

# AMERICAN GOTHIC REVISITED RURAL LINN COUNTY PROGRAM EVALUATION

**PROJECT YEAR 3, REPORT 2** 

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

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**PROJECT YEAR 3, REPORT 2** 

JULY 1, 2007 - JUNE 30, 2010

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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 all three years of LST, TND, and LRP (for at-risk youth) at this stage of the project. Data for LST are listed as LST (year 1), LST (year 2), and LST (year 3) in the body of this report and overall LST result totals are included in Appendix 1 on pages 34 through 37, 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: Mostly met. One of two single year prevention programs (TND) met or exceeded this goal, as did all three years of the multi-year program LST. A 2.9% increase or less is needed for TND and LRP; the change for TND is a 0.2 percentage point decrease and for LRP, a 4.4 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 0.3 percentage point decrease, a 0.3 percentage point increase for LST (year 2), and a decrease of 0.6 percentage points for the third year of LST.

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: Mostly met. One of two single year prevention programs (TND) met or exceeded this goal, as did all three years of the multi-year program LST. A 1.6% increase or less in binge drinking is needed for TND and LRP; the change is a 1.4 percentage point increase for TND and 5.7 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), a 0.7 point increase for LST (year 2), and an increase of 0.6 percentage point for LST (year 3).

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

**Status:** Mostly met. Both single year prevention programs met or exceeded this goal; as did the first year of LST, while the second and third years did not. TND had an increase of 0.6



percentage points, LRP had no change from pre-test to post-test, the first year of LST had an increase of 0.5 points, LST (year 2) decreased 0.3 points, and LST (year 3) decreased 3.5 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 1.3% for TND was similar to the anticipated annual increase of 1.3%; while LRP showed no change from pre-test to post-test. The increase of 1.2% for LST (year 1) was higher than the IYS estimated annual increase of 0.8%. There was a decrease of 0.3 percentage points for the second year of LST and no change for the third.

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

**Status:** Mostly met. Both single year prevention programs met or exceeded this goal, as did the first and third years of LST. TND increased by 0.2 percentage points from pre-test to post-test, LRP increased by 4.8 percentage points, the first year of LST had no change, LST (year 2) had a decrease of 3.6, and LST (year 3) had an increase of 1.8 percentage points.

**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:** Mostly met. One of the two single year prevention programs (TND) met or exceeded this goal, as did all three years of LST. A 9.2% increase or less is needed to achieve this goal for TND and LRP; the change is a 1.4 percentage point decrease for TND and a 17.0 point increase for LRP. A 5.1% increase or less in ease of obtaining alcohol is needed to achieve this goal for LST; LST (year 1) had an increase of 1.4 percentage points, a 1.2 percentage point decrease for LST (year 2), and LST (year 3) had no change from pre-test to post-test.

**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:** Completed. For over a 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 project was 69%; 29 successful completions out of 42 total discharges.

Overall, programs were implemented as planned and the project goals were mostly met. Of the prevention programs being implemented, TND met the most goals and the individual years of LST met a majority of the goals as well.



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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 posttests. 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 first three years of the project: July 1, 2007 through June 30, 2010.

# **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 their parents disapprove of alcohol use; and 6) reduce the percentage of targeted youth who believe their parents disapprove of 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.

Outcome Data: School-Based Prevention Programs

One thousand four hundred and fifty youth from the four school districts have completed a pretest to date. The pre-test was administered prior to the first program lesson. Of the 1,450 youth: 660 are middle school aged youth participating in the first year of LST; 667 are high school aged youth participating in Project Toward No Drug Abuse (TND); 85 are high school aged youth participating in Leadership and Resiliency Program (LRP); and 28 are high school aged youth participating in Reconnecting Youth (RY). In addition, 379 middle school aged youth completed a pre-test prior to the first program lesson of the second year of LST and 40 high school aged youth completed a pre-test prior to their involvement in another year of LRP. Finally, 190 middle school aged youth completed a pre-test prior to the first program lesson of the third and final year of LST; while 10 high school aged youth completed a pre-test prior to their involvement in a third year of LRP.



One thousand three hundred and eighty-one 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 1,381 youth: 629 are middle school aged youth who participated in the first year of LST; 661 are high school aged youth who participated in TND; 71 are high school aged youth who participated in LRP; and 20 are high school aged youth who participated in RY. In addition, 331 middle school aged youth completed a post-test after the last program session of the second year of LST and 33 high school aged youth completed a post-test after their second year of LRP. Finally, 184 middle school aged youth completed a post-test after the last program session of the third and final year of LST and 7 high school aged youth completed a post-test after their third year of LRP.

As of June 30, 2010, 1,341 youth have completed both a pre-test and post-test. More than 95% of the youth eligible to complete both a pre-test and post-test did so. Of these youth: 609 are middle school students who participated in the first year of LST (all 6<sup>th</sup> graders); 661 are high school students who participated in TND (mostly 9<sup>th</sup> grade students); 71 are high school students who participated in LRP; and 20 are high school students who participated in RY. In addition, 295 middle school students completed both a pre-test and post-test for the second year of LST (all 7<sup>th</sup> graders) and 32 high school students completed both a pre- and post-test for a second year of LRP. Finally, 174 middle school students completed both a pre- and post-test for the third year of LST (all 8<sup>th</sup> graders) and 7 high school students completed both a pre- and post-test fro a third year of LRP.

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 this may be 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 81 for the first year of LST (Minimum = 18; Maximum = 214); 29 for TND (Minimum = 3 days; Maximum = 87 days); 81 for RY (Minimum = 52 days; Maximum 130); 189 for LRP (Minimum = 70 days; Maximum = 231 days); 41 for the second year of LST (Minimum = 4 days; Maximum = 250 days); 203 for youth completing a second year of LRP (Minimum = 85; Maximum = 238); 49 for the third year of LST (Minimum = 210; Maximum = 238). Appendix 2, on pages 38 through 43, 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 23 and 24 in Appendix 2 on pages 39 and 40 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 were used. Data were collected from students participating in LRP by the Prevention Specialist using a survey instrument at the end of the 2008-2009 and 2009-2010 School Years. Appendix 3, on pages 44 through 48, includes some of the responses selected by the Prevention Specialist as especially reflective of feedback or as insightful into the program for the 2009-2010 School Year; Appendix 4 on pages 49 through 51 does the same for the 2008-2009 School Year.

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 all three years of LST and TND exceed this goal. The pre to post change for LST (year 1) is a 0.3 percentage point decrease, for LST (year 2) a 0.3 increase, a 0.6 decrease for LST (year 3), and for TND a 0.2 percentage point decrease. Outcomes for LRP did not meet this goal with an increase of 4.4 percentage points.

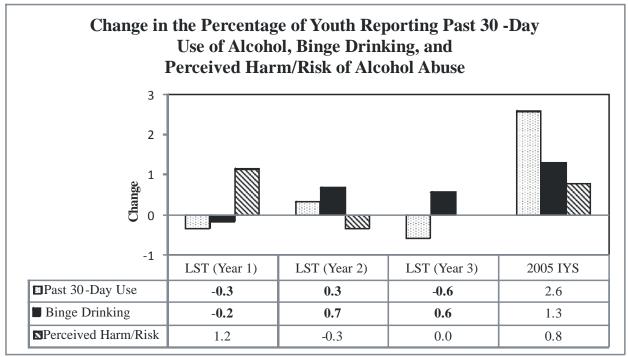
Goal 2 calls for 50% reduction in the anticipated year-to-year increase in the percentage of participating students who report binge drinking in the past 30-day period. A 0.7% increase or less in binge drinking is needed to achieve this goal for LST; a 1.6% increase or less in binge drinking is needed for TND and LRP. Outcomes for all three years of LST exceed this goal, as does TND. The pre to post change for LST (year 1) is a 0.2 percentage point decrease, for LST (year 2) a 0.7 point increase, for LST (year 3) a 0.6 point increase, for TND a 1.4 point increase, and for LRP a 5.7 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. Achievement of this goal cannot be measured, since the 2005 IYS data did not show the anticipated reductions in perceived risk of harm. The 2005 IYS had an increase in perceived risk of 0.8% for 6<sup>th</sup> to 8<sup>th</sup> grade students (the groups used to generate the estimate for LST) and an increase of 1.3% among 8<sup>th</sup> to 11<sup>th</sup> grade students (the groups used to generate the estimate for TND and LRP). However,



the first year of LST had a greater increase than the IYS comparison data and TND had a similar increase as the IYS comparison, while the second year of LST started with an extremely high percentage: over 99%. There was a pre to post increase of 1.2 percentage points for the first year of LST, a decrease of 0.3 points for LST (year 2), no change for LST (year 3), a 1.3 point increase for TND, and no change for LRP.

Figure 1. Life Skills Training Outcome Data and 2005  $6^{\rm th}$  and  $8^{\rm th}$  Grade Iowa Youth Survey Data



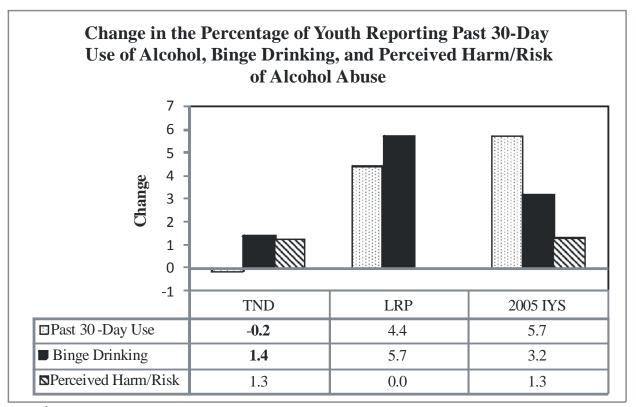
Notes: <sup>1</sup>The median number of days between pre- and post-tests was 81 for the first year of LST, 41 days for the second, and 49 days for the third year. IYS data is reported as an annual change estimate.



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

<sup>&</sup>lt;sup>3</sup>The percents of respondents reporting use at pre-test were as follows, for LST (Year 1): past 30-day alcohol use, 3.33%; binge drinking: 0.99%; and perceived harm/risk: 97.34%. For LST (Year 2): past 30-day alcohol use, 5.56%; binge drinking: 1.69%; and perceived harm/risk: 98.97%. And for LST (Year 3): past 30-day alcohol use, 8.62%; binge drinking: 2.89%; and perceived harm/risk: 98.84%.

Figure 2. Project Toward No Drug Abuse and Leadership and Resiliency Outcome Data and 2005  $8^{th}$  and  $11^{th}$  Grade Iowa Youth Survey Data



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 29 for TND and 189 for LRP. IYS data is reported as an annual change estimate.



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

<sup>&</sup>lt;sup>3</sup>The percents of respondents reporting use at pre-test were as follows, for TND: past 30-day alcohol use, 18.00%; binge drinking: 6.24%; and perceived harm/risk: 96.24%. For LRP: past 30-day alcohol use, 25.00%; binge drinking: 14.29%; and perceived harm/risk: 97.10%.

Goal 3 is no change or an increase in the percentage of participating students who disapprove 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 from pre- to post-test, TND increased 0.6.0 percentage points, and LRP had no change. The second year of LST (a 0.3 percentage point decrease) and third year of LST (a 3.5 percentage point decrease) did not meet this goal (see Figure 3 found below).

Figure 3. Percentage of Youth Reporting Disapproval of Alcohol Abuse

	LifeSkills Training – First Year (N = 602)		LifeSkills Training – Second Year (N = 293)		LifeSkills Training – Third Year (N = 173)	
Percentage of youth reporting that they either strongly	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
disapprove or disapprove of	97.84	0.50 <sup>b</sup>	95.22	-0.34 <sup>b</sup>	96.53	-3.47 <sup>b</sup>
someone their age drinking one or two drinks of alcohol nearly every day	Project Tov Drug Al (N = 6)	buse	Leadership a Prog (N =	gram		
	Pre-Test %	Change	Pre-Test %	Change		
	84.64	0.63 <sup>b</sup>	74.299	$\mathbf{0_p}$		

b: A positive change value indicates the most desirable change for these questions.

Figures 4 and 5 on page 8 show outcomes for individual attitudes and perceived harm of alcohol use by program. (Note: Figures 25 through 28 in Appendix 2 on pages 41 through 43 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

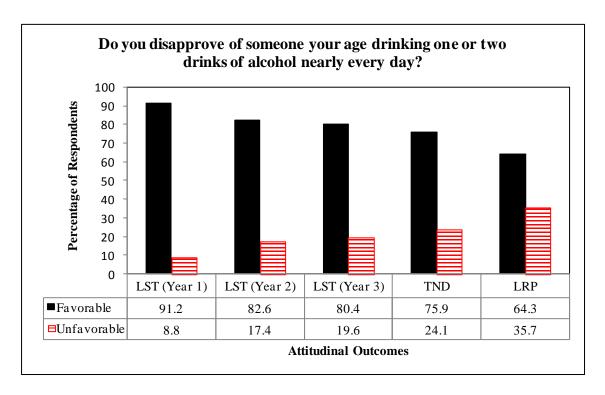
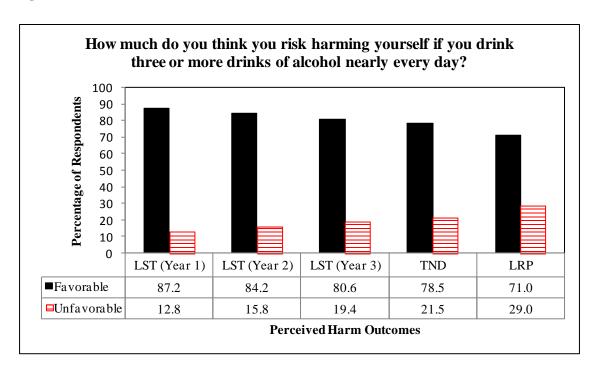


Figure 5. Alcohol Perceived Harm



Goal 5 is no change or an increase in the percentage of students reporting parental disapproval of alcohol use. The first year of LST, third year of LST, TND, and LRP exceed this goal. The first year of LST had no change, third year of LST had an increase of 1.8 percentage points, TND had an increase of 0.2 percentage points, and LRP had an increase of 4.8 percentage points. The second year of LST had a decrease of 3.6 percentage points from over 97% at pre-test (Figure 6).

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

	LifeSkills Training – First Year (N = 569)		LifeSkills Training – Second Year (N = 274)		LifeSkills Training – Third Year (N = 166)	
Percentage of youth reporting	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
that their parents feel it would be	98.06	$\mathbf{0_p}$	97.44	-3.64 <sup>b</sup>	94.58	1.81 <sup>b</sup>
wrong or very wrong for them to drink beer, wine, or hard liquor	Project Tov Drug Al (N = 60	buse	Leadership a Prog (N =	gram		
	Pre-Test %	Change	Pre-Test %	Change		
	89.17	0.16 <sup>b</sup>	85.72	4.75 <sup>b</sup>		

b: A positive change value indicates the most desirable change for these questions.

Figures 7 and 8 on page 10 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

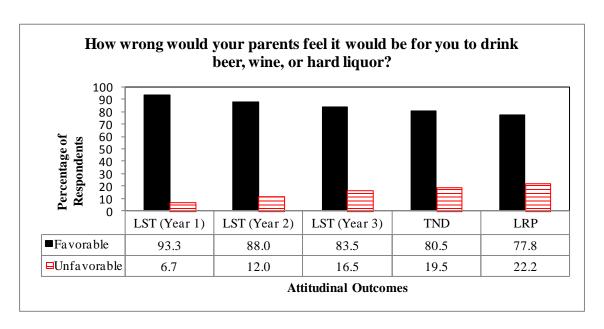
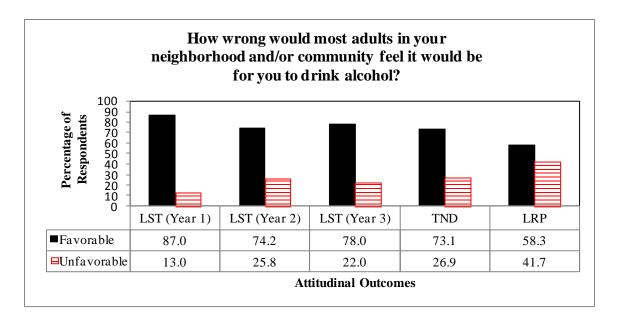


Figure 8. Perception of Neighborhood Adult's Attitudes on Child's Use of Alcohol



Figures 9 and 10 on pages 11 and 12 present the pre to post change in perception of alcohol availability and the estimate of average yearly change 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 an increase of 1.4 percentage points; LST (year 2) had a decrease of 1.2 percentage points; LST (year 3) had no change from pre to post; TND had a decrease of 1.4 percentage points; and LRP had an increase of 17.0 percentage points. All 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 point increase or less in alcohol availability for LST and a 9.2 percentage increase or less for TND and LRP.

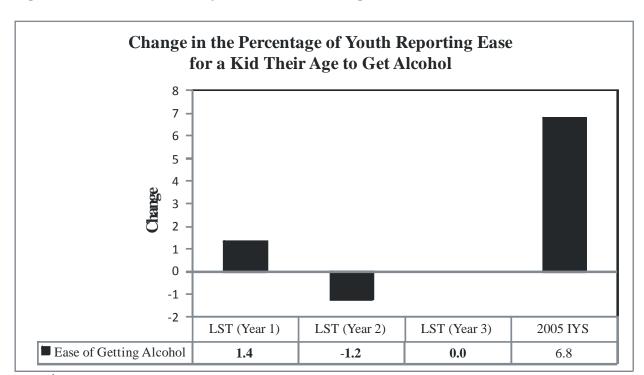


Figure 9. Alcohol Availability – LifeSkills Training

Notes: <sup>1</sup>The median number of days between pre- and post-tests was 81 for the first year of LST, 41 days for the second, and 49 days for the third year. IYS data is reported as an annual change estimate.

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

<sup>&</sup>lt;sup>3</sup>"Don't know" responses were combined with missing responses and were not included in the total when calculating the percentages.

<sup>&</sup>lt;sup>4</sup>The percents of respondents reporting ease to get alcohol for LST at pre-test were as follows: 15.81% for the first year, 31.82% for the second year, and 41.73% for the third year.

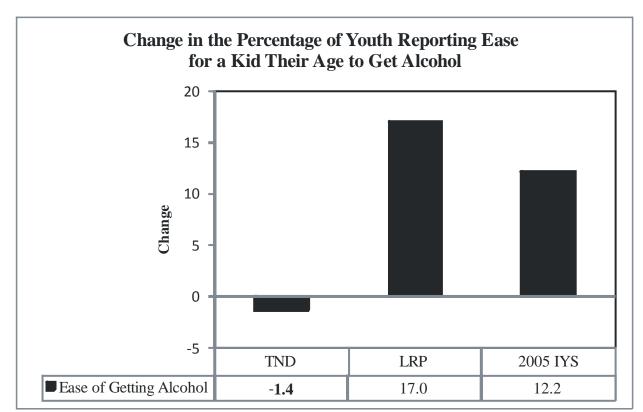


Figure 10. Alcohol Availability – Project Toward No Drug Abuse

Notes: <sup>1</sup>The median number of days between pre- and post-tests was 32 for TND and 182 for LRP. IYS data is reported as an annual change estimate.

Figures 11 through 14 on pages 13 and 14 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.

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

<sup>&</sup>lt;sup>3</sup>"Don't know" responses were combined with missing responses and were not included in the total when calculating the percentages.

<sup>&</sup>lt;sup>4</sup>The percents of respondents reporting ease of obtaining alcohol at pre-test were 63.64% for TND and 56.60% for LRP.

Figure 11. School Enjoyment

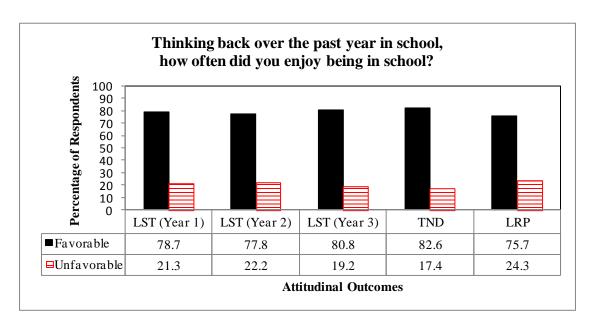


Figure 12. School Performance

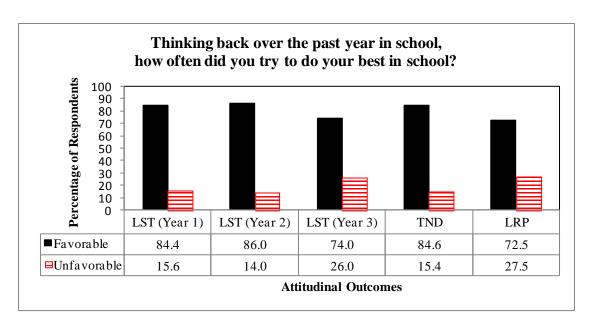


Figure 13. Grades

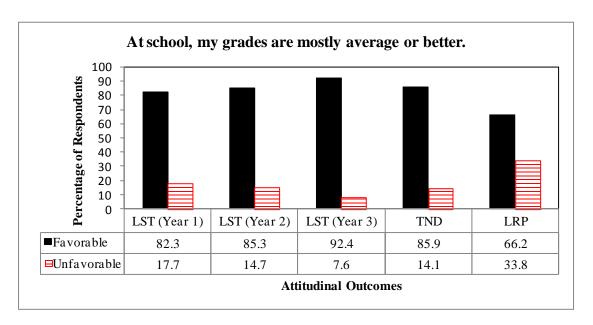


Figure 14. Support from Adult at School

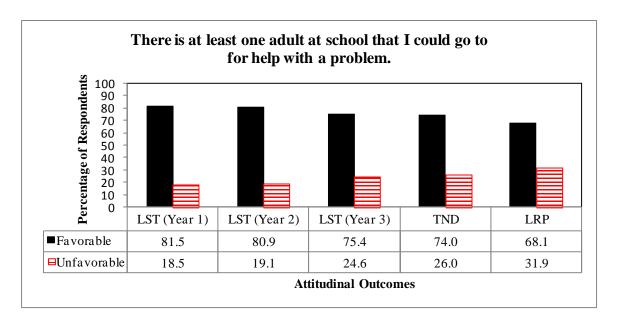


Figure 15 on page 15 shows the percentage at pre-test and change in percentage of youth who skipped or cut school in the past month. The percentage who reported skipping or cutting school increased from pre-test to post-test for all programs. As with other indicators, the overall percent of participants who reported skipping or cutting school tended to increase as their age increased.

Figure 15. Percentage of Youth Reporting that They Cut or Skipped in the Past Month

	LifeSkills Training – First Year (N = 601)		LifeSkills Training – Second Year (N = 290)		LifeSkills Training – Third Year (N = 174)	
Percentage of youth reporting	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
that they missed at least one	3.66	1.33 <sup>a</sup>	5.17	1.04 <sup>a</sup>	2.87	1.71 <sup>a</sup>
whole day in the past month because they skipped or cut school.	Project Tov Drug Al (N = 64	buse	Leadership a Prog (N =	•		
	Pre-Test %	Change	Pre-Test %	Change		
	9.53	0.31 <sup>a</sup>	21.43	5.71 <sup>a</sup>		

<sup>&</sup>lt;sup>a</sup>: A negative change value indicates the most desirable change for these questions.

Figure 16 shows the percentage of youth who reported that they plan to finish high school. Almost all of the programs had positive outcomes on this indicator, with all programs having over 98% of students planning to graduate high school.

Figure 16. Percentage of Youth Reporting that They Plan to Finish High School

	LifeSkills Training – First Year (N = 599)		LifeSkills Training – Second Year (N = 288)		LifeSkills Training – Third Year (N = 172)	
	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Percentage of youth reporting	99.00	$0.17^{b}$	98.96	$0.35^{b}$	99.42	-0.58 <sup>b</sup>
that they plan to finish high school	Project Tov Drug Al (N = 6)	buse	Leadership a Prog (N =	gram		
	Pre-Test %	Change	Pre-Test %	Change		
	99.68	-0.63 <sup>b</sup>	100.0	-1.45 <sup>b</sup>		

b: A positive change value indicates the most desirable change for these questions.

### **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 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 second project year. No project action plan was generated for the third project year as activities were to be very similar to the second project year. See Appendix 12 beginning on page 79 for the second year project action plan and Appendix 13 beginning on page 82 for the first year project action plan. A progress update for each activity in the action plan is provided on pages 16 through 29.

# **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 composed 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; March 4, June 10, September 23, and December 15, 2009; and March 10 and June 16, 2010. 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; 6) sustainability; and 7) 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. An additional training for LRP was also offered near the beginning of the third 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, and October 14, 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. CMCA training was provided on October 17 and 18, 2007 and was attended by 44 community members. Figure 17 shows the number of people trained to implement each school-based prevention program by community.

Figure 17. Number of People Trained in Each Program Through 6/30/10

Number Trained in Each Program							
	School	Program					
		LST	TND	RY	LRP		
Mount Vernon		8	2	3	11		
Central City		4	4	-	9		
Center	Point-Urbana	3	4	2	-		
Spring	ville	3	3	-	9		
ASAC	Staff	3	2	-	3		
Project	Total	20	15	5	32		
Program Key  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 more than 380 one-on-one interviews with community members during this report period. In addition, project staff led one hundred 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 14 beginning on page 84 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

Fourteen alcohol server trainings were held; each used the Training for Intervention Procedures (TIPS) curriculum. Eight trainings were for on-site vendors (alcohol to be consumed on site – bars, restaurants, community events) and six were for off-site vendors (alcohol sold for consumption off site - grocery stores, convenience stores, bars). A total of 107 people were certified, representing 37 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 continue to be offered for the remainder of this project.

Approximately 15 community members participated in an abbreviated version of TIPS training. The course lasted one hour and was provided to community volunteers who were going to work at beer tents for some community events.

# • 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). During the third project year, 36 youth placed approximately 1,350 stickers in 8 businesses (7 convenience stores and 1 grocery store).

# Alcohol Compliance Checks

This action was scheduled to be implemented during the first half of the project but was delayed due to funding issues. Alcohol compliance checks were conducted by law enforcement officers from the Linn County Sheriff's Department in September, 2009. Twelve businesses were visited, 8 of which passed their compliance checks. Project staff



notified the local newspapers and wrote an article for the County newsletter, promoting those businesses who passed. In addition, the student advocacy groups provided each establishment that passed their compliance check a poster congratulating them.

### 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.

# • Warning Signs

Warning signs were distributed in late 2009 to approximately 25 alcohol vendors by LRP participants and student advocacy group members. These signs displayed a warning that purchasing alcohol for minors is against the law. Youth distributing the signs encouraged the retailers to post the signs in highly visible locations.

# 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.

This action was implemented a third time during May 2010. Approximately three hundred and fifty signs were distributed with the same message as the previous years. In addition, many families and businesses displayed the sign that they were given in May 2008 or 2009. In addition, a billboard was donated for the month of May outside Mount Vernon that had the same message as the alcohol-free graduation signs. This really helped promote and increase visibility of this action.

# 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.

This effort was replicated for the 2009 – 2010 School Year. Parents who signed the pledge include the parents of: 80% of the 5<sup>th</sup> through 12<sup>th</sup> grade students (632 of 793) in the Mount Vernon School District; 70% of the 5<sup>th</sup> through 12<sup>th</sup> grade students (568 of 809) in the Center Point-Urbana School District; 88% of the 6<sup>th</sup> through 12<sup>th</sup> grade students (204 of 231) in the Springville School District; and 61% of the K through 12<sup>th</sup> grade students (261 of 428) in the Central City School District. The project total increased by 10 percentage points the second time around, up to 74% of potential parents.

### 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.

### • Minor/Underage Consumption Ordinance

The CMCA group began working with the county sheriff in late 2009 on a minor/underage consumption ordinance. The sheriff discussed the possibility of adding a line to an existing ordinance. This idea was tabled pending the outcome of a similar effort at the state level.

### 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.

Mount Vernon and Springville each hosted a second town hall meeting on underage drinking. Mount Vernon's was on March 25, 2010 that was attended by approximately 85 community members; while Springville's was April 5, 2010 and was attended by 20 community members.

### Parent Mixers

Parents of middle-school students are invited to a Mixer that lasts approximately 2 hours. During this time, a couple speakers talk about preventing substance use. Parents are encouraged to network and get to know other parents. Meals are provided during these events and supervision for attendee's children is also provided. A Mount Vernon Parent Mixer was held on October 22, 2009 that was attended by approximately 20 families, and Springville held one on January 14, 2010 that was attended by approximately 30 families. A Center Point-Urbana Parent Mixer was held on March 8, 2010 that was attended by approximately 140 people; Central City held their mixer on March 30, 2010 that was attended by approximately 65 people.

# • Coalition Meetings

A total of 100 community coalition meetings were held through June 30, 2010. Twenty-four community coalition meetings were held for Center Point-Urbana; 25 for Central City; 26 for Mount Vernon; and 25 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. This training was offered again on October 1, 2009 and was attended by approximately 25 community members.

# Underage Drinking Enforcement Training Conference

Six representatives from the project area attended the Underage Drinking Enforcement Training Conference in August, 2009. Four youth, one law enforcement officer, and the project coordinator attended the training and learned about underage drinking enforcement issues.



# Utilizing Social Media in Prevention Work

This training was provided by representatives of the Center for the Advancement of Prevention Technologies (CAPT) on June 29, 2010. Twenty-two community members attended this training that provided an overview of social media and how it can be used in prevention efforts. Initial discussions were held about developing a Social Media plan for Linn County.

# Assisting Students

A workshop to review policies and procedures to assist students in the Mount Vernon Community School District was led by a representative of the CAPT on June 30, 2010. The group identified a need for additional staff training was needed on how to handle suicidal threats and substance abuse. The group also developed a resources guide for distribution to district staff.

### One-On-One Interviews

More than 380 one-on-one interviews with community members were completed during the first two and a half years of the project (64 in Central City, 70 in Springville, 136 in Mount Vernon, and 122 in Center Point-Urbana). These interviews were completed with representatives from all sectors (See Figure 18 on page 25 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 18. One-On-One Interviews by Community and Sector Through 6/30/10

One-on-One Interviews by Community and Sector									
		Community							
Sector	Central City	Mount Vernon	Springville	Center Point- Urbana	Sector Total				
Senior Citizens	1	1	0	22	24				
Business	3	6	6	13	28				
Media	1	1	0	0	2				
Civic Groups	7	6	2	6	21				
Government	5	3	1	6	15				
Faith	3	2	4	9	18				
Law Enforcement	1	7	1	2	11				
Youth	22	55	26	17	120				
Parents/Families	9	34	12	27	81				
Health Care Providers	3	0	1	5	9				
Education	6	18	15	8	47				
Social Services	0	2	0	1	3				
Parks and Recreation	0	1	0	3	4				
Unknown	3	0	2	3	8				
Community Total	64	136	70	122	387				

# **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 the second year of LST boosters is on schedule. LST boosters (year 2) have been implemented with eighth 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 28 and 29 lists the number of groups and number of lessons for the prevention programs implemented in each of the four school districts during the third project year (Appendix 11 on pages 76 through 78 contains data from the first project year and Appendix 10 on pages 72 through 75 contains data from the second 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 two groups 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, 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 Center Point-Urbana group had 14 lessons. The minimum number of lessons for the first year of LST is 15.

The first year of the LST Booster Program was implemented with two groups of 7<sup>th</sup> grade students in the Springville and Central City School Districts, and four groups of 7<sup>th</sup> grade students in the Mount Vernon and Center Point-Urbana School Districts. 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 dosage fidelity because at least 10 lessons were implemented.

The second year of the LST Booster Program was implemented with two groups of 8<sup>th</sup> grade students in the Central City and Springville School Districts, four groups of 8<sup>th</sup> grade students in the Mount Vernon School District, and five groups of 8<sup>th</sup> grade students in the Center Point-Urban School District. The 8<sup>th</sup> grade level is the appropriate target population for the second year of the booster program. The second year of boosters was implemented with fidelity because at least 5 sessions were implemented for each group.

# • Project Toward No Drug Abuse (TND)

The implementation of TND is on target with the implementation plan. TND was implemented with one group of 9<sup>th</sup> grade students in the Central City School District, two groups of 9<sup>th</sup> grade students in the Springville School District, four groups of 9<sup>th</sup> grade students in the Mount Vernon School District, and five groups of 9<sup>th</sup> grade students in the Center Point-Urban School District. The 9<sup>th</sup> grade level is the appropriate target population for this program. TND was implemented with fidelity in all four districts, with twelve or more TND lessons implemented two to four times per week.

### • Reconnecting Youth (RY)

The implementation of RY is partially 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, but was not implemented at all in the Mount Vernon School District as planned. The high school level is the appropriate target population for this program. The Center Point-Urbana group covered the required lessons in only 45 class periods.



# • 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. The Springville group missed two adventure activities and one community service activity; the other three groups achieved dosage fidelity. 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 19. School-Based Prevention Program Implementation Data

# **2009 – 2010 School Year**

School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Center Point-	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	14	Yes
Urbana	Program	6 <sup>th</sup> Grade, Cohort B		15	
		6 <sup>th</sup> Grade, Cohort C			
		6 <sup>th</sup> Grade, Cohort D			
		6 <sup>th</sup> Grade, Cohort E			
	LST – Booster	7 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	Program First Year	7 <sup>th</sup> Grade, Cohort B			
		7 <sup>th</sup> Grade, Cohort C			
		7 <sup>th</sup> Grade, Cohort D			
	LST – Booster	8 <sup>th</sup> Grade, Cohort A	Yes	10	Yes
	Program Second	8 <sup>th</sup> Grade, Cohort B			
	Year	8 <sup>th</sup> Grade, Cohort C			
		8 <sup>th</sup> Grade, Cohort D			
	8 <sup>th</sup> Grade, Cohort E				
	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			
		9 <sup>th</sup> Grade, Cohort E			
	RY	High School, Cohort A	Yes	45	Yes
Central City	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
	Program	6 <sup>th</sup> Grade, Cohort B			
	LST – Booster	7 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
	Program First Year	7 <sup>th</sup> Grade, Cohort B		10	
	LST – Booster Program Second	8 <sup>th</sup> Grade, Cohort A	Yes	5	Yes
Year TND		8 <sup>th</sup> Grade, Cohort B			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	LRP	High School, Cohort A	Yes	30 – Process Groups 8 – Adventure Activities 8 – Community Service	Yes
Program Key	•	<u>'</u>		-	
LST Life Sk	ills Training		TND	Project Toward No Drug Abuse	•

LST Life Skills Training TND Project Toward No Drug Abuse
LRP Leadership and Resiliency Program RY Reconnecting Youth

Figure 19. (cont.) School-Based Prevention Program Implementation Data

# 2009 - 2010 School Year

School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Mount	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
Vernon	Program	6 <sup>th</sup> Grade, Cohort B	•		
		6 <sup>th</sup> Grade, Cohort C	-	18	
		6 <sup>th</sup> Grade, Cohort D			
	LST – Booster	7 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
	Program First Year	7 <sup>th</sup> Grade, Cohort B			
		7 <sup>th</sup> Grade, Cohort C			
		7 <sup>th</sup> Grade, Cohort D			
	LST – Booster	8 <sup>th</sup> Grade, Cohort A	Yes	5	Yes
	Program Second	8 <sup>th</sup> Grade, Cohort B			
	Year	8 <sup>th</sup> Grade, Cohort C			
		8 <sup>th</sup> Grade, Cohort D			
	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			
	LRP	High School, Cohort A	Yes	37 – Process Groups	Yes
				11 – Adventure Act.	
				8 – Community Service	
		High School, Cohort B		30 – Process Groups	
				10 – Adventure Act.	
				8 – Community Service	
Springville	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	20	Yes
	Program	6 <sup>th</sup> Grade, Cohort B			
	LST – Booster	7 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
	Program First Year	7 <sup>th</sup> Grade, Cohort B			
	LST – Booster	8 <sup>th</sup> Grade, Cohort A	Yes	10	Yes
	Program Second Year	8 <sup>th</sup> Grade, Cohort B			
	TND	9 <sup>th</sup> Grade, Cohort A	Yes	12	Yes
		9 <sup>th</sup> Grade, Cohort B		12	
	LRP	High School, Cohort A	Yes	33 – Process Groups	Yes
				6 – Adventure Activities	
Program Key				7 – Community Service	

LST Life Skills Training TND Project Toward No Drug Abuse

LRP Leadership and Resiliency Program RYReconnecting Youth



### Process Interviews

Key informant process interviews have been conducted six times during the project; one round was held 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 fifth round of interviews was held February 1 through February 12, 2010. The sixth and final round of interviews was held June 14 through June 18, 2010. 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, nine of thirteen during the fourth round, eight of ten during the fifth round, and four of ten during the sixth 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 9 on pages 69 through 71. The summary of the second round of interviews may be found in Appendix 8 on pages 65 through 68. The summary of the third round of interviews may be found in Appendix 7 on pages 60 through 64. The summary of the fourth round of interviews may be found in Appendix 6 on pages 56 through 59. The summary of the fifth round of interviews may be found in Appendix 5 on pages 52 through 55.

Due to the low number of participants during the sixth round of interviews, the summary is much shorter and contains less information than previous reports to protect confidentiality of the participants. Questions six, seven, and eight are not reportable for the sixth round of interviews due to three or fewer responses to each question.

- 1. What is the most significant success you observed or experienced during the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Responses were similar to those obtained in earlier interviews. Respondents
    mentioned an increase in awareness of the underage drinking problems, positive
    changes in youth participants, and successful implementation of CMCA actions as
    significant.



- 2. What is the most significant problem you encountered during the project? How did you deal with this problem, or what solutions did you come up with to overcome this problem?
  - Responses to these questions varied widely. Due to fewer than half of the possible respondents participating in these interviews, no meaningful summaries may be drawn.
- 3. What CMCA actions had the greatest success?
  - The common theme amongst respondents was youth; whether actions were for youth
    or the planning and implementation involved youth; those actions reportedly had the
    greatest success.

Did any CMCA actions not meet your expectations?

• No respondents (of four) identified CMCA actions that did not meet their expectations.

What CMCA actions do you think will be continued after the project ends?

- Responses varied although all suggested that a lot would depend on funding and community support.
- 4. What is the most important thing you learned as a result of this project?
  - A lot of very useful lessons were learned by respondents during the project.
     Participating respondents all listed several things they learned, from energizing small communities to working with youth to the importance of communication in a project of this nature.
- 5. What would you change about the project to make it more appealing to you?
  - As with question four, participating respondents all provided multiple answers to this question. Responses were mostly specific to the respondents' role during the project and thus, difficult to summarize while protecting confidentiality.
- 6. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
  - Not reportable to protect respondent confidentiality.



- 7. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
  - Not reportable to protect respondent confidentiality.
- 8. What activities has the oversight committee undertaken to affect system-wide change? (Answered by superintendents, the project assistant, and the project coordinator only.)
  - Not reportable to protect respondent confidentiality.
- 9. Knowing what you know now about the GRAA project, would you participate again if given the opportunity?
  - All respondents stated that they would participate again.

## 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, 2010, progress has been made toward achieving this goal, with all programming started. This goal has been fully achieved, with almost all programming implemented with complete dosage fidelity.

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 on schedule for this goal. During the first project year, 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. During the third project year, school staff led program implementation with minimal support from ASAC prevention staff. This goal has been achieved.

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



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.

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

### Degree of Achievement of Counseling Goal

Goal 9 is a 70% successful completion rate of students receiving substance abuse treatment services. Counseling services, and these data, were provided by a trained substance abuse counselor as part of this project. One counselor served students from all four school districts. During the project, the counselor assessed 91 students, and provided extended outpatient counseling (EOC) to 57 students.

This goal was almost met during the project (69% successful). Through June 30, 2010, 45 students were discharged from counseling. Of these 45 students, 3 were referred for outside services, 13 were unsuccessful, and 29 were successful. Twenty-nine successful completions out of 42 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, had positive effects within the four Iowa school districts served (Mount Vernon, Central City, Center Point-Urbana, and Springville). The project had nine goals, six of which were substance abuse prevention program outcomes, two were process goals, and the final goal was for substance abuse counseling. Of the six substance abuse prevention program goals, the project mostly met or exceeded the target for five goals. Substance abuse prevention program outcome data mostly exceeded 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 was not measurable, as the anticipated decrease in the IYS failed to occur. The project met both the comprehensive alcohol prevention systems change goal (although complete dosage fidelity for all the programs and all the school districts was not been obtained) and the goal to implement/sustain proven alcohol abuse prevention programs. The substance abuse treatment goal was almost met, with a success rate of 69% for the project. At the conclusion of this project, implementation was effective as almost all of the prevention programming met or exceeded the goals to positively affect youth in the participating school districts.

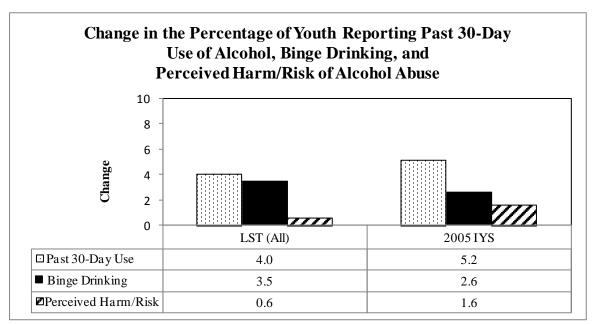


**Full LST Data** 



Figures 20 through 22 on pages 35 through 37 show data for youth who completed all three years of LST; these data were collected during the students' sixth grade year (pre-test) and were compared to data collected during their eighth grade year (post-test). The IYS comparison differs in this appendix from the rest of the report, as an annual change would not be appropriate since the program spanned two calendar years. The IYS values reported in this appendix are the differences between sixth and eighth grade data from the 2005 IYS. As shown in Figure 20 found below, LST had a positive effect on 30-day alcohol use and perception of harm/risk of alcohol abuse. The binge drinking increase was higher than what we would expect to see, although it should be noted that the percent reporting binge drinking at pre-test was 0%.

Figure 20. Life Skills Training (All Years) Outcome Data and 2005 Iowa Youth Survey Data



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 857 for LST. IYS data is reported as the difference between 2005 data from 6<sup>th</sup> and 8<sup>th</sup> graders.

<sup>&</sup>lt;sup>2</sup>The percents of respondents reporting use at pre-test were as follows: past 30-day alcohol use, 5.17%; binge drinking: 0%; and perceived harm/risk: 98.84%.

Figure 21 found below presents the pre to post change in perception of alcohol availability for LST and the change in perception of alcohol availability based on the 2005 IYS data from each district (Mt. Vernon, Central City, Center Point-Urbana, and Springville) participating in this project. LST showed a greater increase in percentage of youth saying it would be easy to obtain alcohol from sixth to eighth grade than we expected to see, based on 2005 IYS data.

Change in the Percentage of Youth Reporting Ease for a Kid Their Age to Get Alcohol

25
20
15
10
5
0
LST (ALL)
2005 IYS

Ease of Getting Alcohol
21.5
13.5

Figure 21. Alcohol Availability - All Years of Life Skills Training Outcome Data

Notes: <sup>1</sup>The median number of days between pre- and post-tests was 857 for LST. IYS data is reported as the difference between 2005 data from 6<sup>th</sup> and 8<sup>th</sup> graders.



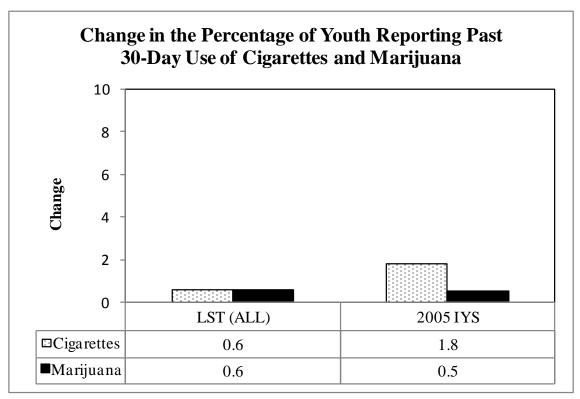
<sup>&</sup>lt;sup>2</sup>"Don't know" responses were combined with missing responses and were not included in the total when calculating the percentages.

<sup>&</sup>lt;sup>3</sup>The percent of respondents reporting ease to get alcohol for LST at pre-test was 18.46%.

### Tobacco and Marijuana Use

As shown in Figure 22, LST had a positive effect on cigarette usage. Specifically, for past 30-day use of cigarettes, there is an increase of 0.6 percentage points from pre to post; which is lower than the 2005 IYS estimate of a 1.8 percentage point increase. For past 30-day use of marijuana, there is an increase of 0.6 percentage points; which is similar to the 2005 IYS estimate of a 0.5 percentage point increase.

Figure 22. Life Skills Training (All Years) Outcome Data and 2005 Iowa Youth Survey Data



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 857 for LST. IYS data is reported as the difference between 2005 data from 6<sup>th</sup> and 8<sup>th</sup> graders.



<sup>&</sup>lt;sup>2</sup>The percents of respondents reporting use at pre-test were as follows: cigarettes, 0%; and marijuana: 0%.

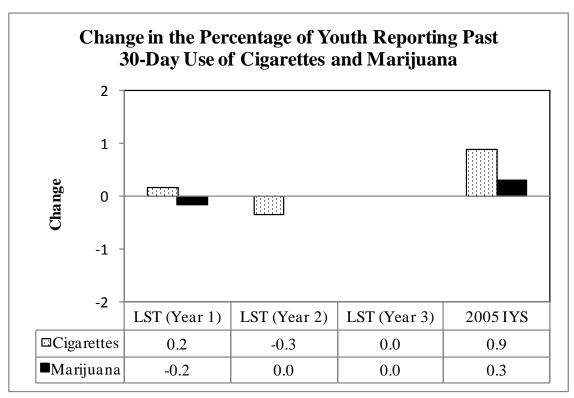
**Other Substances Data** 



### Tobacco and Marijuana Use by Program

As shown in Figure 23, all three years of LST had a positive effect on cigarette and marijuana usage. Specifically, for past 30-day use of cigarettes, there is an increase of 0.2 percentage points from pre to post for the first year, a 0.3 percentage point decrease for the second, and no change from pre to post for the third; 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 or third years; the LST change is lower than the 2005 IYS estimate of a 0.3 percentage point increase.

Figure 23. Life Skills Training Outcome Data and 2005  $6^{\rm th}$  and  $8^{\rm th}$  Grade Iowa Youth Survey Data



Notes: <sup>1</sup>The median number of days between pre- and post-tests was 81 for the first year of LST, 41 days for the second, and 49 days for the third year. IYS data is reported as an annual change estimate.

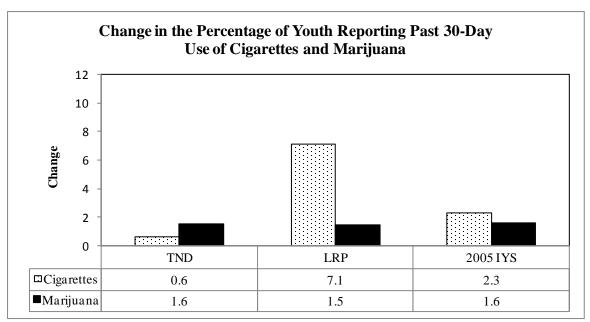


<sup>&</sup>lt;sup>2</sup>A negative value or value lower than the IYS value is a favorable outcome.

<sup>&</sup>lt;sup>3</sup>The percents of respondents reporting use at pre-test were as follows, for LST (Year 1): past 30-day cigarette use, 0.33% and marijuana, 0.33%. For LST (Year 2): past 30-day cigarette use, 2.37% and marijuana, 0.68%. And for LST (Year 3): past 30-day cigarette use, 0.58% and marijuana, 0.58%.

As shown in Figure 24, TND had a positive effect on cigarette use. Specifically, for past 30-day use of cigarettes, there is a 0.6 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 7.1 percentage point increase. For past 30-day use of marijuana, there is a change similar to the IYS estimate of a 1.6 percentage point change – a 1.6 percentage point increase from pre to post for TND and a 1.5 increase for LRP.

Figure 24. Project Toward No Drug Abuse Outcome Data and 2005  $8^{\rm th}$  and  $11^{\rm th}$  Grade Iowa Youth Survey Data



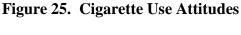
Notes: <sup>1</sup>The median number of days between pre- and post-tests was 29 for TND and 189 for LRP. IYS data is reported as an annual change estimate.

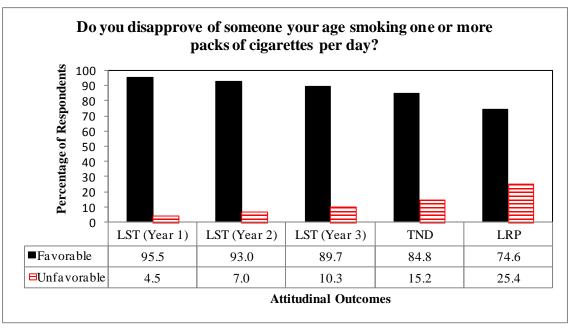
<sup>&</sup>lt;sup>2</sup>A negative value or value lower than the IYS value is a favorable outcome.

<sup>&</sup>lt;sup>3</sup>The percents of respondents reporting use at pre-test were as follows, for TND: past 30-day cigarette use, 5.45% and marijuana, 4.37%. For LRP: past 30-day cigarette use, 14.29% and marijuana, 5.80%.

#### *Tobacco*

Figures 25 and 26 on pages 41 and 42 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.





How much do you think you risk harming yourself if you smoke cigarettes every day? Percentage of Respondents 100 90 80 70 60 50 40 30 20 10 LST (Year 1) LST (Year 2) LST (Year 3) TND LRP ■Favorable 91.9 90.0 86.5 87.5 76.8 **Unfavorable** 8.1 10.0 13.5 12.5 23.2 **Perceived Harm Outcomes** 

Figure 26. Cigarette Perceived Harm

### Marijuana

Figures 27 and 28 on page 43 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 27. Marijuana Use Attitudes

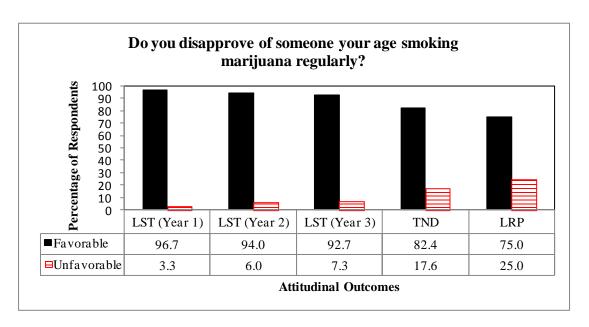
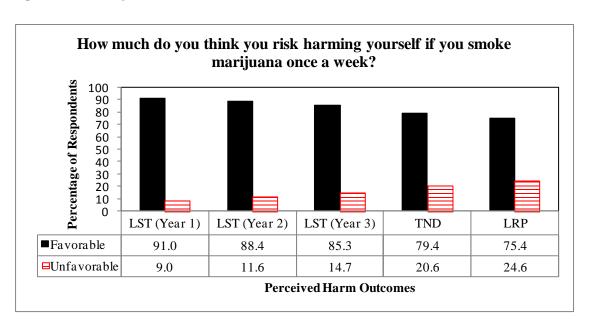


Figure 28. Marijuana Perceived Harm



**Leadership and Resiliency Student Feedback** 2009-2010 School Year



The following responses were collected from students who participated in LRP during the 2009-2010 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; 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 was your favorite adventure activity?

Adventureland (2), Kernels Game, Relay for Life, I loved all adventure activities, paintballing, Chicago (4), Snow Tubing, Climbing Tower in Central City (3), Christmas party with other schools, Des Moines, Aquarium (4), Sledding, Camp Courageous (2), Planet X (4), Lost Island, Everything (2),

## What has been your favorite service learning project?

Bingo, Raking Leaves, Relay for Life, Bell Ringing (5), All service, Bake Sale, Making cat mats, Making blankets for Ronald McDonald House (4), REM dinners, Bowling with REM (3), Babysitting kids, Wrapping presents (2), Making May Day baskets (2)

### What has been your favorite part about LRP?

- "Meeting new people"
- "Friends"
- "Adventures & helping people"
- "Process Group" (3)
- "Helping others"
- "Having fun with others"
- "Getting to know new people (Even if I don't like them)"
- "Meeting Mt. Vernon people"
- "Getting together"
- "The opportunities that I have been given"
- "Everything, but probably get-togethers"
- "Activities" (2)
- "You can talk about your feelings"
- "Just sitting and talking about things going on"
- "Getting to know people in group and the activities"
- "Chicago"
- "Service Learning Projects"
- "Being able to gain bonds with people"
- "Having people I can count on around and not leave and listen to me, unlike my parents"
- "Adventure Activities"
- "The stories people have during "highs and Lows"
- "Bonding with people"
- "Hanging out with my friends more"
- "Getting to know others"
- "The people"



- "Getting out of class"
- "Everything"
- "Hanging with people I don't know"
- "Helping people out"
- "Being able to talk to someone"

### What have you learned from LRP?

- "Teamwork"
- "To be more open with people, more talkative"
- "Coping and taking charge"
- "To cooperate with others better"
- "That helping others is a good feeling"
- "To take part in being a leader"
- "Better social skills"
- "To be even more outgoing than before"
- "To help others"
- "That it is ok to do things that I don't want to do, it might be fun!"
- "A lot of things: Set goals, care for others, and do better"
- "Don't judge, listen to people, less silliness"
- "To achieve goals"
- "I have learned to not be so negative"
- "Too much to write in this space!"
- "Drugs are bad"
- "I have learned to be more resilient"
- "That it's ok to take healthy risks"
- "How to cope and handle myself and do better"
- "Group Learning"
- "Teamwork"
- "Everyone can help people"
- "Coping skills" (2)
- "If you say that you're going to show up...show up!"
- "How to handle situations I'm not used to"
- "To be nice"
- "To be a leader"
- "To respect others"
- "Don't know"
- "To listen well"
- "To respect others"

### How has LRP affected you?

- "Been more talkative with new people
- "It helps me learn to make my own decisions
- "It has helped me organize better



- "I think I am a pretty good person now
- "It made me a better person"
- "It's helped me know that I can volunteer anywhere and I'm going to do more of that on my own"
- "Has gotten my grades up"
- "It has given me courage to do things"
- "I get better grades and am a better person"
- "It's helped me open up more"
- "Taught me that sometimes to just give up and lose the fight"
- "In a good way"
- "I have been more positive and less negative"
- "I'm better at getting along with parents"
- "Positively"
- "It has made me look at life in a more positive way"
- "If it weren't for LRP, I wouldn't be graduating"
- "Greatly with life problems"
- "It's affected me in ways I can't put into words. I believe I am a better person because of LRP"
- "Keeps me out of trouble"
- "It gets me to do more activities"
- "It has helped me become more of a leader instead of a follower"
- "Missing classes and making up the work"
- "It has broaden my horizons to many things and also has made me realize how good it feels to help others"
- "In a good way" (2)
- "It hasn't"
- "I've become a better person"
- "Give me a group to talk to"

## Why should your school continue to support this program?

- "Because it's fun and like I said, I like to meet new people"
- "It helps new people get more interactive with people"
- "Helps kids learn from experiences"
- "It helps others spend time wisely and shows that everything isn't just about them"
- "So other kids can know how it feels to help others"
- "It's fun
- "Because this school has some people that LOVE helping others and it would be good if we had a group of people that want to help others. That way it opens more opportunities."
- "So we can go out and help more"
- "Because it's a good program"
- "Because it gives me support and makes me a better person. Without LRP I don't think I would get out there and help and would never have done it. And you realize LRP has helped a lot of kids. I just love it and without it I'd be sad!"
- "It's helped me talk about stuff and is fun"
- "Good way to bust up groups already made, but that's is easier said than done"
- "It's helped me persuade kids"



- "Because it helps kids change in society"
- "It has helped me personally improve my relationship with my mom"
- "Because it helps kids to talk and open up"
- "Because it helps me find better ways to deal with problems in life"
- "Because it helps students with all sorts of problems"
- "Because we need it!"
- "Because it is a really amazing thing and it's a good outlet for kids who don't have one. You feel like you matter and belong."
- "It helps people learn to work as a team"
- "Teaches good skills"
- "It makes kids feel good about them"
- "It helps kids stay out of trouble"
- "Because we help our community"
- "Because it's a nice way to talk about everything and anything and helps use try things we probably never would and also lets us help people"
- "Because it helps people who aren't really friends get along and trust people"
- "It builds kid's team skills
- "Because our school cares about o"ther people and things"
- "Because people can learn things"
- "Because I think it helps people who need it"
- "To help students"

**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."



# Process Evaluation Interview Summary Year 3 Round 1

July 1, 2007 – January 31, 2010



- 1. What is the most significant success you have observed or experienced so far during the Rural Linn County Alcohol Abuse Prevention/Reduction Project?
  - Three respondents stated that they have noticed positive climate change in their schools and communities that underage alcohol use is not as widely accepted as it was at the beginning of the project. Two other respondents noted an increase in community awareness of the underage drinking problem. Three respondents stated that the implementation of LRP has been very successful. For example, one respondent stated that the participants in LRP had really done a good job of applying themselves to the program, and thus reapplying themselves to school in general.
- 2. What is the most significant problem you have encountered so far during the project? How did you deal with these problems, or what solutions did you come up with to overcome these problems?
  - Two respondents stated that they could not think of any significant problems that have occurred during this project. Five respondents stated that a lack of community involvement in the implementation of CMCA has been a problem. Three respondents felt that too much control over CMCA and coalition meeting and actions was held by project staff. These respondents thought that relinquishing control to community members would help to turn things around. Two respondents identified communication problems amongst project staff and between project staff and coalition members as barriers that have negatively impacted this project. These respondents suggested defining roles and responsibilities more clearly; as they thought this would help improve and streamline the communication process.
- 3. What CMCA actions have had the greatest success?
  - One respondent stated that all CMCA actions have had good success. Four
    respondents stated that the Parent Mixers provided the greatest success. These
    respondents identified wonderful networking opportunities, great information was
    shared, and great attendance as some reasons why the Parent Mixers were so
    successful. Two respondents noted that Project Sticker Shock has been very
    successful.

Have any CMCA actions not met your expectations?

 Only two respondents identified CMCA actions that did not meet his or her expectations. One stated that coalition meetings are not very productive; while the other mentioned that the parent-to-parent pledges did not seem to be as popular this year as in previous years.



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

- Six respondents could not think of any other CMCA actions. One respondent stated that more county-wide policy changes need to occur. One respondent suggested that community members assume more of a leadership role within the coalitions.
- 4. What has this project done for your community?
  - All of the respondents stated that this project has raised community awareness of the underage drinking issue. A couple of these respondents noted that community dialogue and action about the issue has increased too. Other responses included: the development of student advocacy groups that helped give youth an outlet and a role in prevention; that this project has empowered parents to take more of an active role in their children's lives; and how the service learning component of LRP has helped both the community and the youth participants.
- 5. What parts of the project do you see continuing in your community after the grant funding ends?
  - Five respondents stated that they believed the coalitions in each community would be
    continued, although several noted that the make-up and organizational structure may
    change significantly. Three respondents stated that LST will be continued in at least
    some districts, and two identified TND as a program to be continued. Two
    respondents stated that some CMCA actions would be continued by the local
    coalitions.
- 6. How closely did implementation match the plan? What deviations, if any, occurred? What led to the deviations and what was the impact on the project? (Answered by implementation staff and the project coordinator only.)
  - All respondents stated that implementation has matched the plan. No respondents noted any significant deviations from the plan.
- 7. What activities have been initiated to sustain prevention programming beyond the grant? (Answered by superintendents, the project assistant, and the project coordinator only.)
  - Almost all the respondents identified at least one thing being done to sustain the
    project. Some actions undertaken include: 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; and beginning to pursue other funding streams to replace this one.



- 8. 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.



# Process Evaluation Interview Summary Year 2 Round 2

July 1, 2007 – June 30, 2009



- 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.



# 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



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## 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 systemwide change. One respondent stated that partnerships with other county organizations have been developed.

#### 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.



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

**2008 – 2009 School Year** 



Figure 29. School-Based Prevention Program Implementation Data

		2008 – 2009 S	chool Year			
School	Program Grade and Group		Pre-Test Completed	Lessons Implemented	Post-Test Completed	
Springville	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes	
	Program	6 <sup>th</sup> Grade, Cohort B				
	LST – Booster	7 <sup>th</sup> Grade, Cohort A	No, missed	7	Yes	
	Program First Year	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	1	
	LRP	High School, Cohort A		34 – Process Groups 9 – Adventure Activities 12 – Community Service	Yes	
Center	LST – Core	6 <sup>th</sup> Grade, Cohort A	Yes	10	Yes	
Point- Urbana	Program	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	7 <sup>th</sup> Grade, Cohort A	Yes	13	Yes	
	Program First Year	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	

Program Key

LST Life Skills Training TND Project Toward No Drug Abuse LRP

RYLeadership and Resiliency Program Reconnecting Youth



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Figure 29. (cont.) School-Based Prevention Program Implementation Data

#### 2008 - 2009 School Year

School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Mount Vernon	LST – Core Program	,		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
	Flogram First Teal	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	Yes
				2 – Community Service	
		High School, Cohort B		31 – Process Groups	
				<ul><li>8 – Adventure Activities</li><li>3 – Community Service</li></ul>	
	RY	High School, Cohort A	Yes	80	Yes

Program Key

LST Life Skills Training TND Project Toward No Drug Abuse

LRP Leadership and Resiliency Program RY Reconnecting Youth



Figure 29. (cont.) School-Based Prevention Program Implementation Data

#### 2008 - 2009 School Year

School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
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

Program Key

LST Life Skills Training TND Project Toward No Drug Abuse

LRP Leadership and Resiliency Program RY Reconnecting Youth

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

2007 - 2008 School Year



Figure 30. School-Based Prevention Program Implementation Data

#### **2007 – 2008 School Year**

School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed
Center	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
Point- Urbana		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	LST – Core Program	6 <sup>th</sup> Grade, Cohort A	Yes	15	Yes
City	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
Vernon		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			
	RY	High School, Cohort A	Yes	74	Yes
	LRP	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 30 (cont.). School-Based Prevention Program Implementation Data									
	2007 – 2008 School Year									
School	Program	Grade and Group	Pre-Test Completed	Lessons Implemented	Post-Test Completed					
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						
	Skills Training	-		Project Toward No Drug Abuse Reconnecting Youth	1					



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



Figure 31. Rural Linn County Project Action Plan Year 2

Program Elements and Action Steps Year 2 Timeline		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 s	schedul	led by (	) OSDFS	<u>                                       </u>			
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
Identify access/systems change priorities; Examples include:												
<ul> <li>Retailer/Server trainings &amp; increase compliance checks</li> </ul>	X						X	X	X	X		X
<ul> <li>Parental commitments to not providing to minors</li> </ul>		X	X							X	X	
<ul> <li>Social marketing campaigns on risks of providing to minors</li> </ul>						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
Evaluate results & modify PY2 action plan- Write PY3 Action Plan			X			X				X		Y3
LST Elements Action Plan 4,6 Obtain Materials & train ASAC Staff and teachers on LST (addl. trainings held)	X	X			X							
Implement LST at middle schools w/ 6th and 7th gr. (next year 8th gr.)		X	X	X	X	X	X	X	Х	X	X	
Evaluate results & modify PY3 action plan								X				X
Identify school staff to teach in PY 3											X	X
PTNDA Element Action Plan 4, 6 Obtain PTNDA materials & Train ASAC staff & Teachers (addl. trainings held)	X			Х		Х						
Implement PTNDA program with 9th graders		X	X	X	X	X	X	X	X	X	X	
Evaluate results & modify PY3 action plan								X				X
Identify teachers to co-teach PTNDA in PY 3											X	X

Figure 31. 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 4, 6		X					X					
Train ASAC staff and teachers (additional trainings held)												
Continue to Recruit HS students & implement LRP program	X	X	X	X	X	X	X	X	X	X	X	X
Evaluate results & modify PY3 action plan								X				X
Identify HS staff to-facilitate LRP Program in PY 3											X	X
Reconnecting Youth Element Action Plan 4,6												
Obtain RY program materials & train teachers	X	X										
Recruit HS students & implement RY program		X	X				X		X			
Evaluate results & modify PY3 action plan								X				X
Identify HS staff to facilitate RY Program in PY 3											X	X
Evaluation Action Plan <sup>1, 2, 7</sup>												
Collect & analyze process/outcome data with evaluator		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

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



Figure 32. 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	JI	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 s	chedule	d by OS	SDFS	•	•	•	
CMCA Element Action Steps <sup>2, 3, 5,</sup> : Form Local CMACA Committees in each district	•	•	•									
Identify access/systems change priorities; Examples include:		•	•									
◆ Retailer/Server trainings												
◆ Increase Compliance Checks & Law enforcement												
Parental commitments to not providing to minors												
<ul> <li>Social marketing campaigns on risks of providing to minors Implement identified CMCA strategies, including one-on-ones Evaluate results &amp; modify PY2 action plan</li> </ul>				•	•	•	•	•	•	•	•	•
LST Elements Action Plan 4, 6,												
Identify middle schools teachers who will teach Lifeskills	•											
Obtain Materials & train ASAC Staff and teachers on LST Initiate LST at middle schools using these models	•	•										
Evaluate results & modify PY2 action plan			•	•	•	•	•	•	<b>*</b>	•		
Identify & inservice school staff to co-teach in PY2									<b>\</b>	•	•	•
PTNDA Element Action Plan 4,6,												
Obtain PTNDA materials & Train ASAC staff & Teachers		•	•									
Initiate PTNDA program with 9 <sup>th</sup> graders				•	•	•	•	•	•			
Evaluate results & modify PY2 action plan Identify teachers to co-teach PTNDA in year 2									•	•	•	
Inservice school staff to co-teach PTNDA in Year 2									•	<b>*</b>		
Leadership and Resiliency Program Element Action Plan 4, 6,										•	<u> </u>	
Obtain LRP program materials & Train ASAC staff and teachers		•	•									
Recruit HS students & initiate LRP program			•	•	•	•	•	•	<b>*</b>	•		
Evaluate results & modify PY2 action plan									•	•	•	
Inservice HS staff to co-facilitate LRP Program in PY 2										•	•	•
Reconnecting Youth Element Action Plan 4,6, Obtain RY program materials & Train ASAC staff & teachers												
Recruit HS students & initiate RY program		•	•	•	•		•		_	•		
Evaluate results & modify PY2 action plan			•	•	*	<b>\</b>	•	<b>Y</b>		•	•	
Inservice HS staff to co-facilitate RY Program in PY 2									ľ	•	•	•
Evaluation Action Plan <sup>1, 2, 7</sup>												
Meet with evaluation consultant and finalize evaluation plan		•	•									
Collect & analyze process/outcome data with evaluator		•	•	<b>*</b>	•	•	•	•	•	•	•	
Share data with Oversight Committee for review/feedback  Develop annual project report & modify PY2 action plan					•		•			•		
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**Responsibility:** 1=Proj Director; 2=CMCA Coordinator; 3= Superintendents; 4=School Staff; 5=CMCA Groups; 6=Prevention Specialists; 7=Consortium



**CMCA Action Plan 2008** 



Figure 33. CMCA Action Plan 2008

ACCESS	COMMERCIAL	SOCIAL	MEDIA/Marketing	ONE-ON-ONES
JANUARY	Plan Alcohol Server	State	Got a Minute Campaign/	Elected Officials/ Teenagers
	Trainings	Consumption/Breath test	Community	
		legislation/Good conduct	Forum/Mentoring Mo.	
FEBRUARY	Host Alcohol Server	State Social Host	Table Tents, Print Ads,	Alcohol
	Trainings	legislation	Radio PSA, Theatre,	establishments/Owners
			Cable Stations	Bartenders/Clerks/Managers
MARCH	Merchant Evaluations by	Coaching for Prevention	Newspapers, School-	Coaches/Teachers
	Student Advocacy	Workshop/ Town Hall	Grant-Church	
	groups	Meetings	Newsletters, church	
			bulletins, posters	
APRIL	Regular and Random	Town Hall Meetings/	Alcohol Awareness	Parents/Teenagers
	Alcohol Compliance	? County Social Host	Month/ Prom	
	Checks	ordinance work		
MAY	Sticker Shock Project by	Alcohol Free Graduation	Prom/ Graduation	Center Point-Urbana
1717 1 1	Youth	Sign Campaign	Trom/ Graduation	Conter I omit Cibana
JUNE	Community Events-	City Policies	Community Events-	Central City
	Server Trainings	Bars/Parks/Curfews	booths/parades	, and the second
JULY	Warning Signs	Warning Signs	Back to School	Mount Vernon
AUGUST	Regular & Random	Parent to Parent Pledges	Preparing for College	Springville
	Compliance Checks			
SEPTEMBER	Fill in blanks this	Parent to Parent	Recovery	Civic Groups
	summer	Handbooks	Month/Homecoming	
OCTOBER		Take Charge Conference	Red Ribbon Week	Community Leaders
NOVEMBER			Speaking to groups	Retired
				Citizens/Grandparents
DECEMBER	Revisit what worked		Celebrate with	18-20 and 21-25 year olds
	and what didn't		Care/Drunk and	
			Drugged Driving Prev.	
GOALS	Reduce Illegal sales to	Reduce social access to	Raise Awareness that	Grass Roots- invite
	minors	minors	<b>Community Can Do</b>	people to our groups!



Figure 33. CMCA Action Plan 2008

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