

APPENDIX B

STATE-BY-STATE GOALS AND OBJECTIVES

Alabama

SEA Program

Goals and Objectives

The goals, performance indicators, and timelines for the State Department of Education (SDE) Safe and Drug-Free Schools and Communities Program were developed with input from the Alabama Prevention Advisory Committee and findings from resource documents including the following: The Alabama Youth Risk Behavior Survey 1995, Alabama Kids Count 1996, Department of Youth Services Statistics 1996, and Alabama Office for Juvenile Justice Statistics 1994.

Goal 1: To help ensure that all schools are safe, disciplined, and drug free, and promote implementation of high quality drug and violence prevention programs.

Objective 1:

- *Reduce alcohol and drug use and availability in schools.*

Usage

- Rates of alcohol and drug use among school-aged children will decrease.
- Increasing percentages of students will report negative attitudes toward drug and alcohol use.
- Decrease availability of drugs at school.
- Increase interdepartmental co-sponsorship in local and state conferences and meetings.

Source:

- Alabama Youth Risk Behavior Survey (AL-YRBS)

Strategies:

- Host regional focus groups to help identify most effective message to send to youth regarding drug use.
- Collaborate with local law enforcement officials, the Chemical Awareness Program (CAPS), DARE, and community organizations such as Parks and Recreation Department (PARC) to promote negative drug use messages.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- Review comprehensive data on drug abuse and violence among youth in grades 7-12 (AL-YRBS) to determine youth attitudes and to develop appropriate non-use messages.
- Provide a drug/violence behavior survey to at least 50 percent of the students in grades K-6.
- Collaborate and network with related programs at SDE to promote effective prevention strategies that ensure all students are provided opportunities to achieve academic and performance standards.

Objective 2:

- *Reduce number of criminal and violent incidents in schools.*

Violence – The number of criminal and violent incidents in schools will decrease by 5 percent.

- Reduce the percentage of Alabama students carrying weapons on school property.
- Reduce the percentage of physical fights resulting in injury.
- Reduce the number to threats and physical attacks on teachers.
- Reduce the number of students not attending school due to feeling of being unsafe.
- Reduce the number of school-related homicides.
- Reduce the number of students whose learning is interfered with by misbehaving students.

Sources:

- Alabama Youth Risk Behavior Survey
- Centers for Disease Control and Prevention’s (CDC) Biennial Youth Risk Behavior Survey
- Alabama Juvenile Justice Report
- LEA Suspension/Expulsion Reports
- Alabama Department of Youth Services Reports

Strategies:

- Support and collaborate with other state agencies/organizations and other prevention entities on statewide initiatives addressing conflict resolution, crisis intervention, peer mediation, peer tutoring, peer mentoring, leadership skills development, and family education.
- Identify promising prevention programs and strategies.
- Host conference to showcase promising programs.
- Develop plans for large-scale demonstration programs focusing on creating safe schools.
- Identify and provide support for programs and practices proven effective in creating safe schools.
- Provide training and technical assistance, in collaboration with the Department of Justice, to LEAs on effective violence prevention strategies.

Objective 3:

- *Assist LEA's in aligning programs with ED's Principles of Effectiveness for prevention programs.*
- Research-based.
- Tied to a needs assessment.
- Objectives are measurable.
- Goals are tied to outcomes.
- Periodic evaluation.
- Demonstrations are permitted.

Prevention Programs:

- By 1999, all LEAs will use prevention programs that are based on the Principles of Effectiveness.

Source:

- Survey to be developed, 1998
- Alabama Youth Risk Behavior Survey

Strategies:

- Develop and promote Principles of Effectiveness for prevention programs.

- Develop guidance and provide technical assistance to local education agencies in how to apply the principles and strategies of prevention programs.
- Utilize SDE web site to promote awareness of promising practices.
- Hold a conference for all LEAs, governor's office, and concerned partners on what works.

Objective 4:

- *Ensure LEAs enforce the Gun-Free Schools Act.*

Enforcement:

- By 1997 all LEAs receiving ESEA funds will have a policy requiring notification of law enforcement of all incidents where a firearm is involved.
- By 1997 all LEAs receiving ESEA funds will have policies requiring the expulsion for a year of students who bring firearms to school.
- All LEAs will have policies prohibiting smoking in school.
- By 1997, all LEAs will have policies prohibiting the sale, distribution, and use of alcohol and other drugs at school-sponsored functions and activities.

Source:

- Annual performance reports for local programs
- State Consolidated Review Reports
- Gun-Free Schools Act data collection, 1997
- SDE/LEA survey supplemented with data from CDC School Health Policies and Programs Report

Strategies:

- Ask LEAs to provide evidence that districts have policies related to firearms and smoking.
- Identify school districts not in compliance and provide technical assistance in order to attain compliance.
- Develop SDE policy for ensuring "medical marijuana" is kept out of all schools, and disseminate policy to all LEAs.

Objective 5:

- *Improve the quality and use of state and local performance data.*

Improve Quality:

- Conduct statewide surveys or collect statewide data on alcohol and drug use of students and incidents of crime and violence in schools.
- All LEAs will collect and report to SDE incidents that are in violation of the Gun-Free Schools Act.
- By July 1997, all SDE and Governor's programs will have acceptable performance indicators.
- State will use performance indicators to make decisions regarding approval of LEA application for FY 1998 funding.
- By July 1998, all LEAs will have performance indicators for their SDFS programs.
- LEAs will routinely use performance indicators to determine if activities should be continued or modified.

Source:

- SDE/SDFS Survey, 1998
- ED Gun-Free Schools Act data collection, 1997
- State Consolidated Review Reports

Strategies:

- Develop discretionary grant program to improve SDE's capacity to collect and analyze data.
- Include requirement to collect appropriate data for recognition under Recognition Program.
- Approval of LEA plans will require inclusion of performance indicators. LEAs unable to develop appropriate indicators will be provided technical assistance.
- Identify school districts not in compliance and provide technical assistance for them to attain compliance.

Objective 6:

- *Promote drug abuse/violence-prevention education with increased focus on parent and community involvement.*

Promote Education:

- Provide a 10 percent increase in School/Community/Team trainings by October 1999.
- Increase community involvement with prevention efforts by 5 percent by October 1998.
- Increase opportunities for parental involvement by 5 percent by June 1999.

Source:

- Alabama PTA Report Federal Programs Application
- Training documents

Strategies:

- Provide school/community team training and followup technical assistance.
- Review effectiveness of programs with parents and advisory group.

The data for writing the goals and objectives for the Safe and Drug-Free Schools and Communities Program will be selected from information gathered by the Alabama Advisory Committee (AAC). Data will include information from such areas as:

1. Local School Needs Surveys.
2. State Needs Survey.
3. State Judicial Records.
4. State and Local Discipline Records.
5. Suspensions/Expulsions Related to Drugs.
6. Alabama Youth Risk Behavior Survey 1995.
7. Alabama Safe and Drug-Free Schools and Communities Comprehensive Plan.
8. Safe and Drug-Free Schools and Communities Grant Application Information/Alabama Consolidated Application Report.
9. Alabama Kids Count.
10. Alabama Department of Youth Services.
11. Alabama PTA Report.
12. Alabama Department of Education Records.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

13. "Greatest Need Area" Questionnaire.
14. Other information as deemed necessary by AAC.

Progress Toward Goals and Objectives

The Alabama State Department of Education (SDE) made progress during the reporting year (1999–2000) in attaining its goals in the following ways.

- The SDE collaborated with the Alabama State Department of Mental Health on plans to implement a comprehensive risk and protective factors survey in the spring of 2002. Funding from this project is from the Center of Disease Control (CDC).
- The SDE provided technical assistance to all local education agencies (LEAs) regarding comprehensive school safety and comprehensive school safety plans, Principles of Effectiveness and research-based programs. The SDE also provided technical assistance to LEAs on an as-needed basis, which included staff development for principals and systemwide SDFSCA coordinators.
- The SDE supported and collaborated with LEAs and state agencies and other agencies/organizations on a schoolwide safety initiative. The SDE provided technical assistance on developing, implementing and evaluating school safety plans. The SDE Prevention and Support Services staff reviewed 1412 plans and provided technical assistance to LEAs regarding plans, including on-site visits to discuss appropriate plan content and implementation.

The SDE also collaborated with several other agencies. As a result of collaboration with the Alabama National Guard, the Guard provided red ribbons for Alabama's annual **RED RIBBON WEEK**. During this week Alabama schools focused on activities which reflect a drug-free lifestyle and all students were given red ribbons. The Alabama Department of Mental Health collaborated with the SDE and trained its substance abuse providers on the implementation of the Safe and Drug-Free Schools and Communities act. In addition, the SDE collaborated with the Governor's office and co-sponsored a statewide conference on **PARENTING**. Also, teen-aged parents were invited to the Governor's Conference on Parenting through the SDE Career/Technical Education Section. The SDE collaborated with the departments of law enforcement, public safety, emergency management and the Office of the Alabama Attorney General to present a **model school safety plan**. The comprehensive school safety plans were mandated for each individual public school by an Executive Order of Governor Don Siegelman. Major trainings were held on the state, regional, and local levels. Each plan was read and reviewed by the SDE staff. Collaboration occurred with 20 other agencies in the state in the coordination of an Alcohol and Other Drug Studies Prevention Conference (ASADS). Lastly, collaboration with the Southeastern Comprehensive Assistance Center (SCAC) resulted in the SCAC providing research materials and training regarding the Principles of Effectiveness and research-based programs to Alabama school systems.

- The SDE staff provided staff development to LEAs in promoting drug abuse/violence prevention education with increased focus on parent and community involvement.

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LEAs implemented student assistance programs, peer helpers programs, and a chemical awareness program (CAP) for athletes, which contained parenting components. The Alabama National Guard provided a parenting component in its program as well. The Amelia Center, in Birmingham, Alabama, collaborated with the SDE to provide Recovery Training for school personnel to implement when a traumatic event occurred.

The SDE continued to support collaboration and networking among all related programs within the SDE to promote effective prevention strategies and services that ensured all students were provided with opportunities to achieve academic and performance standards. SDE education specialists from several divisions, individuals from Institutions of Higher Education, personnel from law enforcement agencies, and other agency representatives served as presenters at the annual SDE Mega Conference. Some of the areas covered included DRUGS 2000: Dangerous Newcomers and Old Favorites, School Safety Programs and Plans, School Incident Report Training, Positive Behavior Support for a More Positive and Competent School Climate, and Juvenile Justice Issues.

- The SDE collaborated with the Alabama Department of Public Safety and the Governor's Office to implement a toll-free hotline for any student, parent, or citizen to report anonymously any school safety concerns. This number was posted over all classroom doorways and in other prominent school areas. Furthermore, the hotline number was placed on selected state motor pool vehicles.
- The SDFSCA Program collaborated with the Alabama At-Risk Program to encourage school participation in the National Lights Out Program.
- The SDFSCA collaborated with the SDE Guidance and Counseling Unit, Classroom Improvement Section, to train forty (40) school counselors to provide counseling services to other LEAs in the time of need because of a school tragedy.
- The SDE collaborated with the State Center for Substance Abuse and the Governor's Office of Drug Abuse Policy to read proposals/grants for each agency. This allowed each agency to have an overview of the major state drug prevention program and reduced the duplication of services in the state.

Governor's Program

Goals and Objectives

Goal 1: Systemic application of risk reduction factors at state and local levels.

Objectives:

- *A state-level coalition including relevant service systems and other stakeholders will be formed to coordinate efforts, improve service quality, eliminate duplication, and assure effective use of resources.*
- *The director of the Governor's Office of Drug Abuse Policy will participate on other state-level interagency committees, boards, and coalitions serving children, youth, and/or families in order to coordinate efforts, improve service quality, eliminate duplication, and assure effective use of resources.*
- *Documentation of linkages through formal or informal agreements with service agencies/organizations serving children, youth, and/or families at the community level will be required of program funding proposals.*
- *Show reduction of illegal underage sales of tobacco products to less than 20 percent by 1997.*
- *Show a reduction in illegal sales of alcohol to minors.*

Goal 2: Increase protective factors within target populations and communities.

Objectives:

- *Programs will define and evaluate specific protective factors addressed through program components and activities.*
- *The Governor's Office of Drug Abuse Policy will increase awareness of protective factors and their impact on drug use and violence among children and youth among relevant state service systems, legislators, administrative entities, and business and community leaders.*

Goal 3: Decrease risk factors within targeted populations and communities.

Objectives:

- *Programs will define and evaluate specific risk factors addressed through program components and activities.*
- *The Governor's Office of Drug Abuse Policy will increase awareness of risk factors and their impact on drug use and violence by children and youth*

among relevant state service systems, legislators, administrative entities, and business and community leaders.

Goal 4: Plan, develop, and implement the significant shift in programmatic focus toward the state prioritization of programs.

Objectives:

- *A state-level coalition, to include relevant state service systems, and other stakeholders, will be formed for the purposes of coordinating efforts, improving service quality, eliminating duplication, and assuring effective use of resources.*
- *Evaluation of the current process will be conducted in reaching the final goal of the refocusing services. Steps to proceed from the existing cadre of services to the desired service components will then be determined and implemented.*
- *Potential and current service providers will be provided an opportunity to become familiar with the changing program expectations through orientation sessions prior to the implementation-funding period.*

Goal 5: In order to support the refocus of services by providers and assure quality programming for the prioritized populations, content and mechanisms for providing the training will be developed and implemented.

Objectives:

- *Curricula, resources on risk and protective factors, and strategies shown to be effective with the target populations will be sought/developed.*
- *Mechanisms will be identified/developed to deliver the training content to current/potential service providers.*
- *A recruitment process will be developed and implemented to assure awareness by service providers of the training availability.*
- *Each training event will be evaluated for the content relevant to the knowledge/skills needed by service providers.*

Progress Toward Goals and Objectives

The major activities of this office have been toward assuring that all the programs that are administered meet the requirements of “The Principles of Effectiveness.” The activities that have been accomplished to date include; 1) complete redesign of the application to grantees, 2) training for current grantees, and 3) training for prospective grantees. The major activity in the ensuing six months will be onsite monitoring to assure that each grantee is implementing programs and

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strategies in compliance with the current United States Department of Education Safe and Drug-Free Schools guidance and legislation.

- Redesign of the application to grantees – The application to subgrantees was redesigned to reflect each of the four principles outlined by “The Principles of Effectiveness.” Any application that did not adequately meet the requirements of each of the four principles was not considered for funding.
- A two-day training even was conducted for the grantees reflected in this report. Dr. Hayden Center, representing the Southeast Center for the Application of Prevention Technologies (SECAPT) conducted the meeting. Each of the four principles was explained in detail. Tools and technology were distributed to each of the sub-grantees. Follow-up technical assistance was provided to a number of the grantees in designing programs and fine-tuning evaluations.
- Four regional bidder’s conferences were held prior to the due date for applications. Each of the principles of effectiveness was explained in detail. Additional sources for technical assistance were provided. Sources for up-to-date tools and technology were provided to assist sub-grantees in writing grants.
- Each of the current grantees will receive an onsite monitoring and technical assistance visit within the next six months. The primary purpose will be to assure that each program is operating under the current guidelines of the “Principles of Effectiveness.”

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Alaska

SEA Program

Goals and Objectives

Goal 1: Support strategies to implement the state’s content and performance standards for all students and the development of a comprehensive assessment system to measure attainment of these standards.

During the time covered by this Consolidated Plan:

- *The number of students who reach state or equivalent standards will steadily increase and student populations served by these programs will not be over-represented in the lowest quartile of achievement measures.*
- *The number of dropouts will be reduced.*

Goal 2: Improve the governance, accountability, and management of the state’s education system to better focus on increased student achievement through the implementation of state and local improvement plans.

During the time covered by this Consolidated Plan:

- *The number of schoolwide programs and schools with local improvement plans will increase.*
- *Alaska’s School Report Card will demonstrate an increase in collaboration across programs by the number of local school site improvement efforts receiving technical assistance featuring coordinated service provision from multiple sources.*
- *Improved quality of service and collaboration among state programs with other services and to sites involved in local improvement efforts will be indicated by a management plan that identifies and includes collaboration, includes mechanisms for identifying who could benefit from assistance, and monitors LEAs for results of that assistance.*

Goal 3: Provide a performance-based, student-centered plan, which encourages lifelong learning for the transition from school to employment, or further training.

During the time covered by this Consolidated Plan:

- *The School-to-Work performance indicator system will show increased numbers of students participating in quality programs.*

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- *Increased number of sites that identify a relationship between sites involved in local improvement plans and sites involved in comprehensive School-to-Work programs.*

Goal 4: Create in schools the technological capacity to provide opportunities for all Alaskans, especially rural Alaskans, to become lifelong learners, productive members of the workforce, and contributing citizens.

During the time covered by this Consolidated Plan:

- *Annual technology survey will report increased equity in access to technological education resources at sites served by these programs.*

Goal 5: Assist communities, school sites, and districts in establishing effective processes for parental and community involvement.

During the time covered by this Consolidated Plan:

- *The number of sites that report measurable improvement in family/community involvement according to the State Board of Education's adopted model (Epstein) will increase, including activities that support Safe and Drug-Free Schools.*
- *Additional resources will be provided to increase the capacity of families, communities, and LEAs to serve students at risk of school failure.*

Goal 6: Work with the university system and school districts to develop a comprehensive staff development and capacity building system for school staff, families, and communities.

During the time covered by this Consolidated Plan:

- *The awareness of best practices and/or options for service delivery will increase.*
- *The number of professional staff members who meet the teacher standards will increase.*
- *Best practices for para-professional staff will be identified and a system to promote aligned training will be developed.*
- *Support for quality staff development for families who are involved with students served by these programs will increase.*
- *Coordinated professional development related to best practices and the implementation of challenging state standards for all staff including those working with these program will increase.*

Progress Toward Goals and Objectives

Alaska continues to support and encourage LEAs to adopt and align their curriculum through the Quality School state grant program. Quality School grant funding increased over three-fold for the 2000–2001 school year. LEAs are required to adopt and align their curriculum to state standards in order to receive these funds.

On September 29, 30, and October 1, Alaska Department of Education & Early Development (EED) sponsored the second Alaska Education Summit. This summit was co-hosted by Governor Tony Knowles, the Alaska Commissioner of Education & Early Development and a variety of businesses. The Summit centered around analyzing the data gained from the first administration of the Alaska State Assessments. Districts sent in teams of six and the summit facilitator was Jim Cox, an independent contractor recommended by CTB McGraw-Hill. *Please see attached document labeled A –2.c that outlines this process.*

Governor’s Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

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American Samoa

SEA Programs

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No state-level data have been produced during the past year on the status of tobacco, alcohol, drug use and violence by American Samoa adolescents.

Governor's Program

Goals and Objectives

- **Goal 1: By the year 2000, all American Samoan students in levels K-12 will receive between six and ten weeks of Violence and Drug & Alcohol Resistance Education.**

Objectives:

- *The Department of Education's Comprehensive Health Education program uses the Teenage Health & Teaching Module (THTM), focusing on violence, drug and alcohol awareness, nutrition and HIV/STD prevention. The program is directed towards the freshman (9th grade) and sophomore (10th grade) high school level with 9 weeks of classroom instruction. Currently, there are 1,843 students enrolled in the freshman (933) and sophomore (910) classes. Enrollment for the incoming freshman class for 1995-96 is 1,013, indicating a steady increase in enrollment at the target level with each subsequent year.*
- *Beginning with the school year 1995-96, the health program will implement the Know Your Body (KYB) program. The program addresses health issues on an elementary level (grades 1-8), focusing on drug and alcohol awareness, nutrition, and HIV/STD prevention. The instruction lasts for the entire school year (185 school days). As of May 1995, the Student Services Office reported 8,237 students, grades 1 through 8, enrolled in American Samoa's only public school system. In August 1995, an additional 1,000 students will enroll in the public school system. By the year 1999, the*

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estimated student enrollment on the elementary level should reach an estimated 13,250 students in the public school system. Current figures (April 1995) for elementary showed 9,359 enrolled.

- **Goal 2: By the year 2000, all youth, not served by the SEA, being served by the SEA, or served by the SEA but have not been identified as “at-risk,” will receive counseling, training, and guidance.**

Objectives:

- *The Safe and Drug Free Schools and Communities Program is committed to working closely with school administrators in monitoring students with poor academic or undisciplined behavior and/or show a pattern of poor attendance in the schools.*
- *SDFSC specialists will work closely with school administrators and parents. A partnership with the Parent and Teacher Association links SDFSC with the teachers in the schools. Networking with the Social Services Division allows for a tight monitoring of student cases. The SEA has established a coalition with these and other groups to ensure accountability of all students.*
- **Goal 3: By the year 2000, parents, community leaders, teachers and business will share equally in the responsibility to ensure that all youth are provided with a safe, drug-free environment.**

Objectives:

- *The Safe and Drug-Free Schools and Communities (SDFSC) program will work closely with parents through the Outreach Counseling Program currently implemented in the schools. Parents of identified at-risk students will be informed and provided counseling and assistance. At-risk students will receive counseling and/or academic assistance when required in addressing their academic deficiency.*
- *The SDFSC program will work closely with community leaders to ensure that the welfare of American Samoa's youth is a top priority in community activities and to promote violence, and drug and alcohol prevention education within the community-based religious organizations and social and athletic groups. With the support of the community-based organizations, SDFSC is able to reach a larger segment of the total population.*
- *The Governor's discretionary summer programs serve as a positive link between SDFSC and the American Samoan community. Through the summer programs, American Samoan youth have shown an awareness of traditional cultural values. They are enforcing traditional village curfews and participating in village activities. These are positive challenges where the youth become an integral part of the community. The strengthening of their self-esteem, respect for their culture, and a positive social attitude promotes less dependency on drugs and alcohol.*

- *SDFSC is highly dependent on the feedback and support of the teachers dedicated to the education of American Samoa's youth. SDFSC specialists work with teachers as partners in the nurturing of American Samoa's youth. The responsibility also includes ensuring a safe and drug free environment on school campuses.*
- *SDFSC has set up a patrolling system monitored by the school administrators and SDFSC specialists. Selected students keep the school grounds free of violence, alcohol, and drugs. Prior to the beginning of the 1995-96 school year, SDFSC will address the assembly of teachers during their orientation week. Topics range from the responsibility of the teacher, drug-free schools policies on referrals and the various programs that students can utilize. The enforcement and implications of the drug free workplace policy are also discussed.*
- *The SDFSC program will strive to increase public awareness of the business sector's responsibility for the welfare of American Samoa's youth in observing laws that prohibit the sale of alcoholic beverages and tobacco to minors. There is a continued infraction of the law by local store owners, and most of the offenses are not reported.*
- **Goal 4: All youths will have access to counseling in time of a personal crisis. Counseling services will be available after the period of crisis. Services are available to family members and peer groups as deemed appropriate.**

Objectives:

- *SDFSC specialists, assigned in the schools, are receiving training during the summer to help students cope with a personal crisis-stress, loss of a loved one, and teenage pregnancy. SDFSC will utilize the referral system to direct sensitive issues to the proper agency.*
- *Two workshops have been scheduled for summer 1995 for SDFSC personnel. The Ombudsman program focuses on elementary level students who experience family incohesiveness and/or express low self-esteem and negative social attitudes. The Stress and Grief Recovery Workshop deals specifically with stress, post-traumatic stress, and grief recovery across all grade levels. Counseling services will be available after the period of crisis to family members and peers.*
- **Goal 5: By the year 2000, all educational staff, and representatives of the community and school sites will have received adequate training to deal with violence, alcohol, and drug prevention education.**

Objectives:

- *The necessary training to address the issues of violence, alcohol, and drug prevention education will be acquired through off-island training of American Samoa's educational staff and community leaders.*

- *The Ombudsman program will train 10 members of SDFSC personnel this summer (1995) on strategies in educating students regarding alcohol and drug prevention. Training for all SDFSC personnel will continue with each succeeding year until all have received training. SDFSC. Currently employs 28 individuals.*
- *If the current freeze on additional hiring is maintained, training of our staff will be completed by 1997. These workshops and programs will enhance professional development, and provide training and technical assistance to the community members.*
- *By the year 2000, all SDFSC personnel will have received adequate training to deal with violence, alcohol, and drug prevention. Community leaders and representatives will also receive adequate education concerning violence, drug, and alcohol prevention education. .*
- **Goal 6: Periodic Assessment of the Safe and Drug-Free Schools and Communities Act Program effectiveness will be evaluated and reviewed by youth, community, parents, and agencies that deal with at-risk minors.**

Progress Toward Goals and Objectives

On April 17, 2000, American Samoa observed its centennial celebration since the U.S. flag was hoisted high above Sogelau hill at Fagatogo, American Samoa. The occasion officially sanctified this island as U.S. soil. One hundred years later, the U.S. Census reported approximately 57,000 residents in the Territory of American Samoa. From 2000 - 2001, an estimated 7,000 participated or were served through a governmental agency receiving funds from the Governor's portion of the Safe Drug-Free Schools and Communities Program grant.

The Department of Human and Social Services operates the **Crisis-line and Shelter** - both receiving SDFSC funding. **Crisis-line** is American Samoa's first service provider to assist victims of domestic violence, potential suicide callers and individuals in need of someone to talk to during a personal crisis. The Department maintains a high priority in providing proper counseling for the callers. Another important source of assistance to the community is the **Shelter** this department operates in placing victims of domestic violence, child abuse etc.

The Department of Public Safety operates the **D.A.R.E.** in the elementary schools and the **Rehabilitative Project** at the Tafuna Correctional Facility (our local jail-house). D.A.R.E. has an active program in selected elementary schools geared towards Grade Level Five students. Drug Prevention presentations are presented to roughly 250 students at the mentioned grade level. D.A.R.E. focuses on drug prevention education implemented bilingually (English and Samoan) due to the fact American Samoa is predominantly Samoan (88 percent). The **Rehabilitative Project** provides inmates at the correctional facility the opportunity to learn a trade. Specialists from the local community college are recruited to operate the mechanical and carpentry classes offered.

The **Department of Youth and Women's Affairs** is granted funding from the Governor's portion of the SDFSC grant to operate community based programs and events. This department is

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also a major sponsor for summer programs operated in the villages to promote cultural activities and events.

The Governor's portion sponsors local athletic clinics for the American Samoa Tennis Association and the Fagatogo Rugby Team that provides a Rugby clinic to interested aspiring athlete. The Governor's portion also sponsors the annual observance of Safe **Drug Samoa Week**. This week long event is held during the third week of October. The week long event begins with the office opening service on Sunday. During the week, selected schools present skits and music selections at school assemblies; while the community provides cultural entertainment with an emphasis on the message of living a drug-free life.

American Samoa has been fortunate in not experiencing the traumatic incidents of drug related crime and gang rivalry that plagues urban and rural areas. There is definite a presence of drugs in the territory. There have been incidents of couriers caught with significant amount of illegal substance ("ice") brought from Hawaii. In one case, the contraband slipped Hawaii through a planner carried by a passenger. Fortunately, the attentive staff at Customs confiscated the illegal substance.

Despite these discouraging incidents, we as a community face each day with determination to fight this foreign intrusion upon our culture based on communal trust. The community, the traditional village council leaders and the government agencies (Department of Public Safety, OTICIDE and Department of Legal Affairs) network and bond to protect our insular shores from becoming a haven of drug trafficking. Furthermore, the Safe Drug-Free Schools and Communities Program firmly stands its ground to promote anti-drug legislation and deliver drug prevention education through the local media as well as in the territory's schools.

The Safe Drug-Free Schools and Communities Program works closely with the Department of Education in implementing a strong drug prevention curriculum. Secondly, the program monitors student incidents reporting drug use to promptly deal with the situation. The current dilemma in the territory is the slow process in which the Attorney General's office review these cases and forward to the District Court. Upon our office's inquiries, we are told these cases require further investigation. This is an irony given the language of the existing law on prompt action against drug offenders. Furthermore, Federal law is specific with wording in dealing with drug cases. Yet, American Samoa's Department of Legal Affairs and the Investigation Division of the Department of Public Safety convey a lax approach which sends an ambivalent message to the American Samoan people and undermines the effectiveness of the law regarding drug trafficking and possession of illegal substances.

American Samoa is unique in being home to 50,000 plus Samoans who hold unto two thousand year old traditions with a passion. In American Samoa, incidents of violence, drugs and infractions of the law are taken seriously by the village councils. Village members reported of violating territorial law(s) are also imposed a fine from the village council for bringing disgrace on the village name. Thus, an offender faces double jeopardy. The phrase: "It takes a village to raise a child" is indeed practised here in American Samoa. In American Samoa, Samoan families have strong extended family links that criss cross throughout the territory. It is the emphasis of the traditional leaders through the village councils, the current administration and the Safe Drug Free Schools and Communities Program in American Samoa to nurture the bonds of family ties and Samoan values on Respect.

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As long as Samoan cultural values are prevalent at the home and village levels, the program's mission is accomplished in the territory. Therefore, it is in the best interest of the Safe Drug-Free Schools and Communities Program to maintain a strong partnership with the traditional leaders and village councils in maintaining safe schools, and a drug free home environment for the well being of all the people in American Samoa.

Arizona

SEA Program

Goals and Objectives

In 1996–97, the Final Consolidated State Plan was submitted to the United States Department of Education. Included in the appendices was the Arizona Department of Education's (ADE) 4-year goals, indicators, and timelines specifically written for Safe and Drug-Free Schools and Communities (SDFSC). They are as follows:

Goal 1: To support statewide pre-K-12 initiatives integrating a comprehensive, planned, sequential violence, tobacco, alcohol and other drug prevention education curriculum at Local Education Agencies (LEAs).

- A 25 percent increase in grades 3 and 4 reporting having had drug education in the school by October 1997 (ACJC survey).
- A 50 percent increase in grades 3 and 4 reporting having had drug prevention education in the school by October 1999 (ACJC survey).
- A 5 percent decrease in elementary students having tried drugs for the first time by October 1997 (ACJC survey).
- A 10 percent decrease in elementary students having tried drugs for the first time by October 1999 (ACJC survey).
- A 10 percent increase in middle/high school students reporting having had drug prevention education in their current school year by October 1997.
- A 20 percent increase in middle/high school students reporting having had drug prevention education in their current year by October 1999.

Goal 2: To increase resources and technical assistance to rural areas in order to help maximize LEA violence, tobacco, alcohol and other drug prevention efforts (i.e., supported expansion of the Arizona Prevention Resource Center's delivery of services to rural areas).

- A 5 percent decrease in rural students reporting admitted use of substances as compared to urban students by October 1997 (SCJC survey) .
- A 5 percent decrease in the drop out rate of rural students by May 1997 (ADE, Annual Report) .

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- A 10 percent increase in funding to support materials/training to rural areas by the Arizona Prevention Resource Center (APRC) by May 1997 (APRC Program Inventory) .
- A 20 percent increase in materials/training to rural areas by the APRC by May 1999 (APRC Program Inventory) .

Goal 3: To support statewide initiatives addressing conflict resolution, peer mediation, peer leadership academics, and life skills development and to encourage collaboration with law enforcement agencies to LEAs in rural and urban areas.

- A 10 percent decrease in juvenile arrests due to violent crimes, drug sales, manufacturing and possession by October 1997 (Uniform Crime Reporting).
- A 20 percent decrease in juvenile arrests due to violent crimes, drug sales, manufacturing, and possession by October 1999 (UCR) .
- A 10 percent decrease in referrals due to violence to the principal's office by June 1997 (CHAPPS).
- A 20 percent decrease in referrals due to violence to the principal's office by June 1999.
- A 10 percent increase in students' feeling safe in their school environment by June 1997 (CHAPPS).
- A 20 percent increase in students' feeling safe in their school environment by June 1999.

Goal 4: To provide technical assistance to LEAs in promoting Arizona State Board Rule R7-2-312 (9 Point Rule) for chemical abuse prevention education with increased focus on parent and community involvement, student activities including alternative education and before-and-after-school activities, and a safe school environment.

- A 10 percent yearly increase in the number of LEAs participating in school community partnerships by May 1999 (LEA Consolidated Plan).
- A 10 percent yearly increase in the active participation of LEA advisory committees by May 1999 (LEA Consolidated Plan.)
- A 5 percent yearly increase in the number of LEAs with school-based family resource centers by May 1999 (LEA Consolidated Plan).
- A 5 percent yearly increase in LEA providing opportunities for parent involvement by May 1999 (LEA Consolidated Plan).
- A 10 percent yearly increase in LEAs providing alternative activities in their districts by May 1999 (LEA Consolidated Plan).

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 5: To support collaboration, consolidation and networking amongst TAOD prevention programs at the local, state, and national levels in order to promote effective prevention education strategies and support services to help ensure that all students will be able to meet challenging content and performance standards.

- A 10 percent increase in inter-departmental collaboration on integrating safe and drug-free schools and communities by May 1999 (Internal Survey).
- A 5 percent increase in inter-agency collaboration on support of safe and drug-free schools and communities by May 1996 (Internal Survey).
- A 5 percent increase in attendance by state program personnel or state program co-sponsorship of state and local conferences/meetings supporting safe and drug-free schools and communities by May 1997 (Internal Survey).
- A 5 percent increase in attendance by state program personnel or state program co-sponsorship of state and local conferences/meetings supporting safe and drug-free schools and communities by May 1999 (Internal Survey).
- A 5 percent increase in attendance by state program personnel or state program co-sponsorship of national conferences/meetings supporting safe and drug-free schools and communities by May 1999 (Internal Survey).

Progress Toward Goals and Objectives

Goal 1

Objective 1

Based upon the Comprehensive Health Prevention Program Survey, over 93 percent of Arizona schools have adopted health/prevention education curricula. Of the 93 percent, several have adopted research-based curricula. They have incorporated research-based drug prevention education into their core courses. The number of 3rd graders who feel they have received drug education has increased 8.7 percent since 1995.

Objective 2

The 1997 ACJC data reflected an 8.7 percent increase in 3rd graders and a 13.4 percent increase in 4th graders who felt they had received drug education in their current year. Unfortunately, comparable 1999 data is unavailable. The number of elementary students who participated in the survey was extremely limited, therefore the data is unreliable and cannot be considered representative of the state of Arizona.

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Objective 3

Until 1997, the data collected has been on lifetime use or recent use by students. In 1997, the Arizona Criminal Justice Commission began collecting data related to the age at first use. There is no clear data on students reporting that they had tried drugs for the first time prior to 1997. The data shown within this report will serve as a baseline. For purposes of gathering baseline, the ADE will focus on alcohol, marijuana and cocaine to determine age of first use response. For age 12 or older, 3.6 percent report age of first use. With regard to marijuana, first use reports are age 7 and younger, 19 percent; age 8-9, 36.6 percent; age 10-11, 39.0 percent; age 12 or older, 8.4 percent. The numbers seem to tell us that alcohol related education should begin in grades as early as kindergarten. By age 9, over 71 percent of students have already tried alcohol. Age of first use of marijuana seems more concentrated in the 8-11 year old range with 76 percent reporting first use within this frame. This may tell us that a foundation for drug education needs to begin in 1st and 2nd grades. Students' age at first use of cocaine seems to remain steady from age 7 (or younger) through age 11 with 92 percent reporting first use within this time frame. All numbers show that by age 12, few students' report beginning drug use because most have already experimented or are current users. Research has shown that sustained prevention education delivered over time maintains lasting impact on students' attitudes and behaviors. Utilizing this baseline data, the ADE plans on targeting prevention education efforts and increasing the span of education efforts across grade levels.

Objective 4

Unfortunately, reliable 1999 data are not available. The number of elementary students who participated in the survey was extremely limited. Due to the small sample size, the data cannot be considered representative of the state of Arizona.

Objective 5

In 1995, 2.13 percent of high school and 6.75 percent of middle school students surveyed responded that they had received drug prevention education in the current school year. In 1997, 6.89 percent of high school and 4.39 percent of middle school students reported having received drug education in their current school year. The change from 1995 to 1997 for high school students was an approximate 224 percent increase in students reporting receiving drug prevention education in their current school year. The change from 1995 to 1997 for middle students was an approximately 35 percent decrease in students reporting receiving drug prevention education in their current year. When combining the middle/high school numbers one sees an overall 27 percent increase in middle/high school students reporting receiving drug prevention education in their current school year.

Objective 6

In 1997, 6.89 percent of high school and 4.39 percent of middle school students reported having received drug education in their current school year. In 1999, 4.5 percent of high school students and 17.3 percent of middle school students reported having received some drug education in their current school year. The change from 1997 to 1999 for high school students revealed a 34 percent decrease while the change for middle school drug education increased by

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294 percent. Although, when combining them middle/high school numbers one sees an overall 8.4 percent increase in middle/high school students reporting receiving drug prevention education in their current school year.

Goal 2

Objective 1

The 1997 ACJC survey excluded the comparison data for rural and urban schools. Last data available was in 1995. In 1995, there was an approximate 3.45 percent higher rural reporting of use than urban. Recent trends have been to provide increased outreach to rural areas. Within Arizona, both funding and training for prevention education in rural areas has increased substantially from 1995 to 1997.

Objective 2

According to the Arizona Department of Education Annual Report, the reported 1996–97 drop out rate for all counties was 9.5 percent. The rate for non-rural counties was 9.3 percent and the rural rate was 9.9 percent. For 1997–98, the numbers are 8.5 percent for all counties, 8.3 percent for non-rural and 9.0 percent for rural. For rural students, the drop out rate has decreased from 9 percent from 1996–97 to 1997–98.

Objective 3

Each year, a large portion of federal prevention dollars is spent on presentations, instruction and awareness programs. Arizona Department of Education in conjunction with the Arizona Prevention Resource Center has increased outreach to rural areas. In 1997 and 1998, the APRC delivered approximately thirty-six school/community technical assistance trainings. Of those, 47 percent were delivered to rural areas. In 1997 and 1998, the APRC delivered approximately thirty-two trainings for schools. Of those delivered, 44 percent were to rural areas. With the largest population of our schools and students in metropolitan areas, the rural schools receiving almost half of all trainings and assistance speaks to the overall effort to provide outreach and assistance to these areas.

Objective 4

The ADE has outlined requirements for the APRC for rural outreach for technical assistance, training, and distribution of bulk materials. During this reporting year, 21 percent of all distributed bulk literature and materials went to rural areas. In addition, all related trainings offered by APRC had a rural population attendance rate ranging from 17 percent–80 percent. Also in 1999, APRC provided technical assistance to approximately forty-two schools. Of those, 26 percent were delivered to rural areas as compared to 44 percent in 1997 and 1998 combined. Because the baseline was provided for two school years combined (SY 97 and SY 98), the objective could not be accurately measured for another year. If in the following year the rate of rural schools requesting assistance remain similar, the projected increase could be approximately

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10 percent. APRC provides technical assistance by request from the LEAs; hence amount of technical assistance provided may vary by perceived needs of the LEAs.

Goal 3

Objective 1

The combined violent crime and drug related juvenile crime arrest rate for 1996 was 224,301. Of these, 139,210 were related to drug violations. However, there were only 12,623 reported drug violations on Arizona's schools campuses of school-related events. Only 95 of juvenile arrests rates are connected with drug violations or related activity on campus. This data more clearly depicts what is happening on the campuses of Arizona. The juvenile arrest rates may contain non-students or incarcerated youth. The combined rate for 1997 was 223,770. This represents an approximate .24 percent decrease in 1997 according to the Arizona Criminal Justice Commission. According to the Comprehensive Health and Prevention Program Survey, elementary schools reported approximately 533 criminal incidents occurring on school grounds in 1997. With middle and high school reporting 2,407 and 3,513 respectively in the same year. Most of these incidents were related to violent activity versus drug violations. It is difficult to compare these numbers with 1996 as violence related activities were not tracked thoroughly in 1996. However, overall the arrest rates on campus are only a fraction of reported juvenile arrests of campus. It is difficult to ascertain why this would be occurring, but theoretically it is because students on campuses and attending school are receiving prevention and intervention opportunities.

Objective 2

According to the Arizona Criminal Justice Commission (ACJC), violent crimes include murder, aggravated assault, sexual assault and robbery, while drug related incidents include drug sales, manufacturing, and possession. ACJC data reported that the total number of combined violent crime and drug related juvenile arrests in the state of Arizona for 1997 was 7,777. Of these, 5,602 were reported as drug related incidences. In comparison, 1999 data show a combined number of arrests at 6,622 with 4,893 being drug related. These data reveal a 15 percent decrease in total number of violent crime and drug related arrests in the state of Arizona. Independently, violent crime decreased by 21 percent and drug related arrests decreased by 13 percent.

Objective 3

Gang-related activity was reduced on the state-level from a rate of 3.5 percent per thousand students to 3.0 per thousand students between SY97 and SY98. The number of firearm violations among Arizona elementary school students decreased 21 percent between SY97 and SY98. There were a total of 3,824 referrals from the school to law enforcement personnel in SY96, which is an average of 3.6 referrals per school year. The number of gang-related incidents on elementary school campuses decreased 21 percent as well. The rate of violent activity on high school campuses decreased from 4.6 per one thousand students in SY97 to 1.6 per thousand students in SY98. The rate of gang-related activity on high school campuses decreased from 4.6 per thousand students in SY97 to 3 per thousand students in SY98. The number of high school

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firearm violations fell 57 percent between SY97 and SY98. Fewer high school staff were attacked or injured in SY98 than in the previous year.

Objective 4

In School Year (SY) 1997, there were 12,810 total referrals due to violence as compared to 18,950 in SY99. These results reflect a 32 percent increase in number of reported referrals due to violence. This may appear alarming, however many schools now have resource officers, probation officers, and personnel assigned to monitor and report violent activity. Hence, more accurate reporting, increased accountability, and increased enforcement and specialized manpower maybe a contributor to the higher number of reported violations. The ADE recognizes the gravity of the increases in violence on school grounds and has created a new professional staff position dealing with school safety and violence prevention issues.

Objective 5

Twenty-six percent of students surveyed in 1995 reported that they felt extremely safe at school. In 1997, 30 percent of students surveyed, reported feeling extremely safe at school. This represents a 4 percent increase in students feeling safe in school.

Objective 6

In 1999, 37 percent of students reported feeling extremely safe in their school environment as compared to 30 percent in 1997. This represents a 7 percent increase in students feeling safe.

Goal 4

Objective 1

The 9 point rule has been eliminated from state statute, however, the focus on parent and community involvement continues to be emphasized. ADE has sponsored the following events/programs:

1. 21st Century School-Community Coalition Conference: focus was to create community/school partnerships.
2. ADE's Mega Conference: focus is to bring together community and school support teams; ADE sponsors annually.
3. Sustainable Safety and Community Enhancement: the focus was to develop a statewide initiative to select troubled area for the purpose of enhancing the social, physical and economic conditions that contribute to building a health and vibrant community.
4. The Drug and Gang Policy Working Group: focus is to facilitate collaboration and integration among all state and local governmental entities, neighborhood groups and

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community organizations to ensure the optimal delivery of treatment and prevention programs.

5. School Based Parenting Programs Initiative (SBPPI): the focus of this collaboration is to provide financial, programmatic, and evaluative support to LEA's who wish to recruit and enroll parents into effective drug abuse and violence prevention programs.
6. Governors Alliance Against Drugs (GAAD) Conference: the focus of this collaboration and co-sponsorship between ADE, GAAD, APRC, and Arizona Department of Health Services (ADHS) is to improve collaboration among all major government, local, and community prevention entities.

Objective 2

In 1996, 906 school/community advisory committees existed. In 1997, the number dropped slightly to 899. In 1998, a total of 948 school/community advisory committees existed throughout Arizona. This number increased in 1999 to 1,000 active committees. Interestingly, there was a 5.4 percent yearly increase in both 1998 and 1999, yielding an overall increase of approximately 10 percent.

Objective 3

The number of school-based/linked family resource centers in Arizona in 1996 was 63 and increased to 182 centers in 1998. In 1999 however, only 119 school-based/linked centers existed. According to the Arizona Department of Health Services(ADHS), Office of Women and Children, this decrease in centers is due to a narrowing of the definition and services of these centers. What were once family resource centers are now defined as School-Based Health Centers where a primary care provider must be physically present. As a result, the number of available school-based/linked centers decreased by 35 percent.

Objective 4

In 1998, there were at least 4,264 parent involvement activities. This, when compared to the 1997 number of 3,396, represents a 26 percent increase. Similarly, in 1999, the number increased to 4,668 by 9.5 percent. The top four topics addressed through parent involvement throughout the state in 1998 tended to be prevention strategies, drug education, health education, and violence education. Cultural awareness and alcohol awareness were 5th and 6th respectively.

Objective 5

A diverse educational background and activities are used to ensure that students receive enhanced, comprehensive educational experience. In 1997, approximately 67 percent of schools reported offering health and wellness activities, student support groups, organized social activities, physical/recreational activities, and arts or science related activities. In 1999, LEAs providing alternative activities included physical and after-school activities.

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Goal 5

Objective 1

Interdepartmental collaboration has increased by at least 10 percent. Members from academic services and students services serve together on teams dedicated to maintain quality prevention programming in the schools. Teams consist of nutrition specialists and education specialists representing safe and drug free schools as well as other specialized education programs within the ADE. These teams meet regularly to ensure that school districts have a demonstrated need for program dollars, have measurable goals and objectives and a strong plan and budget toward prevention programming. Teams work interdepartmentally to coordinate site visits and/or technical assistance to schools statewide. This team approach enables schools to contact one team member and receive the answers and technical assistance they require. Each team member has the responsibility of learning the other education program specialists' roles they play for the schools and LEAs. The team approach has been successful in moving toward integration and cooperation.

Objective 2

A statewide strategic plan, "Beyond Collaboration to Results," was recently created through collaborative efforts of fourteen different state agencies and the governors office. Inter-agency task forces have been created to tackle specific goals related to safe and drug free schools and communities.

1. The five goals are:
 - a. To support statewide pre-K-12 initiatives regarding a comprehensive, planned sequential violence, tobacco, alcohol and other drug prevention education curriculum at local education agencies (LEAs).
 - b. To increase resources and technical assistance to rural areas in order to help maximize LEA violence, tobacco, alcohol and other drug prevention efforts (i.e., support expansion of the Arizona Prevention Resource Center's delivery of services to rural areas).
 - c. To support statewide initiatives addressing conflict resolution, peer mediation, peer leadership, leadership academies and life-skills development and to encourage collaboration between law enforcement agencies and LEAs in rural and urban areas.
 - d. To provide technical assistance to LEAs in promoting Arizona State Board Rule R7-2-312 (9-point rule) for chemical abuse prevention education, with increased focus on parent and community involvement; student activities, including alternative education and before and after school activities; and a safe school environment.
 - e. To support collaboration, consolidation and networking among TAOD prevention programs at the local, state and national levels to promote effective

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prevention education strategies and support services to help ensure that all students will be able to meet challenging content and performance standards.

2. ADE co-sponsors multi-hazard school program trainings with the Federal Division of Emergency Management (FEMA). These trainings assist schools in developing crisis plans for man-made or natural disaster readiness. The multi-hazard trainings will represent an increase from one training per year to thirteen in 1999.
3. ADE collaborators with the Arizona Bar Foundation to offer workshops to administrators, teachers, School Safety Officers, an law-related education, how to incorporate into existing curricula to reduce violence. From 1998 to 1999, the law related education and state bar presentations will increase from one workshop per year to five per year.

Objective 3

State program personnel both attend, co-sponsor and assist with development of several key state and local conferences and meetings related to safe and drug-free schools and communities. The total number of conferences and meetings attended and/or co-sponsored by ADE during the 1996–97 school year was approximately 22.

- 1 Multi Hazard Training
- 1 Law Related Education(LRE) workshop
- 1 School Resource Officers Association Conference
- 1 HIV Symposium
- 4 Prevention Coordinator Workshops
- 1 Mega conference
- 1 Community Planning and Development Conference
- 12 various trainings offered by APRC

Objective 4

State program personnel both attend, co-sponsor and assist with development of several key state and local conferences and meetings related to safe and drug-free schools and communities. The total number of conferences and meetings attended and/or co-sponsored by ADE during the 1998–99 school year was approximately 38, a 42 percent increase from 1997.

- 7 Multi Hazard Training
- 4 Law Related Education(LRE) workshop

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- 1 School Resource Officers Association Conference
- 4 Prevention Coordinator Workshops
- 1 Mega conference
- 1 Adolescent Health Coalition Conference
- 1 Arizonans For Prevention Conference
- 1 Community Planning and Development Conference
- 18 various trainings offered by APRC
- Multi-state agency – (GAAD) Conference
 - GAAD
 - ADE
 - ADHS

Objective 5

In 1999, seven professional staff, including one half-time evaluator, worked with ADE's school safety and prevention programs. The staff each participated in an average of two national conferences/meetings during the year, for a total of 14. In 1997, three professional staff averaged two national conferences/meetings each, for a total of six. In sum, there was a 133 percent increase from 1997 to 1999.

Governor's Program

Goals and Objectives

Goal 1: The State of Arizona, under the direction of the Governor's Division of Drug Policy, shall implement a comprehensive substance abuse and violence prevention, education and treatment evaluation system.

Objectives:

1. By November 1998, the evaluation panel will have completed a self-evaluation of its own performance in evaluation.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

2. By July of 1999, the evaluation panel will have completed a report on the second 50 percent of programs and sub-grantees.

Goal 2: The Governor's Division of Drug Policy will coordinate increased efforts toward public awareness about drugs and violence.

Objective:

1. This goal was address in previous reporting periods.

Goal 3: Increase the strength, independence, accountability and collaborative efforts of the grassroots alliance communities, who make up the Governor's Alliance Against Drugs.

Objective:

1. By October of 1999, all alliances will be required to find matching funds in the amount of 60% of all program funds awarded from this office and continue to match 100% of alliance coordinator funds.

Goal 4: Increase the commitment, involvement and participation of Arizona's youth in the efforts to eradicate drugs and violence in the state.

Objective:

1. By July of 1999, the Governor's Youth Commission Against Drugs will have initiated chapter programs, in coordination and collaboration with SADD programs and other appropriate programs within high schools statewide.

Goal 5: The Governor's Division of Drug Policy, in all of its activities, will move toward comprehensive prevention, recognizing the relationship between substance abuse, violence and other societal ills.

Objective:

1. By July of 1999, the Governor's Division of Drug Policy will have created no fewer than five programs and funding streams to communities based on leveraged funds from a variety of sources, using community coordinators from this office as outreach for all divisions of the Governor's Office of Community and Family Programs.

Goal 6: Increase the commitment to serve the underserved youth, particularly those in youth detention centers and pregnant and parenting teens.

This goal was addressed in previous reporting periods.

Progress Toward Goals and Objectives

Goal 1

During 1999—2000, the Council developed an assessment to determine the extent to which Arizona's drug and gang prevention and treatment programs have been evaluated. Results of the assessment will be used to track improvements over time in the number of state sponsored programs that have been evaluated.

The levels were developed after reviewing the definition of an effective strategy/intervention/program as adopted by the Working Group and the criteria for effectiveness used by the Centers for Substance Abuse Prevention, the Center for Study and Prevention of Violence, and Lawrence Sherman, et al. in *Preventing Crime: What Works, What Doesn't, What's Promising*.

The following describes four levels of drug and gang treatment and prevention program effectiveness characterized by varying degrees of scientific rigor and confidence in the program's effect.

The Working Group approved Level 1 criteria as the most credible indication that a prevention or treatment program will produce the desired outcomes. The certainty of a positive effect decreases with each subsequent level.

- Level 1**
1. Replication in multiple sites with comparable evidence of deterrent effect/outcome.
 2. Use of theory and/or risk and protective factors in program design.
 3. Match to problem or risk factor (prevention needs assessment or standardized clinical tool).
 4. Sustained effect at one-year follow-up.
 5. Control group evaluation with evidence of deterrent effect/outcome.
 6. Adequately prepared/trained staff.

- Level 2**
1. Use of theory and/or risk and protective factors in program design.
 2. Match to problem or risk factor (prevention needs assessment or standardized clinical tool).
 3. Sustained effect at one-year follow-up.
 4. Control group evaluation with evidence of deterrent effect/outcome.
 5. Adequately prepared/trained staff.

- Level 3**
1. Comparison group or pre/post test with not comparison group evaluation design with evidence of deterrent effect/outcome
 2. Use of theory and/or risk and protective factors in program design.
 3. Match to problem or risk factor (prevention needs assessment or standardized clinical tool).
 4. Adequately prepared/trained staff.

- Level 4**
1. Use of theory and/or risk and protective factors in program design.
 2. Match to problem or risk factor (prevention needs assessment or standardized clinical tool).

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Although the state agencies as a whole have not completed the entire assessment, please find attached the assessment of programs funded by the Governor's Community Policy Office, including programs funded through Safe and Drug Free Schools and Communities dollars (Appendix A).

Another way in which we assess our program's attainment of goals is through the Program Inventory. As mandated by the 1990 Arizona Legislature, an annual inventory of 100% of publicly supported Arizona substance abuse prevention and treatment programs and gang prevention programs must be conducted. The Arizona Drug and Gang Prevention Resource Center (ADGPRC) conducts a program inventory on all sub-grantees within the state. The document displays year to year changes in the distribution of public funds for programs related to substance abuse prevention and treatment, and gang prevention services across the state. This information provides process data of who was served and what the programs accomplish. Examples include; funding levels, trends and sources, the nature and scope of services provided, the geographic distribution of funds and profiles of participants and clients. A report is published on a yearly basis. The information for 1999-00 has not yet been completed.

Goal 2

The attainment of Goal #2 was accomplished through a partnership between government, media professionals and Partnership for a Drug-Free Arizona, a local chapter of the Partnership for a Drug-Free America (PDFA). This partnership is now restructured, so the Governor's Office is no longer part of this endeavor. However, the anti-drug media campaign continues to air across the state.

In addition to those efforts, a portion of the SDFSC funds in Arizona is used to support the Arizona Prevention Resource Center Clearinghouse. The ARRC Clearinghouse is Arizona's central source for prevention information and materials. As part of a national resource system, the Clearinghouse responds to current community needs for prevention information and materials. The Clearinghouse is designed to provide accurate, timely, and personalized materials to local communities including, but not limited to, current information about alcohol and other drug issues, materials for special target and high risk populations, culturally appropriate materials, videotapes, resource lists, print materials, pamphlets and posters, curricula, research results and model program descriptions.

Goal 3

As Arizona and the country are moving toward effective programs, during 1999 and 2000 we shifted our granting process of awarding SDFSC to further attain our goal of effective programs. We granted 70% of our funding on a competitive basis. Of our 15 subgrantees awarded, eight implemented "best practice" programs, while the others developed innovative programs. All programs awarded are based on the Principles of Effectiveness.

In addition, after every grant award, the Governor's Division of Drug Policy hosts a subgrantee meeting to orient new subgrantees about the Safe and Drug Free dollars, regulations, Principles of Effectiveness, and grant expectations.

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In an effort to continue increasing the strength, independence, accountability and collaborative efforts of the Governor's Alliances Against Drugs (GAAD), we awarded community partnership grants to 39 Alliance communities. The GAAD provides a unique network that allows communities to work together for grant opportunities. The community was required to match all coordinator funds and show collaboration with other funding sources in an overall approach to deter substance abuse.

A further development of the GAAD has been achieved through the Executive Order of the Governor. As part of her committed to the coordination of drug and violence prevention in our state, the Governor created the Governor's Alliance Against Drugs Board of Directors. The role of the Board of Directors is to advise the Division of Drug Policy in the areas of substance abuse and violence prevention from the community perspective. The Board will be comprised of fifteen members, one from each county in the state. The formation of this board is essential for the continued assessment of the needs across our predominantly rural state.

Goal 4

In 1988, the Governor of Arizona formed The Governor's Youth Commission Against Drugs (GYC), which continues to convene as a strong youth voice against substance abuse and a role model for younger generations. The 25 GYC members met three times during the reporting period to assess and discuss substance abuse from a youth perspective. Information from the GYC is delivered to the Governor via the Division of Drug Policy.

The Commission continues to provide leadership to the peers in their local communities. During this reporting cycle, the youth were provided with various training opportunities including "Youth Leadership" workshop by Deb Erickson of the I CAN Institute and "Meeting Facilitation for Youth" by Sally Holcomb of Southeastern Arizona Behavioral Health Services.

In addition, several trainings were provided to the youth by the Arizona YES Ambassador (Youth Engaged in Service), a project of the Points of Light Foundation. The YES Ambassador participation in the GYC is a result of the partnership formed between the Governor's Division of Drug Policy and the Governor's Division of Volunteerism.

The GYC culminates their training year by providing a workshop on youth substance abuse and violence issues to their peers in their local communities. In addition, they participate in a leadership camp featuring anti-drug and gang speakers, workshops, and activities. The entire operation is facilitated by the GYC in partnership with the Arizona National Guard.

Goal 5

During the reporting year, the Governor's Community Policy Office and the Governor's Alliances Against Drugs sponsored two Statewide Prevention Conference. The first, "Promoting Effective Practices" brought several national researchers to Arizona, affording the opportunity for prevention providers to hear about and discuss research findings of best practice prevention programs from the researchers themselves. Presentations included the Across Ages program, All Stars, Creating Lasting Connections, the FAST program, Functional Family Therapy, Botvin's Life Skills, Multisystemic Therapy, PACT, Prenatal Home, Project Northland, Quantum Opportunities, Reconnecting Youth, and the Strengthening Family program.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

The second conference, “Putting the Pieces Together”, was designed as a “cross system” conference which included prevention providers from the Arizona Department of Education, the Arizona Department of Behavioral Health Services, and the Arizona Governor’s Alliances Against Drugs. This conference served to further bridge the gap of drug and violence prevention services at the community level.

The Governor’s Division of Drug Policy also continues to search for opportunities to release requests for proposals that link substance abuse to other social ills. To further the Division’s goal to address prevention at the holistic community level, we released a collaborative Request For Proposals with the Governor’s Division for Domestic Violence Prevention to fund programs that focus on substance abuse prevention with children of Domestic Violence victims. As we continue to collaborate, we progress in the direction of creating funding streams that address a variety of public health problems in a more effective and comprehensive manner.

Goal 6

The Governor’s Division of Drug Policy is continually searching for opportunities to reach underserved youth. During this reporting year, we had two programs directly for the purpose of serving this population.

- 1). Through a partnership with the Governor’s Division for Women, SDFSC funds supported an initiative to train facilitators in juvenile correction facilities to implement Character Education Curriculum to incarcerated youth. Over 100 facilitators were trained this year. As the newly established Governor’s Commission on Character Education grows, we hope to continue to serve the juvenile detention centers with these types of prevention programs. Over the next year, an evaluation will be conducted of the Character Education programs to assess program effectiveness.

- 2). As mentioned in Goal #5, our partnership with the Governor’s Division for Domestic Violence Prevention provides us the opportunity to provide violence and drug prevention programs to the youth in Domestic Violence shelters. These programs are essential as they serve a high-risk population of youth that is rarely presented with opportunities to break the cycle of violence and substance abuse in their lives.

Arkansas

SEA Program

Goals and Objectives

The Arkansas Department of Education (ADE) program coordinator and staff for Safe and Drug-Free Schools will maintain contact with LEAs to ensure policies, curriculums, information and training concerning alcohol, violence, tobacco, and drug education are current and accurate. The goal is followed by outcomes and indicators:

Goal: To support a statewide initiative to ensure a safe, disciplined and drug-free environment.

Outcome: Decrease alcohol, tobacco and drug use and availability in schools.

Indicators:

- *By October 1998, a five percent decrease in elementary students having tried drugs for the first time. (Youth Risk Behavior Survey, YRBS)*
- *By October 1998, a five percent increase in middle/high school students reporting having drug prevention curriculum. (Grant Application)*
- *By October 1997, all LEAs (100%) will have policies prohibiting alcohol, tobacco and drug use in school by students and faculty. (School Policy Handbook and Grant Application)*

Outcome: Reduce number of criminal, physical and verbal violent behaviors in schools.

Indicators:

- *By October 1998, a five percent decrease in juvenile arrests due to violent crimes; and drug sales and possession. (Crime and Juvenile Justice reports)*
- *By October 1998, a ten percent decrease in juvenile arrests due to violent crimes: and drug sales, manufacturing and possession on school campus. (Crime and Juvenile Justice reports and School Discipline Report)*
- *By October 1998, a five percent decrease in number of students being reported for having firearms on school property. (YRBS)*

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Outcome: Reduce the number of physical fights in schools and physical attacks on students.

Indicators:

- *By October 1998, a five percent decrease in referral to the principal's office due to violence. (School Discipline Report, YRBS, Arkansas' School Report Card)*
- *By October 1998, a five percent increase in participation of teachers and students in anger management, conflict resolution and peer mediation training. (ED/SDF survey, Grant Application)*

Outcome: Increase in the number of LEAs providing violence prevention programs, e.g., conflict resolution.

Indicators:

- *By October 1998, a ten percent increase of active participation of schools providing training resources and educational materials to teachers, e.g., conflict resolution. (ED/SDFC survey and Grant Application)*
- *By October 1998, a five percent increase in LEAs that provide opportunities for parent involvement and training. (Grant Application, parent involvement surveys and school achievement reports)*

Progress Towards Goals and Objectives

There was a decrease in alcohol, tobacco and drug use and availability in schools. This was down by 26 percent in the YRBS survey.

Data collected from School Districts in the grant application shows that the LEA's have curriculum in place.

Data shows that 100 percent of the LEA School Districts have policies prohibiting alcohol, tobacco and drug use.

Data indicates that the rate of violence and delinquent behavior has decreased as low as 13 percent. 36 percent of students in Arkansas were sent to the principal office for violent offenses. There was an 8 percent decrease in the total number of arrests. There was a 20 percent decrease in the number of arrests for firearms.

There was a 13 percent decrease in the number of students involved in physical attacks and fights. Only 36 percent of students in Arkansas were referred to the principal office. There was a decrease by 6 percent.

Ninety-eight percent of the school districts reported having trained teachers in conflict management, conflict resolution and anger management. Ninety-eight percent of the schools

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reported having a 10 percent increase in providing training and resources to teachers and parents and provided opportunities for parent involvement.

Governor's Program

Goals and Objectives

The goals and objectives of the Arkansas' Governor's Program for the 1997–98 school year will be:

- *Provide coordinated administration of the Safe and Drug-Free Schools and Communities Act (SDFSCA) funds with other state and federally funded drug and violence prevention programs.*
- *Hold monthly meetings of the Arkansas Alcohol and Drug Abuse Coordination Council to ensure that the funding allocated for the support of the Governor's Programs under SDFSCA; the Goals 2000: Education America Act; and other Acts, as appropriate, in accordance with the provision of Section 14307, Part C, Title XIV of the Elementary and Secondary Education Act (ESEA) is coordinated.*
- *Meet quarterly with the Treatment/Prevention committee of the Arkansas Alcohol and Drug Abuse Coordination Council to assess SDFSCA program evaluation and drug and violence prevention needs assessment data to ensure the efficient administration of Governor's funds of the SDFSCA.*
- *Meet monthly with the Common Ground Program Committee to coordinate the administration of the Governor's SDFSCA funds with the state general revenue, violence prevention funding, which is being administered by this committee.*
- *Meet monthly with the administrator of the state Department of Education SDFSCA monies and members of the Southwest Regional Center for Drug-Free Schools and Communities Advisory Council to continue the coordination of similar programming efforts.*
- *Reduce the incidence and prevalence of drug and violent behavior indicators in those communities receiving funds for programming under the Governor's portion of SDFSCA.*
- *Require, in the FRS, that applicants employ programming efforts designed specifically to impact behavioral indicators which have been shown by research to place youth at greater risk of becoming involved in drug and violent behavior.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- *Collect quantifiable archival data indicators in those communities implementing programming funded through the Governor's portion of SDFSCA monies, for comparison with benchmark data to determine the effectiveness of their drug and violence prevention efforts.*
- *Assemble data indicators for those SDFSCA program communities into a report document which will be distributed at the state and local levels to inform the public and policymakers about the progress toward meeting SDFSCA goals and objectives.*

Progress Toward Goals and Objectives

A total of 28 grants were supported by Safe and Drug-Free Schools and Communities funds. Through these programs, the Principles of Effectiveness were implemented for the second time in Arkansas. For the first time we have awarded grants with a 2-year commitment. We anticipate the longer commitment will provide better opportunity for measurable changes in target populations. After-school programs and community initiatives help provide safe, healthy, and crime-free neighborhoods for children continue to be primary focus areas.

We continue to target different populations with SDFSC funds. The presence of law enforcement on school premises in friendly situations was implemented through 6 Law Enforcement and Education Partnerships programs. Direct services to youth were provided through 22 Prevention Services Programs. These programs presented information and skills needed to help youth remain drug-free and avoid violence and other undesirable behaviors. Parent components were included in a number of these programs. We continue to encourage more parental involvement. We have developed the RFA and anticipate funding three (3) pilot projects of Dare To Be You. DTBY is a CSAP effective model program with proven success in building school readiness in 2-5 year olds. With favorable outcomes, we anticipate enlarging this number after the pilot projects have been completed and progress evaluated.

Data Assessing the Outcomes or Effectiveness of Prevention Programs

Performance Data for Drug and Violence Prevention Programs

Through other funding sources we continue to update "Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas". This report continues to be an invaluable tool for all ADAP applicants. Archival data indicators are presented in table format and grouped within four risk factor categories: family, school, individual/peer and community. An alphabetical listing by county is provided for each indicator within a risk factor category and includes some data on maps and graphs.

The three-year Center for Substance Abuse Prevention "Demand and Needs Assessment Studies: Alcohol and Other Drugs" study across the entire state continued. The second statewide "Community that Cares" student survey has been completed, and we anticipate the results will provide more useful prevention data than the Youth Risk Behavior Survey (YRBS). The Arkansas Department of Education continues to be a significant partner in this effort.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Bureau of Indian Affairs

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

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California

SEA Program

Goals and Objectives

The program goal for California's SEA program is to ensure that all schools are safe, disciplined, and drug free by promoting implementation of high quality drug and violence prevention programs. The objectives of this goal, to be fulfilled by the year 2000, are as follows:

- *Increase student disapproval of drug use.*
- *Reduce alcohol and drug use and availability in schools.*
- *Reduce alcohol and drug use among school aged youth.*
- *Reduce the number of criminal and violent incidents in schools.*
- *Reduce the number of weapons carried to schools by students.*
- *Reduce the number of physical assaults in school and physical attacks on students.*
- *Reduce the number of students who are fearful of going to school.*
- *Reduce the number of school-associated homicides*
- *Reduce the number of classroom disruptions in schools.*
- *Increase the number of LEAs providing violence-prevention programs (e.g. conflict resolution).*
- *Maintain the number of LEAs providing alcohol and drug prevention programming.*
- *Increase the number of LEAs that involve parents in drug prevention.*
- *Increase the number of LEAs that involve community groups in prevention programs.*
- *Increase the number of students involved in making their schools or neighborhoods safer.*
- *Increase the number of LEAs that provide research-based prevention activities.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

In reference to policy and administration, goals and objectives were stated as follows:

- *LEAs will have policies requiring law enforcement to be notified of all firearm violations.*
- *LEAs will have policies requiring expulsion of students bringing firearms to school.*
- *LEAs will have policies prohibiting the sale, distribution, and use of alcohol and drugs at school or at school-sponsored functions.*
- *The number of persons satisfied with programs produced by SDFSC will remain at high levels.*
- *Strong administrative and fiscal control will be maintained over the state and discretionary grant programs.*
- *The number of LEAs collecting and assessing data regarding violence incidents will increase.*
- *The number of LEAs collecting and assessing data regarding alcohol and drug use will increase.*
- *The number of LEAs collecting data on firearms brought to school will increase.*
- *All SEAs will develop and use performance indicators.*
- *All LEAs will develop and use performance indicators for programs funded with SDFSC funds.*

Progress Toward Goals and Objectives

The 1999–00 CSS reveals two diverging trends: 1) Significant reductions in rates of overall (any) use of most substances — in some instances the current declines were dramatic. 2) No dramatic declines in excessive alcohol use by students categorized as heavy users — most indicators of heavy use remained the same from earlier CSS, such as the weekly use of alcohol and marijuana, although high-risk drug use dropped in grades 9 and 11.

- **Alcohol.** The largest declines found were in any alcohol drinking, a measure which has been at consistently high levels for 15 years, except for a moderate dip in 1989. Among 11th graders, use of alcohol in the previous six months was reported by only 66 percent of the students, compared to 75 percent in 1997.
- **Marijuana.** Students reported dramatic declines in using marijuana across all time intervals (lifetime, past six months, past 30 days) — declines are most pronounced for the past six-months use. Among 11th graders, marijuana use dropped from 42 percent in 1997–98 survey to 35 percent currently.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- **Inhalants and Other Drugs.** Use of inhalants and most other illegal drugs also declined. Reported inhalant use dropped markedly. Among 11th graders, six-month use dropped from 15 percent in 1997–98 to 10 percent, and among 9th graders from 21 percent to 7 percent. Unlike alcohol, illicit drug prevalence rates remained about their historic lows in 1989.
- **Heroin.** An increase among 11th graders was reported for heroin, from 2 percent in 1997–98 to 5 percent. This is consistent with anecdotal reports about young adults using more heroin because it is now smokeable. Still, heroin use remains rare among secondary school students.
- **Abstinence.** As a result of these declines, the number of students reporting no use of alcohol or illicit drugs rose dramatically in grades 7 and 9, although less in 11th grade, after being relatively stable for 15 years. Abstinence, however, decreases as students get older. Lifetime abstinence jumped from 44 percent in 1997–98 to 72 percent among 7th graders, from 22 percent to 46 percent currently among 9th and from 17 percent in 1997–98 to 26 percent among 11th graders.
- **Heavy/Frequency Use.** Measures of frequent and heavy use (such as weekly use) stayed about the same as in 1997–98. Some measures declined moderately; most remained at previous levels and some even increased. On the other hand, the percentage of high-risk drug users declined significantly in grades 9 and 11 (from 20 percent in 1997–98 to 11 percent currently for 9th graders and 27 percent to 21 percent for 11th graders). For excessive alcohol users the picture was mixed: decreasing slightly in 9th grade (from 19 percent to 16 percent) and increasing slightly in 11th (31 percent to 34 percent). *The sharp declines in overall alcohol use were not accompanied by similar declines in students' problematic use of alcohol.*
- **Use Correlates (Influences).** Changes in several correlates or influences on use were consistent with declining use. *The perception that frequent use of alcohol and marijuana was extremely harmful increased considerably by almost 20 percentage points among 11th graders.* Perceived adult use of marijuana decreased from 50 percent to 42 percent currently of 9th and 59 percent to 56 percent currently for 11th. Correlation, of course, does not establish a causal relationship.
- **Use Cessation and Intervention Needs.** The data indicate that youth need more support to help them quit substance use. The proportion of users that reported trying to quite at least once was about 25 percent for alcohol use at both 9th and 11th grades; 39 percent and 45 percent, respectively, for cigarettes; and 32.5 percent for 9th and 42 percent for 11th grades for marijuana. *However, only 14 percent of both 9th and 11th graders thought it "very likely" that a student would find help at school for AOD use, and one-third or more though the most likely school response would be expulsion.*

Governor's Program

Goals and Objectives

The Department of Alcohol and Drug Programs (ADP) has directed all projects that concentrate on the reduction of violence in and around California's schools and on strengthening the programs that prevent the use of alcohol and other drugs among children and youth. The Safe and Drug-Free Schools and Communities (SDFSC) funds allocated by ADP will be used to support a variety of statewide prevention activities and programs that have been found to work successfully for youth. Such activities include, but are not limited to, community projects of constructive alternative activities, youth mentoring, and dissemination of information about drug and violence prevention through media campaigns.

Progress toward the overall long-term goal of SDFSC by the year 2000 will be measured through incremental statewide activities such as reduction of substance use among youth, reduction of youth automobile accidents, and reduction of juvenile crimes. ADP has identified the following statewide goals in these areas:

- **Reduce by 5 percent per year the incidence of automobile injuries and deaths for teenage drivers who have been drinking and driving, as measured by California Highway Patrol statistics.**
- **Reduce by 5 percent per year the number of youth who have used alcohol at least once during the last 30 days, as measured by youth school survey data.**
- **Reduce juvenile crime by 5 percent per year as measured by California Department of Justice statistics reports.**
- **Reduce juvenile crime associated with alcohol use by 5 percent per year as measured by California Department of Justice statistics.**

Each program funded through the SDFSC grant will have its own measurable goals and identified activities for achieving those goals. The following objectives have been identified for existing programs and are based upon federal fiscal year 1995 funding:

- *Initiate a youth mentoring program in partnership with other state agencies and the private business sector that will contribute toward the Governor's overall goal of providing 250,000 mentors for one million California youth by the year 2000.*
- *Increase youth participation in SDFSC-funded Friday Night Live/Club Live programs by 3 percent per year. Figures will be based on a 1995-96 baseline assessment, conducted by a contractor.*
- *Increase the diversity of the youth and leaders who participate in SDFSC-funded Friday Night Live/Club Live programs by at least 10 percent per year. Figures will be based on a 1995-96 baseline assessment, conducted by a contractor.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- *Increase media messages and build community awareness of the problem and identify resources that deglamorize violence and alcohol and other drug use. Figures will be based on a 1995-96 baseline assessment, conducted by a contractor.*
- *Provide approximately 100 high-risk, gang-involved youth with individual counseling annually.*
- *Provide approximately 100 high-risk, gang-involved youth with group counseling annually.*
- *Provide approximately 100 individuals with conflict resolution sessions annually.*
- *Redirect approximately 500 high-risk gang members to vocational training/job placement, sports, school and community services, and special education classes annually.*
- *Provide approximately 3,000 high-risk youth in kindergarten through 12th grade with intervention services annually.*
- *Provide approximately 30,000 kindergarten through third grade students and 40,000 fourth through sixth grade students with drug resistance education curriculum delivered through law enforcement/school district partnerships.*
- *Involve approximately 30,000 parents in the school drug prevention program through parent education programs.*
- *Provide inservice training annually to approximately 5,000 school administrators, school board members, teachers, school staff, and law enforcement personnel on signs and symptoms of drug use and abuse.*
- *Develop 20 new prevention information products for non-English-speaking populations.*
- *Provide at least 760 training and technical assistance hours to counties in the alcohol and drug prevention field.*

Services will be provided through state contracts with private nonprofit organizations, other state agencies, and state contracts with county governments. For direct state contracts, service providers will report progress toward the goals in monthly progress reports to ADP. For county-generated contracts, service provider will report program information on the Prevention Strategy Report to the counties. The counties will forward this information to the ADP as required by ADP's contract agreement with each county.

Progress toward these goals will also be reflected in annual juvenile arrests statistics collected by the Department of Justice. A followup youth dropout survey will be sponsored jointly by ADP, the California Department of Education, and the California Department of Justice and administered through an independent contractor in 1997. The results of this survey and other relevant statistics will be made public through the ADP Resource Center via the Internet and a toll-free number. The results will also be publicized through the local news media.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Progress Toward Goals and Objectives

Eight hundred thirty two drivers, under the age of 18, in the 'had been drinking' category, were killed or injured during 1998-99.

Data for 1999-2000 is not yet available.

Student Alcohol Use Past 30 Days Percent Comparisons of Use between 1997-98 and 1999-2000, in grades 7, 9, and 11.

Grade 7		Grade 9		Grade 11	
1997-98	1998-2000	1997-98	1999-2000	1997-98	1999-2000
21.7	15.9	37.5	29.2	46.9	43.8

Student Illegal Drug Use Past 30 Days Percent Comparisons of Use between 1997-98 and 1999-2000, in grades 7, 9 and 11.

Grade 7		Grade 9		Grade 11	
1997-98	1998-2000	1997-98	1999-2000	1997-98	1999-2000
11.4	7.3	24.1	14.1	29.5	25.5

The Biennial California Student Survey found that both alcohol and illegal drug use past 30 days decreased for Grades 7, 9 and 11.

Reduce juvenile crime associated with alcohol use by 5 percent annually, as measured by California Department of Justice statistics.

In 1998, there were 7,392 felony drug arrests, 88 felony alcohol arrests, 17,491 misdemeanor drug arrests, and 13,979 misdemeanor alcohol arrests for juveniles.

In 1999 there were 6,588 felony drug arrests, 81 felony alcohol arrests, 17,015 misdemeanor drug arrests, and 13,946 misdemeanor alcohol arrests for juveniles.

The Adult and Juvenile Arrests Reports reveals that felony arrests for both alcohol and drug incidences exceeded the 5 percent reduction. Although there was a decrease in misdemeanor arrests, the goal of 5 percent reduction was not met.

Initiate a youth mentoring program in partnership with other state agencies and the private business sector which will contribute toward the Governor's overall goal of proving 250,000 mentors for California youth by the year 2000.

Below is a brief description of the outcomes achieved by the California's Mentor Initiative.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

California Mentor Initiative (CMI) is a multi-funded initiative, which is supported by the state general fund, state revenue Proposition 99 funds, the federal Community Services Block Grant, and the SDFSCA Governors' Programs grant.

The objectives of the CMI are to improve the quality of life for California's youth through the recruitment of quality mentors and to promote mentoring as an effective prevention strategy against alcohol and drug use, teen pregnancy, academic failure, and gang participation and violence.

Results from Safe and Drug-Free Schools and Communities (SDFSC) Funding 1999–2000

During FY 1999-00, the Department of Alcohol and Drug Programs (ADP) awarded SDFSC Grant Funding to nine additional counties within the State of California to support local mentoring programs. As a condition of funding, these counties were required to show documentation that the mentor programs receiving funding operated in a manner consistent with the California Mentor Initiative (CMI) Quality Assurance Standards. These standards were developed and adopted by the California Mentor Coalition and are intended to ensure the maximum protection for mentees and to foster the long-term stability of mentor programs. Free technical assistance is available for programs to aid them in implementing the Quality Assurance Standards.

Data collected by ADP from the 21 counties that administered mentor programs during FY 1999-2000 with the SDFSC grant funding reported that 1,053 mentors were screened and trained, 1,457 mentees were served, and a total of 48,719 mentoring hours were delivered. ADP, in collaboration with other state agencies and the private business sector, has exceeded the Governors' goal of 250,000 mentor matches for 2000. The exact figures will not be available until the end of this calendar year. Those counties that reported data on academic performance, improvement in self-worth/self-esteem, resistance to alcohol/drug abuse, resistance to gang involvement, reports of involvement in the juvenile justice system, and reports of pregnancy for mentees served during FY 1999-00 reported improvements in one or more of these areas.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

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Colorado

SEA Program

Goals and Objectives

- Goal 1: Establish and maintain clear standards for what students must know and be able to do.**
- Goal 2: Implement assessments to ensure that all students are meeting high academic standards.**
- Goal 3: Align curriculum and instruction to standards and assessments.**
- Goal 4: Prepare and support educators and schools to enable students to reach high standards.**
- Goal 5: Begin education early to ensure that all students are ready to learn when they enter school.**
- Goal 6: Create safe, disciplined, and drug free learning environments.**
- Goal 7: Promote partnerships and establish links among the education, parent, and business communities to support children and schools.**
- Goal 8: Share responsibility and be accountable for results.**

Progress Toward Goals and Objectives

Goal 1

In 1993, the Colorado General Assembly enacted House Bill 93-1313 to bring about coordinated improvement in, and accountability for, student academic performance through a standards-based education system; “a system of instruction focused on student learning of content standards” [CRS-22-7-402(11)]. Accordingly, the General Assembly declared, “...that this system of standards-based education will serve as an anchor for education reform, with the focus of education including not just what teachers teach, but what students learn. In addition, standards-based education will advance equity, will promote assessment of student learning, and will reinforce accountability” [CRS-22-7-401]. House Bill 93-1313, and subsequent amendments, required the state to develop model content standards, state assessments, model professional development and student assessments to those standards. Content standards currently reflect what **all students** should know and be able to do in 12 areas: reading, writing, mathematics, science, history, geography, civics, art, music, physical education, economics and foreign language.

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

During the fall of 1995, the Colorado State Board of Education adopted State Model Content Standards in the initial six identified subject areas of reading, writing, geography, history, mathematics and science. These model standards were used as a resource for each of Colorado's 176 school districts as they developed their own content standards. By January 1997, local boards of education in each district adopted their own content standards that meet or exceed the State Model Content Standards.

During the fall of 1997, State Model Content Standards were adopted by the State Board of Education in the following second priority areas: foreign language, music, physical education, and visual arts. Economics and civics model content standards were adopted by the State Board of Education in August of 1998.

The State Model Content Standards were developed by Colorado teachers, school administrators, business leaders, community members and higher education officials. Approximately 10,000 Coloradans contributed to the development of the first round content standards.

The following guidelines were issued in developing the recommended State Model Content Standards:

- They must specify the academic content students should know and be able to do. They must also specify what students should learn during key points in their education. Colorado Model Content Standards do not address performance levels or how well a student has learned the material. The model content standards include specific expectations for student achievement by the end of grades 4, 8, 10 and 12. These "benchmarks" are the cumulative knowledge students should gain during K-4, 5-8, and 9-12th grades.
- The primary goal for education standards is to increase student achievement for **all students**. While some students may need for assistance, time, and opportunities to reach the standards, **all students**, with rare exceptions, are expected to learn at high levels.
- Content standards are not curricula. Content standards specify the end product: what a student should know and be able to do. How a district chooses to organize its schools and classrooms to ensure students are meeting the standards is a local community issue. School districts must identify books, teaching materials, and instructional approaches that best meet the needs of all of their students.
- The model content standards do not represent the totality of what students should learn in school. Districts and schools are encouraged to build into the curriculum additional skills, knowledge and perspectives that are important to their communities.

CDE, under the leadership of the Deputy Commission, developed and disseminated "suggested grade level expectations" for each set of model academic content standards. The academic content standards and suggested grade level expectations are aligned to the Colorado Student Assessment Program (CSAP)

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 2

The Colorado Student Assessment Program (CSAP) is designed to provide schools and districts a tool with which to align their efforts to the State Model Content Standards, while providing a single, uniform, statewide measurement to assess schools' progress in raising the achievement levels of all new Colorado students. CSAP is an integral part of Senate Bill 00-186 and the state's newly instituted report card system for all schools. Districts and schools are now being held accountable for increasing the academic performance of **all students**, as measured by CSAP and other Accreditation Indicators (Attachment A).

CSAP Assessment Schedule Content Area by Grade and Year

Year	Reading	Writing	Math	Science
1997	4	4		
1998	3, 4	4		
1999	4, 7	4, 7		
2000	3, 4, 7	4, 7	8	8
2001	3, 4, 5, 6, 7, 8, 9, 10	4, 7, 10	5, 8, 10	8
2002	3, 4, 5, 6, 7, 8, 9, 10	3, 4, 5, 6, 7, 8, 9, 10	5, 6, 7, 8, 9, 10	8

Districts are held accountable to assess any other required content areas not included in the above schedule.

Description of 2000 Assessments

Between February 28 and March 24, 2000, Colorado students in third, fourth, seventh, and eighth grade were assessed using the Colorado Student Assessment Program (CSAP). 54,197 third grade students were assessed in reading comprehension. The third grade reading assessment was administered over the course of two 50-minute test periods. All but two percent of third grade students participated in the assessment. 54,827 fourth grade students were assessed in reading and writing. The fourth grade reading and writing students were administered over the course of six 50-minute test periods: three 50-minute sessions for reading and three 50-minute sessions for writing. All but two percent of fourth grade students in reading and four percent of fourth grade students in writing participated in the assessment. 54,320 seventh grade students were assessed in reading and writing. The seventh grade reading and writing assessments were administered over the course of six 50-minute test periods: three 50-minute sessions for reading and three 50-minute sessions for writing. All but four percent of seventh grade students in reading and five percent of seventh grade students in writing participated in the assessment. The eighth grade math and science assessments were administered over the course of six 55-minute test periods: three 55-minute sessions for math and three 55-minute sessions for science. All but three percent of eighth grade students in math and four percent of eighth grade students in science participated in the assessment.

For the third, fourth, and seventh grade reading assessments, students were asked to read passages and individually respond to selected-response (multiple choice) and constructed-response (open-ended) questions about the passages. For the fourth and seventh grade writing assessments, students responded to writing prompts, editing tasks, selected-response, and constructed-response questions. For the eighth grade math and science assessments, students responded to select-response, and constructed-response questions and tasks.

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The 2000 results show that 69 percent of Colorado third grade students are proficient or advanced in reading comprehension. Furthermore, the results show that 60 percent of Colorado fourth grade students are proficient or advanced in reading, while 36 percent are proficient or advanced in writing. The results also show that 58 percent of Colorado seventh grade students are proficient or advanced in reading, while 42 percent are proficient or advanced in writing. Finally the results show that 33 percent of eighth grade students are proficient or advanced in mathematics and 45 percent are proficient or advanced in science.

Accommodations

For each assessment, some students received accommodations in how the assessment was administered. These accommodations were similar to accommodations the students received during instruction. For example, large-print and Braille versions of the assessment were provided for visually impaired students. Also, in this year the CSAP-A or alternate assessment was administered as a pilot to IEP students with the most severe needs.

Non-Participation

The reasons for non-participation include; does not read English or Spanish; disabilities so severe that the student had individualized standards; parent refusal; and incomplete or invalid test sessions.

Summary

The process for holding schools and districts accountable for the performance of each student through report cards, public reporting of assessment results and CDE's work with individual schools, districts and educational organizations through their staff development process has served to support the continued incorporation of challenging content and student performance standards into instruction. This is enhanced through CDE training of district staff in the use of electronic data and item maps of the CSAP provide parents, teachers, and administrators with the data to ensure that challenging content and student performance standards are being applied effectively.

The Colorado Student Assessment Program's Annual Report to the Colorado General Assembly will be submitted to the Colorado legislature and Governor December 31, 2000.

Goal 3

In 2000, the Colorado General Assembly enacted Senate Bill 00-186 to bring about continued improvement in, and accountability for, student academic performance through a standards-based education system; "a system of instruction focused on student learning of content standards" [CRS-22-7-402 (11)]. Senate Bill 00-186 set forth a model for year-to-year assessment in grades three through ten for reading and writing and grades five through 10 in mathematics. This legislation also put in place a system of report cards intended to inform the public of the academic performance of schools. This legislation also required the implementation

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of a diagnostic report of student performance on the Colorado Student Assessment Program (CSAP). This, along with CDE training of district staff in the use of electronic data and item maps (Attachment Q) of the CSAP, will provide parents, teachers, and administrators with data that will be informative and useful in making instructional decisions. Colorado's Model Content standards reflect what **all students** should know and be able to do in 12 areas: reading, writing, mathematics, science, history, geography, civics, art, music, physical education, economics and foreign language.

Intensive training and support is provided to applicants for both state and federal building-based grants (e.g., Read to Achieve, CREA, CSRD). The resources, training workshops, and ongoing consultation provided to prospective grantees to all emphasize content-rich materials focused on aligning curriculum and instruction with standards and assessments. One example is the newly released document *Colorado Reads!* (<http://www.cde.state.co.us/cdecomp/download/pdf/coloread.pdf>) a comprehensive document prepared by Colorado teachers that details how to provide the research-based intensive reading instruction necessary to make sure all students are reading by the end of third grade.

Many other examples are available of the types of support for alignment provided to local schools by both CDE regional team members and the eight regional centers throughout the school year.

Goal 4

As mentioned earlier in this report, the *Nine Components of Comprehensive School Reform* have been imbedded into nearly all state and federally funded grant programs administered through CDE. Ongoing, high-quality professional development is one of the key components of comprehensive school reform. To that end, all professional development activities supported through CDE's grants and programs must support the *Guidelines for Professional Development of Educators in Colorado* (Attachment R). Major financial support for statewide professional development activities is provided through several grants and programs discussed earlier in this report. They include:

- Colorado Coordinated Professional Development and Technical Assistance Grant (Attachment D)
- Teacher Development Grant Program (Attachment F)
- Read to Achieve Grant Program (Attachment G)
- CSRD Grant Program (Attachment H)
- Colorado Reading Excellence Act (CREA) (Attachment I)
- Colorado Charter Schools Grant Program (Attachment J)
- Title 1 Choice Grant Program (Attachment K)
- Consolidated Federal Programs Application (Attachment A)

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- Regional Service Teams

Goal 5

The Early Childhood Leadership Team promotes coordination in the early childhood care and education arena by encouraging dialogue at the LEA level among Head Start, Migrant Head Start, the Colorado Preschool Program, Title I Even Start, and Family Literacy Programs. Through a partnership with the Department of Human Services, CDE works with 18 pilot communities to consolidate early childhood funding streams and to evaluate the effectiveness of services. Preliminary data from some school districts indicate that children who attended the Colorado Preschool Program are doing as well on the CSAP as the general population. The early childhood team staffs the regional teams and provides expertise and training to the regions. Specifically, the team trains providers in “Building Blocks,” activities for the classroom supporting skills and content knowledge related to the state standards.

Goal 6

CDE staff has been working with LEA’s to fully integrate the Safe and Drug Free School’s Principles of Effectiveness into district and BOCES Consolidated Federal Programs Applications. CDE staff has worked intensively with LEA staff during the past two years to provide technical assistance on the implementation of the Principles. CDE has incorporated the Principles into the 1999–2000 application for funding to ensure LEAs develop programs and activities in a manner consistent with the Principles. This practice has formed the basis for improved program development and implementation within school districts and schools across the state. LEA goals and objectives have been revised based on a review of needs, enhanced data analysis, and evaluation of their programs to assess progress toward achieving their goals. Please refer to Section J of this report for more specific Safe and Drug Free School results.

Goal 7

CDE has implemented a regional team structure to support districts and communities in standards implementation and the attainment of the Accreditation Indicators. Teams include representation from Title I, Charter Schools, Early Childhood, Special Education, Prevention Initiatives (including Title IV), Nutrition, Library Services and state programs. Each team is supervised by a Regional Team Manager. The Regional Team Managers have had experience as either principals or superintendents.

The Regional Team structure also connects with and supports local parent and community involvement efforts. For example, each of the Regional Teams works with a Title I advisory council. Regional teams also provide support and assistance to a school and district accountability committee advisory teams.

Parent and community involvement and partnerships have also been enhanced as a result of CDE sponsoring the 31st Statewide Parent Conference. This conference attracted parents, teachers, and community members who are involved in all federal programs at the local level. From this event, many areas of the state have planned additional regional conferences to disseminate what was learned at the statewide conference. An emphasis has been on providing

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information to parents about the design, implementation of programs, family literacy and on being involved in their child's education.

Each of the grant applications highlight on pages 4-6 of this report includes clear expectations for parent and community involvement (e.g., family literacy components) in building-based efforts. Funding guidelines also emphasize partnerships to leverage efforts across funding sources and programs.

The partnerships and linkages emphasized in Goal 7 have been enhanced by the active participation of educators and community members from across the state on the advisory boards for each of the competitive grant programs. In addition, educators from across the state work together in peer review of grant applications. For example, the review of the new Read to Achieve state grants will involve 138 readers statewide.

Goal 8

Please refer to the responses to goals 1 through 7 above.

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

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Connecticut

SEA Program

Goals and Objectives

The following is a list of goals/objectives and performance indicators for professional development, for safe and drug-free schools, and for children who benefit from federal programs:

- **Increase the degree to which professional development activities reflect best practices.**
- **Increase professional development support to appropriate target populations.**
- **Increase students' level of interest and achievement in mathematics, science, and other core academic subjects.**
- **Enhance the instructional capacity of schools to sustain a community of learners.**
- **Strengthen the coordination, development, and management of programs and activities.**
- **Improve student behavior in schools.**
- **Improve the physical and emotional safety of students and staff within schools.**
- **Decrease the use of alcohol and other drugs by Connecticut students.**

Progress Toward Goals and Objectives

As reported in the previous years report, Connecticut administered the Youth Risk Behavior Survey for the first time in spring 1995. The sample size of participating schools was not large enough, however, to generalize the data to the whole state. Hence, the YRBS administered in spring 1998 has become our baseline data. Although we worked diligently to have a successful spring 2000–survey response, we again did not have enough schools participate to generalize it to the state. Therefore, we don't truly know if we are working toward our indicators of success or not.

Because of our lack of success in surveying schools and due to the large number of school surveys in which schools must participate, the Connecticut State Department of Education has convened an interagency group (including 6 other state agencies) to begin discussions about the development and implementation of a statewide survey. Commissioners from each agency have been asked to provide approval and agreement to assist in the funding of the survey. The statewide survey would incorporate some questions from the YRBS, as well as including asset-

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based questions. Our hope is that this student survey would alleviate schools of the large number of surveys that students are asked to complete, as well as provide us at the state agencies with better longitudinal data results.

In addition to the administration to the YRBS in spring 2000, we collected our first year of suspension and expulsion data for all student exclusions from school. The results have been very beneficial and eye opening for many. It has not only helped us identify why students are being excluded, but it has also focused us upon certain populations of students who prior to this data had not been focused upon. It is also driving programming around alternatives to suspensions and expulsions and better involvement of community-based agencies in this programming. We currently are entering our 2nd year of data, which should provide us with some interesting data comparisons, assist us with determining if the number of dangerous instruments and deadly weapons possessed on school property has decreased, and better identify the reasons that students are suspended or expelled.

The Comprehensive Health Education Unit has offered statewide professional workshops for teachers and administrators on conflict resolution, peer mediation adventure programming, club drugs, confidentiality as it relates to substance abuse positive classroom and school climate, character education and including youth in prevention programming decisions and critical conversations about youth issues in fall 1999 and spring 2000. These workshops have been over subscribed with the number of participants being trained. Additionally, we have trained staff in approximately 15 individual schools over the past year.

Additionally, youth violence, character education and school climate has been moved to a top agenda item for the Commissioner of Education and the Connecticut State Board of Education. Because of this focus by the Commissioner, schools are searching for other programs to help them address their individual needs and improve the educational environment for all students. Again, while we do not have specific numbers to document our success for the increased implementation of conflict resolution programs, peer mediation and character education, it is clearly evident that more schools are implementing these three programs as well as other skill based programs to assist in addressing the issues of student behavior and school climate. Teacher training for each of these three programs also increased; therefore, we continue to progress upward toward the 10 percent indicator 2.3.

Additionally in the spring of 2000, our department issued three small, competitive grants for schools to begin addressing issues such as school attendance, alternatives to suspensions and expulsion, and coordinated school health programs. We currently are working with 2-4 districts under each grant that will serve as pilot districts upon completion of the grant period. These initiatives are all inter-related to the development of a school environment in which all students feel respected and safe.

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Delaware

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

Goal 1: Strengthen children, families, and communities to increase protective and resiliency factors that guard against violence and substance use/abuse and give children and youth the capacity to build healthier life-styles.

Objectives:

1. *Support integrated programming for children, youth, and families carried out through strong partnerships between schools and the communities they serve.*
 - *Support programming in each of the state's three counties.*
 - *Reach a minimum of 300 at-risk youth and their families.*
 - *Require programs to design activities and base programs on sound research, and to develop and carry out evaluations of their programs, demonstrating the effectiveness of the interventions in delaying or preventing the onset of alcohol, tobacco, or other drug use, or on variables by research to be related to reduced use.*
2. *To provide at least one project designed to reach youth who are not reached in community or school based prevention programming, such as incarcerated youth, homeless or runaway youngsters, youth in residential treatment facilities.*

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3. *To provide Law Enforcement Education Partnership activities through partnerships with Police Agencies and educational institutions, with at least one activity in each county.*

Goal 2: Strengthening children, families, and communities by providing research-based information and educational opportunities about drugs, alcohol, violence, and related issues.

1. *Make high quality, research-based materials and information on a broad range of topics related to substance abuse and violence prevention available to community organizations, school personnel, and private citizens.*
 - A. *Delaware-specific information will be developed and distributed with the advice and assistance of an interagency committee with representatives from appropriate state and community agencies. Fact sheets, brochures, an Internet Web Site called "Drug Free Delaware" and events will be planned to call attention to issues related to substance abuse and violence prevention.*
 - B. *The Office of Prevention Resource Clearinghouse will:*
 - *form a partnership with School Learning Resource Centers to improve the availability and distribution of materials statewide, and to make the resources of both systems more widely known.*
 - *give away or loan at least 50,000 items.*
 - *purchase at least 60,000 pamphlets and booklets.*
 - *enable at least 20,000 consumers to see videos or use curricula and software.*
 - *Purchase 15-20 additional videos, curricula, or educational software programs.*
 - *upgrade its capacity to serve its constituencies as needs and opportunities are identified, by such means as adding shelving and displays or acquiring audio-visual equipment and inventory management software.*
2. *Increase the capacity of community-based and community-serving organizations to prevent violent behaviors and alcohol, tobacco, and other drug abuse and to develop effective substance abuse and violence prevention programming by enhancing their knowledge and skills through training and technical assistance. At least one major training event will be sponsored and at least 300 individuals from about 100 community-based organizations and/or schools, statewide will be reached.*

Progress Toward Goals and Objectives

Goal 1

Objective 1

IN FY 00, there were 13 programs in operation throughout the state:

- 7 community and school based programs; and
- 6 different programs through the Law Enforcement Education Partnerships.

These programs were offered in all three of the state's counties during this time period, impacting approximately 3,500 "at risk" youth and their families. Several of the programs are described in more detail below.

The Community Schools Initiative

Boys and Girls Clubs. Serving youth in Kent and Sussex Counties, this program uses the nationally recognized Smart Moves curriculum for self-esteem, decision making, goal setting, and anti-drug messages. The goal is to improve grades through twice weekly computer assisted tutoring, work with teachers, and the development of an individual education plan. Students must become members of the Boys and Girls Club. The program is offered after-school, weekends, and during the summer.

Middle School FAST. This project is a partnership between Children and Families First and the Colonial School District (Colwyck and Martin Luther King Schools). FAST is a nationally recognized best practice model originally developed for elementary age children which has been adapted for older students. The program requires the use of evaluation tools and national results at hundreds of sites have been positive. In Delaware, the program targets 5th grade students displaying "at risk" characteristics. Schools will identify 15-25 students at risk and families and youth will be recruited to participate by the social worker and parent liaison with school support. There are four elements in the approach;

- positive peer group meetings for youth twice a week for 12 weeks.
- 8 structured Multi-family sessions led by a Multi-disciplinary team composed of school staff, a social worker, an ATOD specialist, and a parent liaison from the school. Positive feedback from the youth's teachers to share with parents is elicited prior to each meeting.
- Follow up monthly FASTWORKS program for parents and youth

Brookmont Farms Learning Center. This project, structured as a partnership between Child, Inc. and New Castle County, provides an after school program, summer camp and parent and community resources. In FY 00, 76 children were served through this program participating in trips and activities, family classes, after school tutoring and 4-H programs. Results from an evaluation of the program showed that over half of the participating youth were ranked as

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satisfactory or improving on subsequent report cards. Furthermore, approximately 75 percent of children participating showed some improvement in either academic or social skills.

Objective 2

About 1,000 youth participated in the DEFY program. As a result of participation, there were significant statistical increases along all of the program objectives.

The New Castle County Police Department. This program operates as a 3 team model. The New Castle County Police Department provides ATOD awareness and a Youth in Law program. Heroin Hurts provides a family building and dynamics program for youth and their families. And, a faith-based group, Churches Take a Comer, provides a mentoring program for youth and life skills building. In FY 00, 78 youth, ranging from ages 5 to 18, participated in this program.

The New Castle County Police Department, Police Athletic League. This program was a collaborative effort between the New Castle County Police Department and the Police Athletic League of Delaware. The program primarily focused on the dangers from the use of Heroin. The specific goals were:

- Inform the youth of the dangers and harm from the use of Heroin
- Assist the youth to resist peer pressure to use Heroin
- Improve the rapport between the youth and the Police

Approximately 750 youth participated in this program.

Goal 2

Objective 1-A

Efforts in this area are ongoing. The Web Site (www.state.de.us/drugfree) continues to be updated with ATOD information, statistics, and the latest survey research data on Delaware's youth.

Objective 1-B

The Resource Center has available a number of videos, pamphlets, and books on topics related to prevention. It is stocked with resources on a wide variety of topics. These topics include: substance abuse, child abuse, death, child development, family life, mental health, relationships, responsibility, self-care, AIDS, education, prejudice, sexual responsibility, suicide prevention, child care, family violence, and health.

Pamphlets and booklets are available free of charge to individuals and organizations for distribution. Additionally, videos, books, and software may be borrowed from the Resource Center without charge.

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This year, the Resource Center saw great expansion due to the purchase of a van to allow for delivery of materials to all remote locations throughout the state. As a result, the Resource Center saw a significant increase in utilization in FY 00. The Resource Center placed its materials in 63 remote sites. These sites included: 20 schools; 22 community centers; 5 hospitals; 12 local and state agencies; 2 churches; and 2 child care centers.

In FY 00;

- 158,537 items were loaned or given away to consumers
- 303,000 new booklets were purchased
- 23 new videos were purchased
- 111,092 consumers utilized videos and curriculum
- A van was purchased in collaboration with the National Guard to allow for delivery of materials to all remote locations throughout the state

Objective 2

On April 17-18, 2000, The Office of Prevention & Early Intervention staged its 10th annual Delaware Prevention Forum, an annual two-day conference designed to provide a dynamic learning experience to increase the knowledge of participants about the prevention of child abuse and neglect, substance abuse, delinquency and mental health problems in our youth. The conference theme was “*Creating Safe Harbors.*” The conference goal is to motivate and empower participants to contribute more fully toward the reduction of risk factors and the promotion of wellness and protective factors for Delaware’s children, families, and communities. Skills and knowledge are developed through plenary sessions and one- and two-day long laboratories. Topics in 2000 included:

Mini Plenaries

- Fathers of Children with Special Needs
- Reducing Youth Access to Alcohol: A Research-based Approach
- Why Can’t We Just Get Along? Violence and the Community
- Safe Children Town Meeting
- Clean, Clear and Sober: Safe Adults and Safe Children

Laboratories

- It Takes a Village to Raise a Child: But Who is Going to Raise the Village
- Facing Shame: Families, Prevention and Recovery

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- Creating Generations of Peacemakers: Conflict Resolution Education for Schools, Youth-Serving Organizations and Juvenile Justice Programs
- Creando Refugios Seguros: Creating Safe Harbors, Prevention in Hispanic Communities
- Building Effective Organizations, Agencies and Institutions for Prevention

In FY 00, 375 people attended the event. Participants included prevention staff, youth group leaders, community based organizations, volunteers, students, parents, grandparents, school personnel, counselors, substance abuse specialists, social workers, case managers, law enforcement professionals, medical personnel, community leaders, clergy, local and state government representatives and others who are concerned about producing healthy children, nurturing families, and strong communities.

The key note speaker was Dr. Kenneth R. Ginsburg, who spoke on “*Creating Safe Harbors for Adolescents.*” In addition, on day two the Keynote Address was given by the Honorable Vincent J. Poppiti who spoke on “*Creating Harbors of Refuge: Preventing Violence by and Against Girls and Women.*”

District of Columbia

SEA Program

Goals and Objectives

Goal: To implement a comprehensive K-12, Peaceable Schools Initiative To Build And Sustain Safe, Disciplined, and Drug-Free Schools.

Objectives:

1. *Increase number of school-based violence and drug prevention programs (i.e., mediation, conflict resolution).*
 - *Performance Indicators: Year I—All middle/junior high schools/alternative schools will provide school-wide violence prevention programs/activities.*
 - *Data Source: Number of schools applying for DCPS exemplary program status, requests for resource materials, number of schools participating in city-wide activities LEA survey, peer mediation rubric; focus groups; statistics on program implementation, prevention program certification.*
2. *Develop policy to increase student attendance and abate truancy.*
 - *Performance Indicators: Increased number of schools implementing practices to increase students attendance and reduce truancy and other risk-related behaviors.*
 - *Data Source: Policy, awareness information, school profiles, PSA on attendance, local school evaluations.*
3. *Increase number of parents participating in parent-centered substance abuse and violence prevention programs. (Pilot Program)*
 - *Performance Indicators: Year I—25% increase in local schools involving parents in intensive parent-centered violence and drug prevention program.*
 - *Data Source: School-based parent-centered prevention proposals, evaluations, parent participation data.*

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4. *Decrease number of students involved in use of drugs and violent behaviors.*
 - *Performance Indicators: Decrease in use numbers reported on 1999 YRBS.*
 - *Data Source: Comparison of 1997 and 1999 YRBS data for middle, junior and senior high schools, student focus group data, YRBS 1999 data.*
5. *Increased number of school personnel and community members receiving training, courses and workshops in drug and violence prevention strategies.*
 - *Performance Indicators: Increased number of school personnel and community members participating in training in substance abuse and violence prevention.*
 - *Data Source: Participant statistics, workshop evaluations, training agendas.*
6. *Increase community-wide awareness of information to support building peaceable schools.*
 - *Performance Indicators: Increased number of students, staff, and community participants engaged as stakeholders.*
 - *Data Source: Number of schools participating in local and national drug and violence prevention campaign activities, public engagement campaign documentation.*

Progress Toward Goals and Objectives

Attendance has increased by .3 percent. In 1998–99 the attendance rate systemwide was 91.7 percent and 92.0 in 99-2000. 1997–98 dropout statistics indicate a decrease from 9.59 percent to 6.19 percent in 1998–99. This data represent one LEA. Of the six of eight reporting LEAs 1998–99 and 1999–2000 attendance increased. Of the seven LEAs reporting 1998–99 dropout data, two reported a decrease; two reported an increase and three remained the same—no dropouts.

Technology usage has improved. Every 2nd and 3rd grade classroom has at least two or three computers in each classroom and teachers are integrating the software into their lessons. In middle/junior high school, teachers of English and mathematics have three computers each with supporting software.

In the 99-2000 school year, the Middle School Initiative moved forward with the commissioning of the District of Columbia Public Schools Task Committee to update the “Middle School Transition Model.” This reform effort has documented research data that supports improved student achievement.

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School climate has changed dramatically with the Peaceable Schools Initiative, Conflict Resolution, Peer Mediation, Peer Mediation Focus Groups, Resistance Skills and other prevention efforts. Also in the 99-2000 school year, the city advanced the Intervention and Counseling Procedures for a Major as well as a Minor Crisis each school in each LEA.

Governor's Program

Goals and Objectives

The District of Columbia Governor's FY 1996 Safe and Drug-Free Schools and Communities Act (SDFSCA) application projected assessing program effectiveness, including quantitative and qualitative indications of progress. The basic program for the Governor's portion included a mini-grant program, a public housing special project directed to high-risk youth, general prevention interventions, community-based collaborations and effective program replication, and an educational campaign. However, the evaluation of programs was accomplished through process evaluation rather than program outcome evaluation. This process data only provided the state information on:

- The target population identified
- Staff and other resources utilized
- Type of service provided

This process only provided counts and expenditures rather than the outcomes of these resources and interventions. As a result, the state will correct this process during this fiscal year, and will make fewer awards to make the program manageable. The programs awarded during this fiscal year will extend for a minimum of one year. This will allow sufficient time to more appropriately track the impact of the service interventions recorded by the staff and the provision of state staff monitoring and technical assistance to ensure compliance. The governor's measurable goals the progress in attaining them are listed below.

Goal 1: To establish, coordinate and support a sustainable prevention system to address alcohol, tobacco and other drug abuse by 2 percent the first year and continuing at a rate of 2 percent each year through year 2000.

Goal 2: To build awareness, skills and resources that will empower and inform the community neighborhoods, interested organizations and institutions regarding substance abuse.

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- Goal 3:** To expand outreach direct service programming targeted at high-risk youth in an effort to prevent and/or reduce violence and addiction to alcohol, tobacco and other drugs.
- Goal 4:** To enhance and conduct a broad public education and awareness campaign for substance abuse and youth violence prevention to targeted populations beginning in September 1996 and continuing through year 2000.
- Goal 5:** To conduct and ensure prevention efforts are continuously monitored and evaluated each year beginning in 1996 and continuing through year 2000. This effort will ensure and strengthen prevention programs and effectiveness.
- Goal 6:** To provide technical assistance and develop procedures for the Regional Alcohol and Drug Awareness Resource Network (RADAR) Centers as the state center to carry on two-way communication between the national level and the grass-root level.
- Goal 7:** To prevent first-time use of alcohol, tobacco and other drugs among DC school-aged children and to reduce any use of alcohol, tobacco and other drugs among this population by 2 percent in year one, and continuing at a rate of 2 percent through year 2000.

Progress Toward Goals and Objectives

During this reporting period, the District of Columbia made significant progress in achieving the goals and objectives of its SDFSCA program. The primary goal of the District of Columbia's SDFSCA program – The Governor's Program is to reduce by 5 percent first time alcohol, tobacco and other drug (ATOD) use among youth between the ages of 12 and 17 by the year 2000. The efforts of the District's SDFSCA Governor's Program are evidenced in the 1999 District of Columbia Youth Risk Behavior Survey (YRBS). In comparison to the 1997 YRBS, first time use of ATOD was reduced by 5 percent or more as shown below:

	1997	1999
Alcohol	71.0	66.5
Tobacco	68.0	62.9
Marijuana	52.0	45.1
Cocaine	4.0	2.8
Inhalants	11.0	6.1

In continuing with our progress toward that goal, we achieved the following:

- Made 594,777 contacts with District residents:

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- 40 health fairs.
- 40 public schools, utilizing both **The Learning to Live Drug Free, A Curriculum Model for Prevention** Grades k – 12 and materials developed by District staff.
- Provided ATOD prevention education and assessment to two alternative education programs within the D.C. Public Schools (Penn Truancy Center and Oak Hill Youth Academy)
- Provided 8 violence prevention presentations for incarcerated youth at Oak Hill.
- 10 seminars for community individuals and organizations.
- Conducted a Substance Abuse Prevention Youth Awareness Festival for the Stanton Dwellings community.
- Awarded 5 mini-grants to community-based organizations at \$50,000 each. This effort was to sustain and/or enhance community prevention strategies for youth. Additionally, this is the first time in APRA's mini-grant history that awards were made for a period of one year. Grants are science-based and will adhere to the principles of effectiveness.
- Distributed almost two million pieces of literature on substance abuse prevention to District residents. Distributed culturally relevant materials to ethnic minorities and other appropriate groups and individuals.
- Referred staff for approximately 48 hours of prevention training in the following areas:
 - Adolescent Chemical Dependency.
 - Healing the Dysfunctional Youth.
 - Juvenile Drug Courts: Partners in Treatment.
- Conducted the DARE program in 6 DC Public Schools: 1 junior high and 5 elementary schools reaching 662 students.
- Maintained a working relationship with and/or collaborated with 25 community-based organizations to identify ways the District's Prevention Office would support community efforts against violence or other issues.
- Maintained a substance abuse prevention center – Project Reachout — in a public housing complex in one of the city's most vulnerable areas, with an extensive high-risk population. Project Reachout will be granted out prior to the end of FY 2000.
- Established a Mentoring and Tutoring Program for Project Reachout participants.
- Collaborated with the Justice Grants Administration, and provided financial assistance for an Underage Drinking Initiative. This two-day conference reached more than 1000

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school-aged youth, and provided awareness and education on the harmful effects of alcohol and tobacco use.

- Conducted a survey of youth at the Project Reachout program using the Plus III Assessment Intervention tool to determine impact of the services on attitudes toward negative behavior, using alcohol, tobacco or other drugs.

These data, while considering process data, demonstrate the level of commitment of the District of Columbia in achieving its primary goal and the underlining objectives to the goal. We have implemented science-based substance abuse prevention programs across the city. This will be achieved, in part, through the award of four demonstration projects in science-based substance abuse prevention.

As a result of the State Incentive Grant (SIG) awarded to the District of Columbia in June 1999, APRA awarded eight (total awards to be granted will be 10) subgrants to community-based organizations. The science-based awards will help fill the critical gaps in APRA's continuum of prevention efforts to diverse groups in the city.

During the reporting period, the District of Columbia conducted a Household Survey, which identified areas in the city in the greatest need of substance abuse prevention and treatment services. Further, the study will assist the District with establishing demand and need assessment data to facilitate effective allocation of resources to prevention and treatment services.

Florida

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

Goal 1: By September 30, 2000, establish 30 community-based ATOD and violence prevention programs working with the school system that deliver a clear "no use" message; help students develop life skills and positive self-concepts; and provide conflict resolution and peer mediation services.

Objectives:

- 1. Reduce the incidents of school violence by 5% annually through September 30, 2000.*
- 2. Reduce reported incidents of ATOD use by Florida's students by 5% annually through September 30, 2000.*
- 3. Increase by 5% annually the number of school aged youth in school and in private schools receiving direct services through programs funded with Governor's funds.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 2: Through September 30, 2000, support public awareness campaigns that inform Florida's citizens of prevention issues and needs, promote prevention successes; and educate the public about the harmful effects of ATOD use and abuse.

Objectives:

1. *Reduce favorable attitudes about alcohol, tobacco, and marijuana use by 3% annually through September 30, 2000.*
2. *Increase by 5% annually through September 30, 2000, the number of individuals receiving prevention messages or ATOD education through media services.*
3. *To have 100% of funded community-based programs participating in the Prevention Works media communications campaign.*

Goal 3: Through September 30, 2000, provide support for coordinated prevention efforts that offer multiple strategies, provide multiple points of access, and coordinate/expand citizen participation in community activities by allocating 25% of discretionary funds for community partnership programs.

Objectives:

1. *Show a decrease of not less than 1.5% in adolescent ATOD use and abuse in each of Florida's 15 HRS Districts by September 30, 2000.*
2. *Reduce juvenile crime and violence in Florida's communities by 5%.*
3. *Increase by 5% annually the total number of individuals receiving direct and indirect services through programs funded through the Governor's Drug-Free Communities Program.*

Goal 4: Provide enhancement funding for ATOD prevention programs that target pregnant and parenting teens and provide alternatives to early sexual involvement, enhance the ability of the family to educate and influence teen members, and provide opportunities for teens to that enhance self esteem and educational attainment.

Objective:

1. *Lower the rate of teenagers aged 15-19 giving birth to 5.81%*
2. *Lower the rate of repeat births to teenagers aged 15-19 to 16.30%*

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Georgia

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No state-level data have been produced during the past year on the status of tobacco, alcohol, drug use and violence by Georgia adolescents.

Governor's Program

Goals and Objectives

- Goal 1: To promote and support positive social networks among youth.**
- Goal 2: To help families deal with the problems of ATOD use and abuse.**
- Goal 3: Participants will demonstrate a knowledge of the dangers and harmful effects of addicting substances.**
- Goal 4: Participants will reduce incidents of disciplinary actions in school.**
- Goal 5: To help students succeed and not fail in their school work, with success as positive re-enforcement over failure, dropout, and ATOD use.**
- Goals 6: To decrease in-school and out-of-school suspensions.**
- Goals 7: To reduce teenage pregnancy.**
- Goals 8: To decrease the sale of alcohol and tobacco to minors.**

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Progress Toward Goals and Objectives

Georgia's Governor's goals and objective, which are part of Georgia's approved plan and amendment have not changed since last provided to ED. Georgia continues to work toward meeting these goals and objective primarily through the thirteen regional boards that are part of the substance abuse prevention system of the Division of Mental Health, Mental Retardation and Substance Abuse (DMHM RSA). The State DMHM RSA allocates funding to the thirteen regional boards, who then subcontract to meet the needs of the region. Between July 1998 and June 1999, the regions awarded a total of sixty-three subcontracts to local providers for substance abuse and violence prevention initiatives. Attached (Attachment A) are regional reports that reflect their progress in meeting state goals, implementing the Principles of Effectiveness, and local program outcomes.

There are also three programs funded at the state level and supported at the local level that work toward the Governor's goals. These programs are: the Red Ribbon Campaign, Helpline Georgia, and Drugs Don't Work. The awards made to the thirteen regions supported participation in the annual Red Ribbon Campaign through local prevention providers and community coalitions. Regional Prevention Specialists and community prevention providers also participated in local Chamber of Commerce Drugs Don't Work programs by providing consultation along with drug-free workplace training for employers and employees. Additionally, the state provided training to increase knowledge of the recently completed Statewide Prevention Needs Assessment, research based programs and evaluation technology. The DMHM RSA worked collaboratively with the Georgia Department of Education to produce a 500 page document, available on CD-ROM, that offers guidance on following the Principles of Effectiveness, and a comprehensive listing of research-based violence and prevention programs.

Guam

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

Goal 1: Decrease annually by ten percent experimentation and abuse of methamphetamines rates by Guam's youth.

Objectives:

1. *To ensure all youth age 10 through 18 know the dangers of crystal methamphetamine and have the desire and the skills to say, "NO TO ICE!"*
2. *To ensure parents and the community can recognize the signs of methamphetamine abuse and obtain appropriate treatment services.*

Strategies are being formulated to address:

- *academic achievement,*
- *positive peer group association,*
- *latchkey children's needs for supervised after-school and summer programs,*

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- *the need for supervised after-school programs for middle and high school youth that promote alternatives to drug experimentation and abuse,*
- *drug education programs for children in all age groups who are not targeted by the formal DARE Program,*
- *training parents and community leaders about drug prevention, with emphasis on methamphetamine and alcohol,*
- *mobilization and empowerment of parent, youth and community organizations that are opposed to Ice and Gang Affiliation, and*
- *activity involving and integrating the island's senior citizens with its youth.*

Goal 2: Prevent drug abuse and violence among youth ages 11 through 18 who are confined at the Department of Youth Affairs, who are DYA clients and who are under the jurisdiction of the Court's Juvenile Probation Division.

Objectives:

1. *Reduce recidivism rate among youth five percent annually.*
2. *Enable youth confined at the Department of Youth Affairs' Status Offender and Criminal Detention Facilities and youth under the Court's probation program to acquire the skills and knowledge required to resist negative gang affiliation and drug experimentation and abuse.*
3. *Enable all youth who are DYA and Superior Court clients to acquire the skills and knowledge required to resist gang affiliation and drug experimentation and abuse.*
4. *Increase parental and family involvement in the lives of all detained juveniles, DYA's court-ordered clients, and juveniles on probation and to improve the parenting skills of these youths' parents.*

Goal 3: To annually increase by five percent the number of youth who are empowered through peer motivation skills to combat drug, alcohol and tobacco abuse and youth violence.

Objectives:

1. *To increase annually the number of youth who are able to train other youth to resist temptation to try drugs, alcohol and tobacco.*
2. *To actively engage youth in prevention efforts.*
3. *To reduce gang violence within Guam's school through increased use of peer mediation.*

Goal 4: By the year 2002, every child in Guam's public school system will participate in the DARE Program when they are in fifth grade in order that they have the skills and knowledge required to resist tobacco, alcohol and drugs when they move up to Middle School and when temptation becomes stronger and peer group affiliation begins to take hold.

Objectives:

1. *Maintain the DARE Program in those schools that offer the DARE Curriculum.*
2. *Annually add the DARE Curriculum to one school that does not offer it.*

Progress Toward Goals and Objectives

Goal 1

In order to obtain this goal, the Office of the Governor subgranted several awards to various nonprofit and government agencies. We have contracted our island's University of Guam (UOG) to conduct a study of youth risk behavior during school year 1997/1998 in order to establish benchmark data. The results from this year's study on Guam's youth should be released by mid 2001. As indicated in the Governor's program, crystal methamphetamine is a serious problem here on Guam. According to data provided, the 1997 report found that crystal methamphetamine use is (8) times higher than comparable levels in the mainland U.S. among middle and high school youth ages 12 to 17 years. However, the 1998 report shows that crystal methamphetamine use is down by 9.84%. When considering this figure, it must be understood that this study was done one year after another. There may be criticism as to whether this reduction represents a true trend. The data derived from the study conducted in school year 00/01 would allow us to effectively determine the rate of drug use, specifically crystal methamphetamine.

During the time frame covered by this report, Guam has continued to network all of its subgrantees in order to maintain one consorted effort. Since the Safe and Drug Free Schools and Communities Act grant was administered by the Department of Youth Affairs in January, 2000, our strength through partnership and collaboration has grown exponentially. We have demonstrated this through the many projects piloted with the partnership concept which was either spearheaded by the Department of Youth Affairs or through our subgrantees. One activity which demonstrates the success of this collaboration with measurable results is the DYA 2000 Action Camp.

“Under the direction of Director Rory J. Respicio and the First Ladies' Committee on Education and Prevention, the Department of Youth Affairs set out to develop its youth based activities to incorporate education and prevention efforts on drugs, alcohol and violence. Building on this vision, the Action Camp was one of the programs developed that had a major component to educate youth of the dangers of drug use and violence. The Action Camp 2000 became a public private event consisting of committee members from the First Lady's Committee on Prevention and Education, funded under the Governor's portion of the Safe and Drug Free Schools and Communities Act grant and various government agencies. Prevention specialist were

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brought together to educate participating youth during the instructional portion of this camp, which were in the form of instructional sessions throughout majority of the day. Other activities focused on team and camaraderie building models as well as constructive activities.

A survey instrument was developed to evaluate attitudes, frequency of activity and behavioral changes towards alcohol, drugs and violence among the camp's participants. The survey forms were designed to recognize personal identifiers that would track each participant and examine their responses from the first and last survey. (I.e. a unique "number" is created by the string sequence of each person's birth date, village, school and ethnicity). A notation should be made that the survey designed was developed to determine the effectiveness of the programs offered at the camp, as well as be used as a tool for program improvement.

There is evidence that the participants who were ever smokers, and whom had both pre/post test measures, showed a *positive change* in both their attitude about the need to quit and the behavior of saying they have tried to quit. Over three fourths (75%) of the participants who ever smoked changed their responses to the question "do you think you should quit smoking" from "No" to "Yes" or "Maybe". The same impact occurred for behavior, when over three fourths (80%) of the participants who had ever smoked, changed their response from "no they never tried to quit" to "yes they have tried to quit".

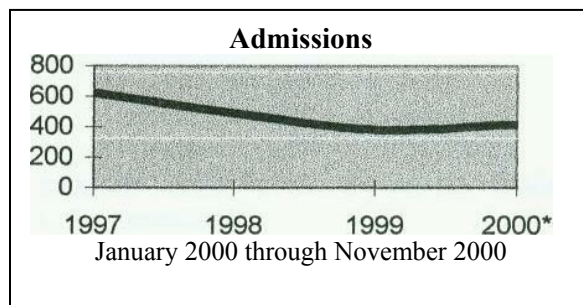
Data collected from those participants who completed both the pre and post-test indicated that there *was a clear impact* on increasing their knowledge in the number of ways to avoid fights. One-fourth reported that they had gained information on the "things you can think of that are good ways to control your anger and avoid fighting with someone bothering you".

Group research has shown, as expected that boys tend to be more involved in fighting than girls. Thus it is positive that the impact against fighting was stronger among boys. Girls tended to show no change while almost one third (29%) of boys showed an increase in knowledge. In fact, boys who reported having been in fights before they came to camp showed a noticeable increase in knowledge; slightly more so than those who have never been in fights. Of those who never were in a fight, 27% increased their knowledge on how to continue to avoid fighting and among experienced fighters, 32% increased their knowledge on how to avoid future fights. As mention before, this survey was designed to measure the behavioral changes and attitudes of the camp participants as well as be used for program development and improvement. It is clear that there was an impact on behavior and attitudes regarding smoking and violence. However, this research also indicated that there is a need to make adjustments to the strategies used to address alcohol and marijuana to make them more effective and have greater impact.

Goal 2

One main objective of this particular goal is **to** reduce the recidivism rate among youth by 5% annually.

Although the admissions for the first 11 months for the year 2000 are higher than the admissions for the year 1999 by 9%, the years 1997 through 1999 has shown a steady decrease in admissions of about 21% per year.



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In addition, despite this slight increase in admissions, the overall recidivism rate from 1997 through November 2000 has steadily decreased.

<u>YEAR</u>	<u>Recidivism</u>
1997	59.6%
1998	52.5%
1999	55.0%
2000	47.9% (January ~ November)

The year 2000 shows a significant decrease in the recidivism rate compared to the first 11 months of 1999, which had a recidivism rate of 54.85%. According to the Department of Youth Affairs' newsletter published in March of 2000, the ongoing juvenile delinquency prevention, treatment and Aftercare programs have been credited as the reason why client admissions has been the lowest in over 13 year.

Goal 3

Although most projects provide substance abuse prevention and awareness, it would be difficult to measure the true number of youth who acquired these skills and directly influence other youth to resist drug use. Responsible youth through their own good behavior do produce positive peer pressure to resist risk behavior. However, one particular nonprofit organization, which was funded under this grant and had activity during the time period covered under this report, has focused on increasing the number of youth school-based trainers. Their specific goal was to increase the number of youth school-based trainers in drug abuse prevention through the development of leadership and personal life skills training for the 2000 Youth for Youth conference by 45% or 27 additional trainers based on 25 from the previous year by April 2000. After review of final reports from this non-profit organization, it was determined that this goal was met.

In conclusion to Question 1b, the Governor's program has funded activities that deal primarily with drug prevention training and/or awareness. The fight on drugs, alcohol and violence among our youth is one war that we as a community cannot afford lose. Battles are fought every day in the prevention arena. Professionals in this field are highly commended for their valiant efforts and, armed with the tools and strategies provided by research and cooperation, their services will continue to be more effective, in the future there will be more programs that focus on the integration of substance use and violence into the mainstream of youth activities and issues because this subject can no longer be treated as a separate curriculum. This vision will become a reality as we continue to work together in addressing youth issues.

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Hawaii

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

The measurable goals and objectives for the Governor's portion of the SDFSCA funds for Hawaii included the following::

- **The children and youth of Hawaii will experience a safe home environment.**
- **The children and youth of Hawaii will experience a safe school and community environment.**
- **Youth will be prepared for productive employment, further learning and responsible citizenship.**

Objectives:

- *A decrease in violent offenses in schools from 5.6 percent in 1994 to 4.2 percent by 1998.*
- *A decrease in the percent of youth in community-based programs using alcohol in the past 12 months from 37.6 percent in 1995 to 34 percent in 1999.*
- *A decrease in dropout rate in grades 7-12 from 5.6 percent in 1994 to 4.3 percent in 1998.*

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Progress Toward Goals and Objectives

The measurable goals and objectives for the Governor's portion of the SDFSCA funds for Hawaii have not been modified from the previous report. The designated funds have continued to support community-based programs that contribute towards attaining the goals that children and youth of Hawaii will experience safe home, school, and community environment and will be prepared for productive employment, further learning and responsible citizenship. Agencies are contracted to build upon existing community resources to provide a safe environment and a central focus where all youth, particularly those who are over-represented within the juvenile justice system, develop competencies that foster resiliency and that enable them to achieve successful transition to young adulthood. Programs for youth provide them opportunities to build strong relationships with others, learn new skills and to give back to the community.

The established objectives focus on decreasing the number of incidences of negative behaviors of youth in three specific areas: violent offenses in schools, alcohol abuse, and dropout rates. The complete statewide statistics for 1999-2000 are not yet available from the Hawai'i State Department of Education; however, the *Superintendent's Annual Report on School Performance and Improvement in Hawaii* provides a summary of the 1998-99 school year and indicates that dropout rates for students in grades 9-12 average about 4.8 percent, a decrease from 1994 (5.6%). This same document reports the incidence rates for disciplinary suspensions in all Chapter 19 classifications have continued to decrease since the SDFSCA application was submitted.

To further address the goals and objectives established in the application, providers identified specific performance targets for youth which focused on increasing positive behavior and lifestyle choices, improving academic performance, increasing social, vocational, and life skills, increasing self esteem and self confidence of youth, and reducing arrests. To measure intermediate success and to provide a basis for mid-course adjustments, milestones were established for youth participating in the SDFSC funded programs. Identifying the targets and milestones for 1999-2000 was the initial step to establishing baseline measures for the outcomes reporting format so that future measures will be significant and more realistic.

Contracted service providers submitted quarterly progress reports to help track the gender, age and ethnicity of youth and others receiving services and to assess the impact of program activities on the positive development of the youth. Providers were required to use a reporting format that identified measurable performance targets and milestones for the desired outcomes. A narrative portion of the reports conveyed results and learning related to the program implementation. The reports have served as a tool to shape conversation around effectiveness of strategies and impact of services. However, agencies often lacked adequate data and verification or internal and external evaluation to measure the direct gains toward the predetermined objectives and overall outcomes for the state.

The Office of Youth Services (OYS) has continued efforts to assist providers in developing more effective measures of the changes in behavior and of the impact of their services. The goal is to have youth, providers and funders more aware of the results and impact of services and activities rather than just an interest in the numbers of youth receiving services or attending activities. Technical assistance has been offered to further guide the transition to an outcomes performance-based evaluation framework as well as, to improve data collection, verification, and reporting methods. Those agencies contracted to provide services for youth were assisted in the identification and refinement of performance targets, milestones, and methods of validating the

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progress of youth in the programs. Providers have been working to establish consistency and reliability in tracking, verifying, and reporting and to improve program effectiveness.

Continued collaborative efforts, enhancement and utilization of resources, and technical assistance will address the effectiveness and relevancy of program design, implementation and evaluation contributing toward the achievement of the goals and objectives of the SDFSCA programs and statewide efforts. The public agencies that receive federal funds to address violence prevention and drug prevention continue to meet regularly as a coalition referred to as HINet to network and share resources to address community issues related to violence, alcohol, tobacco, and other drugs. Several grant applications, events and projects are planned for the year 2000-2001 to address the issues and needs of the youth as well as to involve communities more directly in the process of addressing those needs.

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Idaho

SEA Program

Goals and Objectives

The Idaho Department of Education Safe and Drug Free Schools and Communities Act (SDFSCA) federal allocation for 1995-96 was supplemented by the Idaho State Tobacco Tax and Substance Abuse Prevention Fund. This combination helped to maximize substance abuse prevention efforts and to accomplish efficient and prudent use of funds.

Goal: Reduce the level of student experimentation and illegal use of controlled substances.

Objectives:

- *Develop age-appropriate comprehensive drug education and prevention lessons.*
- *Provide a school environment that is a safe and drug-free place for students to learn and for adults to work.*
- *Establish community-based substance abuse prevention programs involving parents, schools, and community.*
- *Encourage community-based partnerships that enhance the building of resistance skills.*
- *Enhance inter-woven prevention and awareness activities that assist in the development of protective factors.*
- *Ensure high-quality professional development opportunities*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Progress Toward Goals and Objectives

Idaho Incident Report
1998–1999

Type of Incident	Elementary	Schools Jr/Middle	High
Weapons	141	165	138
Alcohol	40	188	325
Tobacco	65	607	769
Drugs	42	295	271
Harassment (Incidents)	2,098	1,929	643
Vandalism (Incidents)	379	448	218
Fights (Incidents)	4,766	2,265	686
Insubordination (Incidents)	3,619	5,130	2,107
Total Incidents	11,150	11,027	5,157

Governor’s Program

Goals and Objectives

Goal: The drug and violence prevention programs and activities of the Idaho Department of Health and Welfare are effective in reducing drug abuse and violence in the populations targeted by the Governor’s portion of the Safe and Drug-Free Schools and Communities Act (SDFSCA).

Objectives:

1. By December 31, 1999, the State Prevention Coordinating Group reviews and modified the action plan.

Outcome:

Agency and organizational drug and violence prevention efforts in Idaho are more effective due to coordination.

Output measures:

Current annual State Prevention Coordinating Group action plan.

2. By June 30, 2000, increase the capacity of programs and activities funded by SDFSCA funds through the Idaho Department of Health and Welfare to comply with the State’s drug and violence prevention

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

priorities to serve youth not normally served by schools or that need special services or additional resources.

Outcome:

Prevention grantees and contractors in Idaho can effectively serve the target populations.

Output measures:

The number and type of training activities conducted for providers and the number of participants.

3. Annually renew contracts to educate youth in all juvenile detention facilities in Idaho by the Idaho Juvenile Detention Center Substance Abuse Prevention Education Program.

Outcome:

Youth in juvenile detention centers gain knowledge about drug and violence prevention to improve their skills to resist drug use and violence.

Output measures:

Juvenile Detention Center Substance Abuse Prevention Education Program evaluations demonstrate knowledge gain and skill improvement.

4. Annually provide drug and violence prevention programs and activities through Law Enforcement Education Partnerships as defined by the SDFSCA.

Outcome:

Youth improve their knowledge and skills to resist drug use and violence through Law Enforcement Education Partnerships.

Output measures:

Law Enforcement Education Partnership grants.

5. By June 30, 2000, increase the number of Idaho Department of Health and Welfare drug and violence prevention programs that complete process and impact evaluations.

Outcome:

Drug and violence prevention programs and activities demonstrate effectiveness.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Output measures:

The number of programs that have completed process and impact evaluations increases by 25% until 100% comply.

Progress Toward Goals and Objectives

The Idaho Department of Health and Welfare's seven social service regions are composed of 4 to 9 adjoining counties. In order to better manage substance abuse prevention and treatment services and ensure services are meeting local needs, the Department of Health and Welfare(hereafter referred to as the DEPARTMENT) has set up a state and regional level substance abuse authority system. At the regional level, Regional Substance Abuse Authorities have broad-based membership to facilitate coordination of services within local communities. The Authorities conduct annual assessments of need and resources, and based upon unmet needs identified, determine prevention and treatment services to be funded.

At the state level, the State Substance Abuse Executive Council is composed of the chairpersons of the seven regions and two representatives from the DEPARTMENT. This council is responsible for assessment of statewide needs and resources and selection of programs that address the identified needs. They are also responsible for oversight of the Regional Substance Abuse Authorities. This system maximizes local control of services while ensuring that services funded are based on need.

Objective 1

At the state level, the Substance Abuse Executive Council is in the process of completing a strategic plan which addresses coordination of programming with other agencies receiving substance abuse and violence prevention funding. At the regional level, policy governing the operation of the Regional Substance Abuse Authorities requires the membership represent a broad base of agencies from throughout the region.

Objective 2

This objective has been addressed through two methods. In each of the seven regions, the Regional Substance Abuse Authorities participated in an annual substance abuse prevention needs assessment. Using information they gained at needs assessment workshops provided during the previous year, the Regional Substance Abuse Authority members identified sources for relevant data, evaluated the data and prioritized areas of greatest need through a consensus model. The second method used was a series of workshops made available to all prevention providers. The series covered the history of, and current theories of substance abuse prevention, needs assessment and how to select programs to meet identified needs, community development and how to use outcome data to evaluate and improve your program and document its effectiveness. The focus of the series was Hawkins & Catalano's Risk & Protective Factor model. By evaluating program recommendations for this fiscal year, it was clear that Regional Substance Abuse Authorities and Prevention providers were serving youth not normally served by schools or who had multiple risk factors and were the most needy.

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Objective 3

Two regions prioritized education programs in juvenile detention centers for funding. Both programs reported pre and post-tests documented increase in knowledge about substance abuse and increase in drug-free living skills.

Objective 4

A total of thirteen Law Enforcement/Education Partnerships were funded with 10% of the SDFSCA funds.

Objective 5

As of July 1, 2000, the beginning of Idaho State Fiscal Year 2001, all prevention contractors were required to establish process and impact outcomes for all services they provided. The outcomes data is submitted two times during each fiscal year, at the end of the 2nd quarter and at the end of the fourth quarter. To ensure outcome data was submitted by all providers, a policy was established to require providers to submit outcome data prior to payment of billings.

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Illinois

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

The Office of the Governor will grant funds to the Illinois Department of Alcoholism and Substance Abuse (DASA) each fiscal year to implement and coordinate a prevention initiative targeted to youth not in school. DASA is the lead agency for alcohol and other drug use prevention in Illinois. In this role, the agency is charged with setting goals and objectives for the state's abuse prevention efforts.

In the past, DASA has funded projects focused on high-risk youth with their portion of the Governor's Funds. These projects targeted maternal and child health, public housing, and high-risk communities.

To meet the redefined 1994 legislative requirements, DASA refocused their portion of the Governor's Funds to target school dropout populations. The School Dropout Project, begun with fiscal funding year 1995 Safe and Drug-Free Schools, supports 10 local projects across the state. Funds were awarded to those projects located in counties or community areas with the highest levels of school truancy, lack of attachment to school, and school dropout.

The primary goal of this initiative is to increase substance abuse prevention and violence prevention services to youth either in clear jeopardy of leaving school or who are no longer attending school. Since DASA supports a community-based prevention system that complements and enhances the Illinois school system's efforts, all of the School Dropout programs involve the community at large, including juvenile justice systems, parents and volunteer leaders, churches, and local school boards.

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Although the pilot programs are targeted toward high-risk youth, the dynamics and demographics of each targeted community are slightly different. Therefore, rather than defining “a program” that will work in each of the targeted communities, each pilot program and community follows the same process in order to develop effective, outcome-based programming:

- **Conduct of a community risk and protective factor assessment with the community and systems in that targeted area (particularly as related to needs of youth at risk of dropping out of school and youth that have already dropped out of school).**
- **Identification of desired changes (outcomes).**
- **Development of programming which will begin to have an impact on the desired outcomes.**
- **Measurement of changes in behavior (outcomes).**

The desired outcomes of the pilot programs include, but are not limited to:

- **A reduction in alcohol abuse, substance abuse, and violence among the target population.**
- **An increase in the ability of youth to develop an attachment to consistent, structured activity and to attend a program on a steady basis.**
- **An increase in either educational or vocational aspirations and attainment.**
- **An increase in developmentally appropriate parenting skills for teen parents.**

Pilot programs include D.A.R.E., Violence Education & Gang Awareness (V.E.G.A.), and other programs developed or proposed by the Illinois State Police, the Safe and Drug-Free Schools Steering Committee, and the Illinois State Board of Education.

The actual process indicators and program outcomes for each pilot site are determined by the local program in conjunction with their participating advisory groups and stakeholders to ensure that programming is designed to best meet participants’ needs. The number of individuals served through the pilots in year one, fiscal funding year 1995, will be available by September 1996.

Progress Toward Goals and Objectives

A comparison between the 1995 and 2001 Youth Risk Behavior Survey

Category	1995 Percent	2001 Percent
Percentage of students who had their first drink of alcohol other than a few sips before age 13.....	36	22.9
Percentage of students who had at least one drink of alcohol on one or more of the past 30 days	50	43
Percentage of students who smoked a whole cigarette for the first time before age 13.....	26	16.3
Percentage of students who smoked cigarettes on one or more of the past 30 days.....	38	25.3
Percentage of students who tried marijuana for the first time before age 13	7	6.6
Percent of students who used marijuana one or more times during the past 30 days.....	26	20
Percent of students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	3	2.5
Percent of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during their life.....	22	11.6
Percent of students who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days	8	2.4
Percentage of students who did not go to school on one or more of the past 30 days because they felt unsafe at school or on their way to or from school	3	8.6
Percentage of students who had been threatened or injured with a weapon on school property one or more times during the past 12 months.....	8	9.7
Percentage of students who were in a physical fight on school property one or more times during the past 12 months.....	37	10.2

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

**Chapter 1
Any Substance**

Table 1-1 shows the percent of 8th, 10th and 12th grade students who had used any substance in the past month for the 1995, 1997, 1998 and 2000 DASA/DHS Studies.

	Survey year			
	1995	1997	1998	2000
Gender				
Female.....	47.9	52.9	47.1	44.7
Male.....	52.5	52.4	52.1	46.9
Grade in school				
8th.....	40.8	40.8	36.1	30.5
10th.....	50.9	53.2	51.4	47.8
12th.....	61.1	65.8	62.6	61.7
Region				
Cook County.....	48.8	48.7	47.4	42.7
Chicago Public.....	40.8	37.9	39.2	41.9
Cook/Non-CPS.....	54.3	56.0	53.0	43.2
Non-Cook Counties.....	51.0	55.1	50.7	47.7
Urban.....	53.5	58.0	55.8	48.4
Rural.....	49.5	51.8	47.9	46.5
Cook County Race Groups				
White.....	60.9	59.6	58.1	48.0
African American.....	36.4	37.3	35.6	30.9
Hispanic.....	50.9	51.1	48.3	48.1
Other*.....	30.4	43.5	49.9	38.7
Native American*.....	69.1	46.7	57.8	77.2
Overall.....	50.1	52.6	49.5	45.7

*Group size is too small for meaningful interpretation.

Indiana

SEA Program

Goals and Objectives

Our goals for 1997 were changed for drug usage, and a new goal was added for school safety. Indiana's 1997 Indicator (Drug Usage): Monthly use of cigarettes, alcohol, and marijuana by grade level (Grade 11). State self-report survey.

- **Indiana's 1997 Goal (Drug Usage): By the year 2000, Indiana will decrease use rates for juniors within the past month to 85 percent alcohol-free; 88 percent smoke-free; and 98 percent marijuana-free.**
- **Our goal for school safety was to institute a new data collection set on school suspensions and expulsions related to violence and other factors. Such a data set was created.**
- **In 1997-98, Indiana schools reported 129 expulsions for firearms and 1,726 suspensions for other weapons. Our goal is to reduce these number by 5% per year over the next five years.**

Progress Toward Goals and Objectives

The 2000 data shows a continuing decreasing trend in monthly use of alcohol, cigarettes and marijuana among 11th graders from 1996 to 2000. The data on 6th-10th and 12th graders also show a similar positive reduction and is included for review.

	<u>1996</u>	<u>2000</u>	<u>Change</u>
Alcohol	48.2%	43.2%	-5.0%
Cigarettes	40.1%	34.1%	-6.0%
Marijuana	25.7%	20.5%	-5.2%

While all are statistically significant and in the right direction, we are still a long way from our stated goals.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Governor's Program

Goals and Objectives

The State's Comprehensive Application, Governor's Program, under SDFSC, was approved to provide the listed projects and the objectives of same: Youth Projects, Law Enforcement Education Partnership (LEEP), and the Governor's Commission for a Drug-Free Indiana (GCDFI) Discretionary Projects. Evaluation and training activities were conducted through the use of the administration funds. The short-term and long-term, major goals are listed.

The Division of Mental Health (DMH), administrator of the SDFSC Governor's Program subscribes to the U.S. Department of Education's Principles of Effectiveness and requires evidence of the principles statewide and by community-level providers through contracts, interagency agreements and program files. Providers that work directly with youth must include outcome evaluations for each program provided to each cohort of youth.

Contractors who train community volunteers and professionals also adhere to the Principles and use two or more of the six strategies of the Center for Substance Abuse and Prevention. Impact on reducing drugs and violence among youth was measured by the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescent. Other studies that were done in 1999–2000 concerning drug and violence prevention are submitted as evidence of impact in this report as applicable.

Goal 1: By 2000, Indiana shall demonstrate significant progress in reducing the use of alcohol, tobacco, marijuana, and inhalants by youth ages 10 to 15 years of age, with a focus on children in middle school.

Long-range goal: Indiana will not exceed the national average of alcohol, tobacco, and other drug use by youth under the age of 18 years.

Goal 2: By FFY 2000, Indiana shall demonstrate significant progress in reducing violence by youth ages 10 to 15 years with a focus on children in middle school.

Long-range goal: Indiana will not exceed violent acts by youth above the 1994–1995 baseline for Indiana.

Special Note: The Comprehensive Application initiated a pilot Youth Project for youth at *moderate* risk, beginning July 1, 1997, under Sec. 4114 (b) (c) (A) and (B). "Service recipients" under Youth Projects are those youth enrolled in an After School Prevention Program for youth at *moderate* or *average*. *Moderate* or *Average risk* was defined as those youth who are 10 to 15 years of age. By 1998, *universal* eligibility was adopted as policy by the DMH. Youth found to be in need of treatment are referred through their parents to the appropriate community service.

Progress Toward Goals and Objectives: Drug and Violence Prevention

Short Term Goal 1

The results of the Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents: The Indiana Prevention Resource Center Survey–2000 are found in Exhibit A. The complete Survey may also be found at <http://www.drugs.indiana.edu> for youth in grades six through twelve.

In FFY 2000, the After School Prevention Program was given the title *Afternoons R.O.C.K. in Indiana* (ARII). The acronym “R.O.C.K.” represents: “Recreation (structured)”; “Object lessons”; “Cultural diversity and Character”; and “Knowledge”. This title has now been added to the statewide survey, Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents. Youth will self-identify whether they have been in A.R.I.I., in addition to other after school activities in the 2001 survey.

According to the 2000 Survey, although Indiana is still above the national averages for tobacco use by youth, 2000 showed good progress in reducing the use of tobacco by middle school children. While Indiana’s prevalence rates remain above national averages, Indiana’s rate of decrease over the past five years is greater than the national rate of decrease. Indiana rates have decreased 30 percent to 40 percent since 1997, while national rates have decreased 20 to 25 percent (Indiana Prevention Resource Center at Indiana University; Monitoring the Future Study, University of Michigan).

William Bailey, Director of the Indiana Prevention Resource Center and the principal investigator of the Survey, attributed the reduction of tobacco use among middle school age children to rules restricting under 18 year old youth access to tobacco, continued attention to Indiana’s Tobacco Settlement with the appointment and actions of the Indiana Tobacco Board, and the Division of Mental Health’s targeting middle school youth and the emphasis of tobacco prevention among the gateway drugs for the A.R.I.I. program.

Statewide enforcement that restricts youth access to tobacco is a necessary component to drug prevention in Indiana. With the action of the Supreme Court, Indiana lost its FDA contract. The number of incidents of retailer noncompliance immediately went up. Although Synar continued to be enforced by the Excise Police and the Alcoholic and Beverage Commission, in some counties noncompliance was increased to 40 percent.

The Director of the Division of Mental Health, Janet Corson, took immediate action. She requested funds from Indiana’s tax on River Boat Gambling (P.L. 277-193) available to the DMH. The Tobacco Retailer Inspection Program (T.R.I.P.) was developed and in operation within weeks of the Supreme Court’s decision. The number of inspections was significantly increased and the names of the retailers in noncompliance published. Noncompliance by Indiana tobacco retailers is now at approximately 20 percent. The T.R.I.P. was recognized September, 2000, for its design and effectiveness at the research conference by the National Prevention Network.

Rates of alcohol, tobacco, marijuana and most other illicit drugs continued a slow, but steady decline by Hoosier youth according to the “Executive Summary” of the Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents, Indiana Prevention Resource Center Survey – 2000. (Please see Exhibit A).

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Reduction of alcohol use by youth did not get the same public and legislative support as the reduction of tobacco and illicit drug use by youth. However, the proposals such as requiring keg identification numbers, will be reintroduced to the State Legislature by the Coalition to Reduce Underage Drinking, the Commission for a Drug-Free Indiana, and the Council on Impaired and Dangerous Driving. Further, a rule to reduce the blood alcohol level for impaired driving from .10 to .08 blood alcohol level has a sponsor and will be reintroduced. With the federal mandate, the rule has a much better chance of being passed in 2001 than it did in the eight previous years when it was defeated.

In a previous report to SDFSC, Indiana reported that middle school youth who participated in adult-supervised after school programs were less than half as likely as non-participants to use marijuana on a regular basis. (Prevention Newsline, Vol. 11, 1998). In 1999, a secondary analysis by the Institute for Drug Abuse Prevention of the 1999 Survey found a significant difference between youth who were supervised versus unsupervised and their cigarette smoking. The analysis was completed under Study 2 of the Indiana Prevention Needs Assessment, funded under the Center for Substance Abuse Prevention. The 1999 Survey had a sample of 81,685 students from grades six through 12 responding.

Although the final report is not available, the data concerning the rate of daily cigarette smoking by grade in comparison to the number of hours of adult supervision is significant: the more hours spent without adult supervision, the higher the percent of youth in grades 6 through 9 smoking at least one (1) cigarette daily. For example, nearly 25 percent of youth in grade 7 reported smoking one or more cigarettes when they were unsupervised four or more hours. Please see Exhibit B.

Indiana's progress in reducing drug use among youth was also analyzed by measuring strengths known to reduce the use of drugs and other risk behaviors. The Center for Substance Abuse Prevention awarded a grant for the Indiana Prevention Needs Assessment. Study 2 of this Assessment included statewide aggregate data from rural, suburban and urban community schools and nearly 27,000 returning useable surveys. Youth responded to the Search Institute's *Profile of Student Life: Attitude and Behaviors*.

The Search Institute has longitudinal evidence that shows risky behavior is related to low levels of developmental assets. For example, youth with fewer than ten assets, were 200 more times as likely to after drinking. The Institute has identified forty developmental assets, internal and external, that are predictive of quality of youth's life experiences. The Survey found most Hoosier youth making positive, socially-acceptable decisions about the risks to which they are exposed. Most youth avoid potentially harmful behaviors and choose actions consistent with societal norms. Developmental Assets: A Profile of Indiana Schools, Statewide Aggregate Data, 1999 was published by the Institute for Drug Abuse Prevention, August, 2000, and is included in Exhibit C.

Long Range Goal 1

Indiana has committed to the health-promotion and disease prevention objectives under the *Healthy People 2010* indicators. Indiana's statewide 2000 Survey had a sample of 72,523 youth, who were in grades 6 through 12, who were attending 231 schools in Indiana. The Survey shows progress from 1992; as of 2000 adolescents delayed the first use of gateway drugs.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

The proportion of adolescents using other gateway drugs was less in 2000. Adolescents' use of tobacco is still above the national average. Compared to 1996, however, some 15,200 fewer adolescents smoked cigarettes on a monthly or more frequent basis in 2000. The 2000 Survey notes a "...clear trend of slow, but steady, decreases in most drug-taking behaviors by Hoosier youth."

Indiana is receiving substantial assistance in statewide planning to reach its long-range goals for drug reduction and reducing violence. A State Incentive Grant (SIG) was awarded by the Center for Substance Abuse Prevention to the Office of the Governor, with the DMH as the administrator.

Under the SIG Indiana has established an Advisory Panel to the Governor. Members are citizens representing different regions of the State service organizations, youth organizations and support organizations. State agencies with drug prevention responsibilities serve in ex officio capacities and technical assistance is provided by Indiana University, evaluation by University of Illinois, and training by Center for the Application of Prevention Technology, University of Minnesota.

The Panel has the responsibility of developing and implementing a comprehensive State plan for prevention by 2004. The plan will address effective substance abuse prevention that reduces gaps and overlaps. Indiana's prevention system should be revitalized through increased coordination and collaboration among the community organizations and State agencies and by leveraging funds for prevention such as through the State Tobacco Settlement.

After review and endorsement by key stakeholders in the State, the vision, mission and plan will be presented to Governor Frank O'Bannon for his endorsement. The Panel will be working with Indiana's Commission for a Drug-Free Indiana and the Interagency Council on Drugs to assure implementation and evaluation.

The SIG also included funds to implement 16 evidence-based projects managed by Grassroots Coalitions. Each Coalition has a board composed of a minimum of four youth organizations, four service organizations and four supportive organizations. Youth have the same vote both on the Panel and in the Coalitions. The Grassroots Coalitions were required to choose from a list of evidence-based policies, practices and programs across a minimum of three domains. The domains include family, individual (youth), school, and/or community. Each of the Coalitions' Program Profiles and Work Plans show prioritized needs, domain, evidence-based activities and outcome evaluation.

Evaluation of the SIG occurs at the project level by the Coalitions for program outcome, at the Coalition management level by the Center for the Prevention Research and Development (CPRD), University of Illinois, and at the impact level by the Indiana Prevention Resource Center, Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents. School superintendents of the schools in which youth participants are enrolled have agreed to conduct the Survey on an annual basis.

Further, CPRD will provide an analysis of Indiana's Substance Abuse Prevention System and will evaluate the performance of the Governor's Advisory Panel.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Short Term Goal 2

Safety questions were included for the first time in the 1998 Survey. The 2000 Survey again measured perceived safety in neighborhood and in school and prevalence of weapon use and violent behavior among Indiana 6th through 12th graders. (For a complete list of Survey questions, please see Exhibit A).

In 1999 the Alcohol, Tobacco, and other Drug Use by Indiana Children and Adolescents showed 3.1 to 4.7 percent of middle school youth reporting that they had carried a gun to school one to two times a year. These rates were higher than the rates reported by high school students for 1999. In 2000, .4% sixth and seventh grade students reported carrying a gun to school one to two times as compared to .7 percent high school seniors reporting carrying a gun to school.

It is unknown how many of these youth were expelled or arrested for carrying a gun to school. However, Indiana has a “zero tolerance” law and youth who are found with a gun or other weapons are expelled from their regular school. Alternative school education is offered on a case by case basis.

Indiana code was amended in 1998 to include the requirement of a plan, Safe School Emergency Preparedness and Crisis Intervention Plan (CPI). A collaborative effort in 1999–2000 among the Department of Education, Governor’s Commission for a Drug-Free Indiana, and the Division of Mental Health resulted in continuing the training of professionals in schools and in after school programs. Through this effort, materials were provided from the National Safety Council including a “Checklist for Safe and Secure School Environment” to all schools and after school providers. The Checklist recommendations for the school community was utilized in the development of the revised Law Enforcement Education Program Profiles (LEEP).

The Division of Mental Health again offered a minimum of one (1) Law Enforcement Education Partnership grant to each contractor providing after school programs of Indiana’s 14 Defined Service Areas and funded with 20 percent of the funds of the Governor’s Program. Partnerships again required a minimum of one middle school, one after school provider, and school and community law enforcement representatives to plan and implement a needs assessment, goals and objectives and activities to augment the existing safety plan of the school. Plans had to demonstrate inclusion of the school community that included the after school program and an outcome evaluation.

**Perceived Safety in Neighborhood and in School among Indiana 6th–12th Graders:
Comparison 1998 through 2000**

(Values expressed as percentages; resource, Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents)

	Situation	Perception	6th	7th	8th	9th	10th	11th	12th
1998	Traveling to School	Somewhat Unsafe	4.9	3.1	2.9	2.0	2.3	1.6	1.9
1999			4.4	3.4	2.6	2.1	1.7	1.6	1.4
2000			4.6	3.7	3.2	2.4	2.2	1.7	1.7
1998	Traveling to School	Very Unsafe	2.7	2.0	1.8	1.7	1.8	1.2	1.2
1999			2.6	2.2	1.9	1.3	1.1	1.1	1.1
2000			3.0	2.3	2.3	1.9	1.7	1.6	1.4
1998	In Class	Somewhat Unsafe	1.7	1.8	1.9	1.7	1.7	1.0	1.0
1999			1.8	2.4	1.9	2.3	1.8	1.3	1.0
2000			2.5	2.9	3.1	2.9	3.2	2.3	1.8
1998	In Class	Very Unsafe	1.6	1.7	1.9	2.9	2.2	1.5	1.5
1999			1.6	1.8	1.9	1.8	1.5	1.3	1.2
2000			1.6	2.3	2.7	2.4	2.6	2.2	1.9
1998	Alone in School Halls	Somewhat Unsafe	3.9	4.2	3.4	4.1	3.6	2.6	2.2
1999			3.9	4.8	3.3	4.1	3.0	2.3	1.6
2000			5.0	5.5	4.3	4.7	4.2	3.1	2.4
1998	Alone in School Halls	Very Unsafe	2.0	2.1	2.3	2.4	2.6	1.6	1.8
1999			3.9	4.8	3.3	4.1	3.0	2.3	1.6
2000			2.1	3.0	3.0	2.9	2.8	2.1	2.0
1998	Staying for After School Activities	Somewhat Unsafe	4.2	3.2	2.8	2.9	2.6	2.1	1.5
1999			3.7	4.1	2.8	3.0	2.5	2.0	1.5
2000			4.5	4.2	3.3	3.5	3.3	2.3	2.1
1998	Staying for After School Activities	Very Unsafe	2.5	2.5	2.4	2.4	2.6	1.7	1.9
1999			2.2	2.2	2.4	2.2	1.8	1.6	1.5
2000			2.5	2.8	3.0	2.6	2.8	2.4	2.3

Progress Toward Goals and Objectives: Youth Projects

After School Prevention Program, A.R.I.I.

This Youth Project was initiated in 1997–1998 by pooling the available funds from SDFSC and Center for Substance Abuse Prevention (CSAP). In 2000, as reported in the “Executive Summary” of Exhibit A, an impact on gateway drug use by middle school youth was found. The Division of Mental Health developed and published a new competitive Broad Agency Announcement (BAA 1-53) to continue the program.

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

In 1999-2000, contracts were awarded to fourteen primary contractors who managed Prevention Coalitions for Indiana's 92 counties. Three program objectives of the After School Prevention Program was to a/ provide an adult-supervised A.R.I.I. Program for the critical age range often through fourteen years of age; b/ provide the Program in the critical hours from 3 to 6 p.m.; and c/ achieve 80 percent or greater attendance by youth. The youth were enrolled on a voluntary basis, with active parental consent, from the population of youth who ordinarily would not be engaged in adult-supervised, after-school activities. Subcontractors in the Coalitions were youth development organizations such as schools, Boys and Girls Clubs, 4-H, and the YMCA.

Members of the Coalitions provided a minimum of 40 hours of research-based "focused" and "supportive" prevention activities in six-week periods in the after school hours of 3 to 6 p.m. and in summer programs from noon to 6 p. m. The hours of the Program were selected as these are the hours when youth are most likely to be without adult supervision and begin drug use. Program Profiles were submitted by each Subcontractor to the DMH for approval for each cohort of youth served. Over 500 Subcontractors served 14,600 ten through fourteen year old middle school youth.

In the three years of the program, the youth served achieved the outcome target of 80 percent attendance. Baseline measures were taken by the Indiana Prevention Resource Center (PRC) for four impact objectives which set prevalence percentages for gateway drugs. Measures were also taken of program outcome objectives. Research-based categories (programs and practices) were selected from an approved list, with specific terminal behaviors to be achieved, as measured by an end "paper and pencil" test or "social indicators."

Under BAA 1-53, program-level data on gateway drug use will be obtained. The program outcome measures process will be continued under the new BAA and evaluated by the Indiana Prevention Resource Center.

The Indiana Prevention Resource Center (PRC) is under contract with the DMH to provide assessments of A.R.I.I. Objectives are set by the Subcontractors of each Coalition regarding gateway drug use; use is not to exceed a certain percent for each drug by each cohort of youth. The PRC is also to provide an assessment of the behavioral objectives of the prevention programs provided by the Subcontractors.

A baseline of the youth's responses who were enrolled in the After School Prevention Program was completed 9/30/98. The youth's responses are voluntary, confidential and made with active parental consent. The questions concerned the use of tobacco, marijuana, alcohol, and inhalants and were the same questions that are in the statewide Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents: The Indiana Prevention Resource Center Survey - Prevalence Statistics.

However, a preliminary report by the Indiana Prevention Resource Center found significant errors in data collection at the subcontractor level. These errors resulted in insufficient data at the program-level. Sufficient useable surveys on a statewide basis for the target age group were completed and evaluated. The results showed the trend for less use of gateway drugs, particularly tobacco, as reported in the "Executive Summary" of the Survey.

The public reporting of the After School Prevention Program is ongoing through the Prevention Newslines, published quarterly by the PRC; an annual report published by the Institute for Substance Abuse Prevention; and the web site: www.drugs.indiana.edu.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Youth Leadership Projects

The contract for service-learning projects to develop leadership among teens and middle school students was awarded to Vincennes University. The project was renamed in 1999-2000 and is now known as Teen Institute. The contract was partially funded under the SDFSC, Governor's Program. The focus of the Institute offered on the campus of Vincennes University continues to encourage drug and violence free lifestyles, with drug-free alternative activities that are provided through a collaboration of the enrolled youths' schools and communities. Activities are to be developed and implemented throughout the year by the youth and their sponsors.

The enrolled youth wrote action plans for the drug prevention activities during a week of intensive training in each of the Institutes. The Program Directors of the contractor and volunteer adults from the students' communities provided technical assistance during the Institute.

The National Prevention Study: Student Values, Behaviors and Knowledge: Pretest-Posttest Change and Program Impact was conducted by Plattsburg State University of New York and published in 1999 by the National Association of Teen Institute in 1999. Results were from data provided by middle school youth attending Indiana's program. The National Association of Teen Institute's (NATI) pretest and six month follow-up posttest results of NATI's National Prevention Study. The results for gateway drug use among, using a matched pairs analysis of data involving 120 students of the original 173, found no statistically significant changes pre/post test. Very little use was reported overall both pretest and posttest. These results are contrasted to national NIDA and CSAP data which indicate typical drug use increase over time. However, this group was not followed in 2000 and so a comparison over time with the same cohort was not done.

Public reporting concerning the progress of the Institutes occurred in local school newspapers, the local press, and will be reported in the Biennial Report of the DMH.

Law Enforcement Education Partnerships (LEEPs)

The process objectives to make progress towards Goal II to reduce violence, under Sec. 4114, were continued in 1999-2000: 1/ increase personal protective factors of children; 2/ increase school safety through collaboration of schools, law enforcement, community agencies and businesses; and 3/ increase technical assistance to coalitions of local agencies that provide after school programs.

The fourteen (14) Primary Contractors in charge of the After School Prevention Program also managed the LEEP's in one or more of their respective geographic areas for the State. The Contractors submitted LEEP Profiles; the Profiles included: Needs Assessment, including a statement relative to meeting the criteria of the Indiana Department of Education's "Safe School Emergency Preparedness and Crisis Intervention Plan" (CPI) that was initiated in 1998; plan for inclusion of after school activities, including community-based programs; and pre/post process and outcome measures. Collaboration among administration of at least one middle school, local law enforcement, and one after school program was required. Applicants were encouraged to include businesses that were in the schools' communities.

The Primary Contractors managed LEEP's in fourteen regions of the State. Some school corporations elected to collaborate provide training using the School Safety CheckList for all schools in their respective counties. According to contracts with the DMH, the achievement of

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

process and pre/post behavioral objectives were to be reported to the PRC by July 31, 2000 and a summary report for 1998 through 2002 is to be provided to the DMH by July 31, 2001.

In addition, a checklist has been developed by the Indiana DOE to determine how well their safety and security plans meet the intent of 511 IAC 6.1-2.2.5.

An unplanned outcome occurred as the result of the D.O.E. Training provided in 1999. The agenda of the training including curriculum for safety and security programs that had been developed in Florida under the auspices of the Mendez Foundation for use in Tampa schools. The Mendez Foundation determined Indiana's concept of linking community prevention programs and school programs through collaborative safety and security plans important and needed. The Mendez Foundation supported the development of safety and security curriculum appropriate for community settings and is providing it to Indiana. This curriculum was again offered in Indiana in 2000.

Public reporting of training was managed by the Department of Education and the Division of Mental Health through e-mail and distribution of information packets.

Governor's Commission for a Drug-Free Indiana Discretionary Projects

In 2000, the GCDFI supported Goals I and II through education, community-based processes and information dissemination strategies, as described by the Center for Substance Abuse Prevention. Again, funds were pooled from SDFSC, Governor's Program, Impaired and Dangerous Driving, Center for Substance Abuse Prevention, and drug-free community funds of Local Coordinating Councils by DMH and GCDFI.

Regional Coordinating Offices (RCOs) with FTE consultants provided technical assistance and training in six (6) regions of the State to Local Coordination Councils. Each of Indiana's 92 counties has an LCC. The RCOs provide technical assistance to develop action plans to meet treatment, enforcement and prevention objectives. Indiana 5-2-11 established a drug free community fund to 92 counties to carry out the activities of their plans.

Recommendations by the Independent Evaluation of the Effectiveness of the Drug-Free Indiana Program LCCs & RCOs (provided by DMH in the SDFSC, Governor's Program Report for 1998-1999) were implemented. For example, RCOs initiated training for capacity building. The GCDFI funded an inception strategic plan that utilized the listed Evaluation and included the goals and objectives of the RCOs. and appears in this report as a resource as Exhibit D.

The special projects funded in part by SDFSC, Governor's Program utilized information/awareness, community-based processes, and environmental strategies: State Public Awareness Coordination Awareness Project to support the Public Relations Program, Youth Leadership Institute, and Point of Youth Commission, Coalition Building Training, and Institutes on Leadership Building were completed.

For the first time in eight years, the DMH and the GCDFI sponsored a combined Conference with tracks for professionals and volunteers, the Indiana Convention Center, Indianapolis, June, 2000. The theme was evidence-based programs to build stronger communities and included tracks on prevention, treatment, and enforcement.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

With 700 registered participants, responses to the evaluation of the combined Conference were over whelming in their favor of repeating the process. Plans are in process for a statewide Conference, August, 2001, at the Indiana Convention Center, with a minimum of 1000 participants expected.

Public reporting of progress is the GCDFI projects is provided in the Annual Report of the Governor's Commission for a Drug-Free Indiana and the Governor's Council on Impaired & Dangerous Driving. The report is available through the web site of the Indiana Criminal Justice Institute: www.state.in.us/cji.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Iowa

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No state-level data have been produced during the past year on the status of tobacco, alcohol, drug use and violence by Iowa adolescents.

Governor's Program

Goals and Objectives

Goal 1: Distribute the Safe and Drug-Free Schools and Communities Act funding to appropriate entities.

Objectives:

- A. *To continue to develop community based drug (alcohol, tobacco and other drug) and violence prevention programs and activities through the funding and monitoring of non-profit substance abuse prevention agencies from (TO BE DETERMINED*), 1996 to June 30, 1999 through the Department of Public Health (IDPH), Division of Substance Abuse and Health Promotion. Each of the four years a competitive grant process will be completed. Each program will be required to do a needs assessment using results from the most recent Iowa Youth Survey, county social indicator data and anecdotal information from their targeted groups. Using the results of these needs assessment, applicants will be required to submit outcome-based goals. (The goal is a response to a problem statement derived from available data. Each goal has a matching outcome indicator and data source from which they will document progress of the goal.) Division policy for these funds and other prevention funds is based upon the belief that grant recipient's goals and objectives should be based on assessed needs for the target population rather than on global objectives set by a state agency.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Each year the division will prepare a report that outlines the funded outcome-based goals from all funded programs. Each grant recipient will be required to submit a quarterly report indicating progress toward the stated goals.

**IDP has not released the RFP for these funds because the funds have not been authorized or determined. Once the funds are authorized, IDPH will release the RFP and awards will be given within two months.*

- B. To develop community based drug (alcohol, tobacco and other drug) and violence prevention programs and activities through the funding and monitoring of the Iowa S.A.F.E. (Substance Abuse Free Environment) Communities Program from (TO BE DETERMINED), 1996 to June 30, 1999 through IDPH and administered through the Governor's Alliance on Substance Abuse. This program is a community prevention program that helps communities mobilize their resources within a community to reduce alcohol and other drug use by encouraging cooperation, collaboration and coordination of activities that deal with alcohol and other drug problems and violence. (In FY 1995, IDPH had a very poor response to a request for applicants for funds targeted for DARE and other law enforcement educational activities concerning substance abuse and violence prevention. Given that poor response, IDPH will, through a Memorandum of Understanding with the Governor's Alliance on Substance Abuse, fund the S.A.F.E. program through a combination of the 10 percent set-aside for partnerships of law enforcement agencies and community groups and a portion of the other 90 percent of the SDFSCA funds. Each S.A.F.E. project requires that representatives from both law enforcement and the courts be integral members of the S.A.F.E. community task force.) The purpose of the S.A.F.E. Program is to facilitate the education and involvement of every sector of participating communities so that each community system can take responsibility for its share in reducing the incidence of alcohol and other drug use/abuse, violence and associated programs. This program will be using the "Positive Youth Development" theory as the model for its programs. Quarterly progress reports will be required showing progress toward their outcomes.*
- C. To establish an integrated funding source (block grant) to be used in a pilot program in one county. One county will be funded from July 1, 1997 to June 30, 1999 by at least three state agencies (to include a portion of the IDPH Governor's portion of the SDFSCA, funds from the Governor's Alliance Bryne funds, and High-Risk Youth funds from CJJP). Annual funding will be determined upon the availability of funds. This pilot project will explore the efficacy of integrating funding from a variety of state agencies to relieve the need of counties to write a multitude of grants in order to implement a comprehensive program that will both raise assets and lower deficits of the youth in that county. Counties will be required to submit quarterly reports showing the progress toward their stated goals.*

Goal 2: Establish an ongoing planning process for the Governor's Discretionary Funds for the Safe and Drug Free Schools Act Funding.

- A. *To continue to participate in an inter- and intra-governmental planning group to ensure cooperation and collaboration that facilitates the integration of homeless youth, foster care, teen pregnancy prevention, substance abuse prevention and intervention, drop-out and hate crime and other juvenile violence crime services and ensures programming that lowers the rate of substance abuse and violence in communities.*

Progress Toward Goals and Objectives

Goal 1

Objective 1A: Accomplished

The Drug and Violence Prevention and the Law Enforcement Partnership contracts were re-computed through a competitive Request for Proposal (RFP) for a two-year funding period. Fifteen (15) community-based agencies and six (6) law enforcement agencies were funded. The decision to move to a longer funding period was made two years ago and was based on community input to facilitate the ability of providers to accomplish significant outcomes. Their applications included a needs assessment based on youth survey data, county social indicators data and information from their target population. All applications had an extensive workplan that included problem statements with baseline measures, goals with outcome indicators and data sources, objectives and action steps, process indicators and direct contact hours as well as description of how the ethnic and cultural diversity of the target population will be accommodated in program delivery. We required programs to use research-based programming. All subcontractors submitted quarterly and annual reports detailing their progress and accomplishment of their outcomes. Abstracts from all projects are attached.

Objective 1B: Accomplished

In summer 1999, two additional SAFE staff members were added to the Governor's Office of Drug Control Policy (ODCP), bringing the total SAFE staff to three. These additional staff members were not funded through Safe and Drug Free Schools and Communities Act. This increase in numbers has enhanced the ability of SAFE staff to provide direct technical assistance to SAFE Communities. In late 1999 and 2000 SAFE staff visited many certified communities in an effort to more clearly determine what each community is establishing at the local level and to build relationships between coalitions and staff. Staff was also more proactive in recruiting new communities, some of which became certified within the last year.

SAFE staff updated the certification manual, with the intention of a second, more intensive revision to be made within the next 12 to 18 months. With this revision, a training component for new coalitions will be developed and provided to the coalitions by SAFE staff. This will improve the relationship between the coalitions and the Office of Drug Control Policy, and standardize the training that all coalitions receive. The implementation of a SAFE "mentor" network is also being planned. This initiative will provide a linkage between more established coalitions and

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new or struggling coalitions. It is believed that this networking opportunity will further engage communities in the SAFE progress and provide the support they need to implement and sustain their initiatives. In an effort to provide more technical assistance to SAFE coalitions, staff offered a regional retreat for SAFE Coalitions in the central Iowa area. Unfortunately, poor response by the coalitions forced the cancellation of this retreat. This setback is considered minor and staff plans to revisit this idea and offer future technical assistance opportunities.

Eight (8) became certified in late 1999 and 2000. Additionally, twelve (12) communities renewed their SAFE certification. Based on the number of calls received by SAFE staff, it is anticipated that several other communities will renew their SAFE certification as well. SAFE staff considers re-certification a significant milestone in the life of a SAFE coalition. Re-certification signifies that the coalition has maintained momentum and is able to sustain its initiative.

As was the case in 1998 and 1999, there were a couple of communities that chose to drop out of the SAFE Program, primarily due to lack of leadership or sagging community interest. This attrition causes inconsistent fluctuation in SAFE numbers, but is recognized as inherent to volunteer-driven community efforts. In some cases, there may be a core group of individuals within a community who are very interested in mobilizing, but they do not have the support from the general citizenship. This lack of community readiness often causes frustration among the core group and can lead to disintegration of efforts. In late 2000, the Office of Drug Control Policy will be hiring two additional staff, through a one-time Federal grant, who will be assigned to work with communities on these and other issues related to SAFE and community mobilization.

The SAFE program was able to provide \$17,500 in mini-grants to 18 certified communities this year, funded through Safe and Drug Free Schools and Communities Act. Certified communities could apply for either \$500 or \$1000 to support their coalition programs and activities. Guidelines were established regarding appropriate expenditure of funds, and encouraged SAFE communities to fund activities listed in their action plans or other programs that would support the mission of their coalition. An additional \$56,981 was allocated to support four (4) SAFE communities with partial funding support from Drug Free Schools and Communities Act and the remainder from other funding sources. Each of these grant programs has a community prevention strategy, and those communities whose grant application fell under this strategy were funded with SAFE monies. Like the SAFE mini-grants, the funds support activities in the coalition's action plan or other programs that support their mission.

SAFE Coalitions continue to receive a monthly bulletin that contains information regarding funding, training/educational opportunities, staff and other SAFE Coalition activities and data.

To date 76 communities (including four (4) counties) have completed the four (4)-step certification process, and an additional 26 communities and two (2) counties are beginning to discuss involvement in the SAFE program.

Objective 1C: Deleted two years ago.

Goal 2

Objective 2A: Accomplished

The State Plan for Substance Abuse Prevention was disseminated in February 1999 and will be utilized in the application process during this past year. The plan serves as the major needs assessment source for community-based agencies applying for funds. The plan includes 62 social indicators and those indicators were analyzed to determine the top five indicators per county. Also included are regional service recommendations for each of the seven planning regions, statewide goals and targets for prevention services and for state agency collaboration.

The division director continues membership on numerous inter- and intra-governmental planning groups such as the Prevention and Education Advisory Council, Youth Development Task Force, etc. The Prevention Consultant works with the Department of Education's Substance Abuse Consultant to staff the Safe and Drug-Free Schools and Communities Advisory Council.

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Kansas

SEA Program

Goals and Objectives

Objective 1:

- *To encourage districts to develop a comprehensive approach to student needs, the Kansas State Board of Education's Safe and Drug-Free Schools and Community's staff will foster integration of Safe and Drug-Free Schools Program into a comprehensive health education approach.*

Performance Indicator: Fifty percent of all participating districts will incorporate the Title IV's programming into a comprehensive health education curriculum plan for grades pre-kindergarten through 12th grade. School year 1995-96 will serve as the baseline year.

Objective 2:

- *Title IV programs will demonstrate the use and development of a local or regional advisory council that includes, to the extent possible, representatives of local government, business, parents, students, teachers, pupil services personnel, appropriate state agencies, private schools, the medical profession, law enforcement, community-based organizations, and other groups with interest and expertise in drug and violence prevention.*

Performance Indicator: Twenty-five percent of the participating districts will describe the use and development of school/community coalitions that are actively engaging in problem-solving actions and collaborative planning to enhance a safe and caring environment for all children/youth, pre-kindergarten through 12th grade. Baseline data will be collected in 1995-96.

Objective 3:

- *Title IV programs will promote partnerships that will increase the development of Student Assistance (Student Improvements) programs to identify at-risk youth, assess their needs, develop resources, and make appropriate internal and external referrals.*

Performance Indicator: Fifty percent of the participating districts will have initiated a Student Assistance Program over the authorization period. Data from 1994-95 will be used as the baseline year.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Progress Toward Goals and Objectives

Objective 1

1999–2000 data indicates that 45 districts are incorporating the Title IV program into a comprehensive health education curriculum. This figure represents 34 percent of districts that retain their Title IV funding.

Objective 2

All 132 districts retaining their Title IV funds, as well as the nine regional service centers with combined funds from the remaining 172 districts indicate on their annual reports the use of local or regional advisory councils. The Councils met 609 times, averaging approximately four meetings per year per entity.

Objective 3

Data indicates that 156 districts are utilizing Student Improvement Teams, which represents 51 percent of districts.

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Kentucky

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No state-level data have been produced during the past year on the status of tobacco, alcohol, drug use and violence by Kentucky adolescents.

Governor's Program

Goals and Objectives

Goal: To increase the number of school-age children and youths who abstain from use of substances:

Objectives:

- *Reduce regular cigarette smoking to a prevalence of no more than 12 percent among Kentuckians younger than age 18.*
- *Reduce smokeless tobacco use among Kentucky adolescents.*
- *Increase smoking cessation during teen pregnancy so that teen females enrolled in health department affiliated prenatal programs who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence.*
- *Reduce initiation of cigarette smoking by school-age children and youths so that no more than 12 percent become regular smokers.*
- *Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular smokers by age 20.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- *Reduce to 20 percent or less the number of school-age youths who report having tried cigarette smoking before age 13.*
- *Increase the number of high school seniors who have previously tried unsuccessfully to quit smoking, successfully quit, and remain abstinent.*
- *Reduce by 10 percent deaths caused by alcohol-related motor vehicle crashes resulting from adolescent drinking in Kentucky.*
- *Raise, by at least one year, the average age of first use of cigarettes, alcohol, and marijuana by Kentucky adolescents ages 12-17.*
- *Reduce by half the proportion of young people who have used alcohol, marijuana, and cocaine in the past month. Age 12-17 targets: alcohol, 12.6 percent; marijuana, 3.2 percent; and cocaine, 0.6 percent.*
- *Reduce to no more than 28 percent the proportion of high school seniors engaging in recent occasions of heavy drinking of alcoholic beverages.*
- *Reduce alcohol consumption by people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person.*
- *Increase the proportion of high school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine (trying once or twice): Year 2000 targets: alcohol, 70 percent; marijuana, 85 percent; and cocaine, 95 percent.*
- *Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana, and experimentation with cocaine (trying once or twice): Year 2000 targets: alcohol, 70 percent; marijuana, 90 percent; and cocaine, 80 percent.*
- *Reduce to no more than 3 percent the proportion of male high school seniors who use anabolic steroids.*
- *Reduce the use of inhalants by adolescents in Kentucky.*
- *Reduce suicides to no more than 8.2 per 100,000 youths ages 15-19.*
- *Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.*
- *Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 through 17.*
- *Reduce by 20 percent the incidence of weapon carrying by adolescents aged 14-17.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- *Maintain tobacco-free environments in, and include tobacco use prevention in the curricula of, all elementary, middle and high schools, preferably as part of quality school health education.*
- *Enact and enforce Kentucky laws prohibiting the sale and distribution of tobacco products to youths younger than age 19.*
- *Eliminate or severely restrict all forms of tobacco product advertising and promotion to which youths younger than age 18 are likely to be exposed.*
- *Increase the proportion of primary care and oral health care providers who routinely advise cessation and provide assistance and followup for all their tobacco-using adolescent patients.*
- *Increase to 75 the number of school districts providing onsite assessment and/or support services (Student Assistance Programs) for students experiencing problems related to their own or someone else's alcohol/drug use.*
- *Establish and monitor in Kentucky a comprehensive plan to ensure availability of and access to alcohol and drug treatment programs for traditionally underserved people, especially adolescents.*
- *Provide educational programs on alcohol, tobacco, and other drugs to elementary and secondary students in all public school districts and private schools, preferably as part of quality school health education.*
- *Enact and enforce policies, beyond those in existence in 1989, to reduce access to alcoholic beverages by minors in Kentucky.*
- *Enact Kentucky statutes to restrict promotion of alcoholic beverages that is focused principally on young audiences.*
- *Establish in Kentucky a legal blood alcohol concentration level of 0.02 percent for persons younger than age 21.*
- *Increase the proportion of Kentucky primary care providers serving adolescents who screen for alcohol and other drug use problems and who provide counseling and referral as needed.*

Progress Toward Goals and Objectives

Baseline: 25 SAP programs in 1990.

A February 1995 survey reported 31 Student Assistance Programs operating in Kentucky. While this omits a number of additional programs that were initiated during the decade, the fact that some programs did not endure to become permanent local infrastructure is disappointing beside the target of 75 programs. Objective #2 for the year 2010 reflects growing engagement of

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alternative means for involving larger numbers of schools and school districts into Kentucky’s evolving prevention infrastructure.

Baseline (1988): age 11.6 for cigarettes; 13.1 for alcohol; 13.4 for marijuana.

Kentucky data have not been collected in a manner responsive to the “average age” language of the objective. The Kentucky Youth Risk Behavior Surveillance System (KYRBSS) offers a near equivalent in terms of percentages of youths who first used substances “before age 13.”

Tobacco: 32 percent
 Alcohol: 30 percent
 Marijuana: 14.2 percent of 9th graders report they tried marijuana before age 13; 9.1 percent of 10th graders; 6.9 percent of 11th graders; 5.3 percent of 12th graders.

This report, like others in this chapter, exemplifies the continuing need to make Kentucky-based survey questions consistent with the language of the goals for which status is to be measured, to ensure that both goals and surveys employ nationally accepted core measures, and that both are consistent with national surveys to which Kentucky substance abuse statistics must be compared.

	Age	Baseline 1988	Target
Alcohol	12-17	25.2%	12.6%
	18-20	57.9%	29.0%
Marijuana	12-17	6.4%	3.2%
	18-25	15.5%	7.8%
Cocaine	12-17	1.1%	0.6%
	18-25	4.5%	2.3%

Kentucky-specific data suitable for direct comparison with the baselines are unavailable. The Kentucky YRBSS 1997 provides reliable data on students in grades 9-12 from which possible inferences are: 1) past-month substance use has worsened significantly over the past decade, or 2) the baseline numbers were unreliable, or 3) both. Grades 9-12 substance abuse in past 30 days:

Alcohol: 49.3%
 Marijuana: Boys 34%, girls 23%
 Cocaine: Boys 5.2%, girls 3.2%

This objective has not been met.

Baseline: 33 percent in 1989.

This objective has not been met. Of 12th graders, 45.1 percent reported bingeing on alcohol in the Kentucky YRBSS. The reported average for grades 9 through 12 was 37.1 percent.

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Baseline: 331 in 1989.

The objective has been achieved. The following trend is reported in Kentucky Traffic Accident Facts.

Year	<u>Persons Killed in Alcohol-Related Accidents</u>
1997	234
1996	256
1995	278
1994	287
1993	314
1992	303
1991	365

In 1993, 32 percent of youth in grades 9 through 12 were current cigarette smokers. In 1997, 47 percent of youth in grades 9 through 12 were current cigarette smokers. Kentucky did not achieve this health objective.

In 1993, 56 percent of males and 40 percent of females in grades 9 through 12 reported having tried smoking cigarettes before age 13. In 1997, 35.8 percent of males and 28.9 percent of females in grades 9 through 12 reported having tried smoking cigarettes before age 13. Kentucky did not achieve this health objective.

A 1990 baseline is unavailable. A 1998 Department for Public Health telephone survey of private and public schools (middle and high) in the service areas of the Green River District Health Department, the North Central District Health Department, the Northern Kentucky Independent District Health, and the Madison County Health Department showed that 99 percent of schools have a written policy banning indoor smoking and 71 percent banned smoking on school grounds. Kentucky is achieving progress on this health objectives.

Only 9 percent of schools in these four health department service areas reported using a science-based alcohol, tobacco, and other drug prevention curriculum. Although Kentucky is achieving progress in establishing indoor and outdoor tobacco-free school environments, there is a critical need to improve the infusion of science-based prevention curricula in Kentucky schools. Kentucky did not achieve this health objective.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Louisiana

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

The goal of the Governor's office over the next 4 years is to reduce rates as evidenced by the Louisiana Youth Risk Behavior Survey. In doing so, the Governor's office will fund grants that work in local communities and have proven effective in the education and prevention fields.

Using the Louisiana Youth Risk Behavior Survey Performance indicators as benchmarks, the Governor's office will increase the participation of community-based organizations to decrease the rate of drug-use recidivism, teen pregnancy, alcohol use, cigarette use, and the use of weapons.

They effect a seamless coordinated effort that recognizes and promotes a strategy that networks local, state, and federal law enforcement agencies with school systems and parents of students at-risk of drug use and violent behavior.

Progress Toward Goals and Objectives

The following is a comparison of the 1997 Louisiana Youth Risk Behavior Survey and the 1999 Louisiana Youth Risk Behavior Survey:

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

	1997	1999
Did not carry weapon in the past 30 days	78%	79.1%
Did not smoke cigarettes during past 30 days	20%	66.7%
Did not drink alcohol	16%	46.0%
Did not use marijuana	56%	79.8%

From these statistics, there seems to be a decline in alcohol and drug usage among youth, which shows great progress in Louisiana toward decreasing drug and alcohol usage in youth.

Maine

SEA Program

Goals and Objectives

Goal 1: To delay the onset of and reduce the abuse of alcohol, tobacco, and other drugs (ATOD) by Maine students through the distribution of State and Federal resources, and the provision of technical assistance to support local educational agency prevention and education programs.

Objectives:

- 1. To increase by 2% by 1998 and 5% by the year 2000, the percentage of Maine students in grades 6-12 respectively who report that they have never smoked a cigarette. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
- 2. To reduce the prevalence of cigarette smoking by Maine students in grades 6-12 by 5% by 1998 and 10% by the year 2000, as determined by self-reported responses to questions regarding use in the 30 days preceding questionnaire administration, and their lifetime incidence. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
- 3. To increase by 2% by 1998 and 5% by the year 2000, the percentage of students in grades 6-12 respectively who report that they have never ingested more than a sip or two of beer, wine, or hard liquor in their lifetime. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
- 4. To reduce the prevalence of alcohol consumption by Maine students in grades 6-12 by 5% by 1998 and 10% by the year 2000, as determined by self-reported responses to questions regarding use in the 30 days preceding questionnaire administration. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
- 5. To reduce the prevalence of marijuana use by Maine students in grades 6-12 by 5% by 1998 and 10% by the year 2000, as determined through self-reported responses to questions regarding use in the 30 days preceding questionnaire administration. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
- 6. To reduce the prevalence of hallucinogen (LSD and other psychedelics) use by Maine students in grades 6-12 by 5% by 1998 and 10% by the year 2000, as determined through self-reported responses to questions regarding use at*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

any time in their lives. Verification: Statewide student surveys administered in 1995, 1998, and 2000.

7. *To reduce by 5% in 1997 and 10% by 1999, the percentage of students reporting they had someone offer, sell, or give them an illegal drug on school property during the past year. Verification: Youth Risk Behavior Survey administered in 1995, 1997, and 1999.*
8. *To reduce by 5% by 1998 and 10% by the year 2000, the percentage of students who report that it would be very easy for them to get cigarettes and alcohol if they wanted to. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
9. *To reduce by 1% by 1998 and 2% by the year 2000, the percentage of students in grades 6-12 who report that they have used inhalants to get high (e.g., sniffed glue, breathed the contents of an aerosol spray can) in the 30 days preceding questionnaire administration. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*
10. *To reduce by 1% by 1998 and 3% by 2000, the percentage of students in grades 6-12 who report having ingested 5 or more alcoholic drinks in a row during the two weeks prior to data collection. Verification: Statewide student surveys administered in 1995, 1998, and 2000.*

Goal 2: To assist local educational agencies in increasing the safety of Maine schools by: 1) reducing the number of acts of violence and intolerance, 2) reducing the number of weapons brought to school, and 3) enhancing local program initiatives through the distribution of Federal and State resources and the provision of technical assistance.

Objectives:

1. *To reduce by 1% by 1997 and 2% by the year 1999, the percentage of students reporting that they did not go to school on one or more of the past 30 days because they felt unsafe at school, or on their way to or from school. Verification: Youth Risk Behavior Survey administered in 1995, 1997, and 1999.*
2. *To reduce by 2% by 1997 and 4% by 1999, the percentage of students who reported being threatened or injured with a weapon (such as a knife, gun, or club) on school property during the past twelve months. Verification: Youth Risk Behavior Survey administered in 1995, 1997, and 1999.*
3. *To reduce by 2% by 1997 and 5% by 1999, the percentage of students who reported carrying a weapon (such as a knife, gun, or club) on school property during the past month. Verification: Youth Risk Behavior Survey administered in 1995, 1997, and 1999.*
4. *To reduce by 2% by 1997 and 5% by 1999, the percentage of students reporting they were in a physical fight on school property during the past*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

year. Verification: Youth Risk Behavior Survey administered in 1995, 1997, and 1999.

5. To increase by 5% by 1998 and 10% by the year 2000, the percentage of students who report feeling safe at their school. Verification: Statewide student surveys administered in 1995, 1998, and 2000.

Goal 3: To support statewide pre-K-grade 12 initiatives integrating a comprehensive, planned, sequential alcohol, tobacco, and other drug, and violence prevention and education program in Maine schools.

Objectives:

1. To increase by 3% by 1998 and 6% by the year 2000, the number of requests received for materials on substance abuse and violence prevention and education for use in school programs. Verification: Information and Resource Center records.
2. To reduce by 10% by the year 2000, the number of students reporting that they receive too little drug education in school. Verification: Statewide student surveys in 1992 and 2000.
3. By the year 2000, 20% of Maine Local Educational Agencies will have established Parent Compacts that address Safe, Disciplined, and Drug-Free School criteria. Verification: I.A.S.A. Plans submitted in 1996 and 2000, and I.A.S.A. applications submitted in 1996, 1998, and 2000.
4. To increase the parent and community involvement in substance abuse and violence prevention initiatives in Maine schools by 15% by 1998 and 25% by the year 2000. Verification: I.A.S.A. consolidated plans submitted in 1996 and 2000.
5. To increase by 5% by 1998 and 10% by the year 2000, the number of Local Educational Agencies reporting that their local substance abuse and violence prevention and education programs include an assessment component involving a periodic needs assessment and program evaluation using both process and outcome data collection and analysis. Verification: I.A.S.A. applications submitted by LEAs in 1995, 1998, and 2000.
6. To increase by 5% by 1998 and 10% in the year 2000, the number of Local Educational Agencies reporting that their substance abuse and violence prevention programs contain instruction in programs such as mentoring, conflict resolution, and peer mediation. Verification: I.A.S.A. applications submitted by LEAs in 1995, 1998, and 2000.

Progress Toward Goals and Objectives

Background

The Maine Office of Substance Abuse (OSA) is located within the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). This office has administered the Safe and Drug-Free Schools and Communities Act (SDFSCA) since 1994. Since the OSA is responsible for the administration of both the Governor's and the SEA/LEA portion of the SDFSCA, there is continuing of prevention policy, programs and services statewide. The execution of a Memorandum of Understanding between the Maine Department of Education (DOE) and OSA governs the implementation of the SEA/LEA portion of the SDFSCA.

OSA is committed to reducing the level of substance abuse by youth and to making communities and schools of this state safer. Toward that end, the State of Maine has pledged much of the SDFSCA personnel and financial resources to facilitate and, wherever possible, collaborate with others in order to realize its goals and objectives.

Progress

Since passage of the Improving America's Schools Act in 1994, the State of Maine has annually conducted an incidence and prevalence survey of alcohol, tobacco and other drug use by students in the upper grades beginning at either grade 6 or 7. Although the primary purpose of the surveys has remained constant, changes in sponsoring agencies has led to a lack of standardization in the design and conduct of the surveys, as well as utilization of disparate survey instruments. In other instances, an inability to annually get a sufficient number of Local Educational Agencies to participate in the statewide surveys has resulted in samples that prohibit extrapolation to students statewide. In the following paragraphs a sincere attempt has been made to interpret the available data and identify those areas where progress has been made toward attainment of the state's goals and objectives as well as to identify those where no change or even regression is evident. Overall, as will be seen from the discussion in the following paragraphs, the available data provide an encouraging picture.

All the figures cited in Section J (viz., J-36 through J-39) of this report pertain to student survey data were gleaned from the most recent statewide assessment, the 2000 Maine Youth Drug and Alcohol Use Survey (MYDAUS). This survey of Risk and Protective Factors and Prevalence of Youth Drug and Alcohol, Tobacco, and Other Drug Use was developed by the Social Development Research Group (SDRG) at the University of Washington, and was originally developed for use by the Six-state Consortium for substance abuse prevention needs sponsored by the Center for Substance Abuse Prevention (CSAP). This same questionnaire was previously administered in Maine in 1995, 1996, and 1998-99 to students in grades 6-12. While the '95 and '96 administrations utilizing this instrument resulted in valid statewide data that could be generalized to all students in grades 6-12 (and therefore are considered baseline), the '98-99 and 2000 administrations resulted in databases that are not representative of students in public schools in the state as a whole. That is, they are applicable only to those students who actually completed a survey since both the '98-99 and 2000 administrations utilized a census rather than representative sampling design (i.e., all LEAs were invited to participate); and, the 98-99 administration required active parental consent in order for students to participate whereas the 2000 MYDAUS utilized passive parental consent. No parental consent was obtained in the

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baseline administrations; rather local school board and the University of Maine Institutional Review Board approval were obtained. Despite these limitations, the relatively large number of students completing surveys (22,162 in 98-99 and 30,491 in 2000) are believed adequate to present a non-statistical comparison to baseline figures.

Additional data deemed appropriate to this discussion were obtained from the 1997 and 1999 Youth Risk Behavior Surveys (YRBS) conducted in Maine. Like the MYDAUS, the YRBS resulted in databases not directly comparable to one another or to the MYDAUS for many of the reasons previously stated. While the '97 YRBS results are a valid representation of middle and high school students in grades 7-12, and are comparable to baseline, the '99 findings did not involve a large enough sample for generalization to all students. However, in the following paragraphs, where information from both YRBS and administrations pertinent to Maine's Title IV goals and objectives are available, they are included in an effort to give us as complete a depiction of Maine's progress as possible. For purposes of a general comparison with the MYDAUS findings, in the '97 administration of the YRS, 1811 students in 23 middle schools and 1837 students in 25 high schools completed usable questionnaires. An in '99, 1234 students in grades 7 and 8 in 19 middle schools, and 1017 students in 16 high schools provided usable data. Readers are cautioned to keep these sample sizes and other limitations in mind as they peruse the following paragraphs. The following table has been included to assist in this process.

Year	Survey	Sample Size	Generalizable
1995	Maine Youth Drug and Alcohol Use Survey (MYDAUS)	7477	Yes
1996	Maine Youth Drug and Alcohol Use Survey (MYDAUS)	6398	Yes
1997	Youth Risk Behavior Survey (URBS)	3648	Yes
1998	Maine Youth Drug and Alcohol Use Survey (MYDAUS)	22162	No
1999	Youth Risk Behavior Survey (YRBS)	2251	No
2000	Maine Youth Drug and Alcohol Use Survey (MYDAUS)	30491	No

Figures 1 and 2 present a picture of the prevalence of cigarette smoking by students in grades 8, 10, and 12. Figure 1, reveals an apparent increase in the number of students reporting that they never smoked cigarettes at any point in their lifetime, whereas Figure 2 provides evidence that 30 day smoking rates are declining.

In both instances the rate of change appears to be largest for students in grade 8 and smallest for high school seniors. These conclusions are based on a non-statistical trend line (i.e., an informal least squares regression line) which is believed by the author to be the preferred method of interpretation of these data since a more formal application of statistical techniques could lead to misrepresentations and erroneous conclusions regarding the extent of the observed differences. Supporting this interpretation is the observation that these tobacco use data are strikingly consistent with what has been reported nationally for 30-day and lifetime smoking prevalence from the 2000 Monitoring the Future Survey. (cf. LD Johnson, PM O'Malley, JG Bachman. (Dec. 2000) *"Ecstasy" uses rises sharply among teens in 2000; use of many other drugs steady, but significant declines reported for some.* University of Michigan News and Information Services: Ann Arbor, MI.) In the mid-nineties, Main students were shown to have a smoking rate consistently higher than the national average, so it seems apparent that an actual decline in prevalence is occurring at all three grade levels.

As will be noted from perusal of Figure 3, similar to what was observed for cigarette smoking, the percentage of students reporting that they have never ingested beverage alcohol at any point in their lifetime has also steadily increased. Additionally, whereas Maine students had

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previously been observed to have ingested alcohol at a rate above the national average, lifetime prevalence figures obtained from the 2000 MYDAUS are nearly identical to the 2000 MTF figures (viz., 51, 73, and 82 percent for Maine students in grades 8, 10, and 12 respectively; and 51.7, 71.4 and 80.3 percent for their peers nationwide). Again, an informal trend line would support the conclusion that the percentage of students who have ingested alcohol at least on one occasion in their lifetime is decreasing with the rate of decline being greatest at grade 8 and lowest at grade 12. From a comparison with figures reported from the MTF Survey, it seems apparent that lifetime alcohol prevalence is declining more sharply in Maine than nationally.

Depicted in Figure 4 are the 30-day prevalence figures for Maine students in grades 8, 10, and 12. The slope of an informal regression line ostensibly indicates that a slightly decreasing percentage of students in each of the three grades are using alcohol in the month prior to the survey; the greatest decline again appears to be evident for the eighth graders with the seniors, as before, self-reporting the least amount of decrease. Comparing the 2000 MYDAUS and the 2000 MTF figures reveals that Maine students continue to exceed their colleagues nationally in 30-day drinking rates although the figures are quite close. That is, 25 percent, 42 percent, and 51 percent of Maine students in grades 8, 10, and 12 respectively reported drinking alcohol at least once in the past month, whereas nationally students in the same grades reported rates slightly less at 22.4 percent, 41.0 percent and 50.0 percent.

An area of student alcohol use where there appears to be very little change, especially for high school seniors, is the rates of binge drinking, or ingesting five or more drinks within a two-hour period. As shown in Figure 5, while the binge drinking rates for grades 8 and 10 students may have declined somewhat, binge drinking among high school seniors in Maine remains unchanged or possibly has increased slightly.

Monitoring the Future data obtained in recent administrations reveals only very slight changes in the rates of binge drinking that students self-reported, and it appears that this trend being observed nationally is also being seen in this state. On the other hand, it appears that Maine may be witnessing a decrease in lifetime and 30-day prevalence among eighth grade students which is not being observed nationally.

Marijuana, according to the principal investigators of Monitoring the Future, remains the “most widely used of the illicit drugs,” and Maine apparently has a slightly higher prevalence than the nation as a whole. They 2000 MTF data revealed 30-day rates to be 9, 20, and 22 for students in grades 8, 10, and 12 respectively whereas comparable percentages for Maine youth were determined to be 10, 24, and 29 percent on the 2000 MYDAUS. Moreover, perusal of Figure 6, self-reported marijuana use in the 30-days prior to survey reveals that extrapolation via an informal trend line would likely put the actual figures at slightly higher levels. Nevertheless, 30-day prevalence for Maine’s eighth graders appears to have declined from above the national average in the mid-nineties to at or just slightly above the 9 points which is the mean for all states. For students in Grade 10, the slope of a regression line appears to be descending indicating that there is some reduction in marijuana smoking among Maine high school sophomores although their level of use remains above their peers living in other states. Among high school seniors in this state, marijuana prevalence appears to be unchanged and 6 to 7 percentage points above the national average.

Another area where Main has witnessed an apparent decrease in prevalence is inhalant use among its eighth grade students. Unfortunately, the only available data (see Figure 7) addressing use by eighth graders in the month prior to the survey was obtained from the two most recent

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MYDAUS administrations which cannot be generalized to the state as a whole. On the other hand, the authors of the MTF Survey report that inhalant use is down from a peak in about 1995, thus lending greater credibility to the MYDAUS data. Thirty day use figures for high school sophomores and seniors also indicate a downward trend, although very slight, and like the figures for students in grade 8, it will remain for future surveys to corroborate or refute these averages. This is also true for the percentage points of students who report that they have never used inhalants as revealed in Figure 8.

Prevalence figures for the remaining drug categories are even more difficult to discern due to the availability of fewer data points, smaller changes in use rates, and relatively smaller percentages of students reporting use of them. Figure 9 is included as an example. The upsurge evident for the data collected in the 2000 MYDAUS is a cause for concern. But, in the absence of additional data and because the results for Maine are diametric to the figures obtained from the MTF< it remains to be seen if they are an anomaly, a short-term phenomenon, or the beginning of an undesirable trend.

Regarding its state goals on school safety and violence prevention, to date Maine has collected only limited data from statewide student assessments. However, considerable effort is being extended to ensure that schools in this state remain safe havens for all students. Depicted in Figures 10 and 11 are finding from baseline surveys in 1995 and 1996 together with the latest MYDAUS results for the question “I feel safe at my school?” for students in grades 8 and 10. In this question, students were presented with a four option forced-choice response. In summary, it appears that although the vast majority of students in Maine do feel safe while at school, continued improvement is needed. The observed differences are more variable for students in grades 8 than grade 10 and the older youth report feeling safer while at school. Additionally, a slightly larger percentage of students, especially those in grade 8, reported feeling “safe at school” on the mid-nineties baseline surveys than in the 2000 MYDAUS. The responses of students in grade 12 indicate that they feel safer at school than do their younger schoolmates, and their position has changed less over the past few years.

Many reasons including sampling differences, media attention given to tragic events that occurred in schools in other states in recent years, the increasing attention being given to violence-focused prevention programs and data collection, or the real possibility that some Maine schools may becoming more hostile could be cited to explain these findings. Future surveys will need to be implemented before these and a myriad of other related questions can be answered.

In conclusion, it appears from the available data that Maine is experiencing some success in its efforts to reduce youthful substance abuse, while maintaining schools where students feel safe and are performing at a high level academically. Youth self-reported prevalence of cigarette smoking and alcohol consumption declined at all three grades reviewed between 1995 and 2000. Binge drinking and use of inhalants also declined among eighth grade students and remained relatively unchanged among high school sophomores and seniors. Marijuana use seemingly has decreased among youth in grades 8 and 10 but remained steady for the high school seniors. On the other hand, LSD use may be increasing for all three grades, but the limited data available makes this a topic that will need to be monitored very closely in the future. This point could also be logically stated for other drug categories experiencing increasing use rates nationally (e.g., ecstasy and heroin), but which have not been included in statewide surveys in Maine. Future surveys in this state should be modified to obtain a more complete picture of the prevalence of these substances.

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In those areas where progress has been observed, several factors evident at the national, state, and local levels appears to be responsible. One that seems particularly worthy of mention is the improvement by LEAs relative to their comprehensive prevention programming K-12, including greater reliance on the use of data to enhance program effectiveness and accountability, and implementation of additional research-based curricula and activities. For example, over the past year alone, 21 additional Maine LEAs adopted research-based programs such as Life Skills Training and Bullying Prevention. Moreover, the number of LEAs providing data on their Incidence of Prohibited Behaviors increased from 81 percent to 98 percent, and an increasing number are utilizing this information as part of their needs assessment and evaluation.

Maine Safe and Drug-Free Schools Data Collection Project

This data collection project represents a partnership between the Main Office of Substance Abuse (OSA), Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Maine Department of Education, and the Research Triangle Institute. Funded by the U.S. Department of Education's Safe and Drug-Free Schools Program, the project is designed to enhance Maine's capacity to gather data on alcohol, tobacco, and other drug prevention programs and on prohibited behavior among youth in local educational agencies. The project supports federal reporting requirements for measuring progress toward achieving the goal of safe and drug-free learning environments in schools. This electronic data base system is scheduled to be transferred from Research Triangle Institute to the Maine Office of Substance Abuse in October, 2001, where the Office of Substance Abuse will continue to collect annual data on incidents of prohibited behavior from all local education agencies in Maine that participate in the SDFSCA program.

Tobacco Prevention Initiative

To aid in the progress toward Maine's goal to reduce the prevalence of cigarette smoking by students in grades 6 through 12, the Office of Substance Abuse in collaboration with the Maine Department of Human Services and the Maine Department of the Attorney General conducts random unannounced inspections of tobacco vendors to determine their compliance with state law prohibiting the sale of tobacco products to individuals under the age of 18. While this is only one strategy to reduce the number of teenage smokers in Maine, it does appear to have some effect on reducing the availability of tobacco products to minors.

Principles of Effectiveness

Maine has embraced the SDFSCA Principles of Effectiveness and has initiated a variety of strategies for helping local educational agencies and other fund recipients to identify the need for prevention programs and services, writing measurable goals and objectives, selecting research-based programs and promising approaches that meet local needs, and evaluating their effectiveness. Throughout school year 1999 – 2000, the staff of the Maine SDFSCA were proactive in providing technical assistance to program recipients in the application and reporting process as well as on site to ensure that Principles were understood. In addition, SDFSCA staff:

- developed a sample “toolkit” for LEA’s on the four Principles;

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- visited one-quarter of the State's LEA's with the Maine IASA team to monitor their progress and implementation of the federal Title programs;
- participated in bi-monthly IASA Team Meetings and Title IV staff meetings;
- helped to develop, design, deliver and evaluate a statewide annual conference on violence prevention;
- worked with a Legislative study group to reduce the prevalence of school bomb threats;
- participated in an inter-departmental student survey committee;
- participated in an inter-departmental suicide prevention collaborative.

Governor's Program

Goals and Objectives

Goal 1: To reduce the prevalence of substance abuse and acts of violence in Maine.

Objectives:

1. *To reduce the prevalence of cigarette smoking by Maine students in grades 6-12 by 5% in 1998, and by 15% in the year 2000 as determined by self-reported responses to questions regarding use at any point in their lifetime.*

Verification: Statewide student surveys administered in 1995, 1998, and 2000.

2. *To reduce the prevalence of cigarette smoking by Maine students in grades 6-12 by 5% in 1998, and by 10% in the year 2000 as determined by self-reported responses to questions regarding use in the 30 days preceding questionnaire administration.*

Verification: Statewide student surveys administered in 1995, 1998, and 2000.

3. *To reduce the prevalence of alcohol consumption by Maine students in grades 6-12 by 5% in 1998 and by 15% in 2000 as determined by self-reported responses to questions regarding use in the 30 days preceding questionnaire administration.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Verification: Statewide student surveys administered in 1995, 1998, and 2000.

4. *To reduce the prevalence of marijuana use by Maine students in grades 6-12 by 5% in 1998, and by 15% in the year 2000 as determined by self-reported responses to questions regarding use in the 30 days preceding questionnaire administration.*

Verification: Statewide student surveys administered in 1995, 1998, and 2000.

5. *To reduce the prevalence of hallucinogen (LSD and other psychedelics) use by Maine students in grades 6-12 by 5% in 1998, and by 10% in the year 2000 as determined by self-reported responses to questions regarding use at any point in their lifetime.*

Verification: Statewide student surveys administered in 1995, 1998, and 2000.

6. *To reduce the incidence and prevalence of acts of school violence that are committed in schools by Maine students by 10% by the year 2000.*

Verification: Data reported by local educational agencies (LEAs) in 1998 and 2000.

Progress Toward Goals and Objectives

In school year 1999–2000, OSA was responsible for the administration of the Maine Youth Drug and Alcohol Use Survey (MYDAUS) to 22,162 sixth through twelfth grade students, representing all 16 counties. This survey was adapted from the Study Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco, and Other Drug Use, which was developed by the Social Development Research Group (SDRG) at the University of Washington (Hawkins, et al., 1997). The SDRG questionnaire was originally developed for use in the six-state consortium for substance abuse prevention needs assessment studies sponsored by the Center for Substance Abuse Prevention. Maine is a member of this consortium.

Despite an attempt to assess trends in the prevalence of youth alcohol, tobacco, and other drug use in Maine, it remains difficult to make comparisons due to changes that have been made in data collection procedures. For example, the survey conducted in 1995 and 1996 to collect the baseline data has been modified beginning in 1998 to permit the use of a volunteer school sample and much larger numbers of participating schools and students. Prior to 1998, a random sample of schools, with a smaller total number of participating students, was used.¹

Given these limitations, it is impossible to attribute, without doubt, the observed difference in prevalence to actual alcohol, tobacco, and other drug use changes rather than simply to procedural differences. However, because the trends observed in comparing the 1995 results to the 2000 results are corroborated by the trends observed in other state and national surveys, we believe they are valid enough for an approximate comparison.

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Based on a comparison of the 1995 and 2000 survey results, Maine has successfully met and in all cases surpassed the Program Objectives as summarized below. Please see the attached graphs for a visual representation of this data with a breakdown by grade.

- a. **20% reduction in the prevalence of lifetime cigarette smoking**, as determined by self-reported responses to questions regarding use at any point in their lifetime (from 52.8% in 1995 to 42.4% in 2000)
- b. **31% reduction in the prevalence of past-month cigarette smoking**, as determined by self-reported responses to questions regarding use in the past 30 days (from 25.1% in 1995 to 17.3% in 2000)
- c. **19% reduction in the prevalence of alcohol consumption**, as determined by self-reported responses to questions regarding use in the past 30 days (from 38% in 1995 to 30.6% in 2000)
- d. **21 % reduction in the prevalence of marijuana use**, as determined by self-reported responses to questions regarding use in the past 30 days (from 19.4% in 1995 to 15.4% in 2000)
- e. **22% reduction in the prevalence of hallucinogen (LSD and other psychedelics) use**, as determined by self-reported responses to questions regarding use at any point in their lifetime (from 9.7% in 1995 to 7.6% in 2000)

In addition, to our progress on the program objectives, we have the following good news to report:

- A 46% reduction in inhalant use, from 8.7% in 1995 to 4.7% in 2000.
- A 16% reduction in binge drinking within the past two weeks, from 18.5% in 1995 to 15.5% in 2000.
- A 28% reduction in the proportion of students who felt it would be “very easy” to obtain cigarettes, from 59.2% in 1995 to 42.9% in 2000.
- A 20% reduction in the proportion of students who felt it would be “very easy” to obtain alcohol, from 37.9% in 1995 to 30.2% in 2000.

In Maine, alcohol, tobacco, and marijuana continue to be the most commonly used substances by students in grades 6 through 12. In spite of the progress we have made so far, we need to continue to use our limited local, state, and federal resources to support and expand prevention programs and build on our progress. We must avoid the backwards slide that we experienced in the late 1980’s and early 1990’s when there was a decreasing emphasis on prevention and early intervention programs.

Maine Safe and Drug-Free Schools Data Collection Project:

This data collection project represents a partnership between the Department of Mental Health, Mental Retardation, and Substance Abuse Services, the Department of Education, and the Research Triangle Institute. Funded by the U.S. Department of Education’s Safe and Drug-Free

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Schools Program, the project is designed to enhance Maine's capacity to gather data on alcohol, tobacco, and other drug prevention programs and on prohibited behavior among youth in local educational agencies. The project supports federal reporting requirements for measuring progress toward achieving the goal of safe and drug-free learning environments in schools. The 1999-2000 report is not yet complete, but will be available in early 2001.

Maine's Tobacco Prevention Initiative:

To aid in the progress toward Maine's goal to reduce the prevalence of cigarette smoking by Maine students in grades 6 through 12, the Office of Substance Abuse in collaboration with the Department of Human Services and the Department of the Attorney General conducts random unannounced inspections of tobacco vendors to determine their compliance with state law prohibiting the sale of tobacco products to individuals under the age of 18. While this is only one strategy to reduce the number of teenage smokers in Maine, it does appear to have some effect on reducing the availability of tobacco products to minors.

Maryland

SEA Program

Goals and Objectives

Goal 1: Promote research-based, kindergarten through twelfth grade (K-12) violence, tobacco, alcohol, and other drug prevention education programs and curriculum in all public schools.

Discussion: A K-12 violence, tobacco, alcohol, and other drug prevention curriculum is taught as an integral part of sequential comprehensive health education in all schools. The Maryland State Department of Education (MSDE), administers the *Maryland Adolescent Survey (MAS)* to assess the nature, extent, and trends in alcohol, tobacco, and drug use among adolescents. The biennial survey is designed to parallel the annual national survey, *Monitoring the Future*. The results of the MAS are used to assist MSDE, local school systems (LSSs), health agencies, and local communities to identify specific use problems among adolescents, define resources, and plan programs to prevent violence and the use of tobacco, alcohol, and other drugs.

Objectives:

1. *By May 1998, all LSSs will have developed performance indicators based on the Principles of Effectiveness established by the United States Department of Education and MSDE performance indicators.*
2. *By September 1997, a cadre of MSDE trainers will be trained in research-based programs in order to increase the capacity of LSSs to develop and provide research-based curriculum development and teacher training in the area of tobacco, alcohol, and other drugs.*
3. *By May 2001, there will be a 15 percent decrease in the number of elementary school students having tried drugs for the first time as measured by the Maryland Adolescent Survey administered in December 2000 (Baseline Year 1996).*
5. *By September 1997, MSDE will have developed a three-year plan and schedule for statewide and regional teacher/staff development training to include research-based prevention activities and programs, involve parents, involve community groups, etc.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 2: Promote a full range of disciplinary policies and programs that respond swiftly and effectively to disruptive and violent student behavior, resulting in an improved school learning environment and decreased disciplinary incidents.

Discussion: The 1996 Maryland General Assembly passed a comprehensive initiative that seeks to strengthen efforts to educate Maryland's children in a safe and orderly environment. This initiative charges the State Board of Education to establish guidelines that define a State code of discipline with standards of conduct and consequences for violations of the standards. State law also requires local boards of education to provide a "continuum model" of prevention and intervention activities and programs that encourage and promote positive behavior and reduce disruption.

Objectives:

1. *By July 1997, MSDE will have developed and distributed to local school systems guidelines for a statewide code of discipline.*
2. *By July 1998, all local boards of education will have reviewed their discipline policies and, when needed to meet the State requirement, adopted and implemented revised or new discipline policies that incorporate a code of discipline.*
3. *By July 1998, all local school systems will have developed and implemented a continuum model of prevention and intervention activities and programs that encourage and promote positive behavior and reduce student disruption.*
4. *By July 2003, there will be a 20 percent decrease in the unduplicated count of students suspended from school, as reported in the 1999–2000 Suspension Data Tables (Baseline Year 1999).*
5. *By July 2003, there will be a 20 percent decrease in the number of students expelled from school, as reported in the 1999–2000 Suspension Data Tables (Baseline Year 1999).*
6. *By July 2001, there will be a 20 percent decrease in the number of suspensions for offenses of a disruptive or violent nature, as reported by LSSs to MSDE (Baseline Year 1998).*
7. *By May 2001, there will be a 30 percent increase in the percentage of elementary, middle and high school students who feel safe in their school environment as measured by the Maryland Adolescence Survey administered in December 2000 (Baseline Year 1998).*
8. *By September 1997, MSDE will have developed a three-year plan and schedule for statewide and regional teacher/staff development training to include school safety, violence reduction, mediation, etc.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 3: Promote a public education/engagement campaign to foster safe and drug-free lifestyles among Maryland's children and youth.

Discussion: The health of young people is largely determined by the health-related behaviors that they choose to adopt. According to the Centers for Disease Control, six categories of behaviors cause most of our major health problems. Among them are alcohol, tobacco and other drug use/abuse and behaviors that cause unintentional and intentional injuries. MSDE's public education/engagement efforts promote a prevention and early intervention structure to support safe and healthy learning environments for all children.

The Maryland State Department of Education coordinates several awareness campaigns to heighten the awareness of drugs and violence in our schools and communities. These include Maryland's Safe Schools/Red Ribbon Campaigns and Faces of the Future Recognition Program that recognize student leaders involved in violence and drug prevention efforts in their schools and communities. Through MSDE's Youth Taking Action (YTA) Work Group, MSDE will carry out several existing and new initiatives to engage youth, schools, and communities in marketing the Council of Chief State School Officers/Association of State and Territory Health Officers materials that support coordinated school health programming.

Objectives:

1. *By November 1997, a student initiated health summit will be conducted for high school seniors to address and respond to specific health and safety issues in their schools.*
2. *By July 1998, MSDE will establish a Safe, Disciplined, and Drug-Free Schools Student Advisory Group to formulate statewide substance abuse/violence prevention awareness campaigns and to plan, review, and critique prevention programs.*

Goal 4: Promote and support at the State and local levels a consolidated planning and integrated monitoring process that includes the Safe and Drug-Free Schools and Communities Program (Title IV).

Discussion: Local school systems may apply for multiple federal and State program funds through a single consolidated plan. Although the Maryland State Department of Education highly recommends consolidated and integration of State and federal program resources, a local school system still has the option of developing and submitting State and federal plans/applications separately. If a local school system selects a separate plan option, then a separate plan format is required by MSDE for each plan. The MSDE office responsible for a specific program distributes the requirements for submitting separate State and federal plans.

The MSDE is taking a more integrated approach to conducting quality program reviews of federal and State programs. During the 1996–1997 school year, MSDE piloted an integrated quality review in three jurisdictions to field test central office and school site protocols, document review, and program and fiscal review instruments. The purpose of the integrated, consolidated reviews is to provide technical assistance to LSSs and schools on program integration and effective program strategies. The focus of the integrated review is on program quality. Additionally, local school systems receive periodic reviews of their comprehensive student

services programs. These reviews include collaboration with community agencies as well as delivery of school-based services.

Objectives:

1. *By May 1997, MSDE will have piloted in three jurisdictions an integrated quality review (monitoring) process that includes the Title I, Title IV, Even Start, Homeless Education, and a variety of State compensatory education and at-risk initiatives.*
2. *By May 1997, MSDE will have established a three-year schedule and timeline for conducting consolidated program quality reviews.*
3. *By May 2000, all 24 LSSs will have received an MSDE integrated program quality review.*
4. *By May 1998, the number of school systems developing a consolidated plan that includes Title IV programs will increase by three (MSDE Internal Survey).*

Goal 5: To promote and increase the capacity of MSDE staff responsible for coordinating and assisting LSSs to carry out Maryland's Safe, Disciplined, and Drug-Free Schools (SDFS) Program.

Discussion: MSDE staff responsible for the SDFS Program must be responsive to local and community inquiries and needs. MSDE staff must be able to provide current information about research-based, effective prevention programs and stay informed about State, national, and local trends concerning violence, disruption, tobacco, alcohol, and other drugs. As part of MSDE's consolidated planning process and integrated program reviews, SDFS staff must be able to provide technical assistance to central office, school, and community people on program integration and effective prevention programs and strategies. The purpose of this goal is to provide continuous opportunities for MSDE SDFS staff to upgrade their skills, knowledge, and capacities so they can better meet the needs of students, schools, and communities.

Objectives:

1. *By September 1997, MSDE will develop a three-year professional development plan for MSDE SDFS staff.*
2. *By July 1998, all MSDE SDFS staff will have participated in five training activities as follows:*
 - *Meeting with USDE SDFS staff to review Title IV, IASA, and related laws, and policy guidelines, and "principles of effectiveness";*
 - *One national conference sponsored by USDE on "principles of effectiveness."*

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- *Two training activities coordinated by the Regional Comprehensive Technical Assistance Center that focus on developing performance indicators and criteria for selecting effective programs.*
 - *One national conference focusing on research-based SDFS programs for violence prevention and/or drug prevention education or a site visit to a site visit to a nationally recognized research-based SDFS prevention program.*
3. *By September 1997, as part of a Title I and Title IV school support network, MSDE will hire one “distinguished educator” from a local school system who is knowledgeable about research and practice on violence and drug prevention programs to assist local school systems and high poverty schools in developing effective programs.*

Progress Toward Goals and Objectives

Goal 1

Objective 1

Completed. All local school systems have developed performance indicators based on the *Principles of Effectiveness* and MSDE performance indicators.

Objective 2

Completed. MSDE staff were trained in August and October 1997 in Life Skills and Toward No Tobacco Use (T.N.T.). LSS representatives have been trained in a variety of research-based programs and activities.

Objective 3

Not met. The percentage of 6th graders who reported having ever used drugs increased from 6.1 percent in 1996 to 8.9 percent in 1998, an increase of 2.8 percentage points or 45.9 percent. We will use this data to encourage our school systems to conduct comprehensive needs assessments and we will continue to promote research-based program implementation. Results of the 2000 *Maryland Adolescent Survey* will be reviewed to determine progress towards our goal.

Objective 4

Not met. The 1998 *Maryland Adolescent Survey* provides mixed results for the middle and high school adolescents. The percentage of 8th graders who ever used drugs increased from 24.6 percent to 25.1 percent; the percentage of 10th graders remained the same 42.1 percent; and the percentage of 12th graders decreased 51.5 percent to 48.8 percent.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Objective 5

The Pupil Services Branch was reorganized and was renamed as the Student Services and Alternative Program Branch. Statewide workshops, conferences, and cadre training are continuously being conducted to promote research-based prevention activities and programs.

Goal 2

Objective 1

Completed. In January 1997, MSDE disseminated *Maryland Guidelines for A State Code of Discipline* to all LSSs.

Objective 2

Completed. Local boards of education have implemented policies that include a code of discipline.

Objective 3

Completed. All local school systems have developed and implemented a continuum prevention and intervention activities and programs that encourage and promote positive behavior and reduce student disruption.

Objectives 4 and 5

The time line for these indicators have been extended to July 2003 and the baseline year has been changed to 1999. These changes were necessary due to a major revision in the procedures for reporting disciplinary data from the LSSs to the MSDE. Data for 1999–2000 is not yet available.

Objective 6

Ongoing. Data for school year 1998–99 show a 7.7 percent decrease in the number of suspensions for acts of disruption and violence. Data for 1999–2000 is not yet available.

Objective 7

Baseline data collected in 1998. The data indicates that 80 percent or more of 8th, 10th, and 12th graders never or rarely felt unsafe at school or on their way to and from school. We will continue to collect this data to measure progress in 2000.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Objective 8

The Pupil Services Branch is now reorganized and renamed as the Student Services and Alternative Programs Branch. Statewide workshops, conferences, and cadre training have been accomplished and planning and integration of programs continue.

Goal 3

Objective 1

A summit entitled, *Stand Up for Safe Schools: A Student Summit* was conducted on November 1, 1999. The objective of the summit was to engage Maryland's students in identifying problems and solutions to school safety issues and to empower them with resources to use within their schools and communities. A followup summit is scheduled for May 3, 2000.

Objective 2

A student advisory group named M-PULSE (Maryland Peers Using Leadership Skill Everywhere) meets quarterly; the first two meetings were August 5, 2000 and November 4, 2000. Six students attended from 5 LSSs. A letter from the State Superintendent will invite the other 19 LSSs to provide two representatives (one middle and one high school student) to join this group.

Goal 4

Objective 1

Completed.

Objectives 2 and 3

This initiative has been integrated into the School Accountability Funding for Excellence (SAFE) Program. This program requires LSSs to integrate federal, State, and local programs to provide maximum learning benefits for at-risk students. The SAFE planning process helps to focus thinking on how programs can be coordinated and integrated with each other to increase achievement for at-risk children.

Objective 4

Completed. All LSSs are submitting consolidated plans under the SAFE Program.

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Goal 5

Objective 1

Completed.

Objective 2

Completed.

Objective 3

An LSS distinguished educator has been hired and will work at MSDE in March 2000.

Governor's Program

Goals and Objectives

Ongoing adolescent drug prevention needs assessment is implemented in Maryland through MSDE's biennial *Maryland Adolescent Survey*. This survey gathers information on alcohol, tobacco and other drug use among Maryland 6th, 8th, 10th, and 12th grade students. The survey gathers information on risk and resiliency factors associated with adolescent substance abuse, such as student perceptions of the dangerous of drug use, and peer and parent influence on drug use.

The 1994 *Maryland Adolescent Survey* indicates that alcohol, tobacco, marijuana, LSD, and inhalants are the substances most frequently used by Maryland students. Based on 1994 survey results, Maryland has established the drug prevention goals and objectives listed below.

- **Goal 1: Reduce alcohol, tobacco, and other drug use among Maryland youth.**

Objectives:

- A. Reduce current use of alcohol among Maryland youth by 10 percent.*
- B. Reduce current use of tobacco among Maryland youth by 10 percent.*
- C. Reduce current use of marijuana among Maryland youth by 10 percent.*
- D. Reduce current use of inhalants among Maryland youth by 10 percent.*
- E. Reduce current use of LSD among Maryland students by 10 percent.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

F. Reduce current use of any drug among Maryland youth by 10 percent.

- **Goal 2: Increase the median age of first use of drugs by Maryland youth.**

Objectives:

A. Increase the median age of first use of alcohol by Maryland youth by 10 percent.

B. Increase the median age of first use of tobacco by Maryland youth by 10 percent.

C. Increase the median age of first use of marijuana by Maryland youth by 10 percent.

D. Increase the median age of first use of inhalants by Maryland youth by 10 percent.

E. Increase the median age of first use of LSD by Maryland youth by 10 percent.

F. Increase the median age of first use of any drug by Maryland youth by 10 percent.

- **Goal 3: Increase attitudes unfavorable to drug use among youth in Maryland.**

Objectives:

A. Increase the percentage of youth who believe alcohol use is dangerous by 10 percent.

B. Increase the percentage of youth that believe tobacco use is dangerous by 10 percent.

C. Increase the percentage of youth that believe marijuana use is dangerous by 10 percent.

D. Increase the percentage of youth that believe inhalant use is dangerous by 10 percent.

E. Increase the percentage of youth that believe that LSD use is dangerous by 10 percent.

F. Increase the percentage of youth that believe any drug use is dangerous by 10 percent.

G. Increase the percentage of youth that believe their peers would disapprove of substance abuse by 10 percent.

H. Increase the percentage of youth that report they would be in trouble if they used drugs by 10 percent.

Using 1994 data as a baseline, Maryland will measure progress toward meeting these goals and objectives every 2 years.

Progress Toward Goals and Objectives

The Governor's Program measurable goals and objectives were set in May, 1995. We utilize data from the Maryland State Department of Education's biennial *Maryland Adolescent Survey* to track progress toward attainment of these goals and objectives. This survey gathers information on alcohol, tobacco and other drug use among Maryland 6th, 8th, 10th and 12th grade students. Additionally, the survey gathers information on risk and resiliency factors associated with adolescent substance abuse, such as student perceptions of the dangers of drug use, peer and parent influence on drug use. Using the 1994 survey data as a baseline, Maryland measures progress toward meeting these goals and objectives every two years. The results of the survey and Maryland's progress are widely disseminated to the public in the biennial report.

Alcohol, tobacco, and other drug (ATOD) use among Maryland's adolescents has continued its decline over the last three years. In fact, ATOD use decreased in 84% of the categories measured by the 2001 Maryland Adolescent Survey (MAS).

Goal 1

Objective 1

- Sixth graders' use of alcohol in the last 30 days has declined from 10.4% in 1994 to 5.7%
- Eighth graders' use of alcohol in the last 30 days has declined from 31% in 1994 to 20%
- Tenth graders' use of alcohol in the last 30 days has declined from 45% in 1994 to 32%
- Twelfth graders' use of alcohol in the last 30 days has declined from 53.3% in 1994 to 42%

Objective 2

- Sixth graders' use of tobacco in the last 30 days has declined from 5.4% in 1994 to 2.5%
- Eighth graders' use of tobacco in the last 30 days has declined from 20.8% in 1994 to 10.6%

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

- Tenth graders' use of tobacco in the last 30 days has declined from 26.7% in 1994 to 16.6%
- Twelfth graders' use of tobacco in the last 30 days has decreased from 29.9% in 1994 to 25.5%

Objective 3

- Sixth graders' use of marijuana in the last 30 days has decreased from 1.8% in 1994 to 1.2%
- Eighth graders' use of marijuana in the last 30 days declined from 13% in 1994 to 10.6%
- Tenth graders' use of marijuana in the last 30 days has declined from 22.8% in 1994 to 19.8%
- Twelfth graders' use of marijuana in the last 30 days has decreased from 25.3% in 1994 to 22.7%

Objective 4

- Sixth graders' use of inhalants in the last 30 days has decreased from 3.6% in 1994 to 2.2%
- Eighth graders' use of inhalants in the last 30 days has declined from 10.8% in 1994 to 3.0%
- Tenth graders' use of inhalants in the last 30 days has declined from 6.2% in 1994 to 2.7%
- Twelfth graders' use of inhalants in the last 30 days has decreased from 4.7% in 1994 to 1.6%

Objective 5

- Sixth graders' use of LSD in the last 30 days has decreased from 0.7% in 1994 to 0.6%
- Eighth graders' use of LSD in the last 30 days has declined from 4.2% in 1994 to 2.2%
- Tenth graders' use of LSD in the last 30 days has declined from 7.5% in 1994 to 3.7%
- Twelfth graders' use of LSD in the last 30 days has declined from 6.9% in 1994 to 3.7%

Objective 6

- Sixth graders' use of alcohol or any drug other than alcohol and tobacco in the last 30 days has declined from 16.3% in 1994 to 6.3%

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Wyoming

- Eighth graders' use of alcohol or any drug other than alcohol and tobacco in the last 30 days has declined from 52.4% in 1994 to 15.2%
- Tenth graders' use of alcohol or any drug other than alcohol and tobacco in the last 30 days has declined from 72.4% in 1994 to 24.3%
- Twelfth graders' use of alcohol or any drug other than alcohol and tobacco in the last 30 days has decreased from 83.2% in 1994 to 28.2%

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Massachusetts

SEA Program

Goals and Objectives

Overall Goals

- By the year 2000, all LEAs receiving SDFSCA funds will demonstrate continuous improvement in reducing or eradicating substance abuse and violence in their local schools and on school grounds. **Ongoing**
- By the year 2000, all LEAs receiving SDFSCA funds will have integrated local substance abuse and violence prevention activities with their local school improvement efforts and with other IASA programs. **Ongoing**

Specific Goals of the Massachusetts Safe and Drug Free School Program

- Assist LEAs to decrease alcohol, tobacco, and other drug use among students;
- Assist LEAs to reduce the number violence-related incidents and weapons possession incidents among youth on school property.
- Assist LEAs in providing comprehensive substance abuse and violence prevention programs.
- Assist LEAs in integrating and coordinating local substance abuse and violence prevention activities with other local, state, and federal school improvement initiatives.

Strategies, Activities, and Timeline

The Massachusetts Department of Education Safe and Drug-Free Schools and Communities Act strategies and activities will help LEAs and schools in working with their communities to assure that all students have the opportunity to learn. The strategies and activities with their timelines are as follows:

- Modify LEA Safe and Drug Free Schools and Communities Act section of the Unified Request for Proposal 1 for Entitlement, Allocation and Continuation and other Non-Competitive Grant Programs. These modifications will require districts to develop a plan about how the LEA will collaborate and coordinate its services with other educational programs that provide services to address the needs of special student populations. These

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populations include children who attend high poverty schools, or maybe migrant, neglected, delinquent, homeless and limited English proficient. **In process**

- Redesign SDFSCA application for FY' 97 to include a statistical information section for LEAs to report annual progress on reducing the prevalence of violence and substance abuse and use among school-aged youth. **The annual progress report was revised and distributed separate from the FY' 99 SDFSCA application. The purpose of the revised report was to enable LEAs to collect incident data at the individual building and community level.**
- Distribute new SDFSCA application as part of the FY' 00 Unified Request for Proposal 1 for Entitlement, Allocation and Continuation and other Non-Competitive Grant Programs (Unified RFP) package. **Accomplished**
- The SEA SDFSCA Coordinator in collaboration with Accountability and Evaluation will develop an annual LEA program progress report for the Safe and Drug-Free Schools Program as part of the Department's program standards and assessment activities. **Accomplished**
- Review SDFSCA sections of Unified RFP (submitted by LEAs) for completeness, compliance, and program development or improvement needs. **Accomplished**
- Develop technical assistance plans based on findings from LEA applications, reports, and telephone survey of local programs. **Accomplished**
- Provide ongoing assistance to targeted LEAs each year. **Ongoing**
- Work with the Professional Development Cluster to design and implement appropriate training to meet the identified needs of local SDFSCA programs. **Accomplished**
- Develop and implement an evaluation system to determine the effectiveness of SEA strategies and activities and to identify areas requiring improvement or change. **In process**
- The SEA will do a program compliance review and audit of at least 25 percent of the LEAs receiving Safe and Drug-Free Schools and Communities Act Funds annually. **Accomplished**
- The SEA will collaborate with the Governor's Alliance Against Drugs to foster better school-community collaboration through joint program planning and development at the state level. **Accomplished**
- The SEA will continue to provide technical assistance (singularly and in collaboration with the Governor's designee) to local SDFSCA coordinators in program planning, implementation, evaluation, and integration with other systemic school improvement efforts that increase school-aged youth opportunities to learn. **Accomplished**
- The SEA coordinator will continue to participate as a member of two internal working and technical assistance groups - Goals for 2000 Consolidate Plan and the Unified Request for Proposals. The primary goal for both these groups is to increase local school

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districts ability to apply for and receive funding through a single comprehensive grant application. **Ongoing**

- SDFSCA staff will continue to work with other Department staff responsible for the implementation of education reform and other school improvement activities, specifically the Health Curriculum Frameworks and Health Assessment, to promote the integration substance abuse and violence prevention activities into comprehensive health education as a key component of systemic school change. **Ongoing**
- The SEA will continue to work with other state agencies and offices including but not limited to the Department of Public Health, Governor's Alliance Against Drugs (Public Safety), Attorney General, and District Attorneys to promote a coordinated delivery of services and programs at both the state and local levels. **Ongoing**

Indicators of Success

The prevalence of tobacco, alcohol, and other drug use among Massachusetts students will be reduced by 1 percent annually based on the Spring 1999 YRBS and data collected as part of the 1999/00 individual school progress report.

The number of violence related incidents and weapon possession among youth on school grounds will be reduced by 1 percent annually based on the Spring 1999 YRBS and annual LEA report data.

The number of LEAs that coordinate and integrate their local substance abuse and violence prevention efforts with other local, federal, and state school improvement activities and strategies will increase by 10 percent. **Accomplished**

The number of LEAs developing and implementing local performance indicators systems of evaluation will increase by twenty percent (20 percent) annually. **Accomplished**

Collaboration with other state agencies with substance abuse and/or violence prevention programs will increase by 25 percent. **Accomplished**

The Department will annually assess its performance in meeting the established goals as measured by the indicators of success. Goals, strategies, and activities will be modified, expanded, maintained or eliminated as necessary. **Ongoing**

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Michigan

SEA Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Governor's Program

Goals and Objectives

No new goals and objectives were submitted at this time.

Progress Toward Goals and Objectives

No progress report was submitted at this time.

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Minnesota

SEA Program

Goals and Objectives

It is the mission of the Minnesota Department of Children, Families, and Learning's Safe and Drug-Free Schools and Communities Program to assist Minnesota's children and adults in acquiring the skills and knowledge necessary to lead safe, healthy, and productive lives. We will support the achievement of high academic standards for all learners described in Minnesota's IASA Consolidated State Plan and Minnesota's Goals 2000 Education Improvement Plan.

This mission will be reached through accomplishment of the following goals:

Goal 1: Assist local educational agencies in decreasing alcohol, tobacco, and other drug use by students.

Objectives:

- *By September 2001, decrease by 5 percent the percentage of students reporting five or more drinks as a typical occasion, based on 1995 MN Student Survey data.*
- *By September 2001, decrease by 5 percent the percentage of students reporting alcohol use at least once a month based on 1995 MN Student Survey data.*
- *By September 2001, decrease by 5 percent the percentage of students reporting cigarette use at least once a week based on 1995 MN Student Survey data.*
- *By September 2001, decrease by 2 percent the percentage of students reporting drug use (other than alcohol and tobacco) during the last 12 months based on 1995 MN Student Survey data.*

Goal 2: Assist local education agencies in assuring a safe and secure learning environment for all students.

• *Objectives:*

- *By September 2001, at least 80 percent of students will report feeling safe at school based on MN Student Survey data.*
- *Incidences of violence will decrease in Minnesota schools by 1 percent annually based on data gathered in the Dangerous Weapons Incident Reports.*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Goal 3: Increase the capacity of local education agencies to identify program needs, and implement and assess programs relating to ensuring safe and drug-free schools and communities.

Objectives:

- *At least 85 percent of reporting local education agencies will report collaborations with youth and community resources annually in the end-of-year report.*
- *By September 2001, increase by 5 percent the percentage of students who report that teachers are interested in them as people based on 1995 MN Student Survey data.*

Progress Toward Goals and Objectives

Goal 2

As a result of greater emphasis being placed on violence prevention and school safety, the data for 1999–2000 show that the most troubling class of incidents—those involving firearms—dropped from 34 in 1998–1999 to 29 in 1999–2000. Overall, school handgun incidents are down 67 percent since 1996.

Goal 3

The Safe and Drug-Free Schools program in Minnesota is strongly based in a tradition of local control. In 1999–2000, over 92 percent of local education agencies reported collaborating with community partners. Furthermore, state legislation that created county-wide Family Services and Children’s Mental Health collaboratives now covers 90 percent of the state’s children 0-18 in a system of prevention and early intervention. Collaboratives are mandated to partner with at least school districts, county social services, public health, and corrections.

- Overall, in the last year, Minnesota schools reported individually either fully or partially accomplishing 86 percent of their 4 year Safe and Drug-Free program objectives as recorded in their 1997 applications and amended to reflect the Principles of Effectiveness.
- In the past year, Minnesota schools have committed to an increasing effort in tobacco use prevention. In 1999–2000, Minnesota began dispensing dollars designated to prevention from the state’s historical Tobacco Settlement. The State Legislature set a difficult target—reduction of youth use by 30 percent by 2005. Baseline data for this reduction is from a survey conducted by the Minnesota Department of Health released in August, 2000, that shows Minnesota youth tobacco use exceeds the national rate of youth tobacco use.

Note: Each state’s goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

Governor's Program

Goals and Objectives

The following goals and objectives will be used to measure progress in drug and violence prevention. The procedures that will be used to assess and publicly report the progress are the results of the Minnesota Student Survey in 1995 and 1998, including the special population survey of youth in juvenile detention, treatment centers, and alternative learning centers; the Minnesota Milestones annual progress report, and the formal program evaluation of prevention projects funded through the Governor's program and state funds that are currently underway through the Department of Education in cooperation with the Department of Public Safety; as well as the formal evaluation of the proposed projects to be conducted by the University of Minnesota as a contractor.

Goal 1: Develop and implement comprehensive, community-based drug and violence prevention programs that link community resources with schools and integrate services involving at a minimum education, health, and social services with a special focus on high-risk preschool children and their families.

Objectives:

- *Fund up to eight demonstration projects that have the potential to support high-risk youth and families with wraparound services that prevent use of drugs and alcohol and violence.*
- *Assist funded projects to integrate health, education, and social services.*

Goal 2: Increase community awareness and disseminate information about drug and violence prevention.

Objectives:

- *Disseminate information about drug, alcohol, and violence prevention through a variety of media including but not limited to:*
 - a. *presentations of data from the Minnesota Student Survey detailing levels of drug, alcohol, and violence at the state and local level;*
 - b. *publish reports and materials for distribution to schools, counties, and communities detailing the problems and methods for dealing with drug, alcohol, and violence prevention;*
 - c. *conduct studies of special populations of high-risk youth, such as those in treatment centers, juvenile detention, and alternative learning centers, and disseminate results to program staff and concerned communities; and*

Note: Each state's goals and objectives were developed and submitted to the Department of Education by a state representative and were incorporated in the Safe and Drug-Free School Communities Act (SDFSCA) reporting forms.

d. *provide technical assistance through Safe and Drug-Free Schools and Communities programs.*

- *Disseminate information about drug, alcohol, and violence prevention programs and agencies serving high-risk youth in treatment centers, juvenile detention centers, alternative learning centers, and community-based organizations.*

Goal 3: Continue to develop and coordinate local law enforcement and education agency partnerships.

Objectives:

- *Funding for the D.A.R.E program will be through a competitive grant process, cooperatively conducted by the Prevention and Intervention Work Group, which includes the Minnesota Department of Education and the Department of Public Safety, to provide classroom instruction by uniformed law officials.*
- *Cooperative granting, technical assistance, and evaluation between the Minnesota Departments of Education and Public Safety through the Prevention and Intervention Workgroup will continue through 1997 for state funded high-risk youth projects.*

Progress Toward Goals and Objectives

Statewide measures of effectiveness: The State of Minnesota collects statewide data on ATODA and violence related measures every three years through our Minnesota Student Survey Data. Surveys are completed by sixth, ninth and twelfth grade students in public and private schools. Minnesota looks to those measures to gauge the success of prevention initiatives, including those funded with Safe and Drug-Free Schools and Communities resources.

In addition, SDFSCA grantees are required to provide quarterly reports on grant activities in following with their work plans. They also report on participant feedback, program outcomes, significant developments and barriers to programming. When the SDFSCA grant manager conducts site visits, quarterly report data and the above qualitative elements are discussed.

The next Minnesota Student Survey Behavioral Trends Report will be available in 2001 with data collected during the 2000-2001 school year. A copy will be submitted with the 2001 SDFSCA Report.