National Collaborative on Education + Health

National Collaborative on Education and Health
Working Group on Substance Misuse

Principles for Increasing Substance Misuse Prevention and Early Intervention in Schools

1. **Make the case for action** by sharing the research linking substance use and educational outcomes with key stakeholders, and highlighting the multiple benefits of evidence-based interventions. In particular, the case needs to be made to schools, since they present a key opportunity for implementation of evidence-based interventions in partnership with other community stakeholders.
2. **Identify and disseminate solutions** so they are accessible by key stakeholders and can be implemented with fidelity to the model. At the same time, ensure that solutions are data-driven, can be adapted to local communities and will support innovation. They should be multi-level and multi-component. Evidence-based interventions can begin early in the education process and should target children, schools, parents and communities.
3. **Support a collective impact intervention model** including identification of local "backbone" organizations to provide leadership and engage key stakeholders, such as schools, health care providers, parents, community leaders and organizations. Local coalitions are critical to building the diverse political and financial support necessary to launch and sustain substance misuse prevention and early intervention initiatives. One option is to build on backbone structures already in place to support and sustain these activities.
4. **Identify options for financial sustainability** which will require a clear identification of model components and associated expenses, as well as options for payment or other financial support within existing systems. Most likely "braided" funding will be needed.
5. **Build a system that includes capacity for continuous quality improvement** including assessment and evaluation that allows for real-time improvement and research to continue to build the evidence-base. Data systems should measure risk and protective factors in a community so that interventions are designed to address the underlying issues and leverage opportunities and community assets, while addressing and reducing the risks.
6. **Support policy and systems changes needed to support scalability and long-term sustainability** by identifying the institutional opportunities to embed best practices into school structures and systems. State-level entities have demonstrated success in supporting scale-up and sustainability as well as quality implementation of evidence-based interventions in schools and communities. The braiding of diverse funding streams, including non-traditional funding sources, has been shown to enhance long-term sustainability.

Background on the National Collaborative on Education and Health Working Group on Substance Misuse Prevention and Early Intervention in Schools

Substance misuse remains a serious problem in the nation's schools and contributes to poor performance by students. Particularly when thinking about the impact of substance misuse on children, preventing and treating misuse is an issue that meets at the cross section of health and education and thus aligns with the mission of the National Collaborative on Education and Health (Collaborative).

The National Collaborative on Education and Health was launched in February 2014 and is working to identify opportunities for the health and education sectors, individually and together with others, to ensure that all children have the opportunity to be healthy and academically and developmentally successful, allowing them to reach their full potential as productive members of our diverse society. The Collaborative is co-chaired by Healthy Schools Campaign and Trust for America's Health and has been funded by the W.K. Kellogg Foundation, the Robert Wood Johnson Foundation, Kaiser Permanente and the Conrad N. Hilton Foundation.

In June 2014, the Office of National Drug Control Policy and the Department of Education convened a meeting of governmental and nongovernmental organizations concerned about the impact of substance misuse on learning – and the potential for schools as a point of intervention for both primary prevention and early screening and treatment. It is clear that a multi-pronged approach is needed: one that looks to universal interventions (reaching all school children) that are proven to prevent substance misuse in the first place, identification of those at high risk for substance misuse so more targeted interventions can be provided, and referral or provision of treatment for those who have substance use disorder.

In recognition of the link between substance misuse and academic outcomes, in 2015 the Collaborative established a Working Group on Substance Misuse Prevention and Early Intervention in Schools to continue the dialogue begun in 2014. The Working Group is funded by the Conrad N. Hilton Foundation and convened twice in 2015. The purpose of this group of cross-sector experts in the fields of substance use, education, and public health was to:

1. Identify best practices and emerging models, particularly related to primary prevention of substance misuse and early intervention;
2. Articulate federal and state policies to advance these models, including appropriate reimbursement issues;
3. Ensure that the analysis of substance misuse and proposed solutions is done from a social justice and equity perspective; and,
4. Begin to build consensus within the various constituencies participating in the Working Group and identify where there is energy to advance specific policies.

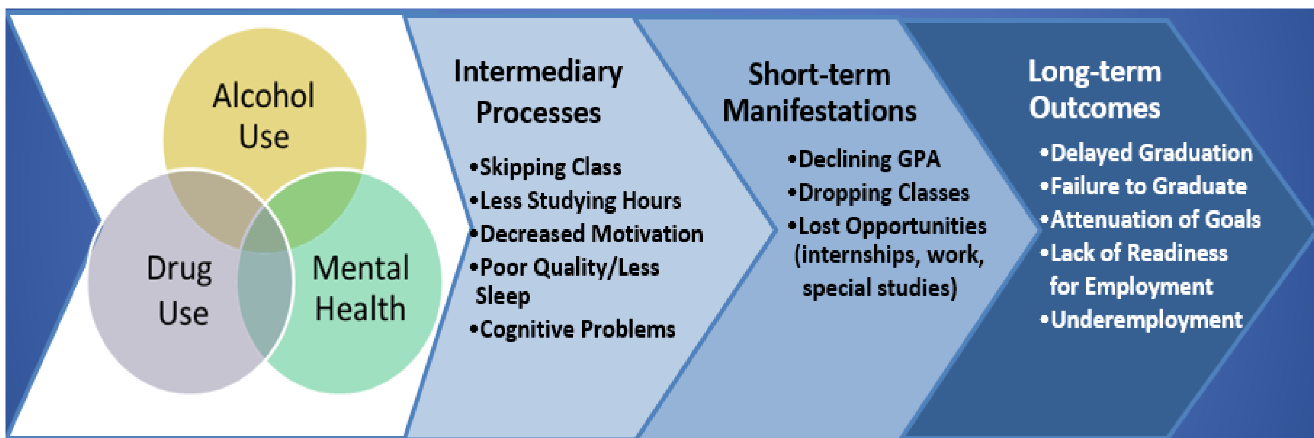
A synthesis of the presentations and discussions at the Substance Misuse Working Group meetings is included below. In October 2015 the steering committee of the National

Collaborative of Education and Health endorsed the principles and recommendations developed by the Working Group and committed to advancing key recommendations in 2016.

The Case for Action

Youth Substance Misuse

The greatest escalation in substance misuse occurs from ages 12 to 20 years old. While the rates of youth misuse of some substances, such as marijuana and alcohol, are declining, the perceived risk of using substances is also declining. This is of concern since the risks of substance misuse are well-documented and include use of other illicit drugs, drop in IQ, delayed graduation or lack of school completion, suicide attempts, lack of readiness for employment and underemployment and lack of goal attenuation.



Conceptual Framework for Understanding the Association between Substance Use, Mental Health, and Student Outcomes
Arria, A.M., Caldeira, K.M., Bugbee, B.A., Vincent, K.B., & O'Grady, K.E. (2013) The academic opportunity costs of substance use during college. College Park, MD, Center on Young Adult Health and Development

Research demonstrates a clear connection between substance misuse and poor academic outcomes. For example, teenage misuse of marijuana is associated with less school completion. Students with an average grade of 'D' or lower are more likely to be substance users compared to students whose grade average is better than a 'D.' Recent research shows that persistent marijuana users experience a significant drop in IQ between childhood and midlife.[i] It is clear that preventing or reducing substance misuse will help schools achieve their goals – including improvements in behavior, attendance and academics.

The Importance of the School Context in Addressing Youth Substance Misuse

Schools are not just the place where you have a captive audience for programming. Schools have the potential to be physical and social environments that support both student health and learning, mitigating risk factors and bolstering protective factors. Schools face many challenges, including the diversity of the student population, with more than half of the

population in public schools living in poverty, more than half of students from racial and ethnic minorities and English language learners comprising 14% of the student population. Many substance misuse prevention interventions were not normed on this diverse population.

Despite the challenges of diversity, funding and more, schools have many strengths as a venue for addressing substance misuse prevention and early intervention. Perhaps even more important than adding programming in schools, is the need for greater coordination and matching of programs to priority needs. For example, early intervention teams that identify and link students to resources can impact numerous risk factors, from absenteeism to academic failure to substance misuse. Integrated practice models that incorporate education and health staff into teams hold promise for addressing substance misuse in schools.

The case for substance misuse prevention and early intervention in the school setting needs to be made, since schools represent a key opportunity for addressing the issue. Communicating to educators about the connection between substance misuse and academic results, behavior and attendance is central to making this case. At the same time, schools cannot solve this problem alone. Their efforts must be in the context of a community-wide process of discussion and engagement.

Substance misuse programming must address not only the needs of students, but also the adults in the school – parents, teachers, administrators and staff. Recent federal efforts to improve school climate have been shown to increase school performance and hold potential for reducing student substance misuse. The U.S. Department of Education, in partnership with the U.S. Department of Justice, is investing in school climate improvement through the School Climate Transformation Grants; the Supportive School Discipline Initiative to support the use of school discipline practices that foster safe, supportive, and productive learning environments while keeping students in school; and the Safe and Supportive Schools Grants to support statewide measurement of, and targeted programmatic interventions to improve, conditions for learning to help schools improve safety and reduce substance misuse.

Identifying and Disseminating Solutions

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism at the National Institutes of Health support research on how to prevent or delay the initiation of drug and alcohol use and the progression of drug and alcohol use to misuse. This research has demonstrated the need for a life course approach, since different interventions

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is a screening and early intervention model to reduce substance abuse. SBIRT is recommended for adults by the U.S. Preventive Services Task Force and recommended for adolescents by the American Academy of Pediatrics. SBIRT is being implemented in multiple settings, including primary care, emergency rooms and schools. Students that screen positive for being at risk of substance misuse receive a brief intervention (using motivational interviewing) and, if warranted, a referral to treatment.

are needed at critical periods and transitions in a child's life, when the importance of certain risk or protective factors is heightened.

Chart 1: How do Prevention Interventions Work?

Developmental Stage	Modifiable Risk	Intervention
Early Childhood	Inability to share	Child social practice
	Lack of school readiness	Early education
	Inconsistent discipline	Parent skill training
Elementary School	Aggressive behavior	Good classroom management
	Failure to read	Remedial reading support
	Lack of parental involvement	Parent/teacher communication
Middle School	School failure	Academic skills
	Poor social skills	Social competence
	Poor parental monitoring	Parent skills
High school	Misperceptions of acceptability/extent of peer use	Normative education/refusal skills
	Family conflict	Family therapy
	Lack of self control	Social skills

Reducing substance misuse is best addressed with a two-prong strategy to reduce the risk factors (early aggressive behavior, poor social skills, lack of parental supervision, drug availability and poverty) and increase the protective factors (self-control, positive relationships, parental monitoring and support, academic competence, anti-drug use policies and strong neighborhood attachment). Prevention interventions that work target specific risk factors that are modifiable (see Chart 1). The modifiable risk factors differ at each stage of a child's life. Interventions must be developmentally appropriate and cover the span from early childhood to adolescence. Prevention interventions can be universal (for everyone in a population), selective (for groups at high risk), indicated (for the high risk population that has begun to use substances) and tiered (a combination). NIDA's research has shown that schools are the most widely used setting for prevention. Programs should address the needs of both the school and the students, which often means working with families. School-based interventions that can work include:

- individual behavior change;
- skills training (academic and social competence and resistance skills);
- norms education;
- cognitive/behavioral interventions;
- social emotional learning;

- environmental change;
- media literacy; and
- persuasive communications.

Many of these interventions have collateral benefits beyond reducing substance misuse (particularly those that target social competence and emotional regulation), such as improving academic performance. There are evidence-based models to prevent substance misuse and associated risk factors, such as Linking Interests of Families and Teachers which reduces playground aggression and increases family problem solving and has been shown to have indirect effects on illicit drug use. Other evidence-based interventions include: the Seattle Social Development Project (which has shown developmentally consistent effects from second grade through age 27), Keepin' It Real for middle school students, Life Skills Training, Family Check Up, Strengthening Families, Toward No Drug Abuse, Bridges/Puentes and Familias Unidas. In addition, PROSPER (community and university partnership model bringing together extension programs, schools, social service agencies, youth and parents) and Communities that Care (community coalitions) have demonstrated that is possible to scale up and sustain these programs. Communities that Care demonstrated not only the target outcomes of sustained abstinence through grade 12, but also a benefit-cost ratio of $4.23-$8.22 for every $1 invested. These and other evidence-based programs are featured in what is known as NIDA's Red Book, *Preventing Drug Use Among Children and Adolescen*ts.[ii]

Good Behavior Game (GBG)

GBG is a universal classroom prevention strategy of behavior management that centers on positive reinforcement of rules. Teachers use GBG to help students develop skills such as teamwork and self-regulation. GBG is integrated into the school day, including instructional time, transition times, lunch, etc. Teachers give students positive reinforcement for meeting behavioral expectations, monitoring and managing their own behaviors and supporting the positive behavior of peers.

GBG has been demonstrated to reduce aggressive, disruptive and off-task behavior in elementary school males, reduction in smoking and use of mental health services in middle school males, and reduction in alcohol use, tobacco use, illicit drug use and suicide attempts in young adult males. In Cincinnati GBG is being layered onto the walking school bus in a partnership between the state education, school safety and transportation agencies.

A Washington state analysis of implementing the GBG estimated a benefit-to-cost ration of 31.19 and 25 percent rate of return on investment.

Despite the strong evidence-base demonstrating that these programs work to reduce illicit drug use and have many other positive outcomes, only 42.6 percent of U.S. middle schools use any evidence-based curriculum and of those, only 23% use the evidence-based curriculum most of the time.[iii] NIDA has also supported research that shows what does not work and might even cause harm, including:

- information only;
- testimonials; and
- scare tactics and affective education (self-esteem building only).

There is an enormous opportunity to translate this research on what works and what does not work into practice, particularly in the school setting. While there are existing registries and directories, people need to learn how to access, navigate and select from these resources to identify local solutions. New resources may not be needed; consolidation and targeting of resources to key audiences, such as schools, may be more effective. There is also a need for continued research on what works to prevent and reduce substance misuse, particularly in the high school years. To advance this research, the White House Office of National Drug Control Policy is facilitating better coordination between the Institute for Education Sciences at the U.S. Department of Education and the National Institutes of Health.

Collective Impact: A Coalition Intervention Model

Preventing and reducing substance misuse is a complex problem that requires a multi-level, multi-component approach, as exemplified by the multi-sector Working Group. Different sectors need to come together around a common agenda to tackle this issue. For interventions in the schools, at a minimum, the health, behavioral health and education sectors need to work together. An understanding of the potential impact from the perspective of their own priorities – be they educational, health or substance misuse specific – is the best motivation.

Collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a social problem."[iv] The five conditions of collective impact can help to shape interventions for substance misuse prevention and early intervention in school settings:

1. Common agenda
2. Shared measurement
3. Mutually reinforcing activities
4. Continuous communication
5. Backbone support

PROSPER (PROmoting School/community-university Partnerships to Enhance Resilience) is an evidence-based state delivery system for supporting sustained, community-based implementation of scientifically-proven programs that reduce adolescent substance misuse or other problem behaviors, promote youth competence and strengthen families. School district staff co-lead all community teams involved in the delivery system. The PROSPER delivery system has been shown to reduce a number of negative behavioral outcomes, including drunkenness, smoking, marijuana use, use of other substances and conduct behavior problems, with higher-risk youth benefiting more. PROSPER also demonstrates positive effects on family strengthening, parenting, and youth skills outcomes and it reduces negative peer influences.

Identification of a backbone support is key for interventions that seek to prevent or reduce substance misuse in schools. Backbone organizations are typically neutral conveners that engage leaders from different sectors and create shared goals, clear expectations and a safe space for each partner organization to be transparent about their interests and agenda. Both "grasstops" and "grassroots" partners need to be engaged. In addition to convening important actors from multiple sectors, backbone organizations serve key functions such as gathering and aggregating data, identifying joint goals and creating shared accountability, identifying needed policy and systems-level changes, identifying, mapping and tapping community assets and focusing on financial sustainability.

Backbones may be needed at varying levels – locally, regionally, statewide and nationally (such as the National Prevention Council that originally proposed the National Collaborative on Education and Health).

Evidence-based Prevention and Intervention Support Center (EPISCenter) is a state-level prevention support system that helps connect research, policy and the real-world practice of child and youth development programs. The center serves as a backbone organization that promotes the dissemination, high-quality implementation and sustainability of: community-level infrastructure for prevention planning; evidence-based programs and practices; and continuous improvement of locally-developed juvenile justice and substance misuse programs, which also provide much broader support for positive childhood and youth development. They help communities assess their specific needs, provide a process to help communities identify and prioritize the risk and protective factors they want to focus on, provide information about which programs and interventions can help best address the identified needs – many of which start in early childhood and continue through youth, and provide technical assistance and support for quality implementation of the programs and evaluations of efforts and continued community needs. EPISCenter also supports the Pennsylvania Youth Survey – which helps communities collect data about rates of substance misuse as well as underlying protective and risk factors to inform needs assessments and evaluations.

EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS) and the Bennett Pierce Prevention Research Center, College of Health and Human Development at

Local coalitions need support from an expert technical assistance organization to implement evidence-based programs that are successful and can be sustained over time. Research shows that technical assistance provided through networks of experts, access to research and evidence-based practices, training and guidance on multi-sector collaboration and sustainability, is needed to implement and sustain quality programs in schools and communities. Communities and schools need help to:

- Conduct needs assessments and select evidence-based interventions that address the risk and protective factors in the community;

- Build and run local coalitions;
- Train a range of professionals, including educators, to implement and maintain evidence-based practices;
- Collect and analyze local data collection and measure results;
- Implement programs with high fidelity to continue to build the evidence base; and
- Continuously improve programs through participation in learning collaboratives; and
- Identify a sustainability plan including braiding of various funding streams.

A state-level backbone organization, housed at an academic center or a nonprofit organization, can provide assistance to support community-based multi-sector coalitions that address substance misuse.

Options for Financial Sustainability

There are a variety of sources of funding for substance misuse prevention and early intervention efforts in schools and communities. Many efforts begin with public or private grant funding and some have been sustained for several decades by braiding a variety of funding sources. To implement with fidelity, a model must be funded for the time frame necessary to achieve expected outcomes.

The federal government funds youth initiatives to address risk and protective factors linked to substance misuse. The U.S. Department of Education is investing in My Brother's Keeper to connect young people to mentoring, support networks, and the skills training to address persistent opportunity gaps faced by boys and young men of color and ensure that all young people can reach their full potential. The Safe and Supportive Schools program provides technical assistance to improve schools in recognition that schools and communities are contending with many factors that affect the conditions for learning, including substance misuse. The U.S. Department of Education is launching a collaborative for prevention in schools in 2015 to provide technical assistance in part to help schools build relationships.

Franklin County Communities that Care Coalition

The Communities That Care Coalition began in 2000 in Western Massachusetts to reduce youth substance misuse and improve youth health. The program brought together and coordinated the efforts of various local stakeholders including schools, youth and parent groups, law enforcement, healthcare providers and the local hospitals. By implementing its Community Action Plan—which includes an annual Teen Health Survey, anti-substance curricula in local schools, social marketing and forming strategic partnerships within the community—the Coalition has been successful in identifying several underlying risk factors of youth substance misuse in the area and priorities for improvement. During the 12 years of its work, the Coalition has measured substantial reductions in youth substance misuse, as well as a reduction in the underlying factors causing it. The Coalition is supported by state and federal grants, and more recently, through a local hospital's community benefit program.

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) at Health and Human Services is to reduce the impact of substance misuse and mental illness on America's communities. SAMHSA has numerous state and local grant programs that support substance misuse prevention, early intervention and the entire continuum of supports and services for those with substance abuse disorder. Recent programs include Now is the Time Project AWARE to increase mental health awareness and supports for students with behavioral health issues and ultimately develop a comprehensive, coordinated and integrated program for advancing wellness and resilience in educational settings for school-aged youth.

These diverse funding streams are not easy to braid at the local level to leverage similar strategies and create efficiencies, while remaining accountable to each program's goals. This can discourage collaborative partnerships. The ability for schools and communities to maintain consistency in staffing and program resources is a challenge that the government and the private sector must address for public health and well-being.

Sustainability will require a clear identification of the components of the intervention, and the associated expenses, as well as options for payment or other financial support within existing systems. Insurance parity requirements imposed by the Affordable Care Act provide an opportunity for more access to services, however providers need to be trained to provide more prevention and early intervention services. Finally, more research on cost-effectiveness, cost-benefit and return-on-investment is needed.

Sustainability is not all about funding. Collective impact initiatives require trust and relationship building. Broad community engagement can lead to more sustainable funding. Coalitions can both receive funding and support members in securing funding. Leadership development is important, and transitions in leadership can be difficult even when there has been succession planning.

Building in Innovation and Continuous Quality Improvement.

Schools and community coalitions need technical assistance and support to improve the quality of programs and achieve better outcomes by implementing evidence-based practices. Participation in broader learning collaboratives can improve their chances of success.

Substance misuse prevention and early intervention programming should be driven by data-informed decisions. Communities and schools embarking upon substance misuse prevention and early intervention need to identify sources of data to measure and analyze the risk and protective factors in their community and then design programs that match the problems and reflect the opportunities represented in the analysis. New surveys or changes to existing surveys may be needed to measure underlying risk and protective factors. Communities need tools and technical assistance to move toward data-informed decisions (e.g., knowledge of the evidence-base, diagnostics to assess readiness for change and community context and methods to match solutions to problems).

Building the evidence base and supporting innovation are both important to tackle all components of the substance use disorder spectrum. Funding should support innovation as well as evidence-based programs. For example, in Baltimore agents of change have been trained as ambassadors that assess school climate by doing a climate walk in the school. They develop a plan to improve school climate that is incorporated into the school improvement plan. Evaluation should include real-time improvement of programs like this and others, to continue building the evidence on how to prevent substance misuse through school-based interventions. Collaborative assessment and evaluation systems can support continuous quality improvement.

Common measures between education and health are critical building blocks of progress. Data integration across sectors may be required to build cross-sector metrics such as chronic absenteeism. Privacy regulations in both the education and health sectors can create real or perceived barriers to data sharing, yet these barriers can be overcome if local systems get the technical assistance they need and persist to develop data-sharing agreements.

Policy and Systems Changes to Support Implementation, Scalability and Long-term Sustainability of Substance Misuse Prevention and Early Intervention Programs

1. **Make the case for action**

Substance misuse prevention efforts need to start early in life. Proven interventions can begin as early as pre-school. Furthermore, evidence-based interventions that help teachers manage classroom behavior can prevent or delay initiation of substance misuse, so school-based efforts can help achieve academic goals while also preventing substance misuse.

2. **Identify and disseminate solutions**

Federal and state governments should increase support for education about what works to prevent and intervene early in substance misuse prevention. There is a need for investment in new channels of dissemination to reach target audiences in schools and communities, as well as parents, civic and community leaders and policymakers.

Continued research is needed to build the evidence base and evaluate innovative demonstrations.

3. **Support a collective impact intervention model**

Evidence shows that local, multi-sector coalitions are central to integration of school-based efforts with broader community efforts. Engagement of a wide range of stakeholders helps garner support, both financial and political.

New coalitions are not necessarily needed; school-based substance misuse prevention efforts can be built onto and integrated with existing youth development efforts in a community.

Coalitions need expert technical assistance and support to implement quality programs comprised of evidence-based interventions. Support is also needed for sustainability planning and scale up. As described in detail below, state-level structures can provide the support local coalitions need to succeed.

Public and private grants should require and support coalitions. For example, the federal Drug Free Communities program requires a coalition engaging 12 different sectors at a minimum.

4. **Identify options for financial sustainability**

Funding for substance misuse prevention and early intervention, as well as broader youth development efforts, has been difficult to sustain over time. Programs have had to braid a variety of funding sources together. There is a need for more stable and sustained funding that supports a long-term commitment to effective, ongoing evidence-based programs.

Public and private grant programs should provide the flexibility and support to braid or blend multiple funding streams. Federal grants should require and support sustainability planning from the start, with diversification of sources being a key strategy. However difficult, braiding of diverse funding streams is a key strategy for long-term sustainability. Modeling this at the federal level, key federal agencies should jointly develop an initiative to promote braided funding to spread evidence-based prevention and early intervention programs that have impacts in multiple sectors. Braiding requires flexibility from funders in approaches and reporting. Different approaches or partnership opportunities might necessitate shifts in the evidence-based interventions and innovation should be supported.

Substance misuse prevention and early intervention programs are increasingly exploring and tapping into new funding sources. For example, health reform and attention to the social determinants of health has led to new funding opportunities, as has the increasing focus on programs that provide a social return on investment. Examples of these new funding opportunities include the following:

- Wellness Trusts are funding pools to invest in upstream prevention, based on the assumption that evidence-based prevention programs will improve health and savings will be realized by reducing utilization in the health care system. Wellness Trusts can support the braiding and blending of various funding streams to support a prevention initiative. For example, Massachusetts health plans and large hospital systems pay into a fund administered by the State Department of Public Health. This Trust was established as a component of the State's cost containment strategy. Competitive grants have been awarded for evidence-based community prevention strategies.
- Health insurance reimbursement and/or health care dollars can be used to support evidence-based substance misuse prevention and early intervention programs. For example, SBIRT is reimbursed by Medicaid in many states. Trillium Community Health Plan, a Coordinated Care Organization in Oregon, has dedicated $900,000 per year to implement the Good Behavior Game in local schools as well as other prevention initiatives. Substance misuse is a key issue impacting Medicaid beneficiaries and states should therefore consider requiring Medicaid managed care organizations (potentially through the request for proposal process or a performance improvement plan) to work with local schools and coalitions to implement evidence-based programs.
- Post health-reform, health care payment is moving from reimbursing from volume of services provided (fee-for-service) to reimbursing for value (improved health outcomes and lower costs for a population). A key aspect of this change is shifting risk to providers, giving them responsibility for keeping a population healthy, rather than just treating them when they become sick. This is clearly an opportunity for prevention. These changes are driving insurers and providers to invest more in upstream prevention, as exemplified by Trillium's investment in the Good Behavior Game.

- Accountable Health Communities (AHCs) are multi-payer, multi-sector alliances of the major healthcare systems, providers, and health plans, along with public health, key community and social services organizations, schools, and other partners serving a particular geographic area. An AHC is responsible for improving the health of the entire community, with particular attention to achieving greater health equity among its residents.[v] Substance misuse programs should be part of or connected to broader youth development or community health efforts. AHCs are potential models for delivering, coordinating and funding substance misuse efforts.
- Hospital community benefit programs[vi] are beginning to focus on substance misuse, since many have identified the issue as a high priority in their community during the recent round of federally-mandated community health needs assessments.
- Pay for success is another potential source of capital to scale up successful programs. In pay for success, private investors fund preventive or interventional services up front. Should these services deliver their intended results (such as reducing the prevalence of substance misuse), governments then reimburse the investors with a return on their investment, while saving money on what they otherwise would have spent (e.g., for substance misuse services). Connecticut is currently considering a pay for success contract to improve the outcomes of children and families involved in the child welfare system who are also impacted by substance abuse disorder.
- Delegation of sin taxes, such as those from legalized marijuana, alcohol or tobacco sales, is another source of funding for substance misuse prevention and early intervention.

In addition to financial support, there are opportunities to make systems changes in education, health and other sectors to support scalability and sustainability of high quality evidence-based interventions and programs.

- Training can be embedded into teacher/administrator education and professional development.
- SBRIT should be incorporated as a routine screening practice in middle and high schools, along with other regular screenings, and should be adopted as part of a continuum of wellbeing screenings that start in early childhood and continue through youth.

5. **Build a prevention system that includes capacity for continuous quality improvement**

If there is no existing capacity, new state-level structures may be needed to support the tools, training and technical assistance research shows as essential to build and scale high quality programs. Capacity might also already exist; training and technical assistance entities that work on other prevention areas could be expanded. These expert entities would play a key role in assuring fidelity of implementation so the evidence base can grow, at the same time assuring adaptability to specific communities or schools. These support structures could also fulfill critical functions such as: dissemination of the evidence on what works and the evolution of the

science; data collection and analysis; selection of evidence-based practices based on analysis of community and school-level risk and protective factors; research and evaluation; and, could provide a continuous improvement learning collaborative.

At the federal level, programs and grants across agencies should be coordinated to be mutually reinforcing and integrated through the National Prevention Council or other similar mechanisms – to cut down on bureaucracy and leverage resources. Federal programs should require grantees to: adopt and effectively implement evidence-based programs; collaborate with multiple sectors; garner state, local and/or private matching resources; and, evaluate and continuously improve their programs. Federal programs should support the development (if needed) and maintenance of a state-level backbone organization to support local grantees. In addition, federal programs should support opportunities for training around the implementation of systems necessary for the sustained quality implementation of evidence-based programming and networking of state-level prevention efforts.

This capacity could be built over time if federal awards required this type of sustainability infrastructure as a condition of funding. The state prevention systems must be built to minimize geographic disparities, allowing all areas of the country to benefit. Networking state systems and state capacity-building could be supported to address a variety of health issues and conditions. If the mission went beyond substance misuse, or built on other prevention infrastructure, funding could potentially be repurposed based on priority shifts. Supporting the positive development of strong children through prevention and early intervention can be achieved through different doors, in addition to substance misuse. Substance misuse prevention efforts should be integrated into broader place-based youth development initiatives.

Conclusion

Tackling substance misuse will require an increased focus on youth development. There is ample evidence on how to prevent and intervene early. The challenge is disseminating the evidence, putting it into practice and sustaining successful efforts. Schools are an important setting for prevention and early intervention, particularly because interventions proven to reduce substance misuse also improve academic outcomes. Solutions require multi-sector collaborations and coalitions involving schools and communities. Local coalitions need technical assistance and support to match evidence-based interventions to local needs, measure outcomes and sustain and spread successful programs. Federal support and flexibility is needed to support the braiding of multiple funding streams to sustain these multi-sector efforts. The evidence exists on what works, and there are models for how to support the coalitions needed to implement these solutions. Increasing the availability of technical assistance to support local substance misuse prevention efforts could greatly enhance the spread of evidence-based practices in schools and communities.

Substance Misuse Working Group Co-Chairs

Jeffrey Levi
Executive Director
Trust for America's Health

Rochelle Davis
President and CEO
Healthy Schools Campaign

Substance Misuse Working Group Participant List

Kareemah Abdullah
Vice President of Training Operations
Community Anti-Drug Coalitions of America
Director, National Community Anti-Drug Coalition Institute

Olga Acosta Price
Director, The Center for Health and Health Care in Schools
The George Washington University Milken Institute School of Public Health

Kat Allen
Coalition Chair
Franklin County Communities that Care Coalition

Richard Ancona
Council on School Health Member
American Academy of Pediatrics

Amelia Arria
Associate Professor and Director
Department of Behavioral and Community Health,
Center on Young Adult Health and Development
University of Maryland

Carmen Ashley
Lead Health Education Specialist
Centers for Disease Control and Prevention, Division of Adolescent and School Health

Nazleen Bharmal
Director of Science and Policy
Office of the Surgeon General, OASH

Lindsey Browning
Policy Analyst
National Association of Medicaid Directors

Brian Bumbarger
Founding Director, EPISCenter
Assistant Director for Knowledge Translation and Dissemination
Edna Bennett Pierce Prevention Research Center, Penn State University

Sean Clarkin
Director of Programs
Partnership for Drug-Free Kids

Tom Coderre
Senior Advisor to the Administrator
Substance Abuse and Mental Health Services Administration

Tim Condon
Research Professor
Center on Alcoholism, Substance Abuse and Addictions
University of New Mexico

Nathaniel Counts
Senior Policy Associate
Mental Health America

Kirstin Craciun
Director of Community Outreach
The Center for Health Affairs

Alice Dembner
Project Director, Substance Use Disorders
Community Catalyst

Jannette Dupuy
Bureau of Primary Health Care Behavioral Health Lead
Health Resources and Services Administration

Evan Elkin
Executive Director
Reclaiming Futures

Alexa Eggleston
Senior Program Officer
Conrad N. Hilton Foundation

Erima Fobbs
Consultant for Health
National Association of State Boards of Education

Jessica Garcia De Paz
Assistant Director, Collegiate Recovery Development
Transforming Youth Recovery

Ivana Grahovac
Executive Director
Transforming Youth Recovery

Shannon Gwin Mitchell
Senior Research Scientist
Friends Research Institute, Inc.

Kevin Haggerty
Professor and Director
University of Washington, Social Development Research Group
School of Social Work, University of Washington

Rick Harwood
Deputy Executive Director/Director of Research and Program Applications
NASADAD

Ken Hopper
Western Regional Vice President and Behavioral Health Medical Director, Government Business Division
Anthem

Van Ingram
Executive Director
Kentucky Office of Drug Control Policy

Kayla Jackson
Project Director
AASA -The Schools Superintendents Association

Ayanna Johnson
Health Administration Fellow, OASH
Office of the Surgeon General

Rebecca King
School Nurse/Board of Directors
National Association of School Nurses

Jacqueline Lloyd
Deputy Branch Chief/Health Scientist Administrator
Prevention Research Branch
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse/National Institutes of Health

Kristy Miller
Deputy Director of Innovation and Outreach
Community Anti-Drug Coalitions of America

David Mineta
Deputy Director
White House Office of National Drug Control Policy

Rob Morrison
Executive Director
National Association of State Alcohol/Drug Abuse Directors

Ronn Nozoe
Deputy Assistant Secretary
U.S. Department of Education

Shawn Olsen
Juvenile Court Officer
State of Iowa, Third Judicial District, Juvenile Court Services

Chelsea Prax
Senior Associate, Children's Health, Safety and Well-being
American Federation of Teachers

Kitty Purington
Project Director
National Academy for State Health Policy

Jane Sanville
Senior Policy Analyst and Chief of the Prevention Branch
Office of National Drug Control Policy

Megan Sambolt
Researcher, Education Program
American Institutes for Research

Jamila Sams
Program Director
Mentor Foundation

John Schlitt
President
School-Based Health Alliance

Belinda Sims
Health Science Administrator
National Institute on Drug Abuse

Richard Spoth
Director
Partnerships in Prevention Science Institute
Iowa State University

Joaquin Tamayo
Special Assistant, Elementary and Secondary Education
U.S. Department of Education

Karen Van Landeghem
Senior Program Director
National Academy for State Health Policy

Rob Vincent
Public Health Advisor
Substance Abuse and Mental Health Services Administration

Ken Winters
Director
Winters Consulting Group
Former Founder and Advisor
Center for Adolescent Substance Abuse Research, University of Minnesota

Stephanie Zaza
Director
Centers for Disease Control and Prevention, Division of Adolescent and School Health

Substance Misuse Working Group Staff

Anne De Biasi
Director of Policy Development
Trust for America's Health
adebiasi@tfah.org

Abby Dilley
Vice President of Program Development
Resolve
adilley@resolv.org

Sherry Kaiman
Strategic Partner
Resolve
sherrykaiman@verizon.net

Kim Hawkins
Policy Development Associate
Trust for America's Health
khawkins@tfah.org

Alejandra Martin
Health Policy Research Manager
Trust for America's Health
amartin@tfha.org

Alex Mays
Senior Policy Analyst
Healthy Schools Campaign
alex@healthyschoolscampaign.org

Becky Salay
Director of Government Relations
Trust for America's Health
bsalay@tfah.org

Laura Segal
Director of Public Affairs
Trust for America's Health
lsegal@tfah.org

[i] Compton, W. Drug Abuse/Addiction Prevention: Good for Educational Outcomes? Academic Achievement Forum. June 10, 2014.

[ii] Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders. National Institute on Drug Abuse. Second Edition, 2003. https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

[iii] Ringwalt, C, Vincus AA, Hanley S, Ennett ST, Bowling JM, and LA Rohrbach.The prevalence of evidence-based drug use prevention curricula in U.S. middle schools in 2005**.** Prevention Science, 10 (2009), pp. 33-40.

[iv] Kania, J, Hanleybrown, F and J. Splansky Juster. Essential Mindset Shifts for Collective Impact. Stanford Social Innovation Review Supplement, Fall 2014. http://collectiveinsights.ssireview.org/

[v] Cantor, J, Tobey, R, Houston, K and E Greenberg. Accountable Communities for Health: Strategies for Financial Sustainability. JSI Research & Training Institute, Inc. http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=15660&lid=3

[vi] The Internal Revenue Service (IRS) requires non-profit hospitals to meet certain requirements to retain their non-profit status and some states have additional requirements. Hospitals must conduct programs or activities to address community need.