



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

**AMERICAN GOTHIC REVISITED  
RURAL LINN COUNTY  
PROGRAM EVALUATION**

**PROJECT YEAR 2, REPORT 2**

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

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DISTRICT

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# **AMERICAN GOTHIC REVISITED RURAL LINN COUNTY PROGRAM EVALUATION**

**PROJECT YEAR 2, REPORT 2**

**JULY 1, 2007 – JUNE 30, 2009**

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## Executive Summary

A Grant to Reduce Alcohol Abuse from the Department of Education was awarded to the Mount Vernon, Iowa School District in partnership with the Springville, Center Point-Urbana, and Central City School Districts in May 2007. Five prevention programs are being implemented in this project, including LifeSkills Training (LST), Project Toward No Drug Abuse (TND), Leadership and Resiliency Program (LRP), Reconnecting Youth (RY), and Communities Mobilizing for Change on Alcohol. Outcome data are available for the first two years of LST [labeled as LST (year 1) and LST (year 2)], TND, and LRP (for at-risk youth) at this stage of the project. Overall, the project has already demonstrated positive effects within the school districts served. The project has nine goals, six of which are substance abuse prevention program outcomes, two are process goals, and the final 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 were overly ambitious. Substance abuse prevention program Goals 1, 2, 4, and 6 use the 2005 Iowa Youth Survey (IYS) as a reference for the anticipated year-to-year change. The IYS provides an estimated 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 for LST; eighth and eleventh grade IYS data provides the reference for TND and LRP. Of the nine goals, eight are partially or currently being met, completed, or almost achieved, and one is not currently measurable. Progress towards each goal is presented below:

**Goal 1:** 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:** Partially met. One (TND) of two single year prevention programs met or exceeded this goal, as did the first year of LST while the second year of LST did not. A 2.9% increase or less is needed for TND and LRP; the change for TND is a 0.4 percentage point decrease and for LRP, a 5.6 point increase. A 1.3% increase or less in alcohol consumption is needed to achieve this goal for LST; the change for LST (year 1) is a 0.5 percentage point increase and a 1.5 percentage point increase for LST (year 2).

**Goal 2:** 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:** Partially met. One (TND) of two single year prevention programs met or exceeded this goal, as did the first year of LST, whereas the second year did not. A 1.6% increase or less in binge drinking is needed for TND and LRP; the change is a 1.5 percentage point increase for TND and 7.1 point increase for LRP. A 0.7% increase or less in binge drinking is needed to achieve this goal for LST; the change is a 0.2 percentage point decrease for LST (year 1) and a 2.1 point increase for LST (year 2).

**Goal 3:** No change or an increase in the percentage of participating students who disapprove of alcohol use.

**Status:** Partially met. One (TND) of the two single year prevention programs met or exceeded this goal; so did the first year of LST while the second did not. TND had an increase of 0.9 percentage points, LRP decreased by 1.8 points, the first year of LST had an increase of 1.4 points, and LST (year 2) decreased 1.1 points.

**Goal 4:** 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:** This goal is currently not measurable. 2005 IYS comparison data actually showed an increase in perceived risk, which means that there is no anticipated year-to-year reduction in perceived risk. The increase of 2.2% for TND was almost double the anticipated annual increase of 1.3%; while LRP also had an increase of 1.8 points. The increase of 1.2% for LST (year 1) was 50% higher than the IYS estimated annual increase of 0.8%. There was a decrease of 0.7 percentage points for the second year of LST.

**Goal 5:** No change or an increase in the percentage of students reporting parental disapproval of alcohol use.

**Status:** Partially met. Two prevention programs and the first year of LST met or exceeded this goal. TND had no change from pre-test to post-test, LRP increased by 3.9 percentage points, the first year of LST had an increase of 0.5, and LST (year 2) had a decrease of 3.7 points from nearly 98% at pre-test.

**Goal 6:** 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:** Partially met. Two (TND and both years of LST) of the three prevention programs met or exceeded this goal. A 9.2% increase or less is needed to achieve this goal for TND and LRP; the change is a 1.7 percentage point decrease for TND and a 16.7 point increase for LRP. A 5.1% increase or less in ease of obtaining alcohol is needed to achieve this goal for LST; there is no change for LST (year 1) and a 2.6 percentage point decrease for LST (year 2).

**Goal 7:** Demonstrate comprehensive alcohol prevention systems change in Linn County.

**Status:** Completed. All programming implemented during the first project year.

**Goal 8:** Demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs.

**Status:** Ahead of schedule. During the second project year, school staff led program implementation in almost all classrooms with minimal support from ASAC prevention specialists.

**Goal 9:** Seventy percent of students receiving substance abuse treatment services will successfully complete their treatment program.

**Status:** Almost met. The successful completion rate for the first two project years was 69%; 20 successful completions out of 29 total discharges.

Overall, program implementation is on schedule and the project goals are largely being met. Of the prevention programs being implemented, TND has met the most goals; as has the first year of LST.

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## **Introduction**

### Background

In May 2007, the Mount Vernon School District, in partnership with the Central City, Center Point-Urbana, and Springville 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. Additional 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 outcome and process evaluation of the American Gothic Revisited – Rural Linn County Grant to Reduce Alcohol Abuse project. The outcome evaluation provides information regarding 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 analyze and document activities and outcomes to provide data to assist stakeholders in making decisions related to American Gothic Revisited – Rural Linn County project implementation. This report presents outcome and process data in relation to the project action plan and degree of achievement of project goals for the two years of the project: July 1, 2007 through June 30, 2009.

### Project Goals

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

1. 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. 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. 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. 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 Linn County;
8. Demonstrate local capacity to implement/sustain proven alcohol abuse prevention programs; and
9. 70% of students receiving substance abuse treatment services will successfully complete their treatment program.

Goals 3 and 5 were revised in May 2008. These goals, 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. These goal revisions were approved by the Project Oversight Committee and U.S. Department of Education.

## **Outcome Evaluation**

### *Outcome Evaluation Design and Methodology*

The outcome evaluation design is a matched pre-post test whereby a survey is administered to the target population at the beginning and at the conclusion of the prevention program. Outcome data are collected from the youth participating in each of the programs using an instrument that contains questions from Government Performance and Results Act, Center for Substance Abuse Prevention's Core Measures, and the Iowa Youth Survey (IYS). This instrument contains questions that measure goals one through six, relating to substance abuse prevention program outcomes: 1) reduce underage alcohol use by the youth targeted by the prevention programs; 2) reduce binge drinking by the 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 pre-test at the beginning of each program year and 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 and second years of the program; future evaluation reports will report data collected over all three program years.

### *Outcome Data: School-Based Prevention Programs*

One thousand and twenty-eight youth from the four school districts have completed a pre-test to date. The pre-test was administered prior to the first program lesson. Of the 1,028 youth: 453 are middle school aged youth participating in the first year of LST; 484 are high school aged youth participating in Project Toward No Drug Abuse (TND); 67 are high school aged youth participating in Leadership and Resiliency Program (LRP); and 24 are high school aged youth participating in Reconnecting Youth (RY). In addition, 188 middle school aged youth completed a pre-test prior to the first program lesson of the second year of LST.

Nine hundred and sixty-five youth from the four school districts have completed a post-test to date. The post-test was administered after the last program lesson. Of the 965 youth: 425 are middle school aged youth who participated in the first year of LST; 466 are high school aged



youth who participated in TND; 57 are high school aged youth who participated in LRP; and 17 are high school aged youth who participated in RY. In addition, 168 middle school aged youth completed a post-test after the last program session of the second year of LST.

As of June 30, 2009, 951 youth have completed both a pre-test and post-test. More than 98% of the youth eligible to complete both a pre-test and post-test did so. Of these youth: 419 are middle school students who participated in the first year of LST (all 6<sup>th</sup> graders); 459 are high school students who participated in TND (mostly 9<sup>th</sup> grade students); 56 are high school students who participated in LRP; and 17 are high school students who participated in RY. In addition, 145 middle school students completed both a pre-test and post-test for the second year of LST (all 7<sup>th</sup> graders). The reported N throughout this report is specific to each variable and reflects the number of youth who responded to the question at *both* pre-test and post-test. The N may be equal to or less than the total number of youth who completed both a pre-test and post-test. This is because youth may have skipped an individual question (either intentionally or unintentionally), youth may have selected more than one response, data entry staff may not have been able to determine which responses was selected, or due to data entry error. RY has an insufficient sample size at this point in the project to report outcomes. The median number of days between the pre-test and the post-test is 76 for the first year of LST (Minimum = 18; Maximum = 214); 33 for TND (Minimum = 6 days; Maximum = 87 days); 81 for RY (Minimum = 52 days; Maximum 130); 182 for LRP (Minimum = 70 days; Maximum = 211 days); and 30 for the second year of LST (Minimum = 14 days; Maximum = 250 days). Appendix 1, on pages 30 through 35, contains figures representing survey data on tobacco and marijuana use.

Figures 1 and 2 on pages 5 and 6 compares the pre to post change in past 30-day use of alcohol, binge drinking, and perceived harm/risk of alcohol abuse, with the average yearly change in these three measures from each district (Mt. Vernon, Central City, Center Point-Urbana, and Springville) participating in this project. (Note: Figures 17 and 18 in Appendix 1 on pages 31 and 32 show these changes in individual attitudes by program for tobacco and marijuana.) The Iowa Youth Survey (IYS) data are provided as a reference point for comparison to the outcome data in this report and are from the four participating districts. The Iowa Youth Survey is a triennial census assessment of Iowa's school-age students' (grades 6, 8, and 11) attitudes toward substance use and actual use of substances. The IYS data represent an estimate of the change one might expect to see among youth in the general population over the course of one year. The average yearly change was calculated by dividing the difference between grades by the number of years. Sixth and 8<sup>th</sup> grade IYS data provide a reference for programs implemented in the middle schools; 8<sup>th</sup> and 11<sup>th</sup> grade IYS data are utilized for programs in the high schools. This average yearly change serves as a realistic point of reference when examining the programs rather than comparing to no change (zero). So, based on the 2005 IYS, past 30-day use of alcohol is estimated to increase 2.6 percentage points per year from 6<sup>th</sup> grade to 7<sup>th</sup> grade, and 2.6 percentage points from 7<sup>th</sup> grade to 8<sup>th</sup> grade. For high school grades, past 30-day alcohol use is estimated to increase 5.7 percentage points per year.

IYS data are largely from the general population of students, and may not be as useful in evaluating programs that serve students who are identified to be at-risk to use substances and/or have problems at school such as LRP and RY. Ideally, these programs would have a comparison group of students with similar characteristics, or would have program goals adjusted to allow for

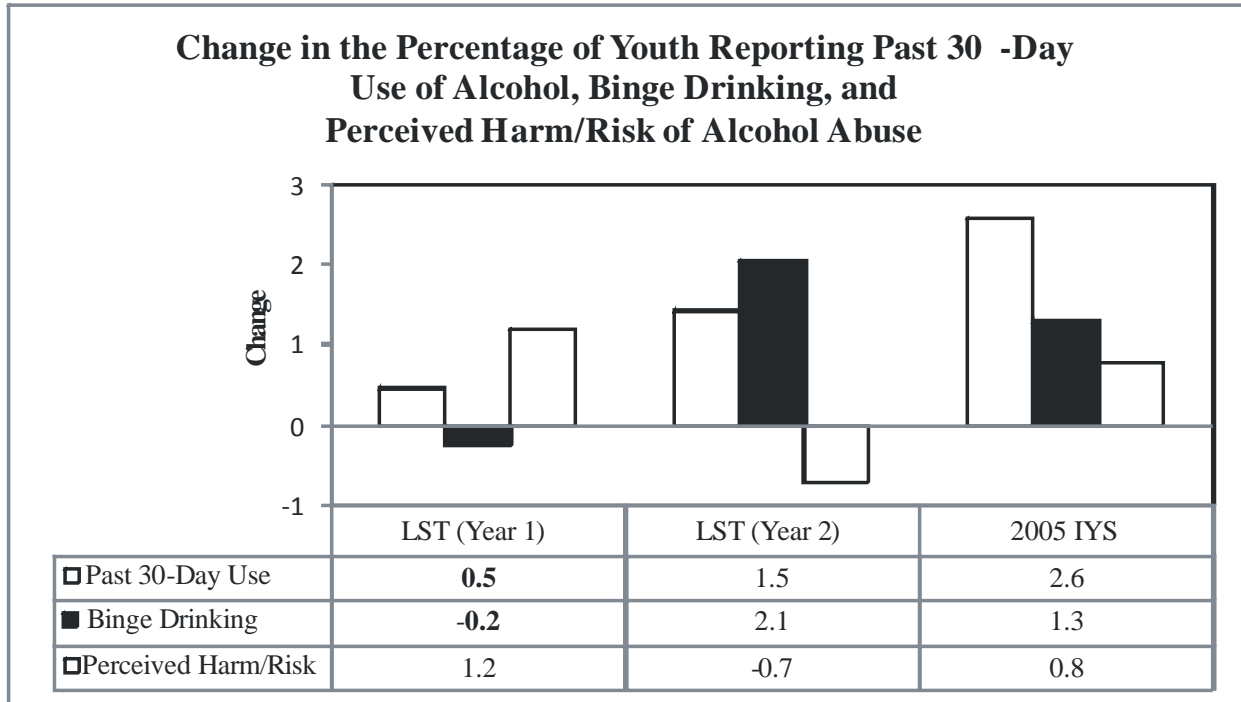
more accurate comparison. Since neither is available for this project, the IYS data was used. Data were collected from students participating in LRP by the prevention specialist using a survey instrument at the end of the 2008-2009 School Year. Appendix 2, on pages 36 through 38, includes some of the responses selected by the Prevention Specialist as especially reflective of all feedback or as insightful into the program.

The comparisons of pre to post change for past 30-day use of alcohol, binge drinking, and perceived harm/risk of alcohol abuse found in Figures 1 and 2 on pages 5 and 6 are measures of project Goals 1, 2, and 4. 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-day period. A 1.3% increase or less in alcohol consumption is needed to achieve this goal for LST; a 2.9% increase or less is needed for TND and LRP. Outcomes for the first year of LST and TND exceed this goal. The pre to post change for LST (year 1) is a 0.5 percentage point increase and for TND a 0.4 percentage point decrease. Outcomes for the second year of LST and LRP did not meet this goal. The pre to post change for LST (year 2) is a 1.5 percentage point increase; the change for LRP is a 5.6 point increase.

Goal 2 calls for 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. A 0.7% increase or less in binge drinking is needed to achieve this goal for LST; a 1.6% increase or less in binge drinking is needed for TND and LRP. Outcomes for the first year of LST and TND exceed this goal as well. The pre to post change for LST (year 1) is a 0.2 percentage point decrease and TND shows a 1.5 percentage point increase. Outcomes for the second year of LST and LRP did not meet this goal. The pre to post change for LST (year 2) is a 2.1 percentage point increase and for LRP is a 7.1 point increase.

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. 2005 IYS comparison data had an increase in perceived risk of 0.8% for LST and 1.3% for TND and LRP. This means that this goal is currently not reportable as there was no anticipated year-to-year decrease. Although not measurable, the first year of LST, TND, and LRP all had a bigger increase than the IYS comparison data. There was a pre to post increase of 1.2% for the first year of LST, a decrease of 0.7 points for LST (year 2), a 2.2% increase for TND, and an increase of 1.8 points for LRP.

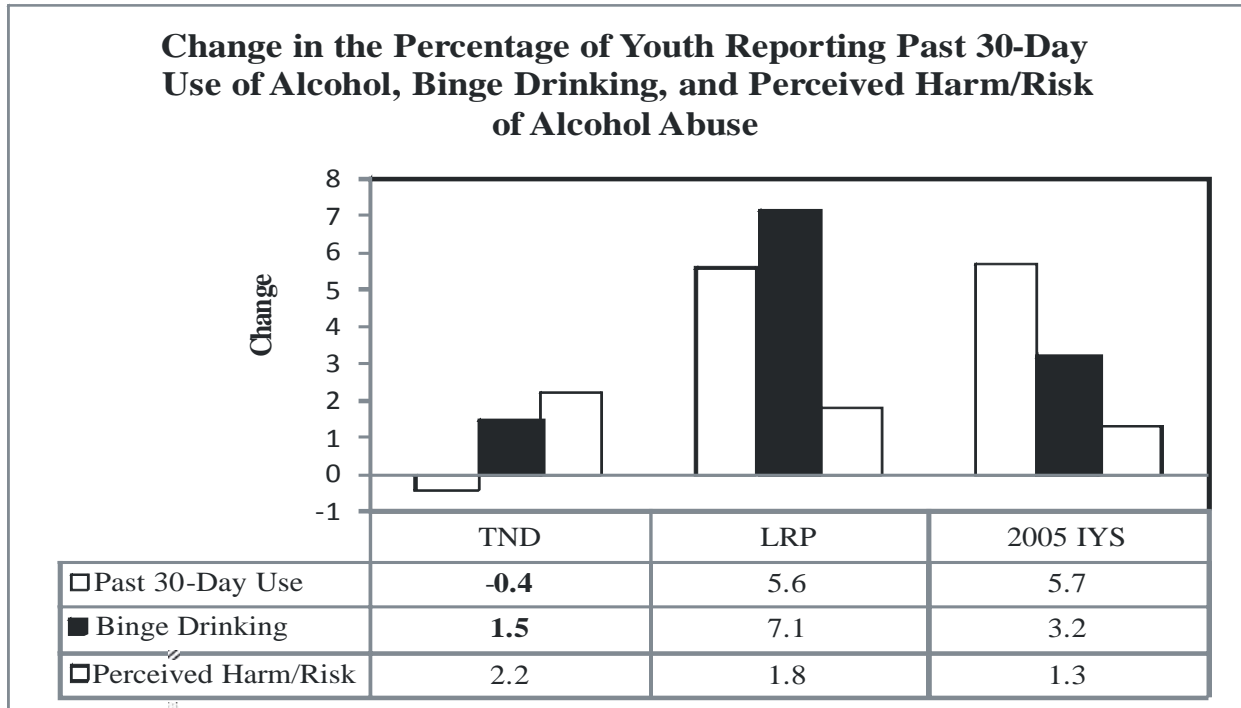
**Figure 1. Life Skills Training Outcome Data and 2005 6<sup>th</sup> and 8<sup>th</sup> Grade Iowa Youth Survey Data**



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 76 for the first year of LST and 30 days for the second. IYS data is reported as an annual change estimate.

<sup>2</sup>A boldfaced value indicates that the outcome met or exceeded the project goal.

**Figure 2. Project Toward No Drug Abuse and Leadership and Resiliency Outcome Data and 2005 8<sup>th</sup> and 11<sup>th</sup> Grade Iowa Youth Survey Data**



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 33 for TND and 182 for LRP. IYS data is reported as an annual change estimate.

<sup>2</sup>A boldfaced value indicates that the outcome met or exceeded the project goal.

Goal 3 is no change or an increase in the percentage of participating students who disapprove of alcohol use. The first year of LST and TND exceed this goal. The first year of LST had an increase of 1.4 percentage points from pre- to post-test and TND increased 0.9 percentage points. The second year of LST (a 1.1 percentage point decrease) and LRP (1.8 percentage point decrease) did not meet this goal.

**Figure 3. Percentage of Youth Reporting Disapproval of Alcohol Abuse**

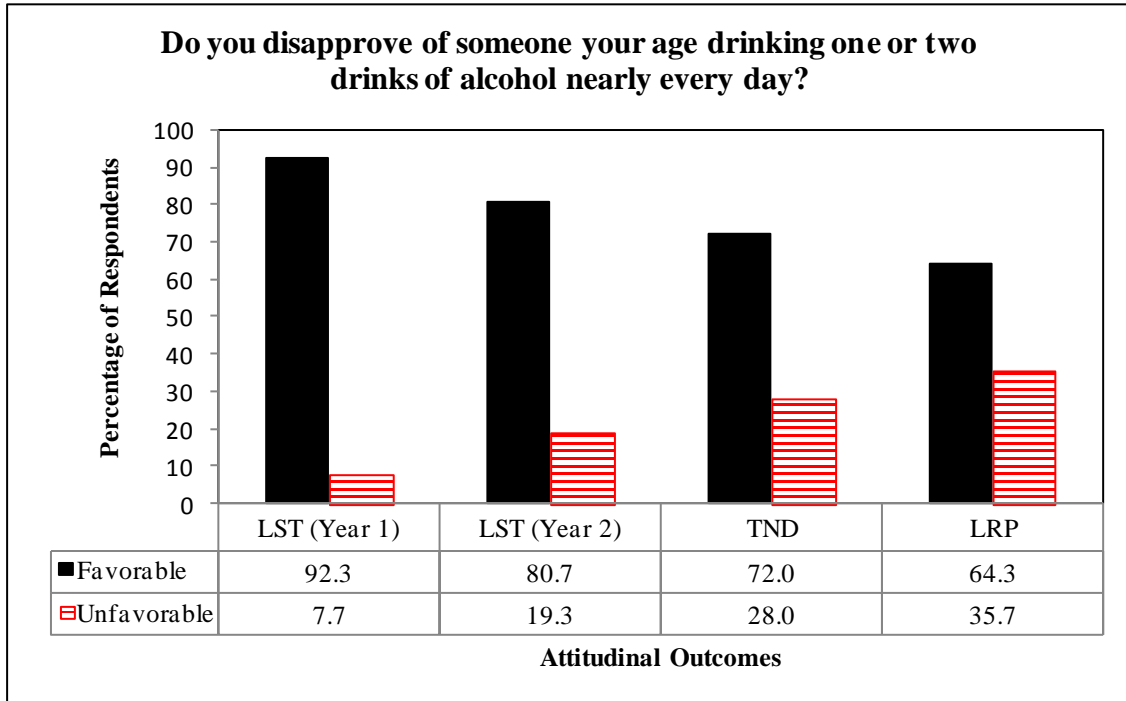
Percentage of youth reporting that they either strongly disapprove or disapprove of someone their age drinking one or two drinks of alcohol nearly every day	LifeSkills Training – First Year (N = 416)		LifeSkills Training – Second Year (N = 144)		Project Toward No Drug Abuse (N = 457)		Leadership and Resiliency Program (N = 56)	
	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
	97.36	<b>1.44<sup>b</sup></b>	95.14	<b>-1.12<sup>b</sup></b>	81.40	<b>0.88<sup>b</sup></b>	76.79	<b>-1.79<sup>b</sup></b>

<sup>b</sup>: A positive change value indicates the most desirable change for these questions.

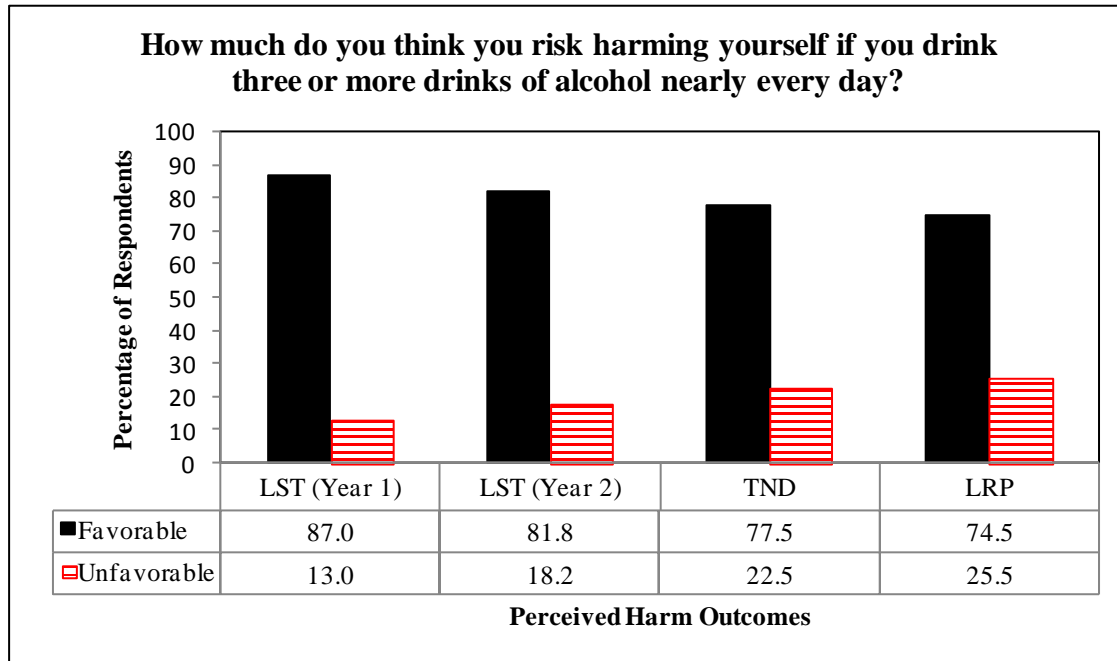
Figures 4 and 5 on pages 7 and 8 show outcomes for individual attitudes and perceived harm of alcohol use by program. (Note: Figures 19 through 22 in Appendix 1 on pages 33 through 35 show outcomes for individual attitudes by program for tobacco and marijuana.) Outcomes were either: 1) favorable, which means that attitudes toward alcohol use grew more unfavorable (e.g.,

Respondent felt alcohol use was a moderate risk at pre-test and a great risk at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward alcohol use; or 2) unfavorable, which means that attitudes grew more favorable toward alcohol use from pre-test to post-test (i.e., Respondent strongly disapproved of alcohol use at pre-test and disapproved at post-test) or that the pre- and post-test responses remained the same and were favorable toward alcohol use.

**Figure 4. Alcohol Use Attitudes**



**Figure 5. Alcohol Perceived Harm**



Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use. The first year of LST, TND, and LRP exceed this goal. The first year of LST had an increase of 0.5 percentage points, TND had no change from pre- to post-test, and LRP had an increase of 3.9 percentage points. The second year of LST had a decrease of 3.7 percentage points from nearly 98% at pre-test.

**Figure 6. Percentage of Youth Reporting Parental Disapproval of Alcohol Use**

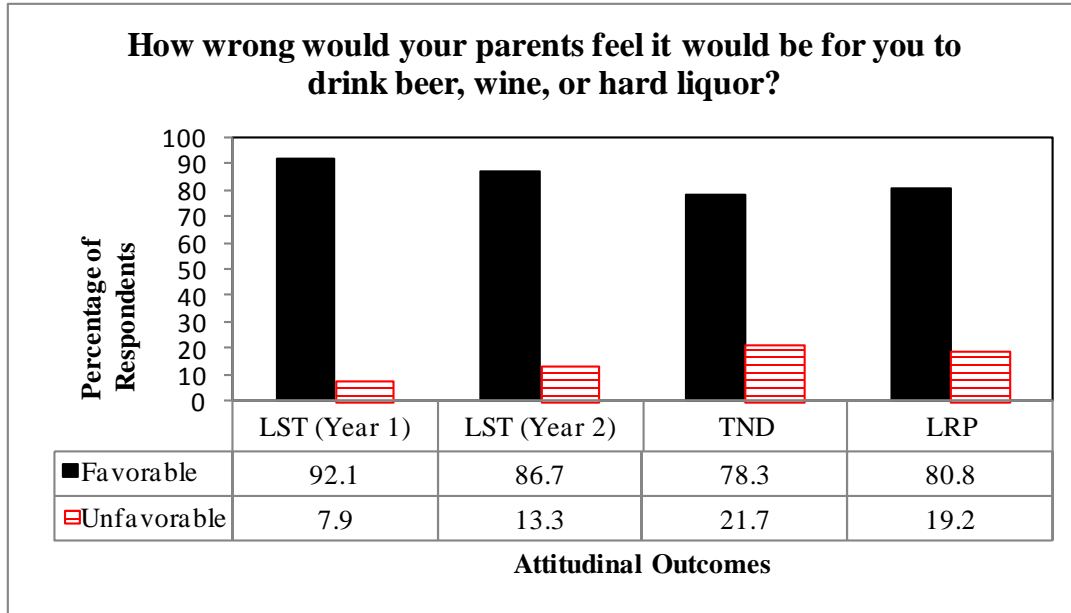
Percentage of youth reporting that their parents feel it would be wrong or very wrong for them to drink beer, wine, or hard liquor	LifeSkills Training – First Year (N = 393)		LifeSkills Training – Second Year (N = 135)		Project Toward No Drug Abuse (N = 428)		Leadership and Resiliency Program (N = 52)	
	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
	97.46	0.5 <sup>b</sup>	97.78	-3.71 <sup>b</sup>	88.08	0 <sup>b</sup>	84.62	3.85 <sup>b</sup>

<sup>b</sup>: A positive change value indicates the most desirable change for these questions.

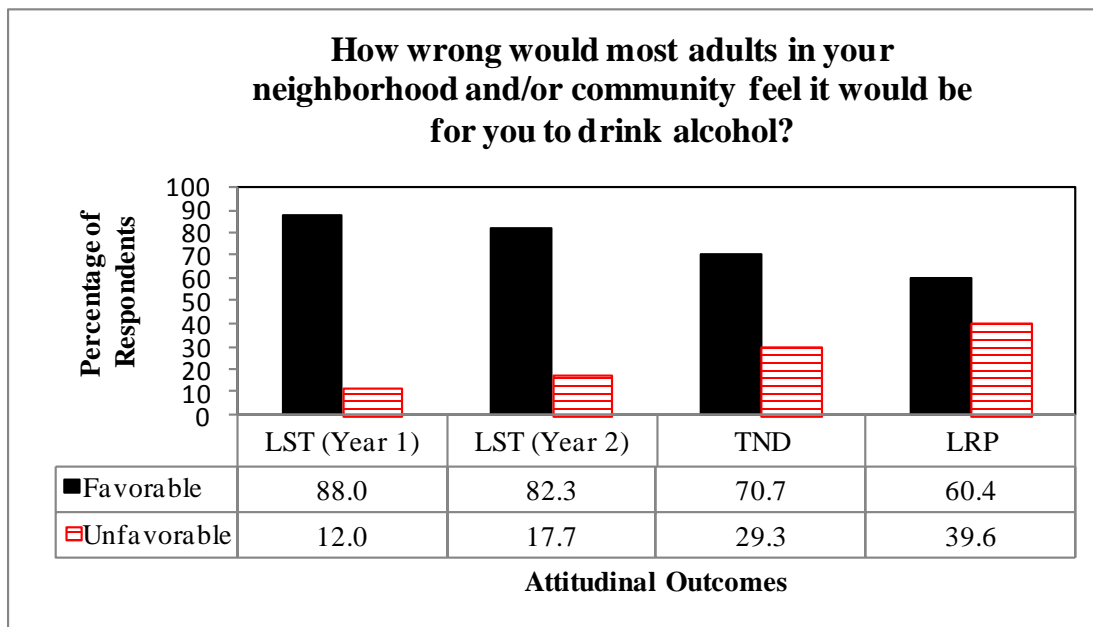
Figures 7 and 8 on page 9 show change in the youth’s perception of adult attitudes on their alcohol use from the pre-test to the post-test by program. Outcomes were either: 1) favorable, which means that perceptions toward alcohol use grew more unfavorable (e.g., Respondent felt their parents would feel that 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 unfavorable toward alcohol use; or 2) unfavorable, which means that perceptions grew more favorable toward alcohol use from pre-test to post-test (i.e., Respondent felt adults in their neighborhood would feel that

alcohol use was wrong at pre-test and not wrong at all at post-test) or that the pre- and post-test responses remained the same and were favorable toward alcohol use.

**Figure 7. Perception of Parental Attitudes on Child’s Use of Alcohol**



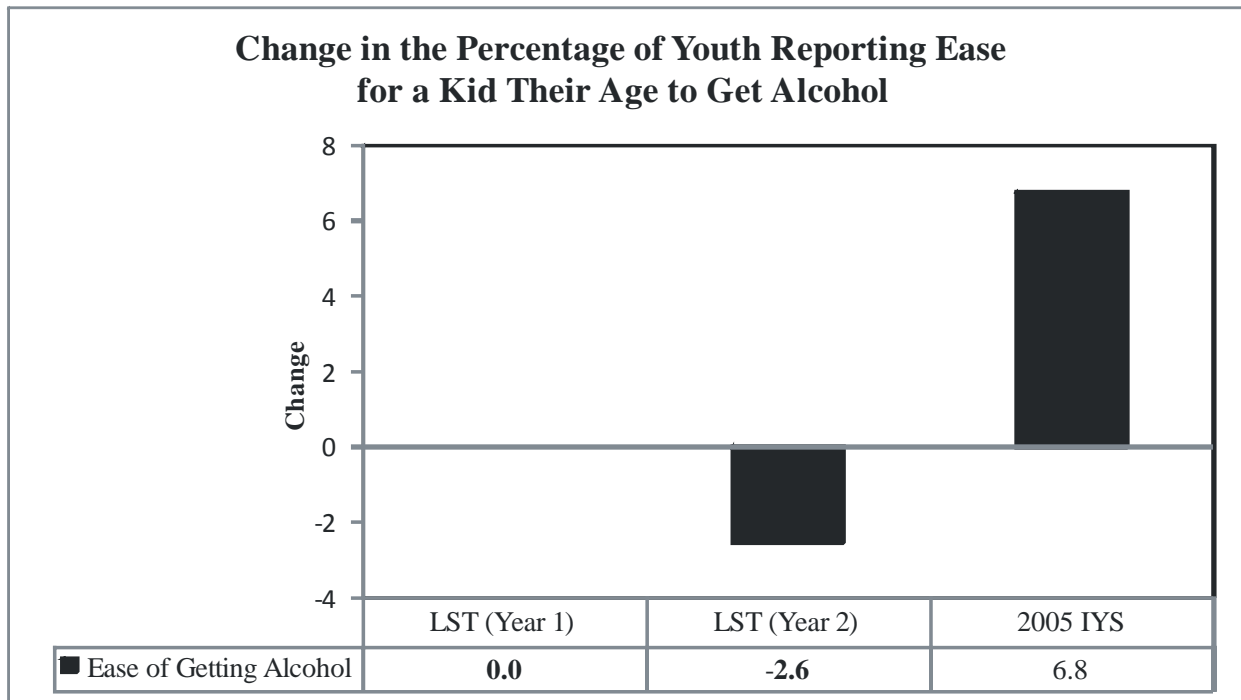
**Figure 8. Perception of Neighborhood Adult’s Attitudes on Child’s Use of Alcohol**



Figures 9 and 10 on pages 10 and 11 present the pre to post change in perception of alcohol availability and the estimate of average yearly change in these three measures based on the 2005 IYS data from each district (Mt. Vernon, Central City, Center Point-Urbana, and Springville)

participating in this project. The first year of LST had no change; LST (year 2) had a decrease of 2.6 percentage points; TND had a decrease of 1.7 percentage points; and LRP had an increase of 16.7 points. Both LST years and TND data exceed the projected outcome for Goal 6 (25% reduction in anticipated annual increase in participants who report that obtaining alcohol is easy) of a 5.1 percentage increase or less in alcohol availability for LST and a 9.2 percentage increase or less for TND and LRP.

**Figure 9. Alcohol Availability – LifeSkills Training**



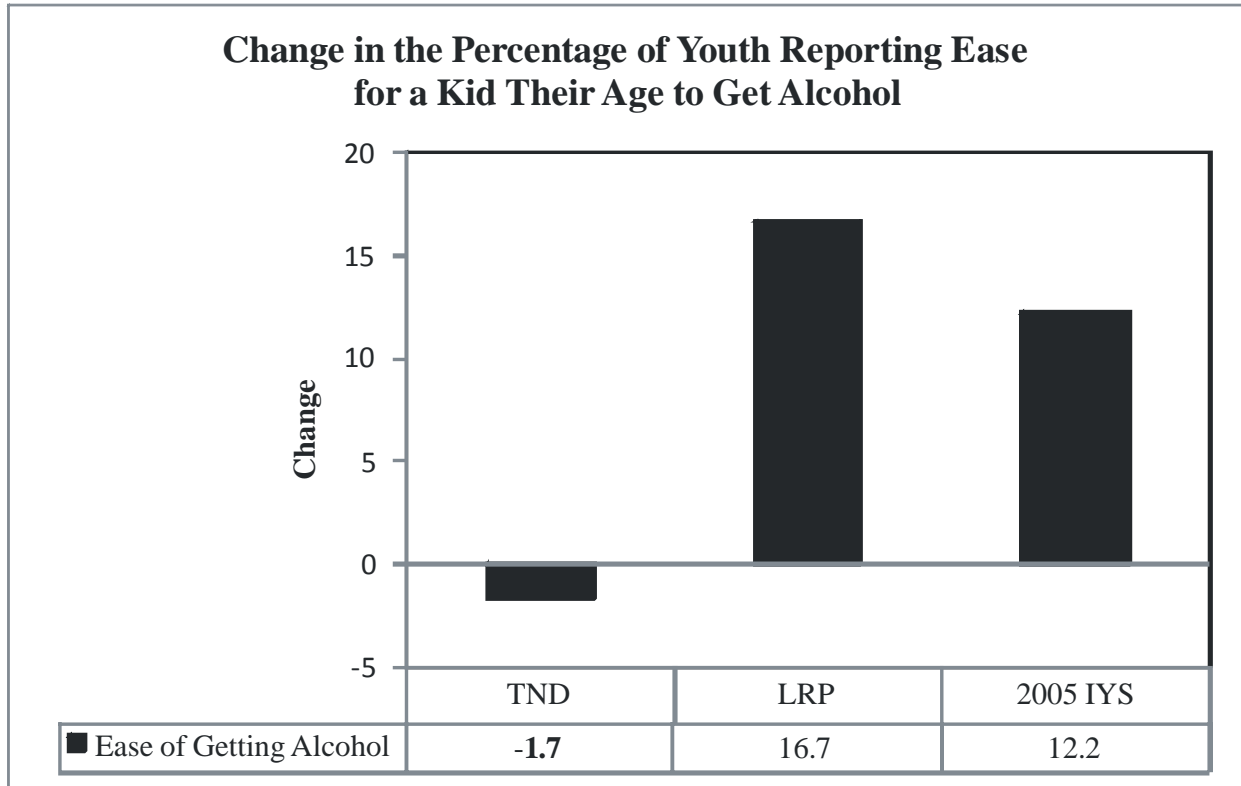
Notes: <sup>1</sup>The median number of days between pre- and post-tests was 76 for the first year of LST and 30 days for the second. IYS data is reported as an annual change estimate.

<sup>2</sup>A boldfaced value indicates that the outcome met or exceeded the project goal.

<sup>3</sup>“Don’t know” responses were combined with missing responses and were not included in the total when calculating the percentages.



**Figure 10. Alcohol Availability – Project Toward No Drug Abuse**



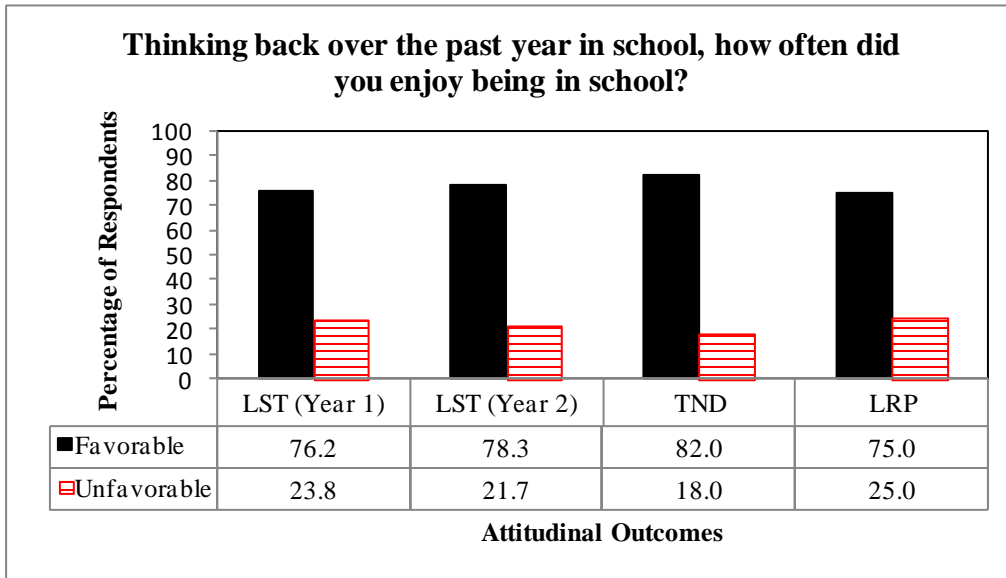
Notes: <sup>1</sup>The median number of days between pre- and post-tests was 33 for TND and 182 for LRP. IYS data is reported as an annual change estimate.

<sup>2</sup>A boldfaced value indicates that the outcome met or exceeded the project goal.

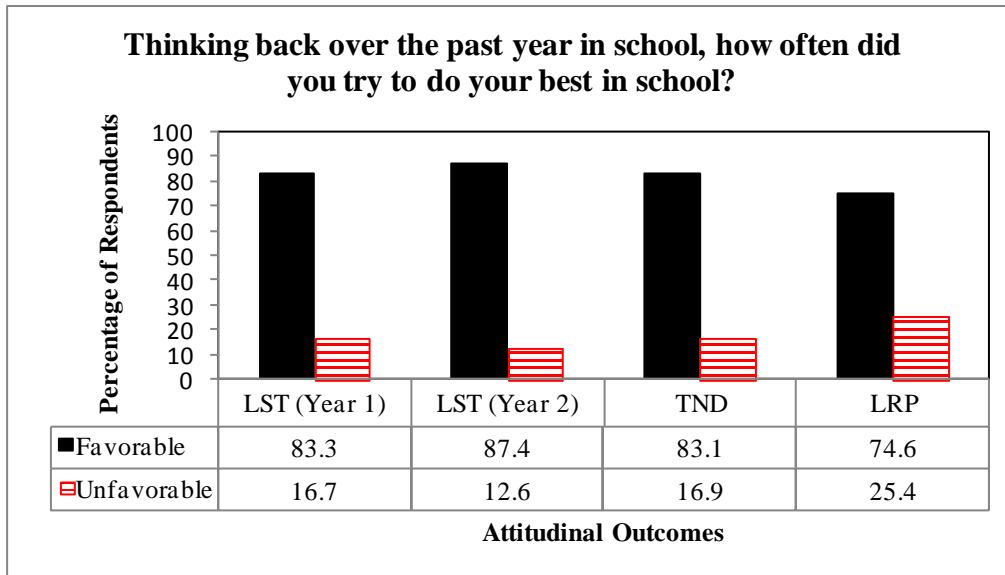
<sup>3</sup>“Don’t know” responses were combined with missing responses and were not included in the total when calculating the percentages.

Figures 11, 12 and 13 on pages 12 and 13 display outcomes for school enjoyment, performance, and support from an adult at school. These outcomes were either: 1) favorable, which means that enjoyment or performance increased (e.g., Respondent enjoyed being in school more at post-test than at pre-test) or the pre- and post-test responses remained the same and were favorable regarding school enjoyment or performance; or 2) unfavorable, which means that school enjoyment or performance decreased from pre-test to post-test (e.g., Respondent tried to do their best in school more at pre-test than at post-test) or the pre- and post-test responses remained the same and were unfavorable regarding school enjoyment or performance.

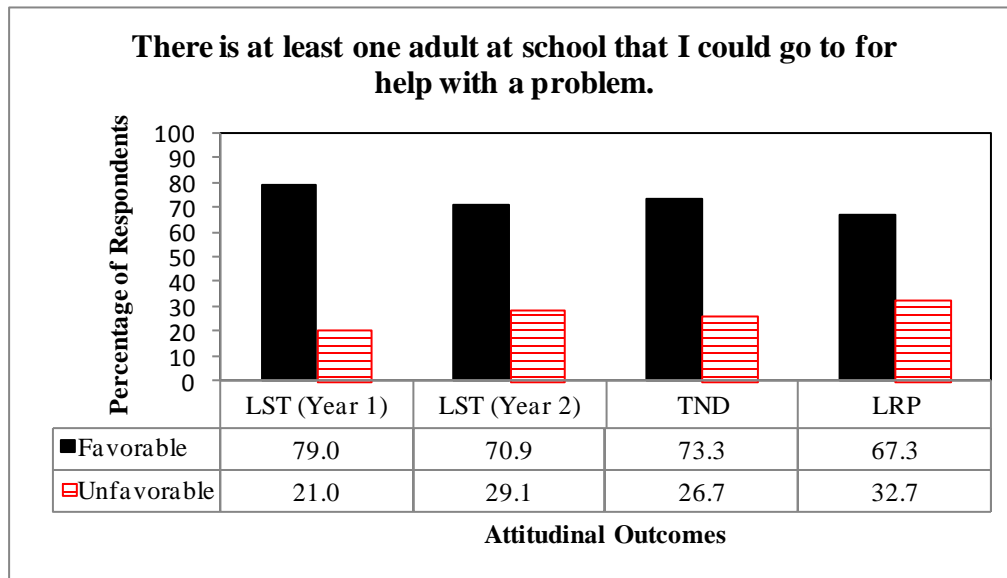
**Figure 11. School Enjoyment**



**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 processes involved so far in the project, including the degree of achievement in meeting program goals and a summary of the results of the interviews with key informants. Evaluation methods include analysis of the project action plan, committee meeting participation, documenting CMCA activities, prevention program tracking sheets, process interviews, and review of counseling data.

Process data are collected using tracking sheets that are completed by ASAC Prevention Specialists. One tracking sheet is completed for all LRP groups and the other is completed for all LST, TND, and RY groups. These forms are used to monitor program dosage and the 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, the number of lessons implemented, and the number of youth attending each lesson.

### *Action Plan Analysis*

A project action plan for the second year was formulated at the beginning of the year. See Appendix 7 beginning on page 53 for the second year project action plan and Appendix 8 beginning on page 56 for the first year project action plan. A progress update for each activity in the second year action plan is provided on pages 14 through 25.

## 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, project coordinator (ASAC), project assistant (ASAC), assistant director of prevention services (ASAC), two prevention specialists (ASAC), one substance abuse counselor (ASAC), and the evaluator (Consortium).

The Project Oversight Committee met on October 4 and December 5, 2007; March 5, June 30, October 1, and December 16, 2008; and March 4 and June 10, 2009. The majority of members attended the meetings. During these meetings, presentations and discussions occurred regarding: 1) program trainings; 2) the implementation 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; and 6) grant administration issues including budget revisions and submission of billing claims.

## Program Trainings

Initial trainings for the five research-based prevention programs to be implemented during this project were held within the first six months of the project. Additional trainings for most programs were offered near the beginning of the second project year. The additional trainings were for new staff, to train extra staff to increase the likelihood of sustainability, and to prepare for the second year of LST. The trainings for school-based prevention programs were provided as follows: LST training on September 12 and 13, 2007; August 6 and 7, and November 5, 2008; LRP training on September 26 through 28, 2007, August 11 and 12, September 11 and 12, 2008, and January 16, 2009; TND training on October 1 and 2, 2007, September 8 and 9, and December 10, 2008; and RY training on November 12-15, 2007 and August 25-28, 2008. Figure 14 on page 15 shows the number of people trained to implement each school-based prevention program by community. CMCA training was provided on October 17 and 18, 2007 and was attended by 44 community members.

**Figure 14. Number of People Trained in Each Program Through 6/30/09**

<b>Number Trained in Each Program</b>				
<b>School</b>	<b>Program</b>			
	<b>LST</b>	<b>TND</b>	<b>RY</b>	<b>LRP</b>
Mount Vernon	8	2	3	8
Central City	4	4	-	8
Center Point-Urbana	3	4	2	-
Springville	3	3	-	8
ASAC Staff	3	2	-	3
<b>Project Total</b>	<b>20</b>	<b>15</b>	<b>5</b>	<b>27</b>
<u>Program Key</u>				
LST	Life Skills Training			
TND	Project Toward No Drug Abuse			
RY	Reconnecting Youth			
LRP	Leadership and Resiliency Program			

CMCA

The implementation of CMCA is on schedule. Project staff and community members conducted almost 350 one-on-one interviews with community members during this report period. In addition, project staff led sixty-five community coalition meetings and developed a CMCA action plan for each community during this report period.

CMCA groups in each community began meeting in October and November 2007. A comprehensive action plan for 2008 that covered all four communities was developed shortly after the CMCA training (See Appendix 7 beginning on page 53 for the CMCA Action Plan 2008). The majority of the action plan was implemented in each community during the first project year. For 2009, an action plan was developed for each district (available upon request). These CMCA action plans targeted four major areas: 1) Reduce illegal sales to minors; 2) Reduce social access to minors; 3) Raise awareness that something can be done about underage drinking; and 4) Recruitment. These revised plans evolved independently of the others, with some joint actions interspersed throughout the second project year.

A summary of select CMCA actions addressing each area is found below:

Reduce Illegal Sales to Minors

- Alcohol Server Trainings

Nine alcohol server trainings were held; each used the Training for Intervention Procedures (TIPS) curriculum. Five trainings were for on-site vendors (alcohol to be consumed on site – bars, restaurants, community events) and four were for off-site vendors (alcohol sold for consumption off site - grocery stores, convenience stores, bars). A total of 61 people were certified, representing 21 businesses or community groups. Public recognition, through the use of thank you banners in newspapers, was given to the businesses that had staff certified during server trainings. Alcohol server trainings will also be offered during the third project year.

- Project Sticker Shock

Project Sticker Shock is an activity to help reduce sales to minors. It consists of a group of students entering an alcohol outlet and placing bright stickers on cases of alcohol that remind buyers that purchasing alcohol for minors is against the law. All four communities had youth participate in Project Sticker Shock during the first project year. Nineteen youth placed approximately 2,500 stickers in 16 businesses (12 convenience stores and 4 grocery stores). During the second project year, 16 youth placed approximately 2,000 stickers in 6 businesses (4 convenience stores and 2 grocery stores). Project Sticker Shock is planned to be implemented again during the third project year.

- Alcohol Compliance Checks

This action was scheduled to be implemented during the first half of the project. However, no alcohol compliance checks have yet been completed. Alcohol compliance checks are conducted by law enforcement officers, with assistance from CMCA members. Two area law enforcement organizations share jurisdiction for the four communities involved in this project. One organization did not have funding to complete alcohol compliance checks, and the other was busy with tobacco compliance checks. This action will continue to be carried over, with additional work needed to fund and plan for sustaining alcohol compliance checks.

- Coasters

Two coasters with prevent underage drinking messages were developed and distributed to alcohol vendors. Approximately 10,000 coasters were distributed to 30 restaurants and bars in the spring of 2009.

## Reduce Social Access to Minors

- Alcohol-Free Graduation Signs

This action was first implemented during May 2008. Four hundred signs were ordered (100 for each community) with the message, “We Support Alcohol-Free Graduation Parties.” CMCA members in each community distributed signs to graduating seniors and/or their parents, and local businesses and asked them to display the signs in their yards or windows during graduation time. Three hundred eighty-five signs were distributed, with 52 families of graduating seniors taking signs (22% of graduating class).

This action was implemented for a second time during May 2009. Four hundred and twenty-five signs were distributed with the same message as the previous year. In addition, many families and businesses displayed the sign that they were given in May 2008 so there were more signs displayed in 2009 than in 2008.

- School District Good Conduct Policy Review and Revision

The good conduct policy was reviewed in each district during the first year of this project. Two districts revised their good conduct policies to allow for more consistent enforcement and consequences. Two districts felt their policies were satisfactory and did not need revision.

- Parent Handbooks

A Parent-to-Parent Pledge Handbook was developed for each of the four school districts for the 2008 – 2009 School Year. Each handbook lists all parents in the district who signed a pledge 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. Parents who signed the pledge include the parents of: 74% of the 5<sup>th</sup> through 12<sup>th</sup> grade students (616 of 827) in the Mount Vernon School District; 67% of the 5<sup>th</sup> through 12<sup>th</sup> grade students (527 of 789) in the Center Point-Urbana School District; 59% of the K through 12<sup>th</sup> grade students (241 of 408) in the Springville School District; and 45% of the K through 12<sup>th</sup> grade students (191 of 424) in the Central City School District.

- Social Host

The CMCA group in each community helped support the efforts to pass statewide social host legislation. This effort failed during the 2008 legislative session, was re-introduced during the 2009 session, and again failed. The CMCA groups worked on a countywide social host ordinance with several other Linn County organizations. The countywide social host ordinance was approved by the Linn County Board of Supervisors on May 18, 2009 and took effect on May 22, 2009.

- Post-It Notes

Post-it notes were developed to distribute to parents of teenagers that would help the parents be more aware of where the teenager was and with whom he or she was with. These notes were distributed to approximately 3,000 parents within the four communities.

#### Raise Awareness that Something can be Done About Underage Drinking

- Public Service Announcements – Got A Minute?

Public service announcements (PSA) were printed in each community, as part of the national “Got A Minute?” campaign. A couple variations of the PSA were used, with messages including “talk to me,” “eat with me,” “tell me,” and “think about it.” Table tents with these messages were distributed to restaurants and other businesses for distribution on dining tables, counters, and desks.

- Public Service Announcements – It’s not MY kid

Public service announcements (PSA) were printed in each community, as part of the countywide “It’s not MY kid” campaign. Several variations of the PSA were used, all sharing statistics from Linn County on substance abuse.

- Student Advocacy Groups

During the first project year, a student advocacy group was formed in each district’s high school. These advocacy groups meet regularly, are open to all, and help out with other CMCA actions such as Project Sticker Shock and distributing Post-It Notes. The Springville group is called “Teens Against Drugs and Alcohol (TADA),” in Central City it’s called “Get a Grip,” the Mount Vernon high school group is “Students for Positive Choices” and their middle school group is “Teens Against Drugs and Alcohol (TADA),” and in Center Point-Urbana it is “Stop Underage Drinking (SUD).”

#### Recruitment

- Community Forums

All four communities hosted community forums on underage drinking to introduce the community to the project, raise awareness of underage drinking, and recruit supporters and CMCA members. Community forums were held in Springville on November 17, 2007; in Central City on November 28, 2007; in Center Point-Urbana on December 3, 2007; and in Mount Vernon on January 10, 2008. Approximately 125 community members attended the forums (approximately 50 in Mount Vernon, 30 in Central City, 25 in Center Point-Urbana, and 20 in Springville). The forums were well covered by local newspapers.



- Town Hall Meetings

All the communities held town hall meetings during the first year and a half of the project. These meetings were panel discussions with representatives from different sectors within the community including youth, county supervisor, substance abuse counselor, law enforcement, etc. The audience was provided time to ask questions of the panel. Springville held a town meeting on March 31, 2008 that was attended by approximately 30 community members. Mount Vernon held a town hall meeting on April 15, 2008 that was attended by approximately 50 community members. Center Point-Urbana held a town hall meeting on November 17, 2008 that was attended by approximately 35 community members. Central City held a town hall meeting on November 24, 2008 that was attended by approximately 50 community members.

- Coalition Meetings

A total of 65 community coalition meetings were held through June 30, 2009. Sixteen community coalition meetings were held for Center Point-Urbana; 16 for Central City; 17 for Mount Vernon; and 16 for Springville. The Springville group is called “Springville Organization on underage Alcohol Prevention (SOAP),” in Central City it’s called “Central City Eliminates Abuse of Substances Everywhere (CcEASE),” the Mount Vernon group is “Above the Influence,” and in Center Point-Urbana it is “Stop Underage Drinking (SUD).”

- Community Trainings

*Coaching for Prevention*

Coaching for Prevention was a training for coaches on how they can make a difference in preventing substance abuse by their students. Guidance was given to help coaches assess their policies regarding substance use and intervention techniques to help their student athletes. Coaching for Prevention helped provide momentum to review and revise good conduct policies. This training was held on March 1, 2008 and was attended by 15-20 community members.

*Social Marketing/Strategic Planning/Environmental Strategies*

A training on social marketing, strategic planning, and environmental strategies was attended by approximately 40 people in June, 2008. The training provided guidance on developing logic models, brainstorming social marketing actions, and reviewed CMCA fidelity guidelines. The year 2 CMCA action plans were mostly developed during this training.

*Pathways to Prevention*

Pathways to Prevention was a training for community members connected to faith-based organizations, including pastors, youth coordinators, and church leaders. An overview of

prevention theory was presented along with a review of some prevention curricula. A discussion was held about how faith-based organizations can influence youth and promote healthy decision-making. This training was held on April 4, 2009 and was attended by 18 community members.

#### *Drinking Age Forum*

A Drinking Age Forum was held to discuss the recent publicity about lowering the legal drinking age. A panel of Cornell College (Mt. Vernon, IA) students, Cornell faculty, high school faculty, and law enforcement lead the discussion. As a result of the forum and additional CMCA work, Cornell decided to implement the prevention program Alcohol EDU with all incoming first-year students and student athletes beginning in the fall of 2009. This meeting was held at Cornell College (Mt. Vernon) in April, 2009 and was attended by approximately 25 community members.

#### *Intervention Presentation*

This training began with a local parent talking about how substance abuse has affected the family. Then an intervention specialist presented information about not enabling a substance-using family member and how families can seek help. Project staff have heard that since this training, a couple of families have sought intervention for their loved one. This training was provided on April 20, 2009 and was attended by 22 people.

- **One-On-One Interviews**

Almost 350 one-on-one interviews with community members were completed during the first two years of the project (51 in Central City, 61 in Springville, 120 in Mount Vernon, and 114 in Center Point-Urbana). These interviews were completed with representatives from all sectors (See Figure 15 on page 21 for the full list of interviews by community and sector). The sectors represented with the highest number of interviews were parents, youth, and education; the sectors with the fewest interviews include media, social services, and parks and recreation.

**Figure 15. One-On-One Interviews by Community and Sector Through 6/30/09**

<b>One-on-One Interviews by Community and Sector</b>					
<b>Sector</b>	<b>Community</b>				<b>Sector Total</b>
	<b>Central City</b>	<b>Mount Vernon</b>	<b>Springville</b>	<b>Center Point-Urbana</b>	
Senior Citizens	1	1	0	22	24
Business	3	6	6	13	28
Media	1	1	0	0	2
Civic Groups	5	4	2	5	16
Government	5	3	1	5	14
Faith	3	2	4	8	17
Law Enforcement	1	7	1	2	11
Youth	11	45	18	13	87
Parents/Families	9	30	11	27	77
Health Care Providers	3	0	1	5	9
Education	6	18	15	7	46
Social Services	0	2	0	1	3
Parks and Recreation	0	1	0	3	4
Unknown	3	0	2	3	8
Community Total	51	120	61	114	346

School-Based Prevention Programs

The implementation of the first year of LST is on schedule. LST has been implemented with sixth graders in all four school districts. The implementation of the first year of LST boosters is on schedule. LST boosters (year 1) have been implemented with seventh graders in all four school districts. The implementation of TND is on schedule. TND has been implemented with ninth graders in all four school districts. The implementation of LRP is on schedule. Four LRP groups were implemented in the high schools in three school districts (LRP was not planned to be implemented in Center Point-Urbana during this project). The implementation of RY is on schedule, although it started late. Two RY groups were implemented, one each in Mt. Vernon and Center Point-Urbana. Figure 16 on pages 23 through 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 6 on pages 50 through 52 contains data from the first project year).

- Life Skills Training (LST)

The implementation of LST is on target with the implementation plan. The LST Core Program has been completed with one group of 6<sup>th</sup> graders in the Springville School District, four groups of 6<sup>th</sup> grade students in the Mount Vernon School District, two groups of 6<sup>th</sup> grade students in the Central City School District, and five groups of 6<sup>th</sup> grade students in the Center Point-Urbana School District. The 6<sup>th</sup> grade level is the appropriate target population for this program. LST was implemented with dosage fidelity for all groups during the second project year (LST lessons implemented one to five times per week). However, all groups did not receive the minimum number of lessons. A Central City group only had 10 lessons implemented; and one Center Point-Urbana group had 10 lessons and another had 14. The minimum number of lessons for the first year of LST is 15.

The first year of the LST Booster Program was implemented with five groups of 7<sup>th</sup> grade students in the Center Point-Urbana School District, one group of 7<sup>th</sup> grade students in the Central City School District, four groups of 7<sup>th</sup> grade students in the Mount Vernon School District, and two groups of 7<sup>th</sup> graders in the Springville School District. The 7<sup>th</sup> grade level is the appropriate target population for the first year of the booster program. The LST Boosters were implemented with fidelity in the Center Point-Urbana, Central City, and Mount Vernon School Districts because at least 10 lessons were implemented; the two groups in the Springville School District only had 7 lessons.

- Project Toward No Drug Abuse (TND)

The implementation of TND is on target with the implementation plan. TND was completed with all 9<sup>th</sup> grade students in all four school districts. The 9<sup>th</sup> grade level is the appropriate target population for this program. TND was implemented with fidelity in most school districts with twelve or more TND lessons implemented two to four times per week; the groups in Central City were implemented with the most fidelity. A Springville group was implemented with five lessons per week and only 10 total lessons held; two Center Point-Urbana groups were implemented with only 9 lessons and one with 11 lessons; and all the Mount Vernon groups had five lessons per week.

- Reconnecting Youth (RY)

The implementation of RY is on target with the implementation plan (only Mount Vernon and Center Point-Urbana School Districts plan to implement RY during this project). RY was implemented with one group of high school students in the Center Point-Urbana School District during the first semester and one group in the Mount Vernon School District during the second semester. The high school level is the appropriate target population for this program. The Mount Vernon group was implemented with fidelity by holding 80 lessons; whereas the Center Point-Urbana group only had 45 lessons.

- Leadership and Resiliency Program (LRP)

The implementation of LRP is on target with the implementation plan (only three school districts to implement LRP during this project) LRP was implemented with two groups of high school students (i.e., mixed grade levels) in the Mount Vernon School District, and one group of high school students each in the Central City and Springville School Districts. The high school level is the appropriate target population for this program.

In all three school districts, the LRP groups met once per week during the school year for process group. A Mount Vernon group missed one adventure activities and seven community service activities; the other Mount Vernon group missed one adventure activity and six community service activities. The Central City group missed two adventure activities and two community service activities. Some of these cancellations were caused by inclement weather. The Springville group has implemented LRP with dosage fidelity by having nine or more adventure activities and nine or more community service activities. The optimal delivery to ensure fidelity to the original research model is that process groups should 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**

<b>2008 – 2009 School Year</b>					
<b>School</b>	<b>Program</b>	<b>Grade and Group</b>	<b>Pre-Test Completed</b>	<b>Lessons Implemented</b>	<b>Post-Test Completed</b>
Springville	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		6 <sup>th</sup> Grade, Cohort B			
	LST – Booster Program First Year	7 <sup>th</sup> Grade, Cohort A	No, missed	7	Yes
		7 <sup>th</sup> Grade, Cohort B	Yes		
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		9 <sup>th</sup> Grade, Cohort B		10	
	LRP	High School, Cohort A		34 – Process Groups 9 – Adventure Activities 12 – Community Service	Yes
<b>Program Key</b>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

**Figure 16. (cont.) School-Based Prevention Program Implementation Data**

2008 – 2009 School Year					
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Center Point-Urbana	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	10	Yes
		6 <sup>th</sup> Grade, Cohort B		15	
		6 <sup>th</sup> Grade, Cohort C		14	
		6 <sup>th</sup> Grade, Cohort D			
		6 <sup>th</sup> Grade, Cohort E			
	LST – Booster Program First Year	7 <sup>th</sup> Grade, Cohort A	Yes	13	Yes
		7 <sup>th</sup> Grade, Cohort B		10	
		7 <sup>th</sup> Grade, Cohort C			
		7 <sup>th</sup> Grade, Cohort D			
		7 <sup>th</sup> Grade, Cohort E			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		9 <sup>th</sup> Grade, Cohort B		9	
		9 <sup>th</sup> Grade, Cohort C			
		9 <sup>th</sup> Grade, Cohort D		11	
		9 <sup>th</sup> Grade, Cohort E		12	
RY	High School, Cohort A	Yes	45	Yes	
Central City	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		6 <sup>th</sup> Grade, Cohort B		12	
	LST – Booster Program First Year	7 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		9 <sup>th</sup> Grade, Cohort B			
	LRP	High School, Cohort A	Yes	28 – Process Groups 7 – Adventure Activities 7 – Community Service	Yes
	<u>Program Key</u>				
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

**Figure 16. (cont.) School-Based Prevention Program Implementation Data**

<b>2008 – 2009 School Year</b>					
<b>School</b>	<b>Program</b>	<b>Grade and Group</b>	<b>Pre-Test Completed</b>	<b>Lessons Implemented</b>	<b>Post-Test Completed</b>
Mount Vernon	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	28	Yes
		6 <sup>th</sup> Grade, Cohort B		32	
		6 <sup>th</sup> Grade, Cohort C		22	
		6 <sup>th</sup> Grade, Cohort D			
	LST – Booster Program First Year	7 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		7 <sup>th</sup> Grade, Cohort B			
		7 <sup>th</sup> Grade, Cohort C			
		7 <sup>th</sup> Grade, Cohort D			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		9 <sup>th</sup> Grade, Cohort B			
		9 <sup>th</sup> Grade, Cohort C			
		9 <sup>th</sup> Grade, Cohort D			
	LRP	High School, Cohort A	Yes	31 – Process Groups 8 – Adventure Activities 2 – Community Service	Yes
		High School, Cohort B			
	<u>RY</u>	High School, Cohort A	Yes	80	Yes
	<u>Program Key</u>				
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

## *Process Interviews*

Key informant process interviews have been conducted four times during the project about every six months. The first round of process interviews was conducted February 14 through March 10, 2008. The second round of process interviews was conducted May 29 through June 23, 2008. The third round of process interviews was conducted January 27 through February 10, 2009. The fourth round of process interviews was conducted May 27 through June 9, 2009. The fourth round of interviews was conducted approximately one month after feedback from the third round of interviews was released. So some responses were similar between the third and fourth rounds of interviews. Interviews were conducted with six of the eight key informants invited to participate during the first round, eight of nine during the second round, nine of ten during the third round, and nine of thirteen during the fourth round. Key informants included school district superintendents, the project coordinator, the project assistant, program implementation staff, and the substance abuse counselor. Coalition chairpersons were also invited to participate during the fourth round of interviews. Interview participants were provided the list of questions prior to the scheduled interview and were given as much time as they requested to prepare for them. Interviews were conducted by telephone and lasted between 15 and 60 minutes. Interview participants were cooperative and provided constructive feedback regarding the project. Responses to each question were synthesized and are provided below. The summary of the first round of interviews may be found in Appendix 5 on pages 47 through 50. The summary of the second round of interviews may be found in Appendix 4 on pages 43 through 46. The summary of the third round of interviews may be found in Appendix 3 on pages 39 through 42.

1. What successes have you observed or experienced during the first two years of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Four respondents stated that the most notable success to date has been the enactment of the Linn County social host ordinance. Two respondents noted an increase in community awareness of the underage drinking problem. Two respondents stated that the implementation of LRP has been very successful. For example, one respondent stated, “The students are proud to be part of LRP and their behaviors and classroom performance has improved.”
2. What problems have you encountered during the first two years of the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
  - Five respondents stated that a lack of community involvement in the implementation of CMCA has been a problem. Two respondents identified problems in scheduling across the four participating districts, especially because of the distance between the districts.
3. Have you participated in any local meetings or CMCA actions? If so, which ones?
  - All respondents stated that they had attended at least one local meeting or CMCA action, although one respondent had not done so recently. All respondents stated that



they had attended at least one CMCA meeting and most had also attended at least one CMCA action.

What worked well?

- Almost all of the respondents identified at least one thing that had worked well, including: Project Sticker Shock; alcohol-free graduation signs; development of the CMCA action plans; CMCA committee in each community; and that the Project Coordinator was a valuable resource to the CMCA committees.

What did not work as well as you would have liked? How can these be improved upon?

- One-half of respondents identified something that did not work as well as they would have liked. Three of these respondents stated that CMCA meetings did not work very well but that this could improve with more community control. The other respondent stated that the Post-It Notes action was a good concept, but was not developed fully before implemented.

4. What CMCA actions have had the greatest success?

- Three respondents stated that all CMCA actions have had good success. Four respondents stated that the social host ordinance for all of Linn County was the greatest success. Three respondents noted that the good conduct policy revisions completed in each school district had the greatest success. Other actions that had great success according to respondents include: Project Sticker Shock; alcohol-free graduation signs; and parent handbooks.

Have any CMCA actions not met your expectations?

- Only one respondent identified CMCA actions that did not meet his or her expectations, stating that the town hall meetings were not very well attended. Although all the other respondents did not identify any actions that did not meet their expectations, four other respondents noted that attendance at meetings and actions was not as high as they would like.

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

- Six respondents could not think of any other CMCA actions. Two respondents stated that they would like to see youth involved more in the selection process. One respondent suggested developing more public service announcements. One respondent felt that the CMCA groups need to do more work around community days to prevent underage access to alcohol.

5. 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. One respondent stated that staff turnover caused some implementation delays at the beginning of project year two, but those delays were temporary. One respondent stated that a couple of school personnel implementing LST did not do so with fidelity; but that meetings were held with them to clarify the importance of implementing with fidelity. One respondent stated that the implementation of CMCA has not kept up with the plan because of a lack of community support and attendance at meetings.
6. 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: training school personnel and community members to implement the programs; training some people as program trainers, so that they can then provide future trainings for lower costs; and purchasing extra program materials; developing relationships within the participating districts and across the county; and beginning to pursue other funding streams to replace this one.
7. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
- All respondents provided a unique response to this question. Responses included: training community members to implement programs and CMCA actions; good conduct policy review and revisions; social host legislation; and program implementation with fidelity.

### *Degree of Achievement of Process Goals*

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. Through June 30, 2009, progress has been made toward achieving this goal, with all programming started. This goal has been fully achieved, although all programming has not been implemented with complete dosage fidelity (not all lessons implemented or implemented too quickly).

In order to achieve Goal 8, project staff will implement all three steps of the project's sustainability plan<sup>1</sup>. The project is ahead of schedule on this goal. During the first project year,

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

the first two steps of the sustainability plan were implemented. In about half of the classrooms, ASAC prevention specialists led program implementation while school staff observed and were trained in the programs. In the remaining classrooms, school staff led program implementation with ASAC prevention specialists providing technical assistance. This success was largely due to classroom teachers receiving training very early in the project or previous training. During the second project year, school staff have led program implementation with minimal support from ASAC prevention specialists.

### *Degree of Achievement of Counseling Goal*

Goal 9 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 two years of the project, the counselor assessed 63 students, and provided extended outpatient counseling (EOC) to 43 students.

This goal was almost met during the first two years of the project (69% successful). Through June 30, 2009, 32 students were discharged from counseling. Of these 32 students, 3 were referred for outside services, 9 were unsuccessful, and 20 were successful. Twenty successful completions out of 29 total discharges (3 referrals not included as successful or unsuccessful) is a 69% success rate.

### **Conclusion**

The American Gothic Revisited – Rural Linn County project, a Grant to Reduce Alcohol Abuse from the U.S. Department of Education, has already had positive effects within the four Iowa school districts served (Mount Vernon, Central City, Center Point-Urbana, and Springville). The project has nine goals, six of which are substance abuse prevention program outcomes, two are process goals, and the final goal is for substance abuse counseling. Of the six substance abuse prevention program goals, the project is partially meeting or exceeding the target for five goals. Substance abuse prevention program outcome data exceeds the goals for past 30-day alcohol use, binge drinking, disapproval of alcohol use, parental disapproval of alcohol use, and alcohol availability. The sixth substance abuse prevention program goal is not measurable, as the anticipated decrease in the IYS failed to occur. The project has met the comprehensive alcohol prevention systems change goal (although LRP has not been implemented with complete dosage fidelity in two of three school districts because not all of the required adventure activities and community service projects were held during the second project year), and is ahead of schedule for the goal to implement/sustain proven alcohol abuse prevention programs. The substance abuse treatment goal is almost being met, with a success rate of 69% through the first two years of the project. At the conclusion of the first two years of the project, implementation is on schedule, and TND and the first year of LST are meeting or exceeding goals to positively affect youth in the participating school districts.

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Step 2: During the second project year, school staff have 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.

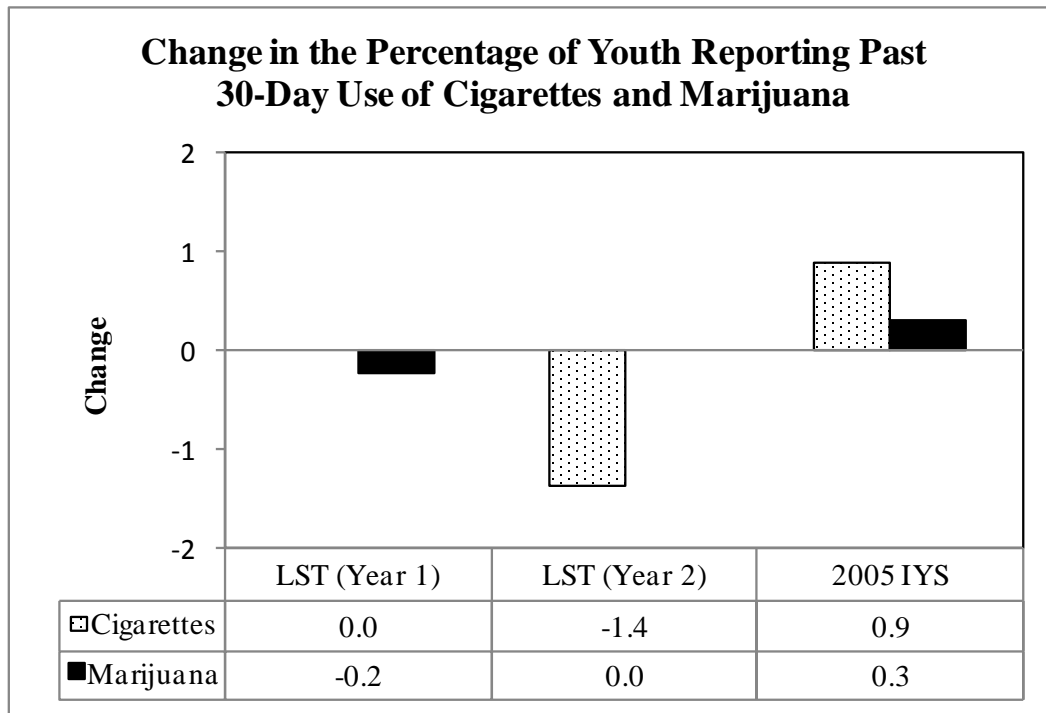
# **Appendix 1**

## **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 to post for the first year and a 1.4 percentage point decrease for the second; which is lower than the 2005 IYS estimate of a 0.9 percentage point increase. For past 30-day use of marijuana, there is a 0.2 percentage point decrease from pre to post for the first year and no change for the second; the LST change is lower than the 2005 IYS estimate of a 0.3 percentage point increase.

**Figure 17. Life Skills Training Outcome Data and 2005 6<sup>th</sup> and 8<sup>th</sup> Grade Iowa Youth Survey Data**

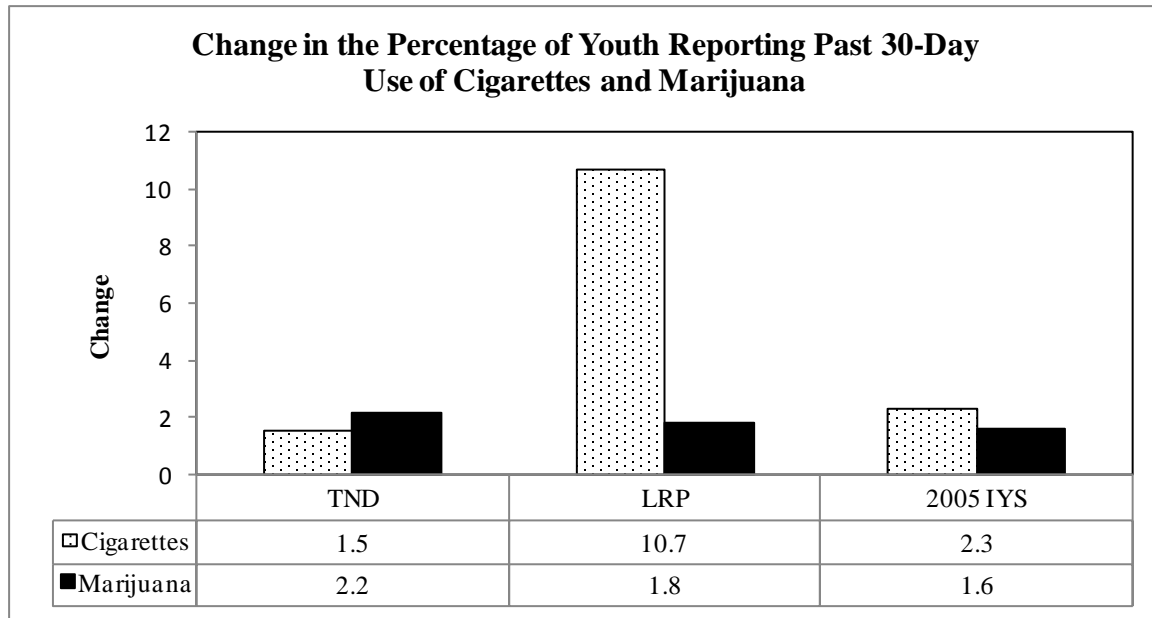


Notes: <sup>1</sup>The median number of days between pre- and post-tests was 76 for the first year of LST and 30 days for the second. IYS data is reported as an annual change estimate.

<sup>2</sup>A negative value or value lower than the IYS value is a favorable outcome.

As shown in Figure 18, TND had a positive effect on cigarette use. Specifically, for past 30-day use of cigarettes, there is a 1.5 percentage point increase from pre to post; which is lower than the 2005 IYS estimate of a 2.3 percentage point increase. LRP was higher than the IYS estimate with a 10.7 percentage point increase. For past 30-day use of marijuana, there is a 2.2 percentage point increase from pre to post for TND and a 1.8 increase for LRP; both higher than the 2005 IYS estimate of a 1.6 percentage point increase.

**Figure 18. Project Toward No Drug Abuse Outcome Data and 2005 8<sup>th</sup> and 11<sup>th</sup> Grade Iowa Youth Survey Data**



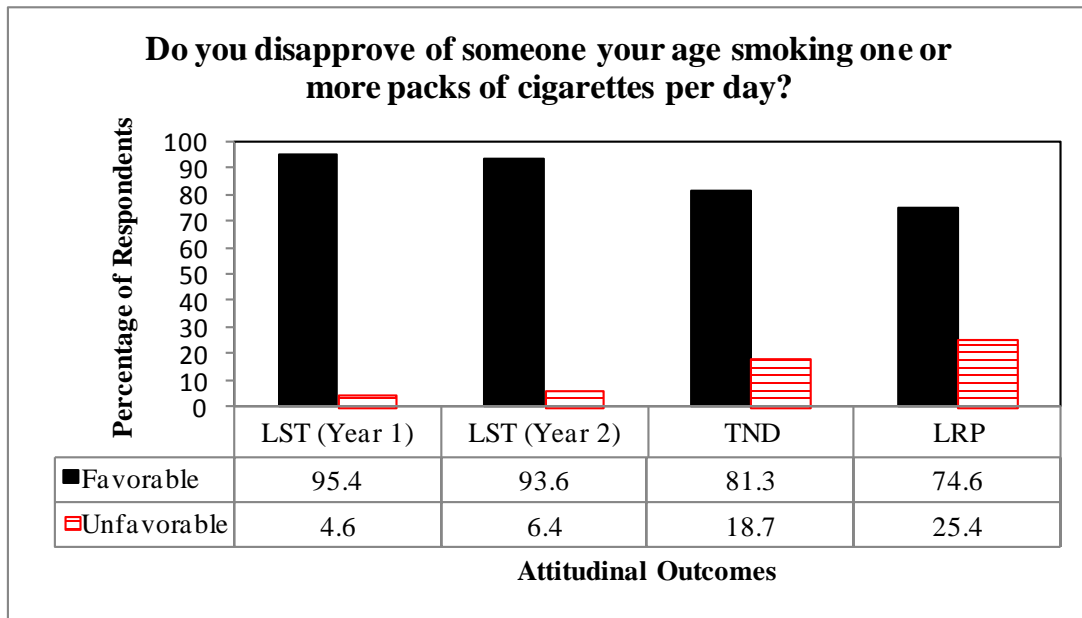
Notes: <sup>1</sup>The median number of days between pre- and post-tests was 33 for TND and 182 for LRP. IYS data is reported as an annual change estimate.

<sup>2</sup>A negative value or value lower than the IYS value is a favorable outcome.

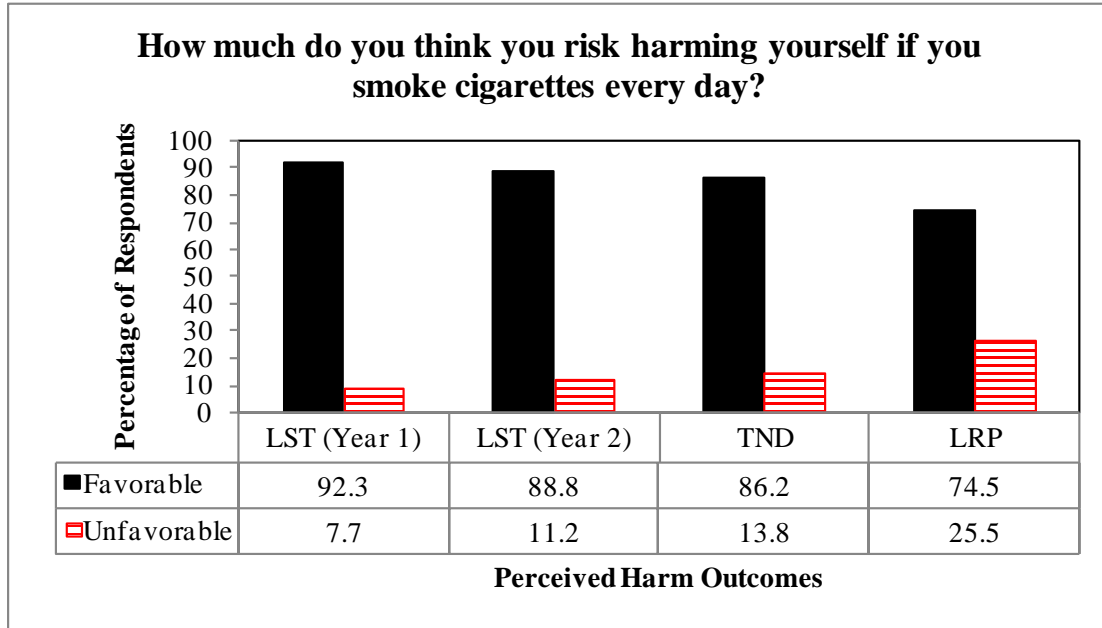
*Tobacco*

Figures 19 and 20 on pages 33 and 34 show outcomes for individual attitudes and perceived harm of cigarette use by program. Outcomes were either: 1) favorable, which means that attitudes grew more unfavorable 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 unfavorable toward cigarette use; or 2) unfavorable, which means that attitudes grew more favorable toward cigarette use from pre-test to post-test (i.e., Respondent strongly disapproved of cigarette use at pre-test and disapproved at post-test) or that the pre- and post-test responses remained the same and were favorable toward cigarette use.

**Figure 19. Cigarette Use Attitudes**



**Figure 20. Cigarette Perceived Harm**

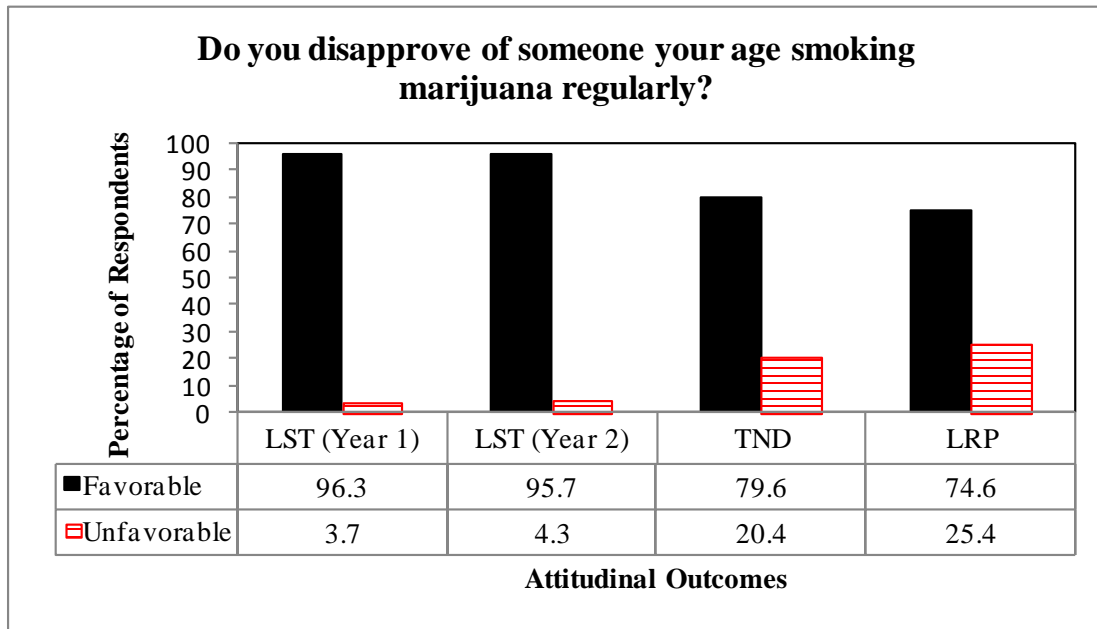


*Marijuana*

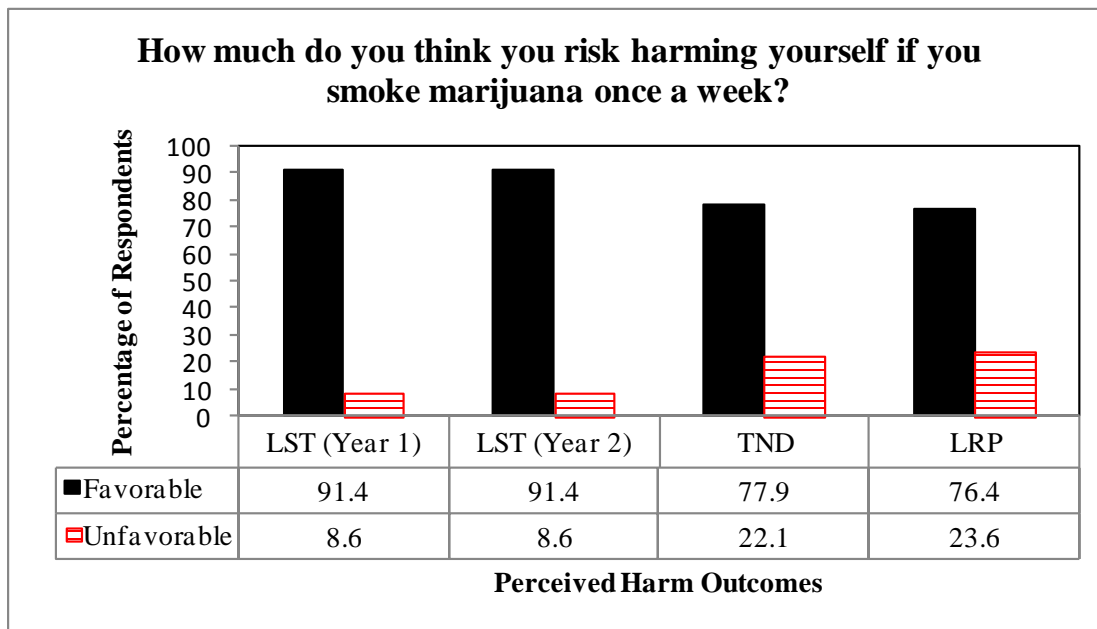
Figures 21 and 22 on page 35 show outcomes for individual attitudes and perceived harm of marijuana use by program. Outcomes were either: 1) favorable, which means that attitudes grew more unfavorable toward marijuana use (e.g., Respondent disapproved of marijuana use at pre-test and strongly disapproved at post-test) or that the pre- and post-test responses remained the same and were unfavorable toward marijuana use; or 2) unfavorable, which means that attitudes grew more favorable toward marijuana use from pre-test to post-test (i.e., Respondent strongly disapproved of cigarette use at pre-test and didn't disapprove at post-test) or that the pre- and post-test responses remained the same and were favorable toward marijuana use.



**Figure 21. Marijuana Use Attitudes**



**Figure 22. Marijuana Perceived Harm**



# **Appendix 2**

## **Leadership and Resiliency Student Feedback 2008-2009 School Year**

The following responses were collected from students who participated in LRP during the 2008-2009 School Year. The responses were collected on a survey created by the Prevention Specialist in charge of managing the implementation of LRP. Below are the responses compiled by the Prevention Specialist, with similar responses deleted; note that no negative responses were given. The survey question is listed in bold-faced type; each question is followed by several student responses.

**What has been your favorite part of LRP?**

- “It gives me a place to talk and really open up”
- “It gives me more motivation. It’s fun to help out in the community.”
- “It’s nice being in a controlled, non-pressure environment in school”
- “The activities are fun, but its process group where the REAL stuff comes out”

**What have you learned from LRP?**

- “How to help our community”
- “That it’s not all about you. You see how people live.”
- “That there is a lot more to people that you may not realize”
- “To speak my mind and not let anyone stop you when you believe in something”
- “You are able to control EVERY decision you make”
- “That I need to believe in myself more often and I can do things that I never thought I could”

**How has LRP affected you?**

- “It gives me a reason to stay out of trouble”
- “It makes the school day bearable”
- “It made me realize how to care for people and help others when they need it”
- “It has affected me a lot. It has actually made me want to change my major and want to do something like it”
- “Taught me to not judge a book by its cover”
- “It made me more positive”
- “I stopped doing drugs and my parents don’t have to pay for counseling because I get so much out here”
- “LRP has made me feel not so ‘stepped on’ and to stand up for myself”
- “Made me stop and think about decisions I make, every time”
- “Made me less shy/nervous to meet new people”

**Why should your school continue to support LRP?**

- “It gives kids attention who usually don’t get any or get negative attention”
- “It helps kids get their thoughts out”

“Because it helps kids come out of your shell, learn the importance of education, and learn how to be a good leader”

“Because it will help others know this is a place where people can feel safe”

“Because it’s helped me turn from depressed to being happy with my life”

“Because it helps students get through tough times”

“It gives kids a chance to go and have a real trustworthy conversation for once”

“It gives students a chance to do something other than get into trouble”

“LRP helps kids way more than ANY of you think it possibly could.”

# **Appendix 3**

**Process Evaluation Interview Summary**  
**Year 2 Round 1**  
July 1, 2007 – January 31, 2009

1. What successes have you observed or experienced during the first year and a half of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Almost all respondents noted an increase in community awareness of the underage drinking problem, and increased community involvement in CMCA meetings and activities. For example, one respondent stated, “The communities have realized the scope of the underage drinking problem. Community members started talking about underage drinking and other alcohol-related problems.” Another respondent stated, “The local CMCA group has grown since the project first began, and has become more vocal and active.”
  - Three respondents identified that the prevention programs had a positive impact on the student participants. For example, one respondent stated, “The relationship between youth and the adults implementing the programs (school personnel, project staff, and community volunteers) has grown very strong, especially in the last six months. Youth feel comfortable talking about serious issues with these adults.” Three respondents noted that the relationship between school and project personnel has been very successful. These respondents reported that all staff have worked well together towards the project goals.
2. What problems have you encountered during the first year and a 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 staff turnover was a problem. These respondents identified turnover amongst project staff or school staff between the first and second project years as a barrier. The largest problem from staff turnover was a delay in program implementation, although most of these respondents felt the delay was temporary and did not think there would be any lasting impact on the project.
  - Three respondents stated that some implementers struggled with program fidelity. They reported that meetings were held with the implementers, sometimes individually and sometimes as a group in each district. During these meetings, the implementation schedule was reviewed, program fidelity was stressed, and any questions were answered. A respondent stated that the schedule for program trainings made it difficult for necessary staff to attend; this respondent suggested holding more program trainings during the summer months. Another respondent identified CMCA meetings as a problem because the meetings were too long, did not follow the agenda, and little or nothing was accomplished.
3. Have you attended any local meetings or presentations associated with this project? If so, which ones?
  - All respondents stated that they had attended at least one project meeting or presentation. All respondents stated that they had attended at least one CMCA meeting and five had attended at least one Project Oversight Committee meeting.

What worked well?

- Approximately half of the respondents identified at least one thing that worked well in the meetings they had attended. Responses included: good attendance at CMCA meetings; productive group dynamics for Project Oversight Committee; moderator did a good job of following agenda; and the CMCA action plan provided focus for meetings.

What did not work as well as you would have liked? How can these be improved upon?

- There were two common themes that emerged when respondents were asked if anything did not work as well as they would have liked about any local meetings or presentations. One concern voiced by several respondents was in regards to agendas. These respondents stated that at times, the meetings strayed from the agenda and got off task. The other concern was when the agenda was too long. Respondents felt that some meetings lasted too long and that participants lost interest before the meeting was concluded.

The second theme was about CMCA meeting management. Four respondents stated that CMCA meetings seemed to be more productive and run smoother when led by community members. Three respondents suggested that future CMCA meetings be led by community members rather than the project coordinator or other project staff.

4. What CMCA actions have had the greatest success?

- Three respondents stated that the good conduct policy revisions completed in each school district had the greatest success. Two respondents noted that the alcohol server trainings were successful. Two respondents stated that the town hall meeting held in each community was the most successful CMCA action.

Have any CMCA actions not met your expectations?

- Only two respondents identified CMCA actions that did not meet their expectations. One respondent stated CMCA as a whole had not met expectations because of a lack of community control. The other respondent noted that social host legislation had not yet been enacted, but also noted the difficulty with this type of work.

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

- Several ideas were suggested for future CMCA action. A couple of respondents identified a need to recruit more community members. Two respondents stated that CMCA groups need to do a better job of self-promotion to increase community awareness of their efforts.

5. What has this project done for your community?

- All of the 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 the project has increased youth involvement in prevention activities.
6. How has your community responded to the project?
- Eight respondents stated that the community has responded well. Most respondents noted that community involvement in CMCA activities has been high. One respondent stated that community support would be even higher if community members were allowed to lead and guide CMCA rather than project staff.
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. Two respondents stated that staff turnover caused some implementation delays at the beginning of project year two, but those delays were temporary. One respondent stated that inclement weather caused delays in program implementation. One respondent stated that the implementation of CMCA has not kept up with the plan because of a lack of community support and attendance at meetings.
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; training some people as program trainers, so that they can then provide future trainings for lower costs; and purchasing extra program materials.
9. 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 superintendents have improved communication and support for one another. Other responses included: good conduct policy review and revisions; social host legislation; program implementation support; and dissemination of progress to school boards.



# **Appendix 4**

## **Process Evaluation Interview Summary**

### **Year 1 Round 2**

July 1, 2007 – June 30, 2008

1. What successes have you observed or experienced during the first year of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Almost all respondents noted an increase in community awareness of the underage drinking problem, and increased community involvement in CMCA meetings and activities. Three respondents identified the formation and growth of student advocacy groups in their respective districts, providing the youth an opportunity to be involved in project activities.
  - A couple of respondents stated that program implementation was successful during the first project year. A couple of respondents identified the support for programming from school personnel. A couple of respondents noted that youth accessed counseling services more than they had expected.
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?
  - Three respondents stated that they encountered opposition from school personnel to LRP. For the most part, these problems were overcome once the personnel received more information about LRP, and once they saw the effect it was having on students. Two respondents mentioned the distance between districts as a barrier. These respondents noted that the distance makes it harder for the project coordinator and prevention specialists to work within more than one district on any given day. One of these respondents mentioned an increased use of e-mail and telephone communication to stay on top of situations. Two respondents mentioned difficulty with CMCA – one about completing one-on-one interviews and the other about community resistance to alcohol-free graduation signs. Both respondents stated that an increase in information would help to minimize these problems (in the case of conducting interviews, more practice; and for the graduation signs, providing more information to community members about the message).
3. How closely has the implementation of CMCA followed the action plan?
  - All respondents stated that the CMCA action plan has been followed closely.
4. What CMCA actions have had the greatest success?
  - Most of the respondents stated that the town hall meeting held in each community was the most successful CMCA action implemented during the first project year. These respondents noted that the meetings helped to increase community awareness of the underage drinking issue and to help energize community members to begin addressing the problem.

Have any CMCA actions not met your expectations?

- Only two respondents identified CMCA actions that did not meet their expectations. One respondent stated that not as many one-on-one interviews had been completed as planned. The other respondent noted that inclement winter weather forced several community meetings to be cancelled or re-scheduled.

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

- Several ideas were suggested for future CMCA action. These ideas included: continue holding town hall meetings, and provide childcare during the meetings; work to enact local ordinances to integrate and standardize alcohol compliance checks in each community; expand social marketing – place alcohol-related messages on grocery bags for stores that sell alcohol products; complete an assessment of city ordinances and school regulations for each community; increase parental involvement in CMCA activities; and promote the CMCA successes.

5. What has this project done for your community?

- Most of the respondents stated that the project has increased community awareness of the underage drinking problem, and of the resources available as part of the project.

6. How has your community responded to the project?

- Most of the respondents stated that the community has responded well. Most respondents noted that community involvement in CMCA activities has been high. A couple of respondents stated that a small subset of the community has been resistant to the project.

7. Have you attended any trainings or conferences, either locally or nationally? If so, what did you learn that you have since been able to apply to this project?

- All of the respondents had identified at least one training or conference that they had attended. Each respondent identified at least one thing that they learned and have applied to the project.

8. 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.)

- Two deviations were identified by respondents. One respondent noted that two LRP groups were added to the project, bringing the total number of LRP groups to four for the project. This change was due to demand and the need to implement LRP with fidelity; one district needed a second group and two districts that had planned to share one group each needed their own LRP group.

- The other respondent stated that many classroom teachers decided to teach the program during the first project year, rather than team-teaching the first year and teaching during the second project year. This means that the project is ahead of the implementation schedule.
9. 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: training school personnel to implement the programs; purchasing extra program materials; training some people as program trainers, so that they can then provide future trainings; and sending community members to national conferences.
10. What activities has the oversight committee undertaken to affect system-wide change?  
(Answered by superintendents, the project assistant, and the project coordinator only.)
- Two respondents stated that each district was reviewing their good conduct policies to make them clearer and more consistent, and to provide counseling referrals where applicable. Two respondents stated that nothing had been done yet to affect system-wide change. One respondent stated that partnerships with other county organizations have been developed.

# **Appendix 5**

**Process Evaluation Interview Summary**  
**Year 1 Round 1**  
July 1, 2007 – January 31, 2008

1. What successes have you observed or experienced during the first six months of the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Almost all respondents noted an increase in community awareness of the underage drinking problem, and increased community involvement in project activities. Two respondents stated that student advocacy groups have already been created in their respective districts, providing the youth an opportunity to be involved in project activities.
  - Many of the respondents identified successes with the ASAC staff, including both prevention specialists and the substance abuse counselor. A couple of respondents also identified that many classroom teachers already had experience teaching the prevention programs and were willing to lead program implementation from the beginning of the project.
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?
  - Most of the respondents stated that inclement weather was a barrier. Some meetings had to be re-scheduled two or three times due to inclement weather. Two respondents mentioned an error in the budget that was overcome by moving some funding around. Two respondents mentioned communication issues between various people involved in the project. Both these respondents stated that these problems were addressed and cleared up without much difficulty or affect on the project.
3. Do you need any technical assistance or clarification related to the project? If yes, please explain your specific needs.
  - All respondents stated that additional technical assistance was not needed.
4. What do you think the focus (or goal) of CMCA should be (or is) in your community?
  - Several respondents stated that they are still working to educate their community about CMCA, increase community awareness of the underage drinking problem, and to recruit community members to join their CMCA group. Some respondents mentioned that CMCA action plans are under development in each community.
5. What has this project done for your community?
  - Most of the respondents stated that they have increased community awareness of the underage drinking problem, and of the resources available as part of the project.

6. How would you improve the project?
  - Most of the respondents could not identify any ways in which they would improve the project. One respondent mentioned that the frequent number of school cancellations due to inclement weather caused scheduling problems.
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.)
  - The largest deviation reported by respondents was the addition of two LRP groups, bringing the total number of LRP groups to four for the project. This change was due to demand and the need to implement LRP with fidelity; one district needed a second group and two districts that were going to share one group each needed their own LRP group.
8. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
  - Several respondents mentioned that plans have been made to purchase materials or train school personnel to be program trainers so that prevention programming may be continued after the grant ends. One respondent stated that CMCA groups will soon begin planning to approach local businesses to recruit sponsors for CMCA activities.
9. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
  - Most respondents stated that nothing had been done yet to affect system-wide change. One respondent stated that each district was reviewing their good conduct policies to make them clearer and more consistent, and to provide counseling referrals where applicable.

# **Appendix 6**

## **School-Based Prevention Program Implementation Data**

**2007 – 2008 School Year**



**Figure 23. School-Based Prevention Program Implementation Data**

<b>2007 – 2008 School Year</b>					
<b>School</b>	<b>Program</b>	<b>Grade and Group</b>	<b>Pre-Test Completed</b>	<b>Lessons Implemented</b>	<b>Post-Test Completed</b>
Center Point-Urbana	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		6 <sup>th</sup> Grade, Cohort B			
		6 <sup>th</sup> Grade, Cohort C			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		9 <sup>th</sup> Grade, Cohort B			
		9 <sup>th</sup> Grade, Cohort C			
		9 <sup>th</sup> Grade, Cohort D			
RY	High School, Cohort A	Yes	76	Yes	
Central City	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	LRP	High School, Cohort A	Yes	25 – Process Groups 6 – Adventure Activities 7 – Community Service	Yes
Mount Vernon	<u>LST – Core Program</u>	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		6 <sup>th</sup> Grade, Cohort B			
		6 <sup>th</sup> Grade, Cohort C			
	<u>TND</u>	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		9 <sup>th</sup> Grade, Cohort B			
		9 <sup>th</sup> Grade, Cohort C			
	<u>RY</u>	High School, Cohort A	Yes	74	Yes
<u>LRP</u>	High School, Cohort A	Yes	26 – Process Groups 6 – Adventure Activities 2 – Community Service	Yes	
	High School, Cohort B				26 – Process Groups 6 – Adventure Activities 2 – Community Service

**Figure 23 (cont.). School-Based Prevention Program Implementation Data**

**2007 – 2008 School Year**

<b>School</b>	<b>Program</b>	<b>Grade and Group</b>	<b>Pre-Test Completed</b>	<b>Lessons Implemented</b>	<b>Post-Test Completed</b>
Springville	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
		6 <sup>th</sup> Grade, Cohort B			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	LRP	High School, Cohort A		29 – Process Groups 8 – Adventure Activities 8 – Community Service	
<u>Program Key</u>					
LST	Life Skills Training		TND	Project Toward No Drug Abuse	
LRP	Leadership and Resiliency Program		RY	Reconnecting Youth	

# **Appendix 7**

**Project Action Plan Year 2**  
July 1, 2008 – June 30, 2009

**Figure 24. Rural Linn County Project Action Plan Year 2**

Program Elements and Action Steps Year 2 Timeline	Jl	Au	Se	Oc	No	De	Ja	Fe	Ma	Ap	May	Jn
Project Oversight Committee Meets Quarterly <sup>1</sup>			x			x			x			x
Travel to Grantor TA, Project Director and OSDFS conferences <sup>1,2</sup>	As scheduled by OSDFS											
CMCA Element Action Steps <sup>2,3,5,:</sup> Local CMCA Committees meet in each district (Initial Trg. held Oct. 17 & 18, 2007)	x	x	x	x	x	x	x	x	x	x	x	x
<i>Identify access/systems change priorities; Examples include:</i>												
• Retailer/Server trainings & increase compliance checks	x						x	x	x	x		x
• Parental commitments to not providing to minors		x	x							x	x	
• Social marketing campaigns on risks of providing to minors						x			x	x	x	x
Implement identified CMCA strategies, including one-on-ones	x	x	x	x	x	x	x	x	x	x	x	x
<i>Evaluate results &amp; modify PY2 action plan- Write PY3 Action Plan</i>			x			x				x		Y3
LST Elements Action Plan <sup>4,6</sup> <i>Obtain Materials &amp; train ASAC Staff and teachers on LST (addl. trainings held)</i>	x	x			x							
Implement LST at middle schools w/ 6 <sup>th</sup> and 7 <sup>th</sup> gr. (next year 8 <sup>th</sup> gr.)		x	x	x	x	x	x	x	x	x	x	
<i>Evaluate results &amp; modify PY3 action plan</i>								x				x
Identify school staff to teach in PY 3											x	x
PTNDA Element Action Plan <sup>4,6</sup> <i>Obtain PTNDA materials &amp; Train ASAC staff &amp; Teachers (addl. trainings held)</i>	x			x		x						
<i>Implement PTNDA program with 9<sup>th</sup> graders</i>		x	x	x	x	x	x	x	x	x	x	
<i>Evaluate results &amp; modify PY3 action plan</i>								x				x
<i>Identify teachers to co-teach PTNDA in PY 3</i>											x	x

**Figure 24. Rural Linn County Project Action Plan Year 2 cont.**

Program Elements and Action Steps Year 2 Timeline cont.	Jl	Au	Se	Oc	No	De	Ja	Fe	Ma	Ap	May	Jn
Leadership and Resiliency Program Element Action Plan <sup>4,6</sup> Train ASAC staff and teachers (additional trainings held)		x					x					
<i>Continue to Recruit HS students &amp; implement LRP program</i>	x	x	x	x	x	x	x	x	x	x	x	x
Evaluate results & modify PY3 action plan								x				x
<i>Identify HS staff to-facilitate LRP Program in PY 3</i>											x	x
<i>Reconnecting Youth Element Action Plan <sup>4,6</sup></i> <i>Obtain RY program materials &amp; train teachers</i>	x	x										
<i>Recruit HS students &amp; implement RY program</i>		x	x				x		x			
Evaluate results & modify PY3 action plan								x				x
<i>Identify HS staff to facilitate RY Program in PY 3</i>											x	x
Evaluation Action Plan <sup>1,2,7</sup> <i>Collect &amp; analyze process/outcome data with evaluator</i>		x	x	x	x	x	x	x	x	x	x	
Share data with Oversight Committee for review/feedback			x			x			x			x

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

# Appendix 8

**Project Action Plan Year 1**  
July 1, 2007 – August 31, 2008

**Figure 25. Rural Linn County Project Action Plan Year 1**

Program Elements and Action Steps	Year 1 Timeline:											
	Se	Oc	No	De	Ja	Fe	Ma	Ap	My	Jn	Jl	Au
Advertise/hire Mount Vernon, ASAC & Consortium Staff <sup>1</sup>	◆	◆										
Form Project Oversight Committee & Meet Quarterly <sup>1</sup>		◆		◆			◆			◆		
Travel to Grantor TA, Project Director and OSDFS conferences <sup>1,2</sup>	As scheduled by OSDFS											
<b>CMCA Element Action Steps</b> <sup>2,3,5,;</sup> Form Local CMCA Committees in each district <i>Identify access/systems change priorities; Examples include:</i> ◆ 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 <i>Evaluate results &amp; modify PY2 action plan</i>	◆	◆	◆									
<b>LST Elements Action Plan</b> <sup>4,6,</sup> Identify middle schools teachers who will teach Lifeskills <i>Obtain Materials &amp; train ASAC Staff and teachers on LST</i> Initiate LST at middle schools using these models <i>Evaluate results &amp; modify PY2 action plan</i> Identify & inservice school staff to co-teach in PY2	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>PTNDA Element Action Plan</b> <sup>4,6,</sup> Obtain PTNDA materials & Train ASAC staff & Teachers <i>Initiate PTNDA program with 9<sup>th</sup> graders</i> Evaluate results & modify PY2 action plan <i>Identify teachers to co-teach PTNDA in year 2</i> Inservice school staff to co-teach PTNDA in Year 2		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Leadership and Resiliency Program Element Action Plan</b> <sup>4,6,</sup> Obtain LRP program materials & Train ASAC staff and teachers <i>Recruit HS students &amp; initiate LRP program</i> Evaluate results & modify PY2 action plan <i>Inservice HS staff to co-facilitate LRP Program in PY 2</i>		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Reconnecting Youth Element Action Plan</b> <sup>4,6,</sup> Obtain RY program materials & Train ASAC staff & teachers <i>Recruit HS students &amp; initiate RY program</i> Evaluate results & modify PY2 action plan <i>Inservice HS staff to co-facilitate RY Program in PY 2</i>		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Evaluation Action Plan</b> <sup>1,2,7</sup> Meet with evaluation consultant and finalize evaluation plan <i>Collect &amp; analyze process/outcome data with evaluator</i> Share data with Oversight Committee for review/feedback <i>Develop annual project report &amp; modify PY2 action plan</i>		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

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

# **Appendix 9**

## **CMCA Action Plan 2008**



**Figure 26. CMCA Action Plan 2008**

ACCESS	COMMERCIAL	SOCIAL	MEDIA/Marketing	ONE-ON-ONES
JANUARY	Plan Alcohol Server Trainings	State Consumption/Breath test legislation/Good conduct	Got a Minute Campaign/Community Forum/Mentoring Mo.	Elected Officials/ Teenagers
FEBRUARY	Host Alcohol Server Trainings	State Social Host legislation	Table Tents, Print Ads, Radio PSA, Theatre, Cable Stations	Alcohol establishments/Owners Bartenders/Clerks/Managers
MARCH	Merchant Evaluations by Student Advocacy groups	Coaching for Prevention Workshop/ Town Hall Meetings	Newspapers, School-Grant-Church Newsletters, church bulletins, posters	Coaches/Teachers
APRIL	Regular and Random Alcohol Compliance Checks	Town Hall Meetings/ ? County Social Host ordinance work	Alcohol Awareness Month/ Prom	Parents/Teenagers
MAY	Sticker Shock Project by Youth	Alcohol Free Graduation Sign Campaign	Prom/ Graduation	Center Point-Urbana
JUNE	Community Events-Server Trainings	City Policies Bars/Parks/Curfews	Community Events-booths/parades	Central City
JULY	Warning Signs	Warning Signs	Back to School	Mount Vernon
AUGUST	Regular & Random Compliance Checks	Parent to Parent Pledges	Preparing for College	Springville
SEPTEMBER	<i>Fill in blanks this summer....</i>	Parent to Parent Handbooks	Recovery Month/Homecoming	Civic Groups
OCTOBER		Take Charge Conference	Red Ribbon Week	Community Leaders
NOVEMBER			Speaking to groups	Retired Citizens/Grandparents
DECEMBER	Revisit what worked and what didn't		Celebrate with Care/Drunk and Drugged Driving Prev.	18-20 and 21-25 year olds
<b>GOALS</b>	<b>Reduce Illegal sales to minors</b>	<b>Reduce social access to minors</b>	<b>Raise Awareness that Community Can Do Something</b>	<b>Grass Roots- invite people to our groups!</b>