

# **A Guide for Schools to Address Prevention and Intervention of Substance Use**



June 2023, Wisconsin Safe and Healthy Schools Center

# Purpose and Audience:

This guide supports School Administrators, Pupil Services Staff, Directors of Curriculum & Student Services, Classroom Teachers, and anyone serving in the role of Alcohol & Other Drug (AODA) Coordinator in designing and providing substance use prevention and intervention in schools.

# Objectives:

- Understand emerging substance use issues and interventions
- Access substance use trend data for Wisconsin and the US and identify local data sources on substance use
- Identify and evaluate resources that include best practices for substance use prevention and intervention in schools
- Align existing resources, identify gaps, and plan ways to address gaps in services
- Select best practices for adult and student programming



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- Appleton Area School District
- Chippewa Falls School District
- Abbotsford School District
- Sheboygan School District



Dear Educator,

Why do schools need to prioritize substance use? Substance use by teens can have a lasting impact on their health and wellbeing. Substance use is associated with negative consequences including risk of drug use later in life, school failure, and poor health outcomes, including poor mental health. In addition, the link between trauma (Adverse Childhood Experiences or ACEs) and substance use has been firmly established (1). The use of substances during childhood and adolescence has greater potential to disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control, because the brain is still developing during these periods.

Substance use prevention involves helping individuals develop the knowledge, attitudes, and skills needed to avoid or minimize future problems related to alcohol and other drug use. Substance use prevention programs in schools foster protective factors, such as school connectedness and positive peer relationships, which can help students avoid engaging in risky behaviors and help students learn skills important to promoting healthy choices, such as decision making, goal setting, self-management, and bystander intervention.

Substance use intervention involves helping individuals who are exhibiting signs of substance use or misuse. In schools, these interventions may include screening for substance use as in Screening, Brief Intervention and Referral to Treatment (SBIRT), providing referral resources, connecting students with community based organizations, or recommendations for treatment.

This guide supports School Administrators, Pupil Services Staff, Directors of Curriculum & Student Services, Classroom Teachers, and anyone serving in the role of Alcohol & Other Drug (AODA) Coordinator in designing and providing substance use prevention and intervention in schools. The WISH Center team prioritized finding and sharing the most useful resources to assist schools that may need to modernize their substance use prevention and intervention efforts.

Finally, you don't need to do this work on your own. We encourage you to connect with community based resources who can partner to support and collaborate with your school to help you assess, plan, implement, evaluate, and sustain substance use prevention and intervention in your school.

Sincerely,  
Tracy Herlitzke, MPH, MCHES®  
Statewide Director  
Wisconsin Safe & Healthy Schools Center



1 [The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems](#)

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# Overview

## The Need for Comprehensive Substance Use Prevention and Intervention in Schools

Substance use prevention and intervention falls within a wider system of interventions and supports designed to ensure the safety, health and success for all students. While the rates of use of alcohol, tobacco and other drugs among school age youth have diminished in Wisconsin over the past ten years, the risks and consequences of substance use for youth remain significant, according to the Centers for Disease Control's analysis of Youth Risk Behavior Survey results.

The report identifies the downward trend in substance use while pointing to potential new risks: “Substance use prevalence declined during 2009–2021. From 2019 to 2021, the prevalence of current alcohol use, marijuana use, and binge drinking and lifetime use of alcohol, marijuana, and cocaine and prescription opioid misuse decreased; lifetime inhalant use increased. In 2021, substance use varied by sex, race and ethnicity, and sexual identity. Approximately one third of students (29%) reported current use of alcohol or marijuana or prescription opioid misuse; among those reporting current substance use, approximately 34% used two or more substances.”

Additionally, a new study from the American Academy of Pediatrics highlights the combined risks of substance use and other mental health conditions in noting that one third of students misusing prescription opioids were more likely to say they had seriously considered suicide, made suicide plans or felt sad or hopeless in the last year. Another study shared by the National Institutes of Health cites a correlation between daily use of cannabis (marijuana) and a diagnosis of schizophrenia among young men.

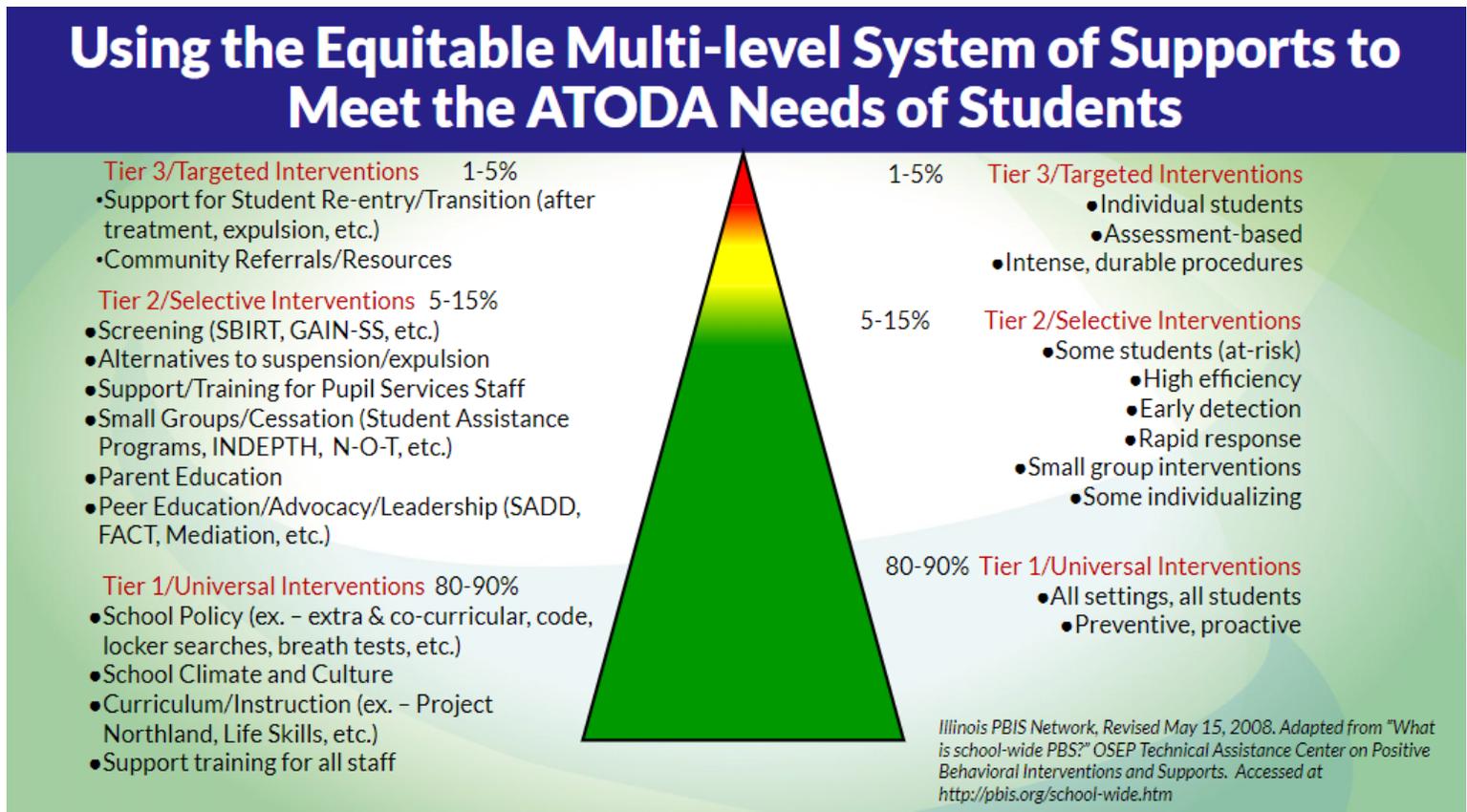


# What does a Comprehensive Substance Use Prevention and Intervention Program Look Like?

Comprehensive programs for substance use prevention and intervention function as part of an equitable multi-level system of supports (see image below from the Wisconsin Department of Public Instruction) where strong relationships, a positive and welcoming school climate and demonstrated sense of belonging mark the student experience. Considerations that are specific to a comprehensive approach to substance use include:

- District Substance Use Policy
- Needs Assessment and Review of Local Data
- Prevention Strategies
- Selected, & Targeted Intervention Strategies for Students
- Training and Resources for Adults
- Referral Pathways
- Program Evaluation

The image below from the Department of Public Instruction [AODA Program Grant Writers Workshop](#) highlights the structure of a tiered system of supports and interventions that can form the structure of a comprehensive system.



# “What Works, What Doesn’t”

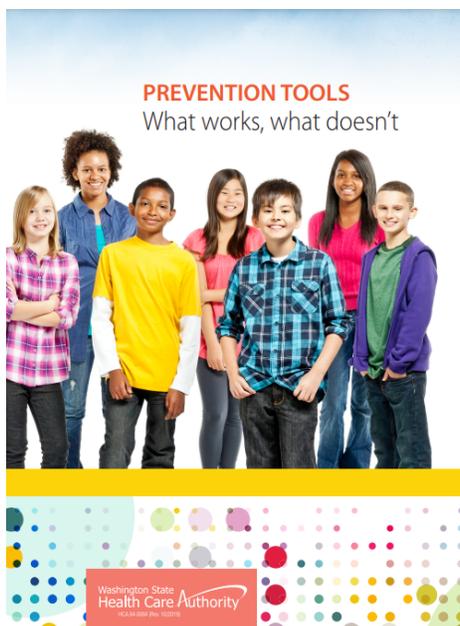
With limited time and resources, schools must carefully identify what actions will have the greatest positive impact in providing for the safety and wellbeing of children. In it’s Best Practices Toolkit, Athena, the site for prevention professionals in Washington state, states what works in prevention:

- Focus on healthy alternatives to use
- Enhance connections to prosocial adults, peers and organizations
- Use structured interactive approaches that include skill practice
- Focus on normative education that portrays true use rates and miscorrects misperceptions

The guidance document also reminds schools that not all approaches to prevention are helpful, and some may even be harmful. Some prevention strategies, even those used in recent decades, may have been effective for some students, but may have harmed more vulnerable students.

What doesn’t work in prevention:

- Fear Arousal – Scary Images and Scare Tactics
- One-time Assemblies and Events
- Personal Testimony from People in Recovery
- Mock Car Crashes
- Reinforcing Exaggerated Social Norms
- The Illusion of Truth Effect: Myth Busting
- Drug Fact Sheets and Knowledge-based Interventions
- Role Play that Conditions Youth to be Drug Users or Dealers
- Moralistic Appeals
- Grouping At-Risk Youth Together



# SAMHSA's Strategic Prevention Framework



In the publication, [A Guide to SAMHSA's Strategic Prevention Framework](#), the Substance Abuse and Mental Health Services Administration (SAMHSA) promotes a five-step process that supports an understanding of the complex nature of substance use within the context of a particular environment, such as schools. In addition, the approach reinforces a need for prevention work that is sustained through a systems approach and that this system has the capacity to support the needs of diverse people within the system.

1. **Assessment:** Identify local prevention needs based on data (e.g., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (e.g., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

# Risk and Protective Factors



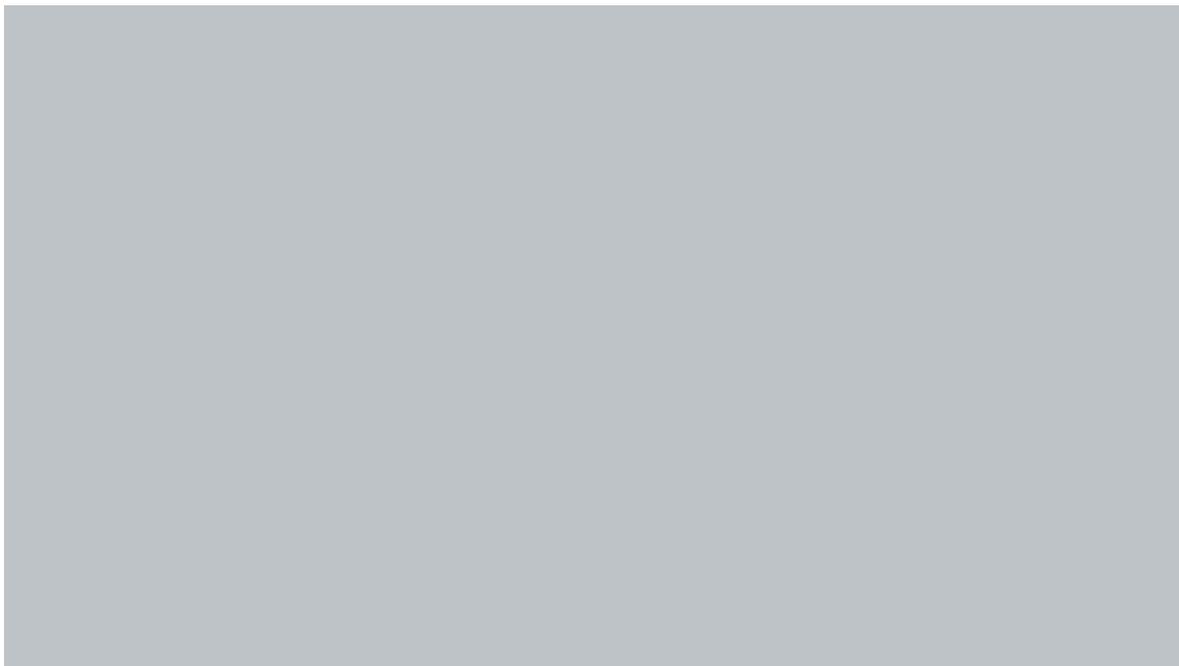
Prevention works by mitigating risk factors and leveraging protective factors. As cited in [Youth.gov](http://Youth.gov), programs and practices that reduce risk factors and increase protective factors have a greater likelihood of success. These may include activities that reduce availability of substances, increase the likelihood of school success, provide positive physical development and educate caregivers and families about substance use and supportive parenting practices. Early prevention and intervention efforts are key to protecting a child’s health and wellbeing. Risk factors that emerge in a child’s early life and persist through young adulthood may have even greater bearing on the likelihood of early substance use and potential addiction.

## ADOLESCENT RISK AND PROTECTIVE FACTORS

	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> <li>• Behavioral disengagement coping</li> <li>• Negative emotionality</li> <li>• Conduct disorder</li> <li>• Favorable attitudes toward drugs</li> <li>• Rebelliousness</li> <li>• Early substance use</li> <li>• Antisocial behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Positive physical development</li> <li>• Emotional self-regulation</li> <li>• High self-esteem</li> <li>• Good coping skills and problem-solving skills</li> <li>• Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture</li> </ul>
Family	<ul style="list-style-type: none"> <li>• Substance use among parents</li> <li>• Lack of adult supervision</li> <li>• Poor attachment with parents</li> </ul>	<ul style="list-style-type: none"> <li>• Family provides structure, limits, rules, monitoring, and predictability</li> <li>• Supportive relationships with family members</li> <li>• Clear expectations for behavior and values</li> </ul>
School, Peers, Community	<ul style="list-style-type: none"> <li>• School failure</li> <li>• Low commitment to school</li> <li>• Associating with drug-using peers</li> <li>• Not college bound</li> <li>• Aggression toward peers</li> <li>• Norms (e.g., advertising) favorable toward alcohol use</li> <li>• Accessibility/ availability</li> </ul>	<ul style="list-style-type: none"> <li>• Presence of mentors and support for development of skills and interests</li> <li>• Opportunities for engagement within school and community</li> <li>• Positive norms</li> <li>• Clear expectations for behavior</li> <li>• Physical and psychological safety</li> </ul>

Adapted from [Youth.Gov](http://Youth.Gov)

# State and National Data



Districts seeking to establish or strengthen existing prevention and intervention supports should review local data sources to determine the needs of their students and staff, as well as state and national data on substance use and related risk behaviors. The Centers for Disease Control and Prevention (CDC) supports substance use prevention and intervention work by providing the National Youth Risk Behavior Survey (YRBS), an optional service for individual schools and districts. Learn more about the YRBS in this brief overview [video](#).

A variety of tools and reports are available on the CDC website to help to understand substance use among youth across the country: [National High School Youth Risk Behavior Survey Data from the Centers for Disease Control](#)

This interactive site allows users to examine risk behaviors in six categories:

- unintentional injuries and violence
- tobacco use
- alcohol and other drug use
- sexual behaviors
- dietary behaviors
- physical activity

The site allows users to compare results from national, state, territorial, and local surveys, examine trends over time, and view results by race/ethnicity, sex, or grade.

In addition to the national data available, the Wisconsin Department of Public Instruction provides multiple reports and data summaries on its [Wisconsin Youth Risk Behavior Survey Data on the Wisconsin DPI Website](#), including graphs, comparisons and summaries.

# Wisconsin Requirements for Substance Use Prevention



## 118.01(2)(d)2.d.

As part of its requirements for education for pupil personal development, Wisconsin statute 118 holds each school board responsible for programming designed to provide students with “awareness about drug abuse, including prescription drug abuse, and prevention,” as well as the impact of alcohol and other drug abuse on decision-making and suicide, and the risks associated with driving while under the influence of alcohol and other drugs.

## PI 38

Under this chapter of Wisconsin law, the State of Wisconsin encourages districts to “develop comprehensive kindergarten through grade 12 programs to prevent or ameliorate alcohol and other drug abuse among minors,” and provides information about comprehensive programs for districts wishing to apply for additional grant funding, where the following components may form part of a comprehensive a program:

1. Provides accurate and up-to-date information on health promotion and risk behaviors.
2. Provides accurate information about youth attitudes and behaviors about AODA and related youth risk behaviors.
3. Provides a strong focus on life skill development, such as decision making, goal setting and communication skills.
4. Emphasizes key concepts that cut across many health and safety issues.
5. Provides multiple instructional strategies.
6. Is developmentally appropriate and builds on a pupil's prior knowledge.
7. Provides a sense of safety and community in the classroom.
8. Provides clear and consistent messages.
9. Involves parents and guardians in instructional programs.



# TERMINOLOGY USED IN THIS GUIDE

AODA / ATODA

Alcohol, Tobacco and Other Drug Abuse. Acronyms commonly used in the literature and resources cited in this guide. In this guide, AODA / ATODA may be used interchangeably with the term Substance Use.

CSMHS

A Comprehensive School Mental Health System, as cited in the DPI's webpage, includes a continuum of services and supports to promote student and staff mental health by fostering social and emotional wellbeing and positive school culture, and eliminating systemic barriers to wellbeing and success for all students. A CSMHS increases health equity by ensuring all students and staff have access to the prevention, early intervention, and treatment supports that they need, when they need them, free of stigma.

Cultural Responsiveness

In the DPI's publication Wisconsin's Model to Inform Culturally Responsive Practices, Cultural Responsiveness describes the beliefs, knowledge, and practices educators, schools, and districts need to reach and teach diverse students within their culturally responsive multi-level systems of support.

e-MLSS

According to the Wisconsin RtI Center, Equitable Multilevel Systems of Support systematically provides differing levels of intensity of supports (interventions/additional challenges, collaborative structures, monitoring of learner progress) based upon learner responsiveness to instruction and intervention.

Educational Equity

Based on the DPI's AODA Grant Guidance, every student has access to the educational resources and rigor they need at the right moment in their education across race, gender, ethnicity, language, ability, sexual orientation, family background, or family income.

Evidence Based Prevention

"There are many strategies confirmed by research that are shown to positively impact the health behaviors and choices of young people. These research-validated strategies are known as evidence based programs and have been proven effective over time using the most rigorous evaluation methods. Evidence-based strategies depend on {practitioners'} commitment to implementing them with fidelity to the intended design of the program." (Best Practices Toolkit: What Works, What Doesn't)

As noted on the Wisconsin DPI's website, "Evidence-Based Practices means using programs, practices, and procedures with the best available evidence of effectiveness that fit the school's and district's population and values."

# TERMINOLOGY USED IN THIS GUIDE

## Prevention

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. (SAMHSA.gov) In schools, prevention interventions may focus on environmental and community factors and policies such as limiting access to substances, developmental factors including risk and protective factors, or skill development. (Youth.gov)

## Referral Pathways

“The policies and procedures in place to assure a youth with behavioral health needs gets referred, assessed, and funneled to the proper services and resources needed.” (SAMHSA, 2015) Referral pathways in schools provide next steps for staff when they identify a student in need, coordinate supports within schools and between schools and outside organizations and improve student outcomes through early identification and intervention. (Wisconsin DPI School Mental Health [Referral Pathways Guide](#))

## Risk and Protective Factors

[SAMHSA](#) defines Risk and Protective Factors as those factors that influence a person’s chances or likelihood of developing a substance use disorder. Risk factors include “biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.” These may include prior trauma, family history of substance use or low achievement in school. Protective factors support a lower likelihood of substance use and mitigate any risk factors. Protective factors may include a strong sense of belonging in school, adequate supervision, or the availability of after-school activities.

## SBIRT

[Screening, Brief Intervention, and Referral to Treatment](#) is a well-established, comprehensive public health model used to address selected health behaviors within a population, and has been used in school settings to quickly and effectively assess areas of concern, engage in a time-limited brief counseling intervention, and assess and refer for further intervention.

## Substance Use

Term used in this guide to indicate use of substances such as alcohol, tobacco and other drugs by youth and adults. Some resources will also use the term Substance Misuse.

## Substance Use Disorder

As defined in The Diagnostic and Statistical Manual Disorders (DSM-5), a problematic pattern of use of an intoxicating substance leading to significant impairment or distress. See [Wisconsin Department of Health Services](#).

## Stigma

“Stigma can be understood as an attribute, behavior, or reputation that is socially discrediting, and substance-related problems appear to be particularly susceptible to stigma.” [Great Lakes PTTC Preventing and Reducing Stigma](#)

# Implementation Considerations

## Policy

### Purpose of Policy in Prevention and Intervention

School district policy is a tool to provide clarity and direction towards maintaining a high quality and supportive learning environment for all students. Effective policies also ensure that school districts are in compliance with federal/state law and are representative of the values of the educational community.

As stated in Wisconsin's Framework for Equitable Multi-Level Systems of Support, the use of school district policy to maintain and support health and wellness is a universal strategy to meet the needs of students. Written policy can provide procedures that create equitable systems to prevent and respond to behavioral situations involving substance use. Because schools are often in the unique position to be the first to notice changes in behaviors that may indicate a concern or problem, systems can be created to provide early intervention and coordination of resources to students and families.

School districts in Wisconsin must adhere to Wisconsin Statute Chapter 38 when developing written policy regarding "Comprehensive kindergarten through grade 12 AODA programs" including pupil assistance programs, curriculum, instruction, staff development and youth oriented activities.



# Procedures for Updating AODA Policies

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As a district enters the process of revising policies and procedures at the local level, the following areas highlight promising practices that support a comprehensive approach to creating coherence in policy development.

Align policy to state law, including:

- Comprehensive AODA programming, including pupil assistance programs (Prevention)
- Curriculum and Instruction (Prevention)
- Adult Programs including Staff Development (Prevention and Intervention)
- Student Programs and Youth oriented activities (Prevention and Intervention)

Engage students, families and staff

- Foster local involvement and commitment, emphasizing district needs and inclusive decision making
- Create a team with diverse stakeholders that will work in partnership to review and consider updates to the policy

Focus on Data Informed Decision Making

- Use data and local evidence to examine your policy and to drive planning decisions, understanding the policy strengths, needs and gaps
- Identify priorities, goals and improvement strategies that fit local circumstances

Use local continuous improvement processes to develop, review and revise

- Research policy changes, create a rough draft and engage in the approval process from the local governing body
  - Consider cyclical reviews of policy with the use of data for sustainability and continuous improvement
-

# Specific Considerations for Substance Use Prevention/Intervention Policy

Districts may use a range of prevention and intervention strategies that are supported through policy. When considering which approaches will be utilized, consider adopting strategies in accordance with your local data, district needs and methods that promote positive, instructional approaches, and prioritize helping students involved in substance use.

## Alternatives to Exclusionary Practices

- For students identified at risk for substance use, establish procedures that promote instructional approaches and brief interventions, such as SBIRT (Screening, Brief Intervention, and Referral to Treatment), small Student Assistance Program groups and tier 2 interventions.
- Consider Restorative Practices, including formal conferences and problem-solving circles, instead of punitive, zero-tolerance policies such as suspension or expulsion.
- Allow for individual circumstances and the context of the behavior to be considered in the student discipline policies and procedures. Prioritize maintaining relationships and student engagement over applying disciplinary consequences.

## Stigma Reduction

- Students identified as at risk for substance use may be adversely impacted by negative stereotypes and common stigma associated with substance use. Schools and districts should use language that supports students and their families, including using person first and other non-stigmatizing language. In it's Stigma Reduction Language Guide, Shatterproof offers guidance and best practice examples of inclusive language to support schools.
- The WISE – Initiative for Stigma Elimination (WISE) is a nationwide coalition of organizations and individuals promoting inclusion and support for those affected by mental illness and addiction/substance use through the advancement of evidence-based practices for stigma reduction efforts. WISE and Rogers Behavioral Health offer training and support for schools engaged in learning about stigma reduction, including the Up to Me curriculum.

Other resources on stigma reduction can be found at:

- National Institute on Drug Abuse
- Partnership to End Addiction
- Great Lakes Prevention Technology Transfer Network's Preventing and Reducing Stigma

## Communication of AODA Policies

- Student handbooks may be used to reflect all student-related policies and procedures, highlighting all prevention efforts and consequences for violation of the policies.
- Opportunities to create open dialogue between parents and students about policies and their impacts can be fostered through parent forums, education nights, etc.

# Specific Considerations for Substance Use Prevention/Intervention Policy Continued

## Staff Education

- Define how staff will engage in coordinated programs of staff development focused on essential learning of student protective and risk factors, student supports and resources and current substance use trends.
- Include staff role in early identification of student risk factors and role in referral to district support team that provides coordination of student assistance services.

## Services for Students

- Define developmentally appropriate education provided to all students using evidenced-based curriculum and prevention programs. Policy may include options for parents to view and/or engage in the prevention curriculum learning. Bear in mind that “one and done” or episodic events such as public speakers or “mock crash” incidents should be woven into a comprehensive educational approach to prevention.
- Identify Student Assistance Program (SAP) components including screening, referral procedures and in-school support groups. Additionally, policy may clearly identify roles of the SAP team members and unique training of SAP team members.
- Designate the role of community partnerships for AODA prevention and intervention, including [Referral Pathways](#) for students/families to access treatment services. Clarify how district programs will support the reduction of barriers to access treatment services, supporting equitable approaches to mitigate disparities.

## Alignment to Athletics and Co-curriculars

- With athletics and co-curriculars being an integral forum for student learning and development, district policy may reflect how participation in such activities is connected to protective factors or risk factors of substance use.
- Code of Conduct will reflect district policy to promote health and wellness, as well as specifying consequences for substance use violations as it pertains to athletics and co-curriculars

## Search and Seizure

- In accordance with school safety procedures, clarify search and seizure procedures on school grounds, including substances found in lockers, on person or in vehicles.
- Define who can conduct searches with specification given to educational roles and the use of law enforcement K9 units.
- For additional information, see the [Wisconsin Department of Justice Safe Schools Legal Resource Manual](#).

## Breathalyzers and Drug Testing

- Specifics can include how students are selected via random sampling or if a student would be subject to a breathalyzer test due to reasonable suspicion.
- Policies that include other drug testing may specify the provider of the testing, the parameters of confidentiality and the protocols for student selection of drug testing.

While not required by the state of Wisconsin, districts may provide an AODA Program Coordinator as part of their comprehensive approach. If a district applies for an AODA Program Grant, the district is asked to name the district AODA Program Coordinator.

An AODA Program Coordinator was described in the 1991 Wisconsin Department of Public Instruction publication, Alcohol And Other Drug Abuse Programs - A Resource and Planning Guide, as:

”a professional school employee holding a license issued by the Department of Public Instruction...who is designated by the school board to: coordinate program activities among grade levels, build community and AODA program components for consistency and integrity; assist in writing, reviewing, and updating AODA policies and procedures; keep informed, communicate, and make recommendations regarding current materials, laws, grants, research, and community resources; act as a consultant and liaison for the district regarding AODA issues; coordinate program review and evaluation; work cooperatively with and serve on district committees for related programs such as at-risk, suicide prevention, and protective behaviors; ensure that there is a network that provides staff support; coordinates the development and implementation of AODA classroom curriculum; and provide ongoing system analysis.”

When looking for guidance in creating the AODA Program Coordinator position, districts are advised to consult [PI 38.13](#) where the following categories may form part of a comprehensive program:

1. Provides accurate and up-to-date information on health promotion and risk behaviors.
2. Provides accurate information about youth attitudes and behaviors about AODA and related youth risk behaviors.
3. Provides a strong focus on life skill development, such as decision making, goal setting and communication skills.
4. Emphasizes key concepts that cut across many health and safety issues.
5. Provides multiple instructional strategies.
6. Is developmentally appropriate and builds on a pupil's prior knowledge.
7. Provides a sense of safety and community in the classroom.
8. Provides clear and consistent messages.
9. Involves parents and guardians in instructional programs.

Knowing what is considered to be a comprehensive K-12 AODA program is helpful in defining the AODA Coordinator position. Consultation with the Department's Alcohol and Other Drug Use/Abuse (AODA) Prevention Program Assessment Tool is an additional method for gaining an understanding of a comprehensive program and defining the roles and responsibilities of the Coordinator position. The following categories are assessed when using the DPI's tool:

- School Environment
- Curriculum and Instruction
- Student Programs
- Pupil Services
- Adult Program
- Family and Community

These broad categories may be useful in creating a position description, defining roles and responsibilities and determining training needs. Wisconsin requirements as stated in PI 38.18(3) item (c) call for districts to provide the “name of the AODA program coordinator, and evidence that the AODA program coordinator holds a current license issued by the department,” thus requiring the AODA Program Coordinator to have a valid DPI license allowing them to work with students, including, but not limited to a license as a school counselor, school psychologist, school social worker, principal, etc.

In some districts, a partnership with a community agency was formed to create and provide AODA Core training. Click on the link for an example from the Appleton School district: 2022/2023 ATODA TRAININGS Appleton Area School District/Catalpa Health Contracted Services

Other resources for obtaining training for AODA Coordinators may include:

Great Lakes Prevention Technology Transfer Network

Mid-America Prevention Technology Transfer Network Partnerships for Success

<https://www.samhsa.gov/talk-they-hear-you/materials-school>

Lesson Plans and Activities | National Institute on Drug Abuse (NIDA) (nih.gov)

- Many of these lessons include fact sheets

<https://www.wishschools.org/resources/atod.cfm>

<https://www.wishschools.org/resources/schoolsbirt.cfm>

# NEEDS ASSESSMENT & EVALUATION OF SUBSTANCE USE PROGRAM ACTIVITIES

In order to measure the impact of substance use prevention and intervention strategies, programming should be monitored for progress in a systematic way. Program evaluation can be completed on an ongoing basis through a process of continuous improvement. Measurement of progress can inform future decision making and can build an understanding that the desired outcomes of the program are occurring and making a positive impact.

## GATHERING DATA

There are multiple methods of data that can be utilized to guide areas of improvement in programming and to set future goals. Data may include qualitative sources, including observations and perception surveys and quantitative sources, including information that has been counted and measured. When initially collecting data, use a baseline measure that will allow a comparison once the implementation of policies and programming occurs. Multiple forms of data should be used when considering areas of improvement to prioritize, as singleton sources of data may not convey the complexity of factors involved in program implementation. The following are data sources to consider:

### Who is participating in programming?

- Universal student engagement
- Tier 2 student engagement

### What are the needs that have been identified?

- Needs Assessment
  - For information and resources in planning and assessing a district's current comprehensive AODA program, visit the [DPI's Student Services Prevention and Wellness AODA webpage](#) and find the links for assessment tools, including the [DPI AODA Assessment Tool](#)
  - [DPI Tobacco Prevention Program Assessment Tool](#)
- Search Institute Developmental Assets [Attitudes and Behaviors](#)
- [Youth Risk Behavior Survey](#) data
- Measures of student engagement, belonging, and safety
- Office referrals, School Resource Officer reports
- Student and Parent input/feedback

### What are outcome measurements?

- AODA violations
- Athletic or co-curricular Code of Conduct violations
- Referrals for AODA services
- Attendance data
- [Achievement data](#)

[The Guide to Strategic Prevention Framework](#) recommends that when assessing substance use within the school and community, prevention planners may wish to engage with the following questions:

- What substance misuse problems (e.g., overdoses, alcohol poisoning) and related harmful behaviors (e.g., prescription drug misuse, underage drinking) are occurring in the community?
- How often are these substance misuse problems and related harmful behaviors occurring? Which ones are happening the most?
- Where are these substance misuse problems and related harmful behaviors occurring (e.g., at home or in vacant lots, in small groups or during big parties)?
- Who is experiencing more of these substance misuse problems and related harmful behaviors (e.g., males, females, youth, adults, members of certain cultural groups)?

# Evaluation Methods

There are a variety of methods that can be used when determining if a program is working and how it can be improved, including:

## SMARTIE Goals

- The SMARTIE, Specific, Measurable, Attainable, Relevant, Time-based, Inclusive and Equitable goal framework can be used to record a focused direction for the programming. Objectives are then created to align to goals, followed by evidence and indicators of success.
- SMARTIE goals may work in alignment to district or building annual goals as a part of a strategic planning process.

## PDSA Cycles

- Plan, Do, Study, Act creates a systemic process for continuous improvement. This repetitive model organizes the implementation and improvement process by creating small predictions and tests that once completed, provide an organization feedback to adopt, adapt or abandon the strategy.
- PDSA cycles can support scaled implementation when you are starting a new program or strategy by breaking applications into smaller steps for evaluation.

## Key Performance Indicators (KPI)

- KPI's are indicators of progress towards a desired level of progress or a specific result.
- To determine KPI's, a logic model can be used as a visual representation between the program activities, including inputs, processes, and outputs, and their intended impacts.

# SUSTAINABILITY AND PROGRAM INTEGRATION

## Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework recognizes the value of creating "an adaptive and effective system" that involves diverse community partners, in which decisions and actions are driven by data, and that the plan for prevention evolves as the needs of the community or school change. A system that is powered by a team and integrated within a larger system of supports within a school is more likely to be successfully implemented and maintained. For more information, see [A Guide to SAMHSA's Strategic Prevention Framework](#).

## Consider Other Funding Sources

The braiding of local, state, and federal funding sources is essential to sustainability. Below are examples of a few funding sources.

### DPI Student AODA Mini-Grant Program

The Department of Public Instruction's (DPI) AODA Student Mini-Grant Program allows students to submit proposals/projects, with costs up to \$1,000, each fall. For more information regarding Student AODA Mini-Grants go to the following link: [AODA Mini-Grant](#).

### DPI AODA Program Grant

The Department of Public Instruction's (DPI) AODA Program Grant assists school districts in their development of comprehensive AODA programs which includes both prevention and intervention services. The discretionary grant program supports the development and expansion of district-wide comprehensive kindergarten through grade 12, alcohol and other drug abuse prevention and early intervention programming as part of a coordinated school health program. For more information regarding AODA Program Grants go to the following link: <https://dpi.wi.gov/sspw/aoda>

### Title IVA Funding

This federal grant provides districts with funds focused towards building capacity to ensure that all students have access to high-quality educational experiences. Districts have significant flexibility in using these funds to support three priority areas. One of the areas being improving school conditions for learning to ensure safe and healthy students. For more information regarding Title IVA funding go to the following link <https://dpi.wi.gov/titleiva>

### Drug Free Communities (DFC) Support Program

This program supports the efforts of community coalitions working to prevent and reduce substance use among youth. For more information regarding DFC Support Program go to the following link: [Drug-Free Communities \(DFC\) Support Program](#)

*For state level resources, information and timelines for AODA Program Grants, AODA Mini-grants, as well as contact information for DPI consultants, please visit the DPI Website.*

# Tips for Writing a Successful Grant

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*Have a team approach to writing the grant and implementation.*

## **Determine Readiness**

- *Conduct or review needs assessments to determine the evidence of need*

## **Plan**

- *Identified your needs & priorities*

## **Complete an Action Plan**

- *Adopt SMARTIE goals to address priority area*
- *Select evidence-based programs*
- *Identify action steps*
- *Create a timeline and responsibilities*
- *Identify strategies for evaluation and data collection*

## **Determine the Budget**

- *Identify costs for allowable budget items*
-

# PROGRAM COMPONENTS

## Curriculum & Instruction

Under PI 38 AODA programs should meet the curriculum & instruction requirements of Wis Stat sec 118.01 (2) (d) 2. c. and 118.01 (2) (d) 6.

It is important to make data driven decisions when selecting practices and programs to support substance use prevention and intervention in schools. See the section in this guide on “Needs Assessment & Evaluation of Substance Use Program Activities” for data sources, and strategies to evaluate the impact of a chosen strategy.

It is recommended to use Evidence-Based Practices when providing prevention and intervention services within a school program. These programs provide quality material and may offer training. As stated on the Wisconsin DPI’s website, “Evidence-Based Practices means using programs, practices, and procedures with the best available evidence of effectiveness that fit the school’s and district’s population and values.” An evidence-based approach is:

- applied across all key system features
- implemented as designed and intended
- selected collaboratively through use of local data
- culturally responsive
- supported through policy, resource allocation, training and coaching, and accountability measures and structures

The following link provides an “Excellence in Prevention Strategies” list. If you select “schools” in the “where will you implement” section, “drugs” in the “what problems do you wish to address” section, and then whatever else matches your district in the remaining sections, this will generate a list of evidence-based programs to consider: <https://theathenaforum.org/EBP>.

As you begin to identify needs, consider what adult practices or systems changes are needed in order to best meet the needs of the identified target population. Be sure to consider what you are doing for all students, some students, and then targeted students. The diagram on the next page is provided by the Wisconsin Department of Public Instruction which can help guide development of a comprehensive program.

# Curriculum & Instruction

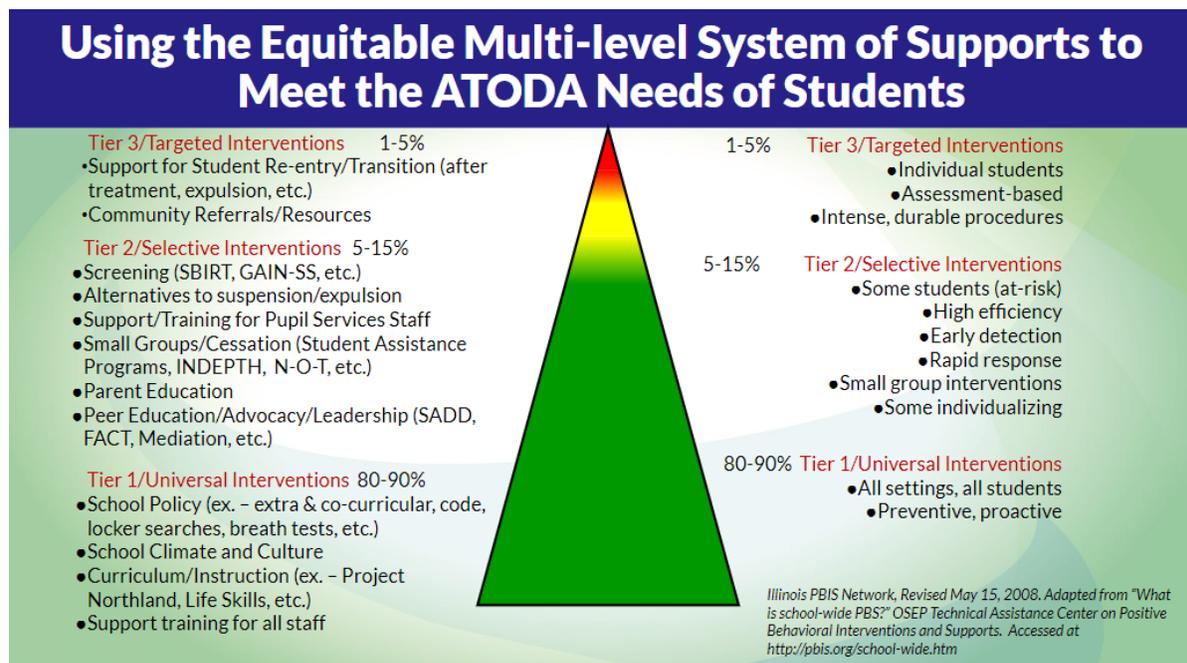
Below is a list of some evidence-based prevention programs being used in Wisconsin.

- LifeSkills
- Project Alert
- Too Good for Drugs
- Strengthening Families
- Guiding Good Choices
- All Stars

Another option is to use **Promising Practices**. These are strategies that have been shown to alter individual choices toward substance use. Promising Practices can also be evidence-based prevention strategies that have shown positive outcomes in reducing risk factors or increasing protective factors for drug use.

Below are a variety of websites that support districts in the identification of evidence-based or Promising Practices.

- [Center for the Study and Prevention of Violence-Blueprints for Violence Prevention](#)
- [Evidence for ESSA](#)
- [SAMHSA Evidence-Based Practices Resource Center](#)
- [Collaborative for Academic, Social, and Emotional Learning](#)



# Student Programs

## Student Assistance Programs (SAP)

Once popular throughout the state, this model for Student Assistance Programs trained staff to understand and recognize chemical dependency and mental health concerns, the family dynamics in a dysfunctional family system, what enabling is and how it affects behavior, codependency, brain development, interventions, recovery, developmental assets and resilience. This first step in the learning is referred to as Core Training. Further training provides staff with the skills to facilitate SAP support groups. Facilitated support groups are the primary service delivery system in an SAP program.

Appleton Area School District is one example of a district using the Student Assistance Program model as a part of their Comprehensive School Mental Health services to provide small groups driven to provide peer to peer support in a structured curriculum. To see an example of the promotional materials for the training, click on this link: [saptraining\\_2022-2023 AASD Public.docx - Google Docs](#)

- Related Student Assistance Program examples:
  - Anger Management
  - Grief Support
  - Family Change
  - Friendship

## Peer Programs

The key to any successful program in schools is the active participation of the students. Peer programs are oriented toward both prevention and intervention. Responsible students are selected, then trained in specific skills as well as AODA-related issues, and they are given the opportunity to have a profound influence on their fellow students through these programs.

- Examples of peer helping/listening, peer to peer education, and peer leadership approaches:
  - Sources of Strength
  - HOPE Squad
  - FACT (Fight Against Corporate Tobacco)
  - SADD (Students Against Destructive Decisions)
  - TATU (Teens Against Tobacco Use)
  - tMHFA - teen Mental Health First Aid
  - Peer Mediation
  - Student clubs such as Unity/Diversity, Gay-Straight Alliance, Drama, Black Student Union
  - School-based mentoring programs

Washington state's [Best Practices Toolkit](#) states that effective programs interactively build social skills, communicate positive peer norms, involve students in youth-led activities and point to immediate consequences of substance use rather than far-off threats such as cancer or death.

# Adult Programs

## Adult Programs

As directed by PI 38 of the Wisconsin Administrative code, the Department of Public Instruction has developed an Alcohol and Other Drug Use/Abuse (AODA) Prevention Program Assessment Tool. This tool is intended to give districts guidance in developing and maintaining a comprehensive alcohol and drug prevention/intervention program. One element of such a program is staff professional development. Click on the following link to see the assessment tool: [Alcohol and Other Drug Use/Abuse \(AODA\) Prevention Program Assessment Tool](#)

## Employee Assistance Programs

Similar to Student Assistance Programs, Employee Assistance Programs (EAP) can support school and district staff in substance use prevention and intervention efforts. On the US Department of Health & Human Services website an employee assistance program “provides assessment, short-term counseling, referral, management consultation, and coaching services to federal employees, and is available 24 hours a day, 365 days a year.”

<https://www.hhs.gov/about/agencies/asa/foh/bhs/employee-assistant-program/index.html>

Many employees are eligible for EAP services as a part of their health insurance. Consult your policy to determine if you are eligible for this service.

Partnering with community resources some Wisconsin school districts have been able to offer staff and students mental health support “in-house”. The Chippewa Falls School district is one example of a district offering mental health support services within the district. Utilizing the Interconnected System Framework the district has invested their own resources and partnered with community providers to offer a Student and Family Assistance Program. This is where each student or their family members can receive four free counseling sessions (four per family). Check out more about the Cardinal Cares program: <https://cardinalcare.info/>

# Adult Programs Continued

## Adult Wellness

As we learn more, we come to understand the importance of wellness along the continuum of comprehensive school based mental health services. For some time, schools have had staff wellness programs. In recent years, these programs have become centerpieces for school districts encouraging staff self-care. One example of such a program can be found by following this link: <https://www.sheboygan.k12.wi.us/staff-wellness>

Another tool available free of charge to help promote and encourage staff resilience is the [Compassion Resilience Toolkit](#). This toolkit walks school staff through 12 sections that help to define compassion, compassion fatigue and burnout, the systems that drive fatigue, how to build a staff culture of compassion and concludes with strategies for developing mind, spirit, strength and heart resilience. School staff from around the state have been trained as facilitators to bring the toolkit to their colleagues.



## Community Education

The Department of Public Instruction encourages districts and community partners to “provide opportunities for local citizens and the community, school, agencies and institutions to become active partners in addressing education and community concerns.” These offerings can span a wide variety of topics and may include public forums for discussion on emerging community issues such as alcohol and drug use prevention for minors. Another opportunity that many schools take advantage of to provide current and up-to-date alcohol and drug information are extracurricular code signing events. Many schools require a parent or guardian to attend these events with students. In addition to going over the extracurricular code of conduct and consequences for code violations, it’s a chance to provide information on substance use prevention.

Schools may have speakers come in to address the student body during school hours and parents and community members can be invited. Other times, schools coordinate evening speakers or are purposeful in providing updates or information in non-school hour offerings.

## INTEGRATION OF COMMUNITY RESOURCES

Districts and schools are encouraged to partner and share resources and ideas with local coalitions that may have personnel and financial resources to support prevention and intervention efforts. Local coalition efforts can be enhanced by the resources and technical assistance provided by The Alliance for Wisconsin Youth. The purpose of this organization is to enhance and support the capacity of member coalitions in their substance use prevention and youth development work. Over 90 Wisconsin coalitions are members of the Alliance. The Alliance for Wisconsin Youth provides access to resources and a network of coalitions that can strengthen prevention efforts locally.

Community coalitions or partnerships may include members from:

- Human Services see Wis Stat sec 51.42
- Law Enforcement
- Local and county government agencies
- Judicial entities (Juvenile court, Restorative Justice programs)
- After-School Programs
- Other Youth Serving Organizations

Youth and families also benefit when districts build Referral Pathways that provide guidance and information for resources internal and external to the schools (including re-entry support when a student is returning from treatment.)



# Regional Support and Related Training

As your team works to identify needs, root causes and begins to lay out the action plan, consider what training needs your district(s) have to build capacity around selected strategies. The Wisconsin Safe and Healthy Schools Center provides a variety of training and technical assistance opportunities in areas such as School SBIRT, Compassion Resilience, Restorative Practices, YMHFA and DBT in Schools: Steps-A. Please see the complete training calendar at <https://www.wishschools.org/training/>.

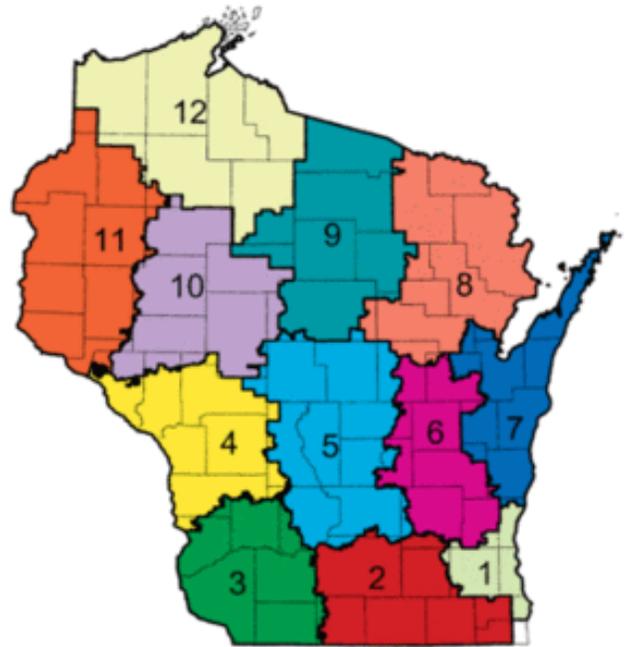
- Screening, Brief Interventions, and Referral to Treatment (School SBIRT)
- Compassion Resilience
- Restorative Practices
- Youth Mental Health First Aid (YMHFA)
- Dialectical Behavioral Therapy (DBT) in Schools: Steps-A

WISH website Resources-AODA : <https://www.wishschools.org/resources/atod.cfm>

Contact the WISH Center:

[wishschools@cesa4.org](mailto:wishschools@cesa4.org)

[www.wishschools.org](http://www.wishschools.org)



For state level resources, information and timelines for AODA Program Grants, AODA Mini-grants, as well as contact information for DPI consultants, please visit the DPI Website.

Wisconsin Department of Public Instruction: <https://dpi.wi.gov/sspw/aoda>.



## **ADDITIONAL RELATED TRAINING AND RESOURCES ABOUT SUBSTANCE USE AMONG YOUTH:**

- [Great Lakes Prevention Technology Transfer Center](#)
- [Children's Hospital of Wisconsin](#) has resources for schools, including curriculum on vaping and substance use decision-making for youth
- Information about [Opioid Antagonist Training from the Wisconsin DPI](#)

# References

[Prevention Tools: What Works, What Doesn't](#). Washington's Best Practices for Substance Abuse Prevention and Mental Health Promotion Guide Prevention tools: What Works, what doesn't document. Developed by Joe Neigel, Monroe Community Coalition Coordinator. Last updated October 2019.

[The Role of Adverse Childhood Experiences in Substance Misuse and Related Behavioral Health Problems](#) SAMHSA'S Center for the Application of Prevention Technologies, June 2018 [www.mnpr.org](http://www.mnpr.org)

[Alcohol and Other Substance Abuse Before and During the COVID-19 Pandemic Among High School Students - Youth Risk Behavior Survey, United States, 2021](#)

US Centers for Disease Control Supplements, April 2023

[Current Prescription Opioid Misuse and Suicide Risk Behaviors Among High School Students](#). Pediatrics April 2021;

[Young men at highest risk of schizophrenia linked with cannabis use disorder](#) National Institute on Drug Abuse. May 2023

[A Guide to SAMHSA's Strategic Prevention Framework](#) SAMHSA, June 2019

[Risk and Protective Factors](#), [Youth.gov](http://Youth.gov)

[Youth Risk Behavior Survey Overview Video](#)

[High School Youth Risk Behavior Survey Data](#) US Centers for Disease Control Youth Online

[Wisconsin Youth Risk Behavior Survey 2021](#) Wisconsin Department of Public Instruction

[Substance Use Disorders](#) Wisconsin Department of Health Services

[Wisconsin School Mental Health Framework](#) Wisconsin Department of Public Instruction

[Wisconsin's Framework for Equitable Multilevel Systems of Support](#) Wisconsin RTI Center, July 2017

[Mental Health - Trauma Sensitive Schools](#) Wisconsin Department of Public Instruction

[Equity: Wisconsin's Model to Inform Culturally Responsive Practices](#) Wisconsin Department of Public Instruction, September 2017

[School SBIRT - Screening, Brief Intervention and Referral to Treatment](#) Wisconsin Safe and Healthy Schools Center

# References

[Wisconsin 2023-2025 AODA Grant Guidance Wisconsin Department of Public Instruction, January 2023](#)

[Preventing and Reducing Stigma Great Lakes Prevention Technology Transfer Center](#)

[Risk and Protective Factors SAMHSA.gov](#)

[School Mental Health Referral Pathways Wisconsin Department of Public Instruction](#)

[Restorative Practices Wisconsin Safe and Healthy Schools Center](#)

[Stigma Addiction Language Guide Shatterproof](#)

[Up To Me Curriculum Wise Initiative for Stigma Elimination](#)

[Legal Resource Safe Schools Manual Wisconsin Department of Justice, September 2020](#)

[Alcohol and Other Drug Use/Abuse \(AODA\) Prevention Program Assessment Tool and Tobacco Prevention Program Assessment Tool Wisconsin Department of Public Instruction](#)

[DPI Data Collections, Reporting, and Student Data Privacy Frequently Asked Questions Wisconsin Department of Public Instruction](#)

[The SMARTIE Goals and Objectives Worksheet National Council for Mental Wellbeing](#)

[What is a Key Performance Indicator?](#)  
[www.kpi.org](http://www.kpi.org)

[Components of Logic Model US Centers for Disease Control](#)

[Employee Assistance Program US Department of Health and Social Services](#)

[Compassion Resilience Toolkit for Schools Wise Initiative for Stigma Elimination](#)

[Alliance for Wisconsin Youth](#)

[PI 38 Department of Public Instruction Administrative Rule Comprehensive School Health Programs](#)

[Wis Stats 118.01\(2\)\(d\)8](#)

# ADDITIONAL RESOURCES

## US Department of Education Resources

- [Using Evidence to Strengthen Education Investments](#) (ESSER funding)

## US Department of Health and Human Services Resources

- [Vaping Prevention Resources](#)

## Wisconsin Department of Public Instruction Resources

- [School Mental Health Framework](#)
- [Wisconsin's Framework for Equitable Multi-Level Systems of Support](#)
- [DPI AODA Program](#) Grant information and application
- [2023-25 AODA Grant Program Guidance](#) - PDF
- [2023-25 AODA Grant Writers Workshop](#) - PPT

## Wisconsin Department of Health Services Resources

- [Substance Use Disorders](#)
- [State Council on Alcohol and Other Drug Abuse \(SCAODA\)](#)

## Other Training and Technical Assistance:

- [Great Lakes Prevention Technology Transfer Network](#)
- [Mid-America Prevention Technology Transfer Network](#)
  - Partnerships for Success
- <https://www.samhsa.gov/talk-they-hear-you/materials-school>
- [Lesson Plans and Activities | National Institute on Drug Abuse \(NIDA\)](#) ([nih.gov](https://www.nih.gov))
  - Many of these lessons include fact sheets
- <https://www.wishschools.org/resources/atod.cfm>
- <https://www.wishschools.org/resources/schoolsbirt.cfm>

# EVIDENCE-BASED PROGRAM WEBSITES

In its guidance for AODA grant writers, the Department of Public Instruction suggests the following websites as resources when gathering information about evidence-based programs and practices:

- [Athena Excellence in Prevention Strategy List](#)
- [Center for the Study and Prevention of Violence-Blueprints for Violence Prevention](#)
- [Evidence for ESSA](#)
- [SAMHSA Evidence-Based Practices Resource Center](#)
- [The Collaborative for Academic, Social, and Emotional Learning](#)

## EXAMPLES FROM WISCONSIN SCHOOL DISTRICTS: AODA COMPREHENSIVE PROGRAMS

### Policy

- (seeking examples)

### AODA Program Coordinator Job Description

- [Abbotsford AODA Program Coordinator description](#)

### Student Programs

- [Student Assistance Program CORE Training promotional materials](#)

### Adult Programs

- [Chippewa Falls School District Cardinal Care](#)
- [Sheboygan Staff Wellness](#)

### Handbook Language

- (seeking examples)

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# Share Your Examples!

Help us improve this resource guide: let us know what was helpful, what you might add and consider sharing your resources. If you have examples of AODA Policies, AODA Coordinator Job Descriptions, School Handbook provisions or other related components, please share them using [this form](#) for potential inclusion in the next version of this guide.

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*Share your  
Examples and  
Feedback Here!*

