

Introduction

Substance use among youth is influenced at the individual, peer, family, school, community, and societal levels. School communities increase the likelihood of positive outcomes when multiple levels of influence are addressed using evidence-based prevention programs and practices. To promote a safe and healthy school environment, substance abuse prevention and early intervention work best when they are robust and integrated into the school’s whole approach (e.g., the Whole School, Whole Community, Whole Child Model).

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 and any illicit drugs during the past 30 days among adolescents (ages 12-17)
- Reduce binge drinking among adolescents (ages 12-17)

Grants Program

Twenty Supervisory Unions were awarded up to \$40,000 each (totaling approximately \$800,000) to provide and enhance substance abuse prevention and early intervention services. Awards were made in FY13 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 were four-year continuation grants contingent on satisfactory performance and the availability of funds. Training and evaluation services were also supported.

FY16 progress

Below is a summary of data collected in Year 4.

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 1,322 students were screened in the 2015-16 school year; 25% screened positive for a possible substance abuse problem; 49% screened positive for a possible mental health problem • 88% of those students who screened positive for substance abuse were referred to services • Approximately 62% of referred students were reported to have connected with recommended substance abuse services 	<p>Support of classroom health curricula (18 grantees)</p> <ul style="list-style-type: none"> • 5,674 students participated in evidence-based curricula with a primary focus of substance abuse education <p>Advising and training of youth empowerment groups (19 grantees)</p> <ul style="list-style-type: none"> • Almost 900 students participated in these groups <p>Delivery of parent information and educational programs</p> <ul style="list-style-type: none"> • 123 parents participated in an evidence-based parent program (7 grantees) • Almost 8,000 parents were reached by parent information such as newsletters, dialogue night, etc. (19 grantees) <p>Delivery of teacher and support staff training (14 grantees)</p> <ul style="list-style-type: none"> • Alcohol or other drug training provided to over 1,200 school staff <p>Delivery of educational support groups (18 grantees)</p> <ul style="list-style-type: none"> • Over 800 students participated in an educational support group

Outcome Evaluation

Outcomes were tracked through the Youth Risk Behavior Survey. Participation in the Vermont Youth Risk Behavior Survey was a requirement for 2013 and 2015. SBSAS-funded activities began in the 2012-2013 school year. Changes were examined over three time points (2011, 2013, and 2015), with 2011 serving as the baseline.

- Prevalence rates (past 30-day use of alcohol, marijuana, and binge drinking) for both high school and middle school students decreased from 2011 to 2015. This was the case for both SBSAS-funded and non SBSAS supervisory unions (SUs).

- The decreases between 2011 and 2015 in rates of alcohol use, binge drinking, and marijuana use among high school students were slightly stronger in the SBSAS-funded SUs.
- Implementation of evidence-based curricula programs was found to be a predictor of success in achieving favorable changes for most outcome measures.
- The smaller the supervisory union (in terms of enrollment), the more desirable were the changes in outcome measures compared to larger SUs.

In addition to these YRBS indicators, capacity to integrate substance abuse prevention into coordinated school health initiatives was examined through review of relevant indicators in the 2014 School Health Profiles and through grantee reports. A comparison of 2014 School Health Profiles data from funded and non-funded school found that SBSAS-funded schools were more likely to report the following desirable features:

2014 School Health Profiles Indicator (P=response obtained by Principal, T=response obtained by Lead Health Teacher)	SBSAS Funded Schools	Non-Funded Schools
Has screening and referral procedures for students who are self-referred or referred by staff for suspected drug use 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 outside agency to provide assessment and treatment services to students who are referred for drug use or alcohol problems (P)	82	62
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 4 Program Success Stories Reported by Grantees:

Our successes have been our youth empowerment groups within each building. Youth able to reach out to community members, legislators and peers to discuss issues regarding substances, safety issues for youth and the importance of not forgetting the middle school and high school age students when making decisions that will affect them. Especially, the legalization of marijuana. Students continued to voice the effects this would have on them and they felt no one was listening, that this was all about money.

The SAP is a critical component. Students have an advocate for them and a resource to find other support and help when needed.

Staff understand the need for screening and referral. All have expanded knowledge of drug and alcohol ID. All understand the benefit of having an SAP in the school.

The SBSAS has a huge impact on the capacity of staff to address ATOD issues. Supporting the SAP position, training teachers implementing Empowerment groups and having a research-based curriculum for all 5-8 students would not be possible without this grant.

This grant has helped to bring Wellness and Prevention together more closely as an SU. We have embraced the WSCC model and action steps towards developing our program.

The grant supports our school to have increased communication and coordination with community partners.

There has been a great deal of collaboration going on and we all work together as one team in order to get students' connected to the services they need. There are a lot of students connected to services in the school.

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