



Healthy Missoula Youth
Coalition

EVIDENCE-BASED PROGRAMS

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EVIDENCE-BASED PROGRAMS

Purpose of the Section

- Explain the benefits of evidence-based programs
- Provide access to funding resources for evidence-based programs
- Address early intervention programs

What Educators Can Do

- Use evidence-based programs to decrease risk factors
- Influence student health behaviors
- Decrease truancy rates

Why is this important?

Effective school curriculum through the use of evidence-based programs have an impact on student results that is substantially higher than typical strategies!

Underage substance use, delinquency, school-drop out, depression and anxiety, violence, and teen pregnancy are only a portion of the risk factors that evidence-based programs can address.

EVIDENCE-BASED PROGRAMS

Evidence-Based Programs

Why evidence-based programs are more effective and how schools can find funding support for them.

Evidence-Based Interventions for Youth Aged 0-10

Examples of evidence-based programs for elementary school.

Evidence-Based Interventions for Youth Aged 10-18

Examples of evidence-based programs for middle school and high school students.

Early Intervention Programs

Early intervention programs, school resources, and signs of substance use.

WHAT IS AN EVIDENCE BASED PROGRAM?

Evidence-based practices (EBPs) refer to the specific instructional programs and practices supported as effective by credible research. The curriculum focuses on specific behaviors such as suicide prevention, delinquency, substance use prevention, depression, anxiety, school drop-out, etc. These have been rigorously tested and proven effective in:

- positively effecting the health of participants
- decreasing risk factors
- increasing sustainability
- reducing the variability of education students receive.

EVIDENCE-BASED PROGRAMS

Within Missoula County, there are several evidence-based programs already being implemented, such as the PAX Good Behavior Game, Character Strong, Love and Logic, Project Success, Project Northland, and Youth Aware of Mental Health (YAM). The wonderful thing about evidence-based programs such as these, is that they address more than one risk factor. Underage substance use, delinquency, school-drop out, depression and anxiety, violence, and teen pregnancy are only a portion of the risk factors that evidence-based programs like this can address.

As such, because these are largely approved by the state, there are many opportunities for schools to seek additional funding to help provide these programs. Prevention Specialists who work under the Substance Abuse Prevention Block Grant, Partnership for Success Grant, or Communities That Care Grant have the potential to partner with schools in helping to fund state-approved programs. The Missoula City-County Health Department, in partnership with the Healthy Missoula Youth Coalition, will be able to connect schools to the appropriate resources.

There are also organizations that host grant applications to provide schools with additional funding, or will provide the curriculum free of cost:

- The **Montana Tobacco Use Prevention Program**, in partnership with the Office of Public Instruction, offers a grant for Utilizing Restorative Discipline Practices. Information, instructions, and application can be found here: <https://opi.mt.gov/Families-Students/Family-Student-Support/Tobacco-Use-Prevention/Tobacco-Use-Prevention-Grant>
- The **American Lung Association** offers a variety of grants based on the year and season, all of which are updated regularly and can be found here on their website: <https://www.lung.org/research/awards-and-grants-opportunities>

EVIDENCE-BASED INTERVENTIONS FOR YOUTH AGED 0-10

To highlight a few of these evidence based programs, an excerpt from the Surgeon General's Prevention Programs and Policies Handbook is included below².

THE GOOD BEHAVIOR GAME & CLASSROOM CENTERED INTERVENTION

One universal elementary school-based prevention program has shown long-term preventive effects on substance use among a high-risk subgroup, males with high levels of aggression. The Good Behavior Game is a classroom behavior management program that rewards children for acting appropriately during instructional times through a team-based award system. Implemented by Grade 1 and 2 teachers, this program significantly lowered rates of alcohol, other substance use, and substance use disorders when the children reached the ages of 19 to 21. The Classroom-Centered Intervention, which combined the Good Behavior Game with additional models of teacher instruction, also reduced rates of cocaine and heroin use in middle and high school, but it had no preventive effects on alcohol or marijuana initiation.

EVIDENCE-BASED INTERVENTIONS FOR YOUTH AGED 0-10

RAISING HEALTHY CHILDREN

A number of multicomponent, universal, elementary school programs involving both schools and parents are effective in preventing substance misuse. One example is the Raising Healthy Children program (also known as Seattle Social Development Project) which targets Grades 1 through 6 and combines social and emotional learning, classroom instruction and management training for teachers, and training for parents conducted by school-home coordinators, who work with the children in school and the parents at home, focusing on in-home problem solving and similar workshops. Studies of this program showed reductions in heavy drinking at age 18 (6 years after the intervention) and in rates of alcohol and marijuana use.

THE FAST TRACK PROGRAM

Two multicomponent selective and universal prevention programs were effective. An example is the Fast Track Program, an intensive 10-year intervention that was implemented in four United States locations for children with high rates of aggression in Grade 1. The program includes universal and selective components to improve social competence at school, early reading tutoring, and home visits as well as parenting support groups through Grade 10. Follow-up at age 25 showed that individuals who received the intervention as adolescents decreased alcohol and other substance misuse, with the exception of marijuana use.

EVIDENCE-BASED INTERVENTIONS FOR YOUTH AGED 10-18

A variety of universal interventions focused on youth aged 10 to 18 have been shown to affect either the initiation or escalation of substance use. In general, school-based programs share a focus on building social, emotional, cognitive, and substance refusal skills and provide children accurate information on rates and amounts of peer substance use.

LIFE SKILLS TRAINING

One well-researched and widely used program is LifeSkills Training, a school-based program delivered over 3 years. Research has shown that this training delayed early use of alcohol, tobacco, and other substances and reduced rates of use of all substances up to 5 years after the intervention ended.

KEEPIN' IT REAL

A multicultural model, keepin'it REAL, uses student-developed videos and narratives and has shown positive effects on substance use among Mexican American youth in the Southwestern United States.

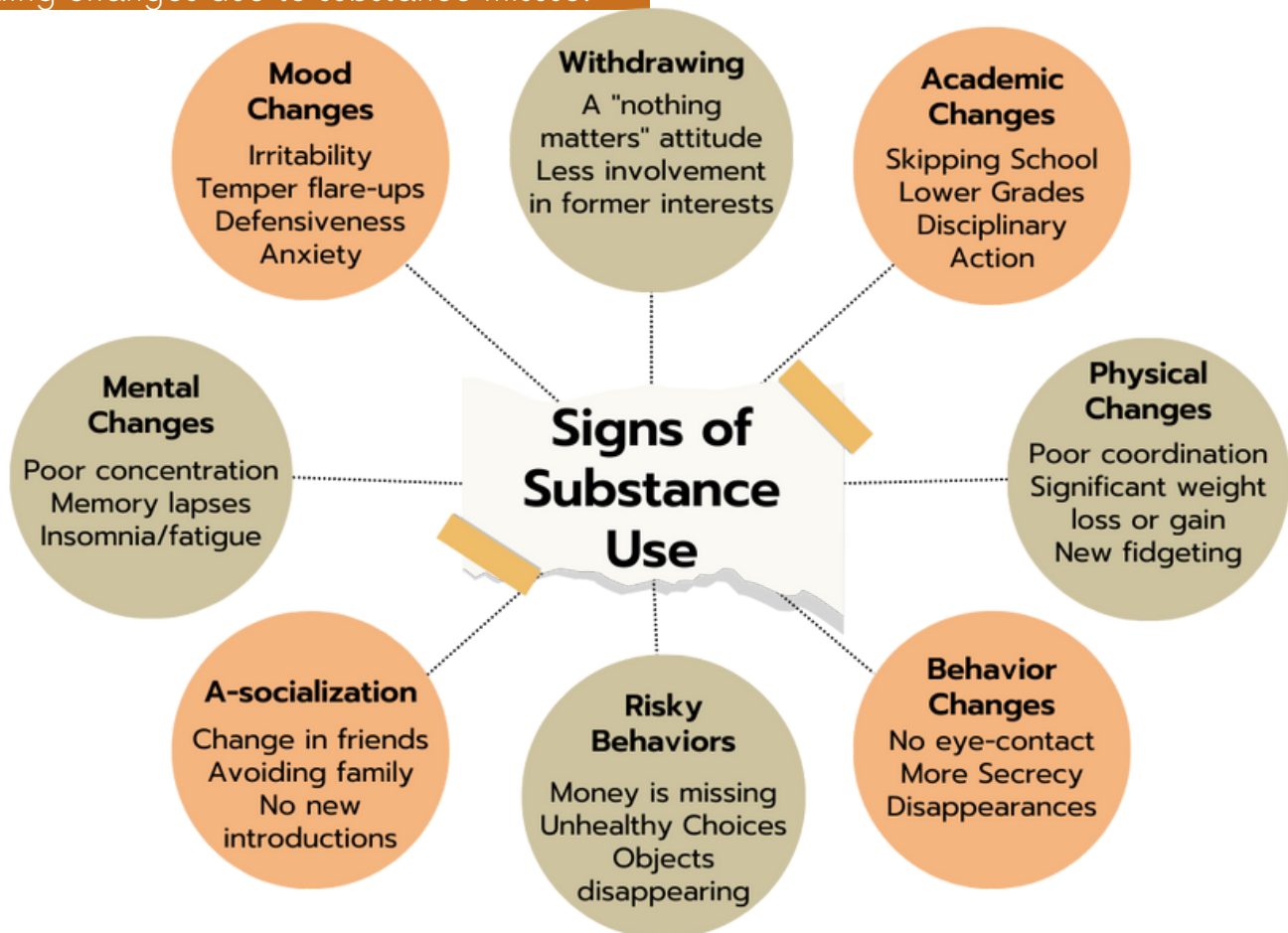
PROJECT TOWARDS NO DRUG ABUSE

Another example is Project Toward No Drug Abuse, which focuses on youth who are at high risk for drug use and violence. It is designed for youth who are attending alternative high schools but can be delivered in traditional high schools as well. The twelve 40-minute interactive sessions have shown positive effects on alcohol and drug misuse.

EARLY INTERVENTION PROGRAMS

While most Montana youth are abstaining from substance use there is risk of developing a substance use disorder to those youth who do engage in substance use. Early intervention is key to help increase the chance of deterring the often detrimental consequences of substance abuse into adulthood and protecting the health of the youth. Due to the number of hours school staff are engaged with students they are often able to notice changes in their students, including changes due to substance misuse.

Many youths may show behaviors in adolescence that are suggestive of substance misuse, but they also can be considered normal behaviors for adolescents. It is important to recognize if there are several of these behaviors happening at the same time, if there is a sudden onset of the behaviors, and if the behaviors are extreme. The following behaviors in a youth might signal drug or alcohol abuse³.



Source: Massachusetts Department of Elementary and Secondary Education 2023

EARLY INTERVENTION PROGRAMS

As an educator, there are a variety of school-based supports available in Missoula for staff, students, and families that can begin to address these concerns around student substance misuse:

- **Project Success:** A confidential and free resource for students located in Missoula area high schools. The program is designed to provide school-based services to inform, assist and support high school students and their families. Project SUCCESS offers substance use prevention education, outreach, referrals, individual/group counseling, and support to students living in a home where substances are used.
- **School Resource Officers (SRO):** Help navigate, educate, and enforce the legal consequences of underage substance use.
- **Student Support Services** (School Counselors, School Social Workers, School Psychologists, CSCT): Have knowledge of referrals, resources, and can act as a family liaison.
- **School Nurse:** Can assess any medical concerns and make referrals for further services if needed.
- **Practitioners** can use substance screeners, such as CRAFFT and SBIRT, to assess the level of risk and suggested course of treatment needed.

EARLY INTERVENTION PROGRAMS

If a parent expresses concerns about substance misuse in their child, these resources may help:

The Missoula City-County Health Department has the "You Matter" Mental Health and Substance Use Resource Guide that is available for parents and educators. This guide presents a wide variety of resources local to Missoula that address tertiary interventions (emergency needs) and secondary interventions for more intermediary care.



SAMHSA's National Helpline, 1-800-662-HELP (4357) (also known as the Treatment Referral Routing Service), or TTY: 1-800-487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

For a wider reach, parents can look at FindTreatment.gov, a tool designed to locate treatment to address substance misuse across the nation.

EVIDENCE-BASED PROGRAMS

Conclusion

The use of evidence-based programs in schools have been shown to positively affect the health of students, decrease risk factors, increase sustainability, and reduce the variability of education students receive. Additional funding resources exist to support making this transition.

Action Items

- **QUESTION** your administration: Does your school use an evidence-based program for substance use or suicide prevention?
- **DISCUSS** different options for evidence-based programs.
- **ASSESS** whether or not switching curriculum would be beneficial.

ADDITIONAL RESOURCES

- [DPHHS Evidence Based Program Dashboard](#)
- [Blueprints for Healthy Youth Development Dashboard](#)
- [Signs of Drug Use in Teens](#)
- [How to Spot Drug Use in Adolescents](#)

1: [Dr. Kiser, 2021](#)

2: [U.S. Department of Health & Human Services, 2016](#)

3: [Graham, 2023](#)

