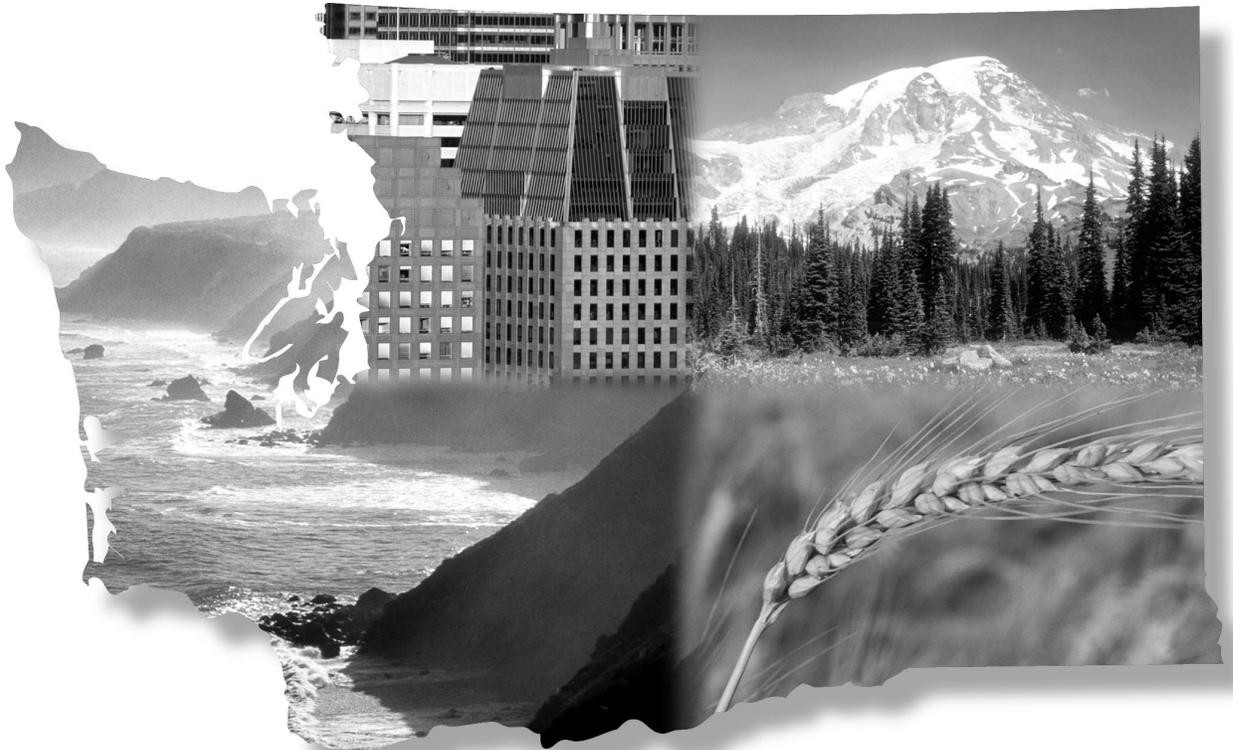


WASHINGTON STATE INCENTIVE GRANT



State Substance Abuse Prevention System



MARCH 2001

Governor's Substance Abuse
Prevention Advisory Committee
State-Level Prevention System
Changes Workgroup

Washington State Incentive Grant

STATE SUBSTANCE ABUSE PREVENTION SYSTEM

March 2001



Governor's Substance Abuse Prevention
Advisory Committee Co-Chairs:

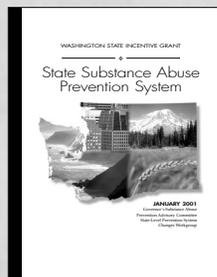
Priscilla Lisicich, Ph.D.
Chair, Governor's Council on Substance Abuse
and
Ron Murphy,
Chair, Citizens' Advisory Council on Alcoholism and Drug Addiction

Law Risken, M.P.A., Co-Chair Emeritus



State-Level Prevention System Changes Workgroup Chair:

Thomas J. Kelly
Associate Superintendent of Public Instruction



Additional copies may be obtained from:
State Incentive Grant Project
Division of Alcohol and Substance Abuse
Department of Social and Health Services
PO Box 45331 • Olympia, WA 98504-5331
(360) 438-8065
Toll Free: 1-877-301-4557
Clearing House: 1-800-622-9111

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The points of view or opinions contained in this document do not necessarily represent the official position or policies of the Governor's Office, the Department of Social and Health Services, or other participating agencies.

Washington State Incentive Grant



GARY LOCKE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • TTY/TDD (360) 753-6466

March 2001

To Citizens of Washington State:

I would like to thank the directors of the state agencies and organizations involved with substance abuse prevention services and their dedicated staffs for their commitment to implement strategies that will lead to a State Substance Abuse Prevention System.

The Substance Abuse Prevention Plan, developed under the Washington State Incentive Grant in March 1999, has provided the opportunity to advance substance abuse prevention efforts for the state, maximize prevention funds and resources, and expand existing state-level partnerships to better serve children and their families to lead healthy, alcohol, and drug-free lives.

The goal of long-term reduction of youth alcohol and other drug use is closer because of the pursuit of common overarching state objectives.

The state will move toward its desired substance abuse prevention outcomes by joining the Family Policy Council to track progress toward thriving families, youth, and children who are free from alcohol, tobacco, and other drugs.

The following page acknowledges involvement with this partnership in advancing the Washington State Substance Abuse Prevention System.

Sincerely,

A handwritten signature in cursive script that reads "Gary Locke".

Gary Locke
Governor



State Substance Abuse Prevention System

We have agreed to work together to address Washington State's overarching objectives and institute strategies for a State Substance Abuse Prevention System...



Brad Owen

Brad Owen
Lieutenant Governor

Rosalie A. McHale

Rosalie McHale, Office Chief
Governor's Juvenile Justice Advisory Committee



Terry Bergeson

Terry Bergeson, Superintendent
Office of the Superintendent of Public Instruction



Busse Nutley

Busse Nutley, Director
Office of Community Development



Dennis Braddock

Dennis Braddock, Secretary
Department of Social and Health Services

Ronald W. Murphy

Ronald W. Murphy, Chair
DSHS Citizens Advisory Council on
Alcoholism and Drug Addiction



Priscilla Lisicich

Priscilla Lisicich, Chair
Governor's Council on Substance Abuse

Eugene A. Prince

Eugene A. Prince, Chair
Liquor Control Board



Maxine Hayes

Maxine Hayes, Chair
Family Policy Council

Mary C. Selecky

Mary C. Selecky, Secretary
Department of Health



John Moffat

John Moffat, Director
Washington Traffic Safety Commission



Foreword

The Governor's Substance Abuse Prevention Advisory Committee established a workgroup to address the goals and objectives for state-level prevention system changes outlined in the Governor's Substance Abuse Prevention Plan (March 1999). The State-Level Prevention System Changes Workgroup is chaired by Thomas J. Kelly, Associate Superintendent of Public Instruction, who is a member of the Governor's Advisory Committee. This workgroup (see Appendix 7) represents multiple state agencies with various divisions and offices. These representatives have formed partnerships to collaborate on many projects and to share ideas and resources. Included in this workgroup is a representative from the Governor's Executive Policy Office, the Lt. Governor's Office, and, nine community members.

The State Incentive Grant, through the Governor's Substance Abuse Prevention Plan, provides a system changes opportunity to advance prevention efforts and leverage prevention funds and resources. The objective of long-term change will be realized by pursuit of common objectives; form will follow practice. As communities and agencies pursue common objectives, structure and budgets will drift toward commonality and consistency. Importantly, data collected for the common objectives will be organized around a theoretical framework of risk and protective factors. The data collection system will allow for the ability to complement other theoretical framework.

The proposed system change concept is centered upon defining common goals rather than directly modifying structures and budgets. This document outlines a set of overarching state objectives, while allowing communities to define those community objectives most important to their local situation. These community objectives will be local supplements to the statewide system objectives. The workgroup suggests joining the Family Policy Council in using indicator data to track progress toward thriving families, youth, and children who are alcohol-, tobacco-, and other drug-free.

This document describes strategies, implementation steps, and data collection for system changes recommendations to be made to the Governor at the conclusion of the State Incentive Grant. The strategies in this document will be tested through June 2002 to ensure each strategy is both workable and acceptable to the participating state agencies and communities.

There is recognition that the workgroup members do not unanimously subscribe to each of the strategies for a state substance abuse prevention system. This statement does reflect a unanimous commitment to put forth and implement these strategies. State agencies administering substance abuse prevention services have volunteered to plan, administer, and implement the proposed strategies, and to evaluate the efforts.

This statement recognizes the work of representatives of the participating state agencies and community members in developing the strategies for a state substance abuse prevention system. Their work is greatly appreciated.

Thomas J. Kelly, Chair

*State-Level Prevention System Changes Workgroup
State Incentive Grant*

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Washington State Incentive Grant

Washington State received an \$8.9 million substance abuse prevention grant in July 1998. The State Incentive Grant was awarded to Governor Gary Locke by the federal Center for Substance Abuse Prevention. The Governor established a Substance Abuse Prevention Advisory Committee to oversee the grant implementation (Appendix 9). This 30-member committee includes representatives from the state agencies involved in substance abuse prevention and county and tribal governments; community networks, coalitions, and prevention providers; faith community; private business and labor; and youth volunteers. The function of the Governor's Substance Abuse Prevention Advisory Committee is conducted through workgroups of committee members and hundreds of interested persons from across the state.

In March of 1999, upon the recommendation of the Governor's Substance Abuse Prevention Advisory Committee, Governor Gary Locke initiated a Substance Abuse Prevention Plan. The overall goal for substance abuse prevention is for safe and drug abuse-free communities where healthy families can live and grow. Success will be measured by nurturing environments that provide our communities' children with opportunities to build new skills and receive the encouragement that will enable each child to reach his/her full potential.

Prevention Definition

Prevention is a proactive process which empowers individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

Prevention requires multiple processes which involve people in a proactive effort to protect, enhance, and restore the health and well-being of individuals and their communities. It is based on the understanding that there are factors that vary among individuals, age groups, ethnic groups, and risk-level groups.

Specifically, tailored prevention services must be made available for these diverse groups through a variety of providers and strategies. These strategies include:

- **Universal Services:** These services are designed to reach an entire population in a predetermined geographic area. Illustrations: substance abuse prevention education for all children in a school district; media and public anti-tobacco awareness campaigns in a town; or social policy, such as increasing the legal age of alcohol or tobacco use.
- **Select Services:** These are targeted to a sub-group of the general population who are "at risk" or under-served. Illustrations: skill training for youth in transition grades (i.e., from elementary to junior high, from junior high to high school); special clubs and support groups for children of alcoholics or young children of substance abusing parents.
- **Indicated Services:** These services are provided to those individuals identified as experiencing early signs of a particular problem behavior, such as substance abuse or delinquency. Illustration: Focus on stopping the escalation of harm from that problem behavior.

Governor's Substance Abuse Prevention Plan Goals and Objectives

The goals and objectives of the Governor's Substance Abuse Prevention Plan were constructed to guide state agencies, networks, coalitions, and community prevention programs to work together to address the following:

- Reduce youth alcohol, tobacco, marijuana, and other drug use.
- Reduce factors in communities, families, schools, and individuals which put youth at risk for substance abuse (and other behavior problems).
- Increase factors in communities, families, schools, and individuals which buffer and provide protection against risks.

State Substance Abuse Prevention System Changes Overview

One component of the Governor's Substance Abuse Prevention Plan includes a state substance abuse prevention system changes goal and six supporting objectives (details are found on page 5). Community-level and state-level persons (Appendix 7) developed recommendations to the Governor's Substance Abuse Prevention Advisory Committee for a model State Substance Abuse Prevention System responsive to the goal and six objectives of the Substance Abuse Prevention Plan (March 1999).

The participating state agencies include: Governor's Executive Policy Office; Lieutenant Governor's Office; Department of Social and Health Services; Office of the Superintendent of Public Instruction; Office of Community Development; Department of Health; Liquor Control Board; Governor's Juvenile Justice Advisory Committee; Family Policy Council; and Washington State Traffic Safety Commission.

Accomplishments of State-Level Collaboration

This document acknowledges the efforts under way and the accomplishments already realized by state agencies toward state substance abuse prevention system changes.

Beginning in the mid-1970s, state agencies interested in substance abuse prevention and treatment formed an informal network to work together on issues. There are 12 state agencies (some with several divisions and offices) of the Washington Interagency Network (WIN) Against Substance Abuse (Appendix 8). These agencies have state-level administrative involvement. Since the network was established, WIN agencies have formed various partnerships to work collaboratively on a myriad of substance abuse-related programs and projects. The SIG state substance abuse prevention system changes goal and objectives provide additional structure and auspices to formalize the work of the WIN agencies.

Examples of ongoing cooperative and collaborative activities that will be enhanced:

- *Consolidation of administration of school-based health and behavior surveys:*
Different state agencies have need for youth data for trend, performance measures, and state and local

planning. Four state agencies worked more than a year to develop a plan for administration of a joint survey, the Washington State Survey of Adolescent Health Behaviors, that would address their individual needs: the Department of Health (DOH), the Department of Social and Health Services (DSHS), Office of the Superintendent of Public Instruction (OSPI), and Office of Community Development (OCD). The first administration of the jointly planned youth survey occurred in the Fall of 2000.

- *Collaborative administration of community needs assessment:*

Each community-based prevention provider is required to develop a specific needs assessment for each of the different state agencies. The four state agencies noted above, (DOH, DSHS, OSPI, OCD), and the Washington State Liquor Control Board have entered into agreements to jointly administer a combined needs assessment tool for the 2001-2003 Biennium. The tool will assess: alcohol, tobacco, and other drug use; risk and protective factors; and problems associated with substance abuse.

Family Policy Council Thriving Families Characteristics

The state substance abuse prevention system model for participating state agencies is established based on overarching outcomes which support the seven characteristics for thriving and healthy families and communities proposed by the Family Policy Council. The Family Policy Council is organized under Chapter 70.190 Revised Code of Washington and consists of the directors of five state agencies: Department of Social and Health Services, Department of Health, Office of the Superintendent of Public Instruction, Office of Community Development, Employment Security Department; four state legislators, and a representative of the Governor.

The Family Policy Council proposed a framework for Washington families with young children which includes seven characteristics for thriving families:

- (1) Safety: Family members are safe.
- (2) Sense of Belonging: Members feel a sense of belonging with those who care for them.

- (3) Social Integration into Community: Families have a network of support in the community along with opportunities to help and support others.
- (4) Learning and Skill Building: Family members acquire skills and knowledge to support them throughout their lives and have access to educational opportunities.
- (5) Health: Family members are physically and mentally healthy and have access to basic health care.
- (6) Economic Stability and Opportunity: Families are consistently able to meet their own basic needs and have the opportunity to pursue their chosen standard of living.
- (7) Human Development: Family members develop to their fullest capacity.

Desired State Outcomes

The state substance abuse prevention system model utilizes outcomes from the *Healthy People 2010* (DHHS 1999) initiatives supplemented with outcomes specific to Washington State to support the seven characteristics for thriving families proposed by the Family Policy Council.

For two decades, the U.S. Public Health Service (PHS) has used health promotion and disease prevention objectives to improve the health of the American people. The first set of national health targets was published in 1979 in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*.

Healthy People 2010 initiatives are derived from the early initiatives which were built on lessons of the Surgeon General's first report and are the product of unprecedented collaboration among government, voluntary and professional organizations, businesses, and individuals.

Healthy People 2010 is a set of national objectives which has a prevention science base; surveillance and data systems; heightened awareness and demand for preventive health services and quality health care; and changes in demographics, science, technology, and disease that will affect the public's health into the twenty-first century. The widespread use of the Year 2000 objectives by states, localities, and the private sector also provides a base of experience upon which the objectives for 2010 are built.

In addition to the outcomes from *Healthy People 2010*, objectives specific to Washington State have also been

selected. They include improvements in student learning scores, reduction of factors that put youth at risk for substance abuse, and enhancement of factors which protect youth from the consequences of risks.

These basic public health concepts and the selected outcomes are integral to the characteristics for thriving families being incorporated into a State Substance Abuse Prevention System.

Overarching State and Community Outcome Measures

The core for the proposed state substance abuse system changes model is contingent on the availability of state and community data for risk factors, protective factors, substance use prevalence, assets, resiliency, school achievement scores, and other related measures. These prevention measurements and data provide the impetus to establish and maintain statewide prevention system changes.

The strategies for state substance abuse prevention system changes include the development of a centralized and coordinated database for state agencies and communities to access data for needs assessment, prevention planning, program selection, and evaluation. The strategies assume development and maintenance of the mechanism necessary for data collection, analysis, and reporting at city and school district levels.

These strategies suggest practices which encourage and support state leadership and accountability, while supporting local community flexibility and respecting local leadership.

- Selection of common outcomes at the state level serves as the overarching substance abuse prevention structure to guide efforts and resources.
- Selection of common outcomes at the local level centers on addressing immediate outcomes through prevention programs in multiple domains of family, community, school, children, and youth.

Description of terms and acronyms

Appendix 1 contains a listing and description of the terms and acronyms used throughout this document.

State Substance Abuse Prevention System Changes Objectives and Strategies

The Governor's Substance Abuse Prevention Plan states that the overall goal for state substance abuse prevention system changes is for state agencies involved in substance abuse prevention services to streamline state substance abuse prevention systems, to coordinate resources, and to reduce duplication of effort. Strategies have been developed to address each of the six objectives for state substance abuse prevention system changes.

State Substance Abuse Prevention System Changes

OBJECTIVE	STRATEGY
1. Adopt a set of common outcome measures which builds on substance abuse prevention science of risk factor reduction and protective factor enhancement approach to prevention.	Use the Family Policy Council Thriving Families Characteristics and select outcomes from <i>Healthy People 2010</i> , the Washington Assessment of Student Learning (WASL), and risk and protective factors as common outcome measures.
2. Develop, coordinate, and administer common community needs and resource assessment tools to reduce duplication in community assessment and help communities focus on local planning based on common outcome measures.	Incorporate into a “centralized” data collection system, the mechanisms for: participating state agencies to administer uniform needs assessment tools; communities to access data analyzed at small geographic levels (town, city, school district); community and state agencies to establish baseline data; and linking assessment to selection of prevention programs.
3. Define criteria for selection of science-based prevention programs and programs with components of promising approaches that reduce risk factors and increase protective factors.	Use the criteria defined by the federal Center for Substance Abuse Prevention and summarized by the Western Regional Center for the Application of Prevention Technologies to establish a menu of science-based prevention programs and programs with components of promising approaches.
4. Develop uniform reporting mechanisms to capture outcomes of individual community prevention programs. Build upon existing electronic data bases to be shared across participating state agencies.	Incorporate into a “centralized” data collection system, a uniform management information system for communities and participating state agencies to collect outcome data on risk and protective factors, problem behaviors, substance use prevalence, educational achievements, and other data, and to track indicators of common outcomes of state and local efforts.
5. Develop guidelines for leveraging and redirecting money and resources, based on the confidence of scientifically established outcome measures, uniform community assessments, and reliable reporting.	Support options consistent with state and federal laws, for participating state agencies and communities to coordinate, leverage, and redirect money and resources, (individually or in partnerships) directed toward selected outcomes (e.g., specific prevention programs, targeted populations, joint solicitation process).
6. Create a system for continuous professional development for prevention providers, both paid and volunteers.	Establish opportunities for initial and continuing education for prevention providers, both paid and volunteer.

Strategies for System Changes Evaluation and Statewide Implementation

7. Evaluation Activities:
 - A. Fieldtest the State Substance Abuse Prevention System strategies through the State Incentive Grant Community Projects.
 - B. Evaluate State Substance Abuse Prevention System Changes work plan
8. Submission of State Substance Abuse Prevention System final plan to the Governor for statewide implementation

State Substance Abuse Prevention System Strategies and Work Plan

The State Incentive Grant staff will convene necessary workgroups of researchers, management information system specialists, prevention program managers representative of the participating state agencies, and interested community persons to implement the strategies for a state substance abuse prevention system. The strategies require data collection and analysis to define final recommendations for a state substance abuse prevention system.

The State-Level Prevention Systems Changes Objectives and their corresponding strategies are being designed for inclusion in a Web-based information system. This will:

- ensure linkages between and among the six system strategies,
- support statewide access to products evolving from the strategies,
- promote implementation of science-based prevention programs and activities,
- generate uniform collection and analysis of data.

The recommendations reached will be consistent with the timeline of June 2002, established in the Governor's Substance Abuse Prevention Plan.

1. Selection of Overarching Desired Outcomes and Measures

Objective: Adopt a set of common outcome measures which builds on substance abuse prevention science of risk factor reduction and protective factor enhancement approach to prevention.

Strategy: Use the Family Policy Council Thriving Families Characteristics and select outcomes from *Healthy People 2010*, the Washington Assessment of Student Learning (WASL), and risk factors and protective factors as common outcome measures.

Responsible Parties: Governor's Substance Abuse Prevention Advisory Committee

OUTCOME AND MEASURES

The Governor's Substance Abuse Prevention Advisory Committee approved 18 desired outcomes (Appendix 2) proposed by the State-Level Prevention System Changes Workgroup in April 2000.

APRIL 2001

A. The Governor's Substance Abuse Prevention Advisory Committee, in collaboration with the Governor's Council on Substance Abuse and the Department of Social and Health Services, Citizen's Advisory Council on Alcoholism and Drug Addiction, develops initial guidelines to maintain and sustain the State Substance Abuse Prevention System.

JUNE 2001

B. Data on the selected desired outcomes is provided to the Governor's Substance Abuse Prevention Advisory Committee to revise the desired outcomes and measures as necessary.

JUNE 2002

C. The Governor's Substance Abuse Prevention Advisory Committee reviews the evaluation, reaches conclusions, and makes recommendations to the Governor for a state system to select and monitor state-desired outcome objectives, baseline, and measures.

State Substance Abuse Prevention Desired Outcome Objectives

The eighteen outcome objectives approved by the Governor’s Substance Abuse Prevention Advisory Committee are consistent with the mission of the participating state agencies and support five of the seven Family Policy Council Thriving Family’s characteristics (as listed on pages 2 and 3). The matrix for data management and monitoring the baseline and corresponding measurements can be found in Appendix 2.

State agencies, individually or with other state agencies, will select from this menu of desired outcome objectives to target money and other resources to prevent youth alcohol, tobacco, marijuana, and other drug use.

The desired outcome objectives are displayed in

relation to the characteristics of Thriving Families. Also displayed is the proposed timeline for reasonably achieving the desired outcome objectives. Short-range outcomes are conditions that do not necessarily indicate present use, but do indicate possible future use (a risk or protective factor that can be addressed to prevent substance abuse in the future) and are achievable in two to five years. Long-range outcomes are indicators of present use (the actual problem behavior) and addressing those outcome objectives are achievable in six to ten years. These timelines are presented, based on criteria from *Healthy People 2010* and state-initiated timelines. The desired outcome objectives will be monitored on an ongoing basis and interim progress will be reported biannually.

THRIVING FAMILIES CHARACTERISTICS	DESIRED OUTCOME OBJECTIVES	MEAS. TIMELINES
		Short-Range (2-5 years) Long-Range (6-10 years)
Safety Family members are safe.	1. Reduce alcohol-related motor vehicle crash deaths.	} ————— ✓
	2. Reduce illicit drug-related deaths.	} ————— ✓
	3. Reduce the number of young people in Grades 9 through 12 who reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol.	} ————— ✓
	4. Increase the number of adolescents reporting that they feel safe in school.	} ————— ✓
	5. Reduce the number of youth at risk because they do not perceive their communities as having strong laws and norms against substance use	} ————— ✓
Sense of Belonging Members feel a sense of belonging with those who care for them.	6. Improve bonding and strong attachment to family (Data for this objective are available for limited communities in the state, not a representative sample.)	} ————— ✓

(Continued on next page)

THRIVING FAMILIES CHARACTERISTICS	DESIRED OUTCOMES	MEAS. TIMELINES	
		Short-Range (2-5 years)	Long-Range (6-10 years)
<p>Social Integration into Community</p> <p>Families have a network of support in the in the community, along with opportunities to help and support others.</p>	<p>7. Increase opportunities for pro-social involvement of youth with adults</p> <p>8. Increase opportunities, rewards, and recognition for pro-social involvement in community and school for youth.</p>	<p>— <input checked="" type="checkbox"/></p> <p>— <input checked="" type="checkbox"/></p>	<p>— <input type="checkbox"/></p> <p>— <input type="checkbox"/></p>
<p>Learning and Skill Building</p> <p>Family members acquire skills and knowledge to support them throughout their life, and have access to educational opportunities</p>	<p>9. Improve academic achievement for all students.</p> <p>10. Reduce the percentage of students at risk due to low commitment to school.</p> <p>11. Reduce the number of truant students, defined as students who have five unexcused absences in a month, or ten unexcused absences in a year.</p> <p>12. Increase high school completion rate</p>	<p>— <input checked="" type="checkbox"/></p> <p>— <input checked="" type="checkbox"/></p> <p>— <input checked="" type="checkbox"/></p> <p>— <input checked="" type="checkbox"/></p>	<p>— <input type="checkbox"/></p> <p>— <input type="checkbox"/></p> <p>— <input type="checkbox"/></p> <p>— <input type="checkbox"/></p>
<p>Health</p> <p>Family members are physically and mentally healthy, and have access to basic health care.</p>	<p>13. Reduce the proportion of youth reporting use during the past 30 days of:</p> <ul style="list-style-type: none"> • Alcoholic beverages • Marijuana • Other illicit drugs • Cigarettes <p>14. Reduce back to 1990 levels, the proportion of youth reporting:</p> <ul style="list-style-type: none"> • Binge drinking during the past month <p>15. Reduce the proportion of college age, 18- to 24-year-olds, reporting at some time in their lives:</p> <ul style="list-style-type: none"> • Binge drinking • Use of marijuana • Use of other illicit drugs • Use of cigarettes <p>16. Increase abstinence by pregnant women:</p> <ul style="list-style-type: none"> • Binge drinking • Any use in the past month • Cigarette smoking • Illicit drugs <p>17. Increase the percent of the number of youth who perceive the harmfulness of:</p> <ul style="list-style-type: none"> • Cigarette smoking • Smokeless tobacco use • Binge drinking • Marijuana use occasionally <p>18. Increase the average age of first use of substances to age 16.</p> <ul style="list-style-type: none"> • Alcohol • Tobacco • Marijuana 	<p>— <input checked="" type="checkbox"/></p>	<p>— <input checked="" type="checkbox"/></p>

2. Development of a Centralized Web Enabled Relational Data Collection System

Objective: Develop, coordinate, and administer common community needs and resources assessment tools to reduce duplication in community assessment and help communities focus on local planning, based on common outcome measures..

Strategy: Incorporate into a “centralized” data collection system, the mechanisms for participating state agencies to administer uniform needs assessment tools; communities to access data analyzed at small geographic levels (town, city, school district); community and state agencies to establish baseline data; and linking assessment to selection of prevention programs.

Responsible Parties: State Incentive Grant staff, in coordination with the Department of Social and Health Services Research and Data Analysis as lead, and with researchers, management information systems specialists, and program managers from participating state agencies:

CENTRALIZED DATA COLLECTION

MARCH 2001

Develop a detailed action plan for a centralized web-enabled relational data collection system organized around a theoretical framework, based on risk factors and protective factors, and preserving the ability to complement other theoretical frameworks. The plan includes: timeline for completion; cost estimated for each product; agreements from participating state agencies for specific products; and assurances that data collected are made accessible for state and community use for trends and funding priorities.

JUNE 2001

- A. Coordinate data sets and create necessary links to include, but not be limited to, the following:
- Community Outcome Risk Evaluation Geographic Information System (CORE-GIS)
 - High Intensity Drug Trafficking Area (HIDTA) data
 - Treatment Needs Assessment data
 - Washington State Survey of Adolescent Health Behaviors (WSSAHB) data
 - Washington Assessment of Student Learning (WASL) scores and other Office of the Superintendent of Public Instruction data
 - Data sets from other state agencies
 - Data sets from Native American tribes and urban programs
 - Expanded Everest System (for program-level outcome evaluation)
 - Community Readiness Assessment
 - Community Resource Directory
 - Collaborative Substance Abuse Prevention Community Assessment Process
 - Community Logic Planning Process
 - Program Outcomes Scale Selection and Evaluation

(Continued on next page)

CENTRALIZED DATA COLLECTION

(Continued)

MAY 2001

- B. Produce a directory of data collection related to the menu of state-desired outcomes and community outcomes to include:
 - (1) Data availability and data structure.
 - (2) A shared set of data definitions.
 - (3) Broad data-sharing agreements
 - (4) Data-sharing agreements accommodate confidentiality issues (e.g., geo-coding data that are for local-level geographic reporting which can be then aggregated to specific geographies like city or school district).

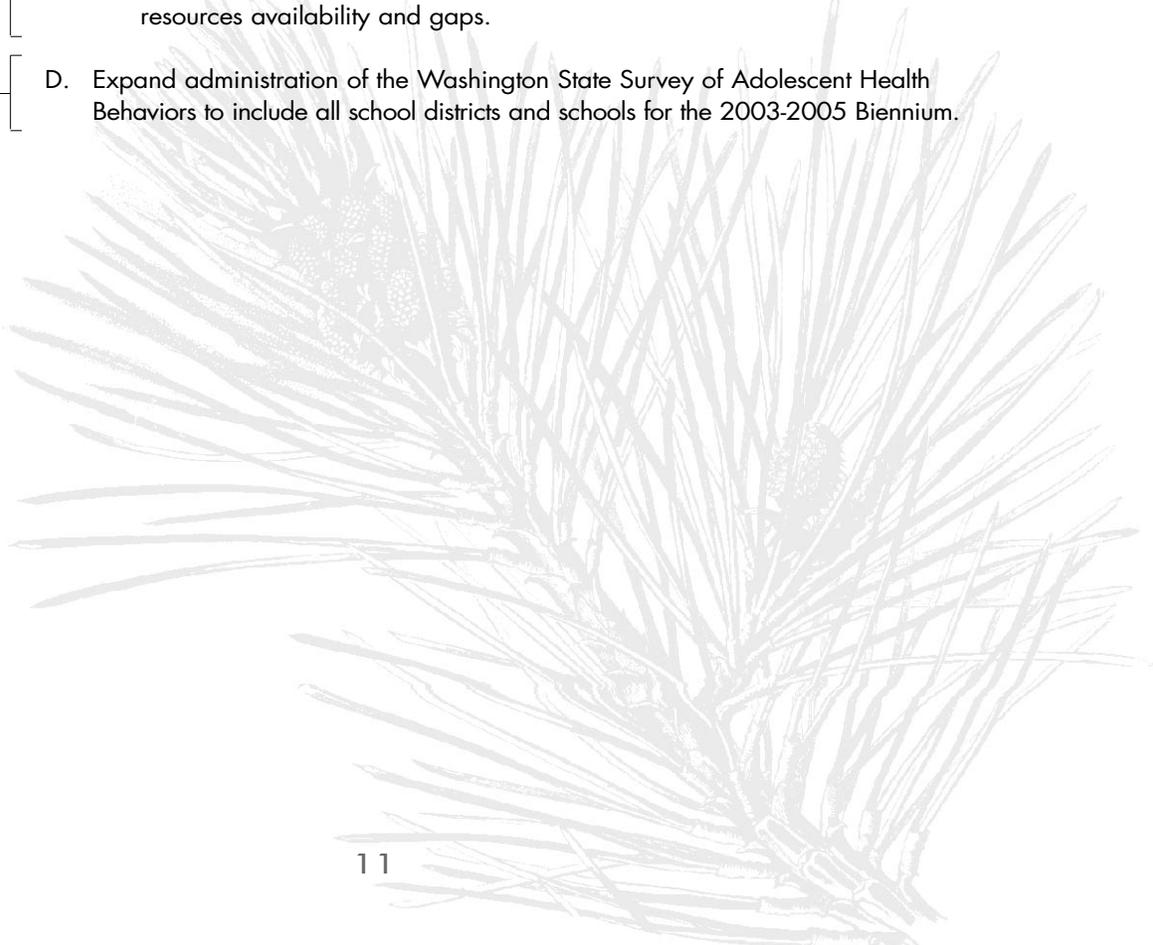
**Begin
Fieldtesting
JUNE 2001**

- C. Expand the existing data collection system, Community Outcome Risk Evaluation Geographic Information System (CORE-GIS) for the following:
 - (1) New indicators to meet the needs of participating state agencies with archival, household, and youth survey data.
 - (2) Capacity to report indicators for common small-geography boundaries (school districts, police jurisdictions, city).
 - (3) Web site access to data for state and community prevention planners and providers.
 - (4) Reports produced for participating state agencies and communities on substance use, risk and protective factors, and resources.
 - (5) Assessment tools for state agencies and communities to jointly assess trends in youth substance use, and risk and protective factors, prevalence, and resources availability and gaps.

**Complete
Expansion
JUNE 2002**

JUNE 2002

- D. Expand administration of the Washington State Survey of Adolescent Health Behaviors to include all school districts and schools for the 2003-2005 Biennium.



3. Adoption of Prevention Program Criteria

Objective: Define criteria for selection of science-based prevention programs and programs with components of promising approaches that reduce risk factors and increase protective factors.

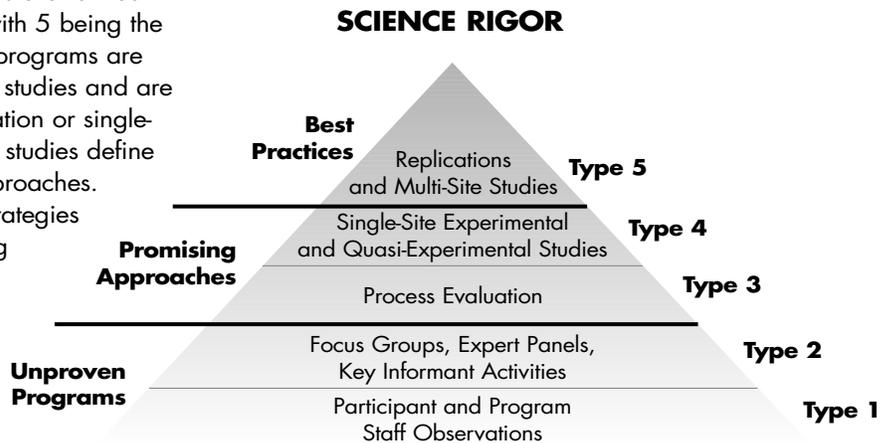
Strategy: Use criteria defined by the federal Center for Substance Abuse Prevention and summarized by Western Regional Center for The Application of Prevention Technologies to establish a menu of science-based prevention programs and programs with components of promising approaches.

Responsible Parties: State Incentive Grant staff in coordination with the Western Regional Center for the Application of Prevention Technologies and program managers from participating state agencies.

PROGRAM CRITERIA

Use criteria for selection of science-based and promising approaches programs identified and/or confirmed through an expert consensus process, which uses common criteria for rating research efforts. (Appendix 3)

Prevention programs or prevention models are ranked according to intensity of science-based with 5 being the rigor of most intensive science. Rigor 5 programs are defined by their replication and multi-site studies and are considered best practices. Process evaluation or single-site experimental and quasi-experimental studies define Rigors 3 and 4, and have promising approaches. Rigors 1 and 2 contain programs and strategies that have some quantitative data showing positive outcomes in delaying substance abuse over time but do not have enough research or replication to support generalized outcomes and are, therefore, considered to be unproven programs.



MAY 2001

- Establish a technical assistance and support mechanism for communities to select and implement prevention actions and program services, which are able to reduce community assessed risk factors and enhance protective factors against the risks through:
- (1) Participating state agencies' prevention program managers
 - (2) Internet access through Web site designed by the Western Regional Center for the Application of Prevention Technologies
 - (3) CD-ROM through adaptable computer
 - (4) Statewide Substance Abuse Clearinghouse
 - (5) Dissemination of information through multiple media venues through participating state agencies

4. Development of a Uniform Reporting Mechanism

Objective: Develop uniform reporting mechanisms to capture outcomes of individual community prevention programs. Build upon existing electronic databases to be shared across participating state agencies.

Strategy: Incorporate into a “centralized” data collection system, a uniform management information system for communities and participating state agencies to collect outcome data on risk and protective factors, problem behaviors, substance use prevalence, and educational achievements, and other data, and to track indicators of common outcomes of state and local efforts.

Responsible Parties: State Incentive Grant staff in coordination with researchers, management information system specialists, and program managers from participating state agencies.

UNIFORM REPORTING MECHANISM

MARCH 2001

Develop a detailed action plan for a uniform reporting mechanism to capture outcome and process data at the individual program level and aggregated to the community, county and, other local jurisdictions, and to the state level. The plan will include a timeline for each product completion, cost for each product, and agreements from participating state agencies.

JUNE 2001

- A. Develop plan to use the Community Outcome Risk Evaluation Geographic Information System (CORE-GIS) as the base to develop common reporting capabilities across the participating state agencies to link major types of data including at a minimum the following:
- (1) Substance use data from the Washington State Survey of Adolescent Health Behaviors (WSSAHB)
 - (2) Risk and protective factor survey data from the WSSAHB
 - (3) Archival social indicator data from the CORE-GIS

JUNE 2001

- B. Develop common measurements and standards of program effectiveness for program outcome-monitoring tools which enhance and expand the SIG-initiated Everest Community Prevention Outcome Evaluation Management System:
- (1) Generate prevention program effort and dosage reports every six months for program progress (process evaluation)
 - (2) Measure community and program level effectiveness/impact/outcomes monitoring of pre-post prevention program implementation
 - (3) Analyze changing trends of risk and protection in communities
 - (4) Assess local prevention programs linked across different state agencies

(Continued on next page)

UNIFORM REPORTING MECHANISM

(continued)

DECEMBER 2001

- C. Assemble the uniform reporting mechanisms for communities to:
 - (1) Access community capability at geographic units to:
 - a. Use, and modify as needed, community needs assessment.
 - b. Select and implement science-based prevention.
 - c. Develop and measure outcomes at local level.
 - d. Track trends in outcomes.
 - (2) Use risk and protective factor and substance use profiles for state, regional (county and network), and smaller geographic units (cities, towns, tribes, neighborhoods) to develop logic-based substance abuse prevention plan.

FEBRUARY 2002

- D. Use links among data types and data sets to create regularly scheduled data driven reports to:
 - (1) Measure progress for outcomes tied to the Family Policy Council Thriving Families Characteristics at the state and community levels.
 - (2) Map degree and quality of program efforts against substance use prevalence and risk and protective factors.
 - (3) Identify successful prevention efforts which correspond to reduced risk and increased protective factors, and to prevention of substance abuse.
 - (4) Evaluate relative effectiveness of prevention programs among participants.
 - (5) Evaluate cost-effective ways for communities to address risk and protective factor profiles.
 - (6) Consolidate local and state data for the state-level reports to enable data-driven management decisions

MARCH 2002

- E. Prepare final recommendations for uniform data reporting mechanism to Governor's Substance Abuse Prevention Advisory Committee.

5. Options for State Agencies to Coordinate, Leverage, and Redirect Money/Resources

Objective: Develop guidelines for leveraging and redirecting money and resources, based on the confidence of scientifically established outcome measures, uniform community assessments, and reliable reporting.

Strategy: Support options consistent with state and federal laws for participating state agencies and communities to coordinate, leverage, and redirect money and resources (individually or in partnerships) directed toward selected outcomes (e.g., specific prevention programs, targeted populations, joint solicitation process).

Responsible Parties: State Incentive Grant staff in coordination with program managers from participating state agencies involved in substance abuse prevention.

COORDINATE, REDIRECT, LEVERAGE

Individual state agencies select outcome objectives and measures supportive of state agency mission and funding requirements from the list of desired outcome objectives approved by the Governor's Substance Abuse Prevention Advisory Committee (Appendix 2). State agencies will incorporate selected outcome objectives into the agency's prevention planning and allocation of funds and resources for substance abuse prevention programs available for the 2001-2003 state biennial process.

MARCH 2001

- A. Develop action plan, based on drug use and risk and protective factors data, and address the following options independently or in partnership with other state agencies to target resources to communities:
 - (1) Locality of highest need in relation to selected outcome objectives.
 - (2) Specified population (i.e., prenatal, early school age, parents, youth in transition).
 - (3) Specific prevention program services (i.e., tutoring, mentoring, parent education, media).

ONGOING

- B. Develop procedure to maintain agreements formalized for coordinated and collaborated needs assessment by the Department of Social and Health Services (Division of Alcohol and Substance Abuse); Office of the Superintendent of Public Instruction; Office of Community Development; Department of Health; Liquor Control Board; and the Washington State Traffic Safety Commission: The formal agreement of participating state agencies will include the following:
 - (1) Joint administration of risk and protective factors and substance use data, community needs assessment instrument beginning with the 2001-2002 Biennium.
 - (2) Incorporate community needs and resources assessment instruments into the centralized and integrated data collection system.
 - (3) Establish linkages with the community assessments, and the identification of target population and selection of science-based prevention programs and programs with promising approaches.

JUNE 2001

- C. Develop plan with other state agencies involved in substance abuse prevention to participate in administration of common needs and resources assessment tools for the 2003-2005 Biennium.

JUNE 2001

- D. Develop plan to maintain joint administration of the Washington State Survey of Adolescents Health Behaviors to be responsive to multiple agency and community data needs.

6. Establish Opportunities for Professional Development

Objective: Create a system for continuous professional development for prevention providers, both paid and volunteer.

Strategy: Establish resource opportunities for initial and continuing education for prevention providers, both paid and volunteer.

Responsible Parties: State Incentive Grant staff in coordination with program managers from state agencies involved in substance abuse prevention.

PROFESSIONAL DEVELOPMENT

- | | | |
|-------------------|---|--|
| MARCH 2001 | — | Develop action plan for continuous professional development for prevention providers, both paid and volunteer, to include stable funding sources. |
| JUNE 2001 | — | A. Develop plan for participating state agencies to utilize the document “Skills Standards for Substance Abuse and Violence Prevention Professionals” (November 2000) for professional development. |
| MARCH 2001 | — | B. Establish a State Prevention Institute.
(1) Establish Phase 1 of State Prevention Institute for prevention providers new to the prevention field, focus on general principles of practice, theories and frameworks, community organization, and general prevention implementation issues.
(2) Establish Phase 2 of State Prevention Institute for experienced prevention program providers focus on problem solving and advanced skill mastery on topics such as understand needs assessment data and selection of science-based and promising prevention programs. |
| MAY 2001 | — | C. Establish mentoring and peer consultation modules for continuing education. |
| JUNE 2001 | — | D. Develop college-level coursework in prevention studies for persons entering the prevention field.
E. Explore alternative mediums to increase opportunities for training such as the Internet and its links to CSAPs Decision Support System, higher education Web sites, CAPT Web sites, science-based program Web sites, state agency Web sites, and the Developmental Research and Programs Communities That Care Web site. |

7. Evaluation Activities Strategy

Strategy (A): Fieldtest the State Substance Abuse Prevention System strategies through the State Incentive Grant community projects.

Responsible Parties: Eighteen State Incentive Grant community projects (Appendix 5) from across the state will fieldtest strategies of State Substance Abuse Prevention System.

EVALUATION

April 2002 Evaluation of the eighteen community projects' fieldtests will include the following activities on an ongoing basis, throughout the covered evaluation period:

**ONGOING
THROUGH
APRIL 2002**

- A. Process evaluation: The process by which progress occurs toward the five community-level objectives and each grantee's anticipated immediate changes, and the influence of the contexts in which progress occurs.
- B. Program implementation fidelity: Descriptions of the differences between program services as provided to participants and original program services designs.
- C. Program effectiveness: Measured primarily by program service participant pre-tests and post-tests.
- D. Baseline data on local planning and funding activities: This is a record of the planning and funding activities required to present at least one prevention program service provided by each SIG community grantee.

JUNE 2002

- E. Long-term community-wide changes in substance abuse prevalence and risk and protective factors: Measured by the Washington State Survey of Adolescent Health Behavior (WSSAHB).

Strategy (B): Evaluation of the State Substance Abuse Prevention System Changes work plan.

Responsible Parties: State Incentive Grant Evaluation Team from the Department of Social and Health Services, Research and Data Analysis Division.

MARCH 2001

- A. Use previous evaluation findings to prepare guidelines for sub-workgroups of the State-Level Prevention System Changes Workgroup about the following topics:
 - (1) Maintain a centralized and uniform data collection system and uniform reporting mechanisms.
 - (2) Streamline state processes of assessment, allocation of resources, and outcome reporting.
 - (3) Assist communities to select and implement science-based and promising approaches programs.
 - (4) Create and maintain a skilled workforce.

APRIL 2002

- B. Collect, analyze, and report on relevant information on the design and implementation of system changes at the state and community levels.
 - (1) Data collection methods will include meeting observations, interviews with participating state agency representatives, and document review.
 - (2) Written reports will be provided annually to the Governor's Substance Abuse Prevention Advisory Committee; verbal reports will be provided more frequently upon request.

8. Submission of State Substance Abuse Prevention System to Governor

Strategy: Submission of State Substance Abuse Prevention System to the Governor for statewide implementation

Responsible Parties: Governor's Substance Abuse Prevention Advisory Committee

SUBSTANCE ABUSE PREVENTION SYSTEM

Review recommendations from the State-Level Prevention System Changes Workgroup for a final plan for a State Substance Abuse Prevention System and solicit input from the following:

- Washington Interagency Network (WIN)
- Constituent organizations of WIN agencies
- Family Policy Council
- Governor's Council on Substance Abuse
- Citizens Advisory Council on Alcoholism and Drug Addiction

- | | | |
|-------------------|-----|---|
| MARCH 2002 | — [| A. Determine ratio of fund allocation to maintain Centralized Data Collection System and Uniform Reporting Mechanism for state and community use. |
| MARCH 2002 | — [| B. Recommend oversight authority for outcome measures selection and management of the State Substance Abuse Prevention System. |
| MAY 2002 | — [| C. Develop final plan for presentation to the Governor for statewide implementation of a State Substance Abuse Prevention System. |
| JULY 2002 | — [| D. Assist the Governor's Office with dissemination of the State Substance Abuse Prevention System. |

Appendices

- Appendix 1:** Description of Terms and Acronyms
- Appendix 2:** State Substance Abuse Prevention Desired Outcome Objectives Matrix
- Appendix 3:** Selection of Science-Based Prevention Practices Information
- Appendix 4:** Logic Model for Developing Comprehensive Prevention Action Plan
- Appendix 5:** State Incentive Grant Community Project Sites
- Appendix 6:** References
- Appendix 7:** State -Level Prevention System Changes Workgroup
- Appendix 8:** Participating State Agency Contact List
- Appendix 9:** Governor's Substance Abuse Prevention Advisory Committee
- Appendix 10:** State Incentive Grant Management Staff and Consultants
- Appendix 11:** Relational Data Web Base: Washington State Substance Abuse Prevention System Flow Chart

APPENDIX 1: Definition of Terms and Acronyms

Activity: Specific elements of a prevention program service/prevention action that address an aspect of prevention of alcohol, tobacco, and other drug use, abuse, and misuse.

Assets: Benefits, defined as any positive aspect of a youth's environment.

ATOD: Alcohol, tobacco, and other drugs

Baseline: A reference point against which future change will be compared.

Benchmark: A standard of measurement or evaluation.

CAPT: Center for the Application of Prevention Technology, an organization selected by CSAP to serve as a regional source of technical assistance on the application of science-based prevention at the state and community level.

Community: A geographic or membership community base (within a larger geographic area) in which substance abuse prevention services will be provided (any size geography or membership).

CSAP: The federal Center for Substance Abuse Prevention, the funding source for the State Incentive Grant project.

OCD: State of Washington Office of Community Development

CORE-GIS: The Community Outcome Risk Evaluation Geographic Information System includes information collected from 30 different data sources in the state, specifically survey and archival data. Data is analyzed to provide each county with a profile of the indicators for 17 risk factors in four domains of community, family, school, and individual/peer, and for seven protective factors. These profiles further facilitate useful planning for communities as they illustrate comparative levels of risk and protection for the state as a whole and for each of the 39 counties (Kabel et al. 1996)

DASA: Division of Alcohol and Substance Abuse, a division of the Department of Social and Health Services and the designated lead agency for the State Incentive Grant.

DOH: State of Washington Department of Health.

Domain: Spheres of influence in a person's life in which a risk factor or protection opportunity might occur, namely community, family, school peer/individual.

DHHS: Federal Department of Health and Human Services

DSHS: State of Washington Department of Social and Health Services.

FPC: State of Washington Family Policy Council; a coalition of five state agencies; DSHS, DOH, OSPI, OCD, Employment Security, four state legislators and a representative of the Governor.

Geographic-community-base: Described by mapped boundaries.

Goals: A broad, general statement concerning what a program intends to accomplish.

Healthy People 2010: Set of national objectives with a prevention science base (i.e., surveillance and data systems, and heightened awareness and demand for preventive health services and quality health care, and changes in demographics, science, technology, and disease that will affect the public's health in the Twenty First century). Indicated prevention actions from the Institute of Medicine, which targets individuals identified as experiencing early signs of substance abuse.

Leverage: (see also see redirect) "Leverage" literally means the advantage gained by the applied action of a lever – i.e., achieving a greater effect than the effort applied toward that effect. Leveraging may involve action as simple as moving some local prevention dollars from a project that is not producing any discernible results to a different project that has repeatedly demonstrated success at producing results in other communities.

Measure: Standard for determining the extent to which the objectives have been achieved.

Objective: A specific statement describing what will be accomplished, by when, for whom, and how success will be measured.

OSPI: State of Washington Office of the Superintendent of Public Instruction

Outcomes:

- Immediate: changes expected in participants from participation in a prevention action/program service; measured by pre/post-surveys.
- Short-range: changes expected in a community's risk and protective factors as measured by Washington State Survey of Adolescent Health Behaviors (WSSAHB) and social archival data.

- Long-term: change expected in prevalence of substance use and other problem behavior over a period of time; measured by multiple-year administration of WSSAHB and social archival data.

Outcome measures: Scales and instruments tested and validated across several research studies that accurately measure the change in prevention program participants, in risk and protective factors, and in behaviors such as substance abuse.

PHS: United States Public Health Services

Prevalence: Pervasiveness, as in “a high prevalence of tobacco use among adolescents.”

Program: A collection of prevention actions put together to create a meaningful whole; also referred to as an intervention.

Protective factors: Characteristics that may help protect or provide a buffer for a person from problems such as substance abuse and which can strengthen the person’s determination to reject use of alcohol, tobacco, marijuana, and other drugs. They are found in the four domains of community, family, school, and peer/individual.

RDA: Research and Data Analysis, DSHS, conducting the State Incentive Grant evaluation.

Redirect: (see also see leverage) To move dollars and other resources from one use to a different use.

Rigor: The prevention program is believable, useful, and can be generally applied to other populations, (i.e., Credibility: refers to the level of certainty concerning the study findings. Requires, at a minimum, that the cause always precedes the effect. Utility: refers to the extent to which the information can guide other programming development, help better define and delineate results, or guide future research. Generalizability: refers to the extent to which findings from one study implemented in one site with a specific target population can be applied to other settings and populations.)

Risk and protective factor framework: Body of research that provides a theoretical framework to give direction to communities on how to conduct community needs assessments and select programs to prevent youth from developing substance abuse problems. The research focuses on 17 risk factors and 6 protective factors which, when addressed, decrease the likelihood that youth will develop problem behaviors such as substance abuse.

Risk factors: Characteristics or attributes of persons, their family, their peers, their environment, their school, etc., that have been associated with a higher susceptibility to alcohol and other drug abuse and other problem behaviors. They are found in the four domains of community, family, school, and peer/individual.

Risk and protective factor indicators: operational measures of risk factors, (e.g., percent of housing units that are vacant; percent of population (18+) registered to vote, average scale scores) and protective factors, (e.g., health beliefs and clear standards, social skills).

Selective prevention actions: Definition from Institute of Medicine which targets subgroups of the general population that are determined to be at higher risk for substance abuse.

Science-based prevention: Strategies, prevention actions, and products that have been evaluated and have been shown to have an effect on actual substance use, norms related to use, or specific risk factors that have been linked to substance use. Prevention actions are based on science if they meet the following conditions:

- The interventions have been demonstrated to positively affect tobacco, alcohol, and other drug use, as well as the problems, risk factors and protective factors related to use.
- Research results have been published by a peer-reviewed journal or have undergone equivalent scientific review.

SIG: State Incentive Grant, awarded to Washington State in July 1998, through the federal Center for Substance Abuse Prevention.

Strategy: (see also, prevention action) A course of action – something one does to put principles into practice, e.g., information dissemination, education, early intervention, social policy/environmental change, etc.

Target population: The population or particular portion of a population, which an applicant intends to affect (improve) with the applicant’s proposed prevention actions and programs.

Universal prevention action: Definition from Institute of Medicine services, which reaches the entire population in a pre-determined geographic area.

WASL: Washington Assessment of Student Learning.

Washington Interagency Network (WIN) Against

Substance Abuse: Informal network of mid-level managers from state agencies working together to address substance abuse prevention and treatment issues.

Washington State Survey of Adolescent Health

Behaviors (WSSAHB): A representative sample survey of Washington youth, currently conducted once every two years by the Office of the Superintendent of Public Instruction. The WSSAHB assesses the health-related attitudes and behaviors of youth. It provides the baseline data for alcohol, tobacco, and other drug use, as well as key risk and protective factor data.

APPENDIX 2: State Substance Abuse Prevention Desired Outcome Objectives, Baseline, and Measurements

The following matrix identifies the baseline and corresponding benchmark measurements to support the menu of desired outcome objectives to prevent youth alcohol, tobacco, marijuana, and other drug use; reduce the factors which put youth at risk for substance abuse; and increase the factors which protect or buffer the youth against the risks.

Many of the HP2010 objectives are based on data gathered by the Household Survey. This is an important annual survey of Adolescent Health Behaviors. Because most of the risk protections and problem behaviors measured by this survey show changing rates at each age, our objectives can be targeted to these specific age groups. For instance, 14-year-olds report very different alcohol use than 18-year-olds. What is more, they will respond to different prevention messages. It stands to reason, therefore, that we choose our indicators to be age-specific.

The matrix topical headings are as follows:

- *Desired Outcome Objectives*, based on objectives from *Healthy People 2010* initiative, and Washington State specific objectives;
- *Baseline* represents data from state sources that reflect a point of reference for a specific time period;
- *Data Source* to indicate national or state source;
- *Benchmark* refers to the projected goals that the participating state agencies will be working toward for each desired objective;
- *Measurement Timeline* identifies the range of time the projected goal can be attained (two to five years for short-range time and six to ten for long-range time).

Short-range outcomes are conditions that do not necessarily indicate present use, but do indicate possible use (a risk or protective factor that can be addressed to prevent substance abuse in the future) and are achievable in two to five years. Long-range outcomes are indicators of present use (the actual problem behavior) and are achievable in six to ten years. These timelines are presented, based on criteria from *Healthy People 2010* and state-initiated

timelines. The desired outcome objectives will be monitored on an ongoing basis and interim progress will be reported biannually.

Primary Data Sources:

The sources used to obtain the data to establish the baseline and benchmarks are as follows:

CORE-GIS: Community Outcome Risk Evaluation - Geographic Information System is a data base maintained by the Department of Social and Health Service, Research and Data Analysis. The data set organizes archival and survey data from 28 data sources around a risk and protective factor theoretical framework.

WSSAHB: Washington State Survey of Adolescent and Health Behaviors is a representative sample of a survey administered every two years to sixth, eighth, tenth, and twelfth grade students in public schools. The lead state agency is the Office of the Superintendent of Public Instruction. The survey assesses students' attitudes and behaviors in three major adolescent health areas: intentional injury (fighting and weapon carrying); alcohol, tobacco, and other drug use; and risk and protective factors related to these adolescent health behaviors.

Monitoring the Future Study: The National Institute on Drug Abuse has funded the University of Michigan since 1975 to conduct an annual national survey of student drug use and related attitudes and the social environment in which drug use takes place, and the general availability and demand for drugs by young people. The survey (formally known as the National High School Survey) is administered to eighth, tenth, and twelfth grade students.

Center for Health Statistics, Vital Registration System Annual Statistical Files: This data source is administered by the Washington State Department of Health's Center for Health Statistics and collects data on births, deaths (including fetal deaths), marriage, and divorces in Washington State.

State Substance Abuse Prevention System

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES	
				Short-Range (2-5 years) Long-Range (6-10 years)	
Safety					
1. Reduce alcohol-related motor vehicle crash deaths.	National	1997 6.1 per 100,000	HP 2010 4.0 per 100,000	}	
	State	1997 4.74 per 100,000	4.0 per 100,000		
2. Reduce illicit drug-related deaths:	National	1998 5.1 per 100,000	HP 2010 1 per 100,000	}	
	State	1998 5.93 per 100,000	3 per 100,000		
3. Reduce the number of young people in Grades 9 through 12 who reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol.	National	1997 37%	HP 2010 30%	}	
	State	1999 29%	25%		
4. Increase number of adolescents reporting that they feel safe in school.	National	N/A	—	}	
	State	1998			
		Grade 6	79%		Grade 6 85%
		Grade 8	74%		Grade 8 85%
		Grade 10	79%		Grade 10 85%
Grade 12	86%	Grade 12 90%			
5. Reduce the number of youth at risk because they do not perceive communities as having strong laws and norms against substance use.	National	N/A	—	}	
	State	1998			
		Grade 6	10%		Grade 6 7%
		Grade 8	25%		Grade 8 20%
		Grade 10	42%		Grade 10 30%
Grade 12	50%	Grade 12 35%			

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Washington State Incentive Grant

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES	
				Short-Range (2-5 years)	Long-Range (6-10 years)
Sense of Belonging					
6. Improve bonding and strong attachment to family. (Data for this objective are available for limited communities in the state, not a representative sample.)	National	N/A	—		
	State	1995			
		Grade 6 83%	Grade 6 90%	} <input checked="" type="checkbox"/>	
		Grade 8 71%	Grade 8 80%		
		Grade 10 66%	Grade 10 75%		
	Grade 12 70%	Grade 12 75%			
Social Integration Into Community					
7. Increase opportunities for pro-social involvement of youth with adults.	National	N/A	—		
	State	1998			
		Grade 6 73%	Grade 6 80%	} <input checked="" type="checkbox"/>	
		Grade 8 73%	Grade 8 80%		
		Grade 10 74%	Grade 10 90%		
	Grade 12 78%	Grade 12 90%			
8. Increase opportunities, rewards, and recognition for pro-social involvement in community and school for youth.	National	N/A	—		
	State	1998			
		Grade 6 63%	Grade 6 75%	} <input checked="" type="checkbox"/>	
		Grade 8 49%	Grade 8 65%		
		Grade 10 43%	Grade 10 65%		
	Grade 12 41%	Grade 12 65%			
Learning and Skill Building					
9. Improve academic achievement for all students.*	National	N/A	—		
	State	2000			
		Grade 4 Grade 7 Grade 10	In development	} <input checked="" type="checkbox"/>	
10. Reduce the percentage of students at risk due to low commitment to school.	National	N/A	—		
	State	1998			
		Grade 6 17%	Grade 6 10%	} <input checked="" type="checkbox"/>	
		Grade 8 32%	Grade 8 20%		
		Grade 10 38%	Grade 10 25%		
	Grade 12 44%	Grade 12 25%			

(Continued on next page)

* State targets will be determined by the Academic Achievement Accountability Commission

N/A - Data not available for category

In development - Researchers exploring data sources to establish baseline

State Substance Abuse Prevention System

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES
				Short-Range (2-5 years) Long-Range (6-10 years)
Learning and Skill Building <i>(continued)</i>				
11. Reduce the number of truant students defined as students who have five unexcused absences in a month or ten unexcused absences in a year.	National	N/A	—	
	State	In development	In development] —
12. Increase high school completion rate.	National	N/A	—	
	State	In development	In development] —
Health				
13. Reduce the proportion of youth reporting use during the past 30 days of:	National	1997	N/A	
		Grade 6 N/A Grade 8 23% Grade 10 39% Grade 12 52%		
• Alcoholic beverages	State	1998		
		Grade 6 14% Grade 8 31% Grade 10 45% Grade 12 52%	Grade 6 10% Grade 8 20% Grade 10 33% Grade 12 40%] —
• Marijuana	National	1997	N/A	
		Grade 6 N/A Grade 8 10% Grade 10 19% Grade 12 23%		
	State	1998		
		Grade 6 3% Grade 8 16% Grade 10 27% Grade 12 29%	Grade 6 1% Grade 8 8% Grade 10 10% Grade 12 14%] —

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* State targets will be determined by the Academic Achievement Accountability Commission
 N/A - Data not available for category In development - Researchers exploring data sources to establish baseline

Washington State Incentive Grant

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES		
				Short-Range (2-5 years) Long-Range (6-10 years)		
Health (continued)						
<ul style="list-style-type: none"> Any Illicit drug (includes marijuana) 	National	1997 Grade 6 N/A Grade 8 12% Grade 10 21% Grade 12 26%	N/A			
	State	1998 Grade 6 6% Grade 8 20% Grade 10 28% Grade 12 30%	Grade 6 3% Grade 8 10% Grade 10 12% Grade 12 15%	}		
	<ul style="list-style-type: none"> Cigarettes 	National	1997 Grade 6 N/A Grade 8 19% Grade 10 30% Grade 12 36%	N/A		
		State	1998 Grade 6 5% Grade 8 15% Grade 10 22% Grade 12 29%	Grade 6 3% Grade 8 10% Grade 10 15% Grade 12 20%	}	
		14. Reduce back to 1990 levels, the proportion of youth reporting binge drinking during the past month	National	1997 Grade 6 N/A Grade 8 14% Grade 10 24% Grade 12 31%	N/A	
			State	1998 Grade 6 8% Grade 8 18% Grade 10 28% Grade 12 33%	Grade 6 4% Grade 8 12% Grade 10 18% Grade 12 20%	}

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* State targets will be determined by the Academic Achievement Accountability Commission
 N/A - Data not available for category In development - Researchers exploring data sources to establish baseline

State Substance Abuse Prevention System

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES	
				Short-Range (2-5 years)	Long-Range (6-10 years)
Health (continued)					
15. Reduce the proportion of (college age), 18- to 24-year-olds reporting sometime in their lives: <ul style="list-style-type: none"> Binge drinking Use of marijuana Use of other illicit drugs Use of cigarettes 	National	N/A	—	} ————— ✓	
	State	1998 37%	25%		
	State	1998 18%	15%		
	State	1998 21%	17%		
	State	1998 37%	25%		
16. Increase abstinence by pregnant women: <ul style="list-style-type: none"> Any use in the past month Binge drinking Illicit drugs Cigarette smoking 	National	In development	—	} ————— ✓	
	State	In development	—		
17. Increase the percent of youth who perceive the harmfulness of : <ul style="list-style-type: none"> Cigarette smoking Smokeless tobacco use Binge drinking 	National	N/A	—	} ————— ✓	
	State	1998			
		Grade 6 43%	Grade 6 75%		
		Grade 8 48%	Grade 8 80%		
		Grade 10 56%	Grade 10 85%		
	Grade 12 65%	Grade 12 90%			
	State	TBD in Fall 2000 Survey	TBD in Fall 2000 Survey		
	State	1998		} ————— ✓	
		Grade 6 37%	Grade 6 80%		
		Grade 8 38%	Grade 8 80%		
		Grade 10 38%	Grade 10 80%		
		Grade 12 39%	Grade 12 80%		

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* State targets will be determined by the Academic Achievement Accountability Commission
 N/A - Data not available for category In development - Researchers exploring data sources to establish baseline

Washington State Incentive Grant

DESIRED OUTCOME OBJECTIVES	DATA SOURCE	BASELINE	TARGETED STATE BENCHMARKS	MEAS. TIMELINES
				Short-Range (2-5 years) Long-Range (6-10 years)
Health (continued)				
<ul style="list-style-type: none"> Marijuana use occasionally 	State	1998		
		Grade 6 45%	Grade 6 55%	} — <input checked="" type="checkbox"/>
		Grade 8 36%	Grade 8 50%	
		Grade 10 24%	Grade 10 40%	
		Grade 12 20%	Grade 12 40%	
<hr/>				
18. Increase the average age of first use of substances to age 16:	National	N/A	—	
	State	Age 14	Age 16	} — <input checked="" type="checkbox"/>
<hr/>				
<ul style="list-style-type: none"> Tobacco 	National	N/A	—	
	State	Age 13	Age 16	} — <input checked="" type="checkbox"/>
<hr/>				
<ul style="list-style-type: none"> Marijuana 	National	N/A	—	
	State	Age 14	Age 16	} — <input checked="" type="checkbox"/>

* State targets will be determined by the Academic Achievement Accountability Commission
 N/A - Data not available for category In development - Researchers exploring data sources to establish baseline

APPENDIX 3: Selection of Science-Based Prevention Practices Information

Technical assistance from the Western Center for the Application of Prevention Technologies (West CAPT) may be accessed in the following manner:

CAPT Web Site

- West CAPT offers user-friendly resources to identify cost-effective and culturally relevant prevention actions and program services that match services to a community's risk protection and resources assessment. The site address is <http://www.unr.edu/westcapt>.
- West CAPT has self-paced modules that provide a step-by-step guide on how to use the web site to access substance abuse prevention information and resources via various search engines. The most popular software used are Netscape Communicator and Internet Explorer.

Intensive Technical Assistance

- West CAPT provides individual technical assistance specific to the identification of science-based prevention actions and program services. Fax, email, and/or voice mail may be used to request assistance specific to the identification of science-based prevention action and program services.

Western Center for the Application of Prevention Technologies

University of Nevada, Reno
1664 North Virginia Street
Mail Stop 279
Reno, Nevada 89503
Phone: 1-888-734-7476
<http://www.unr.edu/westcapt>

Assistance For Organizations Without Technological Capabilities

- Individuals from agencies and organizations that do not have technological capabilities can obtain hard copies of the science-based practices, principles of effectiveness, and program summaries of best practices from the Washington State Alcohol and Drug Clearinghouse.

Washington State Alcohol and Drug Clearinghouse

3700 Rainier Avenue South, Suite A
Seattle, Washington 98144
1-800-662-9111 (in Washington State and outside King County area)
(206) 725-9696 (outside Washington State or inside King County area)
Fax: (206) 722-1032

APPENDIX 4: Logic Model for Developing Prevention Action Plan

This five-step model provides a systematic application of the theory for a risk factor reduction and protective factor enhancement framework for substance abuse prevention to assist communities to develop comprehensive prevention action plans. The steps are focused on use of risk factor, protective factor, and drug use data from surveys

and social indicator data from archival sources. These data are used for: community needs assessment phase; development of outcomes; identification of targeted population; selection and implementation of science-based and promising prevention programs; and to monitor and evaluate outcomes.

COMPONENTS	ACTION STEPS	POINTS TO ADDRESS
(1) CONDUCT NEEDS ASSESSMENT	Data – prevalence-ATOD* use – risk factor/protective factor – resources available/resource gaps Problem statements Partnerships/Community readiness	[Social indicators/survey data source [Cooperate, coordinate collaboration agreement
(2) DETERMINE MEASUREABLE GOALS/OBJECTIVES	Changes desired/outcomes – long-term ATOD use – intermediate risk/protection – immediate prevention program participants Process of implementation Target population	[Reasonable and achievable outcome objectives [Process objectives [Person receiving services
(3) IMPLEMENT SCIENCE-BASED/PROMISING APPROACHES PREVENTION PROGRAMS	Select prevention program which match/relate/affect: – drug use data – risk factors assessed – protective factors assessed – resource gaps – outcomes – target population	[Focus on multiple domains [Reduce risk factors [Increase protection [Fill service gaps
(4) EVALUATE EFFECTIVENESS/RISK REDUCTION/PROTECTION ENHANCEMENT/SUBSTANCE USE	Evaluation Design Measurement tools (i.e. observation, questionnaire, survey, records, interviews) Who is measured When measured Who will do the measuring What incentives	[Pre/post; comparison groups; random assignment [Standard or specifically developed instruments [Person who will be changed or who can report change [Before/during/pre/post [Consistency in administration [Compensation to participant
(5) MANAGEMENT/ORGANIZATION OF PROGRAM AND BUDGET	Staffing pattern Implementation plan Budget detail Reports	[Adequate and qualified staff needed to implement program [Who, what, where, when, why, how and timeline of activities/tasks [Start-up cost program, management, service delivery [Analysis of data collected, reports of findings

*ATOD - alcohol, tobacco, and other drug

APPENDIX 5: State Incentive Grant Community Project Sites

The information contained in this chart reflects substance abuse prevention actions and program services being implemented by 18 communities across the state, selected through a statewide solicitation process

Prevention Programs

Lead Community Prevention Agency

Prevention Programs	Level of Science Rigor*	City of Othello	Educational Service District #123	Grant County PARC	Aberdeen School District	Oak Harbor School District	Olympic Educational Service District #114	Lake Washington School District #414	Seattle Public Schools	Snoqualmie Valley Community Network	Pacific County Health and Human Services	Crossroad Treatment Center	Orcas Island School District	Spokane County Community Services	Swinomish Tribal Community	North Thurston School District	TOGETHER!	Walla Walla Department of Human Services	Tappanish Police Department
Across Ages	4-5																	*	
Alcohol/Drug Community Prevention Training	3														*				
All Stars	4			*															
Child Development Project	5															*			
Families and Schools Together (FAST)	5				*						*								
Family Advocacy Network (FAN)	5	*										*		*					
Family as a Team	3		*																
Family Connections	3							*											
Functional Family Therapy Program	5					*													
Here's Looking at You 2000	3						*												
Home Visitation	5								*										*
I am Special	5								*		*								
Life Skills Training Program	5			*					*									*	
Mentoring	5				*				*					*					*
Multi-Component School-Linked Community Approaches	5		*																
Media Literacy	3										*		*						
Multi-Component Nurturing Program	5													*					
Peace Builders	3						*												
Preparing for the Drug Free Years	5			*						*									*
Project ALERT	4-5	*			*			*			*								
Project Northland	5	*															*		
Project SUCCESS	5						*												
Project TNT	5															*			
Promoting Alternative Thinking Strategies	5									*						*			
Reconnecting Youth Program	4			*															
Second Step	3												*						
SMART Moves/Stay SMART/SMART Leaders	5	*		*									*			*			
Strengthening Families Program	5					*			*						*	*			
Strengthening Multi-Ethnic Families	3							*											
Take Time Case Management	3					*													
Teens Against Tobacco Use (T.A.T.U.)	3					*		*											
Tutoring	3-5				*			*									*		*
After-School Recreation	1-2	*	*	*	*				*	*	*	*						*	*
Alternative Activities	1-2	*	*	*									*		*				
Canoe Journey	1-2								*		*			*					
Community Organization	1-2								*		*								
Get Real About Violence	2															*			
GREAT	2															*			
Los Ninos Bien Educados	1																		*
Media Campaign	1						*												
Parents as Partners	2															*			
Parent Navigator	1-2																*		
Peer Educator/Mentor/Academic Support	1-3	*							*						*			*	
Smooth Transitions	2						*												
Supporting Multi-Ethnic Families & Communities	1																		*
Student Assistance Program	1-2				*														
Support Groups	1-2				*				*										

*Prevention programs or prevention models are ranked according to intensity of science-based with Rigor 5 being the most intensive science, Rigors 3 and 4 being programs with less intensive science, and Rigors 1 and 2 contain programs and strategies with some quantitative data showing positive outcomes in delaying substance abuse over time but, do not have enough research or replication to support generalized outcomes.

Counties/ Tribes

APPENDIX 6: References

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Einspruch, E., Gabriel, R., Deck, D., & Nichel, P. (1998). *Washington State Survey of Adolescent Health Behaviors: Analytic Report*. Olympia, WA: Washington State Office of the Superintendent of Public Instruction.

Healthy People 2010 Volume 1 and 2. Washington, DC. (2000) U.S. Department of Health and Human Services

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

Western Center for the Application of Prevention Technology, (1999) *Best Practices and Promising Practices Guide to Building a Successful Prevention Program*. Reno, NV Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Kabel, J., Howards, P., Kohlenberg, L., Flewelling, R., Shaklee, M., Clarkson, S., (1996). *Profile of Risk and Protection for Substance Abuse Prevention Planning in Washington State*. Olympia, WA: Washington State Department of Social and Health Services, Office of Research and Data Analysis.

APPENDIX 7: State-Level Prevention System Changes Workgroup

- **Doug Allen**
WIN / Citizen's Advisory Council on Alcohol and Drug Addiction
- **Sydney Baron**
Lt. Governor's Office
- **Lillian Bensley**
Department of Health
- **Donna Bosworth**
Thurston/Mason County Coordinator, Association of County Human Services
- **Dale Clark**
Chehalis Tribe
- **Reverend John Cornelius**
Pastor, Everett, WA
- **Pamela Dailey**
Clark County Prevention Specialist
- **Mary Ellen de la Pena**
Kitsap County Prevention Specialist
- **Kelsey Gray**
Facilitator, Washington State University
- **Fred Garcia**
Office of Program Services Chief, DASA
- **Bill Hall**
Family Policy Council
- **Dave Harrelson**
Department of Health
- **Tom Kelly**
Associate Superintendent, Office of the Superintendent of Public Instruction State-Level Prevention System Changes Workgroup Chair
- **Mary Ann LaFazia**
SIG Project Director, DASA
- **Michael Langer**
Prevention Services Supervisor, DASA
- **Priscilla Lisicich**
Governor's Council on Substance Abuse
- **Sandie Long**
Fiscal Program Manager, DASA
- **Earl Long**
Prevention Services Leadworker, DASA
- **Dario Longhi**
Lead SIG Researcher, Office of Research and Data Analysis
- **Robert McArdle**
Center for the Application of Prevention Technologies
- **Rosalie McHale**
Governor's Juvenile Justice Advisory Committee
- **Letty Mendez**
Washington Traffic Safety Commission
- **Martin Mueller**
Office of the Superintendent of Public Instruction
- **Doug North**
DSHS Indian Policy and Support
- **Deborah Northern**
Health & Safety Network
- **Carol Owens**
Office of Community Development
- **Ken Patis**
Children's Administration
- **Paul Perz**
Office of Community Development
- **Laura Porter**
Family Policy Council
- **Law Risken**
Citizens' Advisory Council on Alcoholism and Drug Addiction
- **Christine Roberts**
SIG Research Coordinator, Office of Research and Data Analysis
- **Susie Roberts**
Community Mobilization/ Office of Community Development
- **Ken Stark**
Director, DASA
- **Norma Straw**
Office of the Superintendent of Public Instruction
- **Lois Thadei**
Native American Liaison, DASA
- **Dick Van Wagenen**
Governor's Executive Policy Office
- **Scott Waller**
Regional Prevention Manager, DASA
- **Mark Wirschem**
Juvenile Rehabilitation Administration, DSHS

APPENDIX 8: Participating State Agencies Contact List

Washington Interagency Network (WIN) Against Substance Abuse

The Washington Interagency Network (WIN) Against Substance Abuse is an informal network of state agencies interested in substance abuse prevention and treatment issues. WIN member agencies already have state administrative involvement with a myriad of current substance abuse prevention programs in Washington State and will continue to work for the development of a Substance Abuse Prevention System.

Governor's Executive Policy Office:

Dick Van Wagenen

Lieutenant Governor's Office:

Sydney Baron, Ruth Bowman, Linda Mitchel

Office of Community Development:

Suzie Roberts, Paul Perz, Carol Owens

Department of Corrections:

Patty Terry, Ron Moorehead

Department of Health:

Vic Coleman

Department of Social and Health Services (DSHS)

Children's Administration

Vacant

Division of Alcohol and Substance Abuse:

Ken Stark, Doug Allen, Michael Langer

Economic Services Administration:

Doug Sevin

Juvenile Rehabilitation Administration

Vacant

Legislative and Community Relations:

Gwen Gua

Medical Assistance Administration:

Diana Larsen-Mills

Family Policy Council:

Bill Hall

Liquor Control Board:

Manuel Romero

Office of Crime Victims Advocacy:

Tom Stilz

Office of the Superintendent of Public Instruction:

Denise Fitch, John Hughes

Washington State Patrol:

Dan Davis

Washington Traffic Safety Commission:

Letty Mendez, Dick Nuse

APPENDIX 9: Governor's Substance Abuse Prevention Advisory Committee

- **Co-Chair** - *Dr. Priscilla Lisicich* of Tacoma, Director of the Pierce County Safe Streets Campaign and chair of the Governor's Council on Substance Abuse
- **Co-Chair** - *Ron Murphy*, of Tacoma, Casey Family Program and chair of DSHS Citizens Advisory Council on Alcoholism & Drug Addiction
- *Rosalba Ayala* of Custer, college student
- *Donna Bosworth* of Olympia, Thurston/Mason County Alcohol and Drug Coordinator with Thurston County Public Health and Social Services
- *Larry J. Clark* of Tacoma, Vice President of the Comprehensive Health Education Foundation
- *Rev. John M. Cook-Cornelius* of Everett, Pastor of Immaculate Conception Catholic Church
- *Alex Deccio*, State Senator (R-Yakima)
- *Dan Emerson* of Vancouver, Student at Eastern Washington University
- *Mary Frost* of Olympia, Director of Chronic Disease Prevention and Risk Reduction for the Department of Health
- *Raymond Fryberg Sr.* of Marysville, Prevention Specialist for Tulalip Family Services
- *Dr. J. David Hawkins* of Seattle, Professor of Social Work and Director of the Social Development Research Group, University of Washington
- *Ester Huey* of Yakima, Director of the Yakima Substance Abuse Prevention Coalition
- *Jim Kastama*, State Representative (D-Puyallup)
- *William N. Kelley* of Vancouver, Personnel Manager of Vanalco Inc.
- *Thomas Kelly* of Olympia, Associate Superintendent, Operations and Support Division, Office of the Superintendent of Public Instruction
- *Ann Kirkpatrick* of Ellensburg, Chief of Ellensburg Police Department
- *Kathy Lambert*, State Representative (R-Redmond)
- *Raymond Mason* of Seattle, Labor Liaison for Substance Abuse Services, Washington State Labor Council
- *Rosalie McHale* of Olympia, Office Chief for the Governor's Juvenile Justice Advisory Committee
- *Guy McMinds* of Tahola, Parent of adopted children with fetal alcohol syndrome
- *Letty Mendez* of Olympia, Director of Youth Programs, Washington State Traffic Safety Commission
- *Deborah Northern* of Kennewick, Community Action Council and board member of the Franklin County Community Health and Safety Network
- *Brad Owen*, Lt. Governor
- *Julia Patterson*, State Senator (D-SeaTac)
- *Rick Phillips* of Olympia, Chief for Enforcement and Education, Liquor Control Board
- *Kenneth Stark* of Des Moines, Director of the Division of Alcohol and Substance Abuse, DSHS
- *Laura Porter* of Olympia, Staff Director, Family Policy Council
- *Kenneth Stark* of Des Moines, Director of the Division of Alcohol and Substance Abuse, DSHS
- *Dr. Kim Thorburn* of Spokane, Health Officer of the Spokane Regional Health District
- *Gene Uno* of Lakewood, Prevention Specialist, Pierce County Human Services
- *Steve Wells* of Olympia, Assistant Director of the Office of Community Development

MEMBERS EMERITUS

- **Co-Chair** - *Law Risken* of Olympia, Co-Chair, Member of the Citizens Advisory Council on Alcoholism and Drug Addiction
- *Ida Ballasiotes*, State Representative (R-Mercer Island)
- *Gerardo G. DeSantos Jr.* of Naches, Graduated High School Student
- *Shamara Duncan* of Kennewick, Graduated High School Student

APPENDIX 10: State Incentive Grant Management Staff and Consultants

Department of Social and Health Services, Division of Alcohol and Substance Abuse

Kenneth Stark
DASA Director
SIG Project Principal Investigator

Mary Ann LaFazia
SIG Project Director

Annabeth Goldrick
Project Secretary - Administrative

Steve Brown
Program Manager

Lois Munn
Program Manager

Margaret Shaklee
Research Liaison

Lois Thadie
Program Manager

Lois Williams
Secretary Administrative

Sandie Long
Fiscal Manager

Paul Reynolds
Student Intern

Project Consultants

David Hawkins
Director
Michael Arthur
Jean Lanz
Researchers
Social Development
Research Group (UW)

Linda Becker
Researcher
Research and Data Analysis

Richard Van Wagenen
Liaison to the Governor
Governor's Executive Policy Office

Graphic Concepts, Inc.
Design and Production

Kelsey Gray
Systems Development Consultant
Washington State University

Scott Richard
Computer Specialist

Dario Longhi
SIG Research Principal Investigator
Christine Roberts
Evaluation Coordinator
Research and Data Analysis

Dave Robbins, Office Chief
Karen Salem, Project Officer
Department of Health and
Human Services
Substance Abuse and Mental
Health Services Administration
Center for Substance Abuse
Prevention

APPENDIX 11: Relational Data Web Base: Washington State Substance Abuse Prevention System

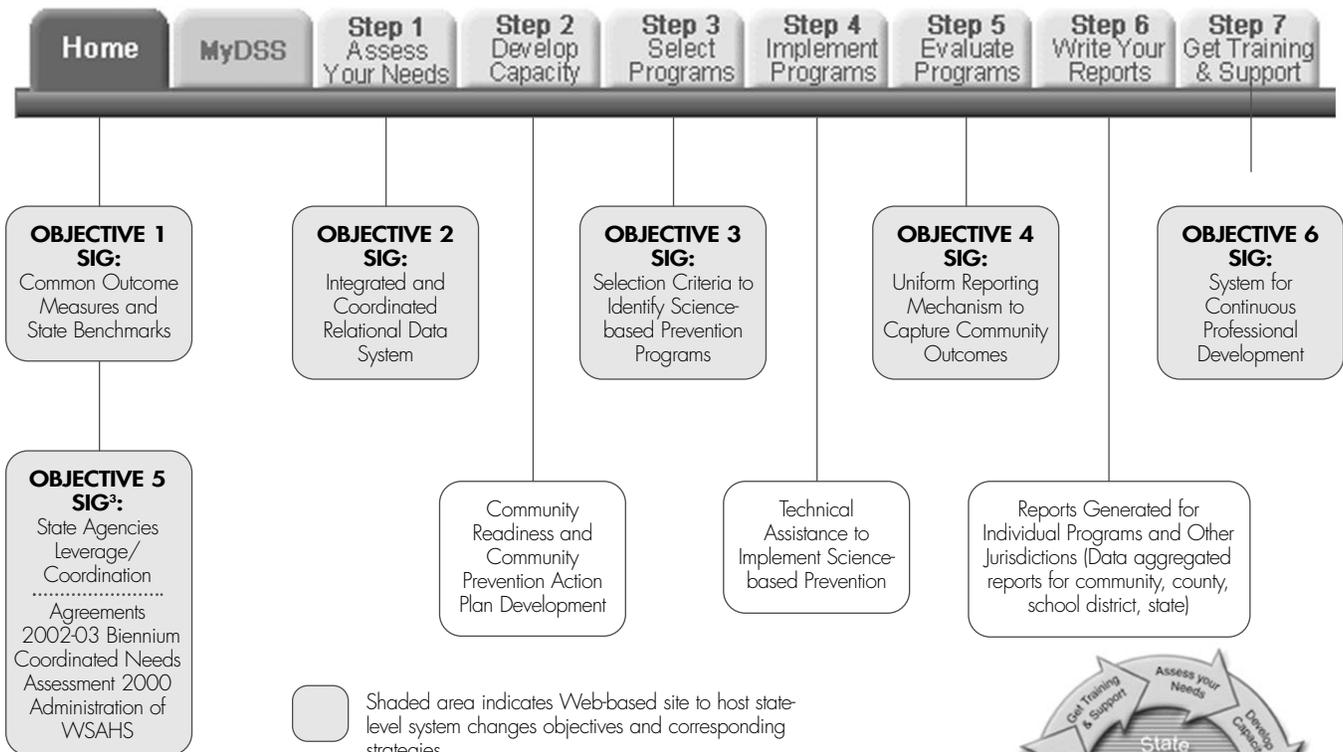
(Incorporating State-Level Prevention System Changes and Community-Level Objectives)

The following scheme is a prototype for automating the State Substance Abuse Prevention System into a Web base for easy access by state agencies, local planning jurisdictions, and community prevention planners, advocates and service providers. The intent will be to have the Web base include geographic-specific needs assessment data, tools to select and implement best prevention programs, instruments to conduct program-level evaluations, and mechanisms to generate reports on the program level and aggregated reports for other local jurisdictions and for state agencies. The Web base will also provide host for the overarching

state desired objectives/benchmark and the list of state-level cooperative agreements.

The model is adapted from the federal Center for Substance Abuse Prevention (CSAP) Decision Support System (DSS). This CSAP system will serve as the portal for the state system. The automated system incorporates the objectives and corresponding strategies for the six state-level prevention system changes objectives and the five objectives for community participation. As the strategies are implemented, the products will be infused into the DSS portal.

WEB-BASED VERSION¹ of the Washington State Substance Abuse Prevention System infused into the CSAP DSS² portal.



Shaded area indicates Web-based site to host state-level system changes objectives and corresponding strategies.

Non-shaded areas indicate Web-based support to communities.

¹ – The generic DSS may be accessed through www.preventionDSS.org

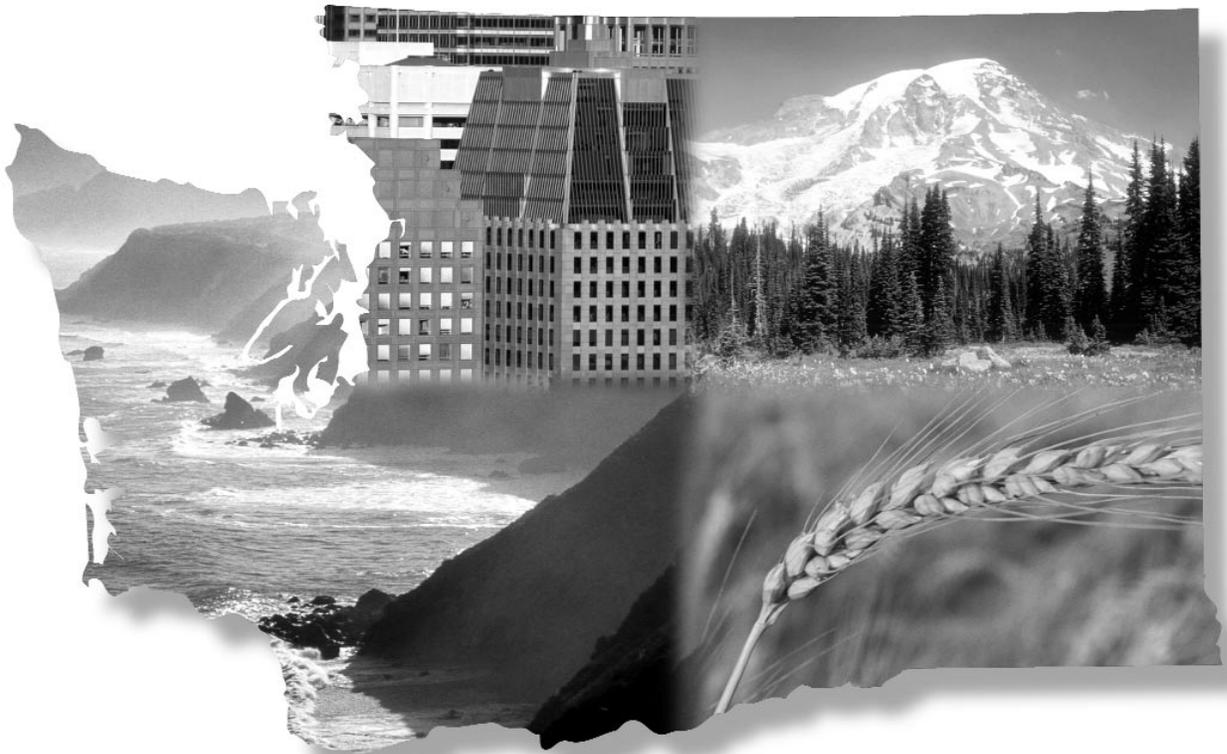
² – DSS Tab for State Agencies to utilize to house constituents provider information

³ – Agreements as of December 2000

WASHINGTON STATE INCENTIVE GRANT



State Substance Abuse Prevention System



MARCH 2001

Governor's Substance Abuse
Prevention Advisory Committee
State-Level Prevention System
Changes Workgroup