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Program Evaluation of Adolescent Intervention Program (AIP): Substance Abuse Education Program for At Risk Adolescents

Shanea L. Clancy, MSN, RN, CARN-AP

School of Nursing, Duquesne University

Dr. Catherine Johnson, PhD, CRNP, FNP-BC, PNP-BC, CPHQ

December 06, 2021

12/8/21

Abstract

The purpose of this project is to evaluate the effectiveness of the Adolescent Intervention Program (AIP), a faith-based drug and alcohol recovery program for teens. This is an alternative to jail program. Nearly 1 in 10 Americans, 12 years or older (20.1 million people), have a substance use disorder (SUD), involving alcohol or illicit drugs (National Center for Drug Abuse Statistics, 2019). The average age of first-time alcohol or substance use is 13 years-old and nine out of ten addictions start in the adolescent years (National Center for Drug Abuse Statistics, 2019). Adolescents with first-time drug and alcohol arrests can be referred to the AIP as an alternative to jailtime from the juvenile court system (Grim & Grim, 2019). The W.K. Kellogg's Step by Step Guide to Evaluation (2017) guided this program evaluation. One early finding was the lack of program data including participant demographics, completion, and recidivism rates. Even though this was a barrier to completing a traditional program evaluation, the Kellogg model provided guidance in the use of the Appreciative Evaluation approach. Kellogg's Empowerment and Culturally Responsive Evaluation approaches also influenced the development of the stakeholder structured interviews. The Johns Hopkins Nursing Evidence Based Practice Model provided a framework to identify evidence-based research related to faith-based drug and alcohol recovery programs that guided understanding and the foundation for program recommendations. Recommendations included development of a facility leadership succession plan, educational tool kits for parents and teens and the development of a volunteer orientation and training program.

Program Evaluation of Adolescent Intervention Program (AIP): Substance Abuse Education Program for At Risk Adolescents

Religion and spirituality are powerful, integral, and indispensable resources in substance abuse prevention and recovery. Faith-based substance abuse recovery programs reach beyond the addict to engage their family and community in the recovery process (White et al., 2012). Faith-based alternative to jail programs save taxpayer dollars by diverting adolescents with minor infractions (DUI) to community drug and alcohol abuse programs. The average age of first-time alcohol or substance use is 13 years old (National Center for Drug Abuse Statistics, 2019). Nine out of ten addictions start in the adolescent/teenage years. Nearly one in ten Americans aged 12 or older (20.1 million people) have a substance use disorder (SUD), involving alcohol or illicit drugs (National Center for Drug Abuse Statistics, 2019). The development of adolescent focused drug and alcohol treatment program with secondary education programs has been found to decrease damage done to the prefrontal cortex (PFC) that is altered with alcohol use, especially in early adolescence (Spear, 2015). Faith-based alternatives to jail programs can reduce this trauma as well as save taxpayer dollars by diverting adolescents with minor infractions to community drug and alcohol abuse programs. Faith-based alternative to jail programs have been found to reduce crime rates as well as reduce the prison population with significant savings to the United States (U.S.) economy every year at no cost to taxpayers (Grim & Grim, 2019).

The U.S. has the highest rate of youth confinement in the world, nearly four times higher than South Africa, the next closest developed country (What are juvenile recidivism rates and how can they be reduced, 2021). There were 3,328 referrals to the juvenile probation system in Allegheny County alone in 2015 with 74% of the referrals young men: 69% black, 25% white, and 6% identified as another race (Census Reporter, 2019). There were also

2,672 youth admissions to secure detention and alternative-to-detention facilities in 2015 within Allegheny County (Census Reporter, 2019). In 2015, a total of about 26% of the Juvenile Court referrals were female (Census Reporter, 2019). Ten percent of children and youth in Pittsburgh Public Schools were involved with the juvenile justice system (Census Reporter, 2019). A total of 73% of referrals to juvenile probation were for non-violent crimes and included charges involving drugs, theft, and/or failing to pay court fines (Census Reporter, 2019). Effective integration of prevention, treatment, and recovery services across health care systems is a continued healthcare need.

There are several national programs to address adolescents outside of the juvenile court system. These programs include The Caring School Community Program formerly known as the Child Development Project, Classroom-Centered (CC) and Family-School Partnership (FSP) Intervention**,** Guiding Good Choices (GGC), the Life Skills Training (LST) Program, Lions-Quest Skills for Adolescence (SFA), Project ALERT, Project STAR, Promoting Alternative Thinking Strategies (PATHS), Skills, Opportunity, And Recognition (SOAR) formerly known as the Seattle Social Development Program), and The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) formerly known as the Iowa Strengthening Families Program (National Institute on Drug Abuse, n.d.). The Caring School Community Program focuses on strengthening students' "sense of community," or connection, to school by reducing risk factors and strengthen protective factors among elementary school children. The GGC curriculum was designed to educate parents on how to reduce risk factors and strengthen bonding in their families. In five 2-hour sessions, parents are taught skills on family involvement and interaction; setting clear expectations, monitoring behavior, and maintaining discipline; and other family management and bonding approaches (National Institute on Drug Abuse, n.d.). LST is a

universal program for middle school students designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and education. SFA is a commercially available, universal, life skills education program for middle school students and focuses on resisting social influences and asserting rights and increasing drug use knowledge and consequences. Project ALERT is a 2-year, universal program for middle school students, designed to reduce the onset and regular use of drugs among youth (National Institute on Drug Abuse, n.d.). Project STAR is a comprehensive drug abuse prevention community program to be used by schools, parents, community organizations, the media, and health policymakers. SOAR is a universal school-based intervention for grades one through six seeks to reduce childhood risks for delinquency and drug abuse by enhancing protective factors (National Institute on Drug Abuse, n.d.).

The Pittsburgh, Pennsylvania facility being evaluated is a drug and alcohol abuse program for teens and their families. This program is based on Christian beliefs and aims to help youth struggling with addiction through intervention and counseling. One of its services is the Adolescent Intervention Program (AIP) that works within the court when teens have been cited for drug or alcohol abuse. Faith-based alternatives to jail programs are scarce in the Allegheny County region, but overall provide about an 86% success rate in reducing recidivism (Census Reporter, 2019). Some secular rehabs or programming classify themselves as faith-based in that they provide Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) type meetings, a weekly bible study, or having spiritual leader involved with the programming (Burnett, 2014). Teenagers in Pennsylvania are 13.33% less likely to have used drugs in the last month than the average American teen (National Center for Drug Abuse Statistics, 2019). Drug use among eighth graders increased 61% between 2016 and 2020 (National Center for Drug Abuse

Statistics, 2019). 86% of teenagers know someone who uses during the school day, not just outside of school hours. Juveniles are 38% less likely to return to crime if they enter a restorative justice program rather than becoming incarcerated (National Center for Drug Abuse Statistics, 2019).

Juveniles in justice facilities are among the least adequately served high-risk populations. Disconnection and the lack of cross-system collaboration between substance abuse treatment and justice services; poor coordination of assessment, referral, and treatment; and resource shortages spanning multiple systems of care are normative (Liddle et al., 2011). With the rising numbers of teens suffering from drug and alcohol abuse assuring the effectiveness of available treatment programs is important for these teens and their families as well as the community. This program evaluation can be used to improve treatment processes and outcomes.

Literature Review

The Johns Hopkins Nursing EBP Model framework was utilized in reviewing each article during the literature review. The following search engines were used for literature review purposes: CINAHL, ProQuest, Google Scholar, PubMed (which includes Medline, Pre-Medline and Additional Life Sciences Content), PsycINFO, EBSCOhost and ERIC. When referencing/accessing PubMed, this database automatically had filters for systematic reviews and case control studies as well as Medical Subject Headings (MeSH terms) and keywords. Automatic term mapping was initially utilized during the PubMed search, but then scaled down to a more specific search in using MeSH terms. Syntax (i.e. parenthesis, quotations, etc.) was also utilized during PubMed searches as well as search logic (i.e. AND or OR). CINAHL was utilized due to having a more patient focus outcome. The search timeframe was 2014-2021. The following inclusive terms were utilized: adolescent substance use; adolescent substance abuse;

teens; young adults; ethics; adolescent intervention programs; recidivism; W. K. Kellogg Foundation; treatment effectiveness; substance abuse treatment; and recovery. The following exclusion search terms were utilized: court-ordered; N-SSATS. MeSH terms were also utilized for a more accurate, narrow, and specific search. The following meSH terms were utilized: “adolescent;” “family-based therapy;” “drug treatment;” and “brief intervention.” Bias was assessed and not found.

The Johns Hopkins Nursing EBP Model framework is a formal framework used to evaluate literature and guided the evaluation process throughout the literature review in data collection using an explicit three step process. The first step is to identify the practice question. The second step is to identify the best evidence to answer the question. The third step is to translate the evidence to practice (Dang et al., 2022; John Hopkins Medicine, 2021). The formal process starts with inquiry, then moves on to practice question; evidence; translation; best practices; practice improvement’ reflection; then back to inquiry or overall re-evaluation. The JHNEBP Model is a powerful problem-solving approach to clinical decision-making and is accompanied by user-friendly tools to guide individual or group use. It is designed specifically to meet the needs of the practicing nurse and uses a three-step process called PET: practice question, evidence, and translation. The goal of the model is to ensure that the latest research findings and best practices are quickly and appropriately incorporated into patient care. This model is crucial for working in interprofessional teams.

Nineteen articles were identified relevant to the project with rating from I-III in level of evidence. Nine articles were excluded due to not meeting the required dates or solely focusing on faith-based adolescent intervention programs. Of the 10 remaining articles, 2 articles were level I

with a good quality rating; 3 articles level I with a high-quality rating; 3 articles were level II with a high overall quality rating; and 2 level III articles were overall high quality in rating.

Adolescent Drug and Alcohol Treatment Programs

Stephenson et al., (2020) found that adolescent drug and alcohol programs that focused on parent-child relationship and quality and time with parents reported lower alcohol misuses. This Level I B good quality study included 2354 parents of adolescents with substance use/abuse concerns participants. The outcome of this study recommended brief parent educational evenings facilitated by an adolescent health expert where they learned about signs of substance use and how to respond, facilitate discussions and seek treatment. The Friends Alcohol Use (FAU) program was correlated adolescent's own alcohol use in comparison to their peers (Zheng et al., 2019). Mynttinen et al., (2019) found that parents and their adolescent child wanted support from peers, community, and professionals to meet the responsibilities surrounding alcohol and substance use. Parent involvement in adolescent treatment programs has been found to improve teen participation and drug and alcohol abuse.

Research has shown that parents describe their responsibilities regarding how their adolescents may use or have used alcohol focuses on two main categories: conscious responsibilities to prevent negative adolescent impacts and the collaborative support parents need to meet their responsibilities for preventative measures (The National Adolescent and Young Adult Health Information Center, 2014). According to recent literature, parents are requesting support for efficient and effective educational programs surrounding alcohol use and abuse (Mynttinen et al., 2019).

Adolescent drug and alcohol abuse program have been shown to be effective in reducing risk factors and recidivism (The National Adolescent and Young Adult Health Information Center, 2014). The latest scientific research speaks to the power of positive example and engaging influencers to create change in culture (Zheng et al., 2019). Research shows that when young people find activities that uplift, motivate, and inspire them and they are supported in these choices by family, friends, school, and community, they are more likely to avoid drugs and alcohol (The National Adolescent and Young Adult Health Information Center, 2014).

Health Impact of Adolescent Drug and Alcohol Abuse

Contextual elements that are considered important to understanding the healthcare problem and were considered for the development of this DNP project. Drug use and other mental illness often co-exist. In some cases, mental disorders such as anxiety, depression, or schizophrenia may come before addiction. In other cases, drug use may trigger or worsen those mental health conditions (National institute on drug abuse: Advancing addiction science, n.d.). People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions (National institute on drug abuse: Advancing addiction science, n.d.). Imaging scans, chest x-rays, and blood tests can show the damaging effects of long-term drug use throughout the body. Acutely: Illness, injury, or overdose are critical to understanding the rationale for this project. Chronic health conditions such as HIV/AIDS, hepatitis C, heart disease, and depression are also long-term effects of substance use and typically occur from sharing injection equipment or from unsafe practices such as condom-less sex (National institute on drug abuse: Advancing addiction science, n.d.; SAMHSA; Office of the Surgeon General, 2016). Endocarditis and cellulitis can occur after exposure to bacteria by injection drug use (National institute on drug abuse: Advancing addiction

science, n.d.). Methamphetamines may cause severe dental problems and opioids can lead to overdose and death (National institute on drug abuse: Advancing addiction science, n.d.). Some drugs, such as inhalants, may damage or destroy nerve cells, either in the brain or the peripheral nervous system (National institute on drug abuse: Advancing addiction science, n.d.). Effective integration of prevention, treatment, and recovery services across health care systems do not always communicate with each other or have a general place for parents to gather resources and have discussion with their adolescent children.

Faith-Based Drug and Alcohol Treatment Programs

There are several key definitions one should better understand prior to discussing faith-based drug and alcohol programs. These concepts are spirituality, religion, juvenile, juvenile court, adjudication, diversion, prevention, alternative program, and Adolescent Intervention Program (AIP).

Spirituality is defined as openness to God, nature, or the universe where one can experience harmony with truth, feelings of love, hope and compassion, inspiration, or enlightenment with a sense of meaning and purpose in life (Grim & Grim, 2019). Religion mediates one's relationship to God and community through organized system of beliefs and practices (Burnett, 2014, pp. 28–29). Increasing scholarly attention t these systems of beliefs has been directed toward examining the relationship between religion and mental and physical health, but little research has been devoted to understanding the treatment philosophies and strategies involved in faith-based treatment programs (Chu and Sung, 2014). A better understanding of the underlying perceptions and theoretical models that counselors bring to substance abuse treatment is important because counselors are key players in treatment and can be influential in treatment outcome. This

ideology–practice connection will ultimately affect drug use relapse among clients in general and criminal recidivism among criminal justice–referred clients (Chu and Sung, 2014).

The Substance Abuse and Mental Health Services Administration (SAMHSA) has actively engaged, and supported faith-based and community organizations involved in substance use and mental health services since 1992 (Substance Abuse and Mental Health Services Administration, 2021). The Community Substance Abuse Prevention Partnership Program includes more than 800 faith-based community partners among its grantees, which is part of SAMHSA. Faith-based community initiatives (FBCI) supports several programs in mental health services, substance abuse prevention, and addiction treatment at the national, state, and local levels (SAMHSA, 2021). Seventy-three percent of addiction treatment programs in the USA include a spirituality-based element, as embodied in the 12-step programs and fellowships initially popularized by Alcoholics Anonymous, the vast majority of which emphasize reliance on God or a Higher Power to stay sober (SAMHSA, 2021). These faith-based volunteer support groups contribute up to $316.6 billion in savings to the US economy every year at no cost to taxpayers. While negative experiences with religion (e.g., clergy sex abuse and other horrendous examples) have been a contributory factor to substance abuse among some victims, given that more than 84% of scientific studies show that faith is a positive factor in addiction prevention or recovery and a risk in less than 2% of the studies reviewed, in studies, it has been conclude that the value of faith-oriented approaches to substance abuse prevention and recovery is indisputable (Grim & Grim, 2019). It is also concluded that the decline in religious affiliation in the USA is not only a concern for religious organizations but constitutes a national health concern (Grim & Grim, 2019).

Seventy-three percent of the behavioral health substance abuse treatment services in the USA include a 12-step program or option. Although A.A. and N.A. are neither faith-based nor religious organizations, seven of their 12 steps explicitly mention God, a Higher Power, or spirituality. In fact, A.A. has clear roots in Protestant and Catholic Christian thought and practice and is predicated on the need for a Higher Power to help alcoholics become and remain sober While this Higher Power is God for many members of the 12-step programs and fellowships, atheists and other nontheistic A.A. participants may define their Higher Power as the collective strength and support provided in their group meetings (Grim & Grim, 2019).

Social Determinants of Health

Another important framework utilized in this evaluation was Social Determinant of Health (SDOH). The five domains of the social determinants of health are: Economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, as well as social and community contexts (Healthy People 2030, 2021; Viner et al., 2012). In the United States, one in ten people live in poverty, and many people can't afford healthy foods, health care, and housing (Healthy People). Healthy People 2030 focuses on helping more people achieve economic stability, which is one of the domains of the SDOH.

A second domain of the SDOH is education access. from low-income families, children with disabilities, and children who routinely experience forms of social discrimination - like bullying - are more likely to struggle with math and reading (Healthy People 2030, 2021). They're also less likely to graduate from high school or go to college. This means they're less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression (Healthy People). In addition, some children live in places with poorly performing

schools, and many families can't afford to send their children to college (Healthy People). The stress of living in poverty can also affect children's brain development, making it harder for them to do well in school (Healthy People).

A third domain is healthcare access and quality (Healthy People 2030, 2021). Approximately 1 in 10 people in the United States do not have health insurance and those without insurance are less likely to have a primary care provider and may not be able to afford the health care services and medications they need (Healthy People).

A fourth domain is neighborhood and built environment (Healthy People 2030, 2021). The neighborhoods people reside have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks (Healthy People). In addition, some people are exposed to harmful conditions at work that include secondhand smoke or loud noises.

The last domain is social and community context (Healthy People 2030, 2021). Relationships and interactions with family, friends, co-workers, and community members can have a major impact on residents' health and well-being. This can have a negative impact on their health and safety throughout life. Children whose parents are in jail and adolescents experience increased often due to being bullied (Healthy People). Interventions that provide social and community support are critical for improving health and well-being (Healthy People).

W. K. Kellogg Foundation Step by Step to Evaluation

The step-by-step guide to evaluation was released in November 2017 for grantees, nonprofits and community leaders, and was succeeded by the Kellogg Evaluation Handbook that was published in 1998 and revised in 2014 (Appendix, Figure 1). Effective program evaluation does more than collect, analyze, and provide data. It makes it possible to gather and use information, to learn continually about and improve program. The W.K. Kellogg Foundation model utilizes the logic model to improve programming and offers greater learning opportunities, better documentation of outcomes, and shared knowledge about what works and why. The logic model is a beneficial evaluation tool that facilitates effective program planning, implementation, and evaluation (Kellogg, 2017). The logic model is a systematic and visual way to present and share the understanding of the relationships among the resources operating a program, the activities planned, and the changes or results hoped to be achieved (Kellogg). The most basic logic model is a picture of how one believes the program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve. The steps of the logic model include the following: resources/inputs, activities, outputs, outcomes, and impact (Kellogg). Resources include the human, financial, organizational, and community resources program has available; towards this component is referred to as Inputs. Program Activities describes what the program does with the resources such as processes, tools, events, technology, and actions. These interventions are used to bring about the intended program outcomes or Outputs.

Outputs are the direct products of program activities and may include types, levels, and targets of services to be delivered by the program (Kellogg, 2017). Outcomes are the specific changes in program participants' behavior, knowledge, skills, status, and level of functioning.

The logical progression from short-term to long-term outcomes should be reflected down the road specific to impact. Impact is the fundamental intended or unintended change occurring in organizations, communities, or program activities (Kellogg). This use of the logic model and the steps of the program evaluation defined by Kellogg will provide the structure of this program evaluation.

Description of Project

The purpose of this project is to evaluate the effectiveness of the Adolescent Intervention Program (AIP) and propose evidence-based recommendations based on the outcome findings. The methodology used was program evaluation. This non-profit organization has been provided service to the community for over thirty years and reached out to the author to conduct a program evaluation of their services. Areas of improvement that would be explored includes continuing sustainability, increase of funding, and additional community collaborative efforts.

The target population is adolescents at risk of alcohol and substance abuse and parents/guardians of at-risk adolescents. The settings of this established faith-based drug and alcohol community outreach center specializes in adolescent substance abuse intervention, counseling, and education. The program requires consent for adolescents under 18. Most of the current participants potentially benefit from the project. The purpose of this program evaluation is to provide analysis of program processes and recommendations for improvement which are detailed in the following objectives.

Project Aims and Objectives

Aim 1. Review the structure of AIP sessions for teen participants using the Social Determinants of Health (SDOH) framework

1. Describe methodology used in AIP interventions

1.1 Describe major concepts covered related to SDOH

1.2 Describe literature review to related to SDOH and teen drug and alcohol treatment

2 Review and describe Program Referral Process

2.1 Conduct structure interviews with city and county juvenile and probation services

3. Review program participant data

3.1 Participant's demographic information (Meal Program)

3.2 Participant's completion rates and recidivism rates

3.3 Program funding sources

4. Identify relationships with other Drug and Alcohol Services within city and county

4.1 Meals Program

4.2 Relationship with city and schools

4.3 Data Reporting requirements with city, county, and state

Aim 2. Conduct outcomes evaluation program and trend over 2 years

2.1 Evaluation of admission, completion, and recidivism data over 2 years

2.2 Evaluate data sharing with referral sources over 2 years

2.3 Evaluation of grant and funding over 2 years

2.4 Cost benefit analysis over 2 years

- 2.4.1 Volunteer contributions

Aim 3. Describe Faith -based models for adolescent drug and alcohol programs and use as a benchmarks of AIP

3.1 Identify major concepts of interventions in faith-based interventions from evidence-based research articles

3.2 Create graphs to display comparison

Aim 4. Summarize Program Evaluation findings and Recommendations

4.1 Summarize program admission, completion, and recidivism data trends

4.2 Summarize factors that shaped the program trends

4.3 Summarize recommendations for program enhancement

4.4 Present program evaluation executive summary to stakeholders

Methodology

The W.K. Kellogg Foundation (2017) step-by-step guide was used as the DNP program evaluation framework. This framework was chosen because of the detailed process that is clearly articulated. This framework has seven major areas to consider in the process (Kellogg, 2017):

a. Prepare for conducting an evaluation – this includes determining who benefits from the evaluation, what are the potential risks, what else is happening currently that may affect the evaluation, which type of evaluation, and which evaluation approach.

b. Determine who the stakeholders are and how and when the engage them – create a plan to involve them, identify the areas for their input, and have the stakeholders participate regularly.

c. Identify underlying assumptions for why the initiative or program will result in the predicted outcome – developing a theory of change or logic model helps guide the evaluation process.

d. Develop the evaluation plan – evaluation questions need to be determined, and a measurement framework to identify the data source, frequency of the data collection, and the quantitative/qualitative measurement of change. Other areas to address in the plan are data collection methods, analysis strategies, reporting findings, and recommendations.

e. Collect and analyze the data – collect data from multiple sources and analyze the data utilizing quantitative methods and qualitative methods.

f. Communicate and interpret the results – stakeholders may have insight into the findings utilizing reflective thinking.

g. Make informed decisions – interpretation of the findings will lead to recommendations for future improvements.

This project's focus was primarily on outcome evaluation. The EBP framework and the W. K. Kellogg Foundation Step-by-Step Guide were used to provide research related to adolescent drug and alcohol programs and program effectiveness compared to national benchmarks. The purposes of outcome evaluations are to investigate whether the strategy, initiative or program achieved the desired outcomes and what made it effective or ineffective (Kellogg). Outcome evaluations also assesses if the effort is sustainable and replicable.

Questions answered throughout the outcome summative evaluation were specifically surrounding the following: "What changes did the strategy, initiative or program cause or contribute to? How did the effort cause or contribute to the changes? How is the effort going to be sustained and replicated?" (Kellogg, 2017). The timing of outcome or summative evaluation should be conducted when immediate and intermediate outcomes are expected to emerge, usually after the effort has been going on for a while, or when it is considered "mature" or "stable" (i.e., no longer be adapted or adjusted) (Kellogg, 2017).

The evaluation approach utilized in this project includes the appreciative inquiry, cultural responsiveness evaluation, empowerment, as well as impact approach. Appreciative inquiry focuses on a vision for what the outcomes should be and look like and then a plan toward achieving that vision (Kellogg, 2017). Evaluation users identify where they have had good practices in their initiative, strategy, or program and how to increase these practices. This does not mean that needs or deficiencies are not addressed in this methodology; they just don't become the major objects of inquiry. The emphasis is on a positive holistic vision versus addressing discrete problems. The distinguishing attributes involves the process of answering the following types of questions: "What was your vision for what you wanted to achieve? As you reflect on your experience with the program, what was a high point? What did you feel was most successful? What are the most outstanding stories or moments that made you proud?" Emphasis is placed on what worked, how things can be better and ways to practice and sustain the solutions (Kellogg).

Culturally responsive approaches recognize that cultural values, beliefs, and context lie at the heart of any evaluation effort (Kellogg, 2017). This explicitly ensures that the voices of people who have been historically excluded are integrated into the design, planning and

implementation of the evaluation and incorporates concepts of oppression into the design. Empowerment approaches provides organizations with the tools and knowledge that allow them to improve their programs through self-evaluation and reflection (Kellogg, 2017). The evaluator often serves as a coach or additional facilitator, depending on the organization's capacity. The distinguishing attributes focus on program staff and participants involved through facilitated dialogues and discussions as well as articulating the program, setting priorities for the evaluation, and determining the measures and evidence needed to monitor the program's progress and success (Kellogg). Impact approach gathers qualitative data via interviews as well as the setting and target population. These three approaches were influential in the development of program objectives, measurements and interpretation of results which were included in the development of the project logic model.

The logic model was developed with the program stakeholders and guided the evaluation process. Figure 2 below reflects the non-profit program evaluation Logic Model.

Figure 2

DNP Project Logic Model

			Outcomes		
Inputs	Activities	Outputs	Initial	Intermediate	Long-term
-Multi-disciplinary team/3 hrs/wk for 4 wks -Faith-based nonprofit specializing in AIP and substance education	-Interview stakeholders-Conduct data collection over last 2-3 years -Evaluate the AIP program -Compare the AIP program to other alternative programs -Analyze and summarize all quantitative and qualitative research findings	-Identification of additional mechanisms for participant, family, and community support -Estimate of cost savings (court and participant) from improved AIP toolkit, updated education, & decreased health risk factors	-Stakeholder and community support will be strengthened AEB increasing monetary donations by 5% within 6 months of recommend. implementation --Stakeholder and community support will be strengthened AEB increasing volunteers by 3% within 6 months	-Participant remains sober within 1 year of starting the AIP program -New staff members and volunteers trained on the workbook and recommendations ensuring AIP participants and their parents are receiving up-to-date information	-AIP part. returns to non-profit as a volunteer within 1 year of graduating the program -Participant recidivism decreases by 3% within 1 yr -Proposed recommendations utilized to further expand educational curriculum to decrease recidivism

Implementation of Program Evaluation

This evaluation occurred during the Covid-19 pandemic limiting the availability of consistent face-to-face conversations, board meetings, and a decline in both participants and volunteers. It was necessary to keep communication open and consistent, both with the faculty mentor and field preceptor. A discussion was held with the non-profit CEO to see which aspects of the program could use exploring. Initially, a literature search was conducted on electronic alerts. An initial email was sent to the preceptor explaining potential options for the project. The initial discussion in January of 2020 with the non-profit CEO and preceptor helped narrow this DNP topic from specific substance use disorders and potential toolkit to a full non-profit evaluation of the adolescent intervention program. Due to the narrowing in of the adolescent intervention program and the fact that this location was the initial location for the inception of the adolescent intervention program, the status quo was best served as an option for this

evaluation in comparison to federal, state, and local program comparison. Stakeholders were identified for the project, and an initial stakeholder meeting was held. The DNP student attended these meetings for several months. During the initial meeting, the CEO and field preceptor shared that they had temporarily not been open for a few months during COVID-19 in which they lost quite a few volunteers at that time as well as communications with the court system who had primarily gone virtual.

Data Management Plan

The program evaluation was conducted from June 2021 through October 2021. Several times during the project, adjustments were made when program data was not found. A data management plan was developed and can be found as Figure 10 in the Appendix. This document was developed to describe the data management plan and following measures:

- Qualitative data conducted with AIP volunteers, board members, county juvenile probation, non-profit statistician, and CEO.
- Allegheny Food Bank demographic data including monthly volume, median family income, participant information
- AIP volunteer numbers and hours

Structured Interview Guide

Interviewees were chosen based on the following criteria: AIP non-profit stakeholders and being directly involved in/with non-profit organization. Individual interviews were conducted both in-person and via telephone. Privacy & confidentiality were ensured, as well as willingness to participate in the interview. Interviews were not physically recorded but recorded using pen and paper via shorthand. Notes were fully interpreted following all interviews to ensure accuracy and validity. Each interview was processed after writing in shorthand during interview. All interviews were transcribed into a Microsoft Word document. In transcribing each

interview, the interviewee was de-identified accordingly to ensure confidentiality throughout the entire process. Interviewee comments, thoughts, and suggestions will be included throughout this DNP project, specific to DNP project recommendations, in which "Anonymous Informant" will be utilized according to the number of the personal communication interview. "Anonymous Informant" range from #1-#5 throughout the DNP project.

A Structured Interview Guide was developed and used with each Stakeholder and contained the following 10 questions:

- What is your role at the organization?
- What are the objectives of the organization?
- What D&A/MH screening tools are used for the juvenile population?
- Is the target population (juvenile/adolescent) adequately reached and involved in activities?
- How does the organization function from an administrative, organization, and/or personal perspective?
- What training(s) are offered/required to work/volunteer at the organization?
- Are parents involved in treatment, classes and or therapy sessions offered? If so, what is the frequency? If not, what is the rationale?
- Are Evidence-Based Practices used at the facility? If so, which ones?
- What changes if any are currently needed at the facility?
- Is there anything else you would like me to know surrounding the organization/program?

DNP Results/Project Findings

Aim 1

The AIP program provides weekly classes for teens referred by the juvenile courts as an option to jailtime for minor offences. Two workflow diagrams (Figure 3 and Figure 4) were developed. Figure 3 describes the workflow of the participants who completed process successfully. A successful completion of the AIP program starts with an AIP referral being received at the non-profit faith-based organization, AIP participant completing all four sessions including one parental and ending with the CEO filling out the completion form for the adolescent to return to the referral source. Figure 4 is the workflow of the participants who did not complete the process successfully. These processes were defined through repeated observation of AIP classes and interviews with program staff and volunteers. This is due to the non-profit facility does having a written referral policy, intake process, or educational materials presented at the weekly sessions. This workflow was approved by the stakeholders as accurately reflecting the AIP program. A non-successful completion of the AIP program starts with an AIP referral being received at the non-profit faith-based organization, AIP participant not completing all four sessions including one parental and ending with the CEO filling out the non-completion form and sending back to the referral source.

Figure 3

Workflow of Completion of AIP Program

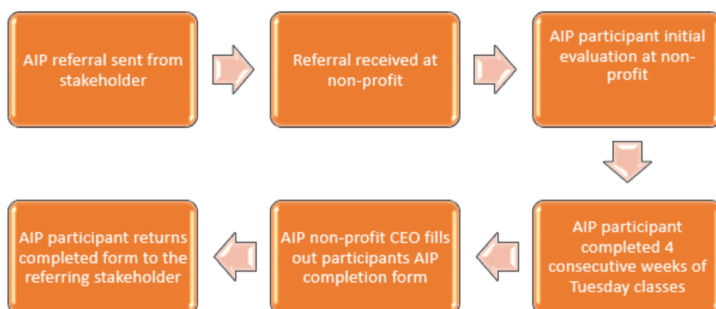
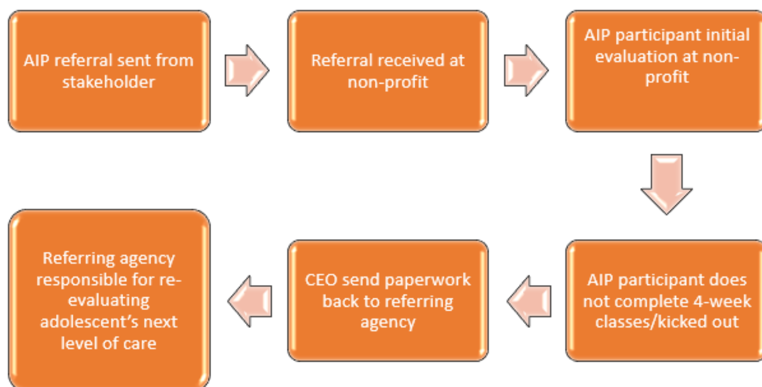


Figure 4

Workflow of Incomplete AIP Program



AIP Program Participant Data

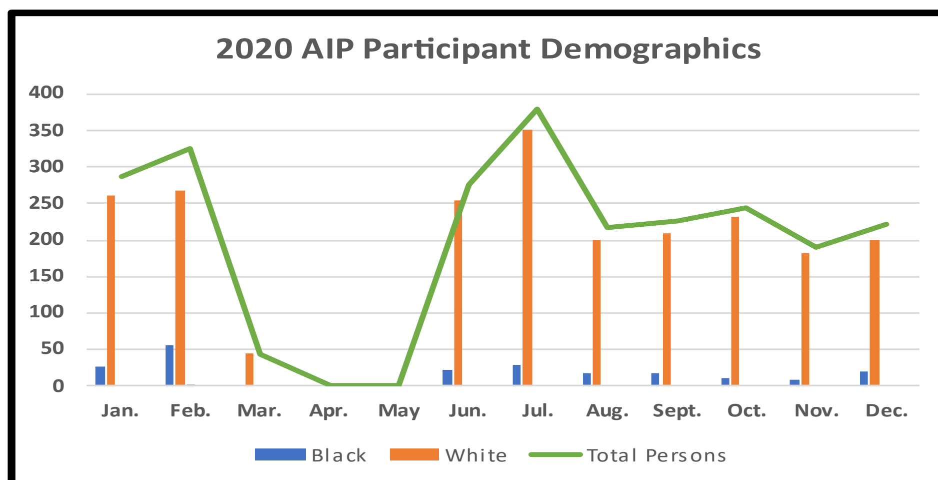
The CEO/Executive Director and a volunteer statistician working with the AIP were interviewed regarding the data management process and current program evaluation process. They stated that the program stopped tracking demographic information of participants when it was no longer required by the

courts 15 years ago. This decision has made it impossible for the program to evaluate individual participants outcomes including participant recidivism and success program rates.

This data was obtained from interview with CEO/Executive Director and stakeholders as well as multiple direct observations of class. The number of participants and their race by month in 2020 are listed in Table 1. The total number of participants in 2020 is 2437, with 92.4% identifying as white race and 7.6% black.

Table 1

AIP Participation



Note: Demographic information was obtained from the Meal Program

Table 2 details the monthly AIP participation broken down by race.

Table 2:

Number and Race of AIP Participants in 2020

Month 2020	White Total	Black Total	Total	White %	Black %
Jan	260	25	285	91.2	8.8
Feb	263	52	315	83.5	16.5
Mar	50	0	50	100	0
Apr	0	0	0	0	0
May	0	0	0	0	0
June	250	20	270	92.6	7.4
July	350	25	375	93.3	6.6
Aug	200	15	215	93	7
Sept	210	15	225	93.3	6.7
Oct	240	3	243	98.8	1.2
Nov	150	1	181	99.3	0.7
Dec	200	24	224	89.3	10.7
Jan-Dec	2,173	180	2,353	92.4	7.6

Referral Processes

A potential AIP participant is referred to the nonprofit through various external entities which include the County Juvenile Court System probation officers, Pennsylvania Department of Transportation (PA-DOT) for those failing urine drug screen (UDS) as a commercial driver's license (CDL) driver and roofer through the union representative, elementary school counselors, high school counselors, and various college counselors from all over the nation (so long as the perspective AIP participant has their home county and state listed as Allegheny County, PA), and word of mouth. "Due to the lack of record-keeping, it is not clear the volume of participants from each of these referral sources (Anonymous Informant #4, 2021)". Recommendations for the program includes creating a referral tracking system that includes data for each participation that includes source of referral and the ability to correlate source of the referral with the participations rate of completion and recidivism. Through structured interview with the AIP CEO, Board Members and statistician, estimations that the AIP has a 98 % Success Rate based upon information shared during Anonymous Informant #1 (2021) interview estimate that "for every 100 AIP participants, there is an average of 1-2 returning for a second try." Anonymous Informant #1 (2021),

also stated during the interview that “For every 100 AIP participants, an average of 5 or 6 are sent back to court “creating a 5 % AIP recidivism rate.

Program Funding

The AIP funding sources appears to be 100% reliant on participant fees. Each AIP participant pays $50.00 to participate in four classes every Tuesday, including one Tuesday session in which is required a parent/guardian is required to accompany the participant. In 2020, a total of 2437 generating $121, 850. The primary cost of the AIP program is the CEO’s salary and facility costs. Program volunteers provide all other services, and their role is described in the coming sections.

The non-profits meals were provided by the Allegheny County Food Bank which maintains participants demographics and family income level which was made available for this program evaluation.

Aim 2. Conduct outcomes evaluation program and trend over 2 years

As previously described AIP program data is not currently being tracked and analyzed so compare program growth and outcomes data is not available. As described in Aim 1 Program Funding volunteer participation is critical to the AIP. Program data indicated that there has been a drop in volunteer recruitment over the past two years due to COVID restrictions.

Figures 5 graphically displays the drop I number of volunteers from 2019-2021. Figure 6 demonstrate the reduction in total volunteer hours in this same timeframe.

Figure 5

Total Number of Volunteers 2019-2021

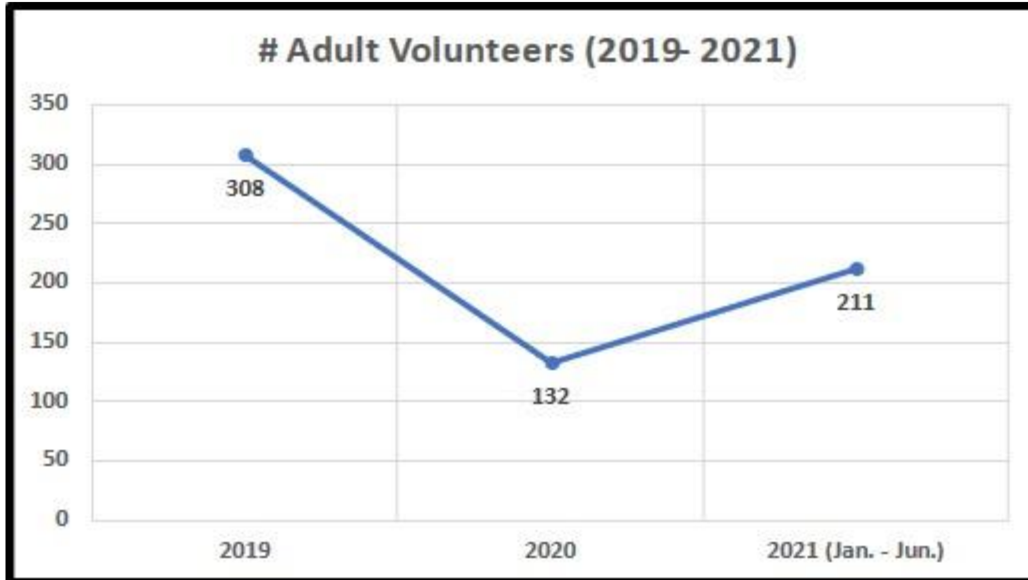
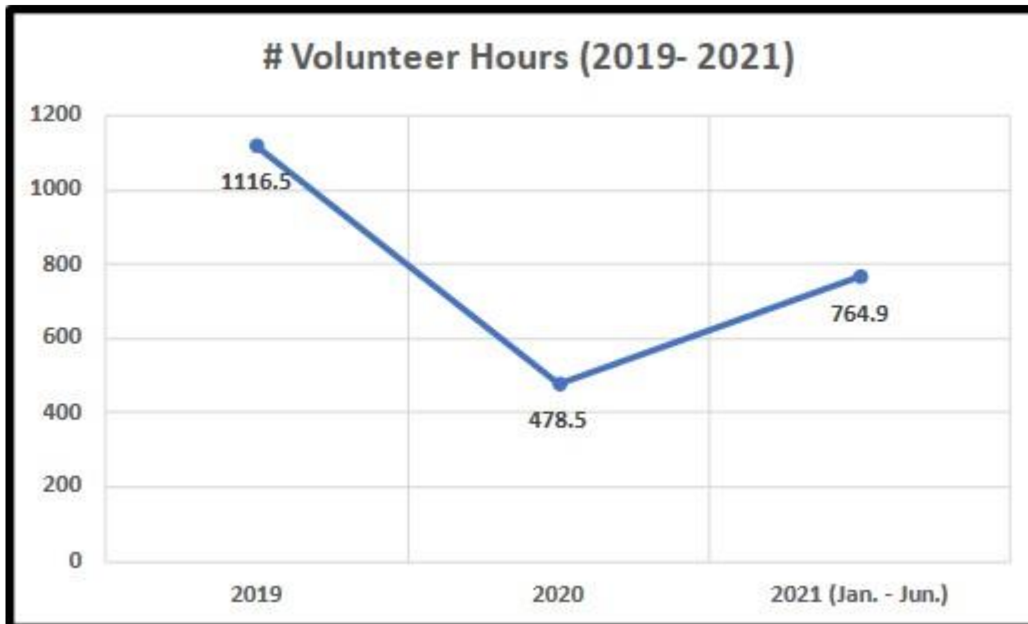


Figure 6

Volunteer Hours 2019 and 2020



The foundation of the services provided by AIP is grounded in the participation of the community. Volunteer roles and responsibilities have been observed and discussed in individual interviews:

- Assist with checking in AIP participants (i.e. signing in sheets, collecting any paperwork, returning CEO completion documents, take attendance).
- Volunteers that share their experience or personal struggles with drugs and alcohol or incarceration to deter current AIP participants and encourage better decision-making (Share personal experience with substance use disorders, incarceration and or journey to recovery as well as key tips to remaining sober and implementing faith into the process)
- Set up clean up before/after groups (Set up chairs and room arrangement prior to each session, make coffee and ensure cream and sugars are filled, set up food along with plates and napkins, ensure coffee remains supplied as well as other beverages, clean up food upon meeting closure, and sanitize chairs and tables upon meeting closure)
- Annual Golf outing, Christmas party, spaghetti dinner, board projects (Board members are required to host a project annually that is approved via the boar, annual spaghetti dinners including marketing and any raffle baskets that may be created for additional monies, collect monies for all projects and outreach events, coordinate golf course and golfers as well as their teams for the annual golf outing)
- Admin/Office work/Data & Tracking (volunteer statistician for data entry and all data tracking)
- Distribute food from 412 Rescue & other Food Bank (Coordinate drop offs and pick-ups of food, reach out to those who may be in need but did not sign up for food each week)

Activities and strategies currently used in the recruitment and retention of volunteers include:

- Church Outreaches (Educate church members during the following: Annual anniversary picnics, Easter and Christmas plays when those who may not consistently attend are provided with volunteer information and opportunities, and share on the church website)
- Morning church announcements (Place an informational snippet in the bulletin and include snippet during morning announcements so those who are viewing virtual are also aware of the organization and their volunteer opportunities)
- Previous AIP participants (Encourage previous AIP participants to return to share their strength, experience, and hope to newer AIP participants)
- Utilize stakeholders (Educate stakeholders that they are also able to volunteer if interested, further explaining the opportunities available if interested)

Analysis of the trends in adult volunteer recruitment in 2019 – 2021 indicate a 57% decrease from 2019 to 2020. In 2019 there was 308 volunteers, which dropped to 132 in 2020. This timeframe includes the onset of the Covid 19 pandemic and the shutdown of program activities from March - May 2020. There has been a 38% increase from 2020 – 2021 with volunteer rolls increasing to 211.

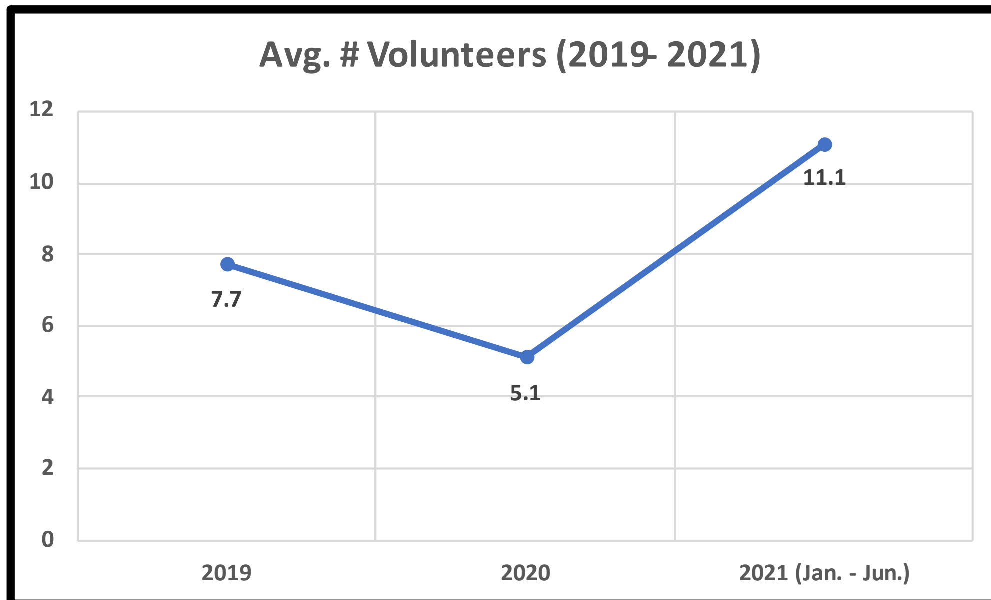
Analysis of volunteer hours from 2019 – 2021 reveal a decrease of 57% from 2019 to 2020 reflecting the program closure associated with the Covid19 shutdown. Once COVID-19 lockdown restrictions were listed and vaccines offered, the volunteer hours increased from 478.5 in 2020 to 764.9 by the end of June in 2021.

Figure 7 depicts the average daily volunteer hours for each year 2019-2021. In 2019, the average volunteer hours per day was 7.7 hours. In 2020, the average volunteer hours per day

dipped to 5.1 hours due to the Covid 19 shutdown but have recovered to an average volunteer hours per day increased to 11.1 hours in 2021.

Figure 7

Average Volunteer Hours per Day

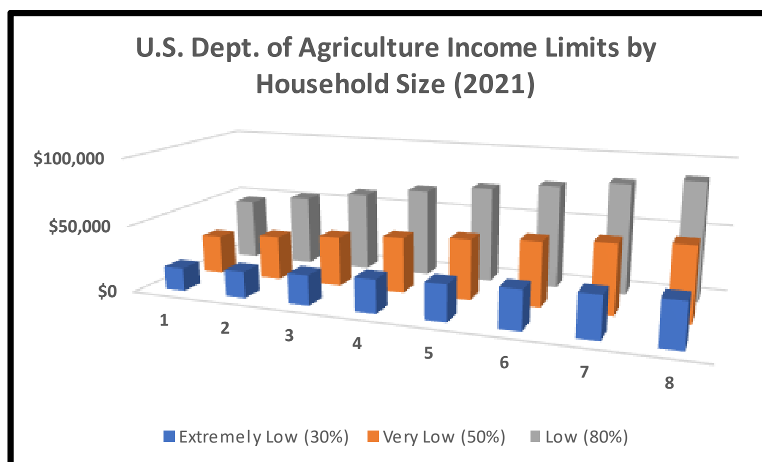


Aim 3

If food insecurity is present in low-income communities and the AIP works many families whose incomes are below poverty levels which can lead to poor physical and mental health (Healthy People). Figure 8 reflect the socio-economic status of AIP participants and their families. The Allegheny Foodbank provides meals and food to the AIP participants.

Figure 8

AIP Participant Incomes



SAMHSA Faith Based Intervention

SAMHSA has actively engaged and supported faith-based and community organizations in SUD/MH since 1992, supporting training programs and curricula not only support substance use prevention, addiction treatment, and mental health services education for multi-denominational leaders of the faith community. SAMHSA was the first Department of Health and Human Services agency to undertake a specific Faith-Based Community Initiative (FBCI) in 2000. They support the following programs carried out by community and faith-based organizations at all levels: Mental health services, substance use prevention, and addiction treatment (Substance Abuse and Mental Health Services Administration, 2021).

Aim 4

. The following are recommendations made as an outcome of the AIP program evaluation. These recommendations were generated by stakeholders involved in the structured interviews which were analyzed for categories and trends. There trends were presented to stakeholders who agreed that these recommendations were priority areas for improvement. These from Anonymous Informant #2 (2021) and Anonymous Informant #3 (2021) emphasized the lack of an educational workbook/toolkit. Consistent interview themes from Anonymous

Informant #2 (2021), Anonymous Informant #3 (2021), and Anonymous Informant #4 (2021) recommended the need to develop a CEO succession plant which would include input from volunteers and AIP participants. Interviews with Anonymous Informant #2 and #3 (2021) identified the need for staff and volunteer orientation and the development of a policy manual that guides the AIP processes and interventions. The structured interview with Anonymous Informant #5 (2021) resulted in the recommendation of expanding the number of mandatory parental involvement nights for AIP completion which is consistent with the projects literature review. This would include developing a parent toolkit that would include information regarding adolescent drug and alcohol abuse and how they could participate in their child's recovery. National, state, and local adolescent programming will be surveyed regarding this program development.

Summary

Community collaboration and open communication between adolescents and their parents have been the central aim of the AIP and have been successful in the provision of drug and alcohol drug treatment for over 30 years. Through a faith-based model of drug and alcohol treatment the AIP has works with thousands of adolescents and their families in obtaining treatment as an alternative to jail time for minor offence. The AIP program has demonstrated a consistent positive relationship with several counties juvenile courts in southwestern Pennsylvania and has a high program completion rate and low recidivism rate. With these positive outcomes the AIP Program is positioning itself to sustain this program with the implementation of quality improvements that document its successful intervention and expand the written materials provided to participants and their families that support their continued recovery. The program is also committed to increasing documentation of participant outcomes

and increase their measurement to apply for grants and other funding mechanisms. Staff and Volunteer training are also an important improvement to sustain the AIP and increase its effectiveness.

Implications for Practice and Further Study in the Field

Risk factors related to adolescent drug and alcohol abuse should be evaluated in the adolescent population, to assist in proper risk-factor identification to best tailor alcohol-use and substance use educational curriculums appropriately. Community collaboration and open communication enables parents to modify and shift their individual responsibilities to a form of shared responsibility where adolescent substance use can be considered (Mynttinen et al., 2019). Criminal justice agencies are the major suppliers of substance abuse treatment clients in the United States, accounting for between 28% and 51% of all community-based substance abuse treatment admissions (Chu and Sung, 2014). A recent survey of treatment facilities found that the proportion of criminal justice–referred clients averaged 22% among faith-based service providers and 41% among secular providers (Chu and Sung, 2014). A better understanding of the underlying perceptions and theoretical models that counselors bring to substance abuse treatment is important because counselors are key players in treatment and can be influential in treatment outcome. This ideology–practice connection will ultimately affect drug use relapse among clients in general and criminal recidivism among criminal justice–referred clients in particular which needs to be further studied and supported according to Chu and Sung (2014).

Interpretation and Sustainability

This organization has been stable under current CEO for last 30+ years without consistent funding or written succession plan. Volunteer recruitment and retention is vital to organizational

success, as there is only one paid staff member and the rest volunteers. Racial differences in AIP referrals to alternative programming were noticed, possibly indication systemic racism from the referring court systems and facilities. There is a 98% percent success rate at the non-profit faith-based organization. For every 100 AIP participants, an average of 1-2 return. There is also 5 % recidivism rate at this facility. For every 100 AIP participants, an average of 5 or 6 are sent back to court. This is the highest rate when compared to other alternative programming, especially secular programming. There is about an 85% recidivism rate for those in secular organizations. There is a need for a succession plan and volunteer training workbook. The risk and ethical consideration to the participants in this program evaluation is no greater than what is involved in the care they are already receiving throughout the AIP. The adolescent population is strongly protected in general, even more so when it comes to mental health and substance use, as mental health and substance use disorder are highly sensitive and protected information. Parental involvement with these sensitive concerns were also a factor, as parents are typically entitled to adolescent decisions, but an effective educational plan also needed to be respected so adolescents felt comfortable sharing their true situations and circumstance comfortably within the group setting. There are also ethics of an adolescent program in which safety is a factor, but on a need-to-know basis. Adolescents are still strongly tied to parental figures/guidance. Respecting that aspect was crucial.

Limitations

Initially, there was substantial difficulty finding literature review articles. The literature search was vastly expanded. There was a lack of readily available internal data/tracking system which causes inability to submit consistent grants for program funding. The temporary closure of this facility was significantly impacted when the PA Governor mandated closures of non-

essential facilities. At this time, the non-profit organization and AIP fell under the non-essential category, despite the increase in mental health concerns and substance use/abuse, especially among teenagers as they were forced overnight to participate in academics utilizing a virtual or hybrid educational approach. Due to COVID-19, there was a significant reduction in both non-profit volunteers and AIP participants. In the middle of the DNP project implementation phase and final data collection, there was a transition of non-profit statisticians. One of the strengths also became a barrier in that the student had previous volunteering relationships with the faith-based non-profit organization and at times it was assumed she may know more of the inter-workings than shared. Relied on relationships and inconsistent findings which probed further data collection and stakeholder interviews.

Conclusions

Program evaluation is a framework that can be useful in determining the effectiveness of quality improvement initiatives. The W.K. Kellogg's Step by Step Guide to Evaluation (2017) guided this program evaluation. The lack of program data including participant demographics, completion, and recidivism rates was initially a barrier to completing a traditional program evaluation, but the Kellogg model provided guidance in the use of the Appreciative, Cultural and Empowerment approach to evaluation provide the approach to complete a meaningful program evaluation for this faith-based nonprofit adolescent drug and alcohol abuse program.

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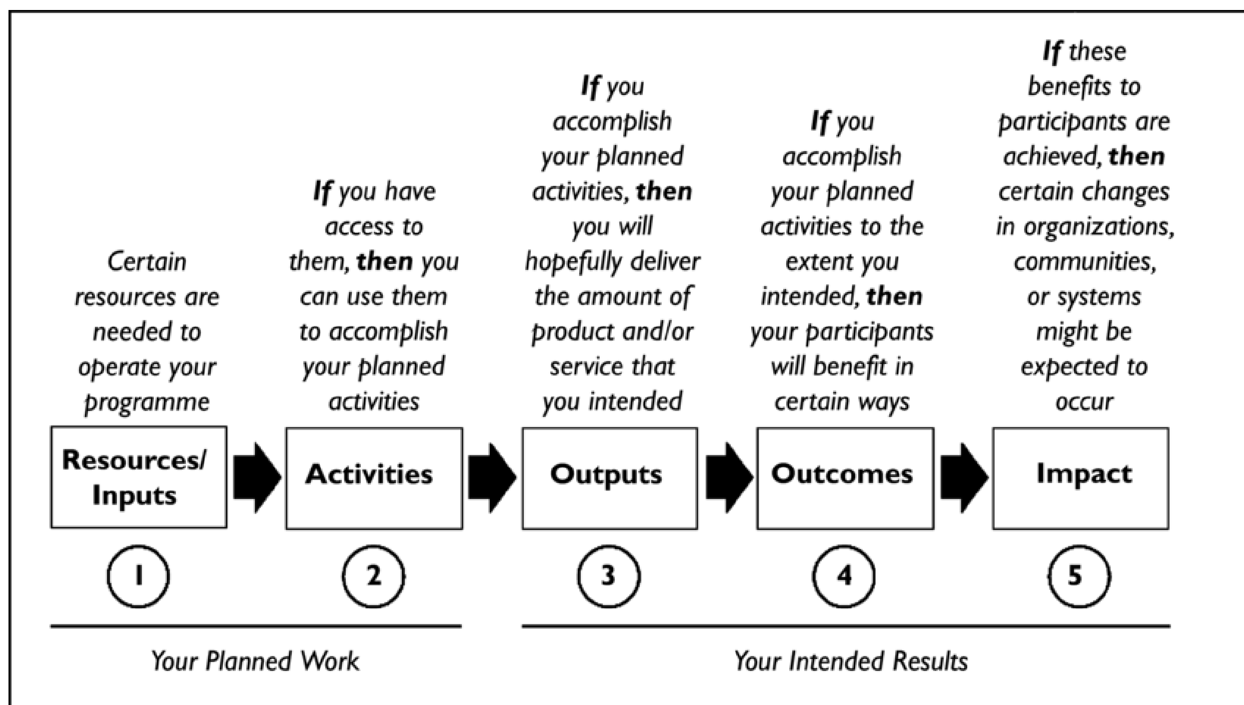
Appendix

Figure 1 W. K. Kellogg Foundation Evaluation Process



(W. K. Kellogg Foundation., 2017)

Figure 1.1

Number of People in Household	Extremely Low (30%)	Income Limits Very Low (50%)	Low (80%)
1	$17,450	$29,050	$46,500
2	$19,950	$33,200	$53,150
3	$22,450	$37,350	$59,800
4	$24,900	$41,500	$66,400
5	$26,900	$44,850	$71,750
6	$28,900	$48,150	$77,050
7	$30,900	$51,500	$82,350
8	$32,900	$54,800	$87,650

(U.S. Department of Agriculture: Food and Nutrition Service, 2021)

Figure 10 DNP Project Data Management Plan

Aim and Objectives	Data Management & Data Display	Data Analysis	Strengths	Limitations	Timeline
Aim #1 Review the Adolescent Intervention Program (AIP) goals, objectives, and organizational processes					
Obj 1.1 Review the AIP educational material and informational sessions for parents of teen participants	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Anecdotal statistics	Identify gaps in educational material and communication between staff and participants	Availability of staff and volunteers	1 week to facilitate observation July 2021
Obj 1.2 Review participant evaluation tools or process	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Anecdotal statistics	Identify gaps in evaluation tool process	No current participant evaluation in place	1 week to facilitate observation July 2021
Obj 1.3 Review referral sources process	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Anecdotal statistics	Identify gaps in communication during referral source process	Availability of staff to complete referral process and COVID-19	4 weeks to facilitate observations July 2021
Obj 1.4 Review program data	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Table Chart	Program data and up to date	Program data not up to date, tracked sufficiently, and material is not standardized	2 months 09/2021
Obj 1.4.1 Participants' demographics	Compare 2 years 01/2019-12/2019	Table Chart	Data tracked accurately and timely	Demographic data not up to date or tracked accurately	4 weeks 09/2021

	01/2020 – 12/2020				
Obj 1.4.2 Participants' completion rates and recidivism	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Inferential statistics	Data tracked accurately and timely	Data not up to date or tracked accurately	4 weeks observation 08/2021
Obj 1.4.3 Program Funding sources	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Descriptive statistics	Data tracked accurately and timely	Data not up to date or tracked accurately	4 weeks observation 07/2021
Obj 1.4.4 Relationships with Community Drug and Alcohol Services within city and county	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Descriptive statistics	Data tracked accurately and timely	Data not up to date or tracked accurately, Lack of reporting requirements	4 weeks observation 07/2021
Obj 1.4.5 Relationship with city and county schools	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Descriptive statistics	Data tracked accurately and timely	Data not up to date or tracked accurately	4 weeks observation 07/2021
Obj 1.4.6 Data Reporting requirements with city, county and state	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Descriptive statistics Graph Trend Data	Data tracked accurately and reported timely	Data not up to date or tracked accurately, Lack of reporting requirements	4 weeks 09/2021
Aim #2 Conduct evaluation the AIP's outcomes and trend over 1-2 years					
Obj 2.1 Evaluation of access data over 1-2 years	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Inferential statistics	Documented and tracked sufficiently and timely	AIP completion documentation may not be completed in a timely manner delaying real-time tracking/reporting	1 year of narrator report to be received by 2/2021

Obj 2.2 Evaluate data sharing with referral sources	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020 & Qualitative Structured Interviews	Graphs Trend Data	Identifies sufficient tracking/reporting system	AIP completion documentation may not be completed in a timely manner delaying real-time tracking/reporting	1 year of narrator report to be received by 2/2021
Obj 2.3 Evaluation of grant and funding activity	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Descriptive statistics	Grants and funding identified with appropriate outcomes/money disbursements	Lack of grants applied for and/or funding sources. Lack of accurate tracking.	1 week 08/2021
Obj 2.4 Evaluation of community partnerships	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Table Chart Comparison	Sustainable community partnerships	Insufficient tracking of all community partnerships	1 week 08/2021
Obj 2.5 Cost Benefit Analysis	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Table Chart Comparison	Benefit to taxpayers as AIP is out of pockets	Low-income families may not be able to afford to pay out of pocket and get referred to county d&a where tax-payers fund	1 week 08/2021
Aim #3 Compare Adolescent Intervention Program (AIP) to other adolescent intervention programs					
Obj 3.1 Compare local and national programs that are similar	Compare 2 years 5/2019-5/2020 5/2020-5/2021	Graphs Trend data	AIP meets or exceeds national benchmark	Chance of AIP not meeting national benchmark	1 week 09/2021

Obj 3.2 Compare national benchmarks (SAMHSA; systematic Describes, local agencies)	Compare 2 years 01/2019-12/2019 01/2020 – 12/2020	Graphs Trend data	AIP meets or exceeds national benchmark	Chance of AIP not meeting national benchmark	1 week 09/2021
Obj 3.3 Create graphs to display comparison	Compare 2 years of data 01/2019-12/2019 01/2020 – 12/2020	Graphs Trend data	Enhanced facility data trends and viability	Decrease in facility data trends	2 weeks 10/2021
Aims #4 Summarize Program Evaluation findings and Recommendations					
Obj 4.1 Summarize program data trends	Post analysis of findings	Feedback	Improve participants outcomes, comprehensive program overview, decrease recidivism	Recommendations not adopted	1 month 11/2021
Obj 4.2 Summarize factors that shaped the program trends	Post analysis of findings	Feedback	Improved and adequate program trends	Recommendations not adopted	1 month 11/2021
Obj 4.3 Summarize Recommendations for program enhancement	Post analysis of findings	Feedback	Improved program dynamic and sustainability	Recommendations not adopted	1 month 11/2021

Obj 4.4 Present Program Evaluation Executive Summary to Stakeholders	Post analysis of findings	Feedback	Improved program dynamic, sustainability and increased funding	Recommendations not adopted	1 month 11/2021

(Non-profit, 2021)