

# FY 20 ASAPP Evaluation Report

Decatur Prevention Initiative (DPI)

Carol Treible, Evaluator  
A.C. & ASSOCIATES

# Table of Contents

<i>I. Introduction</i> .....	<b>2</b>
<i>II. Description of Communities and Strategies</i> .....	<b>5</b>
<i>III. Evaluation Design</i> .....	<b>10</b>
<i>IV. Process Measures</i> .....	<b>12</b>
<i>V. Outcome Measures</i> .....	<b>14</b>
<i>VI. Data Collection</i> .....	<b>15</b>
<i>VII. Analyses</i> .....	<b>17</b>
<i>VIII. Results and Conclusions</i> .....	<b>18</b>
<i>Appendix A</i> .....	<b>20</b>
<i>Appendix B</i> .....	<b>24</b>
<i>Appendix C</i> .....	<b>48</b>
<i>Appendix D</i> .....	<b>51</b>

## I. Introduction

### A. *Decatur Prevention Initiative, Inc. Overview*

The Decatur Prevention Initiative, Inc. (DPI) is a non-profit agency offering substance abuse prevention services since 1992. DPI has served City Schools of Decatur (CSD) students for 26 years. Since 2004, DPI has offered parent and youth programs in the Decatur Housing Authority (DHA), by using the Communities that Care model and mobilizing parents. In 2011, DPI received a substance abuse block grant (SABG) funding from the Department of Behavioral Health and Developmental Disabilities Office of Behavioral Health Prevention (OBHP). This grant was known as the Alcohol Prevention Project (APP); DPI began using the Strategic Prevention Framework and focused its services on social host liability and administrative sanctions. For the years 1992-2011, DPI offered primarily individual-level strategies with SABG funding, including All-Stars and Project Success. Project staff has also led state-wide SABG-funded projects, including Project AFFECT, a project for children impacted by parental substance misuse. DPI's fiscal agent for this grant is Bulloch County Alcohol and Drug Council (BADC).

In 2011, DPI established a Community Prevention Alliance Workgroup (CPAW). This group meets on the second Tuesday of each month, with an average of 14 members. The members represent the recommended 12 community sectors. The DPI Youth Action team meets several times a month during the school year with their advisor. This year since March, the CPAW has been meeting virtually, attendance has remained consistent and in some meetings there have been more members in attendance. The students are also actively engaged in various school and community activities; annually attend the Georgia Teen Institute and this summer CADCA' Youth Summit leadership track. Students during the conference learned about the SPF process and how to utilize the framework in planning youth activities. Student activities have been using a virtual platform since March.

DPI's CPAW/ Community Coalitions/partnerships include The H.E.A.R.T. coalition, The Pan-Asian Community Services, The Bulloch County Alcohol Council, and Live Healthy DeKalb. A local partner is the Decatur Parent Network (DPN). Founded with DPI leadership, DPN provides the platform for the **SAFE HOMES** environmental strategy. Collaboration has continued during the year with the Decatur Student Center Council, an integral part of the City of Decatur School System. DPI is involved in delivering input for the school-based youth mental health and substance abuse services. During FY 20, DPI has participated in several state and national coalitions, enabling the leadership to network and impact local and state-wide efforts. These coalitions include the Georgia Prescription Drug Abuse Initiative, Let's Be Clear GA, the Community Anti-Drug Coalitions of America, Drug Free Communities, SAMHSA, and CADCA. All of these partnerships are critical to implementing local strategies with fidelity and utilizing current state and national trends.

The above historical overview provided the DPI External Evaluator for the Department of Behavioral Health and Developmental Disabilities ASAPP grant evaluation with needed information. The above information also assisted in determining the components of the Evaluation Plan developed at the beginning of the grant in 2016. The current DPI evaluation report will document the evaluation design, process, and outcome measures, including data collection, tools, analyses, and results primarily for FY20.

## ***B. Purpose and Goals of Local Evaluation***

Evaluation is a tool that can assist in recognizing what previously has been done well and areas for improvement. The formative and summative evaluation outcomes shared with the staff, CPAW members, local and state partners, key stakeholders, and the local community how the grant resources have been used, the success or areas needing improvement in the implementations of goals and strategies, the possibility of better coordination of efforts, and provide a basis for future planning and sustainability. When milestones are reached, a time needs to be planned for **Celebrating** and **Recognizing** a job well done that includes staff, partners, and key stakeholders. Celebration of reaching milestones has been done annually in December of each year. For evaluation to be effective it must be a **Collaborative** effort utilizing staff, stakeholders, agencies, and individuals that are interested in the outputs and outcomes of ASASP grant during the prior and current year. Pre and Post evaluation data for the individual strategy, ALL STARS, is gathered and reported to RTI quarterly. The DPI **ALL STARS** data is used for the state- wide cross evaluation for FY 20, a mixed-method approach was utilized using both qualitative and quantitative data collection for formative and summative reporting. Quantitative data used multiple data collection points throughout the grant cycle. In addition, the following Comparison and Trend data was collected and analyzed: ASAPP Community norms and the state (i.e. Georgia Student Health Survey 2.0); **ALL STARS**- 6<sup>th</sup> grade evaluations; individual input received from local survey data (i.e. speaker series surveys from DPI Parent programs and DPI CPAW member evaluations; and social media posting hits. Qualitative data was collected from Community Readiness calls, key interviews, listening sessions, and Decatur Parent Network anecdotal feedback. The Evaluation Team utilized the six-step framework model designed by the Center for Disease Control Prevention to guide the evaluation of the selected ASAPP individual and environmental strategies and interventions.

The process monitored and tracked program activities at the community level associated with the strategy implementation and documentation. Process Evaluation tools were utilized with identified community sectors to determine community readiness, paper and online surveys by community stakeholders, and attendance at virtual meetings/programs/activities. Collaboration assessments are administered annually to gain feedback (i.e., Is the staff being responsive to the CPAW suggestions and concerns? Are potential stakeholders being identified? Is the stakeholder engagement strategy working?). Risk assessment rubrics measures were discussed with the Project Director to evaluate the fidelity of the core implementation dimensions of the evidence-based individual and environmental level strategies. The proposed outcomes will continue to be assessed during the remaining year of the five grant cycle. Also, this includes the effectiveness of selected individual and environmental prevention strategies, program, and community level assessments. The Evaluation Committee participated in identifying the indicators, primary and secondary sources, the method(s) used for collecting reliable data, determining a timeline for continuing to gather and analyze the project baseline data, determine if the current benchmarks were realistic, and determining if future benchmarks needed to be modified or could realistically be met in year 5 of the grant cycle.

The Evaluation Committee developed, shared, and implemented with the assistance of the staff and CPAW members: **An Evaluation Communication Plan** based on the CADCA model:

AUDIENCE: Who Cares?

QUESTION: What do they care about?

DATA: Where is the information?

METHOD: How will I get it?

REPORT: How will I share it?

The Communication Plan has continued to be a living document during the FY 20 grant cycle. The document has provided continuous feedback loops noting progress, positive and negative lessons learned, make if needed modifications to the Implementation Plan, and disseminate reports including evaluation data and results to DBHDD, CPAW members, social and local media, partners, stakeholders, and the local community at large. In addition, the information can be adapted to other languages if deemed appropriate and requested.

The Project Director assisted the Evaluation Team and the CPAW members in building capacity by developing a shared understanding of the purpose of the ASAPP state goals including, individual and environmental strategies, and the components of the SPF model. Once the goal of the evaluation process was clear, then it became feasible to collect specific quantitative and qualitative data that could be analyzed and interpreted. A variety of evaluation measures/tools were utilized depending upon the strategy/activity being evaluated. The collection and analysis of the data used content analysis and descriptive statistics. Data collection has been continuous throughout the five -year grant cycle and reported on a timely basis to the staff, CPAW members, partners, key stakeholders, and shared at Region 3 provider meetings. The findings are used to make informed decisions for improvement and recognizing areas of success during the grant cycle. Adjustments to the evaluation protocol were modified somewhat in Year 4 due to COVID -19 and activities moving to a virtual platform. Any modifications were discussed with the Project Director, in consultation with DBHDD and the curriculum developer. If additional changes need to be made in the future, the modifications/changes would be in consultation with the Project Director and DBHDD if deemed appropriate.

Following the awarding of the ASAPP, the External Evaluator (EE), the Project Director (PD), and Evaluation Team (ET) have worked in partnership to employ an evaluation process that is continuous and implemented with fidelity according to the DPI Evaluation Plan. The Evaluation Team is composed of the External Evaluator, the Project Director, the Facilitator of the ALL STARS program, the CPAW secretary, and a CPAW member. The amount of time on Evaluation activities varies monthly depending upon the specific tasks and the amount of time needed to complete the requirements. The External Evaluator assumes the leadership role, requests assistance from the team members administering surveys, community readiness calls, and reviewing data collection results. The committee members have been very cooperative in volunteering hours when needed to complete the required tasks. The EE and PD communicate at a minimum once a week via phone or email to discuss strategy implementation and evaluation activities.

DPI key stakeholders (Decatur Police Department, City of Decatur School System, Decatur Fire Department, Decatur Housing Authority, The Decatur Parent Network, Decatur Recreation Department, and DBHDD) are kept apprised of the status of DPI activities and evaluation results at CPAW meetings, through emails, monthly reports, and individual personal contact. DBHDD receives in addition to the previously mentioned communications, information at quarterly provider meetings, the Project Director and External Evaluator

monthly reports, and the End of the Year Report. An Executive Summary of the Evaluation Report will be shared at the January 2021 CPAW meeting.

**DPI - ASAPP goals are:** The **primary goal** is to reduce access to alcohol among 9-20-year-olds. The **secondary goal** is to reduce the nonmedical use of prescription drugs by Decatur youth ages 9-18. The Decatur culture has resulted in the youth having disproportionate rates of alcohol, marijuana, and prescription drug use, compared to other Georgia communities, and has shown steady increases since the first DPI assessment in 2011. (Georgia Student Health Survey 2.0, 2011-2020). The 9-12<sup>th</sup> grade rate for FY20 showed a decrease of 5% points. The nonmedical use of prescription drugs among seniors in FY 20 dropped after a sharp rise during the prior five years. Tobacco is an additional strategy that was added by DBHDD in 2017. Marijuana will be minimally included in the evaluation report, but it was not a designated substance in the grant but is a concern in the community because the statistics show it has one of Georgia's highest rates for youth.

## II. Description of Communities and Strategies

### A. Community Description

DPI's approved community is the city of Decatur, (zip code: 30030) in DeKalb County, Georgia. Decatur is a small, but rapidly growing suburban (bedroom) community located in a metropolitan area. A top-performing school system is the primary reason for the rapid community growth, with over 26,674 citizens within four square miles. The population is 73.5% Caucasian, 20.2% Black/African-American, 4% Asian, 3.2 % Hispanic and Latino, and 3% reporting 2+ races. DPI targets 2, 600 households with minor children serving 5,500 children in a thriving local charter school system. The annual median income is over \$92, 633.00, with income increasing 13% for white households and declining 50% for black families over the last decade. The average family size is 2.96. The poverty rate is 12.20% of families living 150% below the poverty line. Decatur is struggling to address these disparities, as housing prices soar and affordable housing becomes scarce. Home prices have risen over 4.7% in recent years, and square footage is over 2.5 times higher than the Atlanta Metro average. Further emphasizing the disparities is the cost of the average home is \$491,300. Five percent of Decatur's population lives in public housing, with 10% of the charter school students residing there. Eleven percent of Decatur Housing Authority residents are foreign-born, predominantly African. 6.5% of parents of school-age children report, "not speaking English very well." The city center is the "Square," situated over a Marta station, where festivals and events occur. The "Square," the historic cemetery, and numerous wooded parks provide unsupervised gathering areas for youth in this compact community. Fifty-six percent of the residents have a Bachelor's Degree and twenty-seven percent have a graduate degree or higher. There are over 75 alcohol-licenses issued in a 4 square mile area. Decatur is known for its art scene and festivals, many of which are alcohol-focused. A motto often associated with the community is: "Everything is greater in Decatur."

*Sources: DADS 201 Decatur Data/DataUSA 2019, Zillow 2018, Decatur Public Schools 2019, Wikipedia 2020*

### B. Community Readiness

The following chart gives an overview of DPI's Community Readiness Scores beginning with the first interviews completed as part of the DBHDD APP grant in 2013 through the 2018 ASAPP grant. The 2019 data will follow after the historical overview that will show the progress made since the inception of grant activities

in the community. These scores are a reflection of responses by six individuals representing different sectors in the community about their awareness of current issues relating to alcohol. The individual interviews were evaluated, and a consensus score was determined by two independent evaluators for each dimension before determining an overall readiness score. If the score includes a decimal, the score is always rounded down.

2013-2018 Overview of DPI's Community Underage Drinking Readiness Scores

Community Readiness Scoring Sheet	May 2013	Aug 2014	June 2016	July 2017*	November 2018*
A. Community Efforts	5.3	5.8	7.16	*A&B Combined	*A&B Combined
B. Community Knowledge of Efforts	4.2	4.7	6.75	6.08	6.33
C. Leadership	3.2	5.3	6.25	5.75	6.33
D. Community Climate	4.5	4.7	6.1	5.5	6.25
E. Community Knowledge of Issue	4.3	5.0	6.6	5.58	6.06
F. Resources Related to Issue	4.7	5.0	6.76	5.5	5.91
<b>Overall Stage of Readiness</b>	<b>4. (4.36)</b>	<b>5 (5.1)</b>	<b>6 (6.6)</b>	<b>5 (5.7)</b>	<b>6 (6.18)</b>

As part of the ASAPP grant, Community Readiness calls were made for the first time in 2017 for Nonmedical Use of Prescription Drugs by Youth (NMUPD) in the City of Decatur utilizing the same protocol that was used previously for the alcohol calls. The calls were made again in 2018 to the same individuals that were interviewed in 2017. The overall results of the two years of calls are found in the chart below.

2017-2018 Overview of DPI's Community Nonmedical Use of Prescription Drugs by Youth (NMUPD)

Community Readiness Scoring Sheet	November 2017	November 2018
A. Knowledge of Efforts	5.66	5.83
B. Leadership	5.66	5.25
C. Community Climate	5.66	5.79
D. Knowledge of Issue	4.41	5.5
E. Resources	4.4	5.96
<b>Overall Stage of Readiness</b>	<b>5( 5.6)</b>	<b>5 (5.66)</b>

### Tri-Ethnic Community Readiness Model Key to Scoring

**1-No Awareness:** Goal: *Raise awareness of issue*

**2 -Denial/Resistance:** Goal: *Raise awareness that the issue exists in this community*

**3-Vague Awareness:** Goal: *Raise awareness that the community can do something*

**4-Preplanning:** Goal: *Raise awareness with concrete ideas to combat condition*

**5-Preparation:** Goal: *Gather existing information to plan strategies*

**6-Initiation:** Goal: *Provide community-specific actions/activities; begin some basic evaluation (2019)*

**7-Stabilization:** Goal: *Stabilize efforts and program*

**8-Confirmation/ Expansion:** Goal: *Expand and Enhance Services*

**9-Community Ownership:** Goal: *Awareness that the issue exists in this community*

As noted in the underage drinking chart, DPI benchmark score of 4 (Preplanning) in 2013 and improved to a level 5(Preparation) in 2014. Their hard work and efforts moved the score in 2016 to a level 6 (Initiation). During the fall of 2016 through the summer of 2017, there was a lapse in some grant services. The lapse occurred while the transitioning took place from the APP grant to the ASAPP grant. Consequently, when the readiness calls were done in the summer of 2017, the Project Director felt that some of the previous momentum had been lost, thus the score moving back to a level 5 (Preparation). The calls were made again during the fall of 2018, and a score of level **6: Initiation** was achieved again. This level was achieved after the Project staff, CPAW, and Decatur Parent Network worked diligently in planning and implementing a wide variety of



activities that involved the youth, parents, stakeholders, and the community. Based on their efforts, the word was out again about DPI!

The NonMedical Use of Prescription Drugs by Youth’s Community Readiness score in 2017 was a 5.6 and in 2018 was 5.66. The DPI staff continued work diligently with the CPAW, parents, and youth during the Preparation Stage gathering existing information that could be used in planning and implementing appropriate community strategies.

The charts below show the November 2019 Community Readiness scores for underage drinking and nonmedical use of prescription drugs by youth. The revised version of the 2017 Tri-Ethic Community Readiness model has combined dimensions A (Community Efforts) and B (Community Knowledge) to Knowledge of Efforts, thus, to make the five dimensions instead of the previous six as noted in the 2013-2016 reports. The Community Readiness calls made in November of 2019 for Underage Drinking and the Nonmedical Use of Prescription Drugs Among Youth used the five dimensions for evaluation.

***Underage Drinking 2019***

Dimension	#1 ( 7.4)	#2 (7)	#3 (5)	#4 (6.8)	#5 (7.9)	#6 (6.9)	Average
<b><i>Knowledge of Efforts</i></b>	7.5	7.8	6.5	6	7	7.5	7.083
<b><i>Leadership</i></b>	7	8	6	7.5	8	6.5	7.167
<b><i>Community Climate</i></b>	7.5	6.5	4.5	7	7	6	6.416
<b><i>Knowledge of Issue</i></b>	8	7	6.5	6	6	7.5	6.833
<b><i>Resources</i></b>	6	7	5	5	8	4.5	6.916

**Average CR Score 6.88=6**

***Nonmedical Use of Prescription Drugs Among Youth 2019***

Dimension	#1 (7.9)	#2 (5.2)	#3 (7)	#4 (5.9)	#5 (6.6)	#6 (6.4)	Average
<b><i>Knowledge of Efforts</i></b>	8	4	6.5	5	7	7	6.25
<b><i>Leadership</i></b>	7.5	7	8	5.5	7.5	7	7.083
<b><i>Community Climate</i></b>	8	4.5	6.5	7	7	6	6.5
<b><i>Knowledge of Issue</i></b>	8	5.5	7	5.5	4.5	6	6.083
<b><i>Resources</i></b>	8	5	7	6.5	7		6.583

**Average CR Score 6.499 = 6**

The scores for both substances are a realistic reflection of the interviewee’s knowledge of the efforts regarding underage alcohol use and misuse and nonmedical use of prescription drugs. As noted in the 2013-2017 Community Readiness Overview chart, DPI had been involved with building awareness and educating the community about alcohol use and misuse for 5+ years. Nonmedical Use of Prescription Drugs was a new goal in the 2016 ASAPP grant. FY 20 began the fourth year of planning, implementing, and evaluating short and long term outcomes. The Nonmedical Use of Prescription Drugs' goal was selected because of previous local

trends of quantitative and qualitative data collected in the grant's need assessment. Progress on this goal has shown consistent progress.

The underage drinking score reflects that the community is at a Level 6: **Initiation**. DPI will need to continue to provide the community-specific action. The Nonmedical Use of Prescription Drugs has scored a Level 6: **Initiation** for the first time. DPI will need to continue to strengthen the gathering and sharing of additional specific information in planning and implementing activities/programs to educate the community and youth about the Nonmedical Use of Prescription Drugs and Underage Drinking. Outcome measures should also become an integral component of evaluation during the last year of the grant cycle.

### *C. Implemented Strategies and Target Ages*

#### **Individual Strategy:**

The individual-level strategy, **ALL STARS** was facilitated in classroom sessions at Renfroe Middle School by a certified instructor. **ALL STARS** is a research based program to delay the onset of risky behaviors. A primary goal of the individual strategy was on reducing the early onset of nonmedical use of prescription drugs among youth 9-18 years old and the early onset of alcohol use among 9-20 years old. During each of the cycles, RTI pre/post surveys were administered in addition to the pre-post **ALL STARS** surveys. Parents were encouraged to discuss their student's homework assignments and sign a note that they had completed the request. Two cycles of **ALL STARS**' instruction happened in the typical classroom setting. After cycle three began, due to the closing of schools because of COVID -19, the program had to be completed via recorded classroom sessions. The developer assisted with the transition training so the program could be completed. Overall program results will be discussed later in the report. Demographics of the only middle school in the system are representative of the community. The most recent middle school data documents that the total student population for grades 6-8<sup>th</sup> is 1,249. In 2019-20, the student population racial composition was 61.8% Caucasian, 22.7. % African-American, 3.4% Hispanic, 8% 2 or more races, and 3% did not reveal a race. (Decatur Schools, 2020). The target age for the strategy is 6<sup>th</sup> graders ages 11-13. **ALL STARS targeted** both DPI approved goals.

#### **Environmental Strategy:**

During FY 20, the Environmental Strategy, **SAFE HOMES**, has targeted parents of elementary, middle and high school students in the City of Decatur. The following program goals have been addressed:

- Helping parents become aware of the importance of monitoring and communicating with their children about underage drinking and the misuse of non- prescription drugs
- Educating parents about the laws and consequences of hosting social events that serve alcohol to underage youth by providing literature at information sessions, DPN monthly speaker series, and community events
- Connecting parents in the community to develop a support system to address relevant social concerns and topics that impact their children and the local community ( i.e., grade level and neighborhood DPI Parent coffees)
- Providing opportunities for the DPI Youth Action Teen to share Positive Social Messages with parents about alcohol and drugs through posters, social media postings, and presentations
- Encourage parents to join the Decatur Parent Network and see the value in signing the **SAFE HOMES** "Parent Pledge"

DPI helped organize and has continued to have a strong partnership with the Decatur Parent Network (DPN) in addition to the City of Decatur School System. The three community groups working collaboratively have increased the number of parents who have signed the modified **SAFE HOMES** 'Parent Pledge. The most recent report by the PD notes those 452 (+12% increase since the last report) parents have signed the document with a vast majority having students in middle and high school. The friends' list has 301 partners, a 13% increase from the previous year. The partnership of three organizations (DPI, DPN, and the Decatur PTA) annually sponsors six educational parent meetings, some neighborhood coffees for parents to connect, and occasional Friday night recreation opportunities for middle and high school students. Once COVID – 19 hit in mid-March, neighborhood coffees and recreation opportunities were discontinued. Parent Meetings switched to a virtual platform. The variety of planned activities (i.e., National Night Out, Decatur Business Association, PTSA leadership meetings) relating to this strategy has provided DPI with an opportunity to educate and bring awareness to the parents about alcohol and drug issues that can impact their families. The target age is parents/guardians of students 9-18 years old enrolled in the City of Decatur school system. Additional information about DPN and the parent pledge can be located at [www.decaturpletsa.net/parent-pledge.html](http://www.decaturpletsa.net/parent-pledge.html).

### III. Evaluation Design

#### *A. Logic model (See Appendix A)*

At the beginning of the grant cycle the DPI Project Director in consultation with the Evaluation Team developed the two Logic Models (one for each goal/strategy) found in Appendix A that would assist in planning activities so that the short and long term outcomes would be reached as projected during the five years of the grant. The logic models guided the development of the Evaluation Questions. The questions are reviewed on a semi-annual basis to determine the strategy's implementation progress in meeting the strategy's short and long term outcomes. Modifications have occurred as deemed necessary in implementation of date projections during this year for some short term outcomes beginning in March 2020 due to the impact of COVID-19.

#### *B. Evaluation Questions*

The following Process and Outcome questions were documented in the DPI Evaluation Plan. Process questions answers will be noted throughout the report since the strategies are in process, not all may be fully answered. The majority of Outcome questions in this report will not be explained fully as the strategies were in the process of being implemented during the prior FY 17, 18, &19 grant cycles and the current FY20 grant cycle. The final outcome results will not be completed until FY21.

#### **Proposed Process Questions: *ALL STARS: Individual Strategy***

1. Was the program advertised and promoted to the target audience?
2. Was the program location/space desirable for the effective delivery of the program?
3. Was the *staff adequately trained in ALL STARS curriculum?*
4. Was the *ALL STARS* curriculum implemented with fidelity?

5. Were the parents invited to be involved in the program according to the program design? Or their involvement adapted to meet the school setting?
6. Were there enough resources available for participants?
7. What were the strengths and weaknesses of the strategy? How could have it been improved? Were adaptations/modifications made from the experience of the last 2 years? If yes, what was the adaptation/modification?
8. Did it impact the community readiness?
9. Was a sustainability plan developed?
10. Did Covid-19 affect the delivery of the program?

#### **Proposed Outcome Questions:**

1. Were changes made to the delivery of the *ALL STARS* program to increase its effectiveness?
2. Were these changes made each year or only once and after which year?
3. Did students' scores increase from the pretest to the post test?
4. What was the retention rate of the students completing the program?
5. What percentage of parents met their commitments to program attendance/involvement?
6. Did the facilitators receive favorable student/parent evaluations?
7. Were the program results disseminated in a timely manner to partners, key stakeholders (school administration), and CPAW members?
8. Did the implementation of the program achieve its intended results?
9. Was evaluation conducted to satisfy all standards set by the ASAPP staff, Evaluation team, and DBHDD?
10. Will the program be continued after the grant is complete?
11. Has the school district been involved in determining the Sustainability of the program?

#### **Process Questions: SAFE HOMES: Environmental Strategy**

1. Were partnerships developed with the school system, law enforcement, DPN, and community members in building an awareness of the **SAFE HOMES** program.
2. Was the program advertised and promoted to the target audience
3. Was the location, space desirable for the effective delivery of the program with fidelity?
4. Were parents invited to be involved in the program according to the program intent and design?
5. Was evaluation conducted to satisfy all standards set by the ASAPP staff?
6. What were the strengths and weaknesses of the strategy? Any future improvements?

7. Was there an increase in the number of parents that signed the Parent Compact?
8. Did it impact the community readiness score?
9. Was the strategy implemented as intended?
10. Was the DPN speaker series successful? Did attendance numbers remain consistent? How did COVID-19 impacts the FY numbers?

### **Outcome Questions: SAFE HOMES**

1. Were changes made to the delivery of **SAFE HOMES** to gain new members?
2. Did the number of parents who signed the Parent Compact continue to increase annually?
3. What was the retention rate of parents that remained involved after initially signing the Parent Pledge?
4. Were the program notices and evaluation results disseminated in a timely manner to Partners, Stakeholders and CPAW members?
5. Did the implementation of the program achieve its intended results?
6. Were baseline community protective factors identified?
7. Were baseline individual/family attitudes identified regarding the perception of risk?
8. Were educational materials and PSA's by students developed to educate students and families about the risk factors of alcohol, use and misuse of nonmedical and prescription drugs and nicotine?
9. Did the evaluation measures meet the standards set by the ASAPP staff, the evaluation team and DBHDD?
10. Was the program framework of **SAFE HOMES** implemented with fidelity?
11. Were messages sent out regularly via social media and the DPI website to keep parents informed about alcohol, use and misuse of medical and nonmedical prescription drugs, use of nicotine?
12. Was the original five year membership goal of **SAFE HOMES** met?
13. What will be the protocol for the sustainability of **SAFE HOMES** in the community?
14. Did COVID-19 impact the delivery of the strategy in the community?
15. Was the Decatur Parent Network involved in determining the continued status of **SAFE HOMES**?

## **IV. Process Measures**

*The information addressed in this section is primarily taken from DPI's FY 20 End of the Year Report to the Department of Behavioral Health and Disability.*

A. DPI has a very active CPAW membership, including partners/stakeholders with at least one individual representing the 12 identified community sectors. Members include: law enforcement, Decatur Housing Authority, Juvenile Court, Emory University, Medical Association of GA, a youth minister, City of Decatur School System, School Resource officer for the middle and high school, GA Department of Labor, City of Decatur Fire Department, City of Decatur Recreation Department, Community Service Board, Parent, Youth, Mental Health Agency, several youth serving agencies (i.e. YMCA), a Health Care professional, community champions, volunteers, media, representatives from other local coalitions, and staff. The total membership is 29 individuals with an average attendance of 14+. The contributions of the members vary depending upon their area of professional expertise, personal commitment, and interests. Members are typically involved in some of the following types of activities: give input to discussions based on their experience, provide material resources, assist with community buy-in, they provide additional manpower for planned activities, give access to population served by DPI, make in-kind contributions, assist with social media. Beginning in April 2020, the CPAW began to meet virtually due to COVID-19. Attendance has remained consistent since switching to a virtual platform.

In addition to the CPAW meeting, DPI facilitates the Youth Action Team (YAT) that meets monthly with their advisor. The team during the year actively participated in the October Red Ribbon Week festivities and attended the virtual CADCA youth leadership track in July. Also, DPI supplements their community visibility by facilitating monthly CMAT parent meetings at the Decatur Housing Authority, the Project Director as a member of the leadership team of the Decatur Parent Network, and attending monthly meetings of other local community organizations. Also, this year, the Project Director joined the Decatur Business Association. During the summer, four staff members attended and graduated from Georgia' Teen Institute University sponsored by GUIDE.

B. The actual number of individuals reached in the Individual **ALL STARS** strategy at Renfroe Middle School was 122 sixth graders. The actual number of individuals that have signed the Parent Compact/Pledge in the Environmental **SAFE HOMES** strategy in the four years is 476 individuals, an increase of 71 members during FY20. Many youth and adults were involved in various capacities in community activities DPI sponsored or collaborated with other partners in sponsoring. (i.e. Red Ribbon Week and Homecoming Parade)

C. Specific demographic numbers for the Environmental strategy were not documented. The **SAFE HOME** pledges were signed by parents of Decatur students in primarily middle and high school. For the Individual Strategy no specific documented demographic data is available by class sign-in sheets. Looking at the demographic data of the composition of the 6<sup>th</sup> grade class there appears to be a balance of girls and boys.

D. The number of individuals reached served by the CASP prevention strategy was not documented during this grant cycle. Information was disseminated about prevention (i.e. bullying) and education resources at several DPI/DPN community functions. DPI partnered with other stakeholders in sponsoring the movie, "Upstanders" and a follow-up panel discussion in September 2020. The virtual event was attended by about 50 parents and interested community members

E. DPI was very conscientious in implementing all of the activities in the two strategies with fidelity. The dosage for the Individual strategy, **ALL STARS** held at Renfroe Middle School for 12 sessions with each session being 45 minute for a total of 6 classes. One hundred and twenty-two students were served during the 3 cycles with 2 classes being served each cycle. RTI and **ALL STARS pretest** surveys were administered. Four homework lessons were sent to parents per cycle in addition to emails encouraging their participation.

The dosage for the Environmental strategy was 8 meetings each 2 hours in length. In April, the meetings pivoted to a virtual platform and topics revolved around “parenting during a pandemic.” Seventy-one new members signed the **SAFE HOME** pledge in FY20. An undocumented number of doses including telephone calls, emails, social media posts, and attendance of events were used to recruit new members. The leadership team feels that the newly created DPN website will encourage more individuals to visit the site and complete the data base information needed for future **SAFE HOMES** membership.

F. After a FY 19 consultation with the developer, an adaptation was made with the **ALL STARS** program. Due to the time constraint of having to administer 2 sets of pre/post surveys/tests one for RTI and one for the program, adequate time would not be available to complete the program with fidelity. One lesson topic was a repeat and permission was given by the developer to skip the second lesson that dealt with the same information. That protocol was followed in each of the three cycles again in FY 20. The Project Director also consulted with **SAFE HOMES** and the Prospectus Group to modify/omit one pledge statement in the original document. Permission was granted and revised pledge was adopted. See DPN website for the current document <https://www.decaturplets.net/parent-pledge>.

G. Collaboration with Renfroe Middle School administration was critical in making it possible for **ALL STARS** to be implemented in the sixth grade classrooms. The City of Decatur School System and the Decatur Parent Network partnered with DPI in sponsoring activities, assisting with publicity, programs, and facilities. In addition, the school system provides a monthly meeting space for CPAW members to gather. The City of Decatur Housing Authority graciously allows DBHDD provider meetings and the Youth Action Team monthly meetings to be held in their community building. These community partner in-kind contributions help make it possible for DPI to successfully implement the ASAPP grant.

## V. Outcome Measures

The FY 20 GA Student Health Survey 2.0 charts (Appendix B) gives an overview of responses for the eighth, tenth, and twelfth-grade students in the City of Decatur School System as compared to the state of Georgia student responses for 2017 -2020. An individual analysis is given as part of the figure for each question. The questions numbers from the survey for FY 20 changed from FY 18, but the wording of the questions did not. Questions relating parental and peer perceptions now are omitted from the annual survey. Marijuana use questions have been included as there is interest by the CPAW, school system, parents, and community although marijuana is not a targeted substance.

### Alcohol-Related Questions

- During the past 30 days, on how many days did you have at least one drink?
- How old were you when you had your first drink of alcohol?
- How much do you think people risk harming themselves physically and in other ways if they have five or more drinks of an alcoholic beverage once or twice a week?

## Non medical use of Prescription Drugs Related Questions

- How old were you the first time you used prescription drugs without a doctor's prescription?

## Tobacco Related Questions

- During the past 30 days on how many days did you smoke cigarettes?
- How old were you the first time you smoked part, or all, of a cigarette?

## Marijuana Related Questions

- During the past 30 days, on how many days did you use marijuana or hashish?
- How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?

## Consequences

The local conditions have resulted in the youth in the Decatur community having disproportionately higher rates of alcohol, marijuana, and prescription drug use compared to other Georgia communities. Nicotine use and e-cigarette use are emerging issues that also have the community concerned. Decatur youth are frequently shielded from consequences for substance use. Direct, consequential data is either non-existent or difficult to obtain. The DeKalb County data does not reflect specifically the City of Decatur. No hospitals or treatment facilities are located within the city limits. The Community overdose mapping has shown several overdoses in the local zip code. Law enforcement is reporting an increase in overdoses in the city. Property crimes (theft) are higher per 1,000 Decatur citizens than national rate but violent crimes are rare in the city. Parents in conversations, note that minimal consequences by law enforcement and schools for alcohol and drug use, while enforcement officials report a lack of support for enforcement of underage drinking laws from city government and parents. Youth are often left at home unsupervised for extended periods of time. Parents seem to be less concerned about their children's use of marijuana. The lack of consequences has contributed to the low perception of risk for substance misuse. Unfortunately, this does not mean that Decatur youth are not facing the consequences; the consequences are just more difficult to quantify.

## VI. Data Collection

### A. DPI FY 20 Data Collection Measures

Measure	Source	Frequency Collected	Method of Collection	Level of Data	Data Information
Data about student alcohol,	FY 20 GA Student Health	Annually	Archival Data from the GA Department	City of Decatur School System 8,10,12 grades and	Appendix B



nonprescription drug, and tobacco use Questions	Survey: Questions relating to alcohol, prescription drugs, and tobacco		of Education	state report for all systems in GA	
DPI/DPN <b>SAFE HOMES</b> Parent Pledge	Modified from <b>SAFE HOMES</b> Program Pledge	Decatur Parent Network Meetings and other events	In-person request at meetings; parents can sign online or in-person	Interested parents/guardians sign committing to abide by the Pledge	See the website for the protocol for joining DPN: <a href="https://www.decalurparents.net/parent-pledge">https://www.decalurparents.net/parent-pledge</a> .
DPI CPAW Member Activities	DPI External Evaluator	Sample of CPAW Training	At end of training session	Completed by CPAW members	Appendix C : Survey results of Narcan CPAW training
ALL STARS Student Evaluation	ALL STARS Program	Pre/post program assessments	Paper surveys completed	Renfroe Middle School students in sixth grade classes	Comments and Chart
ALL STARS Student Evaluations	RTI State Evaluation	Pre/post surveys	Collection of completed pre/post surveys	Renfroe Middle School students in sixth grade classes	Note: Pre/Post tests submitted to RTI for GA State Cross Site Evaluation
Surveys distributed at parent meetings	External Evaluator	Post Survey: Local	Completed at end of each presentation	Individuals in attendance	<b>Appendix D</b> : Sample surveys of meetings in FY20

*Note: The Logic Models developed for the ASAPP grant are found in Appendix A*

**B.** Data was collected from a census of all individuals present at the time the survey or test data was administered. No sampling was utilized in any of the data collection for DPI.

**C. Reliability and Validity Measures:** The **ALL STARS** Pre/Post tests have a documented reliability and validity score described in the program overview. The Georgia Student Health Survey 2.0 does not address reliability and validity in their program overview as the survey is completed anonymously by students. The responses are documented by a state and system/school identifiers. The RTI survey has been developed and has been administered for several years and the results are used for a cross-site evaluation of GA. RTI has no unique identification for individual respondents so the pre and post test data cannot be matched unless done locally before surveys are submitted. For the locally developed surveys, reliability and validity have not been established. The surveys will be used to determine trend data for local use by DPI, especially for the responses to the various DPN speaker series in planning future presentations. For the locally developed surveys, the response of attendees was typically above an 80% completion rates. As a rule, the surveys are administered one time to a group of participants at a specific event.

## VII. Analyses

DPI implemented with fidelity their individual and environmental strategies and had a higher dosage than their estimated reach for both strategies. The Project Director worked closely with the school system to arrange for sixth- grade classes to receive instruction in **ALL STARS** and in mid-March making the conversion to a virtual platform. The classes selected were part of the health curriculum. The program was implemented for the third year by the same facilitator. Positive feedback was shared by the classroom teacher and school administrator.

In August, DPI received the following **ALL STARS** youth provider profile: The outcomes indicated that the **ALL STARS** youth had a statistically significant change in perceived risk for alcohol and marijuana as well as statistically significant change in communication with parents. These outcomes align with the GHSH for our schools, which indicate that age of onset has declined by 20% (4 percentage points) for grades 6-12. The report also notes there is a significant decline in 30 day use among high school from 30% to 22%. The results indicate that DPI has exceeded the stated five year goal for this strategy.

DPI has not received **ALL STARS FY20** evaluation data from Brilliance Analytics to be included in this report.

The **SAFE HOMES** program, in partnership with the Decatur Parent Network has continued to gain new members throughout the year. The current total is 476, an increase of 71 members during FY20. The staff attended the beginning of school parent meetings, set up a table soliciting new members, advertised on social media, in school newsletters, and the student high school magazine. Parents have become very involved in attending the planned parent meetings to gain information and network with other parents. The DPN speaker series post surveys have been positive about the topics selected and speaker/panels. The DPN leadership team arranges for speakers based on the parent needs assessment given at the beginning of each year and feedback on post surveys. Beginning in the spring, the series moved to a virtual format due to COVID-19. Attendance dipped initially but by early summer, parents again became engaged. The team used COVID -19 issues and panel experts to address “Parenting in a Pandemic Environment.” The sessions were also taped so parents could listen at a later time.

During FY 20, DPI had increased their presence on social media. The website was updated and many weekly/monthly postings were regularly placed on Facebook, Instagram and U-Tube.

For the Tobacco Strategy, DPI hands out quitting and referral information at public events. Referral information is part of the organization’s prevention strategy with students, parents, CPAW members, and stakeholders. During FY20, DPI has regularly done posts and has locally boosted information for quitting on social media pages. Vaping has also become a focus of education for parents and students. In addition, DPI is working with the school system so that vaping is included in the Student Discipline Handbook. Eighth graders at the middle school are currently being part of a vaping prevention program.

Several intervention programs have occurred during FY20:

- Renfroe Middle School- 41 seventh grade participants received materials and there were 19 referrals
- Decatur High School- 200 high school students received materials and there were no referrals

- Facebook page for promoting the Great America Smoke Out- 555 hits
- Renfroe Middle School-42 students received materials and 21 referrals were made
- Renfroe Middle School -124 eighth grade students received materials and there were 8 referrals
- Decatur Housing Authority-20 adult African American Women that were either parents or grandparents. Materials were distributed and no referrals were made
- DPN Speaker Series at Legacy Park – 20 parents received materials and there were no referrals
- 13 Facebook Page posts March through August, specifically linking to quitting resources. Analytics indicated these posts reached 3,849 people
- Working with BADC partners to create a geo-fenced PSA that will lead to a landing page to refer individuals in our community to resources. Expected to launch October 2020. Ad will run for 30 days and geo-fenced over entire zip code.

DPI did an excellent job of presenting and sharing materials with individuals of different ages. In addition, they have increased referrals from FY 19. The next step is to develop a strategy to follow-up with the individuals that have been referred. The landing page to community resources is a beginning step as the geo-fenced PSA was launched in October 2020.

## VIII. Results and Conclusions

DPI has been very intentional, diligent, and productive in implementing the FY 20 ASAPP grant utilizing its allocated financial resources. The approved Environmental Level Community and Individual Level Community goals, as outlined in the authorization from the Georgia Department of Behavioral Health & Developmental Disabilities, were accepted by the Decatur Preventive Initiative as their working document/deliverables. For the Environmental Community/Population and the Individual Community/Population, the City of Decatur is the targeted community. The Environmental Level Goal is: Reduce access to alcohol use among of ages 9-20. The focus was on the commitment to Promote Social Host Education and Liability using the **SAFE HOMES** toolkit as a guide. For the Individual Level Strategy **ALL STARS** was used at Renfroe Middle School focusing on the goal: To reduce the use of nonmedical prescription drugs of Decatur youth 9-18 years old. The DPI Staff, CPAW, key stakeholders, proceeded with the SPF process to plan, implement and evaluate the approved goals and strategies for the grant cycle in the City of Decatur. CPAW members, partners, key stakeholders were actively recruited to participate in the implementation and evaluation of strategies and programs. The findings in the evaluation report document that the DPI was very successful in meeting the goals of the FY20 grant even during the unusual circumstances of COVID-19. Data show that one long term outcome has been met!

The Evaluator recommends that DPI continues to show the same level of commitment to the community in carrying out the selected environmental and individual strategies in FY21. DPI is to be commended for exceeding the projected number of individuals that they served, the strong and fruitful relationship with key community stakeholders (especially the City of Decatur School System) in carrying out the organization and grant's mission, and the dedication and hard work of the staff. The collaboration with the Decatur Parent Network has continued to be very positive in educating and engaging parents in becoming knowledgeable about local substance abuse issues that impact their families. The DPN has been especially effective in engaging parents during the last seven months as they faced unusual parenting challenges. Continue the good recruitment efforts in increasing membership numbers in **SAFE HOMES**, especially looking to parents that have children in upper elementary grades.

Since this is the last year of the ASAPP grant cycle, it is especially important the DPI, the CPAW, DPN, key stakeholders and partners continue to strength the sustainability plan so that the progress that has been made through the APP and ASAPP grants can be continued in the community. Work is never done in a community even though progress is made so it is important to have a “next steps” plan. The community of the City of Decatur has gained significantly from the efforts, program activities, and knowledge about the impact that underage drinking and the use and abuse of nonmedical and medical prescription drugs can have on individuals, families, and the local community.

The Evaluation Report will be shared with the Project Director, the CPAW, and key stakeholders at the monthly meeting in January 2020. The report will be available for review in the Project Director’s office, evaluation highlights will be posted on the DPI website, and an article submitted to the local newspaper noting highlights and availability of the report. Translation of the report will be available if requested.

## Appendix A

**Logic Models Bulloch Alcohol and Drug Council**  
**Region 3 Submission in Collaboration with**  
**Decatur Prevention Initiative**  
**Year 1 final revision**

<b>Goal 1: To reduce the Onset of Alcohol Use by Decatur youth ages 9-20</b>				
<b>Problems/Related Behaviors</b>	<b>Risk &amp; Protective Factors (IV/CF)</b>	<b>Interventions (Strategies/Programs/Practices)</b>	<b>Short-term Outcomes</b>	<b>Long-term Outcomes</b>
<i>ID Based On Data: Magnitude, Time trend, Severity, Comparison, etc.</i>	<i>ID &amp; Prioritize Based On: Importance, Changeability, Multi-impact</i>	<i>[Evidence Based, Conceptual Fit, Practical Fit] At Least One Environmental &amp; One Individual Level</i>	<i>Measure Immediate Changes (i.e. Attitudes, Knowledge, Behavior)</i>	<i>Movement towards Goals</i>
Alcohol Use among Decatur youth is at an all-time high, as evidenced by the past 30-day use among seniors with reported use increasing 100% over the last 5 years. (GSHS 2.0 2011-2016). 2016 rates are X4 greater than surrounding county and approximately 2.5X that of State.	<p><b>IV-Individual-Level CF:</b>-Past 30-day Use and early onset. (30% high schoolers 30 -day use and with over 20% of the age of onset before high school.) Additional risk/protective factors are a low perception of harm normative beliefs, pro-social bonding, and favorable attitudes among peers and parents.</p> <p><b>IV. Social Availability CF:</b> Lack of parental monitoring, community celebrations, and availability of unsupervised places to drink. Addresses risk factors in the family and community.</p> <p><b>IV. Social &amp; Community Norms CF.</b> Peer Norms, Parental Acceptance, Cultural Acceptability, and Availability in Homes. Risk factors in the availability and portrayal in the community as well as individual and family attitudes.</p>	<p><b>Individual Strategy:</b> <i>ALL STARS</i> addresses Individual Intervening Variables as well as Social and Community Norms. This will address the protective factors in schools, individuals and families.</p> <p><b>Environmental Strategy 1: Promote and Enforce Social Host Liability</b> by using the <b>SAFE HOMES</b> model to address social availability and 2) Social and Community Norms. Will also address the family and community risk/protective factors.</p>	<p>Youth report strengthening their beliefs that underage drinking interferes with life goals, increase their belief that this is not the norm, and report an intention to avoid alcohol use per ALL STARS surveys.</p> <p>Increase awareness of laws and consequences of social hosting, increase community knowledge of the prevalence and negative consequences of underage drinking, increase monitoring in homes and public hot spots, and increase community-sponsored celebrations/activities that do not involve alcohol. (Measure through GSHS survey, parental pledges, parent surveys, and local enforcement.)</p> <p>Delay the onset of use and rates of use while increasing the perception of risk, peer disapproval, and parental disapproval, (GSHS) and increase parental perceptions and parental involvement through parent surveys.</p>	Decrease the reported age of onset by percentages of youth who report alcohol use before high school by 20% over the duration of the project from the current 20% to 16%. Reduce the 30-day use rate among high school students by 20% from 30% to 24%.(GSHS 2.0)

<b>Goal 2: To reduce the Nonmedical Use of Prescription Drugs (NMUPD) by Decatur youth ages 9-18.</b>				
<b>Problems/Related Behaviors</b>	<b>Risk &amp; Protective Factors (IV/CF)</b>	<b>Interventions (Strategies/Programs/Practices)</b>	<b>Short-term Outcomes</b>	<b>Long-term Outcomes</b>
<i>ID Based On Data: Magnitude, Time trend, Severity, Comparison, etc.</i>	<i>ID &amp; Prioritize Based On: Importance , Changeability, Multi-impact (meets 2X3)</i>	<i>[Evidence Based, Conceptual Fit, Practical Fit] At Least One Environmental &amp; One Individual Level</i>	<i>Measure Immediate Changes (i.e. Attitudes, Knowledge, Behavior)</i>	<i>Movement towards Goals</i>
NMUPD among Decatur youth is a very serious concern for our community. Reported prescription use has increased among our seniors from 5.66% to 18% over the last 5 years (GSHS 2011-2016). Although our rates are comparable to county and state levels, upon closer examination, Decatur youth are reporting using for non-medical reasons at a 50% greater rate. We have had several local drug overdoses in the last year, with one death by heroin this June by a young man who reportedly began opiates after a sports injury.	<p><b>IV. Individual Level CF</b> Past 30 day use among high schools was 18% <b>CF</b> Age of Onset. 14% of freshmen reported NMUPD in the last 30 days (October of freshmen year.) An additional risk factor is low perception of harm and favorable attitudes toward use.</p> <p><b>IV. Social and Community Norms CF</b> Availability in homes <b>CF</b> Youth perception of peer norms and <b>CF</b> Adult perceptions. Risk factors in the community as well as individual and family attitudes.</p>	<b>Individual Strategy:</b> ALL STARS addresses Individual Intervening Variables as well as Social and Community Norms. Also, the program will address the protective factors in schools, individuals, and families. SAMSHA educational programs, such as ALL STARS, can be useful in promoting the protective factors that are effective in NMUPD.	<p>ALL STARS evaluations will show that youth strengthen their beliefs that substance use does not fit with the lifestyle they desire to live, nor is substance abuse an acceptable norm.</p> <p>Change perception of risk among middle and high school students, increase parental and peer disapproval. Surveys. Decrease 30-day.</p>	Decrease the rate of use among high school students by 15% from 18% to 15% past 30 day use (seniors) and delay 30-day use by freshmen by 20% from 14% to 11%.



## Appendix B

**DPI 2019-2020**

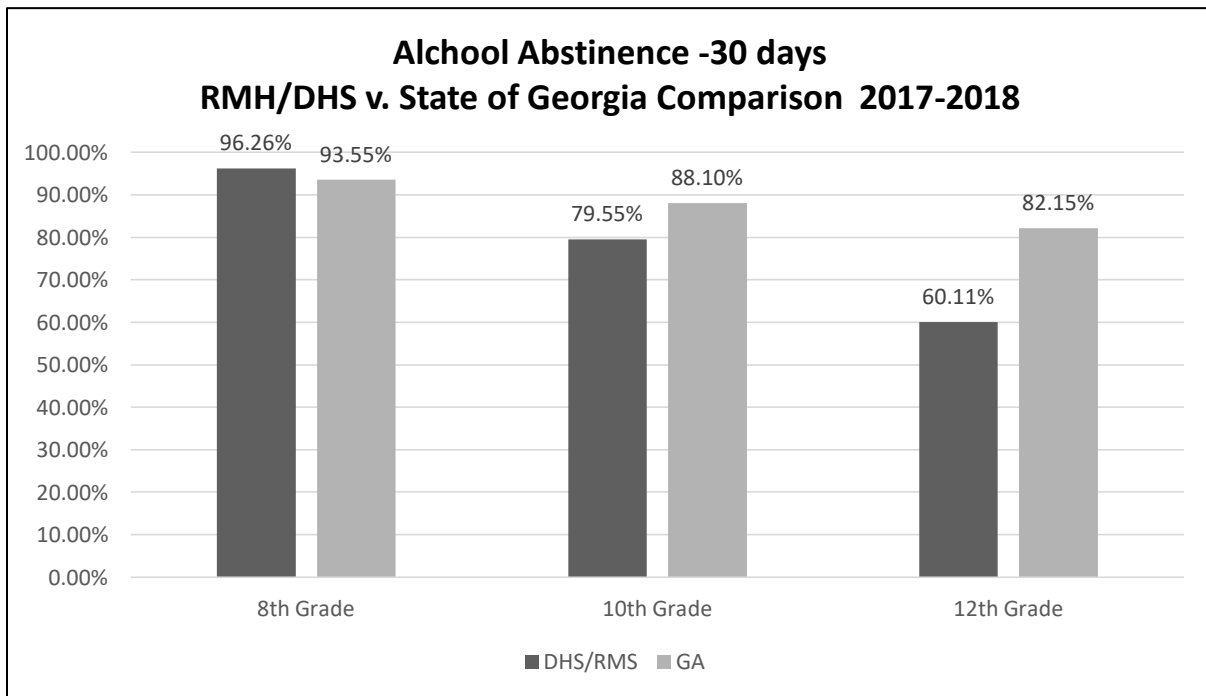
**Georgia Student Health Survey**

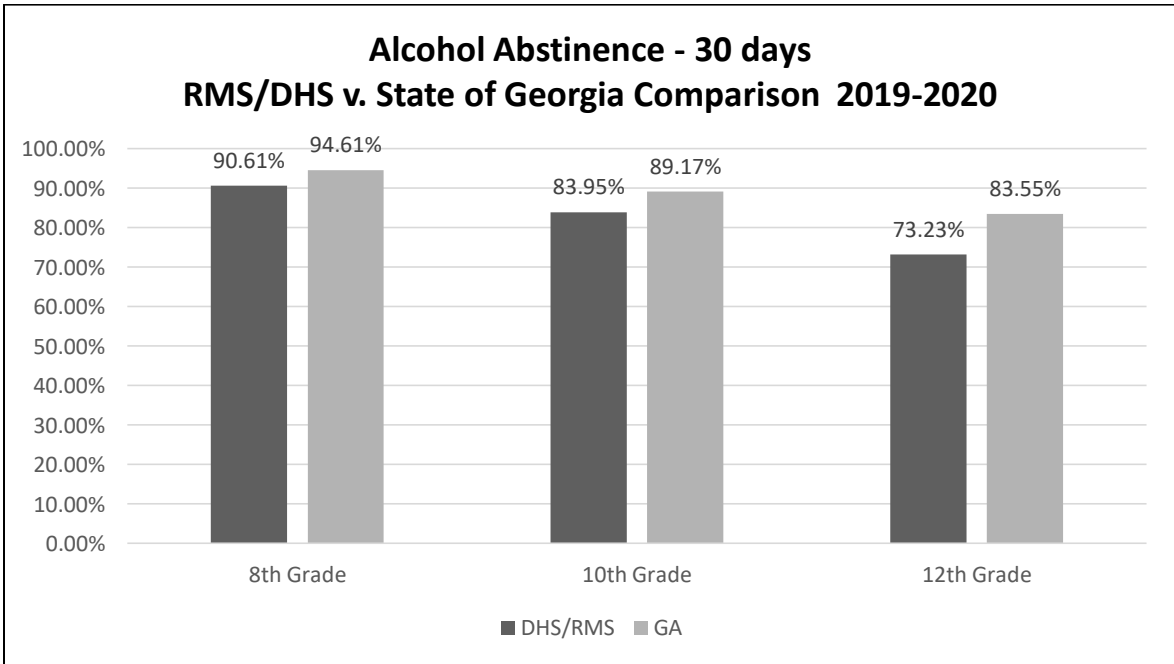
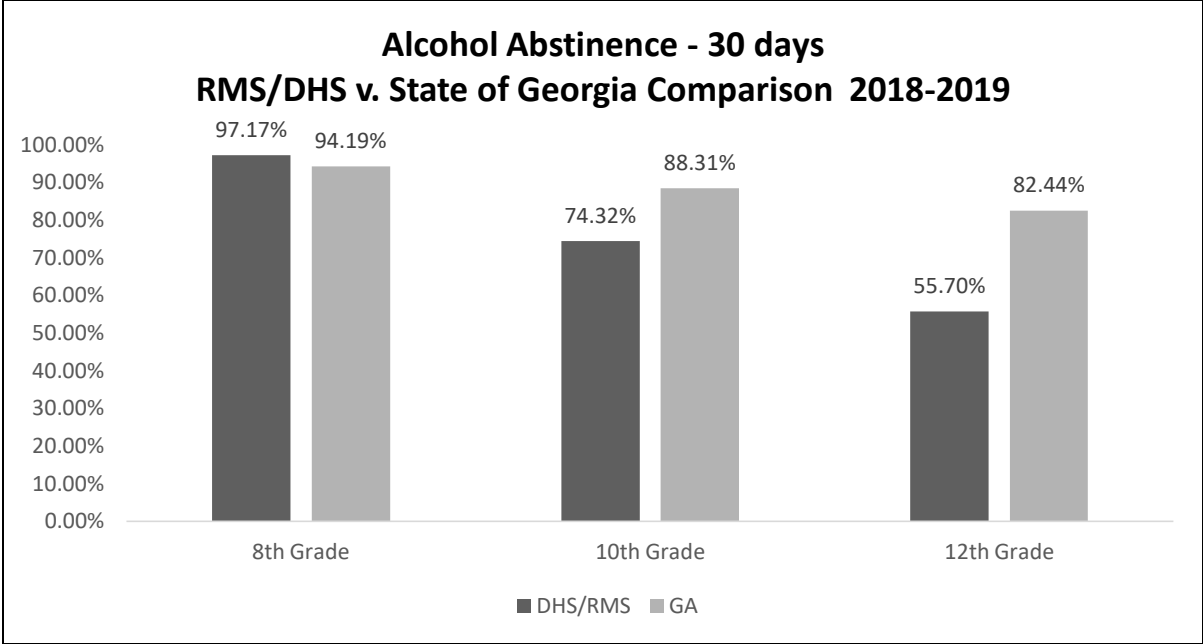
**Alcohol**

Results from 2018, 2019, and 2020 show more students at Renfroe Middle School and Decatur High School report drinking alcohol than the state average. There has been an increase in the number of 10<sup>th</sup> and 12<sup>th</sup> graders at Decatur High School reporting they have abstained and/or never have drank more than a few sips.

**During the past 30 days, how many days did you have at least one drink of alcohol?**

*Abstinence from alcohol in last 30 days*





From 2018/2019 to 2019/2020, there was a decrease of 6.56% eighth grade students reporting they had not drunk alcohol in the past 30 days. When compared with the state numbers, RMS and DHS have less students reporting they abstained for the past 30 days.

In 2019/2020, there was a 17.53% increase in the number of 12<sup>th</sup> graders from DHS reporting they abstained for the past 30 days. And there were 9.63% more 10<sup>th</sup> graders reporting they abstained.

The number of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students reporting to have abstained from drinking alcohol at Renfroe Middle School and Decatur High School was less than the state average in 2019/2020. The gap between DPI and the state numbers for 12<sup>th</sup> grade respondents lessened from 26.74% to 10.32%

**How old were you when you had your first drink of alcohol other than a few sips?**

**8<sup>th</sup> Grade Responses**

<b>Age First Drink of Alcohol</b>	<b>RMS 2017-18</b>	<b>GA 2017-18</b>	<b>RMS 2018-19</b>	<b>GA 2018-19</b>	<b>RMS 2019-20</b>	<b>GA 2019-20</b>
<b>Never</b>	84.58%	80.91%	83.00%	82.78%	79.56%	83.19%
<b>10 years or younger</b>	7.94%	8.21%	3.68%	6.92%	7.74%	6.79%
<b>11-13</b>	6.54%	9.33%	10.19%	8.51%	9.95%	8.19%
<b>14-18</b>	0.00%	1.56%	0.85%	1.79%	2.76%	1.84%

From 2017/2018 to 2018/2019 to 2019/2020, there has been a decrease in the number of RMS 8<sup>th</sup> grade students reporting they have never used alcohol versus the state seeing a slight increase. Of those indicating they have consumed more than a few sips of alcohol, 9.95% selected 11-13 years as the age of onset. There was an increase in the number selecting 10 years or younger.

**10<sup>th</sup> Grade Responses**

<b>Age First Drink of Alcohol</b>	<b>DHS 2017-18</b>	<b>GA 2017-18</b>	<b>DHS 2018-19</b>	<b>GA 2018-19</b>	<b>DHS 2019-20</b>	<b>GA 2019-20</b>
<b>Never</b>	56.06%	71.23%	56.08%	71.71%	57.10%	73.38%

<b>10 years or younger</b>	6.44%	7.03%	6.43%	6.69%	4.33%	6.45%
<b>11-13</b>	8.33%	7.39%	5.08%	6.87%	5.56%	6.46%
<b>14-18</b>	29.06%	14.36%	32.43%	14.73%	33.03%	13.71%

From 2017-18 to 2019-2020, there was a 1.04% increase in the number of DHS 10<sup>th</sup> graders reporting they have never consumed more than a few sips of alcohol. Compared to the state of Georgia 2019-2020 data, DHS has 16.28% fewer students reporting they have never consumed more than a few sips of alcohol. Both reports indicate a slight increase in the number.

For DHS, 20.99% of the 10<sup>th</sup> graders reported they were the age of 15 when they had their first drink of alcohol other than a few sips. This is still older than the national average for both boys and girls. According to “Teenage Drinking.” Help Guide ([www.helpguide.org/harvard/alcohol\\_teens.htm](http://www.helpguide.org/harvard/alcohol_teens.htm)), the average age teen boys first try alcohol is age eleven (11), for teen girls it’s thirteen (13).

### 12<sup>th</sup> Grade Responses

<b>Age First Drink of Alcohol</b>	<b>DHS 2017-18</b>	<b>GA 2017-18</b>	<b>DHS 2018-19</b>	<b>GA 2018-19</b>	<b>DHS 2019-20</b>	<b>GA 2019-20</b>
<b>Never</b>	36.17%	62.34%	36.40%	63.02%	32.45%	64.65%
<b>10 years or younger</b>	7.98%	6.53%	3.07%	5.82%	4.15%	6.06%
<b>11-13</b>	10.12%	5.76%	6.14%	5.28%	5.32%	4.89%
<b>14-18</b>	45.74%	25.38%	54.38%	25.90%	57.98%	24.42%

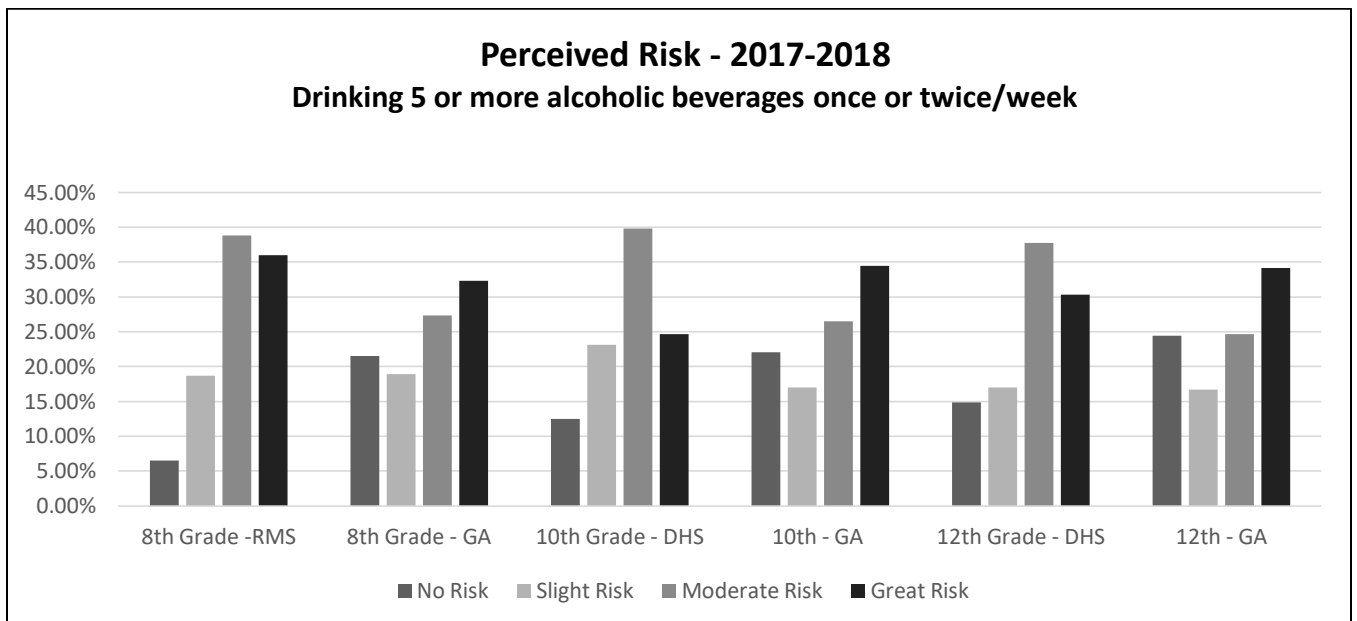
The 10<sup>th</sup> grade data indicated DHS students reported drinking at a higher rate than the state data. Results indicate 26.62% more students reported never drinking across the state versus at DHS.

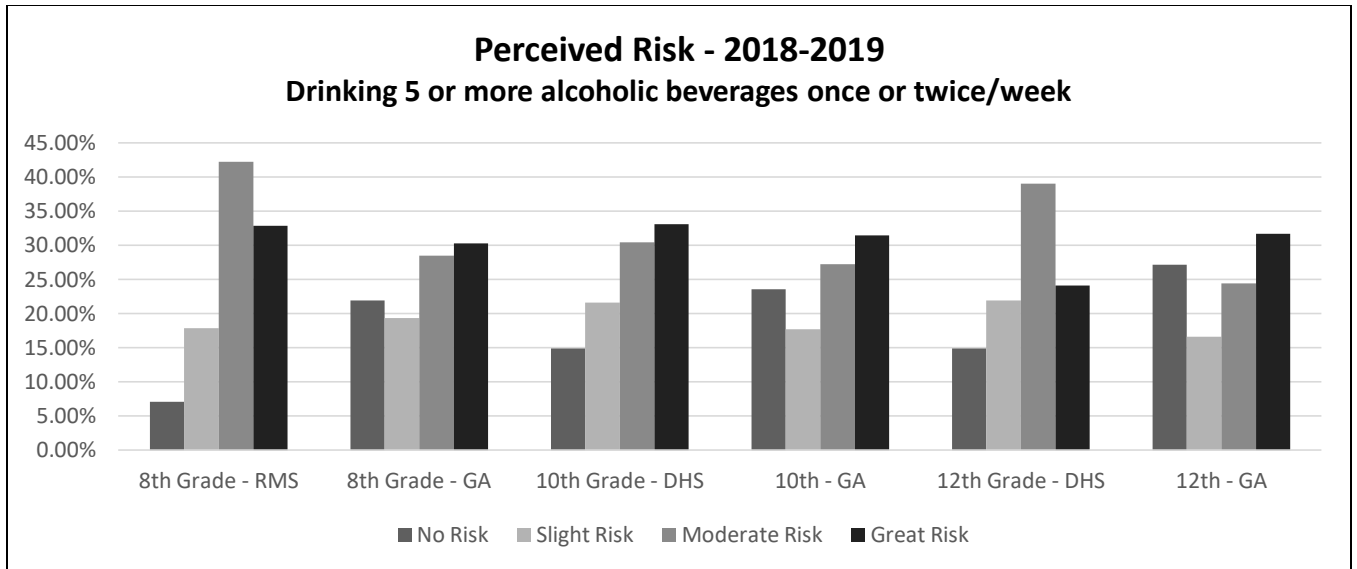
There continues to be a gap between the number of 12 grade students reporting they have consumed alcohol at DHS and the overall state data. In 2019/2020, 32.20% less students reported never drinking than the state data.

The majority of 12<sup>th</sup> graders reporting they have consumed alcohol indicated the age of onset was between 14 and 18 years of age inclusive.

The state of Georgia saw an increase in the number of students reporting they consumed alcohol versus DHS seeing a decrease. Both the state of Georgia and DHS 12<sup>th</sup> grade students most frequently selected 16 as the age of onset; GA = 7.43%, DHS = 18.09%.

**How much do you think people risk harming themselves, physically and in other ways, if they have five or more drinks of an alcoholic beverage once or twice a week?**





8<sup>th</sup> Grade: in 2019/2020, there were increases in RMS 8<sup>th</sup> graders believing there is no risk or slight risk involved when drinking five or more alcoholic drinks once or twice in a week. At the time RMS saw a decrease in 8<sup>th</sup> graders indicating this behavior are at a moderate or great risk of harming themselves.

State data indicates a decrease in 8<sup>th</sup> graders across the state believing people are putting themselves at great risk for harming themselves.

Both the state and DHS 10<sup>th</sup> Grade results had decreases in both no risk and great risk. And, both DHS and the state had an increase in moderate risk.

In 2019/2020, there was an increase in DHS 12<sup>th</sup> Grade students believing people are at moderate or great risk of harming themselves if they have five or more drinks of an alcoholic beverages once or twice a week. While DHS saw a decrease in those believing they were at no risk in harming themselves, the state saw an increase. Both DHS and the state saw increase in students believing there was great risk involved in this behavior.

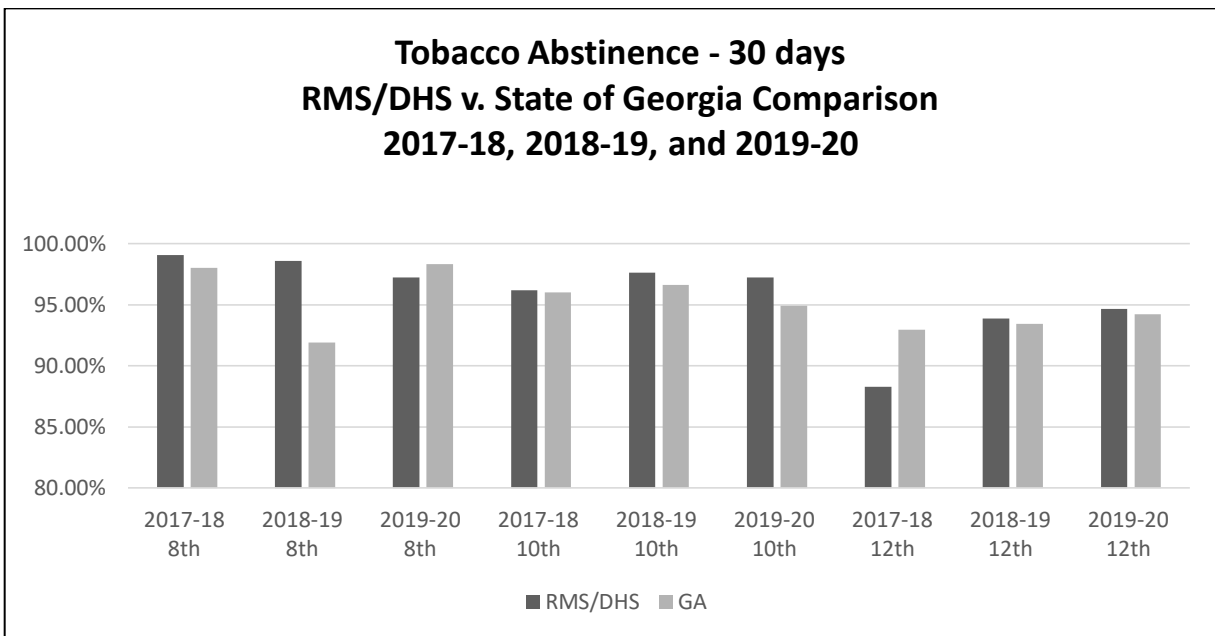
### **Tobacco**

There were slight changes in the students responses to questions related to smoking cigarettes. Fewer 8<sup>th</sup> and 10<sup>th</sup> graders reported abstaining compared to 2018 and 2019. The number of

students reporting they have never smoked a cigarette decreased across in 8<sup>th</sup> and 12<sup>th</sup> grades and slightly increased in 10<sup>th</sup> grade. The numbers for RMS and DHS are in line with the state's for 8<sup>th</sup> and 10<sup>th</sup> grade. However, the 12<sup>th</sup> grade is lower in the number never smoking.

**During the past 30 days, on how many days did you smoke cigarettes?**

*Abstinence from tobacco in last 30 days*



The number of RMS 8<sup>th</sup> graders reporting to have abstained from smoking cigarettes decreased again in 2019/2020. There was also a slight decrease with DHS 10<sup>th</sup> graders responding they abstained for the past 30 days. DHS 12<sup>th</sup> graders responded at a higher rate that they abstained.

When compared to the state results, DHS 10<sup>th</sup> and 12<sup>th</sup> grade abstinence rates were higher than the state and RFM 8<sup>th</sup> graders were slightly lower.

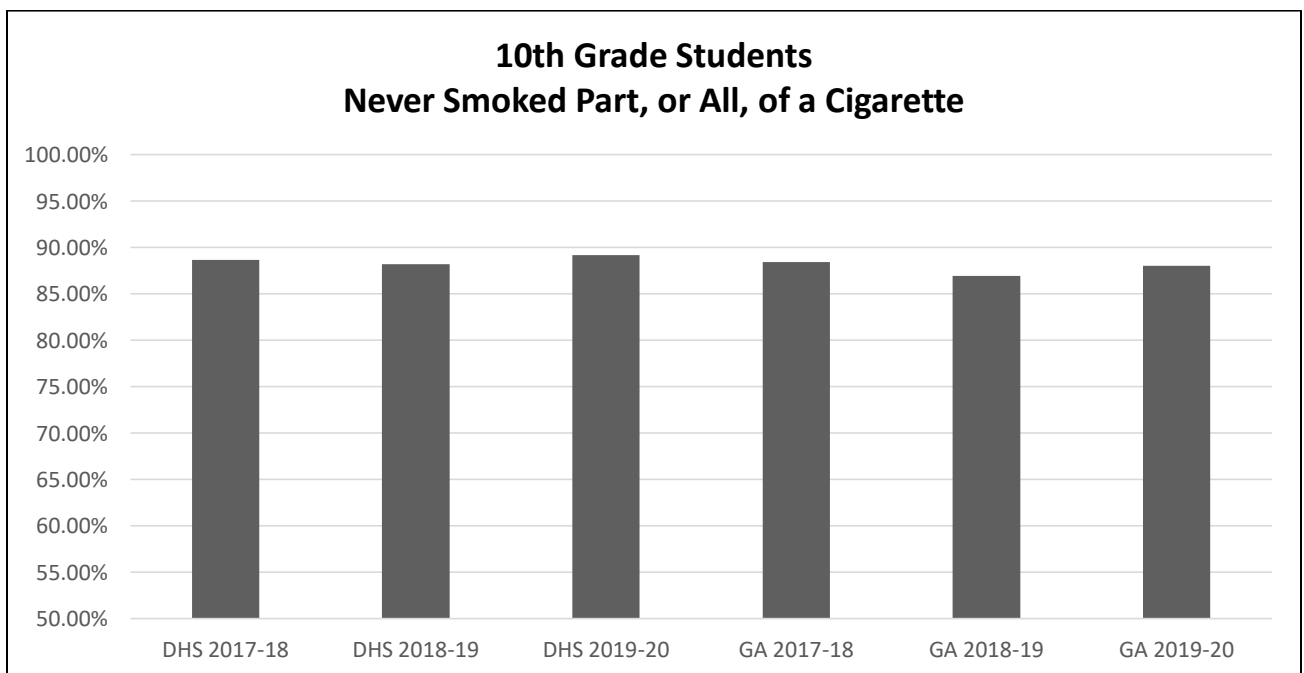
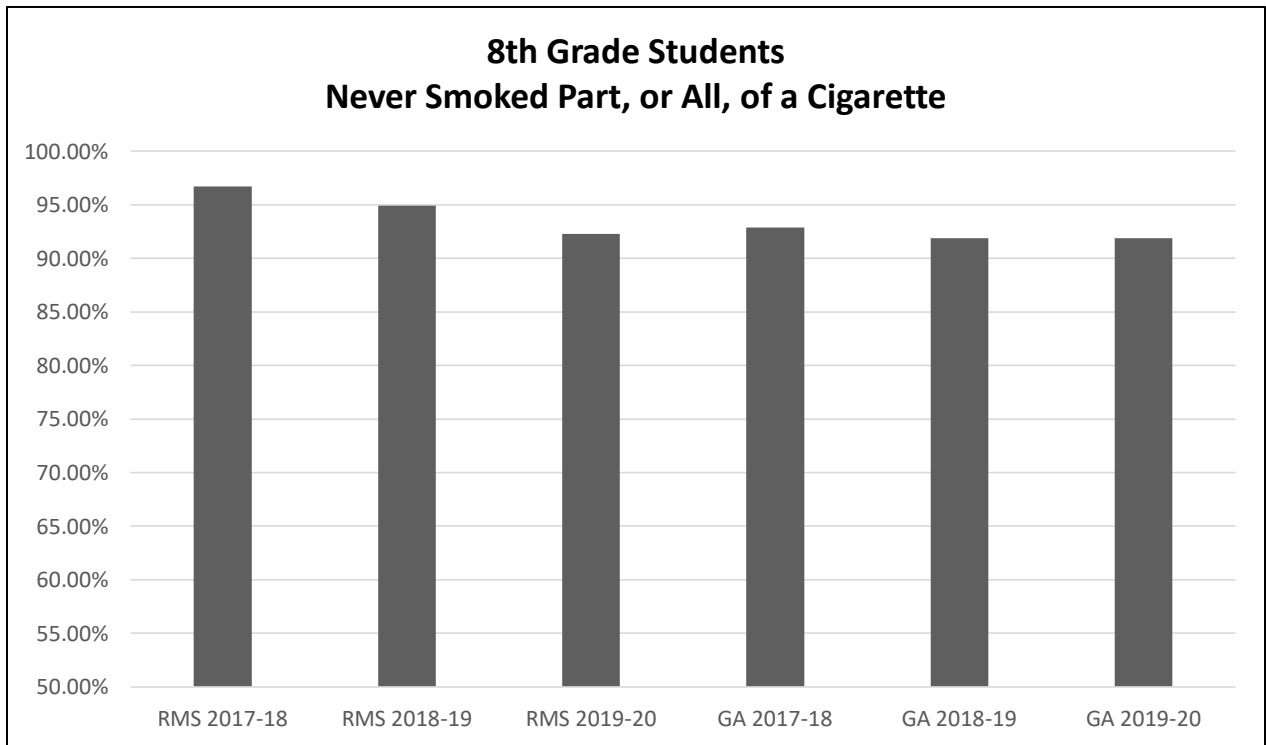
**How old were you the first time you smoked part, or all, of a cigarette?**

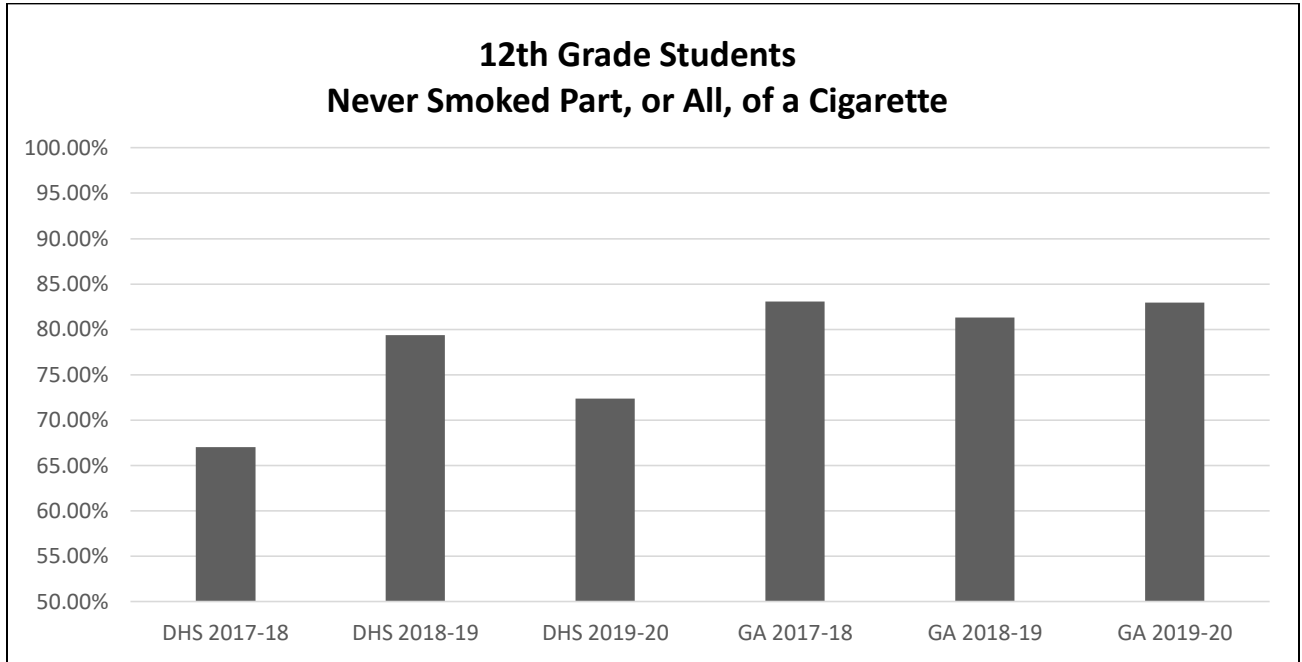
A decrease is noted of the number of 8<sup>th</sup> graders reporting they have never smoked part, or all, of a cigarette.



Both DHS and the state had slight increases in the number of 10<sup>th</sup> grade students reporting they have never smoked part, or all, of a cigarette.

DHS 12<sup>th</sup> graders had fewer students reporting they have never smoked part, or all, of a cigarette.





**8<sup>th</sup> Grade**

Age	RMS 2017-18	GA 2017-18	RMS 2018-19	GA 2018-19	RMS 2019-20	GA 2019-20
<b>Never</b>	97.82%	92.88%	94.90%	91.90%	92.27%	93.81%
<b>10 years or younger</b>	0.36%	2.90%	0.85%	2.77%	1.11%	2.06%
<b>11-13</b>	1.82%	3.50%	2.55%	4.19%	4.97%	3.43%
<b>14-18</b>	0.00%	0.74%	1.70%	1.14%	1.66%	0.71%

### 10<sup>th</sup> grade

Age	DHS 2017-18	GA 2017-18	DHS 2018-19	GA 2018-19	DHS 2019-20	GA 2019-20
Never	88.64%	88.44%	84.80%	86.93%	89.20%	88.79%
10 years or younger	3.03%	3.33%	2.03%	3.37%	0.62%	2.85%
11-13	2.27%	3.27%	3.04%	3.38%	4.02%	3.05%
14-18	6.07%	4.96%	10.14%	6.33%	6.17%	5.32%

### 12<sup>th</sup> Grade

Age	DHS 2017-18	GA 2017-18	DHS 2018-19	GA 2018-19	DHS 2019-20	GA 2019-20
Never	67.02%	83.04%	71.49%	81.29%	72.34%	83.23%
10 years or younger	5.85%	4.01%	1.32%	3.87%	2.13%	3.71%
11-13	2.12%	3.26%	3.07%	3.35%	2.66%	2.72%
14-18	25.01%	9.70%	24.13%	11.50%	22.88%	10.34%

From 2017-18 to 2018-19, both Decatur High School and the State saw an increase in 10<sup>th</sup> grade students reporting the age of fourteen (14). The age of onset most frequently reported for 2019/2020 10<sup>th</sup> graders was fifteen (15).

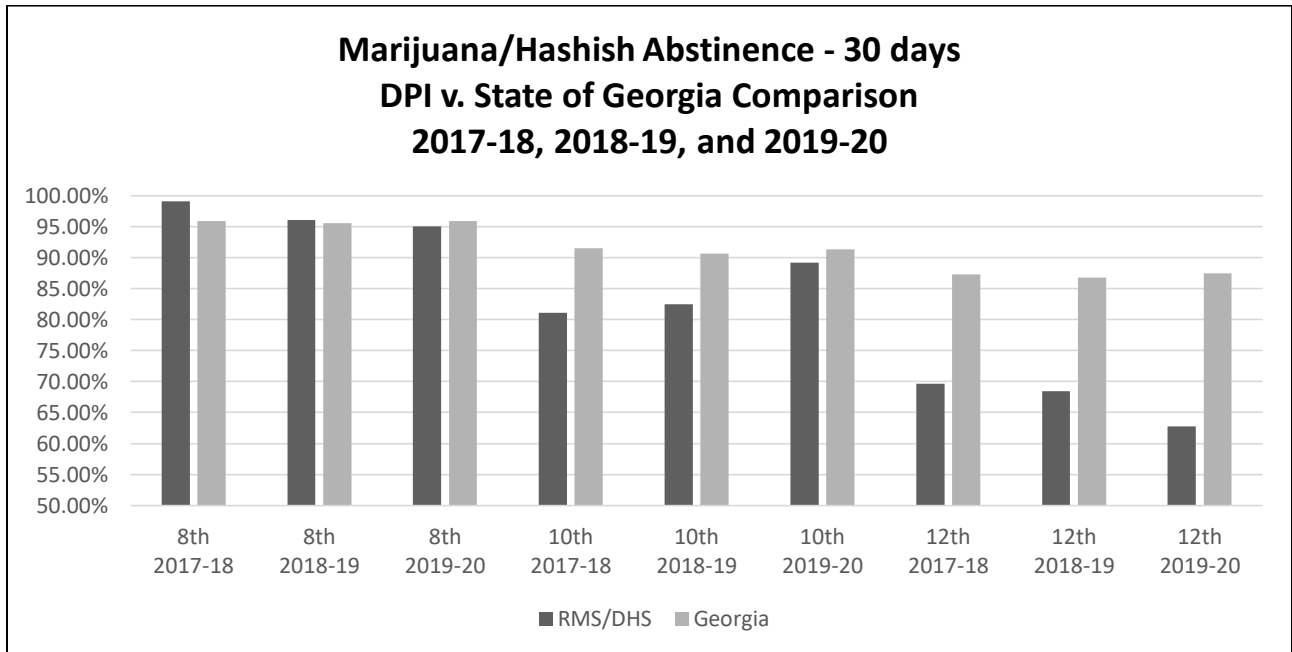
Decatur High School – 12<sup>th</sup> grade students reported more ages of thirteen and fourteen and less eight, fifteen, sixteen, and seventeen from 2017-18 to 2018-19. And, in 2019/2020, sixteen and seventeen tied for the age of onset.

## Marijuana

The data for 8<sup>th</sup> and 10<sup>th</sup> graders related to the use of marijuana or hashish is similar to the state data. The number of 12<sup>th</sup> grade students reporting to have abstained is considerably less than the state.

**During the past 30 days, on how many days did you use marijuana or hashish?**

*Abstinence from marijuana or hashish in last 30 days*



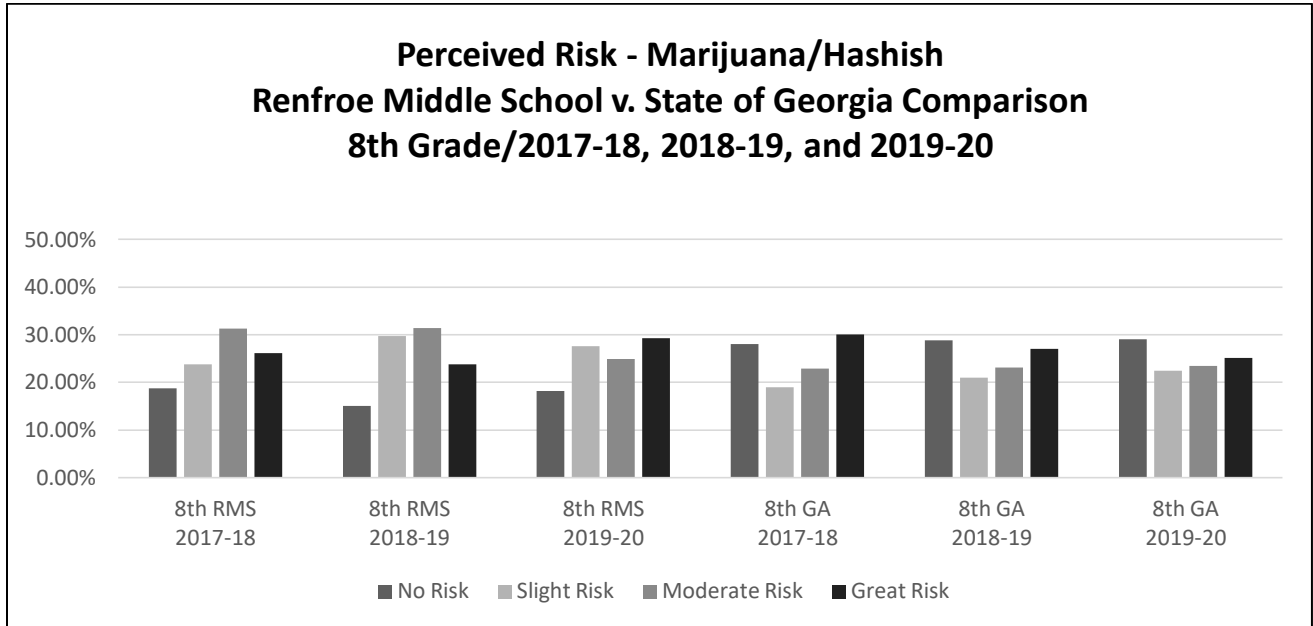
DHS/RMS responses saw a slight decrease in 8<sup>th</sup> and 12<sup>th</sup> graders reporting they abstained from smoking marijuana/hashish over the past 30 days. There was an increase in 10<sup>th</sup> graders reporting they abstained for the past 30 days.

The state of Georgia had slight increases in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders reporting they abstained from smoking marijuana /hashish for the past 30 days.

There is a distinct gap (-24.71%) between the number of 12<sup>th</sup> graders reporting they have abstained on the state's report versus DHS. The gap between the two has increased over the past three years.

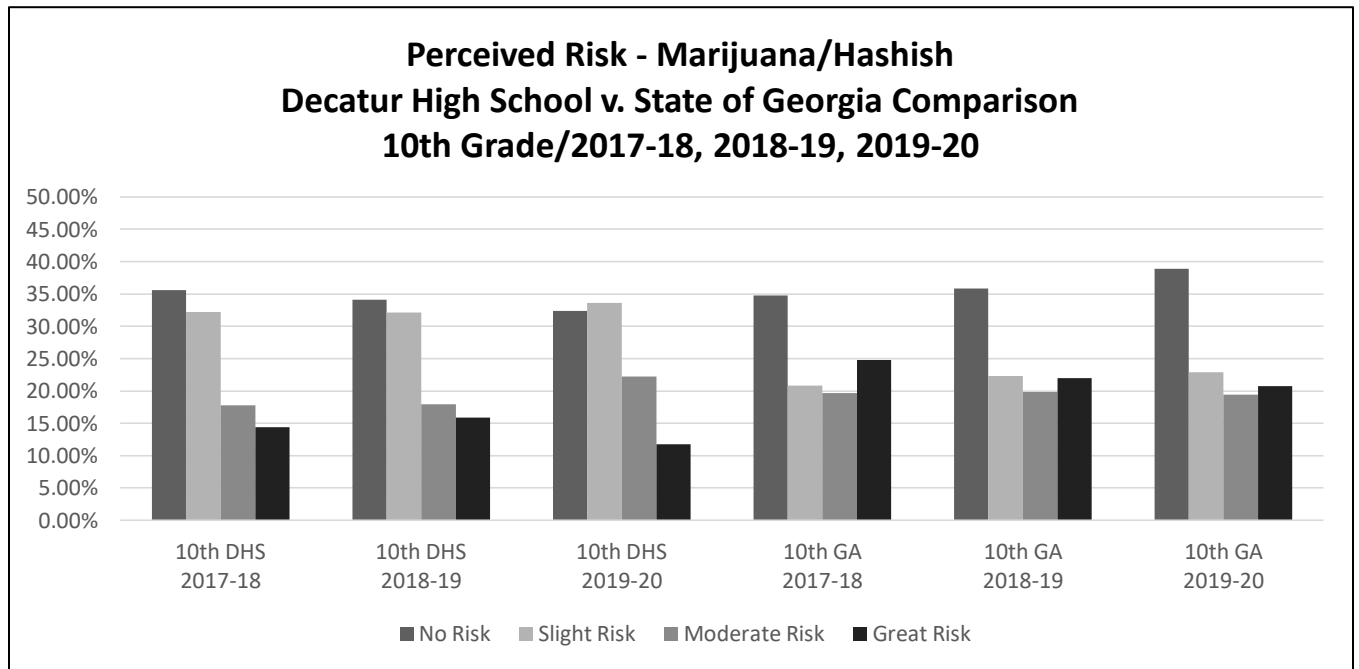
**How much do you think people risk harming themselves, physically and in other ways, if they smoke marijuana once or twice a week?**

**8<sup>th</sup> Grade Responses**



In 2019/2020, there was an increase in the number of 8<sup>th</sup> grade students responding that people put themselves at great risk of harming themselves, physically, and in other ways, if they smoke marijuana once or twice a week. At the same time, the state saw a slight decrease. Unfortunately, there was also a slight increase in the RMS 8<sup>th</sup> graders believing there is no risk involved with this behavior.

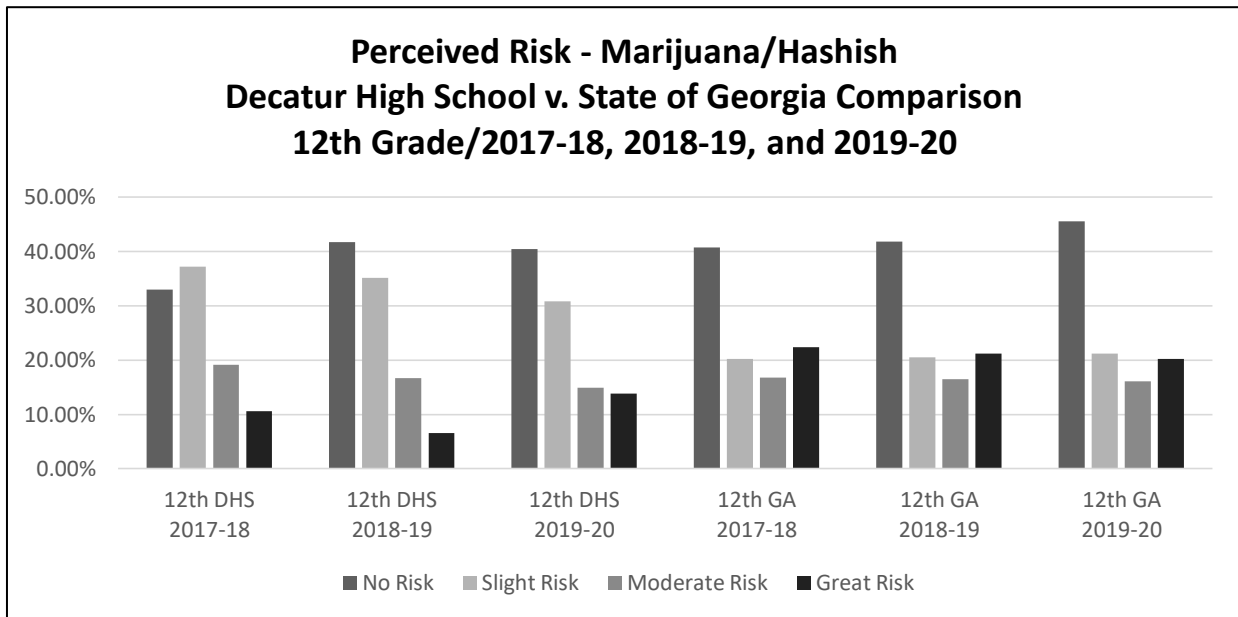
## 10<sup>th</sup> Grade Responses



For DHS 10<sup>th</sup> graders, there was a decrease in students reporting there is great risk involved with this behavior. However, there was also an increase in those indicating there was moderate risk involved and a decrease in those indicating no risk is involved.

The state percentage of students believing there is no risk involved increased and remained higher than the percentage of DHS students. DHS has a higher number of students believing there is slight or moderate risk involved.

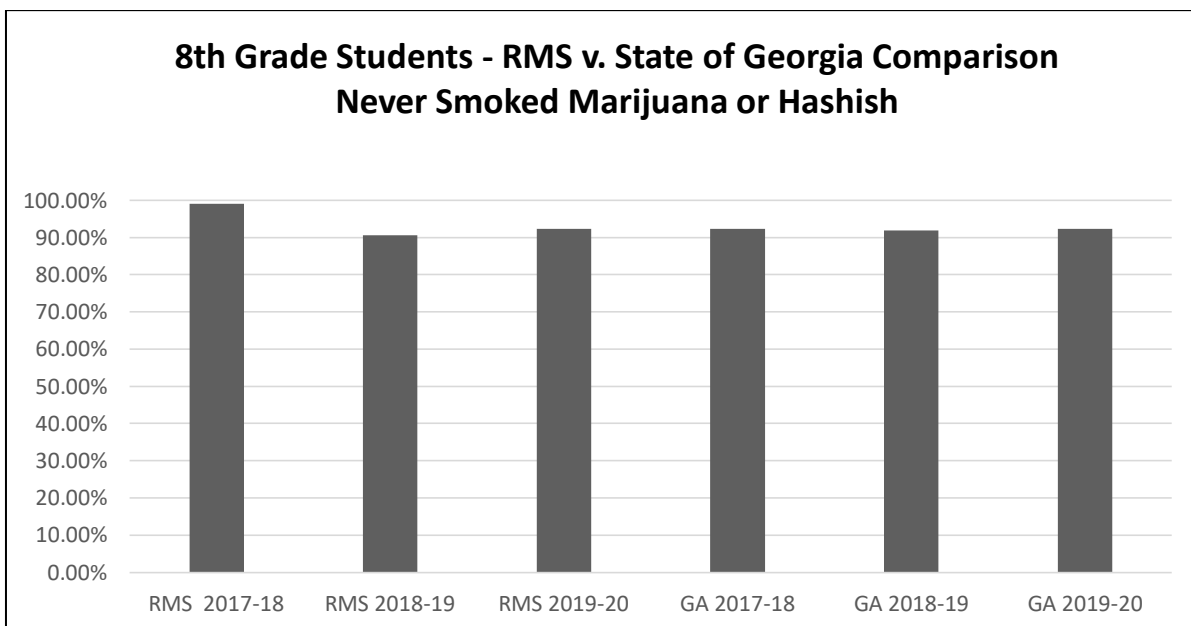
## 12<sup>th</sup> Grade Responses

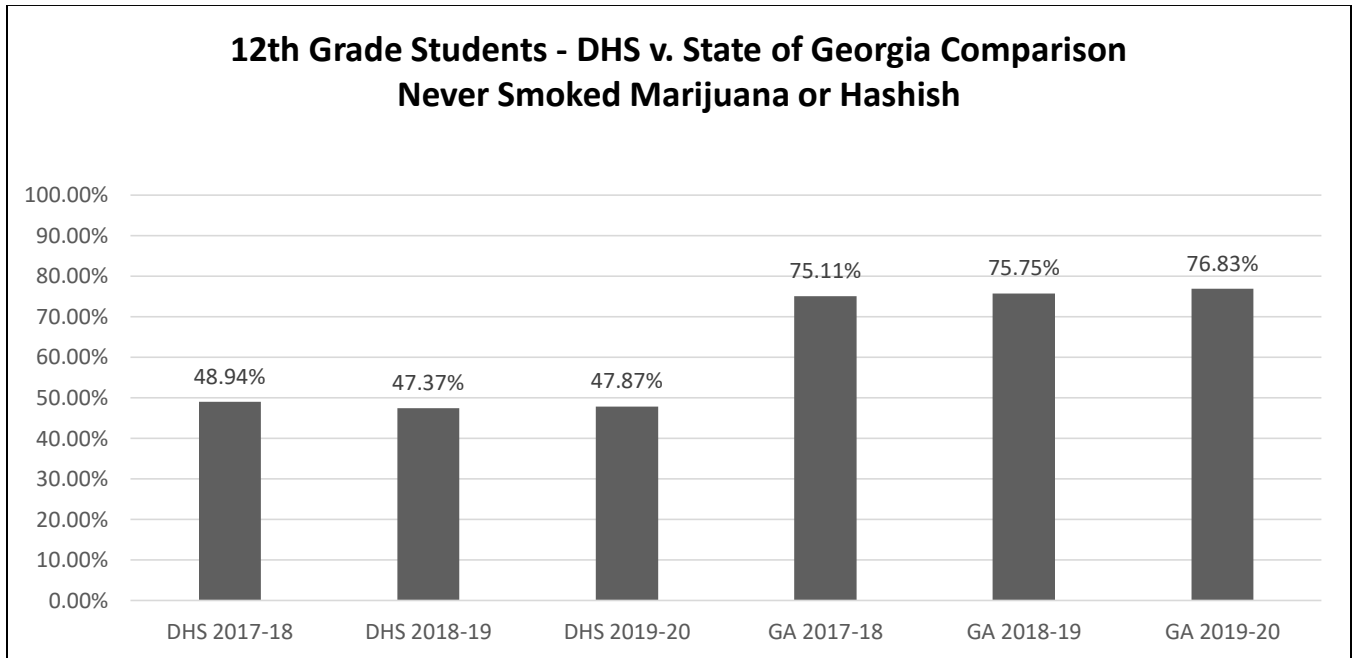
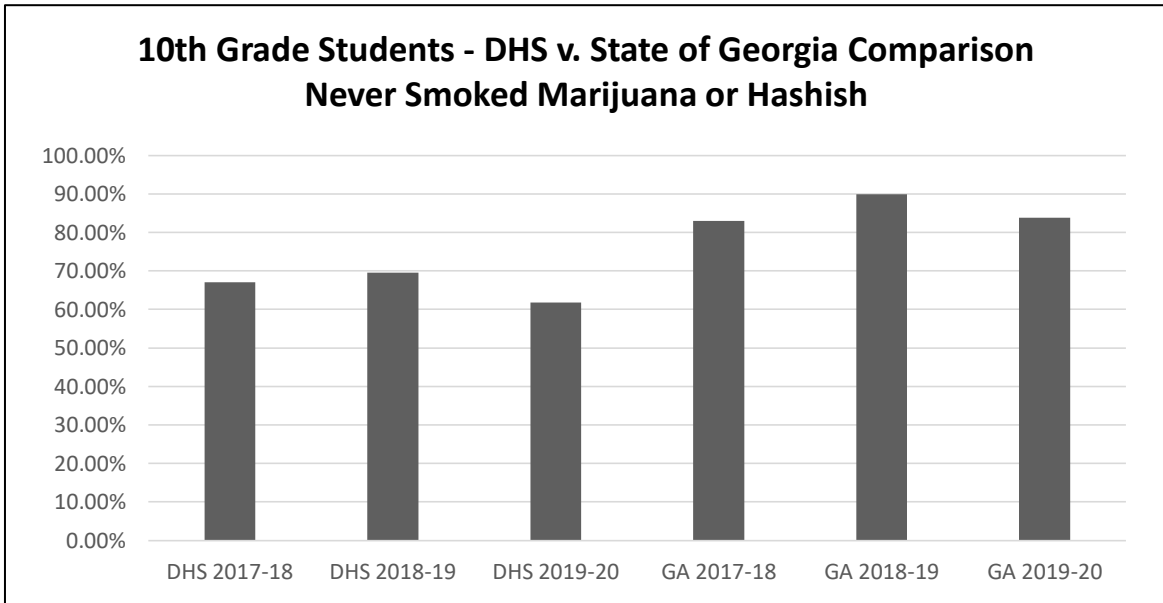


From 2018/2019 to 2019/2020, there was a slight decrease in the percentage of Decatur High School students believing there is no risk involved when smoking marijuana once or twice a week. There was also an increase in students indicating great risk is involved with the behavior.

The 2019/2020 state report indicates a higher number of students believing great risk is involved and no risk is involved than DHS students. The state saw an increase in students selecting no risk and a decrease in the great risk option.

### Students Reporting to have NEVER smoked marijuana or hashish





In 2019/2020, there was a slight increase in 8<sup>th</sup> graders reporting they have never smoked marijuana/hashish. Fewer DHS 10<sup>th</sup> graders reported to never have smoked marijuana/hashish in 2019/2020.



There continues to be a substantial difference in the overall state results v. DHS. DHS has 21.98% less 10<sup>th</sup> grade students reporting they have never smoked marijuana/hashish than the state.

DHS 12 graders had a slight increase in the number of students reporting they have never smoked marijuana or hashish. Also, DHS had 28.96% less 12<sup>th</sup> graders reporting they have never smoked marijuana or hashish than the overall 12<sup>th</sup> grade state result.

### **Prescription Drugs**

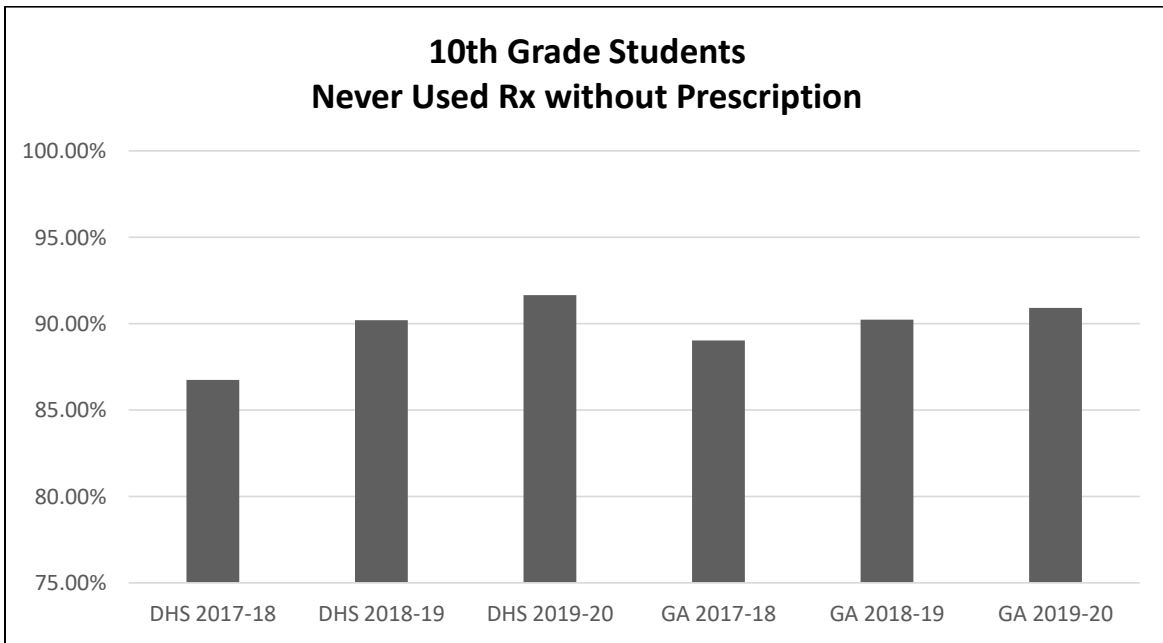
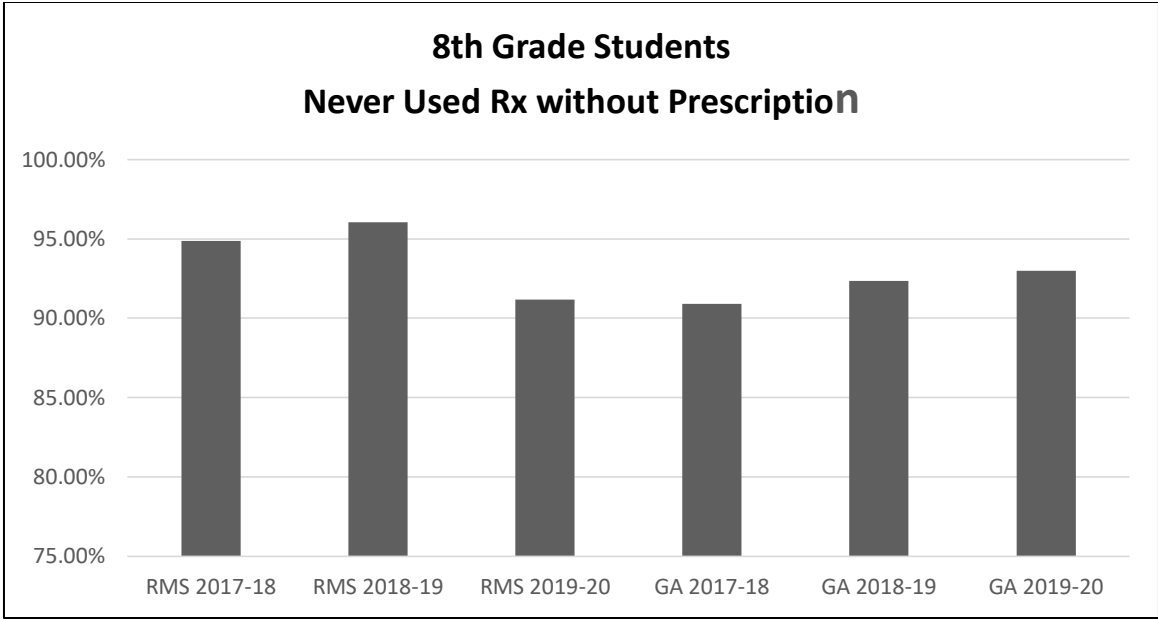
The 8th grade students reporting to have abstained decreased while 10<sup>th</sup> and 12<sup>th</sup> grade increased. Overall, the majority of students reported there is great risk involved with this behavior. Targeting middle school students might improve the numbers for 8<sup>th</sup> graders.

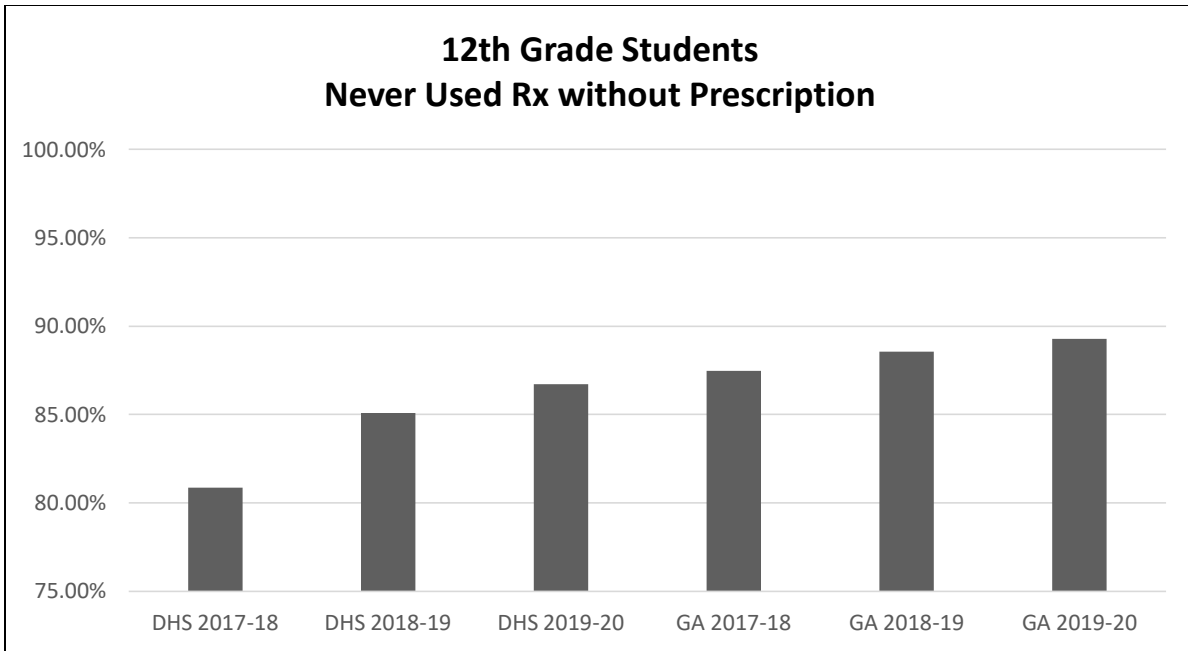
### **How old were you the first time you used prescription drugs without a doctor's prescription?**

In 2019/2020, fewer RMS 8<sup>th</sup> graders reported they have never used a prescription drug without a prescription while the state saw an increase.

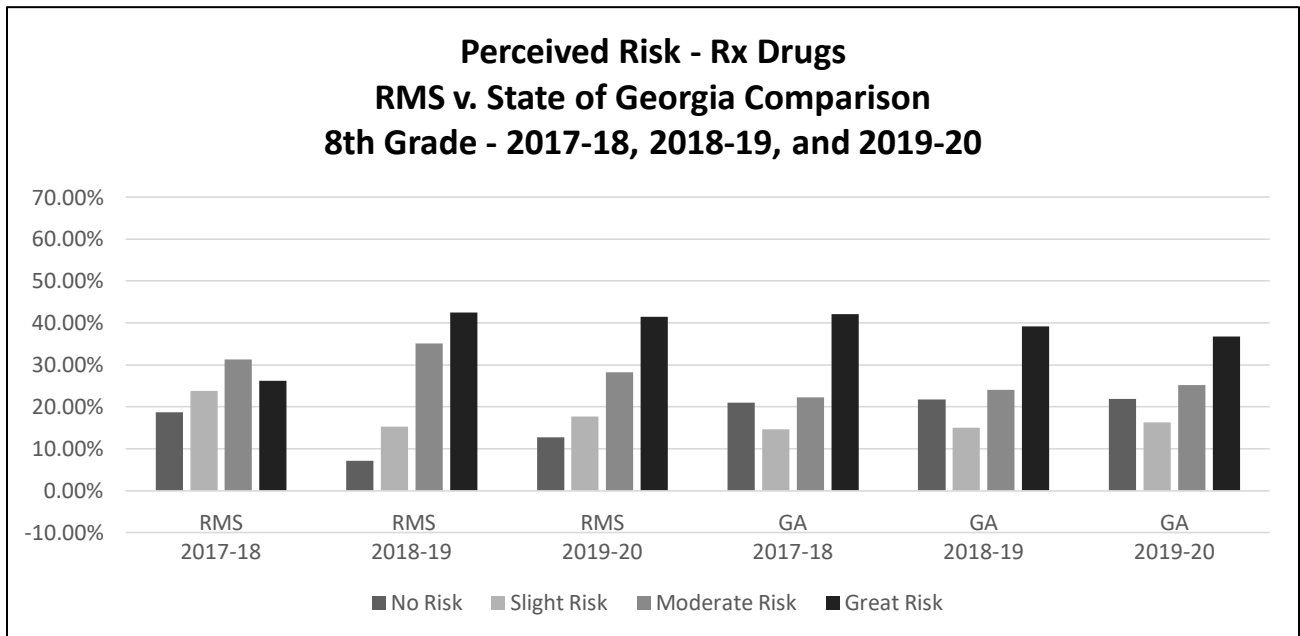
There was a slight increase in DHS 10<sup>th</sup> graders they have never used a prescription drug with a prescription. Most reported age of onset was fifteen (15) years.

In 2019/2020, DHS again saw an increase in the number of 12<sup>th</sup> grade students reporting they have never used a prescription drug without a prescription. The state averages continue to be higher for students reporting they have never used a prescription drug without a prescription. Sixteen (16) was the most frequently selected age for initial use.





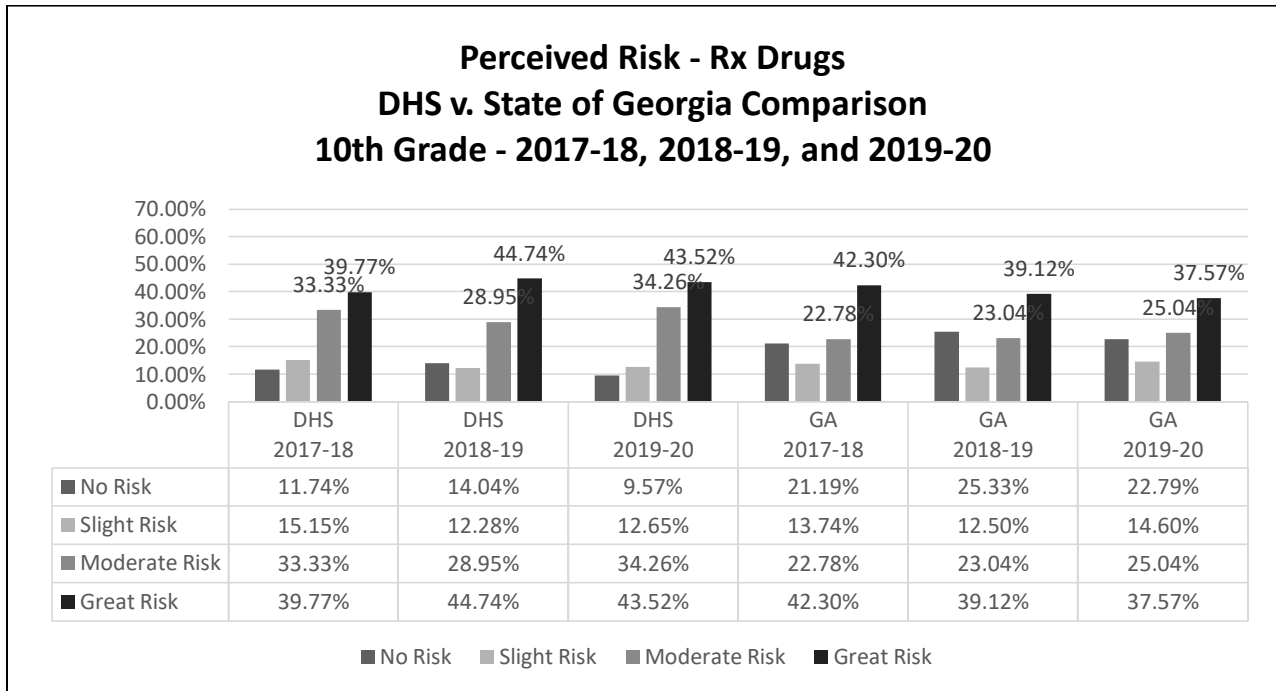
**How much do you think people risk harming themselves, physically and in other ways, when they use prescription drugs without a doctor's prescription?**



In 2019/2020, there was a decrease in RMS 8<sup>th</sup> graders believing people put themselves at great risk or moderate risk when using prescription drug without a doctor's prescription.

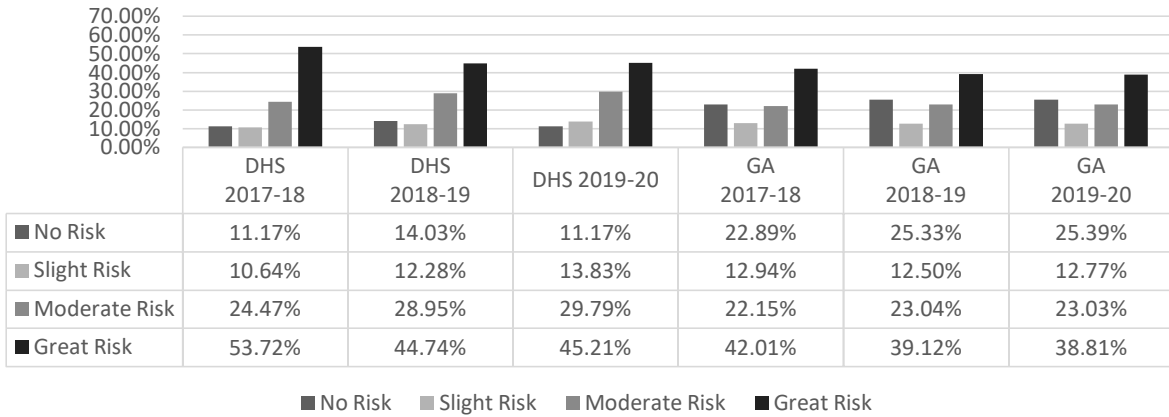
Unfortunately, there was an increase in those reporting there was no risk or slight risk involved

in this behavior compared to 2018. The state saw a decrease in those believing there is great risk involved.



From 2018/19 to 2019/20 Decatur High School saw a slight decrease in the percentage of 10<sup>th</sup> grade students thinking people are at a greater risk for harming themselves when using prescriptions drugs without a doctor’s prescription. However, there was also a small decrease in those thinking there is no risk involved. The state reported decreased in the great risk and no risk options.

**Perceived Risk - Rx Drugs  
DHS v. State of Georgia Comparison  
12th Grade - 2017-18, 2018-19, and 2019-20**



In 2019/2020, the percentage of DHS 12<sup>th</sup> grade students thinking people are at a great risk, moderate, and slight risk for harming themselves when using prescriptions drugs without a doctor’s prescription increased for DHS. Most students still think there is a great risk involved with this behavior.

**Electronic Vapor Products**

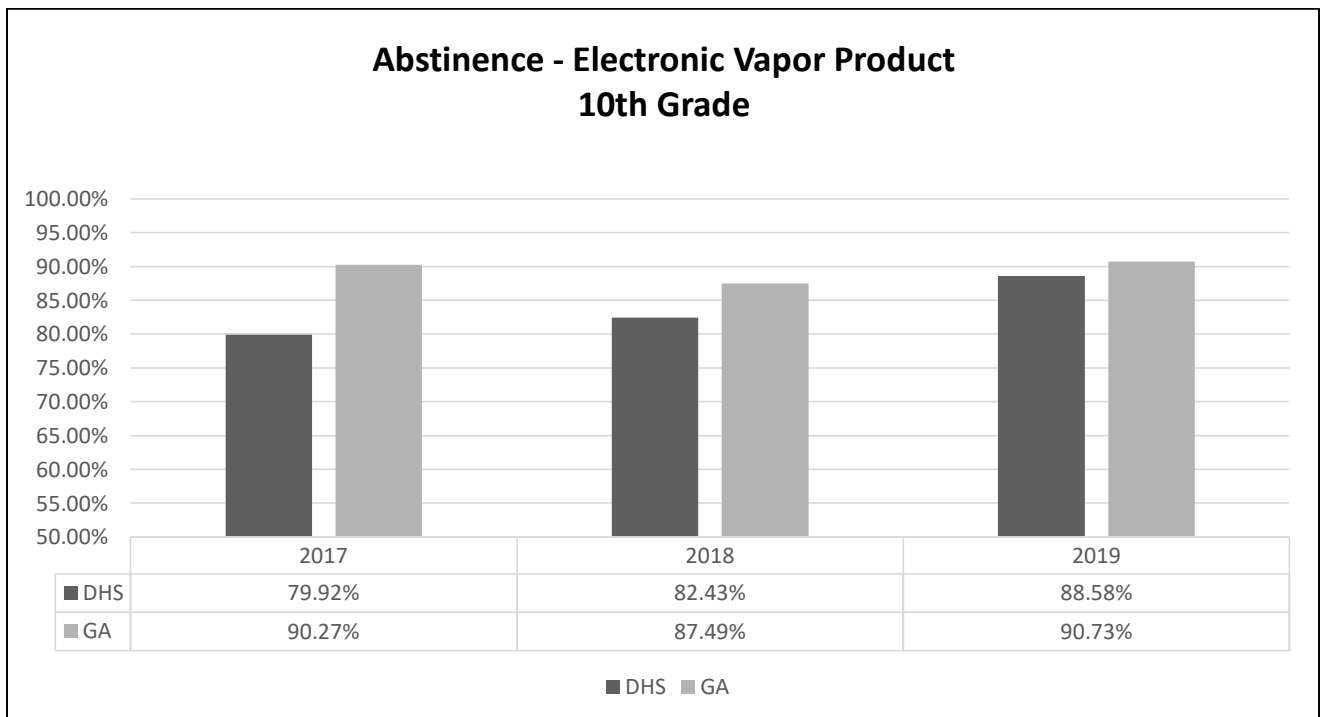
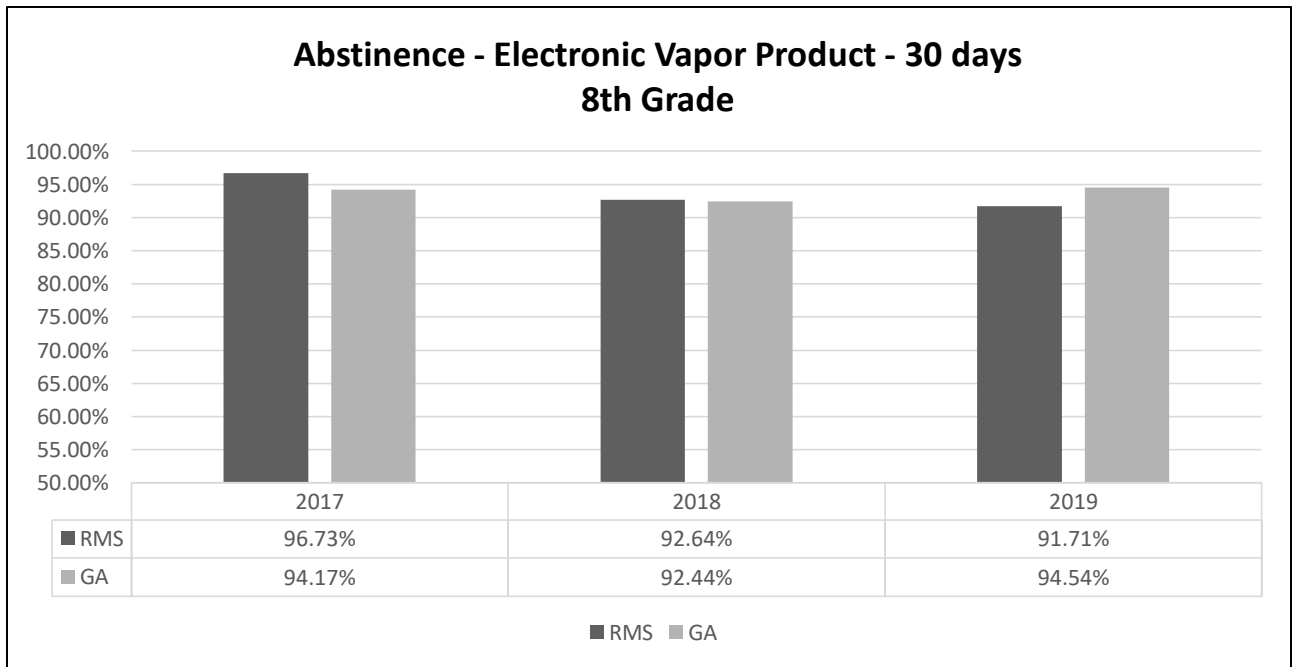
Increases in abstinence for 10<sup>th</sup> and 12<sup>th</sup> graders, but a decrease in 8<sup>th</sup> graders reporting they abstained from smoking an electronic vapor product.

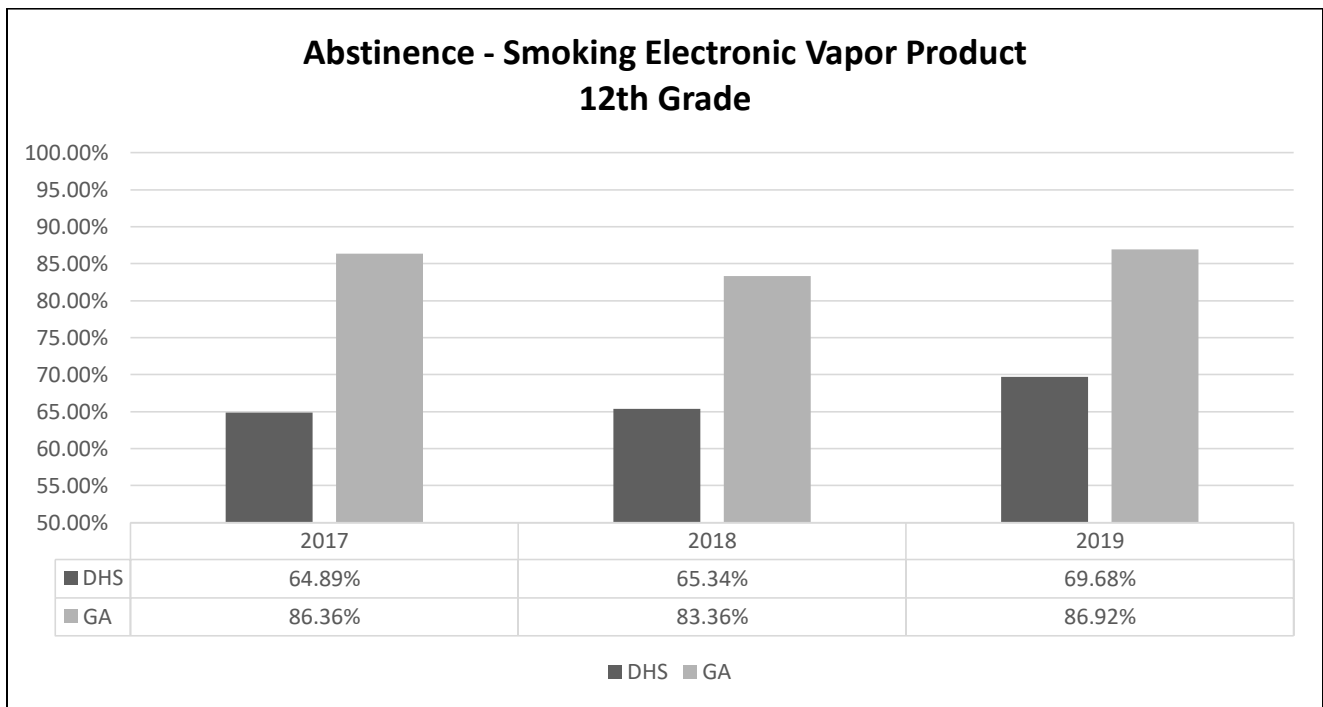
**During the past 30 days, on how many days did you smoke an electronic vapor product?**

2019/2020 saw a decrease in the number of RMS 8<sup>th</sup> graders reporting that have abstained from smoking an electronic vapor product in the past 30 days.

There was an increase in DHS 10<sup>th</sup> and 12<sup>th</sup> graders reporting they have abstained from using an electronic vapor product in the past 30 days. There was an increase from 64.89% in 2012/2018 to 69.68% in 2019/2020.

2019/2020 results show a difference of 17.24% between the number of 12<sup>th</sup> graders abstaining between DHS and the state. DHS had 69.69% of 12<sup>th</sup> grade students reporting they were abstinent for the past 30 days, whereas the state had 86.92%.





**Important COVID-19 Related Research**

The Stanford School of Medicine recently led researches in a timely study investigating the relationship between vaping, smoking cigarettes, and COVID-19. The full study was published in the Journal of Adolescent Health in August 2020. Participants were youths and young adults ages 13 – 24 from diverse background.

The research concluded that: “COVID-19 is associated with youth use of e-cigarettes only and dual use of e-cigarettes and cigarettes, suggesting the need for screening and education.”

**Key Information:**

- Action Item/Education: “Teens and young adults need to know that if you use e-cigarettes, you are likely at immediate risk of COVID-19 because you are damaging your

lungs,” said the study’s senior author, Bonnie Halpern-Felsher, PhD, professor of pediatrics.”

- Findings
  - "Young people who had used both cigarettes and e-cigarettes in the previous 30 days were almost five times as likely to experience COVID-19 symptoms, such as coughing, fever, tiredness and difficulty breathing as those who never smoked or vaped.”
  - “Among the participants who were tested for COVID-19, those who had ever used e-cigarettes were five times more likely to be diagnosed with COVID-19 than nonusers. Those who had used both e-cigarettes and conventional cigarettes in the previous 30 days were 6.8 times more likely to be diagnosed with the disease.
  - “The researchers did not find a connection between COVID-19 diagnosis and smoking conventional cigarettes alone, perhaps because the prevalent pattern among youth is to use both vaping devices and traditional cigarettes. Other research has shown that nearly all nicotine-using youth vape, and some also smoke cigarettes, but very few use cigarettes only, Halpern-Felsher said.”

The full study can be found in the [Journal of Adolescent Health](https://www.jahonline.org/action/showPdf?pii=S1054-139X%2820%2930399-2) here:

<https://www.jahonline.org/action/showPdf?pii=S1054-139X%2820%2930399-2>



## Appendix C

Decatur Prevention Initiative Narcan Training- CPAW

3-Mar-20

	Excellent	satisfactory	Unsatisfactory	No Response
1. Please rate the speaker in terms of your expectations.	12	0	0	0
2. The length of the presentation was:	9	3	0	0
3. How would you rate the quality of the information presented?	12	0	0	0
4. Were your questions answered to your satisfaction?	Yes	No	No Response	
	11	0	1	
5. Do you feel that after this presentation you could administer Narcan?	12	0	0	
6. Overall, how would you rate the quality of this presentation?	Excellent	satisfactory	Unsatisfactory	No Response
	10	1	0	1
Additional Comments:	So needed. Would be great for DPN presentation.			
	Very informative			
	Amazing!! Go everywhere please			
	Excellent-training- Information given necessary to be able to help a life			
Gender:	Male	Female	Other	No Response
	4	8	0	0
Race:	Black	White	Hispanic	Other
	5	7	0	0
Age:	12 to 18	19 to 25	26 to 40	41 to 55
	0	0	4	5
	56+	No Response		
	3	0		
Zip Code where you live	30030	30032	30084	No Response
	2	1	1	4
	30044	30034	31210	
	1	1	1	

Work\Professional Affiliation	DPI
	Healthcare consultant
	Retired
	Youth
	City schools of Decatur
	Non profit
	Preventionist
	Professional Driver -CDL
	YMCA

## Appendix D

FY -20

DPN Safe Homes

1. How would you rate the overall event?	0	Could have been better
	6	Good
	14	Excellent
	0	No Answer
2. How would you rate the presentation?	0	Could have been better
	5	Good
	15	Excellent
	0	No Answer
3. How relevant was the topic to your efforts to support Decatur's children?	0	Not relevant
	1	Somewhat relevant
	19	Very relevant
	0	No Answer
4. Did the presentation make you less or more likely to be involved with Decatur Parents Network?	0	Less likely
	5	A little more likely
	14	A lot more likely
	1	No Answer
5. What would you recommend to improve this event?	Printed list of assets to take home	
	Solutions, ways to deal with situation	
	I could not find the time of the event on the website	
	More time	
	Ability to get emails, addresses and phone numbers from other parents of same age children	
	Lawyer or police to answer legal questions	
	Maybe handout to give to spouse	
	Didn't do groups-it could be good	
	This was one of the better ones!	
6. Please list any topics or speakers you would like to suggest for future events:	Pam McNall with Respectful ways online character curriculum	
	I would love to see book groups	
	Anything on teens	
	Difference between social use and self medicating	

	Technical assistance with apps and software controls	
	SEX. There seem to be much more casual attitude with teens and "dick" pics all treated as normal. Boys send to girls and ask for similar pics back.	
7. Additional comments/feedback:	Parents need to talk to each other frequently to form a true network and community	
Grades of children:	1	Kindergarten
	2	1st grade
	1	2nd grade
	0	3rd grade
	4	4th grade
	3	5th grade
	6	6th grade
	4	7th grade
	6	8th grade
	1	9th grade
	10	10th grade
	3	11th grade
	1	12th grade
20 surveyed		

DPI - CPAW Organization Information Survey: Tobacco Strategy

1. Please name the agency or organization you represent.

2. Please identify the governmental or private entity that you agency reports to for fiscal funding and/or decision making.

3. Does your agency have a tobacco, smoking or vaping policy? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes would you be willing to share it? Yes\_\_\_\_\_ No\_\_\_\_\_

Name \_\_\_\_\_ Contact Number\_\_\_\_\_