Vermont Agency of Education

Nicotine and Substance Use Prevention Grant

2021-2022

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# Background

Schools are a unique and important player in community-wide prevention efforts. They have a connection to the youth and their families and, in rural Vermont particularly, are often a community hub. School personnel, whether teachers or those with more specifically supportive/counseling type roles, often have good rapport with students given that they spend so much time with them. It is within the school environment that many youth will find and connect to an activity or hobby (athletics, arts, drama, advocacy/leadership, etc.) that may buffer/protect them from various risk factors for life.

When it comes to nicotine and other substance abuse prevention, schools also play an important role in terms of required drug and alcohol education that occurs within comprehensive health education curriculum.

As such, this grant will continue to support the establishment, improvement and maintenance of a comprehensive and robust health education plan that includes developmentally appropriate nicotine and drug education, which is inextricable from social-emotional competency education and mental health promotion. Health education efforts must be evidence-based and aligned with the National Health Education Standards.

School-based prevention is most effective when it includes intentional youth engagement and empowerment. Schools are also a natural conduit for community and family engagement, which foster positive relationships between youth and adults. For these efforts to be equitable means that accessibility cannot be contingent on individual families’ status or financial resources, and that they do not look identical from one community to the next.

## Community-Based Prevention

Many of Vermont’s communities have robust prevention frameworks in place and others are still establishing them, perhaps with the support of grants from the Department of Health or other sources such as Drug-Free Communities grants. Although this funding is awarded at the supervisory union/district level, applicants should consider how this funding can complement and work in conjunction with other prevention resources in their communities. In doing so, overall prevention efforts are strengthened and sustained beyond the end-points of grant cycles, and are not as affected by potential staff turnover.

## FY 22

This grant is made possible by tobacco settlement funding which is provided to the State of Vermont annually. In 2016, AOE dramatically changed the format of this grant from a universal allocation to a competitive model. Grantees all committed to the same comprehensive set of strategies, for the same amount of funding, for a four-year period (which extended to five years due to COVID-19).

New applicants for the FY 22 cycle (those who did not receive this grant in the previous cycle) will be required to incorporate all six strategies into their proposals. Doing so ensures a comprehensive approach and a strong foundation aligned with best practices. It is assumed that previous grantees have already established this foundation to some degree over the past five years, and may need less support than first-time applicants (particularly in the curricular and school health policy work, which requires a great deal of initial assessment work). Therefore, previous grantees are permitted, but not required, to include all six strategies in their proposals. This increases the likelihood of being able to both continue to support grantees from the previous cycle and to fund new grantees. In an effort to increase the efficacy of funding, the grant allows all applicants to identify their requested funding amount up to a maximum amount; if awarded, they can ask for different amounts in years two and three.

While this grant continues to prioritize nicotine use prevention, we recognize that substance use and other risky behaviors share many of the same protective and risk factors. And, while nicotine and specifically vaping product use remains a unique public health issue requiring specific education efforts, the intersection of cannabis and vaping products has further blurred the line between nicotine use and other substance use. Therefore, the prevention education strategy now encompasses all substance use prevention education and can also include mental and emotional health. Although these topics are currently required as part of health education curricular offerings, per the National Health Education Standards, the prevention education strategy helps provide an added layer of accountability and scrutiny.

There are two Youth Engagement and Empowerment Strategies, one of which will once again work with the Our Voices Xposed (OVX) and Vermont Kids Against Tobacco (VKAT) groups with Vermont Department of Health to target nicotine specifically, and the other which will support youth engagement focused around other substance use prevention, mental health and other relevant topics of concern.

While AOE values and supports the use of screening, brief intervention and referral to treatment (SBIRT) and recovery programs within the school setting, the scope of this particular grant is limited to more universal primary prevention strategies, with the exception of the cessation strategy, which does target those already using nicotine.

The FY22 grant includes the following strategies, which are intended to build protective factors and reduce risk factors for nicotine and other substance use, with the goal of a 3% reduction SU/SD-wide in: lifetime EVP (electronic vapor product) use and in past-30-day EVP, alcohol and cannabis use at the high school level by 2024, the third and final year of the grant

1. Curricular
2. School Health Policy
3. Cessation
4. Youth Engagement and Empowerment: Nicotine Prevention
5. Youth Engagement and Empowerment: Substance use prevention and other issues of concern
6. Family Engagement

# Eligible Grantees

The Vermont Agency of Education (AOE) invites all Supervisory Unions or School Districts currently providing Youth Risk Behavior Survey (YRBS) data to apply for the Tobacco and Substance Use Prevention grant for the purpose of prevention of nicotine and other substance use across their local educational agency (LEA). Previous grantees are eligible to apply.

It is acceptable for the SU/SD applicant to plan to delegate grant coordination to a person who is not a staff member or on LEA payroll (for example, a community coalition leader) and for that person to play a key role in preparing the grant application. However, it is the LEA itself who is the applicant and possible grantee, and the application and award process and grant compliance remains the LEA’s responsibility.

# Award Amounts and Duration

Each applicant will be ranked to qualify for *up to* $35,000 per year for each of three years, beginning July 1, 2021. This is a competitive process based upon available AOE funding as allocated by the State of Vermont annually and upon grantee maintaining compliance with grant requirements and expectations. New applicants (those not funded during the previous cycle) must commit to all strategies for up to $35,000.Returning grantees (those who were funded in the previous cycle) may choose all or some of the strategies and adjust their requested funding amount accordingly.

The intent is to provide awardees with this funding over a three-year period, providing that funding continues to be available, in order to provide the opportunity to establish longevity in programs.

Awards will be based on a combination of need (as evidenced by YRBS high school 30-day substance use rates, and free and reduced lunch rates, as well as the applicant’s need statement), readiness ( and quality of implementation plan.

# Requirements

All applicants must utilize the Grant Management System (GMS) for submission of their grant applications including submission of a three-year budget and programmatic and financial data if a grant is awarded.

# Allowable Uses of Funds

Funds awarded through this grant must be used to directly support efforts to complete the Applicant’s proposed Work Plan. Please note that indirect charges (e.g. overhead costs, business office feeds, etc.) cannot be included in the budget as only direct costs are allowable in state grants. Please also note that AOE prohibits the use of grant funds for food, gift cards or cash prizes.

These funds may be used to support salaries, but it is important to note that this grant is, first and foremost, intended to support the strategies listed; any salary investments must be specifically correlated to staff time spent accomplishing these objectives.

The budget must provide a clear understanding of how grant funds will be used to meet the proposed Work Plan flowing from the pre-established, approved objectives.

# Timeline:

Any applicant requiring clarification of any section of this proposal or wishing to submit questions may do so according to the timetable in this section. Questions may be asked during the conference call on March 31, 2021 or may be emailed to Beth Keister beth.keister@vermont.gov. Any clarification or questions submitted following the last day of the question period to the RFP will not be responded to. At the close of the question period a copy of all questions or comments and AOE’s responses will be posted on the AOE’s web site: Every effort will be made to have these available soon after the question period ends, contingent on the number and complexity of the questions.

Grant application released: March 22nd, 2021

Question and answer period begins: March 22nd, 2021

Bidder’s Conference Call: Wednesday, March 31st 10:00-11:00 am (will be recorded; link will be posted to webpage)

Deadline to submit questions: Wednesday, April 7th , 2021, 4:30 PM

Response to questions made available on webpage: Monday, April 12th, by 4:30 PM

Application Due Date: Friday, April 30th by 4:30

Awards announced by: Friday, May 21st by 4:30

Funds released no earlier than (and pending successful submission of any requested application materials and any necessary AOE approvals complete): July 1, 2021

# Application and Submission Process

The application template can be found in Appendix A, which is for reference only. The application must be completed and submitted through the GMS by 4:30 p.m. on Friday, April 30th, 2021, 4:30 PM. Printed or emailed applications will be automatically rejected. Read all information about GMS submissions beforehand to ensure that your application is completely submitted and received on time.

## The application uses weighted criteria in a three-tier scoring system.

### Criteria:

**Tier 1a** (entered by AOE staff) for total of **12 points (3 each)**:

Your SU/SD’s high school lifetime EVP (electronic vapor product use), 30-day EVP (electronic vapor product) use, high school 30-day alcohol use and high school 30-day cannabis use rates per the 2019 Youth Risk Behavior Survey (*In the event that AOE still does not have access to the SU/SD YRBS data by the grant award deadline, the points from this section will be redistributed evenly throughout Tiers 3A, 3B and 4A, raising the total possible points for each*).

**Tier 2a** (entered by AOE staff) for **3 points**:

Your SU/SD’s free and reduced lunch population.

**Tier 3A (for 20 points):** Needs statement

**Tier 3B (for 20 points):** Readiness statement

**Tier 4A (for 30 points):** Work plan/implementation plan to address strategies.

**Tier 4B (for 15 points):** Three-year prospective budget.

# Best Practices and Guiding Principles

Appendix E includes information specific to each grant strategy, which must be read and consulted by the applicant to ensure that proposals are aligned with best practices and guiding principles.

Appendix F includes information on more general school-based prevention topics.

# Grant Award Decisions and disposition of applications

The AOE reserves the right to award in part, to reject any and all applications in whole or in part and to waive technical defects, irregularities or omissions if, in its judgment, the best interest of the students would be served. After receiving the grant application, the AOE reserves the right not to award all grants, to negotiate specific grant amounts and to select certain grantees regardless of points awarded as part of the evaluation process to meet federal requirements or State Board of Education priorities. In addition, the AOE reserves the right to change the dollar amount of grant awards. AOE reserves the right to adjust grant award amount at any time during the year or after the first year, for example if a grantee fails to complete its work plan as intended. Funding for the second and third years is contingent on fund availability and on the grantee’s compliance.

# Selection Process

All applicants must use GMS to complete the application. There are file upload fields within the GMS application for the 2-3 year budget attachment and, if applicable, Youth Engagement action plan(s). Do not include letters of support or additional, unsolicited attachments. Printed or emailed applications will be automatically rejected. Read all information about GMS submissions beforehand to ensure that your application is completely submitted and received on time.

Applications that do not address all questions and do not include the specified information may be rejected. Applicants are encouraged to make use of the applicant support call(s) and question responses and to employ any resources available to ensure the grant is well written and organized.

The scoring criteria and rubric that will be used by reviewers are included in this application packet for your review. Reviewers are chosen based on their familiarity with school-based grants and prevention education and will not have conflicts of interest with the grant.

# Other requirements

Grantees must be prepared for:

-Submission of a minimum of four annual progress reports (potentially more, at AOE’s discretion) through the GMS system, which describe progress toward goals.

-At least one in-person site visit per year (or a virtual site visit when in-person visits are not permitted due to COVID).

-Regular phone and email communication from the AOE Tobacco and Substance Use Prevention Coordinator. Barring any disability-related barriers to using email, contact persons must be available via email. This means you must check your junk mail and mark AOE correspondence as “not junk” if necessary. Grantees must update AOE as soon as there is a relevant personnel change and/or as soon as contact information has changed.

-Regular phone, email and/or in-person contact with the regional and/or content-specific technical assistance contractor(s).

-Attendance at any trainings, youth summits, webinars and/or conference calls as applicable to the chosen strategies and to the general grant coordination.

# Note regarding plagiarism

If a discovery of plagiarism is made known or brought to the attention of officials at the AOE during a grant competition then, at the discretion of the AOE, the AOE has the right to remove the grant application from funding consideration because of the occurrence.

# Ranking of applicants

The AOE will assemble a review group to score and rank each qualified application during the period of April 30th through May 20th for a formal announcement on May 21st and funding to begin July 1, 2021.

APPENDIX A—Grant Application

The questions from the application are provided here for reference and planning purposes. The actual application must be completed and submitted through GMS.

# 2021-2022 Tobacco and Substance Use Prevention Grant

## Applicant (Supervisory Union or District):

## Contact person (if awarded, you will later be asked to identify two coordinators and other key personnel):

## Address:

## Email:

## Phone: Fax:

## STATEMENT OF NEED—Total of 25 points

1. Please explain why your LEA needs this funding.
   1. Population data (YRBS, other sources welcome)
   2. Current funding for prevention
   3. Community and school profile
   4. Current capacity both school personnel and community

Please use whatever data is available to you to support your statement. Although certain data is already included in the scoring, you may incorporate whatever other data you feel is applicable in your narrative needs statement (for instance, you might choose to use YRBS data points regarding attitudes and perceptions about substance use or substance use on school property).

To be clear, it is not necessary to have the most concerning statistics in the entire state to qualify. What matters more is the context. If your data shows encouraging downward trends in substance use, this does not *necessarily* mean you do not have a need. Perhaps this is the result of ten years of hard work and perhaps that work needs ongoing funding in order to continue.

(*In the event that your LEA’s YRBS data has still not been made publicly available on the Department of Health’s website, please double check with your principals and superintendent to determine if the SU/SD data was sent.* *If you are unable to access it, please check with Beth Keister at* [*beth.keister@vermont.gov*](mailto:beth.keister@vermont.gov) *to see if AOE has access to it. Grantees will not be given a lower score if they are unable to access their 2019 YRBS data).*

Take the time to describe the unique characteristics of your students, school(s) and communities in order to convey their strengths and needs, and how (if awarded) you would tailor funding to support them. For example, describing geographic disparities, employment rates, and smoking and substance abuse rates of the region are all potential ways to paint a clear picture. Do not simply present the data—connect the dots so that readers understand your unique community (refer to Appendix G for an example needs statement).

## READINESS—Total of 25 points

1. Successfully completing the work of this grant requires district-wide support amongst multiple parties. Please affirm your LEA’s commitment to and interest in comprehensive school-based prevention, including any potential challenges you anticipate.
2. Please describe the LEA’s relationship with community stakeholders, and how these relationships will be leveraged to support and sustain the work of this grant (for example, a community coalition).

### 4) For previous (FY17-21) Grantees

* 1. Please explain how this grant is necessary to build upon your work accomplished in the past five years.
  2. Please explain to what extent sustainability (that is, the ability to leverage local dollars to support prevention-related investments) has been discussed within your LEA.

### 5) For new applicants (who were not grantees in the previous AOE Tobacco Use Prevention Grant cycle):

1. Please explain how this funding will help establish prevention programming in your school district and ensure that prevention becomes a top priority.
2. Please explain how you will ensure that the activities and resources supported by this grant are sustainable, in the event that this grant is not awarded again in the future.

## PLAN/IMPLEMENTATION (20 points)

New applicants (those who did not receive this grant in the previous cycle) are required to incorporate all six strategies into their proposals. Doing so ensures a comprehensive approach and a strong foundation that is aligned with best practices.

It is assumed that previous grantees have already established this foundation to some degree over the past five years, and may need less support than first-time applicants (particularly in the curricular and school health policy work, which require a great deal of initial assessment work).

While all strategies are equally important to school-based nicotine and other substance prevention, the grant strategy areas 3-6 (**cessation, family engagement and youth engagement and empowerment (particularly as it pertains to nicotine**)) represent ongoing programs that directly serve students and families. Therefore, previous grantees are welcome, but not required, to include strategies 1 and 2 in their proposals, and are encouraged to include strategies 3-6. All proposals by previous grantees must include a strong rationale.

Please consult Appendix E while drafting your plan for each strategy below to be sure you address all necessary components of each strategy and understand the requirements.

When completing your application, please describe your approach and plan to accomplish each of the following objectives for each strategy.

Summarize any previous relevant work as it pertains to each strategy, especially if you are a returning grantee. Returning grantees should do this even if they don’t plan to apply for that particular strategy; most of the scoring team will not be familiar with your accomplishments to date and this provides a rationale for your selection.

### 6a) Curricular (Strategy 1):

Objectives:

New applicants will: *use the HECAT to develop a Pre-K-12 scope and sequence to revise/develop their tobacco and substance use prevention curriculum by June 30, 2022, with implementation starting year two.*

Returning grantees will: *describe plans to assess, develop and or maintain currently curricular offerings, which can include completing, at a minimum, the HECAT substance use module if it has not already been completed, and can also include completing the HECAT mental and emotional health module or comprehensive health education module, or simply the purchasing of additional materials.*

### 6b) Policy (Strategy 2):

Objectives:

**New applicants will:** *complete the School Health Index (SHI) by June 30, with policy revision/implementation to begin year two*.

**Previous grantees will:** Describe how these funds will enhance and further your policy work

**All applicants:** Describe potential areas of focus for school health policy and why this work is important for your LEA.

### 6c) Cessation (Strategy 3):

Objectives:

**Applicants will:** *offer nicotine cessation services at the high school level via Not-On-Tobacco (NOT) each year of the grant.*

Be sure to mention any challenges you might face in recruiting and retaining students, and explain how you will use creativity to increase student motivation and likelihood of engagement.

### 6d) Youth Engagement and Empowerment: Nicotine (Strategy 4):

Objectives:

**Applicants will:** *establish and/or maintain both an Our Voices Xposed (OVX) and Vermont Kids Against Tobacco (VKAT) chapter for each year of the grant. This includes identifying an advisor for each chapter who will recruit students for the group and support them in completing the required activities and attending events.* Specifics regarding the deliverables for FY22 will be forthcoming. For more information, see Appendix E, Section IV.

Please describe any/all history with OVX/VKAT groups as context and describe commitment to and enthusiasm for continuing with this work. If LEA has never had an OVX/VKAT chapter, they should describe how this will be beneficial.

### 6e) Youth Engagement and Empowerment: Substance use, mental health and other youth issues (Strategy 5)

Objectives:

Applicant will: *implement youth engagement and empowerment programs as defined in Appendix E, section V, in each year of the grant.*

Please be sure to include how you will ensure that youth are truly engaged rather than passive participants. Identify any/all programs you plan to use (for example, Getting to Y). All applicants are encouraged to complete the action plan template in Appendix H, but this action plan is *required* for any proposals which are self-designed, or not aligned with an established program (such as—but not limited to--those mentioned in Appendix E, section V).

### 6f) Family Engagement (Strategy 6):

Objectives:

Applicants will: *implement family engagement activities and programs aligned with the* [*CDC Family Engagement strategies*](https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf) *in each year of the grant.*

The focus for family engagement must be specific to nicotine and other substance prevention and can also include related topics like health and mental health promotion. Describe the outcomes that you hope to achieve through your family engagement activities, and how you plan to assess whether the activities were successful. Applicants are encouraged but not required to use the worksheet in Appendix H for Family Engagement activities.

### 7) Addressing Inequity

Objectives:

(Specific SU/SD) will: *work actively to ensure that the scope of work and implementation is inclusive of all students, including, but not limited to, LGBTQ, BIPOC (black, indigenous, and other people of color), students with disabilities and students who have experienced trauma.*

Please see Appendix F for further reading and context to inform your response.

## Budget (15 total points)

Please provide a one-year fiscal budget. Please also provide a prospective two- and three-year budget for context using the form in Appendix D, and upload it within the GMS application where indicated. If approved, the first year budget can be amended prior to April 1, 2022, and the following year budgets may be adjusted with the submission of the annual work plans. This enables applicants to demonstrate a long-term plan and this can include anticipated variations in investments from year to year. Each year need not be similar or the same dollar amount, particularly if more up-front work is required for certain objectives. An applicant may intend to focus, for example, mostly on professional development year one and on implementation years two and three.

Applicants may apply for up to $35,000 per year. The requested amount should correspond reasonably with the amount of work proposed.

A specific dollar amount has not been assigned for each strategy because it is understood that the amount needed to complete an objective will vary among LEA’s and will also depend on the implementation plan for that strategy. The investments related to one strategy area need not equal exactly 1/6 of the total award, but should also not comprise a disproportionate percentage of the total award.

For each type of budget item, please identify which strategies it encompasses. For example, if allocating funding for a salary, be sure to identify which aspects of the grant that staff member will be addressing.

Appendix B—GMS instructions

The Agency of Education uses the online Grants Management System (GMS) for grant applications, award notices, and ongoing activities related to grant awards.

The login page can be found here:

<https://vtaoe.mtwgms.org/VermontGMSWeb/logon.aspx>

The person at the LEA responsible for completing and submitting the grant application can find the application and complete the process at that link.

Additional resources for navigating GMS can also be found at that link. If you are having difficulty with the system, please email the GMS helpdesk at [**AOE.GMSHelp@Vermont.gov**](mailto:AOE.GMSHelp@Vermont.gov)

Appendix C Scoring Sheet and Rubric

Used by reviewers; provided to applicants for transparency

# Scoring Sheet: AOE Tobacco and Substance Use Prevention Grant

|  |  |  |
| --- | --- | --- |
| **Scored Section** | **Total Points** | **Comments** |
| Response Section I: General Background (AOE provides the data for this section--reviewers do not score this section)  Total points will correspond with highest and lowest levels reported | 15 |  |
| Percentage of HS students reporting 30-day use of EVP products | /3 |  |
| Percentage of HS students reporting ever having tried EVP products | /3 |  |
| Percentage of HS students reporting 30-day use of alcohol | /3 |  |
| Percentage of HS students reporting 30-day use of marijuana | /3 |  |
| Percentage of total students enrolled in the Free & Reduced Meal Program | /3 |  |
| Total: |  |  |
| Statement of Need/Statement of Readiness | 40 |  |
| 1. Please explain why your LEA needs this funding. | /20 |  |
| 1. District-wide support to ensure success 2. Description of SU/SD’s relationship with community stakeholders, and how these relationships will support and sustain the work of this grant (for example, a community coalition). 3. For previous grantees: Please explain how this grant is necessary to build upon the momentum of your previous work; sustainability 4. For new grantees: How funding will help establish prevention programming; sustainability question | /20 |  |
| TOTAL Points awarded for this section |  |  |

|  |  |  |
| --- | --- | --- |
| Scored Section | Total Points | Comments |
| Response Section II: Ability and Approach to Implement the Activities of this Grant | 45 |  |
| 1. Plan for each strategy, with reference to any applicable documents or guidance listed 2. Equity and consideration of marginalized groups | /30 |  |
| Budget  Three-year budget outline | /15 |  |
| TOTAL points awarded for this section |  |  |

Please add all subtotals in the yellow highlight for the TOTAL SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reviewer Date

Additional Comments:

# Agency of Education Tobacco and Substance Use Prevention Grant

## Scoring Rubric (used by reviewers; provided to applicants for transparency)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Low | Medium | High |
| General considerations for scoring of all sections | Spelling or grammatical errors make application incomprehensible at times  Acronyms or abbreviations/references are not spelled out or explained  New applicants have not included a response for all six strategies  Previous grantees have not provided basic description of prior work for each strategy.  Previous grantees provided no rationale for strategies selected. | Some spelling/grammatical errors  Some references to local initiatives or programs are made without explanation  **New applicants** have included a response for all six strategies  **Previous grantees** have provided basic description of prior work for each strategy.  Previous grantees have provided incomplete rationale for the strategies they selected | No spelling or grammatical errors  Any acronyms are spelled out and explained  Section is organized in logical fashion  New applicants have included a response for all six strategies  Previous grantees have described prior work in each strategy area  Previous grantees have included a compelling rationale for their selections (for instance, have reached sustainability and need less funding) |
| Score range: Needs Statement | 0-7 | 8-14 | 15-20 |
|  | No data is used to provide evidence of need, or data is presented but not explained  Statement reflects incomplete understanding of substance abuse risk and protective factors  Applicant clearly did not read and is not familiar with concepts from Appendices E and F | Data is used to provide evidence of need and briefly or incompletely explained or contextualized  Data and context may be provided but not connected as well as it could be, interrelatedness may not be obvious  Applicant clearly reviewed or is familiar with some of the concepts in Appendix E and F but application of these concepts is inconsistent | Applicant provides compelling statement; data and narrative are interwoven seamlessly  Creative use of data, beyond just the YRBS (if possible) OR various YRBS data sets are used to illustrate full scope of need  Data presented is explained and connections/ interrelatedness is made clear to reviewer  Needs statement reflects clear understanding of substance abuse risk and protective factors; applicant demonstrates clear understanding of topics from appendices and has applied them in proposal |
| Score Range: Statement of readiness | 0-7 | 8-14 | 15-20 |
|  | Incomplete response; applicant does not address current/past efforts and how those affect readiness  Applicant makes no mention of leveraging community or other partners to support and sustain work | Applicant addresses the questions but answers are incomplete or lack specificity | Applicant shows clear commitment to prevention  Applicant gives examples of community partners (for example, with a community coalition or mentor program) who are prepared to support the LEA’s efforts  Applicant demonstrates staffing capacity  Applicant provides evidence of organizational commitment to prevention  \*even LEAs/communities who are new to prevention work, can demonstrate how they are exceptionally well prepared and committed to this work |
|  | Section II: Plan |  |  |
| Score Range:  Plan | 0-9 | 10-19 | 20-30 |
| Curricular Strategy | Applicant has not identified a clear plan or process for evaluating current curricular offerings.  (previous grantees) Proposal may indicate curricula that grantee wishes to purchase but no clear rationale for that selection, and no clear plan for ensuring it will be delivered with fidelity.  Applicant does not mention HECAT or mentions briefly | Applicant’s plan is fairly comprehensive but leaves questions in one or more areas | Applicant shows clear plan to inventory, evaluate and determine unmet needs in current curricular offerings  Applicant has clear plan to complete HECAT process if it has not been completed recently.  (if purchasing/ implementing this year): Clear plan for engaging any/all facilitators of curricula (e.g. health educators, other staff) and to provide comprehensive training to ensure fidelity |
| Policy | Applicant has not included all requirements explicitly in proposal. | Applicant commits to basic requirements of this strategy but is missing goals, context or other information. | Applicant has clear plan to complete objective if SHI has not already been completed.  If applicant has already completed SHI, they describe in detail what was accomplished, where they left off and where they hope to take this work moving forward.  Applicant demonstrates understanding of nuances of particular school and community culture, or commitment to discovering them, in order to determine meaningful and relevant policy needs |
| Youth Engagement and Empowerment: Nicotine Prevention | Applicant does not include any history/context in their proposal  Applicant does not identify plans to form OVX/VKAT group. | Applicant has committed to minimum requirements with no further information provided. | Applicant addresses objective and includes any/all history with OVX/VKAT groups as context, and demonstrates commitment and enthusiasm for continuing with this work.  If LEA has never had an OVX/VKAT chapter, they describe how it could be beneficial. |
| Youth Engagement and Empowerment: Substance use prevention and other issues | If proposal includes programs or activities that are self-designed, applicant did not complete required worksheet or worksheet is incomplete  Applicant mentions programs but does not draw connection between these and the concepts of youth engagement; or, applicant lists activities, supplies or events rather than actual programs  Applicant lists, for example, only supplies or purchases but no plan for effective implementation or evaluation  Applicant lists programs with no explanation/description of what they actually are  Proposal indicates passive level of youth engagement  No plan for evaluation | If applicant proposes self-designed programs, the required worksheet is filled out but missing some parts.  If applicant’s proposal involves external programs (such as Getting to Y), reviewer is left to make assumptions about the goals and intended outcomes of that work because applicant does not summarize it.  Programs are defined but reviewer is left to assume how they relate to youth engagement  Programs appear appropriate but stop short of actually empowering youth (for example, programs that are presumably beneficial but it’s not clear why/how)  Incomplete explanation of how applicant would assess if programs were valuable or effective | Activities are clearly defined: if self-designed, the App. H worksheet has been completed. If working with external program (such as Getting to Y), applicant still summarizes the goals and intended outcome of the work.  Proposal clearly identifies programs will foster higher levels of youth engagement  All proposals specifically relate to the engagement and empowerment of youth as defined in Appendix E  Applicant clearly explains how they will evaluate if activities were valuable or effective |
| Cessation | Applicant has not identified staff facilitators or does not have clear plan  Applicant has not explained the rationale for providing cessation supports for their students  Applicant seems to make reference to cessation programs other than NOT | Applicant has clear plan of action but does not address motivational and recruitment challenges  Applicant only partially explains why cessation is necessary for their student population | Applicant has plan to complete objective.  Applicant has identified potential challenges and ways to address them  Applicant has incorporated student data when possible |
| Family Engagement | Applicant’s proposals for FE don’t address strategies and definitions as identified by CDC (see appendices)  Proposal is not specific about programs/activities of FE (for example, “we will engage families”). | Applicant’s proposal for FE is detailed and sounds “nice” but doesn’t explain how families will benefit and how they will determine if families have benefitted  Proposal only loosely refers to CDC strategies | Plan incorporates FE definitions and strategies as offered in the appendices  Plans go above and beyond simply information sharing and strive for true engagement and inclusion  Plans include active solicitation of family input and involvement  Proposal reflects understanding of or willingness/interest in understanding importance of systemic family engagement as a protective factor  There is a clear plan for how to evaluate impact of activities |
| Equity | Applicant’s response lacks detail or further consideration of the topic (e.g. only writing “we will be inclusive in our efforts.”) | Applicant’s response addresses different student populations and considers ways that the grant work can be inclusive of these students. More examples or detail are needed. | Applicant has clearly considered how the implementation of the grant activities can be inclusive of all students and gives specific examples of how they will use this framework in their planning and implementation. Response shows consideration of marginalized populations in that particular district. |

AOE Nicotine and Other Drug Use Prevention Grant-Appendix E:

Further reading, descriptions and considerations for each strategy

# Curricular Strategy

Please review AOE’s [Comprehensive, School-Based Alcohol, Tobacco and Other Drug Prevention](file:///\\doefiles\aoe_templates\Comprehensive,%20School-Based%20Alcohol,%20Tobacco%20and%20Other%20Drug%20Prevention) document.

Although comprehensive health education already requires education about tobacco and substance use, this strategy creates the opportunity for intentional review and, as necessary, improvement of the LEA’s current curricular offerings. The Center for Disease Control (CDC) developed a tool called the [Health Education Curriculum Assessment Tool (HECAT](https://www.cdc.gov/healthyyouth/HECAT/index.htm)), which supports schools in conducting a “clear, complete, and consistent analysis of [their] health education curricula” and, accordingly, “select or develop appropriate and effective health education curricula, enhance existing curricula, and improve the delivery of health education.”

The HECAT consists of various modules. Some modules focus on particular topics such as tobacco (module T) or alcohol and other drugs (Module AOD), while others focus on the total comprehensive health education curriculum and, correspondingly, take more time to complete. You can download the HECAT at the link above for reference, but further training and support will be provided to grantees by strategy coaches starting in FY 22.

This strategy requires the use of the HECAT.

New grantees are required to complete at least Module T and AOD, but are welcome to complete others as well. It is assumed that the first year of the grant will be devoted to completing the assessment tool, with implementation in years 2-3

Previous grantees who have completed the Health Education Curriculum Assessment tool (HECAT) in the past five years need not include this strategy in their proposals, but are welcome to if ongoing work necessitates doing so. For example, a returning grantee may request funds to purchase additional materials, or they may propose to continue with additional HECAT modules. Funding amount requested for curricular efforts should correspond with the amount of work proposed (e.g., purchasing additional materials would require less funding than taking on the comprehensive health education module work).

# School Health Policy Strategy

One of the many ways that schools can affect nicotine and substance prevention is to examine their policies and determine how those could better support holistic student health. The Center for Disease Control (CDC) developed a tool called the [School Health Index (SHI](https://www.cdc.gov/healthyschools/shi/index.htm)), which provides a framework and process for making such policy change. Coaching and training will be provided to grantees.

Here are just a few examples of policy changes made by previous grantees as part of the SHI and policy work:

* Reviewing and updating school policies on tobacco and substance use violations; for instance, the consequences for a student who gets caught using substances on school property or at school events. This was an opportunity for many to consider what felt meaningful and effective, and this looked different for everyone.
* Reviewing and updating school policies on staff nicotine use, and strengthening enforcement of those policies.
* Updating language in school policies to be inclusive of newer electronic vapor devices (EVP) rather than only traditional combustible tobacco products.
* Increasing tobacco-free campus signage around school property (for example, to discourage the use of nicotine products by parents or other visitors).
* New grantees are required to complete the School Health Index and then determine which policy changes they will choose to implement.
* It is assumed that the first grant year will be devoted to completing the SHI and that policy change and implementation will ensue the following 2-3 years.
* Returning grantees have already completed the SHI, and need not include this strategy in their proposals, although they are welcome to if the ongoing policy work or length of time since last completing SHI substantiates the request for ongoing funding.

# Nicotine Cessation Strategy

Many students may already be using nicotine products, including cigarettes, e-cigarettes or “vapes,” or smokeless tobacco. Although this grant is primarily focused on prevention efforts, this strategy supports the provision of cessation services to students who need them. The American Lung Association’s Not-On-Tobacco (NOT) is a cessation program for students who currently use tobacco and nicotine products.

The NOT training is currently available online and there may be more updates in the future. Facilitators of the cessation services must complete this training.

Typically, the person providing cessation to students tends to be a Student Assistance Professional, school-based counselor, nurses and other professional who: has a basic understanding of addiction, has a positive rapport with students and can provide a safe environment for students to explore the possibility of quitting a highly addictive substance.

* Grantees must offer a minimum of one cessation clinic per year
* The identified facilitator must attend the NOT (Not-On-Tobacco) training and commit to taking any future NOT training updates
* Work with cessation strategy coach as needed to increase engagement

# Youth Engagement and Empowerment Strategies

Although the spectrum of activities and experiences which can be considered protective against youth nicotine, substance use and other risky behaviors contains almost infinite possibilities, grant strategies IV and V are focused on youth engagement and empowerment specifically.

Positive youth engagement and empowerment is more than simply getting students to “show up”, or supplying them with positive activities or experiences (see [Hart’s Ladder of Participation](http://www.sbh4all.org/wp-content/uploads/2015/09/Harts-Ladder.png)).

For the purposes of this grant**, youth engagement** is “the sustained and meaningful involvement of a young person in an activity focused outside of themselves:”

1. **Sustained**: Youth engagement that endures over time leads to positive outcomes.
2. **Meaningful:** The engagement activities and topics are relevant to young people – this can be assured if youth are asked to contribute to the development of the engagement activity.
3. **A focus outside the self**: Youth are engaged when they feel connected and/or are contributing to something larger than themselves.
4. Full engagement consists of **Head, Heart, Feet and Spirit components**:
   1. Head: a cognitive component, e.g., learning new things
   2. Heart: an affective component, e.g., feeling excited
   3. Feet: a behavioral component, e.g., spending time doing an activity
   4. Spirit: a spirit component, e.g. connecting with other youth and adults to make change

For the purposes of this grant, **youth empowerment** is defined using the YES Model’s three characteristics:

1. **Skill Development**: The process of strengthening skills and increasing knowledge to improve effective decision-making, productive peer and community interactions, and strategic advocacy.
2. **Critical Awareness**: The ability to identify and analyze information and resources in order to have a deeper understanding of the “how” and “why” of positive change.
3. **Opportunities**: The actions taken to create positive change.

Please see the following resources for more information:

[Pan-Canadian Joint Consortium for School Health Youth Engagement Toolkit](http://www.gov.pe.ca/photos/original/eecd_YETOOL_E.pdf)

[Youth Empowerment: It’s Theory and It’s Implementation](http://comm.eval.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=63b28824-f0bd-4b40-a722-63799bce2c4b)

# Youth Engagement and Empowerment in Nicotine Prevention

Challenging the tobacco industry and working to prevent nicotine use remains a top priority of this grant. In Vermont, the Our Voices Xposed (OVX) group for high school students and the Vermont Kids Against Tobacco (VKAT) group for middle school students has a long history of engaging and empowering students in taking a stand against Big Tobacco and advocating for public health changes that will protect youth from the harms of nicotine.

Applicants are encouraged to review the Center for Disease Control (CDC)’s [Best Practices in Youth Engagement](https://www.cdc.gov/tobacco/stateandcommunity/best-practices-youth-engagement/pdfs/best-practices-youth-engagement-user-guide.pdf) for important information regarding youth engagement in tobacco control.

Grantees will accomplish this strategy via participation in OVX and VKAT. Specific details regarding the activities, trainings and events for FY22 will be forthcoming. An advisor for each group must be identified and this advisor will support the groups in meeting, completing activities and participating in events. In previous years activities typically included:

* Projects such as Photovoice, Social Media Challenge and Taking Down Tobacco
* The Youth Town Hall/Statehouse Rally
* The annual OVX and VKAT youth summits

# Youth Engagement and Empowerment: substance use and other risk prevention

This strategy supports youth engagement and empowerment around other issues of concern. In prior years, many grantees participated in some or all of the following groups:

* UP for Learning’s [Getting to Y](https://www.upforlearning.org/initiatives/getting-to-y/)
* Above the Influence
* UMatter for youth and young adults: suicide prevention
* The Quality Youth Development (QYD) project through Essex CHIPS
* Plan can encompass any topics that touch upon substance prevention, mental health, or other health indicators that are included in the Youth Risk Behavior Survey (YRBS) such as physical health and safety.
* Applicants are encouraged to work with an established program such as those listed above. In the event that the applicant proposes a self-designed plan, they must complete the Youth Engagement Action Plan worksheet provided in Appendix H. *All applicants are welcome and encouraged to complete the action plan regardless.*
* When writing your proposal, please refer to the [Hart’s Ladder of Participation](http://www.sbh4all.org/wp-content/uploads/2015/09/Harts-Ladder.png) and identify where your LEA’s existing youth engagement efforts currently fall.
* Describe how your plan will incorporate the characteristics of Youth Engagement defined above

# Family Engagement Strategy

Family Engagement, for the purposes of this grant, refers to the intentional and strategic inclusion of families and caregivers school health. When it comes to tobacco and substance use prevention in particular, meaningful and successful connections with families may be challenging. Parents and caregivers may themselves struggle with nicotine or substance use and may not have always felt connected to the school. However, with an intentionally and thoughtful plan for family engagement, parents and caregivers can become valued and crucial partners in overall student health and well-being.

Please refer to the following links, some of which provide information specific to family engagement in tobacco control, when writing your proposal:

<https://www.search-institute.org/infographic-6-ways-engage-families-partners/>

<https://www.cdc.gov/healthyyouth/protective/pdf/parentengagement_teachers.pdf>

<https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf>

It is also highly recommended that you consult the Agency of Education’s [Family Engagement Toolkit and Self-Assessment](https://education.vermont.gov/sites/aoe/files/documents/edu-vermont-family-engagement-toolkit-and-self-assessment.pdf) when crafting this part of your proposal. If any of your schools have completed this self-assessment, you are encouraged to include those results in your response.

AOE Nicotine and other Drug Use Prevention Grant—Appendix F

Additional Information and Resources

This appendix includes additional information which may be helpful to grantees in creating their proposals

# Further Reading:

Please see [Addressing the Dangers of Vaping in Vermont Schools](https://www.healthvermont.gov/sites/default/files/documents/pdf/EVaporToolkitSchools_06_07_19.pdf) by Vermont Department of Health for more information on the current issue of vaping amongst youth

National Institute on Drug Addiction (NIDA)’s [Preventing Drug Use Among Children and Adolescents](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse_2_1.pdf)

# Important Considerations when writing your proposal:

## Being trauma-informed

Many people who struggle with or are at risk of substance abuse are survivors of adverse childhood experiences. It is imperative that we adopt a trauma-informed approach if we want to prevent youth from using substances, and to effectively intervene if/when they do.

## Trauma, Systemic Racism and Marginalized Populations

Experiencing oppression and adversity related to, for example, racism and racial trauma, poverty,gender identity, sexual orientation and disability status can all increase the risk of nicotine and other substance use. Entities such as Big Tobacco perpetuate and profit from poor health outcomes, and target our most vulnerable populations. Unfortunately, even well intended substance prevention efforts can inadvertently alienate or even cause harm to those who could most benefit. It is important to consider how messages and materials about substance prevention may be implicitly or explicitly harmful.

The following questions may be useful: *what assumptions to these materials make about my students? How are different student and family identities represented in these materials? Are BIPOC, disabled students, LGBTQ represented?*

When it comes to your implementation and delivery of your programs, the following questions may be asked*: is this presented in a way that feels safe for all students? If not, what could be done differently? Are materials presented in a way that supports diverse learning needs? Who is delivering the information, and how might that person’s identity or role affect how studentsreceive the information?*

Resources for further exploration:

[Intersectionality from Teaching Tolerance](https://www.learningforjustice.org/magazine/summer-2016/teaching-at-the-intersections)

## Partnering with other organizations

While certain activities and policies take place in the school setting, and while prevention education should be implemented by those skilled in instruction and facilitation, the ways that prevention, screening and intervention can occur and the people who can help need not be exclusively school staff. Many schools partner and collaborate with the following:

* [Area prevention coalitions](https://www.healthvermont.gov/sites/default/files/documents/pdf/HPDP_FY18%20Tobacco%20Grantee%20Map.pdf)
* Designated mental health agencies—many contract with schools to provide school-based clinicians and all offer mental health services for youth. Some provide licensed alcohol and drug abuse treatment. To identify your regional designated agency (DA), consult [this page from the Department of Mental Health](https://ddsd.vermont.gov/designated-agencies-listed-countyregion)
* [This treatment directory from ADAP](https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Treatment_Directory.pdf) lists other treatment options in addition to local DAs.

* [Prevention consultants](https://www.healthvermont.gov/sites/default/files/documents/pdf/PC%20Map%202020.pdf) Based in your local district Department of Health office
* Student Assistance Professionals: even if you do not have an SAP in your school, the Vermont [Association of Student Assistance Professionals](https://asap-vt.org/wp/) can be a great resource.
* [UVM extension services](https://www.uvm.edu/extension/about_us): Among other things, UVM Extension can provide support in implementing certain evidence-based prevention curricula

AOE Nicotine and other Substance Use Prevention Grant--Appendix G

Example Needs Statement (fictional)

Rural Vermont School District serves the town of Rural, which has a population of 1,200. Rural School is a K-12 school. The town is surrounded by other towns of similar size and with similar demographics whose students attend other regional union schools. We have roughly 200 students in our middle and high school and 300 in our elementary school.

Although Rural is the hometown of Rural Shirt Factory, most of the labor has been outsourced and so the factory itself no longer employs a substantial number of Rural citizens. Most of our community members travel as far as 40 miles each way to their jobs each day, earning us the new reputation as a “bedroom” community. We also have several rental housing units in town which have been reported many times for violation of codes. So, we have a population of families who are working and traveling quite far to get to work, along with a population of people who have moved to town for lack of other housing options who are living in poverty. Students who live in town can walk to school while others live up to four miles away in any direction. Students who do not live in town and do not have supervised activities to attend after school return home via bus where they are generally alone, and students who live in-town tend to congregate behind the post office or on the town green after school without a structured activity to keep them occupied. This has created tension between those youth and the adults in the community. 72% of our high school youth checked “disagree” or “very much disagree” in response to the statement “I feel valued and supported by adults in my community.” As we know, feeling like a valued member of one’s community is an important developmental asset and protective factor against substance use.

Recently, Rural opened a bar in town, which has been positive for business, but unfortunately offers nothing for our youth and further solidifies the idea that consuming substances is the best way to socialize and pass the time in places like this.

Rural does offer team sports (soccer, basketball and baseball) but team participation has dwindled in recent years.

Our general store has experienced three break-ins in the last two years (by youth) which has not helped the overall tension between generations. In the past, our school and community was able to use its size to its advantage, but this was also a time when most parents worked in town or were single-income households with one parent available to meet children at school and spend time with them.

60% of our students qualify for free and reduced lunch and the average annual household income of our community is $32,000. As such, most of our students don’t have the financial resources to explore activities and connections outside of town, not to mention that their parents are often either working or cannot afford to transport them or maintain reliable transportation. The nearest town with activities like gymnastics, music classes, theater, etc., is forty minutes away.

Our students appear to be well educated about the harms of substance abuse, as over 75% rated all drug categories (including vaping products) as “harmful” or “very harmful” in the 2019 YRBS survey, and the majority of students also answered that their parents would disapprove. We are proud of our health education (evidence based curricula) which is implemented K-12 and at some point each year in high school. However, more than 50% of our high school students had tried EVP, alcohol or cannabis and 45% had used one of those within the past 30 days.

It is our strong belief that that boredom and lack of opportunity, along with lack of investment (in both time and funding) by adults may be playing a large role in our high rates of teen substance use especially when contrasted with their beliefs about use. Our student body and their specific interests ebb and flow; in past years sports worked well to engage our students. Students now seem to have other interests and family engagement has changed as well, with many parents absent due to work and others struggling with their own substance abuse and mental health issues.

We believe that funding dedicated to addressing the nicotine and substance use issues amongst our youth would enable us to establish a framework for prevention and build protective factors for our youth.

Appendix H—Action Plan Worksheet for Youth Engagement

(may also be useful for Family Engagement planning)

This form is required for each self-designed program (those not affiliated with any established program such as, but not limited to, those mentioned in Appendix E) proposed for Youth Engagement and Empowerment Strategy: Substance use, mental health and other issues. This form is *welcomed/encouraged* for all applicants and for Family Engagement programs as well.

Please complete this worksheet and upload it in the Grants Management System (GMS) where indicated. (A fillable MSWord version of this worksheet is available at the [Substance Abuse Prevention Site](https://education.vermont.gov/student-support/healthy-and-safe-schools/substance-abuse-prevention)).)

Please complete the following Logic Model table:

|  |  |
| --- | --- |
| Program Name: |  |
| Long-term Outcome: Condition  *For example, “students will have skills to manage stress without substances”)* | Step 1: Identify the long-term outcomes of your program |
| Intermediate Outcomes: Behavior  For example: “*30-day electronic nicotine device use statistic will lower to \_\_”*) | Step 2b: Identify the intermediate outcomes of your program |
| Initial Outcomes: attitude  For example: *“youth will be able to identify relationship between stress and substance use”*) | Step 2a: Identify the initial outcomes of your program |
| Activities  For example: *a discussion series open to teens grades 9 and 10 about managing stress* | Step 3: Identify the activities that will take place |
| Inputs: human or other resources needed to implement  For example*: volunteers, staff, building, curriculum materials, etc.* | Step 4: Identify the inputs |
| Outputs: what does the activity deliver?  For example*: up to 15 youth will have access to 8 discussion groups at 60 minutes each; youth will collaborate on informational materials and share them with peers in chosen format* | Step 5: Identify the outputs: what, who, how often? |

1. Please describe how the program addresses the following characteristics of youth engagement from Appendix E:
   1. **Sustained**: Youth engagement that endures over time leads to positive outcomes.
   2. **Meaningful:** The engagement activities and topics are relevant to young people
   3. **A focus outside the self**: Youth are contributing to something larger than themselves.
   4. Full engagement consists of **Head, Heart, Feet and Spirit components**

1. Some programs may be more focused on engagement and less on empowerment, especially for younger children, and this is okay. If your program also fosters youth empowerment, please describe how it meets the following three characteristics of youth empowerment as described in Appendix E (if not, type N/A):
   1. **Skill Development**: The process of strengthening skills and increasing knowledge to improve effective decision-making, productive peer and community interactions, and strategic advocacy.
   2. **Critical Awareness**: The ability to identify and analyze information and resources in order to have a deeper understanding of the “how” and “why” of positive change.
   3. **Opportunities**: The actions taken to create positive change.

1. What is your rationale for choosing these particular programs (for example, youth survey, other school wide data, student needs and risk factors, etc.)

1. How will you assess whether the program had the intended initial and/or intermediate outcomes?