Addressing Adolescent Substance Abuse: An Evaluation of Washington State's Student Assistance Prevention and Intervention Services Program (SAPISP)

2018–2019 Annual Report

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An Evaluation of Washington State's Student Assistance Prevention and Intervention Services Program (SAPISP)

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How Can I Learn More About This Program?

To learn more about SAPISP, contact Mandy Paradise at the Office of Superintendent of Public Instruction in Olympia, Washington, at (360) 725–6248. Detailed findings from the ongoing statewide evaluation are presented in the main body of this report. For more information about adolescent substance use in the state of Washington, see Washington State Healthy Youth Survey 2018: Analytic Report (Washington State Department of Health et al., 2019).

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Introduction

Substance use continues to be a significant problem among young people, evidenced by recent survey data from students in Washington State. Among Grade 12 students who participated in the 2018 Washington State Healthy Youth Survey (Washington State Department of Health et al., 2019), 63% had tried alcohol at some time in their lives, 47% had tried electronic cigarettes, 43% had tried marijuana, 25% tried cigarette smoking, 8% had tried inhalants, and 7% had tried cocaine. Of even greater concern, 28% of high school seniors reported having used alcohol in the past 30 days, 30% reported using electronic cigarettes in the past 30 days, and 26% reported having used marijuana in the past 30 days. Students also reported that they had engaged in other health risk behaviors (e.g., violence and suicide-related behaviors). These results underscore the enduring need for services to help students make positive decisions regarding the use of alcohol and other drugs.

To directly address concerns regarding student substance use in Washington State, the state Legislature passed the Omnibus Alcohol and Controlled Substances Act (ESSHB 1793) in 1989. One part of this act called for the creation of the Drug and Alcohol Abuse Prevention and Early Intervention in Schools Program, now known as SAPISP. OSPI allocates funds to local grantees for the purpose of placing alcohol and other drug intervention professionals in schools. The program delivers services to students in Grades 5 through 12. As stated in the act [Engrossed Second Substitute House Bill (ESSHB) 1793, Subpart B, Section 310, Paragraph 2], Student Assistance Professionals are to (a) provide early alcohol and other drug prevention and intervention services to students and their families, (b) assist in referrals to treatment providers, and (c) strengthen the transition back to school for students who have had problems of alcohol and other drug abuse.

SAPISP intends for Student Assistance Professionals to:

- Provide early alcohol and other drug prevention and intervention services to students and their families.
- Assist in referrals to treatment providers.
- Support the transition back to school for students who have had problems of alcohol and other drug abuse.

The ultimate goal of the program is that the "provision of drug and alcohol counseling and related prevention and intervention services in schools will enhance the classroom environment for students and teachers and better enable students to realize their academic and personal potentials" (ESSHB 1793, Section 310).

Methodology

This report presents the results of evaluation activities in collaboration with the grant coordinators and their staff, providing information about the implementation and effectiveness of SAPISP.

Documentation of program services. A web-based reporting system is used to collect information about SAPISP activities and outcomes. Student Assistance Professionals enter information that (a) describes universal prevention activities offered to all students, (b) describes selective and indicated prevention services provided to referred students, and (c) assesses program outcomes for participating students.

Grant Coordinators and Student Assistance Professionals can use the system to run interactive reports summarizing participant characteristics, service participation, and program outcomes.

Student outcomes. Students referred for selective and indicated prevention activities in Grades 6–12 complete a survey before and after participation. The survey items address hopefulness, perceived risk of substance use, recent substance use, and antisocial behavior. These measures satisfy federal and state reporting requirements.

Significant differences. Paired t-tests were used to compare the difference in means between matched pre- and posttest measures. (Statacorp, 2019.) Differences with a p-value less than 0.05 were considered significant differences. Analyses were conducted with Stata 16.1.

Program Logic Model

Comprehensive school-based substance abuse prevention programs must provide both schoolwide activities and specialized services to students identified with specific needs. As noted by Robertson, David, and Rao (2003, p. 18), prevention programs can be described by the audience or intervention level for which they are designed:

- Universal programs are designed for the general population, such as all students in a school.
- Selective programs target groups at risk or subsets of the general population such as children of drug abusers or poor school achievers.
- Indicated programs are designed for people who are already experimenting with drugs.

SAPISP provides a continuum of student support services covering the full range of prevention strategies, including referral to treatment services. Appropriate prevention strategies include:

- Information dissemination.
- Classroom or small-group education.
- Alternative programming (e.g., drug-free dances, leadership activities).
- Problem identification and referral (through, for example, student assistance programs).
- Community-based activities (coordinated by multiple agencies).
- School substance abuse policies.

Exhibit A1 in Appendix A illustrates the general logic of universal prevention services provided by Student Assistance Professionals, linking school characteristics, program activities, and the intended short- and long-term outcomes. A schoolwide needs assessment may reveal the existence of undesirable student attitudes or behaviors, suggesting a need for certain prevention activities targeting the entire school or specific subgroups. If properly implemented, these activities are expected to result in certain short-term outcomes such as expanded knowledge of the effects of alcohol and other drugs and involvement in positive, drug-free activities. Ultimately, prevention activities promote the long-term outcome of "delayed onset and reduced prevalence of substance abuse or violence."

Exhibit A2 illustrates the logic of the selective and indicated prevention services provided by Student Assistance Professionals. Selective and indicated prevention services involve an identification and referral process, either formal or informal, to establish which students have special needs. SAPISP intervention often includes the provision of individual counseling, peer support group services, behavioral health screening, and family involvement and parent engagement strategies. Student Assistance Professionals refer students and families to community treatment agencies for mental health and alcohol and other drug assessment and treatment as necessary. If the services are well designed and implemented with fidelity and the students fully engage in them, certain short-term outcomes are expected to ensue. Ultimately intervention services have the desired long-term outcome of helping students make healthy life choices, delaying or reducing substance use, and improving school performance.

Program Description

This section describes SAPISP in relation to 5 evaluation questions:

- Who are the local grantees?
- Which students do local programs serve?
- What services are provided to students?
- How are students referred for services?
- What service delivery models are in use?

Who Are the Local Grantees?

Finding:	*Nine ESD grantees implemented SAPISP in the 2018–19 school year. The local programs served locations in all geographic regions of the state.*

Local grantees. Nine local programs provided SAPISP services to students in various locations across the state (see map Exhibit B1, Appendix B). The grantees include the state's 9 Educational Service Districts (ESDs):

- ESD 101 (serving Adams, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, and Whitman Counties).
- ESD 105 (serving Kittitas and Yakima Counties, Royal and Wahluke School Districts in Grant County, and Bickleton and Goldendale School Districts in Klickitat County).
- ESD 112 (serving Clark, Cowlitz, Skamania, and Wahkiakum Counties and parts of Klickitat and Pacific Counties).
- ESD 113 (serving Grays Harbor, Lewis, Pacific, and Thurston Counties and Aberdeen, Chehalis, Elma, Hoquiam, North Beach, Olympia, Raymond, Tenino, White Pass, and Winlock School Districts).
- Olympic ESD 114 (serving Kitsap County, except Bainbridge Island; North Mason School District; and Jefferson and Clallam Counties).
- Puget Sound ESD 121 (serving King and Pierce Counties and Bainbridge Island School District in Kitsap County).
- ESD 123 (serving Asotin, Columbia, Garfield, Walla Walla, Franklin, and Benton Counties and Othello School District in Adams County).
- North Central ESD 171 (serving Chelan, Douglas, Grant, and Okanogan Counties).
- Northwest ESD 189 (operated by Northwest Substance Abuse Prevention Cooperative serving Island, San Juan, Skagit, Snohomish, and Whatcom Counties; Lakewood School Districts is the fiscal agent).

Program funds are allocated within grantee ESDs to communities identified as high need through the Health Care Authority's (HCA's) Division of Behavioral Health and Recovery's (DBHR's) Community Prevention and Wellness Initiative (CPWI). The first cohort of CPWI communities began to receive funding in 2011–2012. Beginning in 2013–2014, DBHR prevention funds were directed exclusively to CPWI communities. Even so, a number of schools throughout the state have retained prevention Student

Assistance Professionals through local funds but results for such communities are not included in the present report.

Finding:	*Program funding remained steady between 1990 and 2009. Reductions in funding began in 2010, eroding buying power. Although funding has had modest increases in the past three program years, it remains below funding levels prior to 2010. Funding for SAPISP in 2018–19 was $4.8 million.*

Program funding. From inception in 1989 through 2009, SAPISP operated with a biennial budget of about $9 million plus in-kind matching funds (Deck & D'Ambrosio, 2000), but with no provision for inflation. During this time the budget represented approximately 50% of the federal Performance Partnership Grant from the Center for Substance Abuse Prevention administered by the DBHR in Washington's Department of Social and Health Services. However, by 2009, the value of a 1990 dollar was worth about $0.60 in 2009 dollars when adjusted using the Consumer Price Index published by the United States Bureau of Labor Statistics (2014). Consequently, the buying power of the program's funding decreased about 40%. In the 2010–11 school year, SAPISP experienced a real dollar reduction of approximately $1.5 million due to the loss of federal Safe and Drug-Free Schools and Communities funds and state-level funding reductions. Funding for the 2018–19 school year was $4.8 million (see Table 2).

The vast majority of program funds are invested in program staff—particularly the Student Assistance Professionals who provide direct services to students and schools. Administrative costs account for about 9% of grant expenditures. The direct cost of the program in 2018–19 was approximately $1,900 per indicated student served (without taking into account the multitude of additional universal prevention activities). This cost per student is modest when compared to the potential societal costs of students who may further develop chronic behavioral health conditions, become involved with the criminal justice system, or reliant on publicly funded services.

Matching funds. Historically, other funding streams such as the Safe and Drug-Free Schools and Communities funds and tobacco prevention funds from the state Department of Health contributed to local prevention efforts and were considered part of the match. Although these funding streams have now been eliminated, some local programs have continued to access matching funds from sources such as grants from the Centers for Disease Control and Prevention, the Center for Substance Abuse Prevention, the U.S. Department of Education, and other agencies to expand or maintain services or adapt special programs. Many rural grantees coordinate multiple funding streams, including local school dollars, to place Student Assistance Professionals in schools full- or part-time.

Finding:	*In 2018–19, 84 Student Assistance Professionals across the 9 regional programs provided direct services to more than 95 schools statewide.*

Student Assistance Professionals. Trained primarily as chemical dependency professionals or certified prevention professionals, Student Assistance Professionals are responsible for assisting students referred to the program. Most Student Assistance Professionals are funded full-time, some are assigned to multiple schools within CPWI communities. During the 2018–19 school year, 84 Student Assistance Professionals were funded by SAPISP.

Penetration of services. In the past, 600 to 800 schools across Washington State received SAPISP services annually. In 2018–19, SAPISP services reached 95 schools (see Table 1). Consistent with the intent of

SAPISP, middle schools and secondary schools in high-need communities were targeted to receive services.

Table 1: SAPISP Service Provision by School Type

School Level	Grades Levels	Number
Elementary schools	K – 6	2
Middle schools	5, 6, or 7 – 8	35
K-8 schools	K – 8	1
Junior high/senior high schools	6 or 7 – 12	8
K-12 schools	K – 12	2
High schools	9 – 12	45
Alternative schools	9 – 12	2
Total		**95**

Finding:	*Historically, Student Assistance Professionals provided direct services to more than 17,000 students annually. In 2018-19, 2,479 students in 95 schools received SAPISP direct services as a result from reduced funding at state and federal levels for the last several years.*

Number of students served. Table 2 details the level of funding, the number of participating schools, the number and full-time equivalent (FTE) of Student Assistance Professionals, and the number of students who received direct services for each year of SAPISP. Despite the decline in intervention specialist FTE directly supported by the grant, the number of students served remained relatively stable through the 2009–10 school year due to the contribution of in-kind funds. In subsequent years, however, reductions in grant funding began to have an impact on intervention specialist FTE supporting SAPISP and the number of students receiving direct services. In 2017-2018, 2,460 students received SAPISP direct services. The 2018-19 school year is the fifth year in which only schools identified as eligible for CPWI and served within CPWI communities are reflected in the data.

Note that the number of students served should not be compared to the number of students served in years prior to 2015–2016. This is because in the years prior to 2015–2016, the number of students reported included students who received "quick" interventions, those students who were seen by the intervention specialist fewer than 3 times. Due to inconsistencies in the way the "quick" intervention delineation was being used among staff, the decision was made to exclude these students from this report beginning in the 2015–2106 school year.

Table 2: Program Expenditures, Staffing, and Service Delivery 1989–2018

Year	Grant Award (Thousands)	Grant Adjusted for Inflation[a]	Schools Served	FTE	# Student Assistance Professionals	Students Served
1989–90	$4,808	$4,808	601	147	198	11,236
1990–91	$4,808	$4,614	706	140	206	21,209
1991–92	$4,808	$4,479	683	140	241	21,198
1992–93	$4,808	$4,349	507	130	245	19,865
1993–94	$4,808	$4,240	713	131	214	18,804
1994–95	$4,808	$4,123	691	121	205	19,361
1995–96	$4,808	$4,005	607	121	204	17,649
1996–97	$4,808	$3,915	612	120	206	18,807
1997–98	$4,808	$3,855	555	115	222	19,607
1998–99	$4,808	$3,772	618	102	242	21,275
1999–00	$4,808	$3,649	704	115	268	21,099
2000–01	$4,808	$3,550	765	125	292	22,947
2001–02	$4,808	$3,493	684	108	305	23,049
2002–03	$4,808	$3,415	762	145	333	22,185
2003–04	$4,928	$3,410	782	104	294	18,857
2004–05	$4,928	$3,298	809	105	278	16,056
2005–06	$4,928	$3,195	699	158	277	18,446
2006–07	$4,928	$3,106	538	172[b]	253	18,358
2007–08	$4,928	$2,992	636	198[b]	257	16,886
2008–09	$5,252	$3,200	607	197[b]	259	18,183
2009–10	$5,481	$3,285	552	174[b]	238	17,100
2010–11	$3,833	$2,227	313	128[b]	195	11,508
2011–12	$3,802	$2,165	222	122[b]	171	7,929
2012–13	$3,737	$2,101	232	73[b]	103	6,214
2013–14	$3,861	$2,131	73	46[b]	53	2,372
2014–15	$4,114	$2,155	74	54[b]	64	2,319
2015–16	$4,576	$2,365	75	60[b]	58	1,810[d]
2016–17	$4,695	$2,378	90	62[b]	68	2,186[d]
2017–18	$4,833	$2,563	91	63[b]	63	2,460[d]
2018–19	$4,833	$2,563	95	82[c]	84	2,479[d]

Note. Participant counts prior to 1993–94 are less reliable than data for later years. A new approach for collecting staff information was implemented in 2006 to reduce confusion and standardize recordkeeping.
[a] 1989–90 dollars.
[b] FTE was based on the total from all sources but includes only those Student Assistance Professionals with FTE data entered in the database.
[c] FTE is now based on maximum program capacity instead of filled positions.
[d] Quick interventions no longer included in student count.

What Services and Activities Are Provided to Students?

Finding:	*Student Assistance Professionals provide services such as counseling, referrals, family contact, skill development, and support groups to students in need. Student Assistance Professionals also make presentations to a variety of audiences, and implement curricula and activities open to all students.*

Program components. SAPISP consists of several components that are common to student assistance programs (Anderson, 1993):

- Universal prevention. The prevention of student substance use is a multifaceted endeavor that includes kindergarten through Grade 12 prevention curricula, district and school policies, drug-free alternative activities, and peer leadership or pledge groups. These activities are usually directed at the entire school enrollment.
- Selective/indicated direct services. Direct services include:
  - *Identification and screening.* A process exists for identifying students who exhibit risk factors leading to behaviors that interfere with the learning process or that are harmful to the student or others in the school setting. If substance use is involved, further screening helps determine whether some form of treatment is necessary.
  - *Early intervention.* Student Assistance Professionals help motivate students and their families to address the documented concerns. Intensive educational classes often serve as an alternative to other disciplinary actions. Other school-based interventions include individual counseling, parent conferences, behavior contracts, and peer support groups.
  - *Referral.* Students are referred to in-school programs or community-based assessment, treatment, or other services as needed.
  - *Support services.* Support services include advocating for students who attempt to change their behavior, removing barriers that prevent students from accessing treatment or other services, and providing assistance for youth returning to school after treatment.

Universal Prevention Activities

Universal prevention activities provided to students target the whole school or all students at specific grade levels. Table 3 summarizes the universal prevention activities provided to students by the nine ESD grantees during 2018–19. The prevention framework promoted by the Center for Substance Abuse Prevention serves as the basis for the organization of the information (Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017).

For each service type, Table 3 shows the number of activities and sessions conducted, the total number of participants, and the average hours per session participants attended.

Awareness activities generally account for the largest number of participants. This category includes program outreach and information dissemination (e.g., presentations to describe program services and recruit participants), awareness-level substantive presentations and other events (e.g., discussion of the effects of alcohol, tobacco, and other drugs in a health class), and presentations about SAPISP and other services available to students. Curriculum and education activities typically involve greater service

intensity and thus presumably have a greater impact on student behavior. Pressure to implement rigorously evaluated evidence-based programs (EBPs) has increased in recent years, and Table 3 specifies the names of the evidence-based programs implemented.

Student Assistance Professionals also conduct universal prevention activities targeting families, school staff, and the general community. These strategies often focus on increasing awareness of the issues and needs of students and encompass planning, education, and curriculum. Table 4 summarizes the universal prevention activities provided to these groups in 2018–19. Awareness and education activities accounted for the largest number of activities and participants. EBP curriculum and planning activities occurred with less frequency but tended to be more time intensive for participants.

Chart 1: Universal Prevention Activities Provided by Audience - Students, Families, School Staff, and the General Community in 2018–19
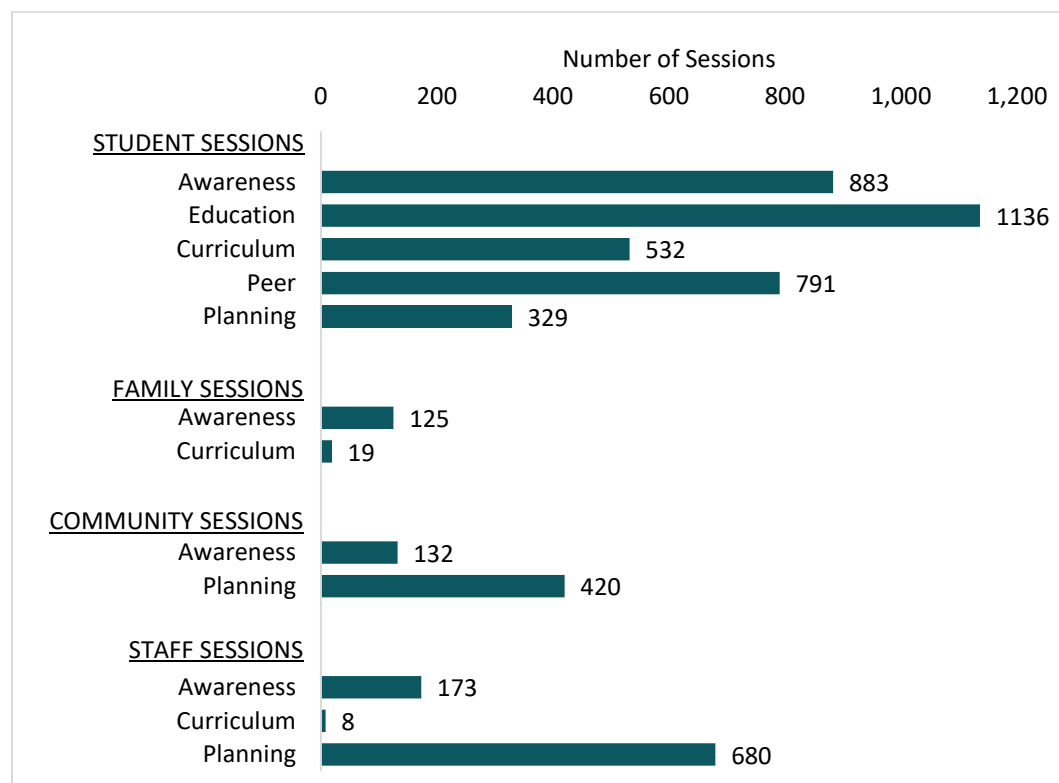
Note. Curriculum is a recurring activity with multiple sessions. Because awareness and planning are nonrecurring activities, the number of activities and sessions are equivalent. The participant count may be duplicated if an individual participated in more than one strategy, but the participant counts for each strategy are unduplicated counts.

Table 3: Universal Prevention Activities Provided to Students in 2018-19 by Service Type

Activity Type	# Activities	# Sessions	Total Participants	Average Hours per Session
Awareness				
ATOD awareness events [a]	265	265	49,513	1.8
Information dissemination to students	211	211	40,307	1.6
Presentations about ATOD issues [a]	146	146	7,530	1.1
Presentations about services	261	261	8,277	0.6
EBP/Curriculum				
Guiding Good Choices	2	10	26	2.9
Life Skills	41	315	1,004	1.2
Project Alert	1	178	1,789	2.0
Towards No Drug Abuse	2	3	200	6.0
Other recognized prevention program or curriculum	39	26	24	1.0
Education				
Newcomers Group	28	51	285	0.9
Prevention education series	288	1,085	13,392	1.3
Peer				
Prevention Leadership Clubs	122	791	7,509	1.4
Planning				
Team prevention planning	329	329	5,617	1.6

Note. Curriculum, education, and peer strategies are recurring activities with multiple sessions per activity. Because awareness and planning are nonrecurring activities, the number of activities and sessions are equivalent. The participant count may be duplicated if an individual participated in more than one strategy, but the participant counts for each strategy are unduplicated counts. [a]ATOD = alcohol, tobacco, or other drugs.[1]

Table 4: Universal Prevention Activities Provided to Families, School Staff, and the General Community in 2018–19 by Service Type

Activity Type	Target Audience	# Activities	# Sessions	Total Participants	Average Hours per Session
Awareness					
Information dissemination to parents	Family	99	99	14,698	2.1
Information dissemination to staff	Staff	115	115	4,775	1.0
Information dissemination to community	Community	91	91	17,039	2.5
Awareness presentations to parents	Family	26	26	1,310	1.5
Staff awareness presentations	Staff	58	58	2,098	0.9
Community awareness presentations	Community	41	41	2,441	1.9
Curriculum					
Family curriculum	Family	19	19	406	2.0
Staff development in presentation of curriculum	Staff	5	8	30	1.4
Planning					
Policy and procedure development and implementation	Staff	43	92	618	1.1
Screening and referral services	Staff	79	427	576	1.1
Technical assistance/consultation	Staff	161	161	1,021	1.9
Community planning	Community	420	420	5,067	1.5

Direct Selective/Indicated Services

During the 2018–19 school year 2,479 students in Washington State received direct services from SAPISP Student Assistance Professionals. In addition to providing group and individual counseling services, Student Assistance Professionals conduct behavioral health, substance abuse screenings, refer students to school- and community-based resources, make contact with parents or guardians, and consult with school staff regarding student issues. Student Assistance Professionals also provided a wide variety of support groups in response to student needs. Local programs typically implement one or more of three common types of peer support groups and four common types of other groups or classes.

Peer support groups:

- Affected others groups help students cope with the impact of another person's use.
- Intervention groups challenge students who have begun to use alcohol or other drugs to consider their reasons for use and to quit using.
- Recovery assistance groups assist students in the recovery process to make the transition back to school after treatment and to develop relapse prevention skills.

Other groups or classes:

- Pledge or leadership clubs help reinforce the no-use decision of students who have not yet begun to experiment with alcohol and other drugs.
- Alcohol, tobacco, and other drug education classes teach students at risk of beginning substance use about the consequences and effects.
- Social skills classes help students develop the psychoeducational and social skills necessary to resist pressure to use substances and to improve interactions with peers.

Chart 2 displays the percentage of selective/indicated students that were provided various intervention services and support groups or classes.

Chart 2: Services Provided for Students Served in 2018–19
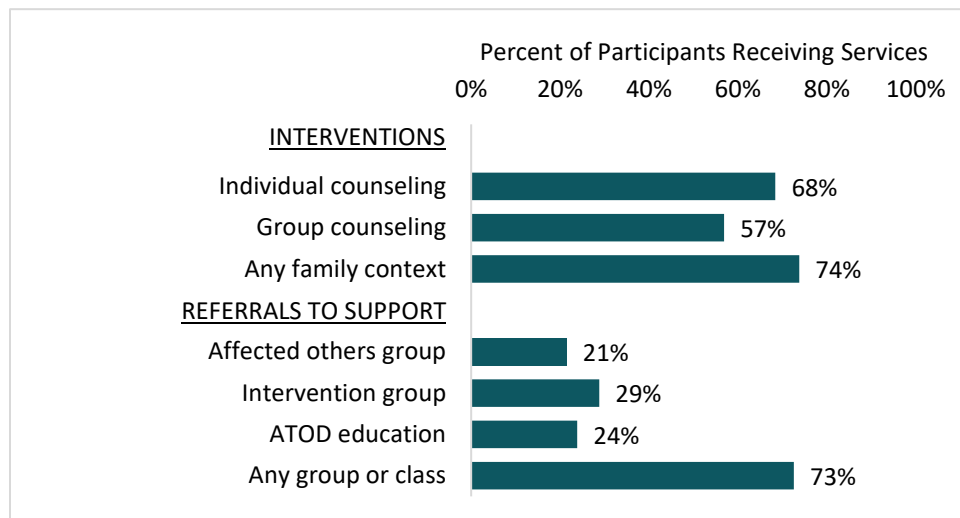
Percent of Participants Receiving Services

INTERVENTIONS	
Individual counseling	68%
Group counseling	57%
Any family context	74%
REFERRALS TO SUPPORT	
Affected others group	21%
Intervention group	29%
ATOD education	24%
Any group or class	73%

Chart 3 displays the total number of groups conducted by Student Assistance Professionals. On average, Student Assistance Professionals conducted 6 groups over the course of the year. The average number of students per group was six and the average number of sessions per group was eight.

Chart 3: Groups Conducted by Student Assistance Professionals in 2018-19

	Number of Groups
Intervention	122
Affected Others	87
ATOD education	73
Recovery	7
Other support group	64
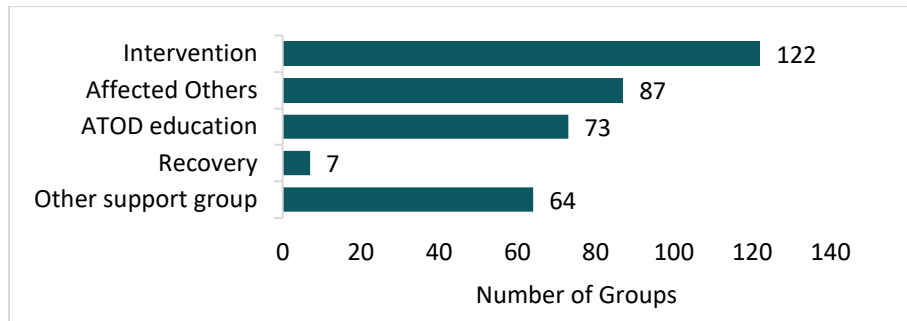
Note. Number of groups = 348.

Student Assistance Professionals often report multiple presenting issues for students referred to SAPISP and typically make a wide variety of referrals to school- or community-based service providers according to the type and severity of need. Chart 4 summarizes the 2018–19 case management referrals. As in past years, the most common case management services were referrals for alcohol and other drug assessments, mental health care, and counseling sessions with school counselors or psychologists. A small number of students and their families also received family-focused case management referrals, such as those to medical and financial assistance services, living arrangements and housing services, family workers, and transportation services.

Chart 4: Case Management Referrals in 2018–19

Percent of Referrals

	Percent
Alcohol and other drug assessment	21%
Alcohol and other drug inpatient treatment	2%
Alcohol and other drug outpatient treatment	7%
Alcohol and other drug counseling	5%
Community support groups	3%
Physical health care	3%
Mental health care	33%
Police/juvenile justice	3%
Child Protective Services	2%
Employment/vocational	1%
Living arrangements	1%
Medical/financial	1%
Transportation	1%
Childcare	0%
School counselor/psychologist	19%
Family worker	1%
Other referral	8%

Notes: N's vary by interventions and groups from 2,252 to 2,478. Includes 6th through 12th grade students from CPWI schools with full intervention.

Which Students Do Local Programs Serve?

In 2018-19, approximately 49% of students served by SAPISP Student Assistance Professionals were students of color, a greater percentage than in years prior to CPWI. Just under a third of students served by Student Assistance Professionals were in middle school, reflecting a continued focus on early prevention and intervention.

Characteristics of the students served.

Consistent with the intent of SAPISP, the majority (65%) of the students served in 2018-19 were enrolled in secondary schools (see Chart 5). Services were provided to roughly an equivalent number of males and females in 2018–19. The race/ethnic groups that Student Assistance Professionals served was approximately equivalent to the state as a whole (OSPI, 2020).

Chart 5: Demographic Characteristics of Students Served in 2018-19

Participant Demographics and Past 3 Month Substance Use

GENDER	
Male	47%
Female	52%
Other/unknown	1%
ETHNICITY	
White non-Hispanic	51%
Hispanic	26%
Asian	1%
Black non-Hispanic	5%
Native American	6%
Pacific Islander	1%
multi-ethnic	9%
GRADE LEVEL	
K-5	0%
6-8'	35%
9-12'	65%
3-MONTH SUBSTANCE USE	
Alcohol	28%
Tobacco	31%
Marijuana	44%
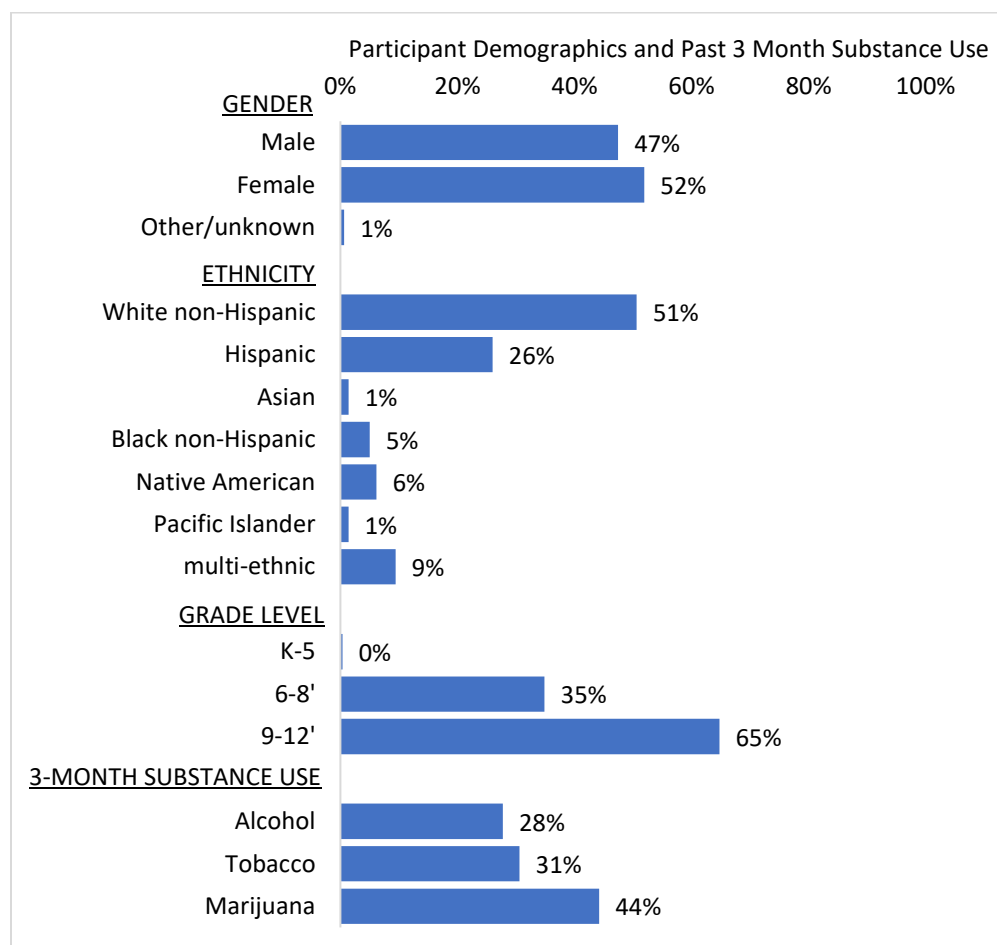
Notes: N's vary by subgroup from 2,473 to 2,479. Includes students from CPWI schools with full intervention. Students referred to SAPISP are often already involved in alcohol and other drug use. Chart 6 displays the most common intervention goals for referred students, emphasizing increasing perceptions of risk of substance use, strengthening hope factors, and reducing or eliminating substance use.

Chart 6: Common Intervention Goals for Students Served in 2018-19
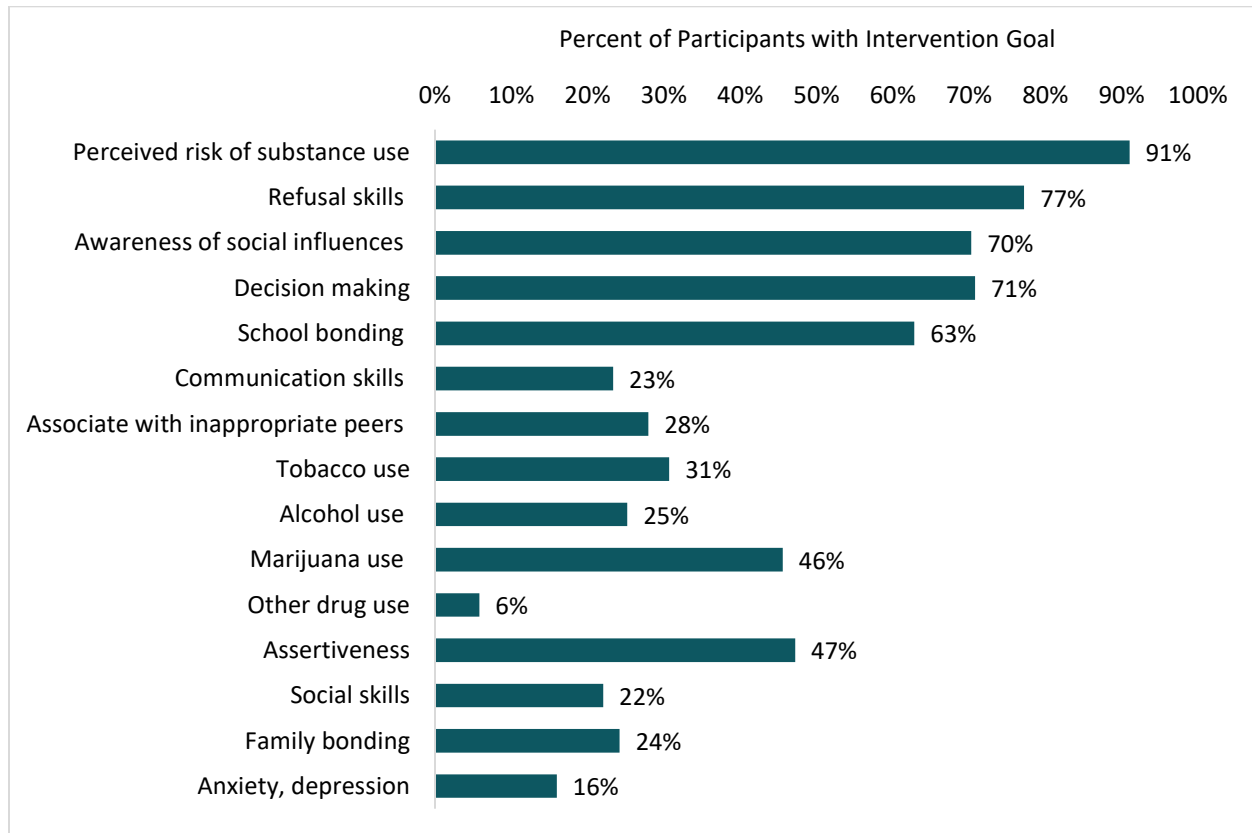
Percent of Participants with Intervention Goal

Intervention Goal	Percent
Perceived risk of substance use	91%
Refusal skills	77%
Awareness of social influences	70%
Decision making	71%
School bonding	63%
Communication skills	23%
Associate with inappropriate peers	28%
Tobacco use	31%
Alcohol use	25%
Marijuana use	46%
Other drug use	6%
Assertiveness	47%
Social skills	22%
Family bonding	24%
Anxiety, depression	16%

Note: Includes 6th through 12th grade students from CPWI schools with full intervention, n = 2,468.

How Are Students Identified and Screened for Services?

Students are referred for program services by school staff, themselves, peers, or parents—sometimes as part of a disciplinary action. Screenings conducted by Student Assistance Professionals show that 43% of students reported at least 1 substance use disorder indicator and 82% reported at least 1 mental health disorder indicator.

Referral process

Students are often referred by school staff who become aware that they may be in need of help. Staff referrals include those made by school administrators as part of a disciplinary action (approximately 39% of all referrals). Student Assistance Professionals often report that students self-refer to the program. This finding is an important indicator of the level of students' comfort with and trust in Student Assistance Professionals. Following a referral, information from a variety of sources is collected and a substance abuse preassessment is conducted if one is warranted. Once this information has been collected, a decision is made regarding how best to serve the student. An array of school-based interventions or referrals to other school or community resources can be accessed. Exhibit 1 illustrates this process.

Exhibit 1: Typical Student Assistance Program Referral Process
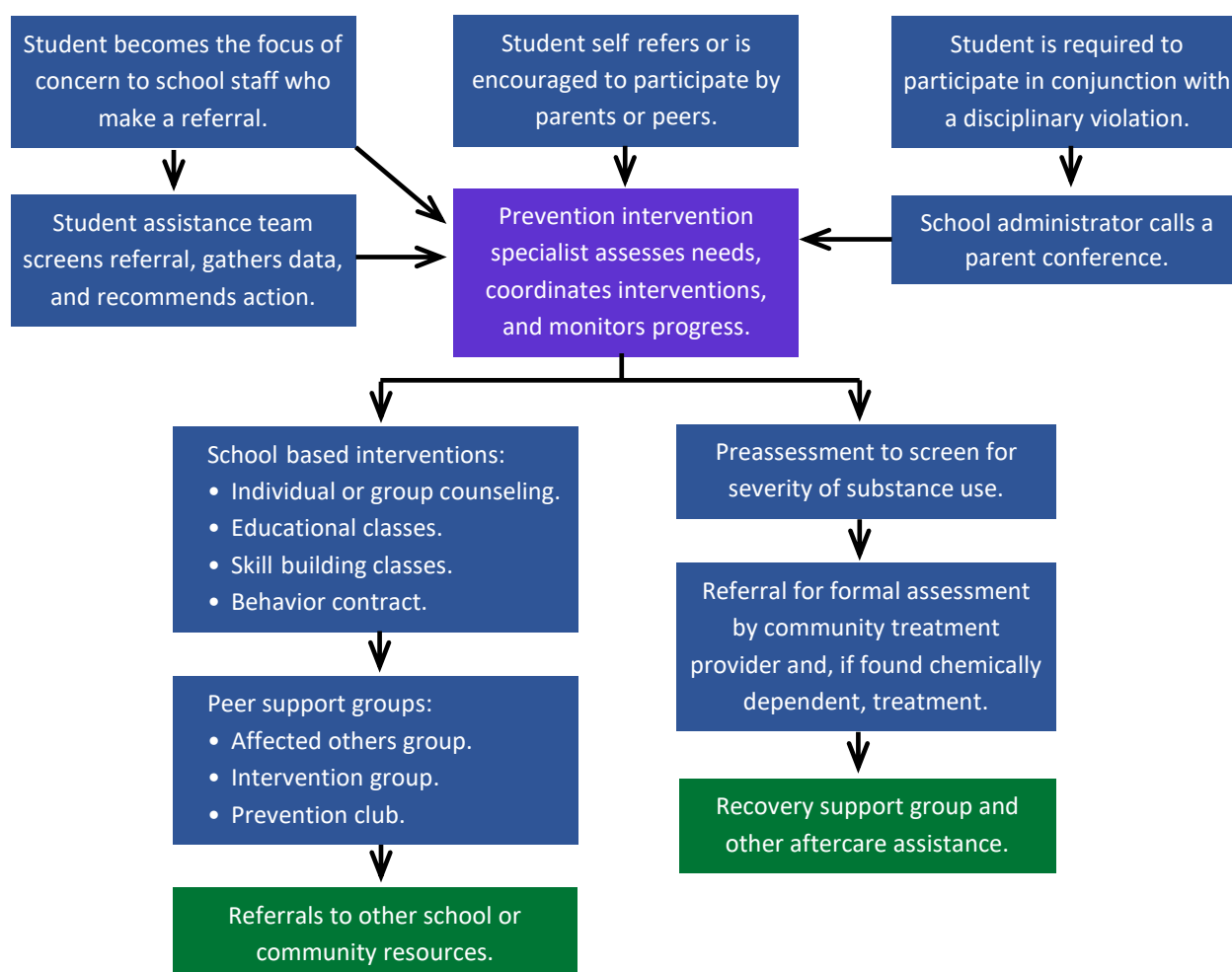
Screening for Substance Use and Mental Health Issues

Student Assistance Professionals screen students for substance use and mental health problems requiring treatment using the Short Screener version of the Global Appraisal of Individual Needs (GAIN-SS; Dennis, Feeney, Stevens, & Bedoya, 2006; see also Dennis, Chan, & Funk, 2006). This brief instrument developed by Dr. Michael Dennis at Chestnut Health Systems is a carefully researched tool for identifying youth in need of formal treatment. Washington's DBHR requires the use of the GAIN-SS through contract and requires that a student exhibit a minimum of 3 of the listed indicators to be admitted to community-based substance abuse treatment. The measure consists of four, 5-item subscales that assess whether a student may have internalizing disorders, externalizing disorders, substance use disorders, and crime or violence problems. A score of 1 or 2 suggests a possible diagnosis and indicates that the student would likely benefit from a brief intervention in the school setting. A score of 3 or more suggests a high probability of a diagnosis and indicates that a formal assessment and treatment are appropriate.

All but one student completed a GAIN-SS screening. Of those students, 18% met the substance abuse treatment referral criteria (3 or more Substance Use Disorder indicators) and another 24% reported 1 or 2 Substance Use Disorder indicators (see Chart 7).

Chart 7: GAIN-SS Screening Results in 2018-19
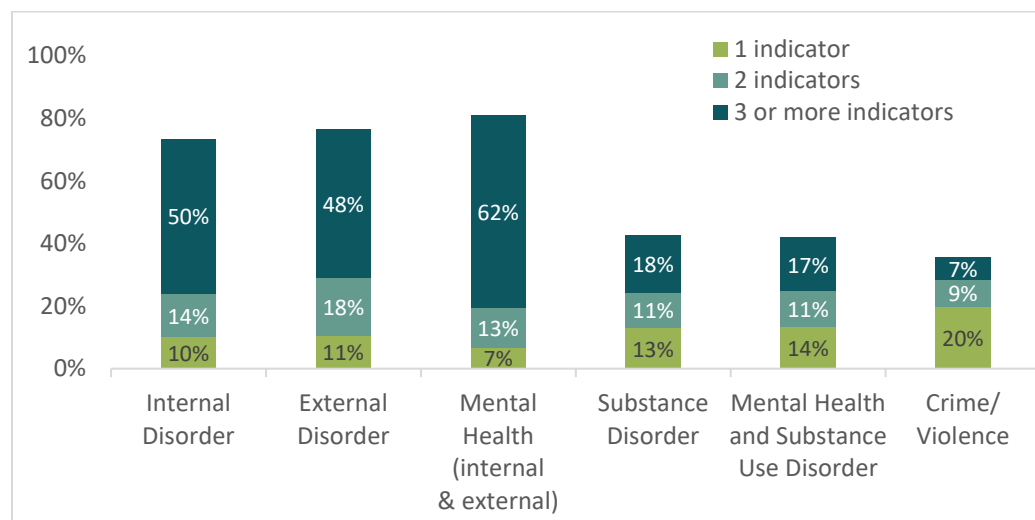
Note: Includes 6th through 12th grade students who were screened with the GAIN-SS screener from CPWI schools with full intervention. N varies by screening, n = 2,330-2,468.

SAPISP students reported high rates of mental health issues/disorders indicators on the GAIN-SS. Unfortunately, age appropriate, community-based mental health treatment is very difficult to find throughout much of Washington State, and school-based mental health services are also rare. Table 5 displays the percentage of students with 3 or more indicators on substance disorder or mental health scales in the GAIN-SS who were referred to the relevant services (alcohol and other drug assessment, inpatient/outpatient treatment or counseling; mental health services or school counselor/psychologist). In contrast to prior years where rates of referral to services were lower for mental health services than for substance abuse treatment, rates of referrals for mental health and substance abuse treatment services for those with high screening scores were roughly equivalent in 2018-19.

Table 5: Referral Rates for Students with High Severity in 2018-19

Students with 3+ indicators	% Referred to relevant treatment/services
Substance Use Disorder Scale	44%
Mental Health Disorder Scale	50%

Notes: N = 452 for substance use disorder and n= 1,568 for mental health disorder for high severity (3 + indicators) on the GAIN-SS scale. tab Includes 6th through 12th grade students from CPWI schools with full intervention.

Response Rates

Eleven of the 2,479 students served were in grades below 6th grade and were not asked to complete the student survey. Of the 2,468 students from whom a pretest and posttest were expected, 1,860, or 75%, completed both surveys. Student Assistance Professionals are asked to enter a reason that the posttest was not completed. A valid reason was entered for 402 students, or 65% of those who did not complete both a pretest and a posttest. Chart 8 displays the reasons posttests were not completed.

Chart 8: Reason Posttest Not Completed in 2018-19
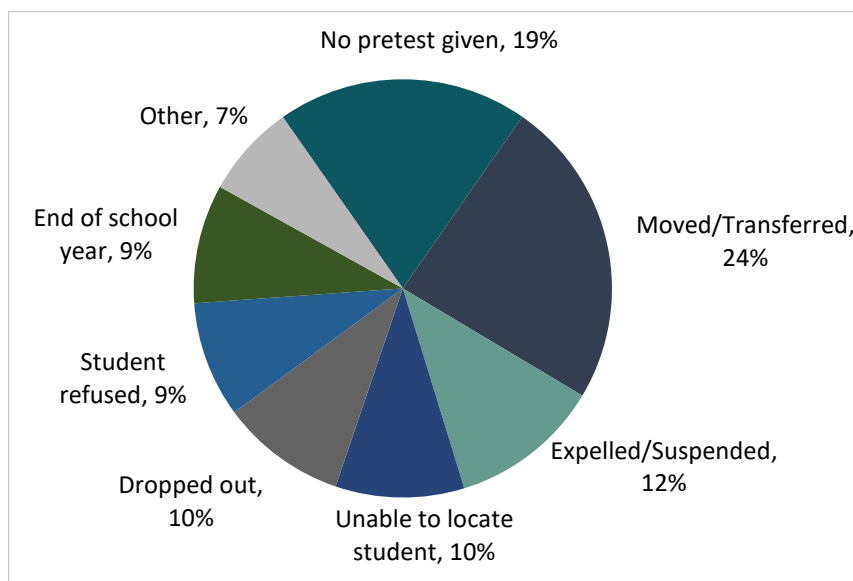
Notes: N = 396. Includes 6th through 12th grade students from CPWI schools with full intervention that did not complete a posttest.

Program Effectiveness

The previous sections of this report described how student needs are identified and the types of services provided in response to those needs. This section examines the outcomes of the services provided to students participating in SAPISP during the 2018-19 school year. Students who enter the program have a wide range of needs. Student Assistance Professionals must choose the appropriate interventions from an array of possible services to meet the specific needs of each student. If a student fully participates in the recommended services, certain short-term outcomes are expected to be realized first. Over time, these short-term outcomes may lead to long-term outcomes. For example, participation in a group or class that strengthens personal or social skills may later help a student resist pressure to use alcohol, tobacco, and other drugs. Likewise, a student caught experimenting with alcohol or other drugs who is required to attend a class that raises awareness of the risks of substance use an encourages help-seeking behaviors may stop experimenting or limit future use.

This SAPISP model focuses attention on three basic evaluation questions. As a result of participating in the program, have students:

1. Strengthened the social skills and attitudes that help them to resist substance use and antisocial behavior?
2. Abstained from engaging in antisocial behavior?
3. Abstained from using alcohol and other drugs or reduced the severity of their substance use?

For each question, the evaluation team pursues multiple lines of evidence to develop a more complete picture than any one data source would support. The primary sources of empirical outcome data for this evaluation include student self-report. In addition, input from Student Assistance Professionals and students provide multiple perspectives.

1. Strengthen Skills and Attitudes

Outcomes for hopefulness and perceived risk from substance are presented to look at program effectiveness in strengthening skills and attitudes.

Strengthening Hopefulness

The "science of hope" is a developing field of psychological research that explores the mental capacities, character strengths, and characteristics that help both children and adults thrive. Positive psychology posits that these psychological and character strengths are malleable, responsive to relationships and experiences, and serve as protective factors against adversity and stress (Hellman, Worley, & Munoz, 2016). Empirical studies of the 24 character strengths identified by Peterson and Seligman (2004) as being psychometrically sound measures showed that hope is one of the top predictors of wellbeing for both children and adults (Park, Peterson, & Seligman, 2004a; Park, Peterson, & Seligman, 2004b; Peterson, Ruch, Beermann, Park, & Seligman, 2007). Hope is one of the best predictors of an individual's physical and mental health, wellbeing, and academic performance (You, et al, 2008) and is negatively correlated with substance use, risk behaviors, and "avoidant coping" (Change & DeSimone, 2001; Roesch, Duangado, Vaugh, Aldridge, & Villodas, 2010). Hope has also been found to be correlated with improved emotion regulation, meaning making, relationship building, and achievement (Hellman, Worley, & Munoz, 2016).

The Children's Hope Scale consists of six questions, three of which measure the child's agency or "willpower" and three of which measure the child's pathway or "way power" to accomplishing their goals. A meta-analysis conducted by Hellman, Munoz, Worley, Feeley, and Gillert (2017) found that the scale has been used with youth aged 7 to 18 years old with no reliability concerns based on age, gender, or minority status.

Finding:	*In 2018-19, students had significant increases in their sense of overall hope.*

Chart 9 displays students' average ratings on the Children's Hope Scale and the six individual survey items that comprise the hope scale before and after participating in the program in 2018–19. Students had significantly greater scores on the Children's Hope Scale after program participation as well as significantly greater scores on each of the six indicators measured by the individual survey items.

Chart 9: Children's Hope Scale and Individual Measures Average Ratings in 2018-19
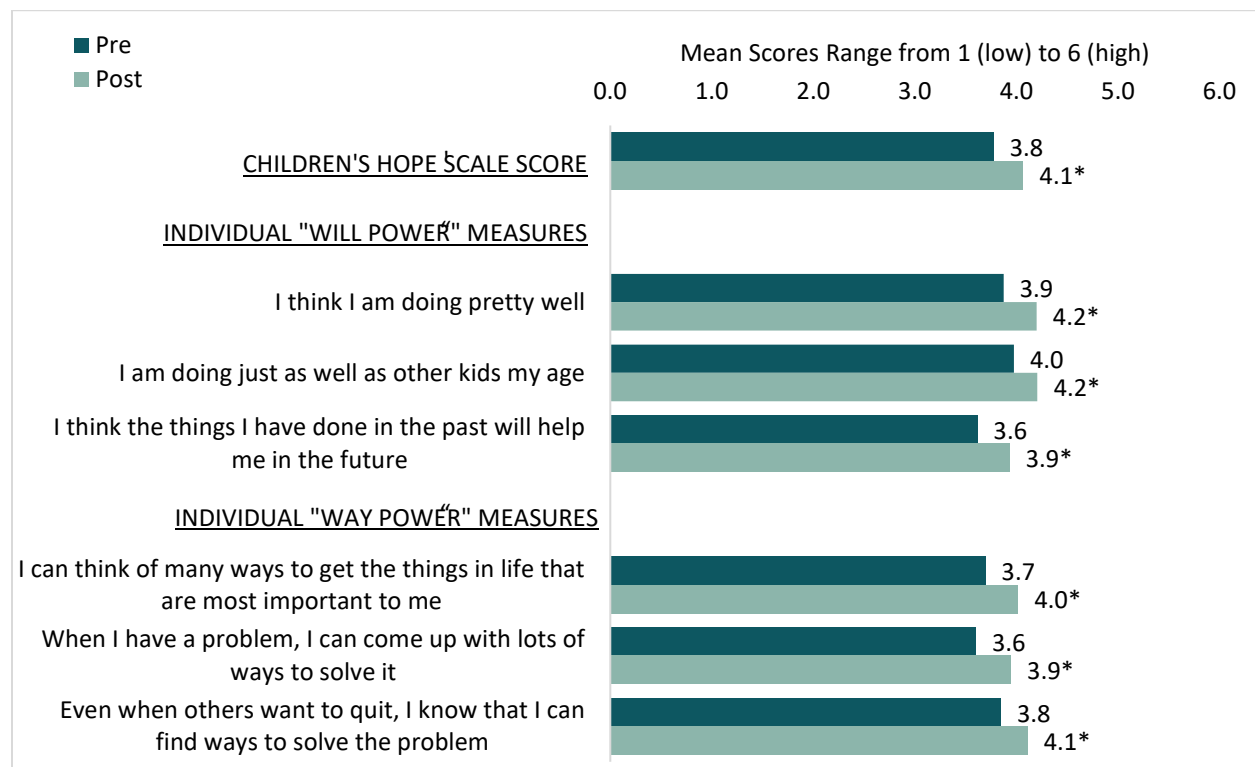
Notes: N = 1,588 for the Children's Hope Scale and varies from 1,667 to 1,691 for individual measures. Scale: 1 (None of the time) to 6 (All of the time). Includes Grade 6 through 12 students from CPWI schools with full intervention (n = 2,468), but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05).

Ratings from the Children's Hope Scale can also be categorized as "high hope", "medium hope", and "low hope". Chart 10 displays the hope scale results as "high hope" and the six individual questions as "most of the time" or "all of the time".
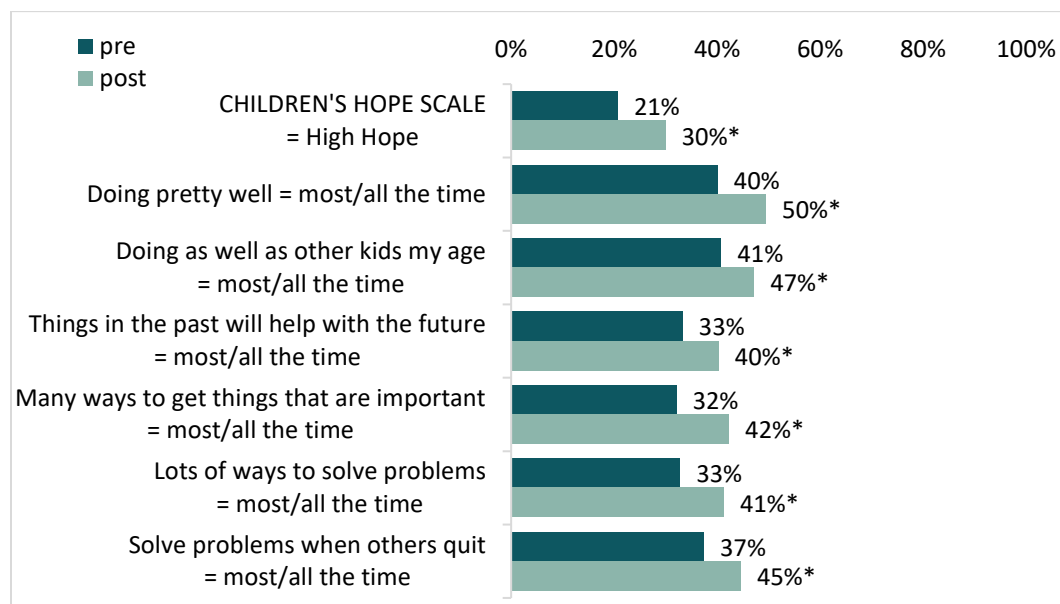
Notes: N's vary by question from 1,588-1,691 for the Children's Hope Scale (CHS). CHS scores range from 1 to 6, calculated as "None of the time" = 1 through "All of the time" = 6. Scores from all 6 questions are added together and divided by 6. Scores from 1.0 to 2.9 indicate "low hopefulness". 3.0 to 4.67 indicate "medium hopefulness", and 4.68 to 6.00 indicate "high hopefulness". Includes Grade 6 through 12 students from CPWI schools with full intervention.

Strengthening Hopefulness Among Specific Populations

Tables 6a–c show the changes in students' hopefulness by gender, among those living with and without families that have substance abuse problems, and by marijuana use at baseline.

Finding:	*In 2018-19, there were significant increases in their sense of overall hope among males, females, those from families with or without substances abuse problems, and among those using or not using marijuana or alcohol at the beginning of the program.*

Table 6a displays "high hope" among students by gender. Females had lower hope than males at baseline, but both genders had similar increases in "high hope" after participating in the program (42% increase among males and 50% among females).

Table 6 a-c: Perceived Risk of Substance Abuse by Demographics in 2018-19

a.   By Gender

High Hope	Male		Female	
	Pre %	Post %	Pre %	Post %
Gender	26%	37%*	16%	24%*

Notes: N = 722 males and 855 females. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Students are asked a series of questions at intake about their presenting problems, one of which asks whether they have family members with substance abuse problems. Table 6b displays "high hope" among students with and without family substance abuse problems. Students with no family substance abuse had similar increases in "high hope" (42% increase) by as students with any family substance abuse (50%).

b. By Family Substance Abuse

High Hope	No, family substance abuse		Yes, family substances abuse	
	Pre %	Post %	Pre %	Post %
Family substance abuse problems	26%	37%*	16%	24%*

Notes: N = 998 for families not using substances and 590 for families that are using substances. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Students are asked a series of questions at intake about their own current substance use. Table 6c displays the increases in "high hope" among students who were not currently using marijuana or alcohol when they started the program and those that were using marijuana or alcohol at baseline.

c. By Baseline 30-day Marijuana Use and Baseline Alcohol Use

High Hope	No, 30 day substances use		Yes, 30 day substance use	
	Pre %	Post %	Pre %	Post %
30-day marijuana use at baseline	25%	35%*	15%	24%*
30-day alcohol use at baseline	23%	33%*	17%	25%*

Notes: N = 895 for those not using marijuana at baseline and 682 for those using marijuana at baseline and from 1,028 for those not using alcohol at baseline and from 558 for those using alcohol at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Strengthening the Perception of Risk from Substance Use

Attitudes about substance use are another important risk factor. In particular, national and state studies (Johnston, O'Malley, Bachman, & Schulenberg, 2010; Washington State Department of Health et al., 2013) have shown that the perceived risk of substance use is highly correlated with substance use. In fact, perceived risk appears to be a leading indicator of national changes in substance use among high school seniors. The rise in illicit drug use during the early 1990s was foreshadowed by a decline in perceived risk, suggesting an erosion of antidrug attitudes and norms among adolescents (Gabriel, 1996a).

Students who completed the program evaluation survey responded to five questions regarding the perceived risk of specific types of substance use. Chart 11 shows the percentage of students who perceived "moderate risk" or "great risk" related to five forms of substance use—heavy smoking, experimenting with marijuana use, regular marijuana use, daily drinking, and binge drinking (five or more drinks at one time)—before and after participation in the program in 2018–19. The exhibit also reports the net percentage increase in the number who reported moderate to great risk.

Even before participating in SAPISP, most students recognized the risk associated with smoking a pack or more a day, smoking marijuana regularly, daily drinking, and binge drinking, but relatively few believed that experimenting with marijuana was risky. After participation, significantly more students reported risk related to each of the 5five behaviors.

Chart 11: Perceived Risk of Substance Use in 2018-19

Notes: N's vary by substance from 1,549 to 1,606. Includes Grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Strengthening Perceived Risk Among Specific Populations

Tables 7a-d show the change in students' perceived risk of substance by gender, with and without family substance abuse, and by marijuana use at baseline.

Finding:	In 2018-19, there were significant increases in perceptions of risk from substances use among males, females, among those from families with or without substances abuse problems, and those using or not using marijuana or alcohol at baseline.

Tables 7a-d: Perceived Risk of Substance Abuse by Demographics in 2018-19

a. By Gender

Perceived Risk	Male		Female	
	Pre %	Post %	Pre %	Post %
Smoke 1+ packs per day	80%	87%*	81%	85%*
Try marijuana once or twice	29%	40%*	34%	42%*
Use marijuana regularly	53%	61%*	59%	67%*
Take 1-2 drinks nearly every day	71%	79%*	72%	78%*
Take 5 or more drinks at a time	78%	89%*	80%	86%*

Notes: N's vary by substance from 698-722 to males and 840-872 for females. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
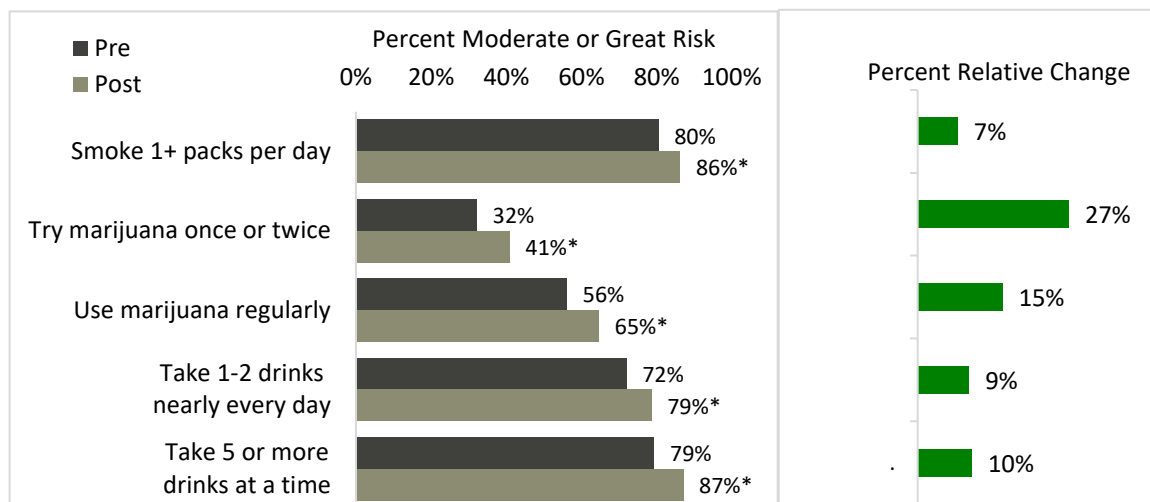* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

b. By Family Substance Abuse

Perceived Risk	No		Yes	
	Pre %	Post %	Pre %	Post %
Smoke 1+ packs per day	80%	86%*	81%	86%*
Try marijuana once or twice	33%	41%*	30%	41%*
Use marijuana regularly	56%	65%*	57%	64%*
Take 1-2 drinks nearly every day	72%	79%*	72%	78%*
Take 5 or more drinks at a time	80%	88%*	79%	86%*

Notes: N's vary by substance from 153-163 for multiracial students; 840-872 for families not using substances and 963-1,005 for families that are using substances. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

c. By Baseline 30-day Marijuana Use

Perceived Risk	No		Yes	
	Pre %	Post %	Pre %	Post %
Smoke 1+ packs per day	83%	88%*	78%	84%*
Try marijuana once or twice	39%	44%*	24%	37%*
Use marijuana regularly	66%	71%*	44%	57%*
Take 1-2 drinks nearly every day	78%	81%*	65%	76%*
Take 5 or more drinks at a time	83%	87%*	75%	87%*

Notes: N's vary by substance from 867-904 for those not using marijuana at baseline and 671-691 for those using marijuana at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

d. By Baseline 30-day Alcohol Use

Perceived Risk	No		Yes	
	Pre %	Post %	Pre %	Post %
Smoke 1+ packs per day	82%	87%*	76%	85%*
Try marijuana once or twice	36%	44%*	26%	35%*
Use marijuana regularly	61%	68%*	48%	58%*
Take 1-2 drinks nearly every day	75%	80%*	67%	77%*
Take 5 or more drinks at a time	81%	87%*	76%	87%*

Notes: N's vary by substance from 994-1,041 for those not using alcohol at baseline and 550-578 for those using alcohol at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

2. Abstain from Antisocial Behavior

Antisocial behavior can be disruptive to classrooms and can be a barrier to learning. Early engagement in antisocial activities is a risk factor for subsequent substance use and other problems. As shown in Chart 12, students with a behavioral intervention goal (aggressive behavior, anger/uncontrolled behavior, and self-control) who completed both the pretest and posttest were significantly less likely to report five of the six antisocial activities in the past three months after participating in the program: getting in trouble

at school, getting suspended from school, hitting someone, and getting into a physical fight. A limitation in assessing pre-post change is that some students may have received services for less than three months and may therefore report the same incident at both pretest and posttest.

Finding:	*In 2018-19, students with a behavior intervention goal were less likely to report 5 of 6 antisocial behaviors after program participation.*

Chart 12: Antisocial Behaviors in 2018-19

Notes. N varies from 391 to 394. Includes Grades 6–12 students from CPWI schools with full intervention AND an antisocial behavior goal. Only students responding to both "Pretest" and "Posttest" questions are counted.
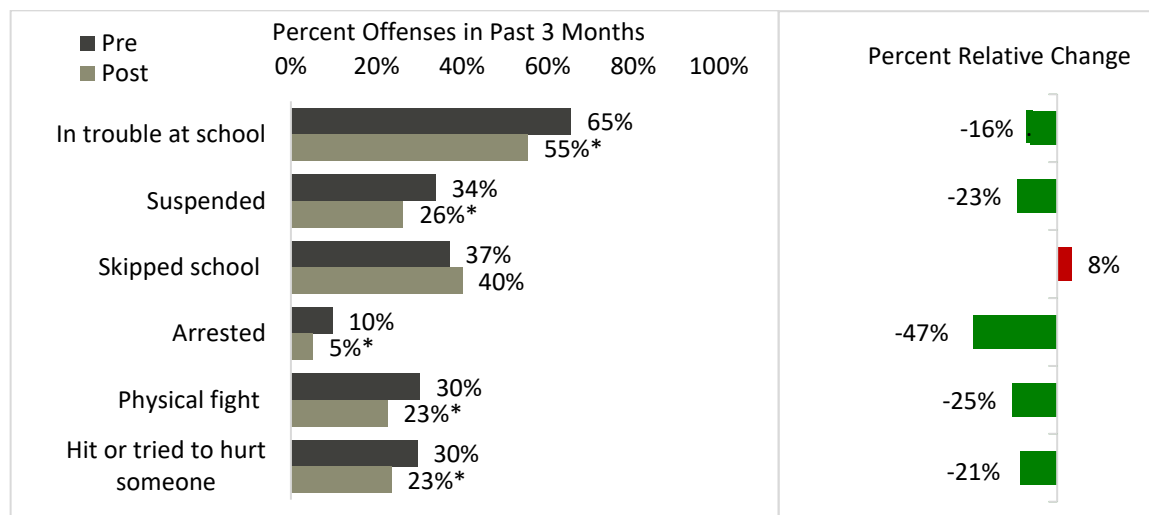** indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.*

Abstaining from Antisocial Behavior Among Specific Populations

Tables 8a-d show the changes in students' antisocial behaviors, by gender, by family substance abuse, and by baseline 30-day marijuana use.

Finding:	*There were significant decreases in some antisocial behaviors among males, females, among those from families with or without substances abuse problems, and those using or not using marijuana or alcohol at baseline.*

Table 8a-d: Antisocial Behavior by Demographics in 2018-19

a.   By Gender

Antisocial Behavior	Male		Female	
	Pre %	Post %	Pre %	Post %
In trouble at school	75%	60%*	53%	49%
Suspended	42%	30%*	23%	20%
Skipped school	36%	40%	38%	40%
Arrested	13%	7%*	6%	2%
Physical fight	38%	28%*	20%	16%*
Hit or tried to hurt someone	32%	27%	26%	19%

b. By Family Substance Use

Antisocial Behavior	No		Yes	
	Pre %	Post %	Pre %	Post %
In trouble at school	58%	50%*	73%	61%*
Suspended	23%	20%	45%	33%*
Skipped school	20%	26%	55%	55%
Arrested	6%	3%	14%	7%*
Physical fight	22%	16%*	38%	30%*
Hit or tried to hurt someone	23%	15%*	37%	33%

c. By Baseline 30-day Marijuana Use

Antisocial Behavior	No		Yes	
	Pre %	Post %	Pre %	Post %
In trouble at school	73%	60%*	58%	51%
Suspended	41%	29%*	27%	23%
Skipped school	38%	39%	36%	41%
Arrested	8%	5%	12%	6%*
Physical fight	31%	20%*	29%	26%
Hit or tried to hurt someone	31%	22%*	28%	25%

d. By Baseline 30-day Alcohol Use

Perceived Risk	No		Yes	
	Pre %	Post %	Pre %	Post %
In trouble at school	60%	52%*	75%	61%*
Suspended	31%	23%*	38%	31%
Skipped school	24%	31%*	59%	54%
Arrested	7%	4%	3%	7%*
Physical fight	24%	20%	39%	27%*
Hit or tried to hurt someone	22%	20%	41	28%*

3. Abstain from Substance Use

Curbing substance use among adolescents is the central purpose of SAPISP. Students engage with the program at various stages of substance use. Some have not yet used alcohol and other drugs but exhibit characteristics or behaviors that put them at risk of starting soon, whereas others are beginning to experiment with vaping, tobacco, alcohol, and marijuana. Still other students have progressed to heavier levels of use and abuse and a few have already developed a dependence on alcohol or other drugs. This subsection focuses on the substance use-related behaviors and attitudes of the students referred to the program, with a focus on the program's impact on students entering with different levels of use. The evaluation team examined several indicators of substance use. Thirty-day use—the percentage of students who reported using a substance at least once during the past 30 days—indicates how many students are currently using a substance but does not distinguish the level of use. Thirty-day use works well in assessing reductions in experimental substance use but is less sensitive to reductions in the level of use among heavy substance users.

Delaying Substance Use

Delaying the onset of substance use among nonusers at risk for substance use is a key goal of SAPISP. In 2018–19, 47% of students participating in the program abstained from alcohol at both pretest and posttest and 75% abstained from marijuana at both time points. In general, the majority of program students successfully delayed onset of substance use, reporting no past 30-day substance use at both program intake and exit. Chart 13 shows that the majority of SAPISP students remained abstinent from substances throughout program participation. The exhibit also displays the percentages of students who were using a substance at pretest and reduced or abstained from substance use at posttest.

Chart 13: Percent Student by Substance Use Categories Change Categories in 2018-19
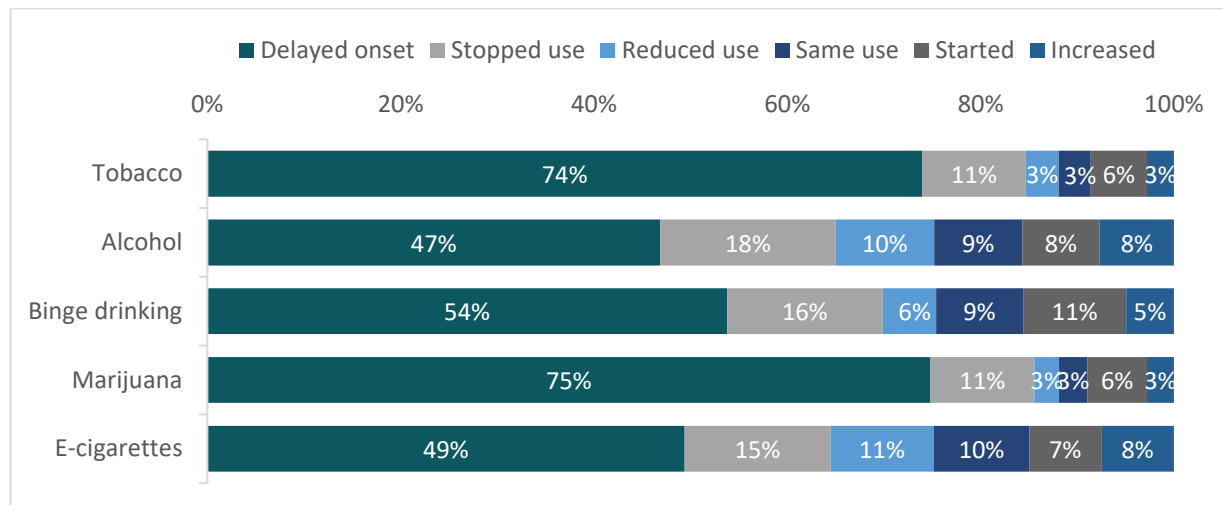
Notes: Grades 6–12 students from CPWI schools with full intervention (n = 2,479). Limited to n = 1,685–1,699 (n's vary per substance), only students responding to both "Pretest" and "Posttest" questions are included.

Current Substance Use

Chart 14 illustrates the relationship between grade level and substance use observed in the results of the most recent survey of adolescent health behaviors in Washington (Washington State Department of Health et al., 2019). Although these data are cross-sectional (i.e., simultaneous administration of the survey to students at 4 grade levels) rather than longitudinal (i.e., administration to the same students at different points in time), they suggest that older students are usually more likely to use alcohol, tobacco, electronic cigarettes, and marijuana. Thus, over the course of a school year, it is reasonable to expect an increase in the proportion of students using alcohol or other drugs without some intervention by the school, community, or home.

Chart 14: Statewide Substance Use in Past 30 Days by Grade Level in 2018-19
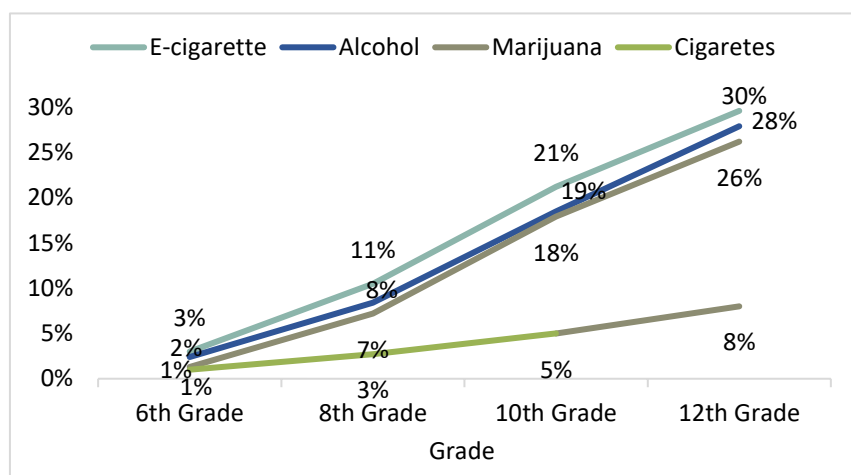
Note. Source: 2018 Washington State Healthy Youth Survey (Washington State Department of Health et al., 2019). N = 6th grade 9,845, 8th grade 9,141, 10th grade 8,429, 12th grade 5,913.
The SAPISP program evaluation survey asks students questions about their substance use before and after program participation. The survey administration guidelines direct Student Assistance Professionals to ask students in Grades 6–12 with whom they have had at least three contacts to complete the postsurvey when the students stop participating in the program or at the end of the school year, whichever comes first. Of the 2,479, Grades 6–12 students served in 2018–19, 1,715 completed both a pretest and posttest.

Finding:	*In 2018-19, significantly fewer students with an intervention goal of reducing substance use reported having used tobacco products (including both cigarettes and chewing tobacco), e-cigarettes, alcohol, marijuana, or having binged on alcohol the past 30 days after participating in SAPISP.*

The majority of the students referred to SAPISP in 2018–19 had an explicit intervention goal of delaying or reducing the use of illegal substances. Without some type of intervention, the prevalence of substance use for this group would be expected to increase during the school year. Chart 15 shows the percentage using common substances before and after participating in the program among students with a substance use intervention goal. The net percentage decrease in the number of substance users is illustrated on the right. The results show reductions of nearly 20% for all five behaviors. For example, e-cigarette use decreased from 62% at pretest to 46% at posttest, a 25% relative change in use.

Chart 15: 30-Day Use of Common Substances Among Students with a Use Reduction Goal in 2018-19

Percent Used Substance in Past 30 Days

■ Pre
■ Post

Substance	Pre	Post	Percent Relative Change
Tobacco	29%	22%*	-25%
E-Cigarettes	62%	46%*	-25%
Alcohol	49%	39%*	-21%
Binge Drinking	28%	20%*	-28%
Marijuana	61%	49%*	-19%
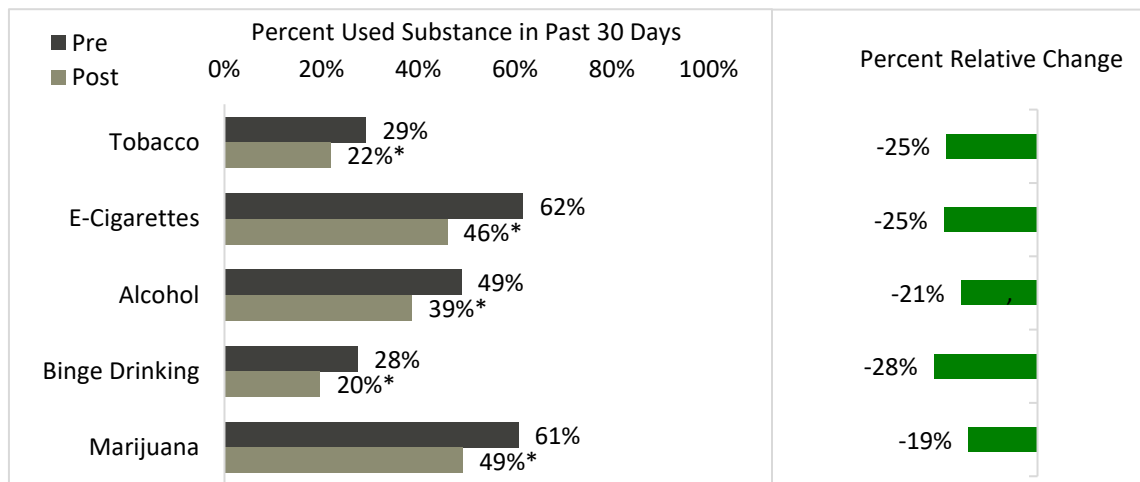
Notes: N's vary per substance from 1,036 to 1,051. Includes Grades 6–12 students from CPWI schools with full intervention AND a substance use intervention goal. but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Chart 16 shows the percentage using other substances before and after participating in the program among students with a substance use intervention goal. Aside from alcohol, e-cigarettes, and marijuana, rates of other substance use were relatively low.

Chart 16: 30-Day Use of Less Common Substances Among Students with a Use Reduction Goal in 2018-19

Percent Used Substance in Past 30 Days

■ Pre
■ Post

Substance	Pre	Post	Percent Relative Change
Amphetamines	1%	1%	-42%
Cocaine	3%	2%	-33%
Hallucinogens	7%	4%	-36%
Inhalants	5%	2%	-56%
Prescription	8%	5%	-43%
Synthetic/designer drugs	1%	1%	-48%
Other drugs	2%	1%	-53%

Notes: n = 1,032–1,047 (n's vary per substance). Includes Grades 6–12 students from CPWI schools with full intervention AND a substance use intervention goal (n = 1,523), but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Substance Use Among Specific Populations

Because substance use rates differ by grade level, it is important to examine whether changes following program participation occur among both older and younger students. Chart 17 and 18 display by grade level the percentages of students using substances in the previous 30 days. As expected, the older students were more likely to use substances at baseline, with the exception of e-cigarettes where 59% among grade 6–8 students and 63% among grade 9–12 students reported 30-day use. Approximately similar declines in use among the two groups was observed for alcohol, binge drinking, and marijuana use while greater reductions in tobacco and e-cigarette use were observed among grade 6–8 students (40% and 41%, respectively) compared to grade 9–12 students (21% and 21%, respectively).

Chart 17: 30-Day Substance Use Grades 6–8 in 2018-19

Notes: N = 268 - 272 (n's vary per substance). Includes Grades 6–8 students from CPWI schools with full intervention AND a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Chart 18: 30-Day Substance Use Grades 9–12 in 2018-19

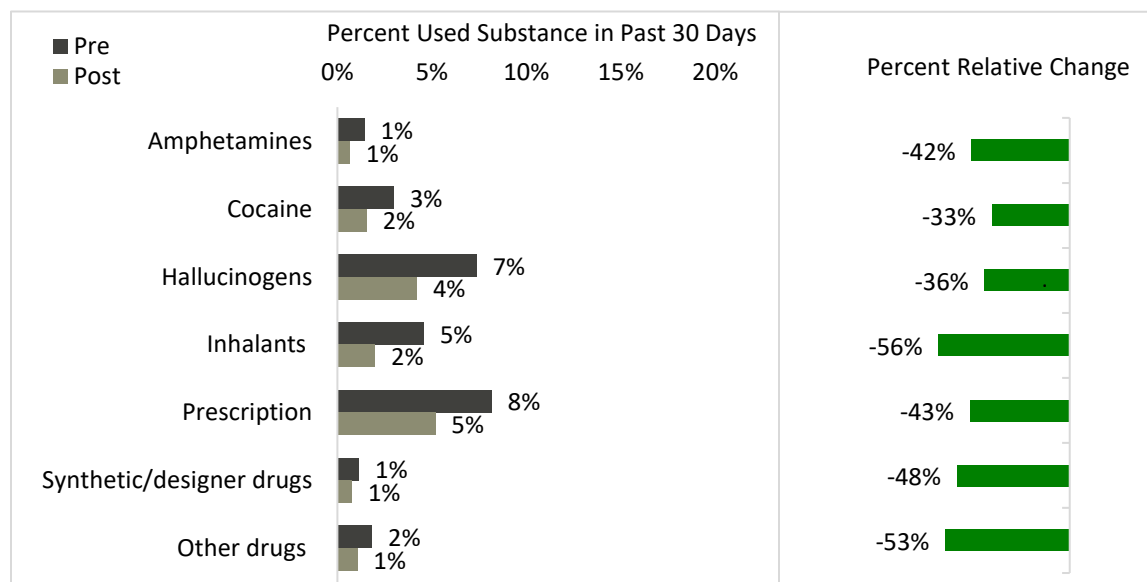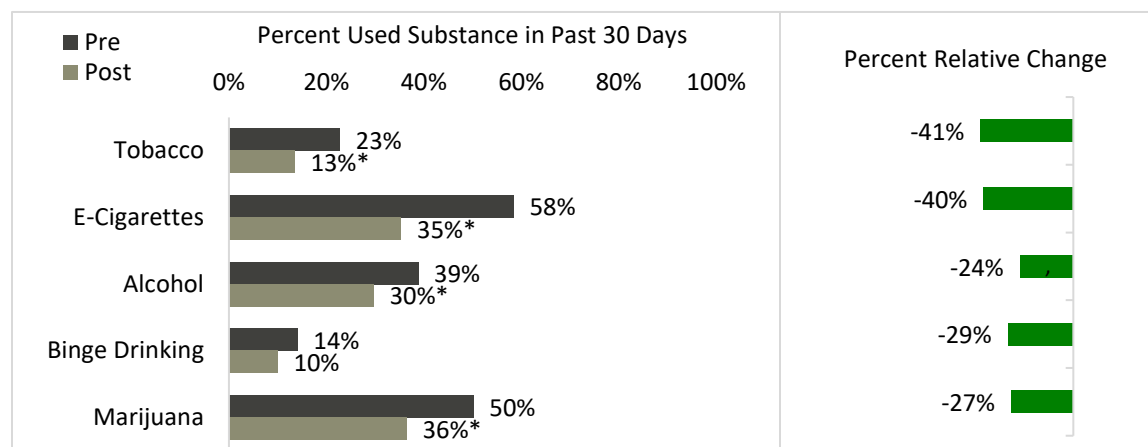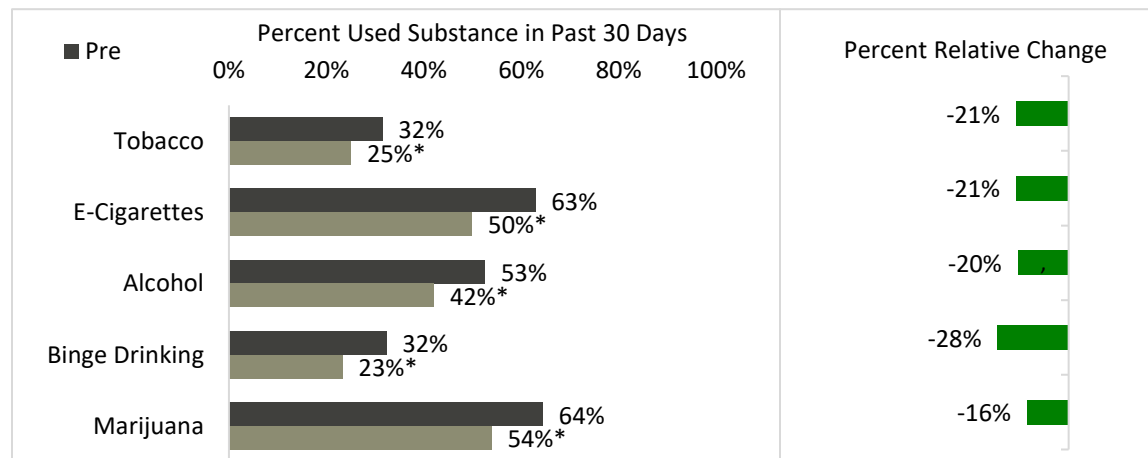*Notes: N = 767 - 778 (n's vary per substance). Includes Grades 9–12 students from CPWI schools with full intervention AND a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions.*
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Tables 9a-d show the change in students' current substance use by gender, with and without family substance abuse, and by current 30-day marijuana use at baseline.

Tables 9a-d: 30-day Substance Use by Demographics in 2018-19

a. By Gender

30 day Substance Use	Male		Female	
	Pre %	Post %	Pre %	Post %
Tobacco	30%	21%*	28%	22%*
E-Cigarettes	60%	43%*	63%	49%*
Alcohol	45%	38%*	54%	40%*
Binge Drinking	27%	19%*	29%	21%*
Marijuana	61%	47%*	61%	51%*

Notes: N's vary by substance from 528-537 to males and 501-509 for females. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Table 9a-d displays past 30-day use of common substances for students with and without family substance abuse problems. Students with no family substance abuse had slightly greater reductions in tobacco use and binge drinking than students with any family substance abuse. The two groups had similar reductions in use of tobacco, e-cigarettes, alcohol, and marijuana.

b. By Family Substance Use

30 day Substance Use	No		Yes	
	Pre %	Post %	Pre %	Post %
Tobacco	27%	19%*	34%	29%*
E-Cigarettes	61%	43%*	63%	51%*
Alcohol	46%	36%*	54%	44%*
Binge Drinking	26%	18%*	32%	23%*
Marijuana	58%	47%*	65%	54%*

Notes: N's vary by substance from 687-693 for families not using substances and 349-355 for families that are using substances; 867 for those not using marijuana at baseline and 671-691 for those using marijuana at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Table 9c displays the percentage of students using substances before and after participating in the program, broken out by their level of marijuana use at the start of the program.

c.   By Baseline 30-day Marijuana Use

30 day Substance Use	No		Yes	
	Pre %	Post %	Pre %	Post %
Tobacco	14%	12%	39%	29%*
E-Cigarettes	45%	35%*	72%	53%*
Alcohol	31%	26%	60%	47%*
Binge Drinking	12%	11%	38%	26%*
Marijuana	0%	21%*	100%	67%*

Notes: N's vary by substance from 404-409 for those not using marijuana at baseline and 623-637 for those using marijuana at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Table 9d displays the percentage of students using substances before and after participating in the program, broken out by their level of alcohol use at the start of the program.

d.   By Baseline 30-day Alcohol Use

30 day Substance Use	No		Yes	
	Pre %	Post %	Pre %	Post %
Tobacco	17%	15%	42%	30%*
E-Cigarettes	53%	38%*	71%	55%*
Alcohol	0%	23%*	100%	55%*
Binge Drinking	0%	8%*	54%	32%*
Marijuana	47%	39%*	75%	60%*

Notes: N's vary by substance from 531-536 for those not using alcohol at baseline and 503-515 for those using alcohol at baseline. Includes grade 6 through 12 students from CPWI schools with full intervention, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Substance Use by High Severity Substance Use Disorder

Program coordinators have inquired about the results for students with particularly high rates of substance-related problems. To address this inquiry, the evaluation team used the substance use disorder scale of the GAIN-SS to identify students who exhibited at least 3 of the 5 indicators of substance disorders. Chart 19 demonstrates that the percentage of these students who reported using e-cigarettes, alcohol, marijuana, and binge drinking in the past month declined notably over the course of the program.

Finding:	*Students meeting the GAIN criteria for substance use disorder had significant decreases in 30-day substances use.*

Chart 19: 30-Day Substance Use Among Students Meeting Criteria on GAIN-SS in 2018-19
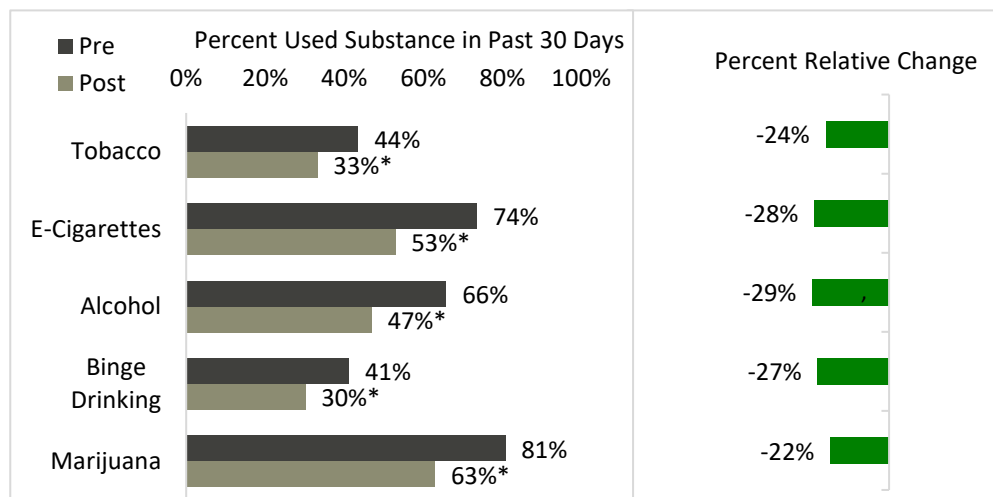
Notes. N = 274–275. Includes Grades 9–12 students from CPWI schools with full intervention AND a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions.
* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

Problem Drinking

A composite variable measuring levels of alcohol use was created based on a similar measure derived from the Healthy Youth Survey. Student responses to 30-day alcohol use and binge drinking questions were combined, resulting in four categories of youth alcohol use, from no use to heavy drinking. Chart 20 shows a significant improvement in the percentage of students with a substance use intervention goal who fell into the problem or heavy drinking categories 22% at pretest vs 16% at posttest).

> **Finding:**   *In 2018-19, there were significant decreases in heavy drinking.*

Chart 20: Levels of Problem Drinking in 2018-19
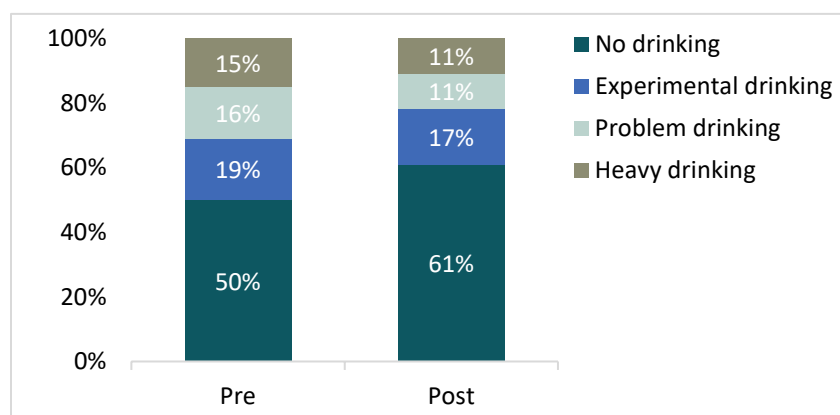
Notes: N = 1,041. Students included in analysis had a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions. Experimental drinking = Drinking 1–2 occasions in the past 30 days and no binge drinking. Problem drinking = Drinking 3–5 occasions in the past 30 days and/or binge drinking on 1–2 occasions. Heavy drinking = Drinking 6 or more occasions in the past 30 days and/or binge drinking on 3 or more occasions.

Tests of Significance and Effect Sizes

The evaluation assessed statistical significance using paired-samples t-tests for the Children's Hope Scale, perceived risk of substance use, antisocial behaviors, and substance use. The results showed significant changes in 5 of 6 antisocial behaviors, all 5 of the perceived risks of substance use, and all 5 substance use measures tested (tobacco, e-cigarettes, alcohol, binge drinking, and marijuana). However, statistical significance (p-values) can be influenced by sample size. Small changes can be statistically significant with a large sample of students and potentially meaningful changes can go undetected with a smaller sample. For this reason, it is important to look at effect sizes to assess whether a program effect occurred and estimate the size of the effect. Effect size Cohen's d results and the conventional effect size definition are presented: 0.1 = small effect, 0.3 = medium, 0.5 = large. (StataCorp, 2019)

Finding:	*Effect sizes were found for all but one outcome measures; however, effect sizes were small (0.1 to 0.2) for most of those measures.*

Effect size analyses detected positive program effects for all but one outcome measures (skipping school). For measures with positive program effects, small program effects in the desired direction were detected at 0.1 or 0.2.

Relating these results to the prevention and intervention research literature is challenging because such studies examine effect sizes by contrasting an intervention group with a comparison group rather than within-group pre-post. The literature has shown that evidence-based prevention and intervention programs typically show small effect sizes relative to comparison groups (Hendricks et al., 2007). Table C1 in Appendix C displays significance test and effect size statistics for SAPISP students.

Attrition

A concern in any evaluation is understanding the impact of survey attrition. While Student Assistance Professionals attempt to administer posttests with all full intervention students, regardless of whether they complete the program, students may transfer out of the school, refuse survey participation, or become unavailable for other reasons.

The evaluation team examined differences between those who completed only the pretest and those who completed surveys at both time points in pretest rates of perceived risk of substance use, children's hope scale, substance use, and antisocial behavior. Across most measures, students who completed only the pretest had significantly worse scores at pretest than those who completed both pre- and post-surveys.

Limitations

The program effectiveness findings are encouraging, but certain limitations should be considered. First, most of these results are based on student self-report. Research has shown, however, that when confidentiality is assured and the purpose of the survey is clear most students take surveys seriously and are remarkably honest in reporting behavior that is socially undesirable or illegal (Deck, Einspruch, &

Nickel, 2001; National Institute on Drug Abuse, 1992). The administration guidelines for the program evaluation survey were patterned after those developed for the Healthy Youth Survey to ensure valid responses.

A second limitation relates to the short timeframe for data collection (from program intake to program exit or the end of the school year). Outcome is currently tracked for full intervention students (those receiving at least 3 contacts with an intervention specialist). These data provide a limited picture of a longer-term school success outcome, but longer-term outcome data are not available.

A third limitation affecting interpretation of outcome findings is the lack of a comparison group. Programs for at-risk students are typically hard-pressed to find and survey a comparable sample of students who are identified as at risk but not offered services. Nevertheless, the lack of a comparison condition restricts the ability to unequivocally conclude that observed changes in outcomes were directly associated with the program.

Student Satisfaction

The student survey administered at program exit asks students three questions about their satisfaction with the program. Chart 31 through 23 display the students' responses to these items. As shown, 92% reported that the program was very or pretty important to them and 94% reported being happy they participated in the program.

Finding: *In 2018-19, nearly all students reported high satisfaction with the program.*

Chart 21: Overall, how important has this program been to you? (2018-19)
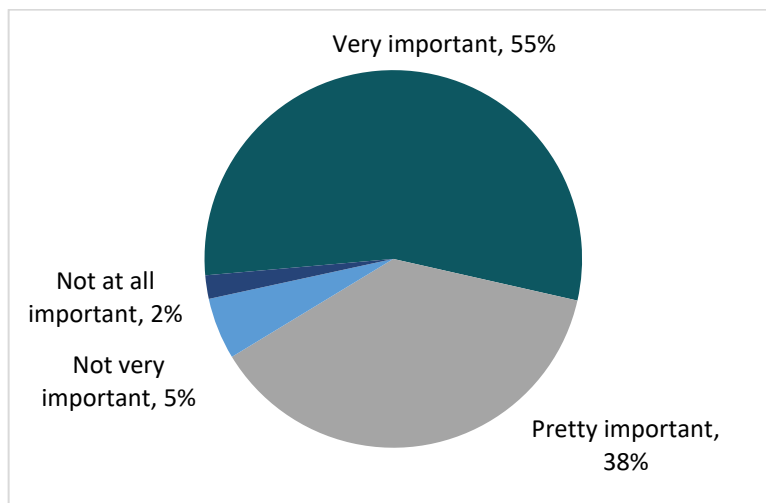
Notes. N = 1,837. Includes Grades 6–12 students from CPWI schools with full intervention.

Chart 22: Are you glad you participated in the program? (2018-19)
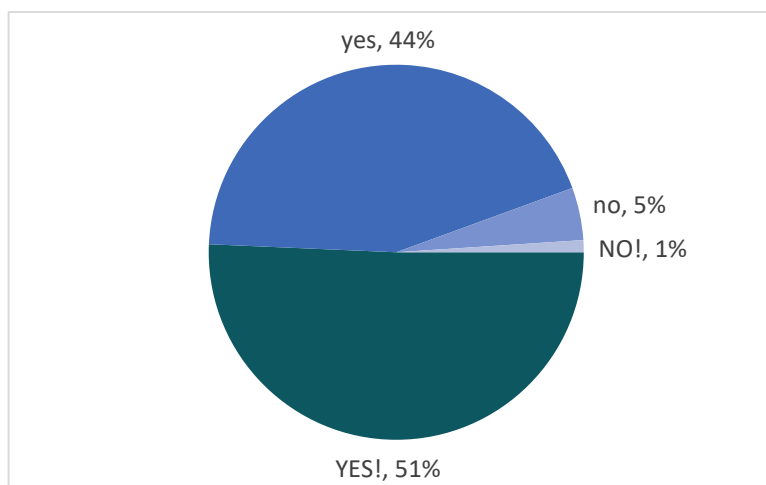
Notes. N = 1,833. Includes Grades 6–12 students from CPWI schools with full intervention.

Chart 23: Are you more likely to attend school because of this program? (2018-19)
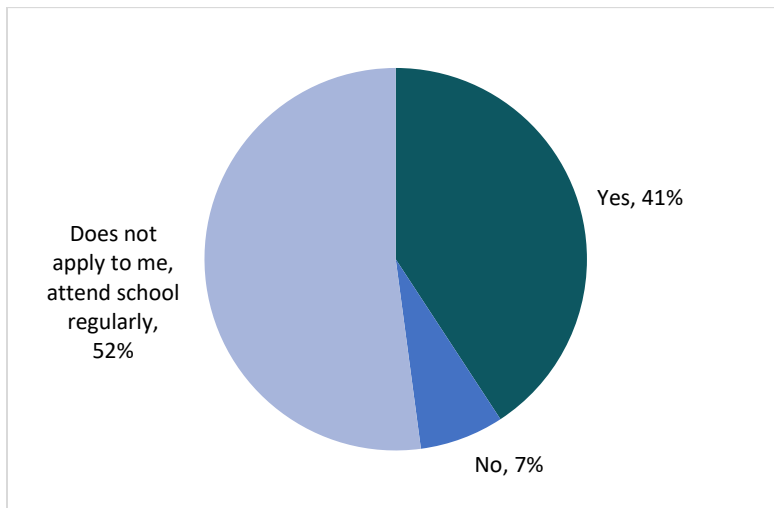
Notes. N = 1,827. Includes Grades 6–12 students from CPWI schools with full intervention.

Conclusions

Overall, the results of this evaluation reflect favorably on the effectiveness of SAPISP. Local programs had historically served about 600 to 700 schools annually, though reductions in program funding beginning in 2010 reduced the number of schools and students served. The economic climate has negatively impacted the funding available to support the program, which has in turn reduced services. In response, DBHR and OSPI began a gradual shift to targeting a smaller number of high-need communities, and in the 2018–19 school year funded such communities exclusively. In 2018–19, SAPISP provided direct services to 2,479 students in 95 schools.

The SAPISP outcome assessment continues to provide evidence that the program is having the desired impact on students' lives. Students have reported a stronger sense of hope and increased perceptions of the riskiness of substance use. After participating in the program, fewer students report substance use and antisocial behaviors. In addition, nearly all students report high satisfaction with the program. The research literature offers a modest number of careful evaluations of well implemented prevention and intervention programs that provide clues about the order of magnitude of changes in substance use that can be expected of such programs under the best conditions. Although none of these studies are directly comparable to this evaluation, they have led the evaluation team to conclude that the reductions in substance use reported here are respectable (e.g., Botvin, 1996; Hansen, Johnson, Flay, Graham, & Sobel, 1988; Pentz, 1994).

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Appendix A: Program Logic Models

Exhibit A1: Universal Prevention Services Logic Model

School or Community Characteristics	Intervention Activities	Short-Term Outcomes	Long-Term Outcomes
Early onset of substance use by students.	Age appropriate prevention curriculum aligned with K 12 academic learning standards.	Establishment of prosocial norms and attitudes about substance use and violence.	Delayed onset and reduced prevalence of substance use or violence in school.
Unacceptably high level of substance use or violence among students in the school.	Policies that promote a drug free environment and address discipline related to substance use and violence.	Expanded knowledge of drug effects, the role of the media, and the prevalence of use.	
Lack of clear, prosocial, no use attitudes among students and staff.	Peer leadership or pledge programs and peer led school activities with a no use message.	Involvement in positive, drug free activities.	
Lack of accurate information about the effects of alcohol and other drugs, the role of the media, and actual prevalence of use.	Classroom presentations on the effects of drugs.		
	Positive after school and summer activities.		
	Parent engagement activities.		
	Staff training.		
	Establishment of prosocial norms and attitudes about substance use and violence.		
	Expanded knowledge of drug effects, the role of the media, and the prevalence of use.		
	Involvement in positive, drug free activities.		
	Delayed onset and reduced prevalence of substance use or violence in school.		

Exhibit A2 Selective and Indicated Prevention Services Logic Model

School or Community Characteristics	Intervention Activities	Short-Term Outcomes	Long-Term Outcomes
Limited personal skills (e.g., self esteem, self control) or social skills to resist substance use or violence.	Identification process: • Intervention specialist. • School team. • Staff training.	Expression of feelings on life issues.	Healthy life choices.
Negative attitudes toward school and distrust of adults.	School interventions: • Individual counseling. • Group counseling. • Staff consultation. • Alcohol, tobacco, and other drug education.	Recognition of risks of substance use and commitment to healthy life choices.	Avoidance of antisocial behavior.
Coping with others who are involved with alcohol and other drugs.	Group skill building: • Affected others group. • Intervention group. • Social skills group. • Anger management.	Strengthened personal and social skills.	Delayed onset or reduced level of substance use.
Experimentation with tobacco, alcohol, or other drugs.	Assessment and referral: • Informal assessment. • Formal assessment. • Family consultation. • Referral to treatment. • Treatment support. • Community referrals.	Increased bonding with family, school, and adults.	Improved academic performance and retention in school.
Symptoms of substance abuse or dependence.	Reentry program: • Recovery group. • Recovery plan.	Utilization of available school and community resources.	
Unaware of available school and community services.			

Appendix B: Map of Educational Service Districts

Exhibit B1: Map of Educational Service Districts

Appendix C: Tests of Significance and Effect Sizes

Table C1: Outcome Results in 2018-19

Measure	n	p-value	Effect Size
Children s Hope Scale			
Children's Hope Scale	1,558	<0.001	0.26
I think I am doing pretty well.	1,691	<0.001	0.24
I am doing just as well as other kids my age.	1,684	<0.001	0.17
I think the things I have done in the past will help me in the future.	1,681	<0.001	0.22
I can think of many ways to get the things in life that are most important to me.	1,671	<0.001	0.23
When I have a problem, I can come up with lots of ways to solve it.	1,667	<0.001	0.23
Even when others want to quit, I know that I can find ways to solve the problem.	1,671	<0.001	0.19
Perceived Risk of Substance Use			
Smoking 1 + packs per day	1,606	<0.001	0.14
Try marijuana once or twice	1,580	<0.001	0.14
Smoke marijuana regularly	1,556	<0.001	0.15
Take 1–2 drinks nearly every day	1,572	<0.001	0.13
Take 5 or more drinks at a time	1,549	<0.001	0.18
30 Day Substance Use (those with substance use goal)			
Tobacco	1,036	<0.001	0.10
E-cigarettes	1,040	<0.001	0.22
Alcohol	1,051	<0.001	0.18
Binge drinking	1,044	<0.001	0.15
Marijuana	1,036	<0.001	0.20
Antisocial Behaviors (those with behavior goal)			
In trouble at school	394	<0.001	0.20
Suspended	393	<0.001	0.09
Skipped school	394	ns	n/a
Arrested	392	<0.01	0.14
Physical fight	391	<0.01	0.15
Hit or tried to hurt someone	393	0.02	0.12

Note. ns = nonsignificant. Paired samples t-test. Cohen's d: 0.1 = small effect, 0.3 = medium, 0.5 = large.