



Data Driven Prevention Planning Services



Data Driven Prevention Planning Team

Do you need data...

*To complete the School Climate Assessment required by
CT Department of Education?*

*To meet the new SEED requirements from
CT Department of Education?*

To evaluate the effectiveness of your prevention programs?

*To apply for a Drug Free Communities Grant to address the issue of substance use
in your community?*

Then you need the SERAC Data Driven Prevention Planning (D²P²) Team.

SERAC is a local non-profit organization that has been
conducting and reporting on surveys
in Connecticut since 2006.

Now you can use our experience and expertise
to meet your survey needs, whatever they may be.

This packet provides an overview of our available survey services.
Contact us for more information or to discuss your specific needs.

We look forward to the opportunity to work with you.

Southeastern Regional Action Council



228 West Town Street
Norwich, CT 06360
Phone (860) 848-2800
www.sectrac.org

D²P² Survey Options

D²P² Youth Core Survey

Designed to provide basic data regarding substance use, gambling, self injury and suicide.
Provides all core measures for DFC and STOP grants
Supports prevention planning and trend monitoring
Compare your data to our extensive regional database

D²P² Youth Standard Survey

Includes everything in the Core survey (core measures for DFC and STOP grants, supports prevention planning and trend monitoring, comparisons to our extensive regional database) *plus* a variety of additional indicators including age of onset, location of alcohol use, perception of prevention strategies, personal concept, antisocial behavior and social support.

Question Bank

These questions can be added to any D²P² survey in order to customize results for the needs and interests of your community. Topics range from socioeconomic indicators to health and wellness.

SEED

Based on templates from Connecticut State Department of Education for the new educator evaluation system
Student Feedback: school-level surveys for grades 4-5 and grades 6-12
Parent Feedback: school-level survey for all grades
Teacher and Staff Feedback surveys

School Climate

Based on guidelines from Connecticut Department of Education for Safe School Climate Assessments
Staff, Parent/Guardian and Student (Elementary/MS and MS/HS)

D²P² Community Adult Survey

Aligned with our D²P² Youth Survey this helps to understand the role adults play in the use of alcohol and drugs and other risky behaviors among adolescents, and the perceptions of adults regarding underage drinking and substance use.

D²P² Coalition Evaluation Survey

This tool is used to measure perceptions with regard to a local group, coalition or entity serving communities in prevention efforts.

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D²P² Youth Survey Summary

Survey Version	Demographics	Core Measures	Other Use	Risk /Protective Factors	Gambling	Community Domain	Individual Domain
Core	Grade Gender Race/ Ethnicity	<i>Use: alcohol (any, binge), cigarettes, other tobacco, marijuana, prescription drugs</i> <i>Availability</i> <i>Perception of Harm</i> <i>Harm (STOP)</i> <i>Parental Disapproval</i> <i>Peer Disapproval</i> <i>Personal Disapproval</i>	Energy drinks, alcoholic energy drinks, illicit drugs, and OTC medications Sources (alcohol)	Family rules about substance use Self injury/Suicide	Prevalence Family history of problem gambling		
Standard			Age at first use Alcohol: location of use Sources (marijuana, cigarettes, tobacco) Past month use in school (alcohol, drugs) Prevention strategies (alcohol) Parental use (alcohol, cigarettes) Family history of problem alcohol	Hours without adult supervision School: attitudes and perceptions Parenting/ Attachment	Personal problem gambling indicators	Perception of Community	Antisocial behavior Social support Personal Concept

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D²P² Youth Survey Additional Questions

Still want more?

Choose from our additional questions or add your own.

Demographics

Free and reduced lunch eligibility
Grades

Other Use

Reasons for using alcohol, marijuana, cigarettes

Frequency of being drunk

Sibling use of alcohol, cigarettes

Perceived peer use of alcohol

Individual Domain

How spare time is spent
Conflict resolution strategies

School Domain

Perception of school punishment for alcohol, cigarettes, marijuana
Perceived availability of drugs in school

Bullying and Harassment

Types of bullying
Location of bullying

Health and Wellness

Perception of weight
Dieting/weight loss behavior

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D²P² Youth Survey Information

1. BACKGROUND

a. *Subject.*

The subject of our youth surveys is the *youth* of the community, not the public schools.

b. *Origins of the survey*

The D²P² Youth Survey is based upon the Governor's Prevention Initiative for Youth (GPIY) survey which was first administered by UConn Health Center's Community Health Department, to youth throughout Connecticut in 1997 in order to ascertain prevalence, attitudes and behaviors related to use of substances (tobacco, alcohol, and illicit drugs). SERAC and its partners have edited and updated the GPIY survey overtime. In order to assure data compatibility, whenever possible questions have been taken *verbatim* from national and statewide surveys.

c. *Sponsorship*

The D²P² Youth Survey is administered under the auspices of local health districts, youth service agencies, local prevention councils, schools and SERAC.

2. REGIONAL COVERAGE

Since 2006, SERAC has been working with local partners to administer surveys to nearly 20,000 youth in grades 7-12 from more than 20 communities throughout Connecticut.

3. LOGISTICS

a. *Anonymity*

The survey asks for no identifying information such as birth date, address or teacher.

b. *Validity*

The survey includes index questions designed to detect invalid responses so that they may be excluded from analysis.

c. *Timing*

Timing for completion of the survey varies for each grade level.

d. *Administration*

The survey is generally administered on-line via computer, using SurveyMonkey.com. The survey includes "skip-logic", to avoid asking questions that do not apply to certain youth.

e. *Sampling*

The surveys are administered in schools in order to randomly sample the youth of the entire community. They are not designed to evaluate the schools. Alternative survey methods such as random dialing or "interception" would be much more costly and scientifically less valid. A subject which is required by all students in a grade is selected, and the survey is administered in randomly selected classrooms of that subject. Monitoring, scheduling, and other details are handled by the school district, and public health and/or youth service personnel.

D²P² Youth Survey Information

Parents or guardians are informed of the survey plan, and given at least two weeks to return a signed “opt-out” form to excuse their child from the survey. Youth may decline on their own to take the survey, by simply logging off of the computer. A copy of the survey is available at a central location for inspection by parents and community members.

4. REPORTING AND PUBLIC REACTION

A full written report of survey results is produced for distribution as hard copies and, if feasible, online. A public presentation of the main conclusions of the survey to parents, citizens, government officials, and reporters is suggested but not required. Some communities have taped the presentation for broadcast on local-access television. In an effort to minimize unwanted release of information, other communities have worked with local newspapers to release data prior to town meetings.

5. FOLLOW-UP TO SURVEY

a. *Community programs*

A coalition of community institutions and programs can be formed, using survey information to direct resources to areas of greatest need. Survey results can be an adjunct to other needs-assessment tools presently in use.

b. *Curriculum*

Survey results may help highlight areas of need and can be used to inform school curriculum adjustments.

c. *Wellness*

If optional questions are added, a snap-shot of the perception by youth of their relative body weight and their fitness activities is available from the survey. These data may be used to corroborate other data from recreation officials, school nurses, and public health authorities.

d. *Baselines*

Survey findings provide baseline data against which future assessments can be measured. Serial measures can be used to track change (and progress) over time. Local data can also be compared to SERAC's extensive regional dataset and to data from national surveys including the Monitoring The Future (MTF) survey and the Youth Risk Behavior Surveillance System (YRBSS) survey.

e. *Grant applications*

Many communities have been successful in applying for federal and state grants, using data from the survey to justify programs and to measure their future success. More and more granting agencies are requiring a data-driven approach. The core measures required by SAMHSA for grant application and progress reports are included in the survey and are extractable in a variety of formats.

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D²P² Survey Price List

<u>Item</u>	<u>Cost</u>
<u>D²P² Youth Core Survey</u> (Includes online survey conduct, written report and community presentation materials.)	\$2000
<u>D²P² Youth Standard Survey</u> (Includes online survey conduct, written report and community presentation materials.)	\$4000
<u>D²P² Youth Additional Questions</u> (Added to core or standard surveys)	\$100 per question
<u>D²P² Community Adult Survey</u>	\$2400
<u>D²P² Coalition Evaluation Survey</u>	\$1800
<u>SEED and School Climate</u> (Includes materials for online survey conduct plus basic tabulation of results)	
<u>Survey</u>	<u>Base Price*</u>
Student (Grade 4-5)	\$500
Student (Grade 6-12)	\$500
Parent	\$500
Staff	\$500
	<u>Additional Schools</u>
	\$100 per school
	<u>Additional Questions</u>
	\$50 per question
	\$50 per question
	\$50 per question
	\$50 per question
<u>Manual Data Entry of Paper Surveys</u>	\$1.25/survey

* Includes tabulation of results for one school.

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Meet The D²P² Team

David J. Brailey, Ed.D

David has taught Drug Education and Health Education at the college level for the past thirty-five years. In addition, he has been a college dean and department chair and has taught in public schools. David holds an Ed.D in Educational Leadership and Assessment and an MS and BS in Health Education. He has conducted both qualitative and quantitative research in the drug and alcohol field and in the student mentoring area. David has been a member of the SERAC Board of Directors for the past three years. In the spring of 2013, he joined the SERAC staff as a member of the Data Driven Prevention Planning Team. David assists with the coordination of risk assessment, school climate assessment and SEED assessment. David's research expertise in qualitative research methods allows SERAC to provide qualitative data collection and analysis through individual interviews, school observations and focus groups.

Christine Miskell, DVM, MPH

After earning her Doctor of Veterinary Medicine degree from the University of Florida, Christine went on to earn a Master of Public Health in Epidemiology from the University of Alabama at Birmingham. She spent 5 years working in the pharmaceutical industry where she was responsible for collecting, tabulating, analyzing and reporting on data from efficacy trials. Since joining SERAC in 2006, Christine has been responsible for tabulating, analyzing and reporting data from a variety of local and regional youth and adult surveys. Christine has experience with data management and analysis using various programs including MS Excel[®], MS Access[®], Statistica[®], and SPSS[®].

Michele Devine, M.A.

Michele has been the Executive Director of SERAC since 2005. Prior to coming to SERAC, she worked as a Counselor and Health Educator on a variety of college campuses and at a therapeutic high school. She earned her Master's degree in Counseling Psychology from Springfield College in 1998. Michele has extensive knowledge and experience working with community groups, youth, and parents. She is certified to train a variety of evidence-based, data driven prevention curriculums. She also has experience using data to develop goals and measure organizational outcomes for development and growth. She works closely with Regional and State organizations to address the need for more support and funding for prevention efforts.

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Regional Youth Survey - 2014-2015

FACT SHEET

THE SURVEY

- ☑ Measures practices and attitudes of youth regarding substance use and other risky behaviors.
- ☑ Administered anonymously to youth enrolled in grades 7-12 in 9 communities in Southeastern Connecticut in 2014 and 2015.
- ☑ The reported rates are based on responses from 6,856 youth.

ALCOHOL

- ☑ **Alcohol** is the most commonly used substance among youth in the region.
 - 29% of youth report **ever** having used alcohol **in their lifetime**.
 - 10% of youth report having used alcohol **in the past 30 days**.
- ☑ About one-half of youth surveyed (54%) **strongly disapprove** of someone their age having one or two drinks of an alcoholic beverage nearly everyday.
 - Disapproval is highest among 7th graders (77%) but is below 50% among 10-12th graders.
- ☑ *Among youth who do report having used alcohol in their lifetime:*
 - The most common source of alcohol is **friends**.
 - 57% report **ever** having consumed 4 or more drinks in a single occasion in their **lifetime**.
 - 18% report having had 4 or more drinks in a single occasion in the **past 30 days**.

ILLICIT DRUGS

- ☑ **Marijuana** is the most commonly abused illicit drug among youth in the region.
 - 18% of youth report **ever** having used marijuana **in their lifetime**.
 - 9% of youth report having used marijuana in the **past 30 days**.
- ☑ *Among youth who report having used marijuana in their lifetime:*
 - The most common source of marijuana is **friends**.
- ☑ Other illicit drugs that youth in the region report having experimented with include **cocaine, ecstasy, hallucinogens, salvia and synthetic marijuana**.

LEGAL PRODUCTS

- ☑ Overall, 13% of youth in the region report **ever** having **misused** a **prescription medication** in order to get high.
 - The most commonly abused type of prescription medication is **pain medication**.
 - 8% of youth report **ever** having **misused** prescription pain medications to get high.
- ☑ 4% of youth in the region report **ever** having misused an **over-the-counter medication** to get high.
- ☑ 47% of youth in the region report **ever** having used **energy drinks** while 17% have used energy drinks in the **past 30 days**.
- ☑ 9% of youth in the region report **ever** having used **electronic cigarettes**.

Regional Youth Survey - 2014-2015

FACT SHEET

RISK AND PROTECTIVE FACTORS

- ☑ Most youth (about 75%) report that it is **definitely true** or **mostly true** that their family has clear rules discouraging cigarette/tobacco, alcohol, marijuana or prescription drug use.
- ☑ Most youth (70% or more) report that their parents think it would be **very wrong** for them to smoke tobacco, smoke marijuana, or drink 1 or 2 alcoholic beverages nearly every day.
- ☑ Perceived peer disapproval of alcohol, tobacco and marijuana use are all lower than perceived parental disapproval.
- ☑ About 83% of youth report that their parents think it would be **very wrong** for them to use a prescription drug not prescribed to them.
- ☑ Among youth in the region, perceived harm is greatest for cigarette smoking and lowest for marijuana use.
- ☑ 20- 30% of youth in the region report it would be **very easy** for them to get alcohol, cigarettes or marijuana if they wanted to.

PREVENTION STRATEGIES

- ☑ Overall, youth in the region identified checking IDs, having a driver's license suspended and having friends who disapprove of drinking the most important strategies for keeping kids from drinking alcohol.
- ☑ Youth identified alcohol education in school and high price of alcohol as the least important strategies.

GAMBLING

- ☑ Overall, about 18% of youth report **ever** having gambled while 1% of youth report that they gamble on a **daily** basis.
- ☑ 10% of youth report that someone in their **family** has gambled so much that it created problems at home, at work or with friends.
- ☑ **Among youth who report ever having gambled in their lifetime:**
 - About 23% report ever having tried to cut back on their gambling.

COMPARISONS

- ☑ In general, lifetime and recent substance use rates among youth in the region tend to be similar to or lower than reported national rates.
- ☑ Between 2006 and 2015:
 - Recent use of cigarettes and alcohol tended to decrease while recent use of marijuana remained constant.
 - Perception of harm associated cigarettes alcohol and prescription drug misuse has tended to increase while perception of harm with marijuana use has tended to decrease.