

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention**

**Guidance for Applicants (GFA) No. SP-01-003  
Part I - Programmatic Guidance**

**Cooperative Agreements for the Dissemination of  
Effective Mentoring and Family Strengthening Programs for  
High-Risk Youth**

**Short Title: Mentoring and Family Strengthening**

Application Due Date: May 21, 2001

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## Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

Actual funding levels will depend on scope of work and the availability of funds. Awards may be requested for up to 3 years for study sites and 3 ½ years for the Program Coordinating Center. Annual continuation of awards depends on the availability of funds and progress achieved.

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## Action

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) announces the availability of Fiscal Year 2001 funds for cooperative agreements for implementing effective mentoring approaches and family strengthening programs.

### Program Goal

The overall goal of this GFA is to determine the process and outcomes of wide spread implementation of effective science-based family strengthening program models and mentoring approaches through a cross-site evaluation. Within this overarching goal there are two specific aims. The first aim is to develop knowledge of the process and impact of mentoring and family strengthening services. The second aim is to apply knowledge of effective mentoring and family strengthening practices for implementation in order to reach a greater number of persons, offer services in multiple locations, or for diverse target groups.

### Available Funding Effort

Approximately \$ 5.5 million will be available for approximately 17 awards: 8 sites with a mentoring focus, 8 sites with a family strengthening focus, and 1 Program Coordinating Center. Applicants may apply as either a study site or as the Program Coordinating Center (PCC). Applicants for study sites may choose to apply for funds to implement either family strengthening programs or mentoring approaches, but must demonstrate previous experience with their chosen approach. Applicants for study sites may apply for funding ranging from \$250,000– \$400,000 (direct and indirect costs) per year for mentoring or family strengthening cooperative agreements. Up to \$750,000 will be made available to the Program Coordinating Center.

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## Purpose

Policy makers need to know how to reach more families and youth with cost-efficient versions of full-blown efficacy or effectiveness studies. CSAP is encouraging initiatives to document the process and outcomes of wide spread implementation of effective prevention approaches. This GFA proposes to reach a greater number of youth and families in two separate program areas— 1) science-based family strengthening program models and 2) youth-only or youth and family mentoring approaches. Both program areas have well-experienced and active communities implementing these practices. This GFA will provide for expanding family strengthening and mentoring activities beyond their original target groups, settings,

or sites.

### **Current High-Risk Youth Programs**

CSAP currently funds two high-risk youth programs: 1) Project Youth Connect (PYC), mentoring youth or youth with their families 2) Family Strengthening (FS), implementation of science-based, parenting or family-focused program models. PYC grantees attempted to extend the knowledge base surrounding the practice of mentoring. Family Strengthening grantees identified effective science-based programs for implementation at the local level.

This GFA builds directly, upon the grantees' experience and expertise, and it seeks to assist experienced grantees and program implementors to further disseminate and implement effective program models or approaches, opening them up beyond participants at their original site(s) to the community at large.

The importance of understanding this process cannot be overemphasized. The first step taken in this process was to identify what it means that a program is science-based and effective. The second step was to learn how effectively market the program models identified. These two steps are reflected not only in CSAP's National Registry of Effective Prevention Programs (NREPP) and National Dissemination System (NDS) efforts, but also in the Project Youth Connect and Family Strengthening efforts.

Despite the attempts made in these efforts to find multiple implementation partners in communities, program adoptions and implementations still occur primarily at one

at a time. There is a need to understand the nature of the processes in working with larger systems, for it is the larger systems that must be affected if prevention activities are to make changes sufficient to effect positively substance use profiles across discernable population groups across the country. Initial efforts to field test program effectiveness focused on established providers or with new providers who had already clearly established program models. For wide spread adoption and implementation of family strengthening or mentoring practices, there is a need to partner with other service providers and develop creative liaisons with other entities, that have been previously untapped in communities, to implement the interventions. The base for implementation must be much broader than a single type of applicant or service provider.

### **Family Strengthening Focus**

Many families have both parents working outside the home, which has lessened the time parents can engage in supportive dialogue with their children. Given the limited time available to parents in the evening, some parents who can benefit from family strengthening programs are unable to attend the sessions. Organizations can help their working parents by offering parenting and family strengthening programs at various sites and different times to attend, including the workplace.

### **Mentoring Focus**

Intensive and caring relationships with a mentor will involve the youth in such a manner that this trust relationship promotes improvement in all areas of their life. Well-established and successful mentoring approaches have employed case managers who are called advocates or family workers or school-based counselors who are familiar with students and their families. CSAP wants to determine the effectiveness of mentoring programs that employ paid professionals, mentors, or advocates required

to spend extensive, consistent, ongoing specified amount of time with their mentees and/or their families and caregivers. Studies reveal mentoring builds resiliency in youth. The resiliency approach assumes that “by meeting the youth’s developmental needs for safety, belonging, respect, accomplishment, power, and meaning, adults are promoting positive youth development in preventing problems like substance abuse, teen pregnancy, and school failure.

### **Faith Community Participation**

Faith communities are often the most stable institutions in neighborhoods and are logical partners in substance abuse prevention, mental health promotion, violence prevention, parenting, and family strengthening. In many communities, faith-based organizations are viewed as the pre-eminent institution for strengthening families and enabling self-sufficiency. They also may reach across a variety of families and structures that comprise a community.

Today, more of these organizations are being called upon to serve the secular needs of distressed communities and assist in addressing the challenges created by changing social, political, and economic conditions. This GFA encourages faith-based organizations to apply either on their own or as partners with other community-based organizations to widely implement these programs.

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## **Who Can Apply?**

Applications may be submitted by State or local governments, such as cities, counties, etc., Indian tribes and tribal organizations, and by domestic public and private non-profit organizations. For example, the following organizations are eligible to apply:

- ’ faith-based organizations (national or local),
- ’ workplace organizations with employee assistance programs,
- ’ family services agencies,
- ’ tribal councils,
- ’ colleges/universities,
- ’ national organizations with local affiliates, and
- ’ other community-based organization’s, including collaborative(s) and coalitions with capacity to implement programs at multiple sites.

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## **Application Kit**

Application kits have several parts. The grant application has 2 parts. Part I contains information that is specific to each GFA. **This document is Part I.** Part II has general policies and procedures that apply to all SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application.

The application kit also contains the blank forms (PHS 5161 and SF 424) that you will need to complete your application. To get a complete application kit, including Parts I and II, you can:

Call the National Clearinghouse for Alcohol and

Drug Information (NCADI) at 1-800-729-6686, or download from the SAMHSA site at [www.SAMHSA.gov](http://www.SAMHSA.gov)

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## Where to Send the Application

Send the original and 2 copies of your grant application to:

### **SAMHSA Programs**

Center for Scientific Review  
National Institutes of Health  
Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710\*

*\*Change the zip code to 20817 if you use express mail or courier service.*

### **Please note:**

1. Use application form PHS 5161-1.
2. Be sure to type:  
Put "SP-01-003 Mentoring and Family Strengthening" either "Study Site" or "Program Coordinating Center" in Item Number 10 on the face page of the application form.

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## Application Dates

**Your application must be received by May 21, 2001.**

Applications received after this date will only be accepted for the appropriate receipt date if they have a proof-of-mailing date from the

carrier no later than May 14, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

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## How to Get Help

### **For questions on program issues, contact:**

Rose C. Kittrell, Acting Team Leader  
5600 Fishers Lane  
Rockwall II Suite 1075  
Rockville, MD 20857  
(301) 443-0353  
Technical Assistance Line: (301) 443 6612, M-F, 9:00am -6:00pm, eastern time (EST).

### **For questions on grants management issues, contact:**

Edna Frazier, Team Leader  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
Rockwall II 630  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-6812

### **Technical Assistance Workshops**

SAMHSA will offer Technical Assistance Workshops on this and other SAMHSA FY2001 initiatives on the following dates:

- i March 15-16, 2001, in Phoenix, AZ
- i March 20-21, 2001, in Orlando, FL
- i March 22-23, 2001, in Boston, MA

For additional information on technical assistance workshops contact the TA Hotline at (301) 984-1471 ext.#377.

programs.

The roles of Federal staff and awardees are highlighted.

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## Funding Criteria

Primary factors to fund these cooperative agreements are based on:

1. The strengths and weaknesses of the application as shown by the: Peer Review Committee and approved by the CSAP National Advisory Council.
2. Availability of funds.

Other considerations may be:

1. Overall program balance in terms of geography (including rural/urban areas), race/ethnicity of proposed project population, and project size.
2. Evidence of non-supplantation of federal funds.

### SAMHSA CSAP Staff Will:

- ' Monitor the conduct and progress of the projects including conducting site visits.
- ' Assure the appropriate individual and cross-site evaluation methodologies are followed.
- ' Work collaboratively with study sites and PCC staff.
- ' Provide guidance and technical assistance on the project implementation, including the packaging and dissemination of products and materials.

### Awardees Must:

- ' Collaborate with CSAP staff in project implementation and monitoring.
- ' Complete Program Progress Reports including: a) Quarterly reports and an annual report for year 01, b) Semi-annual reports for years 02-03, c) Final report summarizing accomplishments and outcomes.
- ' Produce a replication manual or program model curricula, training materials, and copies of measurement instruments used for the project upon project completion.
- ' Participate in the cross-site evaluation.

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## Cooperative Agreements

These awards are being made as cooperative agreements because they are complex and may require substantial Federal staff involvement, including: technical assistance to sites, coordination of cross-site evaluations, interaction with the Program Coordinating Center (PCC), and coordination of this program with other SAMHSA CSAP

- ' Comply with data reporting requirements including but not limited to SAMHSA CSAP Core Construct Measurements, CSAP GPRA, and ONDCP Performance Policy Measures (See Appendix B).
  - ' **1. FACE PAGE**  
Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.
- ' Attendance at SAMHSA CSAP Workshops
  - 1. New Grantee Workshop (orientation) Washington D.C. Metropolitan Area, for 2-3 persons such as Project Director, Fiscal Officer - if not received or disbursed federal funds, and Evaluator.
    - ' **2. ABSTRACT**  
Your total abstract may not be longer 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.
  - 2. Learning Communities Workshop (intermediate accomplishments, challenges, and outcomes), Chicago, IL or other mid-west location for 3-5 persons.
    - ' **3. TABLE OF CONTENTS**  
Include page numbers for each of the major sections of your application and for each appendix.
  - 3. Lessons Learned Workshop (final outcomes), Washington, D.C. Metropolitan for 3-5 persons.
    - ' **4. BUDGET FORM**  
Standard Form 424A. See Appendix B in Part II for instructions.
- ' Identify SAMHSA CSAP as the source of funding on all publications resulting from this effort.
  - ' **5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION**  
**These sections describe your project.** The program narrative is made up of Sections A through E. **More detailed information of A-E follows #10 of this checklist.** Sections A-E may not be longer than 35 pages single spaced. **Section 1, A-E, only applies to applicants for the study sites. Section 2, A-E, only applies to applicants for**

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## Detailed Information on What to Include in Your Application

In order for your application to be **complete the Program Coordinating Center and eligible**, it must include the following in the

**Sections A-E for Study Sites**

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- ' **Section 1A** - Documentation of Need
- ' **Section 1B** - Project Plan
- ' **Section 1C** - Project Evaluation (Methodology, Data Collection, Analysis and Performance Monitoring)
- ' **Section 1D** - Project Management (Organizational Capacity, Staff, Equipment/Facilities, and Other Support)
- ' **Section E** - Reports and Dissemination

' **Section G** - Budget Justification, Existing Resources, Other Support  
*Fill out section B,C, and E of the Standard Form 424. Follow instructions in Appendix B, Part II.*

**NOTE:** Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered. Year 1 on the budget form must reflect the highest dollar amount for any given year of program implementation. **In developing your budget, note that the 2<sup>nd</sup> and 3<sup>rd</sup> year cost projections cannot exceed Year 1's total budget.** The budget for

**Section 2 A-E for the Program Coordinating Center**

- ' **Section 2A** - Organizational Capabilities
- ' **Section 2B** - Evaluation Experience
- ' **Section 2C** - Project Plan (Cross-Site Implementation Design)
- ' **Section 2D** - Project Evaluation (Cross-Site Evaluation Methodology)
- ' **Section 2E** - Reports and Dissemination

Year 1 must include dollars for computer equipment, software, travel to meetings or training in program models, program model materials (e.g., curriculums, evaluation tools, incentives, supplies to carry out each session, etc.), CSAP workshops or conferences, in addition to other costs.

' **Section H**- Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Include a description of the qualifications and relevant experience of the Project Director, Program Coordinator, the Evaluator, Family Program Model Training/Mentoring trainers or facilitators, and other key staff, the proposed consultants and/or subcontractors. Additionally, the Evaluator must have demonstrated experience in evaluation coordination, questionnaire/test administration, electronic data input and statistical analysis. Each sketch should not be longer than **2 pages**. If the

The support documentation for your application is made up of Sections F through H. There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

- ' **Section F**- Literature Citations

person has not been hired, include a letter of Sample Data Collection Instruments from previous commitment from him or her with their sketch, mentoring or family program implementation and/or -- Include job descriptions for key personnel proposed for this current project. They should not be longer than **1 page**.

-- *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

' **Section I- Confidentiality and SAMHSA Participant Protection (SPP)**

--The seven areas you need to address in this section are outlined after the Program Narrative description in this document.

**6. APPENDICES 1 THROUGH 3**

C Use only the appendices listed below.

**C Do not** use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).

C **Do not** use more than **30 pages** (plus all instruments) for the appendices.

**Appendix 1:**  
Letters of Coordination and Support including letters of commitment to participate in the study as a delivery site and to participate in meetings and training activities.

**Appendix 2:**  
Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

**Appendix 3:**

' **7. ASSURANCES**

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

' **8. CERTIFICATIONS**

' **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see Part II for lobbying prohibitions.

' **10. CHECKLIST**

See Appendix D in Part II for instructions.

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**Program Narrative– Sections A Through E Highlighted**

Your application consists of addressing sections A through I. **Sections A through E are the program narrative parts of your application and describe what you intend to do with your project. Emphasis should be placed on either a family strengthening or mentoring effort.**

T Sections A though E may not be longer than 35 pages single spaced.

A peer review committee will assign a point value to your application based on how well you address these sections.

The number of points after each main heading shows the maximum points a review committee may assign to that category.

T Reviewers will also be looking for cultural competence. Points will be assessed on the cultural aspects of the criterion. Appendix A, mentoring approaches are identified as Approach 1 (youth-only) or Approach II (youth/family). There is also a list of people who have developed recommended science-based family strengthening program models.

### **Previous Experience in the Implementation of a Mentoring Approach or Family Strengthening Program**

Submit a “logic model,” a conceptual diagram that shows inter-relational events that lead to outcomes. Elements may include:

- 1) risk and protective factors,
- 2) program model intervention,
- 3) short-term program outcomes,
- 4) intermediate program outcomes, and,
- 5) population impacts.

References to measurement instruments should be linked with outcomes and psychometrics reported in the Measurement Matrix -- See Section 1C of this GFA.

Describe the population that received family strengthening or mentoring services in terms of race, ethnicity, age, and gender as well as its risk for substance abuse and/or related problems.

Report the effectiveness of the family strengthening or mentoring intervention from both the professional literature and the results of data collected through surveys, questionnaires, county or local statistics, videotape, journals, etc. Include comparisons to findings in the research literature. Appendix B: Data Reporting Requirements provides information on

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## **SECTION 1 -- STUDY SITES**

Section 1, A through E, should only be addressed by organizations applying as a Study Site. Emphasis should be placed on either a family strengthening or mentoring effort. Applicants must demonstrate the ability to serve, graduate, and collect data on at least 50 to 75 families or youth for either family strengthening or mentoring programs by the end of the funding period. Applicants are encouraged to implement mentoring approaches or family strengthening program models from the list in Appendix A. However, if the applicant’s previous experience is with a family strengthening or mentoring approach other than those listed in Appendix A, then the applicant must support their proposed approach with empirical evidence.

### **Section 1A: Documentation of Need (15 Points)**

This section of the application should provide experience on previous implementation and the need for expanding in multiple sites within a community or across communities. In

relevant evaluation and data analysis ‘  
construct measurements for mentoring  
approaches and family strengthening  
programs.

### **Need for Expanding**

- ‘ Explain the need for expanding services of the original or other empirical based family strengthening program model or mentoring approach across different ‘ populations or at multiple sites within a community or across several communities.
- ‘ Describe how the proposed project advances prevention, as well as adds to knowledge on family strengthening science-based program models or mentoring approaches. Appendix C provides a list of references for family strengthening and mentoring.

### **Section 1B: Project Plan (20 Points)**

This section of the application should describe a three-year plan that addresses either family strengthening or mentoring widespread dissemination in multiple sites within a community or across several communities. It is expected that families or youth will be served in all three years, understanding that the majority of families or youth will be served in Year 2.

#### **Months 1 thru 6 (Planning)**

- ‘ Describe the planning process, what steps will be involved, who will be included, etc.

Describe how people from the target groups will be included in ongoing planning and design.

Provide detail information on the collaborating organizations, associations, or community groups that will participate and in what capacity for the project, including evaluators.

Include certification of formal coordination and collaboration with multiple agencies and/or organizations. Put letters of support in Appendix No: #1entitled, “Letter of Support” of your application.. Support letters may be from persons or organizations who are willing to be trained and assist in implementing effective approaches or program models and have the recognized capacity to provide intervention services.

Provide details on what, how, where, when, and by whom, staff training will be conducted in family strengthening program model or mentoring approaches.

Provide plans for ongoing recruitment of program participants and ways to attract and hire project staff.

Provide a graphic presentation of the time frame for conducting the assessments over the course of the three years that includes, process measures, and pre-, post-and 6-month follow-up on program outcome measures to be administered to treatment and comparison groups. Indicate dates (e.g., after each data collection point) when data will be submitted to the Program Coordinating Center (PCC).

**Months 7 thru 30  
(Mentoring Approach or Science-based Family Strengthening Program Model Implementation)**

Describe how the expanded mentoring approach or science-based family strengthening program model will be implemented. Who, how, and where are services to be provided, anticipated type and level of dosage. Appendix A provides a list of contact information for recommended science-based family strengthening program models. Mentoring approaches are identified as Approach 1 (youth-only) or Approach II (youth/family).

Specify how the mentoring approach or family strengthening program model's fidelity and core concepts will be maintained in the adaptation of the chosen intervention.

Describe the type of modifications anticipated to program format and content in applicant's attempt to heighten cultural, developmental, and contextual appropriateness

Describe how retention of project participants both for treatment and comparison/control groups will be maintained throughout the project.

1. Treatment Group. Describe how, who, where, and when persons will receive family strengthening or mentoring intervention in years 1, 2, and 3.

2. Comparison Group. Describe how,

who, where, and when persons will be assigned to a comparison or control group. For example either a waiting-list control or a site, community, or region that is not targeted for family strengthening or mentoring intervention may be a comparison group.

Describe how the proposed project will be made culturally appropriate for the target groups or multiple sites or settings.

Describe participant inclusionary and exclusionary criteria in terms of: social demographics, including age, gender, ethnicity, and other characteristics.

Where applicable, include a detailed discussion of how HIV/AIDS and alcohol will be addressed.

**Months 31 thru 36  
(Dissemination of Findings/Project Continuation)**

Describe how and when findings will be disseminated to the implementation sites or communities that participated in the project.

Describe plans for securing resources to sustain the project once Federal funding is terminated, or for reducing the project if it is not possible to obtain additional resources.

**Section 1C: Project Evaluation  
(Methodology, Data Collection, Analysis, and Performance Monitoring) (30 Points)**

Previous SAMHSA mentoring and family strengthening high-risk youth programs have conducted extensive cross-site evaluation. Current study sites will be required to use some existing data collection instruments in addition to other data reporting requirements as necessary. Study sites will be required to participate in a cross-site evaluation. Additional measures proposed by the study sites may also be used and are strongly encouraged. Data collection instruments proposed by the study sites should include process and performance (outcome) measures. Experimental designs are encouraged, but at a minimum, applicants must include plans for collecting data from an appropriate control or comparison group. In your application as a study site, you need to:

- ' Present a clear statement of the research questions and the research design, including specific process and outcome measures, and dosage data collection. '
- ' Provide details on who and how process and outcome measurement instruments will be administered to project participants to ensure reliability, validity, and confidentiality of project participant responses. '
- ' Describe how project participants both for treatment and comparison/control groups will be retained for completion of outcome measures (e.g., pre, post, and 6-month follow-up). '
- ' If appropriate, describe the type of data that will be collected for participants that are 12 years of age or

older. Actual substance use and associated problems should be documented.

If appropriate, describe the type of data that will be collected for children under 12 years such as social, emotional, cognitive and/or physical developmental problem data because these can be precursors of later substance use and abuse. For participants from 9 to 11 years of age inclusive, it is recommended that ATOD use and attitude changes be documented.

Describe process measures that will determine whether the particular family strengthening program model or mentoring approach is implemented as planned.

Describe measures that will assess the process of widespread implementation in multiple sites within in community or across communities.

Explain how CSAP GPRA measures and CSAP core construct measurements will be incorporated into the evaluation measurement plan. More information about GPRA is provided in Part II under the section with the same name. Appendix B: Data Reporting Requirements provides information on relevant evaluation and data collection measurement constructs for mentoring and family strengthening approaches. Appendix B also provides a copy of CSAP GPRA questions.

Specify the use of additional measures, if any, relevant to the age, culture, language, and gender of the target population. These instruments should be reliable and valid, and to the extent possible, normed on the

populations being assessed. However, the development of new questionnaires or measures are acceptable for generating psychometrics through this present study.

providing electronic versions of process and outcome data for each assessment (data point (e.g., pre-, post-, 6-month followup) during the three-year project.

Include a measurement matrix that describes the constructs to be measured, measurement instrument/questionnaire(s) reference source, psychometric properties, and method of collection as related to the family strengthening program model or mentoring approach. These should be included in Appendix No.#3 entitled, “Data Collection Instruments or Interview Protocols” of your application.

Explain how uniform data collection methods and procedures will be ensured on both the treatment and control/comparison groups.

Specify the minimum final sample size, and include power analyses to ascertain that the minimal sample size are adequate for the proposed study to detect the predicted effects, especially if there are plans to use complex theoretical models.

Describe the procedures for data storage, processing, security, and clean-up for process and outcome data measures for both treatment and comparison/control groups for this project.

Describe how you will cooperate with the Program Coordinating Center in

### **Section 1D: Project Management (Implementation Plan, Organizational Capacity, Staff, Equipment/Facilities and Other Support) (25 Points)**

Include a chart that depicts your organizational structure in administrative, program implementation, and evaluation areas for this project.

Describe the past and present experience with similar projects. This experience must pertain to the delivery of substance abuse prevention and other behavioral, emotional, social, cognitive and physical health services, or research activities.

Describe past and present experience in collaborating with other agencies, organizations, faith-based participation, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.

Describe the proposed staffing plan for this project that includes staffing patterns (e.g., rationale for percent of time for key personnel such as the Project Director, Program Coordinator, Evaluator, Family Program/Mentoring trainers or facilitators, and consultants).

Cultural capabilities of the staff for this project should also be described to ensure cultural competence in communicating with the target population and in the proposed

intervention. Also document the staff's experience, familiarity, links and acceptance by the communities and the target population.

will be required to successfully replicate the proposed effort. This plan should be described in sufficient detail to allow others to assess the intervention's adequacy, appropriateness, and feasibility to contribute new knowledge to the field.

' Describe the relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act), and environment.

Propose how and to whom to disseminate findings to promote advances in the prevention and mental health fields through presentations, publications in journals and in other venues such as, fact sheets, training and technical assistance and websites.

' Specify existing and requested computer technologies (e.g., hardware and software), including fax, Internet and email access. Include computer software for conducting data input, storage, and statistical analysis.

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## **SECTION 2 - PROGRAM COORDINATING CENTER (PCC)**

' Describe any other resources for program participation, not accounted for in the proposed budgets but necessary for the project.

Section 2, A through E, should only be addressed by organizations applying as a Program Coordinating Center (PCC).

### **Section 1E: Reports and Dissemination (10 points)**

' Present a plan for developing a replication manual that describes both the development history of community support for the project, and the evolution and implementation of the actual family strengthening or mentoring program intervention. The replication manual will include science-based program model curricula and training materials as well as other materials such as measurement instruments that

A Program Coordinating Center (PCC) will be established and funded under a separate cooperative agreement. The PCC will provide technical assistance to study sites on family strengthening science-based models, mentoring approaches, and on logistics concerning workshop participation and attendance. The PCC will identify differences and commonalities among the study sites so that their findings can be compared. The PCC will collect, track, monitor, and analyze data required to fulfill responsibilities under the Government Performance and Results Act (GPRA) and additional recommended common measures, including but limited to CSAP Core Construct Measurements, and ONDCP Policy Performance Measures for all study sites. The PCC will also compare previous data collected on CSAP's 124 family strengthening study sites and 15 Mentoring (Project Youth Connect) study sites with data

collected from current study sites.

**Section 2A: Organizational Capabilities (Organization, Staff, Equipment/Facilities and Other Support) (25 Points)**

- Describe the capability and experience of the organization in collaborating with local communities.
- Describe past and present evaluation experience in collaborating with minority or women organizations, faith-based organizations, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.
- Describe the proposed staffing plan, include an organizational chart, and other information that indicates staffing patterns for key elements (e.g., administration, workshop logistics, technical assistance, evaluation, etc.) of the cross-site evaluation study. Include the rationale for percent of time for key personnel and consultants. Project Director or Principal Investigator must be full-time.
- Describe the qualifications and relevant research experience of the Project Director, Technical Assistance Staff for Program Models or Approaches, Evaluation Team, other key staff, the proposed consultants and/or subcontractors. This experience must pertain to the provision of cross-site evaluation planning, coordination,

collecting, and compiling of process and outcome data, and statistical analysis.

The cultural capabilities of the staff should also be described to ensure cultural competence in communicating with study sites within the United States including Alaska and Hawaii and associated U.S. territories.

Describe technological capabilities both existing and requested (e.g., computer hardware and software), including fax, Internet and web-site development and maintenance, data input, storage, retrieval, and statistical and geographical mapping analysis.

Describe relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.

Include previous experience in workshop planning, organizing, and materials preparation. Describe experience in securing sleeping room, meeting space, pre/on-site registration of participants, food for breaks/luncheon, arrangement of multi-media, audio/visual equipment for presenters.

Describe other resources, not accounted for in the proposed budgets but necessary for the project.

Describe opportunities for securing resources to make the cross-site data available to the study sites, CSAP, and to

the public for additional analysis once Federal funding is terminated.

points, type of process and outcome data collected, and statistical analysis.

## **Section 2B: Previous Evaluation Experience (15 Points)**

This section of the application should describe previous experience with technical assistance and cross-site evaluation study(s).

Describe the types of process and outcome forms, questionnaires, etc. that have been developed or revised to measure cross-site program service dosage (e.g., type and level), community readiness, collaboration process, etc.

Summarize preliminary findings or final outcomes from the cross-site evaluation study(s).

### **Cross-site Evaluation Experience**

Describe previous experience of cross-site evaluation study(s) that involved at least 10 different sites over a two-year period.

Include any specific experience with cross-site evaluation of CSAP recommended family strengthening science-based program models and mentoring approaches. Appendix A provides contact information on people who have developed science-based family strengthening program models and mentoring approaches. Mentoring approaches are identified as Approach 1 (youth-only) or Approach II (youth/family).

Describe the type of technical assistance given to sites that participated in the cross-site study to ensure program implementation and adherence to cross-site evaluation protocol.

Include information on research questions, time line for data/assessment

## **Section 2C: Project Plan (20 Points)**

This section should describe a three and half year cross-site evaluation and technical assistance implementation plan.

### **Months 1 thru 6 (Planning)**

Report the procedures for identification of the differences and commonalities among the study sites to prepare cross-site data collection forms, key measurement constructs, and target populations or groups, so that their findings can be compared and a cross-site logic model can be developed.

Describe the planning process, what steps will be involved, who will be included, what type of information, how often will contact be with study sites either via telephone, email, or on-site visits, etc.

- ' Describe plans for the identification, coordination, production, and distribution of relevant information materials on family strengthening science-based models and mentoring approaches to study sites. (See Appendix A).
  - ' Describe plans for development and dissemination of the evaluation protocol such as standards manual, survey and questionnaire design (e.g., including but not limited to CSAP Core Construct Measurements, CSAP GPRA, and ONCDP Policy Performance measures listed in Appendix B), codebooks, or data dictionaries that ensure reliability and validity of data gathered across study sites.
    1. Participant protection (either in treatment or comparison groups),
    2. Increasing retention and reducing attrition for participation in the program,
    3. Ensuring process and outcome (e.g., pre-, post-, and 6-month follow-up) data is accurate and being collected by the study sites,
    4. Ensuring process and outcome data is sent to the Program Coordinating Center after each data collection point.
    5. Administering measurement instruments and data collected for participants that are 12 years of age or older.
    6. Administering measurement instruments and collect data for children under 12 years.
  - ' Describe how technologies such as telephone calls, fax on demand, email, listserve, and Internet web-site development and maintenance will be incorporated to disseminate information to study sites.
  - ' Describe plans for implementing, coordinating, providing materials preparation, and logistical support for participants and presenters at a New Grantee Workshop to orient study sites.
- Months 7 thru 24  
(Collection of Cross-Site Evaluation Data)**
- ' Provide information on strategies to gather previous data from CSAP's High-Risk Youth Family Strengthening and Mentoring (Project Youth Connect) programs to include in the current cross-site data analysis.
  - ' Describe plans for implementing, coordinating, and providing materials preparation, and logistical support for participants and presenters at a Learning Community Workshop to discuss intermediate accomplishments, challenges, and outcomes with study sites.

**Months 25 thru 42  
(Data Analysis and Dissemination of  
Cross-Site Findings)**

- ' Provide information on how data analysis results will be incorporated into a dissemination of findings plan that includes reporting cross-site evaluation findings back to the study sites.
- ' Include plans for implementing, coordinating, providing materials preparation, and logistical support for participants and presenters at a Lessons Learned Workshop to discuss final outcomes with study sites. '

**Section 2D: Project Evaluation  
(Cross-Site Study Evaluation)  
(30 Points)**

' This section of the application should present a comprehensive cross-site process and outcome evaluation plan. Particular attention should be paid to documenting the efforts of widespread implementation by each study site based on the type of family strengthening program model or mentoring approach. Proposed measures should determine whether families and youth participating in these interventions achieved positive outcomes, and if so under what conditions. '

- ' Present clear cross-site research questions that will determine the impact of family strengthening programs or mentoring approaches.
- ' Explain how CSAP GPRA measures and CSAP core construct measurements will be incorporated into

the cross-site evaluation plan. More information about GPRA is provided in Part II under the section with the same name. Appendix B: Data Reporting Requirements, provides information on relevant evaluation and data collection measurement constructs for mentoring and family strengthening approaches. Appendix B also provides a copy of CSAP GPRA questions.

' Describe how other data such as from qualitative methods (e.g., videotape, photographs, or journal writing, or opened-questionnaires) will be analyzed across study sites. Explain how the use of additional measures as indicated by the study sites to evaluate the effectiveness of a family strengthening program model or mentoring approach will be analyzed.

' Describe the procedures for cross-site data storage, processing, security, and clean-up for process and outcome data measures.

' Specify procedures on how cross-site data will be coded and stored for confidentiality, program model implementation, and data points for an individual participant, parent-child relationship, family groups, for multiple program implementations.

' Describe uniform data collection methods and procedures that will be implemented to collect process and outcome data from study sites to ensure accuracy. Provide a sample codebook or data dictionary for family strengthening and mentoring core construct measurements. (See Appendix B)

' Specify the minimum final sample size, and

include power analyses to ascertain that the minimal sample size for each of the study sites will be adequate for the proposed cross-site evaluation study to detect the predicted effects for the proposed research questions addressing family strengthening programs and mentoring approaches.

to the field.

Propose how and to whom dissemination of cross-site evaluation findings will promote advances in prevention and mental health initiatives. Activities may include presentations, publications in journals and in other venues such as, fact sheets, training and technical assistance and websites.

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## **Confidentiality and SAMHSA Participant Protection (SPP)**

Indicate procedures (e.g., timeline) for retrieving prior data collected and analyzed from CSAP's High-Risk Youth Family Strengthening and Mentoring (Project Youth Connect) cohorts from existing PCCs and how this data will be compared with data collected from the present cross-site evaluation.

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

### **Section 2E: Reports and Dissemination (10 points)**

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

Present a plan for developing cross-site evaluation replication manual that will include a detailed plan, sample measurement instruments, and coordination efforts, as well as other materials that will be required to successfully replicate the proposed evaluation effort. This plan should be described in sufficient detail to allow others to assess the evaluation plan's adequacy, appropriateness, and feasibility to contribute new knowledge

Report any possible risks for people in your project.  
State how you plan to protect them from those risks.  
Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects. women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Discuss risks which are due either to C participation in the project itself, or to the evaluation activities. Explain the reasons for including or excluding participants.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list U potential risks in addition to any confidentiality issues. C Explain how you will recruit and select participants. Identify who will select participants.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project. Absence of Coercion: Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C Where appropriate, describe C alternative treatments and procedures that might be beneficial to the subjects. If you plan to compensate participants, state how participants will be awarded money or gifts.
- C Offer reasons if you do not decide to use other beneficial treatments. C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.
- U Fair Selection of Participants:
- C Describe the target population(s) for the proposed project. Include age, U gender, racial/ethnic background. Address other important factors such C as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups. Data Collection: Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Explain the reasons for using special types of participants, such as pregnant

Regulations, Part II.

- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.
- U Privacy and Confidentiality:
- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
- How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.
- NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal
- Adequate Consent Procedures:
- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
- If their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Risks from the project.
  - Plans to protect clients from these risks.
- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.
- Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.
- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- Include sample consent forms in your Appendix 4, titled "Sample Consent

Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

**P Risk/Benefit Discussion:**

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## **APPENDIX A: CSAP's Recommended Approaches/Programs**

### **CSAP's Recommended Mentoring Approaches and Family Strengthening Science-Based Program Models**

#### **Mentoring Approaches**

##### ***Mentoring Approach 1- Youth Only***

A combination of intensive intervention, structured group-activities, and ancillary services. Intensive intervention includes: each mentor spending weekly, a minimum of 2 hours in one-on-one activities with each mentee. Group activities consist of participation in 1 ½ hours with all youth in the mentor's cycle that

##### ***Mentoring Approach 2 – Youth and Family***

A combination of intensive intervention, group activities, and family services. Intensive intervention includes: each mentor/advocate spending weekly, a minimum of 2 hours in one-on-one activities with each mentee. Group activities consist of participation in 1 ½ hours with the youth and his/her family. Other family services may include transportation to medical or health appointments or job

teach skills as well as provide fun activities such as art, bowling, music, or basketball. Ancillary services include: tutoring, counseling, phasing in the volunteer mentor/advocates, as well as performing administrative duties.

readiness, employment opportunities, and educational activities.

## **Family Strengthening Recommended Science-Based Program Models**

### ***Functional Family Therapy***

James F. Alexander, Ph.D.  
1329 Behavioral Science  
University of Utah  
Salt Lake City, UT 84112  
(801) 581-6538 FAX: (801) 581-5841  
[jfafft@psych.utah.edu](mailto:jfafft@psych.utah.edu)

### ***Helping the Noncompliant Child***

Robert J. McMahon, Ph.D.  
University of Washington  
Department of Psychology, Box 351525  
Seattle, WA 98195-1525  
(206) 543-5136 FAX: (206) 685-3157  
<mailto:guy.grantham@health.utah.edu>  
[mcmahon@u.washington.edu](mailto:mcmahon@u.washington.edu)  
<mailto:mcmahon@u.washington.edu>

### ***The Incredible Years: Parents, and Children Training Series***

Carolyn Webster-Stratton, Ph.D.  
University of Washington  
1411 8th Avenue West  
Seattle, WA 98119  
(206) 285-7565 (888) 506-3562  
FAX: (206) 285-7565  
[incredibleyears@seanet.com](mailto:incredibleyears@seanet.com)  
[www.incredibleyears.com](http://www.incredibleyears.com)

### ***Multisystemic Therapy Program***

Scott W. Henggeler, Ph.D.  
(Contact) Keller Strother, President  
MST Services, Inc.  
268 W. Coleman Blvd., Ste. 2EMt. Pleasant, SC 29454  
(843) 856-8226 FAX: (843) 856-8227  
[keller@mstservices.com](mailto:keller@mstservices.com)  
<mailto:Henggesw@musc.edu>

### ***Strengthening Multi-Ethnic Families***

Marilyn L. Steele, Ph.D.  
1220 S. Sierra Bonita Ave.  
Los Angeles, CA 90019-2552  
(323) 936-0343 FAX (323) 936-7130  
[dr\\_mls@earthlink.net](mailto:dr_mls@earthlink.net)

### ***Healthy Families America (former Indiana)***

Phyllis Kikendall  
402 West Washington Street  
Indianapolis, IN 46204  
(317) 232-4770 FAX (317) 232-4436  
[pkikendall@fesa.state.in](mailto:pkikendall@fesa.state.in)

### ***Preparing for the Drug Free Years***

David Hawkins, Ph.D. and  
Richard Catalano, Ph.D.  
Developmental Research & Programs, Inc.  
Contact: Dan Chadrow  
130 Nickerson St., Suite 107  
Seattle, WA 98109  
(800) 736-2630 FAX: (206) 286-1462  
[moreinfo@drp.org](mailto:moreinfo@drp.org)  
[www.drp.org](http://www.drp.org)

### ***Strengthening Families Program***

Karol L. Kumpfer, Ph.D.  
University of Utah  
250 So. 1850 E. Rm. 215  
Salt Lake City, UT 84112  
(801) 581-8498 FAX: (801) 581-5872  
[karol.kumpfer@health.utah.edu](mailto:karol.kumpfer@health.utah.edu)

### ***Treatment Foster Care***

Patricia Chamberlain, Ph.D., Director  
Oregon Social Learning Center

### ***Adolescent Transitions Program***

Thomas Dishion, Ph.D.  
(Contact) Kate Kavanaugh

160 East 4th  
Eugene, OR 97401  
(541) 485-2711 FAX: (541) 485-7087  
[pattic@tigger.oslc.org](mailto:pattic@tigger.oslc.org)

***Brief Strategic Family Therapy***

José Szapocznik, Ph.D.  
(Contact) Carleen Robinson-Batista  
1425 NW 10<sup>th</sup> Avenue, Third Floor  
Miami, Florida 33136  
(305) 243-2226  
Fax: (305) 243-5577  
[mailto:vmitrani@mednet.med.miami.edu](mailto:mailto:vmitrani@mednet.med.miami.edu)

***Parenting Wisely***

Donald A. Gordon, Ph.D.  
Psychology Department, Ohio University  
Athens, OH 45701  
(740) 593-1074 FAX: (740) 593-0579  
[gordon@ohiou.edu](mailto:gordon@ohiou.edu)  
[www.familyworksinc.com](http://www.familyworksinc.com)  
[mailto:gordon@ohio.edu](mailto:mailto:gordon@ohio.edu)

***Nurturing Parenting Program***

Stephen Bavolek, Ph.D.  
27 Dunnwoody Court  
Arden, NC 28704  
(828) 681-8120 FAX (828) 681-8620  
[fdr@familydev.com](mailto:fdr@familydev.com)  
[www.familydev.com](http://www.familydev.com)

***Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families***

Myrna Shure, Ph.D.  
MCP/Hahnemann University  
245 North 15<sup>th</sup> Street, ADD MS 626  
Philadelphia, PA 19102-1192  
(215) 762-7205 FAX: (215) 762-8625  
Email: [mshure@drexel.edu](mailto:mshure@drexel.edu)

University of Oregon  
Department of Psychology  
Eugene, Oregon  
(503) 282-3662 FAX (503) 282-3808  
[katek@hevanet.com](mailto:katek@hevanet.com)

***Multidimensional Family Therapy***

Dr. Howard A. Liddle  
Center for Treatment Research on Adolescent Drug Abusept. of  
Psychiatry and Behavioral Sciences  
University of Miami School of Medicine  
1425 N.W. 10<sup>th</sup> Ave., 2<sup>nd</sup> floor  
Miami, FL 33136  
(305) 243-6434 FAX: (305) 243-3651  
[hliddle@med.miami.edu](mailto:hliddle@med.miami.edu)

***Prenatal and Early Childhood Nurse Home Visitation Program***

David Olds, Ph.D.  
(Contact) Ruth A. O'Brien, Ph.D., RN  
Kempe Prevention Research Center for  
Family and Child Health  
1825 Marion Street  
Denver, CO 80218  
(303) 864-5210 FAX: (303) 864-5236  
[obrien.ruth@tchden.org](mailto:obrien.ruth@tchden.org)

***NICASA Parent Project***

Joyce Millman, Director of Parent Services  
Norther Illinois Council on Alcoholism and Substance Abuse  
(NICASA)  
31979 N. Fish Lake Road  
Round Lake, IL 60073  
(847) 546-6450 FAX (847) 546-6760  
[joycemil@ais.net](mailto:joycemil@ais.net)

***Strengthening Families Program: For Parents and Youth 10-14***

Virginia Molgaard, Ph.D./Richard Spoth, Ph.D.  
Iowa State University  
Institute for Social and Behavioral Research  
2625 North Loop Drive, Suite 500  
Ames, IA 50010  
(515) 294-8762 or (515) 294-9752 FAX: (515) 294-3613  
[vmolgaard@iastate.edu](mailto:vmolgaard@iastate.edu)  
[www.exnet.iastate.edu/Pages/families/strength.html](http://www.exnet.iastate.edu/Pages/families/strength.html)

***Healthy and Fair Start/CEDEN***

Terry Aruguello, Program Coordinator  
1208 East 7th Street  
Austin, TX 78702  
(512) 477-1130  
FAX: (512) 477-9205  
[ceden@bga.com](mailto:ceden@bga.com)

***Effective Black Parenting***

Kerby T. Alvy, Ph.D., Executive Director  
Center for the Improvement of Child Caring  
11331 Ventura Boulevard, Suite 103  
Studio City, CA 91604-3147  
(818) 980-0903 or (800) 325-2422  
FAX: (818) 753-1054  
[cicc@flash.net](mailto:cicc@flash.net)  
[www.ciccparenting.org](http://www.ciccparenting.org)

***Families and Schools Together (FAST)***

Lynn McDonald, Ph.D., Program Founder  
FAST National Training and Evaluation Center  
Edgewood College, 855 Woodrow St  
Madison, WI 53711  
(608) 663-2382 (FAST Center)  
(608) 263-9476 FAX (608) 263-6448  
[mrmcdona@facstaff.wisc.edu](mailto:mrmcdona@facstaff.wisc.edu)  
[www.wcer.wisc.edu/fast](http://www.wcer.wisc.edu/fast)

***Parents as Teachers***

David Walker, President and CEO  
Mildred Winter, Founding Director  
Parents as Teachers National Center, Inc.  
10176 Corporate Square Drive, Ste. 230  
St. Louis, MO 63132  
(314) 432-4330 Fax: (314) 432-8963  
[patnc@patnc.org](mailto:patnc@patnc.org)

***Project SEEK***

Carol Burton, Program Director  
806 Tuuri Place  
Flint, MI 48503  
(810) 767-5750 ext. 7513  
FAX: (810) 768-7507  
[Burton@mottchc.org](mailto:Burton@mottchc.org)

***Make Parenting a Pleasure***

***Creating Lasting Family Connections***

Ted Strader  
Council on Prevention and Education:  
Substances, Inc. (COPEs)  
845 Barret Avenue  
Louisville, KY 40204  
(502) 583-6820 Fax: (502) 583-6832  
[tstrader@sprynet.com](mailto:tstrader@sprynet.com)  
<http://copes.org>

***Dare to be You***

Jan Miller-Heyl, M.S.  
DARE to be You Program (DTBY)  
Colorado State University Cooperative Extension  
Fort Collins, CO 81321  
(970) 491-2666 Fax: (970) 491-5108  
[darecort@coop.ext.colostate.edu](mailto:darecort@coop.ext.colostate.edu)  
<http://www.parentsanonymous-natl.org>

***Focus on Families***

Richard Catalano, Ph.D.,  
(Contact) Kevin Haggerty, M.S.W.  
Social Development Research Group  
9725 3<sup>rd</sup> Ave., NE, Suite 401  
Seattle, Washington 98115  
(206) 685-1997 FAX: (206) 543-4507  
<mailto:Haggerty@u.washington.edu>  
[haggerty@u.washington.edu](mailto:haggerty@u.washington.edu)

***Strengthening Hawaii Families***

Sandra Lacar  
1130 North Nimitz Highway, Suite A-259  
Honolulu, HI 96817  
(808) 545-3228 FAX: (808) 545-2686  
[cdhf@pixi.net](mailto:cdhf@pixi.net)

***Bethesda Day Treatment***

Dominic Herbst, President  
P.O. Box 210  
West Milton, PA 17886  
(570) 568-2373 FAX: (570) 568-1134  
[staff@bfsf.org](mailto:staff@bfsf.org)

***Parents Anonymous***

Minalee Saks, Executive Director  
86 Centennial Loop  
Eugene, OR 97401  
(541) 484-5316 FAX: (541) 484-1449  
[birthto3@efn.org](mailto:birthto3@efn.org)  
[www.birthto3.org](http://www.birthto3.org)

***Nurturing Program for Families in Substance Abuse Treatment and Recovery***

Norma Finkelstein, Ph.D., Executive Director  
Institute for Health and Recovery (IHR)  
349 Broadway  
Cambridge, MA 02139  
(617) 661-3991 FAX: (617) 661-7277  
<mailto:parentsanon@msn.com>

***MELD***

Joyce Hoelting  
123 North Third Street; Suite 507  
Minneapolis, MN 55401  
(612) 332-7563 FAX: (612) 344-1959  
[meldctrl@aol.com](mailto:meldctrl@aol.com)

Teresa Rafael, M.S.W., Vice President of Programs  
Contact: Kathy DuVernet  
Parents Anonymous, Inc.  
675 W. Foothill Blvd, Suite 220  
Claremont, CA 91711-3475  
(909) 621-6184 Fax: (206) 526-0220  
[parentsanon@msn.com](mailto:parentsanon@msn.com)  
[www.parentsanonymous-natl.org](http://www.parentsanonymous-natl.org)

***HOMEBUILDERS***

Charlotte Booth, Executive Director  
Behavioral Sciences Institute  
(Contact) Shelley Leavitt, Ph.D., Assistant Director  
181 South 333rd Street, Suite 200  
Federal Way, WA 98003-6307  
(253) 874-3630 FAX: (253) 838-1670  
[bsihomebuilders@worldnet.att.net](mailto:bsihomebuilders@worldnet.att.net)  
<mailto:ClawDawg1@aol.com>

***Home Instruction Program for Preschool Youngsters (HIPPY)***

Barbara Gilkey  
Arkansas Children's Hospital  
800 Marshall Street, Slot 651  
Little Rock, AR 72202  
(501) 320-3727 FAX: (501) 320-2225  
[bgilky@exchange.ach.uams.edu](mailto:bgilky@exchange.ach.uams.edu)

## **APPENDIX B: Data Reporting Requirements**

Appendix B provides information for data reporting requirements including but not limited to SAMHSA/CSAP Core Construct Measurements, CSAP GPRA, and ONDCP Performance Policy Measures.

### **ONDCP POLICY PERFORMANCE MEASURES**

The Office of National Drug Control Policy Performance Measures of Effectiveness for substance abuse prevention encompass performance goals related to the following constructs:

- 1) youth perception of risk,
- 2) youth disapproval of use,
- 3) reduce past 30 day use by youth
- 4) increase age of first use,
- 5) reverse upward trend of marijuana use by youth,
- 6) reduce prevalence of past month use of other illegal drugs and alcohol by youth, and
- 7) reduce tobacco use by youth.

The Healthy People 2010 Objectives that are leading health indicators include three topics under substance abuse prevention: alcohol and illicit drug use by adolescents, illicit drug use by adults and binge drinking by adults. The full text of the U.S. Department of Health and Human Services' Healthy People 2010 objectives on Substance Abuse Prevention can be found in Chapter 26 of the voluminous document, Tracking Healthy People 2010. It is also available at [www.cdc.gov/nhchs/hphome.htm](http://www.cdc.gov/nhchs/hphome.htm).

**CSAP's RECOMMENDED MEASUREMENT CONSTRUCTS FOR FAMILY STRENGTHENING AND MENTORING**

**CROSS-SITE CORE CONSTRUCTS**  
(Mentoring – Project Youth Connect)

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
<b>Family Bonding and Functioning</b>								
Parent Attachment		11	11				Adapted from Causes and Correlates by Thornberry, Loeber, and Huizinga (1988)	.80 range
Parent Supervision		9	12				Adapted from Causes and Correlates by Thornberry, Loeber, and Huizinga (1988)	.80 range
Family Cohesion			15				FACES II by Olson, Bell and Portner (1993)	.87
Family Adaptability			15				FACES II by Olson, Bell and Portner (1993)	.78
Appropriate Discipline			6				PYC, Steering Committee (1999)	new measure
<b>School Bonding and Academic Performance</b>								
Grades and Attendance		2					PYC Steering Committee, School Bonding Work Group (1999)	non-summative index
School Bonding		6					Adapted from the CSAP National Youth Survey and Individual Protective Factors Index by Springer and Phillips (1994)	.62

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
School Based Comfort		4					Adapted from School Based Social Comfort Scale by Zane (1992)	.88
Social Integration at School		3					3 items from the Effective School Battery by Gottfredson (1990)	not available

Legend: YIF=Youth Information Form; YBI=Youth Baseline Instrument; PIF=Parent Information Form; MM=Mentor Measure; CSD=Captured School Data; and TM=Teacher Measure.

School Safety		3	3				PYC, Steering Committee (1999)	new measure
Parent Involvement with the School			7				Parenting Survey by Chase (1998)	non-summative index
Learning Problems						9	Behavioral Assessment Scales for Children by Reynolds and Kamphaw (1992)	.70 - .90
Study Skills						13	Behavioral Assessment Scales for Children by Reynolds and Kamphaw (1992)	.70 - .90
Achievement					4		PYC, Steering Committee (1999)	non-summative index

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
Attendance/ Consequent Actions					3		PYC, Steering Committee (1999)	non-summative index

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
<b>Life Management Skills</b>								
Problem Solving		11					Adapted from the 11-item Problem Solving Scale by Zane (1992)	.69 to .82
Refusal Skills		10					Adapted from the 10-item Refusal Behaviors to Drugs and Peer Pressure Measure by Zane, Jang, Ho, and Seeberg (1995)	.84
Self Efficacy		5					Adapted from the NYS Self Efficacy Scale (1994)	.59
Cultural Pride		10					Adapted from the Cultural Pride Scale by Zane (1992)	.82
Peer Relations							Index of Peer Relations by Hudson (1992)	.82

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
<b>Mentor/Mentee Alliance</b>								
Mentor/ Mentee Alliance		10		20			PYC, Steering Committee, Mentor/Mentee Alliance Work Group (1999)	.87 (youth version)
Barriers/ Enhancers to Alliance				10			PYC DCC (1999)	non-summative index
Adult Relationships		7	7				PYC, Steering Committee, Mentor/Mentee Alliance Work Group (1999)	.60 (youth version)
<b>Attitudes Toward ATOD</b>								
Peer Attitude Toward ATOD Use		2					Adapted from NYS Peer Attitude Toward ATOD Use Scale (1994)	.90
Perceived Risk of ATOD Use		2					Adapted from the Perceived Risk Scale form, GPRA Client Outcome Measures	not available
Peer Substance Use		5					Adapted from the NYS Peer Substance Use Scale by Springer and Phillips(1994)	.80
Parent Attitude Toward Child ATOD Use			12				Questions about ATOD, Parent Survey by Chase (1998)	.70
Perception of Impact of			6				PYC, Steering Committee (1999)	new measure

<i>Indicators</i>	<i>PYC Instrument (number of questions)</i>						<i>Source</i>	<i>Psychometric Information</i>
	<i>YI F</i>	<i>YB I</i>	<i>PIF</i>	<i>MM</i>	<i>CSD</i>	<i>TM</i>		
ATOD Use								
Youth Attitude Toward ATOD Use		6					Adapted from NYS Attitudes Toward ATOD Use Scale by Springer and Phillips (1994)	not available
<b>Miscellaneous</b>								
Demographic Information	14		18		5		PYC, Steering Committee (1999)	non-summative index
Other Problem Behavior				12			PYC, Steering Committee (1999)	non-summative index

### PYC Required and Recommended Instruments

<b>PYC Instruments</b>	<b>Model I Sites</b>	<b>Model II Sites</b>
Youth Information Form	<b>X</b>	<b>X</b>
Youth Baseline Instrument	<b>X</b>	<b>X</b>
Youth Follow Up Instrument	<b>X</b>	<b>X</b>
Parent Information Form	®	<b>X</b>
Teacher Measure	®	®
Captured School Data Form	®	®
Mentor Measure	<b>X</b>	<b>X</b>
Weekly Individual Service Record (WISR)	<b>X</b>	<b>X</b>

X = required, ® = recommended





**CROSS-SITE CORE CONSTRUCTS**  
(Family Strengthening - Self-Report Youth Measures)

MEASURE	SOURCE	SCALE/CONSTRUCT	LEVEL OR TYPE OF MEASUREMENT	ITEM NO.	TOTAL NO. OF
<b>A. Demographics (required)</b>					
	CSAP/CMHS	General	Quantitative	1 to 6	6
<b>B. GPRA (required)</b>					
	CMHS	Family Living Conditions	Quantitative (8-point Likert scale)	7 to 16	10
	CSAP/CMHS	Education and Employment	Quantitative (Likert scales)	17 to 19	3
	CMHS	Mental Health & Physical Health Problems and Treatment	Quantitative (dichotomous 0,1)	20 to 21	2
	CSAP/CMHS	Drug and Alcohol Use	Quantitative (dichotomous 0,1 and Ratio scale-age)	22 to 33	12
<b>C. Common Core (appropriate)</b>					
	Kumpfer, 1997	Specific Family Needs	Qualitative (open-ended)	34 to 36	3
	Kumpfer, 1997	Overall Family Strengths and Resilience	Quantitative (dichotomous 0,1)	37 to 48	12
	Moos, 1974 modified	Family Conflict Scale	Quantitative (5-point Likert scale)	49 to 61	13
	Gorman-Smith	Family Relations/Cohesion Scale	Quantitative (Likert scale)	62 to 67	6
	Moos, 1974, modified	Family Attachment Scale	Quantitative (Likert scale)	68 to 72	5
	Arthur et. Al., modified	Family Management Scale	Quantitative (Likert scale)	73 to 78	6

**CSAP GPRA CLIENT OUTCOME MEASURES**

Form Approved  
OMB No. 0930-0208  
Expiration Date: 10/31/2002

**CSAP GPRA Client Outcome  
Measures for Discretionary Programs**

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**Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.**

# ADULT TOOL

## RECORD MANAGEMENT

Client ID

Contract/Grant ID

Grant Year     
Year

Interview Date    /    /

Interview Type **1. PRETEST 2. POST-TEST**  
**3. 6 MONTH FOLLOW-UP 4. 12 MONTH FOLLOW-UP**

## DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender  
 Male  
 Female  
 Other (please specify) \_\_\_\_\_

2. Are you Hispanic or Latino?  
 Yes  No

3. What is your race?  
 Black or African American  Alaska Native  
 Asian  White  
 American Indian  Other (Specify) \_\_\_\_\_  
 Native Hawaiian or other Pacific Islander

4. What is your date of birth    /    /     
Month / Day / Year

**DRUG AND ALCOHOL USE**

1. During the past 30 days how many days have you used the following: Number of Days
- a. Any alcohol |\_|\_|\_|\_|
  - b. Alcohol to intoxication (5+drinks in one setting) |\_|\_|\_|\_|
  - c. Other illegal drugs |\_|\_|\_|\_|

2. During the past 30 days how many day have you used any of the following: Number of Days
- a. Cocaine/Crack |\_|\_|\_|\_|
  - b. Marijuana/Hashish, Pot |\_|\_|\_|\_|
  - c. Heroin or other opiates |\_|\_|\_|\_|
  - d. Non prescription methadone |\_|\_|\_|\_|
  - e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline |\_|\_|\_|\_|
  - f. Methamphetamine or other amphetamines, Uppers |\_|\_|\_|\_|
  - g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics |\_|\_|\_|\_|
  - h. Inhalants, poppers, rush, whippets |\_|\_|\_|\_|
  - i. Other Drugs--Specify \_\_\_\_\_ |\_|\_|\_|\_|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?  
 Yes       No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?  
 \_\_\_\_\_# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?  
 Yes       No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today.

During the past 30 days, have you smoked part or all of any type of cigar?

- Yes       No

7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?

- Yes       No

8. How old were you the first time you smoked part or all of a cigarette?

\_\_\_\_\_ years old

If never smoked all or part of a cigarette please mark the box 9

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE:

If never had a drink of an alcoholic beverage please mark the box 9

10. How old were you the first time you used marijuana or hashish?

AGE:

If never used marijuana or hashish please mark the box 9

11. How old were you the first time you used any other illegal drugs?

AGE:

If never used illegal drugs please mark the box 9

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## ATTITUDES AND BELIEFS

1. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- No risk  
 Slight risk  
 Moderate risk  
 Great risk

- 2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?**
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
- 3. How much do people risk harming themselves physically and in other ways when they:**
- a. Have four or five drinks of an alcoholic beverage nearly every day?**
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
- b. Have five or more drinks of an alcoholic beverage once or twice a week?**
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
- 4. How do you feel about adults smoking one or more packs of cigarettes per day?**
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove
- 5. How do you feel about adults trying marijuana or hashish one or twice?**
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove
- 6. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?**
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove
- 7. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?**
- Neither approve nor disapprove
  - Somewhat disapprove
  - Strongly disapprove

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**EDUCATION, EMPLOYMENT, AND INCOME**

- 1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]**

|\_\_\_\_|\_\_\_\_| level in years

- 1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?**

Yes       No



**DRUG AND ALCOHOL USE**

1. During the past 30 days how many days have you used the following: Number of Days
- a. Any alcohol |\_|\_|\_|\_|\_|
  - b. Alcohol to intoxication (5+drinks in one setting) |\_|\_|\_|\_|\_|
  - c. Other illegal drugs |\_|\_|\_|\_|\_|

2. During the past 30 days how many day have you used any of the following: Number of Days
- a. Cocaine/Crack |\_|\_|\_|\_|\_|
  - b. Marijuana/Hashish, Pot |\_|\_|\_|\_|\_|
  - c. Heroin or other opiates\_\_ |\_|\_|\_|\_|\_|
  - d. Non prescription methadone |\_|\_|\_|\_|\_|
  - e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline |\_|\_|\_|\_|\_|
  - f. Methamphetamine or other amphetamines, Uppers |\_|\_|\_|\_|\_|
  - g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics |\_|\_|\_|\_|\_|
  - h. Inhalants, poppers, rush, whippets |\_|\_|\_|\_|\_|
  - i. Other Drugs--Specify\_\_\_\_\_ |\_|\_|\_|\_|\_|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?  
 Yes             No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?  
 \_\_\_\_\_ # of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?  
 Yes             No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today.

During the past 30 days, have you smoked part or all of any type of cigar?

- Yes             No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?

- Yes             No

8. On how many occasions (if any) have you had alcohol to drink-more than just a few sips?

- Never  
 1-2  
 3-5  
 6-9  
 10-19  
 20-39  
 40 or more

9. How old were you the first time you smoked part or all of a cigarette?

                    years old

If never smoked part or all of a cigarette please mark the box    9

10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE:

If never had a drink of an alcoholic beverage please mark the box    9

11. How old were you the first time you used marijuana or hashish?

AGE:

If never used marijuana or hashish please mark the box    9

12. How old were you the first time you used any other illegal drugs?

AGE:

If never used any illegal drugs please mark the box    9



## **FAMILY AND LIVING CONDITIONS**

1. **During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
  - Not at all**
  - Somewhat**
  - Considerably**
  - Extremely**
  
2. **During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
  - Not at all**
  - Somewhat**
  - Considerably**
  - Extremely**
  
3. **During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
  - Not at all**
  - Somewhat**
  - Considerably**
  - Extremely**

## **ATTITUDES AND BELIEFS**

1. **It is clear to my friends that I am committed to living a drug-free life.**
  - False**
  - Maybe**
  - True**
  
2. **I have made a final decision to stay away from marijuana.**
  - False**
  - Maybe**
  - True**
  
3. **I have decided that I will smoke cigarettes.**
  - False**
  - Maybe**
  - True**
  
4. **I plan to get drunk sometime in the next year.**
  - False**

- Maybe
- True

5. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Can't Say/Drug Unfamiliar
6. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month or more?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Can't Say/Drug Unfamiliar
7. How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Can't Say/Drug Unfamiliar
8. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage nearly everyday?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Can't Say/Drug Unfamiliar
9. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage once or twice a week?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Can't Say/Drug Unfamiliar
10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- Very wrong
  - Wrong

- A little bit wrong
- Not wrong at all

11. How wrong do you think it is for someone your age to smoke cigarettes?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

12. How wrong do you think it is for someone your age to smoke marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- Very wrong
- Wrong
- A little bit wrong
- Not wrong at all

## EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|\_\_\_\_|\_\_\_\_| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

- Yes
- No



## APPENDIX C: Family Strengthening and Mentoring References

### Family Strengthening

Ary, D.V., Duncan, T.E., Biglan, A., Metzler, C.W., Noell, J. W., and Smolkowski, K. (in press). Developmental model of adolescent problem behavior. Journal of Abnormal Child Psychology.

Ashery, R.S., Robertson, E., and Kumpfer, K.L. (Eds.) (1998). Drug Abuse Prevention Through Family Interventions (NIDA) Research Monograph #177. (NIH Publication No. 97-4135) Rockville, MD: National Institute On Drug Abuse.

Bandura, A. (1986). Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice-Hall

Bry, B. H., Catalano, R.F., Kumpfer, K.L., Lochman, J.E., and Szapocznik, J. (1998). Scientific findings from family prevention intervention research. In R.S. Ashery, E. Robertson, and K.L. Kumpfer (Eds.), Drug Abuse Prevention Through Family Interventions (NIDA Research Monograph #177). Rockville, MD: National Institute on Drug Abuse.

Center for Substance Abuse Prevention. (1998). Family-centered Approaches to Prevent Substance Abuse Among Children and Adolescents: A Guideline. Prevention Enhancement Protocol System (PEPS) (Number 277-92-1011). Washington, DC: US Government Printing Office.

Center for Substance Abuse Prevention and Office of Juvenile Justice and Delinquency Prevention. Strengthening America's Families. (2000). Alvarado, R., Kendall, K., Beesley, S., Lee-Cavaness, C. (eds.) Document reference number PH388 available for NCADI [www.health.org](http://www.health.org).

Coombs, R.H., Paulson, M.J., and Richardson, M.A. (1991). Peer versus parental influence in substance use among Hispanic and Anglo children and adolescents. Journal of Youth and Adolescence, 20, 73-88.

DHHS/SAMHSA. (1998). Results fo the National Household Survey. SAMHSA, OAS, Press release, Friday, August 1998.

Dunst, C.J., and Trivette, C. M. (1994). Methodological considerations and strategies for studying the long-term follow-up of early intervention. In S. Friedman, and H.C. Haywood (Eds.). Developmental follow-up: Concepts, domains, and methods (pp. 277-313). San Diego, CA.

Elliot, D., Huizinga, D., and Menard, S. (1989). Multiple Problem Youth: Delinquency, Substance Use, and Mental Health Problems. New York: Springer-Verlag.

Harris, J.R. (1998). The Nurture Assumption: Why Children Turn Out the Way They Do. Free Press.

Johnston, L. D., O'Malley, P.M., and Bachman, J.G. (1997). Drug use rises again in 1996 among American teens. News release. University of Michigan Monitoring the Future Study of American Youth, December, 1997.

Kazdin, A. E. (1995). Conduct Disorders in Childhood and Adolescence (2<sup>nd</sup> ed.) Thousand Oaks, CA: Sage.

King, J., Beals, J., Manson, S.M., and Trimble, J.E. (1992). A structural equation model of factors related to substance use among American Indian adolescents. In J.E. Trimble, C.S. Bolek, and S. J. Niemcryck (Eds.), Ethnic and Multi cultural drug abuse: perspectives on current research.

Kumpfer, K. L. (1993). Strengthening America's families: Promising parenting and family strategies for delinquency prevention. A Users Guide. Washington, D.C. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available: <http://www.strengtheningfamilies.org>

Kumpfer, K.L. and Alvarado, R. (1995). Strengthening families to prevent drug use in multiethnic youth. In G. Botvin, S. Schinke, and M. Orlandi (Eds.), Drug abuse prevention with multi-ethnic youth (pp. 253-292). Newbury Park, CA: Sage Publications.

Kumpfer, K.L. , and Turner C.W. (1990-1991). The social ecology model of adolescent substance abuse: Implications for prevention. The International Journal of the Addictions, 25, (4A), 435-463.

Loeber, R. and Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In N. Morris, and M. Tonry (Eds.). Crime and Justice: An annual review of research (pp. 29-149), Chicago, IL: University of Chicago Press.

Mrazek, P.J., and Haggerty, R.J. (1994). Reducing risks for mental disorders: frontiers for preventive intervention research. Washington, DC: National Academy Press for the Institute of Medicine, Committee on Prevention of Mental Disorders.

Newcomb, M.D. (1995). Drug use etiology among ethnic minority adolescents: risk and protective factors. In G. Botvin, S. Schinke, and M. Orlandi, M. (Eds.), Drug abuse prevention with multi-ethnic youth (pp. 105-129). Newbury Park, CA: Sage Publications.

## **Mentoring**

Benard, B. Fall (1996). Mentor/advocating: New Study shows the Power of Relationships to Make a Difference: Research Report. Berkely, CA: Resiliency.

Brindis, C., Barth, R., and Loomis, A. (1987). Continuous Consuling: Case Management with Teenage Parents. Social Casework: The Journal of Contemporary Social Work, March: 164-172.

Coie, J.D., Wat2-t, N.F., West, S.G., Shure, M.B., and Long, B. (1993). The Science of Prevention: a conceptual framework and some directions for a National Research Program. American Psychologist, October, Vol. 48, No. 10, 1013, 1022.

Davidson, W., and Redner, R. (1998). The Prevention of Juvenile Delinquency: Diversion from the Juvenile Justice System. In R. Price, E. Cowen, R. Lorion and J. Ramos-McKay (Eds), 14 Ounces of Prevention. Washington, DC American Psychology Association.

Donovan, J.E., and Jessor, R. (1985). The structure of problem behavior in adolescence and young adulthood. Journal of Consulting and Clinical Psychology, 53, 890-904.

Donovan, J.E., and Jessor, R. and Costa, F.M. (1988). Syndrome of Problem Behavior in Adolescence: A replication. Journal of Consulting and Clinical Psychology, 56, 5: 762-765.

Earle, J. (1989). Adolescent Pregnancy and Dropout Prevention Project of NASBE Unpublished Report, National Association of State Boards of Education, Washington, DC

Elliot, D. S., Huzinga, D., and Menard, S. (1989). Multiple Problem Youth: Delinquency, Substance Use, and Mental Health Problems. New York: Springer-Verlag.

Eisenhower, Milton S. Foundation (1998). Youth Investment and Police Mentor/Advocating. Washington, DC

Grant, William T. Foundation, The Forgotten Half: Pathways to Success for America's Youth and Young Families, 1988.

Hawkins, R. and Catalano, J. (1994). Risk-focused prevention using communities that care. Developmental Research and Programs, Inc. 1994

Losciuto, L., Rajala, A., Townsend, T., and Taylor, A. (1996). An Outcome Evaluation of Across Ages: An Intergenerational Mentor/Advocating Approach to Drug Prevention. Journal of Adolescent Research, 11(1), 116-128.

Mecartney, C.A., Stylcs, M.B., and Morrow, K.V. (1994). Mentor/advocating in the Juvenile Justice System: Findings from Two Pilot Programs. Philadelphia, PA: Public/Private Ventures.

OJJDP (1995). Guide for Implementing the Comprehensive Strategy for Serious Violent and Chronic Juvenile Offenders. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Patterson, G. R., and Fleishman, M. J. (1979). Maintenance of Treatment Effects: Some considerations concerning family systems and follow-up data, Behavior Therapy, 10, 168-185.

Sloboda, Z. (1997). Preventing Drug Use Among Children and Adolescents, A Research-Based Guide. NIDA, NIH Publication, 97-4212.

Tierney, J.P., J.B., Grossman, and N.L. Resch. Making a difference: An Impact Study Big Brothers/Big Sisters. Philadelphia, PA: Public/Private Ventures, Fall 1995.

Werner, E.E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. Journal fo Studies on Alcohol, 47, 34-40.