

State of Delaware

Drug and Alcohol Education Curriculum Report*

2024



*As required by Senate Concurrent Resolution 200

This resource provides data on drug and alcohol education programming as selected by the individual districts and charter schools serving students in kindergarten through grade 12.

October 1, 2024

Background and Overview

On June 25, 2024, Senate Concurrent Resolution 200 (**Appendix A**) of the 152nd General Assembly was presented as a follow up to the recommendations contained in the 154-page [Delaware Drug Prevention Curriculum Task Force Report](#). Regulation 551 (**Appendix B**), Comprehensive Health Education Programs has specific requirements for drug and alcohol prevention education which include mandatory hours of instruction for each grade. Regulation 551 also requires schools to select programming that is evidence-based or promising practices when necessary.

In Delaware, Regulation 551 Comprehensive Health Education Programs, details the hours required for Drug and Alcohol Education for each grade.

- Kindergarten- 10 hours
- 1st grade- 10 hours
- 2nd grade- 10 hours
- 3rd grade- 10 hours
- 4th grade- 10 hours
- 5th grade- 15 hours
- 6th grade- 15 hours
- 7th grade- 15 hours
- 8th grade- 15 hours
- 9th grade- 15 hours
- 10th grade- 15 hours
- 11th grade- 15 hours
- 12th grade- 15 hours

Regulation 551 is one of the largest education regulations in Delaware with specific hours for instruction as well as hours related to topics/concepts. Since 2019 the Education Associate for Physical Education, Health and Wellness has worked to identify best practices, resources related to evidence-based programs as well as secure funds to support professional learning, of which most have come from Title IV. Currently there is not a designated funding line to support Health and Physical Education at the Department leaving substance use prevention and intervention without continued and sustainable funding

The Delaware Department of Education (DDOE) experienced a gap at the department for six years prior to hiring the current Education Associate for Physical Education, Health and Wellness. In previous years there were two persons who shared the roles, one overseeing Health Education and the other Physical Education. The Education Associate for Physical Education Health and Wellness was originally hired into the School Support Services working group and in 2022 was moved to the Curriculum, Instruction and Professional Development team. Upon the hire of the current Education Associate in December of 2019, the COVID-19 pandemic closely following in March 2020. Schools experienced hardship for multiple years because of the pandemic. Once buildings were open and students returned the schools experienced extreme staffing issues, still being worked through at this time.

The Education Associate for Physical Education, Health and Wellness has worked to develop relationships with the districts and charters to support all the academic and non-academic requirements that fall within their oversight. The Department has worked with outside providers

and partners to develop supports for schools, all shared within the approach section of this report.

Approach

[Senate Concurrent Resolution 200](#) requested districts and charters provide information on the evidence-based programs being used in schools. It was important to also capture the programming that schools are using that are considered evidence informed as well as promising practices, as described in education Regulation 551.

Below are the findings from Senate Concurrent Resolution 69: Delaware Youth Drug Prevention Curriculum Task Force. Attention to the recommendations is listed.

Attention to the recommendations made by the 2019 Task Force:

All Delaware public schools should, as soon as possible, adopt evidence-based curricula on substance abuse from among a selection listed by specific, reputable federal offices or national organizations. The Delaware Department of Education should designate the amount of funding, and take whatever other steps necessary, to reinstitute its earlier system and culture of supporting and advising schools and districts with their adoption and implementation of evidence-based curriculum. Included in these efforts should be the immediate hiring of an individual qualified to provide guidance to Delaware school districts about substance abuse prevention curricula and programming. Additionally, the Department of Education should consider developing a substance abuse prevention grant program that would distribute funds to Delaware school districts implementing evidence-based substance abuse prevention curricula.

- [Regulation 551](#) has specific requirements for drug and alcohol programming for grades K-12 as explained above. Programming should be evidence-based and promising practices where necessary.
- The Delaware Department of Education hired the Education Associate for Physical Education (PE) Health and Wellness. Currently one person is responsible for both Health and PE as well as multiple non-academic requirements like Erin's Law and Mental Health.
- The Division of Substance Abuse and Mental Health (DSAMH) supported \$200,000 in mini-grants to elementary schools during the 2022/23 School Year (SY) to purchase evidence-based drug and alcohol curriculum.
- DSAMH supported \$200,000 in mini-grants to middle schools during the 2023/24 SY to purchase evidence-based drug and alcohol curriculum.
- DSAMH is going to support \$200,000 in mini grants to middle and high schools during the 2024/25 SY to purchase tier 2 and 3 intervention programs for schools to support students needing additional support for substance use/misuse. The grant money will also fund contractors for each county to support prevention planning and implementation efforts within the districts and charter schools.

The Delaware Department of Education and Department of Health and Social Services should continue their efforts to forge effective collaboration on these and other related issues and should expand their efforts to include any other relevant State agency. Included in these efforts should be the creation of a website with resources to help schools and communities identify evidence-based practices for preventing substance abuse, and the creation of a workgroup to review and distribute evidence-based practices and programs for substance abuse prevention.

- [Talk2KidsAboutDrugs Toolkit \(2023\)](#)- Developed by DSAMH with oversight from DDOE is part of the Help is Here website. All schools have access to this information. There are free resources for educators, schools, families and communities.
- [Anti Vape Toolkit \(2022\)](#)- Developed by American Lung Association with oversight from DDOE is part of the Healthy Delaware website. All schools have access to this information. There are free resources for educators, schools, families and communities.
- **Alignment work with Department of Services for Children, Youth and Their Families (DSCYF)**- DSCYF is providing various programming and services directly supporting substance use prevention in 15 districts and charter schools across the state. Some of the programming being implemented is listed below:
 - Botvin Life Skills
 - Too Good for Drugs
 - Catch My Breath
- **Specific work as related to participation in the following groups/committees:**
 - Behavioral Health Consortium; Education and Prevention Subcommittee
 - Addiction Action Committee; Primary Prevention Subcommittee and the THC Campaign Subcommittee.
 - Coaches Versus Overdoses
- **15-hour Drug and Alcohol online courses (2022)**- 3 courses, 15 hours each, were developed by Health Management Associates (HMA) in collaboration with the Office of Health Crisis Response (OHCR) to meet the high school hours requirements in Regulation 551. The courses have been shared across multiple networks and are being used in many of our high schools across the state. The courses are evidence-informed and selected by districts and charter schools due to funding constraints

The Delaware Department of Education and the State Board of Education should create an advisory group, including experts in health education and substance abuse prevention, and begin an immediate review of the Delaware Code and corresponding regulations, and as soon as possible suggest to the General Assembly specific statutory and regulatory changes that would facilitate the adoption and implementation of effective, evidence based curriculum, including with specific requirements optimally structured to account for the differing levels of awareness or risk for students as they age.

- With the 2024 DSAMH funds, two contractors will be hired, one for Sussex and the other for Kent County to support program reviews, implementation and help provide district/charter attention to already existing regulations, specifically regulation 551. Additional funds are being offered by DSAMH to hire a third contractor which will serve New Castle County, working to provide the same resources as previously mentioned for Kent and Sussex County.

The Department of Education should contract with an independent research organization to conduct an evaluation of substance abuse prevention curricula being implemented in Delaware schools. This evaluation would necessarily follow youth for several years to ascertain the impact of prevention programming on substance misuse.

- **Drug and Alcohol (D&A) Survey (2021)**- 154-page report that shares the most used Evidence Based and/or Evidence Informed programs within districts and charters.
 - [Drug and Alcohol Survey Prevention Education Survey- Completed in 2021](#)
- [Alcohol, Drug and Tobacco Resources Report \(2021\)](#)- The 57-page report is part of the Delaware Department of Education website in the Health Education section. The

report shares information about 17 Evidence Based and/or Evidence Informed programs that include robust Drug and Alcohol Education for districts/charters to potentially select from (local control) for programming.

- **Health Education Survey-** The survey is collected annually to determine how health education programs are reviewed for effectiveness as well as the alignment of programming to the needs of Regulation 551. The first survey was conducted in 2023 with the second survey going out in November of 2024.

The Delaware General Assembly should begin an analysis of frameworks for expanding Delaware's *Purchase of Care system*. *Serious consideration should be given to expanding POC to subsidize the supervision and care of youth 13 to 15 years of age, to enable teenagers to continue to engage in critical programming and services they otherwise cannot or are not receiving via participation in school-based programming.*

- The Delaware Department of Education awaits further information on this.

District, Charter Reporting Process

For the purposes of this report, districts and charter schools submitted to the DDOE the evidence-based, evidence-informed and promising practices education programs they selected for the 2023-24 School Year (SY) as well as the programming plans for the 24/25 SY.

To collect this information, DDOE provided districts and charter schools with a report template (**Appendix C**) to be completed no later than August 30, 2024.

As of early September, of the nineteen (19) districts and 23 charter schools serving students in pre-k through grade 6, the 19 districts and 19 of the charter schools completed this template (see **Appendix D** and **Appendix E**). Where data were not reported on the report template provided, non-compliant was added to the graphs.

Results and Discussion

Drug and alcohol educational programming breakdown:

The drug and alcohol report templates were shared by the Education Associate for Physical Education, Health and Wellness in July. The reports were due no later than August 30, 2024.

School district program reporting

EB- Evidence Based, EI- Evidence Informed, PP- Promising Practices

School Year	District	Elementary	Middle	High School
23/24	Appoquinimink	EB	EB, EI, PP	EI
24/25	Appoquinimink	EB	EB, EI, PP	EI
23/24	Brandywine	EB	EB	EB
24/25	Brandywine	EB	EB	EB, EI
23/24	Caesar Rodney	EI	EB	EI
24/25	Caesar Rodney	EI	EB	EI
23/24	Cape Henlopen	EB	EB	EB, EI
24/25	Cape Henlopen	EB	EB	EB, EI
23/24	Capital	EB, EI, PP	EB, EI, PP	EB, EI, PP
24/25	Capital	EB, EI, PP	EB, EI, PP	EB, EI, PP
23/24	Christina	EB	EI	EI
24/25	Christina	EB	EI	EI
23/24	Colonial	EB, PP	EB	EB
24/25	Colonial	EB	EB	EB, EI
23/24	Delmar		EB, EI, PP	EB, EI, PP
24/25	Delmar		EB, EI, PP	EB, EI, PP
23/24	Indian River	EB	EB	EB
24/25	Indian River	EB	EB	EB, EI
23/24	Lake Forest		EI	EB
24/25	Lake Forest	EB	EB, EI	EB
23/24	Laurel	PP	EB	EB
24/25	Laurel	EI	EB	EB, EI, PP
23/24	Milford	PP	EI, PP	EB, EI
24/25	Milford	EB, PP	EB, PP	EB, EI
23/24	NCCVT			EB, EI, PP
24/25	NCCVT			EB, EI, PP
23/24	Polytech			EB
24/25	Polytech			EB
23/24	Red Clay	EB	EB	EB
24/25	Red Clay	EB	EB	EB, EI
23/24	Seaford		EB	EB
24/25	Seaford	EI	EB	EB
23/24	Smyrna	EB, EI, PP	EB, EI	EB, PP
24/25	Smyrna	EB, EI, PP	EB, EI	EB, EI, PP
23/24	Sussex Tech			EB
24/25	Sussex Tech			EB
23/24	Woodbridge	EB	EB	EB
24/25	Woodbridge	EB	EB	EB

Data Collection: Eighteen (18) districts serving students K-12 reported this data to DDOE (see Appendix D).

Charter school program reporting

EB- Evidence Based, EI- Evidence Informed, PP- Promising Practices

School Year	Charter School	Elementary	Middle	High School
23/24	Academia Antonia Alonso	EB	EB	
24/25	Academia Antonia Alonso	EB	EB	
23/24	Academy of Dover	EB	EB	
24/25	Academy of Dover	EB	EB	
23/24	Campus Community	EB	EB	
24/25	Campus Community	EB	EB	
23/24	Charter School of New Castle	EB	EB	
24/25	Charter School of New Castle	EB	EB	
23/24	Charter School of Wilmington			EB, EI
24/25	Charter School of Wilmington			EB, EI
23/24	Delaware Military			Noncompliant
24/25	Delaware Military			Noncompliant
23/24	Early College		EI	EI, PP
24/25	Early College		EI, PP	EI, PP
23/24	EastSide Charter	EB	EB	
24/25	EastSide Charter	EB	EB	
23/24	First State Military			EB
24/25	First State Military			EB
23/24	First State Montessori	PP	EB	
24/25	First State Montessori	EB	EB	
23/24	Freire			EB
24/25	Freire		EI	EB
23/24	Gateway	PP	EB	
24/25	Gateway	EB	EB	
23/24	Great Oaks			EB
24/25	Great Oaks			EB
23/24	Kuumba	EB	EI	
24/25	Kuumba	EB	EB	
23/24	Las Americas ASPIRA Academy	EB, EI	EB, PP	EI
24/25	Las Americas ASPIRA Academy	EB, EI, PP	EB	EB, EI
23/24	MOT Charter	EB	EB	EI, PP
24/25	MOT Charter	EB	EB	EI, PP
23/24	Newark Charter	PP	EP, EI, PP	EB
24/25	Newark Charter	PP	EB, PP	EB
23/24	Odyssey Charter	EB	EI	EB, EI
24/25	Odyssey Charter	EB	EB	EB, EI
23/24	Positive Outcomes		EB	EB
24/25	Positive Outcomes		EB	EB
23/24	Providence Creek	EI	PP	
24/25	Providence Creek	EB	EB	
23/24	Sussex Academy	EB, EI	EB, EI	EB, EI
24/25	Sussex Academy	EB, EI	EB, EI	EB, EI
23/24	Sussex Montessori	EB	EB	
24/25	Sussex Montessori	EB	EB	
23/24	Thomas Edison	EB	EB	
24/25	Thomas Edison	EB	EB	

Data Collection: Twenty-two (22) charters serving students K-12 reported this data to DDOE (see Appendix E).

List of programs shared within the report:

- Health Smart EB
- Too Good For Drugs EB
- Quaver Ed EB
- McGraw Hill EB
- 15-hour HMA created Schoology course EI
- Edmentum EB
- Botvin EB
- Project Alert
- Kidshealth.org (Nemours) PP
- Teen Health EI
- CATCH EB
- GW Health EB
- Navigate 360 EI
- Smart Moves Smart Choices EB
- Talk to kids about drugs toolkit EI
- Health Ready EI
- BASE- 7 Mindsets EB
- ReThink Ed EB

Challenges for supporting programming and the hours requirements:

- Limited access to outside community programs
- Scheduling needs make it difficult to get the required hours
- Staffing issues at the high school make it hard to get the required hours
- Community and parent/family support is difficult
- Lack of oversight of course work for 11th and 12th grade students
- Lack of funding to purchase programming and hire Health/PE staff
- Large class sizes in Health and PE mean an increased need for materials
- Not enough time in the day/schedule to get everything done
- The more regulations added to education the harder it is to get everything done
- Timing is a struggle with competing priorities of other curricular areas
- No required curriculum that must be used
- Need for a point person specifically to support drug and alcohol and mental health
- Struggle to support teacher PD with list of growing requirements
- High School poses a problem due to scheduling and not having a class for the curriculum
- Difficult to meet the number of hours required yearly

APPENDIX A



SPONSOR: Sen. Richardson & Rep. Dukes
Sens. Hocker, Lawson; Reps. Gray, Hilovsky, D. Short,
Michael Smith, Yearick

DELAWARE STATE SENATE
152nd GENERAL ASSEMBLY

SENATE CONCURRENT RESOLUTION NO. 200

REQUESTING A REPORT FROM THE DELAWARE DEPARTMENT OF EDUCATION TO FOLLOW UP ON THE RECOMMENDATIONS CONTAINED IN THE 154-PAGE DELAWARE DRUG PREVENTION CURRICULUM TASK FORCE REPORT.

1 WHEREAS, millions of dollars have been spent on drug use prevention that were ineffective; and

2 WHEREAS, too many young people are not prepared to handle peer pressure associated with taking drugs or
3 drinking alcohol; and

4 WHEREAS, at this point in the drug overdose epidemic, researchers have built a sizable body of evidence
5 indicating which prevention, treatment recovery, and harm reduction strategies work and which do not work; and

6 WHEREAS, drug overdose deaths in the U.S. are at a record high with fentanyl identified as the leading cause of
7 the more than 100,000 deaths annually; and

8 WHEREAS, in Delaware, in a four-year period of time, there were 2,015 drug overdose deaths: 436 in 2020, 515
9 in 2021, 537 in 2022, and 527 in 2023; and

10 WHEREAS, a new drug, Xylazine, is showing up more frequently in overdose deaths, and people who use opioids
11 laced with it are at higher risk for overdoses that are harder to treat with naloxone; and

12 WHEREAS, another new drug, nitazene analogues, can be as much as 40 times more potent than fentanyl and
13 people overdosing on nitazene analogues may require several doses of naloxone to be revived; and

14 WHEREAS, in 2019, the Delaware Youth Drug Prevention Curriculum Task Force recommended a course of
15 action to educate our youth about the dangers of drug, alcohol, and tobacco use to reduce the chance that youth will
16 experiment with these substances; and

17 WHEREAS, in addition to equipping young people to avoid substance abuse, doing so would help reduce the costs
18 of treatment or incarceration linked to the opioid epidemic; and

19 WHEREAS, prevention is always going to be the most effective way to stop addiction; and

20 WHEREAS, more programs are adapting evidence-based approaches and accepting the reality that preaching
21 abstinence without context is ineffective; and

22 WHEREAS, studies testing the effectiveness of Life Skills Training show that it can reduce the prevalence of
23 tobacco, alcohol, and illicit drug use by as much as 80%; and

24 WHEREAS, not all young people have role models to help them; even those with positive role models may not be
25 receiving essential information; and

26 WHEREAS, the benefit to cost ratio has been shown to be as high as 37 to 1 under one particular evidence-based
27 drug prevention curriculum, Botvin Lifeskills Training; and

28 WHEREAS, in addition to the human and moral importance of guiding young people away from substance abuse,
29 doing so would be a far more fiscally sound policy than only focusing on the costs of treatment or incarceration linked to
30 the opioid epidemic; and

31 WHEREAS, the cash savings is important, but not as important as the lives saved and the number of youths whose
32 lives are not ruined by experimental drug use; and

33 WHEREAS, the opioid epidemic will not go away overnight, but we have an opportunity to save lives through
34 proper education; and

35 WHEREAS, directing the dollars to evidence-based programs is critical given the ongoing nature of the epidemic.

36 NOW, THEREFORE:

37 BE IT RESOLVED by the Senate of the 152nd General Assembly of the State of Delaware, the House of
38 Representatives concurring therein, that the General Assembly respectfully requests a report from the Delaware Department
39 of Education to follow up on the recommendations contained in the 154-page Delaware Drug Prevention Curriculum Task
40 Force Report.

41 BE IT FURTHER RESOLVED that the report should include the following for each grade level:

42 1) What drug prevention curriculum was used in the 2023/2024 school year.

43 2) What drug prevention curriculum will be used in the 2024/2025 school year.

44 3) An explanation of why any curriculum choices were made that are not evidenced based.

45 BE IT FURTHER RESOLVED that the report must be presented to the members of the General Assembly by
46 October 1, 2024.

SYNOPSIS

Because of the serious consequences of the drug overdose epidemic, this Senate Concurrent Resolution respectfully requests a report from the Delaware Department of Education to follow up on the recommendations contained in the 154-page Delaware Drug Prevention Curriculum Task Force Report.

Author: Senator Richardson

APPENDIX B

**DEPARTMENT OF EDUCATION
OFFICE OF THE SECRETARY
500 Curriculum and Instruction**

551 K to 12 Comprehensive Health Education Program

1.0 Definitions

In this regulation, the following terms and words shall have the following meaning unless the context clearly indicates otherwise:

“Consent” means the unambiguous, voluntary, and freely given agreement by all participants in each physical act in the course of sexual activity, including respect for personal boundaries. Consent does not include any of the following: (a) the lack of verbal or physical resistance or submission resulting from the use of force, threat of force, or placing another individual in fear or (b) a current or previous dating, social or sexual relationship.

“Department” means the Delaware Department of Education.

“Evidence-based” means strategies, activities, or approaches, which have been shown through scientific research and evaluation to be effective at preventing or delaying a negative outcome.

“Promising Practices” means programs and strategies that have strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable outcomes.

23 DE Reg. 756 (03/01/20)

2.0 Program Requirements

- 2.1 Each school district and charter school shall have a sequential, skill-based K to 12 Comprehensive Health Education Program based on the Delaware Health Education Standards. The program shall establish a foundation of understanding the relationship between personal behavior and health outcomes, and shall include at a minimum the following:
 - 2.1.1 Identification of a district-level person to coordinate the district program and a coordinator in each school to assure compliance at the school level. Each charter school shall identify a person to facilitate the program for the charter school.
 - 2.1.2 Appointment of persons such as teachers, parents, school nurses, community leaders, guidance counselors, law enforcement officers and others with expertise in the areas of health, family life and safe and drug-free schools and communities to serve as members of the district, school or charter school Consolidated Application Planning Committee.
 - 2.1.3 The use of the state content standards for health education for grades K to 12 to address the core concepts: tobacco, alcohol and other drugs, injury prevention and safety, nutrition and physical activity, family life and sexuality, personal health and wellness, mental health and community and environmental health with minimum hours of instruction as follows:
 - 2.1.3.1 In grades K to 4, a minimum of thirty (30) hours in each grade of comprehensive health education and family life education of which at least ten (10) hours, in each grade, must address drug and alcohol education.
 - 2.1.3.2 In grades 5 and 6, a minimum of thirty five (35) hours in each grade of comprehensive health education and family life education of which at least fifteen (15) hours, in each grade, must address drug and alcohol education.
 - 2.1.3.3 In grades 7 and 8, separate from other subject areas, a minimum of sixty (60) hours of comprehensive health education and family life education of which at least fifteen (15) hours, in each grade, must address drug and alcohol education. If all of the sixty (60) hours are provided in one year in grade 7 or 8, an additional fifteen (15) hours of drug and alcohol education must be provided in the other grade.
 - 2.1.3.4 In grades 9 to 12, one half (1/2) credit of comprehensive health education is required for graduation of which at least fifteen (15) hours of this 1/2 credit course must address drug and alcohol education. In addition, no less than two (2) hours of this 1/2 credit course shall include a cardiopulmonary resuscitation (CPR) instructional program which uses the most current Evidence-based emergency cardiovascular care guidelines, and incorporates psychomotor skills learning into the instruction, use of an Automated External Defibrillator (AED) as well as a component on

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the life-saving and life-enhancing effects of organ and tissue donation. This 1/2 credit course may be provided in the 9th, 10th, 11th or 12th grade. In each of the remaining three grades, fifteen (15) hours of drug and alcohol education must be provided for all students.

- 2.1.4 Inclusion of a comprehensive sexuality education and an HIV prevention program that stresses the benefits of abstinence from high-risk behaviors.
- 2.1.5 Inclusion of the core concepts of nutrition, family life and sexuality.
- 2.1.6 Inclusion of research-based fire safety education in grades kindergarten through grade 6.
- 2.1.7 Inclusion of an Evidence-based tobacco, alcohol, drug and interpersonal violence prevention program. Promising Practices may be used to supplement instruction.
 - 2.1.7.1 The Department shall prepare and distribute on its website a list of Evidence-based and Promising Practices for tobacco, alcohol, drug, and interpersonal violence prevention programs and resources that may be used by school districts or charter schools.
 - 2.1.7.2 A description of the method or methods used to implement and review for the effectiveness of the program or programs shall be reported to the Department no later than August 2021.
- 2.1.8 Inclusion of Evidence-based, if available, or evidence-informed, age- and developmentally-appropriate instruction on the meaning of Consent and respecting others' personal boundaries shall be provided by each school district and charter school serving one (1) or more of the grades 7 through 12 no later than the 2020-2021 school year.
- 2.1.9 Inclusion of instructional methods that encourage student engagement in the core concepts and skills inclusive of accessing information, self-management, analyzing internal and external influences, interpersonal communication, decision making, goal setting and advocacy. These methods may include guest speakers or those with lived experience. Topics included in the K to 12 Comprehensive Health Program may be taught or supplemented through other subjects.
 - 2.1.10 A description of the method or methods used to implement and evaluate the effectiveness of the program shall be reported to the Department annually by November 15.

3 DE Reg. 1073 (02/01/00)

8 DE Reg. 1012 (01/01/05)

13 DE Reg. 935 (01/01/10)

17 DE Reg. 425 (10/01/13)

18 DE Reg. 369 (11/01/14)

23 DE Reg. 756 (03/01/20)

APPENDIX C



Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter:

Health Education Contact or Coordinator (name):

Coordinator Email:

Coordinator Phone:

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)				

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)				

Implementation of Programming:



Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

APPENDIX D



Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: Appoquinimink School District

Health Education Contact or Coordinator (name): Tracie Smith

Coordinator Email: tracie.smith@appo.k12.de.us

Coordinator Phone: 302-842-2585 x331256

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Smart moves, smart choices Red Ribbon	x		
Middle School (6-8)	15 hours per year of drug & alcohol research based Nearpods, information based documentary & content driven activities	x	x	x
High School (9-12)	Use of text-G-W Comprehensive Health Skills		x	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Smart moves, smart choices Red Ribbon	x		
Middle School (6-8)	Imagine Learning	x	x	x
High School (9-12)	Use of text-G-W Comprehensive Health Skills		x	



Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Elementary: Time constraints

Middle: Challenges would be not having enough time to cover the content extensively. Lacking interactive materials & models (I.E. drunk goggles, breathing activities, displays)

High School: Challenge: timing - Teachers would like to spend more time to delve deeper into units.

Challenge - no set curriculum. Teachers have created their own powerpoints and assignments

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Elementary: Re-visit options like Quaver

Middle: Implementing a new curriculum-Imagine Learning. Checking for updates in statistics, laws, & current events.

High School: none that we are aware of. Teachers will continue to use a self made curriculum until one becomes available.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Elementary:



Middle: N/A

High School: N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Brandywine School District

Health Education Contact or Coordinator (name): Domenic Pisano

Coordinator Phone: 302-793-5056

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed.	Yes		
Middle School (6-8)	Botvin Lifeskills	Yes		
High School (9-12)	Comprehensive Health Textbook Second Edition	Yes		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed. Too Good for Drugs	Yes		
Middle School (6-8)	Botvin Lifeskills	Yes		
High School (9-12)	Comprehensive Health Textbook Second Edition HMA on Schoology	Yes	Yes	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing) - It is very challenging to fulfill the required time to be in compliance, across the board in K-12.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. Synchronous and Asynchronous school wide assemblies.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level. HMA is a program that we are looking towards using in the 24/25 school year. This has been selected because it has already been created and has already been approved by DO as evidence - informed.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Caesar Rodney School District

Health Education Contact or Coordinator (name): Keith Wisher

Coordinator Email: keith.wisher@cr.k12.de.us

Coordinator Phone: (302) 698-4800

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Second Step, Choices magazines/online, Kidshealth.org		x	
Middle School (6-8)	CDC	x		
High School (9-12)	15-hour drug and alcohol courses, 9-12,		X	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Second Step, Choices magazines/online, Kidshealth.org		x	
Middle School (6-8)	CDC	x		
High School (9-12)	15-hour drug and alcohol courses, 9-12,		X	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing).
 - Specific challenges that are presented related to the funding that is available to implement programs that are part of the suggested tools and resources that are compiled by DDOE.

- Another challenge presented is trying to determine the appropriate stakeholder to facilitate the lesson due to the time that is needed to dedicate to implement other essential topics/subjects especially in the K-5 grade levels and the amount of time they have based upon rotations of students. For example, the responsibility of teaching much of the health topics falls upon school counselors to teach rather than Physical Education teachers due to being with students on a rotating basis.
 - High School courses in health are typically composed of all grade levels of students. Therefore, curating lessons for each level to avoid repetition has proven to be a challenge. In addition, per graduation requirements students only need to accrue 0.5 credits for health.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
- For the 24-25 SY, Caesar Rodney High School will expand the use of the Drug and Alcohol HMA course.
 - The district will enter into a finding phase to review curriculum programs to look towards implementing for the 25/26 SY.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
- The HMA course was selected due to the ability to cover the required content of drug and alcohol education and the resource was provided to the LEA for no-cost.
 - The faculty/staff in the previous years have utilized Drug Free World as a resource to teach drug and alcohol education along with other teacher created materials.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: Cape Henlopen School District

**Health Education Contact or Coordinator (name): Michael Young - Secondary
Amanda Archambault - Elementary**

**Coordinator Email: michael.young@cape.k12.de.us
amanda.archambault@cape.k12.de.us**

Coordinator Phone: (302) 645-6686

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Health Smart	X		
Middle School (6-8)	Health Smart, K-12	X		
High School (9-12)	Health Smart, K - 12	x		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Health Smart Re-Think Ed	X		Modified/ Condensed Schedule 1x month in elementary school
Middle School (6-8)	Health Smart, K-12	x		
High School (9-12)	Health Smart, K-12 <ul style="list-style-type: none"> 15-hour drug and alcohol courses, 9-12 	X	X	

Implementation of Programming:

Please provide a detailed response to the following questions:



1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Drug and Alcohol education hours are established Health Reg 508. This is an added layer to an existing expectation and is duplicative.

At the high school level, since Health/PE is required only in grades 9 & 10, requiring 15 additional hours of drug and alcohol instruction (while necessary and beneficial for students to participate in) creates issues around how to deliver the instruction to all students equitably and in a consistent manner, and what staff is utilized to do so. Including the instruction in Advisory is our solution, but the teachers facilitating the lessons are not Health/PE certified and may not have experience or expertise to support students with questions or issues they are having with the subject matter.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

In the elementary Schools we are going to initiate a modified/condensed schedule greater than or equal to 1 time a month to ensure time and space for Drug and Alcohol education and other requirements.

Our middle schools will be continuing their efforts with Health Smart as they have been since it is working and successful. At the high school, we are including the 15-hour drug and alcohol courses for all 11th and 12th graders during Advisory. Only 9th and 10th graders have been receiving this instruction consistently but that will be changing this year.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Cape Henlopen High School is planning to use the 15-hour drug and alcohol programming developed by HMA at the high school level in 2024-2025.



Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Capital School District

Health Education Contact or Coordinator (name): Carie Steelman

Coordinator Email: carie.steelman@capital.k12.de.us

Coordinator Phone: 302-857-4230

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Pre-5 Erin's Law - Be Smart Leader in Me	•	•	•
Middle School (6-8)	6 Erin's Law - Be Smart Leader in Me Health Smart	•	•	•
High School (9-12)	District Created Programming	•	•	•

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Leader in Me Pre- Erin's Law - Be Smart	•	•	•
Middle School (6-8)	6 Erin's Law - Be Smart Leader in Me Health Smart	•	•	•
High School (9-12)	Health Smart D&A Modules for grades 10-12	•	•	•

[DOE Approved Programs for Mental Health](#)

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

- a. During the 23/24 school year, our district experienced a turn-over in leadership, thus creating a gap in programming and progress toward implementation. As we worked through the issues related to programming, we determined that time and instructional staff need to be designated as leaders for the respective topics that need to be addressed each year. For example, in elementary school, there is a designated time for SEL work, but it's built around Leader In Me lessons and not tied to the regulations that need to also be implemented. We need to designate a point person for the drug and alcohol requirements, and the mental health requirements so we can ensure these areas are consistently covered in each grade throughout the year. There is also a lack of funding to purchase programming or cover the cost of trained professionals to address this need as well.
 - b. I also noticed we have a gap in the high school Drug and Alcohol awareness training and added the state approved modules into 10-12 grades to cover the required hours, however, the designated time for students to complete the modules was limited due to schedules and we need to revisit this plan for the 24-25 school year.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - a. With new leadership in place, the team plans to designate individuals who can ensure this content is taught to the depth needed. We still have to determine if there is funding available and what programs are best suited for our population.
 - b. I intend to utilize resources from Healthykids.org to cover some of the needed programming as well.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - a. The only grade that was not using an evidence based program was our high school health team and we have purchased Health Smart for them to use.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter:
Christina School District

Health Education Contact or Coordinator (name):
Nathalie Princilus, Ed. D.

Coordinator Phone:
302-552-2600 x317

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs Curricular resources (1st year implementation)	x		
Middle School (6-8)	Project Alert in Health Class		x	
High School (9-12)	Reviewing Too Good for Drugs as a high school resource since we had access to elementary; however, we have now recently learned that the High School curriculum is discontinued		x	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs Curricular Resources	x		
Middle School (6-8)	Too Good for Drugs Curricular Resources	x		
High School (9-12)	Piloting 15-hour drug and alcohol course modules created by HMA. The course is titled HMA Sandbox ; Modified web based resources from DDOE place in schoology		x	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)
 - Our challenges for SY24 centered around staffing and need for additional professional development days to fully immerse our educators on the content of the curricular resource.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - In anticipation of similar challenges from SY24 specific to professional development days, we will provide access to self-paced, asynchronous PD to all health/PE educators so that they can engage in more in-depth training on the curricular resources.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - We had hoped to utilize the Too Good for Drugs resources throughout our k-12 continuum to support consistency and vertical alignment of skill development for our students; unfortunately, we have been made aware that the high school edition has been discontinued.
 - Therefore, we plan to pilot the 15-hour drug and alcohol modules created by HMA. The course is titled **HMA Sandbox**; Modified web based resources from DDOE place in schoology

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: Colonial

Health Education Contact or Coordinator (name): Dr. Nicholas Baker

Coordinator Email: nicholas.baker@colonial.k12.de.us

Coordinator Phone: 302-323-2726

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs Responsive Classroom	X		X
Middle School (6-8)	-Talk to Kids about Drugs/KidsHealth (Nemours) -HealthSmart -Responsive Classroom	X X X		
High School (9-12)	-HealthSmart -Talk to Kids about Drugs/KidsHealth (Nemours)	X X	X	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs Responsive Classroom	X X		
Middle School (6-8)	-Talk to Kids about Drugs/KidsHealth (Nemours) -HealthSmart -Responsive Classroom -Comprehensive Health Skills	X X X X		



High School (9-12)	-15 Hour Drug/Alcohol Lessons -Talk to Kids about Drugs/KidsHealth (Nemours)	X	X	
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Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

One of the main challenges was trying to figure out how to implement and which divisions/support staff would be attached to the requirements. This required curriculum adjustments and necessary professional development, however it ended up successful. In the elementary grades where there is no established health class, creative scheduling options were sought to be able to address requirements in a meaningful way through Physical Education classes. The challenge remains how to differentiate material by grade to keep activities new and engaging from year to year (noteworthy in elementary school). In high school, coordinating time and development in non-Health class grades (10-12) as part of the 15 hour requirement continues to be a challenge given additional mandated programming.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

At the elementary level, additional lessons will be identified using the Too Good for Kids program that was implemented last year. Additional professional development will be provided to all K-12 teachers around this topic as well. At the high school, restructuring the advisory period to identify dedicated activities to engage students in dialogue and reflection around key topics within programs identified. Also, additional efforts to approach this requirement in conjunction with our Health and Wellness Division rather than strictly through a curriculum-based lens, which recognizes the importance of social emotional learning in addressing this material.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol



programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Our use of the 15 hour drug/alcohol courses is evidence-informed and will be used asynchronously to ensure completion at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Delmar Middle and Senior High School

Health Education Contact or Coordinator (name): Michael Bleile

Coordinator Email: michael.bleile@delmar.k12.de.us

Coordinator Phone: 302-846-9544

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	Glencoe Health Believe In You Series Scholastic Current Health	x	x	x
High School (9-12)	Glencoe Health Believe In You Series Scholastic Current Health	X X	X X	X

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	Glencoe Health Believe In You Series Scholastic Current Health	X	X	X
High School (9-12)	Glencoe Health Believe In You Series Scholastic Current Health	X X	X X	X X

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation, please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

There were no issues with implementation-

Funding- The District purchased new Health Textbooks for the 23/24 SY. These books were received in a timely manner which allowed us to prepare for the school year.

Funding- Through the Delmar Foundation of Education, we received a grant to purchase Current Health Scholastic Magazines. This is a current and valuable resource that our students relate to.

Staffing- We have 2 full time teachers in the high school that teach both Health and Physical Education.

Timing- Our class schedule allows us to meet all requirements of hours- 15 hours of Drug-Alcohol courses.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
Delmar plans on bringing in a substance abuse speaker to speak to grades 8-12 about the dangers of substance abuse and other drugs.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
Our programming is evidence based.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: **Senate Concurrent Resolution (SCR) 200**

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Indian River School District

Health Education Contact or Coordinator (name): Renee Jerns, Ed.D.

Coordinator Phone: 302-436-1000

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	Yes		
Middle School (6-8)	HealthSmart	Yes		
High School (9-12)	HealthSmart	Yes		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	Yes		
Middle School (6-8)	HealthSmart	Yes		
High School (9-12)	HealthSmart	Yes	Yes	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The only challenges IRSD continues to work through are those associated with supporting all schools and staff in planning and delivering standards-driven education while also ensuring compliance to the continuously growing list of legislative requirements. Fortunately we have a structure for providing district-wide PLC opportunities two to three times a year where appropriate teachers are able to talk through these obstacles and plan appropriately.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

IRSD will begin implementing SEL instruction through the ReThink Ed platform. While this curriculum is not specific to Drug and Alcohol education, the scope and sequence our district has developed includes lessons that address strategies to help students manage peer pressure, choosing friends, and setting healthy goals which will further support the instruction delivered through the HealthSmart curriculum.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Lake Forest School District

Health Education Contact or Coordinator (name): James Dick

Coordinator Phone: 302-284-3020

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	N/A			
Middle School (6-8)	Life Skills Health by Pearson		X	
High School (9-12)	Edmentum	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Rethink Ed	X		
Middle School (6-8)	Rethink Ed and Life Skills Health by Pearson	X	X	
High School (9-12)	Rethink Ed and Edmentum	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Meeting the necessary time requirements for compliance in K-8 education is quite difficult overall.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
Synchronous and Asynchronous school wide assemblies.

We are completing ongoing evaluations of our existing program's effectiveness and the incorporation of supplementary materials to fill any identified gaps.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Laurel

Health Education Contact or Coordinator (name): Lisa Morris

Coordinator Email: lisa.morris@laurel.k12.de.us

Coordinator Phone: 302-875-6100

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Teachers created materials to meet drug and alcohol education. Working to develop more robust lessons.			X
Middle School (6-8)	Comprehensive Health Skills for Middle School Textbook	X		
High School (9-12)	<p>Foundation for Drug free world and using the facts session to help with assessments along the way.</p> <p>Comprehensive Health textbook</p> <p>Using videos, fact sheets, tobacco centered activities using breathing activities through straws to mimic affected lungs.</p> <p>Projects on alcohol, tobacco, and other drugs (research)</p> <p>Used alcohol impaired glasses through a “lab” with various activities</p>	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	We are looking into programs for grades K-5 to use with PE/Health classes as well as Guidance Counselors in the classrooms. A pilot program is being developed to support the hours. Will start with the free lessons from Kidshealth.org.		X	
Middle School (6-8)	Comprehensive Health Skills for Middle School Textbook	X		
High School (9-12)	Drug Free World Drugs-PBS Learning FDA.gov Comprehensive Health Textbook Laurel will be utilizing the 15-hour drug and alcohol lessons in schoology through advisory block time for 11th and 12th. 10th grade is covered in Driver Education.	X	X	X

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

District funding for the Health/PE areas is limited. PE/Health class sizes are large which results in teachers having to provide many materials for the class to be successful with hands-on learning.

We did not have many training opportunities specifically for these topics and a lot of the information is teacher created throughout the curriculum.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

So far there is no change in the support or implementation of the curriculum. It is a teacher created curriculum.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

We would like to plan different programs within our curriculum for the drug and alcohol content, but will need more resources to be given.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Milford School District

Health Education Contact or Coordinator (name): Kelly Carvajal Hageman

Coordinator Phone: 302-422-1600

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Red Ribbon Week			Yes
Middle School (6-8)	Red Ribbon Week Health Ready Curriculum		Yes	Yes
High School (9-12)	Health Ready Curriculum	Yes	Yes	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Compass Learning/Navigate 360 Red Ribbon Week	Yes		Yes
Middle School (6-8)	Compass Learning/Navigate 360 Red Ribbon Week Vape Free Toolkit Health Ready Curriculum	Yes		Yes
High School (9-12)	Compass Learning/Navigate 360 "Pathways to Wellness" Schoology 15-hour drug and alcohol course, 9-12 Vape Free Toolkit Health Ready Curriculum	Yes	Yes	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

It is very challenging to fulfill the required time to be in compliance, across the board in K-12. There are too many competing priorities and demands for time during the student school day.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Milford is implementing "Anchor Time" K-12. This is a new class all students in Milford will take each year. We are using this dedicated time to meet the required instructional time for this state requirement. We purchased Navigate 360/Compass Learning to be used during this time. We also will be adding additional resources

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

HMA is a program that we are looking towards using in the 24/25 school year. This has been selected because it has already been created and has already been approved by DO as evidence - informed.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: NCCVT

Health Education Contact or Coordinator (name): Nick Grajewski

Coordinator Email: Nick.grajewski@nccvt.k12.de.us

Coordinator Phone:
302-668-7572 (cell)

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	n/a			
Middle School (6-8)	n/a			
High School (9-12)	<ul style="list-style-type: none"> ● 15-hour drug and alcohol courses, 9-12, EI ● Drug Free World, EB ● Nemours Navigating the Healthcare System, EB ● Teens Health, EI ● Chasing the Dragon, PP ● Teen Drug Use Prevention Toolkit, EB ● Song For Charlie, PP ● National Institute of Drug Abuse, EB 	x	x	x

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	n/a			
Middle School (6-8)	n/a			
High School (9-12)	<ul style="list-style-type: none"> ● 15-hour drug and alcohol courses, 9-12, EI ● Drug Free World, EB ● Nemours Navigating the Healthcare System, EB 	x	x	x

	<ul style="list-style-type: none"> ● Teens Health, EI ● Chasing the Dragon, PP ● Teen Drug Use Prevention Toolkit, EB ● Song For Charlie, PP ● National Institute of Drug Abuse, EB 			
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Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)
 - a. One building had staffing issues which caused a slight challenge with ensuring the requirement was met. However, the requirement was fulfilled but looked slightly different than a typical year. Our D&A state modules course occurred on Asynchronous days and was chunked into sections. Communication went to parents and students via district personnel, their teachers, and schools. We made it a part of our district and stressed the importance of these topics outside of just Health and PE. Health specific curriculum differs by each building/each instructor, however they all follow the same focus utilizing materials listed above to ensure we provide our students with an evidence based and/or evidence informed drug and alcohol education. These topics also include project based, scenario based, refusal skill practice, and/or role play practice around the topics of addiction, drug, and alcohol use.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - a. We are housing the drug and alcohol modules as well as the Mental Health/Erins Law education in a course called Pathways to Wellness. This year, the course will be credit based and have an impact on GPA. We are also working with our school counselors and school psychologists to support the work and provide the necessary assistance to staff and students if the sensitive material impacts them. Health courses complete a Drug and Alcohol/Addiction unit that covers a variety of topics using evidence based, evidence informed, and promising practices.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - a. 15-hour drug and alcohol courses, 9-12, EI - supports asynchronous learning at the high school level
 - b. Teens Health, EI - Doctor's reviewed advice, resources for parents, staff, and students, engaging and easily accessible/shareable materials
 - c. Chasing the Dragon, PP - FBI and DEA created addiction education with video and discussion topics
 - d. Song For Charlie, EI - accessible and convenient fentanyl education course that helps parents and caregivers connect with their children to have constructive conversations about the new chemical drug landscape

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: POLYTECH

Health Education Contact or Coordinator (name): Karen Clifton, AP; Angela Wagner, PE

Coordinator Email: Karen.clifton@polytech.k12.de.us

Coordinator Phone: 302.698.6810

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	9th Grade Health-Glencoe Drugs Unit	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	9th grade Health - Glencoe: Drugs Unit	X		
	10th grade Enrichment: Substance Use and Misuse; Intro and Disclosure, Pre-Course	X		



	Knowledge Test, Emotions and Drugs/Moods and Drugs - BASE Ed (7 Mindsets)			
	11th Grade Enrichment: Drugs and the Brain, Absorption of Drugs - BASE Ed (7 mindsets)	X		
	12th Grade Enrichment: Drug Use and Misuse: Mixing Drugs and Overdose - BASE Ed (7 Mindsets)	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The challenges we faced for implementation in the 10th, 11th and 12th grades were specific to scheduling. We were unable to implement the lessons in the upper grade level courses.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

We will be including specific BASE Education Modules in the 10th, 11th, and 12th grade Enrichment classes outlined in the table above.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.



We will be using BASE Ed modules that are evidence based.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Red Clay Consolidated School District

Health Education Contact or Coordinator (name): Julie Rumschlag

Coordinator Phone: 302-552-3718

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed.	Yes		
Middle School (6-8)	Goodheart Willcox Comprehensive Health Skills for Middle School	Yes		
High School (9-12)	Goodheart Willcox Comprehensive Health Skills for High School	Yes		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed. Exploring Additional Options (Too Good for Drugs)	Yes		
Middle School (6-8)	Goodheart Willcox Comprehensive Health Skills for Middle School	Yes		
High School (9-12)	Goodheart Willcox Comprehensive Health Skills for High School (9) Fifteen Hour Drug-Alcohol Unit (10 - 12)	Yes	Yes	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

It is very challenging to fulfill the required time to be in compliance, across the board in K-12. The number of hours required is very difficult to meet.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. Synchronous and Asynchronous school wide assemblies.

We are looking to roll out the independent 15 hour units for grades 10 - 12.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

15-hour drug and alcohol courses are the courses we are looking to begin using in the 24/25 school year. These have been selected because the units have already been created and have already been approved by DOE as evidence - informed.

We are also looking at other options for the elementary level to meet the ten hours of drug/alcohol education per grade level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Seaford

Health Education Contact or Coordinator (name): Nikki Miller

Coordinator Email: nikki.miller@seaford.k12.de.us

Coordinator Phone: 302-629-4587

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Nothing consistently			
Middle School (6-8)	Botvin LifeSkills	x		
High School (9-12)	Botvin LifeSkills	x		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	We plan to pilot a couple options to see what works best for our demographics: https://classroom.kidshealth.org/classroom/ https://healthsmartva.org/		x	
Middle School (6-8)	Imagine Learning	x		
High School (9-12)	Imagine Learning	x		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Firstly, we faced significant turnover in staffing (teachers and administration). This made it difficult to maintain consistency in program delivery and required continuous recruitment and training of new staff members.

Additionally, finding time in the elementary school schedule to incorporate new programs was a considerable challenge. The packed daily schedule left limited flexibility to introduce new curricula without disrupting existing educational activities.

Furthermore, a lack of funding for resources was a major obstacle. Insufficient financial support hindered our ability to procure the necessary materials and tools to effectively implement and sustain new programs.

Despite these challenges, we remain committed to improving our educational offerings and are continually seeking solutions to these issues to ensure successful program implementation in the future.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

For the 24/25 school year, we are implementing several changes and modifications to enhance our drug and alcohol education programs.

In grades K-5, we will pilot and implement a new curriculum specifically designed to address drug and alcohol education. This new curriculum aims to provide age-appropriate information and resources to help our youngest students understand the importance of making healthy choices. To facilitate this, we are working closely with elementary principals to modify schedules, ensuring that there is adequate time to incorporate these essential lessons into the daily routine.

For grades 6-12, we have received a state grant that will allow us to begin using Imagine Learning as part of our drug and alcohol education efforts. Imagine Learning is integrated within the Engenuity platform, which our staff is already familiar with and comfortable using. This familiarity will help streamline the implementation process and ensure that our educators can effectively utilize the new resources to provide comprehensive education on these critical topics.

By making these targeted changes and leveraging the support of Imagine Learning, we aim to strengthen our drug and alcohol education programs and better support the health and well-being of our students across all grade levels.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Smyrna School District

Health Education Contact or Coordinator (name): Kelly Holt

Coordinator Email: kelly.holt@smyrna.k12.de.us

Coordinator Phone: 302-653-8585

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	KidsHealth.org - Nemours Goodheart-Willcox Curriculum Materials Responsive Classroom for SEL	X	X	X
Middle School (6-8)	Truth About Drugs- Foundation for a Drug Free World Goodheart-Willcox Curriculum Materials	X	X	
High School (9-12)	DOE/DPH Course WinatSocial	X		X

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	KidsHealth.org - Nemours Goodheart-Willcox Curriculum Materials Responsive Classroom for SEL Navigate 360 Materials	X	X X	X
Middle School (6-8)	Truth About Drugs- Foundation for a Drug Free World Goodheart-Willcox Curriculum Materials	X	X	
High School (9-12)	DOE/DPH Course WinatSocial Navigate 360	X	X	X

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

As a district we continue to work on the timing of implementation. Our students consistently have Health from K-9 but we have worked with our schedule to ensure that our K-6 and our 10-12 students have the time needed for all health standards. We have worked with DOE to develop some asynchronous materials along with using our huddle period at the high school. We are in the process of training classroom teachers to support lesson delivery.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Our classroom teachers will be trained for some lesson delivery.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

We are exploring the resources that Navigate 360 has available this year. We will be verifying its content and practice. This resource will allow more teachers to support student learning in this area.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: Sussex Technical School District

Health Education Contact or Coordinator (name): Dr. Matthew Donovan

Coordinator Email: matthew.donovan@sussexvt.k12.de.us

Coordinator Phone: 302-853-1586

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	N/A			
Middle School (6-8)	N/A			
High School (9-12)	<p>Multiple programs were used to meet the 15 hour requirement for all 9th grade Health Classes</p> <ol style="list-style-type: none"> 1. Stanford Medicine Tobacco Prevention Toolkit 2. Johnny's Ambassador's Youth THC Prevention 3. Project Alert 4. Guest Speaker: Alyson Lang, Trainer-Educator III <ul style="list-style-type: none"> · Topic: "The Cost of Smoking & Vaping" · From: Delaware Department of Health and Social Services Division of Public Health 	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices



Elementary (K-5)	N/A			
Middle School (6-8)	N/A			
High School (9-12)	<p>Multiple programs will be used to meet the 15 hour requirement for all 9th grade Health Classes</p> <ul style="list-style-type: none"> 5. Stanford Medicine Tobacco Prevention Toolkit 6. Johnny’s Ambassador’s Youth THC Prevention 7. Project Alert 8. Guest Speaker: Alyson Lang, Trainer-Educator III <ul style="list-style-type: none"> · Topic: “The Cost of Smoking & Vaping” · From: Delaware Department of Health and Social Services Division of Public Health <p>BASE 7-mindsets</p>	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Our district did not experience any challenges with implementing the drug and alcohol prevention programming last year. All of the programming used was evidence based and provided as a free resource. Lessons from each curriculum were used over 10 (90 minute) class periods in order to meet the 15 hours drug and alcohol programming requirement for High School Health Classes.



The **Stanford Medicine Tobacco Prevention Toolkit** uses The You and Me, Together Vape-Free curriculum, for high school students. The curriculum includes 6 evidence based lessons created by the Stanford REACH Lab, approximately 50 minutes each. Every lesson provides activities, online quiz games, and worksheets in addition to presentations, resources, and other materials aimed at addressing key factors associated with youth e-cigarette use, including changing adolescents' attitudes towards and misperceptions about e-cigarettes; increasing their refusal skills to pulls of flavors, marketing, and social media; reducing stress and depression which have been linked to e-cigarette initiation and use; improving coping; and decreasing intentions and actual use of all e-cigarette products.

Johnny's Ambassadors is a non-partisan, non-profit, grass-roots alliance of individuals and organizations around the globe concerned about the harms of youth THC use. Founder & CEO, Laura Stack, started Johnny's Ambassadors after her 19-year-old son, Johnny, died by suicide after becoming psychotic from dabbing high-THC concentrates. The program uses evidence-based, scientific research to teach the impacts of today's high-THC products on youth addiction, mental illness, and suicidality. Their mission is to educate parents, teens, and communities about the dangers of today's potent THC products (marijuana, dabs, vapes, edibles) on adolescent brain development, psychosis, and suicide.

Project ALERT is an evidence-based curriculum.

The goals of Project ALERT are explicit:

1. To prevent adolescents from beginning to use substances
2. To prevent those who have already experimented from becoming regular users
3. To prevent or curb risk factors for substance use

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Our district will be adding programming for the 24/25 SY to encompass drug and alcohol prevention education for all grade levels. We are navigating the selection process of this additional program. The Base 7-Mindsets programs are our preference, but we are working out the details.



3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

All programming used during the 23/24 SY was evidence based and we will continue to use the same programming for the 24/25 SY.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Woodbridge School District

Health Education Contact or Coordinator (name): Brandon Snyder

Coordinator Email: brandon.snyder@wsd.k12.de.us

Coordinator Phone: 302-337-7990

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Healthy Lifestyle Choices K-5	X		
Middle School (6-8)	Botvin Lifeskills	X		
High School (9-12)	Botvin Lifeskills	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	RethinkEd/Healthy Lifestyle Choices K-5	X		
Middle School (6-8)	Botvin Lifeskills & RethinkEd	X		
High School (9-12)	Botvin Lifeskills & RethinkEd	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The main challenge that we encounter is covering the required hours for all of Regulation 551 within the school calendar. For example, our school calendar consists of 38 weeks of school. Keeping in mind that these are not all full, 5 day weeks due to holidays, in-service days, state testing, etc. A typical school offers physical education and health with one HPE teacher who gets to see each class once per week for 50-60 minutes. Therefore, this amount of time alone is taken up by these requirements and leaves little time for physical activity. We try our best to integrate both worlds, but it can be difficult to do so.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

The Woodbridge School District will implement RethinkEd in all grades K-12 during the 24-25 school year. RethinkEd will be used to promote wellness skills, mental wellness, and personal wellness to help create a healthy school environment. The lessons offered in RethinkEd will be provided by certified classroom teachers, physical education teachers, and school counselors. Each school will be covering the requirements differently based on their school schedule and/or staff member(s) who will provide instruction. The Botvin Life Skills curriculum will still be utilized in grades 7-12 as well.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

APPENDIX E

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: **[ACADEMIA ANTONIA ALONSO CHARTER SCHOOL](#)**

Health Education Contact or Coordinator (name): **Michael Alverio**

Coordinator Email: **michael.alverio@academia.k12.de.us**

Coordinator Phone: **[787-691-7351](tel:787-691-7351)**

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart, K-5 QuaverHealth•PE, K-5	X		
Middle School (6-7)	HealthSmart, 6-7 Too Good for Drugs, 6-7	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart, K-5 QuaverHealth•PE, K-5	X		
Middle School (6-8)	HealthSmart, 6-8 Too Good for Drugs, 6-8	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)
 - a. Some of the challenges we're finding is up-to-date data on drug and alcohol use among youth in Delaware. Also figuring out ways to involve agencies in the school, such as the police department, to assist in giving talks or lectures to the students.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

- a. This year the Too Good for Drugs program will be used, in addition to HealthSmart for grades 6 and 8. In SY23-24 this program was only used for grade 7.
 - b. A good resource is the annual Teaching Cannabis Awareness & Prevention Conference hosted by Stanford Medicine University.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - a. All programs used are evidence-based learning.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Academy of Dover Charter School

Health Education Contact or Coordinator (name): Devona Lewis

Coordinator Phone: 302-674-0684

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	X		
Middle School (6-8)	HealthSmart	X		
High School (9-12)	N/A			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	X		
Middle School (6-8)	HealthSmart	X		
High School (9-12)	N/A			

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The only challenge that the Academy faced last academic year was the schedule for grades 5-8. However we were able to provide the required information, but in a compiled manner.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
Synchronous and Asynchronous school wide assemblies.

HealthSmart provided a vast amount of information for our students. We did allow for research projects that provided our students the opportunity to expand upon certain areas.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

Not applicable.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Campus Community School

Health Education Contact or Coordinator (name): Gretchen DiVietro

Coordinator Phone: 302-736-0403

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	Yes		
Middle School (6-8)	HealthSmart	Yes		
High School (9-12)	N/A			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	Yes		
Middle School (6-8)	HealthSmart	Yes		
High School (9-12)	N/A			

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation

below. (examples: funding, timing, training, staffing) - It is very challenging to fulfill the required time to be in compliance, across the board in K-12.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

With HealthSmart, we have incorporated more of these lessons into the younger grade levels.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Nicole Smith/ Amy Novosel

**Health Education Contact or Coordinator (name): Nicole Smith (Middle School)
Amy Novosel- Elementary School**

Coordinator Phone: 631-327-9063

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed.	Yes		
Middle School (6-8)	McGraw Hill	Yes		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Quaver Ed.	Yes		
Middle School (6-8)	McGraw Hill	Yes		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing) -
 - It is very challenging to fulfill the required time to be in compliance, in the middle school.
 - For the elementary school we are having the general education teachers incorporate health lessons within their science and social studies block. The only

challenge is trying to fit in all of the science, social studies, and required health lessons.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - a. In the middle school we are adding a module about vaping in grade 6-7 from CATCH my Breath
 - b. Grade 8 is adding a sexuality education module
 - c. The ES will be using Health Smart.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: The Charter School of Wilmington

Health Education Contact or Coordinator (name): Val Eddy

Coordinator Email: veddy@charterschool.org

Coordinator Phone: 302-651-2727

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based



Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
High School (9-12)	Health Education Class	CDC drug content & World Health Organization		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
High School (9-12)	Piloting schoology course titled HMA Sandbox Template for grades 10-12	X	x	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Timing and staffing were limited and were unable to roll out a program for 10-12th grade students. 9th grade students received evidence based drug education in their required health class.



2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Will be piloting the HMA sandbox in grades 10-12 and adding resources to required 9th grade health class. Will include content from the "CATCH My Breath" curriculum in grade 9 health classes which is evidence based.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Early College School @ Delaware State University

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Early College School@ Delaware State University

Health Education Contact or Coordinator (name): Jovan Estrada

Coordinator Phone: 302-857-6700

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	ECS Advisory Program, Health Classes, and After School Extra HELP Program: Nemours Healthy Kids; Primary Prevention and Resilience Promotion Program (PREP)		X	
High School (9-12)	ECS Advisory Program, Health Classes, and After School Extra HELP Program: Nemours Healthy Kids; Primary Prevention and Resilience Promotion Program (PREP)		X	X

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	ECS Advisory Program, Health Classes, and After School Extra HELP Program: Nemours Healthy Kids; Primary Prevention and Resilience Promotion Program (PREP)		X	X

High School (9-12)	ECS Advisory Program, Health Classes, and After School Extra HELP Program: Nemours Healthy Kids; Primary Prevention and Resilience Promotion Program (PREP)		X	X
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Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing) - It is very challenging to fulfill the required time to be in compliance, across the board in K-8.

In the 2023-24 school year, the Early College School@DSU taught drug and alcohol prevention in both the ECS health curriculum and Advisory curriculum using the programming by Nemours Children’s Health for both the middle school (Grades 7-8) and (Grades 9-12).

In addition, for the ECS@DSU After School Extra H.E.L.P. (Hornets Excelling Learning Potential), students in the high school were a part of the Delaware State University Primary Prevention and Resilience Promotion Program (PREP), which engaged students in several ways.

- *DSU Mental Health Ambassadors provided prevention education sessions on drug, alcohol, and tobacco each week.*
- *Ambassadors provided near-peer check-ins with a cohort of students – identified by parents, teachers, or self-identification.*
- *PREP also create opportunities to engage both parents and staff via adult learning and collective engagement opportunities.*

The Delaware State University (DSU) Trauma Academy received the 2023 Phase 1B Opioid Abatement and Remediation Grant Program to implement an educational program at the Early College School@Delaware State University (ECS@DSU). These funds are managed by the Delaware Office of the Lt. Governor.

The goal of PREP is to normalize student wellbeing and health-seeking behaviors through the development of strong executive function skills, promotion of self-efficacy and self-esteem, strengthening refusal skills for drugs and alcohol and promoting resilience.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. Synchronous and Asynchronous school wide assemblies.

One challenge is that the PREP program only touched high school students. ECS would like for the middle school students to be a part of the program. The Delaware State University (DSU) Trauma Academy headed by Director, Kim Graham, M.A., LMSW.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: **Senate Concurrent Resolution (SCR) 200**

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: EastSide Charter School

Health Education Contact or Coordinator (name): Marco Alberti

Coordinator Phone: 302.762.5834

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- **HealthSmart, K-12, evidence-based**
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	<i>Health Smart K-8</i>	x		
Middle School (6-8)	<i>Health Smart K-8</i>	x		
High School (9-12)	n/a			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	<i>Health Smart K-8</i>	x		
Middle School (6-8)	<i>Health Smart K-8</i>	x		
High School (9-12)				

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

- a. Timing over the school year was a challenge. Due to shared resources, it was covered in science classes at times.
 - b. External impact; student possession of illegal substances increased over the year despite external programming from Wilmington PD. Community buy-in is limited and varied by families. Example: a student possessing a substance with compliant guardians.
2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - a. Restructuring the related arts block and scoping programming with intentionality.
 - b. Isolating drug and alcohol education units and positioning strategically in the curriculum.
 - c. MHEP will cover topics as well as Compass has modules for counselors to support homeroom teachers.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - a. All materials at EastSide are in accordance with those approved by Delaware Department of Education.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: First State Military Academy

Health Education Contact or Coordinator (name): Katie Kubota

Coordinator Email:CKutbota@fsmilitary.org

Coordinator Phone: 302-223-2150

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	Edmentum's Substance Abuse Unit - 4 Weeks (15 hours)	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	Edmentum's Substance Abuse Unit - 4 Weeks (15 hours)	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Since this is an only unit, during the 23/24 school year, we struggled with students skipping videos and tasks. They were allowed to move at their own pace, so it was difficult for the instructor to monitor students and ensure they were taking the appropriate and and steps needed when everyone was in different places in the unit.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter

We will be removing the work at your own pace. The unit will follow a much more rigid structure, videos will be viewed as a group, there will be more whole group discussion about the topics before moving on to activities, and new structures will be implemented to ensure students cannot get away with skipping activities and assignments. There will also be more reflection activities to check for understanding.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: First State Montessori Academy

Health Education Contact or Coordinator (name): Jennifer Bouillianne

Coordinator Phone: 302-404-5367

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Programming for the 23/24 SY		
Grades	Programs	Category

		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	KidsHealth.org			Yes
Middle School (6-8)	Project Alert Project School Wellness (Skills-Based)	Yes		
High School (9-12)	N/A			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Botvin Lifeskills (considering) KidsHealth.org	Yes		
Middle School (6-8)	Project Alert and Smart Health	Yes		
High School (9-12)	N/a			

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing) - It is very challenging to fulfill the required time to be in compliance, across the board in K-12. Previously submitted to Sabra Collins

Middle school drug and alcohol health curriculum uses the evidenced based program 'Project Alert.' For the 2024-25 year we will continue to use Project Alert but will also use the evidence

based program SmartHealth to support student learning, especially in 6th grade. For K - 5, we are in communication with Sussex Montessori to see how they are using Botvin Life Skills and are including components of it in conjunction with some of the lessons from KidsHealth that have been effective. Finding a K-5 program that aligns with our school philosophy has been a little trickier because of our unique teaching model and multi-age classrooms.

0. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. Synchronous and Asynchronous school wide assemblies.

No major changes... just continued reflection on the effectiveness of our current program and adding additional components to support and address any gaps.

0. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level. HMA is a program that we are looking towards using in the 24/25 school year. This has been selected because it has already been created and has already been approved by DO as evidence - informed.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Freire Charter School Wilmington

Health Education Contact or Coordinator (name): Sean Hamilton

Coordinator Phone: 302-407-4800

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	Safety First	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	1. Teen Health		X	
High School (9-12)	1. Safety First 2. Project Alert 3. Natural High	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

There were major challenges to implementation of the health program at our school. Many of these challenges related to the examples listed above, funding, timing, training, and staff. There was also the issue of sacrificing certain academic time in order to fit in health. Another barrier was determining exactly what our students needed to ensure they were not engaging in the same exact curriculum year after year. With the law requiring 15 hours every year, a challenge remains in ensuring it is not monotonous.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

We have a line up of curricular materials for this year and hired additional staff to meet some of these requirements (which is an additional barrier). It would be helpful if DDOE provided a list of potential options for us to potentially utilize that fits their vision of what is required. We spent considerable time researching potential curriculum options.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Asynchronous learning at the high school level is mostly ineffective. We needed a curriculum that could engage our students and that teachers could bring to life. From what we can tell by further researching programs, what we selected is both research-backed and evidence-based/informed.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Gateway Charter School

Health Education Contact or Coordinator (name): Doug Nicholas

Coordinator Phone: 443-570-5408

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	KidsHealth.org			Yes
Middle School (6-8)	Nemours Childrens Health	Yes		
High School (9-12)	N/A			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Nemours Childrens Health KidsHealth.org	Yes		
Middle School (6-8)	Nemours Childrens Health KidsHealth.org	Yes		
High School (9-12)	N/A			

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing) - It is very challenging to fulfill the required time to be in compliance, across the board in K-8.

Middle/Elementary Schools drug and alcohol health curriculum uses the evidenced based program Nemours Children Health. For the 2024-25 year we will continue to use Nemours Childrens Health but will also use the kidshealth.org as supplemental education.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
Synchronous and Asynchronous school wide assemblies.

No major changes... just continued reflection on the effectiveness of our current program and adding additional components to support and address any gaps.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email:Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Great Oaks Charter

Health Education Contact or Coordinator (name): Tamara Price

Coordinator Phone: 302-660-4790

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	Botvin LifeSkills	Yes		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)				
High School (9-12)	Botvin LifeSkills	Yes		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation

below. (examples: funding, timing, training, staffing) - It has been challenging to fulfill the required time to be in compliance with students in 9-12.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
Synchronous and Asynchronous school wide assemblies.

We are using Supplemental Resources:

VapeFreeDe

Teen Underage drinking through University of De (Facts about teen drinking)

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Kuumba Academy Charter School

Health Education Contact or Coordinator (name): Christopher Caldwell

Coordinator Email: ccaldwell@kacsde.org

Coordinator Phone: 570-974-6899

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Some CATCH Curriculum was used along with Kids Health.org	x		
Middle School (6-8)	<ul style="list-style-type: none"> ● Making Healthy Choices ● Smoking and Tobacco Use ● Alcohol and Hard Drugs Kids Health.org Drugs and Alcohol <ul style="list-style-type: none"> ● Retrieved information from National Institute on Drug Abuse. ● Mayoclinic.org ● Impact Life Speakers ● CDC - About Underage Drinking 		Used evidence informed sources (CDC) Teacher created lessons	
High School (9-12)	N/A			

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Health Smart	x		
Middle School (6-8)	Health Smart	x		
High School (9-12)	N/A			

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The School was unaware until charter review the number of hours required to meet the Charter Renewal Requirements. Also Staffing and time available to implement the required hours was a major concern for this curriculum.

During the 23/24 school year it was very difficult to get a lot of these topics covered due to timing and staffing. I believe we did get as much covered as we could and are trying to make adjustments for this upcoming school year. We found out that we weren't meeting expectations when writing the scope and sequence and tried to meet the requirements with the little to no resources that we had available.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

I have already put in the request to get the Health Smart Curriculum for the school. I believe that this will be the first step to ensuring that we are able to cover all of the requirements for the upcoming school year. Looking to set up some assemblies to assist in the coverage of the required hours along with asking for new curriculum from Health Smart.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Las Americas ASPIRA Academy

Health Education Contact or Coordinator (name): Debbie Panchisin

Coordinator Email: debbie.panchisin@laaa.k12.de.us

Coordinator Phone: 302-355-2300 Ext. 205

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Brain Pop – K-5 Quaver – (Educational Enhancement) X - N. McGee	X X	X	
Middle School (6-8)	G-W Health Brain Pop - (Educational Enhancement) Bright Life - Ashley Patrul	X X		X
High School (9-12)	Lessons from National Institute on Drug Abuse		X	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Brain Pop – K-5 Quaver – (Educational Enhancement) Phoenix Mental Health/Fellowship Health resource/Kidshealth.org - N. McGee (Presenter for elementary students)	X X	X	X
Middle School (6-8)	G-W Middle School Health Brain Pop - (Educational Enhancement)	X X		

High School (9-12)	Navigate Suite 360 Botvin Lifeskills	X	X	
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Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

As highlighted in previous years, the primary challenge at Las Américas ASPIRA Academy (LAAA) has been balancing the comprehensive Health standards for each grade level with the specific time requirements for Drug and Alcohol education. To address this, we have adopted innovative strategies and structures to ensure all students receive the mandated content. As demonstrated by the resources provided, our health teachers at LAAA have proactively engaged external speakers and presenters to deliver critical information through assemblies, class presentations, and other formats, making the content more accessible to students. While these practices necessitate additional funding to cover presentation costs, they have led to meaningful engagement from both the team and students. Therefore, we plan to continue enhancing instruction through these valuable resources.

In the middle school the health teacher was out on FMLA. This presented a challenge in having instruction delivered with fidelity to address the curriculum by someone who was certified to teach the content.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

At the elementary level, we will continue to enhance our curriculum with programs like Quaver Ed., which provides engaging materials and resources. These tools support educators in creating more meaningful and interactive learning experiences during Health classes.

We are integrating the G-W Middle School curriculum materials into our 6th-8th grade Health classes to establish consistent and vertically aligned standards. This initiative will ensure that our students receive comprehensive Health Education Program content as

outlined by the Department of Education, while also aiding our teachers in meeting content area regulations effectively.

Additionally, we have revised the Middle School schedule to offer a more consistent academic structure for Specials. This adjustment allows teachers to meet with their students daily throughout each trimester.

At the high school we are adding Navigate Suite 360 to address specific drugs, alcohol, and vaping behaviors through tier II and tier III supports.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

ASPIRA Charter High School selected Suite 360 as the curricular resource to support a portion of drug and alcohol education. This resource was vetted and approved for mental health, but had been noted as also meeting drug and alcohol regulation requirements. We especially are excited to use this curricular resource as the screener will allow us to not only use the lessons for tier1 instruction, but will also allow us to assign instruction for tier II and tier III intervention. One particular area of interest for us for tier II and tier III were the resources provided around vaping, which we were, are finding to be a need within the high school.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Coordinator Email: **Senate Concurrent Resolution (SCR) 200**

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: MOT Charter School

Health Education Contact or Coordinator (name):

Shana Noll Lisa Delcollo (High School)

Terry Howarth, Rommel Cabatingan (K-8)

Coordinator Phone: 302-696-2000 (High School), 302-375-5125 (K-8)

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs, Too Good for Violence - Mendez Foundation Curriculum	Yes		
Middle School (6-8)	Too Good for Drugs, Too Good for Violence - Mendez Foundation Curriculum	Yes		
High School (9-12)	Comprehensive Alcohol, Tobacco, and Other Drugs Unit <ul style="list-style-type: none"> Resources pulled from Campaign for Tobacco-Free Kids, Stanford University's Tobacco Prevention Toolkit, Nemours (Teen Health), NIDA (National Institute on Drug Abuse, WebMD, APIS (Alcohol Policy Information System), and NIH (National Institutes of Health) 		Yes	Yes

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Too Good for Drugs, Too Good for Violence - Mendez Foundation Curriculum	Yes		
Middle School	Too Good for Drugs, Too Good for	Yes		

(6-8)	Violence - Mendez Foundation Curriculum			
High School (9-12)	Comprehensive Alcohol, Tobacco, and Other Drugs Unit <ul style="list-style-type: none"> Resources pulled from Campaign for Tobacco-Free Kids, Stanford University's Tobacco Prevention Toolkit, Nemours (Teen Health), NIDA (National Institute on Drug Abuse, WebMD, APIS (Alcohol Policy Information System), and NIH (National Institutes of Health) 		Yes	Yes

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation, please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

HS: Students in 9th grade at MOT Charter do not suffer from the lack of time because they are scheduled for a ½ credit Health class, but 10-12 do not have Health as a scheduled class. This makes it difficult to meet the time expectations implemented.

K8: Time is always an issue with regards to a comprehensive health and wellness program. There are a lot of hours that are required for different health related topics. This constraint of time has always been a challenge with programming that fall into a related arts cycle.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made, please use the space below to share helpful information about drug and alcohol education within the district/charter.

HS: In order to reach the 10th-12th grades, the plan is to implement both synchronous and asynchronous school wide assemblies and content. We also have a scheduled grade level advisory once a week where we are able to

implement additional content including but not limited to drug and alcohol education.

K8: Each year, we hold assemblies on anti-bullying and healthy lifestyles and choices. We find new presenters that are of high interest when possible. We do this to keep things fresh for the students and meet different interests to deliver the messages within the assembly programming. Last year we had a music and message program with *Morris Brothers Superhero Tour*. This was an in-person assembly and no students required asynchronous attendance for the assembly.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected.

HS: Any programs used to support the content standards will be selected based on best practice and evidence-based resources. We may also be using community-based programs, for example Christiana Care educational programs.

K8: N/A

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Newark Charter School

Health Education Contact or Coordinator (name): Lisa Ueltzhoffer

Coordinator Email: lisa.ueltzhoffer@ncs.k12.de.us

Coordinator Phone: 302-369-2001

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	LEA - Teacher/Guidance counselor created lessons and assemblies (Nemours) Decision Making Skills			X
Middle School (6-8)	4-H Vaping Program-University of Delaware	X		
	Vape Free Delaware	X		
	LEA-Teacher created lessons utilizing CDC, Drug Free World, Kids Health, Teen Health		X	X
High School (9-12)	Smokefree.gov	X		
	Vape Free DE	X		
	Scholastic	X		
	Nemours Teen Health	X		
	Center for Disease Control	X		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	LEA- Teacher/Guidance counselor created lessons (Nemours) Decision Making Skills			X
Middle School (6-8)	Health Smart	X		
	4-H Vaping Program-University of Delaware	X		

	Vape Free Delaware	X		
	LEA-Teacher created lessons utilizing CDC, Drug Free World, Kids Health, Teen Health	X		X
High School (9-12)	Smokefree.gov	X		
	Vape Free DE	X		
	Scholastic	X		
	Nemours Teen Health	X		
	Center for Disease Control	X		
	The 15-hour HMA drug and alcohol education course	X		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)
 - Much of the health curriculum was restructured during the 23/24 school year to better align with regulation 551 and to meet the needs of the students.
 - Started utilizing community partners with University of Delaware for Vaping Programs.
 - Reorganize a year long Physical Education class to meet the requirements of Regulation 551 for 6-8 Health Education.
 - Developed a plan for asynchronous learning for 11th and 12th graders in order to meet the required drug and alcohol education hours.
 - A challenge was finding the appropriate time, content, resources in the K-5 classes to meet the hour requirements.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.
 - At the Junior High School (6-8) a grant was written last year that will allow access to the Health Smart Curriculum for the 24/25 School Year.

Implementation for this curriculum will start with the 8th grade class and then will be utilized with other grade levels.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.
 - The 15-hour drug and alcohol education requirement will be met through evidence-informed programming developed by HMA to be completed asynchronously by grades 11 and 12.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Odyssey Charter School

Health Education Contact or Coordinator (name): Jackie McCutchon

Coordinator Email: jackie.mccutchon@odyssey.k12.de.us

Coordinator Phone: 302-516-8000 X497

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Character Strong delivered by homeroom teachers	X		
Middle School (6-8)	Mind Matters: National Institute on Drug Abuse BrainPop		X X	
High School (9-12)	Strive: How You Lead Matters Drug and Alcohol Online Modules (DDOE through Schoology) Health Education Today	X	X X	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Character Strong delivered by SEL specialist	X		
Middle School (6-8)	ReThinkEd	X		
High School (9-12)	Strive: How You Lead Matters Drug and Alcohol Online Modules (DDOE through Schoology) Health Education Today	X	X X	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing).

Odyssey Charter School is a K-12 school, which means that our programming looks different between our elementary, middle and high schools.

For our elementary schools, we understand the importance of an SEL curriculum, inclusive of age-appropriate drug and alcohol conversations, at the elementary level. As a result, OCS was intentional about prioritizing funding and resources to utilize Evidence-Based Curriculum, Character Strong. It was our first year of implementation and homeroom teachers were responsible for delivering the content to all students. One of our counselors oversaw the programming and guided teachers on the topics to be used. Anecdotally, there was varied success. Depending on how invested and comfortable homeroom teachers were, transpired into the delivery/success of the program. During the beginning of the year, there was a 90-minute zoom training for teachers with Character Strong. Aside from the training, the implementing teachers were supported as needed by the counselors. After reflecting on the success, we have prepared ourselves to make changes for the 2024-2025 school year.

The middle school curriculum was the area that has needed the most support. Over the years we have had a myriad of programs relating drug and alcohol prevention embedded within the SEL content, however, it was still being delivered through core classes. During the 2023-2024 school year, all of the content was being covered in the Health/Physical Education classes. Although comfortable with the content and delivering the knowledge to students, the engagement was reported as varied. Teachers utilized engagement strategies and connected to their students' lives, but struggled if students perceived the content as irrelevant or if there's a lack of interactive elements. As a result, Odyssey applied for the State Opioid Response 3.0 Grant to help fund a new and dynamic evidence-based curriculum.

At the high school level, we used a combination of resources to ensure the content is delivered to all students. For our tenth grade students, health is a required course. Within that class, students are delivered direct instruction around drug and alcohol usage. The health teachers utilize the Health Education Today content in addition to supplemental materials. The ninth grade class participates in Strive: How You Lead Matters leadership workshops at the beginning of the school year. As an entire high school, we have access to the Drug and Alcohol Online Modules for both year one and year two, which was provided by the DDOE through Schoology.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

Both OCS Lower School (K-2) and Intermediate School (3-5) will continue with the Character Strong curriculum. However, we wanted to intentionally create a space for this learning to then

be supported by the staff seamlessly throughout the remainder of their day. As a result, we have created a special for K-5 students to rotate through in addition to their art, physical education and music classes. The hired specialists will complete training on the curriculum and work closely with the overseeing counselors from last year to implement an even more robust and dynamic learning environment for students. Knowing that these teachers can carry out the program with fidelity ensures that students are getting the appropriate and comprehensive knowledge the program is designed to deliver.

In Spring of 2024, OCS received notification that we were awarded the Delaware State Opioid Response Grant, which provides funds specifically for middle school to enrich programming related to drug and alcohol prevention. Odyssey has partnered with ReThinkEd to deliver high-level engaging and evidence-based programming to our middle school population. The health teachers will be the spearheads of the content with specific training and support at the beginning of the school year, as well as ongoing as needed. Additional opportunities for all stakeholders; counselors, academic staff and administration as well as families, are available to engage with the language and pillars of the program to maximize the potential and truly make it comprehensive for our middle school students.

For the upcoming school year, we will continue our partnership with Strive: How You Lead Matters. We already have an agreement for them to complete our ninth-grade programming, however we applied for an additional grant, the Tobacco Prevention Community Outreach Mini-Grant Application through the American Lung Association. If awarded the funding, we will extend our programming to include all grade-levels throughout the school year. We understand the necessity of reaching students at such an influential time and believe that through the coaches with Strive, we can impact more students throughout their entire high school journey. We will continue to offer the courses through Schoology and through the health class to reinforce the importance of this knowledge.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Odyssey believes that using evidence based curriculum is a leverage to make a bigger impact on student learning. For the 2024-2025 school year, all our schools will be implementing evidence-based materials with supplemental pieces as needed. There was success, connection, and/or components of other resources that have made a difference in the content. We believe giving autonomy to the teachers to know their students and class and their needs the best, they can utilize supplements to enhance the evidence-based curriculum.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Positive Outcomes Charter School

Health Education Contact or Coordinator (name): Patti Kobus Kim Smith

**Coordinator Email: patti.kobus@pocs.k12.de.us
kim.smith@pocs.k12.de.us**

Coordinator Phone: 302-697-8805

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	HealthSmart	✓		
High School (9-12)	HealthSmart	✓		

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)				
Middle School (6-8)	HealthSmart	✓		
High School (9-12)	HealthSmart	✓		

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The materials from HealthSmart are comprehensive and easy to use and understand, so there are no real challenges in implementing.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Providence Creek Academy

Health Education Contact or Coordinator (name): Anthony Gamble

Coordinator Email: anthony.gamble@pca.k12.de.us

Coordinator Phone: 302-653-6276

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Videos & corresponding lessons from medical agencies		x	
Middle School (6-8)	Glencoe TeenHealth			x
High School (9-12)				

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	HealthSmart	x		
Middle School (6-8)	HealthSmart	x		
High School (9-12)				

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Glencoe Teen Health is an application based program for middle school health students that teaches the 10 critical health skills that align with the National Health Standards. The challenges we encountered with implementing the supporting program is being provided with a detailed lesson plan. However, the book provided students with an in-depth analysis of the effects of drugs and alcohol on mental and physical health. K-5 programming challenges include access to evidence-based programs appropriate for their developmental level.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. Looking to pursue implementation of evidence-based curriculum. Investigating the HealthSmart program.
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level. These were selected many years prior and continued to be used. K-5 programming used evidence-informed resources, with associated learning activities, but not part of a program. As noted in number 2, evidence-based curriculum is being investigated to implement instead.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us

Coordinator Email: **Senate Concurrent Resolution (SCR) 200**

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Sussex Academy

Health Education Contact or Coordinator (name): Janet Owens

Coordinator Phone: (302) 856-3636

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	
Middle School (6-8)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	
High School (9-12)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	
Middle School (6-8)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	

High School (9-12)	Botvin Life Skills	x		
	Nemours KidsHealth in the Classroom		x	

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

As more and more regulations are passed that require additional curricular mandates, it is becoming more and more challenging to find the time to incorporate all of the required elements within the school day. It was already challenging to ensure all of the Health Education hours required were met, but now new mandates on SEL education, financial literacy, and others are making it extremely difficult to fit all in on top of the normal academic requirements/needs of our students.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

We recently purchased the total health curriculum from Botvin to encompass all students K-12. This year we have several new staff that will need to learn the curriculum. Other than that, no real changes are being made.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

All selected programming is either evidence-based or evidence informed. We have found it important to supplement the Botvin program with activities that include more vaping education based on school concerns and data.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us

Senate Concurrent Resolution (SCR) 200

Since 2000, all public school districts and charter schools are required to support specific hours of drug and alcohol education, updated in [Regulation 551](#). [SCR 200](#), signed on June 25, 2024 requires districts and charters to report the evidence-based programs that were used to teach drug and alcohol education during the 23/24 school year (SY) as well as the programs that will be used during the 24/25 SY. Please respond to the questions below and outreach to Sabra Collins (sabra.collins@doe.k12.de.us) with any questions.

In order to report the information accurately, DOE is collecting the following information from each school district and charter school, no later than **Friday August 16, 2024**.

General Information:

Name of School District/Charter: Sussex Montessori School

Health Education Contact or Coordinator (name): Ronald Johnson

Coordinator Email: ronald.johnson@sussexms.k12.de.us

Coordinator Phone: 302.404.5367

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Botvin was provided to all 4-6 th grade students	x		
Middle School (6-8)	Sixth graders received several weeks of Botvin training	x		
High School (9-12)				

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Botvin is already being scheduled for the 2024-25 school year for all 4 th -6 th year students	x		
Middle School (6-8)	Botvin is already being scheduled for the 2024-25 school year for all 4 th -6 th year students	x		
High School (9-12)				

Implementation of Programming:

Please provide a detailed response to the following questions:

1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with

implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

The Botvin program is EXCELLENT and well received by the students. We have been fortunate to partner with UD Cooperative Extension and 4H to have a Botvin instructor through grant funding. Additional funding for staff to ensure this training happens all year long with in-house staff would be most efficacious for all students and would have the greatest impact.

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter.

The Botvin program will again be used for the 2024-2025 school year. This is a premier drug and alcohol training program. The Botvin program also addresses leadership and other healthy life skills which is beneficial for our students.

3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

The Botvin program that we use is evidence based.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins
Education Associate, Physical Education, Health and Wellness
Sabra.collins@doe.k12.de.us



Senate Concurrent Resolution (SCR) 200

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In order to report the information accurately, DOE is collecting the following information from each school district and charter school, due **Friday August 16, 2024**. If an extension is needed please email Sabra Collins, with a firm deadline of **Friday August 30, 2024**.

General Information:

Name of School District/Charter: Thomas Edison Charter School

Health Education Contact or Coordinator (name): Liz Yates

Coordinator Email: liz.yates@tecs.k12.de.us

Coordinator Phone: 302-778-1101

Educational Programming:

When filling out the below table please share the evidence-based, evidence-informed and/or promising practices programming that the district or charter used to support drug and alcohol education during the 23/24 SY. Please share in the programs section if programming was not established in specific grades or schools. When reporting for multiple schools please share all programs used in the grade level specific section. Place a check mark or X in the category section that best describes the program/curriculum.

Examples:

- HealthSmart, K-12, evidence-based
- Botvin LifeSkills, K-12, evidence-based
- 15-hour drug and alcohol courses, 9-12, evidence-informed
- Project Towards No Drug Abuse, 9-12, promising practices
- Too Good for Drugs, K-12, evidence-based

Programming for the 23/24 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Second Step	X		
Middle School (6-8)	Second Step	X		
High School (9-12)				

Programming for the 24/25 SY				
Grades	Programs	Category		
		Evidence-Based	Evidence-Informed	Promising Practices
Elementary (K-5)	Second Step	X		
Middle School (6-8)	Second Step	X		
High School (9-12)				

Implementation of Programming:

Please provide a detailed response to the following questions:



1. Please share any challenges the district or charter encountered while supporting program implementation during the 23/24 SY, if there were no challenges with implementation please share more specifics of the program/curriculum implementation below. (examples: funding, timing, training, staffing)

Timing is always an issue—trying to fit everything into the school day is a challenge. W

2. What changes or modifications are being made for the 24/25 SY to support drug and alcohol education. Please share any specific support or resources the district/school will be implementing. If no changes are being made please use the space below to share helpful information about drug and alcohol education within the district/charter. We have a dedicated SEL time built into the schedule
3. If programming was used during the 23/24 SY or is being planned for use during the 24/25 SY that is NOT evidence-based, please use the space below to explain why that resource has been selected. Example, if planning to use the 15-hour drug and alcohol programming developed by HMA this is evidence-informed but has been created to support asynchronous learning at the high school level.

Submission Information:

Please submit the completed form by Friday August 16th to:

Sabra Collins

Education Associate, Physical Education, Health and Wellness

Sabra.collins@doe.k12.de.us