

## ABSTRACT

### SUBSTANCE ABUSE INTERVENTION PROGRAM AMONG HISPANIC ADOLESCENTS: A GRANT WRITING PROJECT

By

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The purpose of this project is to develop and fund an intervention program that provides substance abuse services to Hispanic adolescents and families who are experiencing problem with substance use. The goal of the project is to provide education, resources, and prevention services for Hispanic adolescents and families that have substance use problems. Mental Health & Addiction Services for Adolescents (MASA), a project of the California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA) was the agency selected as the focus of this project.

An extensive literature review was conducted to examine the need for implementation of substance use program. The knowledge gained through the literature assisted the grant writer in developing a grant that meets the needs of Hispanic adolescent and families with any substance use problem. The Weingart Foundation was identified as the best fit the criteria to their goals were aligned with the mission of MASA



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## CHAPTER 1

### INTRODUCTION

#### Prevalence of Substance Use Among Adolescents

There are over 50.5 million Latinos (16% of the total population) living in the United States, with about 14 million Latinos residing in California (U.S. Census Bureau, 2010). Since the growth of the Hispanic population keeps increasing, it is projected that the Hispanic adolescent age group will increase largely (Substance Abuse and Mental Health Services Administration [NSDUD], 2011). In 2011, there were about 25.1 million adolescents from the age of 12 to 17 years old. There is a high level of concern in the general population that continues to focus on adolescent's substance use. One quarter of adolescents in the United States has consumed alcohol, one fifth has used another illicit substance, and about one eighth has smoked cigarettes (Substance Abuse and Mental Health Services Administration, 2013). In 2013, the Youth Risk Behavior Surveillance Survey indicate that Hispanic adolescents reported 40% lifetime used of alcohol and 27.6% lifetime use of marijuana (Centers for Disease Control and Prevention, 2013).

Substance use is an issue among adolescents and supportive services are needed to address substance use problems among Hispanic adolescents. Substance use all too often develops into substance abuse. This coupled with the projected rise in the population of Hispanic adolescents suggests there is a need for appropriate services that include substance abuse prevention in order to address the current and probable issues



which Hispanic adolescents face. There is a concomitant need to educate both parents and adolescents. The prevention and understanding of substance use disorders and available treatment options need to be available to address such needs.

Hispanic adolescents face multiple risks in their environment that could influence their substance use. Risk factors include problem behaviors, poor academic performance, teen pregnancy, sexually transmitted diseases, crime, vandalism, and violence (Sussman, Skara, & Ames, 2008). Additionally, there are obstacles that many Hispanic families encounter in accessing resources or services for their adolescent children, particularly because of the prevalence of low-income, being raised in single-parent households, or being raised by parents who have long working hours, as well as in families where adolescents experience a lack of support from family members (Barrett & Turner, 2006). Treatment programs targeting the Hispanic population are greatly needed to address prevention and treatment of the spectrum of substance use and abuse disorders.

#### Risk and Protective Factors for Adolescent Substance Use

The risk factors that are present and associated with at-risk populations are “disadvantaged socioeconomic groups, children of substance-user parents, risk-takers, those suffering academic problems, or persons who are targets of drug promotions by tobacco and alcohol industries” (Sussman, et al., 2004, p. 1973-1974). In addition, risk factors are found at different social environmental statuses within the target population. The risk factors which include but are not limited to alcohol use and drug use affect the domains of school, community, peers, and the individual. Risk factors in the school domain are aggressive and oppositional behaviors and dropping out of school.

Community risk factors are the frequency of low-income neighborhoods, delinquent behavior, and aggressive and oppositional behaviors at home. The domain of the individual includes aggressive and oppositional behaviors (Sussman et al., 2004). At the peer level are anti-social behavior and drug use (Cleveland, Feinberg, Bontempo, & Greenberg, 2008).

Protective factors that are powerful within the Hispanic population and that assist in helping the adolescent to avoid engaging in risky behaviors include family cohesion, the level of parental monitoring, positive parenting, family support, and parent and adolescent communication (Prado et al., 2007). The level of parental monitoring and parent-adolescent communication may serve as predictors of substance use among adolescents. Parental monitoring can be reflective of cohesion or conflict in the family, whether discipline is consistent or inconsistent, and the level of effective parent-adolescent communication. Additionally, according to different studies of the Hispanic/Latino population, acculturation can stress and challenge families when a child or adolescent questions parental authority, or *respeto*, that is considered an important value in the culture (Martinez, 2006).

#### Substance Abuse Intervention Strategies

There are many intervention strategies that have been effective in prompting and reducing substance abuse among adolescents. Good interventions are “traditional adolescent substance use prevention programs premised on broad-based approaches that target the general public” (Skiba, Monroe, & Wodarski, 2004, p. 346). One of the interventions that is being used is Motivational Interviewing (MI) that “seeks to promote

reflection on drug use and its personal consequences in the context of the values and goals of the individual” (McCambridge & Strang, 2004, p.40-41). It is considered that MI is an intervention that engages young people because it is non-confrontational and it helps them to consider the risk of substance use. It focuses on the reduction of harm or risk, because the young adolescent may have specific risk for or engagement in harmful behaviors, including drug use and their personal relationship to drugs (McCambridge & Strang, 2004). MI assists adolescents to consider risk and reduce harm but may not result in lessening drug consumption (McCambridge & Strang, 2004), at least initially.

Another intervention that has been used for disorders of substance use is Cognitive Behavioral Therapy (CBT). This model focuses on ways to “conceptualize substance use and related problems as learned behaviors that are initiated and maintained in the context of environmental factors” (Waldron & Kaminer, 2004, p. 94). CBT employs a tool that is used for treating individuals with substance use issues called relapse prevention. The intervention of relapse prevention is designed to reduce or limit the substance use. Relapse prevention is designed to help the individual identify and modify coping skills, challenge the utility of chosen behaviors, and provide education about abstinence (Witkiewitz, Marlatt, & Walker, 2005).

Interventions that are family-centered have been effective in addressing adolescent problem behaviors. A model that has produced results is Familias Unidas. This approach promotes four major family processes: parental involvement, positive parenting, family support, and parental-adolescent communication (Prado et al., 2007). This preventive model is consistent with the Hispanic cultural expectations and assists

parents in taking a leadership role in helping prevent adolescent drug use. It also has a focus to increase family functioning by building connections with other peers, school, and parents.

There are many prevention models that show effectiveness in addressing substance use among adolescents through school-based programs, family-based programs, community-based activities, and media campaigns (Sussman et al, 2008). Substance use treatment programs utilize various evidenced-based approaches when treating adolescent for substance use. These methods include behavioral, family-based, and recovery support services. Each method is designed to target specific aspects of the adolescent drug use behaviors and consequences that impact the individual, family, and the community (National Institute on Drug Abuse [NIDA], 2014, 3rd).

#### Goal of the Project

The purpose of this project is to write a grant to design a community-based adolescent substance use program that provides education, family support, and outreach. The grant will design a program to provide education, resources, and prevention services for adolescents and families that have substance use problems. The goal of the proposed project is to locate prospective funding sources for the implementation of the substance use program.

#### Agency

The agency proposed to secure the funding and provide the services is a not-for-profit (501(c) 3) public benefit corporation located in Los Angeles County. The specific department wherein the new program would be operated is the Mental Health &

Addiction Services for Adolescents (MASA), a project of the California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA). MASA is interested in continuing to address the Hispanic adolescent substance use. The program's mission is to provide support in developing adolescents into productive adults (MASA. (2014) [Brochure]. In order for MASA to achieve their goal a wide variety of interventions are used to assist the adolescent and family with the emotional problems and substance use, including addictions. It was established in 1975 and has worked in collaboration with the Los Angeles Juvenile Drug Court Program, Substance Abuse Prevention Control (SAPC), and the County of Los Angeles Department of Mental Health (DMH). The agency project MASA program is interested in submitting proposals to address adolescent substance use and incorporate family involvement, particularly targeting those from Hispanic or Latino heritage.

#### Cross-Cultural Relevance

In the Hispanic adolescent population, substance use affects males and females in different ways. "Latino adolescent boys might experiment with drugs as a way of asserting their independence and providing their toughness and masculinity" (Lac et al., 2011, p. 645), while girls in the Hispanic population are typically socialized to be homebound, perform caretaking responsibilities, and to help around the house.

One way to reduce substance use among adolescents is to engage the family and adolescent through community-based outreach, education, and assistance programs. Such assistance will help to reduce barriers faced by the Hispanic population in their search and understanding of substance abuse disorders.

### Social Work Relevance

As substance use keeps impacting the Hispanic adolescent, it is important for social workers to understand how culture might impact some of the treatment approaches when dealing with multicultural families and clients in the field. The social worker would use a systems approach to understand the environment and stressors in the population being served. This proposed program seeks to provide assistance to the adolescent and the family in gaining access to improve the prevention of substance use from necessitating later substance abuse interventions. Funding this type of program will help the community by giving them the knowledge about risk behaviors and substance use. At the same time it would be designed to help parents be aware of substance use disorders and build an open and effective communication with their children. It is important to engage with community organizations and schools to target the Hispanic adolescents who are risk with substance use behaviors.

CHAPTER 2  
REVIEW OF THE LITERATURE

Early Alcohol and Drugs

The early use of alcohol and other drugs is common with adolescents. It “is a key period for developing patterns of substance use and abuse that could continue into adulthood” (Botvin & Griffin, 2007, p. 608). At the beginning of early adolescence and during the early and middle years, among adolescents across the United States some of the initial stages that are common for substance use among adolescences “include experimentation with alcohol and tobacco” (Botvin & Griffin, 2007, p. 608).

There are various factors that enhance the onset of adolescent experimentation with substance use. These factors that influence adolescents to engage in early experimentation with substances include the media, availability of substances, peer influence or peer pressure, and personal identity. In the media, alcohol and drug use is often portrayed with a positive message which contributes to some of the early experimentation among adolescents (Botvin & Griffin, 2007). Neighborhoods that often have higher level of adolescent substance use are because alcohol and drugs are more accessible in neighborhoods that favor drug use. Alcohol continues to be one of the most common substances used among adolescents in the United States and other countries (Komro, Maldonado-Molina, Tobler, Bonds, & Muller, 2007). Adolescents do not drink

alcohol just for the fun of it because it is part of their home environment and their community (Komro et al., 2007). Frequently, adolescent's experimentation with substance use occurs with friends and older peers. One historically strong reason that adolescents might experiment with substances of alcohol or drugs, is to fit in with their peers, because fitting in is important for adolescents to be accepted and be part of the group. Adolescent early experimentation with substance use often occurs in a context of social situations (Botvin & Griffin, 2007). Many adolescents experiment with substance use "as a way of establishing a personal identity that increasingly autonomous and independent from parents" (Botvin & Griffin, 2007, p. 608).

Patton et al., (2004) conducted a study of 5,769 students in the fifth, seventh, and ninth grades to examine the relationship of puberty development that was sorted into three levels: early, middle, and late stages and early adolescent substance use. There was a high association noted between the pubertal stage and chronological age with early adolescent substance use and abuse (Patton et al., 2004). One reason that led to substance use in early adolescence was early maturity, which resulted in the adolescents experiencing peer rejection and low self-esteem (Patton et al., 2004). In the late stage of puberty, adolescents "were 2 to 3 times more likely to report lifetime and recent recreational substance use than were those at an early pubertal stage" (Patton et al., 2004, p. e304).

The early experimentation of substance use among adolescents leads to progression, wherein those who use "alcohol, tobacco, or marijuana will later become regular users of these substances, and some will eventually progress to experimentation



and regular use of other more serious drugs” (Botvin & Griffin, 2007, p. 608-609). The experimentation with alcohol and drug involvement may eventually “develop problematic problems of use characterized by psychological and physiological dependence” (Botvin & Griffin, 2007, p. 609).

### Risk Factors for Substance Use

Risk factors are found across various domains that are related to many problems among adolescent behaviors (Cleveland et al., 2008). A number of variables that have onset of risk factors are the time period of adolescence marks a “rapid development involving complex social, biological, and psychological changes” (Salas-Wright, Hernandez, Maynard, Saltzman, & Vaughn, 2014, p. 865). Throughout adolescent growth the experimentation with new behaviors and attitudes, heightens the risk of alcohol and drug use (Salas-Wright et al., 2008). There are risk predictors factors of substance use that are found in the domains of community, school, family, individual, and peers (Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004). These risk factors will be further discussed individually below.

#### Community

The community or neighborhoods can have indication of risk factors such as drugs, community disorganization, poverty, crime, and violence (Sussman et al., 2008). In disorganized community there is potential influence that associations of increased problem behavior and increase adolescent substance use (Beyers et al., 2004). In the United States there has been a serious problem among the adolescent population concerning the use of alcohol, tobacco, and other drugs that influence their neighborhood

environment, a problem noted to be increasing (Wilson, Syme, Boyce, Battistich, & Selvin, 2005).

Tucker, Pollard, De la Haye, Kennedy, & Green (2013) conducted a study that examined whether neighborhood characteristics influence the initiation of marijuana use and binge drinking and whether neighborhood factors increase peer influences on substance use. The indicators used throughout the study were of neighborhood disorganization, each adolescent's own perspective on his or her neighborhood, and the prediction of each adolescent as to whether initiation of marijuana use or binge drinking might occur within a one-year period (Tucker et al., 2013). The sample size used for marijuana was 6,516 and for binge drinking was 6,630 regarding initiation over the following 1 year period. The study findings showed that 12.1% of adolescents initiated marijuana use and 16.3% adolescents began binge drinking at the one-year follow-up. It was found, further, that if the neighborhood had an increase unemployment rate it was more consistent for adolescents to have initiated marijuana use. The binge drinking rate show a relationship with the safety characteristics of the neighborhood; particularly, that an adolescent will engage in binge drinking when they feel safe in the neighborhood, adjusting to other neighborhood characteristics, personal demographics, friends, and behavioral and family risk behaviors (Tucker et al., 2013).

Wilson et al. (2005) conducted a study to examine the relationship between alcohol, tobacco, and marijuana use and the perception of the neighborhood disorder, and the individual's level of hope. The sample consisted of 369 middle school students that were group-administered questionnaires and those students who participated in the study

were considered at baseline to be “at the risk for alcohol, tobacco, and other drug use based upon their previous enrollment in low socioeconomic status elementary schools with high percentages of poor-achieving, ethnic minority, and limited-English or non-English speaking students” (Wilson et al., 2005, p.12). The study findings show a strong relationship among adolescents who perceived their neighborhood with high abundance of disorder to be more likely to use alcohol, tobacco, and marijuana (Wilson et al., 2005). Also, the study results show the decreased sense of hope increased the likelihood of use of alcohol, tobacco, and marijuana. The researchers were able to identify the increased risk among adolescents with current substance use and hopelessness. Findings in this study highlighted adolescents living in a more disordered neighborhood had a higher substance use rate than those living in less disordered neighborhoods, and less usage among adolescents who reported being more hopeful (Wilson et al., 2005).

### School

Adolescents who experiment with substance use have a low educational attainment (Engberg & Morral, 2006). Adolescent academic achievement could be influenced from earlier childhood by a development that includes poor school adjustment and behavioral problems that lead to substance use (Anderson, 2006). Poor attachment in adolescents could be linked “to pro-social entities, such as school, they are more likely to be attached to antisocial entities, such as delinquent peer groups” (Henry, 2010, p. 39).

Henry (2010) conducted a study that examine the correlated growth trajectories and reciprocal effects between academic achievement and drug use over the student’s junior high school and first year of high school. The data for this study was gathered by

survey over four times in the course of 3 years, and the sample consisted of 201 students. The study found that students with failing academic achievement during the course of junior high school had an increase in drug use (Henry, 2010); students who had a high academic achievement in sixth grade showed a lower rate of drug use.

It is important that within the school environment to monitor the adolescent who is experiencing low academic performance for potential for drug use. An adolescent with poor academic achievement could be a sign for increased risk for substance use (Henry, 2010). According to Henry (2010), “academic achievement not only is an important factor in the development of drug use, but also, almost undoubtedly, has similar effects on a wide variety of other adolescent problems and behaviors” (pp. 42-43).

#### Individual and Peer

A number of risk factors in the individual and peer domain include an increase risk for substance use and dependence (Anderson, 2006). In early adolescence, initiation of problematic drug use was identified among adolescence that associated with other peers who use drugs. Additional problematic substance use was noted for adolescents who also demonstrate delinquency, sensation-seeking behaviors, and a favorable attitude towards substance use (Anderson, 2006).

Adolescents’ socialization is highly influenced among their social groups, such as the conformity of the behaviors among their friends (Simons-Morton & Chen, 2006). The influences among adolescents by their peers include: peer pressure, engagement or discouragement of behavior, the subject adolescent’s own perceptions, expectations, social acceptance, along with the status behavior and attitudes towards substance use

(Simons-Morton & Chen, 2006). Adolescent's socialization depends on their beliefs, views, and behaviors in developing friendships with their peers. All of these factors influence the choices about substance use in adolescence.

Simmons-Morton and Chen (2006) conducted a study that examined the influence of peer substance use on adolescent substance use. The study consisted of 2,453 students in the sixth, seventh, eighth, and ninth grades. The students were surveyed at the beginning and at the end of each grade, except that in the ninth grade students were only surveyed at the beginning of the year. The study measured background factors, substance use, and social influences. The study findings showed that adolescent substance use related to substance using peers over time demonstrated an effect that was not strong; the number of substance using friends predicted substance use progression and provided evidence for socialization; and concluded that peer and adolescent substance use was reciprocal; however, the findings supported an effect of socialization that was greater than influences.

Nation and Heflinger (2006) conducted a study on psychosocial risk factors of adolescent substance use could be classified into four groups: "1) psychological functioning, 2) family environment, 3) peer relationships, and 4) stressful life events" (p. 416). The study was to explain the "relationship among the most common risk factors for substance abuse among clinical sample" (Nation & Heflinger, 2006, p. 420) and how these risk factors of psychological functioning, family environment, peer relationships, and stressful life events could determine problems of substance use. The study had a sample of 214 adolescents aged 12 to 18 who were participating in the Adolescent in

Substance Abuse Treatment Study. Adolescents were interviewed and asked to go over their experiences six months prior to treatment. The findings demonstrate significant risk factors among antisocial behaviors and delinquent behaviors as well as a relationship between the internalized and externalized psychological functioning.

### Protective Factors Against Substance Use

The development process of adolescent is influence by many factors. Family is an important part of the culture in Hispanic population. The role the family plays is important in the development of either protective or risk factors among adolescents (Nash, McQueen, & Bray, 2005). Some of the powerful protective factors that could be found in the family domain are parental monitoring, positive parenting, family support, and communication. Within the family domain, the interactions with other family members and the parenting component, has impact and influences on adolescent development, social, behavior, and substance use (Nash et al., 2005). Another protective factor that is associated to the family is acculturation and cultural values. Some of the characteristics or values that the Hispanic culture shapes in the family dynamics are familism, *respecto*, machismo, and fatalism (Soto et al., 2011).

### Family and Parental Monitoring

An important part of the Hispanic population is the family role that significantly attributes to the family relationship and communication. A key factor that contributes in the family is the parent-child communication, attachment, support, and availability. The elements on positive parenting practices found in the family domain are the levels of parental control, supervision, and communication (Nash et al., 2005). All these factors

help to have positive parenting practices that are responsive in assisting adolescents to not engage in substance use. When parents “effectively communicated their expectations regarding avoidance of certain risky behaviors” (Nash et al., 2005, p. 20), to their children they are more likely to avoid risky behaviors.

Protective factors within the family domain include the levels of family support and parental monitoring which serve to help adolescent children adapt and cope with stressful events such as substance use and violence (Sullivan, Kung, & Farrell, 2004). Family support provides a protection that helps the adolescent to be involved, connected, and supported, which in turn allows for the adolescent to be able to develop and maintain trust and open communication (Sullivan et al., 2004). Parental monitoring ensures the establishment of rules within the family and gives the opportunity for the rules to be followed and to address when problem behaviors arise. This allows the parental home structure to develop an environment for the adolescent to feel safe and secure.

Sullivan et al. (2004) conducted a study that explored the relationship between witnessing violence and drug use onset with the extent of parental monitoring and family support moderation in eight middle schools with sixth graders. The findings highlighted that adolescents witnessing violence predicted an increased likelihood of early drug use, but where adolescents had high levels of parental monitoring and family support; there was a decrease in drug use initiation. When the levels of violence increased the effect of these variables was lower.

### Acculturation/Culture Values

Hispanic adolescents with different family cultural backgrounds are most likely to be influenced simultaneously by two cultures and two sets of values. Also, a factor that contributes to adolescent experience of stress is often attributed to cultural demands of both cultures (Pokhrel, Unger, Wagner, Ritt-Olsen, & Sussman, 2008). This is where “cultural involvement (assimilation) is associated with family dynamics (e.g., parent-adolescent conflict, family cohesion, family adaptability, and familism)” (Smokowski, Rose, & Bacallao, 2008, 296).

According to various studies, the Hispanic population has high levels of the acculturation process that have a relation among adolescents and adults to risky behavior, substance use, and deviant behaviors, due to the adaptation to the dominant cultural norms in the United States (Martinez, 2006). “When this happens, normative parent-child problem-solving interactions that depend on the traditional value system to go smoothly can become strained by cultural value incompatibilities, which then become grist for further disagreement in the family” (Martinez, 2006, p. 308). Hispanic cultural values are important and influence the shaping of lives. The core values in the Hispanic culture are familism, *respecto*, and machismo which focus on unity, attachment of family, respect for adult authority, and the male figure as dominant and strong. It is view that cultural values and traditions have a significant impact among adolescents they teach “that it is appropriate to use tobacco, alcohol , or other drugs during certain ceremonies, rituals, or celebratory occasions such a rite of passage into adulthood” (Unger, Baezconde-Garbanati, Shakib, Palmer, Nezami, & Mora, 2004).



A cross-sectional study of 1,616 Hispanic ninth graders by Soto et al. (2011) explored the association between cultural values (familism, *respeto*, machismo, and fatalism) and substance use. The study hypothesis was that cultural values will have a relationship with substance use in four ways: 1) familism and respect will have a negative correlation with substance use, 2) fatalism will have a positive correlation with substance use, 3) machismo will have a positive correlation with substance use among males, and 4) machismo will have a negative correlation with substance use among females.

A self-administered survey was given to the sample students. The information collected was about substance use and cultural values; questions included “During your life, on how many days have you had at least one drink of alcohol? Have you ever tried cigarette smoking, even one or two puffs? During your lifetime, how many times have you ever used marijuana?” (Soto et al., 2011, p. 1225). Results showed that the Hispanic adolescent’s cultural values and fatalism had significant impact on substance use behaviors.

#### Ethnic And Gender Difference In Adolescent Substance Use

According to the Youth Risk Behavior Surveillance Survey (YRBSS) (2013) the following adolescent ethnicities in the United States reported some risk for substance use. Alcohol and marijuana use was among the highest reported within some ethnicities. The survey reported adolescent lifetime alcohol use among to be at the rates listed for the following populations: Asian 51.3%, Black 63.4%, Hispanic 72.4%, and White 65.9; lifetime marijuana use was reported as follows, Asian 24.4%, Black 46.8%, Hispanic 48.8%, and White 36.7% (Centers for Disease Control and Prevention, 2013).

When it comes to gender issues in adolescent substance use, the National Survey on Drug Use and Health (2012) found that illicit drug use among males (11.6%) aged twelve or older was higher than that for females (6.9%). Males are more likely to use different illicit drugs than females. It is also obvious that males have a higher rate of alcohol use, than females (NSDUH). In 2012, 56.5% of males aged twelve and above were current drinkers, which was higher than the rate of 47.9% for females (NSDUH).

Chen and Jacobson (2012) conducted a study that sought to explore developmental trajectories of the four most common substance use behaviors: alcohol use, heavy drinking, smoking, and marijuana use, among Hispanic, Caucasian, African American, and Asian. The data was gathered from the National Longitudinal Study of Adolescent Health sample age from twelve to thirty-four years of age. The study found that females show increase levels of substance use in early adolescence and males exhibit higher change of levels in substance use during mid-adolescent and early adulthood (Chen & Jacobson, 2012). Moreover, Hispanic adolescents show increased levels of all forms of substance use in comparison to the other racial/ethnic groups, though Caucasians had higher significance in change and had the highest levels of substance use from mid-adolescence through early adulthood. African American substance use levels of smoking and marijuana use increased more in young adulthood.

#### Successful Prevention And Early Interventions Of Adolescent Drug Alcohol Use

Prevention and early interventions are designed based on the risk of the population, and “adolescence continues to be a public health problem” (Nation & Heflinger, 2006, p. 415), which is mainly influenced by alcohol and drugs use.

Interventions target the adolescent population that is at greater risk. These prevention and early interventions have their effectiveness in the preventive model that could be implemented as educational programs, family therapy, and community outreach activities.

Substance abuse treatment goals are important and fundamental in allowing the adolescent to achieve abstinence, decrease substance use, and increase adolescents functioning (Taylor, 2010). Research has identified various interventions that focused on helping adolescents with substance use that include Twelve Step Programs, family therapy, and cognitive behavioral therapy (Taylor, 2010).

#### Family-Centered Interventions

Family-centered interventions are designed to intervene through family functioning in order to decrease adolescent risky behaviors, including substance use. One of the theoretical frameworks that have influence on family-centered interventions is the Ecodevelopmental theory (Tapia, Schwartz, Prado, Lopez, & Pantin, 2006). This consists of three components: social-ecological theory, developmental theory, and social interactions. The ecodevelopmental theory emphasizes the environment, lives and interactions, relationships, social context and changes, and social interactions. Family-centered preventive interventions are considered to be important in impacting family functioning toward the prevention of substance use among adolescents.

A family-centered intervention, *Familias Unidas*, targets different adolescent subsystems that include family, peers, and school. It is effected through the parent and family in preventing problem behaviors, substance use, and sexual risky behaviors

(Prado, Cordova, Huang, Estrada, Rosen, Bacio, & McCollister, 2012). Prado et al. (2012) conducted a study to evaluate the efficacy of *Familias Unidas* relative to Community Practice, for decreasing alcohol and illicit drug use (alcohol and marijuana) and unsafe sex while under the influence of alcohol and drugs.

The sample consisted of 310 Hispanic youth who had delinquent behavior and their primary parents were invited and only 242 agreed to participate in the study of *Familias Unidas* or Community Practice (Prado et al., 2012). The participants completed a survey assessment at baseline, six months, and twelve months. The variables in the study examined impact on use over the past ninety days for substance use, alcohol and marijuana dependence, and whether the adolescent had sexual contact while under the influence of alcohol or drugs. The study also evaluated parental stress and social support for parents.

The findings showed that *Familias Unidas* was effective in decreasing substance use, alcohol dependence, and of having sex while the influence of alcohol or drugs. The findings showed improved effectiveness among adolescents with low levels of social support from parents in reducing alcohol dependence. It further confirmed effectiveness for decreasing drug use among adolescents who had higher levels of parental stress.

#### Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a treatment modality that involves the adolescent by teaching cognitive and behavioral techniques to improve learning perspectives, self-control, and coping skills (Waldron & Kaminer, 2004). The CBT treatment consisted of “interventions both included individual and conjoint family

sessions” (Waldron & Kaminer, 2004, p. 96) to address the substance use problems. The techniques of the CBT model focused on helping the adolescent and family members to learn new behaviors skills, new communication skills, positive reinforcements, problem solving skills, and coping skills. Furthermore, CBT beliefs that behaviors are learned and a social aspect is necessary because of the influence by environmental factors on behaviors have a role in cognitive processes. The CBT approach targets behavioral change during the substance use treatment of the adolescent, thus the type of interventions strategies will depend on the age level and maturity of the adolescent (Waldron & Kaminer, 2004).

There are at least seven fundamental therapeutic interventions used by CBT that include: education, developing contract, self monitoring, problem solving, communication, identify cognitive distortions, increasing healthy activities, and homework assignments. When targeting substance use problems, one useful component is that of harm reduction (Liddle, Dakof, Turner, Henderson, & Greenbaum, 2008). In fact, adolescent experiencing serious substance use problems can be engaged in individual and family therapy and increase coping skills and decrease of harm behaviors can be achieved in therapy.

A study by Liddle et al. (2008) compared the efficacy of Cognitive Behavioral Therapy (CBT) and Multidimensional Family Therapy (MDFT) for adolescent drug abuse treatments. The sample consisted of 224 adolescents who met diagnostic criteria for substance use disorder and agreed to complete an intake interview. All referrals were adolescent drug users drawn from the juvenile justice system. The treatment modalities

were conducted together for CBT and MDFT on a weekly basis during sixty- to ninety-minute sessions. CBT was conducted in three stages: first stage - determination of problems and developing a contract for treatment, second stage - the implementation of CBT goals to reduce the behaviors; last stage - was focused on relapse prevention. The MDFT treatment included four interdependent domains according to the adolescent and family risk and protection. The four domains focused on the adolescent, parental engagement, interactional, and extrafamilial. The study results showed that CBT and MDFT produced significant decline in cannabis use, a partial decline in alcohol use, but no treatment distinction related to decreasing the frequency use of cannabis and alcohol. The MDFT treatment approach was favorable in addressing substance abuse decrease in comparison to CBT treatment. Moreover, CBT and MDFT are promising treatment interventions for substance use problems.

### Brief Intervention

There is a fundamental of grounded on various psychological models for behavior change in which clinical researchers have develop brief interventions which consist of few short sessions in targeting at reducing substance use problems and other addictive behaviors (Tevyaw & Monti, 2004). Brief interventions address motivation to change behaviors. Brief interventions include Motivational Interviewing (MI) has these main focus: empathic, non-judgemental, active listening and reflection, developing difference, avoiding arguments, and self-efficacy change (Tevyaw & Monti, 2004). MI is a brief intervention that empowers adolescents by assisting them to make changes through consideration of the risks of substance use.

## Motivational Interviewing

Motivational interviewing (MI) is intended to prompt individuals to consider options for change. McCambridge & Strang (2004) study examined the efficacy of MI on the reduction of drug use by young people. The sample of 200 participants aged sixteen to twenty years of age who were using drugs; these participants were clustered randomly. A group of 105 MI participants were assigned and 95 were assigned into the control non-intervention education as usual. The MI intervention group followed five components: 1) discussion of drugs use, problems, and concerns; 2) review of positive-negative relationships with consequences of drug use; 3) counseling, active listening, and reflective listening; 4) discussion of problem solving, risk, and options for change; 5) deciding to change and planning for change. The education-as-usual control group only completed the baseline and follow-up assessments. The study measured change in cigarette smoking, change in alcohol consumption, change in cannabis use, change in other drug use, change in drug-specific perceptions, and change in behavioral outcomes. The findings of the study revealed a follow-up rate of 89.5%. Those in the MI group were able to decrease their use of cigarettes, alcohol, and cannabis in comparison to the control group. Moreover, it was noted a change in many indicators of risk and harm but not extensive changes in drug consumption. Brief interventions are beneficial for young people as comparison to adults with drug use.

## 12 Step Program

Community programs are favorable in assisting individuals with recovery resources. A community program such as the 12-Step model is helpful with relapse

prevention and recovery resources for individuals with substance use disorders. Even though 12-Step programs are recommended to provide support for adolescents with substance use problems there are many barriers for participation in these groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). According to AA only 2% of members are under the age of twenty-one (Alcoholics Anonymous, 2011). Also among those frequenting NA, only 1% of members are under the age of twenty-one (Narcotics Anonymous, 2013). Adolescents commonly indicate the barrier in participating in 12-Step programs is that they cannot relate to older members. However, these community groups, such as AA and NA: “have the potential to be promising relapse prevention resources for young people, as they are often accessible in patients’ own communities free of charge, and can be attended at times when relapse risk is typically high and when professional resources are often unavailable” (Kelly, Dow, Yeterian, & Kahler, (2010). In fact, professional substance abuse treatment programs have been influenced and have adapted the philosophy of community mutual help groups such as AA and NA (Kelly & Meyers, 2007).

A study conducted by Kelly et al. (2010) explored participation in AA and NA among a sample of adolescents receiving outpatient substance use disorders treatment. The study examined the rates of attendance and relationship to substance use outcome at three and six months following treatment enrollment. Among the sample of 127 adolescents who participated in the study, only 91% completed the three-month follow-up and 90% completed the six-month follow-up. The results showed that among adolescents during treatment enrollment 42.5% attended at least one meeting of AA or



NA, prior to treatment 27.6% had attended an AA or NA meeting. In the 3-month follow-up, while still in treatment, 27.7% attended at least one AA or NA meeting, and in the 6-month follow-up to treatment, 23.7% had attended a meeting. It revealed that outpatient treatment participation and AA/NA attendance participation may increase and extend the benefits for youth to overcome obstacles and focus in recovery (Kelly et al., 2010). Furthermore, adolescents could benefit from community recovery resources, such as AA or NA meetings that focused on membership within their age group.

A preliminary study conducted by Kelly, Myers, and Brown (2005) explored the effect of a participant's age on 12-Step meeting attendance and involvement during the first 3 months and 6 months following inpatient substance abuse treatment. The sample of 74 adolescents was recruited during an inpatient substance abuse treatment episode. The findings revealed that adolescents attending 12-Step meetings with similar age peers were more likely to attend and see it as important to their recovery, be more involved in the program modality, and report less substance use. The results show no significance of age in attendance meetings was associated with higher involvement in 12-Step social activities. There was no association with age and having a sponsor. Moreover, the findings suggested to direct adolescents to meetings where other adolescents attend, as it may increase 12-Step attendance, involvement, and reduce substance use outcomes (Kelly et al., 2005).

### Life Skills

Life skills training have been developed to achieve a goal in reducing drug use among adolescents through social skills. Prevention programs such as life skills training

are provided in schools, due to the experimentation with substances among adolescents. The life skills program addresses the risk factors for tobacco, alcohol, and marijuana use, because those are most common in society and adolescents tend to experiment with those substances first (Botvin & Griffin, 2004).

The life skills training program consists of three major components: personal self-management skills, social skills, and drug related information and skills (Botvin & Griffin, 2004). The first component of personal self management focuses on the development of decision making, problem solving, teaching skills for identifying, and self-control skills. This component teaches adolescents how to set realistic goals, evaluate the progress, and track success and failure. The main goal is for adolescents to learn to change personal behavior and improve self-esteem.

The second component is social skills, which focuses on interpersonal skills and social competence. This component of social skills is aim to assist adolescents with interpersonal, skills such as shyness, assertiveness, and social interactions (Botvin & Griffin, 2004). The last component, drug-related information and skills, has a focus on knowledge and information, norms and expectations, and on decreasing drug use influences from peers and the media. The main part of the life skills training program includes “consequences of drug use, knowledge about the actual levels of drug use among adolescents and adults in order to correct normative expectations about drug use, information about the declining social acceptability of cigarette smoking and other drug use” (Botvin & Griffin, 2004, p. 217). In fact, the effectiveness of life skills training approach has shown positive behavioral effects on alcohol, tobacco, and other drug use.

Lastly, life skills intervention has been used in school-based prevention and has been able to show consistency on the behavioral effects on adolescent substance use.

### Comprehensive Prevention and Interventions

Prevention strategies suggest that attention is needed in order to understand the developmental precursors of risk behaviors in a target population. To develop successful interventions such strategies need to target risk and protective factors associated with adolescent substance use (Cleveland et al., 2008). In fact, the evidence suggests that universal interventions include the school, family, and community domains that have some effectiveness in substance abuse prevention programs for adolescents (Sussman, Skara, & Ames, 2008). Comprehensive community efforts have developed programs in school and in the community to attempt a reduction in substance use among adolescents.

There are two types of drug prevention approaches, a general approach or a substance-focused approach. The general approach does not “target reductions in substance use but instead offer youth opportunities to engage in activities that occupy their unstructured time, develop pro-social skills or knowledge, or involve them in the community” (VanderWaal, Powell, Terry-McElrath, Bao, & Flay, 2005). Some of the general strategies of the preventive programs are often found within after-school programs, community-service programs, and recreational programs. The substance-focused approach is aimed toward the reduction of substance use among adolescents. The strategies under this approach include many community activities; school-based, non-class prevention activities; and student organization to prevent substance use (VanderWaal et al., 2005).

In today's school system there has been increase to address awareness and risk factors among adolescents regarding substance use through the adaptation of social influence and comprehensive social skill enhancement. A school-based prevention program that uses the social influence model is Project Alert, which has shown effectiveness in preventing and reducing substance use (Ghosh-Dastidar, Longshore, Ellickson, & McCaffrey, 2004). Project Alert seeks to assist adolescents to recognize that not everyone uses drugs or approves of them, that there are benefits of not using drugs, assists with the development of reasons not to use drugs, promotes the understanding of immediate and long-term consequences of drug use, and strengthens self-efficacy (Ghosh-Dastidar et al., 2004). In one study of Project Alert, 4,276 students were formed into two groups. Students in the treatment group received lessons in the seventh and eighth grades, and the control group did not receive the Project Alert lessons but received any prevention lessons already in place. The results showed significant effects of the adolescents in the Project Alert on reduction of cigarette, marijuana, and alcohol risk factors.

### Conclusion

A phenomenon in the United States that continues to exist is adolescent substance use; and adolescents experience the most negative consequences related to substance use (Sussman et al., 2008). In fact, attempts to prevent drug use, preventive approaches have relied on two types: one that produces awareness about the negative consequences of using substances and one that focuses on "controlling drug use through national preventive health and criminal enforcements strategies" (Skiba, Monroe, & Wodarski,

2004, p. 345). According to NIDA (2014), the most successful programs are those comprehensive treatment approaches for adolescents based on components that are specific directed at individuals and the family. It is crucial to take into account the needs of the individual, developmental stage and cognitive abilities, and the influence of family, friends, and the environment, in the adolescent's life (NIDA, 2014). Finally, having this information available, gives a clearer understanding that community-based programs designed to intervene early to address adolescents at risk for onset or potentially continued substance use are needed.

CHAPTER 3  
METHODOLOGY

Identification of Potential Funding Source

The strategies to identify and select potential funding sources include online world wide web (www) searches and consultation with a not-for-profit (501(c) 3) agency. There are a variety of internet databases that provide resources to locate funding for agencies that qualify to apply for monies to implement substance abuse prevention programs. These monies are typically those designated for a particular community benefit by a governmental or a private funding source and come in the form of grants or matching funds. Some of the potential funding sources available for grants are through (<http://www.grants.gov/>), Substance Abuse and Mental Health Services Administration (SAMHSA) online at (<http://www.samhsa.gov/>), and U.S. Department of Health & Human Services online at (<http://www.hhs.gov/>) that provide information at different levels for those agencies seeking funding.

A primary federal funder for substance abuse programs is the Substance Abuse Mental Health Services Administration (SAMSHA). SAMHSA specifies that the agency receiving funding be able to promote client and family participation in programs. SAMHSA is committed to programs that involve both clients and their families when developing policies and programs to relate to mental or substance use disorders. The link

is for organizations to promote client and family participation when applying in SAMHSA grant program.

The United States Department of Health and Human Services provides funding opportunities to organizations providing services that fall in the following categories government, education, public housing, non-profit, and for-profit. It is important to be registered with such government sites in order to be advised about funding opportunities and so as to be best able to apply for any grant monies available. Grant eligibility must be determined, as certain criteria needs to be met to fulfill the conditions under which grant monies may be awarded and services can be provided.

It is also important to navigate into the private sector of foundation grants available as potential funders for substance use programs. In conducting internet searches for possible foundation centers in Los Angeles County, it is essential to use keywords or phrases to focus the search to find the most appropriate type of grant for the service an agency wishes to provide. For this particular grant search, keyword phrases such as “adolescent substance abuse/use,” “prevention for adolescents,” “substance abuse intervention,” and “substance abuse programs” were used. Some local grant funders for Southern California included the Ahmanson Foundation (<http://www.theahmansonfoundation.org/>), Annenberg Foundation (<http://www.annenbergfoundation.org/>), California Community Foundation (<http://www.calfund.org/>), The California Endowment (<http://www.calendow.org/>), Ralph M. Parsons Foundation (<http://www.rmpf.org/>), Robert Wood Johnson Foundation (<http://www.rwjf.org/>), and Weingart Foundation (<http://www.weingartfnd.org/>). However, it was noted that some foundations only fund

specific geographic areas or specific programs. It was important to identify whether these foundations cater to the adolescent's educational, mental health, and substance abuse related funding or do not.

Through research, the Weingart Foundation was found to fit the criteria of this particular grant proposal in the areas of funding, deadlines, and geographic location. In addition, the targeted organization, the California Hispanic Commission on Alcohol and Drug Abuse, Incorporated (CHCADA) and its particular service program, Mental Health & Addiction Services for Adolescents (MASA) has not received funding from this foundation. This foundation has a target that is designed to improve and provide access to people who are economically disadvantaged and underserved. The funding recipient must have a goal to specifically address the needs of low-income children and youth.

#### Weingart Foundation

According to the Weingart Foundation website, the foundation's mission "is to build a better America by offering constructive assistance to people in need, thereby helping them to lead more rewarding, responsible lives" (Weingart Foundation, 2014). The foundation's mission could be described best by the following three goals: (1) to support delivering effective services in the areas of health, human services and education for people and communities in need, (2) to support greater access to people who are economically disadvantaged and underserved, and (3) to promote the quality of life for all individuals in the community of Southern California. In 2013, the Weingart Foundation awarded 626 grants totaling \$32.4 million to programs that supported its mission and core goals. The foundation continues to support a variety of non-profit organizations in the



fields of Human Services, Education, and Public & Society that have a focus on meeting the needs of low-income families.

The Weingart Foundation has a two-step application process for agencies submitting a grant requests proposal. The first stage begins with a letter of inquiry, which has three types of forms available: 1) core support, 2) capital, and 3) capacity building or a program request. In the beginning stages the agency and grant writer has to determine what type of letter of inquiry is going to be used. The grant writer submits the letter of inquiry to Weingart Foundation. If the application is found interesting, the second stage begins, during which the Weingart Foundation will request additional information, including all supplemental materials being requested. The grant writer has up to three months to complete the forms for stage two. Finally, once the grant application has been submitted the foundation's Board of Directors will discuss it and a sub-committee will determine if the grant proposal is approved. This may take up to six months to review from the day it is received. A Weingart Foundation staff member notifies each grant applicant as to the decision that has been made. These guidelines have been followed for the purpose of this grant project.

#### Target Population

The target population is Hispanic adolescents between the ages of twelve and eighteen that live in the county of Los Angeles. The target cities include Los Angeles, South Gate, Huntington Park, and Maywood. The program will be designed to provide education, resources, and prevention strategies in order to assist the adolescent and their family with any substance use issues.

### Resources for the Grant Problem Statement

Resources used for the grant problem statement show the need for targeting risk factors among Hispanic adolescent substance users in Southern California, while at the same time increasing protective factors for this population. The resources used for this particular grant include The U.S. Census Bureau, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, Alcoholics Anonymous, Narcotics Anonymous, National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, and the National Survey on Drug Use and Health. These resources were able to show the funder the serious problem that drugs and alcohol played in the lives of adolescents and their families. They also addressed how adolescent substance use leads to continued use which impacts young adulthood. The U.S. Census Bureau and Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, for example, was used to show the growing population of Hispanic adolescent within the state of California. CHCADA was able to provide some statistical data showing that through the MASA program the agency has been beneficial in addressing Hispanic adolescent substance use in Los Angeles County. These resources allow the grant seeker to gather and present statistics both showing the need for the proposed program and making a case that the Hispanic adolescent population can be benefitted by the award of funding to continue the program.

CHAPTER 4  
GRANT PROPOSAL  
Proposal Narrative

Executive Summary

Throughout the research on adolescent substance use, statistics were found that confirm that the problem is occurring in the community. In 2013, the Youth Risk Behavior Surveillance Survey (YRBSS) indicated that among Hispanic adolescents in Los Angeles County, 63.4% reported having tried or used alcohol, 42.2% reported marijuana use, 11.7% ecstasy use, 11.1% inhalants use, 7.1% cocaine use, 5.4% methamphetamine use, and 2.9% heroin use (Centers for Disease Control and Prevention, 2013). Despite these statistics, adolescents are not treated for substance use disorders. SAMHSA (2013b) reported that individuals with substance use problems do not receive treatment for their substance use disorders. Adolescents who do not enter a substance use treatment for their substance use problems not only struggle, they also have an effect on their community, school, individually, peers, and family.

The proposed program aims to project and document services for adolescents who are experiencing substance use problems and for their families by offering support and recovery services to overcome and understand substance use, abuse, and addiction. It will also provide an opportunity for the adolescent to give feedback to their experiences, problems, successes, concerns, and recommendations. Thus, the Mental Health &

Addiction Services for Adolescents (MASA) will learn from the adolescents' experiences and, thereby, be able to improve services. The project, funded by Weingart Foundation, will be in accordance with MASA mission to improve and provide access to underserved adolescents of Hispanic heritage with substance use problems and to their families.

When it comes to substance use problems, evidence have shown history that individuals aged twelve years and older have had some experience with alcohol and drugs (NSDUH). In the last twenty years this substance use has become more of a serious problem among adolescents. Prevention and early intervention attempt to address the problem of alcohol, tobacco, and other drug use that influence adolescents before the onset of use and after such has occurred. There is still a lack of resources available in all communities to educate both parents and adolescents. Research has shown evidence based practices and harm-reduction approaches have been able to improve outcomes for adolescents, including a reduction in criminal history.

The research identifies different risk and protective factors that play a role in the adolescent with substance use problems and their families. Adolescents may be resistant to getting substance use treatment because they do not believe they have a problem. Parents and families may be resistant to getting treatment for their adolescent due to lack knowledge, a lack of resources, an inability to access services, and due to stigma associated with substance use treatment. Parents may also lack any knowledge regarding substance use by their adolescent. This can result in a parent's not recognizing warning signs until it is too late and their child is in crisis.

After reviewing the literature on adolescents with substance use problems, and speaking with the MASA agency that is serving the Hispanic population in Los Angeles County, it was found that there is a challenge having families involved in treatment of their children, there is a lack of resources for adolescents and families in the community, and there is a cultural difference that makes it difficult for Hispanic families acculturating to the dominant cultural norms in the United States. Prevention and early intervention, education, family support, and outreach were key issues that the MASA representative and this grant writer judged important to be addressed.

### Problem Statement

In today's society substance use among adolescents is one of the most prevalent social concerns in the United States. The level of concern for adolescent substance use, because the use of alcohol, tobacco, and other drugs that influence their neighborhood environment, among the general population has been increasing (Wilson et al., 2005). Among adolescents aged 12 to 17 years old in the state of California, the age of onset for first experimentation with drugs, cigarettes, and alcohol is 13 (SAMSHA, 2013). According to the U.S. Census Bureau (2010), Los Angeles County in California is home to more than 4.7 million Hispanic and 23.2% are aged 18 and younger. It classifies that 97% of the Hispanic population lives in East Los Angeles or other nearby cities.

For society, there are various effects from adolescent substance use, which include school problems, aggressive and oppositional behaviors at home, delinquent behaviors, and negative peer influences. The Behavioral Health Barometer: California (2013) surveyed school districts in the state and provided some indicators that are of

behavioral health concern related to substance use and mental health. A survey of adolescents in the state of California from 2008 through 2012 found that 11.2% (about 353,000) of adolescents reported using illicit drugs within past month. For individuals aged twelve or older, 3.1% (about 947,000 persons) abused or were dependent on illicit drugs, and 7.6% (about 2.3 million persons) abused or were dependent upon alcohol. Cigarette use among adolescents was 6.2% (195,000 youth) within past month (SAMSHA, 2013).

MASA has a good relationship with the community and is able to identify and discuss how problems have emerged in the community with regards to alcohol and drug use in Los Angeles. To understand the community environment, it will be helpful to review some history. During the 1970's and 1980's the increase of streets gangs, drug use and drug sales in the community became the dominant control by street gangs in the neighborhood. Another factor in the community is that the culture does not understand that alcohol and drug use represent a problem; a history of substance problems in families starting with the grand-parents and parents passing substance use onto their youth. Early on, conditions were that low socio-economic status, single-parent households, language barrier, Hispanic ethnicity, and being male became associated with a higher risk for drug use. More recently, females have become also at a high risk for drug use.

MASA, as a community mental health and substance abuse agency located in Los Angeles, is an organization that seeks to provide culturally sensitive and relevant treatment for Hispanic adolescent services that will reduce mental health and substance use issues. The program's mission is to provide support in developing adolescents into

productive adults. The services provided at MASA include individual therapy, family therapy, case management services, medication support, crisis intervention, substance abuse treatment, and community resources (MASA. (2014) [Brochure]).

Over the years of service, MASA has been able to build and maintain a reputable relationship with the community, schools, and probation. In the community many people are familiar with the MASA agency. The director and staff believe that the services they are able to provide to clients to address any emotional problems, addiction, behavioral problems, and increase awareness in the community will empower clients and families to promote personal growth in all areas of life (D. Jefferson, Personal Communication, October 16, 14). Most of the agency clients come from families who are monolingual Spanish speakers. MASA serves the surrounding cities of Los Angeles.

Due to a societal concern over adolescent substance use problems and the lack of resources available to Hispanic families, MASA has continued to provide services and support to the community to address these needs. The development of prevention and early intervention program will further assist in reducing substance use problems among adolescents. Included with this is the need to incorporate family involvement in an overall adolescent substance use treatment program.

#### Proposed Project

The goal for this proposed project is to increase awareness and treatment to adolescents and their parents relative to substance use problems, especially among those adolescents who have shown behavior signs of illegal substances or been caught with

possession of illegal substance at school or legal system. Ultimately, the goal of the project is to improve the well-being of Hispanic adolescent and families.

The program component conceived for use in working with these Hispanic adolescents and their parents is an integration of evidence-based interventions of CBT, Family-centered education, Life Skills, and Relapse Prevention. The interventions are designed to provide the proper steps and coping skills to educate adolescents with substance use problems, assist and empower their parents, and increase awareness about risk behaviors and use prevention skills. The treatment will consist of sixteen weeks of sessions that adolescents and their parent will participate in for five hours each week. The age group will focus on adolescents twelve to seventeen. Specific program components will consist of sixteen sessions of individual and/or family treatment coupled with a group session once a week. Adolescents will participate in a minimum of one-hour individual or family sessions and a two-hour group once a week. In addition to this participation, it will be required that adolescents and parents have family sessions to developed bonding and communication relationships at least twice a month. Parents will be required to participate in ten two-hour group sessions that will consist of appropriate education and parenting skills.

In order for the program to accomplish the proposed intent, MASA will be under the direction of a Program Director possessing a California State License as a Clinical Social Worker (LCSW), two social workers with a Masters level degree in social work (MSW), and three Masters level interns. The Cognitive Behavioral Therapy (CBT) component will consist of individual and conjoint family sessions to address the



substance use problems. One CBT tool that will be used in treating individuals with substance use issues will be Relapse Prevention. Relapse Prevention is designed to help the individual identify and modify coping skills, challenge the utility of chosen behaviors, and provide education about abstinence (Witkiewitz, Marlatt, & Walker, 2005). Family-centered interventions will be focused on increasing family functioning by building connections with peers, school, and parents. Family-centered interventions to be effected through the parent and family in preventing problem behaviors, substance use, and sexual risky behaviors have proven considerably effective (Prado, Cordova, Huang, Estrada, Rosen, Bacio, & McCollister, 2012). The family component is designed to reduce risk factors and family conflict while increasing low or negative parental communication and awareness of involvement in the problem behavior. It will increase the protective factors of family bonding, parental monitoring, leadership roles, healthy coping skills, and clearer development of parental and adolescent roles.

#### Objectives And Activities

*Objective 1: To prevent substance use among Hispanic adolescent by promoting change and pro-social skill behaviors through Motivational Interviewing and Life Skills group training.* This objective will be met through weekly, two-hour, group counseling for the adolescent. The clinician and MSW intern will provide education on the risk and dangers of drug and alcohol use through various discussion and activities. A key component will be to have speakers from Walden House rehabilitation treatment facility for drug addicts and ex-convicts who provide life stories and struggles of individuals who choose a path of drug use. Having the members of Walden House come to group twice a

month will be able to present more of the impact and real-life consequences of behaviors for those who choose drug use. This component is designed to change views about drugs and crime among adolescents.

The Motivational Interviewing (MI) component will enhance the client's change by exploring his or her motivation and commitment to change. In order for this intervention to work, the following principles need to be included, 1) expressing empathy, 2) developing discrepancies, 3) rolling with resistance, and 4) supporting self-efficacy (Treatment Improvement Protocol [TIP], 2008). These activities will introduce the Stages of Change. The Stages of Change include pre-contemplation (denial of problem), contemplation (awareness that there is a problem and consideration of change), preparation (taking steps to make a change), action (implementation of the change), and maintenance (continuation of the effort to and conscious of the changes made). This part of the group is designed for the adolescent to understand each component stage of changes how it applies to each one's own substance use problem and move towards a positive change. The group participation of adolescent and the clinician will assist to identify and improve understanding of substance use disorders.

Life Skills training will be incorporated in the group process to enhance pro-social skill behaviors in an effort to reduce risk factors for tobacco, alcohol, and marijuana use among adolescents (Botvin & Griffin, 2004). This component is designed to decrease the risk factors of peers who engage in antisocial behavioral problems and who express favorable attitudes towards drug and alcohol use. This part of the life skill training will provide essential components such as: personal self-management skills, social skills, and

drug-related information and skills to enhance assertiveness, encouragement, support and the adolescent will transfer these skills within their own environment (Botvin & Griffin, 2004).

The group component will implement through the clinician and the MSW intern will educate, motivate, and improve awareness about the consequences and stages of drug use. The interventions will present a comprehensive curriculum that will span through the sixteen weeks of sessions, teaching verbal and nonverbal cues, communication skills, assertiveness skills, and awareness through role playing. Additionally, at the end of each group session the adolescent will be asked to share a commitment for the week. This will allow the adolescent to reflect and follow through with the skills learned in the group session. It will be proactive for the adolescent to improve the quality of life. This group is delivered in a unique format that will enhance the adolescent in making positive changes in life through various techniques that reduce substance use.

*Objective 2: To increase positive healthy adolescent's life styles and well-being through proactive change in their lives through sobriety.* This objective will be met through weekly, one-hour individual and/or family session for the adolescent. This objective will focus on teaching the adolescent cognitive behavioral techniques to learn behavior skills, communication skills, problem solving skills, and coping skills. These techniques will be incorporated into various skills and education, developing contract, self monitoring, problem solving, communication, identify cognitive distortions, healthy activities, and homework assignments. These will help the adolescent reframe cognitive distortions and permit identification and modification of learned behaviors and cognitive

thoughts towards increasing functioning. The adolescent during CBT will engage with role-playing, modeling, behavioral rehearsal, feedback, and homework assignments.

Adolescents and parents participating in the family session will be able to identify and practice recovery principles and develop coping skills to address perspectives on their substance use problems. This component will be geared first to determine the adolescent's views of the problem along with the parental perspective of the problem. Then the adolescent and family will work together through various skills to identify and modify negative behavior.

The last component will be relapse prevention. Therein each adolescent through anticipating high-risk situations, developing effective strategies, making lifestyles changes, increasing positive healthy activities, and practicing the relapse prevention skills (TIP, 2008) will learn how to cope and maintain behavioral changes, anticipating and addressing problems that may result in relapse. Some of the relapse prevention strategies will assist the adolescent to measure motivation for change, use the change process, coping by using Life Skills, identify warning signals, and strengthen pro-social behaviors.

Objective 3: *To increase parent awareness and knowledge in developing positive parental-bond and child-bond.* This objective will be met through weekly, two-hour parent education group for twelve weeks. The clinician and MSW intern will provide education on the risk and dangers of drug and alcohol use through various discussion and activities and parenting skills to develop communication, encouragement, support, monitoring, and building positive relationships. According to NIDA (2014c), parents have a huge potential influence on their adolescents' attitudes and behaviors.

Additionally, a factor that should take precedence in a parental role is talking to the adolescent about drug use, which often does not happen and is a crucial aspect in parental communication and monitoring adolescent behavior. The goal of the parenting group component is specifically to impart education, communication, family bonding, parental involvement, and building connections within other support systems: school, peers, parents, and community. The focus of the parent's role in the program is to increase awareness of the risks, dangers, signs of drug and alcohol among adolescents, and the development of skills in identifying problem behaviors. Parents will increase knowledge in different areas of involvement: supporting, monitoring, and communicating with the adolescent that will increase the bond with a positive parental role. A significant component of the group will be parental role playing, wherein parents will practice modeling in order to build confidence and support within each other and learn how to take control of the problem situation. The role-playing will help model appropriate behavioral responses to different scenarios concerning problems among their adolescent which is often stressful and intense to the parent. This exercise will assist the parents in developing a leadership role and assertiveness when communicating with their adolescent. It will also allow the parent to build a leadership role in the group setting by getting feedback. This part of the intervention will empower parents to make positive decisions for their adolescents and will give the ability to practice what they learned in group at home.

#### Deliverables and Outcomes

The clinical staff (LCSW, MSW, and MSW Interns) will approximately serve 120 families per year. The service will be provided at the agency site of MASA in Los Angeles and will consist of individual and group counseling twice a week. Each clinician will provide individual or family counseling services for eight to 12 clients per week. Every clinician will provide group counseling services for 12 to 15 clients and parents per week.

The expected outcomes include:

1. Adolescents will be educated about the risks of drug and alcohol use, abuse, and addiction within the individual and group component.
2. Adolescents will increase protective factors such positive beliefs, communication, support, and relationships.
3. Parents will be educated about the risk of drug and alcohol use, abuse, and addiction in the group component.
4. Parents will be able to increase parental-communication, monitoring, supportive, and familial functioning in creating structure and consistency of rules in relation for themselves and their adolescents, promoting the abstinence from drug and alcohol use.
5. There will be a decrease in substance use among the adolescent participating in the program.

#### Evaluation Plan

It is important to have empirical, evidence-based practices that ensure the program to be essential helping and improving the quality of life for the adolescents and families served. The data collected will be used to inform providers evidence that the

program achieving the desired goals. In order to gather data, pre and post surveys and follow-up interviews will be conducted at the start, at thirty- and ninety-day intervals, and at the conclusion of the treatment program. The interview questions will explore adolescent drug history, communication, familial bonding, and support systems. The parent interviews will explore the parental communication, monitoring, conflict interactions. Further, the program will include having adolescents to participate in urinalysis twice a month to determine whether drug use has ceased. Parents will be asked to agree to the program requirements, including the drug testing (urinalysis), during the enrollment process. The information collected will be used to ensure program efficacy, enabling on-going improvements to the program.

MASA practices in compliance with Federal and local confidentiality laws, including protecting where the client information is stored and methodology for accessibility to the clinical staff. Procedures will also ensure that documentation, test results, and data collection are completed in a timely manner. Only the personnel working for the program will be permitted access to client information.

#### Inter-Agency Communication

Communication is important with other supportive agencies in the community. In order for the program to be recognized and have success it is crucial to develop community relationships with other agencies and work in collaboration. It is anticipated that support will be garnered from the community at large, local schools, police and sheriff departments, along with other community-based organizations (CBOs), as these will assist in accomplishing the goals and objectives of the program. Referrals are

welcome from concerned parents, schools, police department, and other agencies throughout Los Angeles, South Gate, Huntington Park, and Maywood. Statistical data will be kept regarding the referral source and whether the adolescent completed the program. This will also create an opportunity to do outreach and the statistical data can be formulated about the program success meeting the goals proposed and expected.

### Staffing

The Mental Health & Addiction Services for Adolescents (MASA) is a project of the California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA), a California (501(c) 3) not-profit public benefit corporation. CHCADA was established in 1975 to address alcohol and drug abuse among the Latino population. It has grown to provide service with an emphasis on addressing alcohol and drug abuse through prevention and intervention in Central and Southern California. It operates in collaboration with the Los Angeles Juvenile Drug Court Program, Substance Abuse Prevention Control (SAPC), and the County of Los Angeles Department of Mental Health (DMH) to further its mission of preventing or interdicting substance use among Hispanic cultural and other racial/ethnic populations to provide support to developing adolescents to become productive adults.

Personnel includes:

*Clinical Director:* One full-time bilingual Licensed Clinical Social Worker (LCSW) will oversee the project and provide supervision for the clinical staff providing substance use prevention. The Clinical Director will also participate in the program by running the parenting skills group once a week. The clinical director will also be



responsible for a caseload of ten clients. The Clinical Director will also collaborate in community meetings to collaborative relationships with other community agencies.

*Clinician:* Two full-time MSWs will carry a caseload of fifteen clients on a quarterly basis. The Clinician will provide individual, family, and group counseling to the adolescents. The Clinician will also be responsible for supervision of interns.

*Interns:* Three MSW interns from accredited schools of social work will be offered sixteen to twenty hours per week of internship. Each Intern will carry a caseload of five clients. Interns will also have the opportunity to provide individual, family, and group counseling to the clients.

*Administration Support:* A full time Administrative Assistant will be employed to serve as Intake Coordinator. The responsibilities will be enrollment, drug testing, and clerical tasks. Also the Administrative Assistant will be utilized in the data collection, statistical gathering, and in the thirty- and sixty-day follow-up interviews.

*Other supportive personnel:* Additional guest personnel will include speakers from the Walden House rehabilitation treatment facility and additional guest speakers that will be of benefit for the group sessions. These supportive personnel from the CBOs will serve the success of the program. MASA has built an active relationship with Walden House and other CBOs that have been mutually supportive and are an active component of this program.

Timeline:

MASA currently operates under agreement with DMH and the Youth Drug Court program. These agreements will be advantageous because program space will already be

available to begin service immediately upon funding. Also, MASA has established relationships with universities for identification and placement of Interns. The onsite cooperation of MASA will be essential to the implementation of the program.

Month One:

1. Interview and hire staff for the positions of Clinical Director, Clinician, and Administrative Assistant.
2. Curriculum will be developed.
3. Establish training dates.
4. Outreach with the community, local agencies, school, and police department to begin the referral process and accommodate the first set of clients.
5. In-house outreach for potential clients that would benefit from a substance use prevention-interdiction program.

Month Two:

1. The clinical staff will be fully ready to begin the first sixteen weeks of counseling.
2. Assignment of caseloads to clinical staff.
3. The first set of clients will take the pre-survey and initial urinalysis.
4. Begin psycho-education in the adolescent and parent group settings.
5. Guest speaker in the group session.
6. Continue to outreach in the community.

Month Three:

1. Continue providing individual, family, and group counseling services.

2. Engage adolescents and parents in family counseling.

Month Four:

1. On-going individual, family, and group counseling services.
2. Begin the second set group of clients in the program.
3. Continue to outreach in the community.

Month Five:

1. Completion of program for first set of clients and provide certificates to graduates.
2. Administer post-survey during final session.
3. Staff will determine if changes need to be made based on client surveys.

Month Six:

1. Second set of group of clients will complete the program and receive completion certificates.
2. Complete the thirty-day follow-up for the first set of clients that complete the program.
3. Continue to outreach in the community.

Month Seven:

1. On-going individual, family and group services.
2. On-going outreach to community.

Months Eight to Ten:

1. Begin the third set group of clients in the program.
2. On-going individual, family and group services for the second group of

clients.

3. Completion of program and provision of certificates for the second group of clients.

4. Complete the ninety-day follow-up for the first set of clients that complete the program.

Months Eleven and Twelve:

1. Complete the thirty-day follow-up for the second set of clients that have completed the program.

2. On-going individual, family and group services for the third group of clients.

3. Completion of program and provision of certificates for the third group of clients.

4. Complete the ninety-day follow-up for the second set of clients completing the program.

5. Continue to outreach in the community.

### Budget

Also see appendix on page 64.

### Personnel

*Clinical Director:* This position will be a full-time equivalency (100% FTE) and salaried. The requirements include a License Clinical Social Work, bilingual in Spanish, and a minimum of five years experience working with the target population. The hourly rate is \$30.00 per hour; the annual salary will be of \$62,400.

*Clinician:* This position will be full-time (100% FTE) and salaried. The requirements include with a Master in Social Work, bilingual in Spanish, and a minimum of two years of experience working with the target population, with five years experience preferred. The hourly rate is \$22.50 per hour; the annual salary will be of \$46,800.

*Administration Support:* This position will be full-time (100% FTE). The requirements include a high school diploma. The position will perform clerical tasks, enrollments, assist in drug testing, data collection, and follow-up interviews. The hourly rate is \$13.75 per hour; the annual salary will be of \$28,600.

#### Operations and Expenses

*Telephone, Fax, Postage, and Shipping:* Approximately 300.00 per month will be spent on telephone lines, fax line, postage and shipping totaling to \$3,600 per year.

*Supplies:* Approximately \$700.00 per month will be spent on program supplies, office supplies, and educational materials (e.g., drug tests and group materials) for adolescents and parents totaling \$8,400 per year.

*Equipment:* Approximately a onetime expense of \$7,000 will be spent on equipment including computers, camera, printer, and miscellaneous expenses for office equipment.

*Printing and Duplicating:* Approximately \$500.00 per month will be spent on printing and duplicating pamphlets, homework packets, and educational information totaling \$6,000 per year.

*Miscellaneous:* Approximately \$150.00 per month will be spent on miscellaneous expenses including staff development, group activities, and refreshments. This totals \$1,800 per year.

#### In-Kind Resources

MASA will provide rent and utilities where the counseling services will be provided. This space rent would be equivalent to \$30,000 per year. Utilities would equal approximately \$15,000 per year and includes cost of utilities, custodians, and maintenance. This totals to \$45,000 per year.

#### Strategy

The funding requested for this grant will be utilized to address the social problems of substance use among Hispanic adolescents in Los Angeles area and to assist the parent-of-Hispanic-adolescents population to overcome barriers and consequences for their adolescents' substance use behaviors. The funding will be used to provide substance use services for adolescents and their families, who experience problems associated with substance use. In addition, the adolescents who enter treatment will receive evidenced-based treatment, education, and support. The program will help make a change in the Hispanic families to change current behaviors, thoughts, and actions related to substance use.

Effectiveness of the program will be measured through the pre and post survey and thirty- and ninety-day follow-up interviews. The success will be shown by evidence that the program is decreasing the substance use behaviors and that adolescents will remain abstinent of illegal substance use. The thirty- and ninety-day follow-up

interviews will measure (1) sobriety, (2) what are you doing to stay sober, (3) are you in school or employed, (4) parenting monitoring, (5) family involvement, (6) support system, and (7) following Exit Plan.

The program is based on empirically supported research. The underlying model of treatment includes Cognitive Behavioral Therapy, Motivational Interviewing, Family-Centered treatment, and a parenting component. This combination of models has been shown to be promising for adolescent treatment of substance use, including family therapy (Liddle et al., 2008), since adolescents experiencing serious substance use problems can be engaged in both individual and family counseling in order to achieve a decrease or cessation in use and concomitant negative behaviors.

The program needs additional funding in order to continue the goals of MASA and would complement the goals of the Weingart Foundation, which funds such service provision. The Weingart Foundation strives to help people in need, by leading more rewarding lives. This program addresses the areas of health, human services, education, and communities of need relative to reducing the personal, social, and economic aspects associated with substance use. The California Hispanic Commission on Alcohol and Drug Abuse, Incorporated (CHCADA) and its particular service program, Mental Health & Addiction Services for Adolescents (MASA) share the Weingart Foundation goals. The proposed treatment and educational program seeks to reduce the personal, social, and economic harm that surrounds those individuals who have problems with substance use, their families, and their communities. It is important to work together to decrease the lives of adolescent that are being harmed by the lack of education and treatment options

available for economically disadvantaged and underserved families in need of such services. This proposal accords with the principles of the Weingart Foundation criteria for funding. This outlined project strongly supports the priorities of Weingart Foundation.

### Implementation, Risks, and Challenges

Some possible risks and challenges when working with adolescents and parents are that they might be in denial that there is a problem and not be open about their substance use problems. Another possible challenge might be the cultural difference and acculturation of the dominant norms in the United States among the parent and child. There may be a conflict between the adolescent and parent, lessening their ability to participate and learn effectively or to process the information presented. The Clinical Staff will attempt to expose these risk factors and intervene should any arise, thereby enhancing the adolescent-parent relationship by increasing protective factors represented by the strengthened relationship.

One risk factor that may be a huge challenge throughout the intervention is the amount of time parents and adolescents have to invest in the program. In the family, there are time restraints due to additional family responsibilities, which could make difficult attending a sixteen-week program twice a week along with completing homework assignments. This could lead for the adolescent and parent not to complete the program due to the involvement and life stressors. Even though this could be a limitation for the family that may be troubling, the program will be engaging the families,



as there is a need for the proposed intervention services when substance use consequences have necessitated treatment.

It is possible that the adolescent and the parents will not want to participate in the family component. As stated above, it is a frequent occurrence that the adolescent or the parent or both may not recognize the substance use problem. The program will attempt to minimize any risk conflict between adolescent and parent through education, positive coping skills, and role modeling between the staff, adolescent, and parent.

## CHAPTER 5

### LESSONS LEARNED

#### Steps in Grant Writing

The first step in grant writing is determining what type of program is needed to be funded in the agency. It is important for the grant writer to identify and examine the mission and goals of the services the agency is offering and that are congruent with the goals of the proposed funding that is going to be requested. It is a key component for the grant writer to have history of working with the agency. In this case, the grant writer was employed for CHCADA for over eight years. This allows the grant writer experienced and knowledge of how the program operates to determine what services could be implemented effectively and how to increase services to better assist clients.

The second step in grant writing is researching and identifying what grant is in congruence with the proposed project. Research through the internet is helpful as it provides current information regarding federal, state, and private sector funding grants. Additionally making contact with the potential funder via telephone or e-mail for clarification on the foundations' goals and guidelines and how these might match what the grant writer is seeking. In addition, reading books how to write effective grantsmanship and attending grant writing courses and workshops that can help a beginning grant writer become better prepared to write a successful proposal. Attending

grant writing workshops is an advantage to gain an understanding how to write an effective grant. The main goal in the second step is the research is crucial for the grant writer to be effective in determining and supporting which funding-source criteria best meets the proposed program.

The final step in grant writing is actually writing the grant. In this stage it is imperative to follow the instructions set forth by the foundation. It is crucial for the grant writer to be able to prove the necessity and support for a particular program. Being able to show effective evidence-based practices through the operation of the program, addressing evaluation and declaring measures of the effectiveness of the program, and ensuring how the grant funding will be implemented through all the necessary steps are crucial. The grant writer must be able to provide imperative description, creativity, uniqueness, and evidence-based support in order to be differentiated from other proposals that are being submitted and ensure funding with the propose program.

### Challenges

A major challenge in the grant writing process is identifying funding for programs that serve adolescents with substance use problems. The grant sources or foundations located in the federal or private sector do evidence limitations relative to providing funds for substance abuse education and treatment programs for specific age groups. These limitations make the search for funding difficult. After identify the funding source, the next challenge is staying within the funder's guidelines, including budget, length, and relevant information. Another challenge the grant writer has is framing the evaluation component so that it clearly demonstrates the proposed project outcomes. To be

successful, that is an important piece of grant writing. By meeting all of these challenges it will result in a higher likelihood that the funding will be made available by the funder.

### Implications for Social Work

In today's society the rates of Hispanic adolescent substance use continue to grow. This phenomenon is important for social workers to understand, how culture and the environment impact adolescents experiencing substance use problems. Social workers strive to assist and improve the quality of life for individuals who experience difficulties within their social, emotional, mental status, and human rights arenas in order for those individuals to become empowered and overcome their struggles in life. Social workers emphasize ensuring social justice and promoting sensitivity to individuals and communities. It is essential for social workers to be aware of the necessities within the community and the different environmental systems. As such, it is crucial that social workers, particularly those who write grant proposals to accomplish these services develop programs that address social problems that affect the domains including individual/peer, family, school, and community. Funding is very important for any type of program to address the objectives and accomplish the desired goals.

Grant writing is essential skill that will be beneficial for social workers to develop, during budget cuts or when different concerns arise. It is relevant for social workers to be involved in other aspects of the macro level of program development and to understand how funding impacts every other component of service. A commitment to the profession of social work, not only necessitates being committed to provision of direct-services but also to the development of programs and to sustaining the needed

funding for them. If social workers are committed to implementing changes toward sustaining needed programs, then addressing the effectiveness and outcomes of any treatment program will be essential to obtain funding. In the last note, social workers should develop grant writing skills through education and practice to better assist vulnerable and oppressed populations.

APPENDIX  
LINE ITEM BUDGET

Line-Item Budget

*Salaries and Wages*

Clinical Director (Full Time, 100%)	\$ 62,400
<i>Employee-Related Benefits (@10%)</i>	\$ 6,240
Clinician (\$46,800 x 2)	\$ 93,600
<i>Employee-Related Benefits (@10% x 2)</i>	\$ 9,360
Administration Support	\$ 28,600
<i>Employee-Related Benefits (@10%)</i>	\$ 2,860
Total Salaries and Wages	\$ 203,060

*Other Operation*

Telephone, fax, postage and shipping	\$ 3,600
Supplies	\$ 8,400
Equipment	\$ 7,000
Printing and duplicating	\$ 6,000
Miscellaneous	\$ 1,800
Total Other Operating	\$ 26,800
<u>Total Budget</u>	<u>\$ 229,860</u>

IN-KIND RESOURCES

1. Rent	\$ 30,000
2. Utilities	\$ 15,000
<u>Total In-kind</u>	<u>\$ 45,000</u>

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