

Introduction

Vermont Act 63, E.313 required a restructuring of the grant opportunity that previously funded the Student Assistance Professionals Program. Consistent with this requirement, in July 2012, 21 supervisory unions (SU's) were awarded a 3 year grant (FY13-FY15) to support school-based substance abuse prevention and early intervention services through the Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP). A primary goal of this grant is to optimize the coordination of school based health services and use of resources. This grant increases the capacity of schools to coordinate substance use prevention and early intervention strategies within the overall school health framework. These services are called School-Based Substance Abuse Services (SBSAS).

Goal

Successful substance use prevention among youth significantly decreases the likelihood of substance abuse and dependence in adulthood. The SBSAS grants are aimed at these Healthy Vermonter 2020 objectives:

- Reduce past month use of alcohol, marijuana or any illicit drugs during the past 30 days among adolescents (ages 12-17)
- Reduce binge drinking among adolescents (ages 12-17)

Grants Program

In FY13, twenty-one awards, of up to \$40,000 each (totaling approximately \$800,000), were made based on a competitive process that took into consideration need, readiness, strength of the proposed plan, budget and number of students to be served. A 10% match in funds or in-kind services was required. These are three-year continuation grants contingent on satisfactory performance and the availability of funds. Training and evaluation services are also supported.

FY14 Progress

All 21 grantees met the grant requirements for FY13 and FY14 and have been renewed for FY15. Below is a summary of data collected in Year 2.

| Required Activities | Optional Activities |
|--|--|
| <p>Support of coordinated school health initiatives (all 21 grantees)</p> <p>Screening and referral to substance abuse and mental health services (all 21 grantees)</p> <ul style="list-style-type: none"> • A total of 1,228 students were screened in the 2013-2014 school year; 406 (33%) screened positive for a possible substance abuse problem; 571 (46%) screened positive for a possible mental health problem • 88% (up from 85% in Year 1) of those students who screened positive for substance abuse and/or mental health were referred to services • Approximately 59% of referred students were reported to have connected with recommended services | <p>Support of classroom health curricula (18 grantees)</p> <ul style="list-style-type: none"> • Over 8,000 students participated in evidence-based curricula with a primary focus of substance abuse education <p>Advising and training of youth empowerment groups (21 grantees)</p> <ul style="list-style-type: none"> • 1,800 students participated in these groups <p>Delivery of parent information and educational programs (21 grantees)</p> <ul style="list-style-type: none"> • Over 200 parents participated in an evidence-based parent program • Over 13,000 parents were reached by parent information (newsletters, dialogue night, etc.) <p>Delivery of teacher and support staff training (17 grantees)</p> <ul style="list-style-type: none"> • Alcohol or other drug training provided to over 1,850 school staff <p>Delivery of educational support groups (19 grantees)</p> <ul style="list-style-type: none"> • Over 1,200 students participated in an educational support group |

Outcome Evaluation

Outcomes will be tracked through the Youth Risk Behavior Survey. Participation in the Vermont Youth Risk Behavior Survey is a requirement for 2013 and 2015. All grantees participated in the 2013 survey.

- SBSAS-funded activities began in the 2012-2013 school year. Changes will be examined over three time points (2011, 2013, and 2015), with 2011 serving as the baseline.
- Indicators will include substance use measures (past 30 day use of alcohol, marijuana, other illicit drugs, and binge drinking) as well as risk and protective factors (also referred to as intervening variables) for adolescent alcohol and marijuana use including:
 - Feeling valued at school
 - Perceived risk of harm from alcohol use
 - Perceived risk of harm from marijuana use

In addition to these YRBS indicators, capacity to integrate substance abuse prevention into coordinated school health initiatives will be examined through review of relevant indicators in the 2014 School Health Profiles and through grantee reports.

| 2014 School Health Profiles Indicator (P=response obtained by Principal, T=response obtained by Lead Health Teacher) | SBSAS Funded Schools (%) | Non-Funded Schools (%) |
|--|--------------------------|------------------------|
| Has someone at school to oversee or coordinate school health and safety programs and activities (P) | 86 | 88 |
| Has a group (school health council, committee, or team) that offers guidance on the development of policies or coordinates activities on health topics (P) | 79 | 62 |
| During the past year reviewed health and safety data such as YRBS data or fitness data as part of school's improvement planning process (P) | 78 | 79 |
| In the past year the school health council, committee, or team has identified student health needs based on a review of relevant data (P) | 83 | 83 |
| During the school year has linked parents and families to health services and programs in the community (P) | 88 | 83 |
| During the past two years the lead health educator received professional development on alcohol or other drug-use prevention (T) | 60 | 58 |
| All seven alcohol and drug use prevention topics listed in the SHP (which address Vermont's Health Education Grade Expectations) are covered in required coursework (at either the MS or HS level) (T) | 84 | 75 |
| Has an alcohol and drug use policy that includes all four recommended discipline and rehabilitation procedures for students in violation of the policy (P) | 71 | 72 |
| Has screening and referral procedures for students who are self-referred or referred by staff for suspected drug and/or alcohol problems (P) | 89 | 83 |
| Has screening and referral procedures for students who are self-referred or referred by staff for suspected mental health problems (P) | 92 | 84 |
| Has a cooperative agreement with an outside agency to provide assessment and treatment services to students who are referred for drug and/or alcohol problems (P) | 82 | 62 |
| Has a cooperative agreement with an outside agency to provide assessment and treatment services to students who are referred for mental health problems (P) | 82 | 84 |
| In the past year provided parents and families with health information designed to increase their knowledge of alcohol or drug use prevention (P) | 85 | 63 |

Selected Year 2 Program Success Stories Reported by Grantees:

"There is more coordination between health educators, physical education teachers, school nurses, and school-based clinicians. There has also been an increase in collaboration between our middle and high school."

"Within our supervisory union there has been an increase of successful collaboration between community members, within and outside of the school. The Student Assistance Team (SAT) supports and collaborates with the coordinated school health team, who has increased their communication with our local health providers."

"Empowerment groups are key in the delivery of the prevention message among teens."

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