



**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

AMERICAN GOTHIC REVISITED JACKSON COUNTY PROGRAM EVALUATION

PROJECT YEAR 2, REPORT 2

IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION
UNIVERSITY OF IOWA, IOWA CITY, IOWA 52242-5000

WITH FUNDS PROVIDED BY:

U.S. DEPARTMENT OF EDUCATION, OFFICE OF SAFE AND DRUG-FREE SCHOOLS, MAQUOKETA COMMUNITY SCHOOL DISTRICT

CITATION OF REFERENCES RELATED TO THIS REPORT IS APPRECIATED. SUGGESTED CITATION:
WHITE, K., GUARD, M., & ARNDT, S. (2010). AMERICAN GOTHIC REVISITED JACKSON COUNTY PROGRAM EVALUATION: PROJECT YEAR 2, REPORT 2. (U.S. DEPARTMENT OF EDUCATION, OFFICE OF SAFE AND DRUG-FREE SCHOOLS). IOWA CITY, IA: IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION. [HTTP://ICONSORTIUM.SUBST-ABUSE.UIOWA.EDU/](http://iconsortium.subst-abuse.uiowa.edu/)



**THE IOWA
CONSORTIUM**
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

AMERICAN GOTHIC REVISITED JACKSON COUNTY PROGRAM EVALUATION

BIANNUAL REPORT

JULY 1, 2008 – JUNE 30, 2010

PREPARED BY:

**KRISTIN WHITE, MA
EVALUATION COORDINATOR**

**MOLLY GUARD, MA
ASSOCIATE DIRECTOR**

**STEPHAN ARNDT, PHD
DIRECTOR**

THIS REPORT IS MADE POSSIBLE BY A GRANT FUNDED BY THE U.S. DEPARTMENT OF EDUCATION, OFFICE OF SAFE AND DRUG-FREE SCHOOLS.

© 2010 UNIVERSITY OF IOWA

EXECUTIVE SUMMARY

A Grant to Reduce Alcohol Abuse from the Department of Education was awarded to the Maquoketa, Iowa School District in partnership with the Andrew, Bellevue, and Preston School Districts in May 2008. Four prevention programs are being implemented in this project: LifeSkills Training (LST); Project Towards No Drug Abuse (TND); Leadership and Resiliency Program (LRP); and Communities Mobilizing for Change on Alcohol (CMCA). Outcome data are only available for LST and TND at this stage of the project. To date, this project has positively affected youth within the school districts served. The project has nine goals, six of which are substance abuse prevention program outcome goals, two are process goals, and the ninth goal is for substance abuse counseling. Two substance abuse prevention program goals were revised during the first project year, as they were either not measurable or had overly ambitious expectations. Substance abuse prevention program Goals 1, 2, 4, and 6 use the 2008 Iowa Youth Survey (IYS) as a reference for the anticipated year-to-year change. The IYS provides an estimate of the change one might expect each year in Iowa's general youth population due to maturation. IYS data for sixth and eighth grades provide the reference figures for LST; IYS data for eighth and eleventh grades provide the reference figures for TND. Of the nine goals, seven are partially or currently being met, completed, or almost achieved; one is not measurable as stated, although the outcomes to date do indicate progress; and the remaining goal is close to being met. Progress toward each goal is detailed below.

Goal 1

Goal 1 is a fifty percent reduction in the anticipated year-to-year increase in the percentage of participating students who report alcohol consumption in the past 30-day period.

Status: Currently met. A 3.3% increase or less in alcohol consumption is needed to achieve this goal for LST: the first year of LST shows a decrease in alcohol consumption of 0.3%, and the second year of LST shows an increase of 2.9%. A 3.2% increase or less is needed to achieve this goal for TND: the change for TND is a 0.5% decrease.

Goal 2

Goal 2 is a fifty percent reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period.

Status: Currently met. Outcomes for both years of LST and TND exceed this goal. A 2.3% increase or less in binge drinking is needed to achieve this goal for LST: the pre-test to post-test change for LST Year 1 is a 1.4% decrease, and the change for LST Year 2 is a 1.1% increase. A 3.7% increase or less in binge drinking is needed for TND; the change for TND is a 0.7% decrease.

Goal 3

Goal 3 is no change or an increase in the percentage of participating students who disapprove of alcohol use.

Status: Currently met. LST Year 1 had an increase of 2.8% from pre-test to post-test, LST Year 2 had an increase of 0.6%, and TND had an increase of 2.5%.

Goal 4

Goal 4 is a fifty percent increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health.

Status: Achievement of this goal is currently not measurable, as the expected reduction in the IYS data did not occur. The 2008 IYS showed no change in perceived risk of harm in the LST comparison group and a 0.3 percentage point increase in the TND comparison group. However, Jackson County GRAA LST and TND data showed greater increases in the percentage of participants who believe that alcohol is harmful to their health than the IYS comparison data. The first and second years of LST showed increases of 2.9 and 2.3 percentage points, respectively, and TND showed an increase of 0.5%.

Goal 5

Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use.

Status: Partially met. Outcomes for the first and second year of LST have met this project goal, whereas TND did not. The first year of LST showed an increase of 0.01% (this group had a high percentage of participants reporting parental disapproval at pre-test [95.6%], making it difficult to improve), and the second year of LST showed an increase of 3.6%. TND showed a 0.8% decrease in participants reporting parental disapproval of alcohol use.

Goal 6

Goal 6 is a twenty-five percent reduction in the anticipated year-to-year increase in the percentage of participating students who report that obtaining alcohol is easy or very easy.

Status: Currently met. A 9.0% increase or less in ease of obtaining alcohol is needed to achieve this goal for LST: the change is a 3.0% increase for LST Year 1 and a 3.6% increase for LST Year 2. A 7.0% increase or less is needed to achieve this goal for TND: the change is a 2.2% decrease.

Goal 7

Goal 7 is to demonstrate comprehensive alcohol prevention systems change in Jackson County.

Status: Completed. All targeted activities were implemented during the first project year and continued through the second project year.

Goal 8

Goal 8 is to demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs.

Status: Ahead of schedule. In almost all classrooms, school personnel led program implementation with limited support from ASAC prevention specialists.

Goal 9

Goal 9 is that seventy percent of students receiving substance abuse treatment services will successfully complete their treatment program.

Status: Almost met. Through June 30, 2010, 15 students successfully completed treatment, yielding a 68% success rate. This value is based on a small number of youth who had completed treatment thus far, and it is expected that the successful completion rate will climb as more youth complete treatment.

Overall, the project is on schedule and should continue to meet or exceed these project goals in Year 3. Of the prevention programs being implemented, LST has achieved all of the project goals, with TND being off on one goal.

TABLE OF CONTENTS

Executive Summary	i
Introduction.....	1
Background	1
Project Goals	1
Outcome Evaluation	2
Outcome Evaluation Design and Methodology	2
Outcome Data: School-Based Prevention Programs	2
Process Evaluation	15
Process Evaluation Design and Methodology	15
Action Plan Analysis	15
Process Interviews	26
Degree of Achievement of Process Goals	29
Degree of Achievement of Counseling Goal	30
Conclusion	30

Appendices

Appendix 1: Other Substances Data	32
Appendix 2: Project Action Plan Year 1	38
Appendix 3: CMCA Logic Model Year 1	41
Appendix 4: Year 1 Round 2 Process Evaluation Summary	43
Appendix 5: School-Based Prevention Program Implementation Data 2008-09 School Year	53

INTRODUCTION

Background

In May 2008, the Maquoketa School District, in partnership with the Andrew, Bellevue, and Preston School Districts, was awarded a three year Grant to Reduce Alcohol Abuse from the Department of Education. The purpose of this grant is to reduce alcohol use and abuse among secondary school students. Other partners in the grant are: the Area Substance Abuse Council (ASAC), to provide substance abuse prevention program implementation and technical assistance, and substance abuse counseling; and the Iowa Consortium for Substance Abuse Research and Evaluation (Consortium), to conduct the project evaluation.

The Consortium conducts an outcome and process evaluation of the American Gothic Revisited – Jackson County Grant to Reduce Alcohol Abuse project. The outcome evaluation provides information regarding student alcohol use and attitudes about alcohol use, collected from pre- and post-tests. The process evaluation analyzes the development and implementation of the project as well as the degree of achievement of project goals and objectives. Tracking sheets, interviews with key informants, and a review of community meeting minutes provide data for the process evaluation.

The purpose of this report is to provide feedback to project implementers and stakeholders on the progress of the American Gothic Revisited – Jackson County project. This report presents outcome and process data in relation to the project action plan and degree of achievement of project goals. This report is intended to document and analyze project activities to provide data that will assist project stakeholders in making decisions related to project implementation. This report presents results from July 1, 2008 through June 30, 2010.

Project Goals

There are nine goals for this project as set forth in the grant proposal. Goals 1-6 relate to substance abuse prevention program outcomes, Goals 7-8 are process goals, and Goal 9 is a substance abuse counseling goal. Preliminary data for each goal are included in this report. These goals include:

1. A 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report alcohol consumption in the past 30-day period;
2. A 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period;
3. No change or an increase in the percentage of participating students who disapprove of alcohol use;
4. A 50% increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health;
5. No change or an increase in the percentage of students reporting parental disapproval of alcohol use;
6. A 25% reduction in the anticipated year-to-year increase in the percentage of participating students who report that obtaining alcohol is easy or very easy;
7. Demonstrate comprehensive alcohol prevention systems change in Jackson County;

8. Demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs; and
9. Seventy percent of students receiving substance abuse treatment services will successfully complete their treatment program.

Goals 3 and 5, as originally written, were problematic: Goal 3 was not measurable and Goal 5 was overly ambitious, given students' reports during the first six months of the project. The goals were revised and the revisions were approved by the Project Oversight Committee and U.S. Department of Education in October 2008. The goals as stated above reflect those revisions.

OUTCOME EVALUATION

Outcome Evaluation Design and Methodology

The outcome evaluation uses a matched pre- and post-test design. Outcome data are collected from the youth participating in each of the programs using an instrument created for this project that contains questions from the Government Performance and Results Act (GPRA) instrument, the Center for Substance Abuse Prevention's Core Measures, and the Iowa Youth Survey (IYS). The instrument contains questions that measure the project's six outcome goals: 1) reduce underage alcohol use among youth targeted by the prevention programs; 2) reduce binge drinking among youth targeted by the prevention programs; 3) increase the percentage of targeted youth who disapprove of alcohol abuse; 4) increase the percentage of targeted youth who believe that alcohol abuse is harmful to their health; 5) increase the percentage of targeted youth who believe their parents disapprove of alcohol use; and 6) reduce the percentage of targeted youth who believe that it is easy to obtain alcohol in their neighborhood or community. Youth participating in LifeSkills Training (LST) will complete a post-test at the end of each program year, to allow for data collection and reporting on a timely basis for the multi-year program. LST data presented in this report encompass only the first two years of LST; future evaluation reports will include data collected over the third and final year of LST.

Outcome Data: School-Based Prevention Programs

Eight-hundred seventy-one youth from the four school districts have completed a pre-test through June 30, 2010. The pre-test was administered prior to the first program lesson. Of the 871 youth, 375 are middle school aged youth participating in LST, 450 are high school aged youth participating in Project Towards No Drug Abuse (TND), and 46 are high school aged youth participating in Leadership and Resiliency Program (LRP). In addition, 183 middle school aged youth completed a pre-test prior to the first program lesson of the second year of LST.

Eight hundred and forty-five youth from the four school districts have completed a post-test. The post-test was administered after the last program lesson. Of the 845 youth, 366 are middle school aged youth who participated in LST, 440 are high school aged youth who participated in TND, and 39 are high school aged youth who participated in LRP. In addition, 178 middle school aged youth completed a post-test after the last program session of the second year of LST.

As of June 30, 2010, 839 youth have completed both a pre-test and post-test. Of these youth, 365 are middle school students who participated in LST (mostly 6th graders), 435 are high school students who participated in TND (mostly 9th and 10th grade students), and 39 are high school students who participated in LRP (mostly 10th and 11th grade students). In addition, 178 middle school aged youth completed both a pre-test and post-test for the second year of LST. The figures throughout this report present outcome data on alcohol use for LST and TND; LRP has an insufficient sample size at this point in the project to report outcomes.

The N figures (number of participants) listed throughout this report are specific to each variable and reflect the number of youth who responded to the question at *both* pre-test and post-test. The N may be less than the total number of youth who completed both a pre-test and post-test. This is due to one of three factors: participants may have skipped an individual question (either intentionally or unintentionally) or selected more than one response; data entry staff may not have been able to determine which response was selected; or data entry error occurred. The median number of days between the pre-test and the post-test was 55 for the first year of LST (Minimum = 13; Maximum = 127), 103 for TND (Minimum = 46 days; Maximum = 125 days), 137 for LRP (Minimum = 69; Maximum = 224), and 35 for the second year of LST (Minimum = 25; Maximum = 105).

Outcome data related to alcohol use are provided here. Outcome data related to tobacco and marijuana use are provided in Appendix 1 on pages 32 through 37. Figures 1 and 2 on pages 5 and 6 compare the pre-test to post-test change in past 30-day use of alcohol, binge drinking, and perceived risk of harm from alcohol abuse to the average yearly change in these three measures based on the 2008 Iowa Youth Survey (IYS) data from Jackson County, Iowa. (Note: Figures 17 and 18 in Appendix 1 show these changes in individual attitudes by program for tobacco and marijuana.) The average yearly change was calculated by dividing the difference between the use figures for each grade by the number of years between grades. This was done using 6th and 8th grade IYS data to provide a reference for LifeSkills Training program outcomes, and using 8th and 11th grade IYS data to provide a reference for Project Towards No Drug Abuse outcomes. These average yearly change figures serve as a realistic point of reference when examining the programs rather than comparing to zero, or no change. It is an estimate of the change one might expect to see among youth in Iowa's general population over the course of one year. Therefore, based on natural progression as reflected in the 2008 Iowa Youth Survey data, past 30-day use of alcohol is estimated to increase 6.5 percentage points each year for middle school students and 6.3 percentage points for high school students. Similarly, binge drinking is estimated to increase 4.5 and 7.3 percentage points for middle school and high school students, respectively. Perceived risk of harm from alcohol abuse is estimated to remain unchanged for middle school students and increase 0.3 percentage points for high school students. The comparisons of pre-test to post-test change for past 30-day alcohol use, binge drinking, and perceived risk of harm from alcohol abuse found in Figures 1 and 2 are measures of project Goals 1, 2, and 4.

Goal 1

Goal 1 calls for a 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report alcohol consumption during the past 30-days. A 3.25% increase or less in alcohol consumption is needed to achieve this goal for LST; a 3.15% increase or less is needed for TND. Outcomes for both years of LST and TND exceed this goal. The pre-test to post-test change for LST Year 1 is a 0.3 percentage point decrease; the change for LST Year 2 is a 2.9 percentage point increase; and the change for TND is a 0.5 percentage point decrease.

Goal 2

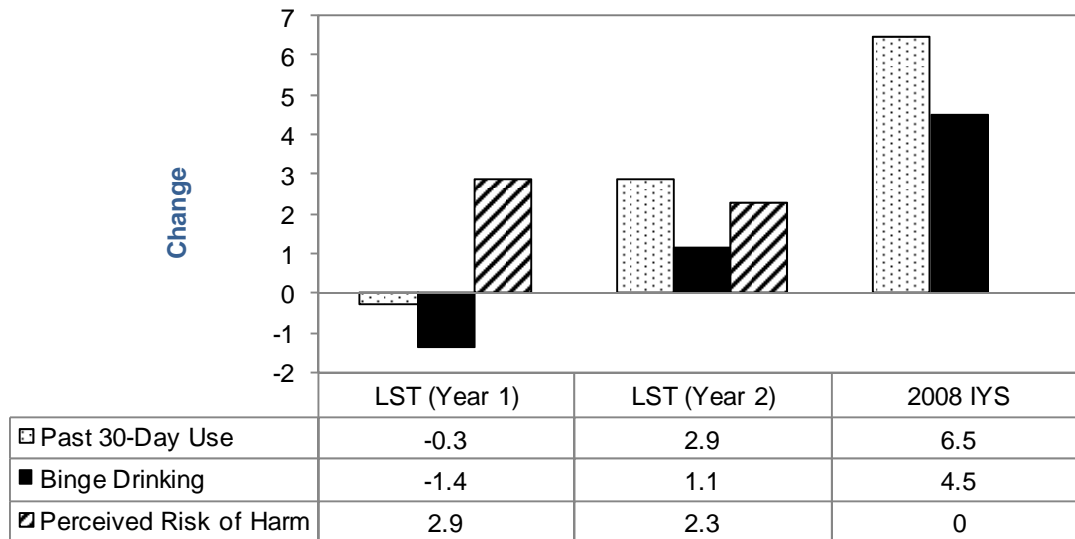
Goal 2 calls for a 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30 days. A 2.25% increase or less in binge drinking is needed to achieve this goal for LST; a 3.65% increase or less in binge drinking is needed for TND. Outcomes for both years of LST and TND exceed this goal. The pre-test to post-test change for LST Year 1 is a 1.4 percentage point decrease; the change for LST Year 2 is a 1.1 percentage point increase; and the change for TND is a 0.7 percentage point decrease.

Goal 4

Goal 4 calls for a 50% increase in the anticipated year-to-year reduction in the percentage of participating students who believe alcohol is harmful to their health. Achievement of this goal as currently written is not measurable, since the 2008 IYS data did not show the anticipated reductions in perceived risk of harm. The 2008 IYS had no change in perceived risk from 6th to 8th grade students (the groups used to generate the estimate for LST) and an increase of 0.3% among 8th to 11th grade students (the groups used to generate the estimate for TND). However, LST and TND had greater increases in the percentage of participants who believe that alcohol is harmful to their health than the IYS comparison data. The first and second years of LST showed increases of 2.9% and 2.3%, respectively, and TND showed an increase of 0.5%.

Figure 1. Life Skills Training Outcome Data and 2008 6th and 8th Grade Iowa Youth Survey Data: Past 30-Day Use; Binge Drinking; and Perceived Risk of Harm

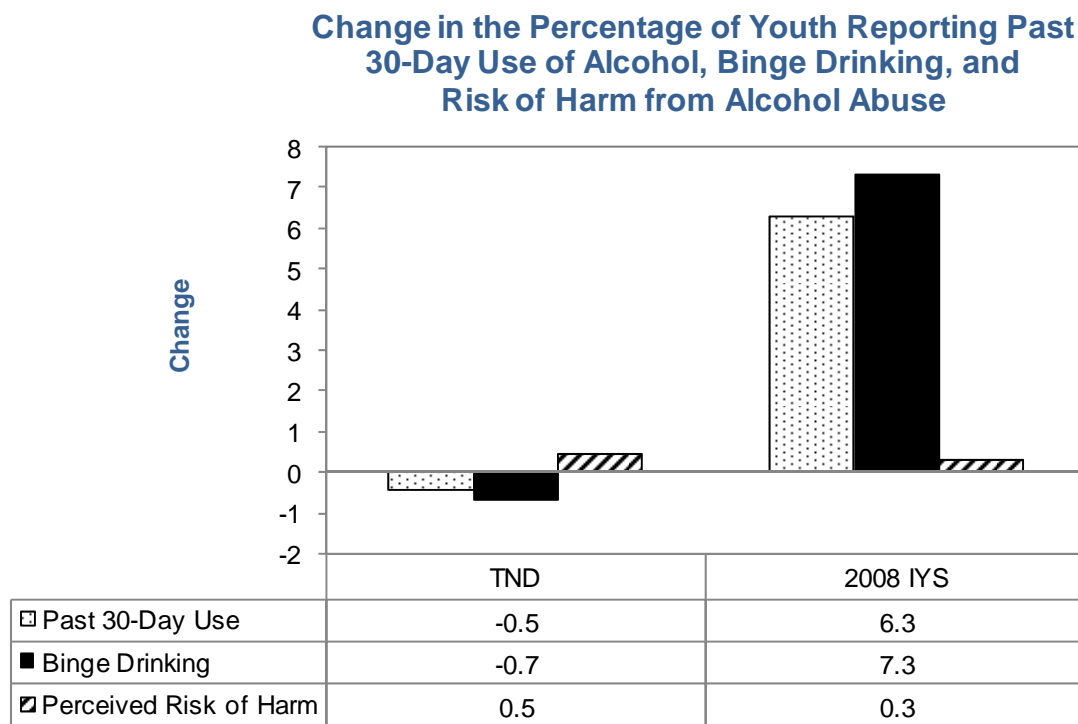
Change in the Percentage of Youth Reporting Past 30-Day Use of Alcohol, Binge Drinking, and Perceived Risk of Harm from Alcohol Abuse



Notes: ¹The median number of days between pre- and post-tests was 55 for the first year of LST and 35 for the second. IYS data is reported as an annual change estimate.

²Pre-test percentages for LST (Year 1) – alcohol: 8.9%; binge drinking: -2.5%; and perceived risk of harm: 92.6%. For LST (Year 2) – alcohol: 9.1%; binge drinking: 2.8%; and perceived risk of harm: 93.8%.

Figure 2. Project Towards No Drug Abuse Outcome Data and 2008 8th and 11th Grade Iowa Youth Survey Data: Past 30-Day Use; Binge Drinking; and Perceived Risk of Harm



Notes: ¹The median number of days between pre- and post-tests was 103 for TND. IYS data is reported as an annual change estimate.

²Pre-test percentages for alcohol: 33.7%; binge drinking: 18.0%; and perceived risk of harm: 94.9%.

Goal 3

Goal 3 is no change or an increase in the percentage of participating students who disapprove of alcohol use. (Note: There is no equivalent question on the Iowa Youth Survey, therefore no IYS comparison data is provided for student disapproval of alcohol use.) Outcomes for LST and for TND have met this goal: both programs show increases from pre-test to post-test in the percentage of participants who disapprove of alcohol use. Figure 3 on page 7 shows the percentage of participants at pre-test who disapprove of near-daily alcohol use by someone their age, and the percentage change from pre-test to post-test.

Figure 3. Percentage of Youth Reporting Disapproval of Alcohol Use

	LifeSkills Training First Year (N = 357)		LifeSkills Training Second Year (N = 177)		Project Towards No Drug Abuse (N = 433)	
	Pre-Test	Change	Pre-Test	Change	Pre-Test	Change
Percentage of youth reporting that they either disapprove or strongly disapprove of someone their age drinking one or two drinks of alcohol nearly every day.	89.08	2.80	89.27	0.56	73.90	2.54

Figure 4 on page 8 shows outcomes by program for participants' attitudes about alcohol use, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. (Note: Figures 19 through 22 in Appendix 1 show change in individual attitudes from the pre-test to the post-test by program for tobacco and marijuana.) Favorable outcomes mean that attitudes changed in the desired direction from pre-test to post-test (e.g., respondent did not disapprove of alcohol use at pre-test but disapproved at post-test), or remained the same and were negative toward alcohol use; unfavorable outcomes mean that attitudes did not change in the desired direction from pre-test to post-test (i.e., respondent felt alcohol use was a little wrong at pre-test and not wrong at all at post-test), or that the pre-test and post-test responses remained the same and were positive toward alcohol use.

Figure 4. Participant Attitudes Toward Alcohol Use

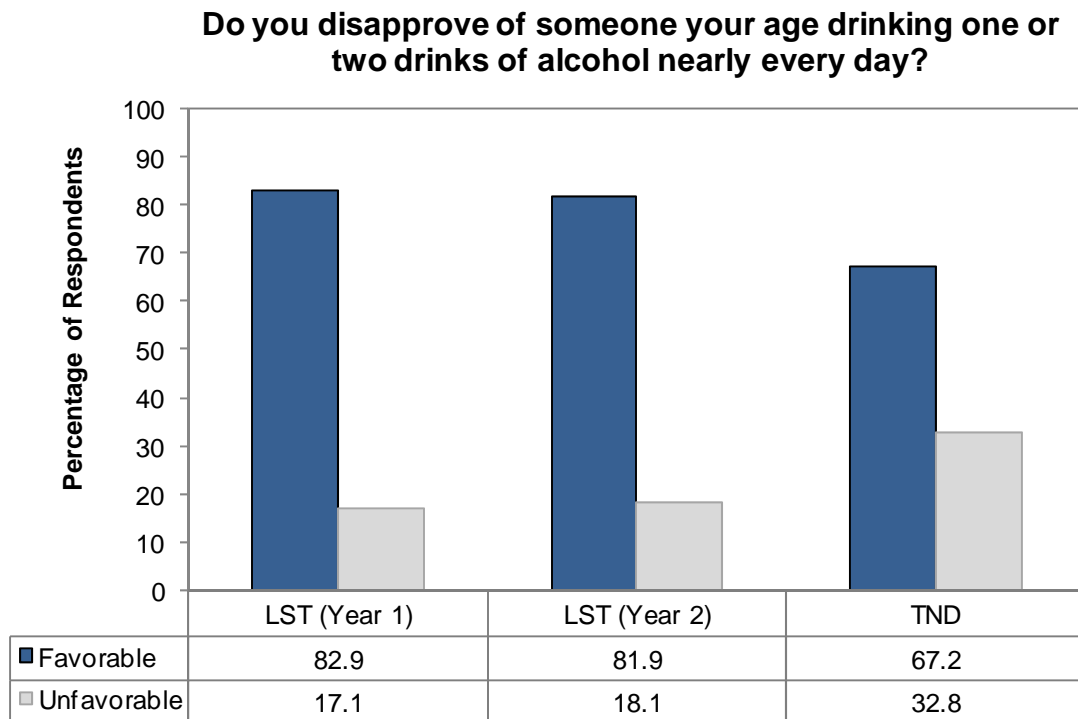
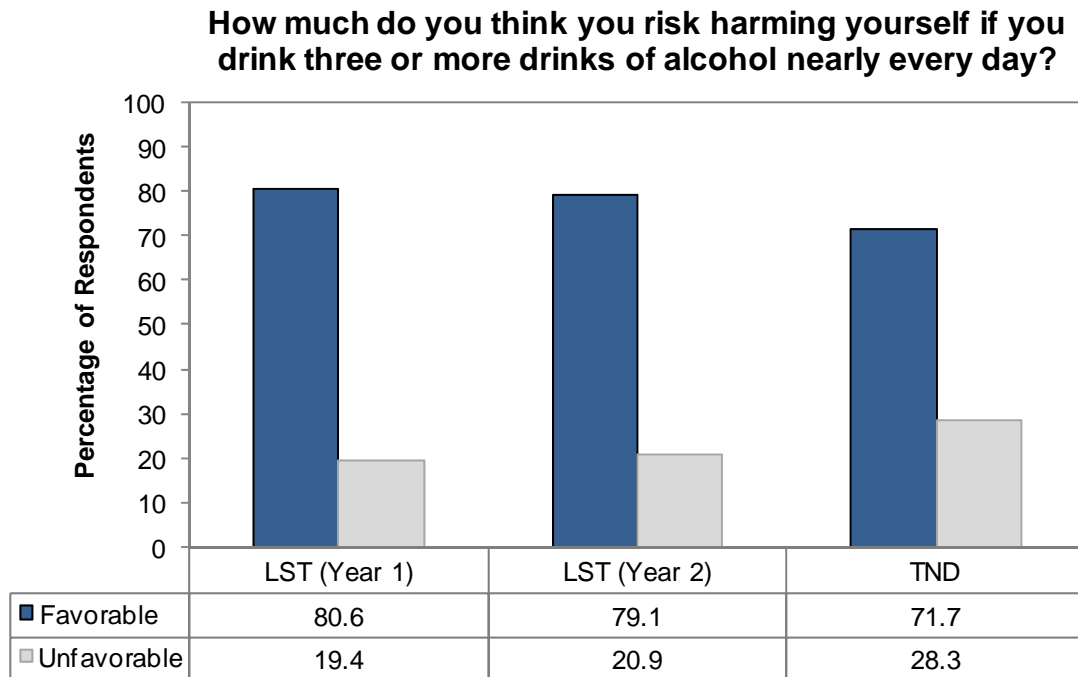


Figure 5 on page 9 shows outcomes by program for participants' perceptions of the risk of harm from alcohol use, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. As described above, outcomes were either: 1) favorable, meaning that perceived risk changed in the desired direction from pre-test to post-test (e.g., respondent felt alcohol use posed little risk at pre-test but moderate or great risk at post-test), or remained the same and was negative toward alcohol use; or 2) unfavorable, which means that perceived risk did not change in the desired direction from pre-test to post-test (i.e., respondent felt alcohol use posed moderate risk at pre-test but only slight risk at post-test), or that the pre-test and post-test responses remained the same and were positive toward alcohol use (did not see it as posing much or any risk).

Figure 5. Participant Perceptions of Risk of Harm from Alcohol Use



Goal 5

Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use. Outcomes for the first and second year of LST have met this project goal, whereas TND did not. Although the percentage point increase for the first year of LST was small, this group had a high percentage reporting parental disapproval at pre-test (95.62%), making it difficult to improve. Figure 6 shows the percentage of participants at pre-test who report that their parents would disapprove of their alcohol use, and the percentage change from pre-test to post-test.

Figure 6. Percentage of Youth Reporting Parental Disapproval of Alcohol Abuse

	LifeSkills Training First Year (N = 320)		LifeSkills Training Second Year (N = 165)		Project Towards No Drug Abuse (N = 396)	
	Pre-Test	Change	Pre-Test	Change	Pre-Test	Change
Percentage of youth reporting that their parents feel it would be wrong or very wrong for them to drink beer, wine, or hard liquor.	95.62	0.01^a	89.70	3.63^a	81.32	-0.77

^aA positive change value indicates the most desirable change for these questions.

Figure 7 on page 10 and Figure 8 on page 11 show outcomes for participants' perceptions of adult attitudes toward their alcohol use, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. Figure 7 shows participants' perceptions of their parents' attitudes toward their alcohol use; Figure 8 shows participants' perceptions of the attitudes of other adults in their neighborhood. Favorable outcomes mean that perceptions toward alcohol use grew more negative (e.g., respondents reported that their parents would feel alcohol use was wrong at pre-test and very wrong at post-test), or that the pre- and post-test responses remained the same and were negative toward alcohol use; unfavorable outcomes mean that perceptions grew more positive toward alcohol use from pre-test to post-test (i.e., respondents reported that adults in their neighborhood would feel alcohol use was wrong at pre-test and not wrong at post-test), or that the pre- and post-test responses remained the same and were positive toward alcohol use.

Figure 7. Participant Perceptions of Parental Attitudes Toward Child's Use of Alcohol

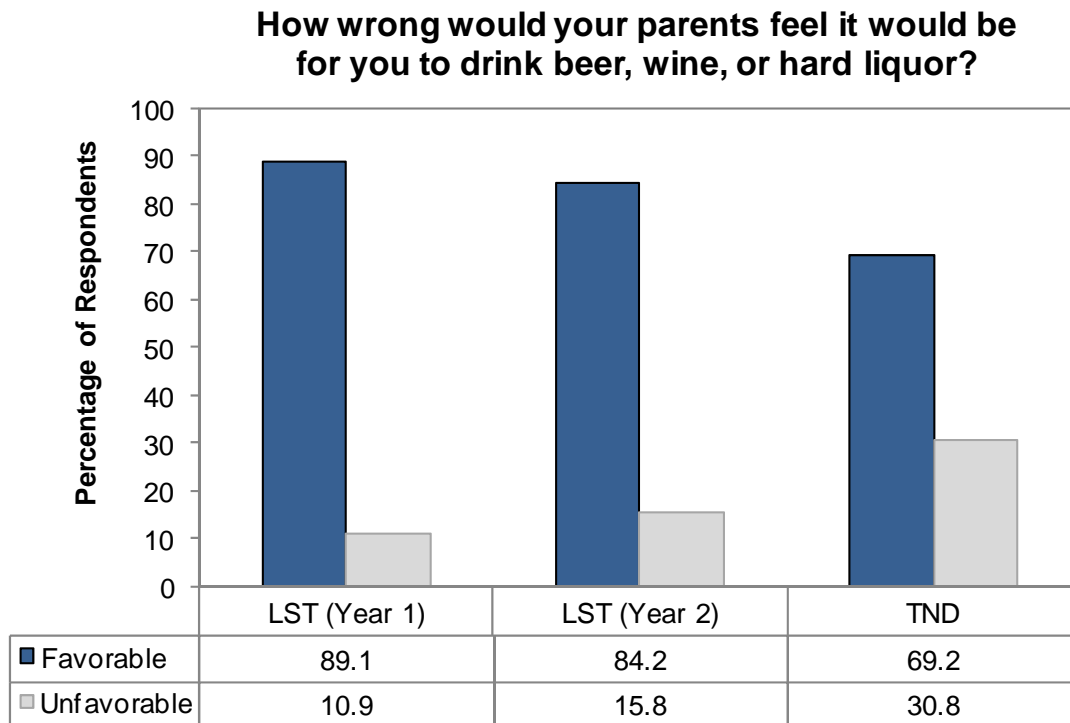
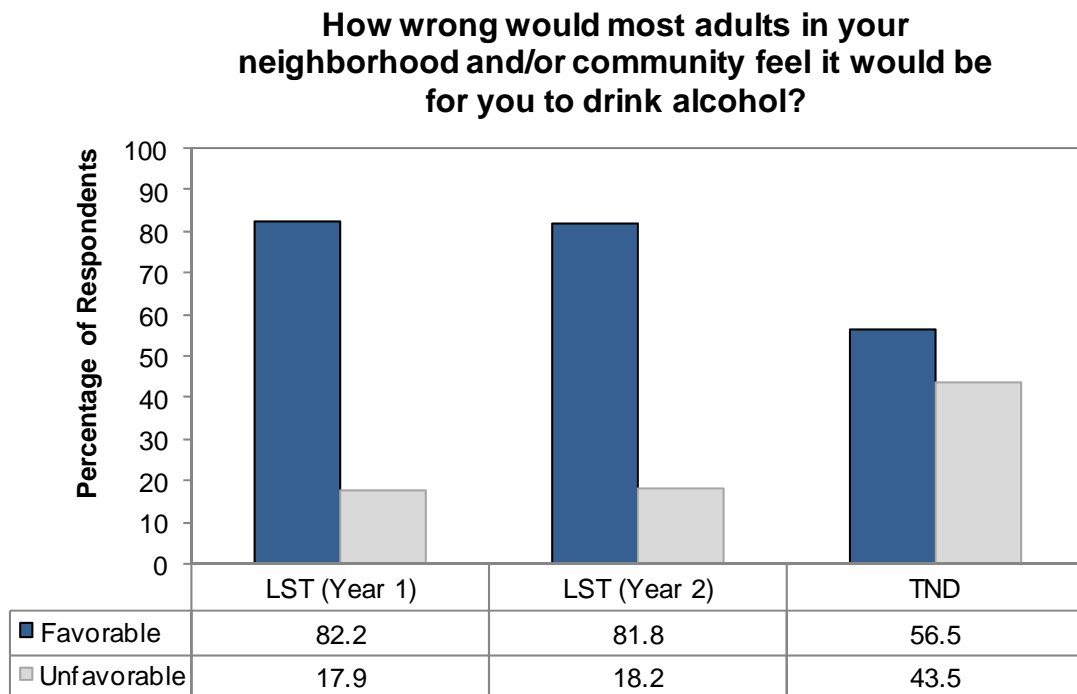


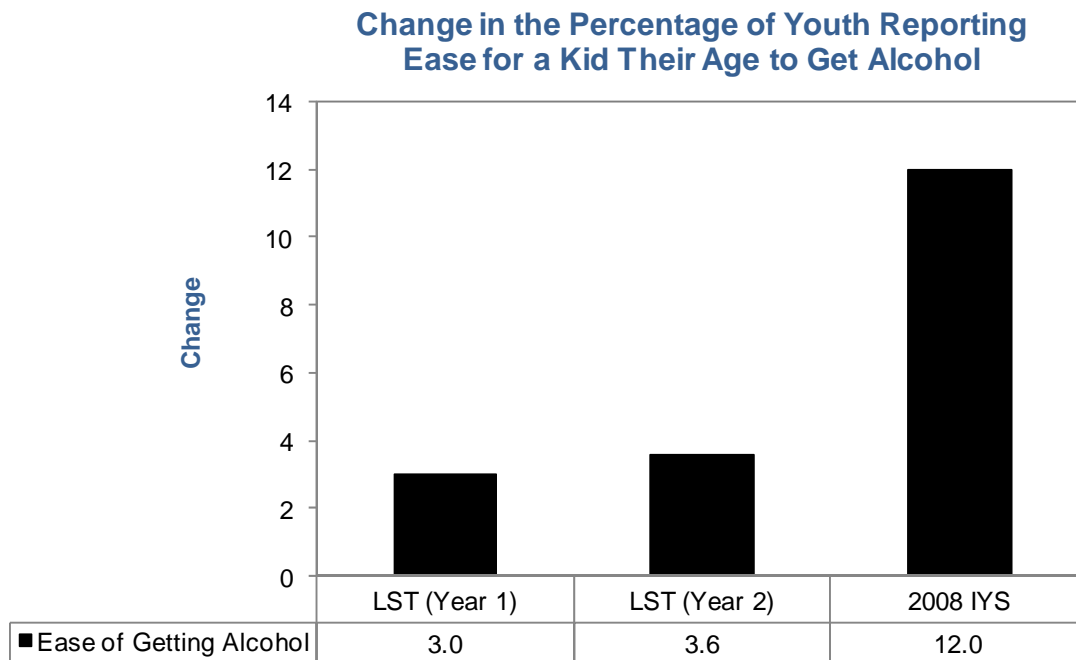
Figure 8. Participant Perceptions of Adult Neighbor Attitudes Toward Child's Use of Alcohol



Goal 6

Goal 6 is a 25% reduction in the anticipated annual increase in participants who report that obtaining alcohol is easy. The target percentages are 9.0% increase or less in alcohol availability for LST and a 7.0% increase or less for TND. Both LST and TND data exceed the projected outcome for this goal. Figure 9 on page 12 and Figure 10 on page 13 present the pre-test to post-test percentage change in perception of alcohol availability for program participants and the estimated average yearly change based on the 2008 IYS data from Jackson County.

Figure 9. Life Skills Training Outcome Data and 2008 6th and 8th Grade Iowa Youth Survey Data: Perceived Alcohol Availability

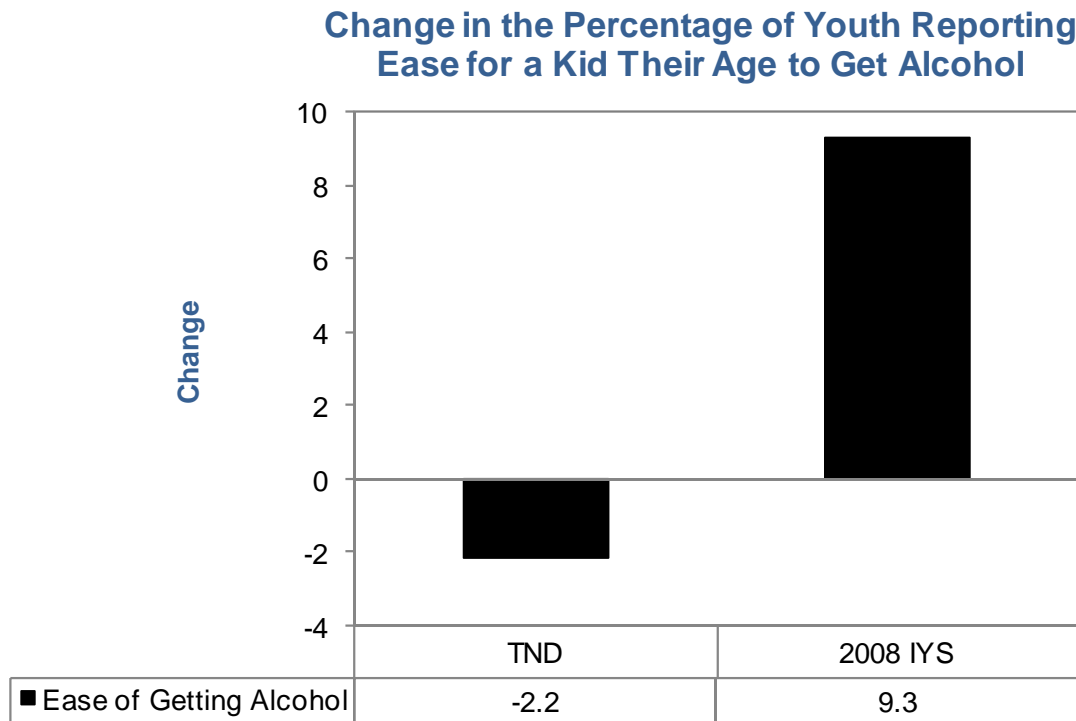


Notes: ¹The median number of days between pre- and post-tests was 55 for the first year of LST and 35 for the second. IYS data is reported as an annual change estimate.

²"Don't know" responses were combined with missing responses and were not included in the total when calculating the percentages.

³Pre-test percentages for ease of obtaining alcohol were 23.3% for LST (Year 1) and 36.9% for LST (Year 2).

Figure 10. Project Towards No Drug Abuse Outcome Data and 2008 8th and 11th Grade Iowa Youth Survey Data: Perceived Alcohol Availability



Notes: ¹The median number of days between pre- and post-tests was 103 for TND. IYS data is reported as an annual change estimate.

²“Don’t know” responses were combined with missing responses and were not included in the total when calculating the percentages.

³The percent of respondents reporting ease to get alcohol at pre-test was 75.9% for TND.

Figures 11, 12, and 13 on pages 14 and 15 display outcomes for school enjoyment, school performance, and support from an adult at school, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. Favorable outcomes mean that school enjoyment or performance increased (e.g., respondents enjoyed being in school more at post-test than at pre-test) or that pre-test and post-test responses remained the same and were favorable regarding school enjoyment or performance; unfavorable outcomes mean that school enjoyment or performance decreased from pre-test to post-test (e.g., respondents tried to do their best in school more at pre-test than at post-test), or that pre-test and post-test responses remained the same and were unfavorable regarding school enjoyment or performance.

Figure 11. School Enjoyment

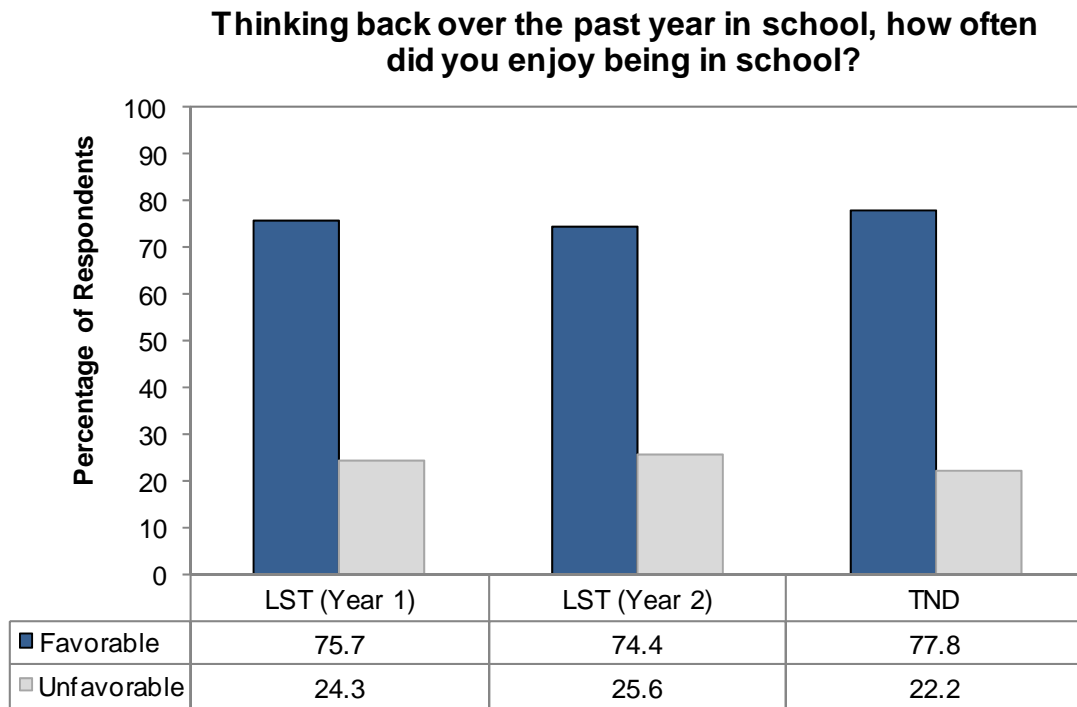


Figure 12. School Performance

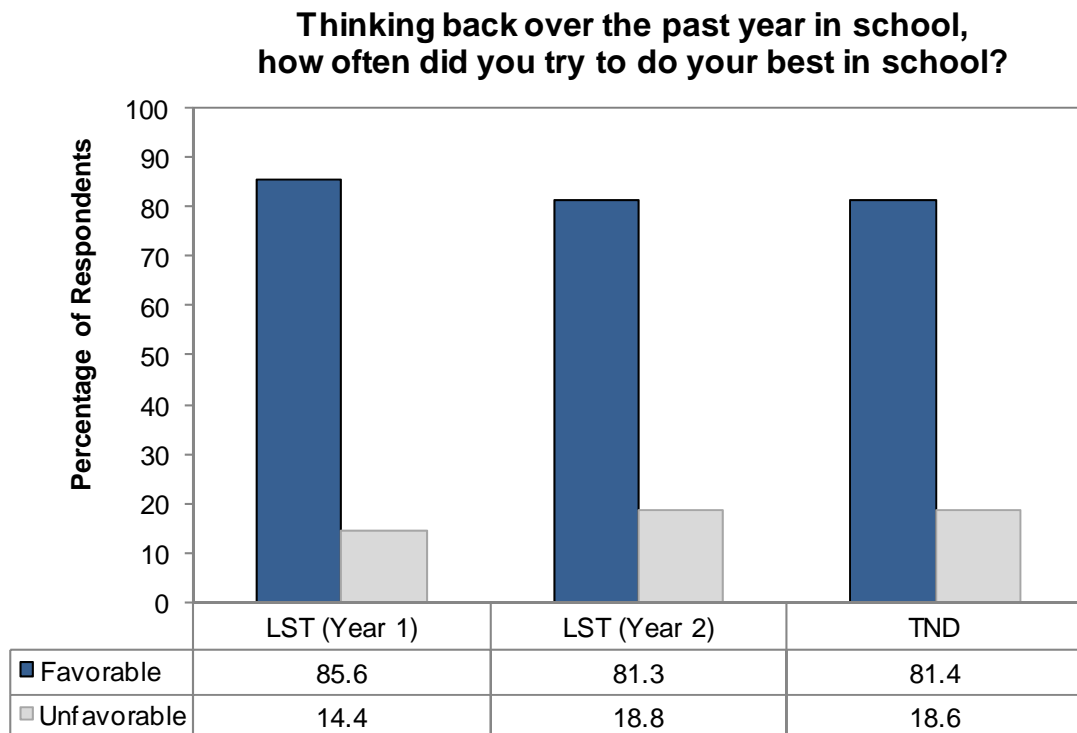
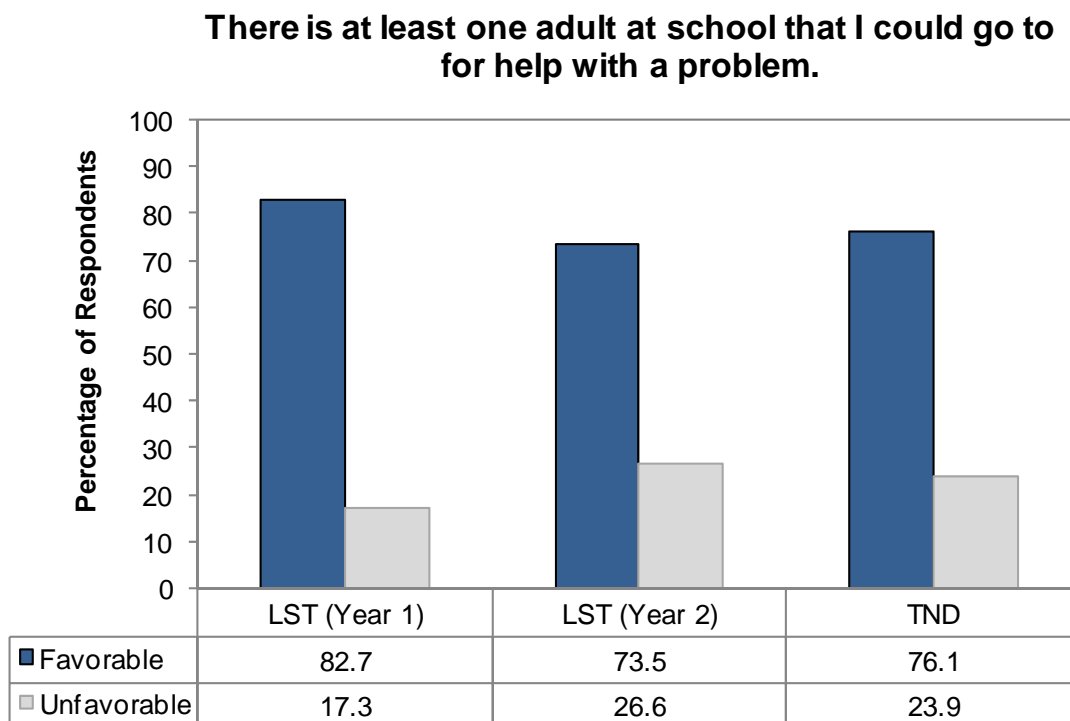


Figure 13. Support from Adult at School



PROCESS EVALUATION

Process Evaluation Design and Methodology

The process evaluation provides insight into the degree of achievement of program goals. Evaluation methods include analysis of the project action plan, committee meeting participation, documentation of Communities Mobilizing for Change on Alcohol (CMCA) activities, review of prevention program tracking sheets, process interviews, and review of counseling data.

Process data on the school-based prevention programs are collected using tracking sheets completed by Area Substance Abuse Council (ASAC) Prevention Specialists. One tracking sheet is completed for all LRP groups and another is completed for all LST and TND groups. These forms are used to monitor program dosage and degree of implementation by documenting the type of program, the school where the program is implemented, the grade level(s) of the youth participating, the number of youth completing the pre-test and post-test, and the number and frequency of lessons implemented.

Action Plan Analysis

The project action plan activities and time frames were compared to the actual activities implemented during this report period. See Appendix 2 on page 38 for the Year 1

Project Action Plan; see Appendix 3 on page 41 for the Logic Model and Year 2 Project Action Plan. The following activities were scheduled to occur during this report period: hold eight Project Oversight Committee meetings; conduct program trainings; form local Communities Mobilizing for Change on Alcohol (CMCA) groups, develop action plans and begin implementation; implement Life Skills Training (LST) in the four middle schools; implement Project Towards No Drug Abuse (TND) in the high schools with ninth graders; implement Leadership and Resiliency Program (LRP) in three high schools; and implement Reconnecting Youth (RY) in two high schools. The inclusion of Reconnecting Youth in the action plan was an error; Reconnecting Youth was never intended to be implemented as part of this project. CMCA has not evolved as set forth in the action plan: instead of forming a CMCA group in each district, one CMCA group for the entire county was formed. As the project progresses, local CMCA groups may be formed to address specific issues or to serve as subcommittees of the overall CMCA group. All other activities are on schedule, although LRP was not started as early as planned due to training delays. A progress update for each activity in the action plan is provided below.

Project Oversight Committee

As set forth in the grant application, the Project Oversight Committee meets quarterly to review activities, student participation levels, and evaluation data. The Project Oversight Committee also provides feedback, support, and decision-making for project implementation. The Project Oversight Committee is comprised of nine members including the four District Superintendents, the Project Coordinator (ASAC), the Project Assistant (ASAC), the Assistant Director of Prevention Services (ASAC), two Prevention Specialists (ASAC), one Substance Abuse Counselor (ASAC), and the Evaluator (Consortium). District Superintendents who are unavailable send a proxy, often a Principal, in their stead.

The Project Oversight Committee met on August 12 and November 7, 2008; January 31, April 17, June 19, and September 18, 2009; January 15, and April 30, 2010. The majority of members attended the meetings. During these meetings, presentations and discussions occurred regarding: 1) program trainings; 2) the implementation and sustainability of prevention programs in the schools; 3) the number of youth referred to counseling and seen on a regular basis; 4) CMCA implementation progress; 5) evaluation progress updates; 6) application of prevention funding; and 7) grant administration issues including budget revisions and submission of billing claims.

Program Trainings

Initial trainings for the four research-based prevention programs implemented during this project were held within the first six months of the project. The trainings for school-based prevention programs were provided as follows: LST training on September 5, 2008 and August 11, 2009; LRP training on September 16-18, 2008 and October 20-22, 2009; and TND training on September 8 and 9, 2008. Figure 14 on page 17 shows the number of people trained to implement each school-based prevention program by community. CMCA training was provided on November 3 and 4, 2008 and was attended by 22 community members.

Figure 14. Number of People Trained in Each Program Through 6/30/10

Number of People Trained in Each Program			
School	Program		
	LST	TND	LRP
Maquoketa	2	2	4
Andrew	4	2	-
Bellevue	5	2	2
Preston	3	2	-
ASAC/GRAA Staff	4	4	4
Project Total	18	12	10
<u>Program Key</u> LST Life Skills Training TND Project Towards No Drug Abuse LRP Leadership and Resiliency Program			

Communities Mobilizing for Change on Alcohol (CMCA)

For the most part, the implementation of CMCA is on schedule. Project staff and community members were trained to implement CMCA in November, 2008, and the CMCA group began meeting that month. Project staff and volunteers have conducted 102 one-on-one interviews with community members to assess perceptions of alcohol problems in the county and what should be done about them, and to encourage involvement in the community coalition or other CMCA activities. In addition, project staff led a CMCA kick-off event, seventeen community coalition meetings, four town hall meetings, and participated in numerous community events. Staff also surveyed youth in the targeted school districts to obtain input into topics they would like to see addressed in a summer Youth Leadership Days event. One-hundred surveys were distributed, and students returned eighty-seven completed surveys. The local media has provided extensive coverage of CMCA events and activities, and the local radio talk show has hosted Jackson County GRAA staff and featured project events on numerous occasions.

One variance from the project action plan is that a CMCA group was not formed in each district. Rather, one CMCA group for the entire county was formed, due to the small size of some of the districts and a lack of initial interest in the project within some districts. This group was designed to include representatives from across Jackson County, with the possibility of splitting the group into smaller community groups as the project progresses. During the second half of the second project year, the group saw an increase in interest and attendance from parents in the community. In addition, a local acting company, the Peace Pipe Players, began collaborating with the group to enhance events by adding dramatizations.

A comprehensive action plan for the county was developed by project staff shortly after the CMCA training. This plan was followed during the first project year. During the second project year, staff decided to focus on issues and goals outlined in the CMCA

Logic Model. (See Appendices 2 and 3 on pages 38 through 42 for the Project Action Plan and CMCA Logic Model). The CMCA action plan targets four major areas: 1) reduce access to minors; 2) change perceptions of the consequences of alcohol use; 3) modify policies to ensure consistent enforcement; and 4) increase education and change perceptions of underage alcohol use. The coalition began implementing actions during the latter half of the first project year, and continued to do so during the second project year. Planned actions for each target area (with additional information for those already implemented) include:

Reduce Access to Minors

- Alcohol Server Trainings

Two community representatives were trained to teach Training for Intervention Procedures (TIPS) in July 2009. Since then, two alcohol server trainings have been held, both of which were for off-site vendors (where alcohol is sold for consumption off site, such as grocery stores, convenience stores, bars). A total of 8 people were certified, representing 2 businesses. Public recognition, through the use of a newspaper article about the training and a TIPS completion certificate, was given to the businesses that had staff certified during server trainings. Alcohol server trainings will continue to be offered during the remainder of the project.

- Alcohol Compliance Checks

Project staff has approached the law enforcement sector about conducting alcohol compliance checks; however, law enforcement staff have not implemented checks due to time and staffing limitations.

- Project SAFER (Safety Assessments for Events Remediation)

Two signs were purchased for use at the Jackson County Fairgrounds. These signs state that persons wishing to purchase alcohol must be 21. The intent in purchasing and displaying these signs is to reduce youth access to alcohol at the fairgrounds.

An ID scanner was purchased by the coalition in November 2009. The scanner is available to the Jackson County Fairgrounds and other community organizations for use with any community events. The scanner is intended to help reduce the number of illegal sales to minors at community events.

- Signs for Alcohol Outlets (Window Clings)

One hundred window clings were distributed in April 2010 to alcohol retail outlets throughout Jackson County. These clings remind patrons that it is illegal to purchase alcohol under the age of 21 and that IDs will be checked.

- Project Sticker Shock

Project Sticker Shock is an activity designed to help reduce sales to minors, consisting of a group of students entering local alcohol outlets and placing bright stickers on cases of alcohol that remind buyers that purchasing alcohol for

minors is against the law. Thirteen students with nine adults implemented Project Sticker Shock in April 2009. Approximately 1,500 stickers were placed in 17 businesses (13 convenience stores and 4 grocery stores) in 7 Jackson County communities. Project Sticker Shock was implemented again in September and October of 2009, involving students from Maquoketa and Bellevue High Schools.

Change Perception of Consequences of Alcohol Use

- Media Campaign: Public Service Announcements (PSA), Letters to the Editor, and Guest Columns

Project staff created five PSAs, which have aired on the local radio stations during the past year and a half. Two PSAs targeted youth at prom and graduation seasons, outlining the legal and social consequences of alcohol use as a minor. Two PSAs targeted adults, outlining the legal and social consequences of providing alcohol to minors. One of these PSAs also promoted the upcoming town hall meeting. One PSA targeted stores and servers that sell alcohol, outlining the legal and social consequences of selling alcohol to minors. This PSA also encouraged establishments wanting to reduce their dram shop insurance to contact the CMCA Coordinator to arrange server training. All PSAs also encouraged people to contact the Area Substance Abuse Council if they are concerned about their own or others' drinking.

A community member and a prevention specialist wrote articles addressing alcohol use and the consequences of drinking that were published in three community newspapers during Alcohol Awareness Month.

- Stickers for Prom Flower Boxes and Graduation Cake Boxes

The Coalition distributed flower box inserts to area florists with a message encouraging students not to drink alcohol on prom night. Similarly, Coalition members distributed cake box stickers to local bakeries encouraging students not to drink alcohol at graduation parties.

Modify Policies to Ensure Consistent Enforcement

- Social Host Ordinance

The coalition began working to enact a social host ordinance in each community and the county. No ordinance has yet been passed but the work continues. To help raise awareness of these efforts, 500 tote bags stuffed with flyers about the coalition, an upcoming town hall meeting, and the social host ordinance were distributed throughout the county.

- Minors in Bars Ordinance

(See "Social Host Ordinance" above)

- School District Good Conduct Policy Review and Revision

Two school districts reported that they are reviewing their good conduct policies; one of them indicated the policy is being upgraded and more closely enforced.

Change Perception of Underage Alcohol Use

- Public Service Announcements

The “Got A Minute?” campaign kicked off on June 24, 2009 with a community picnic. Messages encouraging parents to eat dinner with their children and talk with them about the risks of substance use began airing on the radio in June, 2009.

A 30-second PSA, “What’s Lurking in Maquoketa?” aired on the local radio stations prior to the March 2010 Maquoketa Town Hall Meeting. The PSA provided statistics on Jackson County youths’ perceptions of drinking and ease of obtaining alcohol.

- Parent-to-Parent Pledges

A Parent-to-Parent Pledge was collected in August 2009 for the 2009 – 2010 School Year. The pledge was for parents to provide an alcohol-free, supervised environment for their children’s friends to visit and welcome telephone calls from the parents of their children’s friends. Eleven parents signed the pledge in the initial implementation, which was an insufficient number to justify the cost of printing the parent handbooks. Those parents were asked for suggestions of other parents to contact, and another attempt was scheduled to occur during the summer of 2010.

- Alcohol-Free Graduation Signs

Project staff is re-evaluating this approach as the signs have not appeared to have the desired effect in the community in the past. Staff may implement a similar approach in year three, but use a different message.

- Post-It Notes

Five thousand Post-It Note packs were distributed to parents of middle- and high-school age youth. The notes had lines for location, time, contact number, and additional information to help parents have a better idea of their child(ren)’s whereabouts and activities.

- Let’s Talk Boxes

Let’s Talk boxes were created for families to help parents start conversations with their children. Each box contains suggestions for starting conversations on various topics including substance use, responsibility, and decision-making. Project staff has distributed approximately 320 boxes at three events to date.

Recruitment

- Project staff met with local groups to introduce CMCA and to discuss upcoming CMCA actions. Thirty-one meetings were held with a variety of groups and clubs

including, but not limited to, the City Council, Rotary Club, Optimists Club, School Board, and Chamber of Commerce.

- Seventeen CMCA meetings were held during the first two years of the project. These meetings began after the initial CMCA training, averaging approximately one meeting per month.
- A total of 102 one-on-one interviews with community members were completed during the first half of the project (8 in Andrew, 19 in Bellevue, 61 in Maquoketa, and 14 in Preston). These interviews were completed with representatives from most community sectors (see Figure 15 on page 22 for the full list of interviews by community and sector). The sectors represented with the highest number of interviews are business, faith, and education; the sectors with the fewest interviews include senior citizens and social services.
- Project staff and coalition members created a webpage in July, 2009 entitled Coalition Connections (<http://www.coalitionconnections.com/jackson-coalitions.php>), which contains information about the coalition and CMCA activities.
- Project staff distributed 500 tote bags at grocery stores in Maquoketa, Preston, Bellevue, and Andrew in March, 2010. Tote bags were stuffed with information about the Coalition and the upcoming town hall meeting.

Figure 15. One-On-One Interviews by Community and Sector Through 6/30/10

One-on-One Interviews by Community and Sector					
Sector	Community				
	Andrew	Bellevue	Maquoketa	Preston	Total
Senior Citizens	0	0	0	0	0
Business	4	7	16	3	30
Media	0	1	2	1	4
Civic Groups	0	1	5	0	6
Government	1	2	6	2	11
Faith	0	2	6	3	11
Law Enforcement	0	1	4	1	6
Youth	1	0	6	0	7
Parents/Families	1	3	0	1	5
Health Care Providers	0	1	9	0	10
Education	1	1	7	3	12
Social Services	0	0	0	0	0
Unknown	0	0	0	0	0
Total	8	19	61	14	102

School-Based Prevention Programs

The implementation of LifeSkills Training (LST) is on schedule. The core LST curriculum has been implemented with sixth graders in three school districts and seventh graders in the fourth district. The implementation of the first year of LST boosters is on schedule. LST first year boosters have been implemented with seventh graders in three school districts and eighth graders in the fourth district. The implementation of TND is also on schedule. TND has been implemented with ninth graders in two school districts and with mostly tenth graders in the other two districts. The implementation of LRP was delayed during the first project year but has been on schedule in the second project year. LRP groups were implemented with high school students in the Maquoketa and Bellevue School Districts. Figure 16 on pages 24 and 25 lists the number of groups and number of lessons for the prevention programs implemented in each of the four school districts during the second project year (Appendix 5 on page 53 contains data from the first project year).

- Life Skills Training (LST)

The implementation of LST is on target with the action plan. The LST Core Program has been completed with two groups of 6th grade students in the

Andrew School District, four groups of 6th grade students in the Bellevue School District, ten groups of 6th grade students in the Maquoketa School District, and six groups of 7th grade students in the Preston School District. The 6th or 7th grade level is the appropriate target population for the LST Core Program. LST was implemented with dosage fidelity for all groups (a minimum of 15 LST lessons implemented one to five times per week).

The first year of the LST Booster Program was completed in the second year of the project in all four school districts. With the exception of students who had moved away, the first year booster lessons were taught to all 7th graders who had participated in the LST Core Program in 6th grade in the Andrew, Bellevue, and Maquoketa School Districts, and with all 8th graders who had participated in the LST Core Program in the Preston School District. The 7th and 8th grade levels are the appropriate target population for the first year of the booster program. The LST Boosters were implemented with dosage fidelity for all groups (a minimum of 10 lessons implemented one to five times per week).

- Project Towards No Drug Abuse (TND)

The implementation of TND is on target with the implementation plan. TND has been completed with four groups of 10th grade students in the Maquoketa School District, one group of 10th grade students in Andrew, two groups of 9th grade students in Bellevue, and two groups of 9th grade students in Preston.

The 9th or 10th grade level is the appropriate target population for this program. TND was not implemented with complete fidelity in three of the groups. The required number of lessons was taught in all groups, but sessions were conducted with less than the required frequency: sessions were conducted an average of once per week in two groups in Maquoketa and one group in Preston. (Fidelity requires twelve lessons to be taught at a frequency of two to four times per week.)

- Leadership and Resiliency Program (LRP)

The implementation of LRP is on target with the implementation plan (only two school districts were to implement LRP during this project). LRP was implemented with high school students (i.e., mixed grade levels) in the Maquoketa and Bellevue School Districts. The high school level is the appropriate target population for this program.

In both school districts, the LRP groups met once per week for process group. The Bellevue group missed two community service activities and three adventure activities because the school and the targeted service activity locations lacked sufficient resources to supervise or accommodate the groups. The optimal delivery to ensure fidelity to the original research model is that process groups be held one time per week, adventure activities one time per month, and community service one time per month.

Figure 16. School-Based Prevention Program Implementation Data (continued on p. 25)

Figure 16. School-Based Prevention Program Implementation Data (continued on following page)					
2009 – 2010 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Andrew	LST – Core Program	6 th Grade, Cohort A	Yes	20	Yes
	LST – Booster Program First Year	7 th Grade, Cohort A	Yes	10	Yes
Bellevue	LST – Core Program	6 th Grade, Cohort A	Yes	15	Yes
	LST – Booster Program First Year	7 th Grade, Cohort A	Yes	10	Yes
		7 th Grade, Cohort B	Yes	10	Yes
	TND	8 th Grade, Cohort A	Yes	12	Yes
	LRP	9 th -12 th Grade, Cohort B	Yes	39 – Process Groups 6 – Adventure Activities 7 – Community Service Activities	Yes
Maquoketa	LST – Core Program	6 th Grade, Cohort A	Yes	16	Yes
		6 th Grade, Cohort B	Yes	15	Yes
		6 th Grade, Cohort C	Yes	15	Yes
		6 th Grade, Cohort D	Yes	17	Yes
		6 th Grade, Cohort E	Yes	15	Yes

Figure 16. School-Based Prevention Program Implementation Data (continued from p. 24)

Figure 16. School-Based Prevention Program Implementation Data (continued from previous page)					
2009 – 2010 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Maquoketa (continued)	LST – Booster Program First Year	7 th Grade, Cohort A	Yes	10	Yes
		7 th Grade, Cohort B	Yes	10	Yes
		7 th Grade, Cohort C	Yes	10	Yes
		7 th Grade, Cohort D	Yes	10	Yes
		7 th Grade, Cohort E	Yes	10	Yes
		7 th Grade, Cohort F	Yes	10	Yes
	TND	10 th Grade, Cohort A	Yes	10	Yes
		10 th Grade, Cohort B	Yes	10	Yes
		10 th Grade, Cohort C	Yes	10	Yes
		10 th Grade, Cohort D	Yes	10	Yes
	LRP	9 th -12 th Grade, Cohort A	Yes	36 – Process Groups 9– Adventure Activities 12– Community Service Activities	Yes
Preston	LST – Core Program	7 th Grade, Cohort A	Yes	19	Yes
		7 th Grade, Cohort B	Yes	17	Yes
		7 th Grade, Cohort C	Yes	17	Yes
	TND	9 th Grade, Cohort A	Yes	12	Yes

Process Interviews

Key informant process interviews were conducted June 3 through June 14, 2010. Interviews were conducted with all nine of the eligible stakeholders. Eligible people included school district superintendents, the project coordinator, the project assistant, the counselor, and program implementation staff. Interview participants were provided the list of questions prior to the scheduled interview and were given as much time as they thought they needed to prepare for them. Interviews were conducted by telephone and lasted between 10 and 40 minutes. Participation was voluntary with no anticipated risks associated with interview completion. Responses were kept confidential using the following methods: 1) data collected from the interviews is reported in aggregate form without any identifying information; 2) notes are kept in a locked file cabinet in a locked office until this report is finalized, then all written notes are destroyed; and 3) electronic reports are maintained on a secure database and all individual responses are destroyed once this report is finalized. Interview participants were cooperative and provided constructive feedback regarding the project. Responses to each question were synthesized and are provided below. Summaries of previous interviews may be found in Appendix 4, pages 43 through 52.

1. What successes have you observed or experienced during the first half of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - The most frequently cited success was that community and student awareness about the project and underage drinking issues has increased since the project began. Several also commented that the project has received positive media coverage and support.
 - Several respondents indicated that the in-school prevention programs seem to have gone smoothly, that students are engaged for the most part, and that they've seen notable improvements particularly in LRP participants.
 - Several respondents indicated that the provision of counseling services in the schools fills an important need and that while participation is somewhat low, significant gains are seen in the students who are involved in treatment.
 - A few respondents indicated that parents are starting to become involved in the coalition.
2. What problems have you encountered during the first half of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - A problem frequently mentioned was the lack of community support for CMCA and the project in general, and that the project is still working on increasing awareness and education, which is behind where they planned to be at this point. Project staff continues to make good use of media coverage. Two upcoming events have been planned to help address the problem: Shoulder to Shoulder parent training; and a Hidden in Plain Sight presentation, which will be enhanced by involvement of the local theater group.

- Some respondents also mentioned challenges with school-based prevention programs. The Leadership and Resiliency Program (LRP) appears to present the most challenges. One school did not implement LRP, as they felt they had insufficient support for program implementation and success, and one school didn't implement LRP until second semester. Some respondents indicated that community support for service activities is lacking, and that teachers seem reluctant to take the lead with this program. Staff and school personnel addressed an apparent lack of engagement on the part of older Project Towards No Drug Abuse participants by having them observe a mock alcohol-related car crash and listen to speakers personally affected by alcohol-related accidents. In addition, school staff reductions have posed challenges to maintaining programs, but schools have reassigned responsibilities to keep the programs running.
 - Some respondents also indicated that schools aren't making full use of the available counseling services. The counselor has sent letters to school principals, counselors, and juvenile court staff to remind them to be aware of kids who may need treatment, and additional students were referred for treatment as a result.
3. a.) What CMCA actions have had the greatest success?
- Most respondents identified Project Sticker Shock as the most successful CMCA action. These respondents noted that Project Sticker Shock received positive media coverage, increased community awareness that providing alcohol to minors is illegal, was a positive experience for youth participants, and that it was well received by area businesses.
 - Respondents also indicated that the most recent town hall meeting was a great success. It was well-attended, partly attributed to advertising, games played, and prizes offered, including a post-prom prize offered to students returning cards received at the meeting. In addition, respondents saw the community picnic as a success, with many teens becoming involved.
- b.) Have any CMCA actions not met your expectations?
- Several respondents stated that community support for CMCA has been lacking. These respondents identified this issue based on low attendance at CMCA meetings and community events, the limited number of sectors involved in the coalition, and that project staff seem to do most or all of the work.
 - Some respondents also mentioned that the Parent-to-Parent sign-up at school registration did not go as well as hoped. Not enough parents signed up to justify the printing costs of the booklets, so those parents did not receive booklets.
- c.) What other actions would you like to implement as part of CMCA?
- Some respondents indicated they would like to see the Parent-to-Parent program succeed, and that school registration can be an excellent time for engaging parents in this and other programs and activities, particularly with

more high-profile promotion, and parental involvement in efforts to recruit their peers during school registration.

- Additional possible CMCA actions identified by the respondents included expanding TIPS training to other towns and rural establishments, training for coaches and athletic directors on the effects of alcohol and drug use on athletes, and increased coalition ownership of upcoming activities.
4. Have you attended any local meetings or presentations associated with this project? If so, which ones? What worked well? What did not work as well as you would have liked? How can these be improved upon?
- Seven respondents stated that they had attended at least one meeting, including CMCA/coalition meetings, town hall meetings, and meetings of other community coalitions (such as child abuse prevention and domestic violence coalitions).
 - Respondents saw prizes and incentives as having led to increased attendance at town hall meetings, but felt that still more parents and community members should be engaged. Suggestions included providing food, such as a full meal, and child care.
 - Some respondents also indicated coalition attendance and involvement is still lacking. Some parents are beginning to express interest in becoming involved. Some respondents suggested obtaining feedback from community members who attend one or two meetings but do not return.
5. What suggestions do you have for improving the project?
- Several respondents indicated that project staff and partners are doing all they can to engage the community, and that these efforts and media exposure should continue.
 - Some respondents offered suggestions for improvement, including: engaging more parents in coalition meetings and outreach events; engaging more students by offering activities that appeal to them and working with the local SADD group; obtaining buy-in from law enforcement; allowing project staff to attend full CADCA trainings; and updating school-based prevention program materials.
6. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
- Most respondents indicated that project implementation is more closely matching the plan this year, with school-based prevention programs and counseling services being provided in all districts. One respondent indicated that post-test survey participation was good.
 - Respondents noted two areas of deviation from the plan. First, community involvement and readiness for change is not as great as expected. Second, there have been school-based prevention program deviations, including one

school having one, rather than two, teachers trained; LRP is implemented in two districts rather than three; TND is presented in 9th grade rather than 10th in some schools due to curriculum schedule conflicts; and LST is not presented in 6th grade in one district.

7. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and community members to implement the programs; and updating and enforcing school good conduct policies.
 - A few respondents indicated that LRP likely won't continue beyond the grant due to the program's cost.
 - Several respondents indicated that they are hoping to find ways to continue providing counseling services in the schools.
8. What activities has the oversight committee undertaken to effect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Several respondents stated that the oversight committee itself has not done much to effect system-wide change, but that the meetings help school personnel get a better picture of how other schools are using the grant and are a good way to get ideas, share collective concerns, and provide support for each other.
 - A couple respondents said they would like to see more done, including efforts to get students referred to the counselor and initiate a training for coaches.

Degree of Achievement of Process Goals

Goal 7

Progress was made on the project's two process goals: Goal 7, demonstrate comprehensive, county-wide alcohol prevention system change; and Goal 8, demonstrate local capacity to implement and sustain research-based prevention programs. In order to achieve Goal 7, project staff have integrated research-based prevention programs county-wide at the middle school, high school, and community levels. The baseline measure for this goal is limited implementation of research-based prevention programs. Prior to the start of this project, research-based prevention programs had not been implemented with fidelity in any of the participating school districts. This goal has been achieved.

Goal 8

In order to achieve Goal 8, project staff will implement all three steps of the project's sustainability plan¹. The project is ahead of schedule for this goal. During the first project year, the first step of the sustainability plan was implemented. In several classrooms, ASAC prevention specialists led program implementation while school staff observed and were trained in the programs. In the remaining classrooms, school staff who had previous implementation experience led program implementation with ASAC prevention specialists providing technical assistance. During the second project year, the majority of program implementation was lead by school personnel with limited support from ASAC prevention specialists, with the exception of LRP.

Degree of Achievement of Counseling Goal

Goal 9

The ninth project goal is a 70% successful completion rate of students receiving substance abuse treatment services. Counseling services were provided by a trained substance abuse counselor as part of this project. One counselor served students from all four school districts. During the first half of the project, the counselor assessed 27 students and provided extended outpatient counseling (EOC) to 28 students (one student was assessed prior to July 1, 2008).

This goal was nearly met during the first two years of the project. Through June 30, 2010, 22 students were discharged from counseling. Of these 22 students, 15 successfully completed treatment, yielding a 68% success rate. These data represent a small sample size, and this goal may be met when treatment services are provided to additional students.

Conclusion

The American Gothic Revisited – Jackson County project, a Grant to Reduce Alcohol Abuse from the U.S. Department of Education, has had positive effects within the county. Of the six substance abuse prevention program goals, the project is meeting or exceeding the target for five goals for all program groups and exceeding the other goal for two of the three program groups. Substance abuse prevention program outcomes exceed the goals for past 30-day alcohol use, binge drinking, disapproval of alcohol use, perceived risk of harm from alcohol use, and alcohol availability for all program groups. Program outcomes exceeded the goal for parental disapproval of alcohol use for the first and second years of LifeSkills Training, but not for Project Towards No Drug Abuse.

¹ Step 1: During the first project year, ASAC prevention specialists have the lead role in program implementation and school staff has an observation/limited teaching role and receive training in the programs.

Step 2: During the second project year, school staff take the lead role and ASAC prevention specialists provide technical assistance.

Step 3: During the third project year, school staff have the lead role with minimal support from ASAC prevention specialists.

While community coalition (CMCA group) development has not occurred as planned due to the small size of some of the districts and a lower than anticipated level of readiness within some districts, interest in coalition and event participation appears to be increasing, and the project is meeting the comprehensive alcohol prevention systems change goal.

The project is ahead of schedule for the goal of implementing and sustaining proven alcohol abuse prevention programs, and is nearly meeting the substance abuse counseling goal. Overall, the project is on schedule and appears it will continue to meet or exceed its goals in Year 3.

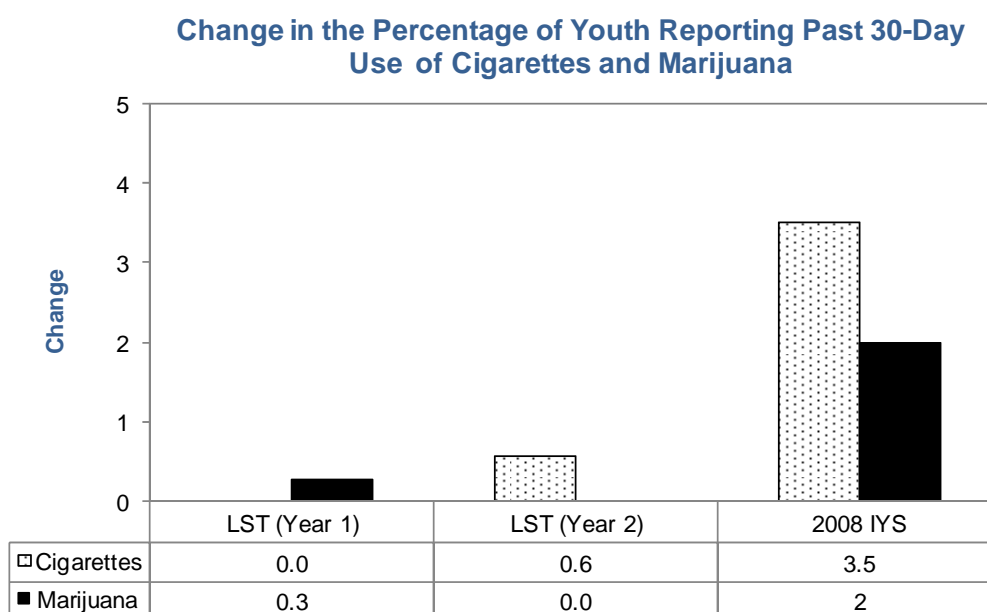
Appendix 1

Other Substances Data

Tobacco and Marijuana Use by Program

As shown in Figure 17, both years of LST had a positive effect on cigarette and marijuana usage. Specifically, for past 30-day use of cigarettes, there is no change from pre-test to post-test for the first year and a 0.6 percentage point increase for the second year, both of which are lower than the 2008 IYS estimate of a 3.5 percentage point increase. For past 30-day use of marijuana, there is a 0.3 percentage point increase from pre- to post-test for the first year and no change for the second year, both of which are lower than the 2008 IYS estimate of a 2.0 percentage point increase.

Figure 17. Life Skills Training Outcome Data and 2008 6th and 8th Grade Iowa Youth Survey Data: Past 30-Day Use of Cigarettes and Marijuana



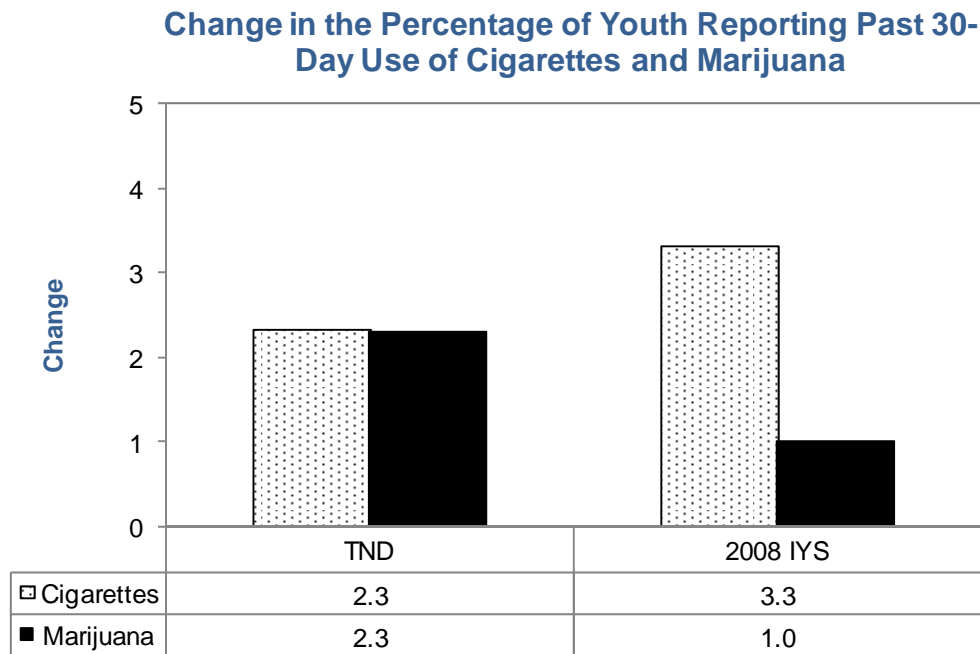
Notes: ¹The median number of days between pre- and post-tests was 55 for the first year of LST and 35 for the second. IYS data is reported as an annual change estimate.

²A negative value or value lower than the IYS value is a favorable outcome.

³Pre-test percentages for LST (Year 1) – cigarettes: 1.4% and marijuana: 0.6%. For LST (Year 2) – cigarettes: 1.7% and marijuana: 1.1%.

As shown in Figure 18, TND had some effect on cigarette use and had a negative effect on marijuana use. Specifically, for past 30-day use of marijuana, there is a 2.3 percentage point increase from pre-test to post-test; this is worse than the 2008 IYS estimate of a 1.0 percentage point increase.

Figure 18. Project Towards No Drug Abuse Outcome Data and 2008 8th and 11th Grade Iowa Youth Survey Data: Past 30-Day Use of Cigarettes and Marijuana



Notes: ¹The median number of days between pre- and post-tests was 103 for TND. IYS data is reported as an annual change estimate.

²A negative value or value lower than the IYS value is a favorable outcome.

³Pre-test percentages were 11.6% for cigarettes and 4.8% for marijuana.

Attitude and Perceived Risk of Harm from Tobacco

Figures 19 and 20 show outcomes for individual attitudes and perceived risk of harm from cigarette use by program, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. Favorable outcomes mean that attitudes changed in the desired direction (grew more negative toward cigarette use, e.g., respondent disapproved of cigarette use at pre-test and strongly disapproved at post-test), or that the pre- and post-test responses remained the same and were negative toward cigarette use; unfavorable outcomes mean that attitudes did not change in the desired direction (grew more positive toward cigarette use) from pre-test to post-test (i.e., respondent felt cigarette use posed moderate risk at pre-test and no risk at post-test) or that the pre- and post-test responses remained the same and were positive toward cigarette use.

Figure 19. Attitudes Toward Cigarette Use

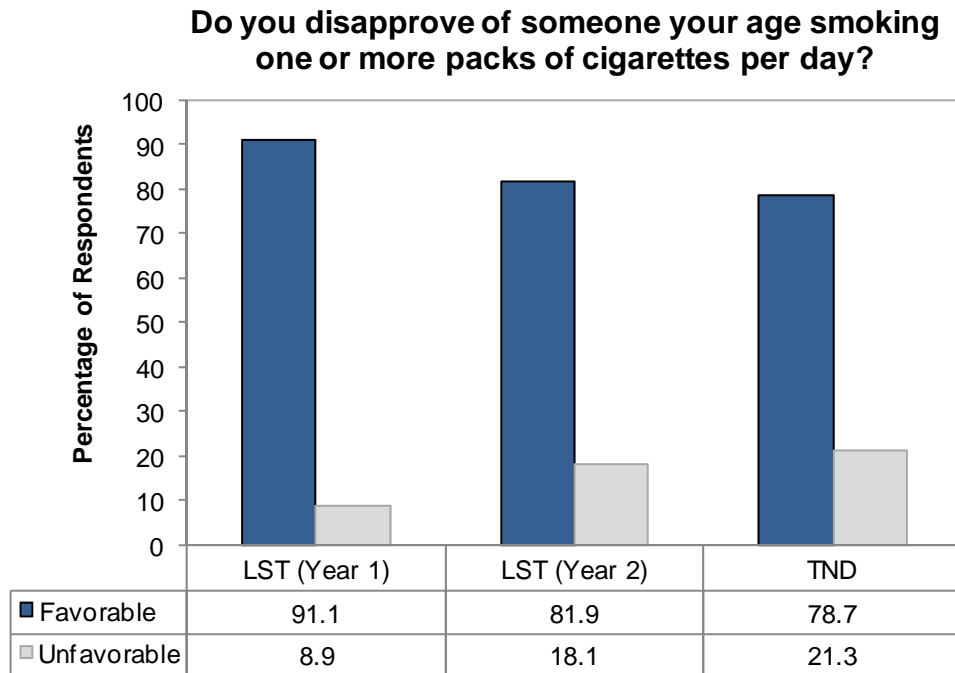
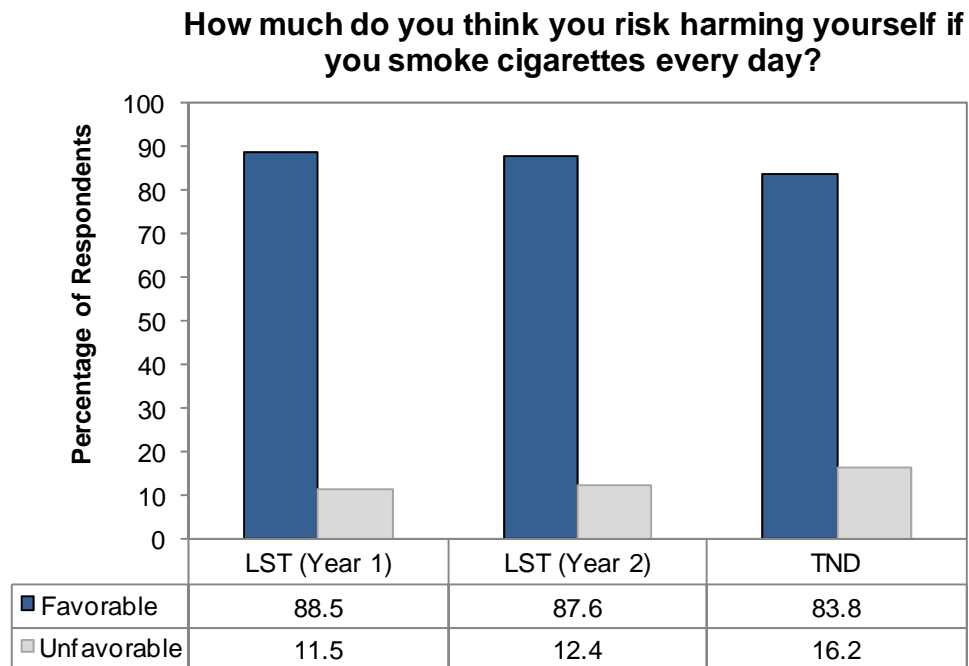


Figure 20. Perceived Risk of Harm from Cigarette Use



Attitude and Perceived Risk of Harm from Marijuana

Figures 21 and 22 show outcomes for individual attitudes and perceived risk of harm from marijuana use by program, presenting the percentages of participants with favorable and unfavorable outcomes for each program group. Favorable outcomes mean that attitudes changed in the desired direction (grew more negative toward marijuana use, e.g., respondent disapproved of marijuana use at pre-test and strongly disapproved at post-test), or that the pre- and post-test responses remained the same and were negative toward marijuana use; unfavorable outcomes mean that attitudes grew more positive toward marijuana use from pre-test to post-test (i.e., respondent strongly disapproved of marijuana use at pre-test and didn't disapprove at post-test), or that the pre- and post-test responses remained the same and were positive toward marijuana use.

Figure 21. Attitudes Toward Marijuana Use

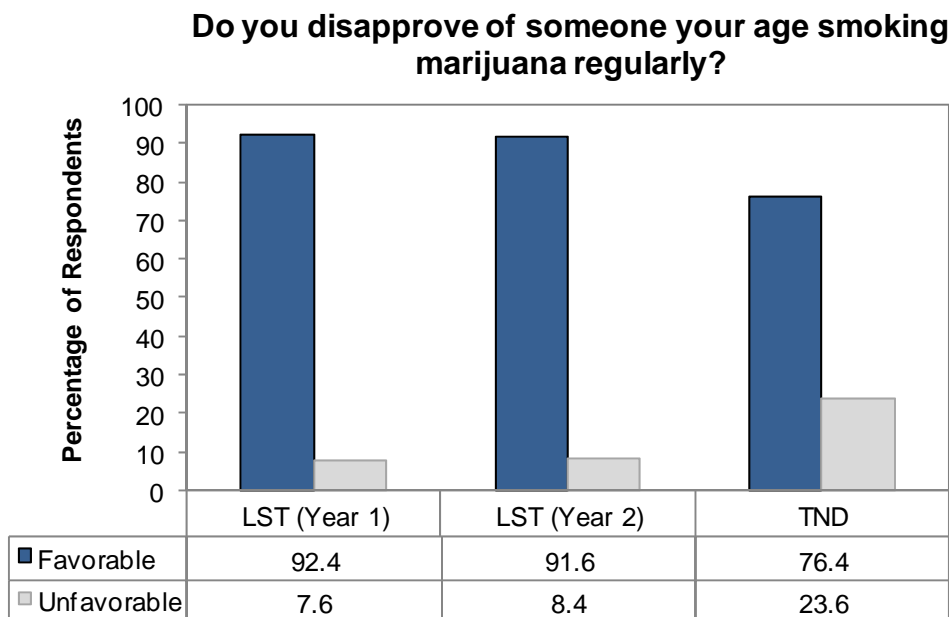
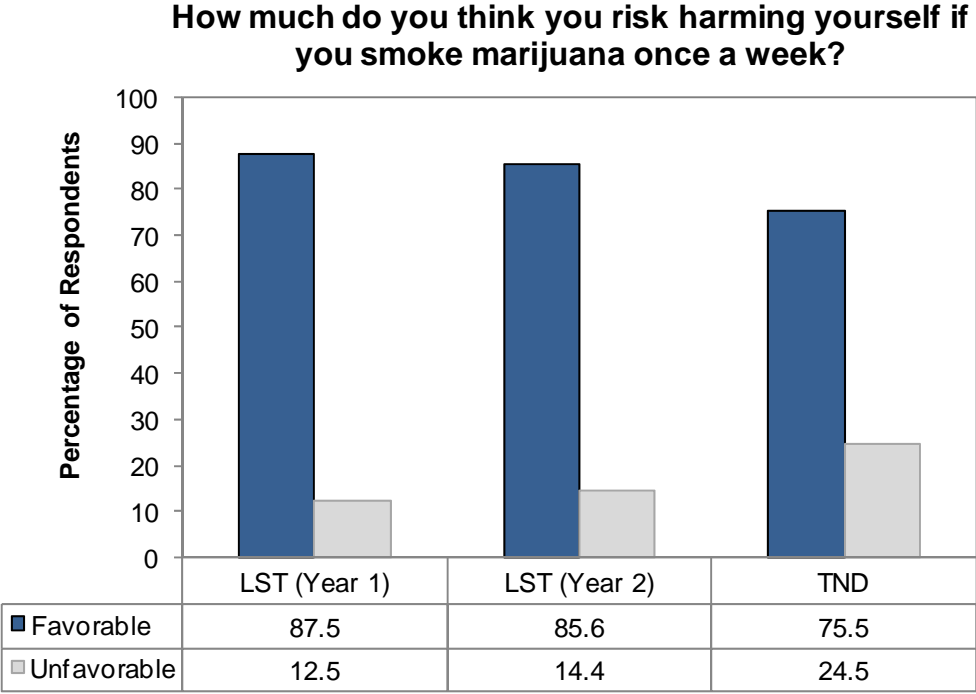


Figure 22. Perceived Risk of Harm from Marijuana



Appendix 2

Project Action Plan Year 1 September 1, 2008 – August 31, 2009

Program Elements and Action Steps Timeline:	Year 1	Se	Oc	No	De	Ja	Fe	Ma	Ap	My	Jn	Jl	Au
Advertise/hire Maquoketa, ASAC & Consortium Staff¹		◆	◆										
Form Project Oversight Committee & Meet Quarterly¹			◆		◆			◆			◆		
Travel to Grantor TA, Project Director and OSDFS conferences^{1, 2}		As scheduled by OSDFS											
CMCA Element Action Steps^{2, 3, 5, 6} Form Local CMACA Committees in each district Identify access/systems change priorities; Examples include: <ul style="list-style-type: none"> ◆ Retailer/Server trainings ◆ Increase Compliance Checks & Law enforcement ◆ Parental commitments to not providing to minors ◆ Social marketing campaigns on risks of providing to minors Implement identified CMCA strategies, including one-on-ones Evaluate results & modify PY2 action plan		◆	◆ ◆	◆ ◆									
LST Elements Action Plan^{4, 6} , Identify middle schools teachers who will teach LifeSkills Obtain Materials & train ASAC Staff and teachers on LST Initiate LST at middle schools using these models Evaluate results & modify PY2 action plan Identify & inservice school staff to co-teach in PY2		◆ ◆	◆	◆	◆	◆	◆	◆	◆	◆ ◆	◆ ◆	◆ ◆	◆
PTNDA Element Action Plan^{4, 6} , Obtain PTNDA materials & Train ASAC staff & Teachers Initiate PTNDA program with 9th graders Evaluate results & modify PY2 action plan Identify teachers to co-teach PTNDA in year 2 Inservice school staff to co-teach PTNDA in Year 2			◆	◆	◆	◆	◆	◆	◆	◆ ◆ ◆	◆ ◆ ◆	◆ ◆	
Leadership and Resiliency Program Element Action Plan^{4, 6} , Obtain LRP program materials & Train ASAC staff and teachers			◆	◆ ◆	◆	◆	◆	◆	◆	◆ ◆ ◆	◆ ◆ ◆	◆	

Recruit HS students & initiate LRP program Evaluate results & modify PY2 action plan Inservice HS staff to co-facilitate LRP Program in PY 2										♦	♦	♦
Reconnecting Youth Element Action Plan ^{4, 6,} Obtain RY program materials & Train ASAC staff & teachers Recruit HS students & initiate RY program Evaluate results & modify PY2 action plan Inservice HS staff to co-facilitate RY Program in PY 2		♦	♦ ♦	♦	♦	♦	♦	♦	♦ ♦	♦ ♦ ♦	♦ ♦	♦
Evaluation Action Plan ^{1, 2, 7} Meet with evaluation consultant and finalize evaluation plan Collect & analyze process/outcome data with evaluator Share data with Oversight Committee for review/feedback Develop annual project report & modify PY2 action plan		♦ ♦	♦ ♦	♦	♦ ♦	♦	♦ ♦	♦	♦	♦ ♦	♦ ♦	♦

Responsibility: 1=Proj Director; 2=CMCA Coordinator; 3= Superintendents; 4=School Staff; 5=CMCA Groups; 6=Prevention Specialists; 7=Consortium

Appendix 3

CMCA Logic Model Project Action Plan, Year 2 September 1, 2009 – June 30, 2010

Logic Model – Underage Drinking							
Theory of Change: Implementing multiple strategies to address underage drinking will likely delay use and use less.							
Problem Statement			Strategy	Activities	Outcomes		
Problem	But why?	But why here?			Short Term	Intermediate	Long-Term ¹
<p>Too many of Jackson County's youth are drinking alcohol.</p> <p>51% of JCSD's 11th graders have consumed at least one drink in the past 30 days.*</p> <p>42% of JCSD's 11th graders have driven a motor vehicle after using any amount of alcohol or drugs in the past 30 days.*</p>	Social norms tolerate and/or encourage underage drinking	Parents & adults condone the behavior (rite of passage).	Changing consequence	Educate parents and youth of the consequences when caught drinking alcohol.	Material is written and published regarding consequences of underage drinking.	More parents and youth know the consequences of underage drinking.	By July 2011, 60% of JCSD's 11 th graders will not have consumed any alcohol in the past 30 days.
		24% of JCSD's 11 th graders report that their parents view drinking alcohol as not wrong at all or a little wrong.*	Modify policies.	JCSD's will consistently enforce their policy on students caught drinking underage.	Recruit key members. Review local procedures.	Develop plan to address deficiencies. Implement plan. Evaluate the plan. Make appropriate changes.	By July 2011, 90% of JCSD's 11 th graders will report high or moderate risk when drinking alcohol.
		Youth do not think drinking alcohol is dangerous. 19% of JCSD's 11 th graders think that there is no risk or slight risk when drinking 3 or more alcoholic drinks/day.*	Changing consequence	Develop a social marketing campaign targeted at youth on the dangers of underage alcohol use.	Recruit youth to develop social marketing campaign. Develop the campaign.	Implement campaign. Evaluate campaign. Modify changes as needed.	By July 2011, 90% of JCSD's 11 th graders will report that their parents view underage drinking as very wrong or wrong.
		Youth report their peers condone drinking alcohol. 64% of JCSD's 11 th graders report that their best friends would feel that drinking alcohol is not wrong at all or a little wrong.*	Perception change & Increase Education.	Develop a social marketing campaign to reduce acceptance of underage alcohol use.	Recruit youth. Develop campaign.	Implement campaign. Evaluate campaign.	By July 2011, 60% of JCSD's 11 th graders will report that their best friends would feel that drinking alcohol is very wrong or wrong.
	Because alcohol is easy to obtain.	<p>Jackson County has a high number of bars and retail outlets that sell alcohol.</p> <p>Jackson County has 94 active liquor licenses.**</p> <p>77% of JCSD's 11th graders Say that alcohol is either easy or very easy to get.*</p>	Reduce access.	Offer TIPS training to all employees who sell alcohol.	Recruit alcohol vendors to participate in the TIPS program.	Alcohol vendors require alcohol sellers and cashiers to complete the TIPS training.	By July 2011, 75% of alcohol vendors will have wait staff trained in TIPS.

* 2005 Iowa Youth Survey, Jackson County Community School Districts.

** State of Iowa, Alcoholic Beverages Division.

Appendix 4

Process Evaluation Interview Summaries

Year 1 Round 1
July 1, 2008 – January 31, 2009

1. What successes have you observed or experienced during the first six months of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - Four respondents stated that the project has received positive media coverage. Several respondents noted an increase in community awareness of and more discussions within the community about the underage drinking problem. Three respondents stated/indicated that the prevention programs had been implemented quickly and without any problems.
2. What problems have you encountered during the first six months of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - Six respondents stated that one problem was a lack of support. Four of these respondents noted a lack of support from school personnel for program implementation. Two respondents identified a lack of community support for the project. Suggested solutions included improving communications, promoting the project and prevention programs, and holding implementation meetings in each district.
 - Two respondents stated that LRP did not start as early as planned. These respondents stated that training was not provided soon enough and that it took longer to identify and recruit student participants. As a result, LRP was not implemented during the first semester of the first project year as planned. Two respondents identified problems interfacing the prevention programs and school rules. One stated that school rules required a letter grade be assigned for the prevention programming, but that it is difficult to assign letter grades when there are no assignments or tests (for instance, how to determine that someone earns an A versus a B). The other respondent indicated he/she had difficulty finding activities for students to do during survey time who did not have parental consent to take the survey. One respondent stated that inclement weather had been a barrier.
3. Do you need any technical assistance or clarification related to the project? If yes, please explain your specific needs.
 - All respondents except for one stated that additional technical assistance was not needed. The respondent who reported a need for technical assistance identified coalition development and increasing community support for LRP as the main areas of need. Two respondents noted that project staff has done a good job of disseminating information. One respondent questioned how long surveys and other grant documents should be saved.

4. What do you think the focus (or goal) of CMCA should be in your community?
 - Six respondents stated that CMCA needs to affect underage drinking, but most of these respondents were not sure what form CMCA should take. Two respondents stated that they were not sure.
5. What has this project done for your community?
 - Five respondents stated that the project has increased community awareness of the underage drinking problem. Some respondents also noted an increase in community awareness and support for the project. Two respondents stated that they were either not sure of the impact or that it was too early to notice any impact on the community. One respondent identified a positive response from school personnel in regards to the counseling component of the project.
6. How would you improve the project?
 - Three respondents stated that more recruitment was needed for CMCA. Three respondents mentioned that more buy-in to the project was needed from law enforcement or school personnel. A respondent stated that more information from previous grant recipients would have helped. Another respondent suggested that meetings be held in each school district once a semester to help maintain communication and promote the project.
7. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
 - All respondents stated that overall, implementation has matched the plan with each respondent noting at least one deviation. Two respondents stated that the first year of LST was being implemented with seventh graders instead of sixth graders in one district. This was done to better integrate LST into the district. Two respondents identified changes to how LRP was being implemented; one stating that LRP was being implemented in two school districts rather than three, and the other noting that LRP did not start until the second semester of the first project year. One respondent stated that TND was being implemented with tenth graders rather than ninth graders in two districts. This change was due to how classes are scheduled in those districts. One respondent stated that the implementation of CMCA has not kept up with the plan because of initial struggles in scheduling meetings and recruiting members.
8. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and

community members to implement the programs; purchasing extra program materials; and actively promoting grant activities within the county.

9. What activities has the oversight committee undertaken to effect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Two respondents stated that nothing had yet been done to effect system-wide change. Other responses included: good conduct policy review and revisions; promote prevention activities and the counseling services; and recruit a diverse and representative group for CMCA.

Year 1 Round 2
July 1, 2008 – June 30, 2009

1. What successes have you observed or experienced during the first year of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - Four respondents stated that the project has received positive media coverage. Four respondents identified the counseling services as a success. These respondents noted that the number of referrals increased as the year progressed and more and more students and school personnel became aware of these services.
 - Three respondents identified that the prevention programs had been implemented quickly and without any problems. Two respondents stated that strong relationships have been formed between project staff and school personnel, as well as with other community groups, during the first project year.
2. What problems have you encountered during the first year of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - Four respondents stated that one problem was a lack of support from school personnel for program implementation. Suggested solutions included improving communications, promoting the project and prevention programs, and holding implementation meetings in each district. Two respondents stated that CMCA did not start as early as planned. These respondents stated that training was not provided as early as planned, and that recruitment and action planning took longer than had been anticipated.
3. What do you think the focus (or goal) of CMCA should be in your community?
 - Seven respondents stated that the focus should to reduce underage drinking. These respondents provided various suggestions as to how to reduce underage drinking, including: reducing youth access to alcohol; social norm change; educating parents; and increasing community involvement in prevention efforts.
4. What CMCA actions have had the greatest success?
 - Six respondents identified Project Sticker Shock as the most successful CMCA action. These respondents noted that Project Sticker Shock received positive media coverage, increased community awareness that providing alcohol to minors is illegal, was a positive experience for youth participants, and that it was well received by area businesses.

Have any CMCA actions not met your expectations?

- Five respondents reported that there were no CMCA actions that did not meet their expectations. Two respondents stated that project staff selected and implemented the CMCA actions they were most interested in; which was not necessarily reflective of community or CMCA group needs. One respondent noted that local CMCA

groups were not formed so the CMCA actions implemented during the first project year were all county-wide actions.

What other actions would you like to implement as part of CMCA?

- A variety of other CMCA actions were identified by the respondents. These actions include: more one-on-one interviews; parent panels on underage drinking; alcohol-free graduation signs; alcohol server trainings; policy change; either create a CMCA group for each of the other three communities or add representatives from other communities to the existing CMCA group; and more youth advocacy.

5. What has this project done for your community?

- Six respondents stated that the project has increased community awareness of the underage drinking problem. Some respondents also noted an increase in community awareness and support for the project. One respondent identified an increase in student awareness of available counseling services.

6. How has your community responded to the project?

- Seven respondents stated that the response has been positive. One respondent reported that community members were in denial that there was an underage drinking problem, and that most community members feel that these problems occur in other communities but not their own.

7. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)

- All respondents stated that implementation has matched the plan pretty closely with each respondent noting at least one deviation. Two respondents stated that CMCA was not implemented as planned. These respondents noted that the CMCA training was held much later than planned, which delayed a lot of the CMCA actions during the first project year. These respondents also identified the deviation from a CMCA group in each district to one county-wide CMCA group.
- Two respondents stated that the first year of LST was being implemented with seventh graders instead of sixth graders in one district. This was done to better integrate LST into the district. Two respondents reported that TND was being implemented with tenth graders rather than ninth graders in two districts. This change was due to how classes are scheduled in those districts. One respondent identified that LRP was being implemented in two school districts rather than three.

8. What activities have been initiated to sustain prevention programming beyond the grant?
(Answered by superintendents, the project assistant, and the project coordinator only.)
- Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and community members to implement the programs; purchasing extra program materials; and developing relationships with neighboring districts and communities.
9. What activities has the oversight committee undertaken to effect system-wide change?
(Answered by superintendents, the project assistant, and the project coordinator only.)
- Three respondents stated that the oversight committee has reviewed and helped to promote program implementation. Two respondents stated that nothing had yet been done to effect system-wide change. A respondent stated that the oversight committee shares resources and lessons learned. Another respondent stated that the committee re-allocated funds to maximize project impact.

Year 2 Round 1
July 1, 2009 – January 31, 2010

1. What successes have you observed or experienced during the first half of the Jackson County Alcohol Abuse Prevention/Reduction Project?
 - Four respondents stated that community awareness about the project and the underage drinking issue has increased since the project first began. In addition, two respondents identified that the project has received positive media coverage.
 - Three respondents identified the counseling services as a success. These respondents noted that the counseling services really seemed to help the youth. Two respondents noted that school personnel assumed responsibility for implementing the prevention programs earlier than planned, and without any problems.
2. What problems have you encountered during the first half of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
 - Four respondents stated that one problem was a lack of community support for CMCA and the project in general. Suggested solutions included more membership drives, continued work with media partners to promote our actions, and continue to hold meetings. Three respondents noted that all school personnel are not fully aware of the services being offered as part of this project. These respondents stated that project staff should continue meeting with school personnel to inform them of the options this grant presents.
3. What CMCA actions have had the greatest success?
 - Five respondents identified Project Sticker Shock as the most successful CMCA action. These respondents noted that Project Sticker Shock received positive media coverage, increased community awareness that providing alcohol to minors is illegal, was a positive experience for youth participants, and that it was well received by area businesses. Other CMCA actions that were identified as great successes included: alcohol server trainings; town hall meetings; and Red Ribbon Week activities.

Have any CMCA actions not met your expectations?

- Five respondents stated that community support for CMCA has been lacking. These respondents identified this lack based on low attendance numbers at CMCA meetings and community events. Three respondents reported that there were no CMCA actions that did not meet their expectations.

What other actions would you like to implement as part of CMCA?

- A variety of other CMCA actions were identified by the respondents. These actions include: more recruitment efforts; more alcohol server trainings; social marketing

campaign; replace Project Sticker Shock with a project placing stickers (encouraging youth not to drink) on corsage/boutonniere boxes at prom time; and more clearly defining or describing what actions may be implemented as part of CMCA and this project.

4. Have you attended any local meetings or presentations associated with this project? If so, which ones? What worked well? What did not work as well as you would have liked? How can these be improved upon?
 - Seven respondents stated that they had attended at least one meeting, including CMCA meetings, town hall meetings, Red Ribbon Week presentations, and panel discussions. Most of these respondents stated that the meetings themselves went well, with one respondent suggesting that agendas be streamlined so as to keep meetings and presentations within the allotted time frame. All of these respondents identified poor attendance as the only barrier, with one also noting that any subsequent community action was lacking.
5. What suggestions do you have for improving the project?
 - Five respondents stated that more work must be done to increase community support for the project. One of these respondents identified parents and other school personnel as specific target populations to increase support. Three respondents noted that the project has been going well and that nothing else was needed. One respondent stated that a project attempting to alter community norms needed more than three years to achieve any lasting success.
6. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
 - All respondents stated that implementation has matched the plan pretty closely, with two noting at least one deviation. One respondent stated that it has taken longer to create the CMCA coalition and to have it up and running. Another respondent identified that school personnel began implementing programs earlier in the project than planned.
7. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Almost all the respondents identified at least one thing being done to sustain the project. Some actions undertaken include: embedding programs into school plans and classroom curricula; training school personnel and community members to implement the programs; and purchasing extra program materials.
8. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
 - Three respondents stated that the oversight committee has not done much yet to effect system-wide change. One respondent stated that the oversight committee provided oversight to the good conduct policy review process. A respondent stated

that the oversight committee shares resources and lessons learned. Another respondent stated that the committee worked to ensure that each district integrated programming into their curricula.

Appendix 5

School-Based Prevention Program Implementation Data 2008 – 2009 School Year

School-Based Prevention Program Implementation Data (continued on following page)					
2008 – 2009 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Andrew	LST – Core Program	6 th Grade, Cohort A	Yes	20	Yes
	TND	10 th Grade, Cohort A	Yes	12	Yes
Bellevue	LST – Core Program	6 th Grade, Cohort A	Yes	16	Yes
		6 th Grade, Cohort B		14	
		6 th Grade, Cohort C		17	
	TND	9 th Grade, Cohort A	Yes	12	Yes
		9 th Grade, Cohort B			
		9 th Grade, Cohort C			
	LRP	9 th -12 th Grade, Cohort A	Yes	21 – Process Groups 5 – Adventure Activities 3 – Community Service	Yes

School-Based Prevention Program Implementation Data (continued from previous page)					
2008 – 2009 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Maquoketa	LST – Core Program	6 th Grade, Cohort A	Yes	21	Yes
		6 th Grade, Cohort B			
		6 th Grade, Cohort C			
		6 th Grade, Cohort D			
	TND	10 th Grade, Cohort A	Yes	9	Yes
		10 th Grade, Cohort B			
		10 th Grade, Cohort C			
		10 th Grade, Cohort D			
		10 th Grade, Cohort E			
	LRP	9 th -12 th Grade, Cohort A	Yes	35 – Process Groups 4 – Adventure Activities 4 – Community Service	Yes
Preston	LST – Core Program	7 th Grade, Cohort A	Yes	19	Yes
		7 th Grade, Cohort B			
		7 th Grade, Cohort C			
	TND	9 th Grade, Cohort A	Yes	12	Yes

Program Key

LST Life Skills Training TND Project Towards No Drug Abuse

LRP Leadership and Resiliency Program