



Street Smart Youth Project End of the Year Report January 1, 2019 – December 31, 2019

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SSYP 2019 End of Year Report

Introduction

Introduction

Street Smart Youth Project (SSYP), Inc. is an independent 501(c)3 community-based youth development organization that offers a myriad of services to youth and young adults residing in under resourced communities primarily in DeKalb and Fulton Counties. All programs endeavor to facilitate healthy transitions to adulthood. Specific interventions include evidence-based prevention and early intervention curricula targeting HIV/STD and substance use, academic support and enrichment, vocational skills building, mentoring and the provision of alternative activities for youth. Critical factors to consider with youth served include transient nature of the population, behavioral problems which lead to in-school and out of school suspensions, and general attendance trends. SSYP acknowledges the impact of these issues and implements strategies inside and outside of the group setting, which seek to increase engagement by providing more in-depth individual level interventions. SSYP also provides outreach, advocacy and referral services; community engagement, professional development and capacity building; as well as environmental strategies and information dissemination. This report summarizes SSYP activities and services from January 1, 2019 through December 31, 2019.

Evidence-Based Prevention Program Summaries

In 2019, Street Smart Youth Project (SSYP) staff implemented four evidenced-based programs for HIV, STD, substance use, violence, and pregnancy prevention to youth: Being a Responsible Teen (BART), Focus on Youth (FOY), and Botvin LifeSkills Training (LST) for high school youth and Botvin LifeSkills Training (LST) for parents. *Evidence-based program criteria:* the BART and FOY interventions are effective when youth participants attend at least 5 out of 8 sessions. The interventions are considered evidence-based when this criterion is met.

This report summarizes program fidelity, participant demographics and changes in behavior and youth knowledge. In addition, a summary of qualitative data gathered from focus groups held with youth/young adults and their caregivers is provided, as well as a summary of phone interviews from current and past participants. A summary of the outcomes is provided below:

Becoming A Responsible Teen (BART)

- Of the students who had matching pre- and post-tests (n = 28), 75.0% made significant gains.
 - This gain indicates the effectiveness of the intervention when implemented with ideal dosage and fidelity.
 - In addition, the overall percentage of items correct on the BART instrument increased from 59.3% on the pre-test to 70.2% on the post-test (an increase of 10.9 percentage points) among matched participant responses.

- The percentage of BART participants who reported that they intended to get tested for both STDs and HIV increased from pre to post-test (an increase of 23.9 percentage points for STDs; and an increase of 23.0 percentage points for HIV).
- When asked if they knew where to go for various services related to sexual health, there was a 10.8 percentage point increase among BART participants reporting that they knew where to get help if they were pregnant or had gotten someone pregnant; a 7.1 percentage point increase in those reporting to know where to get access to the morning after pill; and a 7.1 percentage point increase among participants reporting to know where to go to get help if they thought that they might have HIV or another STD from pre- to post-test.
- When asked how likely they would be to use a condom to protect themselves in the next six months, the percentage of respondents reporting that they do not plan to have sex in the next six months increased from 35.7% on the pre-test to 42.9% on the post-test. In addition, the percentages who reported that they were undecided/not sure and those reporting that they were unlikely to use a condom within the next six months decreased. Just over seven percent (7.1%) provided the “undecided” response on the pre-test, no participants provided this response on the post-test; and those reporting they were unlikely or very unlikely to use a condom decreased from 17.8% on the pre-test to 3.6% on the post-test.
- Most BART participants indicated that they enjoyed learning new information about sex and/or how to protect themselves from contracting HIV and other STDs. Several students mentioned that they liked the following: the candy, the activities, group discussions, demonstrations of how to use a condom, and the content of the material covered, in general.
- Most BART participants noted that they had no suggestions for improvement and liked the program; several students remarked that it was “perfect” or “amazing,” and one participant stated that SSYP was a good organization. Students who did provide feedback gave the following suggestions for improvement: “going more in depth on HPV”; “more activities and food”; “go more places around the city”; and “get the kids involved with a video.”
- The majority of BART participants (82.1%) reported that there was nothing that made it hard to protect themselves from getting HIV or other STDs, but a couple of participants listed “peer pressure” and “hormones.”
- Youth engagement was reported to be high at BART sessions. Facilitators reported that most youth were engaged for three-fourths of the sessions (75.0%). For the remaining 25.0% of sessions, staff reported that all youth were engaged.

Focus On Youth (FOY)

- Of the students who had matching pre- and post-tests (n = 65), 66.2% made significant gains.
 - This gain indicates the effectiveness of the intervention when implemented with ideal dosage and fidelity.

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Introduction

- In addition, the overall percentage of items answered correctly on the FOY instrument increased from 68.1% on the pre-test to 87.4% on the post-test (an increase of 19 percentage points) among matched participant responses.
- The percentage of FOY participants who reported that they intended to get tested for both STDs and HIV increased from pre to post-test (a 10.1 percentage point increase for STDs; and a 15.4 percentage point increase for HIV).
- From pre- to post-test, when asked if they knew where to go for various services related to sexual health, there was a 12.3 percentage point increase among participants reporting that they knew where to get help if they were pregnant or had gotten someone pregnant; a 29.2 percentage point increase in those reporting to know where to get access to the morning after pill; and a 20.0 percentage point increase among participants reporting to know where to go to get help if they thought that they might have HIV or another STD.
- When asked how likely they would be to use a condom to protect themselves in the next six months, pre and post-test responses were similar for those reporting that they were not planning to have sex in the next six months (a little over 87% on both the pre and post-test) and those reporting to be undecided/unsure (a little over 3% on both the pre and post-test). Only one participant reported that they would be unlikely to use a condom in the next six months on the pre-test, and no participants reported that they would be unlikely to use a condom within the next six months on the post-test.
- The majority of participants indicated that they felt “very comfortable” (70.8%) or “somewhat comfortable” (20.0%) participating in the FOY program. The majority of participants said that they would recommend the program to their friends (87.7%) (one additional participant said no; seven participants didn’t answer the question).
- FOY participants were asked what they liked best about participating in FOY, as well as suggestions for improvement. Most participants indicated that they had fun and enjoyed learning new information about sex and/or how to protect themselves from contracting HIV and other STDs, the activities, the facilitators, and discussing the information in a non-judgmental group setting.
- Most students also answered no when asked if there was anything that made it hard for them to protect themselves from getting an STD, in most cases because they were not sexually active. A couple of students stated that they did not understand the question or didn’t know. Among the students who indicated difficulties, “peer pressure” was mentioned, along with “rape” without a condom, and the reduction in sensation that wearing a condom causes.
- Overall, the youth were very engaged during the FOY sessions as reported by facilitators. For the majority of sessions (89.4%), facilitators reported that all youth (51.1%) or most youth (38.3%) were engaged. Some youth were reported to be engaged at the remaining 10.6% of sessions.

BOTVIN/LifeSkills Training

- Almost all of the Life Skills participants reported that they had never used alcoholic beverages or marijuana. None of the participants reported binge drinking, but one person reported prescription drug use within the last 30 days on both the pre- and post-test. Additionally, two people reported alcohol use in the past 30 days on the pre- and post-test, and one person reported using an electronic vapor product one day out of the last month on the pre-test.
- The majority of Life Skills participants on both the pre- and post-tests reported that they had not used marijuana in the past thirty days; however, three people reported marijuana use ranging from 1-15 days within the last month on both the pre-test and post-test.
- Although the majority of Life Skills respondents reported that they had never used alcohol, among the participants who had used alcoholic beverages, the reported age of first use ranged from 0-17 years old on the pre-test with an average age of 12.8 years (not including the zero responses).
- The majority of Life Skills participants also indicated that they had never used marijuana. Among the participants who reported that they had used marijuana, the reported age of first use ranged from 0-18 on the pre-test, with an average age of 14.4 years (not including the zero responses).
- Over 50% of the Life Skills participants indicated that they found it hard or very hard to obtain alcohol on the pre-test and post-test. When asked how easy it was to obtain marijuana, less than half of respondents reported that it was hard or very hard to obtain on the pre-test and the post-test.
- A large proportion of pre-and post-test Life Skills participants agreed or strongly agreed that adults in their life think that drinking alcohol, getting drunk, and smoking marijuana are wrong for young people their age.
- The majority of Life Skills participants disapproved or strongly disapproved of someone their age having one or two alcoholic beverages nearly every day. One-third of pre-test and post-test respondents neither approved nor disapproved of someone their age having one or two alcoholic beverages nearly every day. Less than half of pre-post-test participants disapproved or strongly disapproved of someone their age using marijuana once a month or more, and over one third of participants neither approved nor disapproved.
- The majority of pre-post-test participants believe that people consuming five or more alcoholic beverages once or twice per week have great or moderate risk of harming themselves.
- When asked whether they would engage in various illegal behaviors “if they knew they would not get caught,” Life Skills participants mostly indicated that they would not drink alcohol, binge drink, or smoke marijuana. Just under three-fourths of participants indicated that they would not drink alcohol if they knew they would not get caught; over three-fourths of participants indicated that they would not binge drink; and over half indicated that they would not smoke marijuana.

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Activity Snapshot Data Summary

- SSYP provided services to 775 people in 2019. Most of these individuals participated in community outreach/engagement & capacity building (56.0%) and evidence-based programs (29.3%). Other types of services offered included alternative activities for youth (7.6%), and youth and young adult intervention services (7.1%).
- 461 youth and young adult intervention services were provided to 55 individuals.
- Fifty-nine youth made a total of 1223 visits to the drop-in center. The number of visits per participant ranged from 1-93, with the average number of visits equal to 23.4. The drop-in center was open 120 days and averaged 10 youth/day.
- Between the dates of January 1 and December 31, 2019, 49 community outreach activities were conducted.
- Seven SSYP staff participated 14 professional development trainings totaling 46 hours. Four interns participated in seven trainings, receiving a total 16 hours of professional development.

Qualitative Data Summaries

Youth/Young Adult Focus Groups

- Youth participants stated that they learned about SSYP through family members (e.g., sister, parent), being at the @Promise Center, or from an adult or peer at school. Youth participants indicated that they mostly enjoyed the program. They enjoyed learning and experiencing new things such as the outreach program giving back to the homeless population.
- Youth participants indicated that they learned directly and indirectly from staff members about ways to be healthy and make healthy choices. Youth indicated that they mostly would like to learn about ways to build themselves mentally, spiritually, and emotionally.
- Youth participants indicated that they dealt with a lot of challenges in the home and community, and they actively avoid negative influences. Youth indicated that they appreciate SSYP being a space to get away from home as needed.
- Youth participants indicated that they enjoyed the programs SSYP provided, mostly the recent retreat and dry party. Travel and opportunities to build career readiness skills were among the most requested programs and experiences.

Parent Focus Groups

- Parents appreciate SSYP efforts to create a welcoming and safe environment for their children. Parents like that SSYP keeps their child involved in positive experiences.
- Overall, parents listed more advantages than disadvantages to participating in SSYP. However, there was little indication about the direct advantages to parents outside of direct child support and financial assistance when needed. Parents also indicated that they did not realize that SSYP had so many resources available for them to utilize. Parents also noted that transportation is

often difficult for their child to navigate. In addition, parents noted that child attendance would be more consistent if children had accessible transportation outside of a given radius.

- Parents mentioned several challenges they encounter related to building healthy relationships with their child. Parents also discussed challenges in the home and community regarding keeping their child safe and away from drugs and negative influences, including peers and/or adults.
- Although parents indicate that there are no programs that are specifically for them, what matters is that their child is supported and cared for during times when parents must work. Some parents indicated that they would like to be included in activities and would like to have the opportunity to connect and build relationships with their child through SSYP programs.
- Parents believe that there are many influences that their child encounters and it takes diverse and positive experiences to engage their child in a meaningful way.

Current and Past Participant Phone Interviews

- Participants stated that they enjoyed the involvement of the SSYP programming in both their community and in their lives. They appreciated that SSYP program provided new experiences for them and gave them the chance to meet new people and create bonds.
- Participant's educational goals ranged from a bachelor's degree to a Ph.D. in various fields such as fashion, business administration, construction, and engineering.
- SSYP programs assisted participants with their educational and career goals by providing a support system that encouraged and offered mentoring on pursuing higher education. Specifically, SSYP staff helped participants fill out college applications, complete FAFSA applications, apply for scholarships, and assisted with seeking employment.
- Participants said the SSYP programming educated them on the importance of contraceptive use, getting tested, STD/HIV education, and abstinence. Since participation in the SSYP programming, some young adults have applied their knowledge of safe sex by practicing abstinence, using condoms consistently, and supplying condoms to their friends.
- Participants state that through the SSYP programming they have learned how detrimental drug usage can be to your health, how drugs can negatively influence one's life, and that they should not do drugs. Based on what they learned, some participants have stopped using drugs.
- Participants feel as though the SSYP programming has provided guidance on achieving their goals, instilled a sense of confidence, and provided employment opportunities.
- Participants believe that the SSYP programming should expand by opening more locations, developing more programs, and providing more travel for participants. Furthermore, participants believe the program needs more funding, and to collaborate with others to gain more exposure.

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- Overall, participants are happy with the SSYP programming, and believe that they make a significant, positive impact on the youth with whom they work. Participants feel as though the staff genuinely care and would recommend the program to others.

SSYP 2019 End of Year Report Becoming a Responsible Teen (BART)

Becoming a Responsible Teen (BART)

BART is an evidence-based HIV prevention program appropriate for African American, Hispanic and White adolescents aged 14 to 18 for delivery in community-based settings. The program consists of eight weekly sessions, 90 to 120 minutes in duration, and includes information and materials on HIV and other STDs, decision-making, risk reduction and problem-solving. The BART program served 37 students in total and was implemented at the Best Academy (15 students), and Carver Early College (22 students).

Demographics

Among all BART participants who took a pre-test, most were male (67.6%). Participants ranged in age from 14-19, with the majority between the ages of 14 and 15 (81.0%). The majority of participants were African-American/Black (91.9%); 8.1% were multiracial; and none identified as Hispanic or Latino. Participants were mostly in the 9th grade (83.8%). The table below shows the participants' demographic profile among those with matched pre/post-tests, so the percentages differ slightly.

Table 1: BART Participant Demographics for Matched Surveys

Gender	Number	Percentage
Male	20	71.4
Female	8	28.6
TOTAL	28	100
Race	Number	Percentage
Black	27	96.4
White	0	N/A
Multi-racial	1	3.6
TOTAL	28	100
Age	Number	Percentage
14	8	28.6
15	15	53.6
16	3	10.7
17	0	N/A
18	1	3.6
19	1	3.6
TOTAL	28	100
Grade	Number	Percentage
9th	23	82.1
10th	2	7.1
11th	1	3.6
12th	2	7.1
TOTAL	28	100

Knowledge Questions

Pre- and post-tests were administered to students to assess a change in knowledge regarding HIV and how it is transmitted from person to person. Of the 37 participants, 37 were administered a pre-test, and 28 were administered a post-test, with 28 matched pre/post-tests. The percentage of students answering correctly increased for 16 out of the 23 knowledge-based questions. The overall percentage of items correct increased from 59.3% on the pre-test to 70.2% on the post-test (an increase of 10.9 percentage points). Of the students who had matching pre- and post-tests ($n = 28$), 75.0% made significant gains using a Wilcoxon signed ranks test ($w = 3.231$, $p < 0.001$). See Table 2 below for a breakdown for each question.

SSYP 2019 End of Year Report Becoming a Responsible Teen (BART)

Table 2. Knowledge Results for Matched Surveys

Question	Pre-Test Correct (N = 28)	Post-Test Correct (N = 28)	Change in Percentage Points
Q1. Most people who have HIV look sick.	54% (15)	93% (26)	39
Q2. A person can get HIV during oral sex.	75% (21)	82% (23)	7
Q3. A person can get HIV in one sexual encounter (intercourse/sex).	96% (27)	93% (26)	-4
Q4. A shower after sex reduces the risk of getting HIV.	50% (14)	64% (18)	14
Q5. When people have only one sex partner, they don't need to protect themselves from HIV.	71% (20)	79% (22)	7
Q6. Proper use of latex condoms helps to protect people from HIV.	89% (25)	75% (21)	-14
Q7. People who have HIV quickly get sick.	43% (12)	54% (15)	11
Q8. HIV can be transmitted through unbroken skin.	25% (7)	61% (17)	36
Q9. Semen (cum/nut) can carry HIV.	86% (24)	89% (25)	4
Q10. A person must have a lot of different sex partners to be at risk for HIV.	50% (14)	68% (19)	18
Q11. People who have HIV feel really sick.	18% (5)	46% (13)	29
Q12. A person can get HIV if he/she shares a needle for ear piercing with someone infected with HIV.	54% (15)	75% (21)	21
Q13. People who practice withdrawal/pulling out during sex won't get HIV.	61% (17)	82% (23)	21
Q14. A negative result on an HIV test can happen even when somebody has HIV.	46% (13)	43% (12)	-4
Q15. Breast milk can carry HIV.	50% (14)	79% (22)	29
Q16. According to current statistics, most people who have HIV know they have it.	54% (15)	39% (11)	-14
Q17. No case of AIDS was ever caused by kissing on the cheek.	46% (13)	50% (14)	4
Q18. All STDs can be cured.	68% (19)	71% (20)	4
Q19. Infection with other STDs can put a person at a higher risk of getting HIV during sex.	68% (19)	64% (18)	-4
Q20. A boy does not need to use a condom if he pulls out before he comes.	54% (15)	82% (23)	29
Q21. You can get pregnant the first time you have sex.	82% (23)	82% (23)	0
Q22. If a condom breaks when you're having sex, you can get pregnant.	93% (26)	89% (25)	-4
Q23. If used correctly, condoms almost never break.	32% (9)	54% (15)	21
Overall Results	59.3% of items answered correctly	70.2% of items answered correctly	10.9

Behavior Questions

Students were asked if they knew where to go for services regarding sexual health, and how likely they were to use a condom to protect themselves in the next six months. From pre- to post-test, there was a 10.8 percentage point increase among BART participants reporting that they knew where to get help if they were pregnant or had gotten someone pregnant; a 7.1 percentage point increase in those reporting to know where to get access to the morning after pill; and a 7.1 percentage point increase among participants reporting to know where to go to get help if they thought that they might have HIV or another STD.

The percentage of respondents reporting that they do not plan to have sex in the next six months increased from 35.7% on the pre-test to 42.9% on the post-test. In addition, the percentages who reported that they were undecided/not sure and those reporting that they were unlikely to use a condom within the next six months decreased. Just over seven percent (7.1%) provided the “undecided” response on the pre-test; no participants provided this response on the post-test; and those reporting they were unlikely or very unlikely to use a condom decreased from 17.8% on the pre-test to 3.6% on the post-test.

Participants were also asked if they had ever been tested for HIV or other STDs. Among those who reported that they had not been tested, the percentage of BART participants who reported that they intended to get tested for both STDs and HIV increased (an increase of 23.9 percentage points for STDs, and an increase of 23.0 percentage points for HIV from pre to post-test).

See Figures 1-4 below for a comparison of pre/post-test responses.

SSYP 2019 End of Year Report Becoming a Responsible Teen (BART)

Figure 1. Percentage of BART Respondents Who Know Where to Go for Services

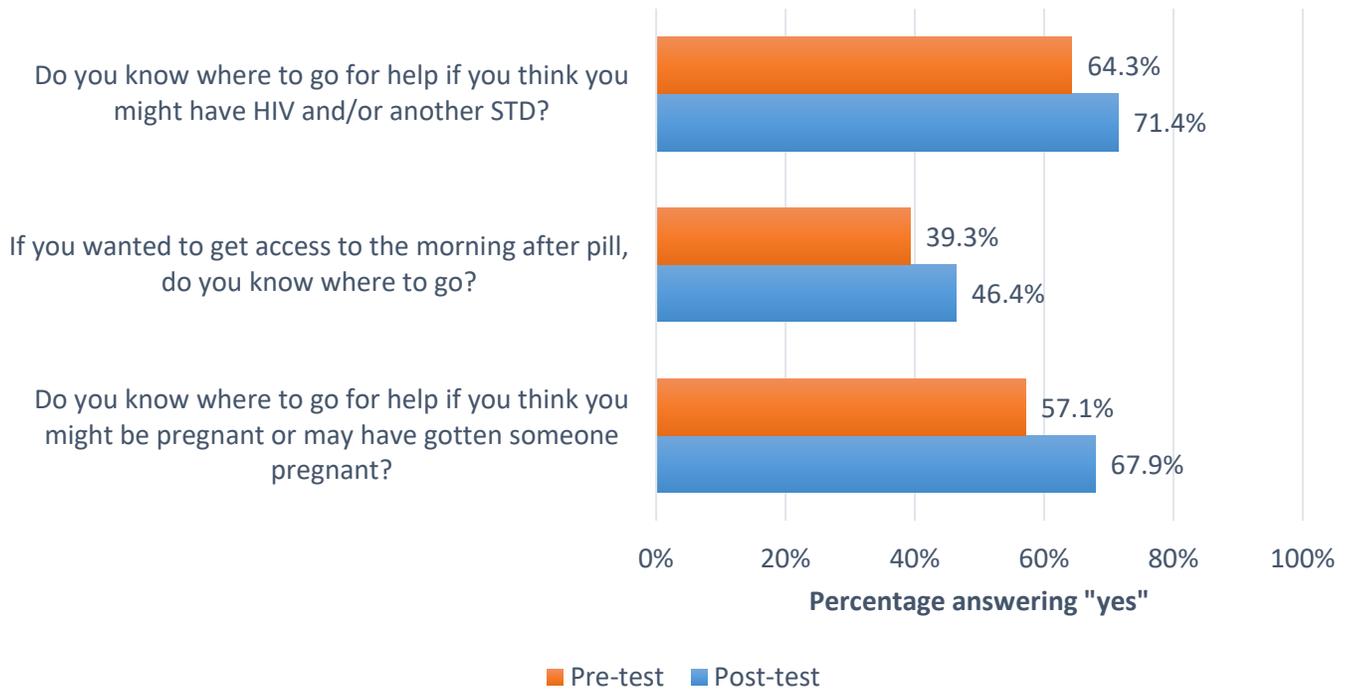


Figure 2. Percentage of BART Respondents Reporting on Likelihood of Condom Use in the Next Six Months

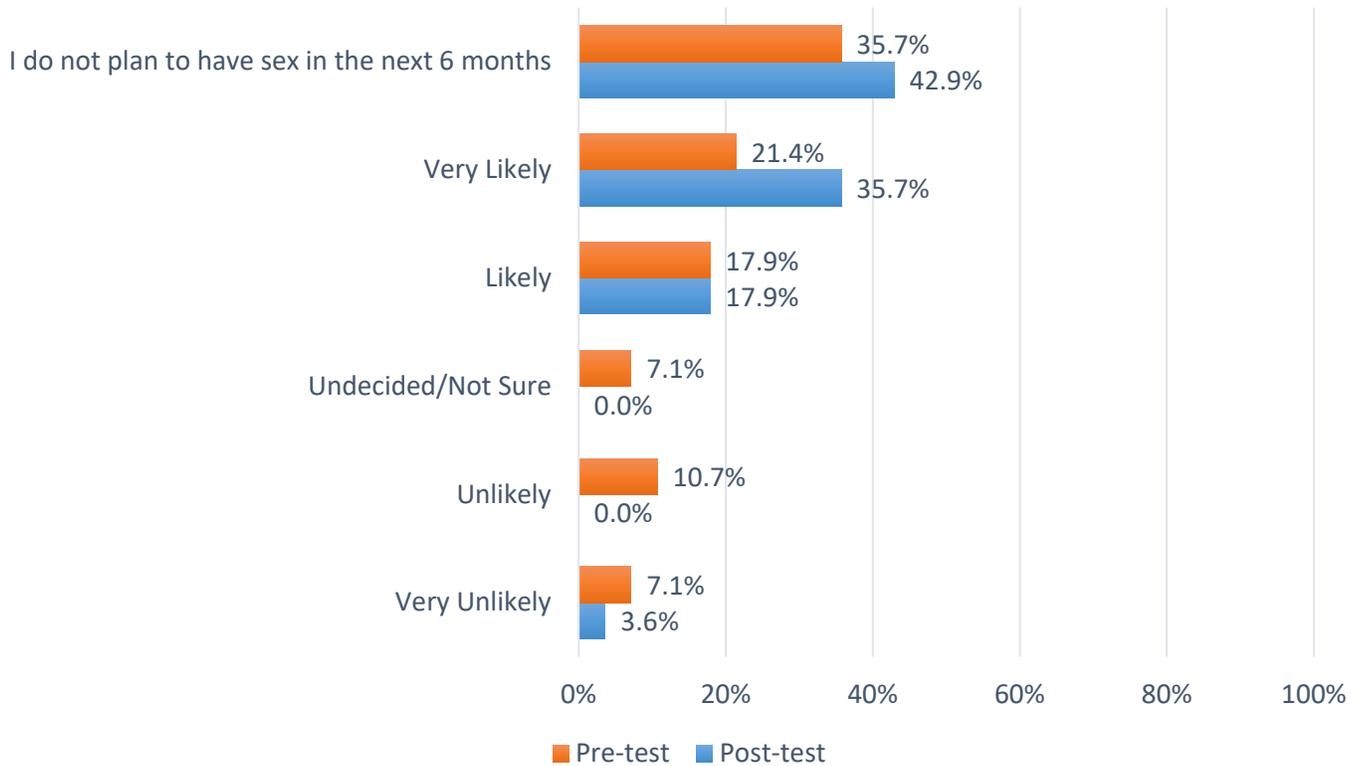


Figure 3. Percentage of BART Respondents Reporting HIV Testing

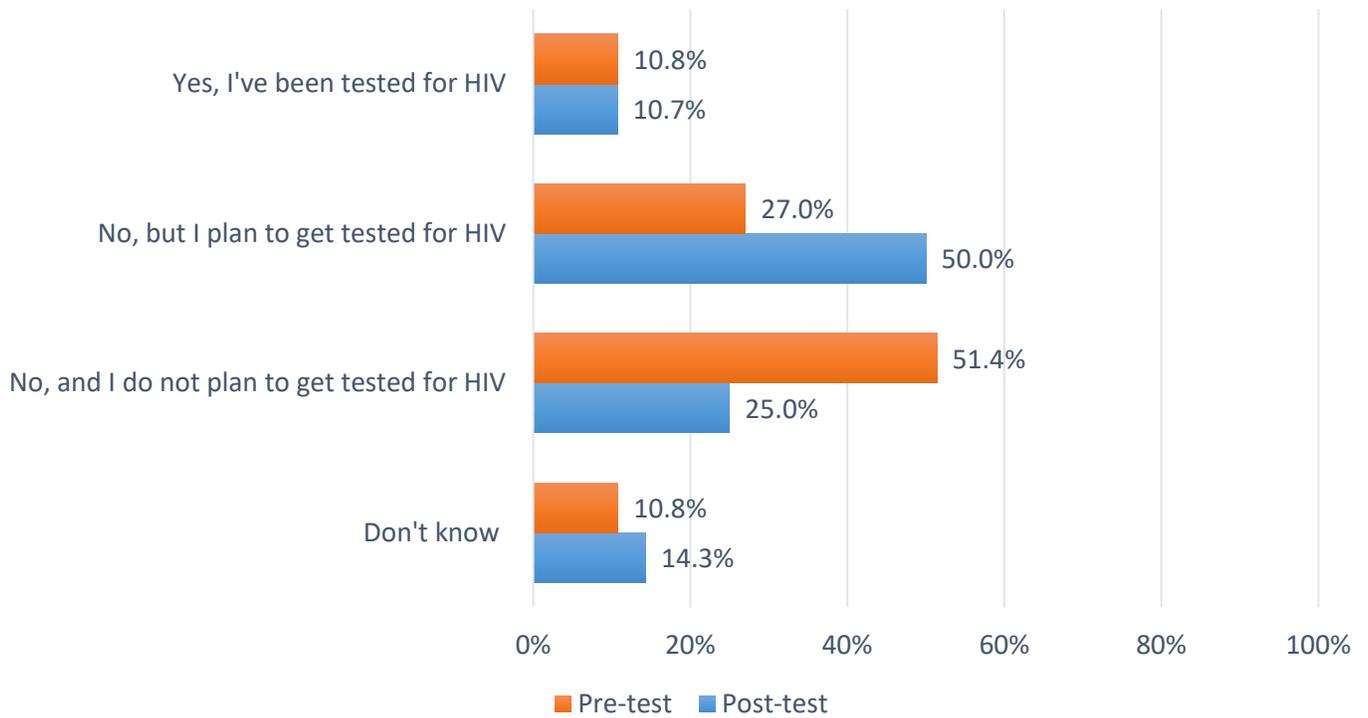
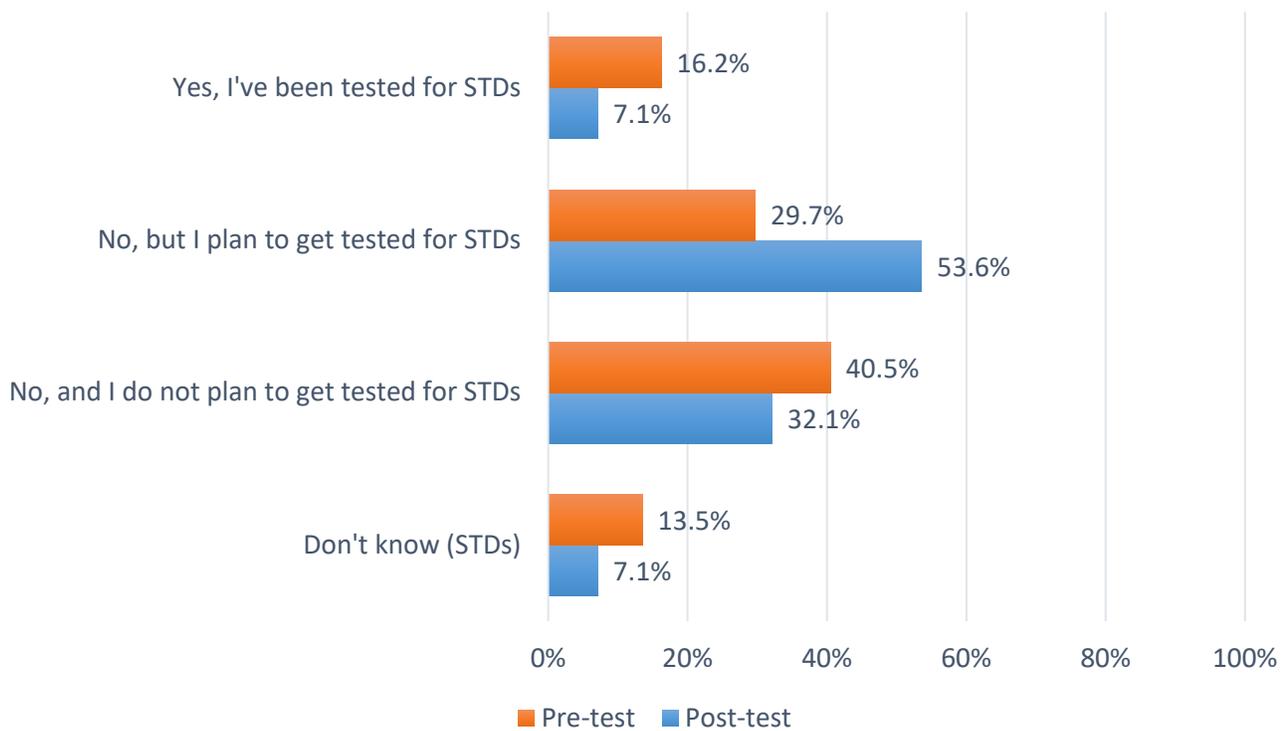


Figure 4. Percentage of BART Respondents Reporting Other STD Testing



SSYP 2019 End of Year Report Becoming a Responsible Teen (BART)

Participant Feedback on the BART Program

Participants were asked what they liked best about participating in BART, as well as suggestions for improvement. The vast majority of participants indicated that they enjoyed learning new information about sex and/or how to protect themselves from contracting HIV and other STDs. Several students mentioned that they liked the following: the candy, the activities, group discussions, demonstrations of how to use a condom, and the content of the material covered in general. Individual students had the following to say:

"I like having an open space to talk about sex."

"I liked the open, nonjudgmental environment."

"Learning about HIV causes and symptoms."

"Learning the different ways I can protect myself and my partner."

"The demonstrations and new experiences."

Most students noted that they had no suggestions for improvement and liked the program; several students remarked that it was "perfect" or "amazing," and one participant stated that SSYP was a good organization. Students who did provide suggestions for change noted the following:

"It's cool, yet those who don't want to participate should not be bothered."

"Longer meeting."

"More activities and food."

"More staff, different subjects."

"Go more in depth on HPV."

"Go more places around the city."

"Get the kids involved with a video."

Participants were also asked if there was anything that made it hard to protect themselves from getting HIV or other STDs. The majority of participants (82.1%) reported that there was nothing that made it hard to protect themselves, but a couple of participants reported the following:

"Yes the loss of a condom, and hormones."

"Peer pressure."

Program Fidelity and Youth Engagement

Youth engagement was reported to be high. Table 3 shows that staff reported for three-fourths of the sessions (75.0%) most youth were engaged. For the remaining 25.0% of sessions, staff reported that all youth were engaged.

Table 3. BART Participant Level of Engagement

Answer Options	Percentage of Sessions	Number of Sessions
All youth were engaged during session	25.0%	3
Most youth were engaged during session	75.0%	9

In order to assess implementation fidelity, scores were tallied indicating the number of activities that were taught completely, number of activities that were taught with changes and number of activities that were not taught at all. The BART program contains 37 activities (not including 3 alternate activities) taught over the course of eight sessions. Of the 60 activities conducted during this year, 57 (95.0%) were taught completely without changes. Two alternate activities were done in the place of the regular activities from sessions 2 and 4 (i.e., the video “Seriously Fresh” was replaced with alternate activity Personalizing HIV Risks; and the video "Are you with me?" was replaced with alternate activity Negotiating Safer Sex).

Three additional activities were conducted with changes from sessions 1 (Deciding Your Level of Risk), 3 (Using Condoms Effectively), and 7 (Getting Out of Risky Situations). The changes listed by facilitators included the following: Family Feud was used in conjunction with deciding level of risk; youth used models to put condoms on; sessions 7 and 6 were switched due to the scheduling of a guest speaker.

See Appendix B for tables with detailed information on sessions and activity completion.

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Focus on Youth (FOY)

Focus on Youth (FOY)

FOY is an 8-session intervention delivered to small, naturally forming peer friendship groups via discussions, games and multimedia formats. The intervention consists primarily of eight 90-minute sessions focused on decision-making, communication and negotiation skills, goal-setting and information regarding AIDS, STDs, contraception and human development. The FOY program served 81 students in total and was implemented at Brown Middle School (45 students), Coretta Scott King Young Women’s Leadership Academy (17 students), and the @Promise Center (19 students).

Demographics

During 2019, over half of FOY participants who took a pre-test were female (61.7%) Participants ranged in age from 12-16. The majority of participants were African-American/Black (92.6%); 7.4% were multiracial; and 1.3% were of Hispanic/Latino descent. Most of the participants were in 8th grade (72.8%). The table below shows the participants’ demographic profile among those with matched pre/post-tests, so the percentages may differ slightly.

Table 1: FOY Participant Demographics for Matched Surveys

Gender	Number	Percentage
Male	23	35.4
Female	42	64.6
TOTAL	65	100
Race	Number	Percentage
Black	61	93.8
White	0	N/A
Multi-racial	4	6.2
TOTAL	65	100
Age	Number	Percentage
12	2	3.1
13	36	55.4
14	24	36.9
15	3	4.6
TOTAL	65	100
Grade	Number	Percentage
7th	4	6.2
8th	52	80.0
9th	9	13.8
TOTAL	65	100

Knowledge Questions

Pre- and post-tests were administered to students to assess a change in knowledge regarding HIV and how it is transmitted. Seventy-nine (79) students were administered a pre-test, and 67 students took a post-test. Sixty-five (65) students took both a pre- and post-test. The percentage of students answering correctly increased for all but one of the knowledge-based questions. Question 14 (“You can get pregnant the first time you have sex”) showed no change. The overall percentage of items answered correctly increased from 68.1% on the pre-test to 87.4% on the post-test (an increase of 19 percentage points). See Table 2 below for a breakdown for each question. Of the students who had matching pre- and post-tests (n = 65), 66.2% made significant gains using a dependent t-test ($t = 9.451, p < 0.001$).

Table 2. Knowledge Results for Matched Surveys

Question	Pre-Test Correct (N = 65)	Post-Test Correct (N = 65)	Change in Percentage Points
Q1. HIV is the virus that causes AIDS	68% (44)	85% (55)	17
Q2. If you touch someone with HIV, you can get HIV	82% (53)	92% (60)	11
Q3. What you eat can give you HIV	82% (53)	92% (60)	11
Q4. Anybody can get HIV	89% (58)	95% (62)	6
Q5. Using a condom during sex is a way to protect yourself from HIV	85% (55)	92% (60)	8
Q6. HIV can be cured if treated early	15% (10)	72% (47)	57
Q7. You can tell if someone does not have HIV just by looking at them	83% (54)	89% (58)	6
Q8. A boy does not need to use a condom if he pulls out before he comes	74% (48)	88% (57)	14
Q9. Going to the bathroom after sex is one way to reduce the chances of becoming infected with HIV	49% (32)	77% (50)	28
Q10. Taking birth control pills is one way to protect yourself from becoming infected with HIV	60% (39)	86% (56)	26
Q11. You can get HIV the first time you have sex	65% (42)	91% (59)	26
Q12. Clean people (people who bathe everyday) are not likely to become infected with HIV	62% (40)	86% (56)	25
Q13. You can get HIV even if you are only having sex with one person	75% (49)	88% (57)	12
Q14. You can get pregnant the first time you have sex	83% (54)	83% (54)	0
Q15. If a condom breaks when you're having sex, you can get pregnant	88% (57)	94% (61)	6
Q16. If a condom breaks when you're having sex, you can get HIV	66% (43)	92% (60)	26
Q17. If used correctly, condoms almost never break	32% (21)	83% (54)	51
Overall Results	68.1% of items answered correctly	87.4% of items answered correctly	19.3

SSYP 2019 End of Year Report Focus on Youth (FOY)

Behavior Questions

Students were asked they knew where to go for services regarding sexual health, and how likely they were to use a condom to protect themselves in the next six months. From pre- to post-test, there was a 12.3 percentage point increase among participants reporting that they knew where to get help if they were pregnant or had gotten someone pregnant; a 29.2 percentage point increase in those reporting to know where to get access to the morning after pill; and a 20.0 percentage point increase among participants reporting to know where to go to get help if they thought that they might have HIV or another STD.

Pre and post-test responses were similar for those reporting that they were not planning to have sex in the next six months (a little over 87% on both the pre and post-test) and those reporting to be undecided/unsure (a little over 3% on both the pre and post-test). Only one participant reported that they would be unlikely to use a condom in the next six months on the pre-test, and no participants reported that they would be unlikely to use a condom within the next six months on the post-test.

Participants were also asked if they had ever been tested for HIV or other STDs. Among those who reported that they had not been tested, the percentage of FOY participants who reported that they intended to get tested for both STDs and HIV increased from pre to post-test (a 10.1 percentage point increase for STDs and a 15.4 percentage point increase for HIV).

See Figures 1-4 on the following pages for a comparison of pre/post-test responses.

Figure 1. Percentage of FOY Respondents Who Know Where to Go for Services

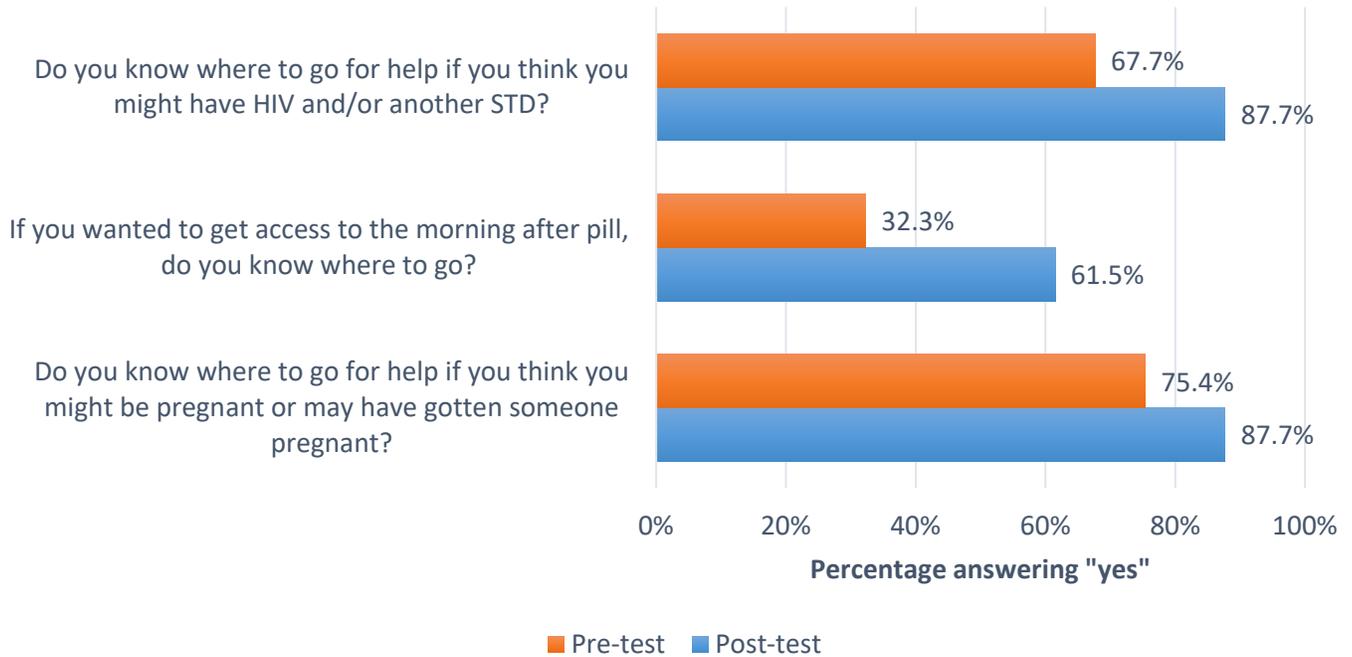
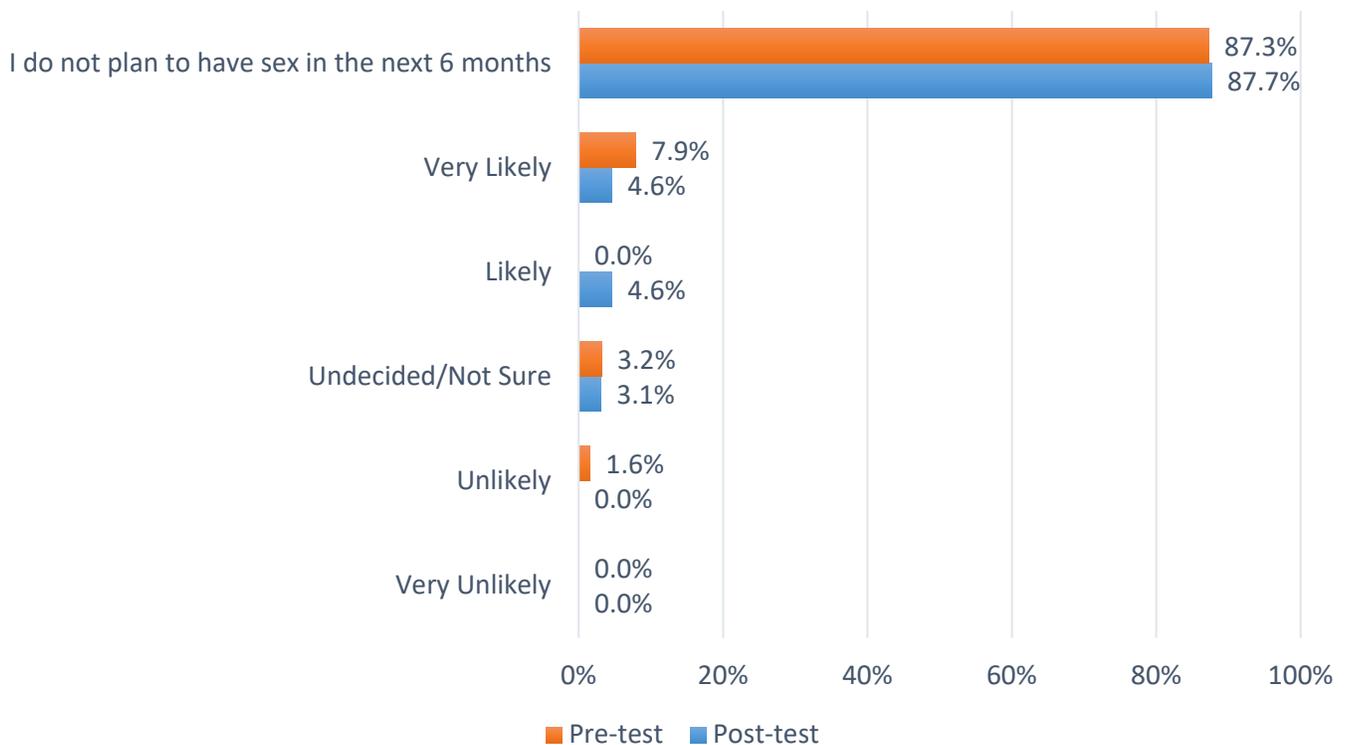


Figure 2. Percentage of FOY Respondents Reporting on Likelihood of Condom Use in the Next Six Months



SSYP 2019 End of Year Report Focus on Youth (FOY)

Figure 3. Percentage of FOY Respondents Reporting HIV Testing

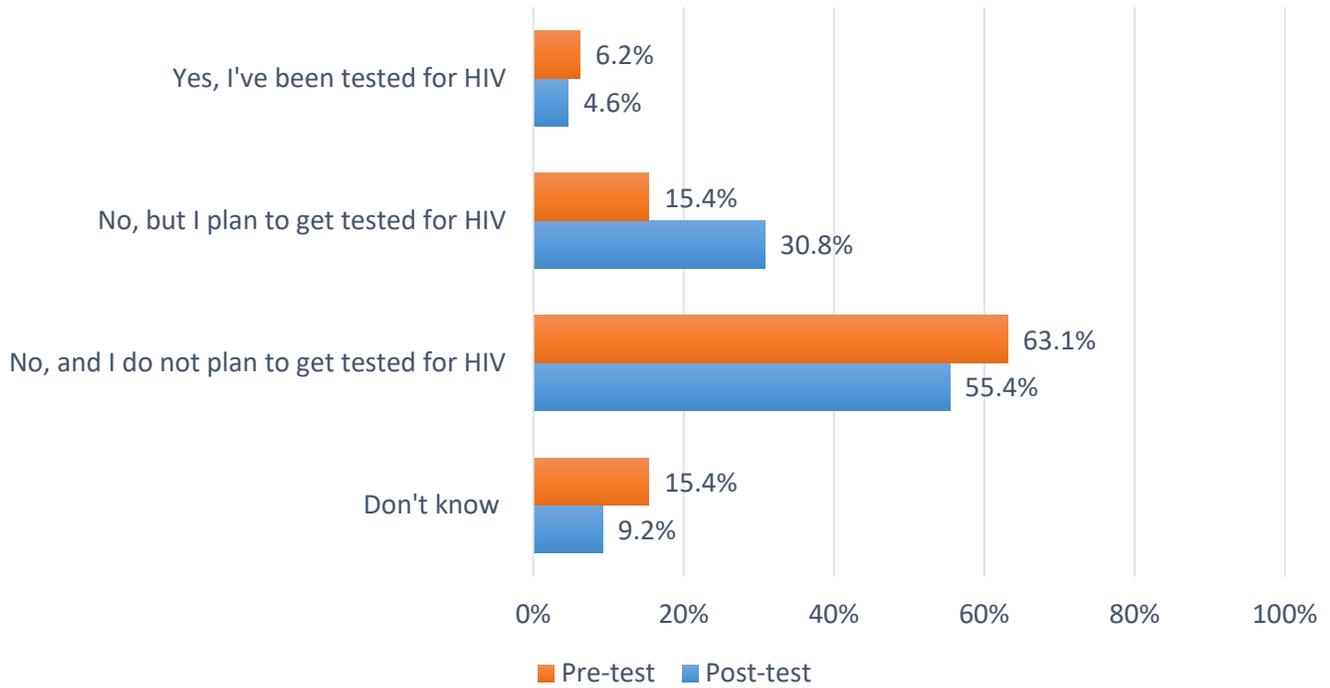
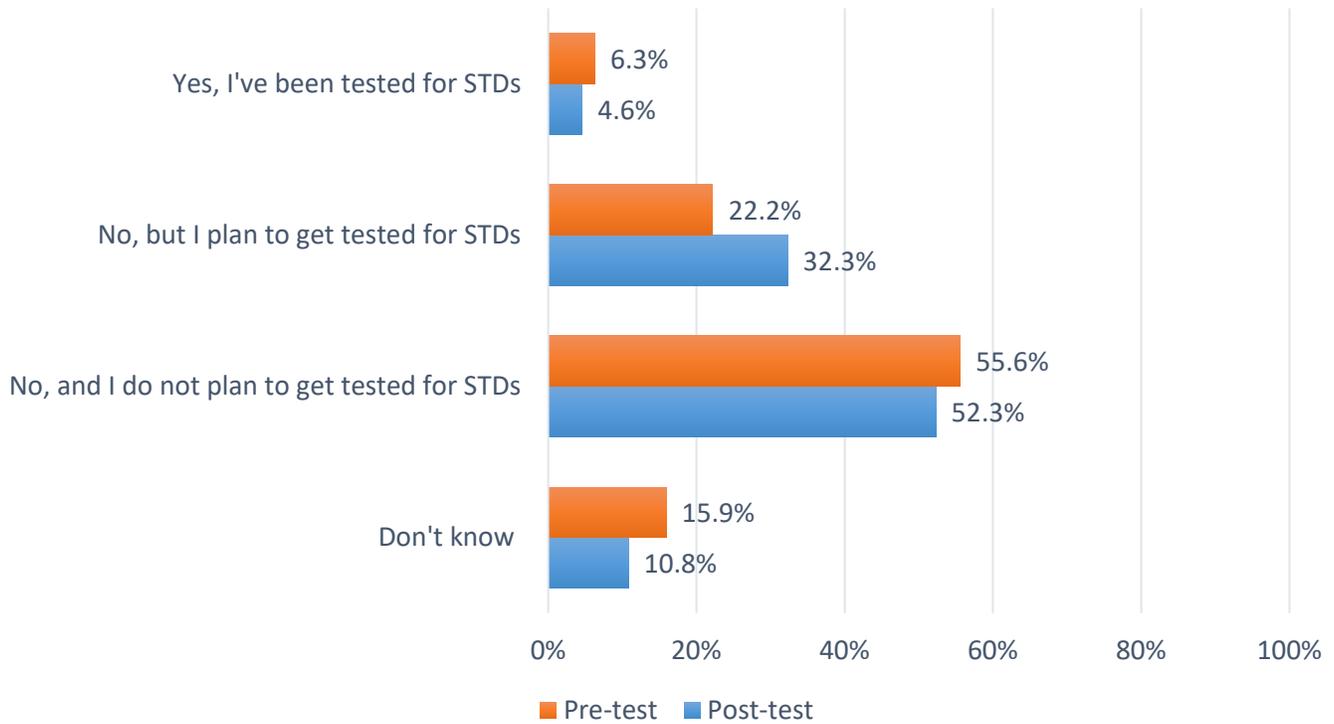


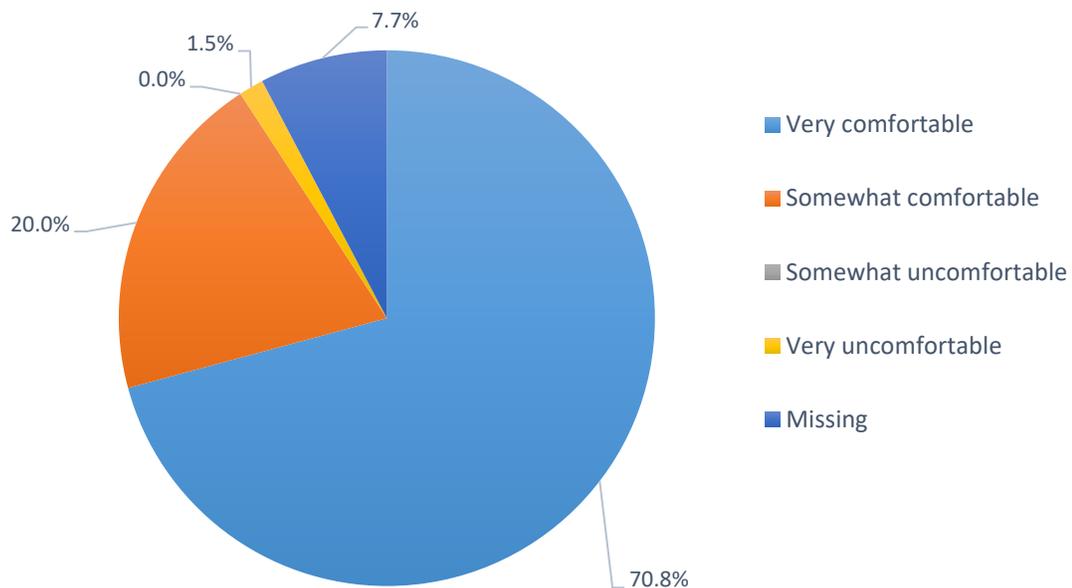
Figure 4. Percentage of FOY Respondents Reporting Other STD Testing



Participant Feedback on the FOY Program

The majority of participants indicated that they felt “very comfortable” (70.8%) or “somewhat comfortable” (20.0%) participating in the FOY program. The majority of participants said that they would recommend the program to their friends (87.7%) (one additional participant said no; seven participants didn’t answer the question). See Figure 5 for responses regarding how comfortable youth felt participating in the program.

Figure 5. Level of Comfort Youth Felt Participating in FOY



Participants were asked what they liked best about participating in FOY, as well as suggestions for improvement. They were also asked if there was anything that makes it hard for them to protect themselves from getting HIV or other STDs. Most participants indicated that they had fun and enjoyed learning new information about sex and/or how to protect themselves from contracting HIV and other STDs, the activities, the facilitators, and discussing the information in a non-judgmental group setting. Most students also answered no when asked if there was anything that made it hard for them to protect themselves from getting an STD, in most cases because they were not sexually active. A couple of students stated that they did not understand the question or didn’t know. Among the students who indicated difficulties, here’s what they had to say:

“If you are raped by someone that cares only about themselves and doesn't use a condom, which is usually the case, then you can get it.”

“Peer pressure.”

“Yes because [a condom reduces sensation].”

Students mentioned the following things that they liked most about participating in FOY:

SSYP 2019 End of Year Report Focus on Youth (FOY)

“Activities and understanding. Hands on learning, connecting with others.”

“I like that I’m learning something educational and having fun at the same time.”

“I like that we learned how to protect our bodies and keep us safe out in the sex world.”

“I like roleplays the best.”

“I liked listening to people’s opinions and doing fun activities in order to learn...I think this is a very interesting and important project for the youth. Also, Eleven and Dona were very cool people.”

“I liked that we had open conversations and we talked about a lot of things I had questions about but didn’t know if I was comfortable talking about it to my mom.”

“It was one of the best educating fun classes I’ve been in.”

Most students did not have any suggestions for improvement and several stated that they liked the program as is. Suggestions for things students would like to see in the future included the following:

“Adding a chorus or acapella activity.”

“It should be longer.”

“More activities and programs (outside the school).”

“More demonstration.”

“More visual objects.”

When asked if there was anything that they wanted to learn that was not covered, the majority of participants said no. Most students responded that they “learned all I needed/wanted to learn” and that all of their questions were answered. However, a couple of students mentioned that they would like to learn more about male and female anatomy.

Program Fidelity and Youth Engagement

Overall, the youth were very engaged during the sessions. See Table 3 for more detail.

Table 3: Please describe the level of engagement among youth among youth during this session.

Answer Options	Response Percent	Response Count
All youth were engaged during session	51.1%	24
Most youth were engaged during session	38.3%	18
Some youth were engaged during session	10.6%	5
Few or no youth were engaged during session	N/A	0

In order to assess implementation fidelity, scores were tallied indicating the number of activities that were taught completely, number of activities that were taught with changes and number of activities that were not taught at all. The FOY program contains 54 activities taught over the course of eight sessions. Of the 299 activities conducted during this year, 287 (96.0%) were taught as suggested. The other 12 activities were taught with changes, and an additional 18 activities were not taught. The reasons given for sessions being taught with changes or not being taught included the following: conducting an alternate activity, covering a topic all at once (i.e., SODA), time constraints, and modifying activities to better suit each group.

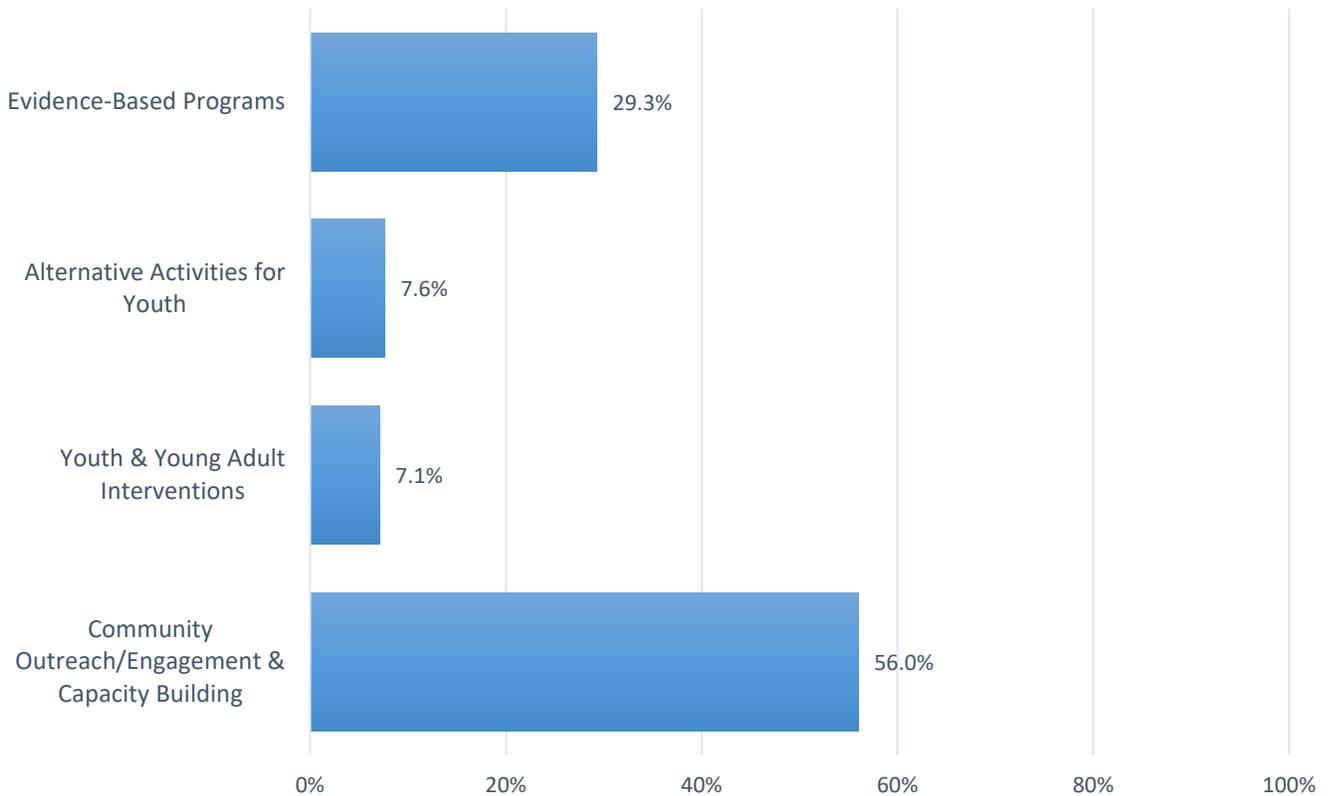
See Appendix C for tables with detailed information on sessions and activity completion.

SSYP Activity Snapshot

SSYP provided services to 775 people in 2019. Most of these individuals participated in community outreach/engagement & capacity building (56.0%) and evidence-based programs (29.3%). Other types of services offered included alternative activities for youth (7.6%), and youth and young adult intervention services (7.1%).

Figure 1. Percentage Served by Type of Activities & Services Offered by SSYP

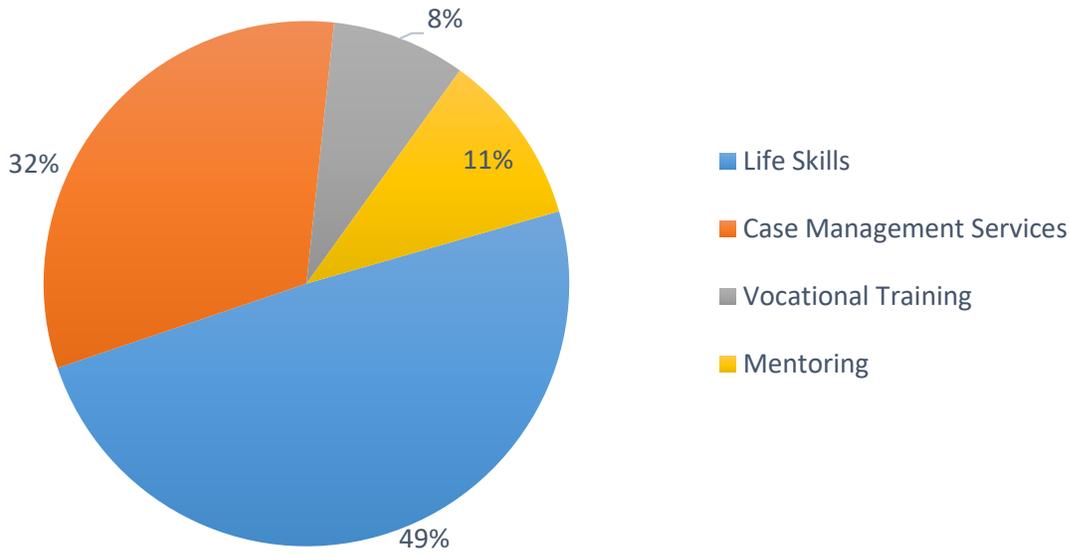
SSYP 2019 End of Year Report Focus on Youth (FOY)



Youth/Young Adult Intervention Services

Youth and young adult intervention services included vocational training/skill building (*e.g.*, assisting youth with job applications, resumes, mock interviews, FAFSA application, GED enrollment) case management services (*e.g.*, diagnostic psychological services, accompanying youth on medical visits, meeting with school personnel), mentoring (*e.g.*, 1-to-1 and small group mentoring), and functional/life skills (*e.g.*, DMV appointments, bank account opened, obtaining vital records). Four hundred and sixty-one intervention services were provided to 55 individuals. Figure 2 shows a breakdown of participants served in each category.

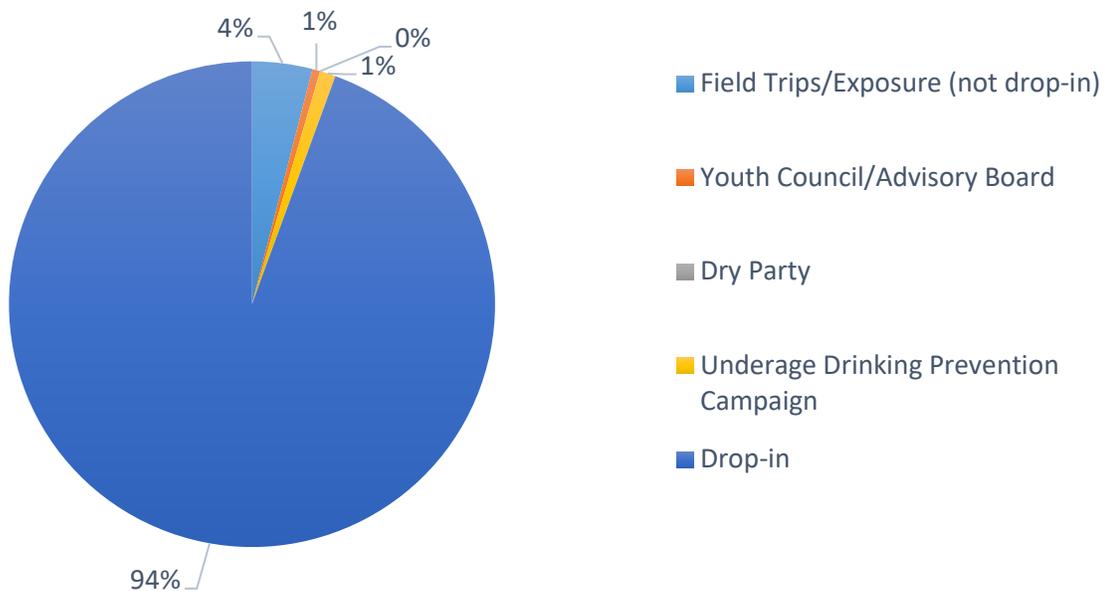
Figure 2. Youth/Young Adult Intervention Services Provided by SSYP



Alternative Activities for Youth

Alternative activities for youth included field trips, an underage drinking prevention campaign, drop-in center, and youth serving on the youth council/advisory board. Ten youth attended the Back to School Haircuts, Book Bags, and Stars and Strikes Field Trip. Other field trips included the Kennedy Park, Roswell Mill, Sky View Atlanta, Main Event, and Fun Spot. The majority of activities were offered through the Drop-in Center (see below).

Figure 3. Alternative Activities for Youth



SSYP 2019 End of Year Report Focus on Youth (FOY)

Drop-in Center

Fifty-nine youth made a total of 1223 visits to the drop-in center. The number of visits per participant ranged from 1-93, with the average number of visits equal to 23.4. The drop-in center was open 120 days and averaged 10 youth/day. Some of the drop-in center activities/services include the following: snacks/meals, homework help, mentoring, recreational exercise such as basketball and swimming, field trips, cooking and sewing classes, “passport” activities in which youth learn about different cultures, and creative activities. In addition to the afterschool program, SSYP also offered a Summer Program. See Table 1 for additional information.

Table 1. Drop-In Center Activities

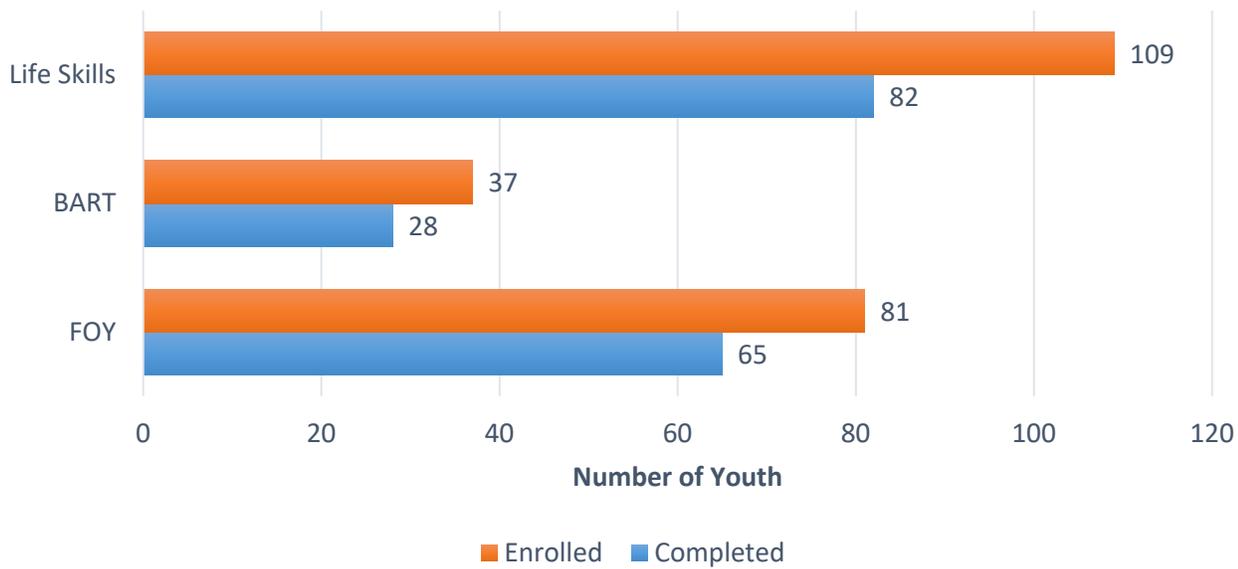
Activity	Frequency	Percent of visits*
Meals (lunch or dinner)	1124	91.9%
Snack	1056	86.3%
Homework	622	50.9%
Creative activities (e.g., arts & crafts, dance, drumming, writing, etc.)	438	35.8%
Passport	137	11.2%
Summer Program	118	9.6%
Life Skills (cooking, sewing, gardening, etc.)	99	8.1%
Fitness and sports/outdoor activities	95	7.8%
Mentoring	94	7.7%
Games, free time, movies, and celebrations	88	7.2%
College Prep/Career Readiness (e.g., internship, job fair, debate team)	70	5.7%
Evidence-based curriculum	63	5.2%
Field Trip (Poke bar, Top Golf, Painting at Roswell Mill)	62	5.1%
Youth Council Meeting	46	3.8%
Social Emotional Development (self-esteem, team building, mindfulness)	44	3.6%
Substance use/abuse prevention	30	2.5%
Outreach	18	1.5%
TOTAL	1223	

* Percentages do not add to 100. Participants engaged in multiple activities per visit.

Evidence-Based Programs

As discussed in the introduction, SSYP implemented three evidence-based programs for youth. The figure below shows how many youth enrolled and completed each program.

Figure 4. Youth Program Enrollment & Completion



Community Outreach/Engagement and Capacity Building

Between the dates of January 1 and December 31, 2019, 49 community outreach activities were conducted. During these events, SSYP staff distributed food, condoms, and other incentives at various locations including: Adamsville Recreational Center, Ashby Bart, Bankhead Station, Covenant House, the @Promise Center, English Avenue, H.E. Holmes Station, National Night Out, Simpson Plaza, Vine City, Washington High School, and West End Mall. In observance of World AIDS Day, SSYP conducted a Stay Safe, Stay Warm outreach event in which they distributed sandwiches, snack packs, hot chocolate, and condoms to the English Avenue community. In addition, SSYP provided 30 turkeys with side items for Thanksgiving and 400 wrapped holiday gifts in December. Dr. Terrell participated in a panel discussion on Sex Trafficking/HIV Care and conducted a training on Exploitation of Youth in Care. See Table 2 for a breakdown of these community outreach and engagement activities.

Table 2. Intervention Services Provided

Activity	Frequency
Condom distribution	30
Food distribution	17
Information dissemination/education	3
Referrals/Testing referrals	2
Testing	37
Other community outreach (gifts, back to school, and celebrations)	5

The percentage of youth (n = 208) and adult attendees (n = 226) attending the community outreach events is depicted in Figure 5 on the following page.

SSYP 2019 End of Year Report Focus on Youth (FOY)

Figure 5. Youth & Adult Attendees Present at Community Outreach Events

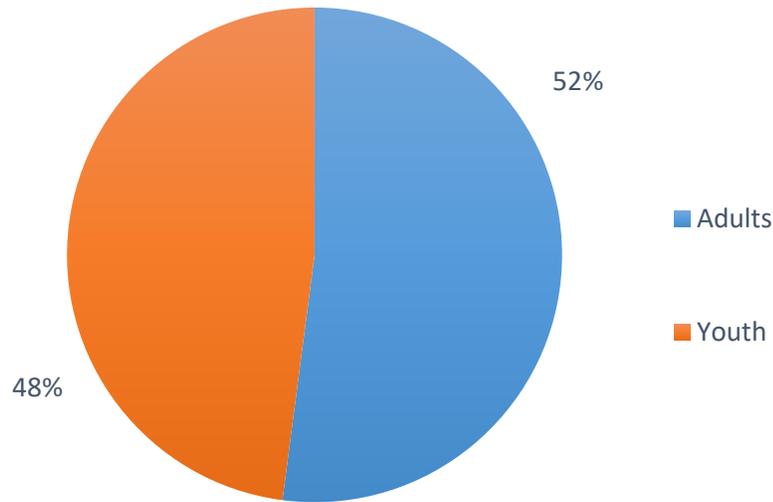


Table 3 below depicts the types and number of materials distributed at the community outreach events listed above.

Table 3. Materials Distributed at Community Outreach Events

Material	Number Distributed
Business Cards/Referrals	77
Fliers/Pamphlets/Information Cards	203
Condoms	6,080
Food	110

Staff Professional Development

Seven SSYP staff participated 14 professional development trainings totaling 46 hours. Four interns participated in seven trainings, receiving a total 16 hours of professional development. See tables below for more detail.

Table 4. Staff Professional Development Trainings

Name of Training	Date
Mandated Reporting	January 25, 2019
Assessing and Managing Suicide Risk (AMSR)	January 31, 2019
Resiliency Theory in Youth Development	February 26, 2019
Behavior Management Theories	February 26, 2019
Behavior Management-Interventions and De-escalation	February 28, 2019
Critical Incident Reporting	March 1, 2019
Trauma Informed Care	March 8, 2019
5 Dysfunctions of a Team	March 21, 2019
Teaching Mindfulness to Youth to Prevent Substance Abuse	March 27, 2019
Exploitation of Youth in Care	April 5, 2019
Group Development	April 19, 2019
Social/Emotional Assessment	May 15, 2019
Beyond Suspension: Examining School Discipline Policies and Connections to the School-to-Prison Pipeline for Students of Color with Disabilities	August 13, 2019
The Adulthood of Black Boys	December 18, 2019

Table 5. Intern Professional Development Trainings

Name of Training	Date
Introduction to Internship On-Boarding	January 25, 2019
Financial Literacy	March 29, 2019
Youth Development- Peer Facilitation	June 14, 2019
Resume Building	August 2, 2019
Goal Setting	September 27, 2019
Conflict Resolution	October 18, 2019
Planning for the Future - Long-term Goal Setting and Financial Planning	December 31, 2019

SSYP 2019 End of Year Report

Qualitative Data (Youth & Caregivers)

Qualitative Data (Youth and Caregivers)

The A.L. Burruss Institute at Kennesaw State University conducted a youth focus group on May 23, 2019, and a parent focus group on July 31, 2019. The purpose of these focus groups was to gather information to help program administrators and staff continue to provide programming and activities to best support current and future Street Smart Youth Project participants. In addition, the Burruss Institute conducted 11 phone interviews over a period of five days (June 4th, 6th, 7th, 10th and 12th, 2019) with current and former Street Smart Youth Project (SSYP) participants to find out about their experiences, what they learned through SSYP, and how they have benefitted from participating in the program. A summary of results for each focus group and the phone interviews is found below.

Summary of Results – Parent Perspectives

- Parents appreciate SSYP efforts to create a welcoming and safe environment for their children. Parents like that SSYP keeps their child involved in positive experiences.
- Overall, parents listed more advantages than disadvantages to participating in SSYP. However, there was little indication about the direct advantages to parents outside of direct child support and financial assistance when needed. Parents also indicated that they did not realize that SSYP had so many resources available for them to utilize. Parents also noted that transportation is often difficult for their child to navigate. In addition, parents noted that child attendance would be more consistent if children had accessible transportation outside of a given radius.
- Parents mentioned several challenges they encounter related to building healthy relationships with their child. Parents also discussed challenges in the home and community regarding keeping their child safe and away from drugs and negative influences, including peers and/or adults.
- Although parents indicate that there are no programs that are specifically for them, what matters is that their child is supported and cared for during times when parents must work. Some parents indicated that they would like to be included in activities and would like to have the opportunity to connect and build relationships with their child through SSYP programs.
- Parents believe that there are many influences that their child encounters and it takes diverse and positive experiences to engage their child in a meaningful way.
- Overall, parents indicated that their lives and their children's lives have been different because of involvement with SSYP. Each participant described individual ways their life had changed. For example, parents said:

“I am truly thankful for SSYP staff especially Ms. Tamica”

“Street Smart has helped my daughter and me be a better person”

“This program has been so great for my child...I wish I knew about this program earlier so my oldest child could have participated...”

“My grandson really enjoys Street Smart and I am glad he has a place to call a second home.”

“Street Smart has been there for me and my family at every hardship and I am truly thankful...”

“I have truly grown as a parent and person since becoming involved in Street Smart”

Youth and Young Adult Perspectives (Focus Group)

Youth participants stated that they learned about SSYP through family members (e.g., sister, parent), being at the @Promise Center, or from an adult or peer at school. Youth participants indicated that they mostly enjoyed the program. They enjoyed learning and experiencing new things such as the outreach program giving back to the homeless population.

- Youth participants indicated that they learned directly and indirectly from staff members about ways to be healthy and make healthy choices. Youth indicated that they mostly would like to learn about ways to build themselves mentally, spiritually, and emotionally.
- Youth participants indicated that they dealt with a lot of challenges in the home and community, and they actively avoid negative influences. Youth indicated that they appreciate SSYP being a space to get away from home as needed.
- Youth participants indicated that they enjoyed the programs SSYP provided, mostly the recent retreat and dry party. Travel and opportunities to build career readiness skills were among the most requested programs and experiences.
- Overall, youth indicate that their life has been different because of their participation in SSYP. Each participant described individual ways that their life had been changed. For example, youth participants stated:

“They (SSYP) really helped me get my attitude together and be more positive”

“They (SSYP) helped me get out of my shyness and make new friends”

“I have learned that change is not a bad thing”

“They (SSYP) taught me how to be more accountable for my actions”

“They (SSYP) taught me that it is okay to be myself”

Current and Past Youth and Young Adult Perspectives (Phone Interviews)

- Participants stated that they enjoyed the involvement of the SSYP programming in both their community and in their lives. They appreciated that the SSYP programming provided new experiences for them and gave them the chance to meet new people and create bonds.
- Participant’s educational goals ranged from a bachelor’s degree to a Ph.D. in various fields such as fashion, business administration, construction, and engineering.
- SSYP programs assisted participants with their educational and career goals by providing a support system that encouraged and offered mentoring on pursuing higher education. Specifically, SSYP programming staff helped participants fill out college applications,

SSYP 2019 End of Year Report Qualitative Data (Youth & Caregivers)

complete FAFSA applications, apply for scholarships, and assisted with seeking employment.

- Participants said the SSYP programming educated them on the importance of contraceptive use, getting tested, STD/HIV education, and abstinence. Since participation in the SSYP programming, some young adults have applied their knowledge of safe sex by practicing abstinence, using condoms consistently, and supplying condoms to their friends.
- Participants state that through the SSYP programming they have learned how detrimental drug usage can be to your health, how drugs can negatively influence one's life, and that they should not do drugs. Based on what they learned, some participants have stopped using drugs.
- Participants feel as though the SSYP programming has provided guidance on achieving their goals, instilled a sense of confidence, and provided employment opportunities.
- Participants believe that the SSYP programming should expand by opening more locations, developing more programs, and providing more travel for participants. Furthermore, participants believe the program needs more funding, and to collaborate with others to gain more exposure.
- Overall, participants are happy with the SSYP programming, and believe that they make a significant, positive impact on the youth with whom they work. Participants feel as though the staff genuinely care and would recommend the program to others.

SSYP 2019 End of Year Report

Alcohol & Substance Abuse Prevention Project

Alcohol and Substance Abuse Prevention Project

In 2016, SSYP was awarded the Georgia’s Alcohol & Substance Abuse Prevention Project (ASAPP) grant by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to implement strategies to address two of the ASAPP State-wide goals: 1) reduce the early onset of alcohol use among 9 to 20 year olds, 2) reduce access to alcohol and binge drinking among 9 to 20 year olds and 3) reduce binge drinking and heavy drinking among 18 to 25 year olds. After conducting a systematic needs assessment, an alcohol retail assessment and two community readiness assessments, SSYP staff and CPAW members determined that addressing State Goal 1, reduce the early onset of alcohol use among 9 to 20 year olds and State Goal 2, reducing access to alcohol and binge drinking among 9 to 20 year-olds, was most appropriate.

Table 1. Intervening Variables, Contributing Factors, and Associated Strategies

State Goal 1 (Secondary State Priority): Reduce the early onset of alcohol use among 9-20 year olds		
Intervening Variable	Contributing Factor	Strategies
Individual Level	Age of initial use	Individual: Implement Life Skills Training for high school students

State Goal 2 (Primary State Priority): Reduce access to alcohol and reduce binge drinking among 9-20 year olds		
Intervening Variable	Contributing Factor	Strategies
Social Availability	Lack of parental monitoring of alcohol supply in the home Availability of unsupervised places to drink	Individual: Implement Life Skills Training for parents
Retail Availability	Outlet Density	Environmental: Limit and restrict the location and density of retail outlets
Retail Availability	Product Placement	Environmental: Obtain ordinances or store practices, which confine shelving of alcohol products to places not easily observed by children or reached by youth

Description of Communities and Strategies

The urban communities served are in Fulton County, specifically within City of Atlanta, and South Fulton County at Banneker High School. Over the years, the population has grown in English Park and Adamsville; however, the population has decreased in English Ave due to environmental changes such as redevelopment with increased cost of real estate. This redevelopment has resulted in many community members being displaced whilst exacerbating the underlying social determinants of health. The racial

make-up of our target communities is primarily African American with varying educational attainment and employment status. Specific risk factors related to poverty, homelessness, family history of substance use, environmental conditions and chronic/poor health outcomes contribute to the under-resourced and vulnerable nature of these communities. Target populations live in communities with limited educational options. Adamsville has one high school and English Park has three. In all three communities, there are limited grocery stores and recreational centers, which contribute to poor health outcomes. The target population in these communities experiences health disparities at a higher rate than surrounding communities. These factors also contribute to the daily stress of the community, which influence substance use among youth and young adults.

The most recent socioeconomic data for residents of zip codes served by SSYP in comparison to the state of Georgia can be found in Table 4 of this report under the 2019 SSYP Impact section below. Residents of these geographic areas tend to have lower median incomes, larger percentages of households with incomes below the poverty level and larger proportions of households receiving food stamps.

In addition, the average age at which high school youth begin drinking alcohol in Georgia is 13.2 according to the Georgia Student Health Survey 2.0 (2019) conducted by the Georgia Department of Education. The average age of alcohol use onset among Atlanta Public School high school students is 13.3 years of age; the average age of onset among Fulton County high school youth is 13.4; and the average age of onset among Banneker High School students is 12.7 (GSHS 2.0, 2019).

Community Readiness Score and change in score over time

SSYP conducted a community readiness assessment in November of 2019. The interviews were conducted with key stakeholders from the following communities: English Avenue, Adamsville and English Park. Key stakeholders in the community were interviewed from different areas such as education, leadership and health.

Overall summary of Adamsville (a score of 8.4 Expansion/Confirmation): The population in Adamsville consist of older adults who have increased knowledge of the issue. Many of these residents are raising the grandchildren as a result of substance use in the community and the interruption of the family system due to substance use. There are also more resources in Adamsville as a more established community, therefore there is a greater capacity to address salient issues. Similar to their other communities, this issue does not serve as priority amongst leadership at the moment.

Overall summary of English Park (a score of 3 Vague Awareness): Underage drinking is seen as a normal behavior in this community. Most participants stated that the opioid crisis and other drug use might overshadow underage drinking. The current leadership has limited awareness and are not to a point where they are willing to create an action plan to address the concern. While many believed that community members have some knowledge of the issue, there are limited programs that address underage drinking in their community. The leadership lacked support from law enforcement and community members therefore the efforts did not have a lasting effect. This community requires additional support in increasing their awareness and the available efforts to address the concern.

SSYP 2019 End of Year Report Alcohol & Substance Abuse Prevention Project

Overall summary of English Avenue (a score of 5.1-Preparation): Underage drinking is seen as a reoccurring behavior in this community. At this time there are divergent interests and attitudes held by community members and leadership. Due to the current climate in English Avenue there is an ever-present threat of gentrification and redevelopment which usurps the issue; therefore, efforts and the level of investment is impacted. This community requires additional support in increasing their awareness and the available efforts to address the concern.

Description of strategy/strategies' target populations

Individual strategies target Black/African American youth, young adults and parents of English Avenue /Vine City (30318/30314), English Park (30331) and Adamsville (30311) within the City of Atlanta in Fulton County, Georgia, and South Fulton County at Banneker High School.

Descriptions of the implemented strategy/strategies

The results of the community needs assessment survey indicated a high density of outlet retailers and easy access to alcoholic products due to its placement. Environmental Strategy 1 aims to limit and restrict the location and density of retail outlets. In all three communities, outlet density is high or oversaturated with food marts and gas stations (off-premise stores) on every corner. Individuals tend to loiter, consume alcoholic beverages and participate in criminal activities in areas where density is high. This contributes to the social norm of engaging in substance use before the legal age. The adoption of a new alcohol policy would affect business throughout the City of Atlanta and specifically those located in English Avenue, English Park and Adamsville. Indirectly, the policy would reduce the number of people loitering and engaging in criminal activities.

As it relates to the individual strategies, SSYP decided to implement Botvin LifeSkills Training for High School and Botvin LifeSkills Training for Parents. These interventions were selected based on the needs of the community as it relates to increasing awareness and education about underage drinking prevention. The risk factors associated with these strategies are age of initial use for youth and young adults, availability of unsupervised places to drink and lack of parental monitoring of supply of alcohol at home (social availability).

Table 2 depicts the percentage of individuals served/reached by each Institute of Medicine (IOM) prevention category. Universal activities are those targeted to the general public or population. Universal direct activities are those that serve an identified group of participants, while universal indirect activities are those that support population-based programs and environmental strategies. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically. As depicted in Table 2 and under process measures below, the majority of individuals were served by selective prevention strategies.

Table 2: Total Population Served by IOM Category

IOM Category	Number	Percent
Universal Direct	74	0.1%
Universal	3,040	2.2%
Selective	138,175	97.8%
TOTAL	141,289	100

Process and outcome measures taken from the 2019 end of year ASAPP evaluation report are listed below.

Process Measures

a. Process Measures

1. Number of active partners/stakeholders supporting the local ASAPP initiative and sectors represented by those partners/stakeholders

- Non-profit – 8 CPAW Members
- Juvenile Justice (Department of Juvenile Justice) – 1 CPAW member
- Evaluation – 2 CPAW members
- Education (School District/School Social Work) – 3 CPAW members

2. Number of people reached/served by strategies in each Institute of Medicine (IOM) prevention category.

- LifeSkills (Universal Direct) - 109
- Product Placement (Universal) – 3,040
- Outlet Density (Selective) – 138,175

3. Implementation fidelity

- Were strategies implemented with fidelity?

Life Skills

Of the seven youth LifeSkills sessions conducted, three fidelity assessments were completed. The fidelity assessments measure the seven units and whether or not each activity for each unit was conducted. Almost all activities were conducted. See Appendix A for a breakdown of each session.

Product Placement

There are no fidelity guidelines on the product placement strategy.

Outlet Density

There are no fidelity guidelines on the outlet density strategy.

- Were target numbers reached in each community?

LifeSkills

Youth and Parent Target Numbers – 50 parent and 50 youth

The target numbers were exceeded for the youth LifeSkills sessions. Target numbers were not met for the parent LifeSkills sessions.

SSYP 2019 End of Year Report

Alcohol & Substance Abuse Prevention Project

Product Placement

Target Number – Residents of City of Atlanta target zip codes (30311, 30314, 30318, 30331)- 138,175¹
The target numbers were not met for this strategy.

Outlet Density

Target Number – Residents of City of Atlanta target zip codes (30311, 30314, 30318, 30331)- 138,175
The target numbers were met for this strategy.

4. Number and demographics of LifeSkills program participants.

Seven youth LifeSkills sessions were held on the following dates: February 13-18, 2019 at the @Promise drop-in center (a boys only session and girls only session); April 11-April 28, 2019 at the Future Foundation at Banneker High School; June 20-July 11, 2019 at the SSYP drop-in center; September 17-October 14, 2019 at the Future Foundation at Banneker High School. One-hundred and nine (109) LifeSkills participants were administered a pre-test, and 82 participants were administered a post-test, resulting in 82 matched pre and post-tests.

In addition, two parent LifeSkills sessions were held during June 19-July 3, 2019 and July 31-August 22, 2019. Eleven (11) participants were administered a pre-test, and four were administered a post-test, with four matched pre and post-tests. An additional session with fifteen parents was offered at Solomon's Temple from September 30-December 19, 2019. The data was not available at the time of this report. It will be included in next year's annual report.

LifeSkills youth participants were approximately evenly distributed by gender (58.1% male; 41.4% female). Participants ranged in age from 14-20, with the majority between the ages of 14 and 16. Almost all of the participants were African-American/Black (89.0%). The majority of participants were in 9th grade (52.4%). The table below shows the demographic profile of the youth participants.

Of the 11 LifeSkills parent participants, 10 female and Black or African American. Parents were between the ages of 28 and 60, with nearly half (5) aged 33 or younger. Three parents were high school graduates or obtained their GED; another three had some college or technical schooling; one was a college or technical school graduate; one had post graduate education; and two did not finish high school (the remaining parent did not answer the question).

¹ American Fact Finder 2018 Population Estimate.

Table 3. LifeSkills Youth Participant Demographics

Gender	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
Male	64	58.7	47	57.3
Female	44	40.4	35	42.7
Missing Answer	1	.9	0	N/A
TOTAL	109	100	82	100
Race	Number	Percentage	Number	Percentage
White	0	N/A	0	N/A
Black	98	89.9	72	87.8
American Indian/Alaska Native	3	2.8	1	1.2
Other	2	1.8	6	7.3
Don't know/Can't say	1	.9	1	1.2
Missing Answer	5	4.6	2	2.4
TOTAL	109	100	82	100*
Age	Number	Percentage	Number	Percentage
14	35	32.1	30	36.6
15	30	27.5	24	29.3
16	19	17.4	14	17.1
17	16	14.7	7	8.5
18	7	6.4	6	7.3
19	1	.9	0	N/A
20	1	.9	1	1.2
TOTAL	109	100*	82	100
Grade	Number	Percentage	Number	Percentage
7th	1	.9	1	1.2
8th	3	2.8	3	3.7
9th	54	49.5	46	56.1
10th	20	18.3	14	17.1
11th	13	11.9	10	12.2
12th	16	14.7	7	8.5
College Student	1	.9	1	1.2
Other	1	.9	0	N/A
TOTAL	109	100*	82	100

*Percentages do not add to 100% due to rounding

5. Engagement with community leadership and other key stakeholders

CPAW members and key stakeholders assist SSYP in raising awareness on the consequences of substance use among youth and young adults. They support and volunteer their time at events that promote healthy alternative activities such as dry parties, health fairs, community events, PSAs, media campaigns and educational programming. The CPAW, community partners and key stakeholders represent several entities that bring different talents, skills and knowledge to the strategies put forth to change the environment that our youth and young adults are raised in. Currently SSYP has support from

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targeted communities and key partners from Atlanta Public Schools, Fulton County Schools, Department of Juvenile Justice, Morehouse School of Medicine, community-based organizations, elected officials and youth serving organizations. Each entity plays a vital role in assisting SSYP accomplish their goal of reducing underage drinking in Atlanta.

One of SSYP's new supporters is Banneker High School. SSYP staff attended a community meeting where they spoke about the organization and the programs offered. At the meeting, SSYP staff learned about the Achievement Zone that allows students an opportunity to receive social-emotional support during school. Staff from Banneker High School felt LifeSkills was aligned with the goals of the Achievement Zone and requested SSYP become a partner. SSYP started providing LifeSkills Training for high school in September 2019 and look forward to starting parent groups in January of 2020.

One hurdle SSYP staff faced was engagement of new individuals/organizations to join CPAW. SSYP staff reached out to several organizations and individuals requesting for assistance through time, talent and skills. They also recruited intentionally from NPU meetings and neighborhood periodicals (ex. Next-Door). They received support in other ways such as volunteers at an event or providing training to their youth. However, providing more of a commitment such as attending monthly meeting did create some challenges. Overall, CPAW members, community partners and key stakeholders assisted SSYP in accomplishing their goals. SSYP staff hope to provide more incentivized opportunities to attract new members. For example, conferences/training opportunities outside of the city may create additional buy-in.

Street Smart Youth Project continues to support the HEART Coalition's efforts to reduce underage drinking in Atlanta. SSYP staff attended their monthly meetings and provided insight on their environmental activities. Throughout the year, the members of the coalition have shown their support by partnering with SSYP on several underage drinking and tobacco prevention events. These events promoted health education, risk reduction and choosing alternative activities. SSYP staff value their knowledge in tobacco cessation education and the willingness to encourage their community to embrace change and quit smoking. In addition, there is some overlap with SSYP's target zip codes, which allows them to have a consistent message of prevention in those communities. SSYP staff enjoyed sitting at the table with the HEART Coalition this year. They also joined the Westside Health Collaborative, the Westside Education Collaborative and the NAACP education committee. All of these coalitions provide an opportunity to raise awareness and create additional access to services provided by SSYP. Additionally, these coalition partnerships create potential funding opportunities for SSYP. SSYP staff actively participate in these meetings offering valuable insight into the community and services needed. SSYP provided summer programming to youth of the Westside Education Collaborative that did not meet the age requirement for other programming. Through the NAACP collaboration, SSYP had an opportunity to open a pop-up shop in East Point offering the community resources such as clothing and educational materials relating to substance use and tobacco prevention.

In FY18, SSYP entered into a partnership with Emory University School of Medicine. They worked together on a media campaign that they hoped to drive home the message of limiting the number of retailers in target communities and the prevention of maternal substance use. During FY19, SSYP partnered with Emory University School of Medicine to create a billboard/print media campaign, and a bus tail media campaign to increase awareness about the benefits of limiting the number of retailers in their target communities and the prevention of maternal substance use. The first desired outcome is to continue to empower the community to make informed decisions about what takes place in their community as it relates to beer and wine establishments (alcohol retail outlets). The second outcome is to increase awareness of the consequences of substance use while pregnant. This message was displayed on Atlanta Marta bus tails, concentrated in the communities we identified as oversaturated with alcohol retail outlets. In addition, this campaign is currently running on a billboard in the City of Atlanta (30311).

In FY18, A CPAW member led the charge in addressing the community's concerns with a nuisance store in English Ave. The meeting took place at SSYP's office with the owner, a community member, the CPAW member and the PC. The owner agreed to remove all portable coolers filled with single serve alcoholic beverages from the store. In addition, he agreed to replace all broken coolers and change the layout of the store. In FY19, SSYP staff offered continued support of community action to decrease the number of nuisance stores in their target communities by raising awareness of the consequences associated with underage drinking and the environment. Two nuisance stores (English Park and English Ave) are no longer in business due to the nuisance activities they burdened the community with including loitering, substance use and dealing.

Street Smart Youth Project continues to educate the community on tobacco cessation. They refer community members to Caron Treatment Center which specializes in addiction services. Youth and young adults are exposed to Project CONNECT through Caron Treatment Center. This program is a nicotine cessation and reduction program developed for adolescents. It was designed to motivate youth and young adults not only to participate in the program but also to ultimately make more positive informed choices, including changing their nicotine use, attitudes and behaviors. At health fairs and community events, SSYP staff distributed their materials such as pamphlets and business card when referring individuals. Another strategy used to promote tobacco prevention and cessation is social media. SSYP used this platform to target youth and young adults on a broader scale. SSYP interns had an opportunity to receive training on a nicotine prevention program called Role Models for Change: Peer Nicotine Prevention Education. This program covers topics such as team-building, effective communication and facilitation skills, nicotine education and practice. The interns will educate their peers on this program during the upcoming retreat. SSYP also promoted a tobacco free policy at the At-Promise Center. Previously, the building allowed for the smoking of tobacco products directly in front of the door. SSYP shared their tobacco free work policy and posted a tobacco free sign on the door of the center. This increased visibility for the tobacco free practice and a decrease in overt smoking outside of the building was observed.

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SSYP staff increased awareness and began programming for the LifeSkills parenting program during the FY19 year. Solomon's Temple, a new organizations/partner began receiving this program starting in late September of 2019; and other organizations such as Future Foundation, Banneker High School and Nicholas House requested implementation to start after September 2019.

6. Number and reach of campaign messages/materials disseminated

Table 4. Reach of Campaign Messages

Campaign Messages	Dosage/Frequency	Reach
Bus Tail Media Campaign	10 buses, each bus runs for 19 hours Campaign ran 4 weeks in South Atlanta	333,980
Billboard/Print Media Campaign	1 billboard / 12 weeks	809,064

7. Satisfaction among program participants

Program participants indicated high levels of program satisfaction via the youth and parent focus group discussions (see Qualitative Data section of this report found above).

8. Information on adaptations made in the implementation of each strategy.

LifeSkills programming was expanded to serve the area of South Fulton by offering the program to youth at Banneker High School. Banneker High School conducted a need assessment with their seniors. The students requested assistance/classes with anger management, mental health, substance use, healthy relationships, stress management and other areas. Banneker High School provides these services through the Achievement Zone within the school. They requested LifeSkills Training for their students, which covers several of the requested areas.

9. Information on collaboration and leveraging of funding streams that support prevention interventions.

SSYP's sustainability plan discussed three vital areas to continue these strategies in our targeted communities. The community is a vital part of sustainability and enforcement. The community is aware of the challenges they face as it relates to the saturation of alcohol retail stores. They have voiced their concerns about these nuisance stores and through constant reporting they were able to see a change.

Connecting with key stakeholder and/or organizations is important to building capacity for policy development, implementation and ongoing enforcement. The key stakeholders are youth, community leaders, members of the Neighborhood Planning Units L, G, V and H, merchants of stores that sell alcohol, APS, the Department of Juvenile Justice and Atlanta City Council. SSYP partnered with the Department of Juvenile Justice to provide education health programming.

The SSYP executive board, which provides governance for the organization, has created a strategic plan to sustain all prevention strategies. Current board members utilize this plan to elicit additional capacity building specific to funding, partnership and programmatic design. The board will welcome four

additional members to assist the organization with fundraising, funding and partnership. To support sustainability efforts, SSYP has sought out funding for a new strategic plan to initiate in 2020. The Casey Foundation has provided funding to support this effort.

10. Activities conducted with members of the community and Atlanta City Council to increase awareness of the need to reduce retail availability to underage youth

During community events SSYP staff provided education on policy change and consequences of high outlet density. Continued education was offered. In May of 2019, elected officials residing over target communities were contacted and asked to meet in order to gain support and discuss policy change. Meetings took place in May and June of 2019 in which an information packet including an infographic and online briefing book were distributed.

b. Outcome Measures

1. Substance Use

- Past-30-day alcohol use
- Past-30-day binge drinking
- Age of Onset

Table 5. 30-day Use and Age of Onset

GSHS 2019 & ASAPP Data					
Indicator	Atlanta Public Schools HS GSHS Data	Fulton County Schools HS GSHS Data	Banneker HS GSHS Data	ASAPP Data (Pre-test) ²	ASAPP Data (Post-test)
N	8,420	21,570	1,066	82	82
30-day Alcohol Use	11.4%	12.8%	7.6%	2.4%	2.4%
30-day Binge-drinking	5.4%	6.7%	4.0%	0%	0%
Age of Onset (Alcohol)	13.3	13.4	12.7	12.8	12.4

2. Risk Factors

- Access to alcohol
- Disapproval of use of alcohol
- Perception of parental disapproval/attitude towards substance use
- Perceived risk of harm from use of alcohol
- Family communication about substance use

² There were 109 pre surveys total and 80 post-surveys. Data presented for matched pre-post data only.

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Table 6. Data on Risk Factors

GSHS 2019 & ASAPP Data					
Indicator	Atlanta Public Schools HS GSHS Data	Fulton County Schools HS GSHS Data	Banneker HS GSHS Data	ASAPP Data (Pre-test)	ASAPP Data (Post-test)
N	8,420	21,570	1,066	82	82
Access to Alcohol³	N/A	N/A	N/A	15.9%	18.3%
Disapproval of Alcohol Use⁴	N/A	N/A	N/A	62.2%	59.8%
Perception of Parental Disapproval of Alcohol Use⁵	N/A	N/A	N/A	73.2%	79.3%
Perceived Risk of Harm from Alcohol Use⁶	66.7%	78.1%	68.0%	80.5%	81.7%
Family Communication About Dangers of Alcohol Use⁷	N/A	N/A	N/A	14.6%	19.5%

- Availability of unsupervised places to drink

Of the three LifeSkills youth participants who reported drinking alcohol in the last 30 days, one participant indicated that someone other than a family member gave it to them, one participant gave someone else the money to get the alcohol for them, and the other participant indicated that a family member gave it to them.

3. LifeSkills Outcomes

- Did youth attitudes toward underage drinking change?

Statistical tests did not indicate any significant differences between matched pre- and post-test responses.

When asked how many students at their school drink alcohol, the percentage who said “none” decreased from 22.0% to 15.9%, and the percentage who said “a few of them” increased from 30.5% to 43.9%. Over one fourth of students also reported that they didn’t know or couldn’t say (29.3% on the pre-test; 25.6% on the post-test). When asked how many of their closest friends had been drunk in the past 30 days, the percentage stating “none of them” slightly decreased from 53.7% to 48.8%; and those

³ ASAPP Data: Percentage of youth who said it was easy or very easy to obtain alcohol.

⁴ ASAPP Data: Percentage of youth who disapprove of someone their age having one or two drinks of alcohol nearly every day.

⁵ GSHS data no longer measures this outcome. ASAPP Data: Percentage of youth who agreed that parents think it is wrong for people their age to get drunk.

⁶ GSHS Data: Percentage of youth who indicated that they think there is a risk (ranging from slight-great risk) of people harming themselves if they take one or two drinks of alcohol nearly every day. ASAPP Data: Percentage of youth who think people risk (ranging from slight-great risk) harming themselves if they have five or more drinks of an alcoholic beverage once or twice a week.

⁷ ASAPP Data: Percentage of youth who have talked with their parents in the last 3 months about the dangers of alcohol use.

stating “most of them” increased from 3.7% to 6.1%. Less than half of respondents said that they didn’t know or couldn’t say. See the table below for a breakdown of responses among matched pre-post-tests.

Table 7. Alcohol Use Among Friends and Students at Participant’s School

How many students at your school drink alcohol?	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
None of them	18	22.0	13	15.9
A few of them	25	30.5	36	43.9
Most of them	14	17.1	9	11.0
All of them	0	N/A	2	2.4
Don’t Know/Can’t Say	24	29.3	21	25.6
Did not answer	1	1.2	1	1.2
TOTAL	82	100	82	100
How many of your closest friends have been drunk in the past 30 days?	Number	Percentage	Number	Percentage
None of them	44	53.7	40	48.8
A few of them	12	14.6	13	15.9
Most of them	3	3.7	5	6.1
Don’t Know/Can’t Say	23	28.0	23	28.0
Did not answer	0	N/A	1	1.2
TOTAL	82	100	82	100

Twelve pre-test and 16 post-test participants indicated that they had talked to at least one of their parents about the dangers of alcohol use within the last three months. The majority of pre-and post-test participants agreed or strongly agreed that adults in their life think that drinking alcohol, getting drunk, and smoking marijuana are wrong for young people their age, and the percentage agreeing increased from pre to post test for each question. See the table below for the percentage of youth who agreed among those who had matched pre/post-tests.

Table 8. Adult Perception of Disapproval

Youth agreeing that adults in their life think it is wrong for young people to...				
	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
Get Drunk	60	73.2	65	79.3
Drink Alcoholic Beverages	55	67.1	64	78.0
Smoke Marijuana	53	64.6	58	70.7

Over half of participants disapproved or strongly disapproved of someone their age having one or two alcoholic beverages nearly every day (62.2% on the pre-test; 59.7% on the post-test). Those approving decreased from 6.1% on the pre-test to 2.4% on the post-test. Over a quarter of pre-test and post-test respondents neither approved nor disapproved of someone their age having one or two alcoholic beverages nearly every day (31.7% pre-test; 36.6% post-test). Less than half of pre (36.6%) and post-test

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(31.8%) participants disapproved or strongly disapproved of someone their age using marijuana once a month or more. An additional 47.6% of participants neither approved nor disapproved of marijuana use on the pre-test, which increased to 57.3% on the post-test. See the table below for a comparison of pre- and post-test results among those participants with matched surveys.

Table 9. Youth Disapproval of Substance Use

Feelings of someone their age...	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
Having one or two drinks of alcohol nearly every day				
Strongly Disapprove	27	32.9	33	40.2
Disapprove	24	29.3	16	19.5
Neither Approve Nor Disapprove	26	31.7	30	36.6
Approve	3	3.7	2	2.4
Strongly Approve	2	2.4	0	N/A
Did not answer	0	N/A	1	1.2
TOTAL	82	100	82	100*
Using marijuana once a month or more	Number	Percentage	Number	Percentage
Strongly Disapprove	19	23.2	18	22.0
Disapprove	11	13.4	8	9.8
Neither Approve Nor Disapprove	39	47.6	47	57.3
Approve	6	7.3	4	4.9
Strongly Approve	6	7.3	4	4.9
Did not answer	1	1.2	1	1.2
TOTAL	82	100	82	100

*Percentages do not add to 100% due to rounding

The majority of participants believe that people consuming five or more alcoholic beverages once or twice per week have great or moderate risk of harming themselves (69.5% on the pre-test; 76.8% on the post-test). Only 3.7% of survey respondents indicated “no risk” on the pre-test and 4.9% on the post-test; and over 10% said that they didn’t know or couldn’t say (14.6% on the pre-test; 11.0% on the post-test). See Table 10 for details.

Table 10. Perception of Harm of Binge Drinking

How much do people risk harming themselves physically or in other ways when they...				
Have five or more drinks of an alcoholic beverage once or twice a week	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
No risk	3	3.7	4	4.9
Slight risk	9	11.0	4	4.9
Moderate risk	20	24.4	21	25.6
Great risk	37	45.1	42	51.2
Don't Know/Can't Say	12	14.6	9	11.0
Did not answer	1	1.2	2	2.4
TOTAL	82	100	82	100

When asked whether they would engage in various illegal behaviors “if they knew they would not get caught,” the majority of participants indicated that they would not drink alcohol (70.8% on the pre-test; 73.1% on the post-test), or binge drink (84.2% on the pre-test; 83.0% on the post-test) (See table below).

Table 11. Likelihood of Engaging in Alcohol Use

“If I had the chance and knew I would not get caught, I would...”				
Drink an alcoholic beverage	Pre-test		Post-test	
	Number	Percentage	Number	Percentage
Strongly Disagree	39	47.6	38	46.3
Disagree	19	23.2	22	26.8
Agree	6	7.3	5	6.1
Strongly Agree	3	3.7	3	3.7
Don't Know/Can't Say	13	15.9	14	17.1
Did not answer	2	2.4	0	N/A
TOTAL	82	100	82	100
Binge drink	Number	Percentage	Number	Percentage
Strongly Disagree	54	65.9	50	61.0
Disagree	15	18.3	18	22.0
Agree	1	1.2	3	3.7
Strongly Agree	2	2.4	1	1.2
Don't Know/Can't Say	9	11.0	10	12.2
Did not answer	1	1.2	0	N/A
TOTAL	82	100	82	100

- Did parents participating in Life Skills training increase the perception of risk related to underage drinking?

When asked how much youth under the age of 21 risk harming themselves physically or in other ways when they have one or two alcoholic drinks nearly every day, nine parents indicated slight-great risk on the pre-test; and all 4 parents indicated moderate-great risk on the post-test. The results were similar

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when asked how much youth under age 21 risked harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week (8 parents indicated great risk on the pre-test; all 4 indicated moderate-great risk on the post-test).

- Was youth's access and exposure to alcoholic beverages prevented/decreased?

When asked how easy it would be to obtain beer, wine, or hard liquor, those youth participating in LST indicating that it would be hard or very hard increased at 53.6% on the pre-test; 58.5% on the post-test.

- Did parents participating in Life Skills training report increased monitoring of alcohol supply in the home?

When asked how often they monitored alcohol products in their home to see if any were missing, three parents on the pre-test and two parents on the post-test indicated "never."

4. Outlet Density Outcomes

- Did the number of retailers in the target community decrease?

The biggest success is the reduction of outlet density in two of SSYP's targeted communities. Two nuisance stores (English Park and English Ave) are no longer in business due to the nuisance activities they burdened the community with including loitering, substance use and dealing. This is vital to the continued improvement of the community's health via environmental change. Youth and young adults have less stores promoting and glorifying alcohol in their community. This was the first time a media campaign was displayed on Marta. The media campaign traveled throughout South Fulton County, including parts of Atlanta. We believe this campaign not only raised awareness but also evoked questions about the unhealthy elements related to alcohol in their immediate environment.

- Were any policies related to the number of alcohol retailers receiving liquor licenses in the target communities adopted?

No policies were adopted. SSYP staff are still educating the community and store owners.

- Did new community members from different sectors join the CPAW?

There was an increase in key stakeholders- 10 new organizations were welcomed.

- Was awareness of the need to limit retail availability of alcohol to underage youth increased among members of the community and Atlanta City Council?

No data available in FY19. Focus group(s) will be conducted in FY20. Paper and online versions of a survey to measure awareness and impact of the Bus Tail Media Campaign and Billboard/Print Media Campaign were created by the evaluator; however, no data was collected.

In September 2019, a series of community talks were held in order to gain support from the community for substance abuse prevention efforts under the strategy model of regulation of alcohol outlet density.

Monthly meetings were held with youth, parents, businesses, youth-serving organizations, city council members, and alcohol retailers in order to engage/partner with local organizations and agencies. Street Smart Youth Project continues to support the HEART Coalition's efforts to reduce underage drinking in Atlanta. SSYP staff attended their monthly meetings and provided insight on environmental activities. Throughout the year, the members of the coalition have shown their support by partnering with SSYP on several underage drinking and tobacco prevention events.

In January of 2019, SSYP staff conducted research to determine how other counties define outlet density.

In February of 2019, SSYP contacted Vox to secure a meeting in the hopes of creating a partnership to increase awareness of underage drinking and related consequences. A meeting took place in March 2019. A plan was finalized in June 2019; SSYP prepared for and promoted the event in July and August of 2019; and the event was hosted in August of 2019.

In March of 2019, committee meetings that address policies and land use were identified in order to stay abreast on community concerns and events; meetings were attended in March and April of 2019, and a presentation was given at the April meeting.

5. Product Placement Outcomes

- How many store owners signed restriction of product placement MOUs?

There were no signed MOU's from store owners. Ten stores requested signage (i.e., Under 21, no alcohol, no consumption of alcohol on premise, etc.) to display in the store.

- Was youth's access and exposure to alcoholic beverages prevented/decreased?

Four stores moved their product to the tall refrigerator at the back of the store. This resulted in decreased promotion and relocation of the alcohol beverages. Community members were empowered/expressed satisfaction with their involvement/support of store closing.

In December 2018, committee meetings that address policies and land use were identified in order to stay abreast on community concerns and events. A meeting was attended in January of 2019, and follow-up contact was made in April 2019 with contacts that could assist in achieving goals. In May 2019 a meeting was scheduled to facilitate these partnerships with these contacts.

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2019 SSYP Impact

2019 SSYP Impact

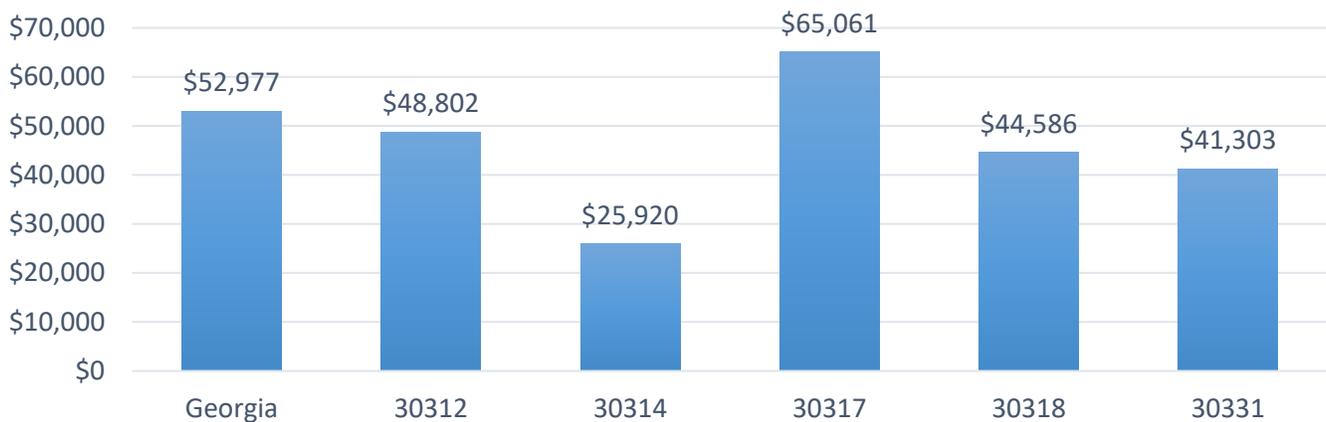
In 2019, across all programming initiatives, SSYP has made an impact. Although Street Smart Youth Project serves various communities throughout Georgia, their work is concentrated in a few of the most under-resourced area codes. Most of the communities served experience significant disparity in socioeconomic indicators. The graphs below depict socioeconomic data for residents of zip codes served by SSYP in comparison to the state of Georgia. Residents of these geographic areas tend to have lower median incomes, larger percentages of households with incomes below the poverty level and larger proportions of households receiving food stamps.

Table 1. U.S. Census Bureau (2017). ACS Demographic and Housing Estimates

Year = 2017	Georgia	30312	30314	30317	30318	30331
Population	10,201,635	21,731	25,142	13,936	49,788	64,652
Number of Households	3,663,104	11,331	7,398	5,578	20,763	23,468
Median Household Income	52,977	48,802	25,920	65,061	44,586	41,303
Residents w/ income below poverty level	16.9%	26.1%	35.5%	15.7%	21.2%	23.5%
Residents with income below 50% of the poverty level	761,938 (7.4%)	3,100 (14.2%)	3,589 (14.2%)	1,317 (9.5%)	5,052 (10.1%)	6,258 (9.7%)
Race African American	3,195,268	10,795	21,981	6,448	26,457	62,027
SNAP/food stamps yes households	530,636	2,264	2,641	1,061	2,807	5,765
SNAP/food stamps no households	3,132,468	9,067	4,757	4,517	17,956	17,703
% of households receiving food stamps in the past 12 months	14.5%	20.0%	35.7%	19.0%	13.5%	24.6%

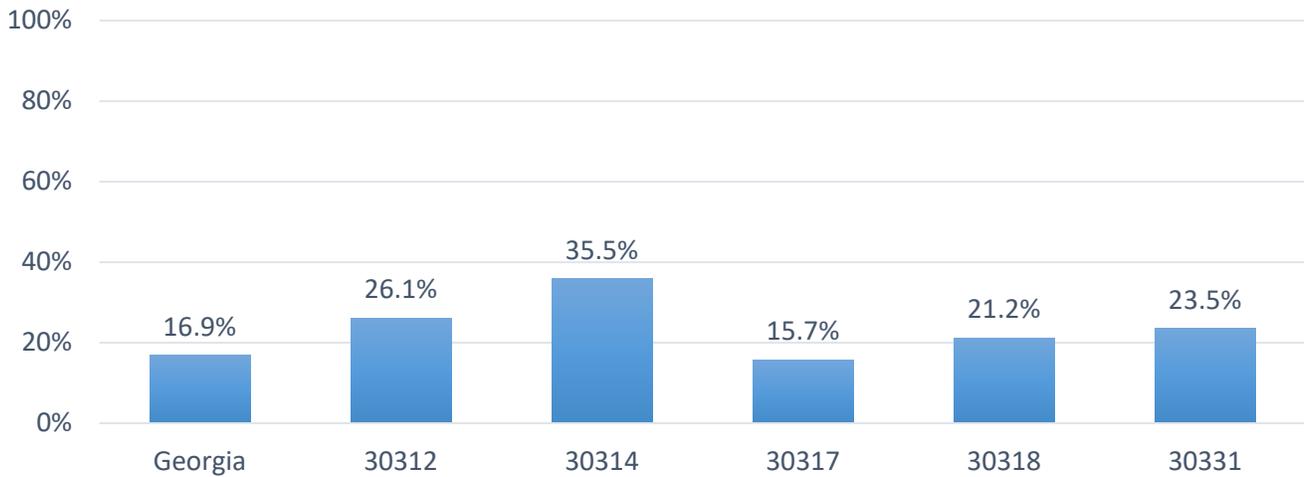
U.S. Census Bureau (2017). ACS DEMOGRAPHIC AND HOUSING ESTIMATES, Table DP05, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP05&prodType=table

Figure 1. Median Household Income



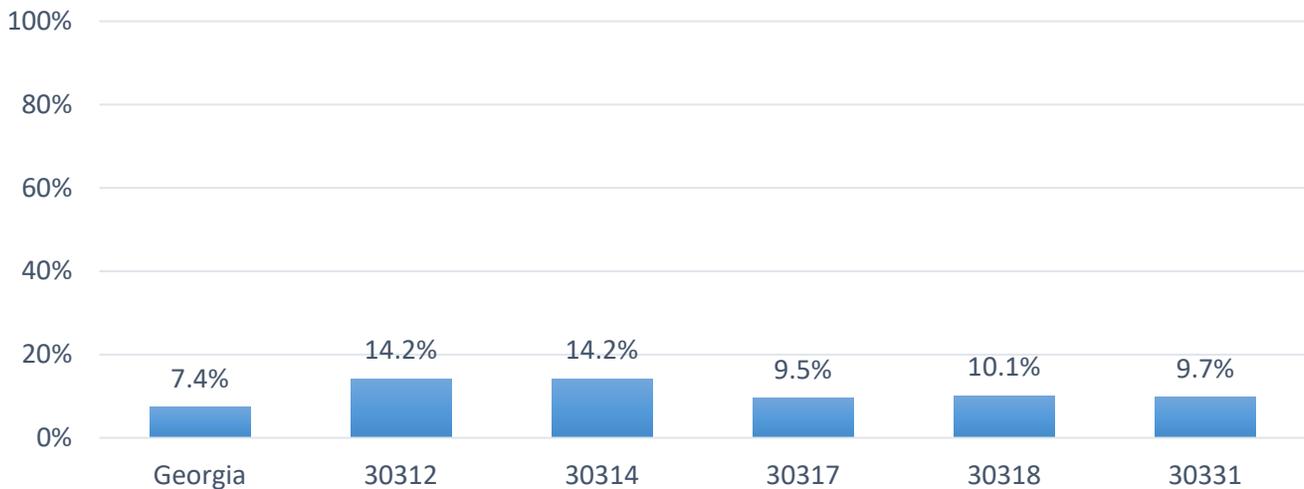
U.S. Census Bureau (2017). SELECTED ECONOMIC CHARACTERISTICS, Table DP03, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table

Figure 2. Percentage of Population below the Poverty Line



U.S. Census Bureau (2017). *SELECTED ECONOMIC CHARACTERISTICS*, Table DP03, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table

Figure 3. Percentage of Population below 50% of Poverty Line

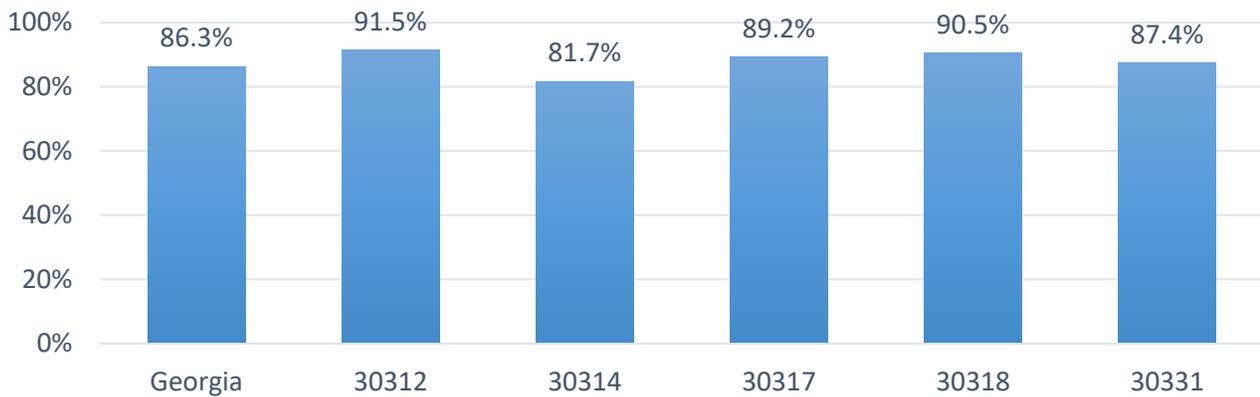


U.S. Census Bureau (2017). *POVERTY STATUS IN THE PAST 12 MONTHS*, Table S1701, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1701&prodType=table

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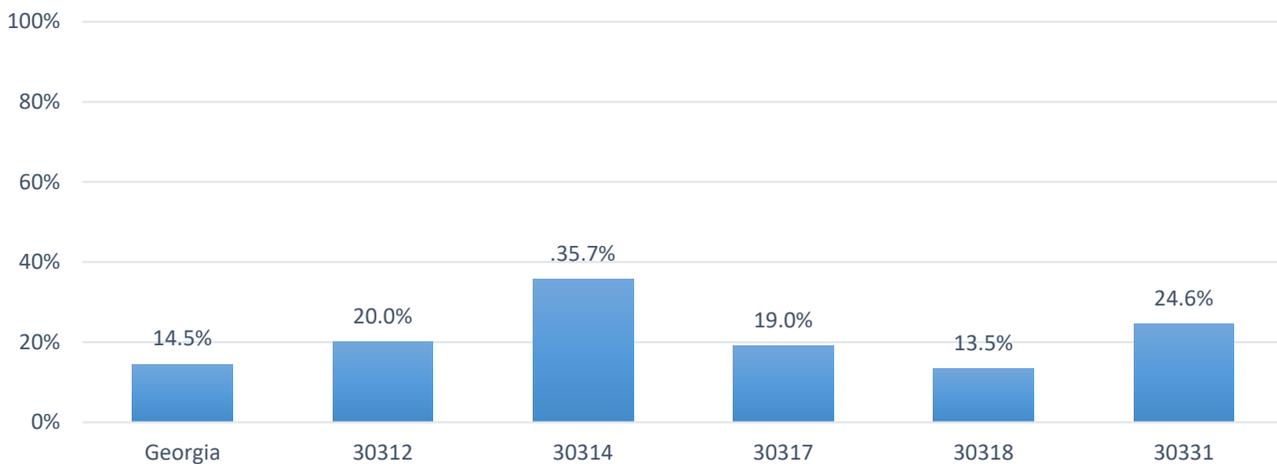
2019 SSYP Impact

Figure 4. Percentage of Residents 25 years + with High School Education or above



U.S. Census Bureau (2017). EDUCATIONAL ATTAINMENT, Table S1501, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1501&prodType=table

Figure 5. Percentage of Households receiving Food Stamps



U.S. Census Bureau (2017). FOOD STAMPS/Supplemental Nutrition Assistance Program (SNAP), Table S2201, 2013-2017 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S2201&prodType=table

SSYP 2019 End of Year Report Conclusions and Recommendations

Conclusions/Recommendations

Throughout 2019, SSYP continued to provide essential services to Atlanta youth and young adults living in communities marked by high poverty and school drop-out rates, high levels of substance use and as well as high levels of HIV and other STDs. For those receiving such services, the impacts may be life changing.

Street Smart Youth Project staff have demonstrated high levels of fidelity to the BART and FOY programs to prevent HIV and other STDs, as well as teen pregnancy. Despite often being taught in a school setting, results indicate statistically significant changes in knowledge from pre to post-test, which will allow youth to make informed decisions to protect themselves appropriately.

Street Smart staff have been heavily engaged in outreach activities and prevention programming, serving 775 people through evidence-based curricula, alternative activities for youth, youth and young adult interventions, and community outreach/engagement and capacity building. Estimated reach for the bus tail media campaign is 333,980 and for the billboard/print media campaign is 809,064. The media campaigns were designed to increase awareness about the benefits of limiting the number of retailers in their target communities and the prevention of maternal substance use.

Appendix A- Life Skills Fidelity Scores

Life Skills Training High School Program Fidelity Checklist Reports

Unit 1: The Value of Good Health

Unit 1 - Question 1: Major objective and corresponding points

Unit 1:A - Take care	Yes	No	Response Count
The various aspects of health	3	0	3
The meaning of prevention and how it relates to one's actions	3	0	3
The topics covered in the Life Skills Training High School program	3	0	3
Health covers a wide variety of topics	3	0	3
Healthy behaviors can help us meet our daily challenges	3	0	3
The Life Skills Training High School program is designed to develop skills that help us adopt and maintain healthy thoughts, feelings, and behaviors	3	0	3

Unit 1:B - What good is health	Yes	No	Response Count
The value of good health.	3	0	3
The types of actions, thoughts, and feelings that protect or improve health, and those that jeopardize health.	3	0	3
How people take care of themselves – or fail to.	3	0	3
Good health is one of the most precious assets we can protect.	3	0	3
A person in good health will be stronger and more energetic than someone in poor health.	3	0	3
Good health helps us to grow and develop and to enjoy life.	3	0	3
Healthy people tend to feel good about themselves.	3	0	3
Good health doesn't just happen to us. We have to be actively involved in creating it.	3	0	3
Being healthy involves avoiding behaviors that risk our health.	3	0	3

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Unit 1:C Set a Healthy Goal	Yes	No	Response Count
The types of actions, thoughts, and feelings that protect or improve health, and those that jeopardize health	3	0	3
How people take care of themselves – or fail to	3	0	3
The steps involved in setting and achieving a goal	3	0	3
Breaking a goal down into measurable, manageable steps makes it easier to accomplish	3	0	3
Adopting healthy behaviors is easier than changing unhealthy behaviors.	3	0	3
Rubric	1	2	3

Unit 1:D - Healthy, Healthier, Healthiest (Out-of-Class Activity)	Yes	No	Response Count
The types of actions, thoughts, and feelings that protect or improve health, and those that jeopardize health.	0	3	3
How people take care of themselves – or fail to	0	3	3

Unit 1 - Question 2: Concepts	Yes	No	Response Count
Healthy behavior enhances, benefits, and protects our minds and bodies.	3	0	3
Prevention keeps something from happening. With our health, it means choosing behaviors that promote and enhance our well-being and avoiding behaviors that harm us	3	0	3
Evaluating risks involves measuring the exposure to possible loss or harm	3	0	3
Protecting our health means shielding it from situations that can harm it	3	0	3

Unit 1 - Question 3: Topics and Activities	Yes	No	Response Count
Take Care (Activity A)	3	0	3
What Good is Good Health? (Activity B)	3	0	3
Set a Health Goal (Activity C)	3	0	3
Healthy, Healthier, Healthiest (Activity D)	0	3	3

Unit 1 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	15%	50%
Demonstration	30%	30%	0%
Discussion	25%	25%	50%
Practice	30%	30%	0%

Unit 1 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	90m

Unit 1 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	3		3

General Comments
Participants were off task which involved a lot of talking. Due to it being a lot of students, the noise level can be very high which makes it difficult to facilitate.
Class was a bit resistant for the first session. we also took note that the class is "optional." trying to maintain attendance might be difficult. Overall, most/not all of students participated.

Unit 2: Decision-Making for Health

Unit 2 - Question 1: Major objective and corresponding points

Unit 2:A - Decisions, Decisions	Yes	No	Response Count
The kinds of decisions we make for ourselves.	3	0	3
How our decisions reflect who we are – our personality, character, and values.	3	0	3
A decision is a choice that involves making a determination, a conclusion, or a judgment.	2	0	2
Rules are decisions that our families, schools, and societies make for us.	3	0	3
The decisions we make for ourselves reflect who we are – our personalities, values, and character.	3	0	3
Sometimes it's difficult to know what to decide. That's the time to ask for help or advice from others.	3	0	3
Life is full of decisions. It's important to develop decision-making skills so your decisions are right for you.	3	0	3

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Unit 2:B - PROPS: a decision-making method	Yes	No	Response Count
How our decisions reflect who we are - our personality, character, and values	3	0	3
How decision-making skills can help us change or improve a health behavior	3	0	3
How our decisions reflect who we are - our personality, character, and values	3	0	3

Unit 2:C - Prop Yourself UP	Yes	No	Response Count
How our decisions reflect who we are – our personality, character, and values	3	0	3
How our decisions affect our health	3	0	3
How decision-making skills can help us change or improve a health behavior	3	0	3
There are often multiple options to consider. It is important to determine what is a safe, healthy decision for us, based on our priorities and values	3	0	3
Sometimes our decisions will go against what our friends are doing. It's up to us to decide what is right for us	3	0	3
In the end, we have to live with the consequences of our decisions	3	0	3
When we face a difficult decision, it's important to take the time to work it through using PROPS	3	0	3
We need to be sure to know what the benefits and risks of our decisions are before acting on them	3	0	3

Unit 2:D - Healthy Choices	Yes	No	Response Count
How decision-making skills can help us change or improve a health behavior	0	3	0
Rubric	0	3	0

Unit 2 - Question 2: Concepts	Yes	No	Response Count
Feeling ambivalence means being able to see the benefits of different choices	3	0	3
Facing a dilemma means a situation with more than one possible outcome	3	0	3

Unit 2 - Question 3: Topics and Activities	Yes	No	Response Count
Decisions, Decisions (Activity A)	3	0	3
PROPS: a decision-making method (Activity B)	3	0	3
Prop Yourself UP (Activity C)	3	0	3
Healthy Choices (Activity D)	0	3	3

Unit 2 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	15%	50%
Demonstration	30%	30%	0%
Discussion	25%	25%	40%
Practice	30%	30%	10%

Unit 2 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	60m

Unit 2 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	3	5	5

General Comments			
Youth were very disengaged in the beginning of group. Facilitator had to ask for teacher's assistance to help mediate the behavior of the youth.			
Class was highly engaged			

Unit 3: Risk-Taking and Substance Abuse

Unit 3 - Question 1: Major objective and corresponding points

Unit 3:A - Valuing What's Important	Yes	No	Response Count
How our values are influenced by our perception of risk	3	0	3
How a possible risk becomes a probable risk	3	0	3
People tend to decide whether to take a risk based on what they think they have to lose, what they think they have to gain, and how much value they place on the potential gains and losses	3	0	3
Knowing what we value is an important first step in deciding what whether a risk is worth taking	3	0	3
We tend to act in ways that are consistent with our values	3	0	3

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Unit 3:B - What kind of risk-taker are you	Yes	No	Response Count
How our values are influenced by our perception of risk	3	0	3
How a possible risk becomes a probable risk	3	0	3
There are many factors that influence how risky we think something is	3	0	3
We all have different comfort levels with taking risks	3	0	3
Some risks will result in benefits and some will result in harms	3	0	3
When it comes to risk-taking, it is important to anticipate the probability of both benefits and harms	3	0	3

Unit 3:C - Risky, Riskier, Riskiest	Yes	No	Response Count
How a possible risk becomes a probable risk	3	0	3
The role substance use plays in risk-taking and its consequences	3	0	3
Taking risks can be fun, making us feel excited and energized	3	0	3
We have to take some risks if we want to grow and learn new things about ourselves	3	0	3
Healthy risk-taking provides us with opportunities to experience those feelings of excitement while enhancing, rather than harming what we value	3	0	3
Not all risks are equal	3	0	3
Sometimes, the energy of being in a group can influence us to take risks or perceive them differently than we would if we were by ourselves	3	0	3
Substance use can increase the level of risk and the probability of harm for activities that might otherwise be rather low risk	3	0	3
All types of substance use have the potential for being high risk with unhealthy results; some types of substance use are always high risk	3	0	3
A decision-making method such as PROPS (from Unit 2) can help us think through whether taking a risk will enhance or harm our health	3	0	3

Unit 3:D - Playing it safe	Yes	No	Response Count
How decision-making skills and understanding the factors affecting risk-taking can help us decide whether to take a risk	0	3	3
Rubric	0	3	3

Unit 3 - Question 2: Concepts	Yes	No	Response Count
To value is to have respect, esteem, or appreciation for an object, relationship, or idea	3	0	3
Probability is the measure of likelihood	2	1	3
Evaluating risk involves measuring the exposure to possible loss or harm	3	0	3
Protecting our health is shielding it from situations that can harm it	3	0	3

Unit 3 - Question 3: Topics and Activities	Yes	No	Response Count
Valuing What's Important (Activity A)	3	0	3
What kind of Risk-Taker are you (Activity B)	3	0	3
Risky, Riskier, Riskiest (Activity C)	3	0	3
Playing it safe (Activity D)	0	3	3

Unit 3 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	15%	40%
Demonstration	30%	30%	20%
Discussion	25%	15%	30%
Practice	30%	40%	10%

Unit 3 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	45m

Unit 3 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	5	3	5

General Comments
Being that the classroom is very large, it is difficult retaining the attention of the youth.
class size decreased, however class was highly engaged

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Unit 4: The Media and Health

Unit 4 - Question 1: Major objective and corresponding points

Unit 4:A - Popular media	Yes	No	Response Count
The different forms of media.	3	0	3
Why people use media and why they prefer certain types.	3	0	3
How the media influence our beliefs about ourselves.	3	0	3
Even though the media influences us, we choose which ones we engage with.	3	0	3
We have many choices about what type of media and which media messages to consume.	3	0	3
Teenagers are the largest consumers of media and more likely than any other group to use multiple forms of media.	3	0	3
The media send us messages about our self-image and culture and what is popular and socially acceptable. When we use media, we are consuming those messages.	3	0	3
Some messages promote positive and healthy beliefs and behaviors, but some are negative and unhealthy.	3	0	3
Media messages are highly influential in the formation of our ideas about ourselves and others.	3	0	3

Unit 4:B - Self and Culture	Yes	No	Response Count
How the media influence our beliefs about ourselves, our culture, and various health behaviors.	3	0	0
Media can be excellent educational resources, with positive messages that inform and entertain us.	3	0	0
Teenagers represent a huge market for the media. Teens spend vast amounts of money and time on the media, which makes them prime targets of the media.	3	0	0
Ordinarily we don't think too much about the implied messages in the music we listen to, the movies we go see, and the shows we watch.	3	0	0
Whether we are thinking about them, though, the messages get through.	3	0	0
When we think about our media choices, we are likely to see connections between ourselves, our self-image, and a medium's effect on us.	3	0	0
Knowing how the media work can help us be more critical consumers of media messages, especially when those messages affect our thoughts and beliefs about identity and mental, emotional, and physical health.	3	0	0

Unit 4:C - Media Log	Yes	No	Response Count
Why people use media, and why they prefer certain types.	1	2	3
How the media influence our beliefs about ourselves, our culture, and various health behaviors	1	2	3
Rubric	0	3	3

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Unit 4:D - Talking Back to the Media	Yes	No	Response Count
How the media influence our beliefs about ourselves, our culture, and various health behaviors	3	0	3
In addition to beliefs about self and culture, we consume the media's powerful messages about health practices	3	0	3
Some of these messages are positive and show behaviors that are good for us to imitate	3	0	3
Many of these messages do not accurately show what is really healthy or socially acceptable for us as individuals or as members of a culture	3	0	3
We can respond to media messages to correct inaccuracies, counter their illustration of health risks, or promote health-protective beliefs and behaviors	3	0	3

Unit 4:E - Tuning In	Yes	No	Response Count
The strategies we can use to analyze media messages that we consume	3	0	3
What we can do to make sure that we use media in ways that protect our health	3	0	3
When we are more aware that the media we consume are projecting messages, we find ourselves paying more attention to the messages in the media	3	0	3
Media messages do not always accurately reflect what we believe or do or how problems are solved in the real world	3	0	3
Since we tend to act in ways that reflect what we believe about ourselves and what is popular and socially acceptable in our culture, the unthinking consumption of inaccurate media messages may lead us to adopt beliefs and behaviors that can jeopardize our health	3	0	3
We can increase and protect our self-image, cultural, physical, mental, and emotional health by being informed consumers of media products	3	0	3

Unit 4:F - Leave a message	Yes	No	Response Count
The strategies we can use to analyze media messages that we consume	1	2	3
What we can do to make sure that we use media in ways that protect our health	1	2	3

Unit 4 - Question 2: Concepts	Yes	No	Response Count
Media influence affects what we believe about ourselves and our cultures, and that what we believe is usually expressed in the choices that we make	3	0	3
Probability is the measure of likelihood	2	1	3
Culture is the shared ideas, activities, language, and social expressions (food, music, clothing, etc.) of the members of one group that distinguishes it from another. It is part of our self-image	3	0	3
Targeting is the shaping of messages so that they attract a specific group of people who share individual or cultural interests, beliefs, and practices	3	0	3

Unit 4 - Question 3: Topics and Activities	Yes	No	Response Count
Popular Media (Activity A)	3	0	3
Image: Self and Culture (Activity B)	3	0	3
Media Log (Activity C)	2	2	3
Talking Back to the Media (Activity)	3	0	3
Tuning In (Activity E)	3	0	3
Leave a Message (Activity F)	1	2	3

Unit 4 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	25%	25%
Demonstration	30%	20%	20%
Discussion	25%	40%	25%
Practice	30%	15%	30%

Unit 4 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	30

Unit 4 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
		5	5

General Comments
Class enjoyed incorporating media with health. Great session and overall participation. Groups provide lunch, this seems to be a great incentive for this group. There is an issue with students getting released for class to participate in group.

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Unit 5: Managing Stress, Anger, and Other Emotions

Unit 5 - Question 1: Major objective and corresponding points

Unit 5:A - Start at the source	Yes	No	Response Count
How emotions such as stress and anger affect other emotions	3	0	3
Some common trigger situations that can provoke strong emotions for us, as well as ones that are personally challenging	3	0	3
How emotions can influence our decisions about how to respond to triggers	3	0	3
There is a wide range of complexity of human emotions	3	0	3
Stress and anger are two powerful emotions that many find difficult to manage	3	0	3
There are many different possible emotional responses to triggers. Some triggers may be more challenging for one person than for another	3	0	3
We are unique in what we feel, how we feel it, and how we respond	3	0	3
Learning to manage powerful emotions can help us think more clearly so we can make decisions that enhance our lives	3	0	3
When our emotional responses and reactions are larger than the trigger, we need to examine whether there is more than one emotion taking place. If stress and anger are involved, our responses and reactions will be intensified	3	0	3
The consequences of not learning how to manage our emotions may include making decisions that hurt us or others, damaging relationships, developing physical illnesses, and feeling unhappy about our life	3	0	3
Alcohol and other drugs increase the odds that we won't think clearly. They either exaggerate or diminish our ability to respond in a healthy way to a trigger and keep us from taking an appropriate action	3	0	3
Healthy emotional responses to triggers match the appropriate level of emotion to the situation, balance feeling with thinking and result in decisions that help us work more effectively toward what is important for us	3	0	3

Unit 5:B - Make the Connection	Yes	No	Response Count
How tobacco, alcohol, and other drugs influence our emotional responses to triggers	3	0	3
When we're experiencing strong emotions, especially when we add stress and anger to them, we can be tempted to control those emotions by using alcohol, tobacco, or other substances	3	0	3
These substances may make us feel like we're in control of our emotions, but they generally make things worse and keep us from being able to deal with the problem	3	0	3
Substances tend to blunt our emotions and delay our reactions	3	0	3
It is often helpful to calm our bodies, thoughts, and feelings before acting or responding to something when we are feeling strong emotions	3	0	3

Unit 5:C - Finding Balance	Yes	No	Response Count
Healthy techniques that help us manage powerful emotions so we can stay true to our values	3	0	3
The benefits of managing emotions (such as stress and anger) and expressing them in healthy ways	3	0	3

Unit 5:D - Take a Break	Yes	No	Response Count
Healthy techniques that help us manage powerful emotions so we can stay true to our values	1	2	3
The benefits of managing emotions (such as stress and anger) and expressing them in healthy ways	1	2	3
Rubric	0	3	3

Unit 5 - Question 2: Concepts	Yes	No	Response Count
Stress and anger are two normal emotions that, when layered on another emotion, can sometimes lead us to respond to a situation in an unbalanced, emotionally extreme way	3	0	3
A trigger is a situation, person, place, or thing that causes an emotional response	3	0	3

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Unit 5 - Question 3: Topics and Activities	Yes	No	Response Count
Start at the Source (Activity A)	3	0	3
Make the Connection (Activity B)	3	0	3
Finding Balance (Activity C)	3	0	3
Take a Break (Activity D)	0	3	3

Unit 5 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	35%	40%
Demonstration	30%	25%	0%
Discussion	25%	30%	30%
Practice	30%	10%	30%

Unit 5 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	30m

Unit 5 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	3	5	5

General Comments
Students show up late due to issues being released from class by teachers. For those who showed up, participation was great!

Unit 6: Family Communications

Unit 6 - Question 1: Major objective and corresponding points

Unit 6:A - The More Things Change...	Yes	No	Response Count
What young adults' needs are for independence and how family caregiving styles adapt to those needs	3	0	3
We have different needs and abilities at different times in our lives. These affect our roles within our families	3	0	3
Adolescents need independence, peer relationships, the opportunities to take healthy risks and make their own decisions, and the space to develop their identities	3	0	3
Adolescents often need caregivers to trust them as they explore new experiences	3	0	3
Teens need to remember that caregivers have to adapt to these new need. Families need to learn to work together to adjust their evolving roles	3	0	3
Adults have to learn how to balance teen needs with parental concerns to enable the teens to make good decisions, engage in safe activities, and maintain healthy communication with the family	3	0	3

Unit 6:B - Effective Communication Skills	Yes	No	Response Count
How and why misunderstandings about needs and expectations for safe and drug-free behavior typically develop	3	0	3

Unit 6:C - Can you Hear me Now	Yes	No	Response Count
Why and how misunderstandings about needs and expectations for safe and drug-free behavior typically develop	3	0	3
The expectations regarding substance use that young adults and their families should have for one another	3	0	3
Using Effective Communication Skills can help prevent misunderstandings with others	3	0	3
Verbal and non-verbal techniques include active and passive listening, using open-ended questions, and looking at the person	3	0	3
Practicing the Effective Communication Skills can help you become more comfortable with them	3	0	3

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Unit 6:D - Family Interview	Yes	No	Response Count
The expectations regarding substance use young adults and their families should have for one another	0	3	3
Rubric	0	3	3

Unit 6:E - I was Surprised that...	Yes	No	Response Count
Which communication skills help families avoid misunderstandings about each other's needs and expectations for safe and drug-free behavior	3	0	3
Understanding doesn't necessarily mean we agree with others' points of view. Similarly, misunderstanding doesn't mean we disagree	3	0	3
Understanding can increase the opportunities for agreement and respectful acceptance for disagreement	3	0	3

Unit 6:F - Communicating for Understanding Skills	Yes	No	Response Count
The difference between understandings and agreements and why it is important to know the difference	3	0	3

Unit 6:G - Agree to Disagree	Yes	No	Response Count
Which communication skills can help families avoid misunderstandings about each other's needs and expectations for safe and drug-free behavior	3	0	3
The difference between understandings and agreements and why it is important to know the difference	3	0	3
The more we practice these communication skills, the more we can decrease our misunderstandings and increase our understanding	3	0	3
Effective communication skills create trust and respect between people	3	0	3
Effective communication skills help reach agreements about rules and expectations that honor the needs of both young adults and their families	3	0	3
Some rules are non-negotiable because they are about safety	3	0	3
It is important to understand even if you don't agree, and to know when something can be negotiated and when you have to follow the rules	3	0	3
We may experience strong emotions when we approach difficult communications with our family. There are techniques we can use to help us be good listeners and speakers	3	0	3

Unit 6:H - I mean What I say	Yes	No	Response Count
The difference between understandings and agreements and why it is important to know the difference	0	3	3

Unit 6 - Question 2: Concepts	Yes	No	Response Count
Understanding others' views involves comprehending what the other person means even if we don't agree with it	3	0	3
Effective communication is the respectful exchange of thoughts, feelings, and beliefs between a speaker and a listener in such a way that the listener interprets the message in the same way the speaker intended it.	3	0	3
Validate means showing that you value the other person's opinion, even if you don't agree	3	0	3
Empathize means understanding and being sensitive to the other person's feelings, thoughts, and experience	3	0	3

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Unit 6 - Question 3: Topics and Activities	Yes	No	Response Count
The More Things Change... (Activity A)	3	0	3
Effective Communication Skills (Activity B)	3	0	3
Can You Hear Me Now? (Activity C)	3	0	3
Family Interview (Activity D)	1	2	3
I Was Surprised That... (Activity E)	3	0	3
Communicating for Understanding Skills (Activity F)	3	0	3
Agree to Disagree (Activity G)	3	0	3
I Mean What I Say (Activity H)	0	3	3

Unit 6 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	20%	25%	10%
Demonstration	30%	10%	20%
Discussion	25%	25%	40%
Practice	25%	40%	30%

Unit 6 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	N/A	90m	45m

Unit 6 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	3	5	5

General Comments
Class attendance increased. Found out that time was incorrect.
Great participation, sharing, and role plays.

Unit 7: Healthy Relationships

Unit 7 - Question 1: Major objective and corresponding points

Unit 7:A - The Main Attraction	Yes	No	Response Count
The kinds of traits that draw people to each other and help build healthy relationships	3	0	3
There are many qualities that draw people to each other	3	0	3
Human beings are complex. Taking the time to discover someone's deeper qualities may take more effort but can result in a healthy relationship	3	0	3
Sometimes the qualities that we like initially in someone aren't enough to build a friendship or relationship on	3	0	3
It is healthy to know when someone isn't right for you	3	0	3
Good conversational skills and doing things together can help you get to know someone better	3	0	3

Unit 7:B - Putting a relationship together	Yes	No	Response Count
The ingredients that make up a healthy relationship	3	0	3
Throughout life we will be in many different relationships with many different kinds of people	3	0	3
Healthy relationships possess qualities of respect, safety, accountability, trust, and honesty	3	0	3
Relationships can be healthy or unhealthy. It is up to us to decide what we value and to set boundaries we are comfortable with	3	0	3
The key to developing a healthy close relationship with another person is to spend time getting to know one another through conversation and sharing interests and activities	3	0	3
The benefits of healthy relationships include companionship, feeling supported and respected, and feeling safe	3	0	3

Unit 7:C - The Art of Assertiveness	Yes	No	Response Count
The role persuasion plays in personal and relationship health	3	0	3
How assertiveness can help us build healthy relationships	3	0	3

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Unit 7:D - Practicing Assertiveness	Yes	No	Response Count
The role persuasion plays in personal and relationship health	3	0	3
How assertiveness can help us build healthy relationships	3	0	3
Being assertive requires many other skills, such as effective verbal and non-verbal communication and stress and anger management	3	0	3
The more techniques we know, the more likely we are to be successful in resisting negative persuasion	3	0	3
We don't always get what we want when we are assertive, but we may gain improved communication, self-respect, respect from others, personal growth, and sometimes the awareness that the relationship isn't right for us	3	0	3
The most effective assertiveness skill is the one that works for you. It is important to know and use as many techniques as you can, because what works in one situation might not work in another	3	0	3
It isn't easy to be assertive. Start by practicing with little things ("No, really, I don't want more pie.") and working up to the big things ("I feel angry when you break a date because your friend asks you to do something at the last minute.")	3	0	3
Relationships can lead us to take part in healthy as well as unhealthy behaviors. An important first step is to consider whether what someone is trying to persuade us to do will benefit or harm our best interests	3	0	3
We often give in to persuasion in relationship because we have something important at stake	3	0	3
Assertiveness can help us maintain the qualities we want for personal and relationship health	3	0	3

Unit 7:E - Speak Up	Yes	No	Response Count
How assertiveness can help us build healthy relationships	1	2	3
Rubric	0	3	3

Unit 7 - Question 2: Concepts	Yes	No	Response Count
Components of a healthy relationship: respect, accountability, safety, trust, honesty	3	0	3
Respect is understanding, valuing, and supporting our own and another person's individuality	3	0	3
Accountability is taking responsibility for our own thoughts, feelings, beliefs, and actions	3	0	3
Trust is the confidence that we can rely or depend on the other person	3	0	3
Safety is freedom from emotional, physical, or mental harm	3	0	3
Honesty is being truthful and genuine	3	0	3
The power of persuasion involves convincing or urging someone to take an action and/or follow a certain belief. When we are persuaded by someone, we respond to their influence on us to think in a particular way and to behave in line with it	3	0	3
Asserting ourselves means standing up for ourselves while simultaneously respecting the rights of others	2	0	2

Unit 5 - Question 3: Topics and Activities	Yes	No	Response Count
The Main Attraction (Activity A)	3	0	3
Putting a Relationship Together (Activity B)	3	0	3
The Art of Assertiveness (Activity C)	3	0	3
Practicing assertiveness (Activity D)	3	0	3
Speak Up (Activity E)	1	2	3

Unit 7 - Question 4: estimate time spent on teaching techniques	R1	R2	R3
Lecture	15%	20%	0%
Demonstration	30%	30%	20%
Discussion	25%	20%	60%
Practice	30%	30%	20%

Unit 7 - Question 5: How much time was devoted to teaching this unit	R1	R2	R3
	90m	90m	45m

Unit 7 - Question 6: rate from 1 to 5 how well participants reacted to this unit	R1	R2	R3
	3	5	5

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Appendix A**

General Comments

Group was fully engaged throughout session. Group members appear to understand concepts and demonstrated skill to apply in real life situations.

Final lunch workgroup. Great participation. Class requests groups to continue. Will communicate Spring groups with Robinson. Will wrap-up next week with celebration and post surveys.

Appendix B: BART Session Tables

Table 1. BART Session 1

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Introduction to BART	2	0	0	2
Activity 2: Who is at risk for HIV and Why	2	0	0	2
Activity 3: Introduction to HIV Terms	2	0	0	2
Activity 4: Facts and Myths	2	0	0	2
Activity 5: Deciding Your Level of Risk	1	1	0	2
Activity 6: Spreading the Word	2	0	0	2

Table 2. BART Session 2

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Definitions Review	2	0	0	2
Activity 2: HIV Transmission Review	2	0	0	2
Activity 3: AIDS and African Americans	2	0	0	2
Activity 4: HIV Feud	2	0	0	2
Activity 5: Video "Seriously Fresh"	0	0	2	2
Alternate Activity 5: Personalizing HIV Risks	2	0	0	2
Activity 6: Exploring Drug Risks for HIV	2	0	0	2
Activity 7: Support Systems	2	0	0	2

Table 3. BART Session 3

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Attitudes and Risk	1	0	0	1
Activity 2: Learning the Facts About Condoms	1	0	0	1
Activity 3: Overcoming embarrassment about buying condoms	1	0	0	1
Activity 4: Using condoms effectively	0	1	0	1
Activity 5: Countering Barriers to Using Condoms	1	0	0	1

Table 4. BART Session 4

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Correct Condom Use	1	0	0	1
Activity 2: Video "Are you with me?"	0	0	1	1
Alternate Activity 2: Negotiating Safer Sex	1	0	0	1
Activity 3: Problem-solving Skills	1	0	0	1
Activity 4: Different Communication Styles	1	0	0	1

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Table 5. BART Session 5

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Assertive Communication Review	1	0	0	1
Activity 2: Assertive Communication Tips	1	0	0	1
Activity 3: Ways to say NO	1	0	0	1
Activity 4: Assertive Communication Demonstration	1	0	0	1
Activity 5: Assertive Communication Practice	1	0	0	1

Table 6. BART Session 6

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Meeting People with HIV	2	0	0	2
Activity 2: Discussion and Debrief	2	0	0	2
Alternate Activity 2: Video	0	0	2	2

Table 7: BART Session 7

Answer Options	Yes, completely	Yes, with changes	No	Response Count
Activity 1: Communication in the Real World	2	0	0	2
Activity 2: Getting Out of Risky Situations	1	1	0	2
Activity 3: Spreading the Word Demonstration	2	0	0	2
Activity 4: Spreading the Word Practice	2	0	0	2

Table 8: BART Session 8

Answer Options	Yes, completely	Yes, with changes,	No	Response Count
Activity 1: Final Review of HIV facts	2	0	0	2
Activity 2: What are you doing to protect yourself?	2	0	0	2
Activity 3: What are you doing to educate others?	2	0	0	2
Activity 4: Graduation Ceremony	2	0	0	2

Appendix C: FOY Session Tables

Table 1. FOY Session 1

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Introduction Game	5	1	0	6
Activity 2: Program Overview	6	0	0	6
Activity 3: Group Cohesion Activity	5	1	0	6
Activity 4: Establishing Group Agreements	6	0	0	6
Activity 5: Family Tree	6	0	0	6
Activity 6: SODA Decision-Making Model	5	1	0	6
Activity 7: Wrap-up and Closing Ritual	6	0	0	6

Table 2. FOY Session 2

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual	6	0	0	6
Activity 2: How Risky is It?	5	1	0	6
Activity 3: Why Do People Feel Vulnerable	5	1	0	6
Activity 4: Defining a Value	6	0	0	6
Activity 5: Rank Your Values	6	0	0	6
Activity 6: Values Voting	6	0	0	6
Activity 7: Wrap-Up and Closing Ritual	6	0	0	6

Table 3. FOY Session 3

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Review	6	0	0	6
Activity 2: SODA Decision-Making Model Step 2	6	0	0	6
Activity 3: Resources: Finding Information for Good Decisions	6	0	0	6
Activity 4: Trusted Guardian/Adult Resource	6	0	0	6
Activity 5: The Advice Columnist: What Teens Want to Know	6	0	0	6
Activity 6: Challenge: Check it Out!	2	1	3	6
Activity 7: Wrap-Up and Closing Ritual	6	0	0	6

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Table 4. FOY Session 4

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Overview	6	0	0	6
Activity 2: Number Game: How many teens are really...?	6	0	0	6
Activity 3: Condom Demonstration/Condom Card Activity	6	0	0	6
Activity 4: Hands-On Condom Race/Condom Card Race	5	0	1	6
Activity 5: SODA Decision Making Model Step 3	3	3	0	6
Activity 6: More Challenges!	1	0	5	6
Activity 7: Wrap-up and Closing Ritual	6	0	0	6

Table 5. FOY Session 5

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Review	6	0	0	6
Activity 2: SODA Decision Making Model Step 4	3	3	0	6
Activity 3: Communication Game	6	0	0	6
Activity 4: Communication Styles	6	0	0	6
Activity 5: Sex: A Decision for Two	6	0	0	6
Activity 6: Wrap-Up and Closing Ritual	6	0	0	6

Table 6. FOY Session 6

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Review	5	0	0	5
Activity 2: Ways to Show You Care	5	0	0	5
Activity 3: Resources: "Ways to Show You Care" Role Play	5	0	0	5
Activity 4: HIV Transmission Game	5	0	0	5
Activity 5: Safer Sex and Contraception	5	0	0	5
Activity 6: Challenges: Being a Parent	0	0	5	5
Activity 7: Wrap-Up and Closing Ritual	5	0	0	5

Table 7. FOY Session 7

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Review	6	0	0	6
Activity 2: HIV Positive Speaker or Video	6	0	0	6
Activity 3: Goal Setting for My Future	6	0	0	6
Activity 4: Goal Setting: Obstacles and Sup	6	0	0	6
Activity 5: Role Play: Saying NO or Asking to Use a Condom	6	0	0	6
Activity 6: Wrap-Up and Closing Ritual	6	0	0	6

Table 8. FOY Session 8

Answer Options	Taught as suggested	Taught with changes	Did not teach	Response Count
Activity 1: Opening Ritual and Review	6	0	0	6
Activity 2: What Are You Concerned About?	6	0	0	6
Activity 3: What Youth Can Do	6	0	0	6
Activity 4: The Knowledge Feud	6	0	0	6
Activity 5: Pat on the Back	6	0	0	6
Activity 6: Community Project Discussion	2	0	4	6
Activity 7: Wrap-Up and Closing Ritual	6	0	0	6