

Arizona Criminal Justice Commission

Statistical Analysis Center Publication

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Institutionalization of the Arizona Youth Survey

A Community Mobilization Strategy

2004

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INTRODUCTION

Multiple agencies in Arizona have organized statewide surveys of youth health behavior. These survey efforts reflect a growing need to review current science-based prevention and health-promotion programs as well as support planning and evaluation of future programs. In 2001, the Arizona Youth Survey (AYS), based on the Communities That Care (CTC) model, became an important component of Arizona's comprehensive youth substance abuse and risk behavior survey efforts. In December 2002, the Arizona Youth Survey was unveiled as a comprehensive statewide report looking at the risk and protective factors that affect youth in Arizona. This was the first time that this type of data was made available at the state, county, and individual school level, and the response was overwhelming. This report will outline the steps taken by the Arizona Criminal Justice Commission to complete this study, as well as to address the importance of community mobilization following the release of the report to "institutionalize" the Arizona Youth Survey in the state.

The Arizona Youth Survey, a statewide risk and protective factor survey, stemmed from the research of J. David Hawkins, Ph.D.; Richard F. Catalano, Ph.D.; and additional researchers from the University of Washington in Seattle. During the early 1980's, the team of researchers began a 30-year-review of youth substance abuse and delinquency in relation to communities. From this review, it was assessed that further research must be conducted in the area of youth substance abuse and delinquency in order to benefit America's youth population. The Communities That Care (CTC) model was established as a nation-wide, youth assessment tool to assist communities and policy-makers in creating the best prevention programs to deter teens from experimenting with substances and violence. It was the Communities That Care model, and the valuable research obtained by Hawkins and Catalano, after which the Arizona Youth Survey was modeled and instituted for community and school assessment.

The survey questionnaire was derived from a project called the Six-State Consortium spearheaded by the Social Development Research Group at the University of Washington in Seattle. The objective of the group was to form a survey questionnaire, based on the Communities That Care model, which documented youth risk and protective factors. From the Consortium, a survey comprised of questions measuring 18 risk factors and ten protective factors was instituted. The survey was further developed through the Diffusion Consortium project with assistance and contribution from the Center for Substance Abuse Prevention (CSAP) and funding from CSAP, the National Institute of Drug Abuse (NIDA), the Safe and Drug Free Schools Program within the Department of Education (DOE), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the Department of Justice (DOJ). The survey continues to be updated and cultured by CSAP.

The Arizona Youth Survey is an important piece of data for schools, communities, and local and state officials in assessment of youth risk and protective factors and prevention programs. The Arizona Criminal Justice Commission took many precautions in directing attention to the demand for a needs assessment program by seeking to institutionalize the AYS method as a valuable measuring tool of youth substance abuse and delinquency. An additional advantage of this survey is that it can be used for Title IV grant writing and needs assessment as required by the United States Department of Education's (USDOE) Principles of Effectiveness. Taken from <http://www.pridesurveys.com/main/usdoe.html>, Appendix A outlines the four Principles of Effectiveness from the USDOE. The establishment of the Arizona Youth Survey as a method of community needs assessment also aligns itself with funding priorities recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

The objective of the *Community Mobilization Strategy* report is to highlight the strategies used during the years 2002-2003 in efforts to establish needs assessment and community mobilization through the institutionalization of the Arizona Youth Survey. Additionally, this paper will recognize the ongoing goals and objectives directed toward the institutionalization of the Arizona Youth Survey.

REPORT PURPOSE

The key to effectively integrating the Arizona Youth Survey instrument into school and community assessments is in understanding how to use and analyze the data. The purpose of this report is to explore the necessity of institutionalizing the AYS as an instrumental tool in developing comprehensive prevention programs. The Arizona Criminal Justice Commission anticipates that the successes achieved in the January 2002 administration of the AYS will continue through the 2004 survey as well. This paper intends to assess the partnerships created through the institutionalization of the Arizona Youth Survey; the successes and limitations experienced in the 2002 AYS, including the methods for obtaining school participants, the implementation of the survey itself, the findings obtained by the data; and the benefits from administering the survey. It will also explore "best practice" needs assessment programs, and set goals and objectives for future assessments.

ARIZONA YOUTH SURVEY

The Arizona Criminal Justice Commission, as part of a statewide steering committee, decided to administer the Communities that Care (CTC) survey every two years on even years; the Youth Risk Behavior Survey (YRBS), administered by the Department of Education (DOE), was to be given every two years on odd years. The decision to use the CTC Survey, modeled after the well-respected

work of J. David Hawkins Ph.D., and Richard Catalano Ph.D., was based on the fact that the study effectively measures alcohol, tobacco, and other drug use among youth and has been successfully implemented in more than twenty states across the country. The study also identifies risk factors associated with substance abuse, and is consistent with national research regarding substance abuse and related issues. In order to have a selection of students representative of all the students in Arizona, careful attention was paid to sample selection.

Partnerships

In 2001, The Arizona Criminal Justice Commission (ACJC) and the Arizona Department of Health Services began working together to create and administer a middle and high school youth survey that would incorporate the fundamental items from the two agency's previous reports; the *Arizona Youth Survey* and *the Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco & Other Drug Use*. The goal was to combine the two instruments used in both studies, not only to measure the extent and type of illicit drug use in Arizona schools, but to also identify risk and protective factors associated with substance abuse, the prevalence of tobacco use, school success, and issues relating to delinquency and violence among Arizona youth. Another goal of this partnership was to establish a framework that would assist with program planning and implementing research-based curricula designed to address substance abuse among school-age children.

The Department of Education (DOE), the Arizona Criminal Justice Commission (ACJC), the Department of Health Services (DHS), the Tobacco Education and Prevention Program (TEPP), and the Arizona Department of Vital Statistics formed a committee to better coordinate Arizona's youth survey efforts and to minimize the burden on schools. During this collaboration, the Statistical Analysis Center attended regular meetings held by the Arizona Department of Vital Statistics. The monthly meetings were also attended by various state agencies such as DOE, DHS and TEPP, who administrated youth surveys within the state.

Sample and Methods

The Statistical Analysis Center gained assistance from Richard Porter, the Bureau Chief for the Arizona Department of Vital Statistics, in order to establish the sample selection. The schools in Arizona were divided into groups according to county, grade level, type of school, and finally by size. A random sample from each group was chosen to assure representation of students in the small rural schools, middle sized schools, and large metropolitan schools. Because this procedure resulted in over-sampling some areas of the state, a weighting procedure was used to more accurately represent student composition in 8th, 10th and 12th grades among the state's 15 counties. Thus, careful selection of the

schools resulted in survey data that was valid and representative of the students in grades 8, 10, and 12 in Arizona's 15 counties. In general, the statewide sample was chosen so that those conducting the survey assumed a confidence interval of 95% and that the margin of error was less than $\pm 1.5\%$ for each grade. For the counties, the overall sample of students was chosen to produce a margin of error less than $\pm 5\%$ at a 95% confidence level.

Survey Participation

The Statistical Analysis Center at the Arizona Criminal Justice Commission was responsible for calling schools selected in the random sample to obtain participation in the study. Many of the state prevention coordinators were contacted for assistance, but most of the participation was obtained from "cold calling" either principals or superintendents. One of the most helpful tools in this process was the maintenance of an electronic log tracking every contact made with regard to school participation. Every log entry included a brief description of what transpired during the contact or conversation, as well as the contact name, time and date of communication. After a school agreed to participate, information containing class size, school contact information, date of survey administration and school address was provided to the Southwest Prevention Center. The Southwest Prevention Center sent out survey administration packets as well as survey instruments to participating schools.

Survey Administration

Each participating school received a shipment of surveys, based on student requirements provided by the school, along with administration protocol procedures. The administration protocol contained the following: general survey administrator instructions covering room arrangements, administrator behavior, and collection procedures; a script to be read out loud to students prior to onset of survey directions; information regarding confidentiality and a reminder that their participation is voluntary; and a survey summary form to be completed after each session identifying class, school, and student numbers. When completed, the schools returned the surveys to the Southwest Prevention Center for scanning and data analysis.

Once all surveys were analyzed by the Southwest Prevention Center, the survey summary forms were mailed to the Statistical Analysis Center at the Arizona Criminal Justice Commission in order for the numbers to be recorded and an accurate depiction of the number of Arizona youth who participated in the January 2002 Arizona Youth Survey, compared with the number of youth who declined participation in the AYS, to be documented. From this information, it was determined that 85.1 percent of all Arizona students who were offered the opportunity to participate completed the survey; only three percent of students

declined to take the survey. In addition, the findings extracted from the data were recorded and created into state, county, and individual school reports available for viewing by prevention providers.

Findings

The results from this survey indicate that the risk factors and substance abuse usage for Arizona youth are at levels greater than that of the national average. Of particular concern are the reported levels of 30-day use for Alcohol and Drug usage within the state. Specifically, 30-day usage by Arizona students for alcohol, marijuana, cocaine, methamphetamines and inhalants were greater than national comparisons for all grade levels. Additionally, the attitudes of 10th and 12th grade Arizona students surveyed were found to increase the risk of future drug usage. The 2002 Arizona Youth Survey data were compared throughout the AYS report to the national Monitoring the Future (MTF) survey data from 2001. State results from 8th, 10th, and 12th grades were compared to national results from the same grades. The MTF survey is conducted annually through the University of Michigan, and is designed to provide ATOD (Alcohol, Tobacco, and other Drug) use information on a sample of students representative of the United States as a whole. The survey questions, measurements, and protocols for both the Arizona Youth Survey and the MTF survey were similar, making the comparisons valid. More information on the Monitoring the Future survey and survey results can be found at <http://www.monitoringthefuture.org>.

SUCCESSSES AND LIMITATIONS

Arizona Youth Survey

The overall success of the 2002 Arizona Youth Survey can be attributed to a strong partnership between the Arizona Criminal Justice Commission, the Arizona Department of Health Services, the Governor's Office for Children, Youth, and Families, and the Southwest Center for the Application of Prevention Technology at the University of Oklahoma. Further, ongoing collaborative efforts and strong partnerships with the Arizona Department of Education, the Arizona Drug and Gang Policy Council, the Governor's Gang and Drug Policy Working Group, and other state agencies have greatly contributed to the increased significance the Arizona Youth Survey has within statewide prevention strategies.

In addition to the 101 public and charter schools surveyed during the January 2002 administration, in November 2002 the survey was administered to 137 males housed in two Maricopa County Juvenile Detention Centers. During November 22-23, 2003 the survey was facilitated by Wendy Wolfersteig and colleagues of the Arizona Prevention Resource Center at both of the Maricopa Juvenile Detention Centers; the Southeast Facility (SEF) and at Durango on the

respective dates. The participants, ranging in ages from 13 to 17, completed the same survey given to the schools allowing a comparison to be made between incarcerated youth and non-incarcerated youth. The pilot project was an overwhelming success, providing insight toward future program development within the detention facility. It is anticipated that further research will be conducted during the 2004 Arizona Youth Survey administration in order to continue to assess the characteristics of incarcerated youth. Further, there is consideration being given to extending the assessment to include youth that are on probation status within the juvenile justice system.

The greatest limitation experienced during the administration of the 2002 Arizona Youth Survey was in ensuring representative samples from the counties. Because Maricopa and Pima are the two largest counties in Arizona, it is imperative to assure that there is an adequate sample representative of each of the two counties. ACJC encountered challenges when recruiting schools within Maricopa County, and it was there that most of the replacements occurred. This could be attributed to the fact that Maricopa is Arizona's largest county, or that it has the most school districts in comparison with the remaining 14 counties. In addition to Maricopa County, ACJC also encountered challenges in recruiting schools from Pima County.

The Tucson Unified School District, located in Pima County, is the second largest school district in the state. Unfortunately, the Tucson Unified School District did not approve ACJC's formal application for participation in the 2002 Arizona Youth Survey. Although the proposal was considered by the research committee chair, it was eventually declined. The absence of information from this area substantially limited the ability to report substance abuse and risk and protective factors at a level that was reflective of both the county and state. The participation of the Tucson Unified School District in Pima County is critical to the long-term success of this statewide project and ACJC has made considerable progress in developing cooperation for the 2004 administration.

EFFORTS TO COMMUNITY MOBILIZATION

Due to the increasing benefits of the Arizona Youth Survey, ACJC was given the opportunity, through the Department of Education (DOE) sponsored training, to showcase the demand for community mobilization programs to 94 prevention coordinators around the state. According to the evaluations, the presentations were positively received by the Prevention Coordinators, and requests have already begun to come into the Arizona SAC for additional information on community mobilization programs and the Arizona Youth Survey.

In requesting funds from the Bureau of Justice Statistics, the SAC proposed the idea to facilitate community mobilization efforts to encourage data use and data sharing

within appropriate state and local agencies. To achieve this goal, the Statistical Analysis Center and the Department of Health Services developed a Community Mobilization Steering Committee with members from the Governor's Office for Children, Youth and Family, the Arizona Prevention Resource Center (APRC) and the Juvenile Justice Services Division of the Arizona Administrative Office of the Courts. The goal of this Committee is to build partnerships with other state agencies and integrate the Arizona Youth Survey into policy- and decision-making. In addition, the Community Mobilization Steering Committee provided training and education on risk and protective factors to appropriate public agencies, including Maricopa County and Pima County, to encourage involvement and assist in policy development and agency decision-making.

ACJC put much effort into substantially reducing the limitations from Maricopa County and Pima County in order to obtain a more representative sample of schools for the 2004 AYS. Through education and training on the successes of the 2002 Arizona Youth Survey, ACJC and the Community Mobilization Steering Committee were able to guide the two counties through the importance of a community mobilization approach to needs assessment. It is evident from the increased amount of feedback and interest in the community mobilization approach that more schools from Maricopa County and Pima County will be receptive to participation in the 2004 administration of the survey.

Within Maricopa County the Community Mobilization Steering Committee was able to provide training and education for stakeholders such as Prevention Coordinators and school administrators in an effort to showcase and outline the usefulness of the data obtained from the surveys.

GOALS AND OBJECTIVES

Since September 2002, the Statistical Analysis Center (SAC) has facilitated and coordinated the institutionalization of the community mobilization model within various state and local agencies. Throughout the year, the SAC provided technical assistance and education to public agencies in an effort to integrate the Arizona Youth Survey and assist these agencies in policy development and agency decision-making. The focus of these training sessions were to introduce the value of community mobilization, through the administration of the Arizona Youth Survey, in interpreting and presenting risk and protective factors for communities.

Through ongoing education and training of prevention providers, communities, schools, and local and state agencies, several goals and objectives for continued integration of community mobilization techniques were established. The goals and objectives to institutionalize the Arizona Youth Survey in 2004 include:

- Securing funding for the 2004 survey administration;
- Gaining involvement from the participating schools for the 2004 administration;
- Highlighting the benefits of the data through presentations, workshops and seminars;
- Allowing more time for the actual coordination of the study;
- Assuring participation from Tucson Unified School District (TUSD) schools in Pima Sample of 2004 survey;
- Providing data on a district and/or municipality level;
- Gaining participation from more schools in Arizona to increase the reliability of the 2004 sample;
- Reducing the number of replacement schools for the 2004 survey;
- Increasing the number of partnerships created through the Arizona Youth Survey;
- Providing the survey instrument in Spanish;
- Providing additional reports regarding gender differences, guns, gangs, and barriers to learning;
- Creating success story reports as "how to" guides to successfully using the data received from the Arizona Youth Survey;
- Expanding the survey to include more research from statewide Juvenile Detention Centers, Juvenile Department of Corrections, and Criminal Courts;
- Increasing the number of Safe and Drug Free Schools participating in the AYS.

SECURE FUNDING

One of the first priorities in assuring for the institutionalization of the instrument was to secure funding for the administration of the 2004 Arizona Youth Survey. On May 14, 2003, ACJC was awarded a grant to administer the 2004 Arizona Youth Survey. This funding was provided in part by the Governor's Office for Children, Youth, and Families.

The Governor's Safe and Drug Free Schools and Communities grant (SDFSC), also known as Title IV, provided partial funding for the Arizona Youth Survey administration. This grant provides support for competitively funded after-school and community-based programs to help Arizona communities prevent alcohol consumption, drug use, and youth violence. The U.S. Department of Education (DOE) provides funding for this program through the No Child Left Behind Act of 2001. (Lyra McCoy, Program Administrator)

Additional monies were provided by the U.S. Department of Justice's Juvenile Delinquency Prevention Act fund (Juvenile Justice Prevention). The U.S. Department of Justice's Juvenile Delinquency Prevention Act funds support for delinquency and early intervention programs. Title II supports a wide range of

programs for prevention of, or early intervention in, juvenile delinquency. Title V focuses exclusively on the prevention of delinquency in at-risk youth by using a model that includes community wide risk and resource assessments and relies on overall community mobilization. (Sheila Hoppe, Program Administrator)

The Juvenile Accountability Incentive Block Grant (JAIBG) provided partial funding in entitlement monies allocated to reduce juvenile delinquency, improve the juvenile justice system, and increase accountability for juvenile offenders. JAIBG provides states and local units of government with funds to encourage the development of juvenile justice policies, procedures, and programs that promote juvenile accountability for criminal behavior. The stated goals of the program include reduction of juvenile delinquency, improvement of the juvenile justice system, and increased accountability for juvenile offenders. (Nicole Yancy and Patrice Childress, Program Administrators).

The Arizona Youth Survey would not have been a success without the support of the individual schools and their associated principals throughout the state. In recognition of this fact, the Arizona Criminal Justice Commission has made the participating schools a high priority within the Arizona Youth Survey project. Therefore, an important element to the institutionalization of the Arizona Youth Survey was to demonstrate this value to the individual schools and to put prior participating schools as a high priority for participation in 2004. This effort will enable both the state agencies and the individual schools to develop trend data on youth risk and protective factors. The staff at the Statistical Analysis Center within the Arizona Criminal Justice Commission is personally contacting school administrators and explaining the benefit of voluntarily participation in the 2004 AYS. Schools are very receptive to the idea of retrieving trend data on their school to make comparisons. To date, over 82 percent of schools have agreed to participate in 2004.

To further institutionalize the AYS in Arizona, the SAC has also prepared over 100 CD's containing information such as the state report, county reports and pre-prepared PowerPoint presentations for stakeholders to customize for showcasing Arizona Youth Survey information. Having the CD's readily available to hand out has served as a useful marketing tool to further encourage participation in the 2004 survey administration. In addition, because of the effort following the 2002 Arizona Youth Survey, an increased number of schools are volunteering participation in the 2004 administration as well.

COMMUNITY ROLL OUT

It was the initial plan of the SAC to facilitate and coordinate discussion of community mobilization strategies and the Arizona Youth Survey in all counties by setting up and inviting grantees and key stakeholders to regional seminars

throughout the state. Facilitators quickly found that this method was labor intensive as it was difficult to reserve venues around the state that could fit potentially large crowds of people. Instead, the SAC and partners involved in community mobilization decided to focus efforts on one county within the state.

Pinal County was selected as a pilot county. This county was selected because they had strong collaboration between community groups and had a great amount of interest in the AYS data that was produced on their schools. On Thursday, February 6, 2003, the Steering Committee comprised of members from the Arizona Criminal Justice Commission and the Governor's Office for Children, Youth, and Families met for the first time to discuss planning the Pinal County Community Roll Out. The Steering Committee decided that the best initial contact should be the Pinal Gila Behavioral Health Association (PGBHA). The purpose of the meeting with the PGBHA was to identify current problems and establish partnerships between local and state agencies and the community in order to assess current and future youth prevention programs. It would be the task of the PGBHA to focus on solidifying a meeting time to invite key community players to the table for a brainstorming session. The purpose of the brainstorming session was to identify the advantages and disadvantages of current prevention programs within the community, to identify the best way to showcase AYS and other data sources, and to promote data sharing and utilization of the data. It was decided that an upcoming annual event, the Pinal Town Hall, would be an excellent opportunity to reach many of the stakeholders in Pinal County.

The theme of the 2003 Pinal County Town Hall was "Health," which provided an appropriate topic under which to introduce the Arizona Youth Survey data. Steve Ballance (Director of the Statistical Analysis Center) and Steve Sparks (former Manager in the Office of Prevention division of the Department of Health Services) presented the Arizona Youth Survey to approximately 150 Town Hall participants. The Directors gave a summary of the overall study and covered some of the highlights of the findings for the state and Pinal County. Each participant was provided with a copy of the state and Pinal County's report for review. Participants were also encouraged to utilize the data for planning purposes. In addition to the Pinal Town Hall, various ongoing training workshops were held throughout the state in order to educate prevention providers and policy-makers on the importance of understanding and developing a community mobilization strategy.

SAC Director, Steve Ballance, met with various Juvenile Community Advisory Board (JCAB) members in February 2003 to present the impact and results extracted from the administration of the 2002 Arizona Youth Survey. Consisting of Court Directors, Chairpersons, personnel, and volunteers, JCABs reviewed the partnerships and collaborations between communities, schools, and the juvenile justice system. In order for the members to better understand why and how the three are linked, ideas were offered relating to the necessity of institutionalizing a statewide survey

approach to needs assessment. The meeting extracted good comments and questions from the JCAB members.

In May 2003, members from the Arizona Statistical Analysis Center and Arizona Prevention Resource Center (APRC) partnered to present a training and education seminar for prevention providers. The goal of the seminar was to assist in determining how to analyze and use the collected data. By offering documents (Appendix C) and training into correctly analyzing the data, it allowed for better assessment of current and future prevention programs. In addition, the seminar offered the opportunity for prevention providers to meet and discuss their own successes and difficulties; it opened the door for future community collaboration efforts. The workshop was well attended and good feedback was received from all those who were present.

Steve Ballance, SAC Director, presented the Arizona Youth Survey to 150 participants at the Sixth Annual Statewide Prevention Provider's Meeting, *Sharing What You Know*, held in June 2003. The meeting was attended by community stakeholders, Health Authority providers, and grantees of the Governor's Office for Children, Youth, and Families. The presentation gave an overall summary of the study and highlighted state and county level findings in comparison with national findings. In addition, the presentation explored the idea of introducing gender-specific prevention program models as needs assessment tools in deterring youth from substance abuse and delinquency. The presentation encouraged community mobilization efforts through data driven decision-making. In addition prevention coordinators and specialists were provided information on how to participate in the 2004 Arizona Youth Survey.

In November 2003, the ACJC Statistical Analysis Center (Steve Ballance) partnered with administrators from the Department of Education to co-present at the Sixth Annual Arizona Department of Education MegaConference titled, *Navigating New Territory: Understanding and Applying Results of the Arizona Youth Risk Behavior Survey and the Arizona Youth Survey*. The presentation was focused on elementary and high school teachers and administrators in an attempt to explore the valuable information derived from the administration of a needs assessment survey.

SAMPLING, SURVEY DESIGN, AND RECRUITMENT STRATEGIES

One of the major lessons learned from the administration of the 2002 Arizona Youth Survey was to allow for additional time in coordinating the event. This goal was accomplished and has greatly enhanced various aspects of the 2004 Arizona Youth Survey. However, it is important to note that still more time is needed in order to conduct processes associated with funding and procurement. This could be accomplished with more stable funding sources.

In addition, in July 2003, Steve Ballance, Director of the Arizona SAC unit met with Dr. Stan Paz of the Tucson Unified School District (TUSD) in order to discuss the focus of the Arizona Youth Survey in addition to the methods taken in order to administer the survey to the students of Arizona. It is hoped that TUSD will participate in the Arizona Youth Survey providing a more complete and representative county sample for Pima County. A contingency plan was developed in selecting a sample that did not include TUSD in the sample in the event that this district again chooses not to participate in the Arizona Youth Survey.

The Statistical Analysis Center was fortunate to receive assistance from Dr. Richard Porter, the Bureau Chief for the Arizona Department of Vital Statistics, in order to establish the sample selection. The sample selected for the 2004 Arizona Youth Survey included methods that allowed for reporting at a municipal level in Maricopa. In addition specific strategies were included in order to reduce or possibly eliminate the need for replacement schools in the 2004 Arizona Youth Survey.

The Statistical Analysis Center sought feedback from several entities regarding the design of the 2004 Arizona Youth Survey. It is important to note that the Arizona Youth Survey is based upon a national model (Communities that Care). Therefore, many of the items can not be altered as they represent the "core" of the risk and protective factor scales. Feedback was solicited from various stakeholders and experts in the areas of tobacco prevention, delinquent and criminal behavior, local prevention organizations, Department of Health, and the Department of Education. Decisions to add or remove items were based upon the value added to prevention efforts ongoing at both the state and local levels of government.

In addition, the process contributed significantly toward the development of new partnerships and the strengthening of ongoing partnerships. The Statistical Analysis Center met with individuals from the Department Of Education, Department of Health Services, Administrative Office of the Courts, Department of Juvenile Corrections, and Arizona State University West. In addition, new partnerships for the Arizona Youth Survey were formed with the Administrative Office of the Courts and the Department of Juvenile Corrections.

INCREASED ANALYSIS AND ADDITIONAL REPORTING

Following the reports generated from the 2002 Arizona Youth Survey, the Arizona Criminal Justice Commission Statistical Analysis Center plans to release supplemental papers on the prevalence of gang behavior and on the accessibility and prevalence of gun-related violence in Arizona. Charles M. Katz, PhD., Professor in the Department of Criminal Justice and Criminology at Arizona State

University West, is partnering with the Arizona Criminal Justice Commission to release a report in December 2003 called *Gun Carrying Among Youth in Arizona*. The purpose of the report is to analyze the data from the 2002 Arizona Youth Survey questions relating to gun use and availability in order to better grasp the extent of the youth gun dilemma. An initial draft of the report incorporates four themes: "Perceptions, fears, and experiences related to guns; correlates of gun carrying; relationships between gun carrying, crime, and drugs; and the impact of gun carrying on school performance, school behaviors, and school climate." This report allows officials and community leaders to begin to assess where changes need to be made in alleviating youth gun violence.

In order to better assess and analyze gender-specific prevention program models, the SAC plans to publish a paper comparing and contrasting the prevalence of male and female students in relation to substance abuse and delinquency. The ACJC and the SAC expect this report to enable prevention providers to make assessments of current models and determinations for further programs. In addition, ACJC will release a report called *Barriers to Learning*, an idea taken from the collaboration of ACJC and Steve Harrison, PhD., from the University of Utah. This paper will assist in assessing substance abuse and delinquency in the school and community as it relates to school performance.

BUILDING THE INFRASTRUCTURE OF THE AYS

The institutionalization of the Arizona Youth Survey assisted in training communities and agencies on needs assessment programs as valuable measuring tools of youth risk factors and prevention program models. By skillfully determining the priorities, goals, and outcomes established for each program, and in utilizing proven resources as foundations, the community is better able to make assessments and evaluations into the necessity of current prevention programs and future proposed program models.

The Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services (DHS) encourages assessment programs and community mobilization teams by sub-granting federal and state monies to various organizations in order to better understand and research strategies for needs assessment. Each year DHS and DBHS earmark over two million dollars for research and development into needs assessment and prevention program models to encourage Arizona youth away from substance abuse and violent behaviors. The Arizona State Incentive Grant (SIG) funded three million dollars a year over three years to implement programs that deterred youth from experimenting with marijuana and other drugs and alcohol. The grant allocated over 85 percent of the funding into community programs in order to strengthen relationships within the family structure and the support structure (schools, community) to deter Arizona youth from substance use.

Evaluation:

Individual schools are able to use the data retrieved from the surveys in order to assist in applying for Title IV grants and in mobilizing community resources to implement effective prevention interventions and strategies to reduce risk factors and enhance protective factors. The data obtained in the Arizona Youth Survey is directly connected to academic achievement and supports evaluating current school barriers to learning by examining issues such as substance abuse, academic failure, school dropout rates, and violence. Positive interventions in these areas promote positive behavioral changes and reduce problem actions. As a direct result of promoting positive interventions, barriers to learning will decrease and academic achievement will increase.

Community providers can also use the data obtained from the Arizona Youth Survey. When preparing for grant applications from the Governor's Office for Children, Youth, and Families, community providers may utilize the information in assisting the grant writing process.

Determining Priorities/Setting Goals and Outcomes:

Based on data obtained from the surveys of individual schools, school community mobilization committees can be created in order to determine priorities for reducing risk and enhancing protective factors and resources. Each school team may then partner with a community organization or utilize existing "best practice" resources in an effort to address the situations deemed as priorities for reducing risk and increasing protective factors for students.

"Best Practices" Assessments:

The U.S. Department of Health and Human Services (HHS) has established a list of programs deemed as "best practices." The Substance Abuse and Mental Health Services Administration (SAMHSA) located in HHS focuses on mental health issues and substance abuse among people. SAMHSA has provided a list of model programs which they feel are "well-implemented, well-evaluated" programs on which to build foundations. In addition, the Center for the Study and Prevention of Violence (CSPV) on the campus of the University of Colorado at Boulder has also recognized a list of programs deemed as "best practice blueprints." Below is the list of SAMHSA "best practice" models and CSPV "best practice blueprints" and a brief description of each prevention program model. (<http://modelprograms.samhsa.gov/template:www.colorado.edu/cspv/blueprints/index>)

Programs that have been identified as "Best Practices" and principles of effectiveness from which they are build provide excellent models for the development of new programs. These programs are presented as outstanding opportunities for replication

or to modify for the purposes of individual communities or jurisdictions. Although it is apparent that these programs will not meet all the individual needs of our communities, these programs should be considered when reviewing current programs and/or the development of future programs. Often, programs are customized in order to meet the specific needs using available resources for an individual community and

EXAMPLES OF BEST PRACTICES

The Center for Substance Abuse Prevention (CSAP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) located in the U.S. Department of Health and Human Services (HHS) agency have illustrated “best practices” programs. The following section provides a summary of these programs considered to be “best practices”.

SAMHSA

All Stars: a school- or community-based program affecting youth substance use, violence, and premature sexual activity of adolescents 11 to 14 years old. Designed to enforce positive personal characteristics, All Stars focuses on developing and establishing positive norms and ideals, builds strong commitments, and promotes bonding with family, school, and community organizations. All Stars has proven to reduce substance abuse by 40 to 60 percent and reduce sexual activity by 80 percent.

Athletes Training and Learning to Avoid Steroids (ATLAS): a school-based program for male high school athletes 13 to 19 years old. Designed to focus on team-building components, ATLAS focuses on the reduction of steroid use, alcohol use, and drug use among high school males. ATLAS has proven to reduce substance use, alcohol use, and drug use in new users by 50 percent, as well as demonstrating a lower use of alcohol and drug use among those youth who have already experimented with the substances.

Border Binge-Drinking Reduction Program: a community-based intervention program designed to encourage youth under 21 years old from crossing the borders into Canada and Mexico in order to binge drink. The program has proven a 31 percent reduction in youth under 21 crossing into Mexico on weekend evenings and a 40 percent reduction in youth under 21 crossing from Mexico into the United States with a measurable BAC.

Brief Strategic Family Therapy: a family-based program designed to give families the tools needed in order to reduce problem behavior among children and youth 6 to 17 years old. The problem behaviors that the program focuses on are illegitimate associations with antisocial peers, substance abuse, and

problematic family relations. The program has implemented a 75 percent reduction of marijuana usage among participants, a 42 percent reduction in youth behavioral problems, and a 58 percent reduction in illegitimate associations with antisocial peers.

Striving Together to Achieve Rewarding Tomorrows (CASASTART): a community-based program designed to keep high-risk adolescents 8 to 13 years old away from drugs and crime. CASASTART focuses on the individual needs of the adolescent in addition to addressing the needs of the relationship between the adolescent and the family and community. Because of the large scope of this program, it requires the involvement of many community stakeholders who work to strengthen the family, strengthen the community, and strengthen the adolescent. CASASTART has proven to reduce drug sales among 60 percent of adolescents as well reducing crime among 20 percent of participants.

Challenging College Alcohol Abuse (CCAA): a program designed to reduce drinking and negative decision-making among high-risk college students 18 to 24 years old. The program is focused on education and policy implementation among college students. CCAA has proven a 29 percent reduction in binge drinking, a 48 percent reduction in drunk driving, and a significant reduction in alcohol use over the past 30 days and year among college-aged students.

Child Development Project (CDP): a school improvement program focused on elementary school students 5 to 12 years old. CDP is designed to reduce early use of alcohol and drugs in children and strengthen bonding and interpersonal skills between peers, the family, and the community in order to reduce violent behavior. CDP has proven an 11 percent reduction in alcohol use among students 5 to 12 years old, an eight percent reduction in cigarette smoking, and a decline in violent behaviors and acts.

Cognitive Behavioral Therapy for Child and Adolescent Traumatic Stress (CBT-CATS): a treatment intervention focused on children and teens three to 18 years old and families in order to overcome the effects of abuse, violence, disaster, terrorism, war, and other traumatic events. CBT-CATS has established improvement in depression among children and teens, anxiety, defiant and violent behaviors, social- and interpersonal skills, and self-blame about the event.

Communities Mobilizing for Change on Alcohol (CMCA): a community-based program designed to change policies and practices in the community which relate to the availability of alcohol. Focused on youth 13 to 20 years old, the program has successfully limited the access of underage youth to purchase alcohol and has raised awareness of this problem in the community.

Community Trials Intervention to Reduce High-Risk Drinking (RHRD): a community-based program is designed to reduce unhealthy drinking actions such as: drunk driving, underage drinking, and binge drinking in all youth and adults. RHRD has proven to reduce alcohol sales to teens, enforce DUI laws, and has helped to increased coverage of alcohol-related issues within the media.

Creating Lasting Family Connections (CLFC): a family-based program designed for youth 11 to 15 years old to strengthen family relationships and increase substance abuse and violent behavior curriculum. CLFC is focused on building interpersonal skills, including refusal skills, for youth and adults. The program has proven to delay the onset of substance use for youth, decreased substance use, as well as increasing knowledge about substance use to both youth and adults.

DARE To Be You (DTBY): a prevention program focused on children two to five years old and designed to improve parent and child protective factors, communication skills, problem solving, self-esteem, and interpersonal skills. DTBY has proven effectiveness of communication and parent involvement in successful child development.

Early Risers—*Skills for Success*: an enhancement program designed for children six to ten years old and focused on deterring children from behavior problems and substance abuse. Early Risers has proven to be effective in improving social skills, participation in activities, and improvement in academic achievements among children.

Families and Schools Together: Building Relationships (FAST): an intervention program that builds parent empowerment FAST has proven a 20 percent in teacher-reported improvement at home and a 15 percent education in teacher /reported reduction fun at home.

Family Effectiveness Training (FET): a family-based program designed, and targeted for, Hispanics/Latinos in order to reduce risk factors such as substance abuse and violent, disruptive behaviors. FET focuses on children six to 12 years old and in three specific areas of the family: family functioning, parent-child conflicts, and cultural conflicts between parents and children. FET has proven a 35 percent reduction in violent, disruptive behaviors, a 14 percent increase in children's self-concept, and a 75 percent improvement in family functioning.

Family Matters: a home-based program designed to reduce substance abuse for teens 12 to 14 years old. The program encourages education and strong family relationships, communication skills, and a foundation of

rules/monitoring. Family Matters has proven to reduce the number of youth who smoke cigarettes and consume alcohol.

The Incredible Years Training Series: a developmentally-based program for parents, children, and schools designed to prevent and treat violent, disruptive behaviors and promote interpersonal skills and communication skills in children two to eight years old. The program has proven to assist in enhancing education in children diagnosed with Oppositional Defiant Disorder/Conduct Disorder (ODD/CD).

LifeSkills Training: a program which targets the social and psychological factors and events which encourage early substance abuse in children eight to 11 years old and adolescents 11 to 14 years old. By addressing these factors that promote substance abuse, LifeSkills aspires to reduce the number of youth who consume drugs and alcohol. The program has proven effective in reducing the number of youth who use drugs, smoke cigarettes, and consume alcohol.

Leadership and Resiliency Program (LRP): a school- and community-based program for teens 14 to 19 years old designed to promote internal strength and prevent involvement in substance use. LRP has proven to reduce the number of student absences in schools in addition to improving grade point averages and student bonding between peers and mentors.

Keep a Clear Mind (KACM): a take-home drug program designed for children eight to 12 years old and their parents. KACM is focused on building strong foundations for children to refuse offers to experiment with drugs. This intervention program has proven to be effective in reducing the number of children who use substances, as well as increasing confidence levels in children. In addition, KACM is an effective educational tool in educating children and parents of the harmful effects of drugs and alcohol abuse.

Multisystemic Therapy (MST): a home-based program that focuses on violent, substance-abusing teens 12 to 17 years old. The program promotes positive, strong interpersonal skills and targets violent, antisocial behaviors and substance use in an effort to assess and alter the surroundings which encourage the actions. MST has proven effective in decreasing youth substance abuse, increasing school attendance, and improving family relationships and bonds.

Nurse Family Partnership Program (NFP): a program designed to assist first-time, low-income mothers with health care from public health nurses. This program promotes maternal, prenatal, and childhood health in order to

improve the health of at-risk families. NFP has improved birth rates and birth weights in addition to reducing childhood abuse and neglect.

The Olweus Bullying Prevention Program: a school-based program targeting bullying in schools and in children six to 15 years old. The program is designed to promote strong peer relationships and to assess and restructure schools in order to alleviate the opportunity to bully. The Olweus Bullying Prevention Program has proven a reduction in the number of students who report being bullied at school, a reduction in vandalism, fighting, and theft in addition to promoting positive attitudes toward work and school.

Parenting Wisely: a computer-based program focused on parents and children nine to 18 years old and designed to reduce family conflict and violent behaviors while encouraging family communication, respect, and family support. The program has shown a reduction in child behavior problems as well as an improvement in family communication and functioning.

Positive Action (PA): a program focused on children five to 18 years old targeted to improve academic achievement and behaviors between youth and the school, family, and community. PA encourages strong self-concepts, social skills, learning and problem-solving skills, and involvement in schools and the community. PA has proven to reduce violence and substance use among children and improve self-concepts by 43 percent.

Project ACHIEVE: a school-based program developed for students three to 14 years old and designed to encourage strong communities, families, and schools while strengthening self-management skills and resiliency. ACHIEVE has proven to reduce disciplinary school referrals and the number of grade retentions.

Project ALERT: a school-based drug program designed for students 11 to 14 years old and targeted to reduce the onset of substance abuse. ALERT has proven to reduce the onset of marijuana use by 30 percent, decrease current marijuana use by 60 percent, and decrease cigarette smoking in youth.

Project Northland: a program developed to delay the onset of alcohol and substance abuse in children ten to 14 years old. Project Northland focuses on behavioral and environmental changes which may affect the onset of substance abuse, communication skills between parents and children, and relationships with peers (peer pressure). Project Northland has proven to reduce the number of weekly alcohol users by 46 percent, reduce the number of marijuana and cigarette users, and has assisted in increasing communication between parents and children.

Project SUCCESS: a school-based program designed to impact teens 14 to 18 years old on issues such as early substance use prevention and intervention services. SUCCESS focuses on involving the school and community in disseminating educational information to the students. SUCCESS has proven a 37 percent reduction in substance use, a 45 percent reduction in marijuana use, a 23 percent reduction in tobacco use, and a 33 percent reduction in alcohol abuse.

Project Toward No Drug Abuse (TND): a school-based program targeting improvement in social skills and decision-making in youth 14 to 19 years old. TND has proven to effectively reduce cigarette use by 27 percent, marijuana use by 22 percent, and alcohol use by nine percent.

Project Toward No Tobacco Use (TNT): a school-based program targeted on reducing tobacco use among children ten to 15 years old. TNT is designed to promote the negative aspects of tobacco use, tobacco addiction, and the consequences of using tobacco. TNT has proven to reduce the number of teens who smoke cigarettes, use smokeless tobacco products while increasing student's education about tobacco abuse.

Promoting Alternative Thinking Strategies (PATHS): a program designed to reduce aggression and violent, disruptive behaviors among children five to 12 years old. PATHS promotes social interpersonal skills, communication and relationships, and self-control and has proven a 32 percent reduction in disruptive behaviors, as reported by teachers.

Protecting You/Protecting Me (PY/PM): a school-based program developed to reduce alcohol injuries and deaths in the nation. PY/PM targets children six to 11 years old and is focused on early childhood education regarding alcohol consumption and drunk driving issues. PY/PM is designed to give youth the tools needed in order to refuse a dangerous situation regarding alcohol consumption; it has proven to be effective in increasing vehicle safety skills and knowledge about alcohol consumption.

Reconnecting Youth (RY): a school-based program designed for students 14 to 18 years old in an effort to reduce the high school dropout statistic as well as in reducing the number of students abusing drugs and alcohol. RY partners with schools, families, and communities in order to decrease substance abuse, emotional distress, and increase school performance. RY has proven to improve class grades by 18 percent, increase self-efficiency by 23 percent, and decrease drug use by 54 percent.

Residential Student Assistance Program (RSAP): a program designed for at-risk youth 14 to 17 years old and living in residential housing. RSAP promotes

education and information dissemination regarding depression and substance abuse as well as encourages interventions by the community. RSAP has proven a 68 percent reduction in substance use, a 72 percent reduction in the number of teens using alcohol, a 59 percent reduction in the number of teens using marijuana, and a 27 percent reduction in the number of teens using tobacco.

Responding in Peaceful and Positive Ways (RiPP): a school-based program developed for students in middle schools to educate in resolving conflicts through non-violent measures. RiPP focuses on problem solving, critical thinking, and peer mediation skills in an effort to recognize quality relationships and self-image. RiPP has proven to be effective in reducing the number of disciplinary problems, violent behaviors, fight-related injuries, in addition to increasing skills on effective problem-solving.

Schools and Families Educating Children (SAFE Children): a community- and school-based program that assists families in child development in areas deemed as “high-risk” areas. The program focuses on children five to six years old who are transitioning into school in an effort to create a solid foundation for future school successes. SAFE Children has proven effective in improving academic achievements and reading scores as well as promoting parent enthusiasm and involvement in school successes.

Second Step—A Violence Prevention Curriculum: a school-based program targeting children four to 14 years old in an effort to reduce violent, aggressive behaviors. The program teaches student empathy for themselves and others, control and problem-solving in order to achieve goals and evaluate consequences, and anger management to successfully engage in decision-making. Second Step has proven effective in reducing aggression in youth while increasing the likeliness to choose positive goals.

Start Taking Alcohol Risks Seriously for Families (STARS): a school health-based program designed for youth 11 to 15 years old in an effort to encourage all teenagers to not consume alcohol until adulthood. STARS promotes making goals to achieve the plan and recognizing the goal once it has been completed. STARS has proven to reduce alcohol consumption in youth by 4.8 times in addition to reducing the plans of those who choose to use alcohol in the future by 3.6 times.

Strengthening Families Program (SFP): a program designed to encourage resilience, relationships, and communication between children six to 12 years old and their families. SFP promotes cognitive-behavioral approaches to solving problems relating to social skills and interpersonal skills. SFP has proven effective in reducing children’s behavioral problems and family conflict

and stress while improving communication and organization between family members, peers, and the community.

SMART Team: a school-based program designed for students 11 to 15 years old targeting violence prevention methods. The program promotes positive communication skills and mediation and provides opportunities for youth to practice resolving conflicts without violent measures. SMART has proven to be effective in educating teens on how behaviors create violent situations in addition to reporting greater percentages of youth who intend to use nonviolent strategies in future conflicts.

Team Awareness for the Workplace: a workplace-training program developed to address substance abuse by employees, co-workers, and families. The program promotes social health, increased communication, and improved knowledge and attitudes regarding substance abuse in the workplace in an effort to assist troubled workers, the work climate, and reduce problem drinking. For those employees who participate in the program it has proven to decrease problem drinking behaviors, decrease absenteeism, and promote communication in the office.

Too Good For Drugs (TGFD): a school-based program intended for students five to 18 years old targeting personal and interpersonal skills relating to substance abuse. TGFD is designed to promote positive norms among school peers and educate about the negative consequences of using alcohol, tobacco, and drugs. TGFD has proven to reduce the intentions of students to use marijuana, smoke cigarettes, and consume alcohol in both middle and high schools.

Colorado Blueprints

Big Brothers Big Sisters of America (BBBSA): a mentoring program targeting children six to 18 years old from single parent homes. Volunteers meet with youth on a one-to-one basis in order to create valuable, productive relationships. BBBSA has proven to reduce the number of youth who began using substances and engaged in violent behaviors.

Bullying Prevention Program (BPP): a school-based program designed to impact elementary, middle, and junior high school students. Interventions are held to address the area of bullying and victimizing in schools. BPP has proven to reduce the amount of reported bullying from boys and girls, to reduce reports of antisocial behaviors, and to improve relationships and discipline between peers in the schools setting.

Functional Family Therapy (FFT): an outcome-driven, prevention/intervention program for children 11 to 18 years old who demonstrate violent behaviors. Five phases compose the program: engagement, motivation, assessment, behavior change, and generalization; these phases build on each other until the steps have been completed. FFT has proved to effectively treat students with behavior disorders, create positive feelings about self and family and promote healthy relationships with peers, and prevent the children from entering into the adult criminal justice system.

Midwestern Prevention Project (MPP): a community-based, drug abuse prevention program targeting youth in middle and junior high school. Through techniques such as: teaching, role-playing, and discussion, MPP attempts to help youth understand the pressures that accompany drug use and peer pressure. MPP has proven to reduce the number of youth who smoke cigarettes and marijuana daily, and helped to increase communication between parents and children on the effects of drug use.

Multidimensional Treatment Foster Care (MTFC): an alternative to foster care, group homes, incarceration, and hospitalization for children and youth with mental, emotional, physical, and social problems. MTFC emphasizes accountability and behavior management to give youth a structured environment from which to build communication skills and relationship skills. MTFC has proven successful in reducing the number of children who enter the adult criminal justice system as well as the number of youth who use substances.

The Colorado "Best Practice Blueprints" have also recognized several of the prevention program models as previously noted by the SAMHSA models: Incredible Years Series (IYS), Life Skills Training (LST), Nurse-Family Partnership (NFP), Project Toward No Drug Abuse (TND), and Promoting Alternative Thinking Strategies (PATHS).

"Best Practice" programs are resource tools which allow for better assessment of current prevention programs and act as fundamentals for implementing future models. Additionally, they assist in the ability to make comparisons between goals and priorities of prevention program models, allowing for more complete determinations and assessments to be made. Appendix B is a matrix diagram of SAMSHA "best practice" programs. From the assessment of "best practice" models, the Arizona Statistical Analysis Center and the Arizona Prevention Resource Center (APRC) offered training to prevention providers outlining how to correctly read and use the matrix diagram in order to create foundations for future program models. Not only did the matrix diagram offer knowledge to policy- and decision-makers, it also allowed for introduction of similar programs into communities.

“Best Practice” programs compliment the theory for community readiness by providing realistic strategies and alternatives for targeted populations through an empirically based approach.

COMMUNITY READINESS

The Center for Substance Abuse Prevention (CSAP) program within the United States Department of Health Services has illustrated seven steps to creating a useful prevention program. The following ideas have been taken from the CSAP website at <http://www.unr.edu/westcapt/bestpractices/target.htm>.

CSAP's Seven Steps to Community Readiness

1. Community Readiness

In order to implement a successful prevention program, the community must be aware of the extent of the problem as well as what must be accomplished to alleviate the issue. Community organizations must create partnerships with other community groups and be clear and realistic in expectations. Brainstorming a vision and problem-solving goals and objectives are essential in creating a solid foundation on which a successful prevention program model may be built.

2. Needs Assessment

Needs assessment, also known as community assessment, is imperative in order to create a foundation for a successful program. By developing a community summary, and assessing which area or group is most at-risk, clear and achievable expectations based on time and funding may be applied.

3. Prioritizing

Time and funding affect whether a prevention program is successful. By prioritizing needs and issues that are categorized most at-risk, more thorough prevention program models may be developed for those issues, allowing for more time and/or money to be spent.

4. Assessing Resources

In order to develop a successful prevention program model, it is important to include resource analysis. By assessing the tools allotted to help, or hinder, the program, adjustments may be made prior to program development. This will guarantee that the community has prioritized its needs and issues and is allowing adequate time and funding to those programs deemed as most influential.

5. Focusing Your Efforts

It is important to focus efforts on specific, achievable goals in order to establish the type of strategy that best fits the prevention program model. This will allow the community to prioritize what the program should achieve and what the needs are in order to reach that goal.

6. Guides and Practices

Finding and using a successful, similar program as a foundation on which to build a community prevention model will increase the achievability rate.

7. Evaluation

Evaluation is an important part of creating a successful prevention model, assisting in deciding what type of intervention method is best suited for the program. It is important that the model be evaluated at the onset of the program, at the end of the program and throughout the program in order to ensure that goals are achieved.

The theory for community readiness, in which holistic evaluations of the community are made in order to produce more complete goals and priorities, is an important consideration in developing strategies for implementing a data driven decision-making approach within a community. In addition to "best practices," the seven steps to community readiness act as a foundation for prevention providers and policy- and decision-makers to assess program benefits and limitations more inclusively to better serve Arizona's youth.

RECOMMENDATIONS

An important part of this research included the identification of recommendations designed to facilitate the continued progress of data driven decision-making in Arizona. Through this evaluation, a better understanding of the potential uses and needs of school, prevention, criminal justice, and community programs was achieved. Based upon this enhanced understanding, the following recommendations are offered:

- 1). *Stabilize funding for the administration of the Arizona Youth Survey.* Many of the commitments in completing the Arizona Youth Survey can not begin until there is an assurance of an adequate funding source.
- 2). *Stabilize partnerships between key agencies.* It is critical to the long term success of the Arizona Youth Surveys that partnerships with the Arizona Department of Health Services and the Arizona Department of Education are not

contingent upon any one individual. Formal partnerships must be created and maintained. Funding support from each of the agencies would allow for ownership in the process.

3). Maintain the Statewide Survey Steering Committee. This committee has been invaluable toward the development of partnerships dedicated to the oversight and improvement of data collected through statewide surveys. The Statewide Steering Committee was able to effectively reduce the number of statewide surveys being administered in Arizona. This group has become particularly important since the dissolution of the Governor's Working Group.

4). Co-administration of State Surveys. As noted previously, the Statewide Survey Steering Committee has been effective in the review of current state surveys related to substance abuse, risk and protective factors, and tobacco use in Arizona. Consideration should be given to combining and/or co-administering the Youth Tobacco Survey, the Youth Risk Behavior Survey and the Arizona Youth Survey.

5). Stabilize the use of the data within participating schools. There was a turnover of about 20 percent of the principals in the participating schools for 2002. It is important that principals work with internal staff and local prevention groups so that data critical to the individual schools is not lost.

6). Increase participation of schools in the Arizona Youth Survey. The value of the needs assessment data provided through the Arizona Youth Survey for planning and policy making at both the state and local levels is without question. Consideration should be given to moving toward a census in participation in the project.

7). Additional analysis and reporting. There is a wealth of data collected through the Arizona Youth Survey that would be invaluable for policy and funding decisions. It is important that the Statistical Analysis Center continue to explore how the data collected in the Arizona Youth Survey can best serve Arizona.

8). Increase data-sharing among participating schools. Data-sharing permits comparisons to be made among participants and programs, allowing for further needs assessments to be made.

9). Further in-depth training and educational workshops. The workshops will assist community planners and decision-makers in correctly reading and understanding the data from the Arizona Youth Survey, enabling them to make the most educated decisions on the future of Arizona's youth.

10). *Increase value and use of Program Inventory.* There is considerable potential in using the Program Inventory in collaboration with the Arizona Youth Survey in directing program resources. To date, the Program Inventory has not been established as a reliable instrument for decision making relative to resources in Arizona. An evaluation process should be conducted regarding the project in order to assess how the Program Inventory could be improved.

The above recommendations were developed as a result of the evaluation conducted by the Arizona Statistical Analysis Center pertaining to institutionalization of the Arizona Youth Survey. It is hoped that the above recommendations will assist policy and decision-makers in setting the direction to further the collection of needs assessment data and prevention projects in Arizona.

CONCLUSION

Communities that Care is a national model recommended as a tool to assist community assessments in a variety of juvenile justice issues towards developing strategies for prevention and intervention in the areas of substance abuse and gang activities. The recent success of the administration of the Arizona Youth Survey through the SAC provides numerous opportunities to fully assess the utility of the model both from a state and a national perspective. The SAC will collaborate with experts in the area from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Youth Gang Center to further improve the survey.

Although it is premature to assess all of the goals and objectives of the Community Mobilization project, it is clear that significant progress has been made towards the "institutionalization" of the data collection instrument in Arizona. The Arizona Statistical Analysis Center and the community mobilization team made substantial gains toward the widespread dissemination and understanding of the Arizona Youth Survey throughout the state. It is hoped that this effort will greatly increase the utility of the Arizona Youth Survey, and thus, assist state policy and decision-makers in directing limited resources toward problem areas of the youth in Arizona's communities. Future community and prevention provider training and educational meetings will be held in various areas of the state in order to continue to give validity and meaning to the data produced from the Arizona Youth Survey and the Community Mobilization projects.

Based on the impact from the Pinal Town Hall, La Paz County has been selected as a future site of a Town Hall session due to their strong collaborations between community groups and a great interest in the AYS data produced within their county and schools. The Steering Committee comprised of members from the Arizona Criminal Justice Commission and the Governor's Office for Children Youth and Families will meet in upcoming months to decide the best initial contact for the La

Paz Town Hall. The purpose of the Town Hall meeting will be to identify current problems and establish partnerships between local agencies, state agencies, and the community in order to assess current and future youth prevention programs. It will also identify the best way to showcase AYS and other data sources and promote data sharing and utilization of the research. It is expected that the La Paz Town Hall, will be an excellent opportunity to reach many stakeholders in the County.

The Statistical Analysis Center is now beginning work on data analysis in areas that broadens the Arizona Youth Survey beyond substance abuse issues. This analysis will primarily interpret and assess criminal justice data elements pertaining to gang, violence, and firearm activity for youth within the state. The SAC will partner with experts in these areas to determine future areas of emphasis for the 2004 Arizona Youth Survey. In order to further build the validity of the survey itself, the current questions will be assessed for their impact and additional questions relating to the criminal justice system, gangs, violence, and probation/parole will be inserted. This will enable a more complete, thorough survey in which to assess Arizona's youth and prevention program models. This information will be of valuable assistance to many law enforcement and criminal justice agencies in Arizona and on a national level.

Additional assistance and a more complete understanding of the implementation of the Arizona Youth Survey will also come from a continued partnership between the Arizona Criminal Justice Commission (ACJC) and the Department of Education (DOE). Through the collaboration, it was mutually agreed that the Youth Risk Behavior Survey (YRBS) and the Youth Tobacco Survey (YTS) would be administered during odd numbered years and ACJC would administer the Arizona Youth Survey during even numbered years. The Youth Risk Behavior Survey studies students in 9th through 12th grades on issues and attitudes relating to ATODs (alcohol, tobacco, and other drugs), violence, and unhealthy behaviors; the Youth Tobacco Survey examines students in 6th through 8th grades on attitudes and behaviors relating solely to tobacco use. (<http://www.ade.state.az.us/health-safety/chess/healthsurvey.asp>). One way to further understand and explore the information obtained from the AYS, the YRBS, and the YTS is for the agencies to work together in co-administering the surveys. This will allow for additional funding and resources to be allotted to research and for more complete training and education to prevention providers in an effort to institutionalize a method for needs assessment.

The institutionalization of the Arizona Youth Survey has been a priority for the Arizona Criminal Justice Commission and to the state of Arizona. Through this process, the Statistical Analysis Center has created strong partnerships with the Governor's Office and the Department of Health Services and the Department of Education, to institutionalize the Arizona Youth Survey. In addition, the statewide steering committee including the Arizona Criminal Justice Commission (ACJC), the

Department of Vital Statistics, the Department of Education (DOE), the Tobacco Education Prevention Program (TEPP), and the Department of Health Services (DHS) was created in order to strengthen the administration of the AYS. The agencies consider the success and institutionalization of the Arizona Youth Survey a top priority for the state.

One of the major goals of this needs assessment and community mobilization strategy is that data derived from this process was easily understood and made available to the appropriate individuals and agencies for decision-making. The Arizona Criminal Justice Commission and the Statistical Analysis Center have made great strides in the effort to coordinate assessment information among and between all agencies responsible for decisions pertaining to the youth in our state. It is important that the momentum gained from the 2002 Arizona Youth Survey not be lost. At a time of limited resources, it is critical that prevention and treatment efforts be based on well planned, data driven strategies.

REFERENCES

- "2003 Arizona Student Health Survey." Arizona Department of Education 2003:
<http://www.ade.state.az.us/health-safety/chess/healthsurvey.asp>
11/12/03
- "AZ State Incentive Grant." *Arizona Department of Health Services* 2003:
<http://www.hs.state.az.us/bhs/azsig.htm>
10/29/03
- "AZ Statewide Prevention Needs Assessment." *Arizona Department of Health Services* 2003: <http://www.hs.state.az.us/bhs/azprv.htm>
10/29/03
- "Background." TEPP (*Tobacco Education and Prevention Program*) Pilot Projects. <http://www.tepp.org/background/right.html>
10/28/03
- "Blueprints Model Programs: Promoting Alternative Thinking Strategies (PATH)." *Blueprints for Violence and Prevention* 2002:
<http://www.colorado.edu/cspv/blueprints/>
11/3/2003
- "Bureau of Substance Abuse Treatment and Prevention Services." *Arizona Department of Health Services* 2003:
<http://www.hs.state.az.us/bhs/bsagmh.htm>
10/29/03
- "National Survey Results on Drug Use, 1975-2002." *Monitoring the Future: A Continuing Study of American Youth* 2003:
<http://www.monitoringthefuture.org>
10/29/03
- "Stages of Community Readiness." Center for Substance Abuse and Prevention 2002: <http://www.unr.edu/westcapt/bestpractices/crstages.htm>
10/24/03
- "USDOE Principles of Effectiveness." US Department of Education Safe and Drug-Free Schools Program:
<http://www.pridesurveys.com/main/usdoe.html>
11/5/03

Appendix A
U.S. Department of Education
Principles of Effectiveness

Having safe and drug-free schools is one of our Nation's highest priorities. To ensure that recipients of Title IV funds use those funds in ways that preserve State and local flexibility but are most likely to reduce drug use and violence among youth, such recipients shall coordinate their SDFSCA-funded programs with other available prevention efforts to maximize the impact of all the drug and violence prevention programs and resources available to their State, school district, or community, and shall

Principle 1: Base their programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served.

Each SDFSCA grant recipient shall conduct a thorough assessment of the nature and extent of youth drug use and violence problems. Grantees are encouraged to build upon existing data collection efforts and examine available objective data from a variety of sources, including law enforcement and public health officials. Grantees are encouraged to assess the needs of all segments of the youth population. While information about the availability of relevant services in the community and schools is an important part of any needs assessment, and while grantees may wish to include data on adult drug use and violence problems, grantees shall at minimum include in the needs assessment data on youth drug use and violence.

Principle 2: With the assistance of a local or regional advisory council, which includes community representatives, establish a set of measurable goals and objectives, and design their activities to meet their measurable goals and objectives for drug and violence prevention.

Sections 4112 and 4115 of the SDFSCA require that grant recipients develop measurable goals and objectives for their program activities. Grantees shall develop goals and objectives that focus on program outcomes, as well as program implementation (sometimes called "process" data). While measures of implementation (such as the hours of instruction provided or number of teachers trained) are important, they are not sufficient to measure program outcomes. Grantees shall develop goals and objectives that will permit them to determine the extent to which program activities are effective in reducing or preventing drug use, violence, or disruptive behavior among youth.

Appendix A
U.S. Department of Education
Principles of Effectiveness

Principle 3: Design and implement their activities based on research or evaluation that provides evidence that the strategies used prevent or reduce drug use, violence, or disruptive behavior among youth.

In designing and improving their programs, grant recipients shall, taking into consideration their needs assessment and measurable goals and objectives, select and implement programs that have demonstrated that they can be effective in preventing or reducing drug use, violence, or disruptive behavior.

Principle 4: Evaluate their programs periodically to assess their progress toward achieving their goals and objectives, and use their evaluation results to refine, improve, and strengthen their program, and to refine their goals and objectives as appropriate.

Grant recipients shall assess their programs and use the information about program outcomes to re-evaluate existing program efforts. While the Department recognizes that prevention programs may have a long implementation phase, may have long-term goals, and may include some objectives that are broadly focused, grantees shall not continue to implement strategies or programs that cannot demonstrate positive outcomes in terms of reducing or preventing drug use, violence, or disruptive behavior among youth. Grantees shall use their assessment results to determine whether programs need to be strengthened or improved, and whether program goals and objectives are reasonable or have already been met and should be revised. Consistent with Sections 4112 and 4115 of the SDFSCA, grant recipients shall report to the public on progress toward attaining measurable goals and objectives for drug and violence prevention.

Appendix C
**Using The Data
Goals & Assessments**

Needs Assessment

- Determine the problem
 - Build your team
 - Assess risk and protective factors
 - Collect data (must include locally related data)
 - Analyze and report data
 - Identify existing resources currently directed to needs
- These assessment steps will help to clarify the problem and existing resources, allowing you to move from a problem statement to development of a clear plan

Main problem(s) to be addressed:

Risk Factors identified that we wish to address:

Protective Factors identified that we wish to address:

Main problem(s) to be addressed:

Resources currently in place to address these R & P factors (including possible partners):

Appendix C
Using The Data
Goals & Assessments

Goals and Objectives

Goals and objectives should be linked to identified needs and Risk and Protective Factors.

Goals should be:

- Focused and easy to understand
- Achievable

1. By (time): _____

Who: _____

Will (change): _____

2. By (time): _____

Who: _____

Will (change): _____

Appendix C
Using The Data
Goals & Assessments

Objectives must:

- Be related to goals
- Be consistent with risk and protective factors/needs and strengths
- Be measurable
- Be achievable
- Have a timeline

Objectives for Goal #1

1. By (time) _____, (who) _____
Will _____, their (change) _____

by (extent) _____, as measured by _____.

2. By (time) _____, (who) _____
Will _____, their (change) _____

by (extent) _____, as measured by _____.

Objectives for Goal #2

1. By (time) _____, (who) _____
Will _____, their (change) _____

by (extent) _____, as measured by _____.

2. By (time) _____, (who) _____
Will _____, their (change) _____

by (extent) _____, as measured by _____.

Appendix C
**Using The Data
Goals & Assessments**

Strategies/Approaches

Selected strategies and approaches must:

- “Fit” to established needs and goals and objectives
- Be researched based – either a proven program or established theory
- Connect to the identified risk and protective factors / needs and resources
- Be culturally competent, age appropriate and gender responsive

Write two “If - Then Statements” (“If we do A, then B should change”) to link needs, goals and objectives to potential strategies via theory or experience based belief.

1. _____

2. _____

Describe theory base or state proven program to be used:

Describe connection of this strategy to risk and protective factors to be addressed:

What features ensure that program is culturally competent, age appropriate and gender responsive in terms of risk and protective factor knowledge?

Appendix C
**Using The Data
Goals & Assessments**

Implementation Plan

Develop detailed action steps including:

- Resource identification and mobilization
- Capacity building
- Activities
- Timelines and scheduling
- Recruiting and retaining clients (consider how to identify appropriate participants and risk factors that may impact your ability to recruit preferred participants)
- Staff accountabilities
- Staff training to implement strategies and approaches

Describe action steps needed / to be taken to ensure:

Resource identification and mobilization

Recruiting and retaining participants—identify any issues related to the risk or protective factors you are addressing that may impact recruitment or retention

Capacity building / Staff training on Risk and Protective factors or implementation of strategies and approaches

Appendix C
Using The Data
Goals & Assessments

Evaluation

Evaluation must include:

- Design/methodology must have a valid, reliable assessment tool
- Evaluation plan
- Data collection and analysis plan
- Quality assurance plan

Evaluation should measure both:

- Process to see if the program is being implemented as planned
- Outcomes (short and long term) to determine if goals and objectives are being met

Describe process evaluation plan (two process questions and how you can obtain data to answer them):

1. _____

2. _____

How will you identify that the population served matches the identified population to be served, particularly in terms of risk factors present?

Describe outcome evaluation plan (two outcome questions and how you can obtain data to answer them) Consider how the data will show that you met the Risk and Protective Factors based objectives:

1. _____

2. _____

Are the evaluation tools you plan to use appropriate for measuring the identified risk and protective factors? Explain.

