



*New Mexico Public Education Department
School & Family Support Bureau*



Building Capacity for Preventing Youth Substance Use and Violence

Assessment Report Overview

February 2012

Healthy Kids Make Better Students, Better Students Make Healthier Communities

Table of Contents

Executive Summary.....	3
Appendices:	
Appendix A: Information from Surveys of Youth (State and National).....	68
Appendix B: 2009 New Mexico Youth Risk and Resiliency Surveillance Survey (YRRS) Highlights.....	75
Appendix C: Sexual Minority Students Engage in More Risky Health Behaviors.....	78
Appendix D: Links Between Violence and Learning Fact Sheet, Prevention Institute, 2011.....	80

Building Capacity for Preventing Youth Substance Use and Violence

Executive Summary

In order to address the elimination of the federal Title IV Safe and Drug-Free Schools Program, the New Mexico Public Education Department (NMPED) received a small planning grant. The purpose of the grant is to develop a sustainable, prevention focused infrastructure that will build partnerships between state agencies (including the Single State-Agency for Substance Abuse Services), schools and community-based organizations to continue to strengthen schools in creating safe and drug-free learning environments that promote academic achievement. In order to do this, NMPED is engaging key stakeholders to participate in a Prevention Infrastructure Team (PIT) that will meet to accomplish the tasks of the grant. The PIT will strengthen the capacity of state agencies to communicate, coordinate and collaborate amongst themselves, and with schools and communities, in order to enhance agency support to schools. NMPED will provide leadership for a strategic planning process that will be used to guide New Mexico in fostering prevention efforts in the future.

The first step in the process was to conduct a statewide assessment to identify current resources and gaps as key information for development of goals and strategies for the strategic plan. The ultimate goal is to solidify the functions of a PIT which will facilitate the flow of support to schools in sustaining and improving their prevention efforts and in building their capacity to seek new resources. The PIT will facilitate and enhance collaborations to be able to develop a shared vision for youth substance use and violence prevention in New Mexico, especially as it relates to schools.

The Assessment and Strategic Plan are based on the following Vision and Definitions:

VISION: Schools provide a safe, healthy, secure and supportive learning environment for students and staff.

DEFINITIONS

Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. (SAMHSA/CSAP)

Substance Abuse Prevention: The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all. (SAMHSA/CSAP)

Violence Prevention: The goal of violence prevention is to prevent the intentional use of physical force or power, threatened or actual, that is (a) self directed (against oneself), (b) interpersonal (against another person), or (c) collective (by or against a group or community) that results in or has a high likelihood of resulting in injury, death, maldevelopment, deprivation or physical, psychological or spiritual harm. (adapted from World Health Organization)

The results of the state and local assessments are provided in this report. Two assessment tools were utilized to obtain input; one was specifically for people who are employed by schools and the other was for those who work with, in or on behalf of schools but are not employed by schools or school districts. The surveys generated numerous responses as follows:

- For the schools survey, **164 responses** were received from school staff with the majority (64.2%) from school administrators at the local, district or Regional Education Cooperative levels.
- For the non-schools survey, **183 responses** were received from people including staff from community-based organizations and state, federal, Tribal and local governments.

The responses and comments may be considered a snapshot in time, understanding that budgets are fragile and can change quickly thus impacting the ability of schools and communities to hire and retain staff and to implement programs. Overarching themes emerged from both assessments and are provided for consideration in the strategic planning process. There was considerable agreement in both survey responses about what works well and what is needed to prevent youth substance abuse and violence prevention. Highlights from the surveys are presented in this Executive Summary; however, specific suggestions and comments are included in the full report.

A recommendation was to obtain input from youth through an assessment of their ideas about how to prevent youth substance use and violence. Many youth surveys have been conducted recently by other entities so a youth assessment for this grant was not conducted. Results from and links to several of the existing youth surveys have been incorporated into the Executive Summary and Appendix A for this report.

SUPPORTING INFORMATION: Additional data and information to provide context for the problem of youth substance abuse and violence also are found in the Appendices at the end of this report, including:

- The **SAMHSA National Survey on Drug Use and Health (NSDUH) Report**, Exposure to Substance Use Prevention Messages and Substance Use among Adolescents: In general, youths who had been exposed to some kind of substance use prevention message were less likely to report past month use of alcohol use, cigarettes, or illicit drugs than youths who had not had such prevention messages. (See <http://oas.samhsa.gov/2k9/prevention/prevention.htm>) (See **Appendix A**)
- The **2009 New Mexico Youth Risk and Resiliency Surveillance Survey (YRRS)**: While New Mexico has seen improvement in the rate of several key risk behaviors over recent years, serious concerns remain, especially in the areas of drug use, alcohol use at an early age, suicide attempts, and violence. It is important to note that there are significant differences in rates of risky behaviors seen in **American Indian, Hispanic and White youth** and between **girls and boys**. These differences, called health disparities, must be considered when developing strategies to address the problems of youth substance use and violence in schools. YRRS results have clear implications for the development and implementation of prevention programs throughout New Mexico. (See <http://nmhealth.org/ERD/HealthData/yrrs.shtml>) (**Appendix B**)

- **Sexual Minority Students Engage in More Risky Health Behaviors** - *Source: Kahn L, et al. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – youth risk behavior surveillance, selected sites, United States, 2001-2009. MMWR. 2011;60(SS-07):1-133.* Students who identify themselves as sexual minorities (gay, lesbian, bisexual) are more likely to engage in health-risk behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, drug use, sexual behaviors, weight management and unintentional injury. These include more frequent violent experiences and more concerns about personal safety. A recommended solution is that school health policies and practices be developed to ensure safe and supportive environments for all students, including sexual minority students. (Appendix C)
- The **Prevention Institute Violence and Learning Fact Sheet**: Violence and/or the fear of violence have serious implications in terms of school performance, attendance, and graduation. The presence of violence impacts communities, individuals, and community institutions (particularly schools) in ways that interfere with learning and success in academics.
- (See <http://www.preventioninstitute.org/component/jlibrary/article/download/id-659/127.html>) (Appendix D)

Highlights from the Surveys of School Staff, Non-School Staff and Youth are provided within the six categories of the Spectrum of Prevention by the *Prevention Institute*. These categories will be used to develop a New Mexico Strategic Plan to prevent youth substance use and violence prevention related to schools. Some themes are pertinent to several categories and are repeated for ease of understanding and access to the information for that category. Highlights regarding youth responses have been integrated from youth survey results found in Appendix A.

1. **Strengthening Individual Knowledge and Skills**: Enhancing an individual's capacity to prevent injury or illness and promote safety.
 - An important subject mentioned in a variety of response categories related to **parent/family involvement** and the need to engage parents in a more meaningful way to prevent youth substance abuse and violence. Effective **parent/family involvement** strategies mentioned most often are parent mentoring programs, school health/wellness councils, and parent-teacher organizations. Respondents indicated that parent involvement continues to be difficult. Ideas for greater parent engagement included funding and incentives for parent participation, parent liaison and mentoring programs, and parent education, coordination and leadership.
 - **Data** on youth substance use and violence, especially from the 2009 New Mexico Youth Risk and Resiliency Surveillance survey, the NMPED Health Services Report and the NM Department of Health (DOH) Substance Abuse Epidemiology Profile were noted as necessary. Respondents expressed a need for more data at the local school, district and tribal levels. There is a specific need for data about over-the-counter and prescription drug use and abuse. Respondents stated a need for technical assistance on how to find, interpret and use data for

planning and improvement. In addition, there is a need for better data sharing and community involvement in understanding and use of data.

- **Youth engagement and empowerment** including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment was emphasized as vital. Where they exist, these strategies are working well to make progress in youth substance abuse and violence prevention. Student Councils were listed as the most helpful for youth engagement followed by school health advisory councils. Youth coalitions with funding and staff to lead them were noted as needed.
- **Youth responses** to various surveys and focus groups (see Appendix A) support the youth engagement and empowerment strategies listed in the previous paragraph. In addition, they emphasized the need for more respect for youth and listening to their opinions and ideas, including youth input to planning for their own activities; more education on causes and effects of drugs; hands-on technical skills and better sex education; supportive education; and support for job skills.

2. **Educating Providers**: Informing providers (including educators and behavioral health providers) who will transmit skills and knowledge to others.

- Many topics for **professional development and staff capacity building** were listed with staff wellness, support and continuing education programs stated as most helpful. In particular, school staff want information on signs and symptoms of substance abuse and violence/gangs in students and prevention strategies they can use when working with students. Of note is that professional development opportunities are less available to school staff than in the past as a result of restricted funding for course registration fees, travel, and substitute teachers.
- Respondents voiced the **need for evidence-based programs**, including screening, assessment, intervention and treatment that can be provided in schools to staff and students to prevent youth substance use and violence. They want to know which programs are most effective and why so they can make decisions about how best to use limited funds.
- Continuing education, the Head to Toe school health conference and working with behavioral health professionals were identified as the most helpful **professional development resources**. A prevalent request was for education, mentoring and supervision about evidence-based prevention strategies.
- **Data** on youth substance abuse and violence, especially from the 2009 New Mexico Youth Risk and Resiliency Surveillance survey, the NMPED Health Services Report and the NMDOH Substance Abuse Epidemiology Profile were noted as useful. Respondents expressed a need for more data at the local school or district and tribal levels. There is a specific need for data about over-the-counter and prescription drug use and abuse. Respondents stated a need for technical assistance on how to find, interpret and use data for planning and improvement. In addition, there is a need for better data sharing and community involvement in understanding and use of data.

- **Increasing availability of and access to data** is needed at the community level. A **“one-stop” website for access to information and data** would be helpful to educate providers.
 - **Youth responses** to surveys and focus groups supported youth involvement and engagement, including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment. They indicated they want someone youth can trust. They also want a shift in the problematic perception that youth are to blame for their own situations and to emphasize that youth want to be part of the solution.
3. **Promoting Community Education**: Reaching groups of people with information and resources to promote health and safety.
- Community members need **knowledge of evidence-based strategies** to prevent youth substance use and violence is needed by community members. They want to know which programs are most effective and why so they can make decisions about how best to use limited funds.
 - **Increasing availability of and access to data** is needed at the community level. A suggestion to improve communication and coordination was for a **“one-stop” website for access to information and data**.
 - **Data** on youth substance abuse and violence, especially from the 2009 New Mexico Youth Risk and Resiliency Surveillance survey, the NMPED Health Services Report and the NMDOH Substance Abuse Epidemiology Profile were noted as useful. Respondents expressed a need for more data at the local school or district and tribal levels. There is a specific need for data about over-the-counter and prescription drug use and abuse. Respondents stated a need for technical assistance on how to find, interpret and use data for planning and improvement. In addition, there is a need for better data sharing and community involvement in understanding and use of data.
 - **Youth responses** to surveys and focus groups supported youth involvement and engagement, including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment. They also indicated they want a shift in the problematic perception that youth are to blame for their own situations and to emphasize that youth want to be part of the solution.
4. **Influencing Policy and Legislation**: Developing strategies to change laws and policies to influence outcomes.
- **State policies**, including those related to tobacco, alcohol and drug free schools; bullying prevention; school wellness policies; standards of conduct; safe schools plans and compulsory

school attendance were noted as most helpful and supportive to prevent youth substance abuse the violence.

- The most often mentioned issues around policies were that **current policies need to be enforced and knowledge of policies needs to be enhanced**.
- Additional policies to support programs and staff, time for students to access programs and staff, and communication and collaboration were identified most often as needed.
- A number of issues about **tribal policies and ordinances** were mentioned, including that policies to prevent and treat youth substance abuse and violence need to be updated and enforced.
- Overarching many of the other issues raised is **funding**. School respondents indicated that restricted or lost funding, including the loss of the Title IV funds, has negatively impacted their ability to provide services to students to prevent substance use and violence. Responses about how programs are funded indicate that schools fund programs using a combination of resources and do not rely on only one source; 76.4% of programs are supported by school district general funds, including those that fund school counselors and other staff.
- **Resource allocation methods** that are working well are the Requests for Proposals from state agencies. Comments were that prevention funding is too limited and current resource allocation methods often are not effective. Community, parent and youth involvement in decision-making about resource allocation were identified as needed.
- **Strategies for advocacy** that are working well were school health education programs, public awareness campaigns, social marketing, staff continuing education and youth engagement in policy initiatives. Youth involvement was also listed as missing and needed for advocacy to prevent youth substance abuse and violence prevention. Other needed advocacy strategies were in the categories of information/awareness and advocacy training, school staff and time to participate in advocacy activities, parent and community involvement and leadership/collaboration.
- **Youth responses** to surveys and focus groups supported youth involvement and engagement including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment. They also indicated they want more financial and community support for youth in New Mexico, increasing access to government and community-based resources, and school health policies and practices that ensure safe and supportive environments for all students, including sexual minority students.

5. **Fostering Coalitions and Networks**: Convening groups and individuals for broader goals and greater impact.

- Restricted funding, limited staff and politics were noted as the greatest **barriers to coordination and collaboration** to prevent youth substance abuse and violence.
- A request stated several times was for a **coordinating entity at the state level** to improve collaboration and communication.
- Prevention Advocates and school health advisory councils were listed as the most helpful **coordinating infrastructure** to prevent youth substance abuse and violence.
- **Youth coalitions** with funding and staff to lead them were noted as needed.
- **Increasing availability of and access to data** is needed at the community level. A suggestion to improve communication and coordination was for a **“one-stop” website for access to information and data.**
- **Youth responses** to surveys and focus groups supported youth involvement and engagement including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment. They also indicated they need to be included in and provided support from partnerships whose mission is to address education and positive youth development, for initiatives and organizations working on educational projects to collaborate more often, for their voices to be respected and included and for clubs that don't revolve around sports. Gay Straight Alliances are one example of school supports for students that have been found to increase students' sense of safety, support, and connectedness to schools.

6. **Changing Organizational Practices:** Adopting regulations and shaping norms to improve health and safety.

- Respondents voiced the **need for evidence-based programs**, including screening, assessment, intervention and treatment that can be provided in schools to staff and students to prevent youth substance abuse and violence. They want to know which programs are most effective and why so they can make decisions about how best to use limited funds. A theme about programs and services is that they are found most often in high schools whereas there is also a great need for them in middle schools.
- Additional program issues included a need for **staff wellness** to support staff as they deal with the very difficult substance abuse and violence issues presented by their students; **school-based health centers (SBHC)** with 90% of respondents in favor; and **full-service community schools** that include a SBHC, after-school programs and parent support programs with 77.1% in favor.

- Schools noted the NMPED website as the most helpful and accessible **method of dissemination of evidence-based programs**. Non-school respondents identified the SAMHSA website as the most helpful **clearinghouse site** for dissemination and selection of evidence-based and practice-based programs. **A need was for the creation of a “one-stop” website** that would include all relevant websites with a description of what information is included in each.
- Many different **programs and resources** are provided to schools by state and community organizations with the most prevalent in the area of providing information including educational presentations, workshops, and presentations of data. Resources and technical assistance frequently provided for staff, students, parents and community members are in the areas of substance abuse prevention, conflict resolution and skills, bullying prevention, suicide prevention and awareness, and positive youth development. Various formats for providing this technical assistance were stated.
- The most prevalent **technical assistance** perceived by behavioral health professionals as **needed** by schools and communities was greater capacity building and engagement among school staff, administration, communities (including businesses) and parents was about evidence-based substance abuse and violence prevention and assistance in problem identification and referral.
- Program evaluation to support **selection of evidence-based and practice-based programs** at the local, tribal and state levels was noted as missing. A common theme was the need for schools, communities and tribes to be able to select programs that are culturally competent and that can be implemented in the context of the cultures and values of the communities.
- **Support for innovation** was found from reinvestment grants and from collaborative work at the local and tribal levels. Innovation support needed was most often stated as funding, coordination, leadership support and community-driven approaches.
- The most prevalent comments about **systems for quality assurance and improvement** that work well were that there are none and/or that they are unknown at the community level. The Office of Substance Abuse Prevention Evaluation Team model, the State Epidemiology Outcomes Workgroup and Envision NM were listed as effective by a few respondents. Systems for quality assurance and improvement needed were listed as evaluation, community driven approaches, funding and leadership.
- **Increasing availability of and access to data** is needed at the community level. A **system for data collection** that was identified as most helpful is the NM Department of Health Epidemiology and Response Division data system followed by the NM Human Services Department Behavioral Health Planning Council data system. The most prevalent **data system need** was for a broader database including local and tribal data with access and dissemination

that would be user-friendly for schools and community members. Also mentioned was the need for an effective information and data sharing platform among state agencies charged to collect data relevant to youth.

- **Recruiting and retaining staff** is an organizational practice with several aspects. For schools, their own staff, including those who serve on the Student Assistance Team and support the overall curriculum and culture of the school, are seen as the greatest asset, most successful program and greatest need. Respondents would prefer having staff internal to the school who can address youth substance abuse and violence prevention issues; however, if these resources cannot be school staff members, respondents would like for professionals with expertise in youth substance abuse and violence prevention to be made available to schools from community-based organizations and state agencies. For educators, classroom management was listed as a most effective program.
- Many different **programs and resources, including professional staff**, are provided to schools by state and community organizations. However, community-based organizations indicated their staff do not always feel welcomed by the schools.
- **Youth responses** to surveys and focus groups supported youth involvement and engagement including peer-to-peer mentoring, participation in youth advisory councils and prevention coalitions, service learning, and youth employment. They also indicated they want to be involved and for their ideas to be respected in planning about their own services, for youth not to be kicked out of school if they are in gangs or are disruptive, for communities to show support for youth in trouble, for alternative options and positive recreation activities, for parental involvement, and increasing access to School-Based Health Centers and holistic supports.

PLEASE NOTE: The full survey responses for each survey are found in the next section.

APPENDIX A

INFORMATION FROM SURVEYS OF YOUTH

New Mexico Systems of Care Youth Responses to Focus Group Questions

These questions were presented to a variety of focus groups in an urban and a rural community in New Mexico as part of the Systems of Care grant initiative. The focus groups were conducted during the 2010-11 school year. Only the responses from youth are included here.

1. What are things that you/your family/families in your community do to feel good and connected to family, friends and loved ones?

Responses:

- a. Youth mentioned a range of community activities, such as events at local parks, family gatherings, music festivals, and similar.
- b. Youth mentioned hanging out with friends and smoking pot as common activities to stay connected to family and friends.
- c. One theme that emerged heavily from the youth respondents was the perceived value of face to face interactions (youth love cook-outs).
- d. Respondents mentioned using the internet's social media to stay connected.

2. Which young people are you most worried about in your community and why? (Is there a particular age group that you are most concerned about?)

Responses:

- a. Drug addicted youth; Pot heads;
- b. Youth whose parents have addictions and problems (coke and meth, heavy drugs; domestic violence).
- c. Youth in poverty who lack opportunities, including basic needs (food, shelter) and higher education
- d. Kids involved in dating violence (even 5-10 year olds);
- e. Kids who steal or break into stuff. Middle and high school kids. Peer pressure is bad at that time;
- f. Young kids get involved with older kids in order to fit in.
- g. Young girls who get pregnant; kids being raised by kids,
- h. Young girls and their safety within the community, particularly when they are out alone without adult supervision, "...being in the streets at night and running away."
- i. Young girls who participate in raves (11, 12 and 13 year old girls who drink until intoxicated and smoke).
- j. All youth attending school where access to drugs and alcohol are rampant.
- k. Youth who need someone to talk to about drugs and other issues.

3. If you/your child/or a young person you know was having a hard time feeling good and connected to family, friends and/or loved ones what would you do? Who might you ask for help/support? (Providers: Who/what agency(ies) might you contact to help you support this young person?)

Responses:

- a. Finding someone the youth felt comfortable with or looked up to was an important step to helping someone, such as a trusted adult or a peer. Being positive, encouraging and not being punitive were important. Talking with them, letting them know you really care. Providing information, referrals, helping the youth problem solve.
 - b. Many of the youth showed considerable agency and skill with active responses about things that they themselves could do to “help” another youth in need. One youth said, “I would introduce them to new friends, people at school-help them feel more comfortable with other kids.” Others expressed concerns that they were “too young” and would send any friends or family members to an adult in the community for help.
4. If you think about one young person in your community who has had a really hard time getting the right services or supports he/she needs, what do you think would have helped the most?

Responses:

- a. A support team would have helped young people they know within their community—specifically one that helps youth plan for their future and provide support and services along the way. Youth also called for some support in ensuring that basic needs are met. Ideas included:
 - i. A system of resources in place that could provide for basic needs such as food, shelter and jobs would be helpful; “giving them a place to stay and something to eat; helping them find a job.”
 - ii. Development of youth groups, particularly those where youth are helping youth;
 - b. Youth mentioned the importance of supporting youth by letting them know someone was there for them. Support groups, therapy; Teach us how to help each other in school
5. What ways would you like to be involved in planning mental health related services and supports for yourself/your child/children in your community?

Responses:

- a. The youth overwhelmingly spoke about wanting to be given the opportunity to give their input on everything that affects them. Respondents report wanting their voice to have an impact on the planning of services. When probed whether they felt they currently were given a voice in their care, the majority stated “no”.
 - i. “I want to be heard.”
 - ii. “I’d like to tell them what should happen in the community. Like make more afterschool programs for kids that have bad parents.”
 - iii. I want to “share things that happened to me”
 - iv. “Give a speech and say a lot of things about what I think should get done.”
 - b. Youth responses focused on what keeps them involved in activities, and primarily was focused on things that were fun but also meaningful, such as a “blues fest” or “hip hop health fair.”
 - c. Being treated with true respect from adults was an important part of what youth needed to participate in planning services.
6. Describe any involvement you have had in planning mental health related services and supports for yourself/your child/children in your community.

Responses:

- a. Youth want involvement in community resources like youth and church groups and going to meetings with others to be supportive; need adults to respect what they say.
 - b. Youth would like more informal involvement by talking directly to family and friends and educating them about the mental health system.
 - c. Give food to people in the community; makes us feel good. Good to do something for others, for your community, helping people.
 - d. School sports -- If you get caught drinking and stuff, you let your team down;
7. If you were in charge, how would you change services for young people who are having a hard time feeling good and staying connected to family, friends and loved ones? (For example: having difficulties feeling sad and/or angry, and/or with substance use?) What would be your first step?

Responses:

- a. Participants expressed a desire to have opportunities to “contribute” by helping others in terms of mentoring and provision of basic services and mental health support. Some respondents also wanted their families (particularly parents) to take on more of the responsibility for why youth are in the system. Youth respondents called for a shift in the problematic perception that youth are to blame for their own situations and also a desire to be part of the solution. They called for:
 - i. More AA and NA groups for youth;
 - ii. Create more Independent Living centers for youth;
 - iii. Increase the number of available shelters for homeless girls/women;
 - iv. Create separate shelters for female and male youth;
 - v. Increase the availability of Boys and Girls clubs. One youth remarked, “It got me out of trouble and you made little kid friends that looked up to you and made you feel better and stuff”;
 - vi. More resources for basic needs like food and shelter;
 - vii. Affordable and safe transportation;
 - viii. More tutoring in schools and more youth groups.
 - b. Having someone the youth can trust was seen as important. Youth and families emphasized the need for more activities for youth to do and the need to sit down with a wide range of youth to find out what is needed.
8. What is the most important thing that a community can do to take care of its young people?

Responses:

- a. Youth mentioned more respect for youth and listening to their opinions and ideas, giving youth more to do, specifically help with scholarships and educational gains as well as career ideas through mentorship.
- b. Important themes for youth included ensuring that kids have a safe environment in which to live, and that they are never alone. “Give kids a safe environment and watch out for them.”
Others recommend:
 - i. Listening to youth, encouraging youth to participate. More programs with youth involvement.
 - ii. Mandatory parenting classes for all parents.

- iii. Ensuring all children's basic needs are taken care of, "...food, water, shelter, clothing, a place to sleep."
 - iv. Increasing the number of police officers on the force who protect kids;
 - v. Support for youth at all times good or bad.
-

New Mexico Youth Listening Tour Report
Prepared by the New Mexico Youth Alliance, November 24, 2010

Questions were asked of youth specifically about supports students need to help them get into college.

- Barriers that keep students from getting into college included 1) lack of confidence in ability to succeed in college, 2) drug usage by students, 3) lack of family support, and 4) bad choices of friends.
 - Solutions communities can do to support students include "for organizations to fundraise/write grants to provide extracurricular activities to support students to engage in positive learning fun activities" that are interesting to youth and include their input.
 - Solutions schools can do to support students include "not kicking students out of school, not judge students if they are in gangs or are disruptive as this only increases the high school dropout rate..."
 - Next steps include "To continue seeing youth voice and youth engagement in the process of supporting positive educational outcomes" and "Initiatives and organizations working on educational projects to collaborate more often."
 - Youth wanted partnerships to obtain support from organizations whose mission is to address education and positive youth development. Support can mean financial sponsorship for food, building facility, spreading the word on their websites, cost of flyers.
-

Top Adolescent Girls Health Issues and Solutions Identified by NM Girls
In their School & Community
Sponsored by the NM Commission on the Status of Women
2008

- **Top 5 Issues in the School – drugs, dropout, teen pregnancy, gangs, teen dating violence**
 - **Solutions in the School:**
 - **Gangs** – showing the community loves them; teen centers/no alcohol or violence; clubs that don't revolve around sports
 - **Drugs** – random drug tests; more education on causes & effects; speakers who have lived it
 - **Dropouts** – provide help (tutoring, counseling, etc.); alternative options; take GED test; mandatory attendance policy; more fun/creative activities; parental involvement; hands-on technical skills; better sex education
-

NM Youth Alliance Surveys
Conducted in 2008, 2009, and 2010

- Most Important Issues Facing Youth
 - 2008 – youth/adult drug use, teenage pregnancy and bullying
 - 2009 – peer pressure, drug and alcohol use, teen dating violence, teen pregnancy, high school dropout rate
 - 2010 – civil rights issues, drugs and alcohol, teen dating violence, bullying, social justice and not taking youth issues seriously
- Resources Youth Need to be Supported and Successful
 - 2008 - People/family, supportive education, support from everyone
 - 2009 – people/family, support in education, job opportunities, youth programs and opportunities to attend college
- What Policy Makers Should Know
 - 2008 - Invest more in young people; develop and financially support programs for homeless population; provide more support for communities
 - 2010 – Support youth in NM; provide more positive recreation for youth; students can do a lot of things with the opportunity

GRADS PLUS: Making Connections For Success Youth Focus Group Results
May 2011

- Themes on strategies needed to better provide support to pregnant and parenting teens:
 - Increasing access to government and community-based resources
 - Elevating school supports
 - Support with job skill development and obtaining employment
 - Increasing access to School-Based Health Centers and holistic supports
 - Transportation
 - Access to child care services

SAMHSA National Survey on Drug Use and Health (NSDUH) Report
Exposure to Substance Use Prevention Messages and Substance Use among Adolescents:
2002 to 2007

- Most youths have been exposed to some kind of substance use prevention message - whether having seen or heard an alcohol or drug prevention message through the general media, participated in special classes about drugs or alcohol, or talked with a parent about the dangers of tobacco, alcohol, or drug use. The general media (such as radio, TV, posters, or pamphlets) was the primary source for substance use prevention messages. However, the percent of adolescents reporting exposure to drug or alcohol use prevention messages through media sources declined from 83.2% in 2002 to 77.9% in 2007.

- The importance of parents as the source of substance use prevention messages increased slightly between 2002 and 2007. In 2002, 58.1% of the youths talked with at least one of their parents during the past year about the dangers of tobacco, alcohol or drug use and 59.6% of the youth had such talks in 2007. Younger youth were more likely than older youth to report talking with a parent about the dangers of substance use: 61.6% of those aged 12 or 13, 59.5% of those aged 14 or 15, and 57.1% of those aged 16 or 17 had such talks.

In general, youths who had been exposed to some kind of substance use prevention message were less likely to report past month use of alcohol use, cigarettes, or illicit drugs than youths who had not had such prevention messages. (See <http://oas.samhsa.gov/2k9/prevention/prevention.htm>)

America's Promise and Gallup Student Poll **Gap Between Perception and Reality in Youth Hope, Engagement and Wellbeing**

To determine community needs and targeted solutions to the graduation crisis, we must tap into the attitudes of young people themselves. The Gallup Student Poll is the first comprehensive survey to give young people a clear voice in the national dialogue about what they need to succeed. America's Promise Alliance has partnered with Gallup and the American Association of School Administrators on a breakthrough measurement of the thoughts, feelings and needs of America's young people.

Poll of Students in Grades 5 – 12, May 5, 2010

The poll released **May 5, 2010**, showed that more than one-third of students surveyed in grades 5 – 12 are struggling or suffering, and half (50 percent) are not hopeful, as quantified by Gallup researchers. The findings mark the beginning of what will quickly become the largest-ever survey of American children, and will help school systems and communities benchmark progress and determine solutions to the dropout crisis. Currently, one in three American students does not graduate from high school.

Poll of Students Ages 10 – 18, August 12, 2010

From June 11- July 6, 2010, Gallup surveyed youth ages 10-18 in households from the nationally representative Gallup Panel. In conducting this survey, Gallup posed 20 questions seeking to measure three key indicators– hope, engagement and wellbeing – that research has shown are factors that may drive students' grades, achievement scores, retention and future employment.

- Hope – the ideas and energy students have for the future which may drive effort, academic achievement credits earned, and retention for all ages;
- Engagement – the level of involvement in and enthusiasm for school can reflect how well students are known and how often they get to do what they do best and;
- Wellbeing – how students think about and experience their lives can demonstrate how students are doing today and helps predict their success in the future.

This nationally representative poll shows that one-third (34 percent) of youth ages 10-18 are poised to achieve academically, socially and civically, and half (53 percent) are hopeful, while 63 percent are fully engaged in school, as quantified by Gallup research.

While a majority of students feel somewhat hopeful about their lives, only one-third are poised for future success. “These poll results present a stark reality, demonstrating that there is a real gap in the hope our young people have for their future, especially in those earlier years, and the reality that confronts them as they get older,” said Marguerite Kondracke, president and CEO, America’s Promise Alliance. “Nowhere is this gap more apparent than in graduation rates where the Gallup poll findings indicate a 22 percentage point gap between the number of students who believe they will graduate and those that actually do. The findings provide valuable insight directly from students to schools, families and communities, so programs and support structures can better serve our young people.”

The Gallup Student Poll is an essential component of the Alliance’s Grad Nation initiative. Launched in March with the support of President Obama and Secretary Duncan, Grad Nation is a new 10-year initiative to mobilize all Americans to take action in their communities to end the high school dropout crisis and ultimately prepare young people for postsecondary education and the 21st century workforce. By fielding national panel samples and engaging school districts directly with the Gallup Student Poll, the Alliance and Gallup are able to support communities with data to inform their action strategies and work around dropout prevention.

Since March 2009, the Gallup Student Poll has captured the voices and feelings of more than 445,000 young people in over 90 school districts in 39 states and the District of Columbia. In October 2009, the poll surveyed 246,682 students in grades 5-12 at 907 schools in 93 school districts in 38 states and the District of Columbia. The results of that poll were similar to the national survey panel with only 28 percent of students reporting high levels of all three indicators and being truly poised for success. Additionally, half surveyed were hopeful (50 percent), 53 percent were engaged and 63 percent were thriving with 84 percent saying they would graduate high school.

See <http://www.americaspromise.org/Our-Work/Gallup-Poll.aspx>.

APPENDIX B

2009 New Mexico Youth Risk and Resiliency Survey (YRRS) Highlights

The New Mexico Youth Risk and Resiliency Survey (YRRS) is a survey of risk behaviors and resiliency (protective) factors among public middle and high school students in New Mexico.

Results from the 2009 YRRS, the most recent survey, are presented here. See the full report, including county level data for both high school and middle school surveys at: <http://nmhealth.org/ERD/HealthData/yrrs.shtml>.

Major Findings

Recent results demonstrate downward trends in the rates of the following key measures among high school students, including

- Past-year suicide attempts (2009=9.7%; 2003=14.5%)
- Current cigarette smoking (2009=24.0%; 2003=30.2%)
- Binge drinking (2009=25.0%; 2003=35.4%)
- Current cocaine use (2009=5.6%; 2003=8.9%)
- Current methamphetamine use (2009=3.9%; 2003=7.3%)
- Teen dating violence (2009=9.8%; 2007=12.6%).

For many risk behaviors, especially alcohol, tobacco, and other drug use, the increase in relevance by grade level was much higher during the middle school years than the high school years.

Students with high levels of caring and supportive relationships with parents, teachers, adults in the community, or peers were far less likely than other students to engage in most measures of alcohol, tobacco, or drug use; violence; suicide attempts; or to be overweight or obese. They were also more likely to engage in recommended levels of physical activity. Caring and supportive relationships with parents or teachers tended to be more closely associated with less risky behavior than similar relationships with other adults or peers.

Risk and Resiliency Factors

High school students were asked a series of questions about their relationships with others, and were classified as having either low, medium, or high levels of caring and supportive relationships with parents or other adults in the home, teachers or other adults in the school, adults in the community (outside of the home or school), and peers. Students with high levels of these relationships were compared to those with low levels with reference to selected risk behaviors.

Students with low levels of caring and supportive relationships with parents, teachers, adults in the community or peers were more likely than those with high levels to: be current cigarette smokers, binge drinkers, current marijuana users, current cocaine users attempt suicide in the past 12 months, or be in a physical fight in the past 12 months.

Health Disparities Impact

It is important to note that there are significant differences in rates of risky behaviors seen in **American Indian, Hispanic and White youth** and between **girls and boys**. These differences, called health disparities, must be considered when developing strategies to address the problems of youth substance use and violence in schools.

For high school youth,

- Attempt suicide - American Indian youth are 2 times more likely than white youth and 1.93 times more likely than Hispanic youth to attempt suicide.
- Binge drink - Hispanic youth are 1.65 times more likely to binge drink than white youth and American Indian youth are 1.47 times more likely to binge drink than white youth.
- Cocaine use - American Indian youth are 1.63 times more likely to use cocaine than white youth and Hispanic youth are 1.38 times more likely to use cocaine than white youth.
- Methamphetamine use - American Indian youth are 2 times more likely to use methamphetamine and Hispanic youth are 1.52 times more likely to use methamphetamine than white youth.
- Skip school because of safety issues - American Indian youth are 2.38 times more likely to skip school because of safety issues than white youth and Hispanic youth are 1.36 times more likely to skip school because of safety issues than white youth.
- Fight at school - American Indian youth are 1.71 times more likely to fight at school than white youth and Hispanic youth are 1.38 times more likely to fight at school than white youth.

For middle school youth,

- Attempt suicide - American Indian youth are 1.49 times more likely to try to attempt suicide than white youth.
- Cigarette use - Hispanic youth are 1.63 times more likely to smoke cigarettes than white youth and American Indian youth are 1.3 times more likely to smoke cigarettes than white youth.
- Binge drink - Hispanic youth are 1.72 times more likely to binge drink than white youth and American Indian youth are 1.38 times more likely to binge drink than white youth.
- Cocaine use - Hispanic youth are 1.48 times more likely to use cocaine and 1.39 times more likely to use inhalants than white youth.
- Marijuana use - Hispanic youth are 2.13 times more likely and American Indian youth are 2.03 times more likely to use marijuana than white youth.

For both middle and high school,

- Bullying - White youth are 1.26 times more likely to have been bullied on school property than Hispanic youth.

Girls vs. Boys,

- Middle school girls are 1.91 times more likely than boys to attempt suicide.
- High school girls are 1.53 times more likely than boys to attempt suicide.
- Middle school girls are 1.57 times more likely than boys to have ever used inhalants.

Discussion

While New Mexico has seen improvement in the rate of several key risk behaviors over recent years, serious concerns remain, especially in the areas of drug use, alcohol use at an early age, suicide attempts, and violence. **YRRS results have clear implications for the development and implementation of prevention programs throughout New Mexico.**

APPENDIX C

Sexual Minority Students Engage in More Risky Health Behaviors

Source: Kahn L, et al. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – youth risk behavior surveillance, selected sites, United States, 2001-2009. MMWR. 2011;60(SS-07):1-133.

Question: Among high school students, do sexual minority youth experience greater risk of violence at school than non-sexual minority youth?

To determine if sexual minority youth (gay, lesbian, bisexual) engage in more health-risk behaviors, Centers for Disease Control and Prevention (CDC) investigators reviewed data from the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS is used to monitor health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual risk behaviors, unhealthy dietary behaviors, and physical inactivity. The YRBSS is conducted every other year by the CDC using population-based samples of public school students in grades 9 through 12. For the study, the investigators analyzed 2001-2009 YRBSS data from five states and four large urban school districts that included questions on sexual identity.

Overall, 93.0% of respondents identified themselves as heterosexual, 1.3% gay or lesbian, and 3.7% bisexual; 2.5% were unsure of their sexual identity. Gay or lesbian students had higher reported prevalence than heterosexual students for behaviors in 7 of the 10 risk behavior categories assessed (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, drug use, sexual behaviors, and weight management). Bisexual students had higher prevalence than heterosexual students for these categories plus behaviors that contribute to unintentional injuries.

Violent experiences also were more common among sexual minority students. Reported prevalence of having been threatened or injured with a weapon on school property ranged from 6.1% among heterosexual students to 18.5% among gay or lesbian students, and 15.5% among bisexual students. Similarly, the prevalence of having been in a physical fight on school property was 10.5% among heterosexual students, 22.2% among gay or lesbian students, and 19.1% among bisexual students. The prevalence of not having gone to school for safety concerns ranged from 4.8% among heterosexual students, to 21.1% among gay or lesbian students, and 12.7% among bisexual students.

The authors conclude that students who identify themselves as sexual minorities are more likely to engage in health-risk behaviors. These include more frequent violent experiences and more concerns about personal safety. They recommend that school health policies and practices be developed to ensure safe and supportive environments for all students, including sexual minority students.

Commentary on Sexual Minority Students Engage in More Risky Health Behaviors

By **Mary M. Ramos, MD, MPH, FAAP**, University of New Mexico School of Medicine, Albuquerque, NM.

This study's results are consistent with those of previous studies¹⁻³ which have found that sexual minority youth, in comparison with heterosexual youth, experience disproportionate health risks such as alcohol and substance abuse, attempted suicide, and violence, including violence in the school setting. The current study's noteworthy strengths include the large sample size, population-based statistical sampling methods, geographic diversity of respondents, and overall response rates of 60% to 90%. This is the first time that the CDC has undertaken a study of this magnitude to document health disparities experienced by sexual minority youth. Limitations include that only high school students were surveyed and data are not representative of all youth in this age group. The analyses are based on cross-sectional survey data and indicate associations, not causality.

For the clinician, these findings underscore the value of confidential adolescent health visits and the importance of nonjudgmental health care. Because of associated stigma, many sexual minority youth have not disclosed their orientation to others and may be a "hidden" population at risk for a variety of health behaviors. The confidential adolescent health care visit affords an opportunity for a provider to identify sexual minority youth at risk, address their physical and mental health needs, and reduce health-risk behaviors.

Pediatricians and other health care providers can advocate for evidence-based school health interventions that address the challenges faced by sexual minority youth at school. One such evidence-based approach is the formation of Gay-Straight Alliances in schools. These peer support groups have been evaluated by the CDC and found to provide avenues for students to participate meaningfully in schools and feel more connected at school.⁴ Other policies and practices being implemented by state and local agencies to improve school climate for sexual minority youth include educator and school staff trainings and policies prohibiting harassment or bullying on the basis of sexual orientation.⁵

While this report focuses on the magnitudes of challenges faced by sexual minority students, even the lower rates of these behaviors/experiences among heterosexual youth are unacceptable. Pediatricians who provide care to teenagers would do well to peruse the YRBSS reports (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>) which provide rich insights into behaviors of adolescents of all backgrounds.

References

1. Robin L, et al. *Arch Pediatr Adolesc Med.* 2002;156:349-355
2. Garafalo R, et al. *Pediatrics.* 1998;101:895-902
3. Pathela P, et al. *Pediatrics.* 2010;126:879-886
4. CDC. Seattle Safe Schools Study: final report. Submitted to Seattle Public Schools District, August 2007
5. The Rhode Island Task Force for LGBTQQ Youth. Available at: <http://www.dcyf.ri.gov/docs/bandaids.pdf>

APPENDIX D

Links Between Violence and Learning Fact Sheet The Prevention Institute 2011

Violence and/or the fear of violence have serious implications in terms of school performance, attendance, and graduation. The presence of violence impacts communities, individuals, and community institutions (particularly schools) in ways that interfere with learning and success in academics.

At the individual level, violence:

- Creates stress and anxiety among children, affecting their ability to concentrate and focus on learning (in some cases related to Post Traumatic Stress Disorder, (PTSD)).
- Leads to decreased attendance related to fears of violence either when walking to school or at school.
- Affects the emotional health of parents, influencing their ability to attend to school issues.

At the institutional (school), violence:

- Creates an environment of restrictiveness and fear that interferes with the learning process and encouragement of exploration and creativity
- Takes up resources to assure student and building security and address discipline issues, resources that could otherwise be invested in academic agendas
- Instills fear into volunteers, administrative and teaching staff, affecting their ability to focus on educating and supporting students
- Creates an environment of fear that affects the ability to recruit and maintain a quality teaching and administrative staff in the system

At the community level, violence:

- Disrupts the social networks essential for a supportive environment for quality schools.
- Discourages investment in community institutions such as schools.

See <http://www.preventioninstitute.org/component/jlibrary/article/download/id-659/127.html>