Protecting Ohio's Families

Ohio Attorney General's

# Drug Use Prevention

## RESOURCE GUIDE

June 2018

MIKE DEWINE
OHIO ATTORNEY GENERAL

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Dear Ohioans,

Our state has a long history of pushing boundaries and achieving excellence. Ohio is the birthplace of seven U.S. presidents, the first man to walk on the moon, the inventors of the lightbulb and airplane, and more than a dozen Academy Award winners. Nearly 2 million children attend Ohio's schools. They will become the scientists who cure diseases, engineers who develop solutions to modern challenges, artists who inspire us, and politicians who lead our state. However, a drug epidemic threatens Ohio's future.

Thousands of Ohioans die each year from unintentional overdoses. These individuals often leave behind children who have experienced unspeakable trauma. Many other children are living in the midst of their parents' substance use. Children who witness drug abuse are more likely to use drugs as adults, which can prevent them from achieving their full potential.

Among the solutions is one that is relatively simple: comprehensive prevention education. Prevention education helps children develop the knowledge and skills to live healthfully. Effective prevention not only helps students stay drug-free and make healthy choices for a lifetime, but it also can help students succeed academically.

In 2016, I created the Joint Study Committee on Drug Use Prevention Education in conjunction with the Ohio House speaker and the Ohio Senate president. The multidisciplinary group of law enforcement officials, bipartisan state legislators, teachers, superintendents, and preventionists traveled the state to meet with citizens and hear about local substance-use prevention efforts. In February 2017, the committee issued a report on its findings and recommendations. A summary of the report can be found on Page 3. The committee's first recommendation was that every Ohio student receives annual, age appropriate prevention education in grades kindergarten through 12.

To help schools develop comprehensive prevention services, the committee developed this guide, which walks school leaders through each facet of prevention education.

Ohio's children are our future, and they deserve the best possible start in life. To ensure they live up to their God-given potential, we must ensure they are on a path to remain drug-free, healthy, and happy for a lifetime. That begins with effective, comprehensive prevention education.

Very respectfully yours,

Mike DeWine
Ohio Attorney General

# Table of Contents

**Ohio Joint Study Committee on Drug Use Prevention Education** **1**
Members 1
History 2

**Joint Study Committee on Drug Use Prevention Education 2017 Report Summary** **3**

**What is Prevention Education** **4**
Prevention Best Practices 6

**Prevention Inventory Checklist** **9**
Prevention Inventory Checklist Review 10

**Strategic Planning Process** **11**

**Prevention Strategies Inventory** **26**

Prevention Education
Before- and After-School Programs 27
Cross-Curricular Prevention Education 30
K-12 Health Prevention Curricula 32
Social-Emotional Learning 40

Environmental Strategies
School Climate and Drug Use Surveys 44

Community-Based Processes
Alcohol, Drug, and Mental Health Board Engagement 48
Caregiver Engagement 51
Law Enforcement Engagement 54
Professional Development in Mental Health and Substance Use 57
Youth-Led Prevention 60

Problem Identification and Referral
School-Based Health Services 64
Community-Based Health Referrals 67

Programs to Watch 70

# Ohio Joint Study Committee on Drug Use Prevention Education

## Members

- Sen. John Eklund (R-Chardon)
- Sen. Michael Skindell (D-Lakewood)
- Sen. Joe Uecker (R-Miami Township)
- Rep. Andrew Brenner (R-Powell)
- Rep. Terry Johnson (R-McDermott)
- Rep. Robert Sprague (R-Findlay)
- Marcus Benjamin, senior policy advisor, Ohio Senate
- Nick Derksen, senior policy advisor, Ohio House of Representatives
- Tess Elshoff, president, Ohio State Board of Education
- Neil Gupta, director of secondary education, Worthington City Schools
- Bob Hannon, president, United Way of Youngstown and the Mahoning Valley
- Hank Harned, coordinator, Start Talking!
- Teresa Lampl, associate director, Ohio Council of Behavioral Health & Family Services Providers
- Kevin Lorson, Ph.D., past-president, Ohio Association for Health, Physical Education, Recreation & Dance
- Krish Mohip, CEO, Youngstown City Schools
- Sarah Moore, director, Start Talking!
- Chris Monsour, teacher, Columbian High School, Tiffin
- Joe Morbitzer, police chief, Westerville
- Dean Nance, superintendent, Ironton City Schools
- Stephanie Nowak, teacher, Fairfax Elementary Schools, Mentor
- Marcie Seidel, executive director, Prevention Action Alliance
- Al Solomon, sheriff, Auglaize County
- Chip Spinning, executive director, Franklin County Children Services
- Molly Stone, chief, Bureau of Prevention, Ohio Department of Mental Health & Addiction Services
- Cheri Walter, CEO, Ohio Association of County Behavioral Health Authorities
- Sarah Wickham, senior policy adviser, Ohio Department of Education

## History

The Ohio Joint Study Committee on Drug Use Prevention Education was created on Aug. 11, 2016. The original committee was made up of 24 members with ties to education, prevention, nonprofits, law enforcement, and elected offices. It met 16 times, including at six regional hearings throughout Ohio. On Feb. 10, 2017, the committee released a report of its recommendations. Chief among them was annual, age appropriate prevention education in grades kindergarten through 12. To ensure that schools had the resources to develop comprehensive prevention plans, the Attorney General requested that the committee reconvene. The committee met again on Nov. 30, 2017, and held three additional meetings to develop this guide.

## State Law Requirements

Ohio law requires schools to provide instruction on substance use and its associated risks. Specifically, instruction is mandated on the topics of drugs of abuse, alcohol, tobacco, and opioids, as is detailed in the applicable code sections below. For information on other health education requirements, visit the Ohio Department of Education's health education page.

## 3313.60 Prescribed Curriculum

Notwithstanding division (D) of section 3311.52 of the Revised Code, divisions (A) to (E) of this section do not apply to any cooperative education school district established pursuant to divisions (A) to (C) of section 3311.52 of the Revised Code.

(A) The board of education of each city, exempted village, and local school district and the board of each cooperative education school district established, pursuant to section 3311.521 of the Revised Code, shall prescribe a curriculum for all schools under its control. Except as provided in division (E) of this section, in any such curriculum there shall be included the study of the following subjects:

[...]

(5) Health education, which shall include instruction in:

[...]

(b) The harmful effects of and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco;

[...]

(f) Prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between prescription opioid abuse and addiction to other drugs, such as heroin.

For school districts under the supervision of an Academic Distress Commission, Ohio Revised Code 3302.10(C)(1) empowers the Chief Executive Officer of the school district to "determine the school curriculum" and "select instructional materials," which would include prevention curricula.

# Joint Study Committee on Drug Use Prevention Education 2017 Report Summary

Below is a summary of the Joint Study Committee on Drug Use Prevention Education's 15 recommendations included within the 2017 report. The full report is available here.

1. Ohio schools should provide consistent, age-appropriate, evidence-based substance abuse education for all students, kindergarten through 12th grade.

2. Ohio should adopt a reporting system that requires schools to report and explain how they are fulfilling their requirements to provide substance abuse education.

3. Ohio should extend social-emotional learning standards through grade 12.

4. Ohio schools should implement student and community surveys.

5. Schools should consider including substance abuse curriculum in other subjects beyond health, such as in science or language arts.

6. The Ohio Department of Mental Health & Addiction Services (ODMHAS) should provide guidance to schools on curricula and policies for substance abuse prevention.

7. State and local agencies provide free training resources to school personnel on how to detect substance abuse or mental illness in children.

8. The Ohio Department of Education (ODE) should designate staff to assist local communities with implementing the recommendations in this report.

9. Communities should explore ways to partner with local law enforcement on substance abuse prevention efforts.

10. Schools should create before- and after- school programs for students, which provide students with safe, drug-free places to learn healthy habits.

11. Schools and community prevention coalitions should share information and improve cooperation to promote similar and complementary anti-drug abuse messaging.

12. Schools should make an effort to involve families with the prevention messages the school is teaching in order to reinforce anti-drug messaging.

13. Schools should explore and adopt evidence-based youth-led prevention programs.

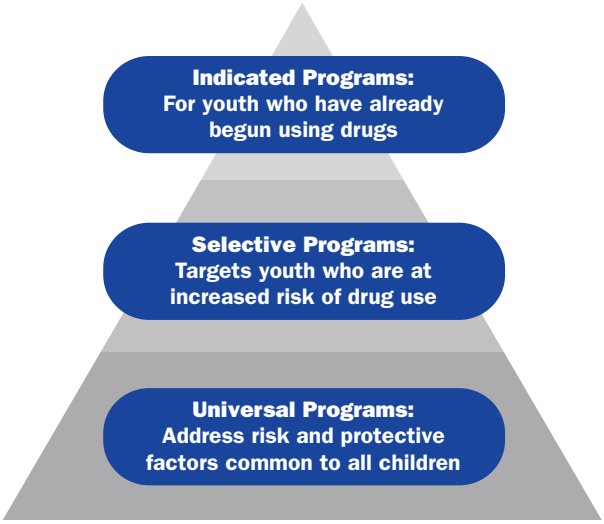
14. The Ohio Department of Higher Education should work with colleges and universities to ensure ongoing prevention efforts occur in higher education.

15. The study committee wishes to continue its work to monitor and study the implementation of these recommendations.

## What is Prevention Education

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), prevention education is "delivered prior to the onset of a (mental-health or substance-use) disorder, to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use."[1]

Research has shown that certain prevention programs are proven to reduce the likelihood of a student's future substance use and improve mental health and educational outcomes. Prevention programs accomplish this by increasing protective factors, which are environmental, biological, or relational factors that help children deal with stressful and risky events in an effective way.[2] When present, protective factors can help improve a child's health and well-being. Examples of protective factors include social and emotional competence and positive social connections. Both of these protective factors will be detailed with examples below.




Prevention programs, just like Positive Behavioral Interventions and Supports (PBIS), should be structured in a tiered-manner, based on a child's need.[3] Prevention programs can be targeted at mental health, behavior, and/or substance-use.

Prevention programs should be age- and developmentally-appropriate for children. For example, it would not be effective to use a program for teens in an elementary classroom.

When selecting a prevention program, the committee recommends that schools use evidence-based, effective, and promising programs. Evidence-based, according to the National Institute of Health (NIH), means that a program has been "rationally designed based on current scientific evidence, rigorously tested, and shown to produce positive results."[4] Evidence-based drug prevention programs and curricula can be found on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).[5] Effective and promising programs have demonstrable, positive outcomes, but lack rigorous evaluation or empirical, replicable outcomes.

There is no single "right" way to provide prevention education. Accordingly, prevention education may look different from school to school. For example, some school districts may contract with a provider to conduct prevention education during a recess period, while others have health-based curricula,

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1 Prevention of Substance Abuse and Mental Illness, SAMHSA, www.samhsa.gov/prevention. Last updated, 5/15/2018. Accessed 5/17/2018 at 8:13 a.m.

2 Protective Factors to Promote Well-Being, Child Welfare Information Gateway, HHS, www.childwelfare.gov/topics/preventing/promoting/protectfactors/, accessed 5/17/18 at 8:33 a.m.

3 "The connections between education and health: Positive Behavior Interventions and Supports," Health Policy Institute of Ohio, January 2018, available at www.healthpolicyohio.org/wp-content/uploads/2018/01/EducationHealthFactSheet_PBIS-1.12.18.pdf.

4 Preventing Drug Abuse: The Best Strategy, NIH, www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-abuse-best-strategy. Last updated July 2014, accessed 5/17/2018 at 8:00 a.m.

5 Additional prevention programs for juvenile justice and youth prevention, intervention and reentry are available through the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, available at www.ojjdp.gov/mpg.

and others work with their D.A.R.E. officer to incorporate D.A.R.E. Keepin' It Real or with their School Resource Officer (SRO) on another evidence-based curricula. What is critical, however, is that every student receives effective, age-appropriate prevention education every year, from kindergarten through 12th grade.

The *Drug Use Prevention Resource Guide* will walk users through the strategic planning process of developing a comprehensive drug-prevention plan for their classroom, school, or district.

The committee has identified 12 prevention services that, it believes, make up a comprehensive prevention plan. The 12 services include:

1. Before- and after-school programs
2. Cross-curricular prevention education
3. Health education curricula
4. Social-emotional learning
5. School climate and drug-use surveys
6. Alcohol, drug, and mental health board engagement and treatment providers
7. Caregiver engagement
8. Law enforcement engagement
9. Professional development in mental health and substance use
10. Youth-led prevention
11. Community-based health referrals
12. School-based health care services

Each of the 12 services will be described in detail within the Prevention Strategies Inventory section of this guide, which begins on Page 26. This section will also include examples of schools that have successfully implemented each of the above services, as well as district contact information for those looking to replicate programs.

Though this guide lists specific examples of prevention programs, the committee recommends that schools complete the Strategic Planning Framework, which begins on Page 11, before selecting a specific prevention program. Again, the committee recommends that schools use evidence-based, effective, and promising programs.

The committee recognizes that many of the state's effective prevention programs were created within the community. Schools that use "home-grown" programs are encouraged to measure the effectiveness of their programs through pre- and post-testing and other metrics, such as behavioral referrals or academic outcomes. The committee recommends continuing only those programs that demonstrate effectiveness.

It is important to remember that all evidence-based programs are home-grown programs that underwent rigorous evaluations for effectiveness. The committee encourages schools to work with local colleges and universities, their Educational Service Center (ESC), their Alcohol, Drug, and Mental Health (ADAMH) board, or a local prevention coalition to conduct evaluations of their prevention programming.

## Prevention Best Practices

The committee recommends that schools use evidence-based, effective, or promising prevention programs. For examples of these kinds of prevention programs, see the Prevention Strategies Inventory, which begins on Page 26.

All prevention programs should strive to "do no harm." Because of children and adolescents' brain chemistry and design, some well-intentioned programs could be detrimental to a child's long-term substance use. For example, many prevention materials detail the effects a drug has on the user. Negative effects may be perceived as scare tactics, while a brief description of a drug's positive or euphoric effects might attract a potential user. Scare tactics emphasize the worst dangers of drug use in order to create fear and anxiety, in hopes that the fear alone will prevent or stop risky behaviors. Scare tactics are not effective at preventing substance-use and should be avoided. Some examples of scare tactics and ineffective prevention strategies:

- Drug/paraphernalia displays
- Stories by former drug abusers
- General awareness/statistics
- Information on drugs and their effects
- Teaching signs and symptoms of addiction
- Mock car crashes
- Graphic images of people using drugs

Schools should also be careful not to dramatize alcohol, tobacco, or other drug use by illustrating their use. Using people in addiction recovery who tell their story is also ineffective prevention and may inadvertently cause harm because of an adolescent's sense of invincibility. Adolescents believe they can receive the effects of drugs while avoiding the short and long term negative consequences.

Instead of scare tactics, schools should use prevention programming that supports students' needs at each developmental stage. School-based prevention for **elementary** students should target social-emotional learning and focus on the following skills:

- Self-control
- Emotional awareness
- Communication
- Social problem-solving
- Academic support (especially in reading)

School based programs for **middle school** students should focus on academic and social-emotional learning, while strengthening the following skills:

- Study habits and academic support
- Communication
- Peer relationships
- Self-efficacy and assertiveness
- Drug-resistance
- Reinforcement of anti-drug attitudes
- Personal commitments against drug abuse
- Help-seeking behaviors

Critical components for both age groups:

- Normative education, which helps students realize that the use of alcohol, tobacco, and other drugs is not the norm
- Social skills, which help students handle social situations
- Resiliency, which helps students manage difficult times, cope with change, manage stress, and learn from setbacks.

All age groups are susceptible to social influences. Prevention programming should help students recognize and resist external pressure — such as from advertising, role models, and peers. Program features that address social influence:

- Perceived harm, which helps students understand the risks and short- and long-term consequences of alcohol, tobacco, and other drug use
- Protective factors, which support and encourage the development of positive aspects of life
- Refusal skills, which teach students ways to refuse alcohol, tobacco, and other drugs effectively and still maintain friendships
- Stigma reduction, which teach students skills to seek help and help their peers who may be struggling with substance-use and/or mental-health issues

Schools should work with local partners to develop prevention programming. Specifically, each school should contact their local ADAMH board. To find your board, click here. Schools can also contact their local prevention coalition, where one exists, for assistance. To find some local prevention coalitions, click here. The Ohio Department of Mental Health and Addiction Services Bureau of Prevention can also provide schools with additional information.

## How You Can Help

Comprehensive prevention education is not the responsibility of a single person or institution. Successful prevention education requires school and community support. Even within a school, every person has an important role in supporting prevention education. Below are small things that classroom leaders, school building leaders, school district leaders, and the broader school community can do to promote prevention.

Teachers:

- Be an advocate for your students' needs. If they are in need of social-emotional skills, for example, request programming that supports it.
- Take professional development courses on prevention.
- Implement prevention programming with fidelity.
- Know the signs of mental illness and substance-use and where to report them. Don't be afraid to have hard conversations.

Principals:

- Be an advocate for your school's needs.
- Embrace prevention education and model this for your teachers and staff. Your passion will help set the tone for the school.
- Take professional development courses on prevention.
- Implement prevention programming with fidelity.
- Have a plan for supporting children with substance-use disorders or mental illness through referrals and on-site help.

Superintendents:

- Listen to your teachers' and principals' prevention needs.
- Embrace prevention education and model this for your district.
- Provide teachers, school leaders, and staff with professional development opportunities on prevention.
- Conduct outreach to the broader community about your district's prevention needs to ensure sustainability and cultural competence.

Community Members:

- Learn about your school's prevention programming.
- Take professional development courses on prevention.
- Know the signs of mental illness and substance-use and where to report them. Don't be afraid to have hard conversations.
- Educate community members about the importance of prevention education.

## Prevention Inventory Checklist

Before completing the strategic planning process, it is important to know where your school stands in implementing a comprehensive prevention plan. The following chart will allow you to visualize gaps in your existing plan. For definitions of each recommended prevention service, see Pages 26-74.

| | K | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Before- and after-school** | | | | | | | | | | | | | |
| **Cross-curricular prevention** | | | | | | | | | | | | | |
| **Health prevention curricula** | | | | | | | | | | | | | |
| **Social emotional learning** | | | | | | | | | | | | | |
| **Surveys** | | | | | | | | | | | | | |
| **ADAMH engagement** | | | | | | | | | | | | | |
| **Caregiver engagement** | | | | | | | | | | | | | |
| **Law enforcement engagement** | | | | | | | | | | | | | |
| **Professional development** | | | | | | | | | | | | | |
| **Youth-led** | | | | | | | | | | | | | |
| **School health care services** | | | | | | | | | | | | | |
| **Health referrals** | | | | | | | | | | | | | |

## Prevention Inventory Checklist Review

Before moving on to the strategic planning process, it is important to take stock of existing strengths and areas of need. Strengths should be celebrated. Schools should prioritize needs and work with local partners to build school and community readiness for implementation.

**Prevention Strengths**

**Prevention Needs**

**How are your prevention needs tied to needs of the community?**

**I believe my schools are ready to implement prevention education.** T F

**I believe my community is ready to implement prevention education.** T F

## The Strategic Planning Process

The Substance Abuse and Mental Health Services Administration (SAMHSA) created a Strategic Prevention Framework (SPF) to help communities plan, implement, and sustain prevention programming. School personnel at the district-, school-, and classroom-level can use the SPF to plan prevention education programming.

While schools may not be accustomed to using the SPF, most local prevention coalitions will be. Schools should work with their local coalition or Alcohol, Drug, and Mental Health (ADAMH) board or treatment provider. To find your local prevention coalition, click here. To find your local ADAMH board, click here.

For schools that do not have a prevention coalition in their community, each phase of the SPF is explained in more detail below, including questions school leaders should ask. By following the SPF, schools can create and implement a comprehensive prevention plan that meets the needs of their students and is sustainable.

The SAMHSA Strategic Prevention Framework has five steps and two guiding principles. The five steps:

1. Assess needs
2. Build capacity
3. Plan
4. Implement
5. Evaluate

*SAMHSA's Strategic Prevention Framework (SPF)*

Throughout each of these steps, school leaders should ensure that their comprehensive prevention plan is culturally competent, trauma-informed, and sustainable. *Cultural competence* is the ability to interact effectively with members of diverse populations. *Trauma-informed* programs acknowledge the impact and spread of trauma, recognize signs and symptoms of trauma in children and families, and integrate trauma knowledge into their policies and practices. For more information on trauma and trauma-informed practices, click here.

Step 1: Assess Needs

To craft a comprehensive prevention plan that meets the needs of a school or district, it is critical to know what specific substance-use challenges the school and community face. Data is important in identifying and prioritizing prevention needs.

There are a variety of surveys that schools can use to gather data. Among them:

- Youth Risk Behavior Survey
- Ohio Healthy Youth Environment Survey
- Locally developed surveys, such as the Dayton Area Drug Survey
- The Search Institute Development Assets Profile
- PRIDE Survey
- The Ohio State University Community and Youth Collaborative Institute School Experience Surveys
- National Center on Safe Supportive Learning Environments School Climate Survey

Schools should be careful to select a survey that is appropriate for the community and student population. To accomplish this, schools may consider convening focus groups of students, parents, and teachers to select a survey. Surveys can be administered by a diverse array of community organizations. Accordingly, it is important for schools to engage local partners. Suggested partners:

- Teachers
- Students
- School leaders
- Parents (including parent-teacher associations and organizations)
- Educational service centers
- Local businesses
- Local cultural and faith organizations
- Local elected officials
- Local health departments
- Local law enforcement
- Local ADAMH boards
- Local prevention coalitions
- Local healthcare providers and hospitals

Schools may consider creating an advisory committee from the local partners. Schools should ensure that the advisory committee is culturally representative of their school and community.

Advisory committee collaboration must be intentional. Those leading prevention efforts in their community should ensure that there is a clear purpose for collaboration and a role for each advisory committee member. This may require assigning each advisory committee member with specific responsibilities. For more resources on good prevention collaboration, click here.

The advisory committee should analyze existing data to identify school and community prevention needs. The committee should then prioritize these prevention needs based on school and community culture. When looking at data it is always important to take note of data quality and any gaps that may exist. For more information on how to analyze survey or assessment data, click here.

Schools may not be ready to address all of the community's prevention needs immediately. It is important that the advisory committee makes realistic decisions about prevention priorities to ensure that selected prevention programs are rolled out effectively. Schools should conduct an inventory of needs and existing programs that support protective factors and build developmental assets. Then they must develop a plan to build needed programming. For a prevention inventory checklist, see Page 9.

**Questions to ask your advisory committee:**

1. What substance-use problems and behaviors are occurring in my school and community?
2. How often and where are these problems occurring?
3. Who is experiencing this problem the most (e.g. high school girls, etc.)?

## My Advisory Committee

Step 2: Build Capacity

Building capacity — the process of strengthening a district's ability to meet its prevention needs and implement programming — requires resources and readiness. Resources must be both human and structural. This requires not only the commitment of the advisory committee, but also the community as a whole. When there is community interest, structural resources — such as school board approval and financial capital — and readiness can follow, which is critical to long-term sustainability.

To involve the community, school leaders must do what they do best: educate. Community awareness is critical to building capacity. Speaking openly about a school or community's substance-use challenges can be frightening for many school leaders, but it is a critical first step. In order to raise community awareness, SAMHSA recommends the following strategies:

- Meet one-on-one with public opinion leaders.
- Ask partners to share information in their own sectors.
- Submit articles to local newspapers, church bulletins, club newsletters, etc.
- Share information on relevant websites and social media outlets.
- Host community events to share information and discuss the problem.
- Convene focus groups to get input on prevention plans.

Using the strengths and connections of the advisory committee, a diverse cross section of the community can be engaged. Communication and outreach should target all community demographics and school subpopulations. This is important not just to build capacity, but also to ensure cultural competence.

A critical part of building capacity is workforce development. Those on the frontlines, such as educators and school leaders, must have the appropriate training, credentials (if needed), and cultural competence. This calls for training in prevention, professional development on specific curricula, and an understanding of trauma-informed care.

Advisory committees may use the following worksheet to map out their capacity building needs, including resources and readiness to implement prevention education in a comprehensive way. This is just a brainstorming exercise to identify gap areas. A more formal logic model is included below, which will become the foundation of the advisory committee's implementation plan.

**Questions to ask:**

1. Is my community knowledgeable about the substance-use problems occurring in my schools and community?
2. Who are the critical community members I need educate about my schools' prevention needs?
3. What training do my educators need to effectively implement prevention education in a culturally competent way? How can I make it sustainable?

# Sample Plan

## Capacity Building Plan

- Community Outreach – business community, school board, parents
- Funding sources?
- ADAMH board for curricula assistance

## Human Resources

- Prevention PD at next teacher in-service day
- Is there a certified preventionist at our ADAMH board?
- Who will "manage" prevention efforts at each school?

## Structural Resources

- How to engage the school board?
  - Representative on the advisory committee?
- Which class do we add this content into?
  - PAX takes up no additional classroom time

## Readiness

- Teacher engagement and focus group?

## Cultural Competence

- Presentation at local interfaith conference?
- What are our reportable subpopulations?

## Sustainability

- Funding sources
  - SSI
  - ADAMH board prevention funding
  - Grants?
    - 21st Century grant

## Capacity Building Plan

## Human Resources

## Readiness

## Structural Resources

## Cultural Competence

## Sustainability

Step 3: Plan

Strategic planning is critical to effective prevention programming. SAMHSA recommends that advisory groups:

1. Review the prevention needs identified in Step 1, as well as their root causes.
2. Select prevention interventions that address these prevention needs.
3. Build a logic model that ties together substance-use problems, causes, interventions, and desired outcomes.

The committee recommends that schools offer programs in each of the following 12 areas:

1. Before- and after-school programs
2. Cross-curricular prevention education
3. Health education curricula
4. Social-emotional learning
5. School climate and drug-use surveys
6. Alcohol, drug, and mental health board engagement
7. Caregiver engagement
8. Law enforcement engagement
9. Professional development in mental health and substance use
10. Youth-led prevention
11. Community-based health referrals
12. School-based health care services

The committee recognizes that schools may not be immediately ready to implement programming in all 12 areas, but through annual completion of the SPF, schools and communities can scale up programs in each area over time.

When looking at which prevention needs to address first, it is important to look at root causes. For example, if the advisory committee identifies high school alcohol use and middle school cigarette use as the most pressing needs, the root cause may be a lack of positive after-school alternatives, low parental engagement, or environmental factors, such as a child's neighborhood. The advisory committee must prioritize the root causes they want to address.

**Questions to ask:**

1. How much does this factor contribute to our priority problem?
2. Is this relevant to our population?
3. Is this related to other behavioral health issues?
4. Do we have the resources and readiness to address this factor?
5. Do interventions exist to address this issue?
6. Will there be measureable outcomes within a reasonable time frame?

Once a need and its root cause are selected, the advisory committee must then select an effective intervention. Again, the committee believes that each of the 12 prevention services identified on Page 9 should be incorporated into a district's comprehensive prevention plan. Examples of schools, ADAMH boards, coalitions, and others that have successfully implemented each of the 12 prevention strategies are listed in the Prevention Strategies Inventory, which begins on Page 26. Advisory committees should not select a prevention program just because it is listed in this guide, used in a neighboring community, or familiar to them. Rather, it is important that the advisory committee identify a program that:

1. Is evidence-based, effective, or promising.
2. Targets the root causes of their prevention priorities.
3. Is culturally relevant for the population.

To ensure that each of these factors is met, SAMHSA recommends that communities create a logic model. Logic models visualize both the reasoning for selecting a specific prevention program as well as the intended goals. A sample logic model is included below.

A logic model worksheet has been included below for the advisory committee's use. Schools should rely on the resources and expertise of its advisory committee members, especially local ADAMH boards and prevention coalitions, which have experience in completing logic models.

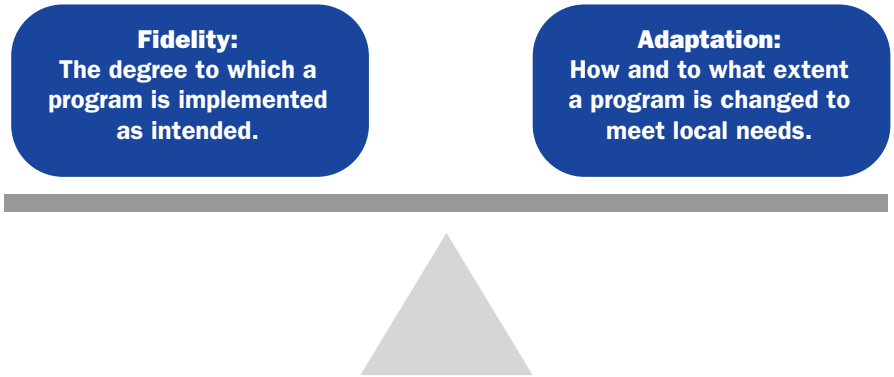
| Problems and Related Behaviors | Risk and Protective Factors | Interventions | Short-term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Advisory committees can fill in the above boxes with problems, risk factors, targeted interventions, and desired outcomes. Using arrows, the advisory committee can connect each item to show the logical flow among problems, solutions, and outcomes. Again, schools can work with their local experts, such as ADAMH boards and prevention coalitions, to complete a logic model.

Step 4: Implement

After selecting prevention programs (See Prevention Inventory Checklist on Page 9.), the advisory committee must plan for implementation. Schools should aspire to provide programming for each grade level in each of the 12 recommended prevention services. The committee recognizes that schools may not be able to do so immediately, but by completing the SPF annually, schools can build a comprehensive prevention plan that includes all 12 services for every student.

Implementation requires an action plan that details goals, tasks, and responsible parties. Occasionally, a school or community must adapt a program to meet the needs of their students. When doing this, the advisory committee must look at the balance between fidelity and adaptation.




The committee recommends that schools use evidence-based programs, because they consistently achieve positive outcomes. These outcomes are dependent upon implementing the program with fidelity — very close to the original program design. However, communities may need to customize programs to better reflect their community's beliefs, experiences, and attitudes necessary to make the program culturally relevant can compromise its effectiveness. When weighing these competing factors, the advisory committee should:

1. Keep the core components, such as the number and length of sessions and the program content.
2. Add content rather than subtracting it, but add with care and consideration for prevention best practices. (See Page 6)
3. Build capacity, where possible, before changing the program. Advisory committees should work to develop local resources and readiness that support implementing the program as designed.
4. Modify the program in ways that are culturally appropriate for the target audience, but be sure to consult an expert first. Experts can include your advisory committee, the local ADAMH board, and the local prevention coalition.

Once adaptations have been made to a prevention program, the advisory committee must ensure that there are supports within the school to ensure the program is taught as intended. This may include:

**Questions to ask:**

1. Can we use our chosen prevention program as designed?
2. If not, what adaptations need to be made and do these adaptations meet the cultural needs of our students?
3. Do our partner organizations have a history of implementing prevention programs successfully?
4. What supports do school leaders and teachers need to successfully implement our chosen prevention program?

Step 5: Evaluate

Though successful implementation may seem like the ending point, it is important to evaluate prevention programs to ensure that they are accomplishing their intended purpose. According to SAMHSA, evaluation is "the systematic collection and analysis of information about program activities, characteristics, and outcomes."

Schools can design evaluations in a number of ways. More information on what an evaluation should look like can be found here. Evaluation science can be cumbersome, and schools may not always have the time or the skill set to conduct a rigorous evaluation. Accordingly, schools may consider working with local colleges or universities, their Educational Service Center (ESC), the local ADAMH board, or a local prevention coalition to conduct evaluations of prevention programming.

While schools may not have expertise in evaluation science, they should consider implementing policies and procedures to track other important metrics included in this report, such as touchpoints with parents and caregivers. Schools can also measure success through metrics they already track, like behavior referrals, course completions, and standardized testing scores.

When evaluating a program, schools should look beyond raw numbers and data to investigate how well the program was delivered and how successful the program was at achieving its intended outcomes. Schools should then use this information to improve the effectiveness of their program. For example, an after-school program may not have been successful at reducing youth substance use and vandalism because it was not implemented effectively. Rather than scrap the program, a school could work on improving adult leadership and engaging students to participate.

After tweaks are made, it is important to continue evaluating the program to ensure it is successful.

Schools that have completed the SPF should celebrate their hard work and collaboration. It often takes time to see the fruits of prevention education, so every success should be celebrated and publicized. Schools should think strategically about how they communicate their success with parents and the broader community as well. Effective communication on successes can increase community support and readiness, as well as sustainability.

**Questions to ask:**

1. How do you plan to evaluate your program?
2. What metrics are important to your community and how will you communicate your successes to the community?
3. What partners can aid you in your evaluation?
4. How will you measure success?
5. How will you review evaluation data and make needed adjustments?

Cultural Competence and Sustainability

Throughout each of the SPF steps, advisory committee members must focus on cultural competence and sustainability. Cultural competence is the ability to interact effectively with members of diverse populations. Culture is much more than just race or country of origin. It is also "shared traditions, beliefs, customs, history, folklore, and institutions of a group of people."[6] Cultural competence is a life-long process, so no one will ever be completely culturally competent. Nonetheless, advisory boards and schools should strive to know, be sensitive to, and response to the needs of all student subpopulations.

SAMHSA defines culturally competent organizations as those that:

- Ensure community involvement in all areas
- Use a population-based definition of community (let the community define itself)
- Stress the importance of relevant, culturally-appropriate prevention approaches
- Employ culturally-competent evaluators
- Promote cultural competence among program staff members that reflect the community they serve
- Include the target population in all aspects of prevention planning

By building an advisory committee that is reflective of the broader community, great strides can be made toward ensuring cultural competence and sustainable programming.

Sustainability should not be an afterthought in the prevention planning process, nor should advisory committees assume that sustainability will come with promising evaluation outcomes. Sustainability requires gathering stakeholder support from the outset, communicating results in a culturally competent way, and obtaining steady and diverse funding for prevention outcomes. The advisory committee is key to championing prevention across all facets of the community and securing buy-in from school personnel, parents, and others. Communicating successes to these individuals can help secure additional funding.

Funding should be targeted toward building capacity and ensuring that programming continues to yield results and meet the prevention needs of the community. Remember, prevention funding should support outcomes, not programs.

6 https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main

**Available Funding**

For many schools, money is the primary limitation to offering prevention programming. Because several federal, state, and local agencies oversee, in part, prevention education (See, February 2017 Joint Study Committee Report, Pages 14-17), prevention funding opportunities are numerous but can be challenging to locate. Below is a non-exhaustive list of existing prevention funding.

- **Alcohol, Drug, and Mental Health Board Funding:** ADAMH boards receive funding from local levies, the state of Ohio, and the federal government. Each board is different and will have varying levels of funding to support prevention programming within their borders. To find your ADAMH board, click here.
- **Ohio Attorney General's Office Drug Use Prevention (DUP) Grants:** Ohio Revised Code 4511.191(F)(4) requires the Ohio Attorney General's Office to fund "grants to law enforcement agencies to establish and implement drug abuse resistance education programs in public schools." DUP grants are awarded to a law enforcement agency and can pay up to 50 percent of an officer's salary if the officer conducts drug-prevention education in public schools. The application is available here.
- **Ohio Department of Education 21st Century Community Learning Centers Grant:** This federally funded grant program supports high-quality, outside of school learning opportunities and related activities for students who come from economically disadvantaged families and who attend low-performing schools. School districts, schools, community-based organizations, including faith-based organizations, institutions of higher education, city or county government agencies, for-profit corporations and other public or private entities are eligible for the 21st Century Learning Center grants. Recent flexibility from the U.S. Department of Education allows 21st Century funds to be used for expanded learning time programming during the school day, week, or year. For more information, click here.
- **Ohio Department of Mental Health and Addiction Services Funding:** ODMHAS oversees mental health and addiction services in Ohio, including drug prevention-education, and funds prevention-education programs across the state. For requirements of ODMHAS-funded programs, click here. ODMHAS has grant funding opportunities for primary prevention and other prevention-related efforts. Current and expired grant opportunities are posted here.
  - ODMHAS received federal 21st Century CURES Act funding to address the opioid epidemic, including through drug-prevention education. Through this funding, ODMHAS has made training in PAX Good Behavior Game available free of charge to all teachers in Ohio. To learn more or register for training, click here.
  - ODMHAS also used 21st Century CURES Act funding to support educator training in Botvin Lifeskills. For upcoming training opportunities, click here.

# Prevention Services Inventory

Choosing the right prevention service for your school and community is crucial to a successful outcome. The following pages list prevention services and include descriptions of their importance, links to resources, and details of school and community highlights. These highlights serve two purposes:

1. To provide a sample of successful prevention programming from school districts, coalitions, and other community groups.
2. To provide contacts to help you with technical assistance should you decide to provide similar prevention services in your district.

To highlight a service not listed in this guide, contact the Heroin Unit, **HeroinUnit@OhioAttorneyGeneral.gov.**

# Before- and After-School Programs

Before- and after-school programs are organized youth programs outside of the traditional school day. Some programs are run by a school, while others are run by externally funded nonprofit or commercial organizations. They encompass a broad range of focus areas including academic support; mentoring; youth development; arts; and sports and recreation.

The hours of 3 to 6 p.m. are the peak time for juvenile crimes and risky behaviors, including alcohol and drug use. A study done by the National Youth Violence Prevention Resource Center found that children who do not spend time in after-school activities are 49 percent more likely to have used drugs and 37 percent more likely to become a teen parent.[7]

During these peak times, after-school programming can provide opportunities for youths to develop skills not taught during the school day.

**Before and After-School Program Highlight:**

- Ohio Alliance of Boys & Girls Clubs

## Before- and After-School Programming: 10 Things to Consider

1. **Embrace variety.** After-school programs vary in frequency and programming. Find a program that works best for your school and community and evaluate it for outcomes and quality improvement.
2. **Consider quality.** Follow best practices set forth by experts like the National AfterSchool Association and define the outcomes you expect from your services.
3. **Know your population.** Identify the age groups you will serve and know their needs. Consider reviewing your school survey data and your local health improvement plans and align target age groups with those most in need.
4. **Know the rules.** It is mandatory that you are licensed to provide before and after-school programming in Ohio.
5. **Look for partners.** Selecting partners can help you sustain funding, provide high quality staff and the develop curriculum.
6. **Find a program home.** Choose a location that meets the needs of your program and your participants and consider transportation, building layout and other needs when reviewing facility options.
7. **Choose the right team.** Staffing your program with the right people will ensure outcomes. Consider recruiting teachers, social workers, prevention specialist, high school and college students who aspire to work in related fields or others.
8. **Select curriculum and activities with care.** Once young people arrive at the program, what will they do and how will the activities improve student outcomes?
9. **Think about sustainability.** With continuous funding you can ensure successful outcomes. Connect with the Ohio Afterschool Network to learn ways this has been done in Ohio.
10. **Seek help when needed.** The Ohio Afterschool Network exists to support schools and communities who want to implement before and after-school programs.

*So You Want to Start an Afterschool Program*

7 Ohio Afterschool Network, https://www.ohioafterschoolnetwork.org/policy-advocacy-section/why-afterschool-summer-learning-matter-for-ohio/ Accessed 5/23/18 at 3 p.m.

# Ohio Alliance of Boys & Girls Clubs

## Ohio Alliance of Boys & Girls Clubs

**Contact: Matt Watrous, MWatrous@BGCA.org**

More than 40,000 youths attend 64 Boys & Girls Club sites throughout Ohio. Boys & Girls Clubs provide children ages 5 to 18 with fun, safe, and constructive environments outside of school hours with the goal of enabling all young people, especially those most at-risk, to reach their full potential. Boys & Girls Clubs use evidence-based and studied prevention-education programs, such as SMART Girls and SMART Moves. SMART (skills mastery and resiliency training) programs equip club members with the skills and fortitude they need to avoid pitfalls. Boys & Girls Clubs also emphasize the importance of a healthy, balanced life using sports and recreation, the arts, educational enrichment, health and wellness, career development, and leadership. The following information showcases how one community — Cleveland — added Boys & Girls Clubs to their schools.

**Highlighted Program:** Boys & Girls Clubs of Cleveland After-School Program

Boys & Girls Clubs of Cleveland
6114 Broadway Avenue, Cleveland, Ohio 44127
Contact: Ron Soeder, 216-883-2163

The mission of Boys & Girls Clubs of Cleveland is to inspire and enable young people to reach their full potential as productive, responsible, and caring citizens. The organization provides quality life-changing after-school programs with outcomes focused on academic success, good character and citizenship, and healthy lifestyles.

- *Annual cost:* $4.8 million, which supports 13 clubs sites and 1,000 youths per day
- *Funding:* The organization has a comprehensive fundraising plan that provides a diverse revenue stream from the foundation, corporations, individuals, and special events.
- *The team:* There are 135 people led by a chief program officer, chief development offices, and a host of program-delivery staff members.
- *Program impact:* Boys & Girls Club members graduate high school 91 percent of the time and are less likely to engage in risky behaviors, including drug use. In a study by the University of Michigan, $1 invested in the club returned $9.60.

Other programs in the district:

- Building Great Futures, a home-building program that works in partnership with Habitat for Humanity and Youth Opportunities Unlimited, works with 16 teens to build two houses in 10 weeks. The teens receive construction training and a 10-hour OSHA certificate.
- A workforce program that provides soft-skill education, customer-service training, internships, and shadowing opportunities.

**Additional Program Examples**

1. Boys & Girls Club of Marion County
   565 Oak St., Marion, Ohio 43302
   Contact: Rebecca Asmo, RAsmo@bgccolumbus.org or www.bgcmarion.org
2. Orrville Area Boys & Girls Club
   820 N. Ella St., Orrville, Ohio 44667
   Contact: Kevin Platz, kplatz@oabgc.org or www.oabgc.org
3. Boys & Girls Club of West Chester/Liberty
   8749 Cincinnati Dayton Road, West Chester, Ohio 45069
   Contact: Bridget Graber, bgraber@bgcwcl.org or www.bgcwcl.org

# Cross-Curricular Prevention Education

Cross-curricular teaching combines the relevant content of two or more subject areas to achieve greater understanding of course content. This technique, as outlined in the "2017 Ohio Joint Study Committee on Drug Use Prevention Education Report," is an effective method that allows teachers to expand substance-abuse prevention education to students while maintaining focus on core coursework.

**Cross-Curricular Prevention Education Highlight:**

- Boardman Local Schools

## Brain Power

Brain Power, created by the National Institute on Drug Abuse (NIDA) is a K-12 curriculum that is developmentally appropriate, teacher friendly, and science based. Broken into Brain Power for grades K-8 and the Brain for grades 9-12, the series requires five to 10 hours (class periods) each year. The articulation offers students a cohesive K-12 program designed by experts in substance abuse.

This interactive school program:

- Provides science-based drug-abuse prevention education.
- Teaches students how drugs affect the body.
- Offers newsletters to prompt parent and child discussions.
- Provides classroom instruction based on the theory of reasoned action.
- Incorporates "media literacy," a promising practice for prevention education.

**Brain Power Highlight:**

- Boardman Local Schools

**IDEA:**

Host a meeting within your school or district to discuss cross-curricular opportunities.

# Boardman Local Schools

## 7410 Market St., Boardman, Ohio 44512
## Contact: Superintendent's Office, 330-726-3404

**Highlighted Program:** Brain Power

The Brain Power program, which fits into the regular science and health curriculum, educates students on how the brain works, the effects of drugs on the brain, and the process of addiction. The mostly hands-on lessons are age appropriate for K-12 students.

- *Annual cost:* The program, a train-the-trainer model, has no annual cost.
- *Funding:* About four years ago, the Mahoning Valley Hospital Foundation paid for the Brainpower Training Program. There has been no financial investment since.
- *The team:* The science and health teachers, who were trained in a series of individualized lesson plans, teach those lessons during class as part of, or in addition to, the regular curriculum.
- *Program impact:* The students are engaged with the lessons and can make practical connections between drug use and physical, mental, and emotional changes.

Other programs in the district:

- Too Good For Drugs, weekly lessons for fifth- through eighth-graders, are taught by drug educators and school resource officers.
- As part of partnerships with the district, drug-education counselors from two local mental-health providers — Meridian Health and Alta Behavioral Healthcare in Boardman — frequently come to the schools to present lessons and lead mentoring programs
- The high school hosts an annual YES Fest, which attracts more than 40 local nonprofit and community service agencies such as Red Cross, Habitat For Humanity, and Animal Charities. Students are urged to not only say no to drugs but to also say yes to volunteering. Hundreds of students sign up for and complete multiple volunteer projects throughout the year.
- Drug education is taught in all high school health classes.

# K-12 Health Education Curricula

Schools should provide consistent, age-appropriate, evidence-based substance-abuse prevention education at each grade level from kindergarten through the 12th grade level. While some guidelines from the Ohio Department of Education are necessary, schools should choose a curriculum that best represents individual school needs based on data analyzed from reliable surveys. This curriculum should address knowledge and skill-building, such as resistance and resiliency, so students can stay drug free or delay early onset of use. The curriculum should also include social-emotional learning concepts to address emotional control, decision-making, resistance skills and social skill-building concepts.

Health education curricula establishes, promotes, and supports health-enhancing behaviors in students, including their ability to use communication, decision-making, goal-setting, and advocacy skills to enhance their own health.

**K-12 Health Education Curriculum Highlights:**

- Chardon City Schools
- Holmes County Youth Development
- Lorain County Board of Mental Health
- OneEighty

**DID YOU KNOW:**

K-12 Health Education Curriculum should be implemented in all grades for consistency and best practices.

## Find a Curriculum

Federal registries of evidence-based curriculum can be found at:

- SAMSHA's National Registry of Evidence-Based Programs and Practices
- The Office of Juvenile Justice and Delinquency Prevention Model Programs
- The Guide to Community Preventive Services – Sponsored by the Centers for Disease Control and Prevention

## Health and Opioid-Abuse Prevention Education (HOPE) Curriculum

**Contact: Kevin Lorson, Ph.D.**

The HOPE Curriculum is designed to enhance existing K-12 health education in Ohio's schools by providing lesson plans, assessments, instructional materials, teacher resources, school administrator guides for schoolwide substance- abuse prevention, and tips for connecting with parents and community resources. Overall, the HOPE Curriculum is focused on developing essential skills and knowledge so students can make healthy choices about drugs throughout their lives. HOPE was created after Ohio House Bill 367 required boards of education of each local district to select a health curriculum that includes instruction on the dangers of prescription opioid abuse.

Using the HOPE curriculum, students learn key concepts about opioids, apply steps to making healthy decisions, and develop communication skills to be drug-free throughout their lives. The elementary lessons target the importance of making healthy decisions by getting assistance from a trusted adult upon encountering a situation involving medicines. They are taught to "Don't touch, don't taste, don't take, and ask for help from a trusted adult."

The middle school lessons primarily focus on making healthy decisions, the communication skills needed to make healthy decisions, and understanding the effect of your decision on your health.

The high school lessons focus on decision-making, communication skills, avoidance strategies, getting help, and exploring the impact of the opioid epidemic on self and others.

Schools and Educational Service Centers can request a HOPE workshop for their teachers at **HOPECurriculum@wright.edu.**

# Chardon City Schools

## 428 N. High St., Chardon, Ohio 44024
## Contact: Superintendent's Office, 440-285-4052

**Highlighted Program:** Active Substance Abuse Prevention (ASAP)

The student-led group develops programming based on the needs of the school and community. The students plan and implement the following:

1. Substance-abuse education for all eighth-grade students using curricula from Project Alert, Generation RX, and the HOPE Curriculum. About 40 high school students volunteer their time to teach the lessons over an eight- to 10-week period.
2. Prevention-focused activities, speakers, plays, or other events for high school students.
3. Information dissemination and education though social and print media marketing. Positive messages, "Be Present" campaign posters, Text4Hope, and other messages are posted throughout the building and in the student restrooms. Know Tips from Start Talking! are shared with families through email blasts.
4. Biannual community education events focusing on substance-abuse and mental-health awareness. In the spring, the group hosted two events: NIX Opioids, presented by Dr. John Queen of the Cleveland Clinic and American College of Emergency Physicians, and Inside My Head: The Pressures on Teens, which featured eight breakout sessions focusing on mental health and substance abuse. Local mental health practitioners, law enforcement officers, school staff, and student presenters participate in the sessions. For more information, visit http://www.ohacep.org/aws/OACEP/pt/sp/resources_opioids_nix.

- *Annual cost:* The supplies and costs are covered by money raised by the students during the Summer Community Picnic. Project Alert, an evidenced-based substance-abuse prevention program targeting seventh- and eighth-grade students, is available free online. The Hope Curriculum and Generation RX are also free.
- *The team:* Student leaders who are passionate about prevention run the program. The high school social worker assists with the student group throughout the year. Two teachers provide additional support periodically and for special events. Building administration and guidance staff, when available, support the student group. A staff member from a local mental health agency (Ravenwood Health) and another from a substance-abuse recovery agency (Lake/Geauga Recovery) support the student group by providing trainings, offering consultation, and participating in events. In addition, a professor from Case Western Reserve University, Begun Center for Violence Prevention, has provided consultation for programming.

- *Program impact:* Students involved in the youth-led groups remain passionate about making a difference in their school and community. Participation enhances protective factors, develops leadership, and aligns with the school's core values. These students give up a significant amount of their free time by teaching the Project Alert lessons before the high school day starts and meeting all summer for program planning. As the students see the difference they are making, they tend to expand programs to do even more. For example, the group has focused on activities to support students make the difficult transition from middle to high school.

Other programs in the district:

- Actively Caring and Core Values — Both of these high school student-led groups work closely with, and often consist of the same students as the ASAP group. Both Core and Actively Caring have evolved out of district collaboration. For more information, visit www.corfoundation.us.
- Foundation — A group that focuses on youth-led prevention to promote a positive school climate.
- Health class substance-abuse education — The school resource officers teaches substance-abuse education for two weeks in every high school health class.
- D.A.R.E — D.A.R.E is taught by the district school resource officer in the elementary school.
- Junior Teen Institute — This middle school group is organized by a staff member and a prevention leader from Lake/Geauga Recovery, a local substance-abuse recovery agency. This group provides middle school students with the opportunity to use their voices to speak out about the harmful effects of drugs and alcohol and the benefits of making healthy choices.
- Youth 2 Youth (Y2Y) — The community-based program is run by a prevention specialist from Lake/Geauga Recovery and made up of students from a variety of school districts who promote drug-free lifestyles countywide. The group aims to help students become active participants in their community to help further their work in promoting healthy lifestyle choices.

# Holmes County Youth Development

## Anazao Community Partners
## 2587 Back Orrville Road, Wooster, Ohio 44691
## Contact: Mark Woods, MPPM, MSW, LISW-S, 330-264-9597

**Highlighted Program:** West Holmes Youth Development

At West Holmes middle and high schools, West Holmes Youth Development involves the following components:

- Life Skills Training, an evidence-based curriculum delivered to most sixth-, seventh-, and eighth-graders, and all ninth-graders.
- What's Going On? a weekly discussion group informed by evidence-based practices in positive youth development and prevention. It encourages youths to identify and advocate for their personal developmental strengths and supportive relationships, as well as those of their peers.
- The Youth Development Team. The team is made up of select middle and high school students who, with adult guidance from the youth development adviser, select a project to promote positive youth development and healthy community norms regarding youth substance use in Holmes County.

At Hiland High and Middle School, East Holmes Youth Development is focused primarily on building the program through the weekly "What's Going On?" discussion group. There are plans to develop a Youth Development Team in the next school year.

- *Funding:* In 2003, money from a School Improvement Grant (SIG) was used to pay for evidence-based curricula for select schools in Wayne and Holmes counties. Anazao Community Partners used prevention money from the Mental Health and Recovery Services Board of Wayne and Holmes Counties to pay to sustain prevention information delivery. Successful program implementation and sustainability requires strong school, community, and agency collaboration in identifying needs, selecting effective strategies, as well as procuring funds. A community coalition is preferred for creating the kind of community support required for long-lasting prevention efforts.
- *The team:* J. Greg Morrison, Anazao's youth development adviser, develops and coordinates prevention programs. He also provides counseling and case management throughout one area district with plans to expand into another in the fall.
- *Program impact:* The programs have prompted a decrease in youth substance-use rates and an increase in student understanding of the issue. Youths have also developed personal self-management skills, social skills, and a clearer sense of how to advocate for, and promote, adolescent thriving to peers and caring adults.

# Lorain County Board of Mental Health

## 1173 N. Ridge Road, Suite 101, Lorain, Ohio 44055
## Contact: Dr. Kathleen Kern, executive director

**Highlighted Program:** Incredible Years Classroom Curriculum

The mental health board pays one agency to help run the Incredible Years Classroom Curriculum in five preschools throughout Lorain County.

- *Annual cost:* Fiscal year 2017, $45,874; fiscal year 2018, $42,370 (still billing)
- *Funding:* Incredible Years services are paid for with local levy funds.
- *The team:* Five mental-health clinicians facilitate the Incredible Years Classroom Program in five preschool classrooms throughout the county. The clinicians provide consultation to teachers based on the results of the pre-, mid-year, and post-Devereux Early Childhood Assessment (DECA). The program is provided twice a week in each classroom.
- *Program impact:* A total of 90 students received the classroom program in fiscal year 2017, and a total of 81 students received the classroom program in fiscal 2018. Per the post-DECA assessment for 2017, improvements were noted in self-regulation, attachment/relationships, and total protective factors.

# OneEighty's Community Health & Wellness (CH&W) Department

**104 Spink St., Wooster, Ohio 44691**
**34-C S. Clay St., Millersburg, Ohio 44654**
**Contact: Rhiannon Whalen, 330-264-8498**
www.one-eighty.org

**Highlighted Program:** Be a Hero and Knot 4 U

Through a grant from Give 365 Wayne County Community Foundation, the prevention committee of the Wayne County Opiate Task Force developed "Show You Care," a campaign to influence social norms. The campaign, being promoted through television ads, billboards, and social media, reminds people to properly dispose of their prescription medications at area drop boxes. A curriculum developed as part of the campaign is geared toward youths in grades 4 through 6 (Be a Hero) and another for youths in grades 7 and 8 (Knot 4 U). The curricula are part of a larger toolkit that includes PowerPoint presentations for public presentations and information for reaching out to the faith-based community.

*Development:* The materials were adapted from the Food and Drug Administration; Not Worth The Risk, U.S. Department of Health and Human Services; RX for Understanding: Be Smart about Prescription Drugs, National Education Association; PEERx, the National Institute on Drug Abuse; the National Institutes for Health; and other sources. The program is measured by teacher and student surveys and evaluations.

- *Annual cost:* The annual cost varies depending on the number of times the curriculum is implemented. Printing and incentives for completing evaluations and surveys are associated with the implementation.
- *Funding:* This program is funded through the agency and community coalition support.
- *The team:* Teachers or youth group leaders implement the program. The curriculum and tool kit was developed, and will be distributed by, the Opiate Task Force Prevention Committee, community coalitions, and Cathy Gabe, coalition prevention specialist, and Nonya Stalnaker, senior coalition specialist, OneEighty.

Other programs in the district:

- Evidenced-Based Programs and Professional Trainings
  - Alcohol Literacy Challenge
  - TiPS Training for Intervention Procedures — Alcohol Vendor Training
  - D.A.R.E.
  - Youth-led school-based substance-abuse prevention and asset building and education
  - Prevention-based in-school mentoring and education
  - Healthy relationship/dating and sexual violence prevention programming and bystander intervention programs

- Community Trainings and Campaigns and Initiatives to Influence Social Norms
  - Landlord Forum — Landlord substance-abuse and safety training with the Drug Enforcement Administration (DEA)
  - Hidden in Plain Sight — A coalition-led presentation featuring a mock teen bedroom
  - Parents Who Host Lose the Most Campaign
  - Asset building with community partners — Work with the library, schools, Boys and Girls Clubs, local police departments, local YMCAs

# Social-Emotional Learning

Children are born with the need and desire to connect with those around them. Unfortunately, many parents suffer from addiction and may expose children to violence or other negative behaviors that can manifest during classroom time. Social and emotional learning (SEL) is the process through which children and adults acquire the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.[8]

Social-emotional learning is crucial to self-regulation, resilience and is a critical developmental asset. In 2015, the Ohio Department of Education adopted K-3 learning standards, which included a focus on students' emotional growth and their abilities to navigate their social worlds through interactions with adults and peers.

**Social-Emotional Learning Highlights:**

- Beavercreek City Schools
- Summit County ADAMH Board
- Washington County Health Department

## What Research Tells Us

1. The relationship between children, their families, and other adults in their lives is critical to children's healthy social and emotional development.
2. All children have the ability to experience emotion, but how they experience it and how they learn to manage it may depend a great deal on the relationship with their primary caregiver(s) and other important adults in their lives, and the early learning environments where they spend their time.
3. A large body of research shows that a strong social and emotional foundation helps boost children's learning, academic performance, and other positive long-term outcomes.
4. Positive social and emotional development carries important benefits for all children, and particularly for children from low-income families and young children with developmental delays or disabilities who may start school behind their peers.

8 Ohio Department of Education, Social Emotional Development in Youth Children, http://education.ohio.gov/Topics/Early-Learning/Early-Learning-Family-Resources/Social-Emotional-Development-in-Young-Children, Accessed 6/1/2018 at 12 p.m.

# Beavercreek City Schools

## 3040 Kemp Road, Beavercreek, Ohio 45431
## Contact: Superintendent's Office 937-458-2441

**Highlighted Program:** PAX Good Behavior Game (PAX GBG)

- *Annual cost:*
  - To implement the program, about $5,000 was spent per 30 persons trained.
  - The materials are $300 a kit. (A kit is necessary for each person trained.)
  - Coaching expenses depend on how many teachers are involved. For example, an entire K-5 elementary school, with about five or six teachers per grade would require a full-time PAX partner to support the building in the first year. After that, the coach's hours can be reduced by half in the second year, and to a consultation role by year three.
  - The first year of PAX partnering support (including the PAX partner's time, supervision, benefits, and mileage) could cost between about $58,000 to $71,000, depending on the level of the staff's expertise.
- *Funding:* Money to pay for the program comes from the Greene County Educational Service Center Safe Schools Healthy Students Grant, and an Evidence-Based Programming Expansion Grant through the Ohio Department of Mental Health and Addiction Services (OMHAS). Cures Act funding through OMHAS is paying for training through a contract with PAXIS Institute.
- *The team:* A facilitator must coordinate training, materials, and coaching for the district. Principals from each building need to be trained so they can collaborate with the PAX partner coach to help with implementation and accountability. Teachers need to be trained to implement the program.
- *Impact:* Students have learned self-regulation skills. For example, a K-2 group of teachers who fully implemented PAX GBG reduced unwanted classroom behaviors by 68 percent. This increased student regulation and in turn increased focused attention on academics, and decreased disruptions to teaching and learning.

# Summit County ADAMH Board

## 1856 W. Market St., Suite B2, Akron, Ohio 44313
## Contact: Aimee Wade

**Highlighted Program:** The PAX Good Behavior Game

Summit County Video: www.youtube.com/watch?v=uruU16jx74A

- *Annual cost:* $100,000
- *Funding:* The program is paid for through local levy funds, accessible to all elementary schools across Summit County, and managed through the local Educational Service Center.
- *The team:* Kristin Fazio, student services director, Educational Service Center; Dave Fiola, PAX partner, retired school administrator, and contractor with the service center; Bill Holko, PAX partner, retired school administrator, and contractor with the service center; more than 100 trained teachers across Summit County
- *Program impact:* PAX teaches students self-regulation, self-control, and self-management, which contributes to increased instructional time for teachers and fewer disruptions.

Other programs in the district: The following is a list of some of the evidence-based programming used in Summit County:

- Botvin LifeSkills
- Project Alert
- Prevent And Neutralize Drug and Alcohol Abuse (PANDA) Youth-Led Prevention Program
- Teen Institute
- Adolescent Suicide Prevention Program (ASPP)
- Strengthening Families
- Too Good For Drugs
- Nurturing Parenting Program

# Washington County Health Department

## 342 Muskingum Drive, Marietta, Ohio 45750
## Contact: Dr. Richard Wittenberg, 740-374-2782

**Highlighted Program:** The PAX Good Behavior Game

The PAX Good Behavior Game teaches students self-regulation, self-control and self-management while collaborating with others for peace, productivity, health, and happiness. It has been shown to increase good behavior, improve academic success, improve graduation rates, reduce teacher stress, reduce risky behaviors (such as drug use), and more. It uses the power of the classroom to support good ("PAX") behaviors and suppress disruptive behaviors ("spleems"). The program fills the socio-emotional requirements that teachers in Ohio must include in their curricula.

- *Annual cost:* The Washington County Health Department receives $30,000 a year from the Washington County Behavioral Health Board to support a position tasked with program implementation and expansion. The cost of teacher and "PAX Partner" training will be about $50,000 a year and is to be paid for with grants. Supplies for teachers are $10 per class.
- *Funding:* The Washington County Behavioral Health Board had money targeted for gambling prevention. The board decided that a program for children (PAX) that had an evidence base around addiction prevention was a good use of the funds. If the program continues to show progress and success, it is likely that the board will continue to fund the position at the health department. When the grants supporting teacher and partner training run out, local sources will likely be tapped for money.
- *The team:* The program is a partnership between the Washington County Behavioral Health Board, the Washington County Health Department, and the superintendents of the six school systems in Washington County. The team also includes about 150 teachers, school staff, and the staff members serving the Washington County Behavioral Health Board and the Washington County Board of Health. The team includes about 200 people.
- *Program impact:* The program started a few months ago, so little data has been collected.

Other programs in the district:

- Strengthening Families Program
- Incredible Years Pre-School Basic Program
- Training and consultation to address the need to equip teachers and administration with effective strategies to meet the expanding mental-health needs of students entering the school system

# School Climate and Drug-Use Surveys

School climate and drug-use surveys collect information that schools and communities can use to measure the following:

- Student trends
- Student and community needs
- Student ability to access services
- Information to build resources that reduce risk behaviors and create healthy and safe community, school, and family environments.

Below is a list of school and community survey resources:

- The Ohio Department of Health administers the Ohio Youth Risk Behavior Survey coordinated by the Centers for Disease Control and Prevention.
- The Ohio Health Youth Environment Survey (OHYES!) is a youth survey designed to measure the health risk behaviors and environmental factors that affect the health and safety of youths. The survey gathers information on issues such as alcohol, tobacco, and other drug use, unintentional and intentional injuries, physical health, activity and well-being, and related environmental risk and protective factors.
- PRIDE Survey helps schools measure rates of student and teen substance abuse and drug use. It offers five scientifically reliable surveys that measure a variety of aspects of this issue, including risk and protective factors, rates of use, attitudes toward substances, and more.
- The Ohio State University Community and Youth Collaborative Institute School Experience Surveys includes four surveys that address students, teachers, staff, and parents to support student achievement.
- National Center on Safe Supportive Learning Environments School Climate Survey Compendia is a school climate survey created to assist educators in their efforts to identify and assess their conditions of learning.
- The Search Institute includes surveys that give schools, programs, coalitions, and other organizations the tools to build stronger programs and improve the social and emotional development of youths.

**Survey Highlights:**

- CARSA
- OneEighty

# CARSA (Community Action for Reducing Substance Abuse)

**76 Ashwood Road, Tiffin, Ohio 44883**
**Contact: Charla VanOsdol, 419-448-9440**

**Highlighted Program:** OHYES! Survey

Through the efforts of the Strategic Prevention Framework-Partnership for Success (SPF-PFS) grant, CARSA is working with five Seneca County school districts to collect data using the Ohio Healthy Youth Environments Survey (OHYES!). The OHYES! Survey is a tool that allows community and health organizations and schools the opportunity to measure health-risk behaviors, along with environmental factors that can affect students in grades 7-12.

- *Annual Program Cost:* OHYES! is free, and time spent by staff on the survey is minimal. The coordination is fairly straightforward, and the OHYES! website offers clear instructions and timelines for getting it done. The survey can be taken every four years or, by approval, more frequently.
- *The team:* The superintendent plays an important role in getting the process started and should engage school principals and other staff members. Schools can appoint a coordinator to work on the planning and implementation of the survey. CARSA worked with local districts on the process and, as a coalition/SPF-PFS grantee, provided support and technical assistance. Training and technical assistance is also available through the OHYES! team.
- *Program impact:* The data received is useful for local prevention planning and also school-based prevention programming. The coalition is looking forward to using the data to complete a strategic plan and identify strategies to address prescription drug misuse. Such planning will assist CARSA to better serve local schools, their students, and the community.

Other programs in the district:

- Sober Truth for middle and high school students
- Alcohol-server trainings in Wyandot and Seneca counties
- Red Ribbon Week in 15 school districts in Wyandot and Seneca Counties
- Parents Who Host event
- An interactive exhibit for adults to learn about youth high-risk behavior trends

# OneEighty's Community Health & Wellness (CH&W) Department

**104 Spink St., Wooster, Ohio 44691**
**34-C S. Clay St., Millersburg, Ohio 44654**
**Contact: Rhiannon Whalen, 330-264-8498**
www.one-eighty.org

**Highlighted Program:** Youth Asset and Substance Use Survey (YASUS)

OneEighty's Community Health & Wellness Department is involved in various substance-abuse prevention initiatives. In a project with community partners, OneEighty focused on alcohol use among 8th and 10th graders. About 3,000 youths from 11 districts and two private schools in Wayne County took the Youth Asset and Substance Use Survey (YASUS) in September 2017. (Other surveys are scheduled for September 2018 and 2019.) The robust data provided important information for community-needs assessments. As part of that process, the partners also completed focus groups among youths and parents on the issue. Using this data, the group will select evidence-based programming to be implemented throughout the county.

- *Annual cost:* The community has worked with a researcher to develop the survey, which is available for use each year, at no cost. The school districts administer the survey and the community works with a local researcher to analyze the data for community-needs assessments.
- *Funding:* The Strategic Prevention Framework Grant assisted in the funding and organization of these efforts for 2017-19. The experience of gathering data on this level has been useful and allowed for the community to improve and streamline efforts. (The survey is developed, the parent letters for consent are created, the contacts within the buildings are established, etc.) Inviting other community partners to be involved has increased sustainability. Once the grant expires, others who use the data may be willing to help pay for the surveys.
- *The team:* There are 10 members: Cortney Ardrey, community health promotion coordinator, Wayne County Health Department; Todd Carmony, chairman, Opiate Task Force; Joanna Edwards, associate director of recovery, Mental Health & Recovery Board of Wayne and Holmes counties; Stephanie Fish, member, CIRCLE Coalition; Catherine Gabe, coalition prevention specialist, OneEighty; Esther Hawkins, executive director, Wayne County Family & Children First Council; Sean Lally, youth prevention specialist, OneEighty; Trish Staiger, director of quality improvement and innovation, OneEighty; Pamela Denise Tolliver, prevention committee member, Opiate Task Force; Susan Tucker, chairwoman, Turning Point Coalition

Other programs in the district:

- Evidenced-Based Programs and Professional Trainings
- Alcohol Literacy Challenge
- TiPS Training for Intervention Procedures — Alcohol Vendor Training
- D.A.R.E.
- Youth-Led School-Based Substance-Abuse Prevention and Asset Building & Education
- Prevention-Based In-School Mentoring and Education
- Healthy Relationship/Dating and Sexual Violence Prevention Programming and Bystander Intervention programs

Community Trainings and Campaigns and Initiatives to Influence Social Norms:

- Landlord Forum — Landlord substance-abuse and safety training with the Drug Enforcement Administration (DEA)
- Hidden in Plain Sight — A coalition-led presentation featuring a mock teen bedroom
- Parents Who Host Lose the Most Campaign
- Asset building with community partners — Work with the library, schools, Boys and Girls Clubs, local police departments, local YMCAs

# Alcohol, Drug, and Mental Health Board and Community Engagement

Ohio schools may lack resources such as, trained preventionists, access to curriculum, and capital to provide evidence-based prevention education. Alcohol, drug, and mental health boards (ADAMH boards) can work with schools to identify programming that is culturally competent for the student population and targeted their prevention needs. ADAMH boards receive state funding to implement these types of programs.

Ohio has 49 ADAMH boards, one Community Mental Health (CMH) board and one Alcohol and Drug Addiction Services (ADAS) board. The map below, provided by the Ohio Association of County Behavioral Health Authorities, shows the breakdown of the 49 county ADAMH board coverage areas. These boards are statutorily empowered to plan, develop, fund, manage, and evaluate community-based mental health and addiction services. Federal, state and local funds are used by local boards as they work to ensure that mental-health and addiction-prevention treatment and recovery-support services are available to individuals and families in communities throughout Ohio.

ADAMH boards often fund prevention coalitions and treatment providers that employ certified preventionists. Schools should look to these local providers for help in establishing prevention programming and community-based health referrals (See Page 67). A full listing of behavioral health treatment and prevention providers by geographic location can be found by searching the Ohio Behavioral Health Directory.

**Board Examples:**

- Alcohol and Drug Addiction Services (ADAS) Board of Lorain County

## Ohio ADAMH Board Regions

*Ohio Association of County Behavioral Health Authorities*

**IDEA:**

Each year local health departments develop plans to improve community health outcomes. Consider including your local health department in your discussions and collaborate to improve outcomes in and outside of school.

# Alcohol and Drug Addiction Services (ADAS) Board of Lorain County

**Address 4950 Oberlin Ave., Lorain, Ohio 44053**
**Contact: Elaine Georgas, executive director, georgas@lorainadas.org**

**Highlighted Program:** Communities That Care (CTC) of Lorain County

Communities That Care (CTC) of Lorain County, the county's drug-free community coalition, works with schools, law enforcement, businesses, faith groups, health care organizations, prevention providers, parents, youths, civic organizations, and the media to address underage substance use among youths and young adults. The program has a liaison with each school in Lorain County to ensure that CTC programs and services are effective for students in fourth through 12th grades. Other program initiatives:

- Parents Who Host, Lose the Most
- Parent toolkits (alcohol, marijuana)
- Safe medication storage and disposal
- Development and assistance with school drug-testing policies

The CTC leads town hall meetings and campaigns to discuss the data from the PRIDE Student Survey, a biennial survey of county students in grades six, eight, 10, and 12, about substance abuse, risk and protective factors, and mental and physical health. The CTC works with local police on underage alcohol-compliance checks and to educate retailers about not selling to minors. CTC is a member of the Community Anti-Drug Coalitions of America and uses their resources. For more information, visit www.sdrg.org/ctc.asp.

- *Annual cost:* $200,000. For 10 years it has been paid for by the Office of National Drug Control Policy, but the funding will expire in September 2018.
- *The team:* A 15-person executive committee, two coordinators, fiscal agent from ADAS
- *Program impact:* Students' drug-use rates continue to decrease, but their perceptions of risk and the parental disapproval rates are increasing. The trend seems to indicate that education should continue beyond the curriculum with a community-based approach, which is the function of the coalition.

Other programs: The ADAS board currently funds:

- After- and in-school youth mentoring. The Lorain Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) — valued at $95,000 a year — targets at-risk youths in the urban Lorain and Elyria.
- Botvins LifeSkills curriculum through LCADA Way — valued at $145,000 for students in grades four through 12 throughout Lorain County.
- Building blocks for preschool students — valued at $25,000.

- Kernels for Life — community (parent and other leader) supplement to PAX Good Behavior Game — which reinforces the PAX GBG in the community- investment $15,000 each year target audience: parents and others who have access to youth out of school settings.
- Big Brothers Big Sisters of Lorain County — Youth Mentoring — investment $80,000 annually for mentoring through national model.
- Young People in Recovery Chapter — investment $33,000 annually to have a safe drug- free environment for young people.
- PROJECT AMP with the Avon Community — investment about $95,000 annually, which pairs youths with young adults in recovery to enhance resiliency and prevent alcohol and other drug use. Visit http://center4si.com/project-amp/.
- The CARE (Caring Advocates for Recovery Education) Center — on the campus of Lorain County Community College — hosts 12-step meetings, family-support meetings for young adults in partnership with ADAS.
- Youth-led prevention in line with Prevention Action Alliance.

# Caregiver Engagement

Caregiver engagement is a pathway to deliver student-centered care that extends beyond a single program. By engaging caregivers, a positive culture of prevention can extend beyond the school walls to affect families and the broader community. Consider making caregiver engagement multidirectional by seeking caregiver feedback through a variety of communication channels to improve delivery and outcomes.

Start Talking!

A majority of substance-free adolescents credit their parents for the decision not to use illegal substances. Likewise, teachers and other authority figures can have a similar influence on youths and their decision-making.

Parents, mentors and peers can make a difference just by talking to the young people in their lives about drug use.

**Caregiver Engagement Highlights:**

- Montgomery County ADAMHS Board

## Start Talking! Tips for Schools

1. Share the drug-free message with parents, guardians and caregivers.
   - Forward the Know! Tips and incorporate information from the Know! tips in newsletters or other communications.
   - Host a Parents360 Rx showing.
   - Partner with PTAs or other organizations to creatively use Start Talking! Materials.
   - Provide Start Talking! information during assemblies, sporting events, or on other occasions.
2. Share the drug-free message with students.
   - Share and retweet Start Talking! posts on Twitter, Facebook and Instagram.
   - Hang Start Talking! posters in your buildings.
3. Share the drug-free message with staff.
   - Forward the TEACHable moments emails.
   - Disseminate hard copies of the Start Talking! Materials.
   - Host an event in partnership with Start Talking!

# Montgomery County ADAMHS Board

**409 E. Monument Ave., Suite 102, Dayton, Ohio 45402**
**Contact: Tristyn Eppley, 937-443-0416 x105**
**http://www.mcadamhs.org**

**Highlighted Program:** Strengthening Families

The Strengthening Families Program is an evidence-based training program designed to improve parenting skills and family relationships; reduce problem behaviors, delinquency and alcohol and drug abuse in children; and to increase social competencies and school performance. As parents strengthen bonds with their children and learn more effective parenting skills, child maltreatment decreases.

In Montgomery County, parents are referred to the program by courts and treatment providers. The program's 14-session curriculum is offered in multiple modules based on the age of the parents' children (ages 3 to 5, 6 to 11, or 12 to 16). Topics include appropriate developmental expectations; interacting positively with children; good family communication; and effective discipline, including reasonable and logical consequences and timeouts.

- *Annual cost*: $127,825
- *Funding:* Paid for by Montgomery County ADAMHS
- *The team:* About 75 parents a year are helped by 2.5 full-time employees.
- *Program impact:* In tests conducted after the program, parents have shown 75 percent increase efficacy in parenting skills, 70 percent increase in confidence in their parenting ability, and a 70 percent decrease in their consumption of alcohol.

Other programs in the district:

- Youth-led prevention programming. Through the work of several organizations, six high schools now provide youth-led prevention programs and several other schools have requested the programs for 2018-19. The prevention coalition is also working with the Drug Enforcement Administration to provide youth-led prevention training during the summer. This countywide training will launch back-to-school prevention initiatives.
- Training for staff on mental-health first aid. The Montgomery County Educational Service Center is working with Montgomery County ADAMHS to provide mental-health first-aid trainings to school faculty and staff. The Valley View school district recently hosted a mental-health first-aid training for their staff.
- School-based health services. Some Montgomery County schools are planning to implement Screening, Brief Intervention, Referral to Treatment (SBIRT) services alongside yearly vision and hearing screenings. The screen is meant to assist schools in identifying students who may be at risk for mental-health or substance-use issues and to allow for intervention.

- Evidence-based curricula. The HOPE curriculum is being promoted for use within schools in Montgomery County in light of the requirements called for in House Bill 367. Also, the Risky Business curriculum, which addresses a variety of high-risk behaviors, including substance use, is being used in juvenile justice and child welfare settings. The Botvin LifeSkills curriculum is being implemented in two school buildings in Montgomery County. The PAX Good Behavior Game is being implemented 127 classrooms, and is supposed to be added to more next year. Finally, the Prime for Life curriculum will be used, in lieu of suspension or expulsion, as an intervention for students who get substance-use infractions.

# Law Enforcement Engagement

Local law enforcement agencies are essential partners in prevention. Schools should proactively engage law enforcement and embed them within the fabric of their schools. School resource officers, D.A.R.E. officers, and a positive law enforcement presence during school functions are all examples of law enforcement engagement — an essential aspect of community policing.

Regular communication among law enforcement officers, schools, ADAMH boards and mental-health and substance-use treatment agencies at the local level will help ensure topics in prevention programs are tailored to community needs.

**Law Enforcement Highlights:**

- Auglaize County Sheriff's Office
- Circleville Police Department

To find out more about law enforcement engagement, visit D.A.R.E. (Drug Abuse Resistance Education) or the National Association of School Resource Officers.

# Auglaize County Sheriff's Office

## 1051 Dearbaugh Ave., Wapakoneta, Ohio 45895
## Contact: Sheriff Al Solomon, 419-739-6565

**Highlighted Program:** Drug Abuse Resistance Education – D.A.R.E

D.A.R.E. is a police officer-led lessons series that teaches children in kindergarten through 12th grade how to resist peer pressure and live productive drug- and violence-free lives.

The D.A.R.E. program at Wapakoneta City Schools is built upon the Keepin' It Real curriculum, which is presented to fifth-graders.

The Keepin' It Real curriculum, which is based on a socio-emotional learning theory, identifies fundamental skills and growth processes needed for healthy development:

- Self-awareness and management
- Responsible decision-making
- The ability to understand others
- Relationship and communication skills
- The ability to handle responsibilities and challenges

The supplemental "Be Safe With Over-the-Counter and Prescription Medicines" booklet is also provided. Students have the option to either participate in the Keepin' It Real program using a standard workbook or online via the D.A.R.E. mobile site provided by Verasim. The online program allows students to receive the same curriculum as those using the workbooks, but also gives them the ability to log on to any computer or smartphone at school or home to complete or review information. The D.A.R.E. mobile app also provides augmented reality games featuring the D.A.R.E. mascot.

At Wapakoneta Middle School, the D.A.R.E. program extends outside of the standard fifth-grade curriculum to students who wish to continue spreading the D.A.R.E. message and values. The Wapakoneta D.A.R.E. Council was formed almost 20 years ago and is made up of former D.A.R.E. graduates who help with activities during the school year. Such events include involvement in Red Ribbon Week, the campaign to end the "R" word (retarded) when referring to the special-needs population, and raising money for community programs, such as the equestrian therapy program, Auglaize County Crisis Center, Dayton Children's Hospital, and more. The D.A.R.E. council has also supported after-school events, such as school dances and activities nights.

# Circleville Police Department

## 151 E. Franklin St., Circleville, Ohio 43113
## Contact: Chief Shawn Baer, www.ci.circleville.oh.us/193/Police

**Highlighted Program:** Foundations4Youth

This law enforcement-led drop-in center is the first of its kind in Ohio. To respond to the drug epidemic, the Circleville Police Department opened the after-school youth drop-in center to create spaces where children can feel safe, meet their basic needs, and have fun. In recent years, the community has lost its recreational outlets: A fire destroyed the city's only movie theatre and bowling alley. The center features games and other activities, television, food, and personal hygiene items.

- *Annual cost:* About $70,000
- *Funding:* The program is staffed by police officers, who serve as volunteers. Thanks to start-up support from Pickaway Area Recovery Services (PARS) and partnerships with Circleville City Schools and the faith-based community, the police department was able to secure a location for the center, which opened its doors in April 2018.
- *The team:* The Circleville Police Department
- *Program impact:* The program has attracted disengaged youths, increased parental involvement, expanded mentoring relationships, raised school attendance on days the center is open, and increased students' interest in schoolwork and activities. There has been a notable reduction in youth criminal activity and arrests during operating hours.

# Professional Development in Mental Health and Substance Use

Professional development in mental health and substance abuse provides educators and others who work with children with the tools and resources needed to identify the signs of mental illness and substance abuse, skills to navigate difficult situations, and the understanding of the right language to use with students who are struggling.

Trainings throughout the state have focused on trauma. Trauma is an event or series of events or circumstances experienced by an individual that is either physically or emotional harmful and that has lasting effects on the person's mental; physical; social; and emotional or spiritual well-being. Unfortunately, a common factor in the lives of many people with a mental-health or substance-use disorder is trauma.

Trauma-informed care is an organizational and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors gain a sense of control. A trauma-informed approach avoids actions that could re-traumatize individuals instead of helping them heal.[9] Understanding the effects of trauma and implementing trauma-informed practices will help students achieve academic, social, and emotional goals.

**Professional Development Highlights:**

- Bay Village City Schools
- Partnership for Violence Free Families

## For Additional Tips

TEACHER TIPS

TIPS FOR AGENCIES

PARENT EDUCATION TIPS

9 Ohio Department of Mental Health and Addiction Services, What is Trauma?, http://mha.ohio.gov/Treatment/About-Trauma-Informed-Care/Trauma-Resources-for-Southeast-Ohio/What-is-Trauma, Accessed 6/1/2018 at 8 a.m.

# Bay Village City Schools

## 377 Dover Center Road, Bay Village, Ohio 44140
## Contact: Superintendent's Office 440-617-7300

**Highlighted Program:** Youth Mental Health First Aid

Mental Health First Aid is an eight-hour course that teaches participants how to identify, understand, and respond to signs of mental illnesses and substance-use disorders. Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help adolescents (ages 12 to 18) who are experiencing mental-health or addiction challenges or are in crisis.

- *Annual cost:* No cost.
- *The team:* Two Bay Village school counselors, Meghan Basel and Sarah Pavicic, have been trained to present the program. Funding for their training was provided by the groups listed above. These counselors provide, during their normal work day, the eight-hour course training to community and staff members.

Other programs in the district:

- Drug prevention and physical and mental outcomes are woven into physical education, science, and social studies (grades 5-12)
- Student clubs for at-risk students (grades -12)
- Second Step Drug Curriculum (grades K-4)
- "Focus groups" for at-risk students (K-2)
- Second Step to Respect (K-4)
- Start With Hello (K-4)
- Next year, Bay Village schools are taking part in a pilot program for PREVENTR (seventh grade)

# Partnership for Violence Free Families

**309 W. High St., Suite A, Lima, Ohio 45801**
**Contact: Donna Dickman, 419-549-8530, ddickman@pvff.org**

**Highlighted Program:** Mental Health First Aid (Youth/Adult/Pubic Safety)

Mental Health First Aid is an eight-hour course that covers how to identify, understand, and respond to signs of mental illnesses and substance-use disorders. Partnership for Violence Free Families provides separate courses for children, adults, and public safety officers. The course for adults is appropriate for anyone 18 and older who wants to learn how to help a person who may be experiencing a mental-health related crisis. Topics covered include anxiety, depression, psychosis, and addictions.

- *Annual cost:* $20 per student (Covers the cost of the first-aid manual)
- *Funding:* Supplies are paid for by the Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties.
- *The team:* Partnership for Violence Free Families has 17 certified trainers within a three-county service area.
- *Program impact:* Program evaluations (over 95 percent) shown improvement in skill building, knowledge, and a willingness to assist someone of concern.

Other programs in the district:

- ACT Raising Safe Kids
- Olweus Bullying Prevention Program
- Lifeline Suicide Prevention Program
- PAX at Home
- WISE Program
- Refuse, Remove and Reason Program
- Crisis Intervention Training (CIT)
- Local Outreach to Suicide Survivors (LOSS) Team

# Youth-Led Prevention

Youth-led prevention (YLP) is programming that develop young people's knowledge, skills, and attitudes to be catalysts for positive change within their communities. By engaging youths in activities and experiences that spark their interest, YLP empowers young people to harness their energy to create change.

Adult-Led vs. Youth-Led Programming[10]

**FOR THEM**

**Adults are in control of the planning and implementation of the program; students show up and participate.**

**TO THEM**

**Students receive information — through presentations, speaker assemblies, or classroom lessons — from adults.**

**WITH THEM**

**Students are decision-makers in the development of the program. They may also deliver the program with adult assistance, as needed.**

**ADULT-LED**

**YOUTH-LED**

Each year, Youth to Youth International provides conferences, trainings and consultations for schools looking to implement or learn more about providing youth-led services.

To connect with other youth-led programs across the state, consider the Ohio Youth-Led Prevention Network, a network of youth-led substance misuse prevention providers and youths who are committed to the cornerstones of youth-led prevention, peer prevention, positive youth development, and community service.

**Youth-Led Prevention Highlights:**

- Chardon City Schools
- Nordonia Schools

10 Youth to Youth International, Making the Way Easy – Youth to Youth International's Guide to Effective Youth-Led Prevention, Last Updated, 2014. Accessed 6/8/2018 at 11:34 a.m.

# Chardon City Schools

## 428 N. High St., Chardon, Ohio 44024
## Contact: Superintendent's Office, 440-285-4052

**Highlighted Program:** Active Substance Abuse Prevention (ASAP)

The student-led group develops programming based on the needs of the school and community. The students plan and implement the following:

The Summer Community Picnic, which raises awareness and money for substance-abuse prevention and education. A speaker or panel addresses issues related to substance abuse in the county and state. These panels have included representatives from Start Talking! and recovery programs, as well as, local law enforcement, first responders, and judges. The Start Talking! message, logo, and colors are in picnic advertisements and at the picnic.

- *Annual cost:* The supplies and costs are covered by money raised by the students during the Summer Community Picnic. Project Alert, an evidenced-based substance-abuse prevention program targeting seventh- and eighth-grade students, is available free online. The Hope Curriculum and Generation RX are also free.
- *The team:* Student leaders who are passionate about prevention run the program. The high school social worker assists with the student group throughout the year. Two teachers provide additional support periodically and for special events. Building administration and guidance staff, when available, support the student group. A staff member from a local mental health agency (Ravenwood Health) and another from a substance-abuse recovery agency (Lake/Geauga Recovery) support the student group by providing trainings, offering consultation, and participating in events. In addition, a professor from Case Western Reserve University, Begun Center for Violence Prevention, has provided consultation for programming.
- *Program impact:* Students involved in the youth-led groups remain passionate about making a difference in their school and community. Participation enhances protective factors, develops leadership, and aligns with the school's core values. These students give up a significant amount of their free time by teaching the Project Alert lessons before the high school day starts and meeting all summer for program planning. As the students see the difference they are making, they tend to expand programs to do even more. For example, the group has focused on activities to support students make the difficult transition from middle to high school.

# Nordonia Schools

## 8006 S. Bedford Road, Macedonia, Ohio 44056
## Contact: Deborah Wallace, Regina Christy, or Zach Miley

**Highlighted Program:** Teen Institute, Junior Teen Institute, PANDA

Teen Institute, Junior Teen Institute, and PANDA are youth-led, adult-guided, leadership and community service groups that focus on the prevention of the use of alcohol, tobacco, and other drugs.

- *Annual cost:* The annual budget of the Nordonia Teen Institute is about $35,000, which covers the cost of the annual Winter Retreat ($23,000). The remaining funds are used to send students to the Youth to Youth Conference and cover other programming. The Junior Teen Institute has a budget of $350 a year, which covers supplies for meetings and events.

Money for the Teen Institute is raised during the annual community Knight of Stars Talent Show. Fundraisers include the selling of sponsorships, candles, and candy and other food; car washes; bake sales; golf outings; and other events. Students are charged a small fee to attend the Winter Retreat and other events. To sustain Junior Teen Institute, small fundraisers are held throughout the year.

In the past two years, the Teen Institute was awarded prevention grants from the Summit County Alcohol, Drug Addiction & Mental Health Services Board for the Winter Retreat. For the 2016-17 school year, the group was awarded a grant of $18,200. For the 2017-18 school year, the group was awarded a $15,000 grant, with additional matching funds up to $5,000. The group did raise the $5,000, and it was matched by the county board for a total of $20,000. The Teen Institute was recently awarded a $15,500 prevention grant for the 2018-019 school year, with additional matching funds up to $5,000.

- *The team:* Regina Christy, an Ohio Certified Prevention Specialist, is the adviser of Nordonia Teen Institute. She is assisted by Zach Miley, an Ohio Certified Prevention Specialist who is employed with Community Health Center of Akron. Deborah Wallace, a Licensed Independent Chemical Dependency Counselor — Clinical Supervisor, is the Junior Teen Institute adviser. The Teen Institute youth staff assists in the planning and running of the meetings and help plan and staff the Winter Retreat.
- *Program impact:* When Regina Christy became the advisor of the program 27 years ago, there were about eight members. Through the years, the membership has grown to be over 100 members, at times.

Numerous Teen Institute members have had their siblings become members of the group because of their commitment to staying free of alcohol, tobacco, and other drugs. The support and education youths receive through the Teen Institute enables them to make healthy life choices and be good role models.

Some group members that have been selected to take part in Youth to Youth International and have served on state committees.

Nordonia Teen Institute was selected by the Alcohol and Drug Abuse Prevention Association of Ohio (ADAPAO) as the Outstanding Prevention Group of the year in 2018. Member Delaney Monroe was selected as the ADAPAO Outstanding Prevention Youth of the year.

Other programs in the district:

- The Junior Teen Institute works with the nurses of Cleveland Clinic to provide handmade blankets to underserved populations.
- The Junior Teen Institute and Teen Institute promote a drug, alcohol, and tobacco-free lifestyle throughout Red Ribbon Week at the middle and high schools.
- The Junior Teen Institute makes periodic public service announcements about mental health and making healthy decisions.
- With the assistance and support of the Macedonia Police Department, drug testing kits and information are given upon request from parents at no charge.
- The Junior Teen Institute adviser performs drug screens upon request by parents.
- A pilot summer program provides support for any student or family that needs it.
- During Mental Health Week, the Teen Institute makes daily announcements about mental illness and displays posters with the crisis text number.
- The Teen Institute promotes the Prom Pledge leading up to the prom.
- At Christmas, the Teen Institute donates toys to local hospitals, and stuffs stockings and collects food for the food bank.
- Money is collected at the high school for the American Lung Association. The effort, in addition to raising funds, educates the student body and staff on the dangers of smoking and vaping.

# School-Based Health Care Services

School-based health services are provided through the school system to improve the health and well-being of children and, in some cases, whole families and the broader community. Ohio School-Based Health Care seeks to create an accessible, connected community of caring adults around each student to keep them in class and learning.

In 2018, the Ohio Department of Education, Ohio Department of Medicaid, Governor's Office of Health Transformation, Ohio Department of Health and Ohio Department of Mental Health & Addiction Services released the School-Based Health Care Support Toolkit.[11] The toolkit is designed to give tactical advice and resources to excite schools and care providers about school-based health care.

**School-Based Health Care Service Highlights:**

- Montgomery County ADAMHS Board

11 Ohio Department of Education, Ohio Department of Education School-Based Health Care Support Toolkit, http://education.ohio.gov/Administrators/School-Based-Health-Care-Support-Toolkit, accessed 6/8/2018 at 4:45 p.m.

# Montgomery County ADAMHS Board

**409 E. Monument Ave., Suite 102, Dayton, Ohio 45402**
**Contact: Tristyn Eppley, 937-443-0416 x105**
http://www.mcadamhs.org/

**Highlighted Program:** SBIRT Screening

Several Montgomery County schools are looking to implement SBIRT (Screening, Brief Intervention, Referral to Treatment) services alongside yearly vision and hearing screenings. This will assist schools in identifying students that may be at-risk for mental-health or substance-use issues and allow them to intervene early.

- *Annual cost:* Schools that choose to implement SBIRT can do so at minimal cost. School nurses or designated faculty can attend a free, or low-cost in-person training or attend a free online training to learn how to implement SBIRT. By pairing SBIRT screening with other routine screens — such as scoliosis, vision and hearing — the screening portion will take minimal additional staff time. The cost is dependent upon staff time to initiate up to four brief interventions per student or a referral to treatment as deemed appropriate by the SBIRT screening.
- *Funding:* Within Montgomery County, the ADAMHS Board has designated $450,000 for fiscal year 2018-19 to allow the staff at Samaritan Behavioral Health to implement SBIRT in six school districts and is anticipated to serve about 8,400 students.
- *The team:* In fiscal year 2017-18, Montgomery County ADAMHS contracted with Samaritan Behavioral Health to implement a pilot SBIRT program in one school district, reaching 119 students. One behavioral health employee worked in the school to provide the screenings, brief interventions to 19 students, and referrals to treatment to three students.
- *Program impact:* Because the SBIRT project was launched as a pilot program in FY 2017-2018, the final reports and evaluations will not be submitted until June 30, 2018. The preliminary program evaluation shows that there has been a 25 percent increase in communication between students and their families regarding depression and substance abuse, a 25 percent increase in the students' knowledge regarding depression and substance abuse. There was a 50 percent increase in the students' ability to refuse drugs and alcohol and a 25 percent decrease in suicidal ideation and attempts among students who received SBIRT.

Other programs in the district:

- Parental-engagement program. The Strengthening Families curriculum, which is being implemented in Montgomery County, engages parents who are in recovery, and provides them with the skills to end the cycle of addiction. Parents are referred to this program by courts and treatment providers.

- Youth-led prevention programs. Six high schools have youth-led prevention programs, and several other schools have requested them for 2018-19. The prevention coalition has also worked with the teamed up with the Drug Enforcement Administration to provide a summer, youth-led prevention training. This countywide training will launch back-to-school prevention initiatives.
- Mental-health first-aid training. The Montgomery County Educational Service Center is working with the ADAMHS board to provide mental-health first aid trainings to school faculty and staff. Also, Valley View school district recently hosted a mental-health first- aid training for its staff.
- Evidence-based curricula. The HOPE curriculum is being promoted for use within schools in Montgomery County in light of the requirements called for in House Bill 367. Also, the Risky Business curriculum, which addresses a variety of high-risk behaviors, including substance use, is being used in juvenile justice and child welfare settings. The Botvin LifeSkills curriculum is being implemented in two school buildings in Montgomery County. The PAX Good Behavior Game is being implemented 127 classrooms, and is supposed to be added to more next year. Finally, the Prime for Life curriculum will be used, in lieu of suspension or expulsion, as an intervention for students who get substance-use infractions.

# Community-Based Health Referrals

The Ohio Joint Study Committee on Drug Use Prevention Education encourages the use of a community -based health referral program to help schools address mental-health and substance-use disorder issues through established relationships, resources, and processes. Such a program increases a school community's awareness of behavioral health, the referral of youths and adults to necessary services, and the number of adolescents and adults receiving age-appropriate health care services.

**Community-Based Health Referral Highlights:**

- Chardon City Schools
- Lorain County Board of Mental Health

# Chardon City Schools

## 428 North High St., Chardon, OH 44024
## Contact: Superintendent's Office,440-285-4052

**Highlighted Program:** Mental Health Screening Day

The students of Chardon City School have chosen mental-health awareness and education as a topic they want to promote. In addition to having on-site, school-based social workers employed by the mental-health and wellness organization Beech Brook, the district collaborates with the local mental-health agencies to provide timely referrals and connections to community resources. The agencies collaborate with the district to ensure a coordination of services.

New this year is an on-site, free mental-health screening day for interested students. The event coincided with the national observance of May as Mental Health Awareness Month. The high school worked with Ravenwood Health, a local mental-health agency, to provide this service throughout the school day at the high school. Students were allowed to sign up anonymously for a specific time during the day to meet with one of two clinicians. Providing this service at school in this manner minimized typical barriers, such as transportation and scheduling.

- *Annual cost:* Ravenwood donated their clinical time.
- *The team:* The high school social worker collaborated with Ravenwood staff members to create the opportunity.
- *Program impact:* As a result of the screening, several students were connected that day with ongoing mental-health services.

# Lorain County Board of Mental Health

## 1173 N. Ridge Road, Suite 101, Lorain, Ohio 44055
## Contact: Dr. Kathleen Kern, executive director

**Highlighted Program:** School-based consultation, education and prevention services

The mental-health board pays for community mental-health agencies to provide individualized consultation, prevention, staff education, and consultation to every school within the county that expresses interest in these services. Every district has taken advantage of either these board-funded services or community-based mental-health counseling services. At the start of each school year, the community mental-health agencies and the school administrators review the menu of school-based services and decide which will be needed in the upcoming school year.

- *Annual cost:*

| LORAIN COUNTY ADAMH PREVENTION DATA | | |
|---|---|---|
| **Prevention Services** | **FY2017** | **FY2018** |
| Applewood | $48.582 | $25,686 |
| Bellefaire | $24,516 | $4,707 |
| Beechbrook | $27,077 | $17,862 |
| Firelands | $48,465 | $49,872 |
| Nord | $2,1420 | $1,832 |
| OhioGuidestone | $36,819 | $72,747 |

- Funding: Consultation, education and prevention services are made available through local levy funds.
- The team: Each year, the community mental-health clinician and supervisor meet with staff selected by each school to plan for mental-health services. The Child and Adolescent Services director of the board oversees the program and is responsible for determining the effectiveness through an analysis of outcomes and by using satisfaction surveys completed by school staff.
- Program impact: In fiscal years 2017-18, 697 students received board-funded consultation. In fiscal years 2017-18, 2,532 students participated in prevention groups focused on building resiliency.

Other programs in the district:

- PAX
- Incredible Years
- You Belong Youth-Led Initiative

# Programs to Watch

As comprehensive prevention education plans are established, community-specific needs can arise. Schools, coalitions and communities throughout the state are responding to the needs of their students by looking at new ways to assist them. This section is dedicated to those groups who have unique prevention-education and early-intervention services.

The Ohio Joint Study Committee on Drug Use Prevention Education recognizes that many of the state's effective prevention programs were created within the community. Schools that use "home-grown" programs are encouraged to measure the effectiveness of their programs through pre- and post-testing and other metrics, such as behavioral referrals or academic outcomes. The committee recommends continuing only those programs that demonstrate effectiveness.

It is important to remember that all evidence-based programs today were once home-grown programs that underwent rigorous evaluations. The committee encourages schools to work with local colleges and universities or their educational service center (ESC) to conduct evaluations of their prevention programming.

**Highlights:**

- Beavercreek Local Schools
- Holmes County Youth Development (Anazao Community Partners)
- LifeAct

# Beavercreek Local Schools

## 3040 Kemp Road, Beavercreek, Ohio 45431
## Contact: Superintendent's Office, 937-458-2441

**Highlighted Program:** Concerned Persons Support Group

The Concerned Persons Support Group is for high school students who have family members with substance-abuse disorder. The group discusses issues relating to addiction, coping strategies, and ways to communicate feelings. Group members support one another. Students are referred to the group by staff or other students and invited to participate. Participation is voluntary and school work missed to attend meetings must be completed. Meetings are held once a week for about eight weeks on a staggered schedule (first period in the first week, second period in the second week, etc.). Last year, there were two groups with about 18 students involved. No funding is necessary to implement this program. Passionate teachers and students keep the program going each year.

# Holmes County Youth Development

## Anazao Community Partners
## 2587 Back Orrville Road, Wooster, Ohio 44691
## Contact: Mark Woods, MPPM, MSW, LISW-S, 330-264-9597

**Highlighted Program:** Amish Health and Safety Day (The Amish State Collaborative, a new group, is meant to eventually oversee the safety day event.)

- *Annual cost:* Amish Health and Safety Day costs about $2,000, but about $20,000 is provided through donations, including food, location, volunteers, vehicles, and equipment
- *Funding:* The group has been building on partnerships and donations for 20 years.
- *The team:* The primary support and administration of Amish Health and Safety Day involves a 20-person committee and two key agencies: Anazao Community Partners and the Holmes County Health District. The Holmes County Emergency Management Association, East Holmes Fire & EMS, Ohio State Highway Patrol, Holmes County Sheriff's Office, and Amish community offer key support. Keim Lumber and Mt. Hope Auction take turns providing a location for the event.
- *Getting started:* The event began with relationships within the Amish community and working to figure out the culturally sensitive way to work with them to determine their needs. We utilize data and trends to help us evaluate where there are needs for services, information, and education.
- *Program impact:* This program is geared toward the Amish community as a whole, but tries to focus on children, who could benefit from the information throughout their lives. During the past 20 years in Holmes County, there has been a notable shift in the cultural mentality in regard to safety.

# LifeAct

## 210 Bell St., Chagrin Falls, OH 44022
## Contact: Andrea Floro, 216-464-3471

**Highlighted Program:** LifeAct

LifeAct's evidence-based programs seek to educate youths to recognize depression and the warning signs of suicide and to access help for themselves or their peers. Unrecognized, and untreated, mental illness is at the root of many unhealthy behaviors, including self-medicating through substance abuse. Depression's warning signs and symptoms can exacerbate, or be caused by, these behaviors, which, if left untreated, can lead to suicide. Suicide is one of the leading causes of death for adolescents. LifeAct seeks to turn the tide on suicide by empowering teens to look out for their peers.

- *Annual cost:* LifeAct is able to offer its programs free to schools, thanks to committed community support. The organization sends trained, professional instructors into high schools and middle schools to deliver evidence-based programs. Last year, a team of 17 instructors engaged 24,659 students — and of those, 2,130 of them came forward to an instructor for help.
- *Funding:* LifeAct's programs are paid for through community support. LifeAct has been serving students for 18 years, with program delivery almost doubling in the past four years amid expansion to 12 counties. Statewide expansion is being made possible through LifeAct's partnership with Partners for Success and Innovation, which employs hundreds of mental-health professionals. Additionally, LifeAct has been accepted into the Ohio Quality and Effective Practices Registry, through Miami University and the Ohio Mental Health Network for School Success. This partnership will continue to provide opportunities for statewide expansion.
- *The team:* LifeAct's 17 trained instructors deliver evidence-based high school and middle school programs. LifeAct's instructors educate students, engage them in dialogue about depression and suicide, and encourage them to come forward for additional information or help. LifeAct does not engage in counseling activities and works as a conduit to complete the circle of care. At-risk teens are identified at an early stage, directed to assessment professionals through referral and, if needed, treated by medical experts. LifeAct's program manager supervises a team of instructors, ensuring program fidelity and a broadening of the network of schools that receive the programs. A LifeAct curriculum director oversees creation of new content and timely updates. The organization's partners at University Hospitals and Rainbow Babies & Children's Hospital play a critical part in the role of oversight in content and implementation. Additionally, LifeAct's program committee includes members of the LifeAct staff, board members, and outside personnel, who review program content, fidelity, and relevance.

- *Program impact:* Students are safe, effectively educated, and more likely to reach out for help. Since its inception, LifeAct's programs have served more than 200,000 students. In the past four years, 94,790 students were engaged — and 7,206 responded by asking for help. LifeAct instructors collect participation and referral data as well as anecdotal comments, insights, and recommendations from participating students and teachers. Additionally, LifeAct's two evaluations from 2009 and 2017 confirmed excellent results. In these research evaluations, the following three outcomes were determined:
  - Students reported significantly less discomfort with the subject material after the program.
  - Students reported significant increase in their ability to recognize the warning signs of depression and suicide.
  - Students reported a much higher likelihood of reaching out to an adult for themselves or a peer in a time of distress.

Ohio Attorney General's

# Drug Use Prevention

## RESOURCE GUIDE


Ohio Attorney General's Office
Policy and Public Affairs
Children's Initiatives
30 E. Broad St., 17th Floor
Columbus, OH 43215

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Director of Children's Initiatives:
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