Evaluability Assessment Final Report

Drug Prevention Programs for Children That Involve and Educate Parents

Prepared for the:

Arizona Parents Commission on Drug Education and Prevention, and The Governor’s Division of Drug Policy
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Acknowledgements

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Executive Summary

Background

The Arizona Parents Commission on Drug Education and Prevention created a program to involve parents in substance abuse prevention efforts throughout the state. This program—collectively known as the Drug Prevention Programs for Children That Involve and Educate Parents—is intended to empower communities and families in dealing with risk and protective factors associated with substance abuse problems. Two different approaches were offered to prospective grantees for addressing the issue. The first was to utilize one of a number of replicable, research-based substance abuse prevention programs or strategies. The second was to use a mini-grant mechanism to facilitate funding of community grassroots organizations that involve parents in drug prevention programs for their children.

The Parents Commission has funded sixteen research-based and grassroots programs throughout the state beginning in April 1998. Of these sixteen, eleven programs were included in evaluability assessment. The other five were excluded since their grant cycles were at or near completion.

The Parents Commission contracted with LeCroy & Milligan Associates, Inc. to conduct an evaluability assessment of these eleven programs. According to the request for proposal, the evaluability assessment should assess which if any of the eleven programs are in a position to participate in an outcome evaluation during the third and final year of the funding cycle. Consistent with the LeCroy & Milligan Associates proposal, the assessment also considered whether or not additional actions might be necessary to bring programs to the level of sophistication needed for outcome evaluation. According to current research literature, readiness for outcome evaluation entails being at relatively advanced levels of program development as well as having the capability to support outcome evaluation activities. When a program is found not to be ready for outcome evaluation, this is not to be interpreted as program failure or ineffectiveness. To the contrary, as the next section will point out, programs vary in terms of development, and different levels of development dictate the type of evaluation activity needed.

Evaluability assessment, besides helping to guide decision-making around the allocation of scarce resources for evaluation, clearly raises the question of what evaluation should be used for. Uses vary greatly, from demonstrating program effectiveness, to weeding out weak programs, to supporting and strengthening program efforts, and more. The approach taken by evaluators in this study is to match the type of evaluation with the needs and the status of the program. Ultimately, evaluation should be used to strengthen substance use prevention efforts and provide key stakeholders with useful information.

It is also worth noting that evaluators experienced two limitations while conducting the evaluability assessment. First, at the beginning of the assessment, the programs had been operating over a year long, and by the time the evaluability assessment was completed (seven months later), the programs had only seventeen months of funding remaining. Both from a program and an evaluation perspective, this means making a late start into a planned evaluation process. Addressing the need, purpose and plans
for evaluation should be done in the early stages of program planning so that evaluation procedures and protocols can be considered and integrated into routine program operations. In addition, making plans for program evaluation at the outset leads to more critical thinking as it relates to the program. Second, a tight timeline and the need to focus on producing outcome evaluation plans required application of fairly stringent standards for evaluation.

**Conceptual Framework**

The conceptual framework and basis for assessing information and making decisions about the evaluability of each of the eleven programs is called the Five-Tiered Approach. The Five-Tiered Approach was chosen for its practical applications, flexibility, and usefulness as a guide for making informed and sound decisions around both evaluability assessment and evaluation. Understanding some of the highlights and unique features of this model will lead to better use of the findings and recommendations which emerged from this process.

1. The Five-Tiered Approach “recognizes programs as developing entities and organizes evaluation activities at five levels – moving from generating descriptive and process-oriented information at the earlier stages to determining the effects of programs later in their development”.¹

2. The Five-Tiered Approach “uses a broad and inclusive definition of evaluation, considering needs assessment, program planning, implementation studies, monitoring activities, client surveys, and outcome studies as legitimate evaluation activities”.²

3. The Five-Tiered Approach “recognizes a range of purposes for conducting evaluation, acknowledging different evaluation needs at different times”.³

4. The Five-Tiered Approach “is incremental and developmental in nature, assuming that a program’s commitment to evaluation will be longstanding and will change and deepen over time”.⁴ For example, a program with limited resources and a short track record might focus its evaluation on collecting process information with an aim toward clear program definition and enhancement.

**Program Overview**

Table 1 below provides a summary overview of the eleven programs, which participated in the evaluability assessment.

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² Ibid.
³ Ibid.
⁴ Ibid.
### Table 1. Program Overview

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Location</th>
<th>Approach</th>
<th>Program</th>
<th>Target</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Human Services</td>
<td>Pinal County</td>
<td>Research-based</td>
<td>MELD *</td>
<td>Pregnant/Parenting Teens</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>CODAC Behavioral Health Services</td>
<td>Greater Santa Rosa neighborhood, Tucson</td>
<td>Research-based</td>
<td>Families Learning Together/ Building Me</td>
<td>Families in crisis</td>
<td>External consultant</td>
</tr>
<tr>
<td>Compass Health Care</td>
<td>Doolen Middle School Tucson</td>
<td>Research-based</td>
<td>Strengthening Families 10-14*</td>
<td>Families of children with behavioral problems</td>
<td>External consultant</td>
</tr>
<tr>
<td>Maricopa County Adult Probation Department</td>
<td>Maricopa County</td>
<td>Research-based</td>
<td>Strengthening Families *</td>
<td>Probationers in the Community Punishment Program</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Pinal Hispanic Council</td>
<td>Pinal County</td>
<td>Research-based</td>
<td>Strengthening Multi-Ethnic Families and Communities*</td>
<td>Migrant families, others referred from DES, CPS, others</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>Tucson Unified School District</td>
<td>29th Street Corridor Schools, Tucson</td>
<td>Research-based</td>
<td>Families and Schools Together*</td>
<td>Families of children identified with behavior problems</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>Washington Elementary School District</td>
<td>Mountain View Elementary School, Phoenix</td>
<td>Research-based</td>
<td>Strengthening Families*; Super Saturday*</td>
<td>Volunteer families with children enrolled in Mountain View Elementary School</td>
<td>None</td>
</tr>
<tr>
<td>Youth Count</td>
<td>Central Yavapai County, Verde Valley</td>
<td>Mini-grant</td>
<td>Various</td>
<td>Grassroots organizations</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Gang Reduction Awareness Prevention and Education</td>
<td>Cochise County</td>
<td>Mini-grant</td>
<td>Various</td>
<td>Under-served families</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Parents Anonymous</td>
<td>State-wide</td>
<td>Research-based</td>
<td>Nurturing Families*; Parent Peer Support Group*; Strengthening Families*</td>
<td>Volunteer families requesting support; some court referrals</td>
<td>State level evaluator</td>
</tr>
<tr>
<td>Luz Social Services/ Adelante Juntos Coalition</td>
<td>Nine central Arizona mining communities</td>
<td>Mini-grant</td>
<td>Strengthening Families*</td>
<td>Families recruited by mini-grantees</td>
<td>National Sponsor</td>
</tr>
</tbody>
</table>

* Nationally sponsored, research-based program or replication program
Summary of Findings & Recommendations

After completing site visits and interviews with key program staff and meeting with and interviewing staff of the Governor’s Division of Drug Policy and members of the Parents Commission (key stakeholders), the following findings and recommendations were made:

Program Findings & Recommendations

Finding 1: All of the programs are serving populations in need.
Finding 2: Sites have selected appropriate interventions for reducing substance abuse.
Finding 3: All of the programs face ongoing challenges with client recruitment and retention.
Finding 4: Staff training appears to be adequate.
Finding 5: Program fidelity is relatively strong but not without need for attention.
Finding 6: Program resources fall short of meeting program needs.
Finding 7: Links to recognized substance abuse prevention strategies are uncertain.

Recommendation 1: Enhance recruitment & retention plans
Recommendation 2: Update program needs assessment and review the intervention approach
Recommendation 3: Develop detailed program implementation plans
Recommendation 4: Mini-grantee programs should incorporate sound prevention strategies.

Key Stakeholder Findings & Recommendations

Finding 8: Maintaining contact with grantees is valued.
Finding 9: Building community capacity to strengthen program implementation is a need.
Finding 10: State level key stakeholders expect programs to demonstrate program effectiveness.
Finding 11: State level key stakeholders’ views and expectations of the mini-grant approach differ.

Recommendation 5: Review and modify Request for Proposal requirements.
Recommendation 6: GDDP should insure bidders and grantees receive technical assistance.

Evaluability Assessment Findings & Recommendations

Finding 12: Objectives lack specificity and are not measurable.
Finding 13: Data collection ability varies greatly across sites
Finding 14: Insufficient demographic data is being collected.
Finding 15: All programs have encountered barriers to evaluation.
Recommendation 7: Refine goals and objectives.
Recommendation 8: Select appropriate process/outcome measures.
Recommendation 9: Refine demographic data collection plans.
Recommendation 10: Develop program evaluation plans.

Considerations for Future Evaluation

Considerations for future evaluation are presented based on the needs of the key stakeholders in evaluation. The limitations of time and pre-existing evaluation plans as far as outcome evaluation is concerned must also be taken into account. And equally important, a sound evaluation framework for making such decisions should be used, namely the Five-Tiered Approach.

While the evaluability assessment and this report purposely focused on laying the groundwork for outcome evaluation in the final year of the grant cycle, the results show that planning and implementing a thorough process evaluation is both timely and suited to the programs. This does not preclude some evaluation of program outcomes on a limited basis. However, this will be dependent on the completion and follow through of outcome evaluation plans already in place.

While different options could be considered, the proposed plan is to provide the key stakeholders in evaluation with useful data to assess program performance for the purpose of formulating future prevention activities, making optimal use of resources and time. In addition, this plan will provide Grantees with the opportunity to build program and evaluation capacity in accordance with the Five-Tiered Approach.

Process evaluation activities will include a logic model workshop designed for the nine Grantees using a replicable program. This workshop will address areas identified through the evaluability assessment process as deserving more attention and will lay the groundwork for process evaluation. Outcome evaluation will continue with the six programs, which were found to be ready for outcome evaluation. The evaluators from LeCroy & Milligan Associates will assess these plans and work with Grantees to ensure that adequate data collection procedures are in place. Outcome evaluation results from the national offices will also be assessed and a final report will pull together all outcome evaluation results, which are available.
I. Introduction

In recent years there has been increasing evidence regarding the significant role parents play in both facilitating substance abuse and helping prevent substance abuse in children. Recognizing this, the Arizona Parents Commission on Drug Education and Prevention created a program to involve parents in substance abuse prevention programs throughout the state. This program—collectively known as the Drug Prevention Programs for Children That Involve and Educate Parents—is intended to empower communities and families in dealing with risk and protective factors associated with substance abuse problems. The Parents Commission designated two different approaches for addressing the issue. The first was to encourage organizations to utilize research-based substance abuse prevention programs or strategies. A number of research-based programs exist that can be replicated in a variety of situations. The Parents Commission also provided a mini-grant mechanism to facilitate funding of community grassroots organizations that involve parents in drug prevention programs for their children. The Parents Commission has funded sixteen research-based and grassroots programs throughout the state beginning in April 1998. Of these sixteen, eleven programs were included in this assessment. The other five were excluded since their grant cycles were at or near completion.

The Parents Commission contracted with LeCroy & Milligan Associates, Inc. to conduct an evaluability assessment of these eleven programs. According to the request for proposal, the evaluability assessment should assess which if any of the eleven programs are in a position to participate in an outcome evaluation during the third and final year of the funding cycle. Consistent with the LeCroy & Milligan Associates proposal, the assessment also considered whether or not additional actions might be necessary to bring programs to the level of sophistication needed for outcome evaluation. According to current research literature, readiness for outcome evaluation entails being at relatively advanced levels of program development as well as having the capability to support outcome evaluation activities. When a program is found not to be ready for outcome evaluation, this is not to be interpreted as program failure or ineffectiveness. To the contrary, as the next section will point out, programs vary in terms of development, and different levels of development dictate the type of evaluation activity needed.

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late start into a planned evaluation process. Addressing the need, purpose and plans for evaluation should be done in the early stages of program planning so that evaluation procedures and protocols can be considered and integrated into routine program operations. In addition, making plans for program evaluation at the outset leads to more critical thinking as it relates to the program. Second, a tight timeline and the need to focus on producing outcome evaluation plans required application of fairly stringent standards for evaluation.

This Evaluability Assessment Final Report contains findings and recommendations related to programs, key stakeholder input, and evaluability assessment, along with proposed next steps for program evaluation. The next section lays the groundwork for understanding the process for evaluability assessment, what research guided the process and what steps were taken.
II. Evaluability Assessment Process

Conceptual Framework

Clearly, a primary goal of evaluation is to determine if a specific intervention makes a difference to the clients. Just as importantly, however, is the idea that evaluation serves to provide program managers and staff an opportunity to understand how their program works, what can be done to ameliorate the things that are not working, and how to better provide services to their client base. State level key stakeholders have articulated their need for evaluation as having dual purposes. That is, program evaluation should address accountability as well as organization capacity for implementing successful programs.

In the Preliminary Report on Evaluability Assessment of Drug Prevention Programs for Children That Involve and Educate Parents, LeCroy & Milligan Associates proposed using the Five-Tiered Approach (Table 1) as a framework for the assessment and subsequent evaluation. In that report, it was noted that an advantage of the framework is that it lends itself to both process and outcome evaluation. The Five-Tiered Approach has practical applications, offers flexibility, and serves as a useful guide for making informed and sound decisions around both evaluability assessment and evaluation. Understanding some of the highlights and unique features of this model will lead to better use of the findings and recommendations which emerged from this process.

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The model is applied to the evaluability assessment process by using a series of questions based on the different tiers. The answers to those questions form the basis for making the evaluability assessments. Those answers are found in the site summaries described below.

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2 Ibid.
3 Ibid.
4 Ibid.
### Table 1. The Five-Tiered Approach

<table>
<thead>
<tr>
<th>Level</th>
<th>Purpose</th>
<th>Tasks</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Determine unmet need for services.</td>
<td>2. Conduct review of existing resources.</td>
<td>2. Interviews—community leaders, participants.</td>
</tr>
<tr>
<td></td>
<td>3. Propose options to meet need.</td>
<td>3. Identify resource gaps and unmet needs.</td>
<td>3. Existing resources.</td>
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<td></td>
<td>4. Establish data baseline.</td>
<td>4. Set goals and objectives.</td>
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<td></td>
<td>5. Recommend program.</td>
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<td></td>
<td></td>
<td>1. Extant data.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. Interviews—community leaders, participants.</td>
<td></td>
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<td>3. Existing resources.</td>
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<td>1. Extant data.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>3. Existing resources.</td>
<td></td>
</tr>
<tr>
<td>Tier 2: Monitoring &amp; Accountability</td>
<td>1. Monitor program performance.</td>
<td>1. Determine need and capacity for data collection/management.</td>
<td>1. Management information system (MIS) data at program level.</td>
</tr>
<tr>
<td></td>
<td>3. Aid in program planning and decision making.</td>
<td>3. Gather/analyze data to describe program along clients, services, staff, costs lines.</td>
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<td></td>
<td>4. Provide groundwork for evaluation.</td>
<td>4. Examine client views about effects of program.</td>
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<tr>
<td></td>
<td></td>
<td>5. Clarify program goals and design.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>1. MIS monitoring data.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Case material.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Other qualitative and quantitative data (customer satisfaction questionnaires, interviews, focus groups.</td>
<td></td>
</tr>
<tr>
<td>Tier 3: Quality Review &amp; Program Clarification</td>
<td>1. Develop detailed picture of program as implemented.</td>
<td>1. Review monitoring data.</td>
<td>1. MIS monitoring data.</td>
</tr>
<tr>
<td></td>
<td>2. Assess quality and consistency of program.</td>
<td>2. Expand program description using info about participant’s views.</td>
<td></td>
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<tr>
<td></td>
<td>3. Provide information to staff for program improvement.</td>
<td>3. Compare program with standards and expectations.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>4. Examine client views about effects of program.</td>
<td></td>
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<td>1. MIS monitoring data.</td>
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<td></td>
<td></td>
<td>2. Case material.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Other qualitative and quantitative data (customer satisfaction questionnaires, interviews, focus groups.</td>
<td></td>
</tr>
<tr>
<td>Tier 4: Achieving Outcomes</td>
<td>1. Determine what changes have occurred among clients.</td>
<td>1. Choose short-term objectives to be examined.</td>
<td>1. Client specific data (interviews, questionnaires, goal attainment measures, functional indicators.</td>
</tr>
<tr>
<td></td>
<td>2. Attribute changes to program.</td>
<td>2. Choose research design appropriate to program.</td>
<td>2. Client and community social indicators.</td>
</tr>
<tr>
<td></td>
<td>3. Provide information for program improvement.</td>
<td>3. Determine measurable indicators of success for outcome objectives.</td>
<td>3. MIS data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Collect and analyze data about effects on clients.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Client specific data (interviews, questionnaires, goal attainment measures, functional indicators.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Client and community social indicators.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. MIS data.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Produce evidence of differential effectiveness of treatments.</td>
<td>2. Choose appropriate rigorous research design.</td>
<td>2. Client and community social indicators.</td>
</tr>
<tr>
<td></td>
<td>3. Identify models worthy of replication.</td>
<td>3. Identify techniques to measure effects.</td>
<td>3. MIS data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Analyze information to identify program impacts.</td>
<td>4. Comparable data for control groups.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Client specific data.</td>
<td>5. Longitudinal data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Client and community social indicators.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. MIS data.</td>
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<td>4. Comparable data for control groups.</td>
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<tr>
<td></td>
<td></td>
<td>5. Longitudinal data.</td>
<td></td>
</tr>
</tbody>
</table>

Evaluability Assessment Process

LeCroy & Milligan Associates utilized an assessment process that consisted of:

- a review of existing program documentation, including grantee proposals and program reports;
- a review of program documentation for the various replication programs chosen by the grantees;
- a review of pertinent substance abuse prevention data; and
- grantee site visits/interviews and key stakeholder interviews.

Information from the first three items was presented in the LeCroy & Milligan Associates Preliminary Report on Evaluability Assessment of Drug Prevention Programs That Involve and Educate Parents. Since that report, LeCroy & Milligan Associates conducted fifty-one interviews, each ranging in length from one-half hour to over two hours, with three Parents Commission members, staff from the Governor’s Division of Drug Policy, grantee program directors and staff, and mini-grantees. The site visit/interview protocols are included in Appendix A.

The purpose of conducting site visits and interviews was to gain knowledge of each program, from how it was established to how it is being evaluated. Since a majority of grantees selected research-based programs, there was also need to assess as best as possible the fidelity with which the program is being implemented. Upon completion of the eleven site visits, the information from multiple interviews was synthesized into eleven site visit summary reports (see Appendix B). These reports are key to the evaluability assessment. The findings and recommendations contained in this report, and the judgements made regarding the various programs’ readiness to participate in outcome evaluation, are based on the information found in the site summaries. They are organized as follows:

- Overview
- Information covering the seven major program and evaluation areas:
  1. program context
  2. program planning & development;
  3. target population, recruitment and retention;
  4. staff development, training and support;
  5. program components and services;
  6. program outcomes, impact; and
  7. tracking, data collection & evaluation;
- Program highlights and strengths
- Areas deserving more attention
- Recommendations
- Evaluability Assessment

Questions guiding the evaluability assessment (see Table 2) were applied to each grant program. Each tier has key words that describe the primary focus. The program is then rated in each of ten areas covering four of the five tiers. Tier 5 is omitted from this table, as there are no programs that are operating at this level at this time. A final assessment of readiness for outcome evaluation for individual programs then takes
into account these ratings along with the evaluators’ professional judgement. As noted in the introduction, it is important to understand that evaluability assessment does not inform us whether a program is effective or not. Rather, it informs of its level of development in terms of outcome evaluation readiness and the actions needed to assist programs in developing additional evaluation capability.

**Table 2. Evaluability Assessment Protocol Questions**

<table>
<thead>
<tr>
<th>Five-Tiered Model</th>
<th>Evaluability Assessment Question</th>
<th>Key Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Needs Assessment</td>
<td>1. Have the program sponsors clearly identified the nature of the problem targeted for intervention?</td>
<td>1. Problem/Need</td>
</tr>
<tr>
<td>Tier 1: Needs Assessment</td>
<td>2. Does the program have realistic and measurable goals and objectives that are logically related to the targeted problem?</td>
<td>2. Goals &amp; Objectives</td>
</tr>
<tr>
<td>Tier 1: Needs Assessment</td>
<td>3. Have the program sponsors selected an intervention appropriate to the defined need and the target population?</td>
<td>3. Intervention</td>
</tr>
<tr>
<td>Tier 2: Monitoring &amp; Accountability</td>
<td>4. Is there an adequate ability to collect and maintain the necessary evaluation information?</td>
<td>4. Data Collection</td>
</tr>
<tr>
<td>Tier 2: Monitoring &amp; Accountability</td>
<td>5. Does the program effectively utilize existing data to characterize the program?</td>
<td>5. Program Analysis</td>
</tr>
<tr>
<td>Tier 3: Quality Review &amp; Program Clarification</td>
<td>6. Does the program have a recruiting and retention approach that ensures the targeted population is receiving the services?</td>
<td>6. Recruitment &amp; Retention</td>
</tr>
<tr>
<td>Tier 3: Quality Review &amp; Program Clarification</td>
<td>7. Has the staff been properly trained to implement the selected program?</td>
<td>7. Training</td>
</tr>
<tr>
<td>Tier 3: Quality Review &amp; Program Clarification</td>
<td>8. Is the program properly implemented?</td>
<td>8. Implementation</td>
</tr>
<tr>
<td>Tier 4: Achieving Outcomes</td>
<td>9. Has the program identified the short-term objectives they wish to examine?</td>
<td>9. Short-term Objectives</td>
</tr>
<tr>
<td>Tier 4: Achieving Outcomes</td>
<td>10. Does the program have measurable indicators of success?</td>
<td>10. Indicators</td>
</tr>
<tr>
<td>Tier 5: Establishing Impact</td>
<td>11. Can the program be the subject of a rigorous research design?</td>
<td>11. Research Design</td>
</tr>
</tbody>
</table>
III. Program Overview

In the process of conducting this evaluability assessment, it became apparent that each program stands alone. The descriptive information gathered from each program reveals some similarities across programs – parental involvement in the program and families in need or in crises are two examples. At the same time, some clear and some subtle differences also revealed themselves. For example, while multiple programs are based on sound prevention research and focused on addressing selected risk and protective factors, the target audience, organizational capacity of the providers, and other factors differ to the point that the programs are more different than similar.

Table 3 below provides an overview of the eleven programs. As noted in the introduction, two basic approaches are used in this program – research-based substance abuse prevention programs or strategies and a mini-grant mechanism. Of the eight programs listed as being research-based, all but one use a nationally sponsored, research-based program. CODAC Behavioral Health Services uses a locally developed risk and protective factor-based program. Among the three mini-grant programs, two fund grassroots efforts using a variety of approaches, almost all locally developed. The third, Luz Social Services, promotes the use of a common research-based program across numerous locations using various teams to provide the service. This last approach represents a cross between the mini-grant and the research-based approaches.
### Table 3. Program Overview

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Location</th>
<th>Approach</th>
<th>Program</th>
<th>Target</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizon Human Services</td>
<td>Pinal County</td>
<td>Research-based</td>
<td>MELD *</td>
<td>Pregnant/Parenting Teens</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>CODAC Behavioral Health Services</td>
<td>Greater Santa Rosa neighborhood, Tucson</td>
<td>Research-based</td>
<td>Families Learning Together/ Building Me</td>
<td>Families in crisis</td>
<td>External consultant</td>
</tr>
<tr>
<td>Compass Health Care</td>
<td>Doolen Middle School Tucson</td>
<td>Research-based</td>
<td>Strengthening Families 10-14*</td>
<td>Families of children with behavioral problems</td>
<td>External consultant</td>
</tr>
<tr>
<td>Maricopa County Adult Probation Department</td>
<td>Maricopa County</td>
<td>Research-based</td>
<td>Strengthening Families *</td>
<td>Probationers in the Community Punishment Program</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Pinal Hispanic Council</td>
<td>Pinal County</td>
<td>Research-based</td>
<td>Strengthening Multi-Ethnic Families and Communities*</td>
<td>Migrant families, others referred from DES, CPS, others</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>Tucson Unified School District</td>
<td>29th Street Corridor Schools, Tucson</td>
<td>Research-based</td>
<td>Families and Schools Together*</td>
<td>Families of children identified with behavior problems</td>
<td>National Sponsor</td>
</tr>
<tr>
<td>Washington Elementary School District</td>
<td>Mountain View Elementary School, Phoenix</td>
<td>Research-based</td>
<td>Strengthening Families*; Super Saturday*</td>
<td>Volunteer families with children enrolled in Mountain View Elementary School</td>
<td>None</td>
</tr>
<tr>
<td>Youth Count</td>
<td>Central Yavapai County, Verde Valley</td>
<td>Mini-grant</td>
<td>Various</td>
<td>Grassroots organizations</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Gang Reduction Awareness Prevention and Education</td>
<td>Cochise County</td>
<td>Mini-grant</td>
<td>Various</td>
<td>Under-served families</td>
<td>Internal evaluator</td>
</tr>
<tr>
<td>Parents Anonymous</td>
<td>State-wide</td>
<td>Research-based</td>
<td>Nurturing Families*; Parent Peer Support Group*; Strengthening Families*</td>
<td>Volunteer families requesting support; some court referrals</td>
<td>State level evaluator</td>
</tr>
<tr>
<td>Luz Social Services/ Adelante Juntos Coalition</td>
<td>Nine central Arizona mining communities</td>
<td>Mini-grant</td>
<td>Strengthening Families*</td>
<td>Families recruited by mini-grantees</td>
<td>National Sponsor</td>
</tr>
</tbody>
</table>

* Nationally sponsored, research-based program or replication program
IV. Program Findings & Recommendations

Program Findings

This first set of findings and recommendations covers the areas of program planning and implementation, which were examined through site visits and staff interviews.

On the following page, Table 4 presents individual program assessments according to the Five-Tiered Approach. The assessment is organized by tier and according to the areas found in Table 2 (key words). As mentioned previously, the ratings are based on data developed from the site summaries found in Appendix B. The rating system used is as follows:

- Findings indicate program has met model standards
- Findings indicate program has partially met model standards
- Findings indicate program has not met model standards

It is important, as noted in the introduction, to keep in mind that evaluators assessed whether or not a program area was adequately addressed in relation to readiness for outcome evaluation. This was done in accordance with the contractual agreement. Readiness for outcome evaluation is found at Tier 4, which can only be reached after achieving the preceding three tiers. Hence, Table 4 should not be viewed as an assessment of program effectiveness. To the contrary, it should be used only to highlight the areas that need to be addressed before outcome evaluation is pursued.

Because of their unique nature, two mini-grant programs were not assessed in the area of intervention. They were instead assessed in the area of program selection and monitoring. For these assessments, turn to the respective reports for G.R.A.P.E., and Youth Count in Appendix B. Note also that Tier 5 is omitted from this table. There are no programs that are operating at this level at this time and this tier represents a high level of evaluation, which may be a long-term goal but is not currently reachable.
Table 4. Program Assessments According to the Five-Tiered Approach

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<tr>
<td>Grantee</td>
<td>Problem/Need</td>
<td>Goals &amp; Objectives</td>
<td>Intervention</td>
<td>Data Collection</td>
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<td>Horizon Human Services</td>
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<td>Compass Health Care</td>
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<td>Maricopa County Adult Probation Department</td>
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<td>Pinal Hispanic Council</td>
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<td>Tucson Unified School District</td>
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<tr>
<td>Washington Elem. School District</td>
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<tr>
<td>Youth Count</td>
<td></td>
<td>NA</td>
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<td></td>
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<tr>
<td>Gang Reduction Awareness Prevention &amp; Education (GRAPE)</td>
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<td>NA</td>
<td></td>
<td></td>
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<tr>
<td>Parents Anonymous</td>
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<tr>
<td>Luz Social Services/ Adelante Juntos Coal.</td>
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</table>

Findings indicate program has met model standards
Findings indicate program has partially met model standards
Findings indicate program has not met model standard
The individual program assessments (found in Table 4) are considered precursors to general program observations. Following are seven key findings. Findings 1 – 5 cut across all programs. Findings 6 – 7 pertain specifically to all three mini-grant programs.

**Finding 1: All of the programs are serving populations in need**

Across all programs, site visits and interviews revealed that program staff are dedicated individuals committed to serving their communities. In addition, all of the communities have identified needs in the area of substance abuse problems. Some agencies prepared a needs assessment at the time the proposal was first developed. Some agencies did not go through a formal needs assessment process but were still able to articulate the need in the community for their services and program. While the agencies were not required to incorporate needs assessment into their program planning process, periodic needs assessment is identified as a significant program and evaluation activity, critical to overall effectiveness. The lack of clearly identified need was an issue identified during several site visits/interviews.

**Finding 2: Sites have selected appropriate interventions for reducing substance abuse**

The majority of programs have selected appropriate intervention strategies for the targeted population. The GDDP prescribed process for selecting identified research-based programs helped in this endeavor. There are, however, qualifiers to this finding.

First, several sites have altered the original curriculum to fit specific circumstances. Maricopa County Adult Probation Department shortened the curriculum to fit within the existing Community Punishment Program schedule. Washington Elementary School District similarly shortened the program to fit within the semester schedule. This could potentially impact the effectiveness of the program. For that reason, it is important that these organizations carefully evaluate their programs to ensure that the impact has not been compromised.

Second, while all of the programs are recognized substance abuse prevention programs, some of those chosen by the grantees may not be the best fit for the clients being served. In two cases, this was recognized and changes were made. Parents Anonymous in Winslow offered a shorter alternative during the second year when it was determined that the length of the program was an impediment to retention. Washington Elementary School District replaced their first year program with a program thought to be more appealing to the target audience. There may be other cases where retention problems may be the result of an inappropriate match between the selected intervention approach and the specific clientele being served.

Third and last, two sites – CODAC and Luz Social Services – raised different issues around their selected intervention approach. CODAC, as mentioned earlier, implements a locally developed program. To objectively assess whether this intervention can meet the needs of the client population and whether it is founded on strong prevention principles, it would be necessary to examine the program model. This was not possible during the evaluability assessment process. Regarding the Luz Social Services program, the selection of the research-based program with mini-grantees is viewed as a strength, however, resource needs and
local capacity to implement such a comprehensive prevention program raises concerns. This last point is further addressed in Finding 6.

Finding 3: All of the programs face ongoing challenges with client recruitment and retention

Most of the programs observed that recruitment and retention were more difficult than anticipated. Nearly all of the programs had difficulty attracting clients. In a few cases, services were not offered due to the inability to attract any clients. For example, one program anticipated referrals from another agency that did not materialize. As a result, no services were offered at that site. In another case, community resistance to outside providers resulted in a lack of clients.

All of the programs also had problems with client retention. In many cases, the graduation rates from the programs were below the advertised rates of the national programs. This was attributed to a variety of problems by the different sites, including the length of the programs, demands on the clients’ time, and clients’ resistance to change. Most programs did not complete a formal needs assessment for the drug prevention program. As a result, the programs did not build community support for their program and, during the course of the year, programs often had to refocus their efforts to attract clients beyond the original target population.

Finding 4: Staff training appears to be adequate

The majority of the programs’ staff were appropriately trained to deliver the selected implementation approaches by certified trainers, either by a trainer from the national sponsor or by a local trainer certified by the national sponsor. It is not clear that new staff is provided the same training opportunities. While many of the staff appeared well trained in program delivery, many of the staff did not have a good grasp of the link between the program activities and the program objectives. Moreover, opportunities for continuing education are not always offered to existing staff.

Finding 5: Program fidelity is relatively strong but not without need for attention

Sites, which selected research-based programs for replication, pursued the requisite training and adopted the model and program plan. As mentioned above, however, several sites have experienced barriers to implementing the program in a manner completely true to the model and plan. This further contributes to the differences found between these programs and their national counterparts. One of the problems in implementing research based programs is the mistaken belief that simply because the program is “research based”, the implementers do not need to have a good conceptual understanding of the program. To the contrary, it is vitally important that staff be trained in and fully understand program theory. Quality program implementation depends on multiple factors, such as staff competency and dedication, training (as mentioned above), having a clear plan, working as a team, and so on. It also depends on a clear understanding of the link between theory and delivery. A lack of understanding can lead to seemingly minor changes, but in fact impact the change process. It was also observed that in some cases a
shortage of program resources has directly affected the quality and success of program implementation.

The last two program findings are with specific regard to mini-grant programs.

**Finding 6: Program resources fall short of meeting program needs**

The mini-grant programs have successfully funded multiple programs or sites within the rural areas defined in their proposals. While this has the effect of providing broad disbursement of funds, it places significant demands on the granting agency staff to monitor and provide technical assistance. All three mini-grant programs have minimal staff to provide these services to their mini-grantees.

**Finding 7: Links to recognized substance abuse prevention strategies is uncertain**

Both the mini-grant programs funding grassroots organizations have selection criteria that emphasize parental involvement as a condition of award. Beyond this, they do not specify or prescribe specific strategies for the prevention of substance abuse. These strategies can be combined in various ways and used in a variety of settings. Their incorporation into any program has the effect of maximizing efficacy of any effort.

**Program Recommendations**

In conjunction with the above findings, the following set of recommendations is aimed at program enhancement. All programs should consider these recommendations for implementation regardless of whether a program is ready for outcome evaluation or not.

**Recommendation 1: Enhance recruitment & retention plans**

As noted in Finding 3, recruitment and retention has presented all programs with challenges. Given the significant problems with recruitment and retention of clients for the Drug Prevention Programs, it is important that the programs focus on this issue. As previously mentioned, effective recruitment is aided by a clear and precise understanding of the nature of the problem and the characteristics of the target population. It is also aided by thorough program planning, which is addressed in Recommendation 3 below. Programs should consider the use of incentives, if they have not already done so, as an aid to both recruitment and retention. Other factors to consider are program length, time presented, location, and sponsoring agency.

**Recommendation 2: Update program needs assessment and review the intervention approach**

As noted in Findings 1 and 2, needs assessment is a critical part of prevention programs. There is no question that intensive prevention efforts are needed across the state to address overwhelming problems in the area of substance abuse. The evaluators also recognize that without adequate time and resources, conducting a full-scale needs assessment is a daunting task. This recommendation specifically
calls for grantees to review existing data to determine if any changes in the intervention approach are warranted. Existing data may include satisfaction survey results, outcome data from pre/post surveys, or program attendance and retention data.

Conducting or updating the program needs assessment can provide multiple benefits. For one, it is important that the nature of the problem be clearly understood, both in terms of defining the target population and assessing the likelihood that the target will respond to the offered program. In areas where recruitment has been low, this is critical to resolving the problems. In addition, the needs assessment has the added benefit of better defining the resource needs of a program, potentially enhancing the program’s ability to effectively serve its clientele. This is especially important for those programs where existing resources are felt to be inadequate to properly implement the on-going program, or where program staff have identified segments of the population that are not served under the existing program plan but ought to be.

**Recommendation 3: Develop detailed program implementation plans**

As noted in Findings 4 and 5, the evaluability assessment process indicated that while staff training is provided, there is a need to provide follow through when staff turnover occurs or new staff are added. Also, supplemental staff training can help to reinforce the lessons being learned as program implementation proceeds. Program fidelity (Finding 5) was described as being relatively strong but deserving of attention. Developing a detailed program implementation plan is seen as a way of addressing these two findings and more.

A detailed program implementation plan is a tool, like a map, which guides the program. The following are key elements of such a plan:

- Specific, measurable goals and objectives (process and outcome)
- Description of the target population
- Criteria for program eligibility/participation
- Recruitment and retention protocols
- Staff recruitment, retention, and training plans
- Description of critical steps to deliver the program
- A program model linking goals and objectives, services, and outcomes on some logical (theoretical) basis
- Description of program resources

This list may appear overwhelming at first. Program staff is not expected to abandon their important work as prevention specialists to become plan-writers. Rather, using a team approach, gradual putting together of these elements into an organized fashion will serve to provide staff with the necessary documentation and materials to continue program service delivery that is in keeping with the intended model. Developing an implementation plan can facilitate a program to directly address challenges already identified by staff, for example, recruitment and retention. In addition, development of this plan is not intended to occur overnight. Ideally, before a program begins, there is time set aside to plan, and this is when an implementation plan is first put into place and subsequently updated as needed. Utilization of the Logic Model approach to program planning and evaluation can
assist to this end. For programs with multiple components (i.e., a prevention program and case management services), each of the components should be addressed in each of the above areas.

Evaluators learned that the three mini-grant programs in particular have suffered from lack of resources to fully implement their program, part of which entails providing technical assistance and support to multiple grantees. Hence, this recommendation applies to these three programs both in the general sense and specifically to address inadequate program resources.

The last recommendation addresses mini-grant programs specifically.

**Recommendation 4: Mini-Grantee programs should incorporate sound prevention strategies**

Clearly, the mini-grant approach has served its clientele well in that it provided many grassroots organizations and groups the opportunity to implement programs and activities that otherwise would not have existed. This evaluability assessment process has revealed that a well-implemented mini-grant approach results in new prevention initiatives in areas of need. It can also establish a much-needed starting point for building community collaboration and support for prevention. At the same time, as noted in Finding 7, it is not always clear that these grassroots programs are specifically supporting the substance abuse prevention goals of the Parents Commission. That is not to say, however, that effective substance abuse prevention programs cannot be implemented using a mini-grant approach. Luz Social Services has taken the approach of funding mini-grant programs to implement a research based prevention program—Strengthening Families. While this directly supports the Parents Commission goal of involving families in research based substance abuse prevention, it also requires that communities agree to adopt and support this program. Furthermore, the program requires training and a strong commitment on the part of staff to follow the model as the program developers intended. There are ways to achieve both goals—the use of sound substance abuse prevention strategies in innovative grassroots approaches. The research-based programs are essentially packaged strategies. Mini-grantees could continue to pursue innovation while at the same time incorporating sound prevention strategies. However, with this recommendation also comes the need to provide resources and other forms of support that will enable the sponsoring organizations to develop the required capacity among their mini-grantees for this undertaking. Interviews with mini-grant program staff strongly indicated many of these grassroots organizations and groups do not necessarily have a background in prevention and thus cannot easily incorporate such strategies on their own. The added benefit behind this recommendation would be the increased capacity for effective prevention in these largely rural areas.

In conclusion, organizations using the mini-grant approach should require that mini-grantees incorporate recognizable, sound substance abuse prevention strategies into their proposals. The mini-grant administrator should be given the added resources and support to provide structured technical assistance and training for utilization of these strategies.
V. Key Stakeholder Findings & Recommendations

Key Stakeholder Findings

This second set of findings and recommendations is derived from interviews with key stakeholders from both the Parents Commission and the Governor's Division of Drug Policy. The purpose of these interviews was to provide the evaluators with insights into the goals and expectations for the substance abuse prevention programs as well as the evaluability assessment process. Key stakeholders were specifically asked about their own perspectives on barriers to program implementation and evaluation and intended uses for evaluation results. Following are four key findings:

Finding 8: Maintaining contact with grantees is valued

The key stakeholders are interested in learning about what is happening in the communities where funds have been targeted to increase parental involvement and reduce substance use. They need to know what the programs really look like compared to what was written in the proposals. In connection with this, the respondents are particularly concerned about how to effectively deliver prevention services that involve parents. The issue of whether or not the programs have asked for and received adequate resources to deliver comprehensive prevention programs was also raised.

Finding 9: Building community capacity to strengthen program implementation is a need

Respondents also addressed the need to build capacity for better and more effective program planning and implementation in communities. Respondents recognize that grant solicitation and program development are also a part of this capacity building need. Several respondents also alluded to the need to build capacity so that programs would have a better chance of being effective.

Finding 10: State level key stakeholders expect programs to demonstrate program effectiveness

As for future program evaluation, key stakeholders expressed a strong interest in finding out whether the programs are having an effect in the areas of increasing parental involvement and reducing substance use. Other goals mentioned included:

- Enhance parent – child communication
- Improve parenting skills
- Inform parents (about ATOD use) so they can better address substance use issues with their children
- Provide rural communities resources with which to address substance use

Respondent’s program expectations vary. While some expect a program to demonstrate impact on substance use within the program implementation timeframe, others are looking for changes in the risk and protective factors that are believed to lead to substance use. There is an important distinction between these
two types of expectations. The first expects the ultimate outcome to result within a short time frame while the latter expects to impact intermediate variables, which should in turn impact the ultimate outcome. The replicable programs selected by the grantees are founded on research indicating that substance use can best be prevented by addressing specific risk and protective factors and that the prescribed program activities indirectly bring about a reduction in substance use. This issue will be further discussed in Section VII.

Finding 11: State level key stakeholders’ views and expectations of the mini-grant approach differ

As mentioned earlier, the mini-grant approach allows for a variety of locally selected strategies for enhancing parental involvement in drug prevention efforts. It provides seed money for grassroots prevention efforts. One view of the approach is that it ensures that rural communities or areas with low programming capacity areas receive much needed resources to address substance use. A different view is that the approach is problematic in that resources are spread very thin and the activities being funded are not directly related to the goals of the Parents Commission. Both of these views have validity and warrant discussion regarding the role of the mini-grant approach in future prevention efforts.

Key Stakeholder Recommendations

In conjunction with the above findings, the following recommendations are directed specifically to the Parents Commission and the Governor’s Division of Drug Policy. Collectively, these two recommendations will begin to address each of the Findings 8 through 11.

Recommendation 5: Review and modify Request for Proposal requirements

Future GDDP prevention and service delivery program RFPs might be revised to include requirements that proposals include the following:

- Needs assessment specific to the proposed activity;
- Clearly stated goals and objectives, both process and outcome, with sufficient specificity to enable evaluation;
- For programs not choosing to replicate existing research-based programs, a clear linkage to program activities and generally accepted substance abuse prevention principles and strategies;
- A specific demographic data collection protocol;
- A reporting process that requires the grantee to report within 30 days any shortfall regarding process objectives; and
- A requirement to participate in a specified outcome evaluation or a proposal for a technically sound self-administered outcome evaluation.
Recommendation 6: GDDP should ensure bidders and grantees receive technical assistance

The existence of replicable research-based programs and an extensive body of literature regarding sound prevention strategy have advanced the state of substance abuse prevention service delivery. There is an ongoing need to ensure sound program planning and implementation even with research-based program strategies. GDDP should require, in both the pre-bid phase and following grant awards, that organizations wishing to participate in GDDP funded prevention activities obtain sufficient technical assistance to ensure that sound planning and implementation take place. This technical assistance could take the form of workshops, written guidance, tailored support, and/or Internet web-based support. The technical assistance effort should cover all areas required by the Request for Proposal, to include support for both process and outcome evaluation. The support should be applicable to both potential direct service providers and organizations proposing a mini-grant approach.
VI. Evaluability Assessment Findings & Recommendations

Evaluability Assessment Findings

Figure 1 presents the LeCroy & Milligan Associates assessment regarding readiness for outcome evaluation. Each program was assessed on each tier of the Five-Tiered Approach, with specific attention to the questions posed in Table 2. Each of the various programs was given one of three ratings on each of the tiers. These were:

- Current capability supports outcome evaluation
- Program level supports outcome evaluation with caveats
- Program level does not support outcome evaluation

Each program was then given an overall assessment of readiness for outcome evaluation. The results are shown in Figure 1.
**Figure 1. Evaluability Assessments**

<table>
<thead>
<tr>
<th>Evaluation Tier</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Ready for Outcome Evaluation</th>
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<tr>
<td>Key Words</td>
<td>Problem/ Need</td>
<td>Goals &amp; Objectives</td>
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<td>Data Collection</td>
<td>Data Analysis</td>
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<td>Washington Elementary School District</td>
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<td>Youth Count</td>
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<td>G.R.A.P.E.</td>
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<td>Parents Anonymous</td>
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<td>Luz Social Services</td>
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- Current capability supports outcome evaluation
- Program level supports outcome evaluation with caveats
- Program level does not support outcome evaluation
As Figure 1 indicates, six of the eleven programs are considered ready for outcome evaluation – Horizon Human Services, Maricopa County Adult Probation Department, Pinal Hispanic Council, Tucson Unified School District, Parents Anonymous, and Luz Social Services. (Youth Count and G.R.A.P.E. both fund a variety of different programs that are not necessarily linked to any program model, and consequently were not considered for outcome evaluation. Specific mini-grant evaluation approaches are offered in subsequent sections of this report.)

Three programs were deemed not ready for outcome evaluation and a brief explanation follows:

- CODAC is a fundamentally sound program. However, the program does not currently have a developed comprehensive theoretical basis that is readily measurable. The effort to develop the model and the work to then select measures and instruments could not be accomplished in time to allow any outcome evaluation before the end of the grant period.

- Compass replicates a sound, research-based program. However, the evaluation approach they are using is not amenable to correction for the purposes of realistic outcome evaluation within the grant period of performance.

- Washington Elementary School District replicates a sound, research-based program. In this case, the fidelity of implementation combined with the limited resources available for implementation makes outcome evaluation difficult. There is also a general lack of evaluation capacity when compared with other sites which is factored into this decision.

The individual evaluability assessments (found in Figure 1) are considered precursors to general evaluability findings. Findings 12 – 15 cut across all programs.

**Finding 12: Objectives lack specificity and are not measurable**

Overall, the program goals and objectives seen in the proposal and articulated during the site visits were broadly stated. The program staff does not clearly differentiate between goals – which can and should be broad and ambitious – and objectives. Few of the statements offered were specific enough to qualify as objectives. For example, comments like “increase parenting skills”, “improve communications within the families”, and “creating a positive relationship within the family” may be good goals, but they are not specific enough to measure change. The basic criteria for sound objectives include that they be realistic and measurable and that they be tied to specific prevention activities. Since goals and objectives are fundamental to planning and conducting evaluation, it is critical that they be clearly and specifically defined.
Finding 13: Data collection capacity varies greatly across sites

During the course of the site visits, it became clear that the sophistication and capacity to collect evaluation data varies greatly. In some cases, the programs spend considerable time and effort to ensure good and proper data collection and data matching is accomplished. Pinal Hispanic Council seems especially strong in this regard. However, most of the sites need to increase their efforts in this area. Evaluators observed some of the challenges associated with data collection to be tied to a lack of clear data collection protocol and procedures. Staff informed evaluators that participants sometimes have difficulty completing a survey because of a language barrier and/or a low literacy level. Participants are sometimes reluctant to give their response on a survey because they do not fully trust or understand what the data will be used for. The compromised ability to collect data directly effects the ability of the programs to conduct outcome evaluation.

Finding 14: Insufficient demographic data is being collected

Few of the programs collect comprehensive demographic data. In cases where it is collected, its use seems to be minimal. For example, it does not appear to be used to inform program staff or the funding agency or to affect program implementation. Comprehensive demographic data would enable the programs to ascertain whether or not they are effectively reaching and serving the targeted audience. In addition, comprehensive data across the programs would allow the Parents Commission and the Governor’s Division of Drug Policy an understanding of the service patterns across the total program.

Finding 15: All programs have encountered barriers to evaluation

While many of the programs do conduct limited outcome evaluation, there are common issues among all the programs. These include difficulties with client participation in evaluation due to language and trust issues, problems with pre/post-survey matching, lack of clearly written evaluation protocols, and an under-appreciation of the usefulness of the evaluation results. These barriers pertain to both process and outcome evaluation. No program stated that they had used evaluation data for program improvement. A number of program coordinators stated that no one in the agency reviewed data for program effectiveness. Six agencies rely on external evaluation consultants—four using the evaluation services the national sponsor of the intervention approach being used. These are indicators that evaluation has not been something practical or useful for programs.

Selection of appropriate and meaningful outcome indicators has not been addressed in any of the programs. There are a variety of reasons for this. First, the task of selecting appropriate indicators is an evaluation activity and consequently should be done with evaluation support, either from a consultant or evaluation technical assistant. Second, the need to conduct evaluation at the community level has been and continues to be an evolutionary process, having begun with minimal evaluation requirements. It should also be recognized that several programs have adopted evaluation instruments tied to the program. The quality and appropriateness of these instruments were not fully studied as a part of the evaluability assessment process.
Evaluability Assessment Recommendations

In conjunction with the above findings, the following set of recommendations is aimed at preparing for outcome evaluation. For those programs deemed ready for outcome evaluation, the following recommendations must be implemented. These recommendations essentially address all the shortfalls needing correction in order to be part of an outcome evaluation.

Recommendation 7: Refine goals and objectives

Finding 12 points to a need to refine existing program objectives to facilitate the identification and selection of appropriate outcome measures. Clear, specific, and measurable objectives—for both process and outcome—are natural precursors to planning and conducting process and outcome evaluations. It is important that the goals and objectives reflect both the risk and protective factors addressed by the program and the actual program activity. In most cases, the program staff has the start of reasonable goals and objectives. For example, the earlier stated goal “improve parenting skills” could be refined to say “improve parenting skills among parents of families in crisis as measured by a pre/post survey” to make it a meaningful objective for outcome evaluation.

Recommendation 8: Select appropriate process/outcome measures

Specific and appropriate process and outcome measures are necessary for conducting the evaluation. These measures are the natural outcome of refining goals and objectives (see Recommendation 7). They too must be linked with program activity. In regards to process measures, they should be linked to the areas called out in the various assessments as needing further attention (e.g., recruitment and retention). Using the example above in terms of outcome indicators, the measure of parenting skills would be a specific parenting attribute measured by a pre/post-instrument. Although the GDDP Statement of Work asks for selection of outcome indicators, none are proposed at this time. LeCroy & Milligan Associates believes that it would be more appropriate to make that selection following implementation of the recommendations in this report.

Recommendation 9: Refine demographic data collection plans

Programs should develop detailed demographic/participant data collection plans. At a minimum, the programs should collect data regarding contacts, number registered, number attending each session, and number graduating from the program. Data collected should include such things as age, race/ethnicity, family role, gender, and spoken language. Where possible, information regarding reasons for not participating in or dropping out of the programs should be obtained. The plan should outline the type of reports generated by the program staff, and contain copies of all data collection instruments. This type of data will provide program staff the ability to assess the extent the programs are reaching their target audience, and an ability to refine recruitment and retention plans based on empirical data. They also provide the Governor's Division of Drug Policy and the
Parents Commission with data needed to determine how effectively the programs are reaching the citizens of Arizona.

Recommendation 10: Develop program evaluation plans

Programs should develop detailed program evaluation plans. These plans should include copies of all evaluation instruments used by the program staff and the evaluation data collection protocol, detail the various evaluation reports generated by the program, and establish a specific distribution plan for the reports. In the course of developing this plan, programs should carefully assess current evaluation approaches. There should be an explanation of what program factors each of the evaluation instruments measures, and a determination whether the measures and overall plan are most effective for the program. A protocol should be determined and put in place, which will allow for pre and post survey matching. The approach should include an explanation of how the staff intends to maintain participant confidentiality. This plan will provide the basis for evaluation training of new staff, and provide the structure for the evaluation effort.

Although these recommendations are framed specifically for programs to be included in outcome evaluation, all programs would benefit from them. Regardless of a program’s status in regards to readiness for outcome evaluation, all of the programs involved with the Drug Prevention Program should provide the GDDP process evaluation information. While some of the programs do indeed collect data, it is, as earlier stated, not effectively utilized or reported.
VII. Considerations for Future Evaluation

This final section proposes a plan for next steps in program evaluation. (The evaluability assessment did not require simultaneous development of a detailed workplan. Hence, a detailed workplan will be written and submitted for approval following submission of the evaluability assessment final report.) The plan prioritizes the evaluability assessment recommendations based on the needs of the key stakeholders in evaluation. It also takes into account the limitations of time and pre-existing evaluation plans as far as outcome evaluation is concerned. And equally important, this plan adheres to a sound evaluation framework for making such decisions, namely the Five-Tiered Approach.

While different options could be considered, the following plan is designed to provide the key stakeholders in evaluation with useful data to assess program performance for the purpose of formulating future prevention activities. It makes optimal use of resources and time. In addition, this plan will provide Grantees with the opportunity to build program and evaluation capacity in accordance with the Five-Tiered Approach.

While the evaluability assessment and this report purposely focused on laying the groundwork for outcome evaluation in the final year of the grant cycle, the results show that a focus and commitment to planning and implementing a thorough process evaluation is both timely and suited to the programs. This does not rule out some evaluation of program outcomes, however, this will be dependent on the completion and follow through of outcome evaluation plans already in place.

**Process Evaluation**

Participants in a process evaluation would include:

- Maricopa County Adult Probation Department
- Pinal Hispanic Council
- Parents Anonymous
- Compass
- Washington Elementary School District
- Horizon Human Services
- Tucson Unified School District
- Luz Social Services
- CODAC

These nine Grantees have all selected to implement a replicable or research-based program.

The process evaluation objectives are to:

1. Use a *logic model* approach to program management and evaluation, working with Grantees that use a replicable or research-based program.
2. Tie all training and technical assistance activities to those program and evaluation areas identified through the evaluability assessment process as deserving more attention, e.g. goal and objective refinement, recruitment and retention strategies, etc.
3. Develop and implement plans for process evaluation.
4. Work with program staff to ensure that process objectives are tracked.
5. Provide the GDDP and the Parents Commission with data and information to guide future program development and funding decisions.

The following set of activities will achieve the above objectives:

1. Develop Plans for Process Evaluation: The logic model workshop (described below) will facilitate the development of process evaluation plans. The process evaluation may address such questions as:
   - How do participants respond to the program and what recommendations do they make for improving the program?
   - Who is the program targeting? Is the targeted population being successfully reached?
   - What is the program and how much program is the target population receiving?
   - Is the program being implemented according to the intended design?

   The evaluators will provide the GDDP with a report that outlines the process evaluation. This report will specify the selected process measures, data collection procedures, and quality assurance plans.

2. Plan and Conduct a Logic Model workshop for Grantees (Jan – Mar): The workshop would be tailored to address program findings and recommendations contained in this report. This includes strengthening recruitment and retention strategies and plans, making sure the program has adequate resources in place, and examining program fidelity issues. Planning and development of this workshop will be carried out in collaboration with GDDP and Grantees. The intent is also to make adequate preparations for process evaluation in the final year of grant funding.

3. Establish a Common Core Data Set (Demographics and Participants Characteristics): Evaluators will recommend a common core data set that all programs will be responsible for. As noted, this data set will include demographics and participant characteristics. Each site will record who has been through their program and report this to the evaluators, who will then synthesize this information into a single descriptive report to the GDDP and Parents Commission.

4. Conduct Follow-up Site Visits with Grantees: A visit to each program early in the third grant year will be used to ensure that process evaluation plans are in place and that process objectives will be tracked.

5. Establish Quality Assurance Plans: As listed in the RFP, QA plans will address how and when data is collected for each program and specify who is responsible for each task.

**Outcome Evaluation**

Grantees judged as ready outcome evaluation, and are currently collecting data and have a plan to evaluate outcomes will continue with these plans into their final year. These six (6) Grantees include:
Maricopa County Adult Probation Department    Horizon Human Services
Pinal Hispanic Council                        Tucson Unified School District
Parents Anonymous                            Luz Social Services

The outcome evaluation objectives are to:
1. Establish clear and detailed data collection protocols.
2. Enhance the use of program outcome data.

To achieve outcome evaluation objectives, LeCroy & Milligan Associates will assess current outcome evaluation plans involving national and external evaluation groups. [Evaluators have begun to assemble evaluation surveys and will continue to seek copies of first and second year evaluation reports from the national offices, e.g. SFP, FAST, MELD, Strengthening Multi-Ethnic Families and Communities, and the Nurturing Program.] There will also be follow-up to evaluability assessment site visits and interviews, in which evaluators will work with program staff to identify and make plans to address any weaknesses in how the data for outcome evaluation is being collected.

LeCroy & Milligan Associates will also establish a plan for assembling outcome evaluation results, as reported by the (national or external) data analysts, and reporting these to the GDDP and Parents Commission.

While six of the eleven substance use prevention programs were found to be ready to participate in outcome evaluation, limitations exist.

1. Replicable programs (five of the six listed above) are tied to an external evaluator. (Simply having an external evaluator or evaluation consultant is not necessarily a disadvantage. However, for LeCroy & Milligan Associates to conduct an evaluation of multiple programs, it would be more effective to have a single evaluation framework and approach in use to avoid the potential of confusion and conflict.)

2. Even those programs assessed as being evaluable have program implementation issues. Outcome evaluation of these six programs depends on several conditions being met, most of which relate to program planning and implementation.

3. Given that the evaluators would need to work with existing evaluation plans, the expected net value for the GDDP and Parents Commission of these outcome evaluations is questionable. For example, as different programs use different instruments to measure their outcomes, it would be difficult to compare across programs.

4. A single focus on outcome evaluation in the third year would be based on low numbers of participants, thus compromising the integrity and usefulness of the data.

Hence, under this plan, as it concerns outcome evaluation, the role of the evaluators would be to: address data collection plans and protocols during two planned contacts in the year; assemble and review final evaluation reports from the national offices; and provide a cumulative report to the GDDP and Parents Commission. A more detailed workplan, which describes the steps involved in both process and outcome evaluation, will be submitted later for approval.
**Mini-Grant Programs**

Next steps pertaining to mini-grant programs are to consider Recommendation # 4 for future grant programs. The available resources for evaluation preclude implementation of a tailored mini-grant evaluation design. Should interest develop and additional resources become available, two basic approaches for such an evaluation could be entertained.

The first approach would be to examine the impact of the Parents Commission grant money on *community prevention capacity and collaboration*. This approach could provide the Parents Commission the opportunity to understand the full impact of the funding provided the mini-grants – an understanding not just of how many people were impacted, but the manner in which the community substance abuse prevention capacity as a whole was enhanced. It could also serve to identify the kinds of programs that have the greatest potential for increasing capacity, thus enabling both the granting agencies and the Parents Commission to target future efforts on like programs. Data collection for this would entail both surveys to mini-grant programs as well as focus groups with program managers and participants.

The second evaluation approach could be a simple post-event survey filled out by all participants in all mini-grant programs focusing on whether or not the participants felt that the event supported the Parents Commission’s goal of preventing substance abuse by Arizona’s youth. This would essentially be a participant satisfaction questionnaire. Collecting data from participants can help to raise awareness of the program’s purpose. This data would also inform granting agencies, as well as the Parents Commission, what the participants thought of the program. The questionnaire also provides participants an opportunity to declare whether or not they thought the program was worthwhile and whether they would suggest any changes for the future.
Appendix A

Site Visit/Interview Protocols
Appendix B

Site Visit Summary Reports
Overview
The Prevention Services Coordinator, two project (site) coordinators, and two Parent Group Facilitators were interviewed in August 2000. A program session in Globe was also observed. There are two main program description updates. First, the partnership with CENAHEC was broken off since the agency was not able to fulfill the service delivery expectations. Enough time was given and alternative arrangements were made so that this did not cause a break in the program. Second, contrary to their plans, the MELD program does not promote the use of teen parents in the role of group facilitator. The Prevention Services Coordinator made adjustments to the plan and instead recruited adults for this role, consistent with the MELD model. The Parent Group Facilitators therefore are parents that had children as teenagers, but who are now twenty-three years or older.

Program Context
The service area is clearly defined as the Globe-Miami area and the San Carlos reservation. Staff demonstrated some knowledge of the community demographics and characteristics (as they relate to families and parental involvement, substance use, crime and delinquency). The community response to the program has been mixed and this was attributed to general community conservatism. Some in the community, however, are open to the program and support it.

Program Planning & Development
The program clearly fills a need in the community and with the target population, which is composed of pregnant and parenting teens. The statistics for the area show that there is a disproportionately high teen pregnancy rate. As noted in the overview above, the original program plan was to recruit and train teen parents into the role of Parent Group Facilitator. Instead, adults who were once teen parents are recruited for these part-time positions.

Barriers encountered during the start-up phase of the program included: the amount of time needed to complete necessary training for implementation of the MELD program was not anticipated and the program start-up was delayed; the partnership with CENAHEC was an impediment to the program in the first year but has since been resolved; attracting and hiring qualified staff to assist in running the program is difficult in this area. Also, attracting and retaining competent, enthusiastic and committed staff in the Parent Group Facilitator positions is a challenge.

Target Population, Recruitment & Retention
The target population was selected based on their need for services and support and because of the high number of teen parents in the community. They all have in common the experience of becoming pregnant and having a child as a teenager.
Specific barriers to recruitment and retention were mentioned: it is difficult to attract teen parents to a prevention and support program such as MELD; the initial partnership with CENAHEC was intended to facilitate the recruitment and retention process but was not fruitful; and other agencies and institutions that were expected to provide referrals to the program, such as the schools and DES, did not do so to the extent needed. Teen parents are brought into the program largely through word of mouth and one-on-one contact. Staff has increased efforts to stay in touch with participants and make sure they attend the sessions. Incentives that help to retain the participants include: transportation to and from the sessions and social activities; food during the sessions; and childcare services.

**Staff Development, Training & Support**

The 3-day training for implementation of the MELD program was conducted off site and received high marks from the program staff. The agency is in the process of becoming a MELD certified site; this is a two-year process. The training was deemed adequate and the agency provides sufficient relevant supplemental training for the staff of this program. The Parent Group Facilitators receive their training locally. There have been some issues with the staff in this role; namely they have not always maintained professional boundaries while in the session with the teen participants. The Prevention Services Coordinator addresses this concern directly and monitors the Parent Group Facilitator’s performance.

**Program Components & Services**

The program is being implemented according to the intended plan (as a research-based program). The staff was able to articulate general program goals.

- Increase parental sense of support
- Provide parental problem solving skills
- Increase parenting skills
- Prevent child abuse, domestic violence and substance abuse

The program is delivered in phases that last ten weeks over a two-year period. There are breaks between the phases. The approximate 2.5 hour long sessions provide time for a meal and unstructured conversation as well as a structured portion during which set lessons and activities are covered. The program allows for participant input as to what lessons are dealt with when and what specific needs for information they might have. Staff believes it is a good fit with the participants because it is preparing them for parenthood.

**Program Outcomes, Impact**

The interviewees listed the following as changes and outcomes they want or expect to see as a result of the program. These are somewhat consistent with the program objectives listed in the proposal.

- Improve teens’ life skills
• Prevent child abuse and neglect
• Prevent domestic violence
• Prevent substance abuse
• Improve self-esteem and confidence
• Increase parenting skills (through the curriculum)
• Increase the parents’ sense of support
• Change teens parents’ views on use of corporal punishment
• Teen parents will complete high school

**Tracking, Data Collection & Evaluation**

The MELD program provides three evaluation instruments, which are being used. Survey administration is somewhat disjointed, with participants being asked to respond to it at different times during the program. For example, some participants may be asked to take the same survey twice. The Prevention Services Coordinator is trained at the master’s level, has access to SPSS (a statistical analysis software program), and conducts some analysis locally. The data is also sent to MELD central for analysis. When a participant requires assistance, the instrument is administered verbally. Staff reported that there is some reluctance on the part of some participants to provide the data. The staff maintains some contact with individuals who elect not to participate or drop out of the program. Some data is maintained on these contacts.

**Program Highlights and Strengths**

Program fidelity is sound and the program has a positive relationship with the MELD staff person assigned to provide support and guidance. The MELD training provided the core team with a strong foundation in the research-based program. In addition, when issues arise, the staff utilizes the MELD program contact to ask questions or address needs. At the outset of the program, a needs assessment was conducted which provides for a strong reason to target the selected population – pregnant and parenting teens. Along with the curriculum, social activities are organized that provide for relaxed and positive interaction between the participants as well as between the participants and the program staff.

The core team is made up of committed and enthusiastic people who care about the participants and want them to succeed. The staff tries to keep in touch with each of the participants by phone and through interacting with the participants during sessions. Finally, the program provides attractive incentives to the participants to make it easier and more fun to attend the sessions.

**Areas Deserving More Attention**

The barriers to recruitment and retention have resulted in fewer participants in the program than expected. These barriers, along with the developmental stage that most of the participants are in, and the challenges of keeping teen parents engaged in a
program over a two year period raise the question of whether this program is a best fit with the selected target population.

The Parent Group Facilitator role is also one that has presented significant challenges in the areas of recruitment, training and retention. Training of the Parent Group Facilitators has resulted in capable staff to deliver the curriculum, but there seems to be a lack of thorough grounding in the program conceptual model (addressing risk and protective factors), thus compromising the quality and potentially the impact of prevention services. A lack of community support in the form of making referrals to the program has also had a noted impact on these areas.

Program goals were stated in general terms and are somewhat vague. Some of the goals as stated would make more sense as long-term goals. Ideally, goals should be focused and measurable. The protocol for data collection is sometimes erratic and could cause confusion among the respondents.
Overview

The Program Coordinator, Prevention Trainer, and two Community Development Specialists were interviewed. Based on information obtained during the interviews, it was found that the Parents Commission monies are used to fund the entire Families Learning Together Program—not just the home visitation component as stated in the preliminary assessment. The program was developed within the agency. The Program Coordinator and Prevention Trainer were interviewed individually. The Community Development Specialists were interviewed together.

Program Context

All of the participants demonstrated a comprehensive understanding of the community served, even though the Program Coordinator and Prevention Trainer were relatively new to the program. CODAC has a long-term relationship with the community, which greatly enhances program acceptance within the community. In addition, CODAC offers other services to the community—so-called wrap-around services—which is seen as an asset.

Program Planning & Development

The Families Learning Together Program was previously funded through a demonstration grant, and the Parents Commission monies allowed for a continuation of the program. Although there was no evidence that a specific needs assessment for this program was done, the long-term relationship of CODAC within the community provided the necessary information. Although the original program met some isolated pockets of resistance within the community, the current program was accepted enthusiastically. For the current program, the only apparent issue has been staffing—including the turnover in staff and the need to hire a female to conduct the parent teaching component training.

Target Population, Recruitment & Retention

The original target population was tenants in the Connie Chambers Public Housing Project. However, the housing project is undergoing significant renovation, and many of the tenants have been displaced. As a result, the program is expanding its target area to the greater Santa Rosa neighborhood surrounding the housing project. CODAC works with the Connie Chambers Early Childhood Education Program to identify potential clients, as well as working with other schools and social service agencies in the area. Site personnel state that they have found, however, that word of mouth and door to door canvassing (the “grapevine”) are culturally appropriate ways of advertising the program. It should be noted that the program is reportedly always full (approximately 30 families). They do offer incentives, mostly monetary rewards tied to
completion of lessons and evaluation forms. It was stated that the largest barrier to recruitment was time—the staff noted that in addition to meeting the requirements for home visits and case management, they also were also responsible for supporting other CODAC elements at the program site. It was not possible during the interview to ascertain program retention rates.

In terms of persons not being served, interviewees stated that the area on the “other side of I-10” had not been brought into the program. However, it was also noted that at the present time, the resources available to the program would not allow any expansion in that area. It was noted that the population of the neighborhood is changing with the changes in the housing project. The new housing will contain both subsidized housing and owner occupied housing. The program staff recognizes that this will, with time, potentially require some changes to the program model.

Staff Development, Training & Support

The Families Learning Together/Building Me program has no formal training curriculum—training is provided via monthly staff meetings. In addition, CODAC does have extensive ancillary training requirements for its entire staff. This training appears to be highly relevant to the program.

Program Components & Services

The program has three components—the parenting curriculum, the parent teaching program, and a workshop program for parents. There also appears to be some case management provided by the Community Development Specialists. The parenting curriculum is highly structured, and appears to be implemented with good fidelity. The staff views the parenting curriculum as the most effective of the three components. At the time of the interviews, the parent teaching component was dormant, awaiting a new hire to begin training activities. The workshops are offered on a routine basis.

The staff stated various program goals and objectives, and while they were all noteworthy, none were specific. The staff also demonstrated a reasonable understanding of the link between the program and the Parents Commission’s goals, as well as some understanding regarding risk and protective factors. Of particular note is the commitment on the part of the staff to cultural sensitivity when working with the families in the program.

Program Outcomes, Impact

Asked for a definition of program success, the interviewees provided a wide range of responses:

- Getting the families off welfare
- Families developing self-sufficiency/resiliency
- Parents gaining employment
- No Alcohol, Tobacco, and Other Drug (ATOD) usage—parent and child
- Seeing the kids become involved in the community
- Seeing the parents emerge as role models for their children and the neighborhood
- Empowering parents to become agents of change for their children
- Improving communications within the families
- Seeing the parents use the skills learned in the program.

In terms of observed change, the staff all relied on anecdotal success stories.

**Tracking, Data Collection & Evaluation**

CODAC has contracted with a local evaluator for this program. Several types of data are collected, including program satisfaction data, parent contact data, and parent perception of availability of community resources and personal characteristics. There is also an instrument designed to measure program outcomes that is administered at various times during the program. At the time of the interview, no evaluation report or summary reports were available. The staff appears to be invested in program evaluation, although they did express some concerns regarding the existing Building Me evaluation effort. They also highlighted several barriers to collecting data, including language issues, and suspicion on the part of the clients. While some data is successfully collected, these concerns have resulted in difficulties, especially in regards to outcome measures.

**Program Highlights and Strengths**

The CODAC staff is highly motivated, experienced and capable. CODAC is committed to professional development of the staff, evidenced by the extensive training offered within the agency. The program staff also has a good trusting relationship with the community being served. The fact that CODAC provides other services in the neighborhood may enhance the overall effectiveness of the program.

The program is offered in a geographically distinct neighborhood, and the target population is well defined. The program is well structured and theoretically sound—based on a clear understanding of the risk and protective factors associated with substance abuse prevention. The Building Me curriculum appears to be a sound substance abuse prevention approach based on recognized risk and protective factors.

The staff is also committed to evaluation, although they exhibit some concerns regarding the appropriateness of the current evaluation instruments.

**Areas Deserving More Attention**

The staff acknowledges that there are some persons in the community not being served due to lack of resources within the program. The Building Me curriculum appears to be based on sound risk and protective factor principles. However, there is no information regarding the theory links among the parent teaching element, the workshops, and substance abuse prevention. Nor are sufficient, specific goals and objectives available to determine the efficacy of the various program components. It is also not clear that the process data that is collected is collated and analyzed sufficiently. Overall, the data collection effort appears to be disjointed, and may not target the appropriated change elements within the program. It is also unclear how evaluation data is used within the agency.
Overview
Five individuals were interviewed during this site visit in August 2000 – the Director of Prevention Services and the Prevention Supervisor, two group facilitators (for the Youth and Adult groups), and the lead representative of the collaborating agency (Jewish Family & Children’s Service of Southern Arizona, Inc.). The main update to the program profile is that the *Strengthening Families Program 10-14* evaluation instrument was adapted from a pre/post survey to a retrospective evaluation (questionnaire).

Program Context
The program is based at Doolen Middle School in the Tucson Unified School District. The demographics and community characteristics were laid out in the proposal but were not discussed in much detail during the interviews. Staff indicated that single parents head many of the families.

Program Planning & Development
A key impetus to selection of the *Strengthening Families Program 10-14* was the Doolen Middle School principal. This individual was described as very enthusiastic, supportive of the community as a whole, committed to enhancing the integration of school and community, and a visionary as far as providing services and support to the families in the school district. The program was also selected because it has a research base. The partnership between Compass Health Care and the Jewish Family & Children’s Service agencies was newly established for this program. The latter agency already had a strong connection established with the school. A formal needs assessment was not conducted for this proposal. However, one of the interviewees pointed out that children who are making the transition into middle school face unique challenges, i.e. adjusting to a new environment. As this program is being delivered to parents of children entering middle school and the children themselves, it meets a specific need in the community.

Barriers encountered during the start-up phase of the program included: establishing a program schedule in collaboration with the school was a challenge; and parents were initially reluctant to embrace the program. Staff mentioned that this reluctance was tied to a lack of trust on the part of parents. One of the respondents noted that the grant cycle of April – March causes problems when trying to schedule and implement a program on a school calendar.

Target Population, Recruitment & Retention
School counselors are asked to make referrals to the program by identifying children with mood (sadness or depression) or behavior problems (suspensions or repeat referrals). Parents are then contacted and asked if they would be interested in...
participating in this program. Staff described the interest in the program as high. Over the course of the seven sessions, however, attendance declines and final program completion is lower than desired. Program incentives are provided in the form of meals, childcare and transportation. The barriers to retention are seen as the demands on the parents’ schedules and length of the program (seven weeks). The staff indicated they wish to expand the target population to include the schools that feed students into Doolen Middle School. This would involve reaching parents just before their children have to make the transition into middle school.

The target population has also changed somewhat from what it was at the outset. In the beginning, the referral and contact procedures focused heavily on families in crises. Participation is now open to any parent who wishes to enroll, as staff observed that families not in crises could benefit from the program as well.

**Staff Development, Training & Support**

Some but not all staff working on the program has participated in the two-day training for facilitators. The quality of this training was described as good and adequate for proper implementation. One of the facilitators described having taken a self-teaching approach. The staff expressed an interest to advance to the level of becoming trainers of trainers. However, this move appears to be prohibitively expensive. The staff holds monthly meetings to discuss the program. Volunteers are not used extensively but do help out in a support role.

**Program Components & Services**

The *Strengthening Families Program 10-14* provides mealtime together as a family, followed by separate parent and youth sessions. These separate sessions are led and facilitated by trained adult and youth facilitators. The full length of the program is being delivered, namely 7 weekly sessions, each lasting approximately 2.5 hours. A certificate is granted to participants at completion of the program. Staff described modifications to the program as tweaking specific sessions and activities in response to participants’ interest level and attention. No indication was given that content is eliminated or substituted. There is also a booster session provided to participants.

The staff articulated general program goals of increasing parenting skills and strengthening family cohesion and youth resiliency. The program is seen as a good fit with the participants. The partnership with the Jewish Family & Children’s Services (JFCS) allows the program to offer families wrap-around services. The agency (JFCS) had a presence in Doolen Middle School prior to introduction of this program.

A ‘4-session program sampler’ was developed and is offered to give parents a taste of what the program is like in the hopes of raising awareness of and interest in the program.

It was noted that having a trained bilingual facilitator is critical for the youth group and that program delivery would be hampered without a bilingual facilitator present.
Program Outcomes, Impact
The interviewees listed the following as changes and outcomes they want or expect to see as a result of the program:

- Parent and child are more attached
- Parent and child have a positive relationship (there is more listening, communication is more open)
- Parents and children learn and practice basic communication skills
- Families structure their time spent together differently
- Parents and families are more apt to access support services in the community than before

Staff referred to anecdotal evidence that the program is a success.

Tracking, Data Collection & Evaluation
An outside evaluator was hired to analyze data and generate reports. The main challenge to data collection is the time it takes. As a result, the original evaluation instrument recommended by the research-based program has been modified. The data is collected only upon completion of the program, and hence, represents a retrospective evaluation. Participant satisfaction data is also collected with this instrument.

Program Highlights and Strengths
The team, which planned and implemented the program, has strong professional expertise. The agency partnership is also an especially strong feature of this program and adds to the program’s team approach. Support for the program in the school has been an asset. There is knowledge and some appreciation of the theoretical underpinnings of the program for enhancing protective factors and reducing risk factors. There is a demonstrated commitment to program fidelity and a clear recognition of the challenges pertaining to participant recruitment and retention. Staff has made extra efforts to enhance awareness of and recruitment into the program by developing a shortened version of the program, which can be used to provide parents with a sample of what the program is like. Incentives are used to retain participants in the program. The program meets a targeted need that concerns the entire family by addressing the developmental changes and growth that children are going through at this transitional stage. Overall, the program provides support to families in which children are making the important transition from elementary into middle school.

Areas Deserving More Attention
As mentioned above, participant recruitment and retention has been a challenge to program success. Fewer families than anticipated have attended and completed the program. While the program has seen success in terms of attracting experienced and qualified staff to deliver the program, not all the staff have been trained by a certified trainer. Internal use and value of evaluation is lacking. This was reflected in
comments made by staff that because the program carries the “research-based” label, it does not need to be evaluated. Program goals articulated by staff were somewhat vague. The use of a retrospective evaluation tool, while representing an effort to assess how the participants have changed as a result of the program, is not as methodologically sound as a pre and post-program survey or other more refined evaluation methods.
Site Visit Summary Report
For
G.R.A.P.E.

Overview

The G.R.A.P.E. Co-Chair, the Mini-Grant Administrator, the G.R.A.P.E. Co-Treasurer and four mini-grantees were interviewed. The program is being conducted as proposed—mini-grants are awarded to grassroots organizations within Cochise County.

Program Context

The program serves Cochise County, and is primarily focused on under served areas. All of the members displayed a good understanding of the community. The Executive Director provided an excellent overview of the diversity existing in the various communities. G.R.A.P.E. had previously provided mini-grant funds to organizations within the county, using Racketeer Influenced and Corrupt Organization (RICO) Act monies, focusing primarily on treatment. The current effort is based on the previous program, but has transitioned to a focus on prevention.

Overall, the community response was characterized as excellent—they were “welcomed with open arms.” It was also noted that the G.R.A.P.E. network provides excellent collaboration opportunities.

All of the mini-grantees interviewed felt the program provided opportunities they otherwise would not have to institute programs over a large rural area.

Program Planning and Development

The program was an offshoot of a previous treatment oriented mini-grant program. Philosophically, the program organizers stated that they felt replication programs would not work in Cochise County—that they do not meet the needs of a rural county. No formal needs assessment was accomplished, but an informal assessment within the existing G.R.A.P.E. members was conducted. As stated above, the focus of the program was under served areas, not necessarily at risk youth.

In the first grant year, several start up barriers had to be overcome. Initially, staff turnover was a problem. In addition, it took three requests for proposal cycles to solicit a sufficient number of mini-grantees. There were also some concerns with the rigidity of the selection process.

For the mini-grantees, the program development problems varied. This ranged from resistance within the community to lack of cooperation among program partners. Each mini-grantee is a program unto itself, and capacity to execute programs varies based on the requestor’s capabilities.
Program Selection and Monitoring

A wide variety of approaches were used to solicit potential mini-grantees. This included advertising on radio and in the newspaper, posting flyers in libraries and schools, as well as word of mouth and networking both within the G.R.A.P.E. community and other networking communities in Cochise County. In an effort to help potential mini-grantees, a technical assistance workshop was conducted, but reportedly was poorly attended.

They received a variety of proposals, and while most were funded, some were felt to be inappropriate and rejected. While many of the proposals were anticipated, they did receive some unexpected ideas that were well received. It was noted that they would have liked to see more focused projects—efforts more directly aligned with the Parents Commission goals. However, all of the projects did include parenting components and focused on addressing the under-served population with Cochise County.

In terms of process, the committee established criteria for review of the proposals. While the process was successful, it was noted that the criteria were rigid and perhaps more complicated than necessary. As a result programs strong in administrative areas but less focused on prevention could outscore focused prevention programs short on administrative capabilities. However, evaluation group discussions worked to eliminate any bias in this direction. In terms of capacity, they looked at program design, the coherence of the program, and whether or not the funding request matched the need.

Each program is tracked via monthly reports, regular contact, and a final program report. In cases where capacity is lacking, they attempt to provide technical assistance.

A wide variety of programs were funded, ranging from small amount of monies to support the alcohol free graduation parties in all of the county high schools to more formal prevention efforts such as the DARE Parent Program. It was noted that the mix of programs included some innovative approaches to include parents in the activities. These various activities provide alternatives to the youth in a county where few resources exist. None of the mini-grantees had any concerns with the proposal or monitoring approach, and one highlighted the support via technical assistance the program staff provided.

Training and Support

There are no formal training requirements for staff or mini-grantees associated with this program. The G.R.A.P.E. staff is experienced, and new staff is essentially mentored into their position. Technical assistance is provided to the various mini-grantees, but no formal training or experience is required. As mentioned previously, a pre-award training session was conducted, but was poorly attended. No formal post-award training was conducted, and there are no occasions where the mini-grantees meet to discuss issues. Technical assistance is provided on an ad hoc basis. The program
has one staff person to monitor and provide technical assistance to all the mini-grantees.

**Program Components**

The staff stated that the program goal was to provide monies to grassroots organizations in an effort to increase communication between parents and children, decrease the need to engage in substance abuse activities, increase protective factors, and provide creative alternatives for healthy lifestyles. It was felt that trying to tell the kids to say “no” was not enough—they needed to provide alternatives. They all felt that these efforts, all of which included parental involvement, were consistent with the Parents Commission’s goals.

The mini-grantees focused on opportunities to increase communication between parent and child, providing alternative and culturally relevant activities, and providing alternative activities where adults mentor and model appropriate behaviors. All the mini-grantees interviewed displayed some level of understanding of risk and protective factors, whether from their own life experience or from the literature.

**Tracking, Data Collection, and Evaluation**

The program requires the mini-grantees to track activities and participation, and to file monthly reports. A single report is then compiled for submission to the executive staff. Success is tracked largely through success stories—they require written narratives. The mini-grantees at times collect additional data, depending on the capability of the organization. In some cases, pre/post-survey data and/or satisfaction surveys are collected. However, the program does not mandate requirements for these types of data collection. The Mini-Grant Administrator does conduct site visits with all the mini-grantees at least once during the grant cycle.

One interviewee thought it would be valuable to collect baseline data concerning substance abuse and follow-up at various times to track changes.

**Program Outcomes**

Program success was defined in a variety of ways. The program staff offered:

- See funds distributed in productive ways
- Be good stewards of the funds
- See individual success on the part of the mini-grantees
- Provide positive opportunities for children that didn’t exist
- Provide life skills that help avoid substance abuse.

The primary approach to assessing success was anecdotal, although the idea of collecting baseline data and tracking changes was again offered.
**Program Highlights and Strengths**

The program staff is knowledgeable and experienced, and displays a dedication to providing support to the overall community. They are focused on insuring the various communities within Cochise County are provided the resources to meet the challenge of substance abuse prevention. There is a focus on capacity building, and support to creative, innovative programs. They have set reasonable standards for data collection, and attempt to provide technical assistance where needed. The organization is highly collaborative, significantly assisting the effort to reach out to as many communities as possible in a large and diverse county. They also have a strong focus on funds accountability.

The various mini-grantees display a good sense of the role of risk and protective factors, and are dedicated to the effort of providing services within their communities. The range of innovation and creativity in program approaches is laudable.

**Areas Deserving More Attention**

It is unclear if there is sufficient time in a given funding cycle to solicit, process, and award mini-grants, and to allow the grantees time to implement the programs within the funding year. Also, given the wide geographic area and number of programs, the staffing for the effort is minimal. It is unclear that the program coordinator has sufficient time to adequately support all the sites. While there seemed to be a good appreciation of the role risk and protective factors play in substance abuse by the mini-grantees interviewed, it is uncertain if all the mini-grantees are equally knowledgeable. The program does not require that the mini-grantees adopt strategies consistent with sound substance abuse prevention strategies, and they currently don’t provide any training in these areas.
Overview
The Project Director, the Program Evaluator and the Lead Counselor were interviewed. The program is being presented as outlined in the original proposal, the only change being that the program is expanding to include Drug Court clients in addition to the Community Punishment Program clients.

Program Context
Given that the program is targeting a fixed audience, the clientele and service areas are well known. At first, the MCAPD counselors were not referring clients to the program. However, the support of the counselors has increased with time. Given that the program is embedded within the Community Punishment Program, there is considerable collaboration within the department. However it is unclear whether or not there is adequate coordination with other agencies involved with these clients (e.g., DES).

Program Planning & Development
Although we were not able to speak with the individuals responsible for developing the original proposal, those interviewed were with the project from the time funding was granted. MCAPD has a record of trying new approaches with their probationers. In this case, the department wanted to offer their clients prevention activities, including both the probationers and their children. Although no needs assessment was conducted, the fixed nature of the target population provided ample information regarding the need of the services. The Strengthening Families Program was selected on the basis of it being a sound, science-based program appropriate to the target population. The originators of the grant selected Scottsdale Prevention Institute (SPI) as a partner.

In terms of barriers, there was a problem with the initial training from the program’s national sponsors regarding the trainer and the payment process. This seemed to be largely administrative, but seems to prevented any longer-term relationship with the national sponsor. In addition, it was stated that neither the MCAPD nor SPI filled all the available training slots at the start of the program, resulting in insufficient trained facilitators at the start of the program.

Target Population, Recruitment & Retention
MCAPD is responsible for client recruitment from a pool of high-risk offenders. MCAPD counselors, who determine eligibility and recommend attendance, recruit client. Clients are not mandated to complete the program, and there does not appear to be any sanction for not doing so. Currently, incentives are being used within the program to increase retention, including food, childcare, transportation and gift certificates. In regards to barriers, the MCAPD counselors were initially reluctant to
refer clients, but that has apparently been overcome. Also, the families of the clients are not always cooperative. However, the program does allow MCAPD clients to participate in the program even if their families are not actively involved.

While there are no indications that any persons within the original population are not being served, the program is expanding to include clients from the Adult Drug Court program within Maricopa County.

Staff Development, Training & Support

Interviewees all stated that the training was adequate, although not as in-depth as desired. There was a mix-up with the national sponsor regarding the initial training, but that was largely administrative. It was also stated that neither MCADD nor SPI sent as many personnel as expected to the first training session, and there has been staff turnover since. It is unclear how new staff is trained—although the SPI lead stated that counselors who come into the program with “…the relevant background experience and training can do alright.”

In terms of supplemental training, the MCAPD Project Coordinator did provide additional cultural awareness training regarding the defender population. Also recently the program established a communication channel between the MCAPD counselors and the SPI facilitators. This eliminated a coordination bottleneck between the two agencies.

The Program Coordinator, the Evaluation Specialist and the Lead Counselor do meet monthly. No other routine meetings are held.

Program Components & Services

The original Strengthening Families Program is 14 weeks long. In order to make the program compatible with the existing Community Punishment Program (CPP), the time was cut to nine weeks. All substance abuse information was eliminated, as it was redundant with the existing CPP curriculum. In addition, some of the practice time was eliminated. The youth program was also modified to make it more relevant to the target population. Both the MCAPD and SPI staff views the changes as necessary and of minor impact, and see the youth program as improved. All feel the program is a good fit with the client population.

In regards to goals and objectives, a variety were offered by the interviewees, mostly in general terms. They included:

- Having more effective, functioning families
- Have parents build/improve relationship with children
- Interrupt parent to child cycle of substance abuse
- Prevent substance abuse in children
- Improve family interaction and parenting skills
- Teach resiliency skills
- Break patterns of family dysfunction
The SPI lead counselor in particular demonstrated a good grasp of risk and protective factors.

There are monthly meetings between the leads in the two agencies to discuss the curriculum. Within each of the two agencies, communications were described as being on an ad hoc basis. Recently, the level of communications between the counselors at MCAPD and the facilitators with SPI has increased. The two agencies each have multiple roles as a part of the program, and in some cases there appears to be some issues regarding those roles. In general, however, it was described that MCAPD has overall program responsibility and is responsible for recruitment. SPI is responsible for program delivery.

**Program Outcomes, Impact**

Outcomes included:

- Family stability
- Consistent discipline/limit setting
- Program completion
- Willingness to practice what has been learned

**Tracking, Data Collection & Evaluation**

MCAPD is developing an evaluative capacity—characterized as being in its infancy. They intend to analyze the data locally. They collect demographic data, information regarding knowledge gains (three times per cycle) and pre/post-survey data on family dynamics, parenting skills, and parent report of child behavior. These are modified SFP surveys. (The modifications were discussed with the national sponsor, and turned out to require extensive work obtaining copyright permissions.) In addition, program leads observe sessions, and facilitators provide ratings on each session.

Barriers include language and literacy issues, as well as inadequate training in data collection.

Evaluation within the MCAPD seems important, and department leads do review the data. It seems less so with SPI.

**Program Highlights and Strengths**

The program is well supported within both agencies, and the program personnel interviewed displayed a strong commitment to the program. The program staff is experienced and well trained. The challenges in dealing with a unique population are many, and the team projects a willingness to deal with each in a positive manner. The Project Coordinator attacks issues readily —such as recruitment and retention—avoiding lingering problems in these areas. There is also a good commitment to the evaluation effort on the part of MCAPD. Although program changes have been made, they appear to have been well coordinated within the two agencies. Recent changes to increase communications between the two agencies are laudable.
Areas Deserving More Attention

Although there is general agreement regarding roles and responsibilities between the two agencies, there do seem to be some ambiguities. The changes to the curriculum, and the limited time to practice skills learned in the program may have compromised the program integrity. It is also unclear if all the current staff is adequately trained. Goals and objectives, and program outcomes are not specific and measurable.
Overview
Personnel from three Parents Anonymous sites were interviewed, including regional managers and program coordinators. Based on the sites visited, the program is being conducted as proposed to the Parents Commission, with the one exception being the addition of a Strengthening Families Program 10-14 effort in the Winslow region. This representative sample was felt to be sufficient to understand the overall program, but admitted there are likely site specific differences for those sites not visited. For this review, individual site differences are highlighted only if notable. However, the intent of the assessment is to characterize the overall Parents Anonymous effort.

Program Context
Parents Anonymous is offering the program in distinct regions within the state. It appears that there are clear lines of authority between regions—each region operates autonomously. In each of the site interviews, there appeared to be a solid understanding of the characteristics of the region. Parents Anonymous has been active in these regions for some time, and has a good relationship with other social service agencies. All interviewed appeared to have good knowledge of other existing prevention efforts, and stated that they collaborated well with other agencies.

Program Planning & Development
The Parents Anonymous program is a collaboration among the various Parents Anonymous regions. The effort essentially continues existing programs—Nurturing Parents and the Parents Anonymous Parent Peer Support Group—and in some cases extends them into new areas. Parents Anonymous has a long history with Nurturing Parents and a number of the Parents Anonymous personnel are certified trainers. The parent support group is a nationwide Parents Anonymous program. One region—Winslow—recently added the Strengthening Families Program 10-14. This was done due to a perception that the existing program was too long for the particular client population.

While no specific needs assessment was conducted for this effort, Parents Anonymous has an on-going data collection effort which they use annually to determine the need for new programs. Their continuing presence in the various communities also provides an on-going source of information.

Two specific developmental barriers were mentioned. First, recruitment of personnel proved difficult. The part time nature of the facilitators job, combined with a limited pool of potential hires made it difficult to get and maintain program facilitators. In addition, it was noted that in some cases it was initially difficult to get parents engaged in a new program.
Target Population, Recruitment & Retention

Parents Anonymous does not target any specific population for their programs. They are open to anyone in the geographic region. However, they did report that they were seeing an increase in monolingual Spanish migrant clients in some regions.

The programs are advertised in various ways, including flyers, word of mouth, posters, etc. They also get referrals from a variety of agencies, including Adult and Juvenile Probation, Department of Economic Security, Child Protective Services, etc. One site reported that the failure of one agency to provide referrals had severely impacted the program size.

Retention was consistently reported to be around 50%. One common barrier was the program length—12 weeks. It was stated that shorted programs—six to eight weeks—had retained 90% of the clients. Other barriers included lack of time, mobility, mistrust by new immigrants, and language. It was also noted that for mandated clients there were no adverse consequences for dropping out, hence it became a frequent occurrence. The program does not use incentives to support retention.

While there is not a specific target group for the programs, it was stated that there were some populations that were not being well served—more specifically Native Americans and substance-abusing parents were not being reached.

Staff Development, Training & Support

All of the managers interviewed highlighted the Parents Anonymous training program. It was stated that all of the Parents Anonymous hired staff receives an orientation to the organization, as well as specific training for the programs supported. Program staff are trained primarily to train volunteer facilitators, not to deliver services. In addition there is a Parents Anonymous requirement that all staff receive supplemental training during the year—20 to 30 hours. Each site has a training budget for this purpose.

For the Nurturing Program, Parents Anonymous certified trainers provide the training to facilitators and others. For the one site using Strengthening Families 10-14, the national program originator trained the staff. All but one of the staff was trained.

Parents Anonymous uses volunteers in many positions, including serving as facilitators for the parenting programs. These volunteers also go through an orientation and training specific to any program they are involved in. When possible, supplemental training is also provided.

Program Components & Services

The Nurturing Program was characterized as a 12-week intensive curriculum based program designed to provide participants with information and skills about parenting. The Strengthening Families Program 10-14 is a seven-week program with elements for parents, adolescents and families. The Parent Support Group is an on-going program designed to provide parent peer support. All the interviewees stated that the various curriculums were followed closely. They also stated that no changes to the program model were made, although some changes in approach were made to accommodate different groups (men, Native Americans, etc.).

When asked about goals and objectives, a variety were offered:
- Improve parenting skills
- Improve family communications
- Increase school achievement
- Decrease substance abuse
- Prevent child neglect/abuse
- Increase positive discipline techniques

The program staff were able to clearly link the goals and objectives to substance abuse prevention and to the goal of the Parents Commission. They demonstrated a fair knowledge of risk and protective factors as well.

While they all felt the overall approach was sound, there was common agreement that the length of the program was a disadvantage. It was also stated that some elements of the program were viewed as too juvenile by some of the adolescent participants. Finally, one program coordinator observed that the curriculum required participants to explore their own childhood and the manner in which they were raised. The respondent felt that the volunteers were not trained to handle this type of interaction.

Program Outcomes, Impact

The respondents defined success in various ways.

- Seeing clients effectively use the newly obtained skills
- Creating better lines of communications within the families
- Having parents provide consistent, positive discipline to their children
- Having parents control their anger when dealing with their children
- Creating a positive relationship within the families.

The staff felt that both anecdotal and evaluation data could be used to measure these outcomes.

Tracking, Data Collection & Evaluation

Parents Anonymous attempts to collect extensive demographic data on the various participants. They also do satisfaction surveys, and in some cases do a pre/post-survey to measure outcomes. They also attempt to do three and six month follow-up surveys. It was stated, however, that in order to maintain the anonymity of the clients, they do not collect surnames and sometimes have difficulty matching data sets. It was observed that in some cases no data is obtained, but that is not used to exclude clients from services.

The data that is collected is sent to the state headquarters for analysis and is mostly used to look at new program needs. None of the sites visited used the data locally to any extent, and none had made any program changes based on data collected at that site.
Program Highlights and Strengths
Parents Anonymous provides substance abuse prevention services to much of the rural area in Arizona. The staffs interviewed were all knowledgeable regarding their areas of the state, and appeared to be dedicated professionals. The long association with the Nurturing Program provides a foundation for delivering the service to new areas within the different regions. The comprehensive Parents Anonymous training program is excellent. The various sites all seem to deliver the programs with great fidelity. They also have an understanding of the risk and protective factors underlying each of the programs. They also displayed a realistic appreciation of the shortcoming of their programs.

Areas Deserving Further Attention
There are several areas that might benefit from additional attention. First, focusing the effort on a more distinct target audience might make it more effective. For the Nurturing Program, the 50% graduation rate is low compared to national norms. Other programs have found that there is more program cohesion when dealing with homogenous populations (ethnicity, problem orientation, etc.). Also, while the various program staffs outlined numerous goals, objectives and outcomes, none of them had the specificity required to allow for outcome evaluation.

Parents Anonymous collects a significant amount of data regarding these programs and the program participants. Unfortunately, it does not appear that local staff uses the data to any real advantage. It was not clear that the pre/post-survey data was reviewed to see if the programs were effective. The fact that measurable goals and objectives were not available makes this more difficult. Additionally, while the anonymity of the clients is laudable, there should be some effort made to provide for data matching survey results. The needed data can be collected in such a manner as to protect the confidentiality of the information and maintain the level of trust engendered by the Parents Anonymous program staff.
Overview
The Executive Director and the Project Coordinator of the Families Working Together program were both interviewed in August 2000. The single update to the program profile is the program is being implemented in more locations than originally planned. The original plan identified the community of Eloy. The site visit revealed that in addition to Eloy, other communities have been approached as locations to introduce the program. The program has been adopted in one of these locations, namely Casa Grande.

Program Context
The interviewees demonstrated knowledge of the community. The Executive Director seemed especially conversant on the topic of community demographics and characteristics. It was noted that in Eloy there is especially strong community collaboration on substance abuse issues. The Executive Director specifically mentioned that strong partnerships with the schools and city administration exist. This has contributed to a generally positive community response to the program.

Program Planning & Development
During the start-up phase of the program, the agency experienced barriers to recruitment of the first group. The curriculum had to be translated into Spanish. The newly hired bilingual project coordinator recently emigrated from Mexico and thus had to initially gain the trust of the participants and community. There was general support in the community for this program, although in one of the sub-locations, the program was initially viewed as competition, although by whom or what agency exactly was not clear. This slowed down the process of establishing the program.

Target Population, Recruitment & Retention
Methods for recruiting program participants are multiple and varied. In Eloy, the Migrant Head Start program requested that their clients be given access to the program. Some are attracted to the program by word of mouth. Others are referred to the program through the juvenile court and justice court. In Casa Grande, the participants are drawn from the Juvenile Drug Court program, which is being run by the Pinal Hispanic Council on a grant from the Governor's Division of Drug Policy (GDDP). The main criterion for program participation (and graduation) is that the family attends at minimum eight out of the twelve sessions. Beyond those who have been successfully attracted and enrolled in the program, the staff expressed interest and need to reach beyond these groups to community members who may also benefit from the program and the agency's services. These community members may not be receiving other prevention or support services and hence require other methods of outreach to attract them to the program.
Barriers to retention of participants that were mentioned by staff included: geographic mobility, the time that the program is offered (some parents can only attend evening sessions due to work schedules), inadequate day-care services, and at times transportation. A monetary incentive was added to encourage participants to complete the program.

Staff Development, Training & Support

The project coordinator participated in the full 5-day program training. At the time of the interviews, the project coordinator was the only staff providing program services. Volunteers are not a part of this program.

Program Components & Services

Of the three components – the Parent Community Action Group (PCAG), the Strengthening Multi-ethnic Families and Communities program/curriculum, and case management services – the curriculum is viewed as central. The curriculum is being implemented according to plan. In one of the sub-locations, occasional deviation from the curriculum occurs when the group wants to deal with other issues or concerns than what is dictated for that day. For the most part, the project coordinator is able to handle these situations.

The program goals that were stated by the two staff were to:

- Help parents to recognize parenting issues better by providing them with new skills and knowledge;
- Address and reduce risk factors associated with substance abuse; and
- Reduce child abuse and neglect.

Program Outcomes, Impact

As was evident from reviewing the grant proposal and workplan, there is a wide range of goals and objectives. The interviewees listed the following as changes and outcomes they want or expect to see as a result of the program:

- The parents will learn about parenting issues and will become more aware of healthy parenting practices;
- Risk factors and resiliency will be addressed;
- Stress reduction;
- Empowerment of parents
- Incorporation of community norms;
- Enhance the ability to recognize warning signs of substance use;
- Address the spiritual and cultural aspects of family life;
- Reduction of child abuse and neglect;
- Improve the parent – child relationship;
• Increase the amount of time (family members) spend together; and
• Increase the parents' involvement in their children's lives.

**Tracking, Data Collection & Evaluation**

Pre and post surveys are administered verbally. The surveys are matched before sending them off to the external evaluator. The clients are not asked to self-report substance use. Some data on client satisfaction is collected on the post-survey. The project coordinator writes a summary report for each class. At the time of the interviews (August 2000), the Pinal Hispanic Council was expecting to receive a report from the external evaluator.

**Program Highlights and Strengths**

The project coordinator and executive director both presented a strong commitment to the program. It is a credit to the staff that they have been able to bring this program to the Hispanic community and to the migrant population (to some degree). The community in Eloy is supportive of the program and there is strong collaboration between agencies and community leaders on the issue of substance use. While participant recruitment and retention is a challenge, the executive director stays on top of the situation by frequently asking about participation figures. Program fidelity appears to be strong, with perhaps a slight exception in one of the sub-locations. Training in proper program implementation was completed and considered useful. The project coordinator did express an interest in obtaining further training and support. Finally, the staff was able to list multiple program outcomes and changes they expect as a result of the program. This can be seen as both a strength and a weakness.

**Areas Deserving More Attention**

The approach that was used to identify program sites and for identifying potential participant groups seems to have been somewhat haphazard. There was some trial and error in the approach and this slowed down the start-up process and establishment of the program. Now, there are some measures in place to reach out to and attract new groups and participants. Language and cultural barriers appear to have had the effect of excluding some (non-Hispanic) families from the program.

An assessment of the goals and measures of success leads to the conclusion that the program expectations may be unrealistic. Both the number of goals and the range of types of anticipated changes (to the participants as a result of the program) make for unrealistic expectations. One way of strengthening program focus as well as the evaluation is to carefully select a reasonable number of program goals, which related directly to the program activities. The analogy is that it is better to focus on a few things with some intensity than to focus on many things superficially.

Lastly, though there are natural fluctuations in the program, there are periods that suffer inadequate staffing resources. Finally, there appears to be some value placed on evaluation, although internal use of data is not evident.
Site Visit Summary Report  
For  
Tucson Unified School District

Overview
Persons interviewed included the grant administrator from TUSD, the Project Coordinator from Family Counseling Agency (FCA), a Parent Partner/recreation coordinator from FCA, a Mental Health Partner from FCA, and the FASTWORKS Supervisor from FCA. The FAST program is being administered as proposed, with the clarification that only one cycle per school is being offered each year.

Program Context
The program is being offered in a well-defined service area in a school based setting. The demographics and population characteristics of the area are reasonably well understood, although the different interviewees had different perceptions regarding the community. However, it was clear that the area represented an area of need. In terms of support, it seemed to vary both in terms of the community and the host schools. However, with time, the support for the program has solidified. While the collaboration between TUSD and FCA seemed strong, there was little mention/understanding of other substance abuse prevention efforts.

Program Planning & Development
The proposal developer was no longer with the agency. It is unclear if a specific needs assessment for this effort was accomplished, although needs related data was included in the original proposal. The FAST program was selected by the previous Executive Director of FCA, and originally used in a FCA grant. TUSD proposed a grant in the second year of the program and teamed with FCA to deliver the services. In terms of barriers, the major issue seemed to be language—especially in regards to Spanish speakers. However, in response to this issue the agency did commit to hiring a bi-lingual program coordinator.

Target Population, Recruitment & Retention
The program is intended to target families with children exhibiting behavior problems in school. The recruitment process involves cooperation between the two agencies to identify the families and a home visit to recruit the families. There appear to be some minor differences in how families are recruited among the different schools. Meals and childcare are provided as an integral part of the program, but also serve as incentives during the recruitment phase. The program accepts any identified family into the cycle on a first-come, first-served basis. However, there does appear to be some tailoring of the group composition in order to better balance the mix of families, i.e., the facilitators do not like to have all active substance abusing families in a group.
The staff listed barriers to retention as mobility, illness, and substance abuse. It was observed that African American families were likely underserved.

Staff Development, Training & Support
The national sponsor trained the initial cadre of staff. Two members of the team are now certified trainers. All team members go through three phases of training. All staff felt the training was good, although it was observed that not everything could be anticipated. Volunteers are used in support positions only, and are not trained in the program per se. One respondent felt that at a minimum they should get some program indoctrination.

One lesson learned involved the FASTWORKS program. Initially there was no specific staff person involved in the effort. However, they did hire and train a FASTWORKS coordinator to improve program efficiency.

Program Components & Services
Program staff sees the FAST program as a good fit. The team emphasized that the program model is not altered, and the program is delivered intact. The program staff meets regularly to discuss implementation issues.

All of the staff interviewed stated their view of goals and objectives. For the most part, the goals and objectives were general statements regarding family functioning and family/school relationships. The program coordinator had a good sense of the role risk and protective factors play in the prevention scheme.

Although the program is viewed as effective and a good fit with the clients, there were several problems noted. First, language was an issue. Although there were Spanish language versions available, some adjustments had to be made to accommodate local idioms. Also, the FASTWORKS program was not as well understood as the FAST primary intervention. Finally, the intensive nature of the recruitment effort was surprising to program staff.

Program Outcomes, Impact
When questioned, a number of outcomes were offered. These included:

- Families more involved with each other and school
- Increased parent/child interaction
- Increased academic performance
- Families more connected to the community
- Parents taking back control over their families
- Increased communication between families and school
- Families functioning more smoothly
- A better home life with less stress
- Better social interaction skills with peers
While some respondents felt the outcomes could be measured, the main source of information appeared anecdotal.

**Tracking, Data Collection & Evaluation**

At the time of the interview, one of the staff supported evaluation part time. He stated that the support consisted of only insuring that the forms were collected and forwarded to the national FAST program. They were in the process of hiring a part time evaluator for the program. It is unknown if TUSD has any evaluation capacity associated with this program. There was no clear picture of how the data is used, although the program coordinator did state that she felt evaluation was an important aspect of the program.

The team does adhere to the evaluation protocol of the national program. While there are some issues with literacy, the staff accommodates this by reading the instruments to the clients. Data is sent to FAST national, who provides an assessment report back to the staff.

**Program Highlights and Strengths**

The program team is a knowledgeable, well-trained group with a good understanding of the community. The TUSD/FCA team works well together, with a good sense of roles and responsibilities. The team has a good sense of the basis of the program, and works hard to maintain program integrity. The program staff is diligent in trying to closely adhere to the survey administration protocol. The FAST recruitment process is also carefully followed, although the effort is difficult. Overall, the program staff displays a clear commitment to the program, works well together, and seems committed to maintaining program fidelity.

**Areas Deserving More Attention**

The program goals and objectives, and measures of success as stated by the staff are vague and lack specificity. While the FAST national sponsor does provide an assessment of the evaluation data that is collected, it is difficult to determine if the program is meeting its goals as the existing objectives do not provide adequate targets for assessing change. The data collection effort does not seem to yield sufficient data to track recruitment and retention efforts—especially dropout factors. The overall graduation rate seems low compared to national FAST program reports.
Overview
Two teachers from Mountain View Elementary School who work to implement the Strengthening Families Program along with a police lieutenant from the Phoenix Police Department were interviewed during site visits in August and September 2000. As noted in earlier program documentation, the Strengthening Families Program was adopted in the second year of the grant cycle.

Program Context
The target area is known to have significant drug and gang problems. Many families are earning low incomes. There is a heightened police presence according to the police lieutenant we interviewed. The community is ethnically diverse. Both immigrant and refugee populations settle in this area. Multiple languages are spoken in the school. Those interviewed indicated that there is no Parent Teacher Organization (PTO) in the school due to conflicts and communication difficulties between ethnic groups. The staff is very familiar with the target population and knows the community well.

Program Planning & Development
The school district partnered with the police department to apply for funding for this program. It was essentially handed to the school for implementation. It was not entirely clear through the interviews what led to the decision to target the school for this program. A needs assessment was not conducted prior to adopting the program. The interviews did reveal a sense of community-wide need since there is a significant drug problem in the area. There is notable gang activity as well. A major factor that led to the substitution of Strengthening Families Program for the 4-H CARES program was the parents’ dissatisfaction with not having adequate time to spend with their children during the program. One of the respondents commented that the initial program was student focused, whereas Strengthening Families Program is family-oriented. During the start-up phase of the program in year two of the grant cycle, the Strengthening Families Program curriculum was modified from a fourteen week to a nine-week program. This was done to accommodate the school calendar, which is based on a quarterly system. The staff has also struggled somewhat with the structure for delivery of the program, e.g. the prescribed sequence of topics, activities and groupings. This is still an area the staff is focused on.

Target Population, Recruitment & Retention
The target population is school-based. The teachers identify students in the school, primarily in their ESL (English as a Second Language) classes, since they are dealing with the majority of children from immigrant and refugee families in the school. The teachers invite their parents to learn about the program. Some of these parents also
attend the ESL classes led by one of the teachers. Since the *Strengthening Families Program* has been introduced to replace the 4-H CARES program, attendance and general response to the program has improved. The target population presents challenges as well as rewards due to their diverse cultural and ethnic backgrounds and language barriers. The various program cycles are arranged according to language groups so as to ease the problems associated with having participants who speak different languages in the same group.

**Staff Development, Training & Support**

Both of the teachers attended a three-day training put on by the program developers in Denver in May 2000. Staff commented that there are advantages to being teachers in this program. The teachers also commented that among the participants at the Denver training conference, they were the only educators present. Their perception is that the program is oriented to having experienced counselors fill the role of facilitator—this is not, however, supported by program materials. All the other participants were counselors or had counseling experience. There are other facilitators at Mountain View Elementary School who have not been trained offsite, but are rather being prepared to implement the program as they go. The trained teachers are providing guidance.

**Program Components & Services**

The program consists of the (condensed, nine-week) *Strengthening Families Program* and a Saturday program based on community service projects and other alternative family activities. In discussion of program modifications, the staff indicated that material dealing directly with substance use is not addressed. This was attributed to two very different reasons. On the one hand, the staff is not trained to provide counseling services. On the other hand, the school children in the program already know the facts about drugs.

Discussions and activities involving the parents and children alike reveal many issues tied to their culture and ethnic heritage. These sometimes conflict with program messages, e.g. openness to discussing certain topics, and sometimes necessitate deviating from the set schedule and format in order to integrate new information and ideas into their own cultural context.

The staff stated that their ultimate goal is to develop leadership and a sense of ownership for the program among the parent participants. Eventually, they would like to see the parents assume full control and leadership of the program.

**Program Outcomes, Impact**

The kinds of changes that the teachers expect or indicate they are already seeing include:

- Parents, children and families will develop stronger relations with the school and community
- Parents will be more committed to the program and will assume leadership of the program
- Parent-child relationships will be strengthened
Parents will use appropriate discipline and will better understand developmental status and changes in their children

Tracking, Data Collection & Evaluation

Attendance data is collected. There is currently no use of pre and post surveys. The staff anticipates that collecting additional data from the participants will encounter some resistance, i.e. that participants will fear or suspect reasons behind the data collection. They also expect the language barrier to impede data collection. Evaluation has not been thought of as necessary or benefiting the program. In addition, the goals as stated are not measurable.

Program Highlights and Strengths

The core team of staff is very connected with the participants. They know the children and their families well before they enter the program. The team is committed to the program and focused on trying to make a difference for the participants and the community. The program is founded on strong relationships involving the school, the local police department, and families. Since the transition to using the Strengthening Families Program, recruitment, attendance, and program completion seem to have improved. The staff has been responsive to the needs of families by selecting a program which incorporates time together as well as time spent in individual groups, e.g. youth and parents.

Areas Deserving More Attention

The staff is very committed to this program and to their community. However, implementing the Strengthening Families Program on top of other responsibilities and activities has spread them thin. In addition, the selection of the Strengthening Families Program to replace the preceding program was done largely based on participant feedback. This decision may not have taken into consideration other important factors, such as preparation and training, staffing resources, and intense nature of implementing this comprehensive research-based program. The Strengthening Families Program is based on a theoretical model and addresses specific risk and protective factors associated with substance use. The changes made to the research-based program model may have affected the impact of the program; i.e. the integrity of the program may be compromised.

The goals and objectives of the program are not specific and measurable. The Saturday program component, which is being implemented alongside the Strengthening Families Program, may contribute to other goals set by the originators of the proposal. The contribution that this component makes to the overall prevention effort is less clear than it is for the curriculum component.

The staff hopes to see the parents become leaders of the program. While this is a commendable goal, it may be difficult to achieve given the target population’s language and cultural barriers, their needs, and the intensity of the program.
Data collection for the program is minimal and is not being used internally to measure effectiveness. This is partly due to shortage of resources. The program is also very new.
Overview
The Youth Count Executive Director, the Program Coordinator, and a mini-grantee/Youth Count Parent Commission member were interviewed. This mini-grant program is being executed as proposed, with the exception that the parent substance abuse prevention training has been replaced with an on-going capacity building effort. As noted in the Year Two proposal, a mini-grant effort in the Verde Valley has also been instituted.

Program Context
Youth Count is a private/public partnership with a long history in Yavapai County. The primary focus of the program is to distribute funds to the community for programs benefiting the youth, which fits well with the agency’s mission. That focus also explains the good reception for the program in the community. All of the interviewees demonstrated a broad, in-depth knowledge of the targeted area.

Program Planning & Development
The Executive Director of the program initiated the grant request. The Youth Count program has an on-going, strong needs assessment process, resulting in a strategic plan for the agency, updated annually. Given that the agency focus is on bringing funds into the community and disbursing them to agencies actually providing services, the mini-grant approach was selected. This program differed in that they were looking for innovative, new programs, rather than simply funding their usual partners. As a result, there were some issues with the mini-grant request for proposal process and program selection. The Program had to institute an effort to raise awareness within the community to insure that grassroots organizations were aware of and applied for the grants. This was a successful effort—they were pleasantly surprised at some of the submissions.

The program originally proposed to offer a two-day workshop to provide the different organizations training in parental involvement in substance abuse prevention. They were not able to provide the workshop, and instead started quarterly meetings to provide capacity building assistance to the different programs. This was seen as a positive effort, although the more sophisticated mini-grantees saw the effort as having minimal value.

Program Selection & Monitoring
During year one the process of identifying criteria for funding eligibility turned out to be a significant issue. For example, the effort to define what constitutes a “grassroots” organization was more difficult than anticipated. The participants felt that the first year criteria for selection were rigid and complicated. The second year process was
simplified, using only three criteria and providing more leeway to insure successful programs.

The capacity of the groups responsible for implementing the mini-grant programs was of concern to the program staff. During the proposal process, the staff worked with the programs to provide technical assistance to insure eligibility. During the execution of the various programs, other difficulties arose, including problems with recruitment and retention with participants. As a result, the staff focused the subsequent quarterly training on these issues.

**Staff Training & Support**

The Youth Count staff does not receive specific training for this effort. However, they are both experienced, with educational backgrounds pertinent to the task. In regards to the mini-grantees, there were plans to provide some substance abuse prevention training. However, that was not done. They have since instituted the quarterly capacity building efforts mentioned above. The program also participates in an annual community planning day designed to generate ideas for programs over the coming year. They encouraged the various mini-grantees to participate in this effort.

**Program Components**

The Youth Count is sponsoring a variety of efforts with the Parents Commissions funds. These range from programmed parenting classes (replication programs) to one-time events. Participation in the various programs range from less than 10 people involved in a multi-week parenting class to over 1000 participating in various one-time activities. It should be noted that all of the sponsored programs met the criteria stated in the original Parents Commission Request for Proposal section regarding mini-grant participation.

The individuals interviewed had varying goals and objectives. They included:

- Facilitate community efforts to work with parents
- Improve parenting
- Decreasing substance abuse offenses
- Enhance parent/child communication (mini-grantee goal)
- Enable parents to work with difficult children (mini-grantee goal).

The respondents acknowledged that while there was broad, general agreement on the goals and objectives of the effort, the specific goals and objectives should be considered in the context of the particular program. The individuals interviewed were able to articulate a linkage between the program and the Parents Commission goals, largely in relation to the grassroots involvement of parents in the mini-grantee efforts.

**Program Outcomes**

In terms of program outcomes, the Youth Count staff felt that for their effort, getting money into the community to fund innovative programs was the best measure of success. The program uses a simple formula to calculate the impact of the program—cost per hour of impact. While no outcome indicators are monitored, subjective,
qualitative data is collected through anecdotal “success” stories and provider process reports.

**Tracking, Data Collection & Evaluation**

Other than the cost per hour of impact approach used above, no other evaluation is conducted. In addition, it does not appear that the program collects any demographic data on participants. There was some discussion regarding the value of collecting data on secondary contacts resulting from the mini-grant funds, but no specifics were mentioned. The staff did state that they see some value in evaluation, but would prefer to see it done by a government entity.

**Program Highlights and Strengths**

The Youth Count staff is experienced, dedicated, and enthusiastic regarding the program. They have successfully implemented the mini-grant program, developing an efficient approach to soliciting and reviewing proposals and funding innovative programs in Yavapai County. The program has a strong needs assessment process, resulting in a comprehensive strategic plan—an example other programs could well follow. The program’s collaborative nature is also a plus to this approach. Given the geography of the area, the mini-grant approach provides unique opportunities to reach a broad audience—something traditional programs often have difficulty achieving. The mini-grant approach also provides an opportunity for groups not traditionally engaged in prevention activities to participate.

The program staff, although they had initial difficulties in establishing the proposal process, did make positive changes to simplify and strengthen the process. Another strength is the use of community resources, including an Americorp volunteer, on the Youth Count Parent Commission and the program staff.

**Areas Deserving More Attention**

Funded programs’ goals and objectives requirements should be strengthened. Consequently, it is uncertain if the programs funded through the Youth Count mini-grant process, while they do meet the criteria of parental involvement, actually contribute to the overall goals of the Parents Commission. Additionally, the Youth Count criteria does not require any link to known prevention strategies (distinct from proven research programs, but still valid as a prevention tool).

The program does collect some participation data, but does not collect any demographic or evaluative data. Requirements for the mini-grantees—including those associated with replication programs—to become engaged in capacity development activities and extended evaluation efforts could be strengthened.
Overview

The mini-grant program director was interviewed in July 2000. One mini-grantee was interviewed in October. There is one program description update. The proposal indicated that one of three *Strengthening Families Program* components would be chosen by the mini-grantees for implementation. This plan was altered so that all three program components would have to be implemented.

Program Context

The service area is well defined. The program director demonstrated knowledge of the various mining communities. While community response has been positive, participant recruitment has presented challenges. The program director observed that the gap between the need for services in the community and the lower than expected participation could be attributed to issues around how the programs are marketed. Parenting programs can be marketed in different ways. For example, a parenting program is offered based largely on the perception that parents aren’t doing their job, thus adding a negative label. Conversely, one is offered in recognition that parenting is so important and valued that the community takes a part to support them in this role, thus adding a positive label.

The mini-grantee also observed that the recent smelter and mine closure in his community had a significant impact, with alcohol problems significantly increasing.

Program Planning & Development

The person who actually developed the mini-grant program proposal was not interviewed. The main impetus for using a mini-grant approach to deliver a replication program was described as the pre-existing relationships with these communities. Also, the agency has a program development goal to utilize evidence-based programs. Hence, promoting the use of the *Strengthening Families Program* through the original mini-grant RFP that went out to targeted communities makes sense. Furthermore, programs, which have a family orientation and involve parents, are preferred in the Hispanic community.

The start-up phase of this program experienced several barriers. First, the area of recruitment presented challenges for both the mini-grantees and for Luz Social Services. The mini-grantees generally underestimated the time and effort needed to attract participants to the program. The funding agency had to encourage the mini-grantees, which were also non-profit organizations, to reach beyond their accustomed boundaries to recruit participants. Also, the timeline for the mini-grantees to implement the program is short. Training of program facilitators, however, has gone well and the overall quality of the facilitators is strong.
The mini-grantee concurred that recruiting was a major issue.

**Program Selection & Monitoring**

In the initial round of soliciting the communities for program proposals, seventy-five letters were sent to a variety of groups and institutions, including schools, churches, agencies, and town councils. In the initial round, five mini-grants were awarded. Three main criteria are used during the selection process: ability to access a site for the program, ability to recruit capable program facilitators, and ability to meet administrative requirements. There are plans to modify the reimbursement criteria for the mini-grantees to place more emphasis on recruitment of participants and completion of (evaluation) surveys; i.e. a system of reimbursement based on performance.

The mini-grantee sites are very spread out. Monitoring activity and provision of technical assistance and support to the mini-grantees is limited due to the amount of travel required and limited resources. Some support has been provided in the areas of networking and program marketing.

The mini-grantee reported that the support provided was excellent.

**Staff Development, Training & Support**

The program director received SFP training and has since become a trainer of facilitators locally. Hence, the mini-grantees recruit facilitators and they are trained by the funding agency to implement the *Strengthening Families Program*.

The program director and the mini-grantee observed that the training provided by the Strengthening Families Program team from Denver was poor. The Mini-grantee felt the subsequent training by Adelante Juntos Coalition was excellent.

**Program Components & Services**

The program director did refer to the program strategies and their specific link with goals and objectives. The program director identified a need to work with recipient groups to develop strategic plans for their local efforts. He also expressed the challenges of trying to implement a complex process with very limited resources.

The mini-grantee stated that no changes were made to the program material or delivery. His site is using a social worker and a staff member from a partner agency to facilitate the sessions. He stated that the goal of the program is to help parents better communicate with their children so they can help them learn self-esteem. He stated that nine families participated in the program, although less than five attended all sessions.

**Program Outcomes, Impact**

The program director listed the following changes that he would expect to see as a result of the programs:
• Changes in how the children express their needs;
• Changes in how parents deal with problem behaviors; and
• Solid program completion rates at the various sites.

The program director also stated that as far as monitoring the process aspects of the programs, there should be an emphasis on recruitment and facilitation skills.

The mini-grantee defined success as each child feeling good about him or her. He said that positive self-esteem is the principle tool in substance abuse prevention.

Tracking, Data Collection & Evaluation
A pre/post survey is being administered. Experience with the evaluation instrument has shown that: the instrument itself is lengthy and difficult for some participants to respond to; matching of pre and post surveys has been a challenge; and some program participants are reluctant to provide the data asked for on the survey. Attendance data is tracked and collected anonymously.

The mini-grantee stated that they kept attendance records and did a pre/post-survey on all participants—including the dropouts. The mini-grantee did not perceive that the data had any usefulness. It was primarily for the funding agency.

Program Highlights and Strengths
The agency demonstrates commitment to utilizing research-based programs. The agency has experience in providing services with a family-based approach. The agency has also managed to provide some capacity building services to the communities that have received a mini-grant. Through use of the mini-grant approach, the agency is bringing both resources and prevention efforts to areas that would otherwise not be in a position to address substance abuse in a preventive manner. The one mini-grantee interviewed displayed a similar commitment to the community served, and appeared to conduct the program with good fidelity.

Areas Deserving More Attention
Utilizing a research-based program with the mini-grant approach presents significant challenges. The program requires extensive resources, training, and expertise in delivering services to families in need. The plan was for Luz Social Services to provide support and technical assistance services to the mini-grantees, which may have partly addressed this issue. However, the resources (time, staff, and travel expenses) needed to deliver these services have not been adequate to support the plan.

Luz Social Services has identified a significant challenge in the areas of recruitment and retention. Also, the community response to this program has not been as strong as expected. This may be partly attributable to the relatively limited resources available to implement a comprehensive prevention program.

Data collection and quality assurance is not based on a clear and detailed plan. There has not been a thorough examination of how the evaluation is being planned and implemented.