All Stars Program Review

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INTRODUCTION

The Bernalillo County Department of Behavioral Health Services' (DBHS) mission is to improve behavioral health outcomes in Bernalillo County through innovative, cohesive and measurable programs, treatment services and supports aimed at preventing the incidence of crisis and substance use disorder. The Department of Behavioral Health Services' three divisions are Behavioral Health (BH), Substance Abuse (SA), and Driving While Intoxicated (DWI). The Center for Applied Research and Analysis (CARA), Institute for Social Research (ISR) at the University of New Mexico (UNM) has been contracted by DBHS to provide research and evaluation services for the Substance Abuse and Driving While Intoxicated divisions. The Substance Abuse division provides a variety of programs to reduce the impact of alcoholism, alcohol abuse, drug dependence and drug abuse in the County with the goal of making Bernalillo County a safe place to live and work.

The Driving While Intoxicated Division receives funding from the N.M. Department of Finance Administration (DFA) which administers the statewide Local Driving While Intoxicated (LDWI) Grant Fund that serves all 33 New Mexico counties funded entirely by Liquor Excise Tax Collections (LETC). All county programs are required to hire a local evaluator to assess the effectiveness of programs of locally chosen services. The LDWI program provides funding for services in eight different areas including: screening, treatment and detoxification services, enforcement, prevention, compliance monitoring/ tracking, alternative sentencing, coordination planning and evaluation, and domestic violence.

This report reviews the DBHS funded All Stars prevention program for FY 2021. The All Stars program was last evaluated in FY 2017. This review is designed as a process evaluation and measures program implementation and the internal dynamics of how a program operates, and if the program operates according to its design and if the design is based on best practices.

This process evaluation comprises a review of program materials, student pre- and post-surveys conducted as part of the program by All Stars students, program evaluations completed by students, incident reports filled out by All Stars staff, and observations of the All Stars classes taught in Albuquerque Public School classrooms. Due to the COVID-19 pandemic, observations were conducted online using Google Classrooms. This is explained in more detail later. The report continues from this introduction to a brief review of best practice literature focused on adolescent drug and alcohol prevention programs, a short description of the All Stars program, a review of the findings for each data source listed above, and a comparison of our observations and findings with the National Institute of Drug Abuse (NIDA) prevention principles.

LITERATURE REVIEW

Prevention programs have different goals, including increasing knowledge about drugs and alcohol, reducing their use, delaying the onset of first use, reducing abuse, increasing protective factors, and minimizing the harm caused by use. Prevention strategies focus on how individuals think, feel, and act with messages and activities intended to influence individuals, families, and communities (SAMHSA, 2017).

It is common for adolescents in the U.S. to participate in some level of experimentation with drugs or alcohol. For most individuals, their period of experimentation is brief (Griffin & Botvin, 2010). Most

interventions are aimed at children and adolescents between 10 and 16 years of age. It is during this age span that most people start to use drugs, and preventive interventions try to intervene just before the adolescents start using drugs (Cuijpers, 2003). Early adolescent use of alcohol may contribute to subsequent illicit use and heavier use later in life (Johnson, Boles, & Kleber, 2000). Results from the 2017 National Survey on Drug Use and Health found 9.2% of people aged 12 to 17 were current alcohol users equaling 2.3 million adolescents in 2016 who drank alcohol in the past month and one out of 125 adolescents engaged in binge drinking on five or more days in the past 30 days. An estimated two million adolescents (7.9%) aged 12 – 17 responded that they had used illicit drugs in the past month. Illicit drugs include marijuana, prescription pain relievers, prescription tranquilizers, cocaine, prescription stimulants, hallucinogens, methamphetamine, inhalants, prescription sedatives, and heroin (Park-Lee et al., 2017).

Prevention programs have primarily been school-based because schools are an effective way to capture a large audience of young people at one time. Drug use is also seen as inconsistent with the goal of educating adolescents (Griffin & Botvin, 2010). Stigler, Neusel, and Perry (2011) in their review of school-based programs to prevent and reduce alcohol use among youth found most school-based programs have been targeted to middle-school students, are designed to prevent or delay the onset of alcohol use, and seek to reduce individual risk factors (i.e. exposure to alcohol pre-natal and negative life events). Some programs also address social (i.e. poverty and race) and/or environmental risk factors (obesity and tobacco). To be most effective, interventions should be theory driven, address social norms on substance use, build personal and social skills designed to help resist substance use, use interactive teaching, use peer leaders, be delivered over multiple sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate. All school-based drug prevention programs (interactive and non-interactive) increase the knowledge of drugs (Cuijpers, 2003) The most common factor undermining the effectiveness of school-based drug and alcohol prevention programs is implementation failure (Teesson et al., 2017).

Research has shown early intervention can prevent adolescent risk behaviors like drug use (Stigler et al., 2011). Given the predominance of school in the lives of youth, using schools as a central coordinating institution for primary prevention and linking them to families, media, and community policies is an efficient public health approach to substance use prevention. (Stigler et al., 2011) Prevention programs should be long-term with repeated interventions to reinforce the original prevention goals. Programs should include teacher training such as rewarding appropriate student behavior and are most effective when they use interactive techniques that allow for active learning involvement.

PROGRAM DESIGN

Building Bright Futures (BBF) All Stars Program

The national All Stars program (Building Bright Futures) is a continuum of prevention programs that can be delivered in a school-based or community-based setting. The Building Bright Futures All Stars program has two main goals: prevent risky behaviors among adolescents, and help adolescents build positive and bright futures. All Stars is designed for grades 4-12 to delay the onset of risky behaviors with adolescents with the following programs: All Stars Character Education, for 4th and 5th grade elementary school students; All Stars Core, Booster, and Plus, that target youth during the middle school years (ages 11 through 13); and All Stars Senior which targets high school students. The programs are designed to work together, covering the entire span of adolescent development. According to their website (allstarsprevention.com) the program aligns with national health education standards allowing the program to be easily integrated into a health or wellness curriculum. The Building Bright Futures All Stars program was also listed on the National Registry of Evidence-Based Programs and Practices

(NREPP), which was permanently suspended in January 2018 and was maintained by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

The program focuses on five topics important to preventing high-risk behaviors: (1) developing positive ideals that do not fit with high-risk behavior; (2) creating a belief in conventional norms; (3) building strong personal commitments to avoid high-risk behaviors; (4) bonding with school, pro-social institutions, and family; and (5) increasing positive parental attentiveness such as positive communication and parental monitoring. The Building Bright Futures All Stars curriculum includes highly interactive group activities, games and art projects, small group discussions, one-on-one sessions, a parent component, optional online activities and worksheets, and a celebration ceremony. All Stars Core consists of thirteen 45-minute class sessions delivered on a weekly basis by teachers, prevention specialists, or social workers.

The BBF curriculum is made up of 14 sessions. The sessions are as follows:

- Program Orientation
- The World of the Future
- Understanding What is Important
- Planning for the Future
- Make Your Mark
- Ideals-Based Reputations
- Opinion Poll Game
- Norms-Unwritten Rules of Behavior
- Opinion Poll Game Rematch
- Hypocrisy or Commitment
- Defending Commitments
- Scripting Commitments
- Proclaiming Commitments
- Celebration

The BBF curriculum also includes eight supplemental sessions for those who have extra time to teach the program. The curriculum does not provide a script, and facilitators are encouraged to use their own words to help the curriculum be more relevant to the students being taught.

Public Safety Psychology Group (PSPG) All Stars Program

The PSPG All Stars program is an adaptation of the Building Bright Futures All Stars program. In 2007, PSPG began working with middle school aged students with the intention of preventing and intervening with at-risk behaviors that Bernalillo County youth experience. According to program materials, PSPG was required to choose a SAMHSA approved program. PSPG chose the All Stars program because it seemed to fit well within the ideas PSPG wanted to bring to Bernalillo County youth. But after three semesters of implementation at various middle schools across APS, PSPG believed the curriculum was not being well-received by students. Some of the PSPG-observed drawbacks of the program included student restlessness, some concepts and vocabulary the BBF curriculum assumed middle school students understood were not being understood by the APS students, and they found students wanted to talk about "real-life" situations and this was not part of the original curriculum.

PSPG began to supplement the national curriculum to meet the needs of the local population and included

topics students requested. The first curriculum changes were implemented in 2009 and PSPG found that students became more engaged with the program once the changes were implemented. The curriculum has since had more changes, and has been altered from the original BBF curriculum. According to PSPG program materials, the program is all-inclusive and designed for the following populations: African-American, Hispanic, American-Indian, and Caucasian students. The program can be implemented by an individual with an undergraduate degree.

According to program materials, the PSPG All Star's program is a once-a-week program, lasts a class period (approximately an hour), and is taught for a total of twelve weeks. Students are engaged through small group activities, group discussions, worksheet activities, videotaping, games, and art activities. Classes are facilitated by a minimum of two instructors. PSPG All Stars is based on five factors that help support students as they are growing and making their own decisions: Idealism, Social Norms, Commitment, Bonding, and Parental Attentiveness. The PSPG curriculum is taught to 7th graders since the program is paired with a health class, and health is usually taught to 7th graders across APS schools.

Each session is taught to all classes, but the order and repetition (if the same session is taught over multiple class periods) of sessions depends on the needs of each class. For example, if a class of students has higher alcohol consumption levels, that class might receive multiple sessions of the alcohol module in order to allow students enough time to learn and speak about the subject. In the PSPG curriculum, each session has information on a topic, resources for presenter to use (i.e. videos, handouts, etc.), and key points to cover with the students. The current version of the curriculum was first implemented in 2012. The curriculum is divided into nine modules or sessions. The sessions are as follows:

- First Day Introduction with Survey
- Anger Management
- Drug Clips #1 – Rx Pills, Meth, Cocaine, & Heroin
- Drug Clips #2 – Inhalants, MDMA, Bath Salts & Spice
- Alcohol and Drunk Goggles
- MDC Letters & Jail
- Media Literacy
- Self-Harm and Suicide
- Commitments and Filming

PSPG's curriculum is flexible and staff is expected to tailor the content to fit the needs of each school and are asked to contribute "significantly" to each class session. This means staff members are expected to make attempts to add information and/or insights when possible. Expectations and requirements are outlined in the materials provided to each staff member.

METHODOLOGY

Our evaluation of the PSPG All Stars program focused on a review of program materials, a review of student pre- and post-surveys conducted as part of the program, a review of program evaluations completed by students at the end of the course, a review of incident reports filled out by All Stars staff whenever there were issues with a student, and observations of the All Stars classes in Albuquerque Public School classrooms. We also had several informed conversations with program administrators on the curriculum and implementation of the program.

Our observations of the delivery of the All Stars program are compared to known best practices for these types of programs, using the National Institute on Drug Abuse's (NIDA) research-based prevention principles for preventing drug use among children and adolescents (NIDA, 2003). These prevention principles have emerged from research studies funded by NIDA as the common elements found in effective prevention programs. The review by Stigler, Neusel, and Perry (2011) of school-based programs intended to prevent and reduce alcohol use that support the NIDA prevention principles found the most effective interventions are theory driven, address social norms on alcohol use, build personal and social skills designed to help resist alcohol use, use interactive teaching, use peer leaders, be delivered over multiple sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate.

Table 1 summarizes the 16 NIDA prevention principles. The principle number, a summarized description of the principle, the target of the principle, the relevance of the principle to our evaluation, and whether the principle was observable is provided. The *target* column provides the topic(s) covered by each principle. There are three targets including risk and protective factors, prevention planning, and prevention program delivery. First, research has tried to identify factors associated with increased "risk" of potential of drug abuse and those associated with the reduced potential of abuse which are called "protective" factors. A goal of prevention programs should be to change the balance of factors so that protective factors are greater than risk factors. Principles 1 through 4 involve risk and protective factors. Second, prevention planning provides a framework for programming. Principles 5 through 11 involve prevention planning by the location of the program. Programs that are consistent with these principles are not necessarily effective programs. Third, a subset of the principles focuses on research-based program delivery principles. Programs should incorporate Principles 12 through 16, which address how these principles can be applied effectively to create family, school, and community programs.

Prevention programs that incorporate research-based program delivery principles as well as incorporate risk and protective factors and incorporate the prevention principles that provide a framework for effective programming should result in the delivery of best practice prevention programs.

Our evaluation is not designed to evaluate the impact of the program on alcohol and drug use but to evaluate how the program adheres to effective prevention program principles and the processes used by the All Stars program. Our primary mechanism to evaluate the process of this program is through our structured observations and how these programs adhere to the relevant principles, our review of materials, evaluations, incident reports, and review of student surveys that provide insight into adherence to relevant principles.

The *relevant* column is meant to note whether the principle is relevant to the review of the program. This means the program should incorporate this principle into their program. The *observable* column documents whether this principle could be observed during the delivery of the program. Importantly, for our evaluation some of these principles were not directly observable because they are not part of the program delivery. The last column (labeled *Design*) notes whether the principle should be incorporated into the design of the program.

This is important because not all the principles that should comprise the programs are observable as part of the delivery of the program.

Five of the 16 NIDA principles were not relevant and are highlighted in gray in Table 1. Principle 5 was considered not relevant because it applies to family-based prevention programs, Principle 6 was not relevant because it refers to preschool programs, Principle 10 and Principle 11 were not included as relevant because they deal with community-based prevention programs, and Principle 12 notes core elements of original interventions should be retained when programs are adapted to meet local needs and neither of the programs being reviewed deal with this principle.

Table 1. NIDA Prevention Principles Summarized

#	Description	Target	Relevant	Obs.	Design
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	Yes	No	Yes
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	Yes	Yes
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	Yes	Yes
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	Yes	Yes
5	Family-based prevention programs should enhance family bonding and relationships and include parenting skills;	Prevention Planning Family Programs	No	No	No
6	Prevention programs can be designed to intervene as early as preschool	Prevention Planning School Programs	No	No	No
7	Prevention programs for elementary school should target academic and socio-emotional learning	Prevention Planning School Programs	No*	Yes	Yes
8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes**	Yes	Yes
9	Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children	Prevention Planning Community Programs	No	No	Yes
10	Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone	Prevention Planning Community Programs	No	No	No
11	Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting	Prevention Planning Community Programs	No	No	No
12	Core elements of the original interventions should be retained when programs are adapted to meet local needs	Prevention Program Delivery	Yes	No	No
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	Yes	No	Yes
14	Prevention programs should include teacher training on good classroom management practices	Prevention Program Delivery	Yes	Yes	Yes
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	Yes	Yes
16	Research based prevention programs can be cost effective	Prevention Program Delivery	Yes	No	No

*Relevant and observable for elementary school only.

**Relevant and observable for middle school only.

The comparison of the All Stars curriculum delivery to these principles is important because these principles serve as guidelines for the development, delivery, and study of research-based drug and alcohol abuse prevention programs at the following three levels: school, family and community.

ANALYSIS

Pre- and Post-Surveys

In 2009, PSPG began a pre and post survey to understand the needs of each school and whether prevention or intervention was the more appropriate model for each class. The surveys were created in conjunction with the New Mexico Youth Risk and Resiliency Survey (NMYRRS).

Student answers to the pre-survey allows PSPG to adjust course and modules to cater to the student's needs and make sure they pick curriculum topics that meet the needs of the students at the particular school. The results allow the program to further focus the curriculum to issues Bernalillo County students are facing, including peer pressure, sexual experimentation, fighting, gang affiliation, self-harm and suicidal ideation. This led PSPG to conduct a second curriculum update in 2012. It is not outlined in program materials how the post-survey is used and if post-survey results are also used to impact curriculum changes, or if post-survey results serve only as a way to track student behavior changes from the beginning to the end of program implementation. In total, 1,138 students completed the pre-survey and 1,307 students completed the post-survey between 2017 to 2019.

Description of Program Participants at the Time of the Pre- and Post-Surveys

Figure 1 illustrates the gender composition of All Stars program participants at the time of the pre- and post-surveys. Slightly more than half of the students who completed the pre-survey were male (50.6%), with the remainder identifying as female at (48.2%) or missing a gender identity (1.1%) (shown in the gray segments in the figure below). The corresponding percentages for students who completed the post-survey were nearly identical: 50.1% identified as male, 49% as female, and .9% did not report a gender identity.

Figure 1. Gender Composition of All Stars Program, Pre- and Post-Surveys

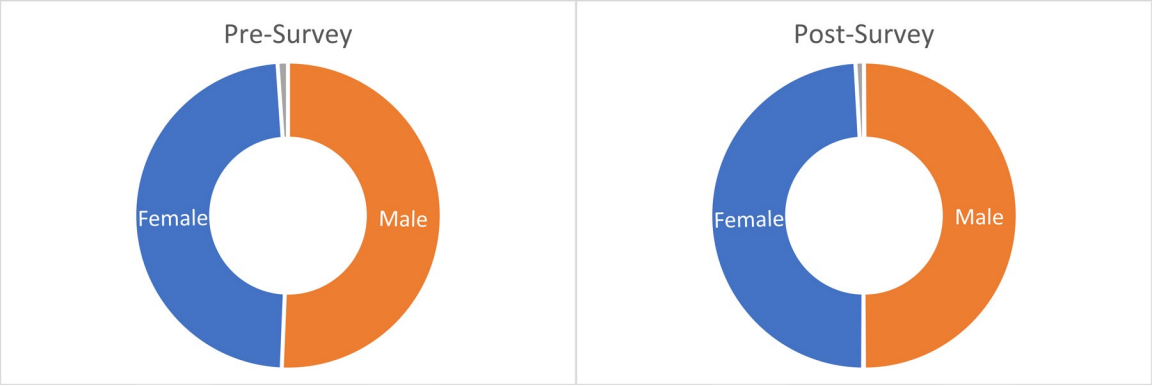


Figure 2 charts the racial/ethnic makeup of program participants at the time of each survey. The three largest racial/ethnic groups represented among pre-survey respondents were Hispanic or Latino (48.6%), being of Multiple Races (26.1%), and White (13%), nearly 88% of the total. A greater percentage identified as Hispanic or Latino (57.3%) and smaller percentages identified as being of Multiple Races

(18%) or White (9.9%) among post-survey respondents, but together these groups constituted a smaller proportion of the total (85.2%).

Figure 2. Racial/Ethnic Composition of All Stars Program, Pre- and Post-Surveys

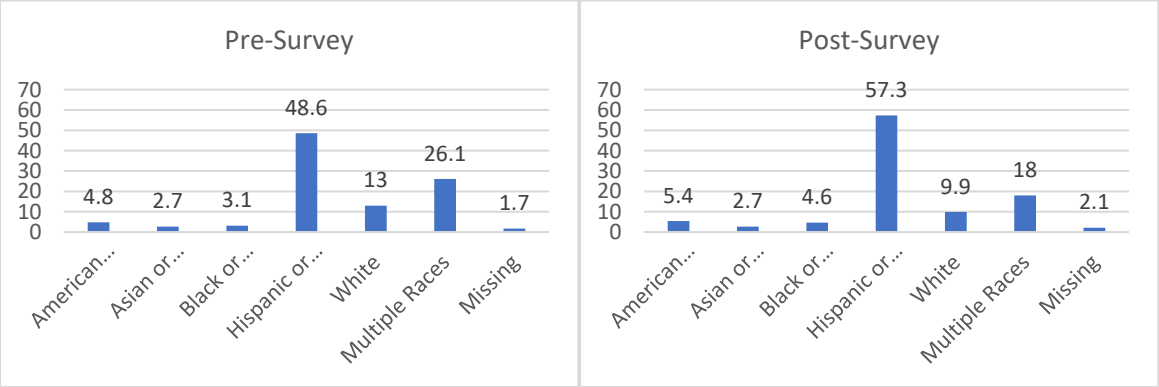


Figure 3 illustrates the age composition of program participants at the time of the two surveys. At the time of the pre-survey the modal age of 12 comprised nearly 60% of respondents, and another one-third reported their age as 13 years old (32.6%). The remainder identified as either between 14 and 16 years of age (6.1%) or 11 years of age (1.8%). The first- and second-largest age groups among pre-survey respondents switch among post-survey respondents: age 13 (48.4%) was the largest group, followed by age 12 (39.3%), ages 14-15 (10.3%), and ages 10-11 (1.8%).

Figure 3. Age Composition of All Stars Program, Pre- and Post-Surveys

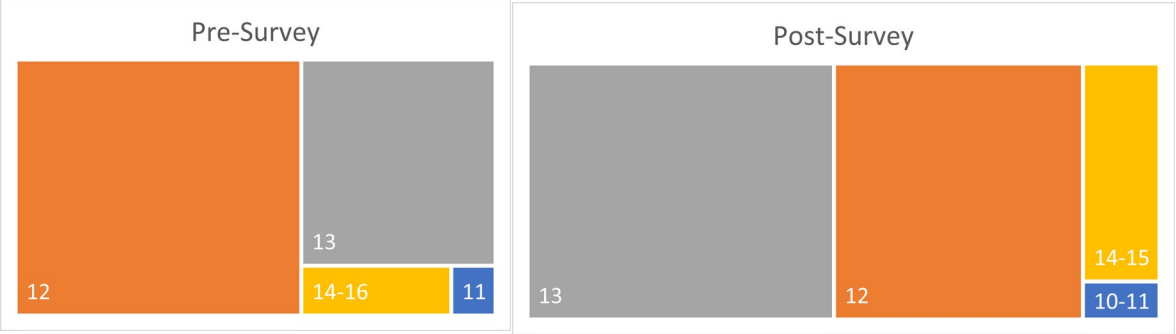
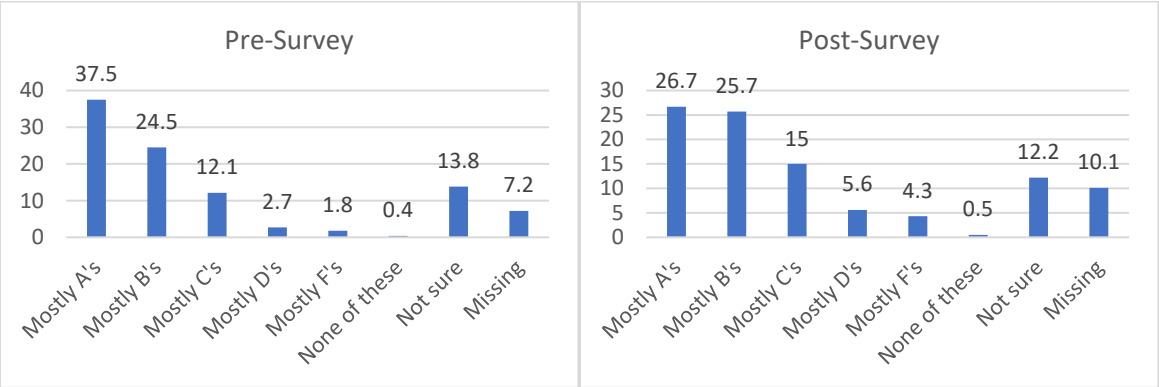


Figure 4 compares the percentage frequencies of typical letter grades students reported receiving during the past year across the pre- and post-surveys. More than one-third (37.5%) of pre-survey respondents and more than one-quarter (26.7%) of post-survey respondents reported typically receiving "A" grades. About one-quarter from each survey indicated usually receiving "B" grades (24.5% and 25.7%, respectively) and over one-tenth from each indicated usually receiving "C" grades (12.1% and 15%, respectively). However, more than one-fifth of respondents to each survey did not provide their average academic performance and their responses fall within the "Not sure" and "Missing" categories (summing to 21% and 22.3%, respectively).

Figure 4. Academic Performance Composition of All Stars Program, Pre- and Post-Surveys



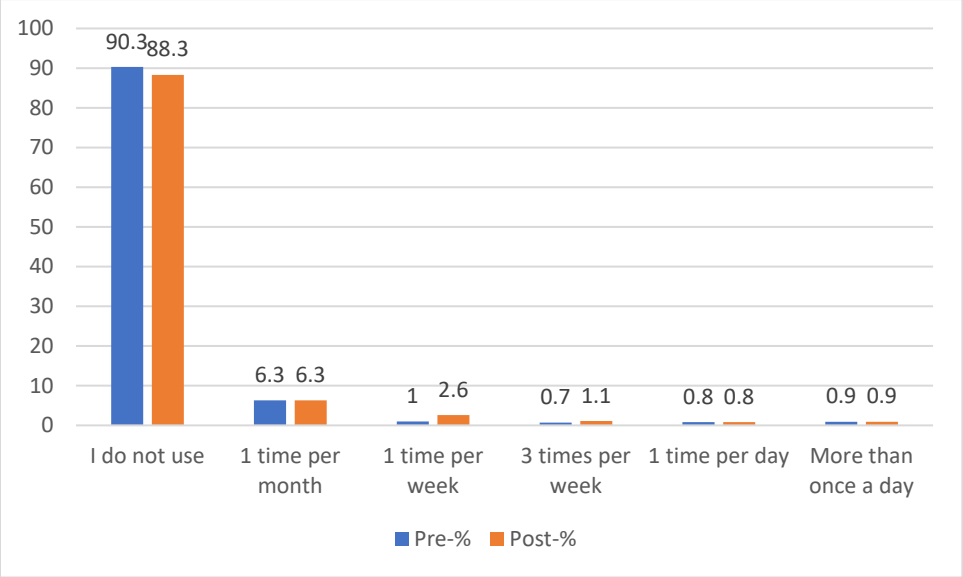
Comparison of Risk Behavior and Protective Factor Prevalence Between Pre- and Post-Surveys

In this section, pre- to post-program student attitudes and behaviors are compared only for items measuring states in the *present* (e.g., "How often do you use…", "Do you think…") or *within the past year* (e.g., "During the past 12 months, did you ever…", "During the past 30 days, how many times have you…", "During the past 7 days, on how many days…"). Questions asking about states representative of students' *lifetimes* (e.g., "Have you ever…", "How old were you when you first…") are omitted because the proportion of respondents having ever engaged in a given behavior should increase over time regardless of the program's impact, if any. Reporting on change in students' behaviors over their lifetimes could therefore be misleading.

Tobacco Use

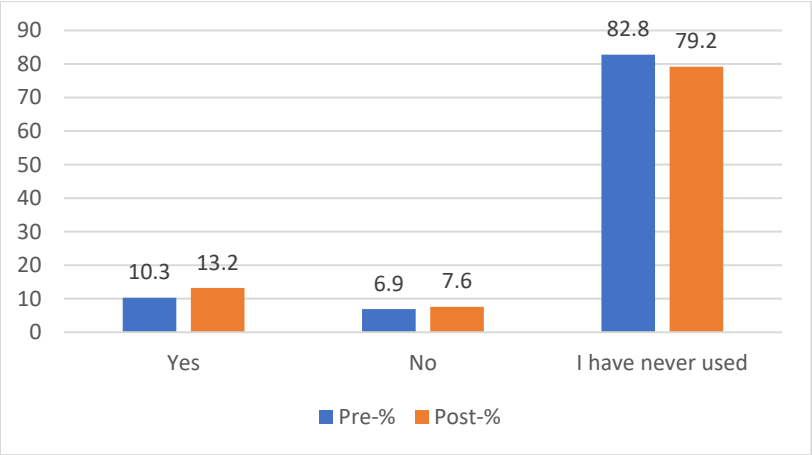
Figure 5 shows pre- and post-survey percentage distributions of responses to Question #11, which asks about how often students use nicotine or tobacco. The figure indicates that the frequency of tobacco or nicotine use among respondents increased slightly from the pre- to post-survey periods. Specifically, the percentage reporting they do not use fell from 90.3% to 88.3%, while the percentages reporting they use once per week or three times per week rose (from 1% to 2.6% and from 0.7% to 1.1%, respectively). Percentages for the other response categories held stable from the pre- to post-survey.

Figure 5. Pre- and Post-Survey Percentage Distributions of Responses to Question #11: "How often do you use nicotine/tobacco?"



Pre- and post-survey percentage distributions of responses to Question #12 are presented in Figure 6. This question asked students whether they attempted to stop using nicotine or tobacco during the past year. Among current users, the percentages of both "Yes" and "No" responses increased from the pre- to post-survey (among "Yes" responses: 10.3% to 13.2%; among "No" responses: 6.9% to 7.6%). Higher proportions of students reporting they either did or did not try to quit tobacco use at the time of the post-survey is consistent with more students using at that time overall, a possibility supported by the pre- to post-survey decline in students who reported they had never used (from 82.8% to 79.2%).

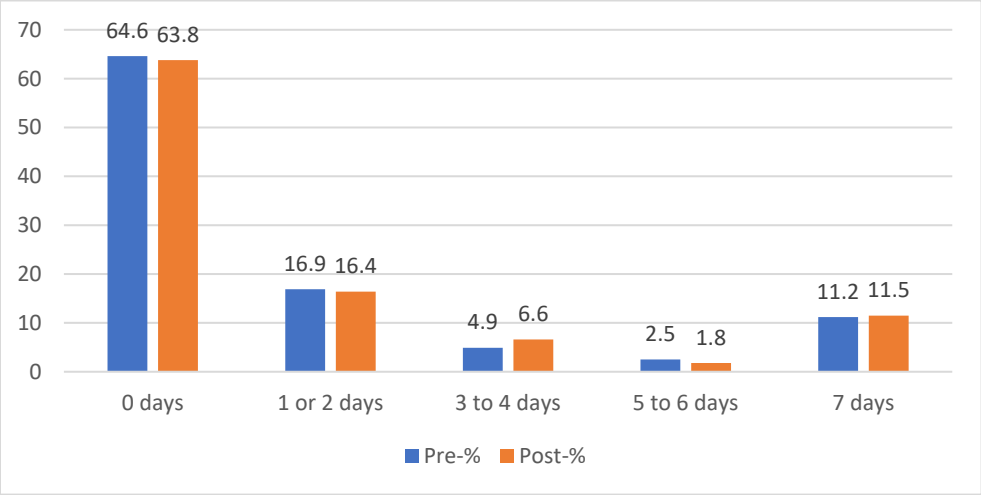
Figure 6. Pre- and Post-Survey Percentage Distributions of Responses to Question #12: "During the past 12 months, did you ever try to quit using nicotine/tobacco?"



Percentage distributions of responses to Question #13 for each survey are shown in Figure 7. This item asked students to report the number of days during the past week they shared a room with someone else who was smoking or vaping a tobacco product at the time. Among students who were exposed to

secondhand smoke or vapor from tobacco products in the past week, the percentages of students reporting they were exposed for 1-2 days or 7 days held approximately stable from pre- to post-survey. However, percentages reporting 3-4 days of exposure increased pre- to post-survey (from 4.9% to 6.6%) and percentages reporting 5-6 days of exposure decreased (from 2.5% to 1.8%).

Figure 7. Pre- and Post-Survey Percentage Distributions of Responses to Question #13: "During the past 7 days, on how many days were you in the same room with someone who was smoking/vaping cigarettes, cigars, or little cigars?"



Access to Information and Beliefs about Tobacco and Alcohol

Pre- and post-survey percentage breakdowns of responses to Question #14 are depicted in Figure 8. Question #14 queried students about how often they were exposed to warnings in the media about dangers of tobacco or alcohol products within the previous month, and Figure 8 indicates students' exposure to such information declined from pre- to post-survey. When responding to the pre-survey, students most frequently stated they saw or heard these advertisements either 1-3 times per month (25.3%) or daily (21.9%). More than 80% reported exposure on at least a monthly basis and nearly 55% reported exposure on at least a weekly basis. At the time of the post-survey, however, the most reported frequencies were 0 times (28.5%) and 1-3 times per month (31.9%). Only 71.5% reported exposure on at least a monthly basis and just 39.6% reported exposure on at least a weekly basis.

Figure 8. Pre- and Post-Survey Percentage Distributions of Responses to Question #14: "During the past 30 days, how many times have you seen or heard commercials on TV, the internet, or on the radio about the dangers of cigarettes, e-cigs, vape, tobacco, or alcohol?"

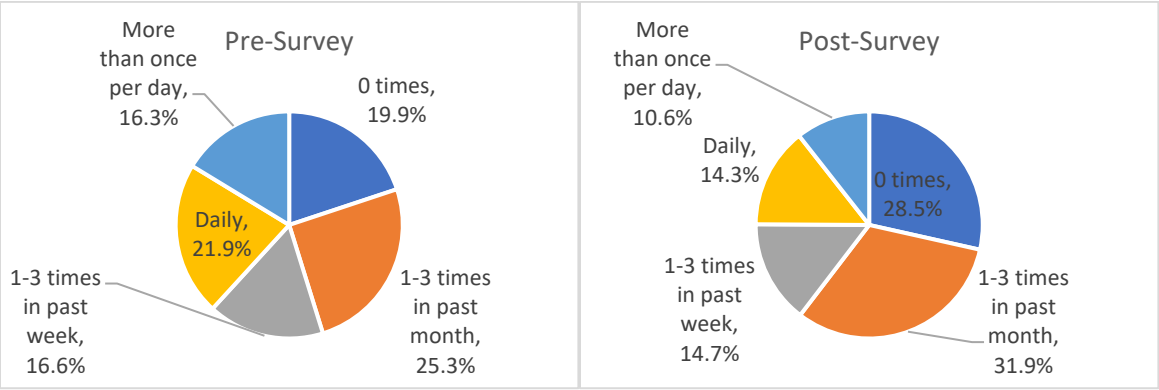
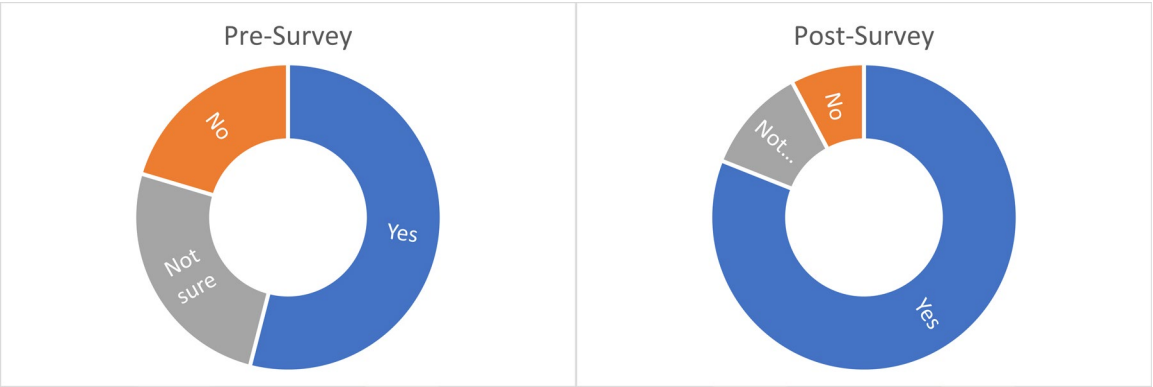


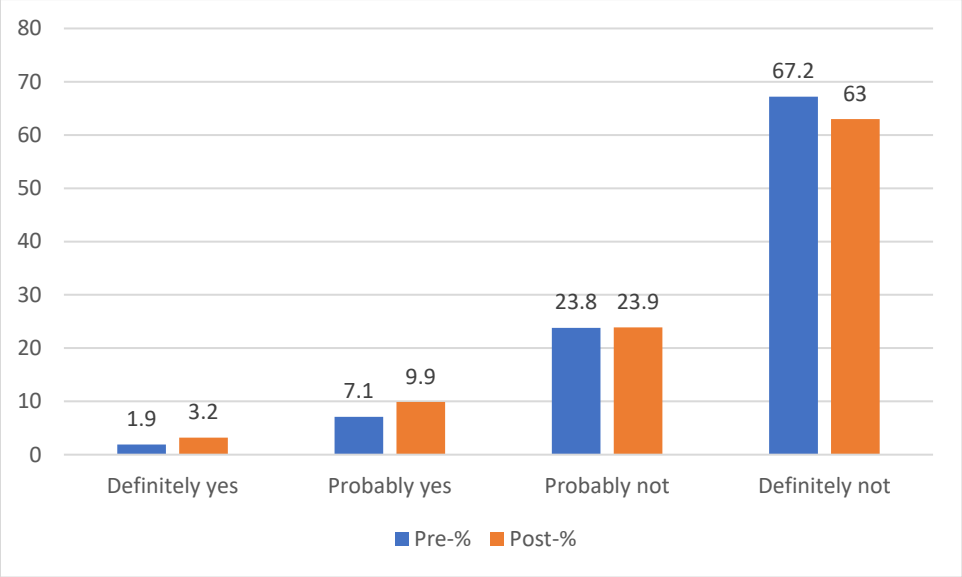
Figure 9 illustrates the response breakdown to Question #15 at the time of the pre- and post-surveys, which asked students whether they recalled being taught about the dangers of tobacco or alcohol in any of their classes during the academic year. Most students indicated they were taught about these dangers at the time of the pre-survey at 54%, and this figure rose to 81.1% at the time of the post-survey. The percentages of students who reported "No" or "Not Sure" to Question #15, constituting 20.4% and 25.6% (respectively) of the pre-survey responses, fell to 7.8% and 11.2% of the post-survey responses.

Figure 9. Pre- and Post-Survey Percentage Distributions of Responses to Question #15: "During this school year, were you taught in any of your classes about the dangers of tobacco or alcohol use?"



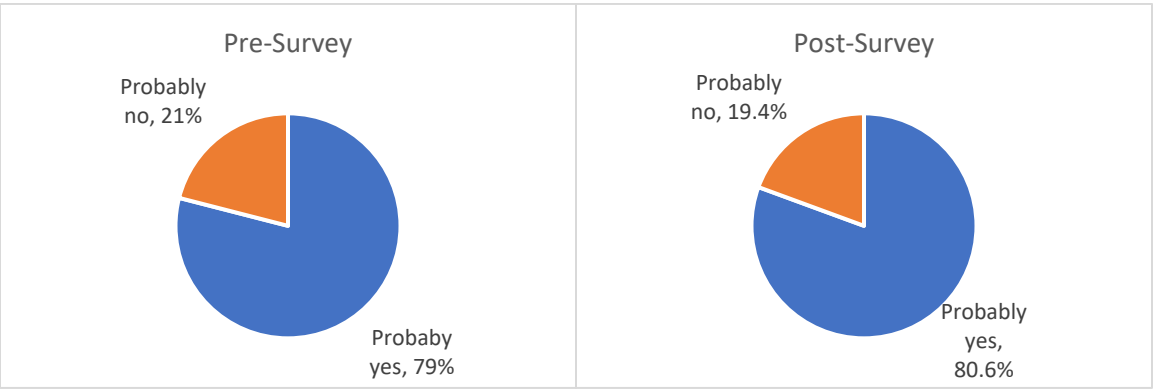
Question #16 asked students whether they would use nicotine or tobacco within the next year. Figure 10, which shows the pre- and post-survey percentage distributions for their responses, indicates that more students believed they would use tobacco after having participated in the program. From the pre- to post-survey those who responded "Definitely yes" rose from 1.9% to 3.2% and those who responded "Probably yes" rose from 7.1% to 9.9%. Students who reported "Definitely not," by contrast, decreased from 67.2% to 63%. Only the share of students reporting "Probably not" remained stable from the pre- to post-survey at approximately 24%.

Figure 10. Pre- and Post-Survey Percentage Distributions of Responses to Question #16: "Do you think you will use nicotine/tobacco at any time during the next year?"



Question #17 asked students whether they believed exposure to smoke from other people's tobacco's products was harmful, and the pre- and post-survey percentages for each response are presented in Figure 11. Respondents were more likely to choose "Probably yes" than "Probably no" in both surveys and the percentage is slightly higher at the time of the post- than pre-survey (80.6% vs. 79%).

Figure 11. Pre- and Post-Survey Percentage Distributions of Responses to Question #17: "Do you think smoke from other people's cigarettes, cigars, or little cigars is harmful to you?"



Alcohol Use

The percentage breakdown for responses to Question #20, which asked students how often they drink alcohol, are presented in Figure 12. Ignoring responses capturing lifetime behavior (i.e., not "I have never tried alcohol" or "I have tried it one time") for reasons described in the introduction to this section, the pre- to post-survey percentages indicate students are currently drinking alcohol more regularly after completing the program. For example, the percentage of students who stated "one time per month"

increased from 5.1% to 8.4%, while those reporting "one time per week" increased from 1.1% to 2.3%. The higher frequency categories of "three times per week" or "daily" had very small percentages that held steady from the pre- to post-survey.

Figure 12. Pre- and Post-Survey Percentage Distributions of Responses to Question #20: "How often do you drink alcohol?"

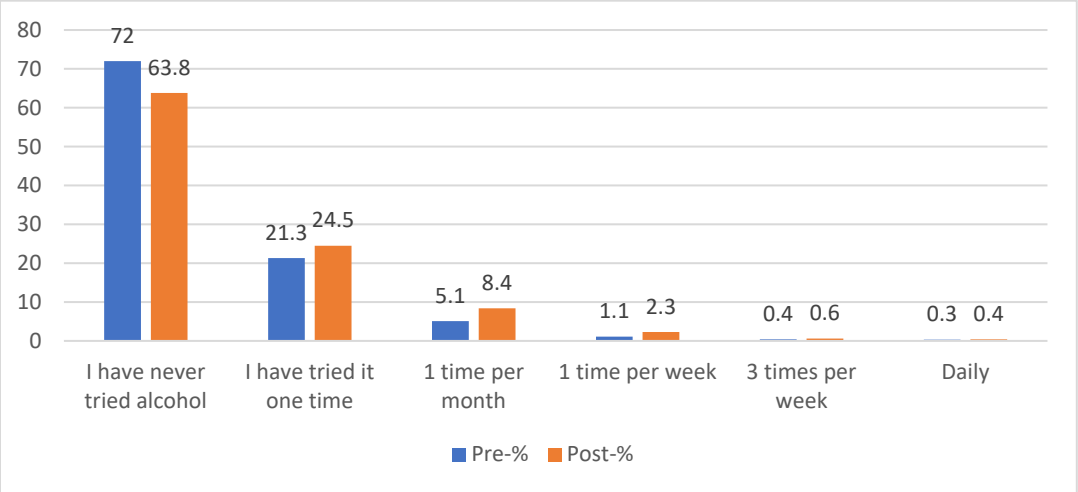
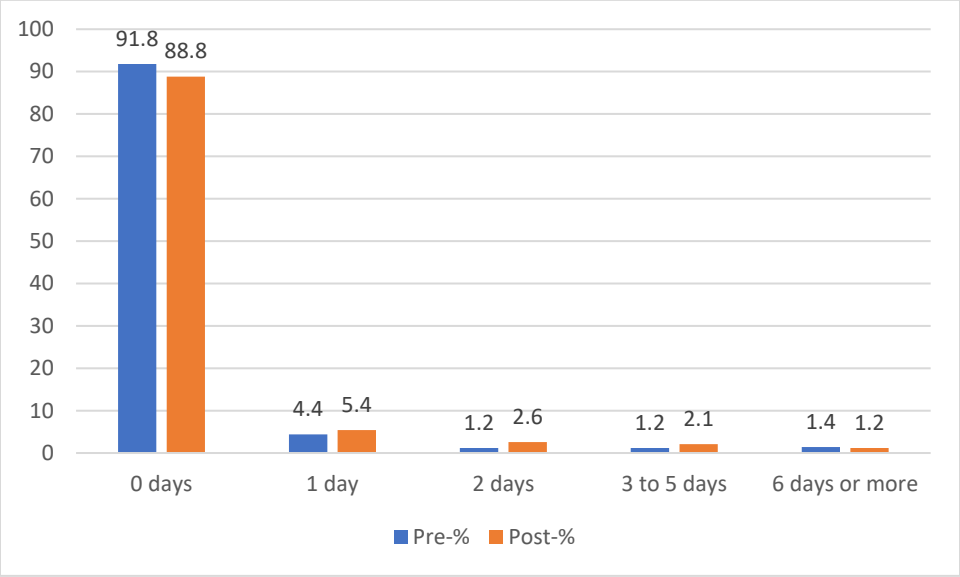


Figure 13 depicts the pre- and post-survey percentage distributions of responses to Question #21, which prompts students to report on how many days within the last month they drank at least five alcoholic drinks during a single occasion. Except for the "6+" days category, every non-zero range saw an increase from the pre- to post-survey: from 4.4% to 5.4% for those reporting 1 day, 1.2% to 2.6% for those reporting 2 days, and 1.2% to 2.1% for those reporting 3-5 days.

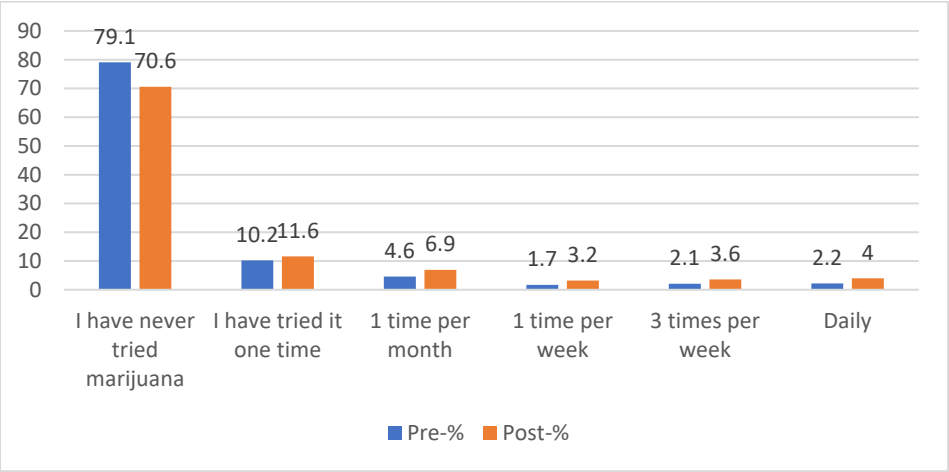
Figure 13. Pre- and Post-Survey Percentage Distributions of Responses to Question #21: "During the past 30 days, on how many days did you have five or more drinks of alcohol within a couple of hours?"



Marijuana Use and Beliefs

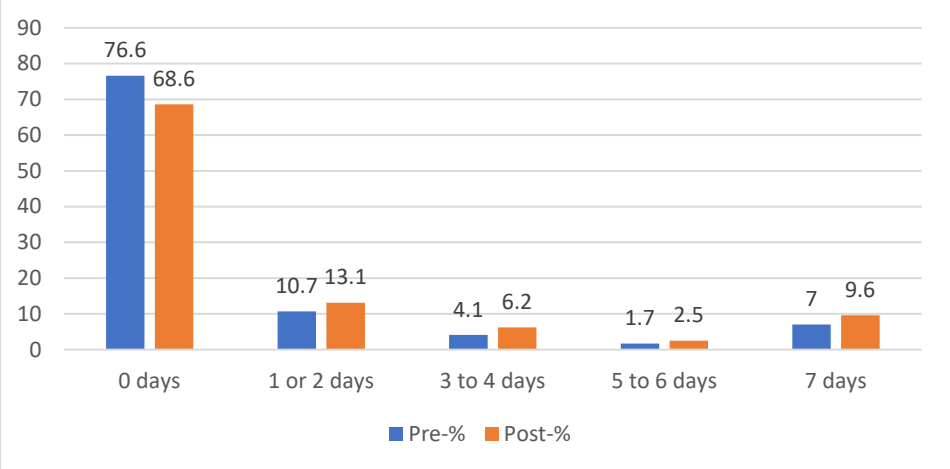
Figure 14 shows the pre- and post-survey percentage breakdown of responses to Question #24 regarding frequency of marijuana use. Again ignoring the responses tapping lifetime behaviors ("I have never tried marijuana," "I have tried it one time"), students reported currently using marijuana more often following the program's completion regardless of frequency category. Compared with pre-survey responses, post-survey response percentages are about 1.5 times greater for "one time per month" and three times per week," and about twice as great for "one time per week" and "daily."

Figure 14. Pre- and Post-Survey Percentage Distributions of Responses to Question #24: "How often do you use marijuana (pot, weed)?"



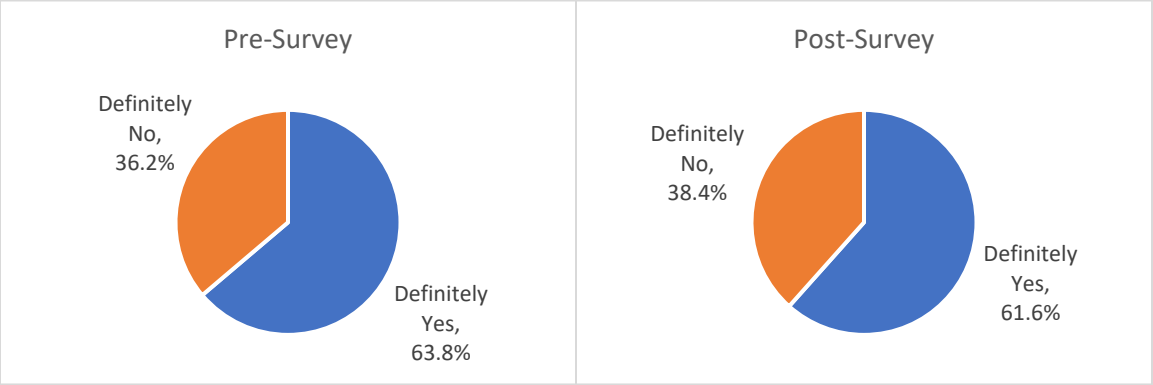
The pre- and post-survey percentages for responses to Question #25 are presented in Figure 15. This item had students indicate how many days during the last week they shared a room with someone smoking marijuana. The figure reveals that, regardless of the exact number of days, students were more likely to have recently shared space with another person who was smoking marijuana at the time of the post-survey than pre-survey.

Figure 15. Pre- and Post-Survey Percentage Distributions of Responses to Question #25: "During the past 7 days, on how many days were you in the same room with someone who was smoking marijuana (pot, weed)?"



Question #26 asked students whether they believed exposure to smoke from other people's marijuana was harmful, and the pre- and post-survey percentages for each response are presented in Figure 16. Like the item measuring beliefs about secondhand tobacco smoke, at the time of both surveys a larger percentage of students reported "Definitely Yes" than "Definitely No," but the share of respondents affirming the danger of secondhand marijuana smoke fell between the pre- and post-survey (from 63.8% to 61.6%).

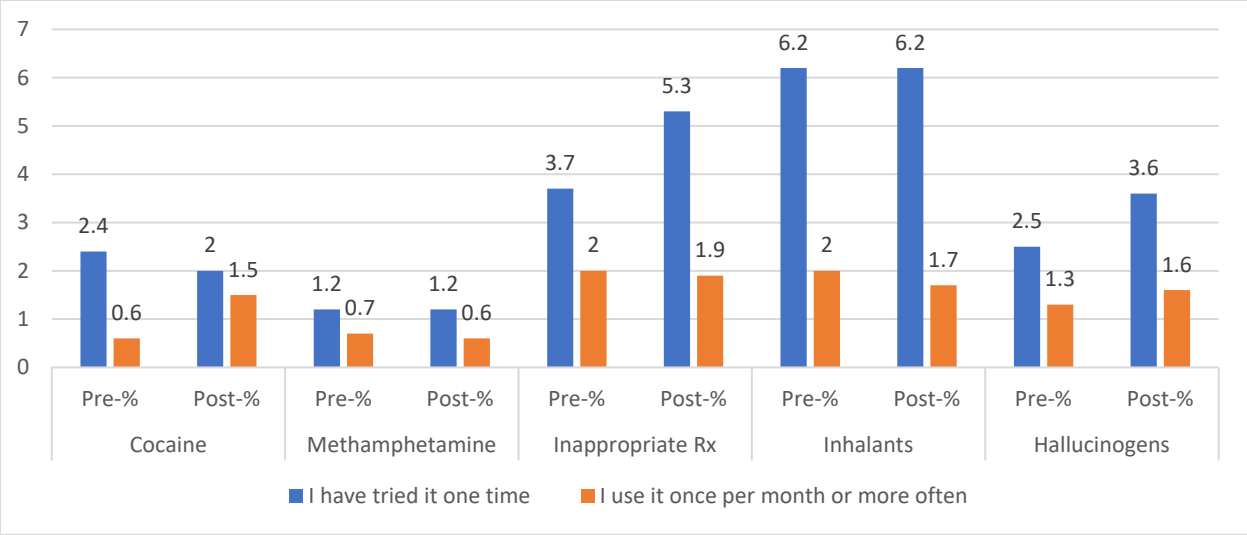
Figure 16. Pre- and Post-Survey Percentage Distributions of Responses to Question #26: "Do you think smoke from other people's marijuana (pot, weed) is harmful to you?"



Frequency of Use of Other Drugs

Questions #27-#36 ask students about illicit drug use with odd-numbered items inquiring about lifetime behavior ("Have you ever used…?") and even-numbered items inquiring about current behavior ("How often do you use…?"). Figure 17 presents pre- and post-survey response percentages for the even-numbered items capturing current usage of cocaine, methamphetamine, prescription drugs not prescribed by a doctor, inhalants, and hallucinogens. The responses are collapsed to facilitate comparison between single users ("I have tried it one time") and regular users ("I use it once per month or more often") at the time of each survey. (The percentages of students indicating they had never used any of the five substances for each survey are omitted for simplicity.) The figure reveals that the prevalence of students who used cocaine or hallucinogens at least once per month increased from pre- to post-survey (from 0.6% to 1.5% for cocaine; from 1.3% to 1.6% for hallucinogens), while the prevalence of those using any of the other substances at least this often decreased (from 0.7% to 0.6% for methamphetamine; from 2% to 1.9% for inappropriate prescription drug use; and from 2% to 1.7% for inhalants).

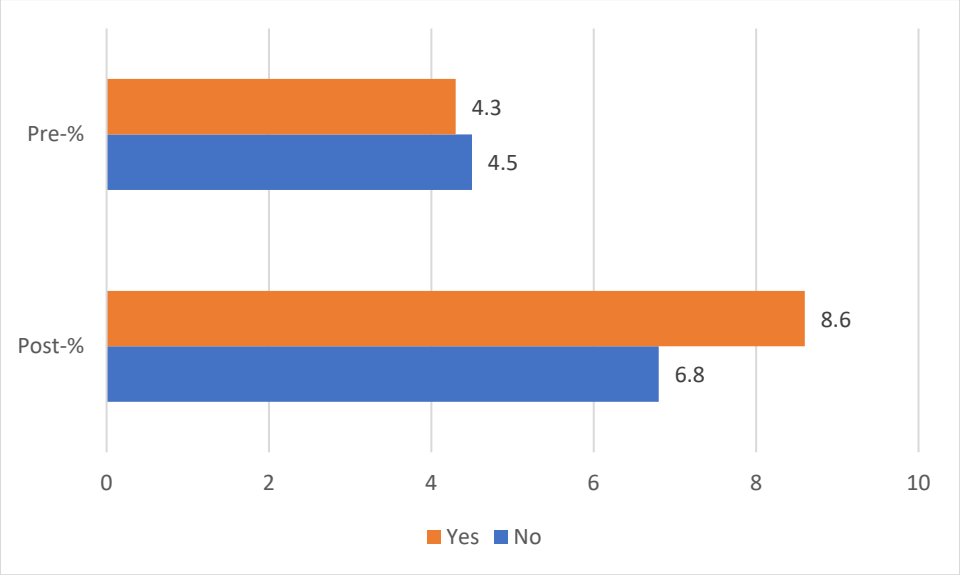
Figure 17. Pre- and Post-Survey Percentages of Respondents Reporting Single vs. Regular Use of Illicit Substances, by Substance Type



Sexual Behavior

Figure 18 provides the pre- and post-survey breakdown of percentages for responses to Question #42, which asks whether respondents (or their partners) used a condom the last time they had sexual intercourse. (The percentages of students who indicated they had never had sexual intercourse for each survey are omitted for simplicity.) Consistent with the overall pre- to post-survey drop in students who reported they had never had sexual intercourse (not shown), the percentages for both the "Yes" and "No" responses increased following the program's completion. However, the larger proportion of students reporting "No" than "Yes" at the time of the pre-survey (4.5% vs. 4.3%, respectively) reverses at the time of the post-survey, with a smaller share stating "No" over "Yes" (6.8% vs. 8.6%, respectively).

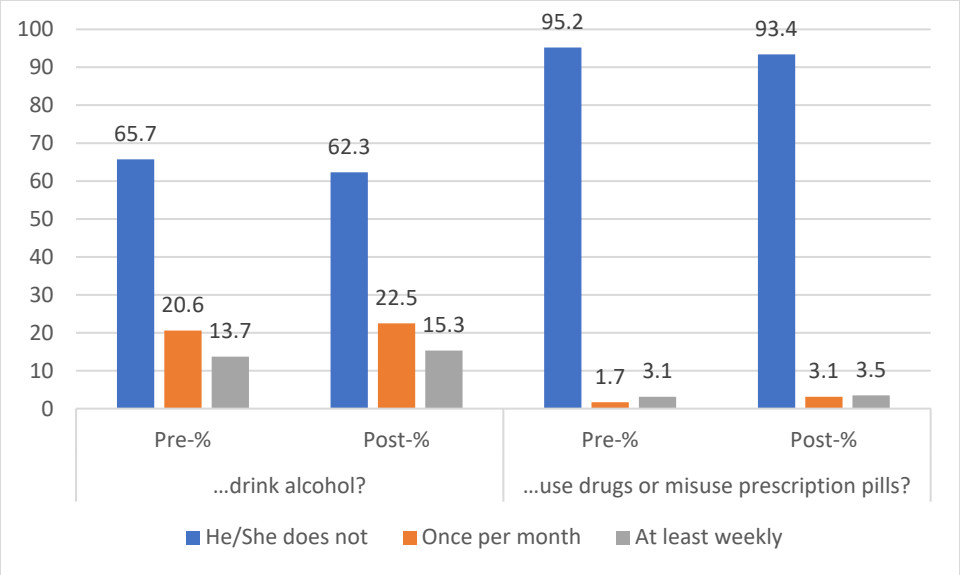
Figure 18. Pre- and Post-Survey Percentage Distributions of Responses to Question #42: "The last time you had sexual intercourse did you or your partner use a condom?"



Frequency of Primary Caregiver Alcohol or Drug Use

Questions #43 and #44 asked students about how often their primary caregivers drink alcohol or misuse drugs/pills, respectively, with the intention of becoming intoxicated. Pre- and post-survey percentages for these items are provided in Figure 19 for the three responses of "He/She does not," "Once per month," and "At least weekly" (the final category collapses multiple frequency responses options with very low response counts). The figure shows that the percentage of students reporting that their caregivers use these substances on a monthly or at least weekly basis increases from pre- to post-survey, although the elevations are small in absolute terms (between 1% and 2% per category for each question).

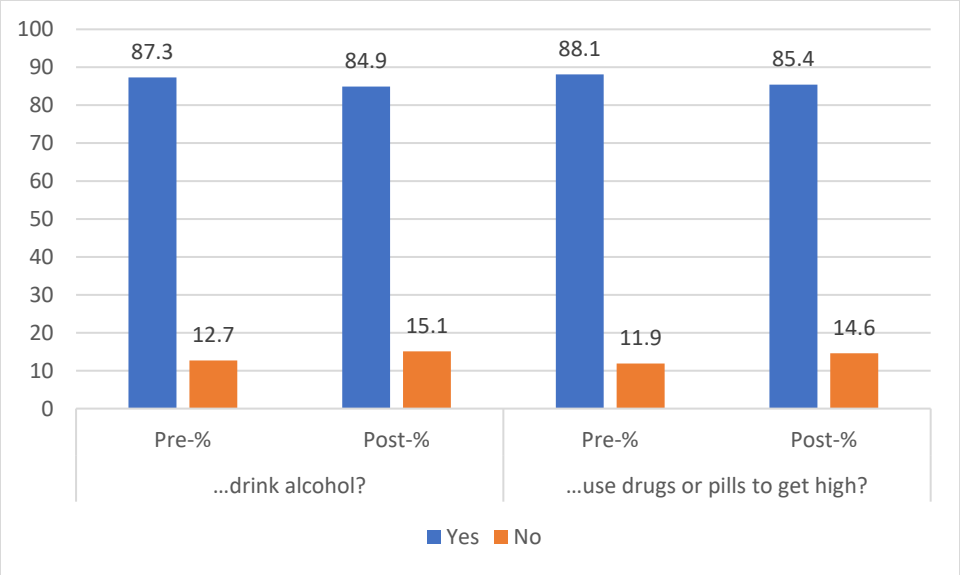
Figure 19. Pre- and Post-Survey Percentage Distributions of Responses to Question #43 & 44: "How often does your primary caregiver…"



Moral Permissibility of Alcohol or Drug Use

Questions #45 and #46 ask students whether they believe it is morally wrong for their peers to consume alcohol or use drugs or pills for intoxication, respectively. The pre- and post-survey percentages corresponding to responses of "Yes" and "No" for each question are shown in Figure 20. Most students agreed that use of these substances by their peers was morally wrong at the time of each survey, but the percentage of students reporting "Yes" decreased from pre- to post-survey for both questions (from 87.3% to 84.9% for alcohol; from 88.1% to 85.4% for drugs or pills).

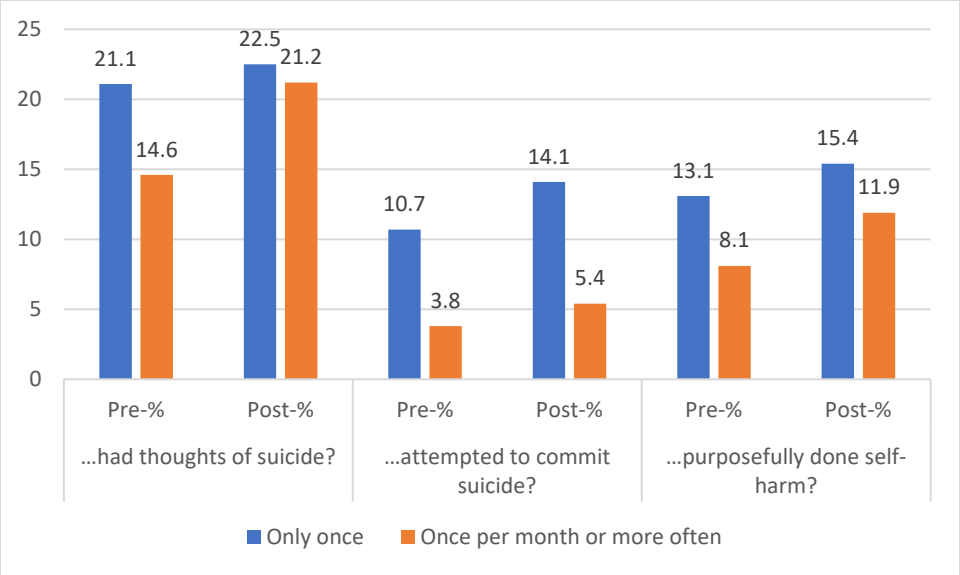
Figure 20. Pre- and Post-Survey Percentage Distributions of Responses to Question #45 & 46: "Do you think it is wrong for someone your age to…"



Attempted Suicide or Self-Harm

Questions #47, #48, and #49 ask students about how often they engage in suicidal ideation, suicidal attempts, or self-harming behaviors, respectively. Figure 21 presents pre- and post-survey percentages for responses collapsed to compare students who had only engaged in the thoughts or behaviors once vs. at least once per month or more regularly. (The percentages of students who indicated they had never engaged in any of the three thoughts/behaviors for each survey are omitted for simplicity.) Consistent with the overall pre- to post-survey drop in students who reported they had never engaged in the thoughts/behaviors (not shown), the percentages for both the "Only once" and "Once per month or more often" categories rose from pre- to post-survey for each item. However, as students having these experiences on at least a monthly basis rose after the program's completion, the ratio of single-to-regular experience students decreased from pre- to post-survey for every question (from 1.4 to 1.1 for suicidal ideation; from 2.8 to 2.6 for suicide attempts; and from 1.6 to 1.3 for self-harm). This change can be seen in the more equal heights of the two bars for each question in Figure 21 at the post-survey column compared with the pre-survey column.

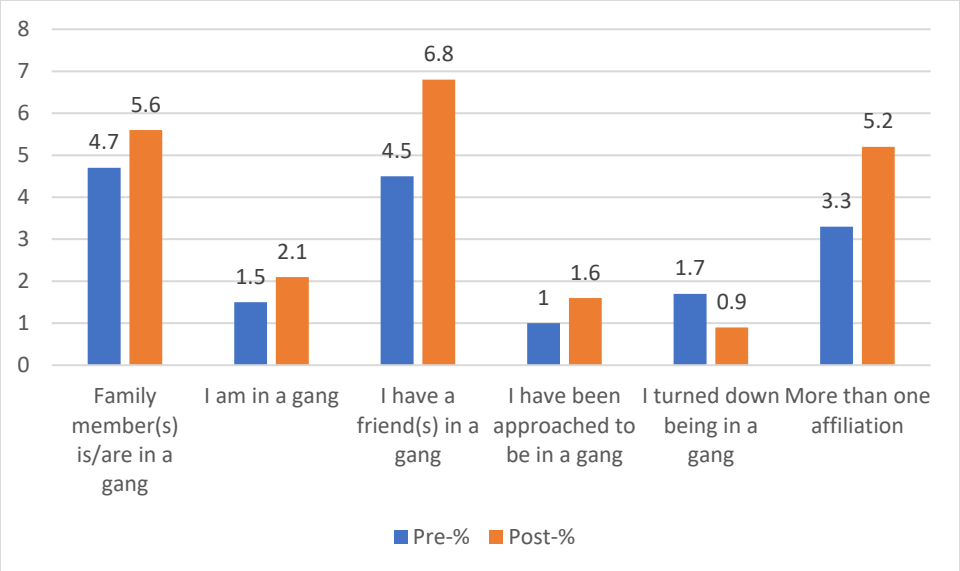
Figure 21. Pre- and Post-Survey Percentage Distributions of Responses to Questions #47-49: "How often have you…"



Other Risk Factors

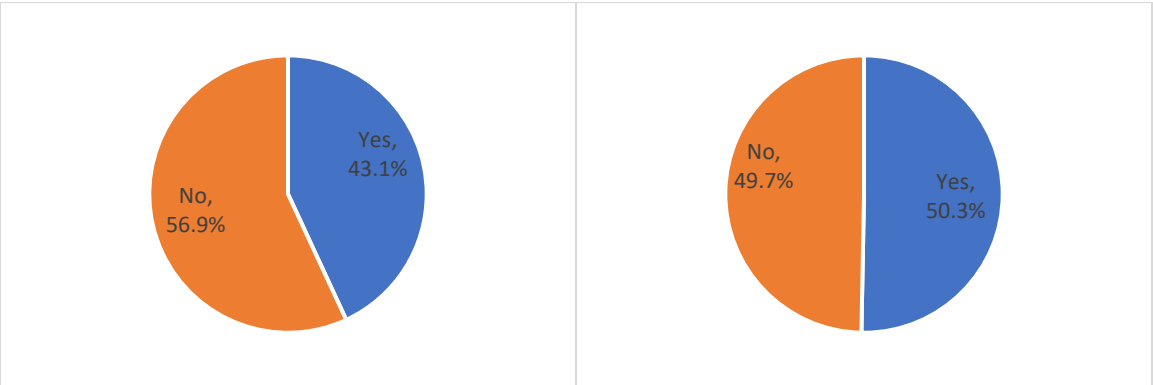
Question #50 prompted students to report their affiliation with gangs, if any. Figure 22 depicts pre- and post-survey percentages for the five response categories indicating different types of affiliations plus one category indicating multiple affiliations. The figure shows that the prevalence of students identifying with at least one gang-related affiliation rose from pre- to post-survey, except for the response "I turned down being in a gang" which decreased pre- to post-survey.

Figure 22. Pre- and Post-Survey Percentage Distributions of Responses to Question #50: "My affiliation with gangs is…"



Question #52 asked students whether they personally agreed with the statement, "I often do things without thinking about what will happen." The pre- and post-survey percentage distributions of responses, shown in Figure 23, indicate that a minority of students agreed with this statement at the time of the pre-survey (43.1%) while a slight majority agreed at the time of the post-survey (50.3%).

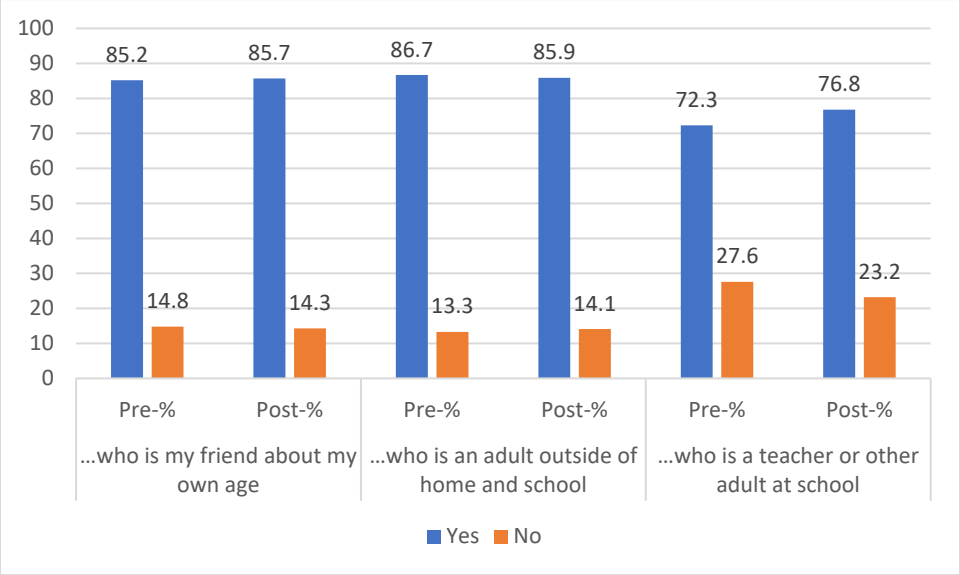
Figure 23. Pre- and Post-Survey Percentage Distributions of Responses to Question #52: "I often do things without thinking about what will happen."



Protective Factors

Questions #53, #54, and #55 asked students about whether they know someone who genuinely cares for them in three different categories (peer, adult outside home and school, and adult within school). The pre- and post-survey percentage distributions of responses for all three items are presented in Figure 24. The chart reveals that the percentage of students who said "Yes" increased pre- to post-survey only for the peers (from 85.2% to 85.7%) and adults at school (from 72.3% to 76.8%) categories, possibly suggesting that the All Stars program enhances students' connections with friends and caring adults at their schools over relationships with adults beyond the home and school.

Figure 24. Pre- and Post-Survey Percentage Distributions of Responses to Questions #53-55: "I know someone who really cares about me…"



Student Evaluation Forms

PSPG provided ISR with 1,017 All Stars Student Evaluation forms completed during the 2017-2018 school year by students who were part of their program. PSPG provided evaluation forms for the 2017-2018 year due to budget cuts and the COVID-19 pandemic causing incomplete data in more recent years. Evaluation forms are filled out by students on the last day of instruction by All Stars and are anonymous.

The All Stars Evaluation form consists of 5 open-ended questions and 7 True/False statements. For the True/False statements, students are also given the option to answer with "In Between".

For open-ended questions, we created categories that represented the responses provided by students. Often, student responses were repetitive and categories could easily be derived from their responses. The following tables report the most common responses to each question and are described below.

For the first question, the majority of students, nearly 56% percent, listed learning about drugs, sometimes specifying the drug type; they listed learning their effects and the consequences of drugs. The second most common answer, nearly 25%, was of students who listed at least two or more class subjects (such as drugs, suicide, sex, prison, etc..) that they learned about. Often these responses were written as a list. The remaining responses were included in 9 additional categories.

Table 2. Question 1: "What did you learn from All Stars?"

Categories	Count	Percent
Danger of Drugs	568	55.8
Multiple Subjects	253	24.9
Better Choices	69	6.8
Nothing	32	3.1
Illegible or Blank	27	2.6
Safe Sex	18	1.8
Coping Skills	14	1.4
Jail/Prison	13	1.3
Self Harm	13	1.3
Liked All Stars	9	0.9
Bullying	1	0.1
Total	1,017	100

For question 2 a large minority of students, nearly 44%, listed their favorite thing about All Stars as being the activities they got to do as a class. A large portion of these answers specified the Drunk Goggles activity. Nearly 30% of students said they enjoyed being able to learn about "real-life" subjects and were glad All Stars taught them the class material they got to see during the program. Almost 12% of students mentioned liking their instructors, sometimes listing them by name. The remaining students said they liked everything but did not specify, said they did not like anything or were unsure if they had liked anything, and the rest were illegible or left blank.

Table 3. Question 2: "What was your favorite thing about All Stars?"

Categories	Count	Percent
Activities	446	43.9
Class Material	300	29.5
Instructors	120	11.8
Everything	82	8.1
Nothing/Unsure	42	4.1
Illegible or Blank	27	2.6
Total	1,017	100

For the third question, a small majority of students (55%) reported they would change nothing from the program and liked the program as it was delivered. Nearly 15% of students mentioned they wanted the program to be longer, either by it being offered for a longer period of time or by adding more days a week. Approximately 10% of students suggested All Stars add more activities. The remaining students mentioned disliking some of the class material or it making them uncomfortable, felt like instructors talked too much or made them uncomfortable, being unsure of if they would change anything, illegible or blank answers, and lastly some students believed their classmates were disruptive, and a couple of students did not enjoy class and would have changed everything about it.

Table 4. Question 3: "If you could change one thing about All Stars what would it be?"

Categories	Count	Percent
Nothing	564	55.5
More Days	148	14.5
Add Activities	105	10.3
Class Material	64	6.3
Less Work	40	3.9
Instructors	37	3.6
Unsure	24	2.4
Illegible or Blank	23	2.3
Students	10	1
Everything	2	0.2
Total	1,017	100

When answering the fourth question about how All Stars affected students' futures, two responses comprised slightly more than two-thirds of all responses. First, 34.2% were students developing anti-drug and/or alcohol attitudes due to the material they had seen in class and second, 33.9%, of students reported wanting a better future and wanting to make better choices for their future. About 16% of students mentioned the class did not affect them, with some students explaining that they were already on a path that ensured a bright future and 7.1% said the class allowed them to know more about the material shown. The remaining student answers were illegible or blank, or mentioned not knowing if All Stars had affected their future.

Table 5. Question 4: "How did All Stars affect what you want most in your future?"

Categories	Count	Percent
Anti Drug	348	34.2
Good Choices	345	33.9
No Change	164	16.1
Know More	72	7.1
Illegible or Blank	45	4.4
Unsure	43	4.2
Total	1,017	99.9

For the fifth question slightly less than half (44%) of students had no further comments about the program. About 27% of students said they enjoyed the program. Nearly 14% wanted to express their appreciation for the instructors, and almost 8% expressed gratitude for the program. The remaining students had illegible or blank answers, and a few students expressed not liking the program.

Table 6. Question 5: "Anything else you want to say about All Stars?"

Categories	Count	Percent
Nothing	449	44.2
Enjoyed Class	277	27.2
Good Teachers	142	14.0
Thank You	77	7.6
More All Stars	42	4.1
Illegible or Blank	27	2.6
Did Not Like	3	0.3
Total	1,017	100

For the remainder of the survey, students had to answer True/False statements. Students were given the option to answer with "In Between". Although there were a total of 1,017 evaluation forms, some students did not provide a response to the following questions. The following percentages do not include missing responses.

Most students (78%) agreed that All Stars helped them think about what they wanted in the future, while nearly 3% disagreed. Approximately 19% percent said they were "in between."

Table 7. Question 6: "All Stars helped me think about what I want in the future"

Response	Count	Percent
True	787	78.1
False	28	2.8
In between	193	19.1
Total	1008	100

Seventy-one percent of students agreed they planned on following the commitments they made during All Stars throughout their life, while 5% disagreed, and 23% of students were "in between."

Table 8. Question 7: "I made commitments in All Stars that I plan on following in life"

Response	Count	Percent
True	716	71.4
False	54	5.4
In between	233	23.2
Total	1,003	100

Nearly 67% of students agreed they had learned what their classmates thought about the usage of drugs and alcohol, while 6% disagreed with the statement and almost 27% of students were "in between."

Table 9. Question 8: "I learned what my classmates think about using drugs and alcohol"

Response	Count	Percent
True	671	66.9
False	62	6.2
In between	270	26.9
Total	1,003	100

The majority of students, 81%, agreed they have thought about the ways in which drugs/alcohol could impact their lives, while 9% disagreed. Approximately 9% of students were "in between."

Table 10. Question 9: "I have thought about how using drugs and alcohol could affect my life"

Response	Count	Percent
True	817	81.2
False	93	9.2
In between	96	9.6
Total	1,006	99.9

A large majority of students, nearly 92%, enjoyed the All Stars class, while only about 1% did not agree with this statement. Seven (7) percent of students answered with "in between."

Table 11. Question 10: "I enjoyed the All Stars class"

Response	Count	Percent
True	923	91.7
False	13	1.3
In between	70	7.0
Total	1,006	100

About 84% of students agreed that they could trust the All Stars teachers, while almost 2% disagreed with this statement. Nearly 14% of students answered with "in between."

Table 12. Question 11: "I felt like I could trust my All Stars teachers"

Response	Count	Percent
True	847	84.4
False	19	1.9
In Between	138	13.7
Total	1,004	100

Seventy-nine (79) percent of students agreed the All Stars program had helped them, while 2% disagreed with the statement. Nearly 19% of students answered with "in between."

Table 13. Question 12: "The All Stars Program helped me"

Response	Count	Percent
True	794	79.0
False	22	2.2
In Between	189	18.8
Total	1,005	100.1

Overall, student attitudes towards the All Stars program are positive. Students believe the program has had a positive effect on their futures by furthering their knowledge of risky behaviors.

Incident Reports

According to the program design the sessions are intended to be presented by two PSPG staff members. There is a "Lead facilitator" and a "co-facilitator" and they are both expected to share responsibilities. These facilitators are trained to identify children who are struggling with current addictions or other significant personal and emotional problems. When there are concerns, or the students reach out to the facilitators with an issue they may be experiencing, PSPG staff fill out a program designed incident report and monitor the situation. This is an additional serviced offered by the PSPG All Stars program for students who participate in the program.

PSPG provided ISR 125 incident reports accrued between late 2017 to early 2020, with the majority (99 reports) being from 2018. The following tables report the types of issues APS students are facing, and how PSPG All Stars is helping each student.

Table 14 categorizes and describes the types of incidents. Most students (47.2%) reported having emotional issues, either due to problems encountered outside of school/class (i.e. fights with parents) or due to factors inside the school/class. Next, 20% of students reported self-harm or suicidal ideation, or having friends dealing with self-harm or suicidal ideation. Nearly 9% of students reported feeling uncomfortable with material they saw in class, usually due to it being something that triggered a bad memory or was something they were currently going through. Eight (8) percent of students reported either personal drug use, drug use in their families/homes, or drug use by their friends. Nearly 5% of students reported sexual assault. Four (4) percent of the incident reports either were follow-ups to a previous incident or had no clear incident. Then, 2.4% of reports were of gang activity either by the student, their friends, or their families. Another 2.4% of reports were of students or teachers wondering if All Stars could expand their safe sex talks. A few students, almost 2%, talked about family members dealing with incarceration. And lastly, under 1% of students spoke about pregnancy worries.

Table 14. Incident Description

Incident Description	Count	Percent
Drug Use	10	8
Emotions	59	47.2
Follow Up/Unknown	5	4
Gang Activity	3	2.4
Incarceration	2	1.6
Pregnancy	1	0.8
Safe Sex	3	2.4
Self-Harm/Suicide	25	20
Sexual Assault	6	4.8
Upsetting Class Material	11	8.8
Total	125	100

Table 15 demonstrates what the staff member filling out the report believed the risk level of the incident to be. Mostly, PSPG staff believed the incidents to be of a Low Risk Level with 49.2%, 30.3% of incidents were assessed as Medium Risk Level, and 20.5% of incidents were assessed as High Risk Level.

Table 15. Incident Risk Level

Incident Risk Level	Count	Percent
High	25	20.5
Low	60	49.2
Medium	37	30.3
Total	122	100

In the majority of reports, 64.2%, a supervisor was not contacted (Table 16). It is unclear what warrants a supervisor contact. The rest of the reports, 35.8% resulted in an All Stars supervisor being contacted.

Table 16. Supervisor Contact

Supervisor Contacted?	Count	Percent
No	77	64.2
Yes	43	35.8
Total	120	100

Table 17 describes the types of resolutions All Stars staff produced for each incident. The most common resolution, 27.2%, was staff having a discussion with students. Usually these discussions were meant to have students think about their choices and how that would impact their futures. Then, the second most common resolution, 18.4%, was providing emotional support for students. For 16.8% of the reports, there were no written resolutions. In these cases, it is unclear why resolutions were blank or missing, or if a resolution was necessary for a specific incident. For 9.6% of the incidents, All Stars staff provided the student with resources (i.e. Agora phone number). Another 9.6% of incidents resulted in staff and students having a discussion with a social worker, in these cases it appeared to be a PSPG social worker that was brought in. For 8.8% of the incidents, staff and students had a discussion with a school official, often being an administrator or counselor. For 5.6% of incidents, staff said they would continue to

monitor the situation. For 1.6% of incidents, All Stars staff were able to improve course content to better tailor the needs of the students. And for 0.8% respectively, CYFD was called, a JPO was called, and a student was made to write their feelings in a letter/journal format.

Table 17. Incident Resolution

Resolution	Count	Percent
CYFD Called	1	0.8
Discussion with Student	34	27.2
Emotional Support	23	18.4
Improve Course Content	2	1.6
JPO Call	1	0.8
Letter/Journal	1	0.8
Monitor	7	5.6
None/Blank	21	16.8
Resources	12	9.6
School Official Discussion	11	8.8
Social Worker Discussion	12	9.6
Total	125	100

Finally, Table 18 shows any further and final outcomes for each incident. Most of the time, 39.2%, this section is left blank. Presumably, because no further resolution is needed. Then for 35.2% of incidents, staff write that they will continue to monitor the situation and continue to check in with the student. For 10.4% of incidents, the staff member believes the student was okay after their interaction, and things went back to normal. For 4.8% of incidents staff continued to provide emotional support for students. For 3.2% of incidents staff provided outside resources for students. For 2.4% of final outcomes, CYFD was called. Another 2.4% ended with a talk with a teacher. For 1.6% of incidents, a parent was called. And lastly, for 0.8% of incidents the police were called.

Table 18. Final Outcome

Final Outcome	Count	Percent
CYFD Call	3	2.4
Emotional Support	6	4.8
Monitor	44	35.2
None/Blank	49	39.2
Parent Call	2	1.6
PD Call	1	0.8
Resources	4	3.2
Student OK	13	10.4
Talk with Teacher	3	2.4
Total	125	100

Program Observations

Due to the COVID-19 pandemic, PSPG All Stars altered their delivery method for the FY 2021 year. In hopes that schools would reopen and facilitators could implement the All Stars program in-person, All Stars staff held off implementing the program until the Spring 2021 semester. In a regular school year, All

Stars is taught in both the Fall and Spring semesters. PSPG began implementing their program online using Google Classrooms on January 25th, 2021. The All Stars program was implemented at a total of three APS middle schools: Taylor Middle School, Van Buren Middle School, and Grant Middle School. Program implementation ended on May 14th, 2021.

Although implementation began in late January, a schedule of classes was not received by ISR until February 11th. We originally chose five out of the 13 total classes to observe weekly for the remainder of the semester, later adding a sixth class (total of two per school), and PSPG staff agreed to forwarding Google Classroom links to ISR in order for observations to be conducted. At this time, we estimated we would observe approximately 60 sessions of the program. In the end, ISR completed observations for 26 class periods. On average, there were approximately 17 students per class. And most of the time, nearly 70%, classes were taught by one All Stars facilitator, instead of the two (facilitator and co-facilitator) as outlined in the program materials. ISR missed 34 observation opportunities due to not receiving class links for various reasons such as APS technical difficulties or PSPG staff being busy in-between classes and not sending links.

As mentioned earlier in this report, the PSPG All Stars curriculum consists of 9 sessions that are adjusted to cater to each school's needs over a 12-week period. We were able to observe 7 of the 9 sessions. We also observed multiple classes of one session not outlined in the curriculum (Safe Sex Practices) and the post-survey, that is offered on the final day. These two sessions accounted for 26.9% of all observations. The following table lists the sessions observed:

Table 19. Sessions Observed

Session	Number of times observed	Percent of Observations	Found in curriculum?
First Day Introduction with Survey	0	0.0%	Yes
Anger Management	4	15.4%	Yes
Drug Clips #1- Rx Pills, Meth, Cocaine, & Heroin	7	26.9%	Yes
Drug Clips #2 – Inhalants, MDMA, Bath Salts & Spice	1	3.8%	Yes
Alcohol and Drunk Goggles	4	15.4%	Yes
MDC Letters & Jail	2	7.7%	Yes
Media Literacy	0	0.0%	Yes
Self-Harm and Suicide	1	3.8%	Yes
Commitments and Filming	0	0.0%	Yes
Safe Sex Practices	5	19.2%	No
Final Day, Post-Survey	2	7.7%	No

Due to the pandemic, the program was taught in a compressed amount of time. This means sometimes sessions were broken up over multiple class periods. For example, the Drugs #1 portion of the curriculum was taught over two class periods to give enough time for each video and student discussions. Although it is usual for classes to be broken up over multiple periods depending on school necessity to expand or repeat parts of a session, it is not known to us how many times each session was taught at each school this semester, or how each module was scheduled to be taught and how the schedule differed by school. The first day of instruction and the pre-survey was missed for each class, since classes had mostly started by

the time we began observations. We did not observe any media literacy sessions, and we are unsure if this portion of the curriculum was delivered. Another missed session was the final session in which students film themselves making commitments for their futures, it is possible this session was skipped due to the challenges presented by the online class delivery method. The curriculum provided to ISR does not have a safe sex session, yet five of these classes were observed and appeared to follow the same key points such as basic reproduction knowledge, types of sex, and proper condom usage. The curriculum also does not have a session in which post-surveys are explicitly conducted, but we observed two class periods in which students strictly filled out post-surveys and evaluation forms. Therefore, for the 26 observed classes, the curriculum was implemented 73% of the time. Whenever the curriculum was implemented, ISR observed the majority of key points of each session being taught. However, we are unable to accurately calculate if each key point in the curriculum was taught, since we did not observe each class period and portions of the curriculum may have been missed.

Our observations of the All Stars program were compared to known best practices using the National Institute on Drug Abuse's (NIDA) research-based prevention principles for preventing drug use among children and adolescents. These prevention principles have emerged from research studies funded by NIDA as the common elements found in effective prevention programs. Since two of the class periods we observed focused strictly on students filling out post-surveys and evaluations forms and there was no implementation of the program/curriculum, we will only be discussing how and if the principles were observed during 24 of the 26 observed classes. Ten of the 16 NIDA Prevention Principles were applicable to this review of the All Stars middle school-based prevention program. The applicable principles are principles 1, 2, 3, 4, 8, 12, 13, 14, 15 and 16 (below).

As per Table 1, principles 1, 12, 13, and 16 were not directly observable but we were able to observe principle 1 being implemented in an implicit way. This means we found the All Stars program addresses both risk and protective factors in the implementation of their curriculum by occasionally stressing the importance of a family history of risky behaviors and/or concepts such as peer pressure and the importance of community to students. All observable principles were observed, some more frequently than others. The least observed principle was principle 14. Principle 14 was difficult to observe due to classes being delivered online where any student rewards were strictly verbal. It is clear in the program materials that PSPG staff are trained and expected to manage the classroom and engage students and offer rewards. Due to the year's restrictions, PSPG had to deliver their curriculum online, and classroom management usually was performed by the class' teacher. Teachers would ask students to turn their cameras on/off, participate in the chat, or pay attention to All Stars facilitators. It is our belief that principle 14 would be easily observable when the program is being implemented in-person and All Stars facilitators have more direct control in the classroom.

Table 20. Principles Observed

#	Description	Target	Observed	Times Observed
1	Prevention Programs should enhance protective factors and reverse or reduce risk factors	Risk and Protective Factors	Yes	19 of 24
2	Prevention program should address all forms of drug abuse	Risk and Protective Factors	Yes	14 of 24
3	Prevention programs should address local problems	Risk and Protective Factors	Yes	9 of 24
4	Prevention programs should be tailored to address risks specific to the population or audience	Risk and Protective Factors	Yes	7 of 24

8	Prevention programs for middle-school should increase academic and social competence	Prevention Planning School Programs	Yes	16 of 24
12	Core elements of the original interventions should be retained when programs are adapted to meet local needs	Prevention Program Delivery	No	N/A
13	Prevention programs should be long-term with repeated interventions	Prevention Program Delivery	No	N/A
14	Prevention programs should include teacher training on good classroom management practices	Prevention Program Delivery	Yes	3 of 24
15	Prevention programs are most effective when they employ interactive techniques such as peer discussion groups and parent role playing	Prevention Program Delivery	Yes	7 of 24
16	Research based prevention programs can be cost effective	Prevention Program Delivery	No	N/A

DISCUSSION

As noted earlier our review of the PSPG's All Stars program is based on a review of program materials, pre- and post-survey results, student evaluations, incident reports, and program observations. The COVID-19 pandemic presented challenges in a variety of ways. First, the program was primarily offered remotely and not in-person as designed. Second, and related to the first our evaluation was not able to be fully implemented because of the pandemic. Our observations of the program were not fully realized because we could not observe the program as it was designed to be delivered. In addition, we were not able to observe as many of sessions as agreed and intended for a number of reasons including technical difficulties in scheduling.

According to the Building Bright Futures All Stars curriculum, facilitators are encouraged to deliver the program as written but may make adaptations in activities to meet the needs of students and therefore make the curriculum more relevant and appropriate to different groups based on their cultural heritage, socioeconomic status, religious background, baseline behavior status, temperament, and basic intelligence. As noted elsewhere the PSPG program is a hybrid of the national program and does not use the national program materials. Similar to the national program PSPG adapts the curriculum to particular classes based on the needs of the students. This is done using pre-program survey data and the program's staff experience. Modification of the program beyond activity changes could lead to the primary goals of the program becoming modified. This level of modification is indicated by the inclusion of a safe sex practices session. Since the goals are dictated by empirical findings, changing activities/modules could then lead to a program that does not follow the program design and/or meet best practices and therefore no longer be an evidence-based program. As mentioned earlier, ISR conducted a process evaluation of the PSPG All Stars program compared to known best practices based on NIDA prevention principles for this type of program. We were not evaluating the effectiveness of the adapted curriculum compared to the national All Stars curriculum. While a detailed comparison of the curriculums was not conducted, the PSPG curriculum takes a visibly more explicit approach with their content. For example, where the original national All Stars curriculum may implicitly be trying to get the students to think about drug usage, the PSPG curriculum explicitly names the drugs and students are shown videos that highlight each drug and their dangers. Due to the adaptation and the extent of the curriculum changes, the current PSPG All Stars program does not match the national All Stars program and does not appear to be intended to follow the national curriculum. Comparing our observations of the PSPG All Stars program to the applicable NIDA principles the PSPG All Stars program is broadly delivering a research-based prevention program to APS middle school students. This is evidenced by the analysis of the observations and

comparison to the NIDA prevention principles. This is somewhat restricted by the limited number of observations and the primary reliance on observations with support found in the student evaluations. In this evaluation we were not able to conduct interviews with teachers and PSPG staff. This was primarily due to the shortened schedule on which the program was implemented and delivered because of the pandemic. Additional sources of information would have been helpful in more completely documenting adherence to best practices.

As stated in the literature review, interventions should be theory driven, address social norms on substance use, build personal and social skills designed to help resist substance use, use interactive teaching, use peer leaders, be delivered over multiple sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate (Stigler et al., 2011). The All Stars program executes each of these concepts, except PSPG currently does not deliver their curriculum over multiple years and based on our observations the All Stars program does not incorporate peer leaders. According to program materials, and discussions with PSPG staff, they prefer to implement the program over one year in order to reach more students across APS schools. Although they have done repeated interventions with students in years past, their budget no longer allows this to occur.

The pre- and post- surveys filled out by students at the beginning and at the end of instruction of the All Stars program aid in the delivery of their program. The pre-survey is designed to allow All Stars staff to configure the curriculum to meet the needs of the students and particular school. In line with the NIDA principles, the curriculum and the delivery of the curriculum are tailored not only to address the needs of Bernalillo County youth, but further tailored for each school/community. At the moment, post-survey results demonstrate that the short-term impact of the program does not provide a decrease in substance use such as alcohol and marijuana and/or risky behaviors such as suicidal ideation. However, there were positive short-term changes in condom usage and belief of having caring relationships with others. At this time, we cannot know if the program creates long-term effects on student behaviors and attitudes.

Student attitudes towards the All Stars program are mainly positive. Evaluation form responses showed that the majority of students believe the program reinforced their anti-drug behaviors, and their beliefs that bad choices will impact their overall future. As per the literature review, effective programs will "build personal and social skills designed to help resist substance use" and evaluation form responses demonstrate that students were enthusiastic about making commitments to resist substance use.

Many students mentioned they would like the All Stars program to be longer and enjoyed being taught about "real-life" situations. As mentioned in the literature review, effective school-based prevention programs are interactive and the All Stars program allowed students to learn the material by using activities. Because of this, students felt the program was fun and often listed wanting the program to incorporate more activities. Although the online format of the class created barriers, All Stars staff carried out a couple of activities for students that mainly focused on class discussions while students and staff wrote on an interactive board. When students were allowed to return to APS classrooms, about half of the students returned to in-person learning and All Stars was able to carry out their Drunk Goggles activity with the students present in class while the students online watched. This year's lack of interactive activities was entirely an issue brought on by the COVID-19 pandemic.

Incident reports filled out by All Stars gave us a look into the problems brought to All Stars staff by the APS students. They are a peek into the adversities faced by Bernalillo County youth, and how All Stars staff offer help. For the most part, All Stars staff offers emotional support or a discussion of a particular

problem for a specific student. These incident reports allow us to understand how PSPG staff create an environment that give students confidence to participate in the program and reach out when they need help. Incident reports also demonstrated the positive relationship between All Stars staff and APS school staff members, and how All Stars staff utilized community resources to give students the opportunity to get help even when outside of school.

As mentioned earlier in this report, a total of 26 classes were observed out of 60 proposed and agreed observations. Observations were conducted online. Although we are unsure of the total number of classes taught during the FY2021 year since a full schedule was not provided, we estimate at least 100 classes were taught. This means we only observed about a quarter of classes. All applicable and observable NIDA principles were observed. We believe the All Stars program uses the NIDA principles in both implicit and explicit ways. For example, although NIDA's first principle is not observable, we found the All Stars program addresses both risk and protective factors in the implementation of their curriculum. All Stars staff has discussions with students which delve into the student's family history of substance use and/or other risky behaviors such as gang affiliation or prison history. In other cases, All Stars alludes to the importance of peer relationships and community supports. For this reason, we believe the first principle was implicitly observed.

All Stars staff addressed the use of drugs in the majority of observed classes. The majority of the observed classes either specialized in talking about drugs/alcohol (i.e. heroin, prescription pills, methamphetamines), or had opportunities for All Stars facilitators to address the dangers of drugs and their consequences. For example, the Jail/MDC Letter sessions had students listen to letters written by inmates who described how drugs had impacted their lives.

Whenever possible, All Stars staff depicted and discussed substance use in New Mexico. The best example of this depiction happened during the "Drugs #1" sessions which discussed heroin making use of a video of an Albuquerque woman using heroin. Also, again during the Jail/MDC sessions, the letters came from Albuquerque locals. All Stars staff addressed risks specific to age group, gender, and ethnicity, focusing on risks specific to age. For example, substance use effects on the brain of adolescents and how it affects overall development were presented. Social competence was also presented in a large number of observed classes. Most of the time social competence was targeted by All Stars staff discussing topics such as: emotions, effective communication, peer relationships, drug resistance skills, reinforcement of antidrug attitudes and strengthening of personal commitments against drug abuse.

CONCLUSION

The Institute for Social Research was contracted to evaluate the DBHS funded All Stars prevention program for FY 2021. The review was designed as a process evaluation which means we were measuring program implementation, and if the program operates according to its design and if the design is based on best practices. This evaluation included a review of program materials, student pre- and post-surveys conducted as part of the program, program evaluations completed by students, incident reports filled out by All Stars staff, and observations of the All Stars program.

In conclusion, the Public Safety Psychology Group All Stars program is a hybrid of the original Building Bright Futures All Stars curriculum. According to the program the curriculum has been adapted to meet the needs of the local community and the changes to the curriculum mean the program no longer matches

the national program in its design and does not use national program materials. Because the program does not use the national All Stars curriculum and is a hybrid of the program PSPG should consider renaming the program to differentiate itself from the national program and more clearly identify itself. According to both the literature review and the NIDA principles, and based off of our observations of the program, the PSPG curriculum and the delivery of the curriculum meet the requirements of an effective school-based prevention program with the important exception that the program does not currently offer repeated interventions over multiple years. Furthermore, student program evaluations demonstrate APS students not only enjoy the program but make commitments to resist substance use in their near and distant futures. The provided pre- and post-survey results did not show short-term effects on substance usage (or other risky behaviors such as self-harm or gang affiliation), but it is possible that the 12-week period between the pre- and post- surveys is too short to show student behavioral changes and maybe it is unrealistic to expect this kind of change from these types of prevention programs. It is unknown if there are long-term effects and it would be difficult and challenging to measure long-term effects. PSPG provided incident reports which offer a look into the adversities faced by middle school students across APS and it is clear they provide another opportunity to prevent or intervene just before the students start using drugs (Cuijpers, 2003) or begin participating in other risky behaviors, and aid in creating connections between students, parents, school staff, and/or community resources.

ISR observed 26 classes of the 60 originally proposed. Three of the nine curriculum sessions were not observed, and two sessions not outlined in the curriculum provided to ISR by PSPG staff were observed. One of these sessions that could not be found in the curriculum was a safe sex practices lesson and the second was the post-survey session. This means 19 of the 26 observed classes were of sessions included in the curriculum and seven were not. It is unclear if the sessions could not be found in the curriculum because we received an incomplete version of the curriculum or if these lessons are missing from the curriculum. Only 10 of the 16 NIDA Prevention Principles were applicable to this review of the All Stars middle school-based prevention program. All observable principles were observed and none of the principles were observed in every session, which was not unexpected. Three of the seven observed principles were observed in more than half of the classes, while the remaining four principles were observed in less than half of the classes. This year's challenges due to COVID-19 restrictions created barriers in both the delivery of the program and our ability to observe the program, and we believe the principles would be observed more frequently during in-class program delivery.

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Appendix A. Prevention Program Observation Form

Institute for Social Research

Bernalillo County Department of Behavioral Health Services

Prevention Providers Observation Form

Date: _____ Start Time: _____ End Time: _____

Observer Name:

_____

Prevention Program:

_____

School/Community Center or Place Name:_____

Main Facilitator Name:

_____

Co-Facilitator Name(s):_____

Total Number Participants: _____ Total Number of Facilitators: _____

Topic/Class Number:

_____

Grade/Age of Participants:

_____

Others Present specify:

_____

_____

_____

_____

Describe the classroom seating, general logistics of the classroom (i.e. Is the space large enough for participants, is there enough seating, is there enough time to cover everything listed on the agenda) and illustrate the room in the box below.

_____

_____