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An Evaluation of Oregon's State Incentive Cooperative Agreement: Systems Outcomes and Processes Following Two Years of Implementation

Final Report

Submitted to

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February 2001

Acknowledgements

This project could not have been completed without the dedication and hard work of Judy Weller, who conducted countless interviews and helped to keep us organized throughout the evaluation process. We also want to acknowledge the contributions of the Advisory Board, especially the Evaluation Subcommittee, and of OADAP staff, especially Barbara Groves and Sharon Caputo. Finally, this report relied on the numerous people across the state who were willing to share their time with us: SICA coordinators, agency directors and other staff, and others dedicated to the cause of prevention in Oregon. Without their assistance, this evaluation would not have been possible.

Executive Summary

A. Project Summary

Oregon's State Incentive Cooperative Agreement¹ (SICA) project was funded in October 1997 by the federal Center for Substance Abuse Prevention (CSAP). The goal of the SICA project was to reduce the use of alcohol, tobacco, and other drugs (ATOD) among youth by improving the state and local systems for implementing prevention services. Both federal and local stakeholders acknowledged that such systems change would take time, and that it would be difficult to see measurable change in terms of individual (student-level) ATOD use within the 3-year time span of the project. Prior research has documented that systems change, while an effective long-term approach to addressing difficult social problems, is a slow process, often happening over a period of many years (Kusserow, 1991)². Therefore, a major focus of the evaluation was to document the extent to which Oregon was effectively using SICA funds to put into place those systems changes that would be expected to influence ATOD use in the long term.

This evaluation report describes these systems changes after two years of SICA implementation. Specifically, the SICA project targeted four areas of systems change that were highlighted in the evaluation:

1. Improving the extent of coordinated **planning** among agencies involved in preventing ATOD among youth;
2. Improving the extent of coordinated **programming** among agencies involved in preventing ATOD among youth;
3. Increasing the use of research-based, "best practices" prevention programs;
4. Increasing the availability of resources (including funding, staffing, and expertise) for prevention.

Oregon's SICA project focused on implementing these systems changes within and between **state agencies** and **local (county and tribal) agencies and stakeholders**. At the state level, the primary mechanisms for systems change included (1) formation of the SICA Advisory Board, which served both to provide guidance to the project and to act as a forum for interagency dialog and communication; and (2) coordination activities on the part of the project director and other SICA project staff, who acted as liaisons to various other interagency efforts focused on preventing ATOD use. At the local level, the SICA project provided funds of up to \$50,000 per year to each county/tribe. The majority of these funds were used to hire prevention coordinators who were responsible for implementing the SICA project at the local level. Prevention coordinators facilitated coordination between local agency and community groups, conducted trainings, represented the needs of ATOD prevention during community planning activities, and (in some cases) directly provided and implemented prevention programming. Counties or tribes that were able to demonstrate that the role of the SICA coordinator was being filled without the

¹ Known nationally as the State Incentive Grant, or "SIG"

² Kusserow, R. (1991). *Services integration: A twenty-year retrospective*. Washington, D.C.: U.S. Department of Health and Human Services, Office of the Inspector General.

SICA funds were also able to spend SICA dollars directly on prevention program development or expansion.

B. Evaluation Methods & Findings

B1. Evaluation Methods

The results presented in this report are based on a mixed-method design including annual interviews with key state and local agency representatives, bi-annual interviews with county prevention coordinators, surveys of SICA Advisory Board members, and analysis of key prevention documents, such as county AOD plans, Juvenile Crime Plans, and SICA coordinator monthly reports. Multiple sources of data were used in order to ensure that the evaluation captured the diverse approaches to and understanding of systems change, and to strengthen the rigor of the evaluation. The design focused on understanding change at both the state and local levels. At the local level, a purposive sample of 11 counties and 3 tribes was selected to ensure adequate representation of the state's diverse geographic, urban/rural, and demographic characteristics.

B2. State-Level System Change Outcomes

Overall, it appears that SICA has had some significant positive outcomes in terms of systems changes occurring at the state level. In particular, after two years of SICA implementation, state agencies appear to be:

- Interacting more frequently with each other.
- Engaging in more prevention-related activities.
- Engaging in more collaborative activities (e.g., joint training, planning, etc.).
- More knowledgeable about each other's prevention-related activities.
- Working together to facilitate joint planning processes at the county level.
- Working together to support the use of research-based "best practices" programs.

These successes can be attributed to a variety of factors, some of which can be linked directly to SICA's implementation, including:

- A relatively strong history of collaboration between state agencies, and strong leadership to support this work.
- Relatively high levels of "buy-in" from key state agency stakeholders as to the importance of both coordination and research-based best practices.
- Enhanced opportunities to share information and work to clarify SICA goals provided by the Advisory Board meetings.
- Concurrent policy initiatives, in particular the Governor's Juvenile Crime Prevention Plan (JCP) and Senate Bill 555 (SB555), that supported increased coordination of programming and planning.

- Efforts by SICA program staff to advocate and facilitate coordination between state agencies and, especially, to support coordination between these concurrent policy initiatives.

Challenges still remaining for statewide systems change include:

- Continued role clarification and communication between state agencies about multiple prevention and coordination efforts.
- Continued challenges related to multiple concurrent planning and reporting requirements.
- Continued challenges to build shared definitions of key concepts such as “prevention” and “best practices.”
- Continued struggles between agencies over resources and resource allocation.

B2. County and Tribal Level Systems Change Outcomes

Within the sample of 11 counties and 3 tribes, there were significant, positive improvements in the extent and quality of coordinated planning and programming, as well as enhancements in the use of research-based practice and resources for prevention. The evaluation found that after two years of implementation:

- Nearly 50% of respondents across the state indicated significant, positive improvements in the coordination of planning and programming efforts in their county or tribe.
- There were substantial increases in the number of both formal and informal interagency agreements in place.
- Agencies were more likely to have added new prevention programs, or to have changed or expanded existing prevention programs.
- Key agency mission statements and activities focused more on prevention.
- Nearly a third of respondents across the state indicated a significant, positive improvement in knowledge and use of research-based programs in their counties.
- Agencies were engaged in more leveraging and coordinating of funds.
- Agencies were involved in more joint staff training.

Outcomes were influenced by both the county context and by the characteristics and roles of the SICA coordinator. In particular, counties that had more positive outcomes tended to:

- Have more experienced and knowledgeable coordinators who were able to advocate for SICA’s goals and create high levels of buy-in from key agency stakeholders and from elected officials.
- Have coordinators who were more engaged in advocacy, grant writing, planning, and technical assistance, rather than direct service delivery.
- Have less turnover in their SICA coordinator position

- Have a strong collaborative base established prior to the start of the SICA grant, and in particular, to have key agency stakeholders who had positive attitudes about engaging in coordinated planning and in the importance of research-based “best practices.”
- Be mixed urban/rural counties, rather than exclusively rural.
- Be more focused on enhancing coordination, including using most or all of their SICA funding for coordination and having the SICA coordinator be involved in fewer program implementation efforts.

Challenges remaining at the local level mirror those for the statewide systems, mentioned above. Additionally, some counties face challenges related to:

- Lack of support for the SICA coordinator’s work from key agency directors, elected officials, and other key stakeholders.
- Over-extending the SICA coordinator’s duties, placing too many and/or too diverse a set of responsibilities on the coordinator.
- Hiring coordinators without needed experience in prevention, and especially, coordination and planning experience.
- Continued lack of clarity about roles for key agencies and stakeholders.

B3. Summary of Outcomes

The SICA project appears to have had considerable success, at both the state and county levels, at increasing coordination around planning and programming, and to a somewhat lesser extent, enhancing resources and research-based programs. Systems changes related to resources and research-based programs may be more likely to occur slowly, as stakeholders continue to work together to do coordinated programming and planning, provided that there is adequate buy-in to the notion that research-based programs are important.

At both the state and county level, improvements were integrally linked to the JCP efforts and to SB555. These two initiatives, combined with the SICA project, led to documented changes in the nature and quality of interactions between and among key state and county agencies. Further, both state and county agencies reported an increase in key collaborative activities and shifts toward a more prevention-oriented mission. These systems changes, if maintained, have the potential to provide a solid foundation for a stronger, more coordinated, and higher quality system of prevention programs, and ultimately, to reductions in ATOD use among Oregon’s youth.

C. Recommendations and “Lessons Learned”

As SICA moves into its third year of implementation, several “lessons learned” from this evaluation may help to support its continued success.

1. First, it is apparent that **clarification of roles and clear expectations** were a key to success at both the state and local levels. To the extent that agency directors, SICA coordinators, and elected officials were unclear about SICA’s goals and their role in helping to reach those goals, SICA was generally less successful. It will be important for SICA project staff at the state and federal level, as well as SICA coordinators locally, to continue to articulate SICA’s

goals carefully and to have a clear understanding of what is expected of them in terms of supporting those goals. To the extent that state-level project staff can more clearly articulate their expectations about what coordinators should be doing in terms of supporting research-based practices and resources enhancement, greater gains might be seen in those areas.

2. Second, the state will need to continue to work to **model collaboration and coordination** at the state level by ensuring that planning and reporting requirements are streamlined and coordinated. Additional work to ensure good coordination of concurrent policy initiatives, such as JCP and SB555, will be critical to maintaining systems changes. Efforts may also be needed to more fully integrate the work of tobacco coordinators with the work of the SICA coordinators at the local level.
3. Third, having individuals at both the state and local levels who continue to **advocate** for enhanced coordination, increased resources for prevention, and for implementation of best-practices programs is clearly important to SICA's continued success. Such individuals also played an important role in keeping SICA and ATOD prevention "at the table" during various planning initiatives.
4. Fourth, it may be important to **support SICA coordinators to focus their efforts** in a few key areas. More successful counties tended to be those in which resources were dedicated to coordination, rather than used for both coordination and programming. Successful counties also had coordinators who spent less time providing services and who were involved in relatively fewer committees. This could imply that having a single role (coordination and advocacy for research-based programs) rather than balancing multiple roles, committee work, and other activities is important to supporting SICA outcomes.
5. Finally, it will be important at both the state and local levels for key stakeholders to be able to creatively **work through issues related to "turf" and resource allocation**, and to continue to work toward shared understanding of such central issues as the meaning of "prevention," who should or can be the target of prevention efforts, and how various prevention efforts can find the common ground necessary for truly integrated, non-duplicative prevention systems for youth.

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An Evaluation of Oregon's State Incentive Cooperative Agreement: Year Two Implementation and Systems Outcomes

I. SICA Program Description

Oregon's State Incentive Cooperative Agreement¹ (SICA) project started in October 1997 with funding from the Center for Substance Abuse Prevention. The goal of the SICA project was to reduce the use of alcohol, tobacco, and other drugs (ATOD) among youth by improving the state and local systems for implementing prevention services. However, both federal and local stakeholders acknowledged that it would be difficult to see measurable change in terms of individual (student-level) ATOD use within the 3-year time span of the project. Other research has documented that systems change, while an effective long-term approach to addressing difficult social problems, is a slow process, often happening over a period of many years (Kusserow, 1991). Therefore, a major focus of the evaluation was to document the extent to which Oregon was effectively using SICA funds to put into place those systems changes that would be expected to influence ATOD use in the long term.

This evaluation report describes these systems changes after two years of SICA implementation. Specifically, the SICA project targeted four areas of systems change:

1. Improving the extent of coordinated *planning* among agencies involved in preventing ATOD among youth;
2. Improving the extent of coordinated *programming* among agencies involved in preventing ATOD among youth;
3. Increasing the use of research-based, "best practices" prevention programs;
4. Increasing the availability of resources (including funding, staffing, and expertise) for prevention.

Oregon was one of the first five states to receive SICA funding, reflecting its strong collaborative base and potential for implementing significant systems changes. Oregon's SICA project was designed to address these systems changes at both the state level (within and among state agencies) and within counties and tribes.

At the state level, the primary mechanisms for systems change included (1) formation of the SICA Advisory Board, which served both to provide guidance to the project and to act as a forum for interagency dialog and communication; and (2) coordination activities on the part of the project director, who acted as a liaison to various other interagency efforts focused on preventing ATOD.

¹ Known nationally as the State Incentive Grant, or "SIG"

At the county/tribal level, the SICA project provided funds of up to \$50,000 per year for each county/tribe. The majority of these funds were used to hire prevention coordinators who were responsible for implementing the SICA project at the local level. Prevention coordinators facilitated coordination between local agency and community groups, conducted trainings, represented the needs of ATOD prevention during community planning activities, and (in some cases) directly provided and implemented prevention programming. Counties or tribes that were able to demonstrate that the role of the SICA coordinator was being filled without the SICA funds were also able to spend SICA dollars directly on prevention program development or expansion.

II. Evaluation Goals & Methods

The SICA evaluation was composed of three primary components:

- 1. An Assessment of Youth ATOD Outcomes**, addressing the extent to which SICA influences both the risk and protective factors associated with later ATOD use, and the actual levels of use among Oregon students. This component involved a statewide survey of Oregon school students.
- 2. A Network Survey of County Level Coordination & Collaboration**, addressing, through the use of a detailed quantitative network survey, the extent and types of interagency communication, coordination, and collaboration.
- 3. A Mixed-Method Systems Change Study**, focused on understanding the implementation of SICA and its effects on the four systems change goals of enhancing coordinated planning and programming, use of research-based practices, and resource enhancement.

This report focuses on results obtained for the third component, the Systems Change Study, although selected data from components (1) and (2) are also included.² It should also be noted that this report reflects only the first two years of SICA implementation at the County/Tribal level. Because of start-up delays and extensive work on the part of the SICA director and evaluation team to contribute to CSAP's national, cross-site evaluation, most SICA coordinators were not hired until summer or fall of 1998. This report reflects data collected through fall of 2000. Most assessments (described below) were collected at two points in time, once relatively early in the process of implementation (fall/winter 1998/99), and once toward the end of the second year (summer/fall 2000).

Methods Used for the Systems Change Study

Because of the difficulties in understanding and measuring "systems change," a variety of different methods were used as part of the Systems Change Study. In this way, the evaluation could be better assured of documenting the types of systems change that were occurring, and of identifying emergent barriers, challenges, or successes of the project. This report draws from the following primary sources of information:

State-Level Systems Change:

- 1. Mail surveys** of SICA Advisory Board Members, conducted at two points in time. Surveys were returned by 14 of the Advisory Board members at both points in time.
- 2. Open-ended telephone and face-to-face interviews** with key stakeholders at the state level, such as agency directors and staff, SICA Advisory Board members, and other persons identified as knowledgeable and involved with state-level prevention

² Results from these other components of the evaluation will be presented in separate reports.

efforts, conducted at two points in time. A total of 39 persons were interviewed at Time 1, and 28 were interviewed at Time 2³.

3. **Open-ended telephone interviews** with SICA coordinators in each county/tribe, conducted at three points in time (n=41 at each point in time).
4. **Closed-ended (quantitative) telephone interviews** with agency directors from the Office of Alcohol and Drug Abuse Programs (OADAP), the State Commission on Children and Families (CCF), the Department of Education, the Health Division, the Oregon Youth Authority (OYA), conducted at two points in time (n=5 at each point in time).

County/Tribal Level Systems Change:

1. **Open-ended telephone interviews** with SICA coordinators in each county/tribe, conducted at three points in time (n=41 at each point in time).
2. **Open-ended telephone interviews** with 3-5 key stakeholders at the county/tribal level, such as agency directors and staff, key community members, and other persons identified as knowledgeable and involved with county-level prevention efforts, conducted at two points in time (n=55 at Time 1, n=46 at Time 2).
3. **Closed-ended (quantitative) interviews** with the agency directors of the three agencies identified within each county as “most involved” with ATOD prevention for youth, conducted at two points in time (n=38 at Time 1, n=30 at Time 2).
4. **Data extraction from key documents**, including: County ATOD plans (n=37), County Juvenile Crime Prevention Plans (n=33), and SICA coordinators’ progress reports to OADAP (a total of 111 reports).

Open-ended responses to interviews were entered into a NUD*IST (Non-numerical Unstructured Data Indexing Searching and Theorizing) database and coded by members of the research team prior to analysis. Coding was checked periodically to ensure a high level of inter-rater reliability.

³ Advisory Board members who were interviewed at Time 1 but who did not participate in at least one Advisory Board meeting prior to Time 2 were dropped from the subsequent sample.

County/tribal level data were collected on a subset of 11 counties and 3 tribes.⁴ A purposive sampling procedure was used to select counties and tribes representing a combination of urban/rural areas, varying geographic regions, different levels of baseline collaborative climate within the county, and varying strategies for utilization of SICA funds. These counties were:

- Clackamas
- Deschutes
- Douglas
- Grant
- Harney
- Jefferson
- Josephine
- Lane
- Polk
- Union
- Yamhill

The three tribes selected were:

- Burns-Paiute
- Siletz
- Umatilla

⁴ Data are only presented separately for two tribes, as the activities of Burns-Paiute tribe were so integrated with those of Harney County that these two entities are presented together.

III. State-Level Implementation and Systems Outcomes

A. State-Level Outcomes

A1. Coordination of Planning and Programming

The biggest successes at the state level related to increased coordination have been associated with SICA's role in the Governor's Juvenile Crime Prevention Plan (JCP) and Senate Bill 555 (SB555). From the outset, the Governor's original vision was for SICA to provide the impetus for coordinated planning that would support his plan for reducing juvenile crime. Senate Bill 555 was passed in the 1999 legislative session, and called for coordination of planning and services for youth (see Table 5). Almost unilaterally, state-level respondents mentioned these two efforts as being importantly related to SICA, and as vital steps toward improving coordination at the state and county levels. These two pieces of legislation were characterized as the creating the impetus needed to lead to broader prevention system integration, although most respondents acknowledged "we made some progress but still have a ways to go."

It should be noted that while several respondents expressed frustration that the planning processes for JCP and OADAP's AOD dollars were not coordinated in 1999–2000, state partners are currently working to ensure a coordinated process for the next round of planning. A more detailed discussion of the JCP and Senate Bill 555 and their relationship to SICA can be found below (see "Possible Alternative Explanations for SICA Effects). Another area mentioned frequently as in need of improvement was the lack of systematic integration of SICA coordinator activities with those of the tobacco coordinators in each county.

Although all three of these efforts were designed to enhance the overall levels of coordination between state and local agencies, several respondents characterized the improvements in coordination as happening within particular areas or agencies (e.g., within OADAP, or within JCP planning processes) more than between areas and departments: "coordination is happening on an area by area basis. I don't have a sense that each one looked at a big picture. We are working toward that, but we are on a journey." Another stated that there was "[coordination] with JCP, yes. In terms of overall prevention—AOD and Education and Tobacco—no real great results."

Results from in-depth interviews with the directors (or their designees) of the "top five" state agencies involved in prevention activities provide additional information about systems changes at the state level. The agencies interviewed were:

- The Office of Alcohol and Drug Abuse Programs (OADAP)
- The Department of Education (DOE)
- The Oregon Youth Authority (OYA)
- The Oregon Health Division (OHD)
- The Oregon Commission on Children and Families (OCCF)

It should be noted that during the period in which SICA was being implemented, the Oregon Youth Authority also reported a significant shift in the extent to which their agency's mission was related to prevention, perhaps due to its central role in the recent Juvenile Crime Prevention plan, and the influence of SICA on maintaining a focus on prevention.

At the initial interviews, all of these agencies reported having some kind of interagency interactions (related to prevention) with each of the other agencies, with the following exceptions. However, by the second round of interviewing, all agencies reported interacting with each other, as can be seen in Table 1, below.

Table 1. Changes in State Agency Interactions

1997–1998		1999–2000
Agency	No Reported Interactions With:	Changes
OADAP	OYA	Interactions Reported
OYA	DOE, OHD, OCCF	Interactions Reported with DOE
OHD	OYA, OCCF	Interactions Reported
OCCF	Interactions reported with all agencies	Interactions Reported
DOE	Interactions reported with all agencies	Interactions Reported

Further, almost all state agencies reported general increases in the frequency of staff interactions during 1999–2000, compared to 97–98 (see Table 2, below). Further, when asked about a number of specific forms of collaboration (e.g., sharing of resources, joint planning, joint training), most agencies reported substantial increases in these activities from the first to the second interview. The only agency reporting a decrease in these types of specific activities was the OCCF; reasons for this are unclear, especially given OCCF’s role in SB555 planning activities. It is possible that the strong emphasis on the planning role caused a subsequent decrease in some of the other specific collaborative activities. Specific increases included:

- three agencies increasing the amounts of joint program design;
- two agencies increasing coordination of services;
- two agencies increasing joint provision of technical assistance, and
- two agencies increasing jointly funded staff.

Some evidence that these increases were due to the SICA project are provided by agency reports of whether the frequencies of interactions were increasing at the time of the baseline assessment. While OADAP and CCF both reported increasing frequency of interactions at the baseline assessment, all other state agencies reported that these frequencies were generally stable. **Thus,**

it appears that for these other agencies, increased frequency of interactions may have been due to activities stimulated by the SICA project. For OADAP, increasing frequency of interagency interactions at the baseline may have been a result of preparations for application for the grant itself.

Table 2. Changes in Frequency of Prevention-Related Interactions Between State Agencies

	OADAP	DOE	OYA	OHD	OCCF
OADAP	---	no change	increased	no change*	increased
DOE	no change*	---	increased	increased	increased
OYA	no change	increased	---	reported as “don’t know” at T1	reported as “don’t know” at T1
OHD	no change*	increased	increased	---	increased
OCCF	no change	decrease	increase	increase	---

* Weekly contact was already occurring at the Time 1 interview.

Note: Rows represent the responses by each agency; for example, the first row indicates the extent to which OADAP reported interacting with each other agency in the table. Agency reports of interactions do not always match.

State agency directors or their designees also reported being personally more familiar with the prevention activities of the other agencies at the second assessment. This is an important outcome of the increased frequency of interactions, as knowledge about the programs and services provided by other agencies is a key precursor to further collaboration.

In contrast to the increasing frequency of collaborative activities, four out of the five agency directors reported a slight *decrease* in the frequency of specific prevention-related activities (e.g., reallocating funds to support prevention, pursuing grants to support prevention, adding new prevention programs, etc). The only agency reporting an increase in prevention-related activities was OYA, which is likely to be related to their heavy involvement with the juvenile crime prevention efforts. Although the meaning of these decreases are somewhat unclear, it might be that because of the emphasis on coordination and training activities, less agency effort was expended on more programmatic efforts. The following table describes the changes in prevention-related activities for each agency.

Table 3. Changes in Frequency of Prevention-Related Activities by State Agencies

Agency	Re-allocate Funds	Pursue outside grants	ID Unserved Pops.	ID Unserved Geog. Regions	Provide Prevention Training	Changed/Expanded Existing Prev. Programs	Added New Prev. Programs	Do Strat. Planning Related To Prev.
OADAP	decrease	decrease	decrease	same	increase	decrease	decrease	same*
DOE	same	decrease	decrease	decrease	increase	same	increase	decrease
OYA	same	increase	increase	increase	same*	same	same	same*
OHD	same	decrease	same*	decrease	same*	decrease	decrease	same*
OCCF	decrease	same*	increase	increase	decrease	same*	same*	same*

* These agencies reported doing the highest level of these activities at both points in time.

A2. Increased Resources & Research-Based Programming

Analysis of the 1997–99 and 1999–2001 biennial state budgets of the five top agencies involved in prevention in Oregon revealed some small to moderate changes in the absolute level of resources available for prevention in the state (see Table 4 below). As can be seen, only OADAP and OYA showed significant increases in prevention-related funding. At the time the SICA grant was awarded, ATOD prevention in Oregon was being funded primarily through federal grants and tobacco tax revenues. In July 1999 the Legislature adopted a budget that for the first time allocated state general fund dollars to the state Office of Alcohol and Drug Abuse Programs specifically for ATOD prevention, in the amount of \$1 million. Additionally, the Juvenile Crime Plan legislation allocated \$10 million in state general funds to juvenile crime prevention. State agency personnel describe SICA as providing the “seed money” that facilitated the passage of the Juvenile Crime Bill. The integration of these two efforts has allowed additional money to be leveraged for ATOD prevention, by specifically linking ATOD prevention efforts to juvenile crime prevention.

Table 4. Percent of Change in Prevention Budgets of Key State Agencies from Biennium 97–99 to 99–01

Agency	97–99 budget amount devoted to prevention	% of 97–99 total agency budget devoted to prevention	99–01 budget amount devoted to prevention	% of 99–01 total agency budget devoted to prevention	% increase or decrease in budgeted prevention funds
CCF	24.6 million	39%	22.7 million	31%	- 8%
DOE	8.9 million	< 1%	8.6 million	< 1%	- 3%
OADAP	7.7 million	11%	11.1 million	13%	+ 31%
OHD	17.2 million ¹	< 1%	18.6 million ¹	< 1%	+ .07 %
OYA	12.5 million ²	6%	17.5 million ²	7%	+ 29%

¹ Includes tobacco tax revenues some of which may not be spent on prevention

² Includes all amounts budgeted for “Community Services” some of which may not be prevention

A3. Student ATOD Use

Given only two years of implementation of SICA systems-change activities, it is unlikely that SICA could have any demonstrable effects on ATOD use at the student level. As many have noted before, systems change takes a significant amount of time, and it is often many years before effects can be seen at the level of individuals (Kusserow, 1991). However, it is important to understand the context in which SICA is operating, in terms of current and past levels of use among Oregon school students.

As can be seen in the Figure 1 below, patterns of cigarette use among 6th, 8th, and 11th graders were steady or slightly increasing prior to 1998. Some declines were seen in 2000, especially among 8th and 11th graders, although there appears to be a very slight increase in cigarette use among 6th graders. Although the decreases in 8th and 11th grade use indicate a positive trend, it is impossible to attribute this trend directly to SICA.

Figure 2 shows the trends in alcohol use, which appear to be mostly stable over the 4-year period.

Figure 3 shows the most marked decline, with 8th graders reported marijuana use dropping from 26% in 1998 to 1% in 2000. Reasons for this decline are unclear; however, 8th grade use in 1996 and 1998 was rather high, exceeding the levels of use reported by 11th graders. Again, however, it is not advisable to attribute this drop to SICA activities at this point in time.

Figure 1. Reported Cigarette Use Pre-SICA (1996), at Baseline (1998) and at Year Two Implementation (2000)

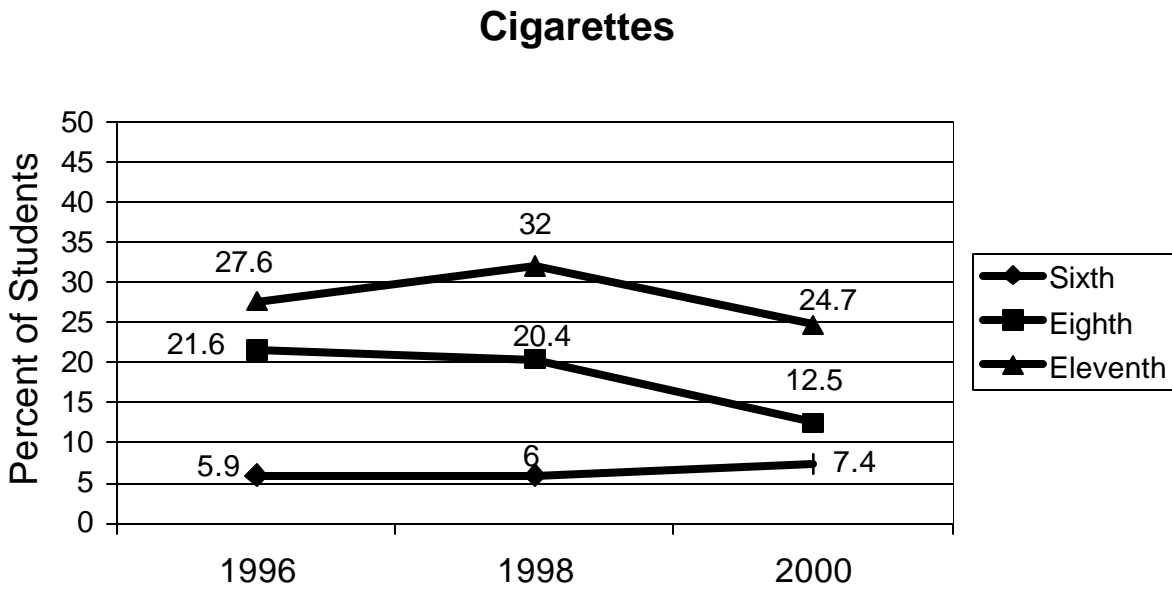


Figure 2. Reported Alcohol Use Pre-SICA (1996), at Baseline (1998) and at Year Two Implementation (2000)

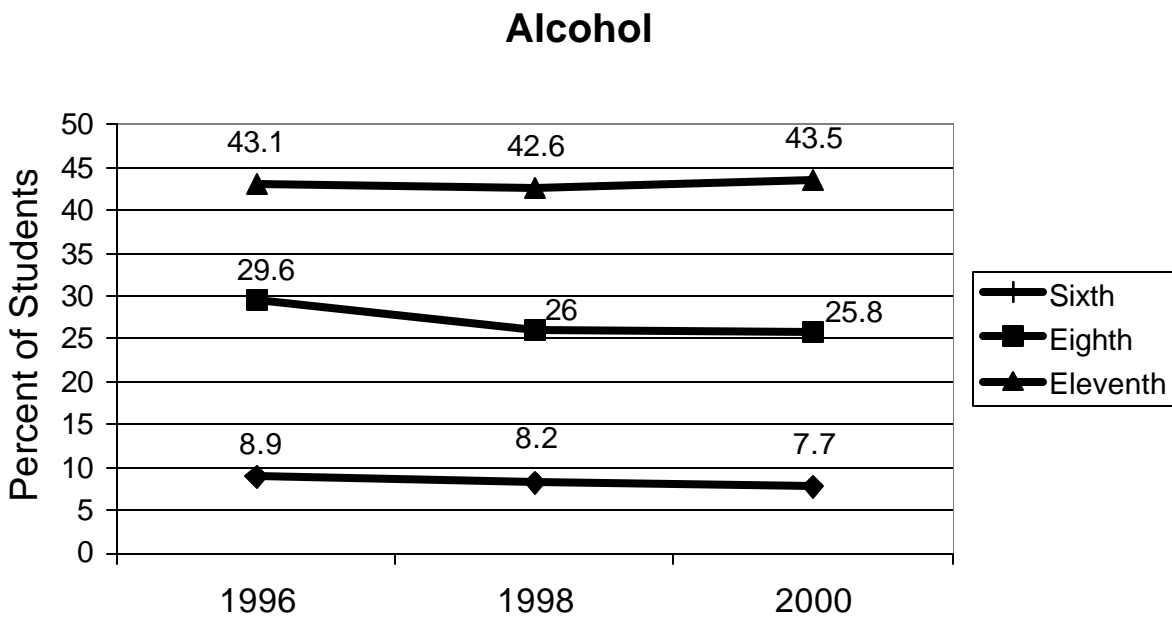
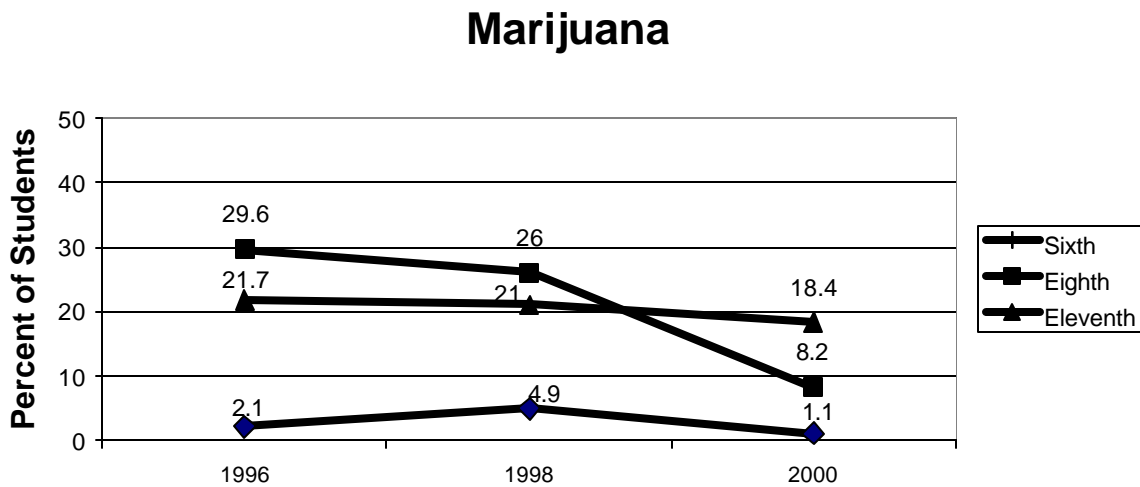


Figure 3. Reported Marijuana Use Pre-SICA (1996), at Baseline (1998) and at Year Two Implementation (2000)



B. What Influenced State-level Outcomes?

B1. Pre-Existing Context

One of the key influences on SICA outcomes was the existing collaborative base in the state. Respondents suggested that Oregon brought to the SICA a mixed history in terms of collaboration around prevention. While a number of success stories were evident (e.g., the Interagency Agreement signed in 1998, coordinated training and conferences between OADAP, DOE, and other state agencies, and collaboration to implement and support the Oregon Together! and tobacco coalitions) there was clearly a need for more systematic coordination of prevention efforts. Key respondents at the state and county levels characterized Oregon’s collaborative history as “pockets” of collaboration (around specific issues, funding allocations, or programs) but as lacking a system-wide collaborative focus on prevention. The SICA was perceived by many as a key factor in moving the state toward this goal.

Respondents indicated that the primary challenges to systemic coordinated efforts at the state level were related to struggles over funding and resources and difficulties in forming a common goal related to prevention, given different agency priorities (often legislatively mandated). Developing a common goal was perceived as difficult, in part, because of continued difficulties in developing shared language around prevention. For example, many respondents were dissatisfied with including a focus on high-risk youth (e.g., youth already involved in juvenile justice systems) in discussions of “prevention” programming.

Further, Oregon, like many other states, is also home to a growing immigrant population, including people of Hispanic, Asian, and Russian descent. Respondents viewed these populations as posing new challenges to providers and policy makers in terms of outreach and communication and development of appropriate prevention services.

Also important to understanding the collaborative context for SICA implementation are the prevention- related policies that have been enacted both before and during the SICA project. These policies, and their perceived impact on prevention efforts, are described in Table 5, below. As can be seen, the majority of these policy initiatives were seen by respondents as having positive impacts on prevention, and were seen as supporting SICA’s efforts at systems change.

Table 5. Recent Oregon Policies Impacting the SICA

Policy	Year Enacted	Description	Perceived Impact on Prevention
Drug Free Workplace Act	1988, 1998	The Drug Free Workplace Act establishes the following provisions: <ul style="list-style-type: none"> A. Prohibiting the manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace B. Encouraging employee use of the Employee Assistance Program C. Granting of leave with or without pay to permit any employee who so requests to participate in a drug abuse rehabilitation program D. And other provisions 	Positive
Commission on Children and Families (CCF)	1993	CCF was established in 1993 by the Oregon Legislature to empower communities to support children and their families. The agenda laid out for CCF is to: <ul style="list-style-type: none"> A. Encourage wellness B. Empower local decision-making C. Build collaborative partnerships D. Hold communities to accountability and results around Benchmarks 	Positive
Measure 11 (Juvenile Mandatory Sentencing)	1995	Measure 11 requires mandatory sentencing for Oregon youth who commit certain crimes against persons.	Mixed
Medical Marijuana Act	1998	The Oregon Medical Marijuana Act allows patients to possess small amounts of marijuana and use it for medicinal purposes if their doctors recommend it for certain diseases or conditions.	Mixed
Measure 44 (Tobacco Tax)	1999	Measure 11 provided the structure for a new sales tax on tobacco products for the purpose of generating funds to support Tobacco cessation, use reduction and prevention programming.	Positive

Policy	Year Enacted	Description	Perceived Impact on Prevention
Minors in Possession Act (Tobacco)	Revised in 1999	States that it unlawful for any person under 18 years of age to possess tobacco products.	Positive
SB 555	1999	<p>SB 555 is a comprehensive investment policy for Oregon’s youth and families. Its major policy elements are outline below:</p> <ul style="list-style-type: none"> A. A defined role for the state and local commissions on children and families in coordinating and facilitating the development of a comprehensive plan for children ages 0–18 years and their families B. An initiative to reduce juvenile crime through coordinated state-local strategies targeted at high-risk youth as one part of the coordinated comprehensive plan C. The development of an early childhood system of supports as another part of the plan D. Improvements in the efficacy and appropriateness of alcohol and drug prevention and treatment services for youth and families as a third part of the plan 	Positive

One strength described by respondents in terms of Oregon’s prevention context was a history of strong political leadership around ATOD prevention, and most respondents described Oregon communities as well aware of the need for prevention, the problems associated with ATOD use, and the relationship of ATOD to other social problems. This awareness was generally attributed by respondents to state efforts such as the Oregon Together! Coalitions, which have been active since 1990. The Oregon Together! Coalitions, which are based on the Hawkins & Catalano “Communities that Care” framework, were also seen as providing support for systems changes related to increasing research-based practices.

At the same time however, two issues were raised that were seen a challenges to SICA. The first was the acknowledgement that although many policy makers, providers, and community makers are educated about the importance of prevention, there was still an over-riding “crisis” mentality when it comes to allocation of dollars (e.g., dealing with existing juvenile crime and substance abuse rather than preventing it). Additionally, respondents discussed the need for further clarification of the *definition of prevention* at the state and community levels. Much of this confusion was attributed to the state’s merging of the SICA ATOD prevention effort with the Governor’s Juvenile Crime Prevention plan (JCP), which focuses on intervention to youth already involved with the justice system (“indicated” and “selected” prevention, rather than universal).

B2. SICA Advisory Board Formation

One of the key pathways for supporting state-level systems change was the SICA Advisory Board. This group, comprised of key state agency representatives (often the directors), community leaders, and elected officials, was responsible both for oversight of the SICA project, but also for representing and supporting both SICA efforts and ATOD prevention in general, within their own agency or county. The extent to which the Advisory Board fulfilled its mission could thus be expected to influence SICA's success, especially at the state level.

During the first year of the SICA, Advisory Board members expressed considerable confusion about their roles as well as the goals of the SICA, especially in relationship to the Juvenile Crime Prevention plan. Members expressed dissatisfaction with the lack of progress and efficiency of the Advisory Board, and it was clear that clarification of members' roles and improvements in how the Board functioned were needed.

Several of these improvements were made in the second year. The table below details some of the changes that were noted in the Advisory Board from 1998 to 1999. Interestingly, the one area in which Advisory Board members reported that functioning worsened was related to participation, which in fact did drop off during the last year, perhaps leaving the persons who were most closely connected to the SICA project.

Table 6. SICA Advisory Board Functioning

The SICA Advisory Board:	% Agree	
	1998	1999
a. Agrees on the SICA goals	21%	50%
b. Has members who are committed to SICA goals	43%	64%
c. Makes efficient and timely progress	64%	80%
d. Has strong and effective leadership	71%	86%
e. Represents key state agencies	64%	85%
f. Represents other key constituencies	36%	50%
g. Represents Oregon's cultural diversity	16%	43%
h. Has a problem with member participation	7%	57%

During the second round of state key respondent interviews, respondents continued to report some ambiguity in terms of Advisory Board roles in relationship to the SICA project. Some improvements were noted, however, specifically the formation of subcommittees to work on different specific issues. This occurred in the spring of 1999 in response to issues raised by the evaluation; specifically, from the results of the first round of Advisory Board surveys and state key respondent interviews that suggested members wanted to have more clear-cut, task-oriented work.

Overall, then, the SICA's Advisory Board can best be characterized as having mixed success. Problems with the lack of clarity of goals and the absence of clear directives for the role of Advisory Board members may have contributed to a drop-off in attendance, especially among those less directly involved with the SICA, JCP, or SB555 in the final year. On the other hand, the SICA Board did appear to play an important role as a forum for exchange of information about the SICA project, and as a mechanism through which concerns and questions about the SICA project could be addressed.

B3. Key Stakeholder Buy-In

In order for SICA to be successful and sustainable, state agency staff and leadership, as well as Advisory Board members needed to "buy into" the importance of the key SICA objectives. During the initial round of data collection, respondents identified a number of challenges to achieving a high level of buy-in and support for SICA's goals related to enhancing coordination, including a lack of clarity around SICA goals and objectives, concerns about long-term sustainability, need for increased communication between state agencies, and concerns regarding the integration of SICA with the Juvenile Crime Prevention plan. At the subsequent interviews, respondents revisited these issues and discussed progress.

Respondents almost unilaterally reported that significant progress had been made in terms of clarifying SICA goals, objectives, and expectations, "The [SICA] has defined its role much more clearly this year through spelling out the mission and planning for the future." Credit for this increased clarity was generally given to the state agencies, especially OADAP personnel, as well Senate Bill 555, which more clearly distinguished the roles of various state agencies (see below). By the second round of interviews, confusion related to the Juvenile Crime Prevention Plan, and how it related to SICA was mostly alleviated, although several respondents continued to raise concern about the shift in emphasis to high-risk youth.

Concerns about sustainability, perhaps not surprisingly, increased during the second round of interviews, as respondents wondered what would happen to SICA, the SICA coordinators, and the SICA Advisory Board after the grant was gone.

Finally, it is important to note that a number of respondents mentioned that they felt that two key state agency players, the Mental Health and Developmental Disabilities Services Division and the Department of Education, were not as integrated into the SICA project as they should have been. Further, several commented that these players were also absent at the county level: "mental health and education are out in their own little world." It should be noted that Department of Education staff were present at a number of SICA advisory board meetings; however, personnel from the Department of Mental Health, although invited and actively courted initially, did not participate in the SICA process.

Another major SICA goal was In terms of understanding SICA goals related to increasing the use of research-based practices. Generally, state key respondents generally showed a high level of commitment to the important of research-based programs. 19 (51%) reported an unequivocal commitment to research-based practices; the remainder were all highly supportive of research-based programming, but added certain caveats, such as: "It's very important to do strong work around "best-practices," but we need to combine it with practical "best-practices" and "there has to be a balance between academics and real life common sense." Persons in this latter group

tended to have a more nuanced view of the concept of research-based practices. For example, these respondents questioned the unequivocal acceptance of “off-the-shelf” programs, emphasizing the importance of local adaptations and flexibility. These respondents also emphasized the need to retain some flexibility to try new strategies even if untested. At the same time, most understood the potential dangers of watering down effective models and the importance of program fidelity to successful outcomes.

B4. Advocacy

In order for SICA to most effectively reach its goals, respondents indicated that it was important for stakeholders to not just understand and “buy in” to SICA goals, but to actively advocate for these goals within their own local or state-level domain. However, this advocacy did not always occur. For example, there was little consensus about the proper role of the Advisory Board in terms of actively promoting SICA’s agenda. Many respondents felt like the Board members were not doing enough, but also reported that they were not sure what was expected of them. Further, perhaps reflecting other interagency “turf” issues, many respondents indicated that a particular challenge was the perception that SICA was an OADAP-based program, and therefore was the responsibility of OADAP staff in terms of promoting its agenda. A few suggested that there was insufficient work on the part of OADAP to coordinate with other, existing coordination efforts (such as tobacco), and criticized the constant focus on coordination and planning to the exclusion of better and more programming efforts. These respondents were generally in the minority, however, as overall stakeholders from different agencies and representing quite different constituencies indicated a shared belief in the importance of both coordination and use of research-based projects. These shared beliefs appeared to be having some effects in terms of building an expectation that agencies, both state and local, would work together on these issues.

B5. State Actions

Also important to SICA’s success were the extent and type of actions taken by the state to support SICA’s goals. The primary state-level activities that appear to have had a significant influence of SICA’s success included:

1. Providing training to SICA coordinators and others (including the staff of other agencies) related to coordination, planning, and other topics.
2. Providing trainings to SICA coordinators and others (including the staff of other agencies) related to best practices programs.
3. The development and passage of SB555.
4. The development and passage of the JCP.
5. Initiating work toward integrated planning processes as called for in SB555.

B6. Summary of Statewide Systems Change Outcomes and Challenges

In summary, it appears that SICA has had some significant positive outcomes in terms of systems changes occurring at the state level. In particular, state agencies appear to be:

- Interacting more frequently with each other.
- Engaging in more prevention-related activities.
- Engaging in more collaborative activities (e.g., joint training, planning, etc.).
- More knowledgeable about each other's prevention-related activities.
- Working together to facilitate joint planning processes at the county level.
- Working together to support the use of research-based "best practices" programs.

These successes can be attributed to a variety of factors, some of which can be linked directly to SICA's implementation, including:

- A relatively strong history of collaboration between state agencies, and strong leadership to support this work.
- Relatively high levels of "buy-in" from key state agency stakeholders as to the importance of both coordination and research-based best practices.
- Opportunities to share information and work to clarify SICA goals provided by the Advisory Board meetings.
- Concurrent policy initiatives, in particular the JCP and SB555, that supported enhanced coordination of programming and planning.
- Efforts by SICA program staff to advocate and facilitate coordination between state agencies and, especially, to support coordination between these concurrent policy initiatives.

Challenges still remaining for statewide systems change include:

- Continued role clarification and communication between state agencies about multiple prevention and coordination efforts.
- Continued challenges related to multiple concurrent planning and reporting requirements.
- Continued challenges to build shared definitions of key concepts such as "prevention" and "best practices."
- Continued struggles over resources and resource allocation.

IV. County/Tribal Level Implementation & Systems Outcomes

A. County/Tribal Outcomes

Below we summarize the key SICA outcomes at the county/tribal level for the sample of counties included in the evaluation. Outcomes are presented for each of the four major systems change areas targeted by SICA: (1) coordinated planning; (2) coordinated programming; (3) use of research-based “best practices;” and (4) enhanced resources for prevention. Specific outcomes and issues for each county can be found in the “County Systems Change Summaries” in Appendix A.

As described previously, the following results are based on interviews and surveys conducted early in SICA’s implementation (fall 1998/winter 1999) and again in the second year of implementation (summer/fall 2000). Before presenting these results, however, it is important to be clear about how various levels of outcomes were defined in our analysis of the qualitative interviews. For the purposes of this analysis, respondents’ comments were characterized as follows:

“High” levels of outcomes were defined as responses indicating significant change or improvements *and/or* currently high levels of functioning, e.g.: “[This has been] the first time we had all the agencies with some role in A & D working together in a coordinated way. That was a huge change from what we had done historically.”

“Moderate” levels of outcomes were defined as responses indicating that progress was mixed, some aspects of functioning were positive but improvements were still needed, *and/or* that current functioning was of moderately good quality, e.g.: “The county is aware of the coordination of efforts already going on, and there are people at the table who probably never would’ve come together and made partners of people who never would have been partners before. We’ve made progress but we still have a ways to go.”

“Low” levels of outcomes were defined as responses indicating no or very little progress or improvement *and* that current functioning was still in need of significant improvement, e.g.: “I have not seen SICA bring anyone to the table. There has been no planning during the past year.”

Table 7 summarizes the outcomes at the county/tribal level for each outcome area. Overall, it appears that the most consistently positive outcomes were in the area of coordinated planning. This is not surprising, given the confluence of policy initiatives supporting coordinated planning processes, including SICA, JCP and SB555. Counties and tribes also reported significant improvements in coordinated programming, although there were more counties in which respondents’ perceptions of improvements were somewhat mixed. Coordinated programming, while related to planning, may be somewhat more time-consuming to achieve in that it requires continued, ongoing communication about program efforts, plus an ability to share resources and overcome “turf” issues.

Counties generally reported at least moderate improvements in terms of the use of research-based practices. Although clearly the support of research-based practices was an important SICA goal, the primary project emphasis during the first two years was on facilitating coordination and coordinated planning. Trainings and other materials supportive of enhancing research-based programs were provided, but there were fewer clear mandates from the state in terms of the work that SICA coordinators were expected to do in regards to facilitating best practices. Finally, no counties reported “high” levels of outcomes in terms of enhanced resources, although most reported moderate improvements, in part because of the direct \$50,000 provided by SICA itself. Again, SICA coordinators did not have a clear mandate in terms of how they were to work to enhance resources, although in many cases enhanced coordination of programming efforts was reported to lead to leveraging of funds across agencies and reduction of duplication.

Table 7. Number of Counties with High, Medium, and Low Outcomes

Columns represent the number of counties in which the majority of the open-ended responses for the county were characterized as either high, medium, or low outcome achievement.

Outcome	High	Medium	Low	Mixed*
Coordination of Planning	38% (5)	31% (4)	8% (1)	23% (3) ¹
Coordination of Programs	38% (5)	15% (2)	8% (1)	38% (5) ²
Research-Based Programs	15% (2)	46% (6)	15% (2)	23% (3) ³
Resources for Programming/Prevention**	0%	61% (8)	31% (4)	8% (1) ⁴

*Responses for the county were mixed; there was no clear majority of responses:

¹3 were split evenly between “medium” and “high” outcomes.

²2 were split between “low” and “medium” outcomes. 3 were split between “medium” and “high” outcomes

³2 were split between “medium” and “low” outcomes. 1 was evenly split between all three categories.

⁴Split between “medium” and “high” outcomes.

**Relatively few (27) of the respondents had codeable responses for this outcome. This is likely because most of the respondents were not involved in activities related to enhancing resources for prevention.

A1. Coordination of Planning

In general, counties reported significant improvements in terms of coordinated planning. Specifically:

- 43% of respondents across the state indicated a significant, positive improvement and/or a high level of functioning in the coordination of planning efforts.
- 42% indicated that there were moderate improvements and/or quality in this area.
- 15% indicated there were few improvements and that the quality of coordinated planning was poor.
- Overall, agencies reported engaging in more joint planning activities at the time of the second interview, although these were not necessarily specific to ATOD prevention.

In addition, results suggested that:

- Agencies were more engaged in general needs assessment and planning.
- Agencies indicated that their mission statements and activities were focusing more on prevention.

However, agency directors did not report marked changes in terms of:

- Engaging in more strategic planning around prevention
- Conducting more joint planning

A2. Coordination of Programs

Counties also reported positive changes in terms of coordination of programs. Specifically:

- 48% of respondents across the state indicated a significant, positive improvement and/or a high level of functioning in the coordination of programming efforts.
- 39% indicated that there were moderate improvements and/or quality in this area.
- 13% indicated there were few improvements and that the quality of coordinated planning was poor.

Results also suggested that during SICA's second year:

- Agencies were more engaged in coordination of programming efforts
- Agencies were more engaged in changing or expanding existing prevention programs
- Agencies added more new prevention programs
- Agencies reported a shift in agency mission/philosophy toward a more prevention-supportive orientation

Changes were *not* seen in terms of:

- Identification of new/underserved areas or populations
- Providing additional prevention training
- Joint outreach efforts
- Joint publicity/public relations campaigns
- Providing prevention technical assistance

Finally, as an indicator of a generally enhanced collaborative climate, agencies reported substantial increases in the number of both formal and informal interagency agreements in place. Informal agreements refer to any kind of collaborative partnerships that were seen as important by agency directors, but which were not formally document through interagency agreements or other written understandings. These are detailed in Table 8, below.

Table 8: Number of Interagency Agreements at Baseline and Year 2

	Number of Agreements at Time 1	Number of Agreements at Time 2	Percent Increase
Formal Agreements	42	57	+36%
Informal Agreements	63	91	+44%

A3. Use of Research-Based Programs

While somewhat fewer county and tribal level respondents indicated “high” levels of outcomes in terms of the use of research-based practices (compared to coordination outcomes), over ¾ of respondents reported either high or moderate levels of improvement over time. Specifically:

- 31% of respondents across the state indicated a significant, positive improvement and/or a high level of use of research-based programs in their counties.
- 48% indicated that there were moderate improvements in this area
- 21% indicated there was little change and relatively low levels of use of research-based programs.

A4. Resources for Programming and Prevention

Assessing outcomes in this area was somewhat more difficult. Relatively few (27) of respondents had codeable responses in this area, making generalizations more difficult. Most respondents did not perceive resource enhancement as a key aspect of the SICA project activities, and therefore, fewer answers were related to this goal. However, many respondents did indicate at least some modest improvements in this area, specifically:

- 15% of respondents across the state indicated a significant, positive improvement and/or a high level of resources available for prevention programming.
- 63% indicated that there were moderate improvements in this area.
- 23% indicated there were few improvements and few resources available for prevention programming.

Agency directors also reported on changes in budgeted amounts for prevention. Results (see Table 9 below) suggest that overall there were some increases in resources available to counties and tribes for prevention. Clearly, SICA itself, with its \$50,000 per year in resources to counties is at least partly responsible for these increases.

Table 9: Resources Available to Counties for Prevention

Since last year, this agency's budgeted amount for prevention has...	Time 1	Time 2
Increased a lot	3 (25%)	5 (42%)
Increased a little	7 (58%)	7 (48%)
Stayed the same	2 (17%)	0
Decreased a little	0	0
Decreased a lot	0	0

Agency directors were also asked about the extent to which they engaged in a variety of activities related to resource allocation and coordination. Results suggested that:

- Agencies were engaged in more leveraging of funds
- Agencies were engaged in more coordination of funds
- Agencies were involved in more joint staff training

- Agencies were more involved in developing or refining their procedures for allocating resources

Change was not seen in terms of:

- Resource assessment activities
- Re-allocation of funds to support prevention
- Joint funding of programs
- Joint supervision of staff
- Pursuing more outside grants to support prevention

B. What Influenced County/Tribal-Level Outcomes?

The influence of a number of different implementation variables, including county and coordinator characteristics, on SICA outcomes was investigated. The following characteristics appeared to influence the levels of outcomes achieved by counties for most of the four outcome areas.

B1. County/Tribal Context

1. **Initial level of implementation:** Counties that were high functioning at baseline tended to have more positive outcomes. These counties also tended to have coordinators that had a higher level of buy-in to SICA goals, specifically in terms of being more knowledgeable about SICA's coordination goals. Further, these counties were characterized by local agencies that expressed a high level of empowerment to manage and take leadership in terms of coordination efforts. Finally, counties that were higher functioning at baseline also tended to have greater buy-in from both key county agencies and from county commissioners and other elected officials.
2. **Urban/Rural:** Mixed urban/rural counties (e.g., Clackamas, Lane) had more positive outcomes in terms of both enhancement of resources and use of research-based programs, compared to rural counties. County stakeholders in mixed urban/rural communities also tended to have higher levels of buy-in to SICA goals, and greater knowledge of SICA's goals around research-based practices.
3. **Community prevention context:** Counties characterized as having a high level of awareness of science-based practices at baseline tended to have more positive outcomes. These counties also tended to have higher levels of agency buy-in to SICA goals and objectives.
4. **Use of SICA funding:** Counties using SICA money for coordination only (rather than programming) had more positive outcomes. Counties using money for coordination only also tended to have coordinators with more knowledge of SICA goals, higher levels of coordinator buy-in to SICA goals, greater community agency buy-in for SICA goals,

local agencies with greater authority and empowerment to coordinate within the community, and higher buy-in from elected officials.

B2. Coordinator Characteristics

1. **Coordinators' experience in prevention:** Stakeholders indicated more positive outcomes for counties with coordinators with 4 or more years of experience, compared to those with less than one year of experience. These coordinators also tended to have more knowledge of SICA goals, and the counties in which they worked were characterized by higher levels of key agency buy-in to SICA goals.
2. **Number of coordinators:** Counties with a single coordinator throughout the 2-year evaluation period were reported as having more positive outcomes than in which there was turnover of the coordinators.
3. **Agency affiliation of coordinator:** The agency affiliation of the coordinator influenced different outcomes in different ways. For outcomes related to coordinated planning, Stakeholders indicated more positive outcomes for counties in which coordinators were affiliated with the Department of Human Services, compared to coordinators funded through CCF or private providers. However, for outcomes related to coordination of programming and for enhancement of program resources, counties in which coordinators were affiliated with CCF had more positive outcomes. Interestingly, coordinators located within CCF tended to be less knowledgeable, compared to DHS-affiliated coordinators, about SICA's coordination goals, but more knowledgeable about SICA's goals to enhance research-based programming.

B3. Coordinator roles

The roles that SICA coordinators assumed within their counties were importantly related to outcomes. In particular, we found that the following roles influenced county outcomes.

1. **Coordinator service provision:** Counties in which the coordinators not involved in providing services had more positive outcomes in terms of enhanced coordination of *planning*; however, counties in which coordinators were involved in both coordination and program provision had more positive outcomes in terms of coordination of *programming*.
2. **Coordinator planning:** Counties in which coordinators were directly involved in doing planning had more positive outcomes in terms of coordinated planning
3. **Coordinator involvement in grant writing, advocacy, and providing TA:** Coordinators involved in these activities had more positive outcomes in terms of programmatic-type outcomes: coordination of programming, use of research-based programs, and enhancement of resources. Coordinators engaged in these activities also tended to have more knowledge and buy-in to SICA goals.
4. **Coordinator advocacy:** Coordinator advocacy activities were also related to levels of community buy-in: Stakeholders and elected officials in counties in which coordinators saw advocacy as a primary role were more knowledgeable about SICA goals and believed them to be more important.

5. **Coordination participation in committees:** Counties in which coordinators participated on three or fewer committees had better outcomes than counties in which coordinators participated in five or more committees.
6. **Coordinator involvement in program implementation:** Counties in which the coordinators were involved in few (one or fewer) program implementation efforts had more positive outcomes compared to those in which two or more programs were being implemented. Coordinators in counties with fewer implementation efforts also tended to be more knowledgeable about SICA coordination goals.

V. Possible Alternative Explanations for SICA Effects

Because SICA was a statewide effort, there is no “comparison group” that did not receive SICA that would help us to know with certainty which of the outcomes described above can actually be attributed to the SICA effort. It is possible, for example, that such changes would have happened had SICA not been implemented. However, a more likely scenario is that SICA effects are at least partly attributable to other, concurrent efforts with similar goals; in particular, the Juvenile Crime Prevention Plan activities and the coordination mandated by SB555¹. It is quite difficult to disentangle the effects of these three initiatives, especially because SICA was designed to be integrally related to both efforts. However, it is important to understand that these three efforts, rather than being parallel to each other, were, themselves coordinated, at least in theory. As one respondent commented, “[Ideally] SICA is the thread that ties all the different groups together.” Thus, they were designed to support each other and to strengthen the overall effects that could be expected.

Respondents at both the state and local level commented extensively on these three initiatives, noting problems and strengths. Initially, there was considerable confusion and concern that integrating SICA with the Governor’s Juvenile Crime Prevention plan would focus efforts away from universal prevention and toward an exclusive focus on high-risk youth, and in particular on adolescents rather than on younger children. These fears appear to have been largely unfounded, as most counties are engaged in both planning and programming efforts including both populations. Others were concerned that the emphasis on juvenile crime would siphon resources from ATOD prevention; again, this does not appear to be the case for most counties.

Despite the desire to coordinate and integrate SICA and the JCP, however, early efforts varied in success. In 1999, counties were working on plans for both the Office of Alcohol and Drug Abuse Programs and for JCP, and for most counties these were conducted as parallel processes, rather than being integrated. Further, there were significant variations between counties in terms of the SICA coordinator’s involvement in the JCP planning process. In some counties, the SICA coordinator was not involved at all, while in others the SICA coordinator played a lead role. Respondents described some confusion in terms of a lack of clarity from the state as to the appropriate role of the SICA coordinator in this process. Often, planning processes were more coordinated if both efforts were being facilitated by the same county agency (most frequently, the Commission on Children and Families, in these cases). Respondents also expressed considerable frustration that the state agencies had failed to come up with common planning processes, due dates and protocols. However, these concerns are currently being addressed at the state level in an attempt to avoid such parallel processes in the future. Planning efforts around SB555 appear to be moving more smoothly, although not completely without confusion. The majority of respondents indicated that with the impetus of SB555, coordination had increased and the planning processes were moving more smoothly, and in most cases the SICA coordinator appears to be playing a key role in these activities, bringing the ATOD prevention perspective “to the table” and working to facilitate the process.

¹ Additionally, two counties, Clackamas County and Lane County, were involved in separately-funded Comprehensive Planning grants.

Thus, although it is impossible to clearly separate the individual effects of each of these efforts, there is good evidence that these outcomes would not have been achieved without the influence of the SICA project. Rather, SICA served both to build some groundwork necessary for JCP and SB555 efforts to be successful, as well as providing key resources (in the form of the SICA coordinator) to enable and support these other efforts.

VI. Summary and Recommendations

Summary of Outcomes

The SICA project appears to have had considerable success, at both the state and county levels, at increasing coordination around planning and programming, and to a somewhat lesser extent, enhancing resources and research-based programs. The coordination successes reflect the emphasis during the first two years on this area. Although the other two areas were not neglected, the primary activities and program focus was on enhancing coordination. At both the state and county level, improvements were integrally linked to the JCP efforts and to SB555. These three initiatives, together, led to documented changes in the nature and quality of interactions between key state and county agencies. Further, both state and county agencies reported an increase in prevention-related activities, and shifts toward a more prevention-oriented mission. These systems changes, if maintained, have the potential to provide a strong foundation for a stronger, more coordinated, and higher quality system of prevention programs, and ultimately, to reductions in ATOD use among Oregon's youth.

Recommendations and “Lessons Learned”

As SICA moves into its third year of implementation, several “lessons learned” from this evaluation may help to support its continued success.

1. First, it is clear that **clarification of roles and clear expectations** were a key to success at both the state and local levels. To the extent that agency directors, SICA coordinators, and elected officials were unclear about SICA's goals and their role in helping to reach those goals, SICA was generally less successful. It will be important for SICA project staff at the state level, as well as SICA coordinators locally, to continue to clearly articulate SICA's goals and to have a clear understanding of what is expected of them in terms of supporting those goals. To the extent that state-level project staff can more clearly articulate their expectations about what coordinators should be doing in terms of supporting research-based practices and resources enhancement, greater gains might be seen in those areas.
2. Second, the state will need to continue to work to **model collaboration and coordination** at the state level by ensuring that planning and reporting requirements are streamlined and coordinated. Additional work to ensure that concurrent policy initiatives, such as JCP and SB555 are well coordinated and will be critical to maintaining systems changes. Efforts may also be needed to more fully integrate the work of tobacco coordinators with the work of the SICA coordinators at the local level.
3. Third, having individuals at both the state and local levels who continue to **advocate** for enhanced coordination, increased resources for prevention, and for implementation of best-practices programs is clearly important to SICA's continued success. Such individuals also played an important role in keeping SICA and ATOD prevention “at the table” during various planning initiatives.
4. Fourth, it may be important to **support SICA coordinators to focus their efforts** in a few key areas. More successful counties tended to be those in which resources were

dedicated to coordination, rather than used for both coordination and programming, and in which coordinators spent less time providing services, and were involved in relatively fewer committees. This could imply that having a single role (coordination and advocacy for research-based programs) rather than balancing multiple roles, committee work, and other activities is important to supporting SICA outcomes.

5. Finally, it will be important at both the state and local levels for key stakeholders to be able to creatively *work through issues related to “turf” and resource allocation*, and to continue to work toward shared understanding of such central issues such as the meaning of “prevention,” who should or can be the target of prevention efforts, and how various prevention efforts can find the common ground necessary for truly integrated, non-duplicative prevention systems for youth.

Appendix A: County & Tribe Systems Outcome Summaries

Clackamas County Systems Outcomes Summary

Clackamas County is situated in the North Willamette Valley and covers 1879 square miles, encompassing both urban and rural communities that support a predominantly white population of over 326,000. Agriculture, metals manufacturing, trucking and warehousing, nursery stock, retail services, and wholesale trade and construction provide a strong economic base for the county, which boasts a low unemployment rate of 4 percent. The SICA coordinator, bringing two years of experience to the position, is housed with the local Commission for Children and Families (CCF) and oversees the expenditure of SICA funds, which have been dedicated to coordination activities.

In general, key respondents in this county felt a major benefit to prevention efforts has been the county's long history of successful collaboration, as well as the fact that nearly all the key organizations, agencies, and entities that have an interest in these efforts were already at the planning table from the start. As one stated, "we already have a lot of collaboration going on; the players are at the table." Additionally, strong leadership from the SICA coordinator has been instrumental in identifying new partners and bringing them into the process. The local CCF has demonstrated strong fiscal leadership in utilizing funds for community engagement and mobilization activities.

Several factors influencing collaboration have presented this county with some critical challenges. Geographically, Clackamas County encompasses wide diversity in socio-economic conditions, levels of existing resources, and philosophies and skills in managing those resources, making comprehensive planning that addresses the distinctly different needs in all the county's communities more difficult to achieve: "What works in West Linn (suburban Portland) won't work in Estacada (a small rural community)." Differing levels of commitment from members of major organizations and coalitions (school districts; Oregon Together!) have resulted in inconsistent participation in planning efforts by these groups. Stakeholders report that conflicting attitudes at the state level regarding the value of preventative action, such as asset building in youth, versus more punitive measures, like providing more jail space, have impacted the consensus building process at the county level, hindering further development of important relationships between key players.

Serious concern was expressed regarding levels of funding for various efforts. Overall, it was felt that lack of adequate funding could prove to be the undoing of much of the progress that has been made in the past few years. It was also felt that the state should work toward providing more specific grant funding to continue projects that have been seeded out of major grant money received by the county. Specific examples were provided of how projects or positions created out of seed money have become vital components of the overall prevention efforts, but have been lost due to the lack of continuation funding. The result has been discouragement, gaps in service provision, conflictual relationships, and a counter-productive process of having to recreate what once was in place, if and when new money is found. Doubt was expressed regarding the ability of the SICA position to be successful without continued funding.

Another important success that has been realized through the SICA project is the revitalization of the Oregon Together! groups. The SICA project is credited with providing the funding and the

impetus to invest in community mobilization efforts, resulting in the reorganization of the existing six coalitions, and the creation of an additional three groups. “The Commission was willing to put money into the coalitions and that impetus probably would not have been there before.” The SICA coordinator has been closely involved with these efforts, and works closely with the people in the communities, clarifying roles and responsibilities, and helping with the coordination of various activities.

Stakeholders generally reported medium-to-high levels of outcomes for Clackamas County in terms of the key outcomes of coordinated planning, coordinated programming, increased use of research-based practices, and enhanced resources. Data also suggest that these successes can be attributed to relatively high levels of coordinator and community buy-in and knowledge of SICA goals, a focus for the SICA coordinator on planning and coordination, and solid support for the use of research-based practices in programming efforts.

Deschutes County

Systems Outcomes Summary

Deschutes is a large county in central Oregon covering 3055 square miles, hosting a predominantly white population of more than 106,000 people in both urban and rural communities. Economically, Deschutes is stable, maintaining a relatively low unemployment rate of 7 percent. Primary industries include lumber, agriculture, and tourism. SICA funds are used for coordination of prevention activities and flow through the local CCF office, which is also home for the SICA coordinator.

Prevention is not a new idea in Deschutes County, and respondents report existing factors that have allowed the county to make a strong start include a deep commitment to youth, a clear vision for prevention, and healthy working relationships with agency personnel, as well as the community in general. As one respondent reports, “We have a good vision for prevention. We know what it is that we really need to do. We haven’t had any resistance at all from the community. They are actually calling us to get involved and to find out what we are doing.” A strong commitment to prevention has been evidenced by a funding structure that allows for a continuous, albeit small, source of dollars dedicated to prevention efforts: “We have a variety of different funding sources that give us a little more money coming in that is earmarked for prevention services.” These factors, coupled with strong buy-in from elected officials and other key stakeholders, no doubt contributed to the high level of positive outcomes achieved in Deschutes County, especially in terms of enhancing coordinated planning and programming.

Certain challenges have arisen around data collection, offering an opportunity to see where collaboration may not be as strong as it could be. It was felt that the schools are not fully on board with the idea of prevention and have not been as cooperative as they could have been in collecting and sharing vital data with county prevention personnel. An additional concern is that without this important data, funding opportunities may be missed. In the words of one respondent, “Right now in thinking about funding in our prevention office, in our town we are having obstacles in gathering data from our school district. There’s a ‘let’s not bring it up to the kids,’ attitude.” Other groups that are seen as challenging in eliciting participation are faith communities, corporate businesses, and youth.

A tremendous amount of progress has been made in planning coordination through the efforts of the SICA coordinator and other county personnel. Money from the Juvenile Crime Plan has been channeled into prevention efforts according to the IOM model, with all aspects of these efforts, as well as other A&D efforts, teen pregnancy efforts, and school retention efforts tied together by CCF’s comprehensive plan, which spans the next five years.

Prevention programming has also enjoyed more coordinated support as the community has taken responsibility for procuring replacement funding for support that was previously drawn from tobacco prevention funds. Awareness of the importance of prevention has increased dramatically, and reallocation of funds for prevention has been accomplished because of the emphasis being put on these efforts. One respondent says, “We haven’t gotten any new funding streams or anything like that, but money from other departments has been put toward prevention that would not have otherwise been allocated for prevention.”

An emphasis on the effectiveness of research-based practices has had important implications for policy making efforts, and has resulted in more thoughtful guidelines for funding decisions of different groups, as illustrated by the following comments of one respondent: “If we weren’t here, they might have done anything with that money. So being able to influence what other groups are doing policy-wise; being able to bring the latest research to groups and say, ‘This is important’.” More and more, only research-based programs are being considered for funding, ensuring the most favorable conditions possible for a positive impact on the community to be realized: “Everything everyone does is research-based. In our parenting projects, a lot of those types of things we are offering families we have dropped that aren’t research-based, and added some that are.”

Douglas County Systems Outcomes Summary

Douglas County is situated in southern Oregon, covering 5071 square miles of timberland. The nearly 100,700 people comprise a predominantly white, rural population. Primary industries include lumber, mining, agriculture, fishing, and recreation. Troubles plaguing the lumber industry in recent years have contributed to the moderate unemployment rate in this county of 9 percent. The SICA coordinator, bringing five years of experience in the prevention field to the position, is housed with a large private service provider, using SICA funds to implement strategies to coordinate prevention efforts. There have been two coordinators in Douglas County over the first two years.

A long-standing commitment to prevention and the strong relationship that has existed between schools and prevention specialists for many years give this county an edge in the field of prevention. An respondent says, “We have always worked with the school districts and so that relationship and that trust is there. They don’t worry about us when we come in to do things.” Key county officials have demonstrated a dedication to children and families and have taken action to ensure that prevention remains a priority in the county. As one respondent reports, “We have a county commissioner that actually has a heart for children and families and the prevention of risky behaviors and risk factors. Because of that, we have a grant that provides prevention specialists for the school districts.” Douglas County has a number of certified prevention specialists, a wealth of knowledge and experience unprecedented in the state. One respondent describes the county as follows: “We have been doing prevention for 21 years, growing from just one prevention specialist, to our current level of 13.”

While qualified personnel may not be lacking, it would appear that cooperation and collaboration are. Deeply entrenched turf issues cause tension between entities that should be partners in the prevention efforts, but function only amidst strained interactions and fragmented communication. As one respondent says, “(They) believed they were responsible for prevention activities for children and families, and their attitude is that ‘you can do all the school stuff, but we get to do the family stuff’ and so far they have tried to limit our research on family prevention activities. It’s a big political game. If they want to do their stuff, that’s fine, but they need to recognize that they need to do it in a way that allows the coordination to move forward.” Outcome data reflect this, with respondents in Douglas County generally describing moderate levels of accomplishments in terms of coordinated planning, and in terms of agency stakeholders knowledge of SICA’s goals in terms of enhancing research-based practices. Further, key stakeholders generally showed moderate to low levels of knowledge and buy-in about SICA’s coordination goals.

Initial attempts at planning were fraught with miscommunication with regards to the purpose of the planning efforts, culminating in the submission of what some respondents characterized as an “inferior” plan, and a reorganization of the LADPC: “Some people were outraged, and the LADPC was abolished and reestablished. The state didn’t accept the prevention plan, and rightfully so. The prevention proposed was one conference and a little in the school. Now we are doing it (over) again.” Some respondents expressed concern regarding the management of planning processes in some service provider organizations, blaming internal policy and high

turnover rates for the inability to coordinate with other entities: “(They) wish to be the sole supporting agency and get their back covered, and (they aren’t) interested in the things they should be interested in. They have a terrible middle management program. They have trouble keeping staff.”

Adding to these challenges is the large geographical area covered by this county and the lack of adequate transportation services. It is felt that the higher population centers are favored in the allocation of resources, while the outlying areas are neglected: “There is a feeling that Roseburg gets everything. We have a very large area to cover and making every area feel they are being included is a challenge. Our bus service is very limited in scope. It can be two hours from some of the towns to our county seat.”

One important lesson that has been learned from these struggles is the value of having everyone aware of what others are doing and planning. A resource manual of available resources has been published and respondents report this has been very helpful in opening doors for communication and creating opportunities for collaboration, especially in the community coalitions. The reorganized LADPC has become a strong force in pursuing grant money and facilitating communication between partners. Finally, coordinated planning efforts have begun, with SB555 providing the necessary structure to guide partners toward comprehensive, integrated planning that encompasses all arenas where prevention can have an impact in the lives of children and families.

Grant County Systems Outcomes Summary

Encompassing 4528 square miles of forested land, Grant County is located in Eastern Oregon. A predominantly white population of 8000 people lives in this rural setting, where the main industries are forestry, agriculture, hunting, livestock, and recreation. Unemployment is high in this county, running at approximately 14 percent. The SICA coordinator, hired with three years of experience, is housed with a private mental health services provider, and is primarily responsible for coordination of prevention activities, for which SICA funds have been dedicated.

A willingness to work together and to try new approaches have been the strong points of this county. Caring community members who want to make a difference have fueled the efforts to make prevention a priority, and have been instrumental in strengthening relationships between communities and key county agencies. One respondent reports, “There are a lot of community members who care about what happens to our youth. People want to make a difference. We have good working relationships with different groups.” A lot of communication was needed to inform people about SICA and the role of the SICA coordinator, and after a year of networking and educating people about the process, tangible success was realized through the county’s “Hands on the Wall” project. Several organizations and agencies worked closely with the schools to have children in grades kindergarten through four put painted handprints on a wall that was then signed by all the children as a pledge to abstain from substance use. This event marked the beginning of a new working relationship with schools, which previously had not been as involved with prevention efforts. This success was related by one respondent enthusiastically, “They (the schools) are willing to try something new. That’s exciting. The schools are starting to recognize (us) as a resource...they are starting to realize they need to do this.”

Strong community norms favoring alcohol use, especially in the outlying areas of the county, have posed a formidable challenge to prevention efforts: “(A huge challenge is) the unwillingness to change or acknowledge there is a problem; changing the denial of the existence of a problem.” Some key agency personnel are seen as not being supportive of prevention at the level needed to make efforts successful, and county law enforcement agencies have been left out of the planning process. This is reflected in respondents’ description of low levels of knowledge within key agencies about SICA goals, and low levels of buy-in from elected officials. Despite this, Grant County shows a pattern of positive coordination outcomes, perhaps due to the persistent efforts of the SICA coordinator to build on community support for prevention efforts.

Further challenges include achieving consensus regarding what constitutes prevention, and finding programs that are designed for rural communities, or programs that can be successfully adapted for the conditions specific to this county. One respondent says, “The biggest obstacle is having a clear definition of prevention. It’s different for everybody. Getting everybody on the same page is a goal of ours.” Regarding suitable programming, another respondent reports, “...because we are in a frontier rural setting, not a lot of programs are designed for that. Most of the successful strategies are designed for urban settings.”

Perseverance in the mission to bring people together around prevention has brought considerable progress toward resolving some of this county’s biggest challenges. A group called the

Community Link was formed to facilitate service integration and direct the newly formed ATOD prevention council. The primary goal of the Community Link is to define common ground for all prevention partners to stand on and have their voice heard in the process of designing a better prevention system. Assisted by this opportunity for dialogue and planning, the implementation of SB555 has proceeded smoothly: “We do a lot of work with CCF regarding SB555 and bring people together from (many agencies). This whole Community Link group does a lot of that coordination.” Another success realized from efforts instituted by the SICA project is the increased use of research-based programs, with programs being implemented in the schools, and for parenting education. Additionally, partners are more aware of the importance of prevention and are increasingly more willing to pool resources and go after grant money to fund programs and activities: “ We have been talking about collaborating and pooling our resources. The awareness has increased that this is something we should be doing more of. I think it will increase our grants in the near future.”

Harney County/Burns-Paiute Tribe Systems Outcomes Summary

Harney County is one of the larger counties in Oregon, covering 10,228 square miles of high desert land in the Eastern part of the state. The population of 7,600 is predominantly white, with most of the diversity in the county accounted for by the members of the Burns-Paiute Tribe. The 8% unemployment rate is moderate, with primary industries including forestry, manufacturing, livestock, and agriculture. Both the county and the tribe employ a SICA coordinator; the county coordinator, with one year of experience, is housed with the local office of the Commission on Children and Families, and the tribal coordinator, bringing 5 years of experience to the position, is housed within the tribal Department of Human Services. The primary duty of the county coordinator is to coordinate prevention activities and efforts, while the tribal coordinator has the dual responsibilities of both coordination and direct service delivery. Each entity administers its own SICA funding, and with each, funds are used for both coordination and programming.

When SICA was first initiated, the county and tribe agreed to hire a joint coordinator, and to pool the funds each would be receiving. As the process advanced, the Tribal Council became more and more dissatisfied with the existing circumstances in the county, and a decision was made to have separate coordinators and to utilize funds independently. One respondent said, “They (the Tribal Council) were unhappy with the county’s effort to do something with the joint funding...they (the county) didn’t like that. The county (didn’t) have a comprehensive plan and the Council didn’t like that. They were very tactful about separating out.”

Each entity has strengths that have allowed them to bring about positive changes, in spite of the decision to work separately. There are many people in the county who are well educated in these issues, and have come together for planning quite easily. There is a willingness to make the existing resources stretch, while problem-solving ways to increase those resources. As one respondent reports, “(We have) the ability to solve future problems that may arise with a cooperative agreement and the willingness to make do with what resources we have to accomplish our goals. The people we have to work with are very knowledgeable and experienced. Their educational background is superb.” There also exists an awareness of how various legislative decisions have positive consequences for the efforts they are trying to forward: “It’s not a kid problem. It’s a kid, parent, and community problem. The state is recognizing it. I see that in some of the new federal requirements. I see it in the debate on SB555. It makes for stronger statements about local comprehensive planning.”

The Tribal Council has been a strong agent of change within the tribe, and intertribal departments work well together. The fact that the reservation has been dry (alcohol free) for over 10 years helps maintain an environment where residents are motivated to continue prevention efforts and lead the next generation into a similar situation. Recent policy changes have helped to define the collaboration process. Regarding the Tribal Council, one respondent says, “When I came here...they had a lot of things going on that were really positive. The casino is alcohol free, and I was really impressed by that. The elders are active in revitalizing the culture. A lot of work was already started and there is a genuine desire to make a change.”

Challenges exist within each entity, as well as between them. Within the county, fragmentation of efforts was a major issue. Since the formation of the Commission and the mandate for comprehensive planning, certain key agencies in the county have refused to participate, and as a result, progress toward integrated planning has been slow. As one respondent reports, “In 1993, when they passed HB 2004, it was the creation of the commission and mandate for local comprehensive plans that said state agencies had to come to the table with their budgets. (Agency) said ‘no,’ and didn’t and haven’t done it.”

In the tribe, understaffing limits the services that can be offered to residents: “We have clinics with no clinicians.” Working with the schools has also presented challenges for the tribe. The lack of a Native American teacher has contributed significantly to the low success rate of tribal children. One respondent describes the situation this way, “... the local school district has never hired a Native teacher or counselor. They had an opportunity to hire a Native superintendent, but didn’t. That is another lost opportunity in my view.”

Historically, the relationship between county staff and the tribe has been a major challenge, draining away energy that could be put into collaborative prevention efforts. One respondent reports, “There has been some effort with Harney Partners around Red Ribbon Week, but that’s about it. Not a lot of collaborative effort. We have a lot of negative history to overcome. The county is resistant, and they want to retain control, and some people are under threat of being fired, and those are difficult things to overcome.”

Both entities can point to major successes as well, however. For the county, the formation of the Unified Services Team was a major victory, and community based efforts continue to be the driving force in making prevention a priority. The UST was instrumental in pulling together a memorandum of agreement between all key players that ensures their commitment to working together toward integrated planning until that goal is achieved. Agencies that had long been plagued by unqualified staff, high turnover, and poor leadership have been salvaged and are now functioning at an acceptable level. An increase in the flow of grant money into the county has provided the necessary resources to create new services and outreach efforts to continue community mobilization efforts.

In the tribe, parents and youth are starting to get involved with fundraising efforts to expand the variety of activities being provided for tribal youth. Some of the most exciting successes for the tribe have come in the form of increased collaboration with the county and an improved relationship with the school. The tribal SICA coordinator works closely with the county coordinator, and also attends Juvenile Department meetings. Tribal police and county law enforcement work in conjunction to monitor and safeguard tribal youth. Culturally appropriate presentations in the school have done much to address the problem of negating the heritage of tribal youth. One respondent says, “The school has traditionally been hard to work with, but as we start doing things like bringing in the Red Squad, those are helping to change that. Some people will never change, but we’re moving in the right direction.” The county has been receptive to TA from the tribe regarding cultural issues, and is hopeful that this will be the beginning of a renewed and stronger partnership with the tribe. In the words of one respondent, “Cultural competency is the other area where we’ve been able to make a big impact with TA. We’ve made it a long way down the road in getting there and now the tribe is going to provide materials and training to help develop that piece.”

Jefferson County Systems Outcomes Summary

A racially diverse (Caucasian/white, Hispanic, and Native American) population of 17,650 live and work in the rural communities of Jefferson County, encompassing 1791 square miles of mountain desert land in central Oregon. Agriculture, forest products, and recreation are the main industries for this county, allowing for a moderately low unemployment rate of 7 percent. Drawing upon four years of experience in the field of prevention, the current SICA coordinator works toward coordination of prevention activities from the county's Department of Health and Human Services, where SICA funds are managed in an attempt to achieve coordinated planning around prevention.

Strong leadership in the positions of the mental health director, the SICA coordinator, and the director of the Commission on Children and Families has provided a solid foundation upon which collaborative prevention efforts in this county have proceeded. One respondent reports, "We have a lot of good people in the positions they are in now. Our mental health director is a strong leader and all these people will be the leaders pulling this off. Our biggest asset will be the people involved." To begin with, attention was directed toward the problem of prevention efforts that had up to that point been fragmented, with little or no coordination between groups. Concerted efforts in this area resulted in better coordination and community involvement in key prevention efforts such as Red Ribbon Week and the ATOD free New Year's Eve party put on for the high school youth: "Afterwards we had parents and business people coming forward saying what a good job we did and that they wanted to help next year."

Resistance from key elected officials has been an obstacle for building momentum in the collaborative process. In spite of signing off on a memorandum of agreement designed to secure the cooperation and participation of these officials, actions were initiated that thwarted the efforts of prevention personnel. One respondent says, "One of the (officials) decided to cancel the meeting without discussing that with (us). So there are some things happening that we don't have any control over. They signed off on the Memo of Agreement, then decided they didn't like it. So we are feeling very stuck in the middle." Some respondents feel that these officials do not have a personal interest in prevention and that this contributes to the lack of cooperation displayed. One respondent reports, "We have (an elected official) who makes a living from selling beer and tobacco. We have another who has never been married and does not have children." It is also felt that strong community norms favoring alcohol use play a part in diminishing the level of cooperation coming from elected officials and certain sectors of the community.

Racial and socio-economic diversity present a further challenge. Fifty-one percent of the children enrolled in the schools are either Hispanic or Native American, yet there is no representation from those communities at the table. As expressed by one respondent, "Bringing three cultures together will be difficult. We are also socio-economically diverse. Bringing the rich and the poor together will be a feat."

Better coordination of programming has begun to emerge, while gains in coordinated planning have yet to be seen. In general, respondents described mixed results in terms of coordinating planning, with several reporting moderate to low levels of outcomes in this area. Outcomes were described more positively in terms of coordinated programming. These outcomes are accompanied by similar patterns in terms of key agency respondents' knowledge of SICA goals: there appears to be more knowledge and clarity around programmatic goals, compared to coordinated planning goals. Respondents indicate that some county agencies and departments still have a tendency to forge ahead with their own planning, forgetting until the last minute that others should have been included in their process. As implementation of SB555 moves ahead, some respondents have high hopes that coordinated planning will become more spontaneous. With respect to the planning process, one respondent says, "We've spent a lot of time getting everyone to communicate with each other. There's a chance now that we will get people to participate in the planning process." Various groups have implemented research-based programs, and respondents report a higher level of coordination in programming than has been experienced in the past: "I think there is much more coordination than there was two years ago." Even the National Guard has gotten involved: "The National Guard does Adventure training in the fall and that is based on the assets model."

While the overall feeling among respondents is that the process is moving quite well now, there is concern about the sustainability of these efforts as the SICA project comes to a close. One respondent expresses concern: "I run into the 'why should we bother' attitude because there is only a year left. People wonder about the value of putting in the time and effort when there is so little time left."

Josephine County Systems Outcomes Summary

Josephine County lies in the southern part of Oregon, covering 1641 miles, with a predominantly white population of 73,400. Primary industries include lumber, tourism, agriculture, electronics, and software, with a moderate unemployment rate of 9 percent. The SICA coordinator, recently graduated from college, is housed with the county mental health agency and shares responsibilities for prevention activities with the agency director. SICA funds are used for both coordination of efforts and programming.

A long history of successful collaboration and positive working relationships has allowed Josephine County to mobilize quickly and target the areas of the prevention system most in need of improvement. Much of the work in bringing people to the table for planning and educating them on the importance of prevention has already been done. One respondent says, “The fact that we work really well together and are already working collaboratively with a number of agencies and community people is a strength. All the key players are already coming to the table, they understand the importance of prevention, and it is easy to rally support for those types of efforts.” Many prevention activities have been in place for several years, and the efforts continue to grow. After-school programs have increased, family therapy is offered for first time juvenile offenders, and mental health specialists offer services in every high school and middle school in the county. Many of these programs were started with grant money that has long since run out, but have continued through collaborative efforts to secure other funding.

In spite of the thriving climate of cooperation and collaboration, resources are limited and agencies and organizations constantly compete for available funds. As described by one respondent, “The competition for funding is fierce. They all want a piece of the action for their own, and we are trying to encourage collaboration in an extremely competitive environment.” Areas identified as weak links in the system include the relationship between the county and faith communities, and the schools. Teachers are seen as overburdened with the implementation of the Certificate of Initial Mastery (CIM) standards and are also seen as ill-equipped to deal with the increasing number of children who exhibit high-risk behaviors in the classroom. Time is a commodity the schools don’t seem to have, and this makes it very difficult for a collaborative relationship to grow. One respondent reports, “When we work with schools, we find that teachers and schools are maxed out; they have more to do with less time. The very difficult kids seem to be more frequent. They don’t have the time or training to deal with these kids, and we are trying to provide that.”

While agency personnel seem to have a solid understanding of the value of prevention, the community at large presents more of a challenge in getting that message across. Community norms that favor the use of alcohol and tobacco are difficult to change, and the population who could reap the most benefit from prevention efforts is reluctant to participate in community events built around the prevention message: “Enticing the people who really need our help will be a challenge. They tend to not want help, and they avoid being involved in anything that has to do with healthy lifestyle change.”

Through the renewed emphasis placed on collaboration by the SICA project, new relationships between the county mental health agency and the Juvenile Department have emerged, facilitating the integration of planning efforts required by SB555. One respondent reports, “We’re more

involved with the Juvenile Justice Center than we ever were, on both parenting programs, and the College Dreams program.” The use of research-based programs has increased, with school based programs operating in all the schools, and several sites operating research-based parenting programs. More grant money is being located and received to fund these efforts as programs continue to grow. As one respondent reports, “We hired another person who does Life Skills in the schools, and she has 5 active groups going right now. Most of this stuff is happening because now we know about these programs. We didn’t know about these things before.” Overall, most respondents in Josephine County describe moderate levels of progress in terms of coordination, perhaps reflecting some of the challenges in involving particular partners described above. Moderate levels of change in terms of enhancing resources and the use and understanding of research-based practices were also reported. Key agency stakeholders in Josephine County generally did not express high levels of knowledge about SICA goals related to coordination, and were more knowledgeable about goals related to research-based practices. Enhancing this knowledge may be important to further progress within this county.

Lane County Systems Outcomes Summary

Located at the southern end of the Willamette Valley, Lane County spans 4620 square miles, providing both urban and rural communities for a predominantly white population of over 315,000 people. Industry in this county is diverse, encompassing education, food processing, manufacturing of wood products, agriculture, fishing, logging, recreation, and tourism. Such diversity in industry allows for a low unemployment rate of 5 percent. Bringing five years of experience to the position, the SICA coordinator is housed at the county Department of Health and Human Services. Coordination of planning and prevention efforts is the responsibility of the SICA coordinator, and SICA funds are dedicated to that goal.

Initially, responsibility for the SICA project was given to the Local Public Safety Coordinating Council (LPSCC), who utilized first-year SICA funds to initiate a comprehensive planning process that began with the development of a countywide memorandum of agreement (MOA). This was a major undertaking, but was instrumental in bringing people to the table and making collaboration a priority. Commitment to the process from county personnel as well as elected officials has been a strong point in accomplishing this important first step. As one respondent says, “We have a strong commitment to this kind of formal planning. The elected officials are behind this. The relationships that exist are a strength. There are a lot of smart people with a lot of expertise.” However, it should be noted that others saw support from elected officials as more mixed, with a number of respondents indicating that elected officials needed to be more involved with SICA and other planning processes.

Once the MOA was signed, the question of who should take responsibility for the SICA funds posed a challenge, raising tensions between agencies as the discussions and competition became more heated. Some comments from respondents: “There could have been a SICA coordinator for the last year, but there hasn’t been. Some people say there doesn’t need to be one because they have already been coordinated enough. They would rather see the money go to the small communities.” “We are talking now about where does it belong. Some people think in (our) department.” “The biggest challenge is the turf stuff. This isn’t my job, this isn’t your job, that kind of thing; making decisions based on relationships versus what is best for the project, or what is right.” “The pull for power by (county agency) will be unfortunate. There should be more coordination.”

Eventually, the issue was settled, and the project came to rest with the county Department of Health and Human Services. Once the transition was accomplished, the real work of collaboration began. The Prevention Coalition, which had existed before the SICA grant was received, became the pivotal group for the integration of planning efforts required by SB555. Regarding the coalition, one respondent says, “Now it is about how we integrate stuff with 555. Our SICA coordinator is actively busy on that. So it is more carrying things forward and integrating it with 555.” Planning for the Juvenile Crime Initiative has also brought people together who previously wouldn’t have collaborated, and the A&D program has widened its circle of partners: “They are expanding the number and type of people attending. It will be interesting to see who else is there.”

Efforts around SB555 are credited with the initiation of several new research-based programs in the county. Overall, the use of research-based programs is felt to have increased significantly in the past few years. More of a commitment to and understanding of the value of research-based programming is being expressed by key agencies and organizations in the county, as well as community members in general. A respondent reports, “The schools are more on board with what it means to use effective programming, and there is a real commitment to use effective curricula. Programs at the community level, like peer courts, have a lot of community support.” Finally, respondents report an increase in resources available for prevention programming, mainly in the form of the number of grants that are being written, submitted, and approved. Teamwork and collaborative efforts are credited with providing the impetus to go after and receive these important resources. Lane County was the recipient of a Drug Free Communities grant during the SICA project period.

In spite of these successes, key respondents have voiced concern regarding three issues involved with research-based programming. One concern is that in the push to use only research-based practices, promising practices may be overlooked: “A lot of us feel that promising practices also need to be used in the same sentence. We can’t limit ourselves to best practices.” Others are troubled by the inability of some groups to let go of favorite practices that are not research-based: “(Some projects) are trying to adjust to the fact that things have to be research-based, and they are still trying to do things the old way.” Still others express concern over the difficulties in bringing treatment and prevention together with a common understanding: “It is hard to translate it for the treatment people, though. There are problems with language-what is high risk?”

Interview respondents in Lane County describe relatively high levels of outcomes in terms of coordination of planning and programming; generally people saw the biggest successes in terms of enhanced coordinated planning processes, with fewer concrete outcomes in terms of coordination of programs. Moderate to high levels of improvements were seen in terms of the use of research-based practices, as described above. Enhanced resources, as was the case for most counties, was not seen as a significant outcome for Lane County. In addition to factors mentioned above, Lane County was characterized by a relatively high level of knowledge among some key agency players of both SICA’s coordination and research-based practice goals, although clearly the emphasis was on education and advocacy for research-based practices, rather than on use of SICA funds for direct program implementation.

Polk County Systems Outcomes Summary

Polk County is located in the central southern Willamette Valley, covering 745 square miles of rural land. The county population of 60,100 is primarily white, but also includes a substantial Hispanic population, and the Native American residents of the Grande Ronde Tribe. Major industries include agriculture, forest products, heavy manufacturing, and education. The SICA coordinator is housed with the county Department of Health and Human Services and functions not only as the coordinator for prevention activities, but also has a departmental supervisor for the prevention unit. SICA funds are dedicated to coordination efforts. There has been turnover in SICA coordinators in Polk County.

The major strength of this county is the long-term relationships within DHHS, and between county agencies and the community. These relationships have allowed this county to do groundbreaking work in the area of service integration, bringing them recognition from state agencies and granting them the honor of serving as a prototype system for the state's human service integration project. In describing a recent success in providing summer activities for the tribal youth, one respondent had this to say: "The success would have to be attributed to the fact that we all know each other, we've worked together for a long time, and we all have an attitude of 'let's make it happen.' All the teams share the same spirit. Our relationships are the key."

Interactions between key personnel are characterized by clear expectations, excellent communication, high levels of respect and collaboration, and a willingness to do whatever it takes to accomplish the goals. One respondent says, "We have a strong attitude of everyone pitching in, even to the extent of funding. We'll have a hard time showing increased collaboration because we already do it."

One strategy given credit for maintaining a high level of productivity is the status of the SICA coordinator as a supervisor. Respondents report that by giving the position that authority, the coordinator's credibility increased, making it more likely that people would give serious consideration to prevention issues during the planning process: "(The SICA coordinator) has more power and credibility to say this is right, this is the way it should be, and this is what we need to do...things will get done, and they'll get done quicker."

Integrating the participation of the Juvenile Department has proven to be somewhat challenging. Respondents feel key people in that department "just don't get it." Resistance to incorporating juvenile justice issues into service integration planning is seen as the key factor preventing juvenile justice personnel from giving the effort their full support.

Other circumstances exist that provide challenges to prevention efforts, including a concentration of drug production activities in the county. In the words of one respondent, "We are situated in a high drug production area. Lots of new people are moving into the area who have ties to that...they keep the community in chaos." Lack of adequate funding also presents a challenge, highlighting the fact that, in general, people do not yet understand the value of prevention. As one respondent says, "The dream is to reach kids at a young enough level to make a difference. But finding a stable funding stream for prevention is increasingly difficult. People don't see it as a problem until it is a problem."

In an attempt to move coordination and collaboration to even higher levels, two strategies have emerged. First, a Leadership Council has been initiated, where all department managers come together to talk about how planning efforts can be more integrated, and other related issues. The Council provides a forum for people from many diverse areas to come together and brainstorm, problem-solve, and lay the groundwork for further collaboration. The second strategy is the establishment of a Family Resource Network, the mission of which is to provide a “one-stop shopping” experience for families and youth in need of various services. One phone call will put a client in touch with all the different agencies he or she may need to effectively manage prevailing circumstances.

Other activities that have originated because of the activity around the SICA project include a Latino outreach program, employing a “Promotores” (Hispanic health care advocate), Night Court, which provides open-gym activities for youth on Friday nights, and the Sanction Court, a community panel convened to confront youth referred by the schools or juvenile detention for minor offenses. Some respondents feel that multi-county collaboration is the next level to which Polk County is approaching: “We are moving more toward multi-county collaboration. We’ll see what comes of that.”

Siletz Tribe

Systems Outcomes Summary

The Confederated Tribe of the Siletz is a confederation of 27 bands originally stretching from Northern California to Southern Washington. Today, the Siletz Tribe occupy and manage a 3,666 acre reservation located in Lincoln County, which stretches out to the shores of the Pacific Ocean in Western Oregon. However, tribal services extend to 11 counties in Western Oregon. Natural resource management, tribal services, and gaming make up the majority of employment opportunities within the tribe. The SICA coordinator has over 13 years of experience in prevention. SICA funds are used primarily for coordination.

Respondents to the SICA evaluation interviews described several strengths of the tribe that have been key factors in supporting efforts to bring prevention to the attention of community members and Tribal Elders. Even before SICA's implementation, there existed a willingness to participate in activities by a large segment of the tribal community, and resources have been readily available to support those activities. One respondent reports, "I don't have any concerns about people participating in activities and the tribe providing resources to support the plan." The ability of the SICA coordinator to bring people together and inspire them to make an investment in the young people of the community is another strength respondents mentioned with enthusiasm. These qualities were described by one respondent: "That person (the SICA coordinator) is one that has the personality to draw people together; to come together and develop the plan and have some investment in following through. If it was another kind of person, it wouldn't have worked, especially in the tribal community." The SICA coordinator also exhibits a willingness to work with young people, which previous personnel had not made the time to do. Youth prevention conferences and similar activities were made available to the tribal youth because of the commitment the coordinator has to providing opportunities for them. As one respondent says, "The previous manager wasn't as involved with youth. He used to say there wasn't time, but I said it is just your job security you are worried about."

Another strength that should be noted is the favorable relationship between the tribe and the county. In describing the success of the planning process, one respondent had this to say: "The people who are part of the planning group have had a very positive experience developing the plan and they represent not only the tribe, but also 11 county service areas. They also represent different tribal families and all age groups, and the experience has been very positive."

Alcohol and drug use is extremely prevalent and widely accepted as a part of life in this community, and these community norms have made every step of the process of implementation a challenge. Parents have been targeted for more intensive attention, as their own habits deter them from seeing the value of prevention and make it difficult to convince them to rally behind those efforts. One respondent reports, "The buy-in from parents will be hard to get because there is a high rate of substance use and abuse there. There is resistance from them to anything that looks like prevention."

Further challenges were encountered from within the tribal structure, as agencies don't always understand the scope of each other's responsibilities. Trust is hard to build and maintain when the actions of an agency are misinterpreted and felt to be unnecessary. One respondent recounts an incident involving the department of Indian Child Welfare: "There was an incident where

ICW and several other agencies were working together to do a function, and there were all these kids there; ICW saw a bruise on a kid and decided it was suspect, and they made a big deal out of it, and so now they aren't welcome at functions anymore." Despite these negative interactions, in general respondents reported that these types of incidents should be seen as opportunities to work on strengthening partner relationships, rather than as barriers.

One of the major accomplishments the tribe has been able to achieve is in the area of juvenile justice. A Community Accountability Board has been convened to function as a type of teen court for tribal youth that end up in trouble with the county juvenile department. The county has agreed to divert all tribal youth back to the tribe, allowing them to receive services and culturally appropriate guidance from members of their own community. The SICA project is also credited with providing the resources and the impetus to bring prevention to the attention of everyone involved with families and youth. It has allowed education and training to be provided for tribal personnel, and has afforded the tribe the opportunity to structure activities and information dissemination efforts in such a way as to maximize participation. One respondent says, "If it weren't for the SICA funding, because our Indian Health Services budget got slashed, we wouldn't have any prevention services to offer the community."

Respondents in Siletz report a combination of medium to high level of outcomes in terms of coordination of planning and programming, with fewer positive outcomes mentioned in terms of the use of research based practices and resources enhancement. It should be noted that research-based practices that are culturally appropriate for tribes have not been well-established. Data also suggest that the coordinator and others in the tribe had somewhat different views of the goals for SICA than have generally been articulated at the state and local levels. This may suggest that the persons involved in the Siletz tribe have adapted the SICA goals to more flexibly address the key issues they perceived as important for the community.

Umatilla Indian Tribe Systems Outcomes Summary

For over 10,000 years, the Confederated Tribes of the Umatilla Indian Reservation have made their home in the northeastern region of Oregon. Today, the Tribe enjoys 2198 registered members most of whom live on or near the reservation located in Umatilla County, Oregon. As the second largest employer in Umatilla County the primary industries include agriculture, gaming and tourism. The SICA coordinator has over 20 years of experience in the field of grant management and implementation. SICA funds are used for both coordination and programming.

The primary strength of the Umatilla Indian Tribe is its commitment to the young people of the tribe. There are many people working for and within the tribe who believe in prevention and believe a difference can be made. As one stakeholder stated, “(We have a strong) commitment to our youth from the community at large. There are enough of us within the program areas that we can make a difference.” Problems for tribal youth resulting from involvement with alcohol have become quite serious and there is an acute awareness of the extent of these problems: “We have a real problem with the kids here. Just last month we had a kid who almost died from alcohol poisoning.” The attitude toward prevention is that it is a worthwhile investment, in that dollar for dollar, prevention is believed to be far more cost effective than treatment.

Tribal members involved in prevention efforts feel progress for them has been plagued by an attitude of unwillingness on the part of county agencies to share resources and to include the tribe in the planning process: “A&D doesn’t want to share their plan, schools want to do their own thing, the courts and the juvenile dept., same thing. The downtown county people have been invited to our meetings, but they haven’t come, and we haven’t been invited to theirs.” Lack of communication between the tribe and the county has presented a challenge, resulting in conflicting reports of how the process is proceeding. The impression of the tribal respondents is that the county projects an image of cooperation that does not exist. “Umatilla County tells everybody how we’re all involved together and they’re working with us and they really aren’t.” Contributing to the difficulties the tribe has experienced in working with the county has been a lack of strong leadership in key county agencies. A discrepancy in attitudes toward prevention efforts has also impeded progress in forging productive collaborative relationships. “. . .they (A&D) don’t have a director right now. The interim director doesn’t think it’s a very worthwhile effort.”

These challenges resulted in relatively low levels of outcome achievement for the Umatilla tribe, in terms of coordinated planning and programming. Moderate improvements were reported in terms of enhancing the use of research-based practices and resources (the latter attributed directly to the funds provided through SICA). Respondents reported that the SICA project provided necessary funding to provide alternative activities that are keeping kids from engaging in situations that present opportunities for substance abuse. Research-based programs have been implemented to teach parenting skills and best practice programs that are specific to Native Americans, and are being evaluated for future

implementation. Additionally, there has been an increase in awareness of the importance of continued prevention efforts that is attributed to the successes realized thus far. “ I think our tribe and the money that is going to the recreation program is getting kids out of the projects and into safe areas. It has also shown us that we need to be out there looking for other money to fund these things.” Renewed hope for improved relationships with county personnel has emerged due to the efforts of the county tobacco coordinator in keeping tribal personnel informed and involved.

Union County

Systems Outcomes Summary

Located in Eastern Oregon, Union County covers 2038 square miles of rural land, with a sparse, predominantly white population of 24,500. Primary industries include agriculture, lumber, and education. Unemployment is relatively high at 11 percent. The director of the local Commission on Children and Families also serves as the SICA coordinator, and uses SICA funds for both coordination activities and certain RFP's sponsored by the Commission.

The primary strength in this county is the commitment from the schools to the efforts to make prevention a priority. Respondents report excellent participation by the schools. Strong partner relationships are also seen as a factor in facilitating the realization that, by working together, the county is stronger and better able to survive the funding crises that inevitably arise to threaten progress that has been made. One respondent says, "The various players here in our county make every effort to be supportive of one another and to work together as closely as possible. In the last couple of years, people have realized that in order to survive with what little we have left, we have to be comfortable in giving away some of the power and working together to make it work."

At the same time, however, other respondents suggest that interactions between service providers are not as cooperative. One respondent reports, "There are a lot of turf battles between the various agencies and providers, and that hurts what potentially could be accomplished." Providers tend to work in isolation with the schools or other community groups, and do not include other partners in the planning or implementation of efforts. One respondent wonders how much of that is due to poor delivery of time-sensitive data by the state: "I'm not sure how much of that is due to local factors, and how much of that is because of the state not getting information out to us in a timely way. When you get the information you need to do your planning 10 days before the plan is due, it's hard to have any kind of coordinated effort."

The small population of this county contributes to a situation where a limited number of qualified people are available as partners in the process, and those people are overwhelmed by the number of meetings and planning efforts underway. Choosing carefully which efforts to be involved with is difficult. One respondent reports, "The one group who was not involved in any planning efforts was law enforcement. With a limited number of officers trying to cover hundreds of miles of road in this county, it's hard to make it a priority."

Economic issues have had a detrimental effect on community perception of service availability, and have created a climate of distrust. A reduction in services has occurred due to budget cuts, but the community doesn't have a clear understanding of why this situation has developed. In the words of one respondent, "People feel that services are not being provided, when it is the responsibility of 'the government' to provide those services... there is a lot of suspicion about what money is coming in and what is being done with it and what should be done with it." This county is an isolated rural county, and transportation to services located farther away is an issue for many families. Depressed economic conditions have created a situation where families are moving out of the area because they can't make a living, resulting in a declining youth population. Schools are put in a position of having to find ways to hang onto funding for programs that don't have the numbers to support them any longer.

In spite of these challenges, progress toward collaboration and planning integration has been made. The juvenile crime plan has provided an opportunity for several partners to engage in a collaborative effort that previously had not been inclined to do so: “Several representatives from Juvenile, A&D, mental health, and others are involved in the JC planning.” New resources have been realized through regional planning efforts. One respondent reports, “As a region we have applied for a grant to deal with enhancing all of our A&D services and that...enhances (local planning). The regional planning complements the local planning, and that information gets shared at your local forum, and that is part of putting the whole process together.”

Respondents also report an increase in the use of research-based programs: “We are really starting to move toward that. My agency has the prevention program here, and ...when we develop new programs we only use best practices and research-based materials for that.” Recent additions to the line-up of programs and services available include Teen Court, several research-based parenting programs, and a tobacco cessation program in the schools that works with students who would otherwise be suspended. A long-standing partnership with the Oregon Health Sciences University School of Nursing has been expanded to include K-12 instead of just 7-12, and grants have been applied for to bring services to the remaining three schools in the county.

Yamhill County Systems Outcomes Summary

Rural Yamhill County is situated in the central Willamette Valley, covering 718 square miles of rich, fertile land. 83,100 people reside here, with Hispanics comprising a full 12 percent of the population. A wide range of industry contributes to the low unemployment rate of 5 percent, including agriculture, lumber, education, international aviation, dental equipment, manufactured homes, pulp and paper, and steel. The SICA coordinator, with 5 years of experience in the prevention field, is housed within the Department of Health and Human Services, and is responsible for the coordination of all prevention activities. SICA funds are used mainly to support these efforts, and in part for intervention oriented activities.

One strength this county was able to turn to for encouragement in the efforts to forge collaborative partnerships is the relationship between the local office of the CCF, and the county Department of Health Services. Having come from a history of poor communication and strained interactions, these two agencies were able to do the tough work necessary to overcome individual differences that were preventing cooperation from moving forward. Today, these agencies enjoy a mutually beneficial relationship that has served as a model for other agencies in the county for what true collaboration and coordination should look like. One respondent says, “They went from absolutely no communication, no partnership, to quite a bit. I guess they finally realized they could do more together than apart.”

Another strong point of this county lies with the community coalitions. Several Oregon Together! groups are active in communities throughout the county. Prudent use of resources and the support of the wider community have enabled them to accomplish a great deal with youth, and the difference they have made is readily observable. As one respondent says, “The impact they have and what can be seen is how the kids develop a sense of ownership and empowerment to make strong and healthy choices.”

Strong leadership from the SICA coordinator has been instrumental in building the support network that is vital to any community-based effort. A prevention council was already being convened when the SICA project was initiated, and having a person designated to facilitate that kind of activity contributed to the accelerated progress noted in the development of this group. Because of the SICA position, information access and sharing has been greatly improved.

One of the school districts has until recently been highly resistant to the idea of prevention. It is only in the last year that a youth services team has been established. Previously, excuses of not enough time or need were given to forestall the discussion regarding this important issue. In reference to this school district, one respondent says, “They snub us. They want nothing to do with us. And yet, they don’t even have a YST. They are the only district in the county that doesn’t, and they refuse to open their eyes to the fact that they need one most of all.”

One of the most positive outcomes resulting from the efforts of the SICA coordinator and the Prevention Council was the establishment of the youth services team recently in this school district. More and more people are getting on board with prevention, and the Prevention Council membership has grown significantly.

More grant money is flowing into the county, and research-based programs are being implemented in every community. Two of the most notable successes in these areas are the receipt of an underage drinking grant in the community of Yamhill/Carlton, and the implementation of Project Northland at Newberg High School. The underage drinking grant was a huge victory for Yamhill/Carlton, as it is a very small community, and the amount of money awarded will go a long way in providing activities to help kids make good choices about alcohol consumption. Project Northland has been met with great success and enthusiastic support from both students and the community alike. Additionally, Yamhill County successfully wrote and received a Drug Free Communities grant.