

Oregon Statewide Survey of Prevention Programming

Section 1: Prevention Activities Provided by Counties with Oregon Health Authority Funds

Alcohol and Drug Policy Commission • April 2014

Expectations for County Prevention Programming

To understand the array of county-level prevention activities, it is useful to understand expectations that have been communicated to the counties from their funders. First, The Oregon Health Authority, Addictions and Mental Health Division (OHA-AMH), the principal funder of county prevention services, provides every county with enough funding for at least a half-time employed County Prevention Coordinator¹. These County Prevention Coordinators are instructed by OHA-AMH in the use of prevention tools from SAMHSA's Center for Substance Abuse prevention, specifically, the "Strategic Prevention Framework"²—a structured five-step community planning process:

1. Assessing needs

Prevention coordinators are expected to document local information about consequences of substance abuse and patterns of consumption. The planning model allows great latitude here: "Any social, economic, or health problem can be defined as a substance-related consequence if the use of alcohol, tobacco, or illicit drugs increases the likelihood that the consequence will occur." Collection of community-level quantitative and qualitative data is expected.

2. Building capacity

- a. Improving awareness of substance abuse problems and readiness of stakeholders to address these problems.
- b. Strengthening existing partnerships and/or identifying new opportunities for collaboration.
- c. Improving organizational resources.
- d. Developing and preparing the prevention workforce.

3. Planning

- a. Assess risk and protective factors
- b. Define consequences, consumption patterns, and risk factors associated with the identified priority problem(s) linking them to selected prevention approaches.
- c. Develop a comprehensive plan with strategies for addressing resource and readiness gaps, and an evaluation plan.
- d. Establish a process and criteria for determining what is evidence-based and for reviewing selected strategies.
- e. Determine a mechanism for soliciting proposals and a systematic and culturally-competent review process.

OHA-AMH informs the Prevention Coordinators that it expects them to choose programs that fit one of the three Institute of Medicine Framework categories³: either a universal, selective, or indicated approach, and that the programs selected will reflect accepted prevention strategies and principles.

4. Implementing

Planners are to consider whether there are factors that require adaptation of a program, e.g., the target population is different from original program design, or the budget, time, or staffing is limited. Planners are cautioned that a program that requires some adaptation may be easier or cheaper than presenting a program as designed or having an expert design a tailored program, but programs that are implemented with complete fidelity are most likely to be effective.

5. Evaluating

In the context of the Strategic Prevention Framework, communities are expected to conduct process evaluation (not outcome evaluation), documenting such things as the variety of community people involved in planning and implementing the program, whether potential new partners were identified, whether the strategy seemed "right," etc.

OHA-AMH expects County Prevention Coordinators to plan and conduct activities that fit the six strategy categories of the SAMHSA Center for Substance Abuse Prevention. OMA-AMH lists those categories and example activities in its Prevention Coordinator Manual.

Examples of services in each strategy include:

- a. Information Dissemination - media campaigns, speaking engagements;
- b. Prevention Education - school curricula and parenting education;
- c. Alcohol, Tobacco & Other Drugs (ATOD) Free Alternatives - youth leadership, mentoring, and youth led community service projects;
- d. Community Based Processes - community coalitions (Oregon Together);
- e. Environmental/Social Policy - school policies and community laws concerning alcohol, tobacco and other drugs; and
- f. Problem Identification and Referral - student assistance programs, referral to treatment.

Synar Accountability

The 1992 Synar Amendment to the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (Public Law 102-321) was intended to decrease access to tobacco products by people under 18. Its goal is to reduce the number of illegal purchases of tobacco products by minors. The Synar law requires each state to conduct random, unannounced inspections of tobacco vendors to assess their compliance with the law. Each state must submit an annual report to the federal government describing its enforcement activities, measures of effectiveness, and plans for the next year.

Two observations: first, it appears that in some but not all counties, the County Prevention Coordinator is working to fulfill the state's Synar tobacco reduction obligations by organizing decoy purchase attempts, "Reward and Reminder Visits," etc. It is not readily evident from the "Substance Abuse Prevention Coordinator Manual 2013" that this has been communicated as an expectation of all counties, however. It seems that it may be reasonable to require this of county prevention coordinators.

Second, the federal government requires the states to complete a standardized Synar prevention activities form annually to report specific information about prevention activities completed, activities planned, and effectiveness measures. Adapted to a county level, a standard report like this could be a model for improved accountability of prevention activities in Oregon.

Biennial Implementation Plan 2013-2015 (BIP)

The county-specific information presented in this paper was provided by each county's prevention office, in their Biennial Implementation Plans for 2013-2015⁴ (BIP). These BIPs and quarterly activity reports filed by each county are the principal methods of justifying and accounting for state prevention funding. OHA-AMH publishes each county's BIP on its website. (The quarterly reports are not posted there.) In exchange for these BIPs, the state of Oregon awards funding to the counties. During this biennium, that funding is more than \$24 million.

In this paper, you'll see the phrase "----- county reports that it provides..." Most of the counties did not clearly distinguish, in their BIPs, whether the activities they described were provided in the past or actually planned for the (then, upcoming) 2013-2015 biennium. Perhaps they intended this to mean that they plan to continue all the activities they've conducted in the past. Where counties clearly delineated their past from their plan, the language in this paper reflects that.

Most of the activities planned and reported in the county BIPs are not evidence-based or research-based practices. Most of these activities seem logical and probably benign, but because they are not evidence-based or research-based, we are unable to say whether they produce any positive outcomes related to:

- Improving the community's/population's overall health
- Changing common influences on the prevalence of substance abuse

- Changing the age of onset of substance use
- Reducing risk factors or increasing protective factors related to substance abuse
- Enhancing individuals' ability to achieve developmentally appropriate tasks, a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthening their ability to cope with adversity.

County Prevention Activities and Programs

County-level prevention programs in Oregon generally are concerned with preventing:

- Alcohol abuse
- Tobacco use
- Other drug abuse
- Mental health issues
- Suicide

Some county prevention programs are also concerned with preventing child abuse or neglect, domestic violence, behavior problems in school, school dropout, bullying and juvenile crime prevention.

County prevention offices may share responsibility for certain programming with other county departments. For example, as mentioned above, a county health department may manage tobacco prevention programming, or a mental health contractor may manage suicide prevention programming. In some instances, school districts fund and manage prevention programming, especially those programs focused on behavior problems in school, school dropout, or bullying.

The prevention programming described in this paper may not completely represent all of the prevention programs offered in each county. The information here is the self-report of the counties in their BIPs. Prevention programs that are delivered primarily by a county health or human services department, courts, schools, juvenile justice programs, local non-profits, churches, etc., may not be included here.

Evidence-Based Practices

In this paper, the term "Evidence-Based Practice" or "EBP" means that one of seven selected research or evaluation entities have listed a particular program as an evidence-based practice, a research-based practice, or a promising practice. Here is a quick, simplified, plain-language definition of those terms:

- "Evidence-based practice" means that independent published research has shown that this activity, when conducted "with fidelity" (following the exact structure and process specified by its program design) is significantly more likely than chance to produce well-defined positive outcomes, and is unlikely to produce detrimental results.
- "Research-based practice" means that this activity is based on independent published research suggesting that it is likely to produce well-defined positive outcomes, but has not been fully evaluated to assure that its particular program design reliably

produces positive outcomes without detrimental results.

- “Promising practice” means that this activity seems consistent with research suggesting that it is likely to produce well-defined positive outcomes, but its program design or effectiveness has not been fully evaluated.

Cost-Benefit or Benefit-Cost

Two of seven evaluation/rating entities referenced in this paper, SAMHSA (the U.S. Substance Abuse and Mental Health Services Administration), and WSIPP (Washington Institute for Public Policy), use the term “cost-benefit” or “benefit-cost.” In the charts below, those estimates are shown in a format like this: “\$160/family; 30:1.” This means that the researchers estimate that the cost of providing the program would be \$160 for each participating family, and that each dollar invested on this EBP will result in \$30 savings in lifetime societal costs. In this example, a \$160 expense for program participation is estimated to yield \$4,800 in savings to the community.

Both SAMHSA and WSIPP base their estimates on meta-analyses, in which they review the findings of hundreds of published research articles, and conduct detailed analyses of demography and the economics of various social costs over time; WSIPP specifically evaluated social costs for the State of Washington. In this paper, we are “borrowing” both SAMHSA’s and WSIPP’s meta-analyses. Oregon’s costs are likely similar, though not exactly the same.

SAMHSA does not offer cost-benefit analyses for every program that it rates as evidence-based. It is possible that an evidence-based program may not have a positive cost-benefits; an effective program may cost more to provide than its savings yield. We should also remember that there may be program benefits for which a dollar value cannot be estimated.

The WSIPP analysis was conducted in 2004, so it addresses fewer current programs and may be less accurate in its cost per participant estimates.

The Selected Evaluation/Rating Entities

The seven evaluation/rating entities cited in this paper were selected primarily because their ratings are readily available on the Internet and are perceived as credible. Sometimes, the ratings seem contradictory. An objective meta-analysis such as WSIPP’s, conducted for Oregon, may produce still different results.

1. AMH-Approved Practices and Process⁵

The Oregon Health Authority, Addictions and Mental Health Services (OHA-AMH), publishes a “Complete List of AMH-Approved Practices.” OHA-AMH lists programs and practices that it has determined are EBPs. This list was last updated in October, 2012.

2. SAMHSA-National Registry of Evidence-Based Programs and Practices (NREPP)⁶

SAMHSA maintains a website displaying its National Registry of Evidence-Based Programs and Practices

(NREPP). At this writing, 329 interventions are listed. These include prevention EBPs as well as treatment EBPs. Most are designed to address mental health or substance use topics, though some of these EBPs are proven to produce positive outcomes in other areas.

SAMHSA Cost-Benefit Estimate⁷

SAMHSA published its “Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis” in 2009. It analyzes the costs of substance abuse, and the cost savings yield of effective prevention programming. It lists the substance abuse prevention programs that SAMHSA considers most cost-beneficial.

3. Washington State Institute for Public Policy – WSIPP⁸

WSIPP is a non-partisan policy research organization funded and operated for the benefit of Washington State. The Washington State legislature has directed WSIPP to identify “evidence-based” policies in many areas, including substance abuse treatment and prevention.

WSIPP Benefit-Cost Rating⁹

WSIPP has published its “Inventory of Evidence-Based, Research-Based, and Promising Practices” since 2004, most recently updating it in October 2013. It analyzes the costs of substance abuse, and the cost savings yield of effective prevention programming.

4. Athena List of Evidence-Based Practices¹⁰

The State of Washington Department of Social and Health Services maintain a list of practices endorsed by that state agency. It is Washington’s equivalent of Oregon’s “List of AMH-Approved Practices.” It is displayed on a website called “The Athena Forum.”

5. PPN - Promising Practice Network on Children, Families, and Communities¹¹

The Promising Practice Network is operated by the RAND Corporation. RAND is a “think tank,” a nonprofit research organization providing objective research and analysis on issues of policy in child health, juvenile justice, education, child care, labor, prenatal health, substance abuse, firearms violence, and early childhood interventions. Based on RAND’s meta-analysis, the PPN rates programs as “Proven,” “Promising,” or when identified below as “NOT RATED, pending,” as “undergoing further investigation and analysis.”

6. Coalition for Evidence-Based Policy – Social Programs that Work¹²

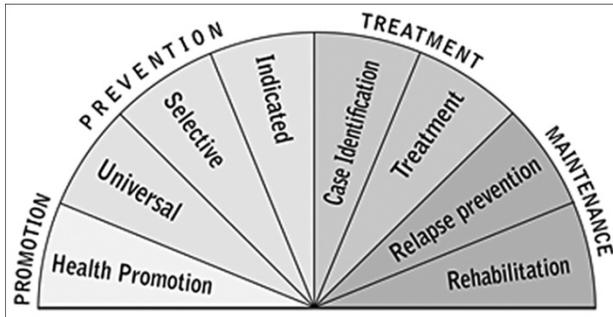
The Coalition is a nonprofit, nonpartisan organization, whose mission is to increase government effectiveness through the use of rigorous evidence about “what works.” Its main concern is that government programs intended to address important social problems often fall short by funding models/strategies (“interventions”) that are not effective. The Coalition rates effective prevention programs as “Top Tier” or “Near-Top Tier.”

7. **Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability**³³

The National Association of State Mental Health Program Directors Research Institute operates the Center for Mental Health Quality and Accountability, an independent research organization. It conducted a large scale meta-analysis and published its matrix of evidence based interventions for children in 2006. It listed programs that it determined were evidence-based.

Categorization

The Institute of Medicine, of the National Academies (IOM), is a non-profit non-governmental organization. Its purpose is to provide unbiased, evidence-based policy advice on issues related to science and health. In 2009, it published a graphic illustrating the range of activities involved in a successful societal response to issues of addiction. This construct has been widely accepted in the fields of prevention and treatment.



In this IOM framework, there are three domains of prevention activities:

Universal – population-based or “whole community” interventions in which the needs of people at all levels of risk are addressed

Selective – activities directed to segments of the population considered higher risk than the general population

Indicated – activities directed to individuals whose behavior indicates that they are beginning to be affected or very likely to be affected by substance abuse

Where the developers of an intervention or one of the seven rating entities referenced in this paper have identified an IOM categorization, it is included below as “**IOM Categorization.**” In a few instances, the National Institute of Health/National Institute of Drug Abuse has listed a similar categorization. This is included below as “**NIH/NIDA Categorization.**”³⁴

Counties, Not Tribes

Eight Oregon tribal organizations filed a Biennial Implementation Plan 2013-2015 with the state. This paper addresses only the county plans and activities; it does not address prevention activities conducted by tribal organizations.

Evidence-Based Prevention Programs Provided in Oregon Counties

Alcohol: True Stories

Marion County

IOM Categorization: UNIVERSAL

Alcohol: True Stories is designed for students in fifth through twelfth grades. It is four 20-minute videos that tell stories about drinking and driving, lost opportunities, addiction, alcohol-related violence, and the effects of alcohol use on relationships. It is to be delivered in two 50-minute sessions or four 25-minute sessions in which students watch each videos, then briefly discuss the contents.

According to SAMHSA, two studies evaluated this \$99 video program. One found that after watching the video, fewer children reported that they thought drinking alcohol is OK when kids want to have fun. The other study found that after watching the video fewer children reported that they thought drinking alcohol is OK when kids want to have fun and fewer thought that kids drinking alcohol was OK as long as they didn't get drunk.

Alcohol: True Stories	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children's Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

ASIST

Benton County, Columbia, Douglas, Hood River, Jackson, Lane, Malheur, Multnomah, Tillamook, Umatilla, Washington Counties

ASIST is a two-day workshop for people who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. The training is

intended to teach suicide first aid skills in small group discussions interactive practice with videos about suicide intervention.

ASIST	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	NOT LISTED
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children's Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

“Child parent psychotherapy, a type of filial therapy”

Morrow County

IOM Categorization: SELECTIVE/INDICATED

The term “**child parent psychotherapy, a type of filial therapy**” reported by Morrow County to OHA is believed to refer to **Child-Parent Psychotherapy** or **CPP**. **CPP** is an intervention for children birth through five years old who are experiencing attachment, behavior, or mental health problems, including PTSD. The target children have experienced at least one traumatic event (maltreatment, sexual abuse, accident, exposure to domestic violence, sudden or traumatic death of family member.)

CPP helps the primary parent and the child learn new ways of communicating and interacting to help restore the child's sense of safety, attachment, and to help improve the child's cognitive, behavioral, and social functioning. The intervention is provided by a master's or doctoral level professional, weekly, for about a year.

Child-Parent Psychotherapy (CPP)	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED

WSIPP Benefit-Cost Rating	NOT YET AVAILABLE
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED
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Communities Mobilizing for Change on Alcohol (CMCA)

Union County

IOM Categorization: UNIVERSAL

Communities Mobilizing for Change on Alcohol is a structured community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. The goals of organizing are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens.

The program involves community members in advocating for changes in local public policies and the practices of community institutions that can affect youths' access to alcohol. Initial training expenses run from \$7,500 to \$21,000 and it is estimated to cost \$300-\$500 per month to sustain. **CMCA** has been implemented at multiple sites for the past 15 years.

Multiple research studies found that bars and restaurants in communities that used the **CMCA** program improved in checking underage IDs, avoiding selling to young people, reducing underage people’s ability to buy alcohol or supply it to others, reducing the number of drinks consumed, reducing DUI arrests in 18-20 year olds, etc.

Communities Mobilizing for Change on Alcohol (CMCA)	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED

Drugs: True Stories

Marion County

IOM Categorization: UNIVERSAL

Drugs: True Stories is designed for students in fifth through twelfth grades. It is a 30-minute \$99 video that tell stories about risks of drug experimentation, denial by the user and family members, addiction, recovery, and the benefits of avoiding drug use. It is to be delivered in a single session or three sessions in which students watch each video, then briefly discuss the contents.

According to SAMHSA, the single study that evaluated this program found that the percentage of students who reported that they were somewhat or extremely likely to have a family discussion about teenage illicit drug use in the coming week increased for those who viewed **Drugs: True Stories**.

Drugs: True Stories	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Family Matters

Union County

IOM Categorization: UNIVERSAL

Family Matters is a “family-directed” program designed to prevent 12-14 year old children from using alcohol and tobacco. The program encourages communication among family members and focuses on general family characteristics (e.g., supervision and communication skills) and substance-specific characteristics (e.g., family rules for tobacco and alcohol use and media/peer influences).

The program involves successive mailings of four booklets to families and telephone discussions between parents and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed.

Evaluation found that among children who had tried tobacco and alcohol before the program, there was a slight reduction in use and that fewer participants began smoking after the training.

Family Matters	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$160/family; 30:1
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	RBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT RATED, pending
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Friendly PEERsuasion

Marion County

Friendly PEERsuasion is a program for girls 11-14 years old that teaches about peer influence to help girls improve their decision making and resistance skills. The program approaches drug abuse prevention as a peer issue, giving girls experience in using positive, healthy behavior to influence peers. **Friendly PEERsuasion** teaches about the effects of drug use on mind and body, helping girls learn to resist negative dangerous activities and combat stress in healthy ways.

The creators of the program say that 22% of 11 and 12 year old girls who participated reported smoking, drinking, or using other drugs, compared with 34% of girls who did not participate. Four percent of 11 and 12 year old participants reported staying in situations where peers were smoking, drinking, or using other drugs while 14% of non-participant girls reported staying in situations where peers engaged in such behavior. Participating girls were more likely to avoid situations where peers were smoking, drinking, or using drugs.

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Friendly PEERsuasion	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	NOT LISTED
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Good Behavior Game

Lake and Lane Counties

Good Behavior Game is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior. This program costs about \$20,000 per school for initial training, then about \$600-\$1,000 per classroom per year.

Good Behavior Game is designed for first and second grade classrooms though some schools may elect to continue it in subsequent grades. GBG was developed in 1969 and evaluated in multiple randomized trials beginning in the mid 1980s. It has shown such positive results that it has been widely implemented across the U.S., and in the Netherlands, Belgium and England. A fourteen year follow-up study showed that the program has lasting benefits: for example, males who spent first and second grade in control classrooms were about 3.4 times more likely to have drug abuse or drug dependence disorders than males who had been in GBG classrooms fourteen years earlier.

Good Behavior Game	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP

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SAMHSA Cost-Benefit Estimate	\$61/pupil; 35:1
Washington State Institute for Public Policy – WSIPP	EBP
WSIPP Benefit-Cost Rating	\$156/pupil; 85:1
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	TOP TIER
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

Practices	
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Guiding Good Choices

Linn County

IOM Categorization: UNIVERSAL

Guiding Good Choices is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It attempts to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that help children to resist drug use.

Guiding Good Choices is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills. Families receive a family guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting.

Studies of the program’s outcomes found multiple positive effects. Among them, young adults whose parents had participated in the program showed lower frequency of illicit substance use, less frequent drunkenness, less alcohol abuse and less other substance use than controls.

Guiding Good Choices	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$710/family; 3.4:1
Washington State Institute for Public Policy - WSIPP	Research-Based
WSIPP Benefit-Cost Rating	\$887/family; 2.9:1
Athena List of Evidence-Based	EBP

Healthy Families

Crook, Deschutes, Jefferson, Klamath Counties

Healthy Families is a home visiting program designed for families who are at-risk for adverse childhood experiences, including child maltreatment, families with histories of trauma, intimate partner violence, mental health and/or substance abuse issues. Home visits begin prenatally or immediately post-birth and continue for 3 to 5 years after the birth.

Evaluation found the program, created in 1992, reduced child maltreatment, increased utilization of prenatal care and decreased pre-term, low weight babies, improved parent-child interaction and school readiness, reduced use of TANF and increased use of primary care medical services.

Healthy Families	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	NOT LISTED
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	Research-Based
WSIPP Benefit-Cost Rating	\$4,687; 1:0.45 NOT COST-EFFECTIVE
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN, when presented in high fidelity to model
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Incredible Years

Linn and Marion Counties

IOM Categorization: *SELECTIVE/INDICATED*

Incredible Years is a training series intended as a cost-effective, early prevention program for families and teachers of young children. It promotes social, emotional, and academic competence and attempts to prevent children from developing conduct problems. It also gives teachers and parents interventions to treat and reduce early onset of conduct problems in young children. It offers a variety of age-specific programs to be implemented with children, parents, or teachers.

Outcome research found that Incredible Years programs improved parenting skills, reducing harsh, coercive, and negative parenting, improving child emotional literacy, self-regulation, and social competence. Improved parent bonding and involvement with teacher and school and teacher classroom management skills were also reported, with fewer child behavior problems.

Incredible Years	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	Research-Based
WSIPP Benefit-Cost Rating	\$2,110/family; 1:0.85 NOT COST EFFECTIVE
Athena List of Evidence-Based Practices	YES
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

Keep a Clear Mind

Marion County

IOM Categorization: *UNIVERSAL*

Keep a Clear Mind is a take-home drug education program for elementary school students in grades 4-6 (ages 9-11) and their parents. It consists of four weekly lessons based on a social skills training model: Alcohol, Tobacco, Marijuana, and Tools to Avoid Drug Use. Each lesson

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introduces the topic for the week and is followed by a sequence of five activities to be completed at home with a parent.

Outcome evaluation revealed changes in attitude and beliefs. For example, parents who participated in the program believed their children were more likely to refuse tobacco, alcohol or other drugs; children in the program believed their parents didn’t “think it is OK” to use alcohol or marijuana. Participants reported increased occurrence and frequency of conversations between children and their parents about drugs. The initial program training is about \$2,000, then about \$5.00 per family.

Keep a Clear Mind	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Keepin' It Real

Union County

IOM Categorization: *UNIVERSAL/SELECTIVE*

Keepin' It Real is a substance use prevention program for students 12-14 years old. Keepin' it REAL uses a school-based 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. It teaches children a resistance strategy called REAL: Refuse offers to use substances, Explain why you do not want to use substances, Avoid situations in which substances are used, and Leave situations in which substances are used.

Curriculum participants reported lower alcohol, marijuana, and cigarette use than students who did not receive the program. Effects lasted up to 14 months for alcohol use and marijuana use and up to 8 months for cigarette use. There are large discounts for schools and communities currently using the DARE program—including free 80-hour training for “DARE officers.”

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Keepin' It Real	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$130/pupil; 28:1
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children's Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children's Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

LifeSkills Training (LST)

Baker County, Crook, Deschutes, Jefferson, Klamath, Linn Counties

IOM Categorization: UNIVERSAL

LifeSkills Training is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. LST programs target elementary school, middle school, and high school.

This is a structured program model identified with Dr. Gil Botvin and colleagues at Weill Medical College of Cornell University. (A few other Oregon counties reported providing "life skills training" but did not identify this model as their approach.) Evaluation of the program used with middle school-aged children showed reduced levels of substance use, violence and delinquency. The program also showed positive changes in normative beliefs about substance use and increased substance use refusal skills.

Life Skills Training	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$220/pupil; 21:1
Washington State Institute for Public Policy - WSIPP	EBP
WSIPP Benefit-Cost Rating	\$35/pupil; 50:1

Mental Health First Aid

Clackamas, Clatsop, Columbia, Douglas, Jackson, Lane, Malheur, Wallowa Counties

IOM Categorization: UNIVERSAL/SELECTIVE/INDICATED

Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

Training is delivered by a certified instructor in an interactive 12-hour course, delivered in two 6-hour sessions or four 3-hour sessions. The course introduces risk factors, warning signs, and symptoms for a range of mental health problems, including comorbidity with substance use disorders. Participants learn a five-step first aid action plan "ALGEE" for use with an individual in crisis:

- A--Assess for risk of suicide or harm
- L--Listen non-judgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

Evaluation showed increased knowledge about mental illness among participants, more positive attitudes toward people in mental health crisis, and greater incidence of helping behaviors. Program trainers spend five days and \$1,850 for certification every three years; participant manuals cost \$15 each. Training may be offered free or trainers may charge \$120-\$180 per person.

Mental Health First Aid	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	

Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Not on Tobacco (N-O-T)

Klamath County

Not on Tobacco is a school-based smoking cessation program designed for youth ages 14 to 19 who are daily smokers. It consists of 50-minute weekly group sessions for 10 consecutive weeks, plus four optional booster sessions. The sessions are delivered in gender-specific groups of 10-12 teens by same-gender facilitators: teachers, school nurses, counselors, and other staff and volunteers who are trained to facilitate group sessions. Research showed that participants were much more likely than non-participants to quit smoking.

Not on Tobacco	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Nurse-Family Partnership

Crook, Deschutes, Jefferson Counties
IOM Categorization: **SELECTIVE**

Nurse-Family Partnership is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children. Nurses follow a detailed, visit-by-visit guide that provides information on tracking

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dietary intake; reducing cigarette, alcohol, and illegal drug use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care professionals; promoting parent-child interactions; creating safe households; and considering educational and career options.

Typical programs serve a minimum of 100-200 families and are supported by 4-8 trained registered nurse home visitors (each carrying a caseload of 25 families), a nurse supervisor, and administrative support. Nurse home visits begin early in pregnancy and continue until the child's second birthday. The frequency of home visits changes with the stages of pregnancy and infancy and is adapted to the mother's needs, with a maximum of 13 visits occurring during pregnancy and 47 occurring after the child's birth.

Nurse-Family Partnership	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	\$9,778; 2.7:1
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	TOP TIER
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

Nurturing Parenting Program (NPP)

Coos and Marion Counties

IOM categorization: **SELECTIVE/INDICATED**

Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. **NPP** is intended to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment; increase the use of alternative strategies to harsh and abusive disciplinary practices; increase parents' knowledge of age-appropriate developmental expectations; reduce abuse and neglect rates.

Participants develop in five areas: (1) age-appropriate expectations; (2) empathy, bonding, attachment; (3) nonviolent nurturing discipline; (4) self-awareness, self-worth; and (5) empowerment, autonomy, healthy

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independence. Sessions occur either at home or in a group with other families. Groups combine separate experiences for parents and children with shared "family nurturing time." In the home-based sessions, parents and children meet separately and jointly during a 90-minute lesson once per week for 15 weeks. The programs are staff-intensive: two group facilitators are recommended for every seven adults participating in the program and an additional two group facilitators for every 10 children.

Nurturing Parent	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Parent-Child Interaction Therapy (PCIT)

Coos, Douglas, Jackson, Josephine, Marion Counties
IOM Categorization: N/A

Parent-Child Interaction Therapy (PCIT) is a treatment program for young children with conduct disorders that emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns. **PCIT** was developed for children ages 2-7 years with externalizing behavior disorders, particularly children in families with a history of physical abuse, children with prenatal substance exposure, and children with developmental disabilities.

In **PCIT**, parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging pro-social behavior and discouraging negative behavior. Parents attend one didactic session to learn interaction skills and then attend a series of coaching sessions with the child in which they apply these skills. Parents learn nondirective play skills similar to those used in play therapy and engage their child in a play situation with the goal of strengthening the parent-child relationship. Parents learn to direct the child's behavior with clear, age-appropriate instructions and consistent consequences with the aim of increasing child compliance.

During coaching sessions, the therapist observes the interaction from behind a one-way mirror and provides

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guidance to the parent through a "bug-in-the-ear" hearing device. **PCIT** is delivered in 15 weekly, 1-hour sessions in an outpatient clinic by a licensed mental health professional with experience working with children and families.

Parent-Child Interaction Therapy (PCIT)	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	\$1,582; 7.6:1
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

Parents as Teachers (PAT)

Grant County

IOM Categorization: UNIVERSAL

Parents as Teachers is an early childhood family support and parent education home-visiting model. Families may enroll beginning with pregnancy and may remain in the program until the child enters kindergarten. **PAT** involves the training and certification of parent educators who work with families using a comprehensive research-based and evidence-informed curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn.

Participants learn about early childhood development, improve parenting practices, learn to detect developmental delays and health issues, learn to prevent child abuse and neglect, increase children's school readiness and success.

Parents as Teachers	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	Research-Based

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WSIPP Benefit-Cost Rating	\$4,319/family; 1:0.65 NOT COST EFFECTIVE
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	PROMISING
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Positive Action

Curry, Gilliam, Morrow, Wheeler Counties
IOM Categorization: UNIVERSAL/SELECTIVE/INDICATED

Positive Action is a program that promotes interest in learning and encourages cooperation among students. It works by teaching and reinforcing that student feel good about themselves when they do positive actions. The program is intended to increase academic achievement and reduce problem behaviors.

Positive Action	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Project ALERT

Clackamas, Columbia, Hood River, Malheur, Marion, Sherman, Wasco Counties
IOM Categorization: UNIVERSAL/SELECTIVE
NIH/NIDA Categorization: UNIVERSAL

Project ALERT is a middle/junior high school-based program to prevent tobacco, alcohol, and marijuana use.

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Over 11 sessions in the 7th grade and 3 boosters in the 8th grade, the program helps students understand that most people do not use drugs and teaches them to identify and resist the internal and social pressures that encourage substance use.

The training materials are designed for use by classroom teachers. All classroom materials and the teacher training are available online for FREE download.

Project ALERT	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$120/pupil; 6:1
Washington State Institute for Public Policy - WSIPP	NOT AN EBP
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	PROVEN
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Project Toward No Drug Abuse

Coos and Marion Counties
IOM Classification: UNIVERSAL/SELECTIVE/INDICATED
NIH/NIDA Classification: INDICATED

Project Toward No Drug Abuse is a drug abuse prevention program with a focus on high school youth who are at risk for drug abuse. It has been tested at traditional and alternative high schools. A set of 12 in-class interactive sessions addresses the use of cigarettes, alcohol, marijuana, and other drug use.

Project Toward No Drug Abuse	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$180/pupil; 3.8:1
Washington State Institute for Public Policy - WSIPP	EBP
WSIPP Benefit-Cost Rating	\$15/pupil; 4.9:1
Athena List of Evidence-Based Practices	LISTED

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PPN - Promising Practice Network on Children, Families, and Communities	UNRATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	EBP

QPR (Question-Persuade-Refer)

Clatsop, Columbia, Douglas, Hood River, Lake, Lane, Multnomah, Tillamook, Union, Wallowa Counties
IOM Classification: UNIVERSAL/SELECTIVE/INDICATED

QPR is a one-hour training in suicide prevention first aid. People trained in **QPR** learn to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. The program developers require that training must be conducted by a certified **QPR** instructor using audiovisual materials or online by the **QPR** Institute.

QPR (Question-Persuade-Refer)	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Reality Tours

Wasco County
IOM Categorization: UNIVERSAL

Reality Tours is a volunteer-driven substance abuse prevention program for parents and their adolescent children in one 3-hour session. The goal of the program is to increase children's negative attitudes toward alcohol, tobacco, marijuana, and other illicit drugs, and to increase their perceived risk of harm from use of these substances.

Reality Tour provides stories from individuals with a history of addiction, and from law enforcement personnel. The session includes reenactments of emergency room and funeral home scenes involving a young person who has overdosed on drugs, and a portrayal of an arrest and imprisonment (or the viewing of an arrest and imprisonment on DVD).

Children are told about coping and refusal skills, and are given printed profiles of abused drugs, a contact list of community resources, and a personal photograph that has been digitally altered to show how the child's appearance might change negatively from substance use. Children sign a pledge to remain drug free. Parents receive printed drug education materials and are added to an email list for **Reality Tour** newsletters.

About 24 volunteers are required to present the program. They are trained through multiple DVDs over four to six meetings. Volunteers are from law enforcement, civic and faith-based groups, youth groups, the recovery community, health care providers, and educators.

Reality Tours	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Reconnecting Youth

Lane County
IOM Categorization: SELECTIVE/INDICATED
NIH/NIDA Categorization: INDICATED

Reconnecting Youth is a curriculum of 75 lessons typically presented as a semester-long, for-credit class by a teacher-facilitator who works well with youth at risk and who is trained to implement the program. The program includes self-esteem enhancement, decision-making, personal control, interpersonal communication.

The **Reconnecting Youth** class is made up of 10-12 students who participate by invitation. Students must be behind in credits for their grade level, and in the top 25th percentile for absences, and have a GPA of less than 2.3 or a precipitous drop in grades, or have a prior dropout status or
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are referred by school personnel and meet one of the first three conditions.

Reconnecting Youth	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	Promising
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Reward and Reminder Visits

Jackson, Jefferson, Linn, Union, Wallowa Counties
IOM Categorization: UNIVERSAL

Reward and Reminder Visits is a program intended to promote the community norm of not selling tobacco products to minors. It involves "mystery shoppers" -- children with parental permission and under the supervision of adults – who try to buy tobacco products in stores. If sales clerks refuse to sell to children, they are given rewards, such as gift certificates. If sales clerks sell to children, they are given reminders about the law.

The results of the mystery shopper visits are entered into a Web-based system where they are made publicly visible, and the results are communicated to local media to promote the positive norm. The mystery shopper visits are scheduled across the year to maximize the immediate and sustained impact.

Reward and Reminder Visits	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	NOT LISTED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED

Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Safe Dates

Columbia and Marion Counties
IOM Classification: UNIVERSAL

Safe Dates is a classroom-based nine-session curriculum designed to stop or prevent emotional, physical, and sexual abuse on dates or between individuals involved in a dating relationship. It is intended for male and female 8th- and 9th-grade students.

Safe Dates	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	UNRATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Second Step

Columbia County
IOM categorization: UNIVERSAL

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. **Second Step** teaches children to identify and understand their own and others' emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decision-making process when emotionally aroused.

The curriculum is divided into two age groups: preschool through 5th grade (with 20 to 25 lessons per year) and 6th through 9th grade (with 15 lessons in year 1 and 8 lessons in the following 2 years). Each curriculum contains five

teaching kits that build sequentially and cover empathy, impulse control, and anger management in developmentally- and age-appropriate ways. Group decision-making, modeling, coaching, and practice are demonstrated in the **Second Step** lessons using interpersonal situations presented in photos or videos.

Second Step	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	NOT LISTED
PPN - Promising Practice Network on Children, Families, and Communities	NOT LISTED
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Strengthening Families 10-14

Curry, Hood River, Jackson, Marion, Tillamook, Union Counties

IOM Categorization: UNIVERSAL/SELECTIVE/INDICATED

NIH/NIDA Categorization: UNIVERSAL

Strengthening Families 10-14 is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. The program includes seven 2-hour sessions, presented over seven weeks, and four optional booster sessions. Parents and youth meet separately for instruction in the first hour and together during the second hour.

Strengthening Families for Parents and Youth 10-14 (also known as the Iowa Strengthening Families Program) attempts to reduce behavior problems and substance use by enhancing parenting skills, parent-child relationships, and family communication.

Strengthening Families 10-14	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	\$880/family; 11:1
Washington State Institute for Public	Research Based

Policy - WSIPP	
WSIPP Benefit-Cost Rating	\$1,099/family; 1:0.37 NOT COST EFFECTIVE
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Too Good for Drugs

Klamath County

IOM Categorization: UNIVERSAL

Too Good for Drugs is a school-based prevention program for kindergarten through 12th grade. It is intended to teach children to be socially competent and autonomous problem solvers. It attempts to help kids develop skills to resist peer pressures, set goals, make decisions, bond with others, respect self and others, manage emotions, communicate effectively, etc.

It includes negative information about drug use and promotes a nonviolent, drug-free lifestyle. The K-8 curriculum is 10 weekly, 30- to 60-minute lessons. The high school curriculum is 14 weekly, 1-hour lessons plus 12 optional, 1-hour "infusion" lessons taught along with English, social studies, and science/health. Implementation begins with all school personnel (e.g., teachers, secretaries, janitors) participating in a 10 hours of staff development, offered 1-hour sessions or as a 1- or 2-day workshop.

Too Good for Drugs	
Evaluation/Rating Entity	Rating
AMH-Approved Practices and Process	APPROVED
SAMHSA-National Registry of Evidence-Based Programs and Practices	EBP
SAMHSA Cost-Benefit Estimate	
Washington State Institute for Public Policy - WSIPP	NOT LISTED
WSIPP Benefit-Cost Rating	
Athena List of Evidence-Based Practices	EBP
PPN - Promising Practice Network on Children, Families, and Communities	NOT RATED, pending
Coalition for Evidence-Based Policy – <i>Social Programs that Work</i>	NOT LISTED
Matrix of Children’s Evidence-Based Interventions – Center for Mental Health Quality and Accountability	NOT LISTED

Summary Chart: Evidence-Based Prevention Programs Offered, by County

Program	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Gilliam	Grant	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	Polk	Sherman	Tillamook	Umatilla	Union	Wallowa	Wasco	Washington	Wheeler	Yamhill	
Alcohol: True Stories																							X														
ASIST		X			X					X				X	X					X			X		X									X			
"Child parent psychotherapy, a type of filial therapy"																								X													
Communities Mobilizing for Change on Alcohol (CMCA)																														X							
Drugs: True Stories																							X														
Family Matters																							X														
Friendly PEERsuasion																							X														
Good Behavior Game																			X	X																	
Guiding Good Choices																						X															
Healthy Families							X		X							X		X																			
Incredible Years																						X		X													
Keep a Clear Mind																							X														
Keepin' It Real																															X						
LifeSkills Training (LST)	X						X		X							X		X				X															
Mental Health First Aid			X	X	X					X					X					X			X								X						
Not on Tobacco (N-O-T)																		X																			

Continued on next page...

Program	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Gilliam	Grant	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	Polk	Sherman	Tillamook	Umatilla	Union	Wallowa	Wasco	Washington	Wheeler	Yamhill		
Nurse-Family Partnership							X		X							X																						
Nurturing Parenting Program (NPP)						X																		X														
Parent-Child Interaction Therapy (PCIT)						X				X					X		X							X														
Parents as Teachers (PAT)												X																										
Positive Action								X			X														X												X	
Project ALERT			X		X									X									X	X				X							X			
Project Toward No Drug Abuse						X																		X														
QPR				X	X					X				X					X	X						X		X	X									
Reality Tours																																				X		
Reconnecting Youth																				X																		
Reward and Reminder Visits															X	X						X									X	X						
Safe Dates					X																			X														
Second Steps					X																																	
Strengthening Families 10-14								X						X	X									X				X		X								
Too Good for Drugs																		X																				

Programs shown in bold type are those designed for prevention of substance use or abuse.

County-by-County Summaries of Prevention Activities

Prevention Programs Offered in Each County

County-level program information in this paper was reported by each County in its Biennial Implementation Plan 2013-2015. Counties file their Biennial Implementation Plans (BIPs) with the State to receive alcohol and drug prevention and treatment funds from Oregon Health Authority.

Most of the alcohol and drug prevention activities planned by the counties are not evidence-based, research-based, or promising practices. Many counties sponsor various “----- Day” or “----- Week” events, art contests, poster contests, school dances, or hand out literature at health fairs or put brochures in local stores. Some county prevention departments report that they buy many radio, television, and newspaper advertisements.

Statewide, the county prevention offices reported offering 31 evidence-based prevention programs. Of these, 17 programs are directed toward prevention of substance abuse, or produce measurable reduction in use of tobacco, alcohol, or other drugs.

Spending Expectations for the Use of State Funding

ORS 182.525¹⁵ requires OHA-AMH to ensure that it spends at least 75% of its state funds on evidence-based programs. In the statute, “evidence-based” means that a program incorporates significant and relevant practices based on scientifically based research; and the program is cost-effective.

OHA-AMH is required to submit a biennial report containing an assessment of each program the agency funds, whether the program is evidence-based or not. If OHA-AMH spends more than 25% of state funds on programs that are not evidence-based, the legislature may consider cutting funding in the next biennium.

Only 1.4% of OHA-AMH’s total spending goes to funding prevention services. Because OHA-AMH funds state institutions and community mental health programs, which have relatively large proportions of EBPs, it has not needed to pass along a strict 75% expectation to the county prevention programs. Its strongest statement is in Oregon Administrative Rule 415-056-0040(6)¹⁶: “Prevention providers must provide services that incorporate evidence based practices as defined in OAR 415-056-0035.”

Without a numeric EBP spending standard, even the Oregon county whose only EBP prevention program is free is in compliance. Only the three counties that reported no EBPs in their BIPs are non-compliant.

Program Expectations for the Use of State Funding

County Prevention Coordinators are given the *Oregon Substance Abuse Prevention Coordinator Manual* to guide their work. As noted earlier, County Prevention

Coordinators may be expected by their counties to coordinate efforts to reduce child abuse, domestic violence, bullying, juvenile delinquency, general crime, suicide, effects of mental illness, teen pregnancy, school drop-out, gang activity as well as gambling, tobacco use, alcohol abuse, and other drug use. The materials in the *Substance Abuse Prevention Coordinator Manual* are mainly about substance abuse and problem gambling.

The *Oregon Substance Abuse Prevention Coordinator Manual*, last updated in 2013, is described in its Introduction as “a reference for creating and maintaining community specific prevention programming.” It is a 169-page folio of materials including subject matter articles, copies of internal memos, blank government forms, checklists, website screenshots, prints of PowerPoint slides, and bibliographies. It is a large collection of resource materials, but there is no overall unifying narrative to place the materials in context, explain their purpose, describe procedures, or communicate expectations for the use of the included materials.

Prevention Spending Plan Inaccuracy

The 36 counties of Oregon reported, in their Biennial Implementation Plans (which are quoted throughout this paper), that they plan to spend \$24,114,862 in state funds on prevention services during the 2013-2015 biennium. The OHA-AMH reported that it intends to give the counties \$13,810,000¹⁷ for prevention services during the 2013-2015 biennium.

A category of planned expenditures in the BIP budget format is called “Behavioral Health Promotion and Prevention.” Each county showed its expenditures in three sub-categories, Mental Health, Alcohol and Other Drug, and Problem Gambling.

Deschutes County modified its budget form with this text: “This category includes outreach and initiation & engagement and peer delivered.” Other counties also reported those activities, but in the treatment sections of their budgets. Consequently, Deschutes County reports extremely high prevention spending in this section—\$13,169,820—equivalent to almost all of the state’s biennial prevention allocation.

Prevention Spending Rates

Excluding Deschutes County, the total biennium prevention spending in the other 35 counties ranged from \$22,346 (Grant County) to \$954,209 (Lane County). These 35 counties reported budgeting an average of \$11.31 per capita, ranging from to \$0.99 per capita (Multnomah County) to \$80.88 per capita (Sherman County).

If we look at prevention spending across the population of Oregon’s estimated 860,631 children—that is, not counting adult residents—prevention spending ranges from \$4.44 per child (Polk County) to \$441.64 per child (Sherman County). The statewide average, excluding likely-inaccurate figures from Deschutes County, is \$57.92 per child.

County	Population ¹	Population < 18 yrs ²	Present Spending ³	If 75% for EBP	Present per Capita	Present per Child
Baker	16,018	3,113	\$ 144,498	\$ 108,374	\$ 9.02	\$ 46.42
Benton	86,591	14,551	\$ 282,730	\$ 212,048	\$ 3.27	\$ 19.43
Clackamas	388,263	87,157	\$ 760,625	\$ 570,469	\$ 1.96	\$ 8.73
Clatsop	37,244	7,481	\$ 246,000	\$ 184,500	\$ 6.61	\$ 32.88
Columbia	49,344	11,268	\$ 256,800	\$ 192,600	\$ 5.20	\$ 22.79
Coos	62,282	11,655	\$ 215,274	\$ 161,456	\$ 3.46	\$ 18.47
Crook	20,815	4,212	\$ 140,000	\$ 105,000	\$ 6.73	\$ 33.24
Curry	22,339	3,468	\$ 136,000	\$ 102,000	\$ 6.09	\$ 39.22
Deschutes	165,954	36,096	\$ 13,169,820	\$ 9,877,365	\$ 79.36	\$ 364.86
Douglas	106,940	21,206	\$ 612,485	\$ 459,364	\$ 5.73	\$ 28.88
Gilliam	1,947	365	\$ 73,541	\$ 55,156	\$ 37.77	\$ 201.48
Grant	7,283	1,355	\$ 22,346	\$ 16,760	\$ 3.07	\$ 16.49
Harney	7,146	1,560	\$ 95,160	\$ 71,370	\$ 13.32	\$ 61.00
Hood River	22,675	5,721	\$ 349,471	\$ 262,103	\$ 15.41	\$ 61.09
Jackson	208,545	44,155	\$ 426,632	\$ 319,974	\$ 2.05	\$ 9.66
Jefferson	21,145	5,386	\$ 385,213	\$ 288,910	\$ 18.22	\$ 71.52
Josephine	83,306	16,518	\$ 563,494	\$ 422,621	\$ 6.76	\$ 34.11
Klamath	65,910	14,361	\$ 404,179	\$ 303,134	\$ 6.13	\$ 28.14
Lake	7,820	1,394	\$ 97,000	\$ 72,750	\$ 12.40	\$ 69.58
Lane	356,212	68,183	\$ 954,209	\$ 715,657	\$ 2.68	\$ 13.99
Lincoln	46,350	8,035	\$ 157,114	\$ 117,836	\$ 3.39	\$ 19.55
Linn	118,765	27,979	\$ 848,648	\$ 636,486	\$ 7.15	\$ 30.33
Malheur	30,479	7,680	\$ 60,939	\$ 45,704	\$ 2.00	\$ 7.93
Marion	323,614	83,317	\$ 525,354	\$ 394,016	\$ 1.62	\$ 6.31
Morrow	11,336	3,143	\$ 73,541	\$ 55,155	\$ 6.49	\$ 23.40
Multnomah	766,135	153,748	\$ 758,904	\$ 569,178	\$ 0.99	\$ 4.94
Polk	76,794	18,007	\$ 80,000	\$ 60,000	\$ 1.04	\$ 4.44
Sherman	1,731	317	\$ 140,000	\$ 105,000	\$ 80.88	\$ 441.64
Tillamook	25,317	5,000	\$ 347,972	\$ 260,979	\$ 13.74	\$ 69.59
Umatilla	76,720	20,129	\$ 210,900	\$ 158,175	\$ 2.75	\$ 10.48
Union	25,652	5,684	\$ 287,554	\$ 215,666	\$ 11.21	\$ 50.59
Wallowa	6,814	1,242	\$ 258,514	\$ 193,886	\$ 37.94	\$ 208.14
Wasco	25,477	5,802	\$ 123,200	\$ 92,400	\$ 4.84	\$ 21.23
Washington	554,996	136,688	\$ 675,250	\$ 506,438	\$ 1.22	\$ 4.94
Wheeler	1,381	245	\$ 73,541	\$ 55,156	\$ 53.25	\$ 300.17
Yamhill	100,725	24,410	\$ 157,954	\$ 118,466	\$ 1.57	\$ 6.47
TOTAL:	3,930,065	860,631	\$ 24,114,862	\$18,086,146		
	Reported prevention spending statewide, per-capita and per-child:				\$ 13.20	\$ 66.45
	Reported prevention spending statewide, excluding Deschutes, per capita and per-child:				\$ 11.31	\$ 57.92

¹ Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013. U.S. Census Bureau, Population Div. March 2014.

² Annual Estimates of the Resident Population for selected Age Groups...for the United State, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2012. U.S. Census Bureau, Population Division. June 2013.

³ 2013-2015 Biennial Implementation Plan - produced by each Oregon County, published by Oregon Health Authority, Accessed at <http://www.oregon.gov/oha/amh/Pages/contracts.aspx>, various dates 2013, 2014

County Summaries: Prevention Activities

Alphabetical, by County

Baker County	
County Population	16,018
Population < 18 yrs	3,113
Prevention spending, per capita	\$ 9.02
Prevention spending, per child	\$ 46.42
County prevention spending	\$ 144,498
If 75% for EBP were required	\$ 108,374

Reported Prevention Activities

Baker County reports that it provides:

- presentations in schools about substance abuse and problem gambling
- radio, theater, and newspaper ads about problem gambling and substance abuse
- meetings with a high school group "Drug Free Youth" spread awareness
- Teen Health Fair
- Red Ribbon Week
- National Drug Facts Week
- Problem Gambling Prevention Week
- posters, brochures
- editorials/articles in newspapers

Evidence-Based Prevention Programming

1. Baker County reports that it provides one evidence-based program, **Life Skills Training**, to children in third, fourth and fifth grades in the Baker (3-5 gr. students = 403), Pine-Eagle (3-5 gr. students = 56), and Huntington School Districts (3-5 gr. students = 11).

Benton County	
County Population	86,591
Population < 18 yrs	14,551
Prevention spending, per capita	\$ 3.27
Prevention spending, per child	\$ 19.43
County prevention spending	\$ 282,730
If 75% for EBP were required	\$ 212,048

Reported Prevention Activities

Benton County reports that it provides:

- underage drinking prevention strategies in collaboration with law enforcement
- prevention education

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- merchant recognition
- community awareness
- Latino outreach
- Problem Gambling Awareness Week

Evidence-Based Prevention Programming

1. Benton County reports that it provided **ASIST** and **RESPONSE** training to 336 people over a three-year period during 2009-2012. Benton County didn't report whether it plans to continue training people in the **ASIST** and **RESPONSE** during the current 2013-2015 biennium.

Clackamas County	
County Population	388,263
Population < 18 yrs	87,157
Prevention spending, per capita	\$ 9.02
Prevention spending, per child	\$ 46.42
County prevention spending	\$ 144,498
If 75% for EBP were required	\$ 108,374

Reported Prevention Activities

Clackamas County reports that it uses its prevention funds for:

- attending local health fairs (attended 22 during 2011 – County didn't report any plans for 2013-2015 biennium)
- printing 10,000 information cards
- buying 475 radio spots
- buying 95 print ads
- buying 38 television spots
- buying ads on 37 movie screens
- funding the staff for eight "PreventNet" sites at schools
- National Family Day
- Red Ribbon Week
- Above the Influence Campaign
- PhotoVoice
- Town Halls
- Prevention Awareness Day
- Annual Art Search Promotion
- funding a .50 FTE Prevention Specialist

Evidence-Based Prevention Programming

1. Clackamas County reports that it provided **Mental Health First Aid** training to 122 people during 2012. Clackamas County didn't report that it plans to continue providing this program during the current biennium.

Statewide Survey of Prevention Programming, Section 1

- Clackamas County reports that it provides **Project ALERT** at its eight PreventNet sites. **Project ALERT** is a free program.

Clatsop County	
County Population	37,244
Population < 18 yrs	7,481
Prevention spending, per capita	\$ 6.61
Prevention spending, per child	\$ 32.88
County prevention spending	\$ 246,000
If 75% for EBP were required	\$ 184,500

Reported Prevention Activities

Clatsop County reports that its biennial prevention budget is \$246,000, which it uses to:

- raise awareness of adverse childhood experiences and their impact on mental and physical health
- organize Reduce Underage Drinking Task Force
- support prescription drop boxes at police departments
- Offer parenting education
- Support activities and recognition
- Support gender specific programs
- Arrange media coverage
- research and apply for suicide prevention grants

Evidence-Based Prevention Programming

- Clatsop County reports that it provides **Mental Health First Aid** training.
- Clatsop County reports that it provides **QPR (Question-Persuade-Refer)** training.

Columbia County	
County Population	49,344
Population < 18 yrs	11,268
Prevention spending, per capita	\$ 5.20
Prevention spending, per child	\$ 22.79
County prevention spending	\$ 256,800
If 75% for EBP were required	\$ 192,600

Reported Prevention Activities

Columbia County reports that it uses these prevention funds to:

- Fund outpatient counselors who provide treatment, outreach and prevention services to teens and their families
- Fund one prevention coordinator
- Produce brochures

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- Give education to community coalitions and faith/community leaders
- Make newsletters
- Place news articles
- Conduct public speaking events
- Conduct workshops
- Buy advertisements
- Fund OSSOM (Operation Safe Students on the Move)
- Fund RESPONSE
- Give technical assistance to community coalitions
- encourage schools to provide student assistance programs, enforce alcohol and drug policies
- disseminate problem gambling information

Evidence-Based Prevention Programming

- Columbia County reports that it provides **Second Steps** in the schools. The **Second Steps** curriculum has two versions, Grade K-5, and Grade 6-8. Columbia County doesn't indicate whether it uses one or both versions, or whether all students experience the curriculum. In Columbia County, there are 3,295 students in Grade K through 5, and 1,915 in middle school Grades 6 through 8.
- Columbia County reports that it provides **Project ALERT**. **Project ALERT** is a free program.
- Columbia County reports that it provides **Safe Dates**.
- Columbia County reports that it provides **ASIST** training.
- Columbia County reports that it provides **QPR (Question-Persuade-Refer)** training.
- Columbia County reports that it provides **Mental Health First Aid** training.

Coos County	
County Population	62,282
Population < 18 yrs	11,655
Prevention spending, per capita	\$ 3.46
Prevention spending, per child	\$ 18.47
County prevention spending	\$ 215,274
If 75% for EBP were required	\$ 161,456

Reported Prevention Activities

Coos County reports that it will use its prevention funds to:

- Promote Youth Summit
- Promote Youth Council
- Promote "Rachel's challenge"- an anti bullying message - with local high schools
- Buy print, TV, radio, advertising
- Promote National Alcohol Awareness Month, Recovery Month, County Fair
- Promote Annual "Teen Idol" competition

Statewide Survey of Prevention Programming, Section 1

- Promote “Teen-opoly, an experiential opportunity for youth”
- Sponsor post-graduation party and drug/alcohol free teen dances
- Offer bonding strategies with infants/toddlers and the primary caregiver
- Distribute print materials about problem gambling
- Make community presentations at health fairs, youth activities, tribal forums, hospitals

Evidence-Based Prevention Programming

1. Coos County reports that it provides **Project Toward No Drug Abuse** a curriculum designed for high school students, ages 14 to 19. It is designed to be twelve one-hour sessions presented in a four to six week period, though the county reports that it is presented over twelve weeks. There are 2,987 children in this age group in Coos County Schools. The County didn’t indicate whether all of them experience the **Project Toward No Drug Abuse** curriculum each year.
2. Coos County reports that it provides **Parent-Child Interaction Therapy (PCIT)**.
3. Coos County reports that it provides **Nurturing Parent**.

Crook County	
County Population	20,815
Population < 18 yrs	4,212
Prevention spending, per capita	\$ 6.73
Prevention spending, per child	\$ 33.24
County prevention spending	\$ 140,000
If 75% for EBP were required	\$ 105,000

Reported Prevention Activities

[Biennial Implementation Plans for Crook, Deschutes, and Jefferson counties are combined. Prevention in those counties seems to emphasize tobacco control activities.]

Crook County reports that it uses these prevention funds to provide

- Darkness to Light training
- “...skill development for youth 11-17, to include Girls Circle, Boys Council...”
- print, radio, or television advertising
- “enforcement of underage drinking laws such as minor compliance checks”
- “Public education and training on substance use/abuse (i.e. workshops, seminars, classes”
- ATOD-free activities, events, Fair, Red Ribbon, after school activities
- drug prevention curriculum in schools
- youth leadership

- prescription drug drop off sites
- establish 100% tobacco free policies at all educational centers and government properties
- working with all multi-unit housing properties in the tri-county region to voluntarily go smoke free
- providing suicide prevention presentations
- Crisis Intervention Training

Evidence-Based Prevention Programming

1. Crook County reports that it provides **Nurse-Family Partnership**.
2. Crook County reports that it provides **Life Skills Training**.
3. Crook County reports that it provides **Healthy Families**.

Curry County	
County Population	22,339
Population < 18 yrs	3,468
Prevention spending, per capita	\$ 6.09
Prevention spending, per child	\$ 39.22
County prevention spending	\$ 136,000
If 75% for EBP were required	\$ 102,000

Reported Prevention Activities

Curry County reports that it uses these prevention funds to provide

- “Our Prevention Program and partnering agencies... offer small scale anger management, life skills, and self-esteem groups... to high-risk kids from 4th grade to 8th grade and occasionally high school... about 25 youth county-wide [are] enrolled in such groups.”
- “Drug and Alcohol Prevention... focus is mostly youth from 4-18...”
- Curry County Youth Summit
- Presentations about drug and alcohol use trends to non-profit and service organizations Monthly op-ed piece in area newspapers about youth drug and alcohol use
- Problem Gambling Prevention: “...informing youth that they should not be betting or wagering, specifically their time.”
- Gambling Art Search
- Brochures in the community, posters and flyers in businesses that have Oregon Lottery.

Evidence-Based Prevention Programming

1. Curry County reports that it provides **Positive Action** in 3rd, 4th, and 5th grades, targeted groups for 4th, 5th, and 6th grades. There are 487 kids enrolled in grades 3, 4, 5 in Curry County. There are 503 students in grades 4, 5, 6.

2. Later in its Biennial Implementation Plan, Curry County reports that **Positive Action** is being implemented as a pilot in 3rd grade classrooms county-wide. This would be 150 students.
3. Curry County reports that it provides **Strengthening Families 10-14** county wide.

3. Deschutes County reports that it provides **Healthy Families**.

Deschutes County	
County Population	165,954
Population < 18 yrs	36,096
Prevention spending, per capita	\$ 79.36
Prevention spending, per child	\$ 364.86
County prevention spending*	\$13,169,820
If 75% for EBP were required	\$ 9,877,365

** This total is probably inaccurate. Deschutes County combined "outreach and initiation" and "peer-delivered" with its reported prevention budget. Every other county in Oregon separated "prevention" from these other two categories.*

Reported Prevention Activities

[Biennial Implementation Plans for Crook, Deschutes, and Jefferson counties are combined. Prevention in those counties seems to emphasize tobacco control activities.]

Deschutes County reports that it uses these prevention funds to provide

- Darkness to Light training
- "...skill development for youth 11-17, to include Girls Circle, Boys Council..."
- print, radio, or television advertising
- "enforcement of underage drinking laws such as minor compliance checks"
- "Public education and training on substance use/abuse (i.e. workshops, seminars, classes"
- ATOD-free activities, events, Fair, Red Ribbon, after school activities
- drug prevention curriculum in schools
- youth leadership
- prescription drug drop off sites
- establish 100% tobacco free policies at all educational centers and government properties
- working with all multi-unit housing properties in the tri-county region to voluntarily go smoke free
- providing suicide prevention presentations
- Crisis Intervention Training

Evidence-Based Prevention Programming

1. Deschutes County reports that it provides **Nurse-Family Partnership**.
2. Deschutes County reports that it provides **Life Skills Training**.

Douglas County	
County Population	106,940
Population < 18 yrs	21,206
Prevention spending, per capita	\$ 5.73
Prevention spending, per child	\$ 28.88
County prevention spending	\$ 612,485
If 75% for EBP were required	\$ 459,364

Reported Prevention Activities

Douglas County reports that it uses these prevention funds to:

- Collaborate with local Health Dept on tobacco prevention: "tobacco-free parks, tobacco-free worksites and campuses, worksite wellness policies, system referral to the Quit Line, preventing tobacco-sales to minors"
- Offer Family Mediation, collaborative parenting plan for divorcing parents.
- "Recruit, train and supervise adult mentors for youth"
- "Recruit, train and supervise Peer Power Teams in 8 Douglas County school districts.
- Conduct a "youth art search project"
- "Provide community awareness events"
- "Disseminate problem gambling PCN framed ads and brochures"
- "The Local Alcohol and Drug Planning Committee is currently inactive in Douglas County."

Evidence-Based Prevention Programming

1. Douglas County reports that it offers **Mental Health First Aid** training three to five times each year.
2. Douglas County reports that it offers one **ASIST** training [each year?].
3. Douglas County reports that it offers three **QPR (Question-Persuade-Refer)** trainings [each year?].
4. Douglas County reports that it has one treatment contractor who provides **Parent-Child Interaction Therapy (PCIT)**.

Gilliam County	
County Population	1,947
Population < 18 yrs	365
Prevention spending, per capita	\$ 37.77
Prevention spending, per child	\$ 201.48
County prevention spending	\$ 73,541
If 75% for EBP were required	\$ 55,156

Reported Prevention Activities

Gilliam County reports that it uses these prevention funds to

- "...work very closely with the schools to ensure there is as much prevention as there is intervention."
- fund "...a clinician who is school based in the Arlington Elementary and Junior/Senior High Schools up to 16 hours a week...to provide individual and group services...clinician in Condon is not school based but is involved with the school as well as the Suicide Awareness for Everyone (SAFE) Committee which focuses on Suicide Prevention for the communities of Gilliam County but also for surrounding communities."
- "...run advertisements, meet with clergy, advertise on our website, and place brochures..."
- participate in "... Children's Fair, sporting events, school events and community events."

Evidence-Based Prevention Programming

1. Gilliam County reports that **Positive Action** is being implemented in each school district Kindergarten through 8th Grade. There are 193 children in this age group in Gilliam County.

Grant County	
County Population	7,283
Population < 18 yrs	1,355
Prevention spending, per capita	\$ 3.07
Prevention spending, per child	\$ 16.49
County prevention spending	\$ 22,346
If 75% for EBP were required	\$ 16,760

Reported Prevention Activities

Grant County reports that it uses these prevention funds to:

- Distribute a problem gambling calendar
- Work with the schools on a problem gambling poster contest
- Attend trainings about problem gambling
- Attend prevention training
- Buy prevention ads in newspapers
- Daddy-Daughter Dance
- Parks and Rec Movie Night
- Grad Night after-prom parties
- Community mural
- Officer patrols at high school athletic events
- SPF training and travel
- Drug Free Communities grant funds: travel to Community Anti-Drug Coalitions of America meetings twice a year

Evidence-Based Prevention Programming

1. Grant County reports that it provides **Parents as Teachers** by contracting with Families First.

Harney County	
County Population	7,146
Population < 18 yrs	1,560
Prevention spending, per capita	\$ 13.32
Prevention spending, per child	\$ 61.00
County prevention spending	\$ 95,160
If 75% for EBP were required	\$ 71,370

Reported Prevention Activities

Harney County reports that it uses these prevention funds to fund:

- Prevention coordinator
- Gambling prevention advertising
- Compliance checks local businesses who sell alcohol
- Red Ribbon Week
- Partnering with local tribe on prevention activities
- Reinforcing positive Youth project

Evidence-Based Prevention Programming

Harney County's BIP does not describe any evidence-based or research-based prevention activities.

Hood River County	
County Population	22,675
Population < 18 yrs	5,721
Prevention spending, per capita	\$ 15.41
Prevention spending, per child	\$ 61.09
County prevention spending	\$ 349,471
If 75% for EBP were required	\$ 262,103

Reported Prevention Activities

Hood River County reports that it uses these prevention funds to provide

- Problem Gambling: "...education and information to the community and local agencies..."
- "educational presentations, workshops, seminars, public announcements, brochures"
- Four coalitions
- "Here's Looking At You Drug Prevention curriculum to all 5th graders"
- "...social norm campaign...'More of Us'..."
- "...Support Health Media Clubs at middle and high schools for development of media in norming campaign..."

- "County Prevention Coordinator will receive 40 hours ongoing training annually to maintain current certification."
- "At least one staff in prevention office or providing best practice program in a partnering agency will work towards CPS certification. At least one more CPS licensed in Hood River County. At least two facilitators trained in best practice program..."
- "Theater Ads...use of alcohol"
- "law enforcement...with OLCC...compliance checks"
- "Increase use of security at 4 events and venues with large crowds...for alcohol monitoring at events"
- "If gambling prevention dollars are awarded to the Prevention Coalition Network we will do a strategic plan on gambling prevention with a focus on youth and adults."
- RESPONSE
- Celebrations
- Honors Service

Evidence-Based Prevention Programming

1. Hood River County reports that it provides **Project ALERT** to 7th or 8th graders – 697 children. **Project ALERT** is a free program.
2. Hood River County reports that it provides **Strengthening Families 10-14** to "...parents of youth ages 8 to 14"
3. Hood River County reports that it provides **ASIST** training.
4. Hood River County reports that it provides **QPR (Question-Persuade-Refer)** training.

Jackson County	
County Population	208,545
Population < 18 yrs	44,155
Prevention spending, per capita	\$ 2.05
Prevention spending, per child	\$ 9.66
County prevention spending	\$ 426,632
If 75% for EBP were required	\$ 319,974

Reported Prevention Activities

Jackson County reports that it uses these prevention funds to provide

- Opioid Subscriber's Group: "prescribing health care professionals, nurses, pharmacists, behavioral health clinicians, and administrators" – 70 people
- Life Art program for Latino youth
- Boys Council; Girls Circle; locally designed program - Finding Focus at six middle and high schools
- Suicide prevention website and Face book page
- Problem Gambling prevention: retail compliance checks
- Problem Gambling media campaigns

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- "Substance Abuse Prevention Specialist Training: This week long intensive training fulfilled one of the key requirements for individuals seeking ACCBO certification as Prevention Specialists. Prevention subcontractors will be required to have at least one Certified Prevention Specialists on staff to receive State Prevention funding in the future."
- Collaborative Problem Solving

Evidence-Based Prevention Programming

1. Jackson County reports that it provides **Mental Health First Aid**.
2. Jackson County reports that it provides **ASIST** training twice a year for 25-30 people.
3. Jackson County reports that it provides **Strengthening Families** over seven weeks. It reports that for families who are resistant to seven-week program, it provides an "individualized, family based prevention program that merges pro-social group activities with alcohol and drug prevention information."
4. Jackson County reports that it provides **Reward and Reminder Visits**.
5. Jackson County reports that it provides **Parent-Child Interaction Therapy (PCIT)**.

Jefferson County	
County Population	21,145
Population < 18 yrs	5,386
Prevention spending, per capita	\$ 18.22
Prevention spending, per child	\$ 71.52
County prevention spending	\$ 385,213
If 75% for EBP were required	\$ 288,910

Reported Prevention Activities

[Biennial Implementation Plans for Crook, Deschutes, and Jefferson counties are combined. Prevention in those counties seems to emphasize tobacco control activities.]

Jefferson County reports that it uses its prevention funds to provide

- Darkness to Light training
- "...skill development for youth 11-17, to include Girls Circle, Boys Council..."
- print, radio, or television advertising
- "enforcement of underage drinking laws such as minor compliance checks"
- "Public education and training on substance use/abuse (i.e. workshops, seminars, classes"
- ATOD-free activities, events, Fair, Red Ribbon, after school activities
- drug prevention curriculum in schools
- youth leadership

Statewide Survey of Prevention Programming, Section 1

- prescription drug drop off sites
- establish 100% tobacco free policies at all educational centers and government properties
- working with all multi-unit housing properties in the tri-county region to voluntarily go smoke free
- providing suicide prevention presentations
- Crisis Intervention Training

Evidence-Based Prevention Programming

1. Jefferson County reports that it provides **Nurse-Family Partnership**.
2. Jefferson County reports that it provides **Life Skills Training**.
3. Jefferson County reports that it provides **Healthy Families**.

Josephine County	
County Population	83,306
Population < 18 yrs	16,518
Prevention spending, per capita	\$ 6.76
Prevention spending, per child	\$ 34.11
County prevention spending	\$ 563,494
If 75% for EBP were required	\$ 422,621

Reported Prevention Activities

Josephine County reports that it uses these prevention funds to provide

- Several educational classes
- Early childhood therapist at Head Start to screen children
- Suicide prevention coalition
- Public speaking, health fairs, brochures, newsletters, media ads
- Mentoring
- Community service activities
- Drug free social and recreational events
- Calendar art
- "Support efforts to increase price of alcohol and tobacco products through excise taxes, education and media"
- "Establish drug policies and /or review policies for schools, businesses and organizations"
- "Counter advertising"
- "Shoulder Tap Operations"
- "Partnership between Prevention Coordinator and Gambling Treatment/Outreach Coordinator"

Evidence-Based Prevention Programming

1. Josephine County reports that it provides **Parent-Child Interaction Therapy (PCIT)**.
2. Josephine County reports that it provides **Reward and Reminder Visits** focused on Lottery Ticket and Tobacco sales

Klamath County	
County Population	64,910
Population < 18 yrs	14,361
Prevention spending, per capita	\$ 6.13
Prevention spending, per child	\$ 28.14
County prevention spending	\$ 404,179
If 75% for EBP were required	\$ 303,134

Reported Prevention Activities

Klamath County reports that it uses these prevention funds to provide

- Radio ads "Address the Pain," Facebook, website, Twitter –suicide prevention
- Radio ads "Stop the Hurt–child abuse prevention"
- Radio ads "Graduation-It's the Expectation–school dropout prevention
- "Leadership and Resiliency Training...for 9th-12th graders"
- Prevention Summit..."35 community members and 10 youth."
- "Healthy Start-Healthy Families of Klamath County...child abuse prevention program"
- Health fairs

Evidence-Based Prevention Programming

1. Klamath County reports that it provides **Life Skills Training** for 7th-12th graders.
2. Klamath County reports that it provides **Too Good for Drugs** in elementary schools.
3. Klamath County reports that it provides **Not on Tobacco** to 7-12th grades.

Lake County	
County Population	7,820
Population < 18 yrs	1,394
Prevention spending, per capita	\$ 12.40
Prevention spending, per child	\$ 69.58
County prevention spending	\$ 97,000
If 75% for EBP were required	\$ 72,750

Reported Prevention Activities

Lake County reports that it uses these prevention funds to provide

- three certified QPR instructors for suicide prevention
- gambling prevention advertising
- compliance checks of local businesses who sell alcohol

- funding for Red Ribbon Week activities
- partnering with the local schools on prevention activities

Evidence-Based Prevention Programming

1. Lake County reports that it provides **QPR (Question-Persuade-Refer)** training.
2. Lake County reports that hopes to provide **Good Behavior Game** "within the coming months."

Lane County	
County Population	356,212
Population < 18 yrs	68,183
Prevention spending, per capita	\$ 2.68
Prevention spending, per child	\$ 13.99
County prevention spending	\$ 954,209
If 75% for EBP were required	\$ 715,657

Reported Prevention Activities

Lane County reports that it uses these prevention funds to provide

- "Mental health promotion, suicide prevention, substance abuse prevention and problem gambling prevention are coordinated through the Lane County HHS Public Health Prevention Program...with a wide range of not-for-profit organizations, schools, research organizations, the local Coordinated Care Organization, and others to deliver evidence-based initiatives across all disciplines and the spectrum of health promotion and prevention."
- "Funding received from the state allows for the support of less than two full time prevention specialists"
- "Lane County supports a problem gambling prevention coordinator, a certified prevention specialist, and is part of the PHPP."
- "Lane County utilizes alcohol and drug prevention funding to support two certified prevention specialists, including the county prevention coordinator, who are part of the PHPP. Additionally, funds are used to implement prevention best practices through partnership with local school districts and other community partners and coalitions."
- Active Suicide Prevention Steering Committee that also addresses mental health promotion
- Bereavement support groups in both Eugene/Springfield& Cottage Grove
- "...Look, Listen, Link in middle schools..."
- "...RESPONSE in high schools..."
- Johnson Unit/Sacred Heart staff...prevention work—starting with their new post-discharge protocol (follow-up phone call, peer support)

- www.preventionlane.org and www.problemgamblingprevention.org websites
- Media campaign for problem gambling awareness
- Presentations at University of Oregon on substance abuse

Evidence-Based Prevention Programming

1. Lane County reports that it provides **Good Behavior Game**.
2. Lane County reports that it provides **Reconnecting Youth**.
3. Lane County reports that it provides **QPR (Question-Persuade-Refer)** training.
4. Lane County reports that it provides **ASIST** training.
5. Lane County reports that it provides **Mental Health First Aid** training.

Lincoln County	
County Population	46,350
Population < 18 yrs	8,035
Prevention spending, per capita	\$ 3.39
Prevention spending, per child	\$ 19.55
County prevention spending	\$ 157,114
If 75% for EBP were required	\$ 117,836

Reported Prevention Activities

Lincoln County reports that it will use these prevention funds to:

- Improve agency/county web information on problem gambling
- Develop one new PSA or media release for problem gambling
- Contact six schools and youth groups regarding participation in problem gambling art search
- Supply brochures, posters, and information on how to order more to at least 20 sites
- Review Oregon Problem Gambling Community Resource Guide and other gambling prevention materials
- Attend Prevention Specialist training
- Make alcohol, drug, and gambling prevention presentations in classrooms/community, media, information dissemination, Annual Oregon Problem Gambling Art Search for grades 6-8 and promote Problem Gambling Helpline,"
- Gambling prevention presentations at senior centers/retirement homes/community, media and information dissemination, including promoting Problem Gambling Helpline, as well as, local resources.
- Support Pure Performance initiative.
- Identify and support the training of peer leaders in school

- Support site councils in school district to increase mentoring/tutoring programs.
- Support School District in delivery of county-wide, evidence-based prevention curriculum.
- Support youth-driven PSAs and Drug Awareness Project/Youth Film Project.
- Prevention staff to build/support "Parent Network"
- Support Prescription Drug Drop Box Program Countywide
- Host four community forums/town halls throughout Lincoln County; review data and trends about underage drinking/drug abuse and provide community with reports and updates.
- Prevention staff to participate/support Drug Free Workplace efforts in Lincoln County
- Organize quarterly Community Prevention Team meetings to develop, implement and support a variety of joint projects.
- provide technical assistance for evidence-based prevention strategies and programmatic activities for local coalitions.
- Prevention staff to collaborate efforts with coalitions to support Recovery Month activities.
- organization of community "Make a Difference" recognition week.
- providing technical assistance in at least one grant application.
- assist with the structuring of a new Lincoln City Coalition...create a Logic Model.
- Hands Across the Bridge Recovery/Welbriety celebration
- Rx Take Back, Lincoln County Youth Film Project, and the first annual Rx Drug Abuse Summit.
- projects include Enforcement of Underage Drinking Laws (EUDL) efforts in Siletz and Toledo, and bringing Community Norms training to our communities.
- distribution of problem gambling brochures and information.
- annual Problem Gambling Awareness Art Search
- "Prevention...encompasses a broad range of community activities, from those that take place in the classroom to Red Ribbon Week..."
- Prevention goals and the ideas that are generated by the community are one of the main drivers

Evidence-Based Prevention Programming

1. Lincoln County's BIP states, "The Lincoln County Prevention Program does not provide any evidence-based program."

Linn County	
County Population	118,765
Population < 18 yrs	27,979
Prevention spending, per capita	\$ 7.15
Prevention spending, per child	\$ 30.33
County prevention spending	\$ 848,648
If 75% for EBP were required	\$ 636,486

Reported Prevention Activities

Linn County reports that it uses these prevention funds to provide

- Linn Together Community Coalition, a group of local volunteers working to prevent substance abuse.
- "...annual training...fact sheets...media campaign."
- "...Responsible Alcohol Sales Training (RAST) employee/merchant education."
- "...technical assistance and support for the Linn County youth council to reduce underage drinking in Linn County."
- Problem gambling prevention: "...media campaign, newsletters, fact sheets and listserv."
- "...support groups for targeted middle and/or high school girls and boys using the *Girls Circle* or *Boys Council* curriculum."

Evidence-Based Prevention Programming

1. Linn County reports that it provides **Guiding Good Choices** in English and Spanish for parents of 9-14 year olds.
2. Linn County reports that it provides **Incredible Years** "for at-risk non-OHP parents with younger children age 2-10." The County doesn't explain why the program is not provided for families covered by Oregon Health Plan.
3. Linn County reports that it provides **Life Skills Training** for 4th and 6th grade students. There are 1,606 4th grade children and 1,735 6th grade children in Linn County.
4. Linn County reports that it provides **Reward and Reminder Visits** focused on alcohol sales compliance.

Malheur County	
County Population	30,479
Population < 18 yrs	7,680
Prevention spending, per capita	\$ 2.00
Prevention spending, per child	\$ 7.93
County prevention spending	\$ 60,939
If 75% for EBP were required	\$ 45,704

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Reported Prevention Activities

Malheur County reports that it uses these prevention funds to provide

- “Red Ribbon Week”
- “‘Tall Cop Says Stop Presentation’ to educate parents on how to identify drug paraphernalia”
- “Problem Gambling Awareness Week Poster Contest”
- “...1.0 FTE Certified Prevention Specialist...prevention activities, including policy changing activities, and behavior change activities to alter community, school, family and business norms through laws, policy and guidelines for enforcement... ongoing process, which involves educational groups, workshops, and seminars to educate the community.”
- “leadership to a very effective grass-roots initiative to ban Spice and Bath Salts and other synthetic drugs...”
- “...Establish a positive and drug-free teen culture in partnership with Youth and school-based prevention and social media messaging”
- “Reverse community and parent norms that are favorable toward substance abuse via parent education and social norm environmental interventions”
- “Work with law enforcement agencies to enforce underage drinking laws and tobacco possession regulations, such as tagging bottles of alcohol at local retail outlets, minor decoy operations, table tents in restaurants, and shoulder taps.”
- “...Teen Gambling Awareness curriculum in high schools.”

Evidence-Based Prevention Programming

1. Malheur County reports that it provides **Project ALERT** for middle schools, “with supplemental problem gambling prevention.” **Project ALERT** is a free program.
2. Malheur County reports that it provides **ASIST** training.
3. Malheur County reports that it provides **Mental Health First Aid** training.

Marion County	
County Population	323,614
Population < 18 yrs	83,317
Prevention spending, per capita	\$ 1.62
Prevention spending, per child	\$ 6.31
County prevention spending	\$ 525,354
If 75% for EBP were required	\$ 394,016

Reported Prevention Activities

Marion County reports that it uses these prevention funds to provide

- Making parenting a pleasure
- Circles of Security (COS)
- Teacher Child Interaction Therapy (TCIT)
- Fostering Attachment Treatment Court
- Substance abuse prevention: “community education program that engages parents through a presentation called Parents: You Matter”
- “Technical assistance in delivering evidence-based prevention curriculum; such as:
 - “...Choosing Not to Use...”
 - “...Protecting Oneself...”
- “CERV (Committed Enforcement for Responsible Vendors) Task Force, a multi disciplinary effort among law enforcement agencies, OLCC and others working to reduce youth access and availability of alcohol.”
- problem gambling art search

Evidence-Based Prevention Programming

1. Marion County reports that it provides **Strengthening Families**.
2. Marion County reports that it provides **Incredible Years**.
3. Marion County reports that it provides **Nurturing Parent**.
4. Marion County reports that it provides Parent Child Interactive Therapy (PCIT)
5. Marion County reports that it provides **Safe Dates**.
6. Marion County reports that it provides **Project ALERT**. **Project ALERT** is a free program.
7. Marion County reports that it provides **Project Toward No Drug Abuse**
8. Marion County reports that it provides **Drugs: True Stories**.
9. Marion County reports that it provides **Alcohol: True Stories**.
10. Marion County reports that it provides **Keep a Clear Mind**.
11. Marion County reports that it provides **Friendly PEERsuasion**.

Morrow County	
County Population	11,336
Population < 18 yrs	3,143
Prevention spending, per capita	\$ 6.49
Prevention spending, per child	\$ 23.40
County prevention spending	\$ 73,540
If 75% for EBP were required	\$ 55,155

Reported Prevention Activities

Morrow County reports that it uses these prevention funds for:

- "...collaborative effort with Department of Human Services, Child Welfare to provide services as early in a child's life as possible when children are found to have been abused or neglected. The services... are child parent psychotherapy, a type of filial therapy that teaches parents how to interact with their young children in ways that promote healing and facilitate attachment through guided play interactions."
- "...anger management and alcohol and drug groups in schools in Morrow County at high school..."
- Children's Fair outreach

Evidence-Based Prevention Programming

1. Morrow County reports that it provides "child parent psychotherapy, a type of filial therapy." For the purpose of this paper, this is assumed to refer to **Child-Parent Psychotherapy** or **CPP**. **CPP** is an intervention for children aged birth through five years who are experiencing attachment, behavior, or mental health problems, including PTSD.
2. Morrow County reports that it provides the **Positive Action** program in all grades, Kindergarten thru 8th, in the Morrow County School District. There are 1,482 children in kindergarten through eighth grade in Morrow County.

Multnomah County	
County Population	766,135
Population < 18 yrs	153,748
Prevention spending, per capita	\$ 0.99
Prevention spending, per child	\$ 4.94
County prevention spending	\$ 758,904
If 75% for EBP were required	\$ 569,178

Reported Prevention Activities

Multnomah County reports that it uses these for:

- "...events to educate the community about mental health and addiction and the services available to them through the county...cable access programming, radio, health fairs and exhibits, conferences, community-wide events."
- "Addictions prevention services ...activities that build youth life skills, competency and promote resilience through positive experiences and building family strengths."
- "RESPONSE, ASIST and QPR programs have reached an estimated 7,213 individuals within Multnomah County."
- "The Multnomah County substance abuse prevention program provides prevention services for children

and families at high risk for substance abuse, school failure, and juvenile justice problems."

- "Prevention services include after-school activities, individualized support for youth, and a family engagement/education program. These programs promote school success, family bonding, improved parenting skills and youth life skills. The program is primarily focused on serving youth living in public housing."
- "...Multnomah Educational School District's Project LAUNCH initiative to improve young child wellness birth to 8 years old and the Future Generations Collaborative to prevent substance-exposed pregnancies among Native American women ages 15-24."

Evidence-Based Prevention Programming

1. Multnomah County reports that it provides **ASIST** training.
2. Multnomah County reports that it provides **QPR (Question-Persuade-Refer)** training.
3. Multnomah County reports that 7,213 individuals have participated in these two training activities.

Polk County	
County Population	76,794
Population < 18 yrs	18,007
Prevention spending, per capita	\$ 1.04
Prevention spending, per child	\$ 4.44
County prevention spending	\$ 80,000
If 75% for EBP were required	\$ 60,000

Reported Prevention Activities

Polk County didn't report any prevention service or program activity in its Biennial Implementation Plan.

Evidence-Based Prevention Programming

Polk County's BIP didn't describe any evidence-based or research-based prevention activities.

Sherman County	
County Population	1,731
Population < 18 yrs	317
Prevention spending, per capita	\$ 80.88
Prevention spending, per child	\$ 441.64
County prevention spending	\$ 140,000
If 75% for EBP were required	\$ 105,000

Reported Prevention Activities

Sherman County reports that it uses these prevention funds to provide:

- Training for its Prevention Coordinator: SPF SIG training grant \$40,000 used to send staff to required training provided by OHA-AMH in 2012-2014
- 120 students in all grades will participate in one of three activities to “demonstrate increased commitment to school”
- Age appropriate activities in summer—students will increase knowledge of “harm of substance abuse”
- Alcohol and Drug Free Graduation event for 8 students.
- “Two media campaigns associated with the dangers of underage drinking, tobacco and other drugs use will be provided annually and/or to increase public awareness of problem gambling”
- “One Community Education Forum will be held each biennium to increase our local community’s awareness of the dangers of alcohol and tobacco use among youth and/or to increase public awareness of problem gambling”
- “...education for Coalition Members... increasing the awareness of the dangers of underage alcohol, tobacco and other drug use.”

Evidence-Based Prevention Programming

1. Sherman County reports that it provides **Project ALERT** for 34 students in grade 7 and 8. **Project ALERT** is a free program.

Tillamook County	
County Population	25,317
Population < 18 yrs	5,000
Prevention spending, per capita	\$ 13.74
Prevention spending, per child	\$ 69.59
County prevention spending	\$ 347,972
If 75% for EBP were required	\$ 260,979

Reported Prevention Activities

Tillamook County reports that it uses these prevention funds to support:

- school-based prevention groups and emerging County Prevention Coalition
- grant-funded young adult and underage drinking initiative
- Middle School Art Contest

Evidence-Based Prevention Programming

1. Tillamook County reports that it provides **ASIST** training.
2. Tillamook County reports that it provides **QPR** (Question-Persuade-Refer) training.

3. Tillamook County reports that “more than 75 stakeholders, advocates and professionals” have received the **ASIST** or the **QPR** training.

Umatilla County	
County Population	76,720
Population < 18 yrs	20,129
Prevention spending, per capita	\$ 2.75
Prevention spending, per child	\$ 10.48
County prevention spending	\$ 210,900
If 75% for EBP were required	\$ 158,175

Reported Prevention Activities

Umatilla County reports that it uses these prevention funds to provide:

- Oregon Liquor Control Commission (OLCC) Minor Decoy Program
- Merchant Compliance Checks
- Summer Reading Programs (Hermiston, Milton-Freewater, Pendleton...Lost and Found program
- Financially assist activities such as Battle of the Bands and Skateboarding events
- Fairs, Festivals and Community Events...prevention-related handouts
- Red Ribbon

Evidence-Based Prevention Programming

1. Umatilla County reports that it provides training in **ASIST** for 15 individuals at a suicide prevention training held by Yellowhawk Tribal Health Center.
2. Umatilla County reports that it plans to explore collaborating with Lifeways to deliver **Strengthening Families (10-14 year olds)**

Union County	
County Population	25,652
Population < 18 yrs	5,684
Prevention spending, per capita	\$ 11.21
Prevention spending, per child	\$ 50.59
County prevention spending	\$ 287,554
If 75% for EBP were required	\$ 215,666

Reported Prevention Activities

Union County reports that it uses these prevention funds to provide

- “Prevention team...collaboration between addictions, mental health staff and public health

staff...infuse problem gambling and suicide prevention into...all prevention."

- Town hall on underage alcohol use
- Alcohol/tobacco free park ordinance
- Drug Free Relay event
- Radio, billboard, table tents, Shoulder Tap, Problem Gambling helpline, Suicide Prevention hotline, positive role modeling, Family Meal Day, Red Ribbon Month, Tobacco Prevention Quitline
- Law enforcement enhanced enforcement for special events
- Bottle tags
- Youth Council, Kick Butts Day event
- CADCA mid-year conference travel
- Media Literacy Training and art competition
- Bullying prevention training for 4,5,6 graders at Fair
- Grad Night
- MIP classes

Evidence-Based Prevention Programming

1. Union County reports that it provides **Communities Mobilizing for Change on Alcohol** training.
2. Union County reports that it provides **Reward and Remind Visits**.
3. Union County reports that it provides **Keepin' It Real** for sheriff officers to replace D.A.R.E. curriculum.
4. Union County reports that it trained 7 people to provide **Family Matters** curriculum to 11-15 year olds. Apparently those seven people will be the "health educators" who make the required follow-up phone calls to participating parents after each of the four curriculum booklets are mailed out. The County did not specify how many families will participate in the program. In the **Family Matters** target age group, there are 894 children enrolled in Union County Schools.
5. Union County reports that it provides **Strengthening Families**.
6. Union County reports that it provides **QPR** (Question-Persuade-Refer) training.

Wallowa County	
County Population	6,814
Population < 18 yrs	1,242
Prevention spending, per capita	\$ 37.94
Prevention spending, per child	\$ 208.14
County prevention spending	\$ 258,514
If 75% for EBP were required	\$ 193,886

Reported Prevention Activities

Wallowa County reports that it uses these prevention funds to:

- "...[implement]...Natural Helpers (peer to peer program)"
- offer "After School Programming in each school district in our County"
- offer "...a class in the High School twice per week where we bring in community agencies for presentations, we utilize life skills lessons, and provide service learning opportunities..."
- "...build and train a Controlled Party Dispersal Team..."
- "...organize party patrols...minor decoy operations..."
- "...promote... Prom Perfect, Red Ribbon Month, Family Meal Day...[by] radio ads, news paper ads and articles, table tents
- conduct "...the mORe positive community norms campaign..."
- conduct the problem gambling art search, Problem Gambling Prevention Calendars, News Paper Ads, Radio Ads, Brochures...Art Search Contest is our strongest program in the County."
- "...promote Problem Gambling Awareness Week, and teach a two session curriculum in one of the high schools."
- "...[work on] gaining support..." for RESPONSE

Evidence-Based Prevention Programming

1. Wallowa County reports that it provides **Mental Health First Aid** training.
2. Wallowa County reports that it provides **Reward and Reminder Visits**.
3. Wallowa County reports that it provides **QPR** (Question-Persuade-Refer) training.
4. Wallowa County reports that it provides **ASIST** training.

Wasco County	
County Population	25,477
Population < 18 yrs	5,802
Prevention spending, per capita	\$ 4.84
Prevention spending, per child	\$ 21.23
County prevention spending	\$ 123,200
If 75% for EBP were required	\$ 92,400

Reported Prevention Activities

Wasco County reports that it uses these prevention funds to provide

- Monthly education/awareness newsletter
- "20 presentations at middle and high schools on underage drinking, marijuana, Rx drugs and MOST of Us perception education."
- "8 community presentations that will focus on education/awareness of teen brain science, alcohol

and other drug use in the community and positive role modeling.

- Presentation will be given to groups such as school boards, city council, county court, service clubs and faith community, etc.”
- “10 Parent to Parent in-home presentations will be completed.”
- “...with School District, [Wasco County Prevention will] host...4 days of the Challenge Day program”
- “12 positive youth development activities with middle school youth.”
- “...utilize the Community Readiness Model tool to assess community readiness and awareness changes surrounding underage drinking and marijuana use.”
- “...work with outside evaluator to utilize the Community Readiness Model for specific YOUTHTHINK programs such as Parents Who Host Lose the Most, Challenge Day and **Reality Tour**.”
- “Parents Who Host Lose the Most media Campaign...two billboards...50 yard signs, 4 banner placements, 50 radio spots and 2 op-eds...”
- “Saturday Free Family Movie Program...Sixteen movies...16 separate ‘Parent Tip’ hand outs delivered at each movie...350 participants per movie.”
- “A minimum of 400 The Dalles Middle School 8th graders will complete Challenge Day program.” [206 8th grade students]
- “20 high school teen leaders will be trained to conduct Challenge Day follow-up activities...12 positive youth development activities will be conducted by high school teen leaders.”
- “Life of an Athlete program will be implemented in North Wasco and Dufur schools”
- Above the Influence project for 50 middle school students, 3 church youth groups, resulting in 30 youth photos to be displayed in downtown locations

Evidence-Based Prevention Programming

1. Wasco County reports that it provides four **Reality Tours** “...total of 120 youth and adults trained.”
2. Wasco County reports that it provides **Project ALERT** for The Dalles Middle School 6th Graders [196 students] and Dufur School 6th graders [23 students]. **Project ALERT** is a free program.

Washington County	
County Population	554,996
Population < 18 yrs	136,688
Prevention spending, per capita	\$ 1.22
Prevention spending, per child	\$ 4.94
County prevention spending	\$ 675,250
If 75% for EBP were required	\$ 506,438

Reported Prevention Activities

Washington County’s BIP is not publicly available. Instead, another document offered to the public reports that Washington County uses its prevention funds to provide:

- “Alcohol, drug and gambling outreach and prevention community education activities”
- “Suicide Prevention Activities”
- “Not universal, wide diversity of programs across the school districts in the county.”
- “Youth Contact reaches many students in Hillsboro’s secondary schools.”
- A Coalition: “Only Aware of Beaverton Together.”
- **ASIST** and **RESPONSE**

Evidence-Based Prevention Programming

1. Washington County provides **ASIST** training.

Wheeler County	
County Population	1,381
Population < 18 yrs	245
Prevention spending, per capita	\$ 53.25
Prevention spending, per child	\$ 300.17
County prevention spending	\$ 73,541
If 75% for EBP were required	\$ 55,156

Reported Prevention Activities

Wheeler County reports that it uses these prevention funds to:

- “...work very closely with the schools to ensure there is as much prevention as there is intervention. We also work closely with our local corrections department, the juvenile department and the local DA as a resource as well as a community partner.”
- Provide mental illness prevention through “...a school based counselor in Fossil, Spray and Mitchell School Districts.”
- Provide substance abuse prevention: “Alcohol and drug and mental health prevention are included in our Prevention, Education and Outreach services.”
- Provide problem gambling prevention: “...advertisements, meet with clergy, advertise on our website, and place brochures...”

Evidence-Based Prevention Programming

1. Wheeler County reports that it provides the **Positive Action** program to “...three school districts in Wheeler County... implementing the **Positive Action** program Kindergarten thru the 8th Grade.” There are 250 children in kindergarten through the eighth grade in the Wheeler County schools.

Yamhill County	
County Population	100,725
Population < 18 yrs	24,410
Prevention spending, per capita	\$ 1.57
Prevention spending, per child	\$ 6.47
County prevention spending	\$ 157,954
If 75% for EBP were required	\$ 118,466

Reported Prevention Activities

Yamhill County reports that it uses these prevention funds to provide

- "...technical assistance and delivery of prevention programs for alcohol, drugs and problem gambling prevention."
- "...informational sessions and presentations to local school counselors as well as to other service organizations (such as Kiwanis and Rotary Club) on the topic of gambling prevention."
- "...works to educate schools on the importance of alternative activities for graduation nights that don't include gambling."
- "...works with law enforcement to compliance checks"
- "Quarterly retailer trainings are conducted with Oregon Liquor Control Commission and local law enforcement on responsible vendoring and educating retailers on the impacts of underage drinking..."

Evidence-Based Prevention Programming

Yamhill County's BIP didn't describe any evidence-based or research-based prevention activities.

Recommendations

Building a World Class Prevention System in Oregon

Oregon has made considerable progress in developing a prevention system over the last twenty years. Thanks to the leadership of Addiction and Mental Health Services, each of 36 counties and nine tribal organizations has a skilled prevention coordinator who understands the major risk factors that contribute to multiple problem behaviors and the tested and effective preventive interventions.

Counties are implementing evidence-based programs and developing community support and understanding of the need for and benefit of prevention. These efforts are contributing to the prevention of diverse problems including tobacco, alcohol, and other substance abuse, antisocial behavior, depression, risky sexual behavior, academic failure, and poverty, including inter-generational poverty.

Closely related are the efforts of Oregon's educational system, which is implementing evidence-based classroom interventions that can prevent drug abuse (e.g., LifeSkills Training). Oregon schools are also implementing tested and effective programs to support the development of positive social behavior. Three prominent examples are the Good Behavior Game, Positive Behavioral Intervention and Support, and Positive Action.

Oregon has created the Early Learning Council which is developing Hubs in counties that will work to strengthen preschool, daycare, and family support programs. This cutting edge effort is prompted by mounting evidence about the importance of early childhood development and the efficacy of preschool and family interventions.

Much more that can be done to improve multiple aspects of prevention and decrease the prevalence of the most common and costly psychological, behavioral and health problems to historically low levels.

Ultimately, a fully effective system of prevention will:

- (a) provide tested and cost-effective family interventions to every family that would benefit;
- (b) have supports for positive social development in every school and preschool;
- (c) have prevention-oriented public policies (i.e., higher taxes on tobacco and alcohol);
- (d) monitor the development of young people to know the scope of problems are being prevented; and
- (e) educate the public regarding the value of these preventive measures.

The Alcohol and Drug Policy Commission recommends that multiple state departments that fund and develop prevention programming, i.e., Addiction and Mental Health Division of OHA, the Public Health Division

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of OHA, the Youth Development Council, the Early Learning Council, the Oregon Health Authority, etc., collaborate to develop a strategic prevention plan. Each of these agencies has a critical role in ensuring that evidence-based (and cost-effective) prevention is being implemented.

There are wide disparities, on a per-capita and per-child basis, in county prevention funding. There will always be some disparity because the Addictions and Mental Health Division provides a minimum "floor" by funding a half-time Prevention Coordinator for each county and because of variations in the prevalence of concerning or risky behaviors, community risk factors, and protective factors. The statewide prevention plan should examine funding disparities to ensure that they are strategic and acceptable.

As part of this statewide strategic prevention plan, the Alcohol and Drug Policy Commission recommends the following steps toward a more effective prevention system:

1. **Create and maintain an annual inventory of family interventions that are being implemented in each county.** There are numerous tested and proven family interventions (National Research Council and Institute of Medicine, 2009). The prevalence of preventable social issues in Oregon communities tells us we have not reached all families who would benefit from these interventions. The first step toward increasing reach and efficacy is to create an inventory of evidence-based family interventions currently offered (including promising practices being evaluated) and how well they are reaching families.

Based on this annual inventory, each county should be expected to

- Develop a plan for increasing the availability, reach, and effective implementation of evidence-based family interventions
 - Include in its annual inventory and plan the evidence-based family interventions that may be provided locally with grants or through other organizations, i.e., local non-profits, the Collaborative Care Organizations, Juvenile Courts, Department of Human Services, etc.
2. **Create and maintain an annual inventory of school-based interventions being implemented in each county.** There are numerous tested and proven classroom-based preventive interventions and classroom and school-wide supports for the development of positive social behavior and values. Data from schools that are providing effective prevention programs will show whether we are making progress on prevention programming in schools.

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- School districts should be expected to develop plans for increasing implementation of tested and effective practices of two types:
 - (a) Classroom-based interventions that prevent tobacco, alcohol, and other drug abuse and
 - (b) Interventions that support the development of positive social behavior
- Districts should report each year on their implementation of these two types of practices.

3. **AMH should continue its support of prevention programs offered by the counties and tribal organizations.** There are strong community-developed strategic prevention plans and good arrays of prevention programming to be found in many counties.

To support the success of local prevention, AMH should:

- Continue to provide each county and tribal organization with funds for a half-time prevention coordinator.
- Identify and clearly communicate its expectations to County Prevention Coordinators:

- (a) Publish statewide priorities and strategic framework for county priorities.
 - (b) Publish a unified manual for Prevention Coordinators to communicate AMH expectations and provide didactic and explanatory materials to help foster success.
 - (c) Update its list of approved prevention activities (or adopt a nationally-recognized list of evidence-based practices) with input from Oregon prevention scientists.
 - (d) Require each county to use at least 75% of its state prevention funds for approved prevention activities chosen from the list.
- Streamline and standardize prevention reporting forms so that local prevention plans and periodic monitoring reports clearly:
 - (a) Reflect the 75% EBP requirement.
 - (b) Specify the purpose of each intervention, the reach (number of people participating), the duration and frequency, the cost.
 - (c) Explain deviations from plan.

Endnotes

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