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Getting To Outcomes™ 2004

Appendices

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Question #1: Needs

1A: Surveys

Youth Survey 1

This survey is being used to help us better understand your community. Please answer honestly. YOUR NAME WILL NOT BE USED AND ALL INFORMATION IS CONFIDENTIAL.

Please circle the response that most accurately reflects your feelings about the following statements.

1. I feel pride in my community.

Always   **Sometimes**   **Seldom**   **Never**

2. I feel that I will have a positive effect in this world.

Always   **Sometimes**   **Seldom**   **Never**

3. I feel that the education that I am receiving is preparing me to achieve my life's goals.

Always   **Sometimes**   **Seldom**   **Never**

4. I feel that my relationship with my parent/guardian is a positive one.

Always   **Sometimes**   **Seldom**   **Never**

5. I attend church.

Always   **Sometimes**   **Seldom**   **Never**

6. There are opportunities for youth to volunteer in your community.

Always   **Sometimes**   **Seldom**   **Never**

7. How often does it seem like there is nothing to do but hang out with your friends in your community?

Always   **Sometimes**   **Seldom**   **Never**

8. I feel there are not enough after-school or weekend youth activities in my community.

Always   **Sometimes**   **Seldom**   **Never**

9. Some parents in my community use alcohol, tobacco, or other drugs.

Always   **Sometimes**   **Seldom**   **Never**

10. Have you ever been influenced by your friends or other people to take drugs?

Always   **Sometimes**   **Seldom**   **Never**

11. If a friend offered you drugs, would you be comfortable saying no?

Always   **Sometimes**   **Seldom**   **Never**

12. Have you been approached by anyone to buy drugs in school or in your community?

Always   **Sometimes**   **Seldom**   **Never**

13. I use cigarettes, alcohol, or other drugs.

Always   **Sometimes**   **Seldom**   **Never**

14. I feel that it is ok for someone my age to use alcohol.

Always   **Sometimes**   **Seldom**   **Never**

15. I feel that it is ok for someone my age to use marijuana.

Always   **Sometimes**   **Seldom**   **Never**

16. I feel that it is ok for someone to use tobacco products (cigarettes, cigars, Black & Mild, etc).

Always   **Sometimes**   **Seldom**   **Never**

17. I am sexually active.

Always   **Sometimes**   **Seldom**   **Never**

18. If you are sexually active, do you practice safe sex?

Always   **Sometimes**   **Seldom**   **Never**

19. What kind of activities are you interested in participating in i.e.: hobbies, sports, clubs, etc.?
_____
_____
_____
_____

20. Do you have any suggestions for starting a youth program in your community?

_____
_____
_____
_____

21. Do you have any other comments or suggestions about things that might help your community?

_____
_____
_____
_____

Please tell us a little about yourself.

19. What is your age?   _____

20. What is your gender?   Female ————   Male ————

21. What is your ethnicity?   _____

Thank you for your participation

Youth Survey 2

1. Age: 12   13   14   15   16
     17

2. Gender: Male   Female

3. Race: Black   White   American Indian

Asian   Other

4. Grade: 6 7   8   9   10   11   12

Please Circle One Answer Only

1. Have you ever tried beer or malt liquor?

                Yes   No

2. If you had the opportunity, would you try beer or malt liquor?

                Yes   No

3. If you wanted it, how easy would it be for you to **get** beer or malt liquor?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

4. If you wanted beer or malt liquor, how easy would it be for you to **buy** it?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

5. Have you ever tried Marijuana (weed)?

               Yes   No

Please Circle One Answer Only

6. If you had the opportunity to try marijuana (weed), would you?

               Yes   No

7. If you wanted marijuana (weed), how easy would it be for you to **get** it?

Very Easy	Fairly Easy	Pretty Hard	Very Hard	Probably Impossible

8. If you wanted marijuana (weed), how easy would it be for you to **buy** it?

Very Easy	Fairly Easy	Pretty Hard	Very Hard	Probably Impossible

9. Have you ever tried Crack?

               Yes   No

10.   If you had the opportunity to try crack, would you?

               Yes   No

11. If you wanted crack, how easy would it be for you to **get** it?

| Very | Fairly | Pretty | Very | Probably |
| Easy | Easy | Hard | Hard | Impossible |

12. If you wanted crack, how easy would it be for you to **buy** it?

| Very | Fairly | Pretty | Very | Probably |
| Easy | Easy | Hard | Hard | Impossible |

13. Have you ever tried cigarettes, cigars, dip, chew or other tobacco products?

Yes   No

Please Circle One Answer Only

14. If you had the opportunity, would you try cigarettes, cigars, dip, chew or other tobacco products?

Yes   No

15. If you wanted cigarettes, cigars, dip, chew or other tobacco products, how easy would it be for you to **get** it.

| Very | Fairly | Pretty | Very | Probably |
| Easy | Easy | Hard | Hard | Impossible |

16. If you wanted cigars, dip, chew or other tobacco products, how easy would it be for you to **buy** them?

| Very | Fairly | Pretty | Very | Probably |
| Easy | Easy | Hard | Hard | Impossible |

Please Circle All Answers That Apply

17. If you wanted alcohol, where would be the easiest place to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

18. If you wanted marijuana (weed), where would be the easiest place to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

19. If you wanted crack, where would be the easiest place to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

Please Circle All Answers That Apply

20.   If you wanted _____(Name of other drug that you are familiar with), where would be the easiest place to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

21. If you wanted cigarettes, where would be the easiest place to get them?

Store   Home   Friend   Parent

Other   Stranger   Relative

22. If you wanted cigars like black & mild, Philly Blunts, or Cigar Wise, where would be the easiest place to get them?

Store   Home   Friend   Parent

Other   Stranger   Relative

23. If you wanted chewing tobacco, where would be the easiest place to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

Please Circle All Answers That Apply

24. What would you say is the worst thing that could happen if you drink alcohol?

Doing something foolish	Doing something dangerous	Getting into a car crash
Getting Arrested	Alcohol Overdose	Being Caught by Parents
Becoming Addicted	Getting suspended from school	Looking Gross
Death	Bad Breath	Smelling Bad

Please Circle All Answers That Apply

25. What would you say is the worst thing that could happen if you use drugs?

Doing something foolish	Doing something dangerous	Getting into a car crash
Getting Arrested	Overdose	Being Caught by Parents
Becoming Addicted	Getting suspended from school	Looking Gross
Death	Bad Breath	Smelling Bad
Killing someone		

26. What would you fear most if caught for underage drinking?

Lose drivers' license	Arrest/jail	Criminal Record
Legal Cost	School Suspension	Lose your chance to play sports at school
Lose College Scholarship	What friends think	Disappoint Parents

Other _____

Can you think of other things?

27. What would you fear most if caught using drugs other than alcohol?

Lose drivers' license	Arrest/jail	Criminal Record
Legal Cost	School Suspension	Lose your chance to play sports at school
Lose College Scholarship	What friends think	Disappoint Parents

Other _____

Can you think of other things?

Please Circle One Answer Only

28. Do you know any one between the ages of 12 – 17 who smoke marijuana (weed)?

Yes   No

29. Do you know anyone 18 or older who smokes marijuana (weed)?

Yes   No

30. Do you know anyone between the ages of 12 and 17 who uses crack?

Yes   No

31. Do you know anyone 18 or older who uses crack?

Yes   No

32.	Do you know anyone between the ages of 12 and 17 who uses alcohol?

Yes		No

33.	Do you know anyone 18 or older who uses alcohol?

Yes		No

34.	Do you know anyone 18 or older who smokes marijuana (weed)

Yes		No

35.	Do you know anyone between the ages of 12 and 17 who smokes cigarettes?

Yes		No

36.	Do you know anyone 18 or older who smokes cigarettes?

Yes		No

Please Circle One Answer Only

37.	Do you know anyone between the ages on 12 and 17 who smoke blunts, Black & Mild, Swisher Sweets or Philly Blunts?

Yes		No

38.	Do you know anyone 18 and up who smoke blunts, Black & Mild, Swisher Sweets or Philly Blunts?

Yes		No

39. Do you have a family member who uses drugs?

                    Yes   No

40. Do you have a family member who uses alcohol?

                    Yes   No

41. Do you have a family member who smokes cigarettes?

                    Yes   No

42. Do you have a family member who smokes marijuana (weed)?

                    Yes   No

43. Do you have any friends who use drugs?

                    Yes   No

44. Do you have any friends who use alcohol?

                    Yes   No

45. Do you have any friends who smoke cigarettes?

                    Yes   No

46. Do you have friends who smoke marijuana (weed)?

                    Yes   No

Parent Survey 1

This survey is being used to help us better understand your community. Please answer honestly. YOUR NAME WILL NOT BE USED AND ALL INFORMATION IS CONFIDENTIAL.

Please circle the response that most accurately reflects your feelings about the following statements.

22. How often do you attend scheduled PTA meetings?

Always   **Sometimes**   **Seldom**   **Never**

23. How often do you attend parent teacher conferences regarding your child?

Always   **Sometimes**   **Seldom**   **Never**

24. The education your child is receiving is preparing them to achieve their life's goals.

Strongly agree   **Agree**   **Disagree**   **Strongly disagree**

25. How often do you spend recreational time with your child?

Always   **Sometimes**   **Seldom**   **Never**

26. How often do you know where your child is outside of school hours?

Always   **Sometimes**   **Seldom**   **Never**

27. How often do you know whom your child is with outside of school hours?

Always   **Sometimes**   **Seldom**   **Never**

28. How often is there someone home with your child when he/she gets home from school?

Always   **Sometimes**   **Seldom**   **Never**

29. How often do you visit your child's school?

Always   **Sometimes**   **Seldom**   **Never**

30. How often do you punish your child when he/she disobeys your rules?

Always   **Sometimes**   **Seldom**   **Never**

31. How often do you talk with your child about drugs and alcohol?

Always　　　　**Sometimes**　　　　**Seldom**　　　　**Never**

32. Do you feel that there is a drug problem in your community?

Always　　　　**Sometimes**　　　　**Seldom**　　　　**Never**

33. At what age do you think youth start smoking?

Under 10_____　　　　**15-18** _____

10-15 _____　　　　**Over 18** _____

34. At what age do you think youth start drinking alcohol?

Under 10 _____　　　　**15-18** _____

10-15 _____　　　　**Over 18** _____

35. Under what circumstances is it ok for an adult to provide alcohol to minors?

Meals　　　　**Holidays**　　　　**Special Occasions**　　　　**Other**　　　　**Never**

36. Where do students usually drink alcohol or smoke cigarettes

Home　　　　**School**　　　　**On the corner**　　　　**Friends house**　　　　**Other**

37. Are there services available in your community that address alcohol or other drug use among minors?

Yes　　　　**No**　　　　**Don't know**

38. If you found out that your child smokes cigarettes, how concerned would you be?

Very concerned　　　　**Concerned**　　　　**Somewhat concerned**　　　　**Not concerned at all**

39. If you found out that your child had begun drinking alcohol, how concerned would you be?

Very concerned　　　　**Concerned**　　　　**Somewhat concerned**　　　　**Not concerned at all**

Do you know if your child has consumed alcohol in the last 30 days?

Yes   **No**   **Don't know**

40. How easy is it to get drugs in your community?

Easy   **Fairly easy**   **Fairly difficult**   **Impossible**   **Don't know**

41. Does your child's school have an alcohol/drug policy?

Yes   **No**   **Don't know**

42. Do you have any suggestions for starting a youth program in your community?

_____

_____

_____

_____

43. Do you have any other comments or suggestions about things that might help your community?

_____

_____

Please tell us a little about yourself.

44. What is your age?   _____

45. What is your gender?   Female ———   Male ———

46. What is your ethnicity?   _____

47. Number of children   _____

48. Ages of children   _____

Thank you for your participation

Parent Survey 2

Please Circle One Answer Only

Age: 18-25 26-35 36-45 46+

Gender: Male Female

Race: Black White American Indian
  Asian Other

Highest Grade Completed: 6 7 8 9 10 11
  12 12+

Number of people living in your household _____

# of children _____

Child #1 Sex - M. F Age _____
Child #2 Sex - M. F Age _____
Child #3 Sex - M. F Age _____
Child #4 Sex - M. F Age _____

1. Do you drink beer or malt liquor? Yes No

2. If your child wanted beer or malt liquor, how easy would it be for them to **get** it?

Very Fairly Pretty Very Probably
Easy Easy Hard Hard Impossible

3. If your child wanted beer or malt liquor, how easy would it be for them to **buy** it?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

4. Have you ever tried Marijuana (weed)?   Yes   No

Please Circle One Answer Only

5. If your child wanted marijuana, how easy would it be for them to **get** it?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

6. If your child wanted marijuana, how easy would it be for them to **buy** it?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

7. Have you ever tried Crack?   Yes   No

8. If your child wanted crack, how easy would it be for them to **get** it?

Very   Fairly   Pretty   Very   Probably
Easy   Easy   Hard   Hard   Impossible

9. If your child wanted crack, how easy would it be for them to **buy it**?

Very	Fairly	Pretty	Very	Probably
Easy	Easy	Hard	Hard	Impossible

10. Do you smoke cigarettes, cigars, use dip, chew tobacco or use other tobacco products?

Yes   No

Please Circle One Answer Only

11. If your child wanted cigarettes, cigars, dip, chew or other tobacco products how easy would it be for them to **get** it?

Very	Fairly	Pretty	Very	Probably
Easy	Easy	Hard	Hard	Impossible

12. If your child wanted cigars, dip, chew or other tobacco products it, how easy would it be for them to **buy** it?

Very	Fairly	Pretty	Very	Probably
Easy	Easy	Hard	Hard	Impossible

Please Circle All Answers That Apply

13. If your child wanted alcohol, where would be the easiest place for them to get it?

Store   Home   Friend   Parent

Other   Stranger Relative

14. If your child wanted marijuana, where would be the easiest place for them to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

15. If your child wanted crack, where would be the easiest place for them to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

16. If your child wanted _____(name of other drug that you are familiar with), where would be the easiest place for them to get it?

Store   Home   Friend   Parent

Other   Stranger   Relative

Please Circle All Answers That Apply

17. If your child wanted cigarettes, where would be the easiest place to get them?

Store   Home   Friend   Parent

Other   Stranger   Relative

18. If your child wanted cigars like black & mild, Philly Blunts, or Cigar Wise, where would be the easiest place to get them?

Store   Home   Friend   Parent

Other   Stranger   Relative

19. If your child wanted chewing tobacco, where would be the easiest place for them to get it?

Store   Home   Friend   Parent
Other   Stranger   Relative

Please Circle All Answers That Apply

20. What would you say is the worst thing that could happen if your child drinks alcohol?

Doing something foolish	Doing something dangerous	Getting into a car crash
Getting Arrested	Overdose	Smelling Bad
Becoming Addicted	Getting suspended from school	Looking Gross
Death	Bad Breath	

21. What would you say is the worst thing that could happen if your child uses drugs?

Doing something foolish	Doing something dangerous	Getting into a car crash
Getting Arrested	Overdose	Smelling Bad
Becoming Addicted	Getting suspended from school	Looking Gross
Death	Bad Breath	Killing someone

22. What would you fear most if your child is caught for underage drinking?

Lose drivers' license   Arrest/jail   Criminal Record

Legal Cost   School Suspension   What friends think

Lose College   Lose chance to play
Scholarship   sports at school

Other _____

Can you think of other things?

23.   What would you fear most if your child is caught using drugs other than alcohol?

Lose drivers' license   Arrest/jail   Criminal Record

Legal Cost   School Suspension   What friends think

Lose College   Lose chance to play
Scholarship   sports at school

Other _____

Can you think of other things?

Please Circle One Answer Only

24. Do you know any one between the ages of 12 – 17 who smoke marijuana (weed)?

Yes   No

25. Do you know anyone 18 or older who smokes marijuana (weed)?

Yes   No

26.   Do you know anyone between the ages of 12 and 17 who uses crack?

Yes   No

27. Do you know anyone 18 or older who uses crack?

Yes   No

28. Do you know anyone between the ages of 12 and 17 who uses alcohol?

Yes   No

29.   Do you know anyone 21 or older who has a problem with alcohol?

Yes   No

Please Circle One Answer Only

30. Do you know anyone between the ages of 12 and 17 who smokes cigarettes?

Yes   No

31. Do you know anyone 18 or older who smokes cigarettes?

Yes   No

32. Do you know anyone between the ages on 12 and 17 who smoke blunts, Black & Mild, or Philly Blunts?

Yes   No

33. Do you know anyone 18 and up who smoke blunts, Black & Mild, or Philly Blunts?

Yes   No

34. Do you have a family member who uses drugs?

Yes   No

35. Do you have a family member who has a problem with alcohol?

Yes   No

36. Do you have a family member who smokes cigarettes?

Yes   No

37. Do you have a family member who smokes marijuana (weed)?

Yes   No

38. What is the legal age to purchase cigarettes or tobacco products?

14   16   18   21

39. What is the legal age to purchase alcohol?

    14   16   18   21

Please Circle One Answer Only

40. Do you know of parents or adults who permit youths under the age of 21 to drink alcohol in their homes?

    Yes   No   I do not know

41. Do you know of parents or adults who permit youths to use marijuana in their homes?

    Yes   No   I do not know

Teacher Survey

This survey is being used to help us better understand your community. Please answer honestly. YOUR NAME WILL NOT BE USED AND ALL INFORMATION IS CONFIDENTIAL.

Please circle the response that most accurately reflects your feelings about the following statements.

49. How often do you attend scheduled PTA meetings?

Always   **Sometimes**   **Seldom**   **Never**

50. How often do you request parent teacher conferences regarding a student?

Always   **Sometimes**   **Seldom**   **Never**

51. The education your student's are receiving is preparing them to achieve their life's goals.

Strongly agree   **Agree**   **Disagree**   **Strongly disagree**

52. How often do parents visit your school?

Always   **Sometimes**   **Seldom**   **Never**

53. Is discipline a problem in your classroom?

Always   **Sometimes**   **Seldom**   **Never**

54. How often do you talk with your students about drugs and alcohol?

Always   **Sometimes**   **Seldom**   **Never**

55. Do you feel that there is a drug problem in your school's community?

Always   **Sometimes**   **Seldom**   **Never**

56. At what age do you think youth start smoking?

Under 10_____   **15-18** _____

10-16 _____   **Over 18** _____

57. At what age do you think youth start drinking alcohol?

Under 10 _____   **15-18** _____

10-15 _____   **Over 18** _____

58. Under what circumstances is it ok for an adult to provide alcohol to minors?

Meals   **Holidays**   **Special Occasions**   **Other**   **Never**

59. Where do students usually drink alcohol or smoke cigarettes

Home   **School**   **On the corner**   **Friends house**   **Other**

60. Are there services available in your community that address alcohol or other drug use among minors?

Yes   **No**   **Don't know**

61. If you found out that one of your students smokes cigarettes, how concerned would you be?

Very concerned   **Concerned**   **Somewhat concerned**   **Not concerned**
at all

62. If you found out that one of your students had begun drinking alcohol, how concerned would you be?

Very concerned   **Concerned**   **Somewhat concerned**   **Not concerned**
at all

63. Do you know if one of your students has consumed alcohol in the last 30 days?

Yes   **No**   **Don't know**

64. How easy is it to get drugs in the school's community?

Easy   **Fairly easy**   **Fairly difficult**   **Impossible**   **Don't know**

65. Does your school have an alcohol/drug policy?

Yes   **No**   **Don't know**

66. Do you have any suggestions for starting a youth program in your school's community?

_____

_____

_____

_____

67. Do you have any other comments or suggestions about things that might help your school's community?

_____

_____

_____

Please tell us a little about yourself.

68. What is your age?   _____

69. What is your gender?   Female _____   Male _____

70. What is your ethnicity?   _____

71. Number of students:_____

72. Grade Level?   _____

Thank you for your participation

Youth Population Data Chart

Data Area	Number	Percentage	Number	Percentage	Number	Percentage
Total Population in _____community:		%				
Ethnicity of total population in community:						
White		%				
Black		%				
Hispanic		%				
Asian		%				
American Indian		%				
Other		%				
Number and ethnicity of youth and % of total population represented:	Age 1 - 11	%	Age 12-17	%	Age 18 – 21	%
White		%		%		%
Black		%		%		%
Hispanic		%		%		%
Asian		%		%		%
American Indian		%		%		%
Other		%		%		%

Community Needs Assessment Survey

Please fill out this survey to help us determine what the community feels are the most important areas for us to focus on. **Please rate each risk factor on the severity of its impact on <u>12- to 17-year-olds in our community</u> (not just you or your child) to begin using alcohol, tobacco, or other drugs.**

RISK FACTORS

DOMAIN: Society

	Minor	Moderate	Severe
Poverty	1	2	3
Unemployment	1	2	3
Discrimination	1	2	3
Pro-drug-use messages in the media	1	2	3
Low cost of alcohol products	1	2	3
Low cost of tobacco products	1	2	3

DOMAIN: Community

	Minor	Moderate	Severe
Community disorganization	1	2	3
Lack of community bonding	1	2	3
Lack of cultural pride	1	2	3
Lack of understanding of cultures	1	2	3
Community attitudes favorable to			
Underage alcohol use	1	2	3
Underage tobacco use	1	2	3
Marijuana use	1	2	3
Ready availability of alcohol to youth through			
Illegal underage sales	1	2	3
Family members	1	2	3
Friends	1	2	3
Ready availability of tobacco to youth through			
Illegal underage sales	1	2	3
Family members	1	2	3
Friends	1	2	3
Lack of opportunity for youth for positive involvement	1	2	3

DOMAIN: School

	Minor	Moderate	Severe
Policies, rules, regulations			
Not clearly defined or communicated	1	2	3
Not uniformly enforced	1	2	3
Favorable staff attitudes toward substance use	1	2	3
Favorable student attitudes toward substance use	1	2	3
Availability on school grounds			
Of alcohol	1	2	3
Of tobacco	1	2	3
Of other drugs	1	2	3
Lack of bonding to school	1	2	3
Harsh or arbitrary student-management practices	1	2	3

DOMAIN: Family

	Minor	Moderate	Severe
Family problems			
Serious family conflict and domestic violence	1	2	3
Family disorganization/management problems	1	2	3
Lack of family cohesion/family bonding	1	2	3
Family attitudes favorable to alcohol, tobacco, and/or other drug use			
Adults who provide alcohol, tobacco, and other drugs to minors	1	2	3
House parties for minors where alcohol is served	1	2	3
Parents who excuse or deny use	1	2	3
Parent's/care giver's high risk use of alcohol	1	2	3
Parent's/care giver's use of tobacco or other drugs	1	2	3
Parent's involving youth in use of alcohol, tobacco, and other drugs	1	2	3
Unrealistic expectations for youth development	1	2	3

DOMAIN: Family (continued)

Poor child supervision and discipline			
Ambiguous, lax, or inconsistent rules and sanctions regarding substance use	1	2	3
Unclear expectations of parents for children (schoolwork, behavior, etc.)	1	2	3
Lack of parental knowledge of child's friends, free-time activities, and whereabouts outside the home	1	2	3
Unsupervised, latch-key children	1	2	3
Failure to take action on early signs of use of alcohol, tobacco, and other drugs	1	2	3
Harsh or erratic punishment	1	2	3
Unrealistic expectations for youth development	1	2	3

DOMAIN: Peer

	Minor	Moderate	Severe
Associating with peers who:			
Use or accept use of alcohol, tobacco, and other drugs	1	2	3
Reject mainstream activities or pursuits	1	2	3

DOMAIN: Individual

	Minor	Moderate	Severe
Inadequate life skills (social competency, including coping, decision-making, and refusal skills)	1	2	3
Lack of self-control	1	2	3
Low self-efficacy (knowing that one can do something well and have an effect in the world)	1	2	3
Emotional and psychological problems	1	2	3
Favorable attitudes toward substance use	1	2	3
Rejection of commonly held values and religion	1	2	3
Lack of feeling bonded to school, church, or other positive group	1	2	3
Early antisocial behavior, such as lying, stealing, and aggression, often combined with shyness or hyperactivity	1	2	3
School Failure	1	2	3

Please rate each protective factor on how much of an impact it has on keeping young people in our community from beginning to use alcohol, tobacco, or other drugs.

Protective Factors

	Minor	Moderate	Severe
Strict DUI laws	1	2	3
Difficult for youth to access alcohol	1	2	3
Difficult for youth to access tobacco	1	2	3
Difficult for youth to access marijuana	1	2	3
Underage purchase laws well enforced	1	2	3
Students well-trained in media literacy	1	2	3
Community is caring and supportive	1	2	3
Community has high expectations for youth	1	2	3
Opportunities for youth participation in community activities	1	2	3
School is caring and supportive	1	2	3
School personnel have high expectations for students	1	2	3
School has clear rules for appropriate behavior	1	2	3
Youth involved in school decision-making	1	2	3
Association with peers who are involved in positive activities	1	2	3
Positive bonding among family members	1	2	3
Strong parenting skills	1	2	3
Students have strong social and emotional skills (communication, cooperation, problem-solving, empathy, self-discipline, etc.)	1	2	3
Students are bonded to positive social institutions			
School	1	2	3
Family	1	2	3
Church	1	2	3

1B: Environmental Scan and Youth Focus Group Guide

Environmental Scan

Data Collection Form

Background Information

Date:_____ Store Name:_____

Area:_____ Team:_____

Store Type (check one)

☐ Chain Convenience ☐ Gas Station ☐ Pharmacy ☐ Small Market ☐ Supermarket

☐ Other (please specify):
_____

Street Address:
_____

City:_____ State:
_____

Is the store within 1,000 feet of a school?….. ☐ Yes ☐ No

Is the store within 1,000 feet of a church?….. ☐ Yes ☐ No

Is the store within 1,000 feet of a playground or recreational facility?….. ☐ Yes ☐ No

Is the store within 1,000 feet of a daycare center?….. ☐ Yes ☐ No

Other observations:
_____
_____
_____
_____
_____

Environmental Scan

Data Collection Form

Outside Survey

Standing outside the store, carefully look at the store's visible walls, windows, outside areas, etc. Chances are there are lots of signs and advertising. There are several types of ads for cigarettes, smokeless tobacco and alcoholic beverage products you might see such as home-made signs, professionally produced posters or signs advertising specific brands, neon signs, small brand stickers on the door, or mini-billboards on the store's property. Record the type and brands of the visible tobacco and alcoholic beverage ads below:

	Marlboro	Camel	Winston	Kool	Newport	Others	Smokeless Tobacco
Store-made signs or ads							
Professional signs or ads							
Other tobacco promotions or ads							
Anti-smoking signs							
Minimum-age notices "We Card"							

Other Observations:

_____
_____
_____
_____
_____
_____
_____

Environmental Scan

Data Collection Form-Tobacco

Quick Inside Survey
Access To Tobacco Products

Cigarettes (check one):

- ☐ Self-serve (located where customers can reach the cigarettes by themselves)
- ☐ Behind the counter
- ☐ In locked case, not behind counter
- ☐ Other location requiring clerk assistance

Smokeless Tobacco (check one):

- ☐ Self-serve (located where customers can reach the cigarettes by themselves)
- ☐ Behind the counter
- ☐ In locked case, not behind counter
- ☐ Other location requiring clerk assistance

Other Tobacco Products (check one) _____(type)

- ☐ Self-serve (located where customers can reach the cigarettes by themselves)
- ☐ Behind the counter
- ☐ In locked case, not behind counter
- ☐ Other location requiring clerk assistance

Are cigarettes near candy displays…………………………………☐ Yes ☐ No
Are other tobacco products near candy displays……………………..☐ Yes ☐ No
Are cigarettes where store clerks can easily see them? …………….☐ Yes ☐ No
Are other tobacco products where clerks can easily see them? ..….☐ Yes ☐ No

Tobacco Ads Inside the Store

Are tobacco ads or signs located at three feet from the floor or below?☐ Yes ☐ No
Are there any anti-smoking or anti-tobacco use ads or signs? ……..☐ Yes ☐ No
Are there any signs informing customers that there is a minimum
age to purchase tobacco products, or that they don't sell tobacco
products to minors? ………………………………………………….☐ Yes ☐ No
Is there any indication that the store participates in the
"We Card" program? …………………………………………………☐ Yes ☐ No
Is there any indication that the store participates in the
"It's the Law" program? …………………………………………...☐ Yes ☐ No

Environmental Scan

Data Collection Form-Alcohol

Quick Inside Survey
Access To Alcohol Products

Beer (check one):

- ☐ On the shelf
- ☐ In a display at the front of the store
- ☐ In a refrigerated area
- ☐ Other location requiring clerk assistance

Wine Coolers (check one):

- ☐ On the shelf
- ☐ In a display at the front of the store
- ☐ In a refrigerated area
- ☐ Other location requiring clerk assistance

Other Alcohol Products (check one) _____(type)

- ☐ On the shelf
- ☐ In a display at the front of the store
- ☐ In a refrigerated area
- ☐ Other location requiring clerk assistance

Are alcohol products near candy displays………………………..☐ Yes   ☐ No
Are alcohol products cold (ready to consume)…………..…………☐ Yes   ☐ No
Are alcohol products where store clerks can easily see them? .☐ Yes   ☐ No

Alcohol Ads Inside the Store

Are alcohol ads or signs located at three feet from the floor or below? ☐ Yes ☐ No
Are there any anti-drinking or anti-underage use ads or signs? ………☐ Yes ☐ No
Are there any signs informing customers that there is a minimum age to purchase Alcohol products, or that they don't sell alcohol products to minors? ………………………………………………………………☐ Yes ☐ No
Is there any indication that the store participates in the "We Card" program? …………………………………………………………………☐ Yes ☐ No
Is there any indication that the store participates in the "It's the Law" program? …………..……………………………………………………..☐ Yes ☐ No

Focus Group Discussion Guide

Date: _____ Location: _____

Facilitator: _____ Recorder: _____

Number of participants:
_____

Age breakout: _____

 Gender breakout:_____

Ethnicity breakout:_____

Offer a welcome and overview:

Good afternoon, and, thank you for coming.

My name is _____ and I will be your discussion leader for today.

This is _____ who will be recording the things that we will discuss.

> ➢ A "focus group" is like a discussion group where you share your ideas about things you deal with everyday.

> ➢ I am not here to give information or to give you my opinions. My opinions don't matter. It is YOUR thoughts and opinions that matter. There are no right or wrong answers, because, **you** are the experts. You are the experts in YOUR opinions.

> ➢ You can disagree with each other, and, you can change your mind.

> ➢ Please, feel comfortable saying what you really think, and, how you really feel...remember, that is why we are here.

> ➢ Don't try to be the "good guy", or try to tell me what you think I, or, any of the adults around here want to hear. We have no preconceived notions of what you will say.

> ➢ The answers, or results, of all the focus group discussions will be compiled together for _____; We will not tell about who said what.

Present the purpose:

➢ We are here today to talk about your thoughts about alcohol, tobacco, and other drug use. The purpose is to get your opinions and feelings about how alcohol, tobacco, and other drugs affect you, and, those you know. Please talk about what is important to you.

➢ As a result of your giving your time and effort, at the end of the group, you will receive a reward.

Discuss procedure:

➢ _____ (colleague) will be taking notes and tape recording the discussion so that I don't miss anything you have to say. Everything is confidential…no one outside our group will know who said what. And, let's agree to keep what is said in the group, within our group.

➢ This is a group discussion; so, feel free to respond to me and to other members in the group without waiting to be called on. However, it is best if only one person talks at a time.

➢ This discussion will last about an hour and a half.

➢ It is very important that everyone is able to hear what is being said so I may interrupt someone briefly to ask you to speak louder.

➢ There is a lot to discuss, so, at times, I may ask us to move along to the next speaker or question.

Participant introduction/rapport building:

Please print your first name in large, bold letters on this nametag and place it on the right (point to where your name tag is) so I can see it. It is okay to use a nickname or a pretend name!

Now, let's start by everyone sharing his or her chosen name for today, and, your real age. Also, think of an adjective that best describes your mood or frame of mind when school got out today.

We're going to go around the room so you can introduce yourself and your descriptive adjective. Then, briefly explain why you selected the adjective you did.

This will be the only time we will go around the room in this order. After we finish the introductions, feel free to jump in at any time…not interrupting another speaker, but when another speaker has finished, another person can speak. The rest of us will be quiet when someone is speaking so we can hear everyone's opinion.

Interview:

1. *What do you usually do in your free time during the week and on the weekends?*

2. *What do you like best about your school? Like the least?*

3. *What are the biggest problems among kids your age, in your community (where you live)?*

4. *Why do kids your age drink beer?*
   (Probes: have a good time; feel good; are depressed/feeling down; bored/nothing else to do; fit in with
   friends/peers; rebel/show up parents, teachers, other adults; think it's cool; other reason)

5. *Why do kids your age smoke marijuana (weed)?*
   (Probes: have a good time; feel good; are depressed/feeling down; bored/nothing else to do; fit in with
   friends/peers; rebel/show up parents, teachers, other adults; think it's cool; other reason)

6. *Why do kids your age smoke cigarettes, cigars, or other tobacco?*
   (Probes: have a good time; feel good; are depressed/feeling down; bored/nothing else to do; fit in with
   friends/peers; rebel/show up parents, teachers, other adults; think it's cool; other reason)

7. *Where do kids your age get beer or other alcohol?*
   (Probes: store; home; friend; school; relative; if other person, who.)

8. *Where do kids your age get marijuana?*
   (Probes: store; home; friend; school; relative; if other person, who.)

9. *Where do kids your age get cigarettes, cigars or other tobacco?*
   (Probes: store; home; friend; school; relative; if other person, who.)

10. *Think about the kids your age who use alcohol, tobacco, or any other drugs. Which substance (beer, wine, cigarettes, weed, ecstasy, cocaine, etc.) do most of these kids use?*
    (Probe: What is the most commonly used substance among kids your age?)

11. Besides _____ (name the most commonly listed substance from the previous question), what probably the next most commonly used substance used by kids your age?

12. What would influence kids your age to stop (or, not even start) using alcohol, tobacco, or the other drugs?
(Probes: Parents? Police? Teachers? Other kids? Name of other person?)

(Probe: Have you known someone your age that used to use, but stopped.   What influenced <u>that person</u> to stop?)

13. Who has the most influence on <u>your</u> decisions about using alcohol, tobacco, or other drugs?

14. What should/could happen in your community (where you live) to get rid of problems with alcohol, tobacco, other drugs?

_____

Summary and Closure:

➢ Is there any other information that you think would be useful for me to know?

➢ We will put together a report about the information that you gave us. It will not include your name.

➢ Thank you very much for coming this afternoon. I appreciate your giving your time and your comments. Your opinions have been very helpful.

_____

Notes for the facilitator:

Clarification items-to use as needed during the "interview" section:

1. ***After each question in the interview, review the responses given then ask***, "Does anyone want to add or clarify an opinion on this?" "Does anyone see it differently?"

2. **Other ideas for probing/clarifying questions**:
"Tell me more about that."

"What do you mean by that?"
"Tell me an example of what you mean by that."
"I'm not sure I understand what you mean. Help me out here."

3. ***For participants who don't say much***:
Invite a quiet person to comment: "I'd really like to hear your opinion on this."
"Tell us what you think about this."

1C: Risk and Protective Factor Chart

Risk and Protective Factors by Domain

Domain	Risk Factors	Protective Factors
Individual	• Rebelliousness • Friends who engage in the problem behavior • Favorable attitudes about the problem behavior • Early initiation of the problem behavior • Negative relationships with adults • Risk-taking propensity/impulsivity	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative attitudes about drugs • Positive relationships with adults
Peer	• Association with delinquent peers who use or value dangerous substances • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers	• Association with peers who are involved in school, recreation service, religion, or other organized activities • Resistance to peer pressure, especially negative • Not easily influenced by peers
Family	• Family history of high-risk behavior • Family management problems • Family conflict • Parental attitudes and involvement in the problem behavior	• Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics
School	• Early and persistent antisocial behavior • Academic failure beginning in elementary school • Low commitment to school	• Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Community	• Availability of drugs • Community laws, norms favorable toward drug use • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization	• Opportunities for participation as active members of the community • Decreasing substance accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community
Society	• Impoverishment • Unemployment and underemployment • Discrimination • Pro-drug-use messages in the media	• Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-while-under-the-influence laws

Adapted from Brounstein, Zweig, and Gardner (1998). *Science-based practices in substance abuse prevention: A guide and CSAP. 2001 annual report of science-based prevention program*

1D: Archival Data Sources

State Sources:

California Healthy Kids Survey
(http://www.wested.org/pub/docs/chks_surveys.html)
The California Healthy Kids Survey (CHKS) is a comprehensive youth risk behavior and resilience data collection service available to all California local education agencies (available outside California also). It consists of a modular survey instrument tied to the Centers for Disease Control and Prevention's Youth Risk Behavior Survey and to WestEd's California Student Substance Use Survey, together with a full-service survey support system. Separate elementary, middle, and high school versions are currently available. Three regional centers serve all 1,049 California local education agencies, providing comprehensive technical assistance on survey administration and use of results. The CHKS employs a set of questionnaire modules that can be configured to meet local needs in collecting student data across a comprehensive range of risk behaviors. Current modules cover
1. alcohol and other drug use,
2. tobacco use,
3. violence and school safety,
4. nutrition and physical health,
5. sexual behavior and attitudes, and
6. youth resilience.

Since 1999, an integrated CHKS statewide representative sample has replaced both the California Student Substance Use Survey and the Youth Risk Behavior Survey in California.

Contact: Greg Austin, 562.799.5155, gaustin@WestEd.org

National efforts:

- The *Monitoring the Future Survey*, (http://www.nida.nih.gov/DrugPages/MTF.html) conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA), at the National Institutes of Health, has tracked 12th graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study. The 2002 study surveyed a representative sample of more than 43,000 students in 394 schools across the nation about lifetime use, past year use, past month use, and daily use of drugs, alcohol, and cigarettes and smokeless tobacco.

- The *National Household Survey on Drug Abuse* (NHSDA), sponsored by HHS' Substance Abuse and Mental Health Services Administration, is the primary source of statistical information on illicit drug use in the U.S. population 12 years of age and older. Conducted periodically from 1971 and annually since 1990, the survey collects data in household interviews, currently using computer-assisted self-administration for drug-related items. The findings for 2001 have recently been released and are available at http://www.drugabusestatistics.samhsa.gov.

- The *Youth Risk Behavior Survey* (YRBS), part of HHS' Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System, is a school survey that collects data from students in grades 9-12. YRBS, which began in 1990 and has been conducted biennially since 1991, includes questions on a wide variety of health-related risk behaviors, not simply drug abuse. The most recent findings from YRBS, for 2001, are available at http://www.cdc.gov/nccdphp/dash/yrbs/index.htm.

1E: Risk Factors and Indicators

Risk factors are categorized in four domains: individual, family, school, and community. Key risk factors and related risk indicators used in SDFSCA needs assessments are listed below:

RISK FACTORS	INDICATORS
Individual Domain	
1. Alienation & rebelliousness	1.a. Suicide death rates by age 1.b. Reported gang involvement 1.c. Vandalism & graffiti damage
2. Friends who engage in a problem behavior	2.a. Adolescents involved with juvenile justice system 2.b. Reported alcohol and other drug use by friends 2.c. Adolescents in treatment 2.d. Adolescents diagnosed with sexually transmitted diseases 2.e. Adolescent pregnancies
3. Favorable attitudes toward the problem behavior	3.a. Disapproval of drug use 3.b. Perceived harmfulness of drug use 3.c. Attitudes about marijuana laws
4. Early initiation of the problem behavior	4.a. Grade of first ATOD use 4.b. Age of initial sexual activity 4.c. Dropouts prior to 9th grade 4.d. Violence-related arrests
5. Constitutional factors	5.a. Sensation seeking and low harm avoidance* 5.b. Poor impulse control* 5.c. Child of alcohol parent* 5.d. Hyperactivity, attention deficit disorder* 5.e. Poor ability to delay gratification* 5.f. Peer rejection*

RISK FACTORS	INDICATORS
Family Domain	
1. Family history of the problem behavior	1.a. Adults in treatment 1.b. Less than 12 yrs. Education 1.c. Parents/other adults in prison 1.d. Adult illiteracy
2. Family management problems	2.a. Reported child abuse and neglect cases 2.b. Children living outside the family 2.c. Runaway reports 2.d. Children living in foster care
3. Family conflict	3.a. Divorce 3.b. Households with spouse absent 3.c. Domestic violence reports
4. Favorable parental attitudes and involvement in the behavior	4.a. Adult violent crime arrests 4.b. Adult property crime arrests 4.c. Adult alcohol-related arrests 4.d. Babies bon affected by alcohol and other drug use 4.e. Drug use during pregnancy
School Domain	
1. Early persistent antisocial behavior	1.a. Elementary school disciplinary problems 1.b. Elementary school special education placement for behavioral disorders or attention deficit disorder 1.c. Elementary school students diagnosed with behavioral disorders or attention deficit disorder
2. Academic failure in elementary school	2.a. Grade retention – 8th graders with one grade repeated 2.b. Grade retention – 8th graders with two grades repeated 2.c. ACT or SAT test scores 2.d. Reading proficiency 2.e. Math proficiency 2.f. GED diplomas issued
3. Lack of commitment to schools	3.a. Dropout rates 3.b. Average daily attendance/truancy rates

RISK FACTORS	INDICATORS
Community Domain	
1. Availability of drugs	1.a. Trends in perceived availability by 12th graders 1.b. Perceived availability 8th, 10th & 12th graders 1.c. Per capita alcohol consumption 1.d. Sales of alcohol beverages/liquor sales outlets
2. Availability of firearms	2.a. Crimes involving firearms (includes robberies, assaults, homicides) 2.b. Arrests for adult possession of illegal firearms 2.c. Arrests for juvenile possession of illegal firearms
3. Community laws and norms favorable toward drug use, firearms and crime	3.a. Juvenile arrests for drug law violations 3.b. Juvenile arrests for violent crimes 3.c. Juvenile convictions for AOD-related offenses 3.d. Juvenile convictions for violent crimes 3.e. Adult and juvenile DUI arrests 3.f. Average penalties for DUI convictions 3.g. Quantity of drugs seized 3.h. Areas targeted by law enforcement for drug clean-up 3.i. Juvenile arrests for curfew, vandalism and disorderly conduct 3.j. Secondary school disciplinary actions for ATOD and violence-related offenses
4. Transitions and mobility	4.a. Existing and new home sales 4.b. Rental unit turnover 4.c. Student movement in and out of school
5. Low neighborhood attachment and community disorganization	5.a. Voter registration/voting rates 5.b. Number of churches/synagogues
6. Extreme economic deprivation	6.a. Families/children living below poverty level 6.b. Unemployment rate 6.c. Free and reduced lunch program 6.d. Single female head of household as percentage of all households.

Source: Most of the indicators listed above are from <u>Communities That Care Data Workbook</u>, Developmental Research and Programs, Inc., 1993. Indicators marked (*) were developed from studies presented in <u>Understanding and Preventing Violence</u>, Albert J. Reiss, Jr., and Jeffrey A. Roth, Editors, 1993.

1F: Data Collection Plan Tool

Data Collection Plan

Risk/Protective factor to be assessed	Indicators to be measured	Method for data collection	Where is this data located?	Who will be responsible for Data collection/By when?

1G: Resource Assessment Matrix

Resource Assessment Matrix

Name of Resource	Location (in or close to community)	Ages Served	Dosage (frequency)	Domain[1]	Risk [2] Factor addressed	Protective[2] Factor addressed	Targets[3] Substance Abuse	Targets[3] Teen Pregnancy	Targets[3] School Dropout	Targets[3] Delin-quency	Targets[3] Violence

1: Ind = Individual   Fam = Family   Peer = Peer   Com = Community   Sch = School   Soc = Society

2: See list of risk and protective factors (Appendix 1C)

3: See list of youth problem behaviors across risk factors (Appendix 1E)

S A M P L E: Resource Assessment Matrix

Name of Resource	Location (in or close to community)	Ages Served	Dosage (frequency)	Domain[1]	Risk [2] Factor addressed	Protective[2] Factor addressed	Targets[3] Substance Abuse	Targets[3] Teen Pregnancy	Targets[3] School Dropout	Targets[3] Delin-quency	Targets[3] Violence
Teen Pregnancy Prevention Program at Sandhill Community Center	Located in community	Girls and boys Ages 13 – 17 (separate classes)	One hour sessions meet two times per month for a 3 month period.	Ind	Early initiation of the problem behavior. Favorable attitudes toward the problem behavior		Yes	Yes	Yes	Yes	Yes
Boy Scout Troop 21 at Circle Methodist Church	Located in community	Boys from mid-5th grade though high school	Meets once per week with camping trips on some weekends	Ind Com	Inadequate life skills Alienation and rebelliousness Peers with favorable attitudes toward the problem behavior	Opportunities to become involved and contribute Skills to effectively contribute Opportunity to contribute in a meaningful way Recognition for contributions High expectations of youth	Yes	Yes	Yes	Yes	

1:   Ind = Individual   Fam = Family   Peer = Peer   Com = Community   Sch = School   Soc = Society

2:   See list of risk and protective factors (Appendix 1C)

3:   See list of youth problem behaviors across risk factors (Appendix 1E)

Question #2: Goals

Goals Tool

Program Name: _____ Name of person completing form:_____ Date:_____

GOALS TOOL

GOALS	Objectives Questions		Target population (who and how many?)
1.	What will change?		
	For whom?		
	By how much?		
	When will the change occur?		
	How will it be measured?		
2.	What will change?		
	For whom?		
	By how much?		
	When will the change occur?		
	How will it be measured?		
3.	What will change?		
	For whom?		
	By how much?		
	When will the change occur?		
	How will it be measured?		
4.	What will change?		
	For whom?		
	By how much?		
	When will the change occur?		
	How will it be measured?		

Question #3: Best Practice

3A: Descriptions of Center for Substance Abuse Prevention's "Model" Programs

Program Description	Across Ages
Target Population	
Age	9-13 & Parents
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
3yr	Yes
Replications	3+
Cultural Adaptations	No
Location	Urban. Rural, Suburban middle schools & community centers
Domain	Individual, School, Peer
IOM Category	Selective
Program Activities	Older adults mentor youth Perform community service Develop youth coping/life skills Provides academic support Provide parent support
Findings	Decreased youth substance use; improved school attendance and knowledge/dangers of substance use; decreased suspensions and problem behavior; improved self-esteem; improved relationships with adults; improved attitudes about older adults.
Contact	Andrea S. Taylor, Ph. D. Temple University Center for Intergenerational Learning 1601 N. Broad Street, USB 206 Philadelphia, PA 19122 Phone: (215) 204-6970 Fax: (215) 204-3195 E-mail: ataylor@temple.edu Web site: http://www.temple.edu/cil/Acrossageshome.htm To order materials: Denise Logan Temple University Center for Intergenerational Learning Phone: (215)204-8687 Fax: (215) 201-3195 E-mail: dlogan00@nimbus.ocis.Temple.edu.

Program Description	Al's Pals: Kids Making Healthy Choices
Target Population	
Age	3-8
Ethnicity	African American, White
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	20
Cultural Adaptations	No
Location	Rural, Suburban, Urban preschools, early elementary grades, after-school programs, and child-care centers
Domain	Individual, Peer
IOM Category	Universal
Program Activities	Small group activities, group discussions, worksheet tasks, videotaping, games, art activities
Findings	Increases in prosocial behaviors, reductions in problem behaviors, increases in positive coping behaviors, decreases in neg. coping behaviors, prevention of increases in antisocial and aggressive behavior
Contact	Susan R. Geller, President Wingspan LLC 4196-A Innslake Drive Glen Allen, VA 23060 Phone: (804) 967-9002 Fax: (804) 967-9003 e-mail: sgeller@wingspanworks.com Website: http://www.wingspanworks.com/

Program Description	All Stars
Target Population	
Age	11-15
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
3yr	No
Replications	3+
Cultural Adaptations	No
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Selective, Universal
Program Activities	Develop positive peer norms; Increase the perception that drug use does not fit with desired lifestyles; Increase commitment to not use drugs; Increase bonding to school Provide positive parental attention
Findings	Reduced drug use, sexual activity, and reported violence; increased bonding with school and family.
Contact	William B. Hansen, Ph.D. Tangelwood Research Inc. 7017 Albert Pick Road, Suite D Greensboro, NC 27409 Phone: (800)826-4539,ext. 101 Fax: (336) 662-0099 E-mail: billhansen@tanglewood.net Web site: http://www.tanglewood.net/ Kathleen Simley Phone: (800) 822-7148 E-mail: kathleensimley@alltel.net

Program Description	Athletes Training and Learning to Avoid Steroids (ATLAS)
Target Population	
Age	14-18 Males, ATHENA program for females to complement ATLAS
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	Yes, translated into Spanish
Location	Urban, Rural, Suburban
Domain	Individual, School, Peer, Community
IOM Category	Universal
Program Activities	Provide youth leadership training and peer-led sessions Develop resistance skills Educate youth on sports nutrition
Findings	Reduced drinking/driving occurrences; decreased use of anabolic steroids, athletic supplements, and alcohol/illicit drugs.
Contact	Linn Goldberg,M.D. Diane Elliot,M.D. Division of Health Promotion and Sports Medicine Oregon Health and Science University, CR 110 3181 SW Sam Jackson Park Road Portland, OR 97239 Phone: (503) 494-8051 Fax: (503) 494-1310 E-mail: hpsm@ohsu.edu Web site: http://www.atlasprogram.com/

Program Description	Border Binge Drinking Reduction Program
Target Population	
Age	<25
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	N/A
Location	Urban, Suburban
Domain	Community
IOM Category	Selective, Indicated
Program Activities	Enhance alcohol law enforcement on border Promote responsible beverage service practices Create binational youth service center Implement media advocacy programs
Findings	Reduced number of young Americans returning to the US with illegal BACs after night of drinking in Mexico; reduced number of alcohol-related crashes among underage drinkers; increased awareness of new enforcement program.
Contact	Robert Voas Pacific Institute for Research and Evaluation 11710 Beltsville Drive, Suite 300 Calverton, MD 20705 Phone: (301) 755-2700 E-mail: voas@pire.org Web site: http://www.pire.org/ James Baker Institute for Public Strategies 148 E. 30th Street, Suite B National City, CA 91950 Phone: (406) 582-1488 E-mail: jbaker@publicstrategies.org Web: http://www.publicstrategies.org/

Program Description	**Brief Alcohol Screening and Intervention for College Students (BASICS)**
Target Population	
Age	18-24
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Suburban and Urban College Campuses
Domain	Individual, School, Peer, Community
IOM Category	Selective, Indicated
Program Activities	Reduce alcohol consumption and its adverse consequences Promotes healthier choices among young adults Provides important information and coping skills for risk reduction
Findings	Report fewer negative consequences of alcohol use
Contact	G. Alan Marlatt, Ph.D. Addictive Behaviors Res. Center Dept. of Psychology University of Washington Box 351525 Seattle, WA 98195 Phone: (206) 685-1395 Fax: (206) 685-1310 E-mail: marlatt@u.washington.edu John S. Baer, Res. Associate Professor Dept. of Psychology University of Washington 1600 S. Columbia Way Seattle, WA 98108 Phone: (206) 768-5224 Fax: (206) 764-2293 E-mail: jsbaer@u.washington.edu

Program Description	**Brief Strategic Family Therapy**
Target Population	
Age	6-17 & Families
Ethnicity	Hispanic and African American
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	Tailored to work with Hispanic and African American families
Location	Urban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Indicated
Program Activities	Provide problem focused family therapy Restructure maladaptive behaviors Facilitate health family interactions
Findings	Reduced drug use, and emotional and behavioral problems; improved family functioning.
Contact	José Szapocznik, Ph.D. Center for Family Studies Department of Psychiatry and Behavioral Sciences University of Miami 1425 N.W. 10th Avenue Miami, FL 33136 Phone: (305) 243-8217 Fax: (305) 243-5577 E-mail: Jszapocz@ med.miami.edu Web: http://www.cfs.med.miami.edu/ Training Contact: Carleen Robinson Batista, M.S.W. Center for Family Studies Phone: (305) 243-8217 Fax: (305) 243-5577 E-mail: crobins2@med.miami.edu

Program Description	CASASTART
Target Population	
Age	8-13
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	
Location	Rural, suburban, and urban schools and communities
Domain	Parent, School, Community
IOM Category	Selective, Indicated
Program Activities	Improve youths' attachment to prosocial individuals and institutions Increase youths' opportunities to achieve positive goals Provide parent education, training
Findings	Reduced students reports of using gateway and stronger drugs, reduced association with delinquent peers and violent offenses, increased positive peer influence
Contact	Lawrence Murray, CSW CASA Fellow National Center on Addiction and Substance Abuse at Columbia University 633 Third Ave., 19th Floor New York, NY 10017 Phone: (212) 841-5208 Fax: (212) 956-8020 E-mail: lmurray@casacolumbia.org Web: http://www.casacolumbia.org/

Program Description	Challenging College Alcohol Abuse
Target Population	
Age	>18 & Parents
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	1
Cultural Adaptations	N/A
Location	Urban
Domain	Individual, Peer, Family, School, Workplace, Community
IOM Category	Indicated, Universal
Program Activities	Implement SHADE (Student Health Alcohol & Drug Education) Implement Peer Education Classes (ANGLE, CARE, Frisky Business)
Findings	Decreased negative consequences of AOD use; decreased positive perceptions of alcohol; decreased heavy drinking; decrease AOD related crimes.
Contact	Koreen Johannessen Campus Health Service University of Arizona P.O. Box 210021 Old Main 200W Tucson, AZ 85721-0021 Phone: (520) 571-7849 E-mail: koreen@dakotacom.net Web site: http://www.socialnorms.campushealth.net/

Program Description	Child Development Project
Target Population	
Age	6-12
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Some materials in Spanish
Location	Urban, Rural, Suburban
Domain	Individual, Family, School, Peer
IOM Category	Universal
Program Activities	Develop youth coping and life skills Increase bonding to school and peers Provide parent education/training
Findings	Decreased substance use; increased liking for school, enjoyment of class, and motivation to learn; greater conflict resolution skills.
Contact	Eric Schaps,Ph.D. Developmental Studies Center 2000 Embarcadero, Suite 305 Oakland, CA 94606-5300 Phone: (800) 666-7270 Fax: (510) 464-3670 E-mail: info@devstu.org Web site: http://www.devstu.org Denise Wood Developmental Studies Center Phone: (800) 666-7270 ext. 239 Fax: (510) 464-3670 E-mail: info@devstu.org

Program Description	Children in the Middle
Target Population	
Age	3-15 & Parents
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	Video available in Spanish, or open-captioned
Location	Rural and urban settings in schools, social service agencies, community colleges
Domain	Individual, school, peer, community
IOM Category	Selective
Program Activities	Parents mandated to attend classes in their communities One or two 90-120 min. class is typical - *Children in the Middle* video is shown in first class Workbook exercises and role-plays give parents a chance to practice new skills Children's programs at schools, mental health practitioners' or in groups at social service agencies, Parent child workbook, video; Family practitioner incorporates materials into 4-10 session treatment plan, booklets, guidebooks for parents
Findings	Decreased children's exposure to parental conflict Decreased stress children experienced Increased parental communication skills
Contact	Donald A. Gordon, Ph.D. Jack Arbuthnot, Ph.D. Center for Divorce Education 340 W. State Street, Room 135 C. Unite 8 Athens, OH 45701 Phone: (451) 482-2829 Toll Free: 1 (866) 234_WISE E-mail: Gordon@ohio.edu Website:http://www.divorce-education.com/

Program Description	**Cognitive Behavioral Therapy for Child & Adolescent Traumatic Stress**
Target Population	
Age	3-18
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, Urban, Suburban clinical outpatient facilities
Domain	Individual, Family
IOM Category	Selective, Indicated
Program Activities	Develops adaptive skills for dealing with stress Decreases children's anxiety about thinking or talking about the event; Enhances accurate and helpful cognitions & children' personal safety skills; Resolves parental distress about the child's experience, Enhances support for their children; Prepares children to anticipate and cope with traumatic and loss reminders
Findings	Significantly less acting-out behavior & reduced PTSD symptoms; greater improvement in depressive symptoms, Significantly greater improvement in social competence; Maintained these differential improvements over the year after treatment ended
Contact	Stress in Children, Adolescents 4 Allegheny Center, Room 864 Pittsburgh, PA 15212 Phone: (412) 330-4321 Fax: (412) 330-4377 E-mail: JCohen1@wpah.org Anthony P. Mannarino, Ph.D., Prof. of Psychiatry Center for Traumatic Stress in Children & Adolescents Allegheny General Hospital 4 Allegheny Center, 8th Floor Pittsburgh, PA 15212 Phone: (412) 330-4321 Fax: (412) 3304377 E-mail: amannari@wpahs.org

Program Description	Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA)
Target Population	
Age	3-18
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, suburban, & urban in public & private clinics and community settings
Domain	Individual, peer, community
IOM Category	Indicated, selective
Program Activities	Education about child sexual abuse and healthy sexuality; coping skills training (relaxation, emotional expression, cognitive coping); gradual exposure and processing of traumatic memories; personal body safety skills training
Findings	Greater improvement w/respect to PSTD, depression, acting out behaviors as compared to children assigned to the community control condition; parents who participated in a CBT-CSA group showed greater improvement w/respect to emotional distress and intrusive thoughts related to their children's abuse.
Contact	Esther Debliger, Ph, D., Clinical Director Center for Children's Support University of Medicine and Dentistry of NJ School of Osteopathic Medicine 42 East Laurel Road, Suite 1100B Stratford, NJ 08084 Phone: (856) 566-7036 Fax: (856) 655-6108 E-mail: deblines@umdni.edu Web: http://www.hope4families.com/

Program Description	Communities Mobilizing for Change on Alcohol
Target Population	
Age	<21
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	No
Cultural Adaptations	No
Location	Urban, Suburban, Rural
Domain	Peer, Community, Society
IOM Category	Universal
Program Activities	Mobilize and organize communities Enforce laws concerning alcohol sales to minors
Findings	Less likely to buy alcohol or drink in a bar; increased age identification checking and reduced sales to minors; decreased arrests while driving under the influence.
Contact	Alexander C. Wagenaar, Ph.D. , Prof. of Epidemiology University of Minnesota, School of Public Health 1300 South Second Street, Suite 300 Minneapolis, MN 55454-1015 Phone: (612) 626-7435 Fax: (612) 624-0315 E-mail: ac@epi.umn.edu Web site: http://www.epi.umn.edu/alcohol/ Lindsay Fabian Coordinator Alcohol Epidemiology Program University of Minnesota

Program Description	Community Trials Intervention to Reduce High Risk Drinking
Target Population	
Age	<21
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Materials in Spanish
Location	Urban, Suburban, Rural
Domain	Community, Society
IOM Category	Universal
Program Activities	Mobilize and organize communities Provide responsible beverage service training Enforce laws concerning alcohol sales to minors
Findings	Reduced youth access to alcohol, sales of alcohol to minors, and alcohol-related automobile crashes.
Contact	Harold D. Holder, Ph.D. Director Prevention Research Center 2150 Shattuck Avenue, Suite 900 Berkeley,CA 94704 Phone: (510) 486-1111 Fax: (510) 644-0594 Web site: http://www.prev.org/ Andrew J. Treno, Ph.D. Prevention Research Center Phone: (510) 486-1111 ext. 139 Fax: (515) 644-0594 E-mail: andrew@prev.org

Program Description	Creating Lasting Family Connections
Target Population	
Age	Youth ages 9-17 & Parents or other caretakers
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+years
Cultural Adaptations	Has been implemented in African-American, Latino, Native American, Asian and Pacific Island groups. (Materials available in Spanish)
Location	Urban, Suburban, Rural
Domain	Individual, Family, Community
IOM Category	Universal, Selective, and Indicated
Program Activities	Develop youth coping and life skills Develop strong refusal skills Provide parent education/training
Findings	Increased child resiliency; increase in setting family norms on substance use; reduce use and/or delayed onset of substance use; decrease in violence and uncontrolled behavior.
Contacts	Ted N. Strader, M.S. or Teresa A. Boyd Council on Prevention and Education: Substances, Inc. (COPES) 845 Barret Avenue Louisville, KY 40204 Phone: (502) 583-6820 Fax: (502) 583-6832 E-mail: tstrader@sprynet.com Web site: http://copes.org/products.htm

Program Description	Dare to Be You
Target Population	
Age	2-5 & Parents
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	N/A
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Community
IOM Category	Selective
Program Activities	Provide peer mentoring Develop life skills and coping skills in youth Provide parent training and education
Findings	Increase parent efficacy; increased child development skills.
Contact	Jan Miller-Heyl, M.S. Colorado State University Cooperative Extension 215 N. Linden Street Cortez, CO 81321 Phone: (970) 565-3606 Fax: (970) 565-4641 E-mail: darecort@coop.ext.colostate.edu

Program Description	Early Risers "Skills for Success"
Target Population	5-10
Age	6-9 & Parents
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	2 year
Cultural Adaptations	Tested primarily with African American children and families
Location	Rural/Urban
Domain	Individual, Family, School, Peer
IOM Category	Indicated
Program Activities	Develop social skills Enhance academic performance Parent education and training
Findings	Improved social skills and academic achievement; increased parental involvement; reduced impulsivity.
Contact	Gerald J. August, Ph.D. George M. Realmuto, Ph.D. Michael L. Bloomquist, Ph.D. University of Minnesota F256/2B West 2450 Riverside Avenue Minneapolis, MN 55454-1495 Phone: (612) 273-9711 Fax: (612) 273-9779 E-mail: augus001@tc.umn.edu

Program Description	**Families and Schools Together**
Target Population	
Age	4-13 & Families
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Implemented in Australia, Austria, Canada, Germany, and France
Location	Urban, Suburban, Rural
Domain	Individual, Family, School
IOM Category	Selective
Program Activities	Enhance family functioning Prevent child from experiencing school failure Prevent substance abuse by child and family Reduce parent and child stress
Findings	Improved classroom and at-home behaviors; increased family closeness and communication; reduced family conflict; increased parental involvement in school.
Contact	Lynn McDonald Wisconsin Center for Education Research University of Wisconsin-Madison 1025 W. Johnson Street Madison, WI 53706 Phone: (608) 263-9476 Fax: (608) 253-6338 E-mail: mrmcdona@facstaff.wisc.edu Web: http://www.wcer.wisc.edu/fast

Program Description	Family Effectiveness Training
Target Population	
Age	6-11 & Families
Ethnicity	Hispanic
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	Tailored to work with Hispanic families
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Indicated
Program Activities	Target intergenerational and intercultural conflict Restructure maladaptive behaviors Facilitate health family interactions training
Findings	Improved school performance; reduced problem behaviors; improved child concept and family functioning.
Contact	José Szapocznik, Ph.D. Spanish Family Guidance Center Center for Family Studies Department of Psychiatry & Behavior 1425 N. W. 10th Avenue Miami, FL 33136 Phone: (305) 243-8217 Fax: (305) 243-5577 E-mail: Jszapocz@med.miami.edu Web: http://www.cfs.med.miami.edu/

Program Description	Family Matters
Target Population	
Age	12-14 & parents, family
Ethnicity	White, African American
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural and urban settings in homes
Domain	Individual
IOM Category	Universal
Program Activities	Provide alcohol and drug info; develop resistance skills; provide parent training; develop family strengths
Findings	Reduced prevalence of adolescent cigarette smoking and alcohol use for non-Hispanic and White adolescents
Contact	Karl Bauman 512 Dogwood Drive Chapel Hill, NC 27516 Phone: please contact via e-mail e-mail: kbauman@mindspring.com

Program Description	Guiding Good Choices (GGC)
Target Population	
Age	Parents of children ages 9-14
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Tested w/African American, Hispanic/Latin, Samoan, Native American and Caucasian families (Materials available in Spanish)
Location	Rural, Suburban, Urban Schools
Domain	Individual, Family, School, Peer
IOM Category	Universal
Program Activities	Provide family sessions Enhance parenting skills Improve family and peer relations Develop youth coping life skills
Findings	Reduced alcohol and marijuana use; reduced progression to more serious substance abuse; reduced the likelihood that young people will commit delinquent acts; improved parenting skills and child management skills
Contact	Program Developers: Richard Catalano, Ph.D., J. David Hawkins, Ph.D.. Program Contact: Channing Bete Company One Community Place South Deerfield, MA 01373 Phone: (877) 896-8532 Fax: (800) 499-6464 E-mail: PrevSci@channing-bete.com Web: www.channing-bete.com/positiveyouth

Program Description	Healthy Workplace
Target Population	
Age	18-55
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Urban and Suburban workplaces
Domain	Individual, Peer
IOM Category	Universal
Program Activities	To reach the mainstream of workers uses positive vehicle for health promotion; raises awareness of the benefits of healthful practices and the hazard of using alcohol, tobacco, and illegal drugs, misusing legal drugs; teaches employees specific techniques for improving health and reducing use of alcohol, tobacco, and illegal drugs; uses videos to raise self-efficacy and provide models of healthful practices
Findings	Reduction in alcohol and drug use; improvements in other health measures, such as stress coping abilities and dietary practices.
Contact	Royer F. Cook, Ph.D., President The ISA Group 201 North Union Street, #330 Alexandria, VA 22314 Phone: (703) 739-0880 Fax: (703) 739-0462 E-mail: rcook@isagroup.com Web: http://www.centerforworkforcehealth.com/ Rebekah Hersch, Ph.D. The ISA Group 201 North Union Street, #330 Alexandria, VA 22314 Phone: (703) 739-0880 Fax: (703) 739-0462 rhersch@isagroup.com

Program Description	High/Scope Perry Preschool Program
Target Population	
Age	3-5
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, Suburban, Urban preschools, nursery schools, Head Start programs, childcare centers, home-based child care program, and special needs programs
Domain	Individual, School, Peer
IOM Category	Universal
Program Activities	Implement High/Scope preschool curriculum; introduce training methodology; provide specialized 2 part assessment system
Findings	Intervention children do significantly better throughout childhood and adulthood than comparison group
Contact	David Weikard, Ph.D. High/Scope Educational Research Foundation 600 N. River Street Ypsilanti, MI 48198-2898 Phone: (734) 485-2000 Fax: (734) 485-0704 E-mail: info@highscope.org Website: www.highscope.org Contact: Clay Shouse, Dir. of Educational Services High/Scope Educational Research Foundation 600 N. River Street Ypsilanti, MI 48198-2898 Phone: (734) 485-2000, ext. 221 Fax: (734) 485-0704 E-mail: cshouse@highscope.org

Program Description	Incredible Years
Target Population	
Age	2-10 & Parents & Teachers
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes (plus a 10 year follow-up)
Replications	3+
Cultural Adaptations	Replicated with African American, Asian, and Hispanic families
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Selective, Indicated & Treatment
Program Activities	Enhance social and academic competence Develop youth coping and life skills Provide parent education and training Provide teacher training
Findings	Reduced problem behaviors; increased social competence and academic engagement.
Contact	Carolyn Webster-Stratton, Ph.D. Incredible Years 1411 8th Avenue West Seattle, WA 98119 Phone: (206) 285-7565 Fax: (206) 285-7565 E-mail: incredibleyears@comcast.net Web: http://www.incredibleyears.com/ Lisa St. George Administrative Director Incredible Years Phone: Toll Free: 888-506-3562

Program Description	Keep a Clear Mind
Target Population	
Age	9-11 & Parents
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	Some groups have translated materials in Vietnamese, Hmong, and Spanish
Location	Urban, Suburban, Rural
Domain	Individual, Family, Peer
IOM Category	Universal
Program Activities	Develop resistance skills Provide alcohol and drug information Foster family support
Findings	Increased ability to resist pressure to use substances; increased parent discussions with children on substance use.
Contact	Chudley Werch, Ph.D., FAAHB Michael Young, Ph.D., FAAHB Health Education Projects Office HP 326A University of Arkansas Fayetteville, AR 72701 Phone: (501) 575-5639 Fax: (501) 575-6401 Web site: http://www.uark.edu/depts/hepoinfo/clear.html Program Contact: Michael Young Health Education Projects Office Phone: (501) 575-5639 Fax: (501) 575-6401 E-mail: meyoung@comp.uark.edu

Program Description	Leadership and Resiliency Program
Target Population	
Age	13-18
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	No
Cultural Adaptations	No
Location	Urban, Suburban, Rural
Domain	Individual, School, Peer, Community
IOM Category	Selective, Indicated
Program Activities	Individual/group counseling Increase bonding to school and family Improve social competence
Findings	Reduced school absences and school disciplinary reports; increased GPA and graduation rates.
Contact	Laura Yager, M.Ed., LPC, CPP-ATOD Director Prevention Services Alcohol and Drug Services Fairfax-Falls Church Community Services Board 3900 Jermantown Road, Suite 200 Fairfax, VA 22030 Phone: (703)934-5476 Fax: (703) 934-8742 E-mail: Laura.Yager@co.fairfax.va.us

Program Description	Life Skills Training
Target Population	
Age	8-15
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+years
Cultural Adaptations	Spanish version available for Level 1 Middle School Curriculum
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Universal
Program Activities	Enhance self-esteem Teach interpersonal and communication skills Develop resistance skills
Findings	Greater ability to refuse offers of alcohol, marijuana, and cigarettes; decreased rates of substance use; increased ability to find different ways to cope with stress.
Contacts	Gilbert J. Botvin, Ph.D. National Health Promotion Associates, Inc. 711 Westchester Avenue White Plains, NY 10604 Phone: (800) 293-4969 Fax: (914) 683-6998 E-mail: LSTinfo@nhpanet.com Web: http://www.lifeskillstraining.com/

Program Description	Mpowerment Project
Target Population	
Age	12-30
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	1
Cultural Adaptations	N/A
Location	Rural, Suburban, Urban
Domain	Individual, Peer, Community
IOM Category	Selective
Program Activities	Conduct formal and informal peer outreach programs Conduct ongoing publicity campaigns
Findings	Decreased unprotected anal intercourse; decreased percentage with non-primary partners and boyfriends.
Contact	Susan Kegeles Center for AIDS Prevention Studies University of California 74 New Montgomery, Suite 600 San Francisco, CA 94105 Phone: (415) 597-9306 Fax: (415) 597-9213 E-mail: skegeles@psg.ucsf.edu

Program Description	Multisystemic Therapy (MST)
Target Population	
Age	12-17
Ethnicity	White, African-American
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, Suburban, & Urban Homes
Domain	Individual, Peer, School, Community
IOM Category	Indicated
Program Activities	Focus on comprehensive set of risk factors: individual, family, peer, school, and neighborhood determinants of substance use; a home-based model of service delivery; intensive quality assurance.
Findings	Improved family relations; decreased adolescent substance use; reduced long-term rates of re arrest and our-of-home placement
Contact	Dr. Scott Henggeler, Ph.D. Family Services Research Center Dept. of Psychiatry and Behavioral Sciences Medical University of South Carolina 171 Ashley Avenue Charleston, SC 29425-0742 Program Contact: Marshall Swenson, MSW, MBA, Manager of Program Development, MST Services 710 Johnnie Dodds Blvd. Mt. Pleasant, SC 29464 Phone: (843) 856-8226, ext. 215 Fax: (843) 856-8227 E-mail: ms@mstservices.com Website: www.mstservices.com

Program Description	Nurse-Family Partnership (NFP)
Target Population	
Age	Low income first time mothers
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, Suburban, Urban Homes
Domain	Individual, Family, Community
IOM Category	Indicated, Selective
Program Activities	Nurse home visitation; prenatal, infant, and early development education; building supporting relationships.
Findings	Reduced cigarette smoking during pregnancy; reduced hospital emergency visits w/detected injuries; reduced rates of child maltreatment; fewer subsequent births; reduced maternal behavioral problems due to alcohol or drug abuse
Contact	David Olds Contact: Kellie L. Teter, MPA Site Development Specialist National Center for Children, Families and Communities 4200 E. 9th Avenue, Box C288-13 Denver, CO 80218 Phone: (303) 315-1208 Fax: (303) 314-1489 E-mail: Kellie.Tetter@UCHSC.edu

Program Description	Olweus Bullying Prevention
Target Population	
Age	6-15
Ethnicity	White
Results	
Pre	
Post	
1yr	
2yr	
Replications	
Cultural Adaptations	No
Location	Rural, Suburban, & Urban Schools
Domain	Individual, School, Community
IOM Category	Universal, Indicated
Program Activities	Improving peer relations; making the school a safe & pleasant place by restructuring the school environment to reduce opportunities for bullying behavior.
Findings	Reduced frequency in student reports on bullying others and being bullied; reduced student reports of general antisocial behaviors; vandalism, fighting, theft, and truancy; improved class social climate: order, discipline, positive relationships, and positive attitude toward schoolwork
Contact	Dan Olweus, Research Professor & Prog. Dir. The HEMIL Center (Research Center for Health Promotion), Department of Psychology University of Bergen, Christiensgate 13, N-5015 Bergen, Norway Phone: 011-47-55-23-27 E-mail: olweus@online.no Reidar Thyholdt, Psychologist & Pr. Dir. address same as above Marlene Snyder, Ph.D. Institute of Family and Neighborhood Life Clemson University 158 Poole Agricultural Center Clemson, NC 29634 Phone: (864) 710-4462 Fax: (864) 656-6281 E-mail: snyder@aboutmontana.net

Program Description	Parenting Wisely
Target Population	
Age	9-18 delinquents, at-risk adolescents, and parents
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	CD Rom in Spanish
Location	Urban, Suburban, & Rural
Domain	Individual
IOM Category	Selective, Indicated
Program Activities	Enhance parent communication skills; increase parental knowledge and use of appropriate and effective parenting techniques; promote healthy family interactions
Findings	Increased knowledge of parenting principles and skills; reduced problem behaviors
Contact	Donald Gordon Family Works, Inc. 340 W. State Street Room 135B, Unit 19 Athens, OH 45701-3751 Phone: (740) 593-9505 Fax: (541) 488-0729 Toll Free: 1 (866) 234-WISE E-mail: familyworks@familyworksinc.com Web: WWW.parentingwisely.com

Program Description	**Positive Action (PA)**
Target Population	
Age	5-18
Ethnicity	Mixed: African American, Hispanic, Pacific Islander, Asian
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Yes
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer, Community
IOM Category	Universal, Selective, Indicated
Program Activities	Teaching, reinforcing, and counseling for self-management, social skills, physical and mental health, goal setting, decision making, thinking skills, problem solving, character development. Involving parents and community members.
Findings	*Increases* academic achievement scores, attendance, good behavior, self esteem, and character. *Decreases* violence, alcohol, tobacco, and drug abuse, disruptive behaviors, suspensions, truancy, and builds positive youth development. Findings based on teacher and climate material only. Please contact us for fidelity information.
Contacts	Carol Gerber Allred, Ph.D., Pres./Developer Positive Action, Inc. 264 4th Ave. S. Twin Falls, ID 83301 Phone: (208) 733-1328; Fax: (208) 733-1590 E-mail: info@positiveaction.net Web site: http://www.positiveaction.net/

Program Description	Project ACHEIVE
Target Population	
Age	5-13
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Replicated in Native American reservation schools/special education programs
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Universal, Selective, Indicated
Program Activities	Improve classroom management skills of school personnel Enhance problem solving skills Increase social and academic progress
Findings	Decrease referrals to, and placements in, special education; decline in disciplinary referrals to principal's office; improved academic performance.
Contact	Dr. Howard M. Knoff No Affiliation 8505 Portage Avenue Tampa, FL 33647 Phone: (813) 978-1718 Fax: (813) 978-1718 E-mail: knoffprojectachieve@earthlink.net Web: http://www.coedu.usf.edu/projectachieve Program Materials: Sopris West, Inc. 4093 Specialty Place Longmont, CO 80504 Phone: (800) 547-6747 Web:http://www.sopriswest.com/

Program Description	Project ALERT
Target Population	
Age	11-14
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	Replicated in Spanish with special education programs, hearing impaired
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Universal
Program Activities	Enhance decision making resistance, and interpersonal skills Provide alcohol and drug information Provide parent activities
Findings	Decreased marijuana use initiation and current use; decreased current monthly and heavy smoking; reduced pro-drug attitudes and beliefs.
Contact	Research: Phyllis L. Ellickson, Ph.D. Program Contact: G. Bridget Ryan RAND In collaboration with BEST Foundation for a Drug- Free Tomorrow 725 S. Figueroa Street, Suite 1800 Los Angeles, CA 90017-5416 Phone: (800) 253-7810 Fax: (213) 623-0585 E-mail:info@projectalert.best.org Web: http://www.projectalert.best.org/

Program Description	Project Northland
Target Population	
Age	11-13
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	No
Location	Rural
Domain	Individual, Family, School, Peer, Community, Society
IOM Category	Universal
Program Activities	Provide alcohol and drug information Provide peer mentoring Enhance interpersonal skills Provide parent education/training
Findings	Reduced tobacco and alcohol use; decreased peer influence to use alcohol; improved parent/child communication about consequences of alcohol use.
Contact	Cheryl Perry, Ph.D. Carolyn L. Williams, Ph.D. Program Contact: Ann Standing Hazelden Information and Educational Services 15251 Pleasant Valley Road, Box 176 Center City,MN 55012-0176 Phone: (651) 213-4030; Toll free: (800) 328-9000, ext.4030 Fax: (651) 213-4577 E-mail: astanding@hazelden.org Web site: http://www.hazelden.org/

Program Description	Project SUCCESS
Target Population	
Age	13-18
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	1
Cultural Adaptations	Yes
Location	Urban, Rural, Suburban
Domain	Individual, Family, School, Peer
IOM Category	Selective, Indicated
Program Activities	Provide prevention education and referral services Enhance youth coping and life skills Provide parent activities
Findings	Reduced alcohol, tobacco, and other drug use and problem behaviors.
Contact	Ellen Morehouse, M.S.W., CASAC, CPP Student Assistance Services Corporation 660 White Plains Road Tarrytown, NY 10591 Phone: (914) 332-1300 Fax: (914) 366-8826 E-mail: sascorp@aol.com Web site: http://www.sascorp.org/

Program Description	**Project Toward No Drug Abuse (TND)**
Target Population	
Age	15-18
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	3+
Cultural Adaptations	Some materials in Persian
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer, Community
IOM Category	Selective, Indicated
Program Activities	Enhance youth coping and life skills Build resistance to peer pressure Facilitate attitude change
Findings	Reduced higher levels of alcohol use and all levels of hard drug use.
Contact	Steve Sussman, Ph.D. FAAHB IPR-USC 1000 S. Fremont Avenue, Unit 8 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 E-mail: ssussma@hsc.usc.edu Training: Fran Deas IPR-USC Phone: (626) 457-6634 E-mail: Deas@hsc.usc.edu

Program Description	**Project Toward No Tobacco Use**
Target Population	
Age	10-15
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	1
Cultural Adaptations	Some materials in Spanish
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer, Community
IOM Category	Universal
Program Activities	Teach interpersonal and decision making skills Build resistance to peer and media pressure Facilitate attitude change
Findings	Reduced initiation of cigarettes; reduced initiation of smokeless tobacco; reduced cigarette smoking; eliminated smokeless tobacco use.
Contact	Steve Sussman, Ph.D. FAAHB IPR-USC 1000 S. Fremont Avenue, Unit 8 Alhambra, CA 91803 Phone: (626) 457-6635 Fax: (626) 457-4012 E-mail: ssussma@hsc.usc.edu Web site: http://www.cdc.gov/nccdphp/dash/rtc/curric7.htm Training: Fran Deas IPR-USC Phone: (626)457-6634 E-mail: Deas@hsc.usc.edu

Program Description	**Prolonged Exposure Therapy for Posttraumatic Stress Disorders**
Target Population	
Age	18-70
Ethnicity	Mixed
Results	
Pre	
Post	
Replications	
Cultural Adaptations	No
Location	Suburban, Urban settings in clinics, community mental health clinics, veterans centers, rape counseling centers, private practice offices, outpatients units
Domain	Individual
IOM Category	Indicated
Program Activities	Course of individual therapy to help clients process traumatic events and thus reduce trauma-induced psychological disturbances 9-12, 90 minute sessions: psychoeducation about common reaction to trauma Imaginal exposure: repeated recounting of traumatic memory; In-vivo exposure: gradually approaching trauma reminders
Findings	Twenty years of research shows that PE significantly reduces the symptoms of PSTD, depression, anger, and general anxiety.
Contact	Edna F. Foa, Ph.D., Director Center for the Treatment and Study of Anxiety Dept. of Psychiatry, Univ. of Pennsylvania 3535 Market Street, Suite 600 North Philadelphia, PA 19104 Phone: (215) 746-3327; Fax: (215) 746-3311 E-mail: foa@mail.med.upenn.edu For program training and research information Center for the Treatment and Study of Anxiety Dept. of Psychiatry, Univ. of Pennsylvania E-mail: csta@mail.med.upenn.edu Web: www.med.upenn.edu/ctsa/ Elizabeth A. Hembree, Ph.D., Asst. Prof. & Director of Training, Center for Treatment E-mail: hembree@mail.med.upenn.edu David S. Riggs, Ph.D., Asst. Prof. Center for Treatment and Study of Anxiety E-mail: driggs@mail.med.upenn.edu

Program Description	Promoting Alternative Thinking Strategies (PATHS)
Target Population	
Age	5-11 (plus preschool version newly available)
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	1
Cultural Adaptations	N/A
Location	Rural, Suburban, Urban
Domain	Individual, Peer, School
IOM Category	Universal
Program Activities	Prevent or reduce behavioral and emotional problems Assist students in identifying/labeling feelings and behaviors Provide teachers with systematic lessons and materials
Findings	Improved self-control, understanding, and recognition of emotions; ability to tolerate frustration; decreased anxiety, conduct problems, and symptoms of sadness and depression.
Contact	Mark Greenberg Prevention Research Center Henderson Building S-109 Pennsylvania State University University Park, PA 16802 Ph: (814)863-0112 Fx: (814)865-2530 E-mail: mxg47@psu.edu Web:http://www.prevention.psu.edu/PATHS/ Program Materials: Channing Bete Company One Community Place South Deerfield, MA 01373 Ph: (877)896-8532 Fx: (800)499-6464 E-mail: PrevSci@channing-bete.com Web: http://www.preventionscience.com

Program Description	Protecting You/Protecting Me
Target Population	
Age	6-11
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	Available in Spanish
Location	Rural, Suburban, Urban Elementary Schools
Domain	Individual, School, Peer
IOM Category	Universal
Program Activities	Importance of protecting the brains of persons under 21 from the biological effects of alcohol Ways to help children avoid the risks associated with riding w/drivers who are alcohol impaired
Findings	Student less likely to ride w/impaired driver; gained critical life-saving skills to protect themselves when they have no option but to ride with an impaired driver; they become more strongly opposed to drinking and driving and to underage drinking; students increased their media literacy and gained knowledge about their brains and becoming grown-up; High-school students teaching PY/PM also demonstrated significantly increases in their attitudes toward the risks of underage alcohol and other drug use and declines in their own personal use of alcohol.
Contact	Kappie Bliss, M.Ed., LPC, Director Elementary Programs, Mothers Against Drunk Driving 611 S. Congress Ave., Suite 210 Austin, TX 78704 Phone: (512) 693-9422, FX: (512)693-9435 E-mail: kappie@kbliss.com Web: www.pypm.org

Program Description	Reconnecting Youth
Target Population	
Age	14-17
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	No
Replications	3+
Cultural Adaptations	No
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer
IOM Category	Indicated
Program Activities	Build youth coping and life skills Enhance interpersonal and decision-making skills Provide peer mentoring
Findings	Improved school grades and attendance; reduced drug use and emotional distress; increased self-esteem, personal control, prosocial peer bonding, and social support
Contact	Leona L. Eggert, Ph.D., RN, FAAN University of Washington School of Nursing Box 357263 Seattle, WA 98195-7263 Phone: (425) 861-1177 Fax: (425) 861-8071 E-mail: eggert@u.washington.edu Web site: http://www.son.washington.edu/departments/pch/ry Program and Training Contact: Liela Nichols Co-Developer and Principle RY Trainer Phone: (425) 861-1177 Fax: (425) 861-8071

Program Description	Residential Student Assistance Program (RSAP)
Target Population	
Age	14-17
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	No
2yr	No
Replications	3+
Cultural Adaptations	Yes
Location	Urban, Suburban, Rural
Domain	Individual, Peer, Community
IOM Category	Selective, Indicated
Program Activities	Provide alcohol and drug information Enhance interpersonal and decision-making skills Provide individual, group, and peer counseling
Findings	Decreased alcohol, tobacco, and marijuana use.
Contact	Ellen R. Morehouse, ASW, CASAC Student Assistance Services 660 White Plains Road Tarrytown, NY 10591 Phone: (914) 332-1300 Fax: (914) 366-8826 E-mail: sascorp@aol.com Web site: http://www.sascorp.org/residesap.htm

Program Description	Responding in Peaceful and Positive Ways (RIPP)
Target Population	
Age	10-14
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Rural, Suburban, Urban middle schools
Domain	Individual, Peer, School
IOM Category	Universal
Program Activities	Promotion of school wide norms for nonviolence and achievement, Social cognitive problem-solving model that provides several social skills options for nonviolence; implementation of program by adult role model; opportunities for real-life application of skills
Findings	Decreased school disciplinary code violations; decreased student reported frequency of drug use and violent behaviors, increase prosocial attitudes and peer support for prosocial behavior; less peer pressure to use drugs
Contact	Aleta Lynn Meyer, Ph.D., Wendy Bauers Northup, M.A. Dept. of Psychology Virginia Commonwealth University VCU Box 2018 808 West Franklin Street, Richmond, VA 23284 Phone: (804) 828-0015 Fax: (804) 828-2237 E-mail: amever@saturn.vcu.edu

Program Description	Schools and Families Educating Children (SAFE Children)
Target Population	
Age	4-6 & Parents
Ethnicity	
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Urban Schools
Domain	School, Community
IOM Category	Universal, Selective
Program Activities	Parent training; School/Community collaboration; skill development; Tutoring
Findings	Parents maintained enthusiasm for & involvement in children-school life; used more effective parenting practices and reported greated use of home rules and family organization strategies Children: social competence increased as a result of improved family emotional cohesion; Greater improvement in academic achievement than control group; reading scores approximated the national average and were 4 mos. ahead of the control group
Contact	Patrick Toran, Ph.D., Deborah Gorman-Smith, Ph.D., David Henry, Ph.D., Director, Institute of Juvenile Research, Dept. of Psychiatry The University of Illinois at Chicago 840 South Wood Street Chicago, IL 60612-7347 Phone: (312)413-1893 E-mail: Tolan@uic.edu

Program Description	Second Step®: A Violence Prevention Curriculum
Target Population	
Age	4-14
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	2
Cultural Adaptations	Spanish, Taught in Germany, Denmark, Japan, Norway, South Africa, England, Canada, Sweden, Iceland, Greenland, and Australia
Location	Rural, Suburban, Urban
Domain	Individual, Peer, Family, School, Workplace, Community
IOM Category	Universal
Program Activities	Teach skills in empathy, impulse control, problem solving, and anger management. Provides opportunities for discussion, modeling, practice, and reinforcement of these skills
Findings	Reduced physical and verbal aggression; increased neutral/positive social interactions; improved social and emotional skills; less likely to endorse relational aggression; reduced anxious, depressed, and withdrawn behavior
Contact	Client Support Services Dept. Committee for Children 568 First Avenue, Suite 600 Seattle, WA 98104-2804 Phone: (800) 634-4449, ext. 200 Fax: (206) 433-1445 E-mail: info@cfchildren.org Web site: http://www.cfchildren.org/

Program Description	**Start Taking Alcohol Risks Seriously (STARS) for Families**
Target Population	
Age	11-13
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr	Yes
Replications	1r
Cultural Adaptations	Yes
Location	Urban, Suburban, Rural
Domain	Individual, Peer, Family, School
IOM Category	Universal
Program Activities	Enhance stress management and problem-solving skills Provide alcohol and drug information Promote family involvement
Findings	Reduced initiated alcohol use and heavy drinking over time.
Contact	Chudley E. Werch, Ph.D., CHES, FAAHB Center for Drug Prevention Research University of North Florida College of Health 4567 St. Johns Bluff Road, South Building 39/3042A Jacksonville, FL 32224-2645 Phone: (904) 620-2847 Fax: (904) 620-1035 E-mail: cwerch@unf.edu Materials and Training: Ms. Dinky Hinks NIMCO Incorporated Phone: 1(800) 962-6662 E-mail: dinky@nimcoinc.com

Program Description	Strengthening Families Program (SFP)
Target Population	
Age	3-5, 6-11, 12-14 yr. old versions
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr & 5yr	Yes
Replications	3+
Cultural Adaptations	All materials in Spanish; versions for American Indian, African-American, Pacific Islander, Canadian, Australian, Sweden
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer, Community
IOM Category	Selective, Universal, Indicated
Program Activities	Provide parent, child, & family skill training Develop youth coping and life skills Provide alcohol & drug information Provide family activities
Findings	Decreased alcohol, tobacco, and illicit conduct problems, drug use; improved social/life skills; improved parent-child attachment/family relations; improved parenting skills.
Contact	Karol Kumpfer, Ph.D. Henry Whiteside, Ph.D., Lutra Group Inc. 5215 Pioneer Fork Rd, Salt Lake City, UT 84108 Phone: (801) 583-4601 Fax: (801) 583-7979 E-mail: karol.kumpfer@health.utah.edu Training: hwhiteside@lutragroup.com http://www.strengtheningfamiliesprogram.org

Program Description	Students Managing Anger and Resolution Together (SMART) Team
Target Population	
Age	10-14
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	No
2yr	No
Replications	1
Cultural Adaptations	No
Location	Urban, Suburban, Rural
Domain	Individual, Peer
IOM Category	Universal
Program Activities	Present activities in form of motivational software Teach anger management skills Enhance decision making skills
Findings	Improved knowledge of anger and anger management; greater frequency of self-reported prosocial acts; decreased beliefs of violence.
Contact	Kris Bosworth, Ph.D. University of Arizona College of Education P.O.Box 210069 Tucson, AZ 85721-0069 Phone: (520) 626-4964 Fax: (520) 626-9258 E-mail: boswortk@u.arizona.edu Web site: http://www.drugstats.org/ Materials and Training: Learning Multisystems 320 Holtzman Road Madison, WI 53713 Phone: (800) 362-7323 Fax: (608) 273-8065 Web site: http://www.lmssite.com/

Program Description	Team Awareness
Target Population	
Age	18-55
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Suburban and Urban Workplaces
Domain	Individual, Peer
IOM Category	Indicated, Universal, Selective
Program Activities	Peer leadership counseling or support Workplace training Focus groups
Findings	Two times as likely to decrease problem drinking behaviors; nearly 3 times less likely to work with or miss work due to a hangover; At 6 mos. follow up analysis compared to control group, employees who participated in the program were: significantly less likely to come to work under the influence of illegal drugs or alcohol; likely to double their help-seeking behavior; significantly more likely to work in groups that we encourage co-workers to stop drinking or drug habit; coworkers were less likely to drink together
Contact	Joel B. Bennett, Ph.D., Organizational Wellness Learning Systems 4413 Overton Terrace Fort Worth, TX 76109 Phone: (817) 921-4260, E-mail: owls@charter.net Web: www.organizationalwellness.com Wayne E.K. Lehman, Ph.D., Institute of Behavioral Research Texas Christian University TCU Box 298740, Phone (817) 257-7226 E-mail: ibr@tcu.edu , Web: www.ibr.tcu.edu

Program Description	Too Good for Drugs (TGFD)
Target Population	
Age	5-18
Ethnicity	Mixed
Results	
Pre	
Post	
1yr	
2yr	
3yr	
Replications	
Cultural Adaptations	No
Location	Schools, optional for after-school settings
Domain	Individual, Peer, Family
IOM Category	Universal
Program Activities	Prosocial skills development; multi-lesson, multi-grade level programming; normative education; diverse role-play situations; cooperative learning; parental involvement
Findings	Reduced intentions to use cigarettes, alcohol, marijuana; or to engage in aggressive behavior; improved decision making, goal setting, and peer resistance skills, increased friendships w/peers, less likely to use alcohol/tobacco or illegal drugs
Contact	Susan K. Chase, Dir. of Training Prevention Education Programs Mendez Foundation 601 S. Magnolia Avenue Tampa, FL 33606 Phone: (800) 251-3237 E-mail: schase@mendezfoundation.org Web: www.mendezfoundation.org Cindy Coney, Program Contact Prevention Education Programs Mendez Foundation

3B: Fidelity vs. Adaptation

Fidelity vs. Adaptation

The following steps, taken from Backer (2002), outline how to navigate this fidelity/adaptation balance. Although there is no research study, which "proves" these steps to be the best, they are based on the common wisdom of many practitioners and researchers. These steps assume that the program has a planning group that represents the local community.

1. Define explicitly (in a series of written statements) what the planning group means by fidelity and adaptation. After starting with the "textbook" definitions of fidelity and adaptation, planners needs to decide what is important to them and arrive at their own working definition that will guide their efforts.

2. Be cognizant of the theory of the program (i.e., HOW the program will produce outcomes) and how any changes to it will affect how the way the program is supposed to work. The program theory can be obtained from the developer, program materials, other written descriptions, or if it is your own program, it can come from your own efforts. The key thing is make sure that the program theory is not compromised so much by adaptation, that is does not meet the needs of the community (identified in Question ❶)

3. Identify what components are core and should not be changed. This can be done by contacting the developer themselves, looking at written program materials (from CSAP, the developer, etc), or if it is your own program, a discussion among those involved in the program's creation.

4. Use results of the previous GTO steps to assess the degree of adaptation needed (vs. the need to obtain a different program) and the amount of attention needed for fidelity
    ➢ Use needs/resource assessment results (Step 1) to ensure that the program is addressing needs in the community that it has shown success in addressing (e.g., trying to adapt a parenting program to meet the goal of changing school norms would not be a good idea and suggests the need to find a different program) and what features of the community need to be accounted for in the implementation (i.e., cultural changes)
    ➢ Use the assessment of program fit in the community (Step 4) to assess the need for adaptation (take into account local context).
    ➢ Use the capacity assessment results (Step 5) to see if the planners have enough capacity to adapt as needed and/or track fidelity

5. Estimate, in detail, the human, financial, and technical costs for both tracking and managing fidelity and to make the needed adaptations in the program. Try to build those costs into initial grant proposals or additional requests for funding.

6. Based on the needs for training on tracking fidelity and adapting the program

> ➢ Get training from program developer (after the fact or as part of purchasing the program)
> ➢ Get training on both tracking fidelity and adapting the program from other communities who have successfully implemented this program in a real world setting

7. Assess your fidelity and adaptation efforts
> ➢ Fidelity monitoring – usually assesses how much of the intervention (e.g., components or sessions) was delivered, whether the implementation of the program followed the general program model both in terms of content (e.g., was the information about decision making delivered?) and tone and feel (e.g., were the sessions participatory?), whether the program was used with the appropriate target population, whether program deliverers were trained, and the level of quality of all the above
> ➢ Adaptation – This is hard to know, but asking participants about your adaptations may help you know if you have succeeded.

8. Set up a consultation with the program developer. This will probably require resources, so there is a need to be organized to maximize this consultation time. Contact information is listed in Appendix X

9. Get the community involved in the fidelity/adaptation issues. This mainly focuses on obtaining buy-in for fidelity monitoring processes and gathering contextual information about the community that would be needed to adapt the program.

10. Develop a plan for fidelity/adaptation. Develop planning statements for how the planners will accomplish each of 1-9.

11. Continue to revisit fidelity/adaptation issues over time. How did you do in each of the steps 1-10? Make any changes and updates that are needed to maintain the current level of fidelity and adaptation.

Question #5: Capacities

5A: Internet Resources on How to Improve General Staff Qualifications

Internet Resources: Capacity Building

The Community Tool Box is a web site created and maintained by the University of Kansas Work Group on Health Promotion and Community Development in Lawrence, KS, and AHEC/Community Partners in Amherst, Massachusetts. The core of the Tool Box is the "how-to tools" that provide simple, friendly language to explain how to do the different tasks necessary for community health and development.

Capacity Domain	Community Toolbox Resource
Commitment	http://ctb.lsi.ukans.edu/tools/EN/section_1136.htm
Leader support	http://ctb.lsi.ukans.edu/tools/EN/section_1148.htm
	http://ctb.lsi.ukans.edu/tools/EN/section_1135.htm
Feelings of ownership	http://ctb.lsi.ukans.edu/tools/EN/section_1874.htm
Leadership	http://ctb.lsi.ukans.edu/tools/EN/chapter_1013.htm
Communication	http://ctb.lsi.ukans.edu/tools/EN/section_1149.htm
Decision making	http://ctb.lsi.ukans.edu/tools/EN/section_1142.htm
Meeting	http://ctb.lsi.ukans.edu/tools/EN/section_1153.htm
facilitation	http://ctb.lsi.ukans.edu/tools/EN/section_1155.htm

Conflict Resolution Network was founded in 1986 (then under the auspices of the United Nations Association of Australia), and is headed by Helena and Stella Cornelius.

Its purpose is to research, develop, teach and implement the theory and practice of Conflict Resolution throughout a national and international network.

Capacity Domain	Conflict Resolution Network Resource
Conflict resolution	http://www.crnhq.org/twelveskills.html
	http://crnhq.org/freechecklist.html

5B: Capacities Tool

| Program Name: _____ | Name of person completing form:_____ |
| Date:_____ | |

CAPACITY TOOL: Program specific staff capacities

Capacity assessment item	Requirements	Is the capacity sufficient?	Plan to enhance the capacity
Staff training needed			
Staffing level required			
Staff qualifications (e.g., minimum degree needed; years of prevention experience)			

Program Name: _____
Date:_____

Name of person completing form:_____

🔨CAPACITY TOOL: General staff capacities

Capacity assessment item	Requirements	Is the capacity sufficient?	Plan to enhance the capacity
Commitment			
Feeling supported by leadership			
Feelings of ownership			
Leadership			
Communication			
Conflict resolution			
Decision making			
Meeting facilitation			

Program Name: _____
Date:_____

Name of person completing form:_____

CAPACITY TOOL: Technical (expertise) capacities

Capacity assessment item	Requirements	Is the capacity sufficient?	Plan to enhance the capacity
Access to program materials			
Access to personnel with appropriate evaluation skills			

Program Name: _____   Name of person completing form:_____

Date:_____

CAPACITY TOOL: Fiscal capacities

Capacity assessment item	Requirements	Is the capacity sufficient?	Plan to enhance the capacity
Full costs			
Transportation			
Special trips			
Printed materials costs			
Participant incentives			
Food costs			
Baby sitting			
Volunteers			
Equipment costs			
Space (e.g., # of rooms)			
Evaluation costs (data collection, entry, following participants over time)			

Program Name: _____
Date:_____

Name of person completing form:_____

CAPACITY TOOL: Structural/Linkage capacities

Capacity assessment item	Requirements	Is the capacity sufficient?	Plan to enhance the capacity
Collaboration with key partners			
Buy-in of local stakeholders			

5C: Capacity Requirements for the CSAP Model Programs

Capacity Dimension	Across Ages
Staff training needed	2 days of pre-service staff training. Two days of technical assistance during the first year and 1 day of TA in subsequent years. Mentors receive 8-10 hours of pre-service training and monthly in service meetings.
Staffing level required	Mentoring: a minimum of 2 hours each week
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	▪ Staff minimum of 1 full time and 1 part time staff person for 30 youths and 15-20 mentors. ▪ Program Coordinator: One full-time college graduate with a minimum of 3 years of experience in education, social work, counseling, or related field ▪ Outreach Coordinator: One individual familiar with the community to recruit mentors and oversee community service, preferably working full time, but a part time employee is acceptable ▪ Mentors: Must be 55 years or older. Implement state or agency approved screening and training of mentors
Other requirements	Clerical worker
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	
Participant incentives	Stipends or reimbursement for mentors
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	A classroom and one or more central meeting locations are needed for youth-mentor training and meetings, participation in social competence curriculum, training and in-service meetings for mentors, and family activities.
Other costs	
Cost per participant	

Capacity Dimension	Al's Pals
Staff training needed	Training is provided by Wingspan, LLC, which distributes Al's Pals nationwide. Two-day training is required for all classroom teachers who will deliver the program; booster and advanced training sessions also are available. Training is designed to— Increase understanding of how to apply the concepts of resiliency and protective factors to early childhood education Demonstrate effective use of the Al's Pals curriculum and build skills in using teaching approaches that support it
Staffing level required	
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	▪
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Classroom
Other costs	
Cost per participant	

Capacity Dimension	All Stars
Staff training needed	Teachers are highly recommended to attend a 2-day training session provided by Tanglewood Research Staff and authorized trainers
Staffing level required	All Stars can be delivered by teachers, prevention specialists or youth leaders. The program can be delivered in schools or in community and after school settings. Sessions fit 45-minute to 1-hour time blocks, depending on the venue. The first year program consists of 13 required sessions plus a celebration session at the end of the program. The first year program has 8 supplemental sessions that are recommended. The booster program consists of 9 required sessions and 6 supplemental sessions. The program includes "Strategies for Success" meetings to be held with other teachers in the school or leaders in the youth group to guide integration of All Stars' principles into all areas of the school or community group. The program includes a parent training meeting.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Trained classroom teacher and guidance counselor or prevention professionals from community prevention agencies.
Other requirements	
Costs for full implementation (as intended)	On-site training for groups up to 20 costs $3,000. For individuals who wish to join an already planned session costs $250.
Transportation	
Special trips	
Printed materials costs	The Core (first year) program teacher's manual (complete) is $190 The Booster (second year) program teacher's manual (complete) is $115 Core required student materials are $175 (packaged for 25 students) Booster required student materials are $20 (packaged for 25 students) Extra materials – commitment rings, tee shirts, etc. – are available Order forms can be downloaded at http://www.tanglewood.net/products/allstars/All_Stars_Order_Form.pdf
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Classroom
Other costs	
Cost per participant	$7

Capacity Dimension	Athletes Training and Learning to Avoid Steroids (ATLAS)
Staff training needed	▪ The program developer offers a 1-day training program that will enhance the fidelity of the curriculum delivery. ▪ A coach "Instructor Package" is required
Staffing level required	Coach-Facilitator: oversee ten 45 minute sessions consisting of interactive peer-led activities
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	▪ A highly committed coach-facilitator ▪ Several committed student squad leaders
Other requirements	▪ Use of student materials (workbook, sports menu, and Training Guide book) ▪ Team based presentation of the program with one peer leader in each small group of six to eight students ▪ Ten-Session Curriculum Guide for each peer leader
Costs for full implementation (as intended)	**On-site Training** One day training for coaches (squad leaders can be included). As many as 75 coaches and 75 students can be trained at the same time. Cost of training is $2500 (2 instructors), plus travel costs to implement both ATLAS (males) and ATHENA (female) programs..
Transportation	
Special trips	
Printed materials costs	**Coach/Instructor Package $280** Includes three-ring binder with 1) Background section; 2) Training the squad leader 90-minute session; 3) 10-session curriculum; 4) overheads; and 5) 3-booklet athlete pack, which includes student's 10-session curriculum workbook, Sports Menu (diet/supplement/drug guide) and Training guide. **Squad Leader Guide $20** Ten-session curriculum guide (one squad leader for every 5-8 students). **Athlete Pack $40** Ten, 3-booklet athlete packs, which include student's 10-session curriculum workbook, Sports Menu (diet/supplement/drug guide) and Training guide. Each student/athlete has an athlete pack. **Booster Pack $110** Five follow-up sessions.
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Classroom
Other costs	
Cost per participant	

Capacity Dimension	Border Binge-Drinking Reduction Program
Staff training needed	Training and technical assistance are available from two organizations involved in creation of the Border Binge-Drinking Reduction Program. Instruction is available in: ▪ Data-based strategies ▪ Media advocacy, community organizing, and RBS ▪ Survey assistance ▪ Public opinion polling ▪ Evaluation design
Staffing level required	▪ The program was created to be readily adapted to individual community resources and needs. The community decides the structure of the group that manages the various interventions. ▪ A number of diverse groups and organizations, on both sides of the border, must be enrolled in the effort. For example, law enforcement, public officials, community organizations, youth groups, prevention professionals, schools, and businesses will be needed to assist with a variety of interventions
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Individuals skilled in: ▪ Data collection and analysis ▪ Media advocacy ▪ Program management ▪ Strategic planning ▪ Community organizing ▪ Bilingual/bicultural skills
Other requirements	▪ An instruction manual that tells how to establish breath-test surveys and use the data to organize and manage a border program or other binge-drinking reduction effort. ▪ An action kit that describes how to implement similar projects in border communities and other non-border settings
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Brief Alcohol Screening and Intervention for College Students (BASICS)
Staff training needed	Training is usually necessary to implement BASICS and depending on staff experience, it can be completed in 1 to 2 days. Trainees need interviewing skills, and many paraprofessionals can effectively deliver the program. Training encompasses knowledge of al cohol use among college students and specific clinical techniques such as non-confrontational interviewing. The BASICS workbook, available through Guilford Press, provides the information and charts needed for conducting the interviews. The developers of BASICS can provide onsite and offsite training.
Staffing level required	
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	▪
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Room for interview. BASICS can be implemented in a variety of settings, including university health and mental health centers, residential units, and administrative offices. Private offices are needed for confidential interviews.
Other costs	
Cost per participant	

Capacity Dimension	Brief Strategic Family Therapy
Staff training needed	Training for counselors is required. Training is available through the Center for Family Studies' Training Institute. The Institute provides a broad range of training programs in Miami or will train onsite at agencies around the country and can be tailored to agency and population needs. After training counselors are tested on their implementation of the program.
Staffing level required	▪ Trained counselors: deliver 8 to12 weekly 1 to 1.5 hour sessions, but must be available for extra time if a crisis arises. ▪ Administrative support: an agency that is open at times that are convenient for participating families, provides transportation and , if needed, provides childcare when sessions are conducted in the office is required.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Trained counselor: A bachelor's degree and experience working with families. However a master's in social work or marriage and family therapy is ideal.
Other requirements	
Costs for full implementation (as intended)	
Transportation	Transportation should be available through the Agency.
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	Baby sitting should be available through the Agency.
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Use of office space at the agency or the family's home which ever is convenient.
Other costs	
Cost per participant	

Capacity Dimension	CASASTART
Staff training needed	CASA staff provides training and technical assistance for new CASASTART sites. CASA works with sites for a minimum of 12 days over the first year, which includes 6 days of training in core program elements and 6 days of on-site assistance.
Staffing level required	In addition to part-time clerical support, the program needs: • Project manager, part time • Case manager, full time • Active participation of designated school and law enforcement personnel The case manager is the key staff member. This person is responsible for no more than 15 to 18 youth and their families, and performs home visits, needs assessments, service plans, crisis interventions, referrals, followup documentation, and evaluation. Qualifications include a master's or undergraduate degree in human services or a like field. The number of case managers and the local prevailing wage drive program costs.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	CASASTART: A Proven Youth Development Strategy that Prevents Substance Abuse and Builds Communities, is an 80-page field guide designed to help organizations implement the program. It and other materials can be obtained from CASA.
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Challenging College Alcohol Abuse
Staff training needed	Classroom training (2.5 hours/week X 16 weeks = 40 hours)
Staffing level required	▪ Weekly meeting and continuing education, fall and spring semesters (5 hours/week X 30 weeks = 150 hours) ▪ Preparation time, record keeping, phone calls, letters, research (5 hours/week X 37 weeks = 185 hours)
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	A team of people that have evaluation, program, materials design, and target market analysis expertise.
Other requirements	
Costs for full implementation (as intended)	▪ Classroom training (2.5 hours/week X 16 weeks = 40 hours) ▪ Weekly meeting and continuing education, fall and spring semesters (5 hours/week X 30 weeks = 150 hours) ▪ Preparation time, record keeping, phone calls, letters, research (5 hours/week X 37 weeks = 185 hours) **Total staff cost $3,500** (Includes time of Graduate Assistant who had primary responsibility for the program and Program Coordinator's time for supervision) ▪ **AOD Peer stipends (per year) $144** **Total costs for one year $3,644** ▪ **Peer Education Time Return – Presentations** (based on fall semester 1995): 3 peers gave 9 presentations reaching 205 students (time = 18 hours) ▪ **Cost per presentation = $3,644/9 presentations = $404** ▪ **Cost per student reached = $3,644/205 students = $17.78 per student**
Transportation	
Special trips	
Printed materials costs	Example of costs taken from the University of Arizona. ▪ **Ad placement in Arizona Daily Wildcat** (3X8 inch ad costs $180, placed once/week for 30 weeks) **$5,400** ▪ **Student workers to get feedback on ads** (minimum wage to $7/hour for 5 hours/week during development phase which lasted 6 weeks) **$210** ▪ **Models for photographs $500** (compensated with $15-$25 gift certificates to the bookstore) ▪ **media team time $11,800**(Director of Health Promotion @ 4 hrs/month, AOD Coordinator @ 16 hrs/month, 2 Prevention Specialists @ 4hrs/month, Graphic Designer @ 44 hrs/month) ▪ **Photographer ($40/hour) $640** **Total costs for one year $18,550** ▪ **Cost per ad = $18,550/30 (# of ads) = $618** ▪ Cost per person = $618/20,000 (daily readership) = $.03 per person per ad
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Child Development Project
Staff training needed	1 out of the 4 options are required: ▪ A 1-day introductory workshop to introduce all four components of Phase 1. ▪ A 2-day introductory workshop, the second day of which focuses on the class meeting component. ▪ A 1-day class meeting workshop ▪ A 2-day class meeting workshop
Staffing level required	A certain amount of class time each week depending on the phase the class is in. Also cooperation from caregivers is needed for successful implementation.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Teacher is used for implementation
Other requirements	
Costs for full implementation (as intended)	Fees for workshops and follow-up visits are $1,200 per day.
Transportation	
Special trips	
Printed materials costs	Books cost approximately $50 per teacher ▪ *That's My Buddy* ▪ *Homeside Activities* ▪ *At Home in Our Schools* ▪ *Ways We Want Our Class To BE*
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	Travel expenses to the workshops
Cost per participant	

Capacity Dimension	Communities Mobilizing for Change on Alcohol
Staff training needed	Resource materials are available to help communities organize in the following categories: ▪ Civic Groups ▪ Faith Organizations ▪ Schools ▪ Community Groups ▪ Law Enforcement ▪ Liquor Licensing Agencies ▪ Advertising Outlets
Staffing level required	One full time community organizer per community
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	An organization that is able to: ▪ Assess community norms, public and institutional policies, and resources ▪ Identify, from inception, a small group of passionate and committed citizens to lead efforts to advocate for change ▪ Create a core leadership group that can build a broad citizen movement to support policy change ▪ Develop and implement an action plan ▪ Build a mass support base ▪ Maintain an organization and institutionalize changes ▪ Evaluate changes on an ongoing basis ▪ Manage widely variable program costs
Other requirements	
Costs for full implementation (as intended)	Approx. $50,000/yr per community
Transportation	
Special trips	
Printed materials costs	Free materials on reducing youth access to alcohol are available to assist in implementation. ▪ Alcohol Compliance Checks: A Procedure Manual for Enforcing Alcohol Age-of-Sale Laws ▪ Model Ordinances ▪ Model Public Policies ▪ Model Institutional Policies ▪ Reprints of Papers These can be downloaded from: www.epi.umn.edu/alcohol/
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Community Trials Intervention To Reduce High Risk Drinking
Staff training needed	Training and consultation are community specific and is tailored to the specific site.
Staffing level required	- Director-responsible for developing the initiative and its strategy - Assistant director-responsible for day-to-day management of office operations and staff, recruiting and organizing and implementing interventions - Data Managers-collect information to track program trends - Administrative-assist with managing volunteers and processing information - Volunteers-provide general support for program interventions and essentially assist where needed - Program Task Force-comprised of key community leaders to provide and build coalitions to support program interventions
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Project Staff need to be able to successfully gather information and work with a wide array of community components, including local community organizations, key opinion leaders, police, zoning and planning commissions, policy makers, and the general public.
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	- Training Manuals for Responsible beverage service are available at a minimal cost - Brochures are also available
Participant incentives	
Food costs	
Baby sitting	
Volunteers	Volunteers are essential for successful implementation
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Creating Lasting Family Connections
Staff training needed	5-day training by the developer
Staffing level required	At least two part-time facilitators are needed for each of the parent and youth modules. These four part-time facilitators can work with up to 30 families, 1 day per week, 4 hours a day, for the 18-20 week program.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Trainers should: • Be outgoing • Be caring • Be non-judgmental • Handle ambiguity • Model moderate beliefs and attitudes • Have a natural helping attitude • Have experienced group-oriented growth opportunities • Can recognize name and express feelings as they occur
Other requirements	
Costs for full implementation (as intended)	COPES provides free grant writing assistance to organizations and agencies interested in using the Creating Lasting Family Connections curriculum. Interested parties are encouraged to purchase the book Building Healthy Individuals, Families and Communities which describes the CLFC program in detail as a means of determining their interest in using this program with youth and families.
Transportation	Optional
Special trips	Optional
Printed materials costs	Total program package $1224.50 / quantity discount available
Participant incentives	Program often includes food at beginning or end of the training sessions.
Food costs	$25-$60 per session
Baby sitting/Child care	Optional
Volunteers	Community Advocates Optional
Equipment costs	Minimal – Flip chart or Dry Erase Board
Space (e.g., of rooms)	2 Rooms - one for parents and another for youth, both should be large enough to accommodate two facilitators at front of room with participants seated in a single row, in a circle, or "U" shaped pattern with tables.
Other costs	N/a
Cost per participant	Participant Notebooks under $4.00

Capacity Dimension	Early Risers
Staff training needed	A 5 day training program can be held at the host site for up to 20 family advocates and program supervisors
Staffing level required	• Family Advocate is responsible for running Early Risers. This individual coordinates and provides services for the child-focused and parent/family focused components. The family advocate is responsible for delivering Early Risers' manualized program to children and their parents, year-round, at school and at home • A supervisor responsible for staff recruitment, education, training, oversight, and evaluation is needed.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Family Advocate: must have a minimum of 2 years of field experience in human services and a bachelor's degree in social work or related field.
Other requirements – 3 year program	2 Full strength and 1 booster year
Costs for full implementation (as intended)	
Transportation	Full transportation is needed by the Family Advocate
Special trips	60 / participant / 3 year
Printed materials costs	21 / participant / 3 year
Participant incentives	420 / participant / 3 year
Food costs	130 / participant / 3 year
Baby sitting	200 / participant / 3 year
Volunteers	4 / participant / 3 year
Equipment costs	62.50 / participant / 3 year
Space (e.g., of rooms)	200 / participant / 3 year
Other costs (personnel)	4421 / participant / 3 year
Cost per participant / 3 years	5756

Capacity Dimension	Family Effectiveness Training
Staff training needed	Agencies should allow 6 months to hire and train counselors
Staffing level required	One full time counselor can provide FET to 15 to 20 families per week.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	▪ Counselors are required to be committed, enthusiastic, and sympathetic ▪ Counselors should by familiar with and respectful toward Hispanic/Latino and American cultures, languages, and values ▪ Counselors should have a basic knowledge of how family systems operate and 3 years of clinical experience with children and families ▪ Ideally, a counselor should have a master's degree in social work or marriage or family therapy, however a bachelor's degree and experience working with families may also qualify ▪ Counselors Must: 1. Present didactic material in an understandable way 2. Elicit family participation in structured exercises 3. Intervene in family discussions to improve dysfunctional family interactions 4. Be flexible enough to adapt the intervention to the specific needs of each family
Other requirements	Agencies should be open at times convenient to families Videotaping equipment, a monitor, and a VCR are needed for supervision and review of work
Costs for full implementation (as intended)	
Transportation	Transportation should be provided when needed
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	Baby sitting should be provided when needed
Volunteers	
Equipment costs	$18,000 includes training and supervision
Space (e.g., of rooms)	Midsize offices with a blackboard or easel are adequate
Other costs	
Cost per participant	

Capacity Dimension	Guiding Good Choices
Staff training needed	- It is recommended that workshop leaders attend a 3-day leader's training event - Training costs $4,975 for up to 12 people plus $110 per person/kit.
Staffing level required	Work shop leaders should provide five 2-hour sessions held over 5 consecutive weeks
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Work shop leaders should be skilled in providing parenting workshops, understand the principles of adult learning, and be knowledgeable about risk and protective factors as they relate to prevention
Other requirements	The workshop site should be in an accessible, safe, and familiar part of the neighborhood
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Complete curriculum kit for workshop leaders: $759 Family Guide: $12.79 (quantity discounts available for 10 or more)
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Enough meeting space to comfortably accommodate parents and their children (for one session) and should be equipped with video equipment, and easel or chalkboard, and an overhead projector or computer based LCD projector.
Other costs	Transportation, food, and child care are all options that workshop leaders may arrange, as needed. Obtaining local sponsors to support these strategies is discussed in the Workshop Leader's Guide.
Cost per participant	

Capacity Dimension	Incredible Years
Staff training needed	Two group leaders must complete a certification process that involves attendance at certified training workshop, peer review, videotape feedback, and consultation
Staffing level required	Leaders: ▪ Dina Dinosaur Small Group Therapy: 18 to 22 weekly 2-hour sessions for children ▪ Dina Dinosaur Classroom: 60 lesson plans that can be delivered 1 to 3 times a week in 45-minute class periods ▪ Parenting Groups: 12 to 14 weekly 2-hour sessions for the BASIC series and 10 to 12 weekly 2-hour sessions for the ADVANCE and SCHOOL series ▪ Teacher Classroom Management Series: 14 2-hour sessions or 4 day intensive
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	In order to have a successful program the school or organization must be committed to excellence, evident in good administrative support and support for facilitator certification by certified trainers, as well as ongoing technical support and consultant workshops
Other requirements	Video tape equipment is necessary
Costs for full implementation (as intended)	SEE WEBSITE FOR COSTS
Transportation	Varies
Special trips	Varies
Printed materials costs	▪ All four Basic Program parent training materials cost $1,300
Participant incentives	Varies
Food costs	Varies
Baby sitting	Varies
Volunteers	Varies
Equipment costs	Varies
Space (e.g., of rooms)	Varies
Other costs	Varies
Cost per participant	Determined locally

Capacity Dimension	Keep A Clear Mind
Staff training needed	Facilitator training is offered but is not necessary
Staffing level required	- Facilitator commitment for a semester - Delivering lessons and newsletters, and monitoring the implementation of take-home lessons - Conducting pre- and post-program outcome data collection to measure program effects
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Usually the facilitator is a teacher or guidance counselor
Other requirements	Assistance in analyzing outcome data and developing evaluation reports is available
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	$3.95 per student

Capacity Dimension	Leadership and Resiliency Program
Staff training needed	- An initial half-hour phone or E-mail consultation is free. Trainers are available to conduct initial training and can provide additional consultation and technical assistance. $3,200 plus transportation and lodging/meals - In addition, each locality will need to work with LRP staff to coordinate alternative activity training site and equipment site
Staffing level required	- Program Leaders: work directly with students and are able to effectively manage a caseload of 50 youth. They also will establish and maintain school partnerships, facilitate group meetings, conduct screenings, and provide crisis interventions - Program supervisor/Manager: will handle project management, data collection, and outcomes analysis
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	The Program supervisor must be an experienced, graduate-level clinician, who has clinical supervision skills; proposal writing and fundraising skills; and the ability to build relationships with youth, systems, and bureaucracies
Other requirements	Cooperative agreements must be set up between the school where the program will be implemented and the substance abuse treatment or health service provider, as well as with humane foundations. Ongoing communication to coordinate activities is needed
Costs for full implementation (as intended)	
Transportation	Transportation for students for group activities should be provided
Special trips	- Animal Rehabilitation (animal shelters) - Community Beautification (clean area streams and natural ponds) - Puppet Project (give puppet shows to elementary schools)
Printed materials costs	- Curriculum: available via e-mail through a downloadable file: $100 - Hard copy of Curriculum: $150 (includes postage)
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	A dedicated space within the school for group activities
Other costs	
Cost per participant	

Capacity Dimension	LifeSkills Training
Staff training needed	Provider training is available and is conducted by qualified trainers who are certified by National Health Promotion Associates, Inc The training workshop is designed to: • Teach the background, theory, and rationale for LifeSkills • Familiarize participants with the program • Teach participants the skills needed to conduct LifeSkills • Provide an opportunity to practice teaching selected portions of the program • Discuss practical implementation issues Cost of training workshop is $200 per person: Middle School Curriculum • Level 1 Training (2 days) • Level 2 Booster Training (1 day) • Level 3 Booster Training (1 day) Elementary School Curriculum • All levels (2 days) Onsite training is also available
Staffing level required	• Middle school or junior high implementation: fifteen 45-minute class periods with booster intervention over the next 2 years • Elementary school implementation: 24 class sessions each 30-45 minutes long over 3 years
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Program facilitator should be a teacher, counselor, or health provider
Other requirements	Teacher's Manual, Student Guide, and relaxation tape
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	$100 per person
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Classroom setting
Other costs	Travel expenses of the trainer
Cost per participant	

Capacity Dimension	Positive Action
Staff training needed	The Parent and Positive Action Coordinators and members of the PA Committee (relevant teachers, staff, parents, community members, students, and all teaching staff should participate in ½-2 days of training. Training costs $1000 per day plus travel expenses and time.
Staffing level required	The program requires willing teachers, staff, and an effective leader for primary leadership **Positive Action Committee**: This group is composed of a teacher from every participating class, administration, staff, parents, community members, and students. **Positive Action Coordinator**: This person coordinates with committee all PA activities and ensures fidelity of program implementation, customization and success of the program.
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Teacher Kits: Kindergarten: $460 1st-8th: $360 each 5th Drug Education Supplement: $230 Middle School Drug Supplement: $360 High School Kits ($9^{th}$-$12^{th}$): Kit I-III: $360 each Kit IV: $460 Climate Development (Elem and Sec): $450 ea. Combo Kits: Elem. Prin., K-5th Teachers Kits: $2400 5th Teachers Kit and 5th DES: $525 Sec. Prin., 6th-8th, MSDS: $1650 High School (Kits I-IV): $1275 Family Kit: $75 Community Kit: $550 Counselor Kit: $125 1st year Price per Student: $15 Successive years Price per Student: $3 All products can stand alone or be used as a whole,
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Project ALERT
Staff training needed	Teachers typically deliver Project ALERT in a classroom setting and are required to train online or Participate in a customized 1 day training workshop.
Staffing level required	Teacher: 1 lesson should be taught every week over the course of 11 weeks for Year 1 and over 3 weeks for Year 2
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Teachers must have an open, supportive classroom environment, facilitate student participation, reinforce good performance, help students acquire the confidence that they really can resist pro-drug pressures, and respond appropriately to student questions about drugs.
Other requirements	
Costs for full implementation (as intended)	Training and all materials cost $150
Transportation	
Special trips	
Printed materials costs	Teachers who train online or at a customized in-person workshop, receive the following resources (included in the $150 training fee): ▪ A manual with 11 lessons for Year 1 and 3 booster lessons for Year 2 ▪ Eight interactive student videos ▪ 12 full-color classroom posters ▪ Demonstration videos of key activities and teaching strategies ▪ An overview video for colleagues and community members. Project ALERT periodically updates and distributes curricula, videos, posters, and other information to trained teachers free of charge.
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Classroom
Other costs	
Cost per participant	

Capacity Dimension	Project Success
Staff training needed	Training costs $375 which includes materials and manual

Staffing level required	▪ Project Success Counselor: will provide the school with a full range of substance abuse prevention and early intervention services:
	  1. Prevention Education Series
	  2. Individual Assessment
	  3. Individual and Group Counseling
	  4. Parent Programs
	  5. Referral
	▪ School Principal: establishes the initial implementation agreement, selects the counselor, oversees the program, and supervises the counselor onsite
	▪ Executive Director/Project Director: initiates and manages the program, develops procedures, and hires staff
	▪ Project Supervisor: supervises the Project Success Counselor and helps coordinate activities with school staff
	The program staff and coordinators should:
	  1. Define program goals
	  2. Define target population
	  3. Provide training and consultation for school staff
	  4. Establish a school staff substance abuse task force
	  5. Obtain technical assistance and training

Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Project Success Counselor should have a graduate degree in social work, counseling, or psychology. They must be experienced in providing substance abuse prevention counseling to adolescents
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Printed manual: $125
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Project Northland
Staff training needed	▪ Training is provided through Hazelden Information and Educational Services and can provide training of teachers and community coordinators based on local needs ▪ One day of training is strongly suggested for each year's curriculum. Therefore those providing direct services to youth or persons who will then train additional staff to use the program ▪ Training costs negotiable.
Staffing level required	Teachers in 6-8th grade to carry out the program continuum
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	
Other requirements	A strong parent commitment to the program
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Each grades materials: $245 For a complete 4-piece set including Supercharged!: $755
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	PATHS-Promoting Alternative Thinking Strategies
Staff training needed	▪ Teacher training and technical assistance are available onsite to ensure effective implementation of the program ▪ Costs $3,00 and does not include materials
Staffing level required	From K-6 lessons should be taught three to five times per week
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	PATHS is taught by regular classroom teachers, integrated in to the regular curriculum
Other requirements	▪ Basic PATHS kit (grades 1-6) ▪ Turtle Unit (kindergarten)
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	A complete 7 volume set: $640 Individual grad level: $300-$350
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	▪ Using existing staff: $15 per child per year over 3 years ▪ Using full-time salaried on-site PATHS coordinator: $40-$50 per child per year

Capacity Dimension	Project ACHEIVE
Staff training needed	The program uses professional development, in-service, and technical assistance to train school personnel at each facility ▪ Minimum of 2 days of building wide training and 1 day technical consultation ▪ $1,500 per day
Staffing level required	▪ Year 1: Social skills training; RQC problem-solving training; and providing teachers with release time for planning, meetings, and technical assistance ▪ Year 2: Social skills/RQC training and booster sessions, Behavioral Observation and Instructional Environment Assessment Training; Curriculum-Based Assessment and Measurement training; and release time for planning, meetings, and technical assistance ▪ Year 3: Booster sessions in all prior components; parent involvement planning, training and facilitation; grade level intervention planning and implementation; and release time for planning, meetings, and technical assistance In addition school districts should identify one project coordinator for every three to five project buildings
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	
Other requirements	▪ Social Skills book and support materials ▪ RQC Workbook
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Classroom package: $125 Teacher manuals: $69 Classroom materials sold in sets of 5: $15-$22.5 Parent Training Video: $45.95
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Project Toward No Drug Abuse
Staff training needed	1 to 2 days of teacher training Cost of training: $500 per day
Staffing level required	Teacher must implement 12 lessons
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Program is implemented in a classroom setting with the teacher as the facilitator
Other requirements	▪ An implementation manual providing step-by-stop instructions for completing each of the 12 lessons ▪ A video on the need to eliminate substance abuse in order to achieve life goals ▪ A student workbook
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Teacher manual: $70 Student workbook: $50 Video: $40
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Project Toward No Tobacco Use
Staff training needed	Teachers should receive a 1 to 2 day training session. Cost of training is $500 per day
Staffing level required	Teachers must implement 10 core lessons over a two week period and 2 booster periods delivered 1 year after the core lessons
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Implementation of this program is in a classroom setting with the teacher as the facilitator
Other requirements	▪ An implementation manual that provides step-by-step instructions for completing each of the lessons ▪ Two videos on refusal and combating tobacco use ▪ A student workbook
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	TNT Cessation: $40 Tobacco video: $40 Peer pressure video: $80 Post-test: $2.50 Curriculum: $45 5 student workbooks: 18.95
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Residential Student Assistance Program
Staff training needed	- Onsite and offsite training of varying lengths, up to 5 days is available - A 75 page implementation manual can also be used for training - Training costs $375 per person and includes materials
Staffing level required	- Residential Facility Senior Executive: Establishes the initial implementation agreement, oversees the program, and appoints an RSAP liaison who will supervised the SAC and day-to-day program operations - Executive Director/project Director: initiates and manages the program, sets up procedures, hires staff, and is responsible for direct program oversight. - Student Assistance Counselor: implements the program at the facility and provides all prevention and early intervention services to residents. - Project supervisor: supervises the SAC
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	SAC must have a master's degree in social work, counseling, or psychology and is experienced in adolescent substance abuse prevention counseling All staff members must complete this administrative steps: - Define program goals and objectives - Define target population - Provide training and consultation for school staff - Establish a school staff substance abuse task force - Establish a school substance abuse task force - Obtain technical assistance and training
Other requirements	Requires the formation of a partnership between a prevention agency that will administer the program and a residential facility where it will operate
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	Included in training
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Reconnecting Youth
Staff training needed	RY teachers and coordinators should receive implementation training lasting 5 days for $750 per day
Staffing level required	- Partnerships with school officials and parents are vital to successfully implement the RY curriculum - Regular meetings to ensure readiness, commitment, and financial resources
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	- One full time RY coordinator per every 5 to 6 classes in order to provide teacher support, encouragement, and consultation. The RY coordinator should be a skilled RY teacher with supervisory and training expertise - RY teachers are selected, not assigned, using pre-established criteria in order to find teachers that are committed to working with high-risk youth
Other requirements	Teachers need a copy of the Reconnecting Youth: A peer Group Approach to Building Life Skills curriculum
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	All materials: $179 plus shipping for curriculum
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	A classroom large enough to accommodate the RY teacher and 10 to 12 students is necessary
Other costs	
Cost per participant	

Capacity Dimension	Second Step: A Violence Prevention Curriculum
Staff training needed	It is recommended that all school staff be trained in the program. The options for training are a 1-day staff and teacher training and a 3-day training of trainers
Staffing level required	• 15-22 lessons for elementary ages • 15 lessons for 6th or 7th grade • 8 lessons per year for 7th or 8th and 8th or 9th grades
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Classroom teachers present the program to students
Other requirements*	Basic program materials included with the curricula include: • Administrator's Guide • Teacher's Guide • Photo lesson cards with scripted lessons • Lesson videos (Grades 1-9) • Posters (Pre/K – Grade 6) • Parent education video and reproducible take-home letters • Sing-along CD (Pre/K) • Puppets (Pre/K) • Overhead transparencies and reproducible homework sheets Additional materials are available to support implementation. These include: • Segundo Paso Spanish-language supplements for Pre/K – Grade 5 • Second Step Family Guide • Staff training videos
Costs for full implementation (as intended)	
Transportation	N/A
Special trips	N/A
Printed materials costs	Committee for Children provides free printed materials to help with program selection and implementation as well as free program assessment tools.
Participant incentives	N/A
Food costs	N/A
Baby sitting	N/A
Volunteers	N/A
Equipment costs	Preschool/Kindergarten Kit: $279 Grade 1 Kit: $139 Grade 2 Kit: $139 Grade 3 Kit: $139 Grade 4 Kit: $139 Grade 5 Kit: $139 Pre/K – Grade 5 bundle: $877 Middle School Level 1: $295 Middle School Level 2: $139 Middle School Level 3: $139 Middle School bundle: $516
Space (e.g., of rooms)	N/A
Other costs	Training is available through Committee for Children. Trainings are conducted both regionally in cities throughout North America and onsite. Costs for trainings are: • Regional: – Staff Training (1 day) - $169 – Training for Trainers (3 day) - $499 • Onsite: – Staff Training (1 day) - $1,500 Training for Trainers (3 day) - $4,800
Cost per participant	Without training - $2.92 per student. Assumes: 2 classes per grade Pre/K – Grade 5 with each class sharing their respective grade level kit. With onsite Staff Training - $7.92 per student.

Capacity Dimension	SMART Team
Staff training needed	Must have rudimentary computer skills
Staffing level required	
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	
Other requirements	Necessary for implementation is a Macintosh computer with a 68020 CPU or greater, 1.5 MB of RAM, 7.5. MB of hard drive space, and a System 7 operating system or newer CD-ROM drive
Costs for full implementation (as intended)	$549 for soft ware package
Transportation	
Special trips	
Printed materials costs	
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	Must have a computer
Other costs	
Cost per participant	

Capacity Dimension	Start Taking Alcohol Risks Seriously: STARS for families
Staff training needed	Nurses or health care providers should receive 2 days of training
Staffing level required	A nurse or health care provider must deliver a 20 minute annual health consultation concerning how to avoid alcohol
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	Must be a nurse or health care provider
Other requirements	Key Facts Postcards and Family Take-Home Lessons
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	To Be Decided
Participant incentives	
Food costs	
Baby sitting	
Volunteers	
Equipment costs	
Space (e.g., of rooms)	
Other costs	
Cost per participant	

Capacity Dimension	Strengthening Families Program
Staff training needed	Staff must receive 2 to 3 days of training from SFP master trainers. Training cost $3,500 for up to 40 participants
Staffing level required	Part-time site coordinator and four group leaders should work 5 hours a week
Staff qualifications (e.g., minimum degree needed; years of prevention experience)	The staff must be committed, warm, empathetic, genuine, and creative
Other requirements	
Costs for full implementation (as intended)	
Transportation	
Special trips	
Printed materials costs	6 manuals: $175
Participant incentives	
Food costs	Meals for up to 14 families should be provided
Baby sitting	Babysitting should be provided
Volunteers	
Equipment costs	
Space (e.g., of rooms)	2 large training rooms equipped with flip charts and extra space and tables for meals and child care
Other costs	
Cost per participant	

Question #6: Plan

6A: Planning Tool

Program Name: _____ Name of person completing form:_____
Date:_____

PLANNING TOOL
Program Name and Summary
Briefly provide the title and summary for this program or strategy.

| **Title:** |
| **Summary:** |

Identifying Program Components
What components will be implemented for this program or strategy? Which of the objectives (completed in Question ❷) are linked to each activity?

Program Component	Which objectives are linked to each component?	If using a model program, what is the adaptation plan (or none needed: will be implementing as intended)	If building your own program, which principles of effective prevention are consistent with your program (Check all that apply)

Identifying Anticipated Outputs
What outputs will show that the activities were implemented as intended? Outputs are the direct products of program activities and usually are measured in terms of work accomplished (e.g., number of classes given, number of participants served, etc…).

Program Component	Services delivered	Anticipated Program Output(s) How many?
1st Component:	Hours	
	Sessions	
	Ads	
	Advertisements aired	
	Materials distributed	
	Assemblies	
	Other	
	Persons served -total/per service	

Program Component	Services delivered	Anticipated Program Output(s) How many?
2nd Component:	Hours	
	Sessions	
	Ads	
	Advertisements aired	
	Materials distributed	
	Assemblies	
	Other	
	Persons served -total/per service	

Planning each program component

Now that you have chosen your program components, each one needs to be planned. Here you need to think about all the *activities* that need to be completed in order to make each component successful. Each component is made of several activities.

Components	Specify Key Activities and their details	Scheduled Dates	Who is responsible?	Resources Needed/ Materials to be provided	Location
Component 1:					
Component 2:					

Target Groups

For program components that require recruitment of participants, how will that be carried out?

Target Group(s)	Anticipated Number	Recruitment Plan

Collaboration Partners

Who are the collaboration partners for your program or strategy and what are their intended roles?

Collaboration Partner	Role of Partner

Program Integration

What steps are being or will be taken to integrate this program or strategy with other existing programs and organizations?

Existing Program/Organization	Integration Efforts

Implementation Barriers

Prevention programs can be difficult to implement and often face many challenges. It is helpful to forecast what these challenges or barriers might be and generate possible solutions for them. Below is a table for you to consider what the barriers to your program might be and space to generate solutions to those barriers. You may not know the solutions now, but you will be able to come back to this page and update it at any time in the future.

Program Barriers	Proposed Solutions

<u>Summary Checklist</u>

What must be done to prepare for this program or strategy? Have these tasks/activities been sufficiently addressed?

Checklist Item	If no, plan for completion	By when?
Component 1:		
Y/N/NA	Resources Obtained		
	Person Responsible		
	Staff trained		
	Duties Assigned		
	Location Identified		
	Time Line Written		
	Collaborative Partners Identified		
	Cultural Issues Addressed		
	Program Materials developed		
	Barriers considered		
	If preexisting program, all components are included OR adapted with good justification		
	If building new program, components are in-line with principles of effective prevention		
	Other:		

Checklist Item	If no, plan for completion	By when?
Component 2:		
Y/N/NA Resources Obtained		
Person Responsible		
Staff trained		
Duties Assigned		
Location Identified		
Time Line Written		
Collaborative Partners Identified		
Cultural Issues Addressed		
Program Materials developed		
Barriers considered		
If preexisting program, all components are included OR adapted with good justification		
If building new program, components are in-line with principles of effective prevention		
Other:		

6B: Estimating the True Cost of Prevention Programs

Estimating the Cost of Prevention Programs
(from EMT ASSOCIATES - 11/02)

This section presents a process for documenting the service costs for your prevention programs. The process recommended here provides a framework that can be adapted according to the specific circumstances of each program. The following sections summarize the purposes and parameters of the suggested framework, outline a suggested procedure for arriving at the estimated costs, and suggest reporting formats.

Why Document Costs?

The purpose of this cost documentation process is to provide a systematic and comparable way to estimate the <u>true</u> costs of providing prevention services. Knowing what your costs are will allow you to

- o Estimate the effectiveness of the program compared to its cost ("How much bang for the buck?")
- o Demonstrate to stakeholders and funders that your programs are saving more resources than they require to operate
- o Compare costs across programs to assess which ones are the most cost effective

Therefore, the first step to accomplishing these objectives is to know how much your own program costs. The true costs involve both direct costs of the program and the indirect costs that support it.

The process described below is designed to
- a) specify the service components that comprise the full program intervention
- b) specify the personnel resources necessary to implement these components and allocate these resources across service components for a typical full capacity program week
- c) identify additional resources necessary to implement the program
- d) estimate the numbers of participants and duration of services delivered at the current resource level

The following section and accompanying forms provide a step by step procedure for producing comparable cost estimates for services provided by each of our SESS programs. This procedure is informed by costing procedures developed by Yates (1999), which have been adapted to a circumstance in which it is not feasible to collect real-time individual primary data for the purposes of estimating costs.

PROCEDURE

Prevention programs have different record-keeping systems and databases regarding personnel activities and costs. Some programs may be able to complete these estimates from program records; others may require estimates by staff (direct service providers or supervisors) regarding the allocation of personnel time among service components. The following steps are intended to provide a common procedure for using these different information resources to produce comparable estimates of service costs across the programs.

Step 1:Specify Service Components

The first step is to identify distinct components of program services to which costs can be applied (e.g., what are the different service activities in which personnel engage?). To promote comparability of cost estimation, services should be identified within the following categories. Components are identified as direct or indirect, and as site-based or home-based. Direct services are all of those services at which the caregiver or child is present. Indirect services are in support of this direct service delivery.

Direct Site-Based

- Care Management / Coordination. Site-based case management or coordination would include time spent with service recipients which could involve assessment of service needs, consultation concerning needs, service planning activities, consultation concerning progress on planned activities or objectives, or other general activities concerning the identification and resolution of problem issues. These activities would also include direct advocacy for participants before other service providers, or logistical support such as transportation or assistance with paperwork. This category may include care management team meetings in which the participant is included. (Some of these activities may occur off-site, but will be included here if the major locus of case management/coordination is on site.)
- Group Education / Training. This category will include site-based education or training programs serving groups of participants. This would include any curriculum-based programs, or regular group meetings with educational or informational intent.
- Group Counseling/ Therapy. Group counseling or therapy can include sessions with therapeutic intent - addressing participant issues or other problems rather than pre-identified educational content.
- Social Support Meetings. Social support meetings will include social or enrichment events (e.g., dinners) or non-facilitated support meetings. These may or may not be regularly scheduled.
- Individual Counseling / Therapy. Individual sessions with defined therapeutic or counseling objectives. There may be a fine distinction between this category and case management in some cases - if the case manager is providing consultation classify the service as case management.

- <u>Other.</u> Any additional direct service activities provided by employees or contractors to participants on site.

Direct Home-Based

- <u>Care Management/ Coordination.</u> Home-based care management and coordination would include the activities identified for this activity on site when delivered in the home, including informal consultation by a care coordinator.
- <u>Professional Services.</u> This activity includes all formally organized training or education delivered in the home (e.g., curriculum-driven education), plus any formal counseling or therapy delivered in the home. These services may be delivered by your employees or contractors (e.g., mental health or child development specialists).
- <u>Logistics/ Communication.</u> This category of activity may not take place in the home, but is directly relevant to organizing or supporting home visit services (e.g., telephonic communication to make appointments or consult with participants, travel time).

Indirect Activities

- <u>Administrative Meetings / Paperwork.</u> For all levels of personnel, this activity requires meetings and paper work involved in administering the program or organizational capacity to support the program. This should include only those activities that are considered to be essential to administer the program in it's local setting, and should not include activities involved in the initial planning. For example, activities related to data entry for the program would be included if that information was part of local program management (in the GTO framework, it should be included).
- <u>Capacity Building.</u> Capacity building activities include all training for employees or contractor employees, and other organizational capacity-building activities, that you consider important to delivering the identified programming effectively.
- <u>Service Support.</u> Time spent by staff or contract employees in developing information important to service delivery, consultation with personnel in the host agency or other relevant agencies, or in referral or advocacy on behalf of program participants (when they are not directly involved) would be in this category. This could include consultation with the developer of your program for implementation advice, developing a fidelity monitoring tool for your program, getting consultation for an outcome evaluation, or other activities necessary to improving the service environment or direct services to participants.
- <u>Supervision.</u> This category includes formal or informal meetings or other activities involving staff consultation, decision making and supervisory activities.
- <u>Evaluation.</u> This category includes the costs of evaluating the program, which according to the GTO model should be a regular part of program implementation. Evaluation activities which add costs to the program could include process monitoring (tracking the amount of service delivered), completing fidelity checklists, printing surveys, data collection and entry time, software needed to analyze the data, time needed to analyze and interpret the data and write evaluation reports. Some of

these activities would be recurring (process evaluation) and others may be one time costs (purchasing computers or software

- <u>Other.</u> Specify any indirect activities you consider important to the program and that cannot be categorized above into "other."

Activities in your program will not always divide clearly between the categories identified above. In these instances you may change the nature of the category and explain the mix of activities being included. What is important is that all activities you consider to be important for delivering services to your participants be included; and that this categorization helps to exclude program activities that are not necessary.

Step 2: Identify Service Delivery Personnel

Using the *Personnel Resources* form (attached), identify the number of employees and total FTE for each identified position category. This form should represent your program staff configuration at the point in time that you would consider to best represent your program operating at full capacity.

This form should include only those staff that are direct employees and the portion of staff time being directly paid for through a contract for services (Contract employee costs can be reported as a weekly total if hourly amount is not applicable). Personnel time should include personnel overhead.

Step 3: Estimate Personnel Time for Weekly Recurring Activities

Using the *Weekly Activity Estimation Worksheet: Recurring Activities* (Attached) estimate the **numbers of hours** spent in each activity by each staff category identified. Staff categories should be exactly as those identified in the *Personnel Resources* form completed for Step 2. You may estimate numbers of hours for individual staff members, or for staff categories aggregating across staff in that category. The activity categories are intended primarily to help identify staff time spent in essential service components, rather than in other activities not directly related to delivering your prevention programming. The allocation of time between categories in each program will also improve understanding of similarities and differences in the different program you offer. The weekly adjusted FTE total for each staff category will reflect the amount of the work week that each staff category spends in these categories. This estimate should be based on a week at which the program is being fully implemented because the cycle of grant-funded demonstration programs creates periods (e.g., start up, termination) that are not reflective of the true costs of operating the service program.

The Contract/ External category provides for the hours of service that are provided by subcontractors to your program, e.g., a program developer provides consultation services to your program.

Step 4: Estimate Additional Weekly Resource Requirements

Using the *Weekly Additional Resource Requirements Worksheet* (attached), estimate the weekly DOLLAR COST of each category of additional resources. (In this section we are asking for dollar cost rather than an estimation of resources to reduce complexity.) When costs cannot be meaningfully assigned to specific categories-of activity, they can be entered directly into the TOTAL column. Include only those costs for which there is a direct expenditure of funds (e.g., do not include the value of space used in a school room for which the program is not charged).

The Contract / External category would include actual expenditures to external agencies for goods or services not included in Step 4 or other categories of Step 5. A primary example might be expenditures for substance abuse or mental health services provided to specific caregivers or children by an external agency.

Step 5: Aggregate Program Costs

Using the *Cost Estimation Worksheet* (attached), calculate weekly, weekly per family, and total per family service costs.

- <u>Weekly Personnel Costs.</u> Multiply hour estimates for each position category by average hourly rate for that category and sum to get estimated total weekly personnel costs.

- <u>Total Weekly Program Cost.</u> Add total weekly additional resource costs to get estimated total weekly program costs.

- <u>Number of Program Participants.</u> Estimate the number of participants at the program capacity reflected in the weekly estimates. Estimates can be generated or verified using actual program data.

- <u>Length of Program Participation.</u> Estimate the average number of weeks of your participants. This may be more straightforward for cohort based (EC) programs than for continuous enrollment (PC) programs. Estimates can be generated or verified using actual program data.

- <u>Participant Cost per Week.</u> Divide estimated weekly program cost by estimated number of participants to get estimated weekly cost per participants.

- <u>Program Cost per Participants.</u> Multiply weekly participant cost by estimated average number of weeks in program.

Personnel Resources

Staff Positions	EMPLOYEES			CONTRACT SERVICES		
	# of Employees	FTE	Average Hourly Rate	# of Employees	FTE	Cost
Direct Service						
Family Advocates						
Case Managers						
Mental Health Professionals						
Trainers/Educators						
Other						
Indirect Service						
Program Director						
Office Manager						
Supervisors						
Administrative Support						
Other						

Weekly Activity Estimation Worksheet: Hours Spent in Recurring Activities

Staff Positions	Indirect Activities							Direct Service Activities										
								Site-Based Services							Home Visits			
	Administrative/Meetings	Paperwork	Capacity Building	Service Support	Supervision	Evaluation	Other	Case Mngment/ Coordination	Education/Training	Group Cnslng/ Therapy/Ed	Social Support Meetings	Consultations/ Cnslng/ Therapy	Other	Case Management	Professional Services	Logistics/Communication	TOTAL
Direct Service																	
Indirect Service																	
Contract/External																	
TOTAL																	179

Weekly Additional Resource (in Dollars) Requirements Worksheet

Other Resource Requirements	Indirect Activities					Direct Service Activities									
						Site-Based Services							Home Visits		
	Administrative/Meetings/Personal	Capacity Building	Service Support	Supervision	Other	Case Mngment/ Coordination	Education/ Training	Group Cnslng/ Therapy/Ed	Social Support Meetings	Consultations/ Cnslng/Therapy	Other	Case Management	Professional Services	Logistics/Communication	TOTAL
Space															
-- Office(s)															
--Group Meeting Room															
-- Therapy/Counseling															
Supplies															
Equipment															
Transportation															
Incentives															
Communication Service															
Other															
Contract/External															
TOTAL															

Cost Estimation Worksheet

I .   Calculate weekly personnel cost

Staff Position	Weekly Hours	X	Average Hourly Rate	=	Weekly Cost
Direct Service					
		X		=	
		X		=	
		X		=	
		X		=	
Indirect Service					
		X		=	
		X		=	
		X		=	
Contract/External					
		X		=	
		X		=	
TOTAL					

2.   Add cost of other resources

[   ]   +   [   ]   =   [   ]
     Total weekly personnel cost   Total weekly additional cost   Total weekly cost resource cost

3.   Identify number of participants during full service week [   ]

4.   Identify length of participation in weeks [   ]

5.   Calculate weekly program cost per participant

[   ]   ÷   [   ]   =   [   ]
Total Weekly Cost   # of Participants   Weekly per participant cost

6.   Calculate total program costs per participant

[   ] X [   ]   =   [   ]
Weekly per participant cost   Weeks of participation   Total per participant cost

Question #7: Process Evaluation

7A: Process Evaluation Planning Tool

Program Name: _____	Name of person completing form:_____
Date:_____	

PROCESS EVALUATION PLANNING TOOL

Process Evaluation Questions	Process Evaluation Tool/Method	Schedule of Completion	Person Responsible
Did the program follow the basic plan for service delivery?			
What are the program characteristics?			
What are the program participants' characteristics?			
What is the participants' satisfaction?			
What is the staff's perception of the program?			
What were the individual program participants' dosages?			
What were the program components' levels of quality?			

7B: Implementation Tool

Program Name: _____ Name of person completing form:_____
Date:_____

 IMPLEMENTATION TOOL

Monitoring Component Outputs

Component	Date	Imp. as Planned? (High, Medium, Low, No)	Anticipated Program Output (s)	Actual Program Output(s)	% Output Actual/ Anticipated

Progress, Problems, & Lessons Learned regarding program outputs

<u>Planning Activities</u>

Components	Key planning activities	Dates scheduled to complete activity	Actual Date of completion
Component 1:			
Component 2:			
Component 3:			

Progress, Problems, & Lessons Learned (I.e., Barriers for not completing key activities on time)

Target Groups

Target Group(s)	Anticipated Number	Actual Number	Recruitment (Carried out as planned?)

Progress, Problems, & Lessons Learned regarding the target group and its recruitment

Collaboration Partners

Anticipated Partner	Actual Partner	Anticipated Role	Actual Role

Progress, Problems, & Lessons Learned regarding collaboration

Program Integration

Existing Program	Anticipated Integration Effort	Actual Integration Effort

Progress, Problems, & Lessons Learned regarding program integration

7C: Organizational Self-Assessment

ORGANIZATIONAL SELF-ASSESSMENT (Part 1)

1. Name, address/phone number of agency, and agency contact (for follow up purposes):	
2. Capacity. Please indicate the # of participants you are *able* to serve:	____
3. Current enrollment. Please indicate the # of participants you *currently* serve:	____
4. Waiting list. Please indicate the # of participants *currently* on your waiting list:	____

5. Name of current programs	Number of Participants	Number of Paid Staff	Number of Volunteer staff

6. Breakdown of current enrollment (please use actual numbers):

Age/ Grades

What grades do you serve:　　　____ to ____
Age ranges from:　　　　　　　____ to ____

Gender

Numbers of　　　　　Male: ____Female:____

Race (please estimate if you do not know for sure)

Numbers of　　African American:　　____
　　　　　　　　Asian-American:　　　____
　　　　　　　　Biracial/ Mixed:　　　____
　　　　　　　　Native American:　　　____
　　　　　　　　White:　　　　　　　　____
　　　　　　　　Other (specify):_____

Latino/a Origin

Numbers of　　Latino/a:　　　　　　____

Disability

Number disabled:　　　　　　　　____

7. Operation Hours (e.g., 9-5):	M:	Tu:	W:	Th:	F:	Sa:	Su:

	7a. # of weeks open in a year (out of 52): ____
	7b. Are you typically open on snow days? **Please circle: Yes** **No**
	7c. Are you open on school holidays? Please circle: Yes No
	8. How many years has your program been operating? ____

9. Neighborhoods Served (please list to the right, the neighborhoods from which the majority of your participants come):	

10. Nutrition	10a. Does your program regularly serve food/ snacks? Please circle: Yes No
	10b. If yes, how funded (donations, Department of Education, enrollment fees, etc.)?
	10c. Please list your most common snacks

11. Program Staff Qualifications	11a. Do staff have a Bachelor's Degree in education or a related field?	Please circle: Yes No If yes, how many:
	11b. Do staff have an Associate's Degree in education or a related field?	Please circle: Yes No If yes, how many:
	11c. Do staff have direct experience in substance abuse prevention in excess of 5 years?	Please circle: Yes No If yes, how many:
	11d. Average length of time staff have been employed at your agency (in yrs): ____	
	11e. Range of length of time staff have been employed at your agency (in years): ____ to ____	

12. Transportation	12a. Please list the most common ways participants get to your program.		
	12b. Does your program provide regular transportation to the program? (not special activities)	Please circle:Yes No	
	12c. If no, is this a barrier to program implementation?	Please circle: Yes No	
	12e. Who's eligible:	12f. What is the maximum number of participants you can transport at one time: ____	
13. Fees	What is the current fee structure? (Please circle all of the following choices to the right that apply to your agency) Note: if you choose #3 please specify time unit (hour, week, semester, etc.)	1. No fee at all 2. No fees paid by families, but by (specify):	3. Flat rate: $____per ___ 4. Sliding Scale for families 5. Subsidized by local funds yes / no state funds yes / no federal funds yes / no
14. Funding Sources	Please list your current sources of funding.		
15. Collaboration	Please list organizations with whom your program frequently collaborates and how you collaborate with these agencies:		

ORGANIZATIONAL SELF-ASSESSMENT (Part 2)

1. Please describe your mission/philosophy, including program goals (attach any literature you have that describes this, i.e., brochures, annual reports):

2. How do you know participants are meeting the goals you have set for them? Please include any objective/ tangible way this is assessed or demonstrated.

3. Tell us about your curriculum (if you use one).

4. What are your program's strengths?

5. In what ways do you involve/ communicate with parents and families?

6. How does your program acknowledge and affirm the participants' different cultures? How do you determine that what you are doing is culturally appropriate? (Culture – the shared values, traditions, norms, customs, art, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.)

7. Please list any needs/ barriers you face in implementing your programs? Please describe the most difficult obstacle(s) to success in your program this past year?

8. What would you do with more funds to improve/ expand your program?

9. Please share one brief success story, testimonial or portfolio from your program. Thinking about the past year, how did the child change and how do you feel your program played a part in that change?

10. Please briefly describe any other information about your program or staff that you feel you have not had an opportunity to include elsewhere in this assessment.

7D: Satisfaction Surveys

Consumer Satisfaction Measure (M1)

1. Overall, how would you rate this program?

    1. excellent
    2. very good
    3. satisfactory
    4. fair
    5. poor

2. How useful was this activity?

    1. very useful
    2. somewhat useful
    3. not useful

3. How well did this activity match your expectations?

    1. very well
    2. somewhat
    3. not at all

4. What should be done to improve the activity for the future?

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

5. Please make any other suggestions or comments you think would be
    helpful for future planning.

    _____
    _____
    _____
    _____
    _____
    _____

Participant Assessment Form (M2)

We would like your assessment of the program you attended today. Please fill out this questionnaire as completely, carefully, and candidly as possible.

1. How would you rate the QUALITY of the program you attended today?

1	2	3	4
excellent	good	fair	poor

2. Was the material presented in an ORGANIZED and coherent fashion?

1	2	3	4
yes, definitely			no, not at all

3. Was the material INTERESTING to you?

1	2	3	4
very interesting			not very interesting

4. Did the presenter(s) stimulate your interest in the material?

1	2	3	4
yes, definitely			no, not at all

5. Was the material RELEVANT to your needs?

1	2	3	4
very relevant			no, not at all relevant

6. How much did you LEARN from the program?

1	2	3	4
a great deal			nothing

7. How USEFUL would you say the material in the program will be to you in the future?

1	2	3	4
extremely useful			not at all useful

8. The thing I liked best about the program is

    _____

9. The aspect of this program most in need of improvement is

    _____

7E: Focus Group Materials

Focus Group Project Team

Finding the right role for everyone

The project team, also referred to as the research team, is critical to the outcome of the focus group project! Successful focus groups are truly a team effort and according to focus group expert David Morgan, "any weak link in the chain can ruin the entire project."

Moderators are often the most visible members of the focus group project. However, it is equally important to have qualified and trained Project Leaders, Recorders, Recruiters, Data Analysts, Reporters, and Logistics Managers. Getting the best results from your efforts requires a commitment and concerted effort from <u>all</u> members of the research team!

Everyone has a role to play and finding the right mix of people on the project team is sometimes tricky. Look at each team member's strengths in order to discover what role would be the best fit in order to ensure they can make a maximum contribution to the research effort. It's not to say that someone can't try new roles in order to expand their skills, but having guidelines on what the responsibilities will entail can help make crucial team decisions.

Below is a list of the most common roles and responsibilities of a focus group project team. Using the definitions and associated tasks can help you create a dynamic and powerful research team!

~Melissa Scherwinski

MODERATOR:
Also referred to as a 'facilitator', the moderator is the person who actually "guides" the focus group discussions. The moderator role is deceptively simple! It is critical that this person be comfortable with groups, have superb listening and communication skills and have an understanding of group dynamics. The moderator's goal isn't to just get people talking, but to probe into responses to find out their motivations, challenging what is said at face value, and to uncover the "real" information that is hidden.

CO-MODERATER:
Will assist the moderator during the focus group sessions (capturing key phrases on flip charts, helping with any group techniques or exercises). They may sometimes facilitate parts of the focus group session entirely. Especially for new or inexperienced moderators, having a co-moderator can be helpful, and even necessary in case you need unexpected assistance during a session. The same skills are needed as listed in the moderator description.

RECORDER:
This is often the most under-appreciated responsibility on the team. Take warning: This is not a secretarial role to take "minutes" of the focus group session. Actually, a focus group recorder needs to be a trained member of the team who understands the principles and dynamics of focus group research. They should be able to recall and link previous comments, be alert to capturing non-verbal messages and the meaning behind what participants are saying. They should also be able to identify key quotes from participants that capture the essence of what is being said.

RECRUITER:
When too few people show up, or too many, your focus group can be a disaster! All the efforts in planning, training, and writing questions are wasted. Recruitment is a systematic process that requires strict timelines and knowledge of databases or potential sources for locating participants. Recruiters should be organized, have a gift for talking with others and be have a strong sense of perseverance. Recruitment can be hard work and is the number one reason focus groups fail!

DATA ANALYST:
Not everyone is good at analyzing large amounts of qualitative information and turning it into something meaningful. The analyst must have an open mind, be open to alternatives, and be flexible, organized, systematic and objective. That's a tall order to fill! Focus group analysis is complex and is much like detective work- looking for clues, trends and themes. The analyst should possess the ability to recognize patterns, segments and sets of data and be able to summarize large amounts of content into categories. Focus group analysis is dynamic, creative and absolutely systematic all at the same time!

LOGISTICS MANAGER:
Sometimes teams recruit for help with the project logistics, mostly on the day of the focus group sessions. This person is responsible for setting up the room, getting the needed equipment and testing tape recorders, ensuring all needed tools are in place (flip charts, sign in sheets, name tags, refreshments). The logistics manager will usually greet the participants, help with signing them in, getting consent forms signed and putting together the "thank you gifts" for participants. This role is varied but requires someone who is extremely organized, efficient, and a last minute problem solver!

Moderator Debriefing Guidelines and Key Questions

Moderator Debriefing Guidelines and Key Questions

Listed below are some <u>key questions</u> that should be asked during the moderator debriefing session. The moderator debriefing is the meeting held immediately following a focus group session with the project team and co-moderator, and is preferably taped so that it is included in the transcript.

Keep in mind that these questions do not necessarily have to be answered in order, just that the information is captured from each.

❑ What were your first impressions of the focus group?

❑ Go through the discussion guide and highlight key points and findings from each question. The recorders and co-moderator should verify these comments.

❑ What were the most important themes or ideas discussed?

❑ What are the major points that need to be included in the final report?

❑ What were the "memorable" quotes that captured the essence of the findings?

❑ Were there expected participant findings?

❑ Were there any unexpected participant findings?

❑ Are there findings from this group that need to be incorporated in following groups?

❑ What were common themes or findings based on any previous groups held?

❑ How did this group differ from any previous groups, in relation to key findings?

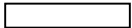❑ Should we do anything differently for the next focus group?

Note Taking Suggestions

**Note Taking:
Recorder Format Suggestions**

Note taking should be conducted in a way that ensures a complete record upon the conclusion of each focus group. The "field notes" should be comprehensive enough that in the event of a tape recorder malfunction, they can be used as the primary source of findings and participant information. The field notes are also useful for filling in missing or inaudible comments from participants due to taping background noise, or lost information from switching the tape from side A to B, or putting in a new cassette.

The moderator or assistant moderator should take notes during the session to help in recalling and linking comments, remembering points to be discussed later or to capture comments that need further explanation.

Developing and agreeing on a standard practice for recording notes is essential for a project team. Identify a scheme or coding system that all recorders can use. Some suggestions follow:

❏ **Sketch of seating pattern**: Sketch this on a separate sheet of paper so that it can be referenced during the note taking. Identify each participant using a coding system (participant #1,2,3 or participant A,B,C…), so that quotes, comments, etc. can be labeled and identified as needed.

❏ **Quotes**: Capture these word for word on the right side of page.

❏ **Paraphrased Quotes**: Capture key phrases word for word. Use ellipses (…) to indicate that words are missing. Quotes and paraphrases are the only information placed on the right side of the page.

❏ **Summary points or themes**: List these on the left side of the page.

❏ **Major Themes**: Place a star by these items (*).

❏ **Questions that occur to the recorder**: These questions might be asked later and are identified with a question mark (?) at the beginning and the end. These are placed on the left side of the notes.

❏ **Big Ideas that affect the study**: These thoughts and interpretations of the assistant moderator are circled and placed on the left side.

❏ **Observations of body language, discussion climate, etc**.: These observations are placed on the left side, and a box is drawn around each observation.

<u>SAMPLE Template</u>

Title of Focus Group Project	
Date of Focus Group	
Location of Focus Group	
Number of Participants	
Participant Group Demographics	
Moderator Name	
Assistant Moderator Name	
Additional Recorder Name	
Additional Recorder Name	

<u>Response to Questions</u>

Q1. When you first learned you would be doing your residency rotation at the VA hospital, what were your first thoughts or anticipations?

Brief Summary of Key Points	**Memorable Quotes**
Observations	

7F: Project Insight Form

PROJECT INSIGHT FORM

Component (e.g., program session, counseling session, group meeting, etc.):

Date:

Staff completing this form:

Please list the factors that were BARRIERS to implementation of this component:

Please list the factors that FACILITATED implementation of this component:

7G: Creating a Fidelity Monitoring Tool

Easy Way To Track Fidelity of a Prevention Program

Many evidence-based programs and "home-grown" programs do not have any tools available to help practitioners track fidelity. We have developed a straightforward way to develop your own tool to do this. The primary requirement is the availability of program materials that states what the program will do—the more detail the better. For example, a program curriculum that specifies all the activities of a certain session is ideal. Then, each major activity within a session is made into a statement to be rated with:

Did not cover this in the session 1	2	3	4	Covered this fully in the session 5

All the checklist items are then summed and divided by the number of items for an average score (can be done within a session—then all the sessions are averaged).

Above is an example of an actual fidelity tool, called a "checklist" here, for a session of a substance abuse prevention program.

Key features of the tool:

- There is space for the session's date, the session leader, the name of the group, and the person completing the form. These are all important details to record.
- By looking at the curriculum, notice how there is a checklist item for each major activity in the session AND also an item for the major ideas to be conveyed in the session.
- There is space next to each statement for the 1-5 rating to be made.

What is the process for making ratings?

Ratings are made immediately after the completion of the session or activity. Those who are implementing the program should discuss ahead of time what is meant by each rating choice (1-5) on this scale. When choosing who make these ratings, there are three possible options: The program deliverers, the participants, outside raters. Here are the pros and cons of using each.

Program deliverers
Pros
- Inexpensive because they are already there in the room
- Are supposed to know the program enough to rate what should be happening
- Staff have stated that the checklists help them plan their programs
Cons

- Could produce biased ratings
- May resent the extra work involved in making the ratings

Program participants
Pros
- Inexpensive because they are already there in the room
- Are able to rate the "feel" of the program (e.g., Did the session allow for participant discussion?)

Cons
- Do not know the program enough to rate what should be happening (regarding content)
- Could take time away from program implementation

Outside raters (either through live observation or by watching videotapes)Pros
- Will likely make the most unbiased ratings

Cons
- Requires additional resources: training in making ratings, extra staff, and possibly videotape equipment **Additional fidelity questions**

In addition to the presence of the key activities and ideas of the program, there may be other features of a session or activity that would be important to rate and they are listed in the table below:

Features	Possible response choices		
Participant interest	1=not at all interested	4= ½ were interested	7=all or almost all were interested
Degree of participation	1=None or very few participated	4= ½ participated	7=all or nearly all participated
Classroom control	1=very poorly controlled	4=moderately controlled	7=very well controlled
Teacher ability to get a participant response	1=not at all	4= ½ the time	7=all of the time
Use of positive feedback	1=not at all	4= ½ the time	7=all of the time
Respecting participants	1=not at all	4= ½ the time	7=all of the time
Conveying the purpose of the session	1=very poorly	4=not quite satisfactory	7=very well
Lesson preparation	1=poorly prepared	4=moderately prepared	7=very well prepared

Other examples are perceived understandability, credibility, and believability of the program; empathy and warmth of presenter; interactivity of the discussion. "Open-ended" questions (ones that require responses in the form of written text or spoken words) can also be asked such as:

- Did the session or activity seem rushed?
- Were there any significant interruptions that affected the session or activity?

Example of fidelity tracking tool

<u>Session 9 Checklist: Step Five: Social Influences and Decision-Making-Part One</u>

Group Name:_____   Group Leader Name:_____
Person completing this form:_____   Date of Session 9-A:_____

We would like your feedback about this session in the curriculum. After the session, <u>please rate each activity</u> from "1=did not cover this in the session" to "5=covered this fully in the session."

Did not cover this in the session 1	2	3	4	Covered this fully in the session 5

<u>Introduction</u>
___1. Define peer as a friend or someone your own age, and pressure as a force or an influence; write both definitions on the board.
___2. Define peer pressure; write definition on the board.
___3. Instructor shares a personal story of peer pressure.
___4. On the board, list student examples of situations in which they have felt pressure (positive and negative).
<u>Joe's Problem</u>
___5. Hand out "Joe's Problem" and have a student read it aloud.
___6. Show students the Decision-Making Poster and ask what steps they think Joe should take.
<u>Diagramming Peer Pressure</u>
___7. Using "Joe's Problem," diagram how peer pressure works by writing Xs on the board/newsprint.
___8. Describe in more detail another peer pressure situation generated by the students, OR show a movie/TV clip that displays peer pressure, OR describe in detail a famous historical example of peer pressure.
___9. Have a student diagram the situation described in number 8.
___10. Ask: How does the subject of the example feel in that situation? What does he/she want? What are some things he/she can say or do?
___11. Ask students what they think they would do in that situation and why.
<u>Assertiveness</u>
___12. Define the passive person.
___13. Define the aggressive person.
___15. Ask, "How can we let people know that we are not aggressive or passive and that we are serious about what we are saying?"
___16. Describe assertive behaviors.
___16. Trainer reviews Aggressive, Assertive chart
___17. Set up a role-play with the passive person, the aggressor, and the assertive person each saying, "No, I don't want to do that." Ask the students the benefits and disadvantages of each style of response.
___18. Ask students how they felt when they heard the passive person? The aggressive person? The assertive person?
___19. Trainer models examples of each behavior.
<u>Choice of Alternative Activity</u>
___19. a). One Liners: Give Us Your Best Shot" activity: Students respond to sample propositions assertively.
   OR b). Eight Ways To Say No activity
Wrap Up
___20. Go through a complete summary of the main points of the session.

Recommendations

This is the most realistic for programs is to
1. Have the program deliverers complete a checklist after all sessions or activities
2. Have participants complete a form that asks about "feel" of the program after each session (use questions listed in the above "Additional fidelity questions" section)
3. Perhaps have outside raters observe a sample of sessions or activities (use questions listed in the above "Additional fidelity questions" section)

If there is more than one program deliverer, they can serve as outside raters by observing each other's sessions. Undergraduates, graduate students or other similar affordable staff can be easily trained to look for the key features of program sessions.

Question #8: Outcome Evaluation

8A: Data Analyses: Means and Frequencies

Means (averages)

The mean (another term for average) is one of the most common ways to look at quantitative data. You calculate a mean by adding up all the scores and dividing the sum by the number of people. Below is an example of a mean that was calculated for a group of seven people on a question that had responses from 1 to 5.

Mean Example

Sample scores on a 1 to 5 question	Number of people in the group
4	
5	
3	7 people
2	
5	
4	
5	
28=sum	Mean of this group = 28 divided by 7 (# of people in the group) = 4

Using means. After you calculate means for your groups on your measures, then can use those means in several ways, depending on your design.

In the Post only, you can simply use them to describe your group ("The average response to the drug attitude question was..."). compare them to other comparable archival data sets ("The average number of times our high school seniors used alcohol in the last 30 days was higher than the national average"), or compare them against a set threshold ("The average score on the drug attitude question was above the standard set by the state alcohol and drug commission.").

If you are doing a Pre-Post, you can compare the mean of the Pre with the mean of the Post. How much of a change was there between the Pre and the Post? You can calculate the % change between the Pre and Post scores ("Students receiving the program improved 40% on their ratings of tobacco dangerousness from their Pre measurement to their Post measurement."). Also, there is a statistical test (called "t-test") you could use to see if that difference is a real one

(although you will probably need outside consultation to do that).

If you are doing either a Pre-Post with Comparison group or a Pre-Post with Control group, you will not only want to compare each group from Pre to Post, but you will also want to compare the two against each other. You can do that by comparing the % change experienced by the program group to the % change experienced by the comparison or control group ("While the comparison group improved 10% on their ratings of tobacco dangerousness from their Pre measurement to their Post measurement, the program group improved 40% from their Pre measurement to their Post measurement. This result shows that the program group improved much more than the comparison group, suggesting that the program is effective."). By doing this you are answering the question: Which group changed more? There is also a statistical test (called "analysis of variance" or "ANOVA") you could use to see if the difference in means are real (although again, you will probably need outside consultation to do that).

Frequencies
As another type of statistic when using quantitative methods, frequencies are typically counts of the numbers of people who meet a certain criteria. Frequencies are often presented in percent form, calculated by dividing the number of people who meet a certain criteria by the total number (e.g., 40 boys out of a total group of 80 = 50% boys). Frequencies can be used to describe the demographic information of groups (% male/female) and can be used in combination with Likert scales (i.e., 25% strongly agree, 25% agree, 50% strongly disagree).

8B: Outcome Evaluation Tool

🔨 OUTCOME EVALUATION TOOL

Needs/Resources (Include risk and protective factors):

Target group (include numbers):

Goal(s):

Objectives (e.g., Desired outcomes)	Measures	Design	Sample Size

Data Analysis Methods	Mean Pre Scores	Mean Post Scores	Mean Difference	Interpretation

Question #9: CQI

CQI Tool

Program Name: _____	Name of person completing
form:_____	
Date:_____	

🔨 **CQI TOOL**

Summary of Main Points Questions ❶-❽	How You Will Use This Information Improve Program Implementation Next Time?
❶ Have the needs of the target group/resources in the community changed?	
❷ Have the goals/desired outcomes/target population changed?	
❸ Are new and improved science-based/best practice technologies available?	
❹ Does the program continue to fit with your agency (both philosophically and logistically) and your community?	
❺ Have the resources available to address the identified needs changed?	
❻ How well did you plan? What suggestions do you have for improvement?	
❼ How well was the program implemented? How well did you follow the plan you created? What were the main conclusions from the process evaluation?	
❽ How well did the program reach its outcomes? What were the main conclusions from the outcome evaluation?	