

Vermont Department of Health
Division of Substance Use Programs
School-Based Substance Use Prevention Services Grants
Final Evaluation Report

July 2026

Pacific Institute for Research and Evaluation
Chapel Hill Center
P.O. Box 2851
Chapel Hill, NC 27515
www.pire.org

Prepared for
Vermont Department of Health
Division of Substance Use Programs

Acknowledgments

This report was prepared by the Pacific Institute for Research and Evaluation (PIRE) for the Vermont Department of Health (VDH), Division of Substance Use Programs (DSU). Authors are Amy Livingston, BA, Sean Hanley, PhD, Ashley Simons-Rudolph, PhD, Julia Pencek, MPH, Shane Hartman, and David Currey, PhD.

We sincerely thank the Vermont Supervisory Unions/School District staff and students who contributed data and insights on their implementation of and experiences with the DSU grants program. We are also appreciative of the support and insights provided by our colleagues at VDH, in particular, Rachel Newton, Sarah Roy, Danielle Schwartz, Anne VanDonsel, Traci Sawyers, and Kristen Murray.

Funding for this evaluation was made possible by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Vermont Department of Health.

Inquiries can be directed to
Amy Livingston
alivingston@pire.org

TABLE OF CONTENTS

Introduction	5
Methods.....	7
Review of quarterly report data	7
Interviews with grantee staff	8
Student Input	9
School Health Profiles analysis	9
YRBS analysis.....	10
Evaluation question 1: How well have DSU funded activities been implemented and what are staff and student perceptions of their impacts?.....	13
Findings From Grantee Quarterly Reports	14
Findings From Grantee Staff Interviews on Implementation and Perceived Impacts of Grant Activities	18
Evaluation question 2: How have DSU grants helped develop overall capacity of schools/school districts to implement substance misuse prevention and early intervention programming, including impacts on staffing, community collaboration, and sustainability?	24
FY26 Quarterly Reports: Grantee Capacity Building Priorities.....	24
Findings From Grantee Staff Interviews	25
Findings From School Health Profile Analyses.....	27
Evaluation question 3: What are funded school districts’ current policies and procedures related to substance use?	29
Evaluation question 4: Have substance use rates and related risk and protective factors changed in the desired direction in the DSU-funded SUs (collectively) over time?	32
Evaluation question 5: Have DSU-funded SUs experienced more positive changes in substance use rates and related risk and protective factors as compared to SUs that have not received DSU funding over time?	33
Evaluation question 6: Among DSU-funded SUs, are there certain characteristics (e.g. SU size/level of DSU funding per student, staffing, percentage of students screened, community collaborations, specific curricula implemented) that are associated with better outcomes?	38
Discussion	40
Summary of Key Findings	40
Implications.....	43
APPENDIX A – Evaluation Plan.....	46

APPENDIX B – FY26 Interview Guide.....	61
APPENDIX C – Photovoice Findings	66
APPENDIX D – School Health Profiles Analyses	71
APPENDIX E – YRBS Analyses	88
APPENDIX F – Fidelity Checklist Pilot Test and Training Needs Survey	108

Introduction

As part of a comprehensive approach to preventing substance use among youth, the Vermont Department of Health (VDH) Division of Substance Use Programs (DSU) has administered grants to Supervisory Unions (SUs) and School Districts (SDs) throughout Vermont since 2012. These grants, which have been funded by the federal Substance Use and Mental Health Block Grant, and Vermont's General Fund and Opioid Settlement Fund, support substance use prevention and early intervention services for students. The number of SUs/SDs funded each year since the start of the program has varied from a low of fifteen in FY21 and FY22 to a high of twenty-nine during FY26, and the amount of funding for each SU/SD has ranged from \$25,000 to \$80,000.

The types of activities and programs funded by these grants have been fairly consistent over time. For the most recent year of funding (State Fiscal Year 26 - FY26), the following core activities were required of all funded SU/SDs engaged in service implementation.

- Screening, referral, and individual support for students in middle and/or high school
- Educational support groups for students
- Providing school staff with training, which may include information on current policies related to substances, emerging trends, prevention information and resources
- Promoting VDH campaigns and resources
- Fostering connections and collaborating with local, state, and community-based partners who are engaged in substance use prevention and health promotion

SUs/SDs could also use DSU funding to support the following three optional activities:

- Integration of substance use prevention into Coordinated School Health initiatives (based on the CDC's Whole Child, Whole School, Whole Community¹ model)
- Advising and training peer leadership groups
- Implementing evidence-based substance use prevention curricula

In addition to implementation of these activities, some of the FY26 grant awards were for SU/SDs and/or community-based organizations that focused on building capacity within their schools to implement these activities in the future.

In FY25, DSU contracted with PIRE to conduct a two-year evaluation to examine the impacts, successes, and challenges of the School-Based Substance Use Prevention Services program. A preliminary report with evaluation findings from year one was shared with DSU in June 2025. The year one report focused primarily on summaries of quarterly implementation data, and qualitative assessments of SU/SD implementation, capacity building activities, and perceived impacts, as well as an inventory of substance use-related policies across the funded SU/SDs. Key findings from the year one evaluation included the following:

¹ <https://www.cdc.gov/whole-school-community-child/about/index.html>

Staffing and Capacity: Grantees noted that Student Assistance Professionals (SAPs) are an essential component of prevention services, but schools are challenged by staffing shortages and turnover, and limited staff time impacts the ability of SAPs to balance universal prevention programming with individual support.

Training Gaps: School staff need more training on the types and effects of substances, mental health support, and identification and referral procedures.

Engagement: Strong school support for prevention exists, but the referral processes need further clarity. Student empowerment groups have been impactful in building student engagement and leadership. Community engagement in prevention is inconsistent due to stigma, resource gaps, and cultural norms.

Implementation and Impact: SAPs and student groups have fostered safe, trusted spaces and have contributed to positive behavior changes. SAPs have focused significantly on intervention in response to high levels of unmet student needs.

Policies and Procedures: Nearly all districts have written policies on substance use, and most include restorative practices. However, there is variability in staff awareness of these policies, as well as inconsistency in how they are enforced within and across school districts.

Policy updates are hampered by competing priorities and limited school board capacity.

Major Challenges: Inconsistent and uncertain funding and lack of guaranteed SAP positions threaten program continuity and sustained impact. Limited time and staffing shortages make it hard to meet both individual and schoolwide needs.

This year-two report builds on these preliminary findings by providing a more comprehensive assessment of program implementation, systemic capacity gains, and student outcomes guided by the evaluation plan and the six evaluation questions developed in year one. In this report, program implementation and changes in grantee capacity over time are examined through a review of data submitted in quarterly reports through the third quarter of FY26, supplemented by analyses of School Health Profiles data, interview findings, and student input gathered through a Photovoice project. The report examines the impact of these grants on student substance use and related risk and protective factors through analysis of Youth Risk Behavior Surveillance System survey (YRBS) data.² In addition, it explores whether specific characteristics or attributes of funded SU/SDs, such as enrollment/size, staffing, or the implementation and/or dosage of particular prevention activities, are associated with more favorable student outcomes. Finally, the report offers recommendations for programmatic or structural changes for DSU to consider in the future.

² We also looked into using Vermont Agency of Education disciplinary data in our analyses as indicators of undesirable student behaviors peripherally related to the work of the SAPs. However, we determined that there were too many concerns about the consistency and accuracy of the data across schools and across time for these data to be used in our analyses.

In addition, at the request of DSU, we are conducting a review of the literature on the relationship between substance use prevention programming and student academic outcomes, a topic that was not explored by this evaluation but is of interest to the state and Vermont Legislature. A report summarizing our review will be shared with DSU in August 2026.

In the following section, we summarize methods across all data sources. Findings are then presented by each of the project's evaluation questions as identified in the evaluation plan developed at the beginning of this project (Appendix A). These evaluation questions are:

- 1. How well have DSU funded activities been implemented and what are staff and student perceptions of their impacts?**
- 2. How have DSU grants helped develop overall capacity of schools/school districts to implement substance misuse prevention and early intervention programming, including impacts on staffing, community collaboration, and sustainability?**
- 3. What are funded school districts' current policies and procedures related to substance use?**
- 4. Have substance use rates and related risk and protective factors changed in the desired direction in the DSU-funded SUs (collectively) over time?**
- 5. Have DSU-funded SUs experienced more positive changes in substance use rates and related risk and protective factors as compared to SUs that have not received DSU funding over time?**
- 6. Among DSU-funded SUs, are there certain characteristics (e.g. SU size/level of DSU funding per student, staffing, percentage of students screened, community collaborations, specific curricula implemented) that are associated with better outcomes?**

Methods

All data collection and analysis protocols were submitted to, and approved or exempted by, PIRE's Institutional Review Boards (IRB). The Photovoice component of the project was also reviewed and exempted by the Vermont Agency of Human Services IRB. The methods described below are from data collection and analyses that took place in year two.

Review of quarterly report data

DSU collects data on the implementation of grant activities on a quarterly basis through an online survey platform (Alchemer). For this evaluation, we reviewed quarterly report data from

the FY25 and FY26 grant periods, which coincide with the years in which staff interviews were conducted; these interviews provided additional context and helped deepen and clarify findings from the reports. Quarterly report data from FY19-FY23 were also used in the YRBS analyses described below as those years aligned with YRBS years examined (FY23 is the most recent year for which Vermont YRBS data are available).

A summary of implementation data from FY25 and FY26 through Quarter 3 (Quarter 4 data were not yet available at the time of this report) is provided under Evaluation Question 1 below including the number of individuals reached for each grant activity, and notable successes and challenges encountered during implementation.

Interviews with grantee staff

As in FY25, PIRE conducted semi-structured key informant interviews in FY26 with grantee staff. The FY25 interview guide was reviewed and revised in collaboration with DSU staff. Given the addition of several new grantees in FY26, the updated interview guide (Appendix B) included both introductory questions for new grantees and follow-up questions for those who had participated in FY25 interviews, with a focus on implementation and the impact of substance use prevention activities and policies, as well as changes and gaps in prevention capacity.

PIRE collaborated with DSU to identify and confirm contacts for all grantees, and interview invitations were sent by PIRE to grant coordinators to schedule interviews. To encourage engagement in the interviews, PIRE introduced the interview process during a grantee quarterly meeting in January 2026.

All interviews were conducted virtually via Microsoft Teams between November 2025 and March 2026 using a semi-structured interview guide and detailed notes were taken throughout. Prior to each interview, interviewers discussed and obtained verbal informed consent for participation and audio recording and automated transcription. Each interview lasted approximately 40-60 minutes.

In total, thirty-one prevention, health, and education professionals participated in interviews, representing all twenty-nine of the SUs and SDs funded in FY26. Interviewees included Student Assistance Professionals (SAPs), community organization specialists, licensed school and student support counselors, grant administrators, community coalition directors, principals, curriculum directors, superintendents, and lead school nurses.

Interview notes were reviewed for accuracy and completeness and then compiled for thematic analysis and synthesis of findings. Audio recordings and transcripts were consulted as needed to clarify and supplement the notes during analysis. Interview findings are summarized under the first three evaluation questions below.

Student Input

In FY26, PIRE conducted a qualitative Photovoice project with high school students from two funded school districts to gather student perspectives on substance use prevention efforts within their SU/SDs. A full description of the methods and findings from this project is provided in Appendix C.

In addition, as in FY25, PIRE distributed a link to a brief online survey to grantees to collect student feedback. Despite announcing this opportunity at a grantee meeting, sending an email reminder, and speaking with individual grantees during the qualitative interviews, only one response to this survey was received this year (as compared to fourteen responses in FY25).

School Health Profiles analysis

School Health Profile (SHP) surveys are biennial surveys of schools' health policies and practices that are conducted by the CDC in the spring of even-numbered years. Secondary schools (i.e., those with at least one grade in grades 6-12) throughout the US are randomly selected to participate from among all eligible schools in their school district. The survey consists of two different instruments, one for the school principal and another for the lead health teacher at the school. In Vermont, the surveys are administered online by the Vermont Department of Health in the spring of even-numbered years. Vermont typically experiences a very high response rate of over 90% of eligible schools.

The content of the survey includes questions about the school's health education, physical education, and physical activity requirements, its policies and practices related to bullying, sexual harassment, nutrition, and substance use prevention, and the school-based health services it provides to students.

PIRE received the principal and lead teacher SHP data files from VDH for the 2020, 2022, and 2024 administrations of the survey. Working with DSU, we identified survey items that were most closely related to the goals of the grant program and, therefore, could be expected to be affected by grantees' prevention activities. We categorized these variables as primary and secondary outcomes of interest. Tables D.1 and D.2 in Appendix D display the analysis variables for the principal and lead teacher surveys, respectively. All of the variables of interest that we identified used dichotomous yes/no responses, so no further transformations were needed prior to conducting the analyses.

Using grant funding information provided by DSU, we then created a variable that designated each SU's funding status for a given year. Those participants who were in an SU that received grant funding that year were designated as "funded" while those in SUs that did not receive funding that year were designated as "unfunded."

To examine whether there were improvements in the outcomes over time among funded SUs, we ran a series of logistic regression models in which we tested whether the effect of time on

the outcome was statistically significant. For these analyses, we used all three years of data (2020, 2022, and 2024), entered time as a continuous variable, and tested whether the linear trend through these three time points was significant. Because there was variability in which SUs were funded from 2020 to 2024, we focused our analyses only on those SUs that were funded all of these years. Although this approach excluded some SUs that were funded for part of the time period, doing so helped ensure a consistent sample of SUs across time. Similarly, we restricted our analyses to only those schools that participated in all three waves of the respective SHP survey. This helped to ensure a consistent sample of schools and help reduce the possibility that changes we observed in outcomes over time were simply due to changes in school participation. This resulted in a sample size of 61 respondents in 21 schools across 9 SUs for the principal survey and 64 respondents in 22 schools across 8 SUs for the lead teacher survey. All analyses were weighted using the weight variable that was available in the data files and a cluster variable was specified in the models to account for the correlation of respondents within SU.

To examine whether changes in outcomes over time differed between the funded and unfunded groups, we conducted logistic regression analyses and included a time-by-condition interaction term. The interaction term and its associated significance level indicate whether the change in the outcome over time was more favorable for the funded group compared to the unfunded group. As with the prior analyses, all models were weighted and SU was specified as a clustering variable. We again only included SUs that were funded all years and compared them to those that were not funded in any year. We also only include those schools that participated in the SHP survey in all three years. These inclusion criteria resulted in a sample size of 201 respondents in 67 schools across 34 SUs for the principal survey and 201 respondents in 67 schools across 32 SUs for the lead teacher survey.

To examine whether the funded groups had more favorable conditions than the non-funded groups (i.e., overall status across the three years rather than change between the years), we ran a logistic regression analyses in which we pooled the data across the three years and tested whether the funded group's pooled estimates were significantly different than the pooled estimates for the unfunded group. We restricted the sample in the same manner described above and used the same approach with respect to weighting and clustering.

Findings from analyses of the School Health Profiles are summarized under evaluation question 2 below.

YRBS analysis

The YRBS is administered by the CDC in odd-numbered years with public and private middle school (grades 6-8) and high school (grades 9-12) students throughout the country. The CDC randomly selects and recruits a pool of schools to participate in each administration and additional schools and districts can also choose to participate. In Vermont, nearly all SU/SDs participate in each administration, although the schools that participate within each SU may

vary from year to year. The survey is typically administered in the spring, but in 2021 it was administered in the fall due to the COVID-19 pandemic.

The survey covers a variety of health topics, including violence-related behaviors, bullying, mental health, safety, and of particular importance for the current evaluation, substance use behaviors and associated risk and protective factors. Among these are items about the use of alcohol, tobacco or nicotine, marijuana, prescription medications, and illicit drugs such as cocaine, heroin, and methamphetamines. The high school survey contains a few additional items, including driving after drinking and marijuana use.

PIRE received the middle and high school YRBS data files from VDH for the 2019 and 2023 administrations of the YRBS. Data from 2025 were not available at the time of analysis and are not included here. The first step in the analysis was to identify the measures from the survey that were available in both 2019 and 2023 and were most closely related to the goals of the grant program and, therefore, were most likely to show improvement over time that could be attributed to positive influence of the funding. This step was done in conjunction with DSU and resulted in the measures noted in Tables E.1 and E.2 in Appendix E. For the middle school analyses, we focused on risk and protective measures because much of the prevention efforts implemented with this age group were aimed at affecting influences on use rather than use directly.

The next step was to create analysis versions of each variable by dichotomizing the response options in a manner that would simplify the interpretation of the results. The current and lifetime use measures were dichotomized into use vs. no use while the risk and protective factors were dichotomized by grouping similar responses (e.g., very hard or sort of hard vs. very easy or sort of easy). The coding scheme for each variable is included in Tables E.1 and E.2 (Appendix E).

As with the SHP analyses, we then used grant funding information provided by DSU to designate each SU's funding status in each year. Those participants who were in an SU that received grant funding that year were designated as "funded" while those in SUs that did not receive funding that year were designated as "unfunded." We then extracted data from each funded SU's quarterly reports in 2019-2022 to designate the schools in which grant-funded prevention activities were being implemented. We were not able to use the 2023 quarterly report data for this purpose because school-level implementation data were not available in most cases. We also used data from the quarterly reports to extract SU-level information about intervention activities that were taking place as well as other attributes of the SU.

To examine whether there were favorable changes in the outcomes from 2019 to 2023 among funded SUs, we performed logistic regression analyses on each outcome noted in Tables E.1 and E.2 (Appendix E). By focusing on changes from 2019 to 2023, our intent was to update similar analyses we conducted on YRBS data for the previous grant program (SBSAS), which ended with the 2019 data, and extend it to 2023 to include the more recent cohort of grantees. Our analytic models tested whether the change in the outcome from 2019 to 2023 was

statistically significant. All analyses were weighted using the sampling weight variable included in the YRBS files. Additionally, the respondent's SU was specified as a cluster variable in the analyses to appropriately adjust the significance tests to account for correlation in responses among students of the same SU. As with the SHP analyses, we restricted the sample to include only the SUs that were funded each year from 2019 to 2023, and only those schools that participated in the YRBS in both 2019 and 2023. These inclusion criteria resulted in a middle school sample of 5,667 students in 24 schools across 9 SUs and a high school sample of 7,847 students in 11 schools across 10 SUs.

To examine whether changes in outcomes over time differed between the funded and unfunded groups, we conducted logistic regression analyses and included a time-by-condition interaction term in which time was coded as 0=2019 and 1=2023 and condition was coded as 0=unfunded and 1=funded. The interaction term and its associated significance level indicate whether the change in the outcome over time was more favorable for the funded group compared to the unfunded group. As with the prior analyses, all models were weighted and SU was specified as a clustering variable. We again only included SUs that were funded all years and compared them to those that were not funded in any year. We also only include those schools that participated in the YRBS in both 2019 and 2023. These inclusion criteria resulted in a middle school sample of 15,713 students in 68 schools across 33 SUs and a high school sample of 22,419 students in 38 schools across 33 SUs.

We conducted secondary analyses that further restricted the sample to only those schools in funded SUs that implemented prevention activities as part of the grant. Our first approach was to examine outcomes among schools that implemented in all years from 2019 to 2022 and compare them to schools in unfunded SUs that were, by definition, not implementing activities related to the grant. We excluded from these analyses any schools in funded SUs that were not noted as implementing activities. This was done to reduce the possibility of misclassifying implementing schools as non-implementing due to omissions or ambiguities in the quarterly reports.

We then extended these analyses to examine whether the number of years of implementation (i.e., dosage) was related to improved outcomes. That is, do students in schools that implement prevention activities for more years have better outcomes over time than students in schools that implement for fewer years? These analyses were restricted to schools in funded districts and included those that did not implement any years.

As with the main outcome analyses, we conducted a series of logistic regressions for these secondary analyses, first with a time-by-condition interaction term in which the condition variable distinguished between implementing schools and those in unfunded SUs. The second set of analyses examining dosage effects included a time-by-dosage interaction term that tested whether changes in outcomes differed by the number of years a school implemented activities.

Finally, we examined whether particular attributes of funded SUs, such as student enrollment size and use of particular prevention strategies, were related to changes in outcomes over time. We began by computing change scores from 2019 to 2023 on each outcome measure for each funded SU. Change scores were computed by subtracting the prevalence of the outcome in 2019 from the prevalence in 2023 such that negative values reflected favorable decreases in the outcome over time. For example, if a particular SU's 30-day alcohol use was 25% in 2019 and 20% in 2023, the change score for that SU was -5%.

We then correlated these SU-level change scores with the attributes extracted from the quarterly reports to examine whether particular attributes were related to larger change scores. We created the attribute measures by consolidating the data across 2019-2023 to create single summary measures for each attribute. For continuous measures such as the percentage of students receiving evidence-based prevention curricula, this was done by taking an average across years. For dichotomous yes/no measures, we created a summary score by assigning a 1 if the attribute was present in three or more of the five years and a 0 if present in fewer than three years.

After the data were consolidated, we created dichotomous versions of continuous variables by characterizing SUs as “high” or “low” on the measure based on the midpoint of the variable's distribution across SUs. This was done to reduce the influence of extreme values that would have a disproportionate effect on the correlation results. All correlations were weighted by the SU's average enrollment size across the five school years examined (2019-2023). Tables E.1.g and E.1.h in Appendix E display the attribute and outcome measures used in these analyses.

A summary of findings from the YRBS analyses can be found under evaluation questions 4-6 below.

Evaluation question 1³: How well have DSU funded activities been implemented and what are staff and student perceptions of their impacts?

To answer this first evaluation question, this section reviews findings from three data sources; grantee quarterly report data, interviews with staff at funded SU/SDs, and student input through the Photovoice project.

In year two of the evaluation, DSU also asked PIRE to develop and pilot tools to measure grantees' implementation fidelity in future grant years. This work included administering a survey of grantees to assess their current understanding of fidelity and experience with tracking and measuring implementation fidelity, the development and piloting of fidelity checklists for each of the required and optional activities for this grant program, and training for grantees on

³ Note: In the evaluation plan, this was listed as Question 2. For this report, the first two questions have been reordered to improve the flow of information.

the importance of fidelity and the use of these new tools. A description of the process and findings from this fidelity component is described in Appendix F.

Findings From Grantee Quarterly Reports

Grantee quarterly reports from FY25 and FY26 provide information on required and optional activities implemented by grantees, including the number of individuals served as well as notable successes and challenges. These data are summarized in this section.

Collaboration with the Vermont Department of Health and other community-based health promotion and substance use prevention partners has been a required activity for grantees. In FY26, a new question was added to the quarterly report to better capture the types of state and community partners involved in these collaborations. Table 1 summarizes the number and percentage of FY26 grantees working with each partner type.

Table 1. FY26 Grantee Collaboration with State and Community Partners

Partners	Number of FY26 grantees collaborating	Percent
Vermont Department of Health, Prevention Consultant	14	48%
Vermont Department of Health, School Nurse Liaison	10	34%
Vermont Department of Health, Chronic Disease Designee	4	14%
Representative from the local Vermont Prevention Lead Organization	15	52%
Representative from a community coalition	13	45%
Local treatment Preferred Provider and/or Designated Agency	15	52%
Local Recovery Center	15	52%
Other (examples included health care providers, law enforcement agencies, Department of Children and Families, agencies that provide harm reduction services, and domestic violence agencies)	15	52%
None of the above	3	10%

Just over half of grantees reported collaborating with their local Vermont Prevention Lead Organization, Local Treatment Preferred Provider and/or Designated Agency (for substance use and/or mental health) and their local recovery center. Many also reported collaborations with the VDH Prevention Consultant in their region and a local community coalition. Only a small number of grantees (4) reported collaborating with the VDH Chronic Disease Designee in their region. Three grantees reported that they did not collaborate with any of the partners listed.

Several collaboration successes were reported, including expanded student programming through partner-facilitated educational sessions, on-site clinical services and peer support groups provided by partners, caregiver-focused community events, and resource sharing. Grantees also noted some challenges related to collaboration, such as difficulty engaging

certain agencies, a shortage of adolescent treatment options, and limited prevention coalition infrastructure in some regions.

Screening, referral, and individual support for middle and high school students related to substance use and mental health were core required grant activities. Data on these activities are presented in Table 2. In FY26, five grantees also piloted suicide risk screening; these data are also included in Table 2. In FY26, a question was added to the quarterly report to capture how many of those who were screened were positive for the topic of the screening. Having these data allowed us to calculate the percentage who screened positive, and of those, the percentage who were referred for additional services or support. The percentage of students in FY26 who screened positive and were referred for additional support was highest for suicide risk (100%) followed by mental health (91%) and substance use (87%).

Table 2. Screening, referral, and support activities

		FY25	FY26 (Q1-Q3 only)
Substance Use	Number screened	1,196	770
	Of those screened, number who were positive	--- ⁴	433 (56%)
	Of those who screened positive, those referred for further support	244	377 (87%)
Mental Health	Number screened	892	623
	Of those screened, number who were positive	--- ⁴	340 (55%)
	Of those who screened positive, those referred for further support	198	308 (91%)
Suicide Risk⁵	Number screened	---	170
	Of those screened, number who were positive	---	59 (35%)
	Of those who screened positive, those referred for further support	---	59 (100%)

In FY26, grantees reported several successes related to screening, referral, and support services. Notable accomplishments included an increase in student self-referrals, strong relationship-building through the screening process, and effective cross-staff collaboration to coordinate referrals and share information. Grantees also highlighted the use of validated screening tools to identify mental health needs and noted that strengthened community partnerships have improved timely access to assessments and services.

Despite these successes, grantees identified several significant barriers to providing effective student support. These included challenges in hiring SAPs and variability across schools, such as inconsistent or unclear processes and referral pathways. Some grantees reported gaps in

⁴ The number who screened positive for possible substance use and mental health condition was not asked in FY25.

⁵ Screening for suicide risk was implemented as a pilot by five grantees in FY26.

coordination between SAPs, clinical staff, and social workers, as well as confusion regarding SAP roles and responsibilities. Additional challenges included limited outpatient treatment options for youth, difficulty engaging Designated Agencies and community clinicians, and student reluctance to seek support due to fear, stigma, or low readiness for change. Family resistance and lack of follow-through were also noted. Finally, some grantees cited difficulty tracking the data required for grant reporting.

Educational Support Groups were another required activity for grantees, reaching more than 2,500 students in FY25 and over 1,500 students through the third quarter of FY26. Some examples of the types of groups implemented included Dialectical Behavior Therapy (DBT) skills groups, INDEPTH nicotine cessation programs, LGBTQ affinity groups, lunch groups, and restorative or relationship-building groups. Grantees reported successes such as meaningful youth leadership, strong student-driven initiatives, and notable individual progress among participants.

However, grantees also faced challenges in implementing Educational Support Groups. These included limited staff capacity and shortages of SAPs, scheduling constraints, and lack of transportation for after-school activities. Grantees further reported difficulty engaging students, as well as low or inconsistent attendance. Coordination with external partners for co-facilitated groups was also identified as a challenge.

A final required activity for FY26 was the implementation of staff training related to substance use prevention. In their first-quarter reporting, grantees were asked to identify at least one priority for staff training for the school year from a provided list of options. Table 3 presents the number of grantees selecting each training priority. The most commonly prioritized training approach was providing education and resources to all staff through newsletters or other forms of communication. Training for staff on current substance use policies was prioritized by only 4 grantees.

Table 3. Staff training priorities for FY26

Training topic	Number of grantees selecting as priority
Provide education and resources through newsletters or other communication to all staff	13
Coordinate and share other training options and resources	11
Presentation or individual coaching/training to staff around topics of concern or emerging trends	10
Other (examples included Umatter Suicide Prevention training, and Project Aware training)	5
Presentation to staff around current policy including changes/updates	4

In addition to the required activities, a portion of grantees in both FY25 and FY26 opted to implement one or more optional activities with their funding. Table 4 presents the number and percentage of grantees implementing each optional activity across both years. A similar proportion of grantees implemented at least one optional strategy in FY26 compared to FY25. In both years, advising and training peer leadership groups was the most frequently implemented optional activity.

Table 4. Number and Percentage of Grantees Implementing Optional Activities in FY25 and FY26

Optional Activity	FY25 N=21		FY26 N=29	
	Number	Percent	Number	Percent
Advising and Training Peer Leadership Groups	13	62%	14	48%
Integration of Substance Use Prevention into Coordinated School Health Initiatives	9	43%	10	34%
Evidence Based/Evidence Informed Curricula	9	43%	13	45%
Implementing at least one optional strategy	15	71%	20	69%

Table 5 below shows the number of students reached by both peer leadership groups and evidence-based/evidence-informed substance use prevention curricula in both years.

Table 5. Students reached by optional activities

Optional Activity	Number of students reached	
	FY25	FY26 (Q1-Q3 only)
Peer Leadership Groups	285	323
Evidence-based/evidence-informed curricula	922	1697

The peer leadership groups implemented included programs such as Our Voices Xposed (OVX), which is a tobacco and nicotine prevention group, Students Against Destructive Decisions (SADD), Getting to Y, and Above the Influence. Grantees reported strong student leadership and skill development as outcomes of these groups, including student advocacy with policymakers and community engagement through presentations and participation in local events. Reported challenges included maintaining student engagement, limited staff capacity, and scheduling constraints. Transportation and logistics for participating in statewide events were also noted as challenges.

In FY26, the most commonly used curriculum was the Stanford Medicine REACH Lab modules. Additional curricula mentioned included Project ALERT, Second Step, and Wayfinder. Staff noted that these curricula provided current, relevant content that supported meaningful conversations about substance use, mental health, and decision-making. Some districts reported positive shifts in student awareness and behavior, including increased understanding of risks and, in some cases, reductions in vaping. Evidence-based lessons also strengthened

relationships among SAPs, counselors, and students, creating more opportunities for individualized support and early intervention.

Grantees most often reported challenges related to time and scheduling constraints, which made it difficult to deliver full lessons, coordinate across grade levels, or consistently access classrooms. Several noted that some programs lacked substance-specific content, felt outdated, or did not fully meet the needs of diverse school communities. Small class sizes, combined grades, and inconsistent staff training created additional implementation and fidelity challenges. Schools also cited resource constraints, including the high cost of some curricula and limited capacity to track data or coordinate efforts across buildings.

The final optional strategy was the integration of substance use prevention into coordinated school health initiatives. Grantees reported that this work included participation in active school and district wellness committees that met regularly, reviewed policies, and coordinated trainings. In some SU/SDs, these teams also led school climate and wellness initiatives, such as wellness fairs and other positive school activities, and developed newsletters, resource guides, and training lists for counselors, nurses, afterschool staff, and families.

Grantees cited several challenges with this work, including difficulty scheduling and coordinating meetings, overlapping or competing initiatives, high levels of student need, slow progress on policy updates, lack of administrator buy-in, and challenges aligning schedules, expectations, and communication with external organizations and coalitions.

Findings From Grantee Staff Interviews on Implementation and Perceived Impacts of Grant Activities

Efficacy of the Implementation Plan as an Operational Framework

One important way that DSU and grantees interact is through the mutual determination of their Implementation Plan, which is submitted to DSU at the beginning of each grant year and outlines key action items and timelines for each activity. Participants highlighted that the plan provides structure, clarity, and direction, functioning as a critical operational roadmap that organizes their year and clarifies benchmarks and accountability mechanisms. SAPs indicated that the plan provides essential guidance for their day-to-day work, helping to prioritize, sequence, and break down tasks into manageable goals while juggling direct service, coordination, and prevention programming. Although most interviewees expressed appreciation for the plan and its yearly review process, a few grantees noted that the staff responsible for development of the plan was different than the implementation staff, which decreased the buy-in of these individuals. Interviewees also noted the compounded impact of personnel transitions when newly onboarded staff inherit plans that they did not author, necessitating an extended operational adjustment period.

The importance of the Implementation Plan is evidenced by experiences in one SD/SU where an implementer noted that the mechanism “just really provides a wonderful way forward... a great

touchstone to see what we have accomplished and where we are going next.” Furthermore, coordinators in another district emphasized its role in fostering multi-sectoral alignment, stating that it “allowed us to get all our thoughts onto one page, make sure stakeholders were aligned.”

However, some interviewees indicated that there were operational tensions when rigid implementation plans clashed with the fluid realities of public health interventions in school environments. Participants were asked how implementation has gone compared to what was in their plan. Participants across interviews shared that implementation is often slower than planned due to systemic and organizational delays. Participants cited that delays in hiring, business office processes, or grant timing led to slow implementation, and these were structural barriers across SD/SUs. Participants also noted that implementation requires flexibility due to shifting student needs. Some participants noted that daily practice is frequently dictated by acute crisis response, which can linger with one crisis blending into the next. SAPs emphasized that prevention work must adapt to real-time student issues.

“I think [one of the things that is good] is the fact that we can kind of pivot when things change with students. Last spring, if you had asked me about nicotine use with teenagers, I would have talked a lot about vaping. And over the course of the summer, a lot of our students that have nicotine issues switched to a different form of nicotine intake. So, we needed to switch up how I do prevention work.”

To optimize the utility of future planning instruments, participants advocated for broader tracking metrics and expanded flexibility to create and measure the impacts of non-traditional prevention activities such as those that increase students’ sense of belonging without specifically addressing the use of substances. This deficit in current reporting systems was articulated by a district-level specialist who observed that “there is work being done that is not captured...the plan could have less specific categories or an ‘other’ field.”

Programmatic Successes

Across schools and school districts, interviewees indicated that DSU-funded activities have generated meaningful improvements in student support, prevention programming, school climate, and community engagement. They believed that the strongest impacts center on relationship-building, increased student help-seeking, expanded prevention programming, and positive shifts in school culture and norms. Several participants also reported strengthened staff capacity, improved access to services, and innovative approaches to engaging students and families.

Strengthened Relationships and Increased Student Help-Seeking

Participants consistently indicated that the enhancement of trusting, supportive relationships between students and SAPs or other prevention staff was a key success of the work supported

by the grant funding. Respondents described a noticeable increase in students' self-referral for support, an indicator of both trust and prevention effectiveness. They indicated that the funding increased the availability of specialists to provide confidential, non-disciplinary, and secure adult support for youth within the school environment. They believed that this relational accessibility had contributed to an increase in self-referrals and proactive help-seeking behaviors among vulnerable youth who frequently lack stable social support systems outside of school hours.

"You know your message is getting through when students come to you asking for help."

"With more time, my relationships with students grow stronger. A focus on relationship building and allowing the time for that is irreplaceable."

Several prevention specialists told us that they believed that their greatest impact was with the more at-risk group of students who had initiated use, but were early in their use history. Two participants were concerned about conveying the impact of this narrow but deep engagement. Both believed that the meaning of their work was great, but were concerned that a small sample size and higher truancy in this group (particularly on school survey days) is unlikely to show population-level impacts on conventional measures like the YRBS.

Expanded Prevention Programming and Youth Leadership

DSU funding has enabled schools to expand universal, targeted, and leadership-based prevention activities. Many participants reported high levels of student engagement in groups, campaigns, activities, and events, which not only increase prevention exposure but also help create positive bonds and healthy identities for students. Participants shared examples of student empowerment groups that were going particularly well and had high and broad engagement. Concurrently, grant resources funded widespread expansion of evidence-based empowerment frameworks, such as Getting to Y, OVX, and student-led wellness cohorts, as well as alternative-to-suspension models like the CLIMB program.

Participants highlighted a range of creative, high impact strategies made possible through DSU funding, including nicotine quit kits and flavored toothpicks supporting cessation, Red Ribbon Week, Prevention Week, school-wide assemblies, and the "Hope Matters" mental health campaign.

Positive Shifts in School Environments and Norms

Several participants reported environmental and normative changes that were broader than specific programs and individual student outcomes. These included safer shared spaces (such as bathrooms), and improved peer norms. Participants described improved student-to-student interactions, stronger mental health norms, and increased respect for confidentiality, all of which contributes to a healthier school climate. Sustainability requires a shift toward shared

responsibility between students and school staff for creating and maintaining a school environment where substance use is not normative and where students who misuse substances can get the help that they need without stigma. These interview participants believed that the cumulative effect of DSU funding was a more connected, supportive, and prevention-oriented school environment – one where students feel seen, heard, and equipped to make healthier choices.

Systemic Barriers to School-Based Substance Use Prevention

Across participating districts, educational leaders and prevention professionals identified a wide range of interconnected challenges that hindered the implementation of school-based substance use prevention activities. These obstacles included staffing and capacity constraints, funding instability, logistical barriers, community- and family-level factors, administrative and cultural resistance, and student-level readiness issues. Rather than existing in isolation, these barriers compounded one another, illustrating the complexity of executing substance use prevention within traditional academic environments and highlighting critical areas where additional support, resources, and changes are needed.

Staffing Shortages and Hiring Challenges

Respondents indicated that the primary structural bottleneck limiting the efficacy of these initiatives was the pervasive difficulty recruiting and retaining qualified SAPs, a crisis they indicated was driven by rural labor shortages and a lack of stable, permanent, full-time positions. They indicated that frontline staff were chronically overextended, with SAPs, school counselors, and administrators often working across multiple physical campuses, trying to balance proactive prevention programming with acute crisis response, routine mental health counseling, and heavy administrative tasks. Challenges with internal capacity were often compounded by low initial buy-in from teachers and busy administrators. Highlighting the state-wide workforce deficit, one respondent remarked on the difficulty of "not being able to hire an SAP. We are a small, rural area. The SAP workforce is an issue across the state." The same district noted that the position requires an important interpersonal skill set, adding, "You have to hire SAPs that are able to connect with kids... we can teach screening and referral, but we can't teach someone to connect with kids."

"Not having full-time staff on campus... hinders this work. Students don't know them well enough to open up and trust them."

Funding Instability

Several participants highlighted the anxiety and practical difficulties of navigating year-to-year funding uncertainty while attempting to build sustainable, long-term programs. Some noted

that short-term grants generated ongoing instability and high staff turnover, making it difficult to design and execute multi-year prevention strategies with confidence. Furthermore, the

“There is a lot of instability in the positions when you don’t know if the money will come from year to year. We need a multi-year grant.”

grant's initial compliance and reporting workflows were frequently described as overwhelming, particularly for specialized prevention staff who lack formal background in business

administration. They indicated that these difficulties are worsened when funding disbursements are delayed, leaving schools scrambling to catch up mid-year.

“Receiving the funding well into the school year has been a challenge.”

Structural and Logistical Barriers: Time, Schedules, and Transportation

A barrier discussed by nearly all participants was the difficulty in carving out time for prevention activities within tightly packed, rigidly structured school schedules. Because rural districts frequently lacked late-bus infrastructure, students who relied on school transit could not stay late, creating equity issues for after-school programming. For many coordinators, keeping students actively engaged, particularly at the high school level, remained a major challenge due to constant schedule conflicts, academic transitions, and competing extracurricular demands.

“Transportation is a huge challenge and barrier in our community... asking kids to stay after school can be an equity issue.”

Community-and Family-Level Challenges

Many participants described the challenge that often there was not receptivity to school-based prevention messages due to deeply ingrained community norms, intergenerational trauma, and pragmatic constraints associated with poverty. Implementation staff described routinely working in environments where substance use was both intergenerational and widely normalized, undermining prevention education efforts and increasing the likelihood that vulnerable youth would turn to substance use as a coping mechanism for unmet basic needs.

“There is a lot of inter-generational trauma and poverty... students getting cigarettes, alcohol, and cannabis from their families.”

They also expressed that when school screeners successfully identified youth with significant needs, there was a scarcity of options for treatment and support services in the wider community. Because of these broader social conditions, SAPs reported that they often found

themselves working repeatedly with the same students who have highly complex needs and who face intense social pressure outside of school.

“Current community providers are totally booked.”

“[We] need more treatment and provider options for students who need help outside of school,”

Perceived Impacts: Administrators, Teachers, and Students

School administrators viewed DSU funding as an essential operational lifeline that directly addresses substance use that general school guidance counselors were neither trained nor positioned to manage. To build a resilient workforce, administrators strongly advocated for a transition to multi-year funding cycles. They noted that investing in the continuous professional development and training of prevention staff directly correlates with higher job satisfaction, increased efficacy, and a mitigation of the staff turnover that historically cripples grant-dependent programming. Administrators also voiced frustration regarding fragmented state-level bureaucratic systems and overlapping reporting rules, explicitly stating that conflicting agency systems occasionally make the administrative burdens of certain grants cost-prohibitive for local school systems.

“People tend to stick around in positions longer too, when they feel comfortable and confident in their role.”

The teachers with whom we spoke emphasized the value of having specialized support personnel embedded within their schools that classroom teachers cannot replicate due to their evaluative roles. Furthermore, teachers across SDs/SUs spoke as strong advocates for shifting prevention resources further upstream, arguing that norm setting and early protective behaviors must be established in elementary and middle school grades.

“[The SAPs’] connections save lives... I can’t teach and grade you and be your support person. Most people aren’t comfortable telling me about their use.”

Respondents were asked what they believed that students thought of their school’s substance use prevention efforts. They noted that youth consistently displayed their highest levels of classroom participation and interest during active substance use and addiction units within the health education curriculum. However, they indicated that voluntary support services remain heavily underutilized by the broader student body, and students most often engage in these services as a consequence of a formal policy infraction.

One student who provided input through a survey shared: “I think the substance use prevention group is a very good thing, but I know so many people who use substances and make a mockery of the group. I think they should do more to promote the group and talk more about the seriousness that is substance addiction and what it will lead to.” Student participants

in the Photovoice Project advocated for judgement-free support for students struggling with substance use rather than a punitive approach. They shared the desire for increased promotion and normalization of mental health supports and resources to encourage students to seek help when needed. They also described traditional “say no” messaging as ineffective and ignored by students (see Appendix C for a full write up of the Photovoice Project conducted with students).

Evaluation question 2: How have DSU grants helped develop overall capacity of schools/school districts to implement substance misuse prevention and early intervention programming, including impacts on staffing, community collaboration, and sustainability?

One of the goals of the School Substance Use Prevention Grant program is to increase SU/SD capacity to implement prevention and early intervention programming, collaborate with community partners, and successfully sustain those efforts. This section includes a review of findings from three data sources to help answer this evaluation question: grantee quarterly reports, interviews with staff at funded SU/SDs, and analysis of the School Health Profiles.

FY26 Quarterly Reports: Grantee Capacity Building Priorities

Grantees were asked in their first-quarter FY26 reporting to identify at least one capacity-building priority for the school year from a provided list of options. The number of grantees selecting each priority is shown in Table 6.

The most commonly selected capacity-building priority was sharing educational resources with students, staff, families, or the community. This was followed by incorporating prevention or substance use education into student curricula and starting or expanding youth empowerment groups.

Table 6. Capacity building priorities for FY26

Capacity Building Activity	Number of grantees selecting as priority
Share educational resources with students, staff, families or the community	20
Add prevention or substance use education into curriculum for students	17
Start or expand youth empowerment groups	16
Participate in prevention awareness campaigns and observances, such as National Drug and Alcohol Facts Week, Red Ribbon Week, DEA Drug Take Back Day	15
Increase screening capacity in school	14
Other	7

In each quarter, grantees reported on successes and challenges related to these capacity-building priorities. Reported successes included strengthening and expanding youth leadership opportunities and youth empowerment groups, broadening prevention programming and curricula, and improving referral systems and early intervention efforts. Some grantees also noted expanded staff professional learning related to prevention and student supports, as well as stronger community partnerships.

Common challenges included staff turnover, time constraints and scheduling barriers, slower-than-anticipated student engagement, varying levels of school and community readiness, and limited resources.

Findings From Grantee Staff Interviews

Interviewees said that DSU funding improved substance use prevention capacity, helping overcome long-standing practical, financial, and location-related challenges that made it hard for vulnerable students to access care. Respondents reported that this expansion of resources led to more consistent on-campus availability of prevention personnel. Some respondents shared that the presence of distinct substance use-related staff allowed them to scale up universal prevention efforts by expanding parent and caregiver engagement through direct educational outreach and targeted community wellness events.

“With two school counselors... I’ve really been able to focus on the work of being an SAP.”

“Adults [now] have a more solid footing and training... a multiplier effect. Prevention’s everybody’s work, it’s not just the SAP.”

Interviewees in some SU/SDs reported that DSU funding has changed their school systems by building a more informed, prevention-focused staff culture. They described investments in professional development, ongoing training, and co-teaching approaches as increasing educators’

confidence and making their day-to-day practices more consistent. Interviewees also noted a shift away from treating substance use as a reactive discipline issue toward a broader, school-wide public health approach. They said this has helped create a network of trained staff who can spot concerns earlier and support prevention and intervention before behaviors escalate.

Additional Capacity Needs

Participants were asked their priorities if they had greater funding. Across schools and SDs/SUs, participants overwhelmingly identify capacity, staffing, training, supportive student spaces, and community-connected support as the most urgent needs.

Need for More Staffing

"If we had greater funding we would make her position full time. She's not as embedded into our culture as she could be."

Participants repeatedly emphasized that staffing is the single most impactful investment in prevention services, noting that this work is simply "impossible to scale without more

people, particularly full-time SAPs or additional prevention staff." They indicated that prevention capacity is stretched thin in some schools, and SAPs are often part-time or non-existent, and student needs, especially around substance use, mental health, and belonging are increasing in complexity. This coverage gap is worsened by recruitment hurdles; participants noted that "schools are struggling to hire because no one applies" due to a low supply of qualified candidates for roles that are frequently part-time, unstable, and low paying. Participants noted that part-time staffing directly undermines foundational relationship-building, group facilitation, and classroom work. This lack of consistency was described as a major pain point for staff, who expressed frustration over a cyclical system where "we build up support and then a year later have it peeled away." Because students are significantly less likely to engage in risky behaviors when they have a trusted adult in school, participants urged a structural shift to ensure consistency.

"I am the only prevention person in our district... It is difficult to do prevention and screening work."

"Getting SAPs into schools is the priority. We should have an SAP in every middle and high school."

Need for Clinical Supervision, Professional Development, and Training

Several participants shared that they or their school faculty and staff felt deeply underprepared for the complexity of student needs, with one admitting, "I am faking it until I make it... I want a shared experience with other providers." A major driver of this anxiety was that schools often lack structured professional development pathways that include formal prevention training. They indicated that this leaves staff unequipped to handle complex student behaviors, as another participant pointed out: "Staff are seeing it as kids breaking rules... kids breaking rules when it's tied with being addicted to a substance is a whole different beast." To bridge these gaps, participants called for regionalized, consistent, high-quality training to build a shared prevention skill set. The interview participants identified the following as key training and technical assistance needs: clinical supervision (either regional or DSU-provided), motivational interviewing, trauma-informed practices, a deeper understanding of addiction (especially vaping), ethics, universal prevention curriculum delivery, evidence-based program implementation with fidelity, and targeted strategies for bullying intervention, bystander education, and student empowerment.

"We need more training for best practices in prevention in universal and 1:1 settings."

Need for More Youth Programs, Afterschool Options, Third Spaces, and Community-Connected Supports

Participants described a critical lack of safe, supervised, substance-free spaces for youth, especially after school and during school breaks. They emphasized that structured, supervised spaces with trusted adults serve as essential protective factors, noting that youth belonging and connection are central to

prevention. As one participant urged, "We need a teen center... a place they can go be substance-free, be kids," while another suggested, "I would create 'Third Space' opportunities after school... We need something for 6-9th graders."

"Students are eager for student spaces and student organizations to give them more of a sense of community and belonging. They want their school to feel safer and more like a tight-knit community."

Furthermore, participants emphasized that prevention is not just a school issue but is deeply tied to community conditions and family structures. They highlighted significant gaps in community resources, treatment options, partnerships, and harm

"Our biggest need is perception. We have a general sense that our communities are ok with some drug use. Parents are actively using in their household. There is a sense of normalcy. Prevention and cessation are difficult in this community."

reduction support. They also noted that unhealthy community norms, generational poverty and family dynamics influence the prevention environment, with one participant noting that "many students are in DCF custody or raised by grandparents... it is hard to get groups off the ground."

Findings From School Health Profile Analyses

Tables D.3 and D.4 in Appendix D display the results for principals and lead teachers, respectively, from the analyses of School Health Profile survey data examining changes in outcomes over time among the funded SUs. In this section we'll highlight those differences that were statistically significant at the $p < .05$ level. Although no significant changes were observed among principals, there was a significant increase for one main outcome among lead teachers. The percentage who indicated that their prevention topics in the current school year include content about supporting others who abstain from alcohol and other drug use increased from 58% in 2020 to 75% in 2022 and increased again to 90% in 2024. There were also significant increases for two secondary outcomes related to tobacco use prevention content in the current school year: their prevention topics in the current school year include content about accurate assessments of the prevalence of tobacco use, and content about supporting others abstaining from tobacco use. These findings are indicative of positive changes in the capacity of schools in the funded districts to implement substance misuse prevention programming. Figures 1 and 2 below show the changes over time for these statistically significant main and secondary outcomes, respectively.

Figure 1. Significant change over time in main lead teacher outcomes among funded SUs.

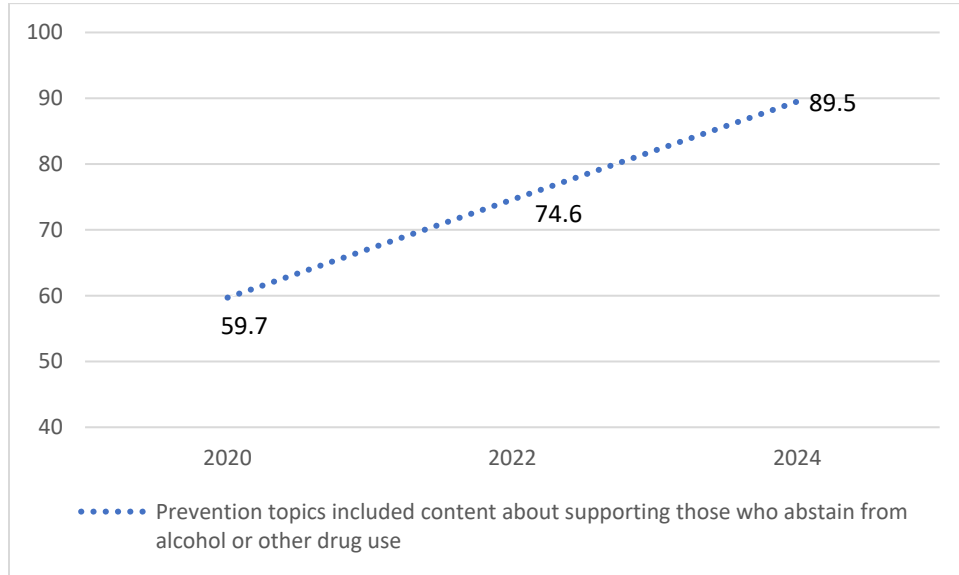
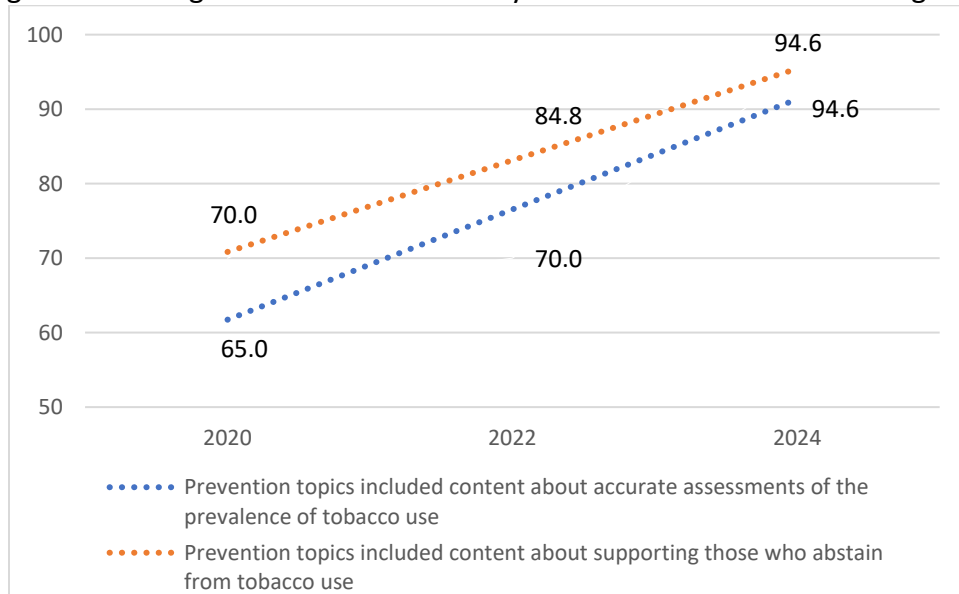


Figure 2. Significant change over time in secondary lead teacher outcomes among funded SUs.



Tables D.5 and D.6 in Appendix D present the results from the principal and lead teacher analyses examining differences in outcomes between funded and unfunded SUs. Among the main outcomes in the principal survey, significant positive results were found for four outcomes related to whether the school provides 1) substance use assessments to students, 2) tobacco use cessation (e.g. group or individual counseling) to students on school property, 3) substance use treatment referrals to students, and 4) tobacco use cessation referrals to organizations or healthcare professionals not on school property. Among the main outcomes in the lead teacher survey, there was a significant positive effect for whether the alcohol and drug

prevention content during the current school year included information about substance use as an unhealthy way to manage weight. Thus, the overall pattern of the findings indicated greater capacity to implement substance misuse prevention programming in funded district schools relative to the unfunded districts. The bar graphs in Figures 3 and 4 below display the difference in pooled estimates between the two groups.

Figure 3. Significant differences in pooled estimates by group – Principal survey

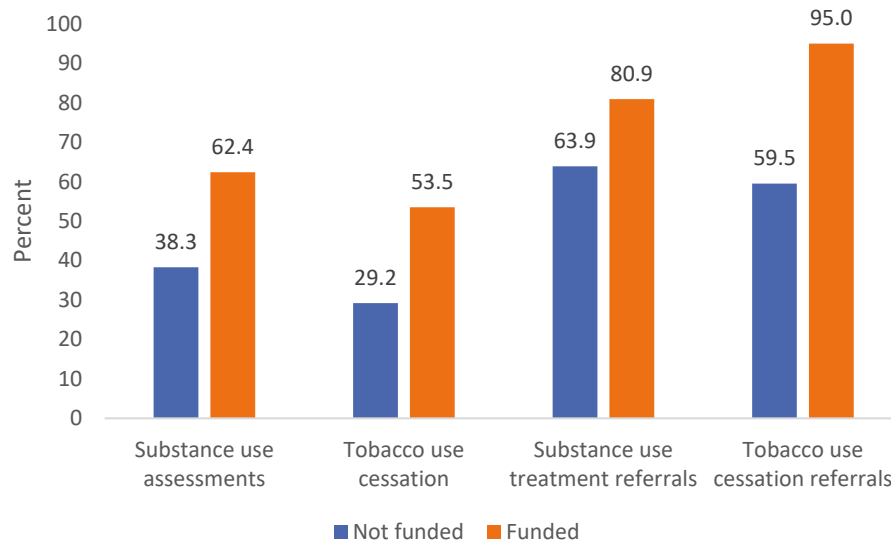
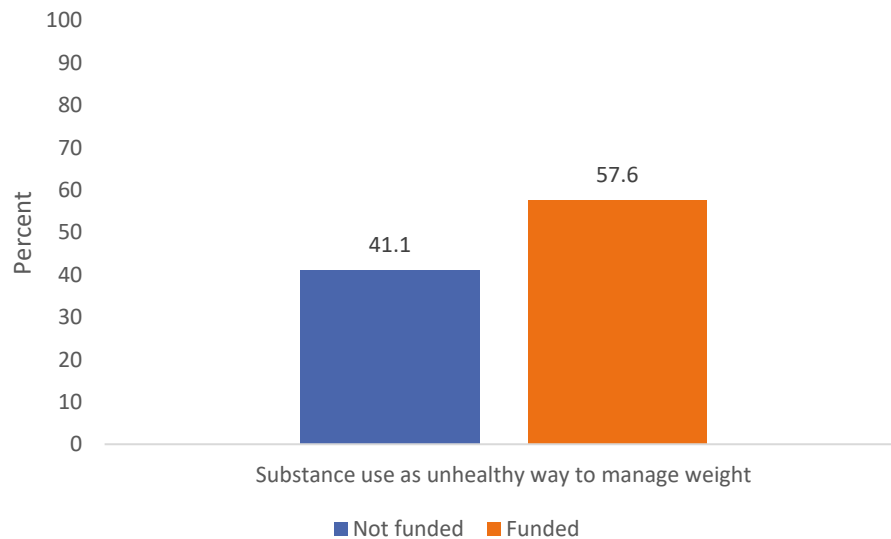


Figure 4. Significant differences in pooled estimates by group – Lead teacher survey



Evaluation question 3: What are funded school districts' current policies and procedures related to substance use?

A complete policy review and report on policies at funded schools was included in the year one evaluation report. In year two, questions on policies or procedures related to substance use were asked as part of the interviews with grantee staff, and students in the Photovoice Project also made some observations related to policies and procedures. The responses from both interviewees and students are described in this section.

Findings From Grantee Staff Interviews

PIRE asked interviewees about the substance use policies and practices in their school district and within the school in which their position was housed. Based on the responses from staff members, five major themes emerged: policy changes related to nicotine, needing to formalize school-level procedures, improving consistent implementation of policies and procedures, the desire for DSU guidance regarding best practices, and the impact of vape detectors on student behaviors.

Policy Change: Nicotine vs. "Mind-Altering" Substances

Many school districts had recently revised their policies to broaden terminology from "tobacco" to include other nicotine products as well. One interviewee explained it this way: "Our tobacco policy actually is a nicotine policy now... because [young people] didn't see the distinction there. They figured tobacco covered nicotine, but young people didn't see it the same way."

Regardless of this policy update, interviewees noted that nicotine/tobacco policies were least likely to be enforced. Several educators pointed out a specific challenge regarding nicotine and vaping. There is a growing concern that nicotine is not treated with the same level of seriousness as alcohol or THC/marijuana. Because nicotine doesn't always "impair" a student's ability to sit in class in the same way alcohol does, the consequences for vaping are often less clear or less strictly enforced, leading to repeat offenses.

"The nicotine policy offers consequences, but they are not as explicit. Students can violate the nicotine policy over and over again. The thought is that nicotine is not as mind-altering/impactful."

Need to Formalize the "Informal" Procedures

Interview participants indicated that many schools rely on informal practices or unwritten rules about the consequences of substance use. They indicated that this was particularly true in the case of student athletes where consequences of infractions were usually more significant, more punitive rather than restorative, and more likely to be at the sole discretion of the coach or athletic director rather than school administrators. Interviewees told us about

"We are working to write those informal things down so it is more formal as new staff and families move in. It's really clear: 'Here's what we do with this.'"

efforts to formalize procedures. Staff realized that relying on unspoken rules makes it hard for new teachers or families to understand the process and ensure that every student gets fair treatment based on the context of a substance use policy violation.

Once the Policy and Procedures are Clear...The Struggle for Consistency and Follow-Through at the School Level

Almost every interviewee discussed the tension between setting broad policy/procedures and consistent implementation of them in practice. In most cases, they said that substance use prevention policies are set at the SD/SU-level while implementation practices, including consequences for infractions, are set by the school administrators. Some administrators were more involved in the policy context; evident by their annual (or at least regular) review of the policies and willingness to lay out specific consequences in the parent/teacher/student handbooks. For many, the substance use policy/procedures were clear and evenly enforced. "Administration really tries to be consistent and I know at least in my building... they try really hard to follow the policy." In others, there is a recognized gap between the written policy and what happens daily. One interviewee explained it this way: "Even within school districts with clear policies, policy adherence is highly variable between schools in the district."

Sometimes older policies remained in the handbooks, but the realities varied widely from year to year. Most interviewees noted that prevention staff were consulted in nearly every infraction. Even punitive consequences were paired with a mandatory referral to the SAP. A few interviewees were concerned that school-level funding cuts and shared SAPs between schools meant that students potentially needing the help the most were slipping through the cracks because they had higher absenteeism and more sophisticated avoidance strategies. When SAPs were not on-site full-time, students could more easily avoid the SAP.

In addition, they said that there is a potential breakdown in communication and therefore no SAP involvement when teachers do not report infractions to administrators. Three interviewees noted concerns about teachers handling substance use infractions on their own. When questioned why this might happen, interviewees posited that some teachers do not trust administration to make fair decisions, over-penalizing some students while not taking other student infractions seriously enough. One creative idea from an interviewee was the future goal of "creating flow charts to ensure policies do not overwhelm teachers." Clarifying the policy process could assist newer teachers and provide a scaffold for other teachers to gain trust in the process.

The Need for Clear "Best Practice" Models for Policy and Practice

Interviewees expressed a desire for more guidance from higher-level organizations like DSU or their VPLOs. While interviewees appreciated local flexibility, there was a general sense that "Individual SAPs are left to conduct their own research to determine best practices and build their own programs." Rather than every school "reinventing the wheel," staff wanted a shared set of standards to follow. They indicated that not only would this help to standardize the

district level policies, it would provide uniform implementation guidance for schools seeking to formalize their procedures. Interviewees were very interested in ensuring that SAPs across different towns (and even within the same school district) are providing the same level of support and using the same evidence-based methods. As one respondent told us: “We’d like DSU to provide a 'rubric of best practices' to ensure a 'shared north star' for what SAP work should be grounded in.”

Finally, interviewees from a few school districts said that they engaged community-based organizations to provide the bulk of, if not all, the substance use prevention programming. In most cases, interviewees noted a disconnect as external partners are not directly involved in policy development or review and doing such work would be outside of their purview.

Impact of Vape Detectors

Finally, interview participants said that the physical environment of the school plays a role in how policies are managed. This includes the use of technology like vape detectors. Interestingly, some staff noted that while technology helps catch students, it didn't solve the underlying issue of substance use, as students often found ways to avoid detection or stopped engaging with support services over time.

Student Perspectives

Student participants in the Photovoice Project noted that bathrooms in their schools have become high-stress, exclusionary zones where students congregate to vape and hide vape devices in the ceiling tiles. They said that this activity leads some students to feel intimidated and avoid using the bathrooms during the school day, which has an impact on student wellness and sense of safety. They felt that having vape detectors would not deter vaping, but would displace the behavior to somewhere else, noting that this approach does not provide support or treatment for potential nicotine addiction.

Evaluation question 4: Have substance use rates and related risk and protective factors changed in the desired direction in the DSU-funded SUs (collectively) over time?

As described in the Methods section, we examined changes in the funded SU/SDs’ 2019 to 2023 YRBS results for substance use and related risk and protective factors. Tables E.1.a and E.1.b in Appendix E present the results of the models in which we tested for changes in the outcomes over time among the middle and high school students in the funded SUs. The overall results were mixed, but there were more statistically significant positive changes (10) than negative changes (7), with only positive changes in substance use behaviors -- decreases in high school student use of alcohol, marijuana, and vape products. Results for this and the next two evaluation questions will focus on those differences that were statistically significant at the $p < .05$ level.

At the middle school level, favorable changes were observed for peer and parental approval of vapor product use (decreasing from 18% to 12%, and 10% to 7%, respectively). Unfavorable changes were observed for perceived risk of harm for binge drinking (low risk increasing from 20% to 23%) and perceptions that they do not matter in the community, do not have a teacher or adult in their school that they can talk to, and that their school does not have clear rules for behavior (increasing from 40% to 43%, 26% to 34%, and 34% to 43%, respectively).

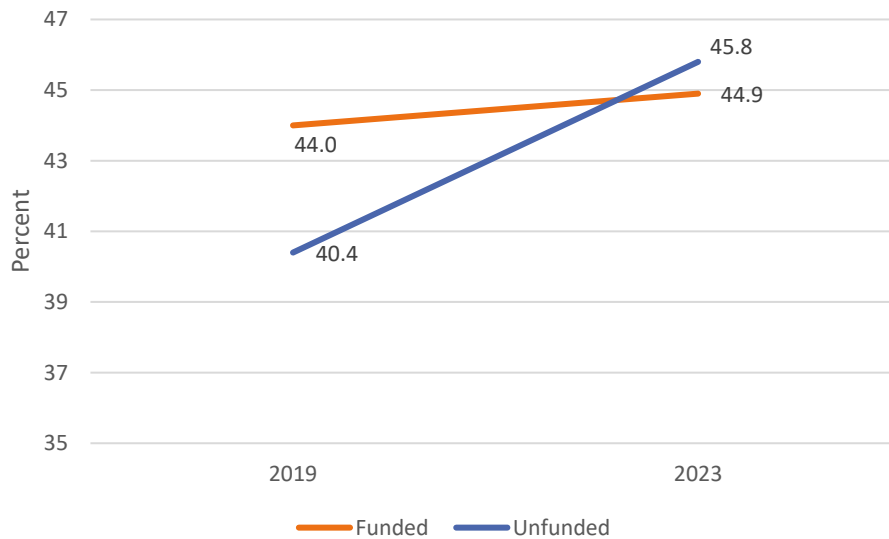
At the high school level, favorable changes were observed for perceptions of the ease of access to marijuana and vapor products (decreasing from 65% to 59%, and 74% to 61%, respectively), perceived peer and parental approval of vapor product use (decreasing from 45% to 32%, and 17% to 12%, respectively), perceived risk of harm from vapor product use (low risk decreasing from 34% to 25%), and 30-day use of alcohol, marijuana and vapor products (decreasing from 31% to 26%, 28% to 23%, and 27% to 17%, respectively). Unfavorable effects were found for perceived risk of harm of binge alcohol use (low risk increasing from 22% to 27%), not having a teacher or adult in their school that they can talk to (increasing from 21% to 29%), and perception that their school does not have clear rules for behavior (increasing from 45% to 52%).

Evaluation question 5: Have DSU-funded SUs experienced more positive changes in substance use rates and related risk and protective factors as compared to SUs that have not received DSU funding over time?

As with the prior question, we analyzed changes in substance use and related factors in the 2019 to 2023 YRBS results (see the Methods section). Overall, there were mixed results across the different analyses that we performed, and therefore no clear indication from these YRBS data that substance misuse issues were broadly changing across time in DSU-funded SUs in a different way than the unfunded SUs.

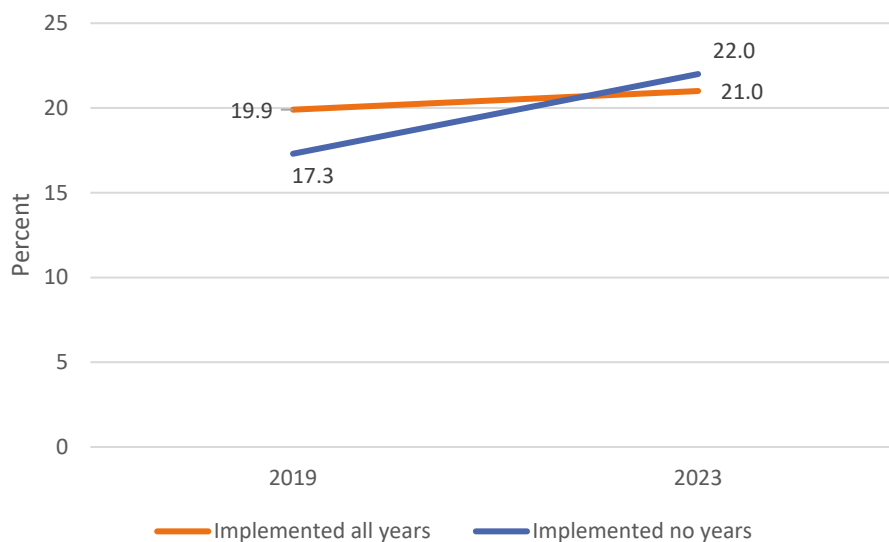
Tables E.1.c and E.1.d in Appendix E present the results of the models examining differences in changes over time between funded and unfunded SUs. Although no consistent pattern of findings emerged at either the middle or high school level, there was a significant favorable effect at the high school level for feelings of whether the respondent matters in their community. There was an increase in the percentage of students in unfunded SUs who disagreed or strongly disagreed that they matter in their community (40.4% to 45.8%) while the percentage among students in funded SUs remained largely unchanged at 44.0% to 44.9%, suggesting that being in a funded SU provided a buffering effect in this regard. Figure 5 depicts these results in graphic form.

Figure 5. Disagreement that they matter in their community by funding status – high school



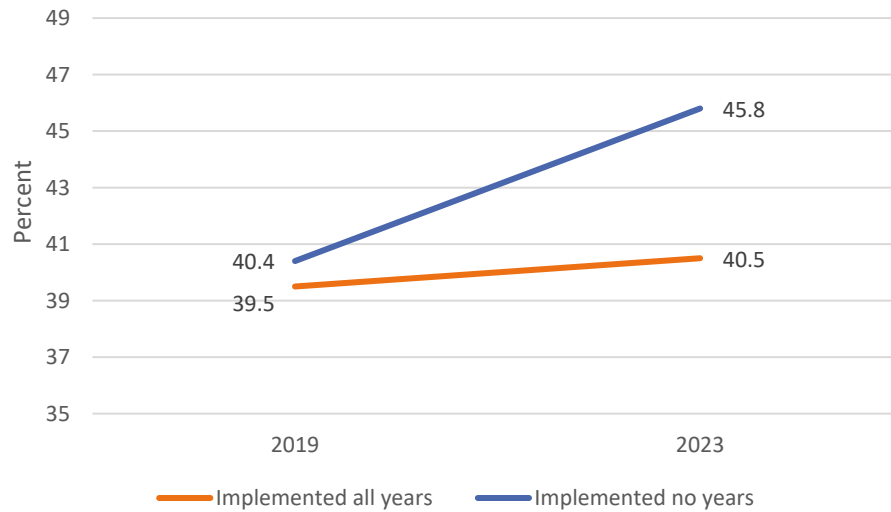
Results for the analyses at the middle and high school levels that examined outcomes by schools' implementation status are presented in Appendix E in Tables E.1.e and E.1.f, respectively. At the middle school level, there was a significant favorable effect for perceptions of the risk of harm of binge drinking, with students in schools that implemented all years showing slower increases in perceiving slight or no risk compared to those in schools in unfunded SUs that implemented no years. Figure 6 below depicts this relationship. This significant finding held when we examined the effect of the number years of implementation, with students in schools with greater years of implementation showing favorable changes over time compared to students in schools with fewer years of implementation.

Figure 6. No or low risk of harm from binge drinking by implementation status – middle school



At the high school level, there was a significant favorable effect for perceptions that the student matters in their community, both for the model that compared schools implementing all years to those in unfunded SUs and for the model that examined the number of years of implementation. This relationship is depicted in Figure 7 below.

Figure 7. Disagreement that they matter in their community by implementation status – high school



For models examining the number of years of implementation, there were significant unfavorable effects for four outcomes among high school students: attending school in the past year under the influence of substances, driving after drinking in the past 30 days, smokeless tobacco use in the past 30 days, and lifetime inhalant use. These results indicate that students in schools with more years of implementation had less desirable changes across time on these measures than those in schools with fewer years of implementation. Graphs for these four variables are presented in Figures 8-11 below. The effects are shown for 1 and 3 years of implementation for illustration purposes.

Figure 8. Attending school in the past year under the influence of substances, by year and level of implementation

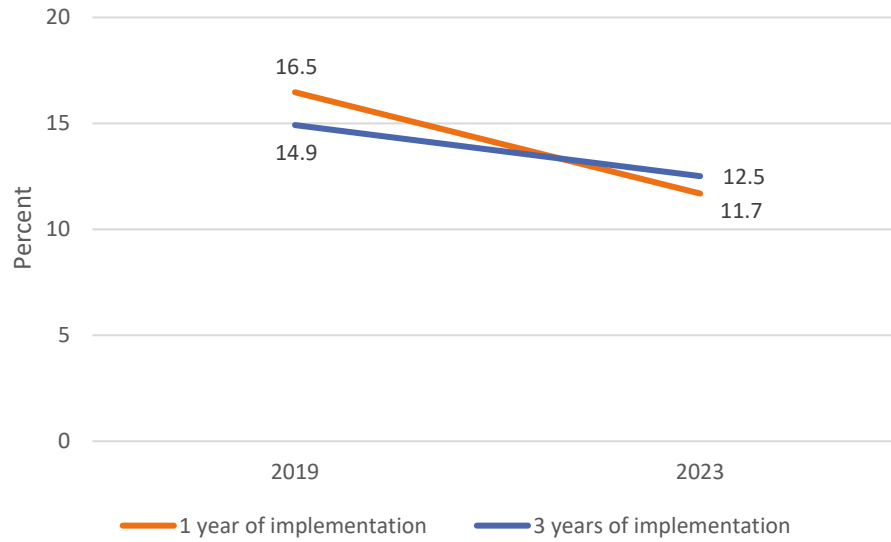


Figure 9. Driving after drinking alcohol in the past 30 days, by year and level of implementation

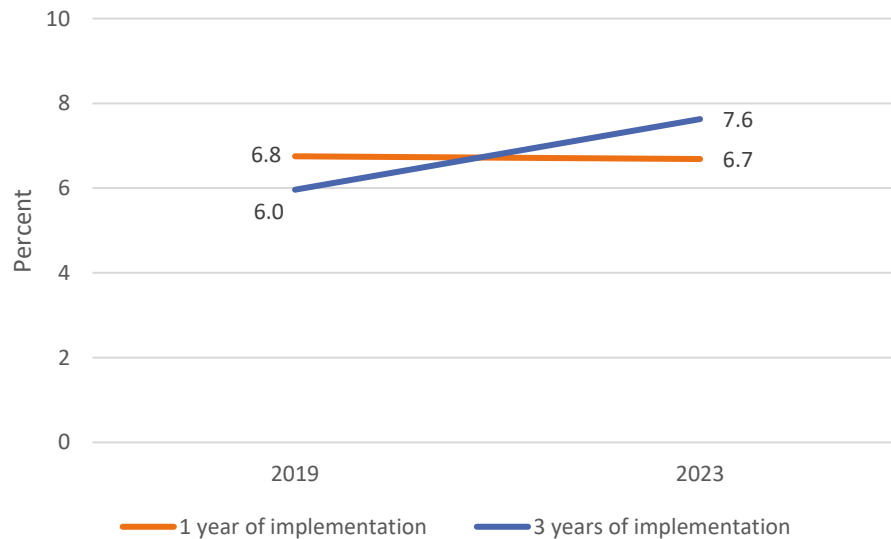


Figure 10. Smokeless tobacco use in the past 30 days, by year and level of implementation

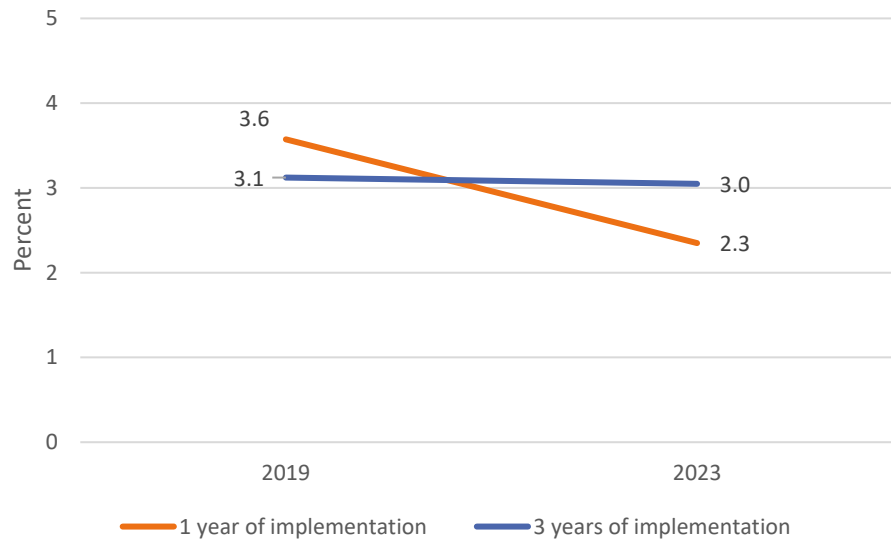
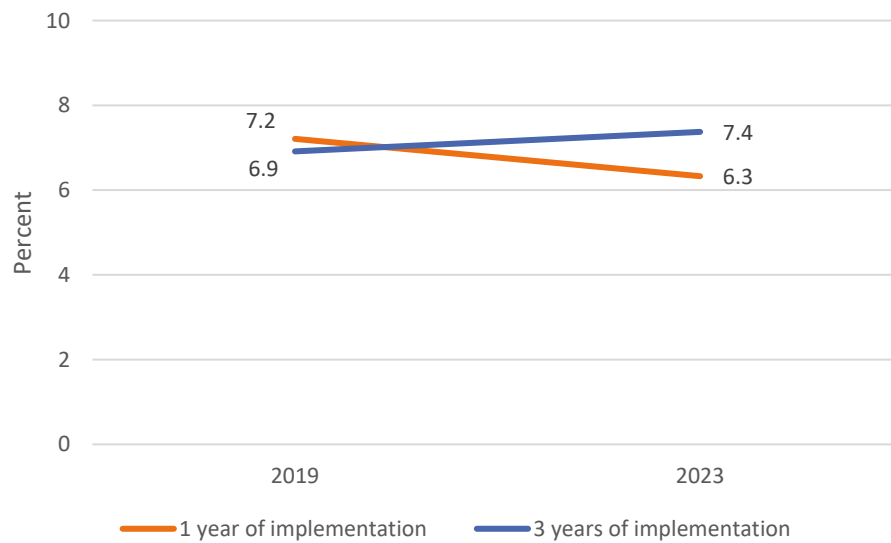


Figure 11. Lifetime inhalant use, by year and level of implementation



Evaluation question 6: Among DSU-funded SUs, are there certain characteristics (e.g. SU size/level of DSU funding per student, staffing, percentage of students screened, community collaborations, specific curricula implemented) that are associated with better outcomes?

To examine whether SU conditions supported by the grant funding were related to district changes across time, we conducted correlation analyses on SU-level attributes and change scores for key outcomes from the YRBS. Tables E.1.i and E.1.j in Appendix E present the results of these analyses, with the correlation coefficients presented in the cells along with the corresponding p-value in parentheses. The variables are coded such that negative correlation coefficients indicate that the presence or high level of the attribute is associated with favorable changes in the outcome over time. Those cells with negative (i.e., favorable) coefficients and p-values significant at the $p < .05$ level are highlighted in green while those with positive (i.e., unfavorable) coefficients with significant p-values are highlighted in red. Due to lack of variability in the attribute, correlations were not able to be computed for the following measures: a) use of screening and referrals for students, b) Whole School, Whole Community, Whole Child activities, c) Know Your Body, d) Protecting You, Protecting Me, e) Good Behavior Game, f) peer leadership groups, and g) parent education.

Tables 7 and 8 below display the sections of the correlation matrices where significant correlations were observed for middle and high school students, respectively. Overall, there were positive findings for the middle school analyses, indicating positive changes across time in the districts were related to district characteristics supported by the funding, but only mixed results at the high school level.

Table 7. Significant attribute correlations – middle school (n=9)

	Use of LST	Use of MI Model	% of MS students receiving evidence-based curricula	Rate per 100 of parents reached
Peer vapor product use approval	0.126 (0.746)	-0.811 (0.008)	-0.243 (0.528)	0.296 (0.439)
Risk of marijuana use	-0.267 (0.488)	0.003 (0.994)	-0.694 (0.038)	0.363 (0.337)
Adult/teacher available to talk	-0.176 (0.650)	0.034 (0.932)	0.473 (0.198)	-0.713 (0.031)
Clear school behavior rules	-0.691 (0.039)	-0.019 (0.960)	0.017 (0.965)	-0.343 (0.366)

Table 8. Significant attribute correlations – high school (n=10)

	Presence of SAP	Use of EBC	Use of Project ALERT	Distributed info to parents	Rate per 100 of parents reached	ATOD training provided	Educational support provided
Peer alcohol use approval	0.415 (0.233)	-0.542 (0.106)	-0.415 (0.233)	0.269 (0.452)	0.738 (0.015)	0.067 (0.854)	-0.841 (0.002)
Peer marijuana use approval	0.643 (0.045)	-0.542 (0.106)	-0.643 (0.045)	0.356 (0.313)	0.687 (0.028)	0.328 (0.355)	-0.635 (0.049)
Matter in community	-0.183 (0.613)	0.636 (0.048)	0.183 (0.613)	-0.320 (0.367)	-0.305 (0.392)	-0.166 (0.647)	0.252 (0.482)
Past year attended school under the influence	0.891 (0.001)	-0.377 (0.283)	-0.891 (0.001)	0.799 (0.006)	0.264 (0.461)	0.641 (0.046)	-0.229 (0.524)
Current alcohol use	0.293 (0.411)	-0.559 (0.093)	-0.293 (0.411)	0.391 (0.264)	0.421 (0.226)	-0.321 (0.366)	-0.761 (0.011)
Current binge alcohol use	0.000 (1.000)	-0.367 (0.297)	0.000 (1.000)	0.052 (0.887)	0.202 (0.576)	-0.458 (0.183)	-0.636 (0.048)
Current cigarette use	0.610 (0.061)	-0.332 (0.349)	-0.610 (0.061)	0.659 (0.038)	0.026 (0.943)	0.319 (0.369)	-0.438 (0.205)
Current vapor product use	0.832 (0.003)	-0.551 (0.099)	-0.832 (0.003)	0.535 (0.111)	0.396 (0.257)	0.424 (0.222)	-0.361 (0.305)

At the middle school level, there were four favorable, significant correlations. Students in SUs that implemented Life Skills Training showed more favorable changes in perceptions that the school has clear rules for behavior than students in those SUs that did not implement Life Skills Training. Similarly, students in SUs that implemented the Michigan Model had more favorable changes in approval of peers' use of vapor products than students in those SUs not implementing the Michigan Model. When considering the percentage of students receiving any evidence-based curriculum, there was a favorable correlation between a high percentage of coverage and perceived risk of harm from marijuana use. Finally, a high rate of parents reached with prevention information was favorably correlated with changes in students' perceptions that there is a teacher or other adult available at the school they can talk to if they have a problem.

Results at the high school level were more mixed. Use of Project ALERT was correlated with favorable changes in approval of peer marijuana use, past year attendance at school while under the influence, and current vapor product use. Provision of educational supports was correlated with favorable changes in approval of peer alcohol and marijuana use and current alcohol and binge alcohol use. However, there were unfavorable correlations between the presence of an SAP and changes in the approval of peer marijuana use, attendance at school under the influence in the past year, and current vapor use. Use of any evidence-based curricula was also unfavorably related to changes in perceptions that the student feels they matter in their community. Distribution of prevention materials to parents was unfavorably related to changes in past year attendance at school under the influence and current cigarette

use. High rates of parents reached with prevention materials was unfavorably related to changes in approval of peer alcohol and marijuana use. Finally, providing staff with ATOD training was also unfavorably related to changes in attendance at school in the past year under the influence.

Discussion

Summary of Key Findings

There are meaningful findings to consider within this report. However, when reviewing these findings, it is also important to keep in mind the following limitations to the data:

- The final FY26 quarterly reports were not available for this evaluation (the analyses were conducted, and the report written, before the end of Q4), and the year two interviews were conducted during the second and third quarters of FY26. Therefore, this report does not reflect activities and achievements concerning the full FY26 project year.
- Interviews were conducted with a wide array of professionals associated with the funded districts, but there obviously were many other grantee and community organization staff with perspectives on these issues who were not interviewed, and therefore the findings should not be generalized to all staff in these districts.
- Unfortunately, student participation in the Photovoice and survey evaluation activities was very low, and therefore the inclusion of student perspectives within this report is limited.
- The most recent School Health Profile data available for the evaluation were from 2024. Therefore, the findings from these data do not reflect school conditions in FY25 and FY26.
- Similarly, the most recent YRBS data available for the evaluation were from 2023, and therefore the findings from these data do not reflect student behaviors and perspectives after that year. Also, the YRBS samples different groups of students at each survey administration, so observed changes over time reflect population-level trends rather than changes among the same students.
- Many of the funded districts and schools that were included in our analyses had been receiving funding for longer than our analysis time periods, and we were not examining change from a true baseline point before grant funding. Therefore, our analyses of change across time were only able to investigate the change in impact that was evident above and beyond any earlier impact. This is important because it is reasonable to expect to see improvements in measurable outcomes after new services have been established within a school or district based on new funding that substantially increases the prevention and other support services over past levels. Once the new services are well established and sustained with adequate resources, then it becomes reasonable to expect the ongoing benefit to be maintenance of the impact associated with these services rather than continuous improvements.

- In the quantitative analyses that included non-funded districts/schools as a comparison group, we did not have data about the prevention and early intervention services and activities in these schools. Therefore, they are a comparison group concerning receipt of funding from this specific grant, but not necessarily concerning the provision of the services that the grant supports in Vermont and/or prevention funding from other sources.
- We acknowledge that the time period covered by some of the analyses in this report includes the height of the COVID-19 pandemic. Exploration of COVID-19 impacts on grant management and implementation was beyond the scope of this evaluation.

With these limitations in mind, below is a summary of the key findings from the evaluation.

Program Implementation and Impact

- DSU-funded activities were broadly implemented as intended, with many districts adopting both required and optional prevention strategies.
- Grantees reported the following:
 - The presence of specialized prevention and support staff, such as SAPs, strengthened student-staff relationships and encouraged help-seeking behaviors, including increased self-referrals for support.
 - Funding enabled the expansion of prevention programming, including youth leadership initiatives and the implementation of evidence-based curricula.
 - Schools experienced positive shifts in climate and norms, including safer learning environments and improved peer relationships.

Screening, Referral, and Student Support

- High proportions of students identified as at risk were successfully referred for services (e.g., 87% for substance use, 91% for mental health, 100% for suicide risk).
- Grantees noted that screening processes strengthened relationship-building and improved identification of student needs.
- However, grantees also noted persistent barriers including staffing shortages, unclear referral pathways, and limited external treatment resources.

Capacity Building

- Grantees shared that grants helped increase school capacity for prevention, including improved staff training, expanded curricula, and stronger community partnerships.
- School Health Profile data showed greater increases among funded schools in prevention-related instruction, especially around substance use and tobacco prevention content, as compared to schools not receiving DSU funding.

- School Health Profile data also showed that funded schools demonstrated greater capacity as compared to unfunded schools for providing services such as substance use assessments, tobacco cessation support, and referrals for substance use treatment.

Policies and Procedures

- Most districts had substance use policies, often including restorative approaches, but implementation and enforcement can be inconsistent across schools within districts.
- Many schools relied on informal or unclear procedures for addressing policy violations.
- Nicotine/vaping policies were often less strictly enforced than other substances.
- Schools expressed a strong need for clear, standardized best-practice guidance for substance use related policies and procedures.

Trends in Student Outcomes (YRBS Data from 2019 and 2023)

- Across funded SU/SDs:
 - Overall results were mixed, but there were more statistically significant positive than negative changes across measures.
 - Substance use declined at the high school level in funded SU/SDs (alcohol, marijuana, vaping).
 - Improvements were also seen in some risk perceptions and access measures, especially for vaping.
 - Some concerning trends persisted, including declines in students' sense of belonging and adult support at school.
- When comparing funded vs. unfunded SU/SDs:
 - There was not consistent evidence that funded districts improved more than districts that did not receive this funding.
 - However, funding was associated with targeted positive effects, such as helping maintain students' sense that they matter in their community.
- Factors associated with better district-level student outcomes in funded SU/SDs:
 - Middle school outcomes were positively associated with:
 - Receiving any evidence-based curricula; in particular, Life Skills Training and Michigan Model.
 - Sharing prevention resources with parents.
 - High school results were mixed, with some factors associated with less positive outcomes; however, implementation of Project ALERT and provision of educational supports were associated with positive outcomes.

Major Challenges

- Participants identified staffing shortages, recruitment/retention issues (especially SAPs), and a lack of systematic ongoing professional development and connection between

SAPs across the state as the most significant barriers to consistent, effective school-based substance use prevention in 2025 and 2026.

- Unstable, short-term funding undermined program continuity and sustainability.
- Time, scheduling, and transportation constraints at times limited program delivery and student participation.
- Community-level factors (e.g., stigma, poverty, normalization of substance use) often hindered prevention efforts.
- In some districts, there was limited access to external treatment and other support services for youth in need.
- While substance use policies were becoming more aligned with best practices, schools indicated that they would benefit from more model policies, comprehensive training, and guidance to ensure smooth, equitable implementation.

Overall, findings indicated that the grants were strengthening prevention infrastructure, relationships, and services in schools, but systemic barriers (staffing, funding levels, and community context) and mixed outcome data indicated that broader structural support would be necessary to increase impact. Sustained, predictable investment at a level that supported adequate staffing (e.g., full-time prevention and/or student support staff in every middle and high school) would help ensure that SU/SDs had the capacity to implement and sustain strategies with the greatest likelihood of maintaining the current impact of prevention services and improving student outcomes in the future.

Implications

Based on the evaluation findings presented in this report, we recommend that DSU consider the following potential enhancements to the School-based Substance Use Prevention grants program in the future:

- 1. Stable, Multi-Year Funding Cycles:** Transitioning from inconsistent, single-year grant cycles to predictable, multi-year funding structures would help stabilize the prevention workforce and facilitate long-term strategic public health planning. When positions are tied to unpredictable annual budgets, high turnover rates frequently disrupt program continuity. Securing multi-year fiscal commitments would allow grantees to invest in long-term strategies that can enhance protective factors, and have a positive impact on healthy behavioral trajectories for youth during critical developmental windows. DSU could also support and encourage grantees as they pursue ways to braid and layer funding streams across municipal budgets and private-sector partnerships, while providing opportunities for grantees to share successful funding strategies and lessons learned with other SU/SDs.
- 2. Full-Time SAP Positions, Standardized Scope of Practice, and Continuous Professional Development:** The potential impact of SAPs and other prevention staff would be enhanced by transitioning these specialized roles into full-time, school-specific positions. Full-time personnel provide a consistent presence that is essential for building

student trust and fostering supportive school environments. To protect this workforce investment, we recommend that DSU continue efforts to establish a standardized scope of practice that clearly defines the SAP role. To be most effective, this framework should be supported by ongoing professional development and centralized clinical supervision that strengthens workforce capacity in evidence-based approaches, particularly motivational interviewing, trauma-informed care, and modern addiction science, ensuring these staff are well equipped to address the complex behavioral health needs of today's youth.

- 3. Upstream Prevention Resources:** We recommend that DSU and other state partners explore funding that prioritizes proactive, upstream prevention activities in elementary grades. Early prevention should focus on positive social emotional learning and the building of protective factors to strengthen and complement current efforts at the middle and high school levels and reduce the risk of substance use before more intensive intervention or treatment is needed.
- 4. Strengthen Referral Pathways:** Strong prevention systems require clear, effective and efficient lines of communication, both within schools and with other partners. DSU should continue to build regional capacity to address youth substance use, both inside and outside of school settings, and continue to work with school systems to actively strengthen two-way referral pathways by building formal partnerships with community clinical providers, public health agencies, and youth-serving organizations.
- 5. Develop Shared Implementation Resources:** To reduce duplication of effort and support consistency across districts, we recommend that DSU prioritize providing and supporting shared implementation resources. These can include standardized fidelity checklists such as those developed this year with PIRE, data-informed logic models, and model school policies and procedures. This approach can help spread effective practices more quickly, support consistent implementation with fidelity, and build a more coordinated, statewide prevention system.
- 6. Expand Data Reporting:** Provide additional support and technical assistance for administrative aspects of grant management, and add additional qualitative reporting components to the quarterly reporting tool for capturing important non-traditional or innovative prevention activities in addition to the standard metrics. This approach would make it easier to capture the full range of prevention activities while still maintaining consistent quantitative data.
- 7. Support Statewide Peer Learning Networks (Communities of Practice):** We recommend establishing formal, state-funded peer learning networks and professional learning communities (PLCs) across sites. By bringing together coordinators and specialists from different regions, these networks could support the sharing of effective strategies, coordinated resource mapping, and joint problem-solving, reducing duplicated effort and strengthening the overall statewide prevention system.

- 8. Integrate Substance Use Prevention into MTSS for Long-term Sustainability:** To support the long-term success of evidence-based interventions and reduce reliance on short-term grant funding, DSU could encourage grantees to integrate these efforts into their core multi-tiered systems of support (MTSS). Prevention services most likely would benefit from being part of the required state education standards and health curricula, rather than operating as stand-alone initiatives. Aligning public health funding with core instructional requirements could help reduce staff burnout, protect specialized roles from local budget cuts, and ensure that all students receive consistent prevention services, regardless of changes in funding.

APPENDIX A – Evaluation Plan

Vermont Department of Health Division of Substance Use Programs School-based Grants Evaluation

Evaluation Plan

JANUARY 2025

Prepared by Pacific Institute for Research and Evaluation

**For questions or comments for PIRE regarding this Evaluation Plan,
please contact:**

Amy Livingston
PIRE – Chapel Hill Center
802-490-5071
alivingston@pire.org

Table of Contents

Introduction.....	1
Methods	2
Table A.1: Primary Evaluation Questions and Data Sources	2
<i>A. Assessment of changes in SU/SD capacity to implement substance misuse prevention and early intervention programming</i>	3
<i>B. Assessment of implementation</i>	4
<i>C. Review and summary of current policies related to substance use</i>	4
<i>D. Assessment of substance use and related risk and protective factors and consequence impacts</i>	4
Reports.....	6
Evaluation Timeline	7
Table A.2: Primary Evaluation Tasks and Timeline	7
Appendix A – Logic Model	9

Introduction

Since 2012, the Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) has administered school-based grants which support substance use prevention and early intervention services in selected Supervisory Unions (SUs) and School Districts (SDs) throughout the state. The number of SUs/SDs funded each year since the start of the program has varied from fourteen to a high of twenty-two during FY23 and the amount of funding for each SU/SD has ranged from \$25,000-\$60,000.

DSU's school-based grants program currently (for FY25) funds nineteen SUs/SDs at \$60,000 each, supported by the federal Substance Use and Mental Health Block Grant and Vermont's Opioid Settlement Fund. The funded SUs/SDs are required to implement the following core activities:

- Screening and referral to substance use and mental health services
- Provide educational support groups
- Complete an assessment of capacity and training needs
- Provide school staff with training
- Promote VDH campaigns and resources
- Foster connections with community partners

SUs/SDs can also use DSU funding to support the following three optional activities:

- Integrating substance use prevention into Coordinated School Health initiatives
- Advising and training peer leadership groups
- Using evidence-based/evidence-informed curricula

In the fall of 2024, VDH contracted with Pacific Institute for Research and Evaluation (PIRE) to conduct an evaluation of the school-based grants program. PIRE has completed evaluations of this program previously in 2016 and 2020, and the most recent evaluation report can be found [here](#). This evaluation plan will focus primarily on the period between 2021 and the spring of 2026 for the assessment of key outcome measures from the Youth Risk Behavior Survey¹ (YRBS) and other data sources.

¹ We expect to utilize YRBS data from 2021 and 2023. We do not expect 2025 YRBS data to be available in time to include in our analyses.

Methods

Our evaluation approach includes a combination of qualitative and quantitative methods designed to answer the primary evaluation questions that we identified in collaboration with DSU, and to assess progress on the short, intermediate, and long-term goals outlined in the program logic model developed by DSU (Appendix A). The evaluation questions and their associated data sources are listed in Table A.1 below.

Table A.1: Primary Evaluation Questions and Data Sources

Evaluation Questions	Data Sources
1. How have DSU grants helped develop overall capacity of schools/school districts to implement substance misuse prevention and early intervention programming, including impacts on staffing, community collaboration, and sustainability?	• Grantee self-assessment of capacity and training needs • School staff interviews • School Health Profiles • Review and summary of funding changes across years
2. How well have DSU funded activities been implemented and what are staff and student perceptions of their impacts?	• Grantee implementation plans and quarterly reports • School staff interviews • Student interviews
3. What are funded school districts' current policies and procedures related to substance use?	• Added questions to grantee quarterly reports related to policies • Review and summary of policies and procedures in DSU-funded SU/SDs • School staff interviews
4. Have substance use rates and related risk and protective factors changed in the desired direction in the DSU-funded SUs (collectively) over time?	• YRBS • AOE data such as disciplinary incidents, graduation rates, etc.
5. Have DSU-funded SUs experienced more positive changes in substance use rates and related risk and protective factors as compared to SUs that have not received DSU funding over time?	• YRBS • AOE data such as disciplinary incidents, graduation rates, etc.

6. Among DSU-funded SUs, are there certain characteristics (e.g. SU size/level of DSU funding per student, staffing, percentage of students screened, community collaborations, specific curricula implemented) that are associated with better outcomes?	• Grantee quarterly reports • School Health Profiles • YRBS • School staff interviews • AOE data such as disciplinary incidents, graduation rates, etc.
--	---

The four primary evaluation assessment elements are described below.

A. Assessment of changes in SU/SD capacity to implement substance misuse prevention and early intervention programming

The assessment of the school-based grants' impact on SU/SD capacity to effectively address substance misuse prevention will focus primarily on FY25 and FY26 grantees. This will involve review of capacity self-assessment data collected by DSU in the fall of 2024 and again in early 2026, as well as interviews with staff and students at funded SU/SDs.

Staff at currently funded SU/SDs will be interviewed to gain insights regarding issues related to program implementation such as staff engagement in prevention activities, integration of substance use prevention in curricula, community collaboration, sustainability, and perceived impacts of the funding. We will also interview students who have been directly involved in grant activities to assess their perceptions of the impact of these activities. Initial interviews will be conducted in the spring of 2025 and additional interviews will be conducted in early 2026. If feasible, the same individuals will be interviewed in both rounds in order to assess changes over time. With the permission of the participant, staff interviews will be recorded and transcribed. As they are minors, PIRE staff will take detailed notes rather than record student interviews. De-identified interview transcripts and notes will be uploaded into NVIVO, a qualitative software program, where they will be coded thematically. PIRE researchers will summarize key themes and provide exemplary quotes of those themes in the final report.

An additional data source for assessing capacity is the School Health Profiles (SHP) which is administered by VDH every two years to school principals and lead health educators and includes questions that are related to substance use prevention initiatives in schools. Because data from the current grant cycle may not be available in time for inclusion in this evaluation, PIRE will review the contents of the 2022 and 2024 School Health Profiles to identify measures that could be useful for assessing progress in building prevention capacity among SU/SDs that have received consistent funding over the last several years.

B. Assessment of implementation

Implementation of the grant activities will be assessed primarily for the FY25 and FY26 grant periods, though we will review overall funding and implementation levels over previous cycles of the grant and will note any significant shifts. The primary data sources for assessing implementation include grantee implementation plans and quarterly reports submitted to DSU, and interviews with school staff who have been directly involved in implementation of grant activities and students who have participated in those activities (as described above). Grantee quarterly reports will be reviewed at the end of FY25 and after Quarter 3 in FY26. Data will be summarized to describe the quantity and quality of implementation of both required and optional activities, as well as notable successes and barriers or challenges with implementation.

C. Review and summary of current policies related to substance use

In the spring of 2025, information about current policies related to substance use at funded SU/SDs will be reviewed and summarized. PIRE will work with DSU to add questions related to current policy to the third quarter reports that grantees will submit by April 15. These questions will explore components of the policy and the frequency and process for making updates. Grantees will be asked to upload their current policy if available. Additional questions related to substance use policies may also be added to staff interviews. This information along with the policies themselves will be reviewed and key components will be summarized in the Policy Inventory to be submitted to DSU in June of 2025. Follow up questions related to any changes in policy will be asked again in the Quarter 3 reports in FY26, and during staff interviews in FY26.

D. Assessment of substance use and related risk and protective factors and consequence impacts

The YRBS will serve as the primary data source for assessing the impact of DSU funding on student behaviors and beliefs. The YRBS is administered in nearly all middle and high schools in Vermont every two years, and DSU-funded schools are required to participate. Outcome measures related to grant activities that are collected in the YRBS include measures of substance use, mental health, perceived risk of harm from using substances, sense of belonging, and other risk and protective factors.

PIRE's 2020 evaluation report reviewed the relevant YRBS data available at that time, with the most recent data being from the 2019 survey. For this evaluation, we anticipate

having new data to review from the 2021 and 2023 surveys, but we are not expecting the 2025 survey data to be available in time to analyze and include in our report. Our analyses will replicate what was done in the 2020 report to examine differences between funded and non-funded SU/SDs during the more recent time period of 2021-2023.

As a first step, we will examine the trends over time in the outcome measures among SUs funding in this time period, describing the degree to which the outcomes increased or decreased in the two years. We will then identify a group of non-funded SUs to serve as a comparison group and will similarly describe the degree to which the outcomes change over time, followed by testing to determine whether the changes over time between the funded and non-funded SUs are statistically significant. When identifying both funded and unfunded SUs, consideration will be given to not only the presence or absence of funding, but also the levels of funding over time.

Finally, as we have done in the previous evaluation of DSUs school-based grants, we will examine whether particular attributes of funded SUs are associated with more favorable trends in the outcome variables over time. This may include SU-level attributes such as total enrollment or funding level, as well as implementation characteristics such as the percentage of students screened, the percentage of students exposed to evidence-based curricula, or the percentage of teachers trained in content related to the goals of the grant.

In addition to the YRBS, we will review student discipline incident and other data available from the Agency of Education to identify potential indicators of substance use related consequences. Relevant data with appropriate distribution characteristics will be examined in a similar manner to the YRBS analyses described above. This may include attendance or graduation data, as well as incident data such as substance use-related violations, or more distal outcomes such as bullying or other violence-related measures. Small numbers of incidents may inhibit our ability to analyze these data and, as such, we will examine the usefulness of the data before proceeding with analyses. If the data are suitable for analyses, we will use a similar approach as planned for the YRBS data, with an examination of trends over time in funded and unfunded SUs and statistical tests of differences in these trends.

Reports

A preliminary evaluation report will be submitted to DSU by June 30, 2025. This initial report will include a summary of the capacity self-assessment data collected by DSU and a summary of key themes from the initial interviews with staff and students on capacity, program implementation, and perceived impacts. In addition, a Policy Inventory which describes the key components of substance use policies within funded SU/SDs, including a summary of the information collected with the quarter 3 grantee reports, will be submitted by June 30, 2025.

A final evaluation report will be submitted by June 30, 2026 which will include a final summary of evaluation methods, process, and outcome findings from all data sources, and our recommendations for programmatic changes to consider, if warranted.

Evaluation Timeline

The primary evaluation tasks and the expected time periods for these tasks are listed in Table A.2 below. We will respond to evaluation needs as they arise and adjust our focus as needed over time.

Table A.2: Primary Evaluation Tasks and Timeline

Task	Target Date
Year One – July 2024-June 2025	
Develop evaluation plan and submit to DSU	January 30, 2025
Review grantee quarterly reporting tool and suggest additional questions relevant to the evaluation (e.g. to help inform policy review)	February 28, 2025
Develop interview plan and guides for staff and share with DSU for input	February 28, 2025
Submit interview protocol for IRB review	March 15, 2025
Quarter 3 grantee progress reports submitted with additional policy information	April 15, 2025
Review grantee self-assessment of capacity and training needs and summarize	April 30, 2025
Conduct interviews with staff and possibly students	May 31, 2025
Develop YRBS, School Health Profiles, AOE data access and analysis plan	May 31, 2025
Summarize interview findings	June 15, 2025
Review and analyze policies and procedures related to substance use	June 15, 2025
Develop inventory of substance use related policies at DSU-funded schools and submit to DSU	June 30, 2025
Develop preliminary evaluation report and submit to DSU	June 30, 2025
Year Two – July 2025-June 2026	
Review grantee quarterly reports submitted in year one and summarize implementation highlights	July 31, 2025
Work with DSU to identify any additional questions to add to grantee quarterly reports during FY26	August 30, 2025
Work with VDH to conduct analysis of 2022 and 2024 School Health Profile data	December 31, 2025
Conduct YRBS and AOE data analysis	February 28, 2026
Conduct second round of interviews with staff and students	March 31, 2026
Summarize interview findings	April 30, 2026

Task	Target Date
Review grantee quarterly reports and follow-up self-assessment of capacity submitted in year two and summarize	May 31, 2026
Develop final evaluation report and submit to DSU	June 30, 2026
Assemble and submit to DSU all materials and data files created during the project (specific materials TBD with DSU)	June 30, 2026

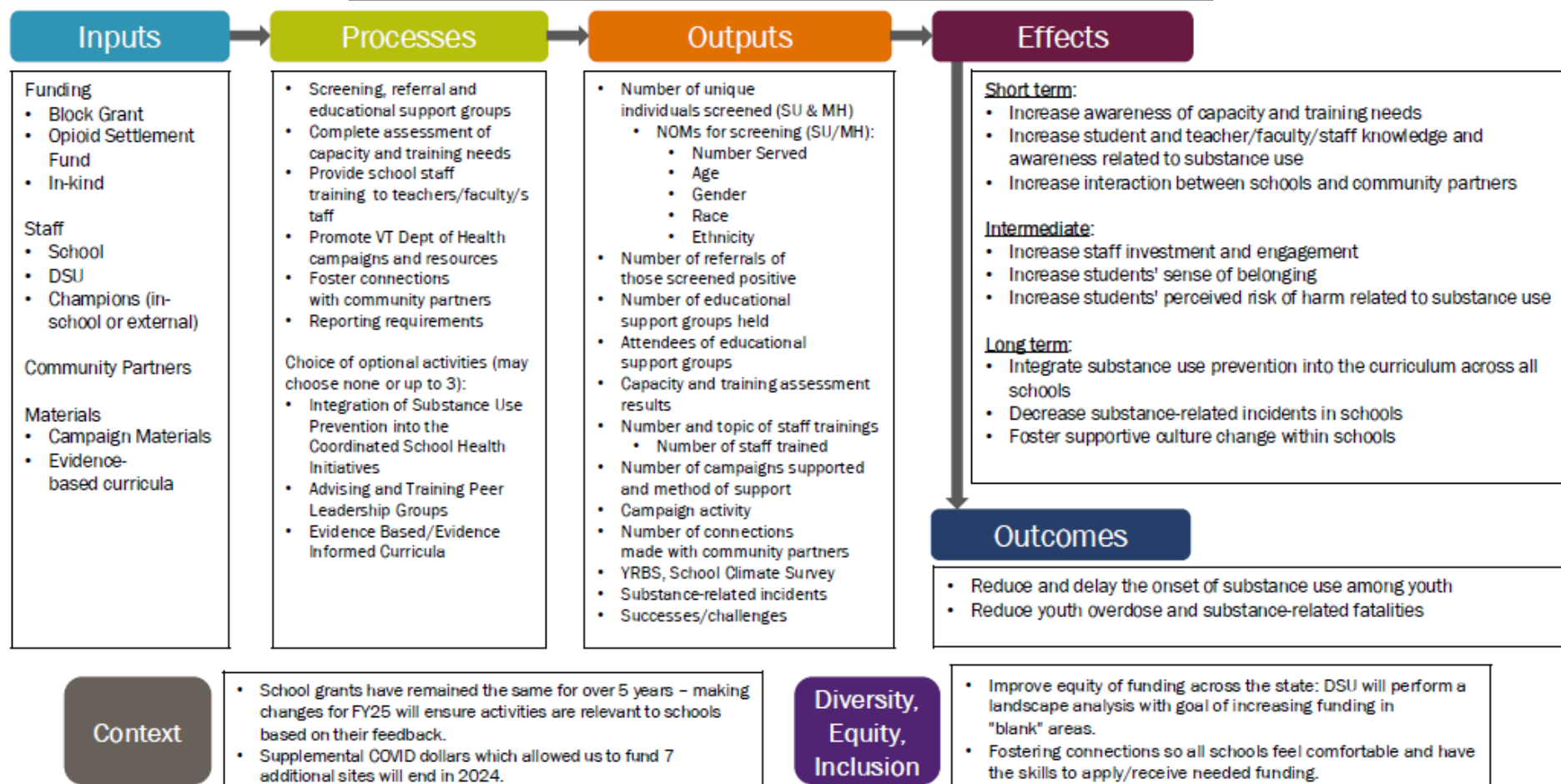
Appendix A – Logic Model

Logic Model for School-based FY25 Grants

Last updated: 18 Oct 2024

Goal Statement

Enhance student resiliency and cultivate a supportive school environment to reduce/delay student substance use.



Logic Model for School-based FY 25 Grants (table format)

GOAL STATEMENT	Enhance student resiliency and cultivate a supportive school environment to reduce/delay student substance use.
INPUTS	• Funding ○ Block Grant ○ Opioid Settlement Fund ○ In-kind • Staff ○ School ○ DSU ○ Champions (in-school or external) • Community Partners • Materials ○ Campaign Materials ○ Evidence-based curricula
PROCESSES	• Screening, referral and educational support groups • Complete assessment of capacity and training needs • Provide school staff training to teachers/faculty/staff • Promote VT Dept of Health campaigns and resources • Foster connections with community partners • Reporting requirements Choice of optional activities (may choose none or up to 3): • Integration of Substance Use Prevention into the Coordinated School Health Initiatives • Advising and Training Peer Leadership Groups • Evidence Based/Evidence Informed Curricula
OUTPUTS	• Number of unique individuals screened (SU & MH): ○ NOMs for screening (SU/MH): ▪ Number Served ▪ Age ▪ Gender ▪ Race Ethnicity • Number of referrals of those screened positive • Number of educational support groups held • Attendees of educational support groups • Capacity and training assessment results • Number and topic of staff trainings ○ Number of staff trained • Number of campaigns supported and method of support • Campaign activity • Number of connections made with community partners • YRBS, School Climate Survey • Substance-related incidents • Successes/challenges

EFFECTS	• Short term: ○ Increase awareness of capacity and training needs ○ Increase student and teacher/faculty/staff knowledge and awareness related to substance use ○ Increase interaction between schools and community partners • Intermediate: ○ Increase staff investment and engagement ○ Increase students’ sense of belonging ○ Increase students’ perceived risk of harm related to substance use • Long Term: ○ Integrate substance use prevention into the curriculum across all schools ○ Decrease substance-related incidents in schools ○ Foster supportive culture change within schools
OUTCOMES	• Reduce and delay the onset of substance use among youth • Reduce youth overdose and substance-related fatalities
CONTEXT	• School grants have remained the same for over 5 years – making changes for FY25 will ensure activities are relevant to schools based on their feedback. • Supplemental COVID dollars which allowed us to fund 7 additional sites will end in 2024.
DIVERSITY, EQUITY, INCLUSION	• Improve equity of funding across the state: DSU will perform a landscape analysis with goal of increasing funding in “blank” areas. • Fostering connections so all schools feel comfortable and have the skills to apply/receive needed funding.

APPENDIX B – FY26 Interview Guide

FY26 DSU School-based Grants Evaluation - School and Community Staff Interview Guide

Name of the Interviewee:

Name of the school/community:

Was the school/community interviewed last year?

Did we interview this participant last year?

If not, who did we interview:

Highlights from 2024 interview:

Person we interviewed in 2024:

Their role and percent time:

Date of interview:

Activities:

Policy Status:

Other:

Interviewer Name/Date of Interview:

List of possible grant-supported interventions

- Screening, referral and educational support groups
- Complete assessment of capacity and training needs
- Provide school staff training to teachers/faculty/staff
- Promote VT Dept of Health campaigns and resources
- Foster connections with community partners
- Reporting requirements

Optional Activities

- Integration of Substance Use Prevention into the Coordinated School Health Initiatives
- Advising and Training Peer Leadership Groups
- Evidence Based/Evidence Informed Curricula

Instructions (to be read aloud). Thank you for your time today and willingness to take part in this interview about the activities funded by your school's VDH DSU grant.

If We Interviewed You Last Year: You might remember when we spoke on [date]. You mentioned [pull out one key insight]. Things change quickly, so we are checking in again to see how your school's funding is being used now.

If This Is the First Time: I'm with the Pacific Institute for Research and Evaluation (PIRE). The Vermont Department of Health hired us to help them understand how their school-based grant for substance use prevention work is being used and what impact it's having.

About the Interview

This interview will take about one hour. We're interested in your thoughts on:

- How this funding has changed your school's/community organization's ability to offer substance misuse prevention-related services.
- Your opinion on how the funding is working and its impact on your school/community organization.
- Any changes you expect to see in the implementation of the funding moving forward.

There are no right or wrong answers; we just want your honest feedback as someone closely involved with the work funded by this grant.

Your Rights and Confidentiality

This interview guide was approved by PIRE's Institutional Review Board (IRB).

- Your participation is completely voluntary.
- You don't have to answer any question you don't want to.
- You can stop the interview at any time for any reason.

We are recording this call and using AI transcription to take notes. Your answers will be kept confidential.

- Only PIRE staff on this project will see the raw data.
- We may use your exact words (quotes) in our reports, but we will not attach your name or other identifying information to them.
- Please avoid using your name, or the names of colleagues and students in your answers. We will remove any identifying information that is accidentally included.
- We can stop the recording if you prefer.

Your responses will be grouped with others and analyzed. Our findings will be shared with the Vermont Department of Health and may be included in a research article.

If you have any questions about this study, you can email PIRE Researcher Amy Livingston at alivingston@pire.org.

Do you have any questions for me before we start?

Do you agree to participate in this interview today?

Interview

DSU will send a list of grantees and Julia/Ashley will match those we interviewed last year. We will try to interview the same grant representative as in 2024.

Background Questions

1. *If they are a new interviewee:* As we begin, I'd like to learn more about your roles within your school/school district/community organization. What is your role in implementing this grant? How long have you been in this role and in similar roles? Approximately what percent time do you spend on this grant?
2. *If we have interviewed them before:* Last year, you told us that you were approximately X% time on this grant and that you also served your school in X capacity. Have there been any changes in your role(s), responsibilities, and/or priorities since we spoke last year? Any changes in your approximate % time on this grant?

Implementation

3. At the beginning of the grant year, you were asked to create an Implementation Plan. How has that Implementation Plan guided your work? How has implementation gone compared to what was in your plan? (Probe) What if anything would make the implementation plan more useful?
4. If you had greater funding, what additional prevention supports would you suggest be put in place at the school?
5. *New Interviewee:* What have been the greatest successes of the DSU-funded activities so far? (Probe) What positive impacts has it had on students? Your school community?
Previous Interviewee: Since we talked last year, what would you say have been the highlights or greatest successes of the funding in terms of its positive impacts on students and your school community?
6. What have been the most significant challenges so far? (Probe) Any other barriers to implementation?

Capacity

7. What current school conditions or activities are favorable to the success of this grant project?
8. Please describe anything going on at the school that might make it harder to do what you planned with this grant.
9. Please provide your thoughts about what the following groups of people think about the grant's prevention efforts.
 - a. What do teachers think about the substance use prevention efforts funded by this grant?
 - b. What do administrators think about the substance use prevention efforts funded by this grant?
 - c. What do students think about the substance use prevention efforts funded by this grant?

Sustainability

10. Please describe any efforts you have made to support the continuation of activities funded by this grant. What are your ideas to provide additional funding for this work?

Policy

11. New Interviewees:

- a. How well do you think the substance use-related policies are being followed at the school?
(Probe) How effective are the policies?
- b. Please also describe any informal practices or procedures that are not written down, but that people at the school understand or tend to follow?

Previous Interviewee:

- a. Please describe any new substance use-related school policies or updates to older policies since we last talked.
- b. Last year, you told us that XXX policy/procedures were not being followed well. Has this changed this year?

Closing

12. What questions haven't I asked you today that I should have? Is there anything else that we should know about the substance use prevention efforts and their context?

[talk about photovoice project and student data collection effort]

Okay, that was the last of our questions for today. We appreciate your time and honesty. What you've told us today will assist us as we work to help the DSU better understand the impacts of this grant. If you think of anything else we should know, or have additional information or questions, please feel free to reach out by email. If I have any follow-up questions or points to clarify in the future, would it be all right if I contacted you by phone or email? Again, thank you for your time and we wish you all the best.

APPENDIX C – Photovoice Findings

Your Lens, Your Voice

The **Your Lens, Your Voice** Student Photovoice Evaluation was designed to capture authentic, ground-level insights into how substance use, particularly vaping, impacts daily high school environments. As a qualitative research methodology, Photovoice empowers students to use photography as a tool for advocacy, translating their lived realities into visual data that standard surveys or essays cannot easily capture. By treating students as the foremost experts on their own school environments, the project aimed to discover what is working, what is missing, and how schools, districts, and the Division of Substance Use Programs can support student wellness.

Student Assistance Professionals (SAPs) and those in similar school-level positions invited high school students who were thoughtful about these issues, not currently using substances, and mentally prepared to engage with the topics. While three students from two Vermont school districts initially applied and were accepted, one had to withdraw due to a schedule conflict. Ultimately, two students representing two different schools/districts participated in the project. Students utilized their personal smartphones to document their school surroundings in response to four core prompts:

- **Safety and Support:** Where do students feel safe talking about substance use? Where is support lacking?
- **Effectiveness:** What parts of current school programming, messaging, or posters actually work? What doesn't?
- **The Missing Pieces:** What resources, topics, or voices are completely missing from the school conversation?
- **School Environment:** How does the physical or social "vibe" of the school influence student decisions regarding substance use?

To respect student time and generate high-quality data, the project followed a structured timeline, providing up to \$200 in reloadable gift card incentives for milestones including orientation, independent photography, image selection, a focus group utilizing the SHOWeD framework, and final audio/video narration.

Key Findings and Qualitative Analysis

During the facilitated group reflection session, the student participants showcased innovative data collection strategies, such as mapping substance-affected areas immediately after school dismissal or pre-planning shots via phone notes during study periods to ensure student privacy. Their visual evidence and reflections provided powerful, real-world insights into the daily school reality, which were organized into four major themes.



Figure 1. Stained, darkened ceiling tiles surrounding bathroom ventilation units

Environmental Impacts and Infrastructure Risks

The physical infrastructure of school buildings bears a highly visible toll from the rise of vaping and e-cigarettes. Photographic evidence (Figure 1.) of stained, darkened ceiling tiles surrounding bathroom ventilation units vividly demonstrated how heavy vaping, or "clandestining," overloads HVAC infrastructure, directly degrading overall air quality for non-vaping students and school staff alike.

As shown in Figure 2, images of broken and displaced ceiling tiles spotlighted severe structural safety hazards.

Students documented a prevalent practice where peers climb onto toilet seats or

restroom hardware to conceal vapes and contraband inside the ceilings, introducing distinct physical damage and potential fire hazards due to electronic lithium-ion batteries being hidden near building wiring.



Figure 2. Broken/displaced ceiling tiles reveal dangerous student practices of hiding substance use

Systemic Challenges and "Bathroom Culture"

School restrooms have shifted from functional spaces into high-stress, exclusionary social zones that compromise student wellness. Students use cell phones to signal peers across classrooms and coordinate mass meet-ups in specific restrooms during instructional time. Because groups routinely congregate to vape, many students feel intimidated to exit their stalls or navigate crowds blocking the doors. This hostile dynamic forces peers to actively avoid using the restrooms during the school day or plan their schedules around biological needs, meaning basic wellness is disrupted.



Figure 3. Traditional "just say no" scare tactics are ignored or actively defaced

A Critique of Current Countermeasures

Traditional disciplinary and messaging strategies are falling short. Photographs of standard anti-drug posters taped to doors highlighted that traditional "say no" scare tactics are routinely ignored, defaced, or vandalized, giving school leadership vital data on what does not work. However, a nuanced counter-perspective noted that the constant visual presence of support resources can still plant a vital seed for a peer in a future moment of crisis.

One student photographed standard classroom paper sign-out sheets to illustrate their ineffectiveness. Students frequently bypass accountability by writing illegible scribbles, false names, or inaccurate times, allowing them to slip away to vape without detection. Students advocated for modernizing this infrastructure, suggesting that digital/electronic check-in systems (which automatically timestamp student movement) would give teachers a reliable mechanism to notice if a student has been absent for an unreasonable duration.

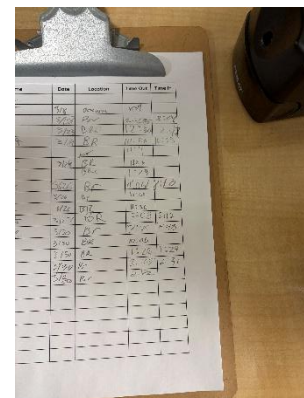


Figure 4: Standard classroom paper sign-out sheets are ineffective to deter substance use during class

When evaluating hardware solutions, students noted that neither school actively utilizes electronic vape detectors. They predicted that if installed, they would likely be intentionally broken or vandalized, much like existing bathroom smoke alarms. More importantly, student analysis emphasized that detectors do not treat addiction; they merely displace the behavior to empty classrooms or outdoor school boundaries.

A Call for Empathy and Mental Health Support

Your Lens, Your Voice highlighted a profound intersection between youth substance use and broader mental health struggles. Reflections on the 988 Suicide & Crisis Lifeline poster,



Figure 5. A student shared a photograph of a 988 Suicide & Crisis Lifeline poster, emphasizing her past work with student mental health advocacy groups

combined with documentation that peers successfully utilize this text and call line, remind us that students shouldn't feel the need to hide. Student experts deeply critiqued traditional punitive messaging ("if you get caught, you get in trouble"), explaining that these "catch and punish" discipline loops only drive substance use further underground and incentivize students to take greater physical and safety risks to hide vapes. They advocated passionately that schools must pivot from punishment toward effective treatment, mental health integration, and judgment-free support for students struggling with addiction.

Actionable Recommendations for School Leadership that DSU Could Support

Based on the qualitative data and students' suggestions, the following tangible, constructive steps are recommended for future funding cycles to help shape student wellness and school policy moving forward:

- **Transition Beyond Punitive Models:** Future resources should pivot away from rigid disciplinary frameworks that incentivize risky hiding behaviors and instead fund non-punitive, judgment-free addiction treatment models. DSU could support the awareness of the impact of punitive policies by promoting student videos created in this project.
- **Modernize Tracking Infrastructure:** School leadership should replace archaic paper sign-out sheets with secure, digital check-in software that automatically timestamps student movement, minimizing administrative blind spots and identifying patterns of absence. DSU could research, suggest vendors, and possibly license software for its grantees.

- **Reimagine School Prevention Signage and Resource Visibility:** DSU could mandate that school leadership move away from funding generic, standard "say no" scare tactic posters, which students routinely ignore or deface. DSU could provide "creation kits" of supplies as well as technical assistance to support student-designed or co-created prevention materials that center supportive, crisis-intervention resources like the 988 Suicide & Crisis Lifeline and local substance use resources. The DSU could back this initiative by providing micro-grants for peer-led youth advocacy groups to design and audit their school's physical messaging, ensuring resource visibility "plants a seed" of support rather than inviting vandalism.

APPENDIX D – School Health Profiles Analyses

Table D.1. School principal analysis variables

Domain	Item	Coding
Primary Outcomes		
Adopted tobacco use policy	Has your school adopted a policy prohibiting tobacco use?	1 = Yes 0 = No
Provides substance use assessment to students	Does your school provide the following services to students: Assessment for alcohol or other drug use, abuse, or dependency	1 = Yes 0 = No
Provides tobacco-use cessation to students	Does your school provide the following services to students: Tobacco-use cessation (e.g., individual or group counseling)	1 = Yes 0 = No
Provides substance use treatment referrals to students	Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services: Alcohol or other drug abuse treatment	1 = Yes 0 = No
Provides tobacco-use cessation referrals to students	Does your school provide students with referrals to any organizations or health care professionals not on school property for the following services? Tobacco-use cessation (e.g., individual or group counseling)	1 = Yes 0 = No
Provides mental health screenings to students	Does your school provide each of the following mental health programs or services to students: Confidential mental health screening to identify students in need of services (e.g., students at risk of mental health disorders, students experiencing trauma)	1 = Yes 0 = No
Provides small group services to students	Does your school provide each of the following mental health programs or services to students: Small, topic-focused counseling or therapeutic groups (e.g., cognitive behavioral therapy [CBT], pro-social skills, stress management)	1 = Yes 0 = No
Secondary Outcomes		
Use of School Health Index to assess policies about:		
Tobacco use	Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas: Tobacco-use prevention	1 = Yes 0 = No
Alcohol and other drug use	Has your school ever used the School Health Index or other self-assessment tool to assess your school's policies, activities, and programs in the following areas: Alcohol- and other drug-use prevention	1 = Yes 0 = No

Tobacco policy for:		
Cigarettes – Students	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigarettes, Students	1 = Yes 0 = No
Cigarettes – Staff	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigarettes, Faculty/Staff	1 = Yes 0 = No
Cigarettes – Visitors	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigarettes, Visitors	1 = Yes 0 = No
Smokeless – Students	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Smokeless tobacco, Students	1 = Yes 0 = No
Smokeless – Staff	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Smokeless tobacco, Faculty/Staff	1 = Yes 0 = No
Smokeless – Visitors	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Smokeless tobacco, Visitors	1 = Yes 0 = No
Cigars – Students	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigars, Students	1 = Yes 0 = No
Cigars – Staff	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigars, Faculty/Staff	1 = Yes 0 = No
Cigars – Visitors	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Cigars, Visitors	1 = Yes 0 = No
Pipes – Students	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Pipes, Students	1 = Yes 0 = No
Pipes – Staff	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Pipes, Faculty/Staff	1 = Yes 0 = No

Pipes – Visitors	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Pipes, Visitors	1 = Yes 0 = No
Vapor products – Students	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Electronic vapor products, Students	1 = Yes 0 = No
Vapor products – Staff	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Electronic vapor products, Faculty/Staff	1 = Yes 0 = No
Vapor products – Visitors	Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity: Electronic vapor products, Visitors	1 = Yes 0 = No
School building – Students	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: In school buildings, Students	1 = Yes 0 = No
School building – Staff	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: In school buildings, Faculty/Staff	1 = Yes 0 = No
School building – Visitors	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: In school buildings, Visitors	1 = Yes 0 = No
Outside grounds – Students	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: Outside on school grounds, Students	1 = Yes 0 = No
Outside grounds – Staff	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: Outside on school grounds, Faculty/Staff	1 = Yes 0 = No
Outside grounds – Visitors	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: Outside on school grounds, Visitors	1 = Yes 0 = No

School transport – Students	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: On school buses or other vehicles used to transport students, Students	1 = Yes 0 = No
School transport – Staff	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: On school buses or other vehicles used to transport students, Faculty/Staff	1 = Yes 0 = No
School transport – Visitors	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: On school buses or other vehicles used to transport students, Visitors	1 = Yes 0 = No
Off-campus events – Students	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: At off-campus, school-sponsored events, Students	1 = Yes 0 = No
Off campus events – Staff	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: At off-campus, school-sponsored events, Faculty/Staff	1 = Yes 0 = No
Off-campus events – Visitors	Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups: At off-campus, school-sponsored events, Visitors	1 = Yes 0 = No
Provide parents with info to support communication	During this school year, has your school done any of the following activities: Provided parents with information to support parent-adolescent communication about mental and emotional health	1 = Yes 0 = No

Table D.2. Lead health teacher analysis variables

Domain	Item	Coding
Primary Outcomes		
Increasing student knowledge		
Alcohol or other drug use prevention	During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12: Alcohol- or other drug-use prevention	1 = Yes 0 = No
Mental and emotional health	During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12: Mental and emotional health	1 = Yes 0 = No
Tobacco use prevention or cessation	During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12: Tobacco-use prevention or cessation	1 = Yes 0 = No
Suicide prevention	During this school year, have teachers in your school tried to increase student knowledge on each of the following topics in a required course in any of grades 6 through 12: Suicide prevention	1 = Yes 0 = No
Current school year alcohol and other drug use topics		
Difference between proper and improper OTC/Rx use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Differences between proper use and abuse of over-the-counter medicines and prescription medicines	1 = Yes 0 = No
Short- and long-term effects of use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12:	1 = Yes 0 = No
Situations that lead to use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Harmful short- and long-term physical, psychological, and social effects of using alcohol and other drugs	1 = Yes 0 = No

Substance use as unhealthy way to manage weight	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Alcohol and other drug use as an unhealthy way to manage weight	1 = Yes 0 = No
Identifying reasons for and against use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Identifying reasons why individuals choose to use or not to use alcohol and other drugs	1 = Yes 0 = No
Interpersonal communication skills to avoid use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Using interpersonal communication skills to avoid alcohol and other drug use (e.g., refusal skills, assertiveness)	1 = Yes 0 = No
Supporting others who abstain	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Supporting others who abstain from or want to quit using alcohol and other drugs	1 = Yes 0 = No
Understanding social influences on use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: Understanding the social influences on alcohol and other drug use, including media, family, peers, and culture	1 = Yes 0 = No
How to persuade others to not use	During this school year, did teachers in your school teach each of the following alcohol- and other drug-use prevention topics in a required course for students in any of grades 6 through 12: How to persuade and support others to be alcohol and other drug free	1 = Yes 0 = No
Secondary Outcomes		
Increased parental knowledge		
Alcohol or other drug use prevention	During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics: Alcohol- or other drug-use prevention	1 = Yes 0 = No

Mental health	During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics: Mental and emotional health	1 = Yes 0 = No
Tobacco use prevention or cessation	During this school year, did your school provide parents and families with health information designed to increase parent and family knowledge of each of the following topics: Tobacco-use prevention or cessation	1 = Yes 0 = No
Current school year tobacco use prevention topics		
Identifying tobacco products and harmful substances	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Identifying tobacco products and the harmful substances they contain	1 = Yes 0 = No
Identifying health consequences of use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Identifying short- and long-term health consequences of tobacco product use	1 = Yes 0 = No
Identifying social consequences of use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Identifying social, economic, and cosmetic consequences of tobacco product use	1 = Yes 0 = No
Understanding addictive nature of nicotine	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Understanding the addictive nature of nicotine	1 = Yes 0 = No
Effects on brain	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Effects of nicotine on the adolescent brain	1 = Yes 0 = No
Effects on athletic performance	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Effects of tobacco product use on athletic performance	1 = Yes 0 = No

Effects of second-hand smoke	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Effects of second-hand smoke and benefits of a smoke-free environment	1 = Yes 0 = No
Understanding social influences on use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Understanding the social influences on tobacco product use, including media, family, peers, and culture	1 = Yes 0 = No
Identifying reasons for and against use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Identifying reasons why students do and do not use tobacco products	1 = Yes 0 = No
Accurate assessments of prevalence of use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Making accurate assessments of how many peers use tobacco products	1 = Yes 0 = No
Interpersonal communication skills to avoid use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Using interpersonal communication skills to avoid tobacco product use (e.g., refusal skills, assertiveness)	1 = Yes 0 = No
Goal setting and decision making to avoid use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Using goal-setting and decision-making skills related to not using tobacco products	1 = Yes 0 = No
Finding valid prevention info and services	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Finding valid information and services related to tobacco-use prevention and cessation	1 = Yes 0 = No

Supporting others who abstain	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Supporting others who abstain from or want to quit using tobacco products	1 = Yes 0 = No
Effects on fetal development	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Identifying harmful effects of tobacco product use on fetal development	1 = Yes 0 = No
Relationship between tobacco & other substance use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Relationship between using tobacco products and alcohol or other drugs	1 = Yes 0 = No
Treatment for addiction	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: How addiction to tobacco products can be treated	1 = Yes 0 = No
School policies and community laws about use	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Understanding school policies and community laws related to the sale and use of tobacco products	1 = Yes 0 = No
Benefits of cessation programs	During this school year, did teachers in your school teach each of the following tobacco-use prevention or cessation topics in a required course for students in any of grades 6 through 12: Benefits of tobacco product cessation programs	1 = Yes 0 = No
Current school year tobacco product information		
Cigarettes	During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12: Cigarettes	1 = Yes 0 = No
Smokeless	During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12: Smokeless tobacco (e.g., chewing tobacco, snuff, dip, snus, dissolvable tobacco)	1 = Yes 0 = No

Cigars	During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12: Cigars, little cigars, or cigarillos	1 = Yes 0 = No
Pipes	During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12: Pipes	1 = Yes 0 = No
Vape	During this school year, did teachers in your school teach about the following tobacco products in a required course for students in any of grades 6 through 12: Electronic vapor products (e.g., e-cigarettes, vapes, vape pens, e-hookahs, mods, or brands such as JUUL or Vuse)	1 = Yes 0 = No

SHP Outcome Analyses

Tables D.3 and D.4 below display the results of the regression analyses that tested whether there were significant changes in the outcomes across time (2020, 2022, and 2024) for principals and lead teachers at funded SUs. The percentages in the tables represent the prevalence of the outcomes at each time point. The sign of the regression coefficient (β) indicates the direction of change, with negative coefficients indicating that outcome decreased favorably over time. The associated p-values indicate whether this change was statistically significant. Significant effects in a favorable direction are highlighted in green.

Tables D.5 and D.6 then present the results from the principal and lead teacher analyses examining differences in outcomes between funded and unfunded SUs. The columns labeled “Time as linear trend” present the results of the regression models in which a time-by-condition interaction term was used to test whether the two groups differed in their changes over time in the outcome. Positive beta coefficients indicate that the change was favorable to the funded group. There were no statistically significant changes among the main outcome variables for either the principal or lead teacher analyses.

The columns labeled “Pooled across years” present the results of the regression models in which the three years of data were pooled and a test was conducted to determine if the pooled estimates differed between the funded and unfunded groups. A positive beta coefficient indicates that the difference was favorable for the funded group. Those that are positive and statistically significant are highlighted in green.

Table D.3. Primary and secondary outcomes for funded SUs, by year – Principal survey (n=61)

Measure	2020	2022	2024	β	p
MAIN OUTCOMES					
Adopted tobacco use policy	100.0	100.0	100.0	--	--
Provides substance use assessment to students	61.2	59.0	66.9	0.063	0.71
Provides tobacco-use cessation to students	--	44.4	62.7	0.371	0.26
Provides substance use treatment referrals to students	88.8	59.7	95.0	0.117	0.46
Provides tobacco-use cessation referrals to students	--	--	95.0	--	--
Provides mental health screenings to students	--	89.7	95.4	0.434	0.51
Provides small group services to students	--	70.5	90.4	0.682	0.14
SECONDARY OUTCOMES					
Use of School Health Index to assess policies about:					
Tobacco use	69.5	78.8	62.2	-0.086	0.64
Alcohol and other drug use	67.9	78.8	62.2	-0.069	0.71
Tobacco policy for:					
Cigarettes – Students	94.7	100.0	100.0	--	--
Cigarettes – Staff	94.7	100.0	100.0	--	--
Cigarettes – Visitors	94.7	100.0	100.0	--	--
Smokeless – Students	94.7	100.0	100.0	--	--
Smokeless – Staff	94.7	100.0	100.0	--	--
Smokeless – Visitors	94.7	100.0	100.0	--	--
Cigars – Students	89.8	100.0	95.3	0.306	0.53
Cigars – Staff	89.8	100.0	95.3	0.306	0.53
Cigars – Visitors	89.8	100.0	95.3	0.306	0.53
Pipes – Students	89.8	100.0	95.3	0.306	0.53
Pipes – Staff	89.8	100.0	95.3	0.306	0.53
Pipes – Visitors	89.8	100.0	95.3	0.306	0.53
Vape – Students	94.4	100.0	100.0	--	--
Vape – Staff	94.7	100.0	100.0	--	--
Vape – Visitors	94.7	100.0	100.0	--	--
School building- Students	100.0	100.0	100.0	--	--
School building – Staff	100.0	100.0	100.0	--	--
School building – Visitors	100.0	100.0	100.0	--	--
Outside grounds- Students	100.0	100.0	100.0	--	--
Outside grounds – Staff	100.0	100.0	100.0	--	--
Outside grounds – Visitors	100.0	100.0	100.0	--	--
School transport – Students	100.0	100.0	100.0	--	--
School transport – Staff	100.0	100.0	100.0	--	--
School transport – Visitors	100.0	100.0	100.0	--	--
Off-campus events- Students	95.2	100.0	95.3	0.009	0.99
Off campus events – Staff	95.2	100.0	81.0	-0.568	0.23
Off-campus events – Visitors	90.0	94.6	81.0	-0.228	0.43
Provide parents with info to support communication	78.6	59.0	81.6	0.041	0.81

Table D.4. Primary and secondary outcomes for funded SUs, by year – Lead teacher survey (n=64)

Measure	2020	2022	2024	β	p
MAIN OUTCOMES					
Increased student knowledge					
Alcohol or other drug use prevention	94.4	95.3	95.2	0.040	0.92
Mental and emotional health	95.0	100.0	100.0	--	--
Tobacco use prevention or cessation	90.0	90.0	90.0	0.000	1.00
Suicide prevention	89.6	89.9	80.2	-0.202	0.43
Current school year alcohol and other drug use topics					
Difference between proper and improper OTC/Rx use	78.9	85.2	83.6	0.085	0.71
Short- and long-term effects of use	89.5	84.8	94.9	0.141	0.56
Situations that lead to use	89.5	84.8	94.9	0.141	0.56
Substance use as unhealthy way to manage weight	52.7	54.6	66.7	0.142	0.41
Identifying reasons for and against use	84.2	90.0	94.9	0.304	0.29
Interpersonal communication skills to avoid use	84.2	84.8	94.9	0.256	0.30
Supporting others who abstain	57.9	74.6	89.5	0.442	0.04
Understanding social influences on use	78.9	90.0	94.9	0.411	0.16
How to persuade others to not use	72.2	79.9	89.5	0.285	0.20
SECONDARY OUTCOMES					
Increasing parental knowledge					
Alcohol or other drug use prevention	36.9	46.5	59.5	0.230	0.19
Mental health	--	--	53.5	--	--
Tobacco use prevention or cessation	47.4	54.3	59.5	0.123	0.48
Current school year tobacco use prevention topics					
Identifying tobacco products and harmful substances	85.0	90.0	94.9	0.285	0.32
Identifying health consequences of use	90.0	90.0	94.9	0.158	0.58
Identifying social consequences of use	75.0	79.9	94.6	0.363	0.11
Understanding addictive nature of nicotine	90.0	90.0	94.9	0.158	0.58
Effects on brain	90.0	90.0	94.9	0.158	0.58
Effects on athletic performance	75.0	80.1	94.6	0.364	0.11
Effects of second-hand smoke	74.9	79.9	94.9	0.376	0.09
Understanding social influences on use	75.0	90.0	94.9	0.482	0.10
Identifying reasons for and against use	85.1	84.8	94.9	0.238	0.33
Accurate assessments of prevalence of use	65.0	70.0	94.6	0.431	0.03
Interpersonal communication skills to avoid use	70.0	84.8	94.6	0.485	0.06
Goal setting and decision making to avoid use	65.1	79.5	88.9	0.366	0.10
Finding valid prevention info and services	75.0	74.6	88.9	0.209	0.30
Supporting others who abstain	50.0	74.6	88.9	0.525	0.02
Effects on fetal development	60.0	74.6	83.4	0.306	0.13
Relationship between tobacco & other substance use	70.0	84.8	88.9	0.330	0.17
Treatment for addiction	70.0	79.9	88.9	0.302	0.17
School policies and community laws about use	70.0	89.5	94.6	0.546	0.07
Benefits of cessation programs	55.0	66.6	76.3	0.242	0.19
Current school year tobacco product information					
Cigarettes	85.0	90.0	94.9	0.285	0.32
Smokeless	80.0	85.3	94.9	0.339	0.17
Cigars	49.9	75.0	77.7	0.338	0.09
Pipes	44.9	65.1	60.9	0.174	0.32
Vape	90.0	90.0	94.9	0.158	0.58

Table D.5. Main and secondary outcomes by condition, 2020-2024 – Principal (n=201)

	Not funded				Funded				Time as linear trend		Pooled across years	
Measure	2020	2022	2024	All	2020	2022	2024	All	β	p	β	p
MAIN OUTCOMES												
Adopted tobacco use policy	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
Provides substance use assessment to students	41.3	30.3	44.1	38.3	61.2	59.0	66.9	62.4	0.042	0.836	0.982	0.003
Provides tobacco use cessation to students	N/A	30.5	27.7	29.2	N/A	44.4	62.7	53.5	0.439	0.275	1.028	0.010
Provides substance use treatment referrals to students	64.5	63.6	63.5	63.9	88.8	59.7	95.0	80.9	0.127	0.507	0.874	0.023
Provides tobacco use cessation referrals to students	N/A	N/A	59.5	59.5	N/A	N/A	95.0	95.0	N/A	N/A	2.554	0.022
Provides mental health screenings to students	N/A	91.8	86.0	89.1	N/A	89.7	95.4	92.5	0.737	0.315	0.413	0.553
Provides small group services to students	N/A	59.8	90.8	74.0	N/A	70.5	90.4	80.4	-0.261	0.633	0.368	0.432
SECONDARY OUTCOMES												
Use of School Health Index to assess policies about:												
Tobacco use	67.7	54.5	49.7	57.8	69.5	78.8	62.2	70.0	0.102	0.629	0.531	0.114
Alcohol and other drug use	61.0	53.3	49.8	55.0	67.9	78.8	62.2	69.5	0.046	0.828	0.623	0.064
Tobacco policy for:												
Cigarettes – Students	100.0	100.0	100.0	100.0	94.7	100.0	100.0	98.3	--	--	--	--
Cigarettes – Staff	100.0	100.0	100.0	100.0	94.7	100.0	100.0	98.3	--	--	--	--
Cigarettes – Visitors	100.0	100.0	100.0	100.0	94.7	100.0	100.0	98.3	--	--	--	--
Smokeless – Students	100.0	98.0	100.0	99.3	94.7	100.0	100.0	98.3	--	--	-0.948	0.508
Smokeless – Staff	97.9	98.0	100.0	98.6	94.7	100.0	100.0	98.3	--	--	-0.196	0.875
Smokeless – Visitors	95.8	98.0	100.0	97.8	94.7	100.0	100.0	98.3	--	--	0.224	0.849
Cigars – Students	94.0	96.0	95.5	95.2	89.8	100.0	95.3	95.1	0.221	0.688	-0.012	0.986
Cigars – Staff	94.0	96.0	95.5	95.1	89.8	100.0	95.3	95.1	0.222	0.687	-0.005	0.995
Cigars – Visitors	94.0	96.0	95.4	95.1	89.8	100.0	95.3	95.1	0.227	0.681	-0.005	0.995
Pipes – Students	94.0	96.0	95.5	95.2	89.8	100.0	95.3	95.1	0.221	0.688	-0.012	0.986
Pipes – Staff	94.0	96.0	95.5	95.2	89.8	100.0	95.3	95.1	0.221	0.688	-0.012	0.986
Pipes – Visitors	94.0	96.0	95.5	95.2	89.8	100.0	95.3	95.1	0.221	0.688	-0.012	0.986
Vape – Students	95.9	100.0	100.0	98.6	94.4	100.0	100.0	98.2	--	--	--	--
Vape – Staff	95.9	100.0	100.0	98.6	94.7	100.0	100.0	98.3	--	--	--	--
Vape – Visitors	95.9	100.0	100.0	98.6	94.7	100.0	100.0	98.3	--	--	--	--
School building- Students	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
School building – Staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
School building – Visitors	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
Outside grounds- Students	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
Outside grounds – Staff	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
Outside grounds – Visitors	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	--	--	--
School transport – Students	100.0	98.0	97.6	98.6	100.0	100.0	100.0	100.0	--	--	--	--

School transport – Staff	100.0	98.0	97.6	98.6	100.0	100.0	100.0	100.0	--	--	--	--
School transport – Visitors	100.0	98.0	95.3	97.9	100.0	100.0	100.0	100.0	--	--	--	--
Off-campus events- Students	93.8	95.8	100.0	96.4	95.2	100.0	95.3	96.8	-0.513	0.400	0.130	0.880
Off campus events – Staff	93.8	93.5	97.8	94.9	95.2	100.0	81.0	91.9	-0.773	0.139	-0.496	0.418
Off-campus events – Visitors	81.5	87.3	86.5	85.0	90.0	94.6	81.0	88.4	-0.330	0.311	0.299	0.525
Provide parents with info to support communication	72.6	57.9	70.0	66.7	78.6	59.0	81.6	73.0	0.081	0.682	0.387	0.387

Note: Cells with dashes (“--”) indicate that the regression models did not run due to low or no variability in the outcome.

Table D.6. Main and secondary outcomes by condition, 2020-2024 – Lead teacher (n=201)

	Not funded				Funded				Time as linear trend		Pooled across years	
Measure	2020	2022	2024	All	2020	2022	2024	All	β	p	β	p
MAIN OUTCOMES												
Increased student knowledge												
Alcohol or other drug use prevention	95.1	93.6	95.2	94.6	94.4	95.3	95.2	95.0	0.040	0.928	0.068	0.924
Mental and emotional health	90.5	95.6	97.6	94.4	95.0	100.0	100.0	98.2	--	--	1.162	0.287
Tobacco use prevention or cessation	95.0	94.9	94.9	95.0	90.0	90.0	90.0	90.0	0.004	0.991	-0.739	0.224
Suicide prevention	77.6	84.9	88.0	83.4	89.6	89.9	80.2	86.6	-0.397	0.187	0.252	0.579
Current school year alcohol and other drug use topics												
Difference between proper and improper OTC/Rx use	75.0	68.6	72.5	72.0	78.9	85.2	83.6	82.4	0.118	0.646	0.598	0.141
Short- and long-term effects of use	87.5	82.0	82.4	84.0	89.5	84.8	94.9	89.7	0.239	0.400	0.499	0.319
Situations that lead to use	85.0	84.3	85.3	84.9	89.5	84.8	94.9	89.7	0.135	0.638	0.435	0.388
Substance use as unhealthy way to manage weight	45.0	35.6	42.6	41.1	52.7	54.6	66.7	57.6	0.169	0.408	0.667	0.042
Identifying reasons for and against use	85.0	82.0	85.0	84.0	84.2	90.0	94.9	89.5	0.307	0.341	0.486	0.332
Interpersonal communication skills to avoid use	85.0	77.7	85.3	82.6	84.2	84.8	94.9	87.8	0.255	0.362	0.415	0.379
Supporting others who abstain	67.6	70.8	73.0	70.4	57.9	74.6	89.5	73.4	0.376	0.120	0.148	0.682
Understanding social influences on use	82.5	82.0	82.5	82.4	78.9	90.0	94.9	87.6	0.411	0.203	0.415	0.379
How to persuade others to not use	70.0	73.1	68.1	70.5	72.2	79.9	89.5	80.3	0.307	0.222	0.537	0.172
SECONDARY OUTCOMES												
Increasing parental knowledge												
Alcohol or other drug use prevention	34.2	33.0	28.1	32.0	36.9	46.5	59.5	46.8	0.299	0.159	0.625	0.063
Mental health	N/A	N/A	46.3	46.3	N/A	N/A	53.5	53.5	N/A	N/A	0.285	0.633
Tobacco use prevention or cessation	45.0	24.2	33.3	34.3	47.4	54.3	59.5	53.3	0.263	0.217	0.779	0.021
Current school year tobacco use prevention topics												
Identifying tobacco products and harmful substances	85.1	73.6	82.4	80.4	85.0	90.0	94.9	89.7	0.335	0.282	0.752	0.128
Identifying health consequences of use	87.5	78.3	82.4	82.8	90.0	90.0	94.9	91.5	0.254	0.422	0.807	0.130
Identifying social consequences of use	85.0	63.9	73.1	74.3	75.0	79.9	94.6	82.5	0.527	0.037	0.487	0.233
Understanding addictive nature of nicotine	87.5	79.7	84.5	84.1	90.0	90.0	94.9	91.5	0.220	0.489	0.718	0.181
Effects on brain	87.5	77.4	76.9	81.0	90.0	90.0	94.9	91.5	0.335	0.290	0.934	0.078
Effects on athletic performance	80.1	65.8	66.6	71.1	75.0	80.1	94.6	82.6	0.531	0.036	0.654	0.107
Effects of second-hand smoke	82.5	73.6	72.4	76.4	74.9	79.9	94.9	82.7	0.519	0.043	0.392	0.341
Understanding social influences on use	85.1	75.8	77.9	79.7	75.0	90.0	94.9	86.0	0.596	0.061	0.444	0.319
Identifying reasons for and against use	82.6	78.2	82.4	81.1	85.1	84.8	94.9	88.0	0.244	0.380	0.541	0.249
Accurate assessments of prevalence of use	60.0	51.8	69.9	60.4	65.0	70.0	94.6	75.5	0.333	0.138	0.704	0.053
Interpersonal communication skills to avoid use	75.0	67.0	77.3	73.0	70.0	84.8	94.6	82.2	0.460	0.100	0.534	0.190
Goal setting and decision making to avoid use	67.6	62.3	64.8	64.9	65.1	79.5	88.9	76.9	0.398	0.107	0.587	0.115
Finding valid prevention info and services	60.1	66.1	70.6	65.4	75.0	74.6	88.9	79.1	0.091	0.694	0.692	0.070

Supporting others who abstain	62.6	67.2	69.9	66.4	50.0	74.6	88.9	69.7	0.442	0.072	0.151	0.666
Effects on fetal development	55.0	58.5	56.0	56.5	60.0	74.6	83.4	71.8	0.295	0.195	0.671	0.055
Relationship between tobacco & other substance use	72.6	69.8	73.2	71.8	70.0	84.8	88.9	80.5	0.323	0.222	0.480	0.223
Treatment for addiction	62.6	53.3	69.0	61.5	70.0	79.9	88.9	78.9	0.238	0.328	0.849	0.025
School policies and community laws about use	75.1	62.9	73.2	70.4	70.0	89.5	94.6	83.6	0.573	0.068	0.764	0.068
Benefits of cessation programs	47.5	50.1	54.7	50.7	55.0	66.6	76.3	64.9	0.170	0.429	0.589	0.083
Current school year tobacco product information												
Cigarettes	85.0	73.5	83.2	80.4	85.0	90.0	94.9	89.7	0.319	0.304	0.751	0.127
Smokeless	77.0	71.4	78.4	75.5	80.0	85.3	94.9	86.3	0.322	0.244	0.721	0.101
Cigars	54.0	51.5	59.3	54.8	49.9	75.0	77.7	66.4	0.285	0.206	0.488	0.146
Pipes	44.8	42.8	56.8	47.9	44.9	65.1	60.9	56.3	0.054	0.794	0.335	0.300
Vape	84.6	80.2	85.6	83.4	90.0	90.0	94.9	91.5	0.142	0.654	0.768	0.149

Note: Cells with dashes (“--”) indicate that the regression models did not run due to low or no variability in the outcome.

APPENDIX E – YRBS Analyses

Table E.1. YRBS middle school analysis variables

Domain	Item	Coding
Access		
Alcohol	If you wanted to get alcohol, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Marijuana	If you wanted to get marijuana, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Vapor products	If you wanted to get electronic vapor products, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Peer disapproval of use		
Vapor products	How wrong do you think it is for someone your age to use electronic vapor products?	1 = A little bit wrong or not wrong at all 0 = Wrong or very wrong
Parental disapproval of use		
Alcohol	How wrong do your parents or guardians feel it would be for you to drink alcohol?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Marijuana	How wrong do your parents or guardians feel it would be for you to use marijuana?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Vapor products	How wrong do your parents or guardians feel it would be for you to use electronic vapor products?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Risk of use		
Binge alcohol	How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?	1 = No risk or slight risk 0 = Moderate risk or great risk
Marijuana	How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?	1 = No risk or slight risk 0 = Moderate risk or great risk
Vapor products	How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products regularly?	1 = No risk or slight risk 0 = Moderate risk or great risk

Domain	Item	Coding
School and community		
Perceived importance in community	Do you agree or disagree that in your community you feel like you matter to people?	1 = Disagree, strongly disagree, or not sure 0 = Agree or strongly agree
Availability of adults in school	Is there at least one teacher or other adult in your school that you can talk to if you have a problem?	1 = No or not sure 0 = Yes
School behavioral rules	Do you agree or disagree that your school has clear rules and consequences for behavior?	1 = Disagree, strongly disagree, or not sure 0 = Agree or strongly agree

Table E.2. YRBS high school analysis variables

Domain	Item	Coding
Access		
Alcohol	If you wanted to get alcohol, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Marijuana	If you wanted to get marijuana, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Vapor products	If you wanted to get electronic vapor products, how hard or easy would it be for you to get some?	1 = Sort of easy or very easy 0 = Sort of hard or very hard
Peer disapproval of use		
Alcohol	How wrong do you think it is for someone your age to drink alcohol?	1 = A little bit wrong or not wrong at all 0 = Wrong or very wrong
Marijuana	How wrong do you think it is for someone your age to use marijuana?	1 = A little bit wrong or not wrong at all 0 = Wrong or very wrong
Vapor products	How wrong do you think it is for someone your age to use electronic vapor products?	1 = A little bit wrong or not wrong at all 0 = Wrong or very wrong
Parental disapproval of use		
Alcohol	How wrong do your parents or guardians feel it would be for you to drink alcohol?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Marijuana	How wrong do your parents or guardians feel it would be for you to use marijuana?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Vapor products	How wrong do your parents or guardians feel it would be for you to use electronic vapor products?	1 = A little bit wrong, not at all wrong, or not sure 0 = Wrong or very wrong
Risk of use		
Binge alcohol	How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend?	1 = No risk or slight risk 0 = Moderate risk or great risk

Domain	Item	Coding
Marijuana	How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?	1 = No risk or slight risk 0 = Moderate risk or great risk
Vapor products	How much do you think people risk harming themselves (physically or in other ways) if they use electronic vapor products regularly?	1 = No risk or slight risk 0 = Moderate risk or great risk
School and community		
Perceived importance in community	Do you agree or disagree that in your community you feel like you matter to people?	1 = Disagree, strongly disagree, or not sure 0 = Agree or strongly agree
Availability of adults in school	Is there at least one teacher or other adult in your school that you can talk to if you have a problem?	1 = No or not sure 0 = Yes
School behavioral rules	Do you agree or disagree that your school has clear rules and consequences for behavior?	1 = Disagree, strongly disagree, or not sure 0 = Agree or strongly agree
Attended school under the influence	During the past 12 months, how many times did you attend school under the influence of alcohol or other illegal drugs, such as marijuana or cocaine?	1 = 1 or more times 0 = 0 times
Alcohol use		
Current alcohol use	During the past 30 days, on how many days did you have at least one drink of alcohol?	1 = 1 or more days 0 = 0 days
Current binge alcohol use	During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours (if you are female) or 5 or more drinks of alcohol in a row, that is, within a couple of hours (if you are male)?	1 = 1 or more days 0 = 0 days
Drove after drinking in the past 30 days	During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?	1 = 1 or more times 0 = 0 times
Marijuana use		
Current use	During the past 30 days, how many times did you use marijuana?	1 = 1 or more times 0 = 0 times
Drove after using marijuana in the past 30 days	During the past 30 days, how many times did you drive a car or other vehicle when you had been using	1 = 1 or more times 0 = 0 times
Tobacco/nicotine use		
Current cigarette use	During the past 30 days, on how many days did you smoke cigarettes?	1 = 1 or more days 0 = 0 days

Domain	Item	Coding
Current smokeless tobacco use	During the past 30 days, on how many days did you use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges? (Do not count any electronic vapor products.)	1 = 1 or more days 0 = 0 days
Current cigar use	During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods?	1 = 1 or more days 0 = 0 days
Current vapor product use	During the past 30 days, on how many days did you use an electronic vapor product?	1 = 1 or more days 0 = 0 days
Illicit substance use		
Lifetime inhalant use	During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	1 = 1 or more times 0 = 0 times
Lifetime cocaine use	During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?	1 = 1 or more times 0 = 0 times
Lifetime heroin use	During your life, how many times have you used heroin (also called smack, junk, or China White)?	1 = 1 or more times 0 = 0 times
Lifetime meth use	During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)?	1 = 1 or more times 0 = 0 times
Prescription drug misuse		
Current prescription drug misuse	During the past 30 days, how many times have you taken any prescription medication without a doctor's prescription or differently than how a doctor told you to use it?	1 = 1 or more times 0 = 0 times
Lifetime prescription pain medication misuse	During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	1 = 1 or more times 0 = 0 times

YRBS Main Outcome Analyses

Tables E.1.a and E.1.b below display the results of the regression analyses that tested whether there were significant changes in the outcomes from 2019 to 2023 among the funded SUs. Because the outcomes were dichotomized, the percentages in the tables

represent the prevalence of the outcomes at each time point. The sign of the regression coefficient (β) indicates the direction of change, with negative coefficients indicating that outcome decreased favorably over time. The associated p-values indicate whether this change was statistically significant. Significant effects in a favorable direction are highlighted in green while significant effects in an unfavorable direction are highlighted in red.

Tables E.1.c and E.1.d display results from the models in which outcomes for students in SUs that were funded every year from 2019 to 2023 were compared to those for students in SUs that were not funded in any year during that span. The sign of the regression coefficient (β) indicates whether the changes in the outcome over time favored the funded or unfunded group, with negative coefficients indicating that the change favored the funded group.

Table E.1.a. Changes over time among funded SUs – middle school (n=5,667)

OUTCOME	2019	2023	β	p
ACCESS				
Sort of easy or very easy to obtain				
Alcohol	37.9	35.2	-0.12	0.329
Marijuana	20.3	21.1	0.05	0.763
Vapor products	29.0	25.8	-0.16	0.301
APPROVAL OF USE				
A little bit wrong/not at all wrong for someone your age to use				
Vapor products	17.8	12.4	-0.43	0.007
Parents think it's a little bit wrong/not at all wrong for you to use				
Alcohol	11.8	14.1	0.21	0.167
Marijuana	9.3	8.9	-0.05	0.598
Vapor products	9.5	6.6	-0.39	0.004
RISK OF USE				
No risk or slight risk of use				
Binge alcohol	19.5	22.6	0.19	0.036
Marijuana	26.9	27.0	0.01	0.939
Vapor products	21.4	18.2	-0.20	0.157
RISK FACTORS				
Disagree or strongly disagree that you matter in your community	40.3	43.3	0.12	0.030
Do not have at least one teacher or adult in school to talk to	26.4	34.1	0.36	0.010
Disagree or strongly disagree that school has clear rules for behavior	34.2	42.8	0.37	0.011

Table E.1.b. Changes over time among funded SUs – high school (n=7,847)

OUTCOME	2019	2023	β	p
ACCESS				
Sort of easy or very easy to obtain				
Alcohol	67.9	64.9	-0.14	0.090
Marijuana	64.6	59.1	-0.24	<.001
Vapor products	74.3	61.4	-0.59	<.0001
APPROVAL OF USE				
A little bit wrong/not at all wrong for someone your age to use				
Alcohol	47.2	46.7	-0.02	0.878
Marijuana	52.1	47.0	-0.21	0.059
Vapor products	45.0	31.9	-0.56	<.0001
Parents think it's a little bit wrong/not at all wrong for you to use				
Alcohol	29.6	31.4	0.09	0.267
Marijuana	27.1	26.4	-0.04	0.408
Vapor products	17.3	11.7	-0.45	<.001
RISK OF USE				
No risk or slight risk of use				
Binge alcohol	22.3	26.8	0.24	0.024
Marijuana	50.6	46.0	-0.18	0.117
Vapor products	34.3	24.6	-0.47	<.001
RISK FACTORS				
Disagree or strongly disagree that you matter in your community	44.0	44.9	0.04	0.640
Do not have at least one teacher or adult in school to talk to	21.3	28.8	0.40	0.018
Disagree or strongly disagree that school has clear rules for behavior	44.7	51.5	0.27	0.006
Attended school under the influence in past year	14.7	12.9	-0.15	0.276
SUBSTANCE USE				
Alcohol use				
Current alcohol use	31.1	25.9	-0.26	0.028
Current binge alcohol use	15.0	12.6	-0.20	0.152
Drove after drinking in past 30 days	5.7	7.6	0.31	0.082
Marijuana use				
Current use	27.8	22.5	-0.28	0.006
Drove after using marijuana in past 30 days	15.4	12.8	-0.21	0.130
Tobacco/nicotine use				
Current cigarette use	6.7	5.7	-0.17	0.338
Current smokeless tobacco use	3.4	3.1	-0.10	0.671
Current cigar or cigarillo use	5.7	4.0	-0.36	0.149
Current vapor product use	27.1	17.2	-0.58	<.001
Illicit substance use				
Lifetime inhalant use	6.9	7.8	0.14	0.378

Lifetime cocaine use	3.9	3.2	-0.19	0.426
Lifetime heroin use	2.0	2.0	0.00	0.994
Lifetime methamphetamine use	2.2	2.3	0.04	0.905
Prescription drug misuse				
Current prescription drug misuse	5.0	5.8	0.16	0.169
Lifetime prescription pain medication misuse	9.2	9.3	0.01	0.916

Table E.1.c. Changes over time, by funding status – middle school (n=15,713)

	Funded		Unfunded			
OUTCOME	2019	2023	2019	2023	β	p
ACCESS						
Sort of easy or very easy to obtain						
Alcohol	37.9	35.2	40.1	38.9	-0.07	0.584
Marijuana	20.3	21.1	18.7	20.2	-0.04	0.801
Vapor products	29.0	25.8	30.3	24.6	0.13	0.423
APPROVAL OF USE						
A little bit wrong/not at all wrong for someone your age to use						
Vapor products	17.8	12.4	17.3	10.8	0.12	0.381
Parents think it's a little bit wrong/not at all wrong for you to use						
Alcohol	11.8	14.1	12.8	14.7	0.05	0.719
Marijuana	9.3	8.9	7.4	8.2	-0.16	0.233
Vapor products	9.5	6.6	8.0	6.0	-0.09	0.531
RISK OF USE						
No risk or slight risk of use						
Binge alcohol	19.5	22.6	19.5	22.0	-0.11	0.224
Marijuana	26.9	27.0	23.4	24.9	-0.07	0.460
Vapor products	21.4	18.2	21.1	16.3	0.12	0.412
RISK FACTORS						
Disagree or strongly disagree that you matter in your community	40.3	43.3	41.4	45.2	-0.04	0.645
Do not have at least one teacher or adult in school to talk to	26.4	34.1	29.4	34.6	0.13	0.284
Disagree or strongly disagree that school has clear rules for behavior	34.2	42.8	34.4	43.1	0.00	0.996

Table E.1.d. Changes over time, by funding status – high school (n=22,419)

	Funded		Unfunded			
OUTCOME	2019	2023	2019	2023	β	p
ACCESS						
Sort of easy or very easy to obtain						
Alcohol	67.9	64.9	68.2	66.5	-0.06	0.527
Marijuana	64.6	59.1	61.9	56.8	-0.02	0.730
Vapor products	74.3	61.4	72.8	59.8	-0.01	0.928
APPROVAL OF USE						
A little bit wrong/not at all wrong for someone your age to use						
Alcohol	47.2	46.7	47.4	47.7	-0.03	0.806
Marijuana	52.1	47.0	48.2	44.2	-0.05	0.676
Vapor products	45.0	31.9	43.1	30.0	0.01	0.912
Parents think it's a little bit wrong/not at all wrong for you to use						
Alcohol	29.6	31.4	30.2	33.1	-0.05	0.580
Marijuana	27.1	26.4	23.3	24.2	-0.09	0.194
Vapor products	17.3	11.7	14.5	10.6	-0.09	0.350
RISK OF USE						
No risk or slight risk of use						
Binge alcohol	22.3	26.8	21.2	25.0	0.03	0.767
Marijuana	50.6	46.0	46.2	42.7	-0.04	0.718
Vapor products	34.3	24.6	31.9	22.0	0.04	0.699
RISK FACTORS						
Disagree or strongly disagree that you matter in your community	44.0	44.9	40.4	45.8	-0.18	0.046
Do not have at least one teacher or adult in school to talk to	21.3	28.8	23.5	33.7	-0.10	0.484
Disagree or strongly disagree that school has clear rules for behavior	44.7	51.5	42.6	51.2	-0.07	0.449
Attended school under the influence in past year	14.7	12.9	14.6	11.8	0.09	0.583
SUBSTANCE USE						
Alcohol use						
Current alcohol use	31.1	25.9	31.8	27.8	-0.07	0.539
Current binge alcohol use	15.0	12.6	15.6	13.9	-0.07	0.639
Drove after drinking in past 30 days	5.7	7.6	6.1	7.4	0.11	0.599
Marijuana use						
Current use	27.8	22.5	26.7	22.6	-0.07	0.516
Drove after using marijuana in past 30 days	15.4	12.8	15.5	12.7	0.02	0.931
Tobacco/nicotine use						
Current cigarette use	6.7	5.7	6.5	6.4	-0.15	0.442
Current smokeless tobacco use	3.4	3.1	3.5	3.6	-0.12	0.639
Current cigar or cigarillo use	5.7	4.0	5.8	3.9	0.06	0.798
Current vapor product use	27.1	17.2	26.6	16.0	0.06	0.600
Illicit substance use						

Lifetime inhalant use	6.9	7.8	7.6	7.8	0.11	0.514
Lifetime cocaine use	3.9	3.2	3.7	3.1	-0.01	0.969
Lifetime heroin use	2.0	2.0	1.9	2.3	-0.16	0.658
Lifetime methamphetamine use	2.2	2.3	2.0	2.3	-0.11	0.766
Prescription drug misuse						
Current prescription drug misuse	5.0	5.8	5.0	5.5	0.05	0.721
Lifetime prescription pain medication misuse	9.2	9.3	9.6	8.6	0.13	0.330

YRBS Implementation Analyses

Tables E.1.e and E.1.f below include estimates by year for schools that implemented in all years versus schools in unfunded SUs, along with the regression coefficient and associated p-value for the test of differential changes in the outcomes between the two groups.

Regression coefficients with negative signs indicate that students in schools that implemented all years had more favorable outcomes than students in schools in unfunded SUs. Also included in these tables are regression coefficients and p-values for the models that examined whether better outcomes were related to the number of years of implementation. Negative coefficients indicate that more years of implementation was associated with more favorable changes in the outcome over time.

Table E.1.e. Implementation analyses – middle school

	Implemented no years		Implemented all years		All years vs. no years (n=14,472)		Number of years (n=13,369)	
OUTCOME	2019	2023	2019	2023	β	p	β	p
ACCESS								
Sort of easy or very easy to obtain								
Alcohol	40.1	38.9	37.0	35.5	-0.02	0.900	0.04	0.328
Marijuana	18.7	20.2	20.5	22.2	0.01	0.961	0.01	0.879
Vapor products	30.3	24.6	29.4	27.3	0.19	0.325	0.02	0.711
APPROVAL OF USE								
A little bit wrong/not at all wrong for someone your age to use								
Vapor products	17.3	10.8	17.2	12.8	0.20	0.208	0.01	0.894
Parents think it's a little bit wrong/not at all wrong for you to use								
Alcohol	12.8	14.7	11.0	13.0	0.03	0.827	-0.02	0.630
Marijuana	7.4	8.2	9.2	9.2	-0.11	0.428	0.01	0.907
Vapor products	8.0	6.0	9.3	6.7	-0.05	0.760	-0.03	0.603
RISK OF USE								
No risk or slight risk of use								
Binge alcohol	17.3	22.0	19.9	21.0	-0.23	0.023	-0.09	0.031
Marijuana	23.4	24.9	26.7	27.2	-0.06	0.660	-0.05	0.275
Vapor products	21.1	16.3	20.8	18.0	0.14	0.340	0.00	0.980
RISK FACTORS								
Disagree or strongly disagree that you matter in your community	41.4	45.2	40.4	44.2	0.00	0.968	0.03	0.297
Do not have at least one teacher or adult in school to talk to	29.4	34.6	25.6	33.7	0.15	0.128	0.02	0.495
Disagree or strongly disagree that school has clear rules for behavior	34.4	43.1	32.8	42.7	0.06	0.726	0.04	0.419

Table E.1.f. Implementation analyses – high school

	Implemented no years		Implemented all years		All years vs. no years (n=22,515)		Number of years (n=17,851)	
OUTCOME	2019	2023	2019	2023	B	p	β	p
ACCESS								
Sort of easy or very easy to obtain								
Alcohol	68.2	66.5	69.4	66.2	-0.07	0.465	-0.01	0.584
Marijuana	61.9	56.8	63.2	58.6	0.02	0.820	-0.01	0.765
Vapor products	72.8	59.8	73.0	60.9	0.03	0.765	-0.01	0.731
APPROVAL OF USE								
A little bit wrong/not at all wrong for someone your age to use								
Alcohol	47.4	47.7	48.8	49.7	0.03	0.799	0.00	0.979
Marijuana	48.2	44.2	50.9	48.1	0.05	0.588	0.00	0.947
Vapor products	43.1	30.0	43.7	32.7	0.11	0.190	0.03	0.394
Parents think it's a little bit wrong/not at all wrong for you to use								
Alcohol	30.2	33.1	30.3	33.7	0.03	0.763	0.03	0.310
Marijuana	23.3	24.2	26.1	26.8	-0.02	0.853	0.01	0.742
Vapor products	14.5	10.6	15.8	11.9	0.03	0.739	0.06	0.162
RISK OF USE								
No risk or slight risk of use								
Binge alcohol	21.2	25.0	22.1	28.2	0.12	0.210	0.05	0.108
Marijuana	46.2	42.7	48.4	46.8	0.08	0.410	0.04	0.281
Vapor products	31.9	22.0	33.7	24.6	0.07	0.479	0.01	0.742
RISK FACTORS								
Disagree or strongly disagree that you matter in your community	40.4	45.8	39.5	40.5	-0.17	0.037	-0.06	0.017
Do not have at least one teacher or adult in school to talk to	23.5	33.7	19.4	27.8	-0.03	0.833	0.00	0.971
Disagree or strongly disagree that school has clear rules for behavior	42.6	51.2	41.3	48.2	-0.07	0.533	0.05	0.276
Attended school under the influence in past year	14.6	11.8	13.9	13.5	0.22	0.074	0.10	0.027
SUBSTANCE USE								
Alcohol use								
Current alcohol use	31.8	27.8	31.3	27.9	0.02	0.870	0.01	0.853
Current binge alcohol use	15.6	13.9	15.4	13.7	-0.01	0.980	-0.01	0.813
Drove after drinking in past 30 days	6.1	7.4	5.0	8.5	0.37	0.091	0.14	0.042
Marijuana use								
Current use	26.7	22.6	27.0	23.8	0.05	0.666	0.03	0.448
Drove after using marijuana in past 30 days	15.5	12.7	14.3	13.5	0.17	0.221	0.06	0.207
Tobacco/nicotine use								
Current cigarette use	6.5	6.4	6.4	6.0	-0.05	0.776	0.08	0.136
Current smokeless tobacco use	3.5	3.6	2.9	3.6	0.22	0.363	0.20	0.010
Current cigar or cigarillo use	5.8	3.9	5.5	4.4	0.18	0.418	0.08	0.264

Current vapor product use	26.6	16.0	25.2	17.2	0.16	0.100	0.07	0.057
Illicit substance use								
Lifetime inhalant use	7.6	7.8	6.6	8.3	0.22	0.118	0.11	0.029
Lifetime cocaine use	3.7	3.1	3.2	3.4	0.23	0.312	0.10	0.269
Lifetime heroin use	1.9	2.3	1.6	2.4	0.27	0.331	0.18	0.137
Lifetime methamphetamine use	2.0	2.3	1.8	2.5	0.21	0.492	0.17	0.166
Prescription drug misuse								
Current prescription drug misuse	5.0	5.5	4.4	5.4	0.10	0.510	0.02	0.686
Lifetime prescription pain medication misuse	9.6	8.6	8.6	8.9	0.24	0.238	0.03	0.337

Table E.1.g. Attribute and outcome measures – middle school

Measure	Definition	Values ¹	N ²
Attributes			
High enrollment	Mean SU enrollment size (grades 6-8) across five years	0 = Low (≤ 326)	4
		1 = High (> 326)	5
Presence of a Student Assistance Professional (SAP)	Student Assistance Professional was in place in 3 or more years	0 = No	1
		1 = Yes	8
Provided screening and referrals	Screening and referrals available to students in 3 or more years	0 = No	0
		1 = Yes	9
High percent screened	Percent of middle school students screened for ATOD issues	0 = Low ($\leq 7\%$)	5
		1 = High ($> 7\%$)	4
Presence of Whole School, Whole Community, Whole Child initiatives	WSCC initiatives were in place in 3 or more years	0 = No	0
		1 = Yes	9
Implemented evidence-based prevention curricula	Implemented EBC in 3 or more years	0 = No	4
		1 = Yes	5
Implemented Life Skills Training	Implemented Life Skills Training in 3 or more years	0 = No	8
		1 = Yes	1
Implemented Michigan Model	Implemented Michigan Model in 3 or more years	0 = No	6
		1 = Yes	3
Implemented Project ALERT	Implemented Project ALERT in 3 or more years	0 = No	8
		1 = Yes	1
Implemented Know Your Body	Implemented Know Your Body in 3 or more years	0 = No	9
		1 = Yes	0
Implemented Protecting You, Protecting Me	Implemented Protecting You, Protecting Me in 3 or more years	0 = No	9
		1 = Yes	0
Implemented Good Behavior Game	Implemented Good Behavior Game in 3 or more years	0 = No	9
		1 = Yes	0
Implemented other EBC	Implemented another evidence-based prevention curriculum in 3 or more years	0 = No	8
		1 = Yes	1
High percent receiving EBC	Percent of MS students (grades 6-8) receiving EBC	0 = Low ($\leq 40\%$)	5
		1 = High ($> 40\%$)	4
Presence of peer leadership groups	Peer leadership groups in place in 3 or more years	0 = No	0
		1 = Yes	9
Implemented evidence-based parent education	Implemented evidence-based parent education in 3 or more years	0 = No	9
		1 = Yes	0
Distributed prevention education materials to parents	Distributed prevention education materials to parents in 3 or more years	0 = No	3
		1 = Yes	6
High rate of parents receiving parent info	Number of parents per 100 students who received information from school	0 = Low (≤ 50 per 100 students)	4
		1 = High (> 50 per 100 students)	5
Implemented ATOD training	Provided ATOD training to teachers and staff in 3 or more years	0 = No	1
		1 = Yes	8
Implemented educational support groups	Implemented educational support groups in 3 or more years	0 = No	2
		1 = Yes	7

Outcome Measures			
Disapproval of peer vapor product use	A little bit wrong or not at all wrong for someone your age to use vapor products	0 = Wrong or Very wrong	
		1 = A little bit wrong or not at all wrong	
Risk of binge alcohol use	Slight risk or no risk of having five or more drinks once or twice each weekend	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Risk of marijuana use	Slight risk or no risk of using marijuana regularly	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Risk of vapor product use	Slight risk or no risk of using vapor products regularly	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Perceived importance in community	Disagree, strongly disagree, or not sure that in your community you feel like you matter to people	0 = Agree or strongly agree	
		1 = Disagree, strongly disagree, or not sure	
Availability of adults in school	No or not sure that there is at least one teacher or adult in school that you can talk to if you have a problem	0 = Yes	
		1 = No or not sure	
School behavioral rules	Disagree, strongly disagree, or not sure that your school has clear rules and consequences for behavior	0 = Agree or strongly agree	
		1 = Disagree, strongly disagree, or not sure	

¹Prevalence rate for each attribute was calculated as the percent of cases with value of 1.

²The number of SUs in each level of the attribute.

Table E.1.h. Attribute and outcome measures – high school

Measure	Definition	Values ¹	N ²
Attributes			
High enrollment	Mean SU enrollment size (grades 9-12) across five years	0 = Low (≤ 717)	5
		1 = High (> 717)	5
Presence of a Student Assistance Professional (SAP)	Student Assistance Professional was in place in 3 or more years	0 = No	1
		1 = Yes	9
Provided screening and referrals	Screening and referrals available to students in 3 or more years	0 = No	0
		1 = Yes	10
High percent screened	Percent of high school students screened for ATOD issues	0 = Low ($\leq 6\%$)	5
		1 = High ($> 6\%$)	5
Presence of Whole School, Whole Community, Whole Child initiatives	WSCC initiatives were in place in 3 or more years	0 = No	0
		1 = Yes	10
Implemented evidence-based prevention curricula	Implemented EBC in 3 or more years	0 = No	5
		1 = Yes	5
Implemented Life Skills Training	Implemented Life Skills Training in 3 or more years	0 = No	9
		1 = Yes	1
Implemented Michigan Model	Implemented Michigan Model in 3 or more years	0 = No	7
		1 = Yes	3
Implemented Project ALERT	Implemented Project ALERT in 3 or more years	0 = No	9
		1 = Yes	1
Implemented Know Your Body	Implemented Know Your Body in 3 or more years	0 = No	10
		1 = Yes	0
Implemented Protecting You, Protecting Me	Implemented Protecting You, Protecting Me in 3 or more years	0 = No	10
		1 = Yes	0
Implemented Good Behavior Game	Implemented Good Behavior Game in 3 or more years	0 = No	10
		1 = Yes	0
Implemented other EBC	Implemented another evidence-based prevention curriculum in 3 or more years	0 = No	9
		1 = Yes	1
High percent receiving EBC	Percent of HS students (grades 9-12) receiving EBC	0 = Low (0%)	5
		1 = High ($> 0\%$)	5
Presence of peer leadership groups	Peer leadership groups in place in 3 or more years	0 = No	0
		1 = Yes	10
Implemented evidence-based parent education	Implemented evidence-based parent education in 3 or more years	0 = No	10
		1 = Yes	0
Distributed prevention education materials to parents	Distributed prevention education materials to parents in 3 or more years	0 = No	3
		1 = Yes	7
High rate of parents receiving parent info	Number of parents per 100 students who received information from school	0 = Low (≤ 24 per 100 students)	4
		1 = High (> 24 per 100 students)	6
Implemented ATOD training	Provided ATOD training to teachers and staff in 3 or more years	0 = No	2
		1 = Yes	8
Implemented educational support groups	Implemented educational support groups in 3 or more years	0 = No	3
		1 = Yes	7

Outcome Measures			
Disapproval of peer alcohol use	A little bit wrong or not at all wrong for someone your age to use alcohol	0 = Wrong or Very wrong	
		1 = A little bit wrong or not at all wrong	
Disapproval of peer marijuana use	A little bit wrong or not at all wrong for someone your age to use marijuana	0 = Wrong or Very wrong	
		1 = A little bit wrong or not at all wrong	
Disapproval of peer vapor product use	A little bit wrong or not at all wrong for someone your age to use vapor products	0 = Wrong or Very wrong	
		1 = A little bit wrong or not at all wrong	
Risk of binge alcohol use	Slight risk or no risk of having five or more drinks once or twice each weekend	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Risk of marijuana use	Slight risk or no risk of using marijuana regularly	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Risk of vapor product use	Slight risk or no risk of using vapor products regularly	0 = Moderate risk or great risk	
		1 = Slight risk or no risk	
Perceived importance in community	Disagree, strongly disagree, or not sure that in your community you feel like you matter to people	0 = Agree or strongly agree	
		1 = Disagree, strongly disagree, or not sure	
Availability of adults in school	No or not sure that there is at least one teacher or adult in school that you can talk to if you have a problem	0 = Yes	
		1 = No or not sure	
School behavioral rules	Disagree, strongly disagree, or not sure that your school has clear rules and consequences for behavior	0 = Agree or strongly agree	
		1 = Disagree, strongly disagree, or not sure	
Attended school under the influence	Number of times in past year you attend school under the influence of alcohol or other illegal drugs	0 = 0 times	
		1 = 1 or more times	
Current alcohol use	Number of days used alcohol in the past 30 days	0 = 0 days	
		1 = 1 or more days	
Current binge alcohol use	Number of days had 4 (female) or 5 (male) drinks in a row in past 30 days	0 = 0 days	
		1 = 1 or more days	
Current marijuana use	Number of times used marijuana in the past 30 days	0 = 0 times	
		1 = 1 or more times	

Current cigarette use	Number of days smoked cigarettes in the past 30 days	0 = 0 days	
		1 = 1 or more days	
Current vapor product use	Number of days used vapor products in the past 30 days	0 = 0 days	
		1 = 1 or more days	

Table E.1.i. Attribute analysis results – middle school (n=9)

	6-8 enrollment	Presence of SAP	% students screened	Use of EBC	Use of LST	Use of MI Model	Use of Project ALERT	Use of other EBC	% students receiving EBC	Distributed info to parents	Rate per 100 of parents reached	ATOD training provided	Educational support provided
Peer vaping approval	0.099 (0.799)	-0.354 (0.351)	0.285 (0.457)	-0.322 (0.398)	0.126 (0.746)	-0.811 (0.008)	0.354 (0.351)	-0.534 (0.139)	-0.243 (0.528)	-0.516 (0.155)	0.296 (0.439)	-0.354 (0.351)	-0.353 (0.352)
Risk of binge alcohol use	-0.455 (0.218)	-0.151 (0.698)	0.621 (0.074)	-0.078 (0.842)	-0.005 (0.991)	-0.233 (0.546)	0.151 (0.698)	-0.362 (0.338)	-0.221 (0.568)	-0.431 (0.246)	-0.236 (0.541)	-0.151 (0.698)	0.455 (0.219)
Risk of marijuana use	-0.174 (0.655)	0.474 (0.197)	0.254 (0.509)	-0.536 (0.137)	-0.267 (0.488)	0.003 (0.994)	-0.474 (0.197)	-0.509 (0.162)	-0.694 (0.038)	0.352 (0.352)	0.363 (0.337)	0.474 (0.197)	-0.540 (0.133)
Risk of vapor product use	-0.038 (0.923)	-0.544 (0.130)	0.148 (0.704)	-0.011 (0.977)	-0.242 (0.530)	-0.353 (0.351)	0.544 (0.130)	-0.518 (0.154)	-0.117 (0.764)	-0.558 (0.119)	-0.136 (0.727)	-0.544 (0.130)	-0.082 (0.834)
Matter in community	0.250 (0.517)	-0.415 (0.267)	0.274 (0.476)	0.385 (0.307)	0.497 (0.173)	-0.295 (0.441)	0.415 (0.267)	-0.297 (0.437)	-0.111 (0.777)	-0.553 (0.123)	-0.422 (0.258)	-0.415 (0.267)	0.545 (0.130)
Adult/teacher available to talk	-0.334 (0.380)	-0.567 (0.112)	-0.139 (0.722)	0.372 (0.325)	-0.176 (0.650)	0.034 (0.932)	0.567 (0.112)	0.605 (0.084)	0.473 (0.198)	-0.297 (0.438)	-0.713 (0.031)	-0.567 (0.112)	0.420 (0.261)
Clear school behavior rules	-0.318 (0.405)	-0.093 (0.813)	-0.335 (0.379)	-0.362 (0.338)	-0.691 (0.039)	-0.019 (0.960)	0.093 (0.813)	0.277 (0.470)	0.017 (0.965)	0.441 (0.234)	-0.343 (0.366)	-0.093 (0.813)	-0.349 (0.357)

Table E.1.j. Attribute analysis result – high school (n=10)

	6-8 enrollment	Presence of SAP	% students screened	Use of EBC	Use of LST	Use of MI Model	Use of Project ALERT	Use of other EBC	% students receiving EBC	Distributed info to parents	Rate per 100 of parents reached	ATOD training provided	Educational support provided
Peer alcohol use approval	0.216 (0.549)	0.415 (0.233)	-0.299 (0.401)	-0.542 (0.106)	0.200 (0.580)	-0.421 (0.226)	-0.415 (0.233)	-0.227 (0.528)	-0.036 (0.921)	0.269 (0.452)	0.738 (0.015)	0.067 (0.854)	-0.841 (0.002)
Peer marijuana use approval	-0.045 (0.902)	0.643 (0.045)	-0.027 (0.941)	-0.542 (0.106)	0.398 (0.255)	-0.348 (0.324)	-0.643 (0.045)	-0.160 (0.659)	0.248 (0.490)	0.356 (0.313)	0.687 (0.028)	0.328 (0.355)	-0.635 (0.049)
Peer vapor product use approval	0.375 (0.286)	0.413 (0.235)	-0.177 (0.625)	-0.195 (0.589)	0.223 (0.536)	-0.011 (0.976)	-0.413 (0.235)	-0.113 (0.756)	0.388 (0.268)	0.554 (0.097)	0.260 (0.468)	0.137 (0.706)	-0.501 (0.140)
Risk of binge alcohol use	-0.244 (0.497)	0.427 (0.218)	-0.112 (0.758)	-0.575 (0.082)	0.388 (0.268)	-0.586 (0.075)	-0.427 (0.218)	-0.040 (0.913)	0.199 (0.582)	0.157 (0.665)	0.528 (0.117)	0.182 (0.615)	-0.410 (0.239)
Risk of marijuana use	-0.122 (0.737)	0.500 (0.141)	-0.115 (0.752)	-0.587 (0.074)	0.120 (0.741)	-0.339 (0.338)	-0.500 (0.141)	-0.093 (0.798)	0.089 (0.807)	0.534 (0.112)	0.452 (0.190)	0.339 (0.338)	-0.353 (0.317)
Risk of vapor product use	0.049 (0.893)	0.192 (0.595)	-0.374 (0.287)	-0.254 (0.479)	0.053 (0.884)	-0.171 (0.637)	-0.192 (0.595)	0.264 (0.461)	0.310 (0.383)	0.480 (0.160)	0.018 (0.961)	-0.001 (0.998)	-0.184 (0.611)
Matter in community	-0.574 (0.083)	-0.183 (0.613)	0.156 (0.667)	0.636 (0.048)	0.555 (0.096)	0.214 (0.553)	0.183 (0.613)	0.526 (0.118)	0.496 (0.145)	-0.320 (0.367)	-0.305 (0.392)	-0.166 (0.647)	0.252 (0.482)
Adult/teacher available to talk	-0.391 (0.264)	-0.366 (0.298)	-0.331 (0.350)	0.283 (0.428)	0.297 (0.405)	-0.210 (0.560)	0.366 (0.298)	0.523 (0.121)	-0.041 (0.910)	-0.315 (0.375)	-0.157 (0.665)	-0.217 (0.547)	0.209 (0.562)
Clear school behavior rules	-0.622 (0.055)	-0.002 (0.996)	0.039 (0.915)	0.257 (0.473)	0.205 (0.570)	0.169 (0.641)	0.002 (0.996)	0.594 (0.070)	0.100 (0.783)	-0.032 (0.930)	-0.158 (0.663)	0.194 (0.591)	-0.053 (0.884)
Past year attended school under the influence	0.016 (0.965)	0.891 (0.001)	0.263 (0.463)	-0.377 (0.283)	-0.046 (0.900)	0.410 (0.239)	-0.891 (0.001)	0.122 (0.737)	0.512 (0.130)	0.799 (0.006)	0.264 (0.461)	0.641 (0.046)	-0.229 (0.524)
Current alcohol use	0.312 (0.380)	0.293 (0.411)	-0.327 (0.356)	-0.559 (0.093)	-0.230 (0.523)	-0.249 (0.488)	-0.293 (0.411)	-0.139 (0.702)	0.189 (0.601)	0.391 (0.264)	0.421 (0.226)	-0.321 (0.366)	-0.761 (0.011)
Current binge alcohol use	0.189 (0.601)	0.000 (1.000)	-0.177 (0.625)	-0.367 (0.297)	-0.044 (0.904)	-0.422 (0.224)	0.000 (1.000)	-0.309 (0.385)	0.185 (0.609)	0.052 (0.887)	0.202 (0.576)	-0.458 (0.183)	-0.636 (0.048)
Current marijuana use	0.042 (0.908)	0.554 (0.097)	0.038 (0.917)	-0.618 (0.057)	0.037 (0.919)	-0.266 (0.458)	-0.554 (0.097)	-0.127 (0.727)	0.475 (0.165)	0.405 (0.246)	0.318 (0.371)	0.098 (0.788)	-0.214 (0.553)
Current cigarette use	0.055 (0.880)	0.610 (0.061)	0.075 (0.837)	-0.332 (0.349)	-0.231 (0.521)	0.333 (0.347)	-0.610 (0.061)	0.269 (0.452)	0.497 (0.144)	0.659 (0.038)	0.026 (0.943)	0.319 (0.369)	-0.438 (0.205)
Current vapor product use+A5	-0.323 (0.363)	0.832 (0.003)	0.226 (0.530)	-0.551 (0.099)	0.072 (0.843)	0.054 (0.882)	-0.832 (0.003)	0.206 (0.568)	0.553 (0.097)	0.535 (0.111)	0.396 (0.257)	0.424 (0.222)	-0.361 (0.305)

APPENDIX F – Fidelity Checklist Pilot Test and Training Needs Survey

Fidelity Checklists, Pilot Test, and Training Needs Survey

As part of the evaluation of the school-based prevention grants program, PIRE undertook several activities aimed at developing tools and training resources for grantees related to implementation fidelity. This included the development of measurement tools to assist grantees in tracking implementation fidelity and reporting progress to DSU, piloting the tools with a small subset of grantees, and conducting a short survey with grantees to assess their knowledge and experience tracking fidelity and any training or technical assistance needs they may have related to fidelity. The purpose of these activities was to better understand grantees' current practices and comfort level with fidelity and to develop training and tools that could be used in future grant years to enhance the implementation of the grant's required and optional activities. A description of each of these three components is below.

Development of fidelity checklists

In consultation with DSU, PIRE led the development of measurement tools that grantees could use to monitor the fidelity with which they are implementing the grant's required and optional strategies and to report progress on these efforts to the state. These took the format of checklists that identified each strategy's core components and asked grantees to report on the degree to which they made progress implementing each component. Similar checklists were developed and implemented with previous cohorts of the school-based grants program. The goal of the current work was to update the checklists to reflect any changes in current research or practice that has occurred since the development of the original checklists. It also provided DSU with an opportunity to reestablish a framework for measuring fidelity that was paused during the years of the COVID pandemic due to changes in DSU's priorities and staffing capacity. The intent was to develop checklists that could be piloted in the current grant year with a small subset of grantees in preparation for a more complete rollout with all grantees in subsequent years.

At DSU's request, PIRE developed fidelity checklists for each of the grant's four required activities (screenings, referrals, and individual support for students, educational support groups, identifying capacity building priorities, and provide school staff with ATOD training) and the three optional activities (integration of substance use prevention into coordinated school health initiatives, peer leadership groups, and evidence-based prevention curricula). The first step in the development process was to review previous checklists developed by PIRE and DSU in prior years of the grant program. As many of the grant's activities have remained the same over the years, these checklists served as a valuable starting point by which to develop the new checklists. More specifically, checklists for screening, referral, and individual support, peer leadership groups, and evidence-based

curricula already existed, so our focus for these was to review them for applicability to the current grant program and to identify any new core activities that may be relevant. For the remaining activities our goal was to identify all relevant core activities and develop checklists that reflected these activities. In either case, we consulted several sources to identify or update the list of core activities, including federal registries of evidence-based practices, professional organizations' guidance or best practices documents, and research articles, as well as components DSU identified in their workplan documentation that they asked each grantee to complete at the beginning of the grant year. In all cases, a central resource or repository of information did not exist for each of the required and optional activities. Instead, we relied on several sources to make a common determination of each activity's core components. This was primarily done by considering those components that a) appeared in several reputable resources related to the activity, b) had face validity, c) were relevant to the current grant program, and d) and could reasonably be expected to be conducted and measured by grantees. In addition to the core activities, we developed a list of tasks or subcomponents under each core component that could serve as examples or guidance to grantees to better understand the intent of the core component. The number of core components identified for each activity varied widely based on the complexity or comprehensiveness of the activity, with some checklists having as many as nine core activities while others having as few as three.

After identifying the core components and subcomponents of each activity, we developed a simple 4-point rating scale for grantees to indicate their progress on implementing each core component. The rating scale included options for a) completed in a previous school year, b) completed this school year, c) currently in progress, and d) no progress to date. Ratings were only asked at the core component level; subcomponents only served as examples and were not expected to be rated by respondents.

In addition to the rating of the core components, the checklists also included a summary question that asked grantees to provide a global assessment of the degree to which they have implemented the given required or optional activity thus far, with response options of "It needs work," "Pretty good," and "Very good."

DSU provided feedback on the draft checklists and small refinements were made prior to conducting the pilot test. Copies of the final checklists that were used for the pilot test are provided at the end of this document.

Piloting fidelity checklists

Once the checklists were finalized, DSU programmed them in Alchemer for administration to the pilot participants. DSU identified three grantees as potential pilot participants and

secured their participation via email. In identifying potential participants, consideration was given to grantees' years of involvement in the grant program and the required and optional activities that they were undertaking. This helped ensure that the checklists were applicable to, and could be completed by, grantees with differing levels of experience. It also helped ensure that each of the optional checklists would be completed by at least one grantee.

DSU sent the three pilot sites a link to the survey that contained the checklists and asked participants to complete them within three weeks. In addition to the items directly related to the checklists, participants were also asked to complete a small set of items about their experience completing the checklists (e.g., time needed to complete the checklist, difficulty with particular items). The pilot was conducted in late March and early April of 2026, with all survey data collected by May 11, 2026.

A review of the pilot data showed all three participants were implementing three of the four required strategies (screening and referrals for students, educational support groups, and identifying capacity building priorities), with two of the three also providing ATOD training to school staff. Among optional strategies, two were implementing peer leadership groups and evidence-based prevention curricula while one was integrating substance use prevention into coordinated school health initiatives.

Due to the small size of the pilot, a detailed analysis of the data was not possible. Instead, the focus was on gaining an understanding of the participants' experience completing the checklists and areas where revisions to the instruments may be needed before implementing with the full set of grantees in future years. However, Table 1 below provides results from the final item on each checklist that asked participants to provide a summary assessment of the fidelity with which they have implemented the strategy thus far. As can be seen, there was variability in how participants rated their fidelity across all checklists. Among all self-assessments collectively, one-third of assessments were rated as needing work, one-third were rated as pretty good, and one-third were rated as very good. A similar distribution was observed for the required and optional strategies. Among other things, this suggests that grantees may benefit from fidelity-related training and technical assistance.

Table 1. Summary fidelity measure frequencies, by checklist (n=3)

Checklist	It needs work	Pretty good	Very good
Required Strategies			
Screening and referrals	0	1	2
Education support groups	2	0	1
Identifying capacity building priorities	1	2	0
ATOD training for staff	1	0	1
<i>Required Subtotal</i>	<i>4 (36%)</i>	<i>3 (27%)</i>	<i>4 (36%)</i>
Optional Strategies			
Integrating prevention into CSH	0	1	0
Peer leadership groups	1	0	1
Evidence-based prevention curricula	0	1	1
<i>Optional Subtotal</i>	<i>1 (20%)</i>	<i>2 (40%)</i>	<i>2 (40%)</i>
OVERALL TOTAL	5 (31%)	5 (31%)	6 (38%)

Open-ended responses to the final question on each checklist provided insight into the pilot participants' experience completing the instruments. A recurring comment from participants was that the rating scale (completed in a previous school year, completed this school year, currently in progress, and no progress to date) did not accurately reflect their current stage of implementation. It was noted that implementation is a continuous process such that categorizing progress into one of four categories did not capture this nuance. Others noted that the examples and detail provided under each core component were overwhelming and made it difficult to provide one rating because they were at different stages of implementation for each subcomponent.

Another comment indicated that grantees would benefit from additional information about the purpose of the checklists. There was some confusion about whether the checklists were intended as evaluative tools or as implementation guidance documents that grantees could use to develop their strategies.

The results from both the quantitative and qualitative items in the checklists indicate that grantees would likely benefit from more guidance around issues of fidelity, the state's expectations around implementing the core components of each required and optional strategies, and resources grantees could use to enhance fidelity of implementation.

Fidelity needs assessment survey

To explore some of the issues noted above, we conducted a short survey with all current grantees in Spring 2026 to assess their knowledge of, comfort with, and practices related to implementation fidelity. The purpose of the survey was to gauge grantees' needs and areas

in which they might benefit from additional training and technical assistance. The web-based survey consisted of 5 items with a few additional questions asked depending on the participant's response to the preceding question and was designed to be completed in 5 minutes or fewer. A copy of the instrument is included at the end of this document.

DSU distributed the survey link to their point of contact at each grantee organization and asked that person to forward the link to anyone in their organization that is directly involved in implementing grant-related strategies. A total of 29 individuals across 24 grantees responded. A summary of results is presented in Table 2 below. The vast majority (93%) felt they were knowledgeable about the importance of fidelity, while about 90% were using at least one method to monitor fidelity. About 85% said they felt their fidelity monitoring practices are either somewhat or very effective, although the majority fell into the former category, which suggests there may be room for improvement. Only about 41% definitively said they have received training in fidelity in the past. Most respondents expressed more interest in receiving training about monitoring/measuring fidelity and using fidelity data to improve implementation than in receiving basic training about the importance of fidelity.

Table 2. Summary of fidelity survey results

Item	Percent
I am knowledgeable about importance of fidelity (n=29)	
Strongly disagree	6.9
Disagree	0.0
Agree	55.2
Strongly agree	37.9
Current fidelity monitoring practices (n=29)	
Regular observations	48.3
Collection/review of implementation data	58.6
Self-report or implementation logs	65.5
Participant feedback surveys	17.2
Peer or external evaluator review of sessions	10.3
Fidelity checklists completed during delivery	13.8
Analysis of outcomes linked to fidelity	27.6
None of the Above	10.3
Effectiveness of organization's fidelity monitoring (n=26)	
Not effective	15.4
Somewhat effective	69.2
Very effective	15.4
Reason for not monitoring fidelity (n=3)	
We've never considered fidelity before	66.7
We use other practices to monitor fidelity	0.0
We don't have the capacity to monitor fidelity	33.3
Someone else monitors fidelity	66.7
Other	0.0

Received training in fidelity in the past (n=29)	
Yes	41.4
No	20.7
Not sure	37.9
How interested are you in receiving training or technical assistance on the following topics?	
What fidelity is and why it is important (n=25)	
Not at all interested	48.0
Somewhat interested	40.0
Very interested	12.0
Monitoring, measuring, and reporting fidelity (n=29)	
Not at all interested	13.8
Somewhat interested	44.8
Very interested	41.4
Using fidelity data to improve implementation (n=29)	
Not at all interested	13.8
Somewhat interested	44.8
Very interested	41.4

Fidelity Checklist - PILOT VERSION 3.9.26

Strategy: SCREENING, REFERRAL, AND INDIVIDUAL SUPPORT

Required or Optional: REQUIRED

Note to DSU: Our thought is to insert these items at the beginning of the Substance Use Disorder Screening & Referral section in the current quarterly reporting tool. The respondents would then proceed to answer the questions about numbers served, demographics, etc. that are currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – Screening, Referral, and Individual Support with funding from this grant?

☐ Yes → SKIP TO Q3

☐ No → GO TO Q2

2. Please explain why you are not implementing or plan to implement Screening, Referral, and Individual Support with funding from this grant this school year.

→ SKIP TO END

3. Which of the following screening tools are you using, or plan to use, this school year? Please select all that apply.

☐ CRAFFT

☐ GAIN-SS

☐ YSBIRT

☐ Other (Please specify:)

Listed below are core components involved in implementing Screening, Referrals, and Individual Support, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
4a. Adoption of a validated screening tool Tasks for this component include: • Research and select appropriate validated screening tool. • Purchase or obtain access to tool.	☐	☐	☐	☐
4b. Development or refinement of screening protocols Tasks for this component include: • Develop or revise protocols for identifying behavioral or mental health concerns among students who may benefit from screening. • Develop or revise protocols for school staff to refer students for screening • Distribute protocol to school staff.	☐	☐	☐	☐
4c. Train staff in screening procedures Tasks for this component include: • Train staff in protocol for problem identification. • Train staff in protocol for referring students for screening. • Train staff in administration of screening instrument.	☐	☐	☐	☐
4d. Conduct screenings Tasks for this component include: • Administer screener to students. • Examine results and determine whether student should be referred for services.	☐	☐	☐	☐

4e. Development or refinement of service referral protocols Tasks for this component include: • Work with substance use and mental health providers to develop process or procedures that will be used to refer students for services. • Develop and sign agreement with providers that detail procedures for referring students, providing services, and sharing information for purpose of tracking student progress. • Distribute protocol for referring students for services to staff.	☐	☐	☐	☐
4f. Train staff in referral procedures Tasks for this component include: • Train staff in protocol for referring students for services. • Train staff in internal documentation procedures for tracking the referral process for each student. • Train staff in confidentiality procedures, including compliance with HIPAA and FERPA regulations.	☐	☐	☐	☐
4g. Provide referrals to students Tasks for this component include: • Provide referral and provider information to student and/or caregiver. • Communicate with provider to track provision of services. • Use internal tracking procedures for documenting the outcomes of the referral and service provision.	☐	☐	☐	☐
4h. Evaluate screening, referral, and individual support Tasks for this component include: • Gather input from school staff, students, parents/caregivers, and providers to ensure screening, referral, and support processes are effectively serving students • Revise protocols and training procedures as needed to improve processes for providing screening, referrals, and individual support	☐	☐	☐	☐

5. Overall, how would you rate your implementation fidelity of Screening, Referral, and Individual Support so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity.
 - ☐ Pretty good – We’re on the right track but still need to improve our implementation fidelity for this strategy.
 - ☐ Very good – We’re implementing this strategy with high fidelity

Fidelity Checklist – PILOT VERSION 3.9.26

Strategy: EDUCATIONAL SUPPORT GROUPS

Required or Optional: REQUIRED

Note to DSU: Our thought is to insert these items at the beginning of the Educational Support Groups section in the current quarterly reporting tool. The respondents would then proceed to answer the questions about numbers served, demographics, etc. that are currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – Educational Support Groups with funding from this grant?

☐ Yes → SKIP TO Q3

☐ No → GO TO Q2

2. Please explain why you are not implementing or plan to implement Educational Support Groups with funding from this grant this school year.

→ SKIP TO END

3. How many different types of Educational Support Groups have you implemented or are you preparing to implement this school year?

→ GO TO Q4

4. Please briefly describe the types of Educational Support Groups you have implemented or are preparing to implement this grant this school year.

→ GO TO Q5a

Listed below are core components involved in implementing Educational Support Groups, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
5a. Establish support group Tasks for this component include: • Identify the topic(s) for the group • Engage partners to ensure the support group has support from the school community, particularly from school administrators • Identify an adult facilitator • Identify and recruit students to participate	☐	☐	☐	☐
5b. Provide support group to participants Tasks for this component include: • Identify goals of the group and associated activities • Set meeting schedule • Meet regularly as defined by schedule	☐	☐	☐	☐
5c. Evaluate support group Tasks for this component include: • Provide opportunities for reflection among participants and adult facilitator • Solicit feedback from participants and facilitator about functioning and effectiveness of group • Collect data on implementation such as the number of groups, number of participants, etc. • Collect or gather any available data on student outcomes relevant to the topic of the group • Revise content or composition of group based on evaluation results	☐	☐	☐	☐

6. Overall, how would you rate your implementation fidelity of Educational Support Groups so far?

☐ It needs work – We still have a way to go to implement this strategy with fidelity.

☐ Pretty good – We're on the right track but still need to improve our implementation fidelity for this strategy.

☐ Very good – We're implementing this strategy with high fidelity

Fidelity Checklist – PILOT VERSION 3.9.26

Strategy: IDENTIFY CAPACITY BUILDING PRIORITIES

Required or Optional: REQUIRED

Note to DSU: Our thought is to insert these items at the beginning of the Identify Capacity Building Priorities section in the current quarterly reporting tool. The respondents would then proceed to answer the questions about numbers served, demographics, etc. that are currently in the tool.

1. Are you currently identifying – or are you preparing to identify in this school year – Capacity Building Priorities with funding from this grant?

☐ Yes → SKIP TO Q3
☐ No → GO TO Q2

2. Please explain why you are not identifying or plan to identify Capacity Building Priorities with funding from this grant this school year.
→ SKIP TO END

Listed below are core components involved in identifying Capacity Building Priorities, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date. If you have not chosen a particular capacity building priority, please mark “N/A.”

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date	N/A – We have not chosen this as a priority
3a. Review previous year’s assessment or conduct a new assessment to determine capacity building priorities for grant period. Tasks for this component include: • Identify the individual(s) who will be responsible for reviewing the previous year’s assessment or conducting a new assessment • Identify and review existing data sources relevant to capacity building priorities: ○ Screening capacity ○ Substance use education ○ Youth empowerment groups ○ Sharing educational resources ○ Participation in awareness campaigns • Identify data gaps and collect any additional data needed to identify capacity building priorities • Review data to identify area(s) in need of capacity building	☐	☐	☐	☐	

3b. Increasing capacity for screenings Tasks for this component include: • Ensure support of school staff and administration for conducting screenings with students • If expanding screening protocols, determine how additional students will be identified for screenings • Identify screening tool • Determine referral pathways for positively screened students. Identify providers for referral, establishing relationships with new providers as necessary. • Develop and distribute protocols for referring students for screening including next steps for positive screening • Train school staff in screening and referral protocols • Train staff in administration of screening tool	☐	☐	☐	☐	☐
3c. Increasing capacity for adding prevention or substance use education into curriculum Tasks for this component include: • Ensure support of school staff and administration for inclusion of prevention and substance use education in curriculum • Review current curriculum to identify gaps related to prevention or substance use education • Identify and/or develop prevention or substance use education content to be added to curriculum • Train teaching staff in new content	☐	☐	☐	☐	☐

3d. Increasing capacity for starting or expanding youth empowerment groups Tasks for this component include: • Ensure support of school staff and administration for start or expansion of youth empowerment groups • Partner with local youth-serving organizations or businesses that can donate funding, time, or opportunities in service of the group • Identify and train an adult advisor • Solicit volunteers in school or community to support the group's activities	☐	☐	☐	☐	☐
3e. Increasing capacity for sharing educational resources with students, staff, families or the community Tasks for this component include: • Ensure support of school staff and administration for sharing of educational resources • Determine educational resource needs among students, staff, families, and the community • Identify available resources that address educational needs of students, staff, families, and the community • Develop communication plan to share resources • Partner with school or district communication personnel, community organizations, media outlets, or other groups to help facilitate distribution of resources throughout the school and community	☐	☐	☐	☐	☐

3f. Increasing capacity for participating in prevention awareness campaigns and observances Tasks for this component include: • Ensure support of school staff and administration for participating in prevention awareness campaigns and observances • Solicit and train volunteers to participate in or help coordinate the awareness campaign or observance • Solicit funding, donations, or other support from community groups and businesses that align with the goals of the awareness campaigns and observances • Partner with local media outlets to help build awareness of the campaign or observance and to disseminate messaging	☐	☐	☐	☐	☐
3g. Increasing capacity for other grant activities Tasks for this component include: • Ensure support of school staff and administration for the activity • If applicable, solicit and train staff or volunteers to assist with activity • If applicable, identify and partner with community organizations or businesses to solicit funding, time, or opportunities in support of the activity	☐	☐	☐	☐	☐

4. Overall, how would you rate your implementation fidelity in Capacity Building so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity.
 - ☐ Pretty good – We're on the right track but still need to improve our implementation fidelity for this strategy.
 - ☐ Very good – We're implementing this strategy with high fidelity.

Fidelity Checklist – PILOT VERSION 3.9.26

Strategy: PROVIDE SCHOOL STAFF TRAINING

Required or Optional: REQUIRED

Note to DSU: Our thought is to insert these items at the beginning of the Provide School Staff Training section in the current quarterly reporting tool. The respondents would then proceed to answer the questions about numbers served, demographics, etc. that are currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – School Staff Training with funding from this grant?

☐ Yes → SKIP TO Q3a
☐ No → GO TO Q2

2. Please explain why you are not implementing or plan to implement School Staff Training with funding from this grant this school year.
→ SKIP TO END

Listed below are core components involved in implementing School Staff Training, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
3a. Identify school staff training needs Tasks for this component include: • Assess staff training needs through outreach to staff, surveys, or other assessment methods • Identify training courses, programs, or materials that address identified training needs • Identify a trained facilitator to conduct training or train a staff member to deliver the training to other staff	☐	☐	☐	☐
3b. Conduct training with staff Tasks for this component include: • Schedule training for a convenient time and location that allows the largest number of staff to attend and make alternative accommodations for those unable to attend • Provide necessary support (e.g., substitute teachers, overtime pay, continuing education credits) to staff to encourage attendance • Distribute written training materials • Notify staff of additional training opportunities	☐	☐	☐	☐
3c. Evaluate training with staff Tasks for this component include: • Conduct surveys or other data collection activities to assess outcomes such as participants' increase in knowledge, ability to apply training concepts, and satisfaction with the training • Analyze results to assess success of training and identify areas for additional training	☐	☐	☐	☐

4. Overall, how would you rate your implementation fidelity of School Staff Training so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity.
 - ☐ Pretty good – We’re on the right track but still need to improve our implementation fidelity for this strategy.
 - ☐ Very good – We’re implementing this strategy with high fidelity

Strategy: INTEGRATION OF SUBSTANCE USE PREVENTION INTO COORDINATED SCHOOL HEALTH INITIATIVES

Required or Optional: OPTIONAL

Note to DSU: Our thought is to insert these items at the beginning of the Integration of Substance Use Prevention into Coordinated School Health Initiatives section in the current quarterly reporting tool. The respondents would then proceed to answer the question about the number who participated, number of schools involved, etc. that is currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – Integration of Substance Use Prevention into Coordinated School Health Initiatives with funding from this grant?

☐ Yes → SKIP TO Q3a

☐ No → GO TO Q2

2. Please indicate why you are not currently implementing Integration of Substance Use Prevention into Coordinated School Health Initiatives this school year.

☐ We have not chosen Integration of Substance Use Prevention into Coordinated School Health Initiatives as an optional strategy. → GO TO END

☐ We plan to implement Integration of Substance Use Prevention into Coordinated School Health Initiatives in a future school year. → GO TO END

☐ Other. Please describe: → GO TO END

Listed below are core components involved in implementing Integration of Substance Use Prevention into Coordinated School Health Initiatives, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
3a. Understand principles of Coordinated School Health Tasks for this component include: • Review Coordinated School Health and Whole School, Whole Community, Whole Child models (https://www.cdc.gov/whole-school-community-child/about/index.html) • Review 10 components of WSCC model and understand how substance use prevention fits into them.	☐	☐	☐	☐
3b. Establish a team that oversees school wellness programming and initiatives Tasks for this component include: • Convene team members with representatives to include Student Assistance Professionals (SAPs), school health liaisons, Prevention Consultants, or other school, district or community personnel involved in health promotion and wellness • Establish role and goals of team as it relates to health promotion and wellness • Develop comprehensive plan that establishes how student health will be supported throughout the school and district • Meet regularly to review data, existing curricula and policies, or training needs to guide the work of the team	☐	☐	☐	☐

3c. Integrate substance use prevention into Coordinated School Health component “<u>Health Education</u>” Tasks for this component include: • Include substance use prevention content in school’s health education curriculum • Deliver substance use prevention content by qualified, trained teachers • Deliver digital or written substance use prevention materials and messages (e.g., social media messages, flyers, signage within school)	☐	☐	☐	☐
3d. Integrate substance use prevention into Coordinated School Health component “<u>Employee Wellness</u>” Tasks for this component include: • Offer substance use prevention education to school employees • Offer Employee Assistance Program that includes substance use cessation services or provides referrals to outside agencies • Coordinate with health insurance providers to offer incentives for substance use abstinence or cessation • Implement workplace policies or guidelines that support substance use prevention among school employees	☐	☐	☐	☐
3e. Integrate substance use prevention into Coordinated School Health component “<u>Physical Environment</u>” Tasks for this component include: • Implement school- or district-wide policies that restrict substance use-related messaging or advertisements on school grounds or at school-sponsored activities • Implement school- or district-wide policies that restrict substance use on school grounds or at school-sponsored activities • Post signage around school grounds that communicates the school or district’s substance use policies	☐	☐	☐	☐

3f. Integrate substance use prevention into Coordinated School Health component “<u>Health Services</u>” Tasks for this component include: • Provide substance use education or health promotion to students and their families • Provide screening or assessment to students who may be in need of substance use prevention or cessation services • Provide substance use prevention or cessation services (e.g., counseling) to students in need or refer students to outside providers.	☐	☐	☐	☐
3g. Integrate substance use prevention into Coordinated School Health component “<u>Counseling, Psychological, and Social Services</u>” Tasks for this component include: • Provide screening or assessment to students who may be in need of substance use prevention or cessation services • Provide substance use prevention or cessation services (e.g., counseling) to students in need or refer students to outside providers. • Provide resources or assist in identifying additional substance use prevention or cessation resources in the community • Consider providing both substance use and mental health screenings or support when a student when positively screens for one.	☐	☐	☐	☐

3h. Integrate substance use prevention into Coordinated School Health component “<u>Community Involvement</u>” Tasks for this component include: • Partner with community organizations such as civic organizations, faith-based organizations, businesses, social service agencies, or clinics to provide substance use prevention and cessation information, education, and services • Provide students with service learning opportunities in the community to promote substance use prevention activities or policies • Develop or facilitate mentoring opportunities between community partners and students to support substance use prevention • Promote substance use prevention activities or initiatives through earned media or partnerships with local media outlets	☐	☐	☐	☐
3i. Integrate substance use prevention into Coordinated School Health component “<u>Family Engagement</u>” Tasks for this component include: • Communicate regularly with families via text, email, newsletters, etc. about substance use prevention initiatives, programming, and services available at their child’s school. • Provide materials and resources to families to promote substance use prevention or cessation • Offer prevention programming to families to promote substance use prevention or cessation • Offer activities (e.g., family nights) to promote family engagement in student health initiatives or activities at the school • Engage with parent organizations (e.g., PTAs, booster clubs) to inform and promote substance use prevention activities at the school	☐	☐	☐	☐

4. Overall, how would you rate your implementation fidelity of Integration of Substance Use Prevention into Coordinated School Health Initiatives so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity
 - ☐ Pretty good – We're on the right track but still need to improve our implementation fidelity for this strategy
 - ☐ Very good – We're implementing this strategy with high fidelity

Fidelity Checklist – PILOT VERSION 3.9.26

Strategy: ADVISING AND TRAINING PEER LEADERSHIP GROUPS

Required or Optional: OPTIONAL

Note to DSU: Our thought is to insert these items at the beginning of the Advising and Training Peer Leadership Groups section in the current quarterly reporting tool. The respondents would then proceed to answer the question about the number who participated, number of schools involved, etc. that is currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – Advising and Training Peer Leadership Groups with funding from this grant?

☐ Yes → SKIP TO Q3a

☐ No → GO TO Q2

2. Please indicate why you are not currently implementing Advising and Training Peer Leadership Groups this school year.

☐ We have not chosen Advising and Training Peer Leadership Groups as an optional strategy. → GO TO END

☐ We plan to implement Advising and Training Peer Leadership Groups in a future school year. → GO TO END

☐ Other. Please describe: → GO TO END

Listed below are core components involved in implementing Advising and Training Peer Leadership Groups, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
3a. Define purpose and scope of group Tasks for this component include: • Articulate purpose and goals of the peer leadership group • Define any qualifications or criteria for membership into the group	☐	☐	☐	☐
3b. Engage school partners to gain support for group Tasks for this component include: • Meet or communicate with school partners about role and importance of peer leadership groups • Ensure group has support of school administration prior to initiating activities	☐	☐	☐	☐
3c. Select a model to follow (i.e., QSA, ATI, Teen Institute) Tasks for this component include: • Research potential models that can be used to develop peer leadership group • Select model based on fit with school, students, and goals of the group	☐	☐	☐	☐

3d. Identify an adult advisor Tasks for this component include: • Promote purpose of group to school/ organization staff • Recruit one or more adults to serve as group advisor • Train adult advisor	☐	☐	☐	☐
3e. Recruit students to participate Tasks for this component include: • Promote existence and purpose of group through signage in school, social media, announcements, and info sessions • Collect names and contact info of interested students • Select students for participation • Ensure membership reflects broader school population • Continue recruitment efforts throughout school year • Train peer leaders in selected model	☐	☐	☐	☐
3f. Hold group meetings Tasks for this component include: • Hold orientation session for new members • Assign or elect students into roles within group • Identify student-driven goals of group and associated activities • Set meeting schedule • Meet regularly as defined by schedule • Develop meeting agendas	☐	☐	☐	☐
3g. Provide opportunities for reflection and ongoing evaluation of efforts Tasks for this component include: • Schedule time in meeting agenda for students to reflect on the work of the group and progress made in accomplishing its goals. • Adjust groups' goals and/or activities as needed based on reflection and self-evaluation.	☐	☐	☐	☐

3h. Foster connections with the broader school community Tasks for this component include: • Conduct presentations or create other communications (e.g., newsletters, signs, posters, announcements) for school staff and students about the groups' activities and goals. • Engage with local community organizations or business with shared goals to build wider support for program	☐	☐	☐	☐
3i. Evaluate peer leadership program Tasks for this component include: • Collect data about peer leadership group effectiveness by conducting surveys, focus groups, interviews, etc. • Analyze data and examine whether stated goals of peer group were met • Identify successes that were achieved and challenges that were encountered • Identify any revisions to the peer leadership program that should be made.	☐	☐	☐	☐

4. Overall, how would you rate your implementation fidelity of Advising and Training Peer Leadership Groups so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity
 - ☐ Pretty good – We’re on the right track but still need to improve our implementation fidelity for this strategy
 - ☐ Very good – We’re implementing this strategy with high fidelity

Fidelity Checklist – PILOT VERSION 3.9.26

Strategy: EVIDENCE-BASED/EVIDENCE-INFORMED CURRICULA

Required or Optional: OPTIONAL

Note to DSU: Our thought is to insert these items at the beginning of the Evidence Based/Evidence Informed Curricula section in the current quarterly reporting tool. The respondents would then proceed to answer the question about the number who participated that is currently in the tool.

1. Are you currently implementing – or are you preparing to implement in this school year – Evidence-Based/Evidence-Informed Curricula with funding from this grant?

☐ Yes → SKIP TO Q3a
☐ No → GO TO Q2

2. Please indicate why you are not currently implementing Evidence-Based/Evidence-Informed Curricula this school year.
☐ We have not chosen Evidence-Based/Evidence-Informed Curricula as an optional strategy. → GO TO END
☐ We plan to implement Evidence-Based/Evidence-Informed Curricula in a future school year. → GO TO END
☐ Other. Please describe: → GO TO END

Listed below are core components involved in implementing Evidence-Based/Evidence-Informed Curricula, along with subcomponents or tasks associated with each. For each core component, please indicate whether you completed it in a previous year school year, completed it this school year, are currently making progress to complete it, or have not made any progress to date.

Core component	Completed in previous school year	Completed this school year	Currently in progress	No progress to date
3a. Selection of curricula Tasks for this component include: • Gathering or reviewing data to identify risk factors or outcomes to be targeted by curriculum. • Reviewing multiple curricula and selecting one or more that target the risk factors or outcomes identified during data collection/review.	☐	☐	☐	☐
3b. Training staff in curriculum implementation Tasks for this component include: • Staff responsible for curriculum implementation are formally trained in the program by the curriculum developer or authorized trainer. • Booster training is provided for staff who have been trained previously.	☐	☐	☐	☐
3c. Implement pre-survey as indicated by the curriculum Tasks for this component include: • Parental consent for survey is obtained prior to implementing the pretest • Survey is conducted with all potential program participants prior to first session.	☐	☐	☐	☐

3d. Implement all sessions as indicated in the curriculum Tasks for this component include: • All sessions of the program are implemented. • All content for each session is implemented as intended or specified in the curriculum. • The components of each lesson are implemented for the amount specified by the curriculum or developer. • The number and nature of adaptations are noted by the implementer.	☐	☐	☐	☐
3e. Implement post-survey as indicated by the curriculum Tasks for this component include: • The survey is conducted with all program participants after implementation of the last session	☐	☐	☐	☐
3f. Analyze pre/post survey data and share results Tasks for this component include: • Conduct analysis on pre and post data to examine changes over time in outcomes targeted by the curriculum. • Share results with school, SU/SD, and/or grantee staff highlighting progress on key outcomes. • Use results to inform decisions about continued use of the curriculum.	☐	☐	☐	☐

4. Overall, how would you rate your implementation fidelity of Evidence-Based/Evidence-Informed Curricula so far?
- ☐ It needs work – We still have a way to go to implement this strategy with fidelity
 - ☐ Pretty good – We're on the right track but still need to improve our implementation fidelity for this strategy
 - ☐ Very good – We're implementing this strategy with high fidelity

DSU School-based Grants Fidelity Survey 2026

Introduction

Thank you for participating in this short survey. It should take you less than 5 minutes to complete. The purpose is to better understand your current implementation fidelity-related practices and what additional training or technical assistance may be helpful to you.

Implementation fidelity, often just called "fidelity," refers to the degree to which a program, intervention, or plan is delivered as intended. In other words, are you delivering the strategy as intended, and are you following all the steps, using the right materials, and dedicating the necessary amount of time? Fidelity helps us measure the success of a plan or strategy like the ones funded by this grant.

We will use the results of what we learn from this survey to develop training and technical assistance on a variety of fidelity-related topics that we will make available to grantees in the future.

Please indicate below whether you are willing to participate in the survey: *

- ☐ Agree
- ☐ Decline

1) Please tell us your SU/SD/Organization.

- ☐ Barre Unified Union SD
- ☐ Central VT SU
- ☐ Champlain Valley SD
- ☐ Franklin Northeast SU
- ☐ Franklin West SU
- ☐ Greater Falls Connection/HCRS
- ☐ Hartford Town SD
- ☐ Harwood SD
- ☐ Lamoille North Modified Unified Union SD
- ☐ Lamoille South Unified Union SD
- ☐ Maple Run Unified SD
- ☐ Milton Town SD

- ☐ Mount Abraham
- ☐ Mount Mansfield Unified Union SD
- ☐ Mountain Communities Supporting Education (Bennington Rutland SU)
- ☐ Mountain Views SU
- ☐ Northeastern Family Institute of Vermont (Burlington SD)
- ☐ Rutland City SD
- ☐ Second Growth (Windsor SE)
- ☐ Slate Valley Unified Union SD
- ☐ South Burlington SD
- ☐ Southwest VT SU
- ☐ Springfield SD
- ☐ Twinfield SD (Caledonia Central SU)
- ☐ Two Rivers SU
- ☐ Washington Central Unified Union SD
- ☐ Windham Central SU
- ☐ Windham Southeast SU
- ☐ Windham Southwest SU

2) I am knowledgeable about the importance of implementation fidelity.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

3) Which of the following practices does your SU/SD or organization currently use to monitor the fidelity of its substance use prevention strategies? (Select all that apply)

- ☐ Regular observations to ensure activities are delivered as intended
- ☐ Collection and review of implementation data (e.g., attendance, dosage, adherence to curriculum)
- ☐ Staff self-reports or implementation logs
- ☐ Participant feedback surveys on program delivery

- ☐ Peer or external evaluator reviews of program sessions
- ☐ Scheduled fidelity checklists completed during program delivery
- ☐ Ongoing analysis of outcomes linked to fidelity measures
- ☐ None of the above

4) How effective are your SD/SU/organization's monitoring practices in ensuring your substance use prevention strategies are implemented with fidelity?

- ☐ Not effective
- ☐ Somewhat effective
- ☐ Very effective

5) You indicated in the previous question that your program does not currently use any of the monitoring practices in the previous question. Please select the most relevant reason below:

- ☐ Our program has never considered fidelity steps before.
- ☐ We use other practices to monitor fidelity.
- ☐ Our program does not have the capacity to monitor fidelity.
- ☐ Someone else monitors fidelity and I do not have the information needed to answer the question.
- ☐ Other (please specify): _____

6) Have you or staff responsible for implementing prevention strategies received any training or technical assistance in implementation fidelity in the past?

- ☐ Yes
- ☐ No
- ☐ Not sure

7) Please briefly describe the training or technical assistance you or staff have received in implementation fidelity in the past. If possible, please include when the training or technical assistance was received.

8) How interested are you in receiving training or technical assistance on the following topics?

	Not at all interested	Somewhat interested	Very interested
What fidelity is and why it is important.	()	()	()
Different approaches to monitoring, measuring, and reporting fidelity.	()	()	()
Using fidelity data to improve implementation.	()	()	()

9) Are there other fidelity-related topics for which you would like to receive training or technical assistance?

Thank you for taking our survey. Your response is very important to us!