This means that anyone

reviewing the data in Everest would be unable to identify the answers that any particular person chose.

The Washington State Survey of Adolescent Health Behavior has been regularly used in the past to identify and prioritize areas of need. This data is then related to the risk and protective factors that are to be addressed by programs. The Search Institute's Developmental Assets Survey is also conducted regularly in the Lake Washington School District.

Everest reports have not yet been generated for year one of SIG programming. Some programs are still unable to enter data in the system. Pre- and post-tests reports for year two did not yield results that local SIG staff could understand without further training. Because they are funded through many sources, prevention providers must observe multiple evaluation and reporting requirements.

Respondents report that the representative from Social Development Research Group at the University of Washington was very helpful in the selection of scales to use for pre-/post-tests. However, the scales themselves sometimes do not match well with a program's focus. For example, the Teens Against Tobacco Use program was forced to use scales related to problem solving because SDRG was unable to find scales more closely relating to the program.

Training and Technical Assistance

Representatives from the Eastside Central Community, including the program director and program manager, attended Everest training in year one of SIG programming. Using materials from the Everest training, the program director and program manager created their own Everest instructions and provided training sessions for their own program providers.

Additional training sessions and workshops attended by Eastside Central Community representatives included the sessions provided twice a year during SIG community meetings. The Social Development Research Group at the University of Washington provided technical assistance during scale selection.

Project Successes

- A rigor 5 science-based prevention program, SUCCESS Mentoring, was successfully implemented in elementary and junior high schools.
- The Washington State Survey of Adolescent Health Behavior continued to be administered in schools, an example of using common tools and acquiring risk and protective factor and prevalence data to measure progress and identify unmet needs.
- The Media Campaign has raised community awareness regarding alcohol and other drug issues confronting youth and families. The Media Campaign has

also helped recruit adult mentors for programs, and has created a stronger sense of community support for prevention activities.

Project Challenges

- Scales selected for program outcome monitoring do not always ask the kinds of questions that reflect the change or growth children exhibit through their participation in Eastside Central Community's substance abuse prevention programs. The Everest database program has been a source of confusion. There has been difficulty with data input and retrieval when using the Everest database and difficulty in interpreting data results.

Program Implementation Fidelity Survey

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 D). Program implementation fidelity refers to how closely program providers in a local community follow the original design of the prevention program.⁴

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.⁵ 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?⁶ The fidelity survey also gave local SIG providers and staff a comprehensive record of what was changed.

⁴ King, Jean A., Morris, Lynn L., and Fitz-Gibbon, Carol T. 1978. *How to Assess Program Implementation*. Newbury Park, CA: Sage.

⁵ Goodman, Robert M. 2000. Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology*. 28(3): 309-321.

⁶ *Program Implementation Survey*. Washington State Incentive Grant Evaluation Team, September 2000.

The program implementation survey was conducted for one program in the Eastside Central Community SIG project. Only minor changes were made in the Family Connections program. The number of sessions was increased to ten weeks, thus allowing for the introduction of additional materials during the sessions.

Baseline Funding and Planning

One program in each SIG site was studied to learn about the funding and planning necessary to implement one program. The Family Connections program at Rose Hill Elementary School was selected for this purpose in the Eastside Central Community. 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 Pacific Training Network served as program facilitators and attended planning sessions and advisory committee meetings.
- The Lake Washington School District provided space and housing for the Family Connections program. In addition, representatives from the Lake Washington School District attended the oversight and advisory committee.
- Youth Eastside Services provided copying costs for promotional flyers and letters to school staff and counselors. In addition, representatives from Youth Eastside Services were subcontracted to work for SIG and attended oversight, advisory, and planning meetings.

Conclusion

The Lake Washington School District had already established a strong history of substance abuse prevention programs and activities before SIG funding was received. Partnerships between prevention providers and organizations were very strong. The Lake Washington School District and prevention programs in the community regularly used data for planning and the evaluation of program outcomes. In addition, science-based programs were valued and used.

SIG's impact was to help formalize prevention partnerships and provide a specific focus on substance abuse prevention. SIG funding provided support in replicating existing science-based prevention programs or developing completely new programs and curricula.

SIG also reportedly had an impact in generating more community and parental support for substance abuse prevention programs in the schools. According to respondents, SIG helped to alleviate many of the parents' concerns regarding substance abuse prevention material. SIG helped to educate the community and parents about the effectiveness of science-based prevention programs.

The Lake Washington School District and its prevention partners were familiar with and used most of the prevention concepts promoted through the SIG

community level objectives that were established by the Governor's Substance Abuse Advisory Committee. SIG helped to promote and formalize the practice of those concepts. During the third and last year of SIG community funding, the Eastside Central Community intends to continue to move toward institutionalizing some of the changes they have achieved in the system of prevention planning, funding, implementation, and monitoring they developed through SIG

Appendix A:

Community-Level Goals and Objectives⁷

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.

⁷ Governor's Substance Abuse Prevention Advisory Committee (1999). *Washington State Incentive Grant Substance Abuse Prevention Plan*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse, State Incentive Grant Project.

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.

Program Implementation Survey

Program Implementation Survey was completed on the Parent Navigator Program

Baseline Planning And Funding Survey

Baseline Report for Local Effects of State Level Systems Changes, Family Connections at Rose Hill Elementary School

Subrecipient Survey

Subrecipient Survey conducted for CSAP on Lake Washington School District/Eastside Central Community

Document Review

- a. Local Progress Reports:
 - Program updates
 - Advertisements and flyers
 - Meetings Minutes

- 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
 - Agency brochures
 - SIG Reports

Analysis

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

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

Appendix C: Risk and Protective Factors, Categorized by Domain⁸

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

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

⁸ Modified from *A Guide to the Community Substance Abuse Prevention Projects*. December 2000. Governor's Substance Abuse Prevention Advisory Committee. Available from State Incentive Grant Project, Division of Alcohol and Substance Abuse, Department of Social and Health Services, PO Box 45331, Olympia, WA 98504-5331 (ph: 360 438-8065) or Washington State Alcohol/Drug Clearinghouse (ph: 800 662-9111 in-state; 206 725-9696 Seattle or out of state).

Date _____ Site _____ Program Service _____

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

Name and position/title of person supplying information _____

Appendix D:
Baseline Planning and Funding Survey

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

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

Please add more pages as needed.

Date _____ Site _____ Program Service _____

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

Name of person supplying information _____

Appendix E: Program Implementation Survey

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

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

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

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

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



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

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

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