



**2024 HIDTA PREVENTION SUMMIT**

# **SCHOOL-BASED PREVENTION**

**PILLARS,  
PRINCIPLES, &  
OPPORTUNITIES  
FOR ENGAGEMENT**

# **RESOURCE SUPPLEMENT**

**October 3, 2024**



**ADAPT**  
A Division for Advancing  
Prevention & Treatment  
CULTIVATING PREVENTION

# 2024 HIDTA PREVENTION SUMMIT

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2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## WELCOME & OPENING REMARKS

**Shannon Kelly**

Director, National HIDTA Program

**Jayme Delano**

Deputy Director, National HIDTA Program

**Jeff Beeson**

Executive Director, Washington/Baltimore HIDTA

**Lora Peppard, PhD, DNP, PMHNP-BC**

Director, ADAPT

Deputy Director for Treatment & Prevention, W/B HIDTA

# PRESENTER BIO

## Shannon Kelly



Shannon Kelly currently is an Assistant Director with the Office of National Drug Control Policy (ONDCP) and the National High Intensity Drug Trafficking Area (HIDTA) Director. Ms. Kelly has been with the HIDTA Program since 2012 and, from 2015 through 2018, served as its Deputy Director. Prior to joining the National HIDTA Program, Ms. Kelly spent two years on assignment to the Office of the ONDCP Director where she oversaw the Delivery Unit, a team charged with implementing the National Drug Control Strategy and monitoring the progress on more than 140 action items. Ms. Kelly previously worked as a policy analyst in ONDCP's Office of Research and Data Analysis where she oversaw numerous research projects and led interagency initiatives focused on emerging drug-related threats.

Ms. Kelly has more than 21 years of counterdrug experience and worked previously for the U.S. Department of Justice, and National Drug Intelligence Center as a liaison to the Drug Enforcement Administration and ONDCP. She earned a BA from the University of Pittsburgh at Johnstown and an MA degree from the University of South Carolina.

# PRESENTER BIO

## Jayme Delano



Jayme Delano has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.

# PRESENTER BIO

## Jeff Beeson



W/B HIDTA Executive Director Jeff Beeson oversees the administration of the W/B HIDTA program, including the budget, threat assessment and strategy, training, the Overdose Detection Mapping Application Program (ODMAP), as well as direct oversight of the Overdose Response Strategy. He previously served as deputy director of the Washington/Baltimore HIDTA for eight years.

Prior to joining the W/B HIDTA, Executive Director Beeson served as assistant vice president for applied research at Towson University, overseeing a portfolio of state and federal grants and contracts supporting workforce and public safety initiatives. He was appointed to several positions within Maryland state government, including the Maryland Department of Public Safety. Director Beeson began his career as a staffer to U.S. Senator Barbara A. Mikulski of Maryland.

# PRESENTER BIO

## Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Director of ADAPT, a national training and technical assistance division for substance use prevention for the National High Intensity Drug Trafficking Area (HIDTA) Program out of the Office of National Drug Control Policy. She also serves as the Executive Director of the Center for Advancing Prevention Excellence at the University of Baltimore, President of the American Psychiatric Nurses Association, and Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA. Dr. Peppard has over 20 years of clinical experience as a psychiatric nurse practitioner. She has led multiple federally funded grants and developed system-wide strategies to address substance use and behavioral health needs across a variety of populations. Dr. Peppard has authored several publications and serves as a community, state, national, and international consultant on substance use and behavioral health prevention.

# Welcome & National Drug Priorities

## 8:30 – 9:00 am ET

### OPENING REMARKS

**Shannon Kelly**

Director, National HIDTA Program

**Jayne Delano**

Deputy Director, National HIDTA Program

**Jeff Beeson**

Executive Director, Washington/Baltimore HIDTA

**Lora Peppard, PhD, DNP, PMHNP-BC**

Director, ADAPT

### NATIONAL DRUG PRIORITIES

**Rahul Gupta, MD, MPH, MBA**

Director, Office of National Drug Control Policy

[www.hidta.org/adapt](http://www.hidta.org/adapt)



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## HOUSEKEEPING

- General Zoom operations
- Navigating your screen
- Logging on to each session
- Resource Supplements
- Evaluations
- CEs & Certificates

[www.hidta.org/adapt](http://www.hidta.org/adapt)



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*We cannot always build the future for our youth,  
but we can build our youth for the future.*

—Franklin D. Roosevelt

[www.hidta.org/adapt](http://www.hidta.org/adapt)



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## MAIN MESSAGES

1. School-community collaborations build capacity for school-based prevention efforts.
2. Synergies exist among prevention strategies addressing shared substance use, mental health, violence, and academic outcomes in youth.
3. Awareness of the true positive norms related to youth substance use can protect against onset or escalation of use.
4. Positive childhood experiences promote youth flourishing and can have a lifelong impact on well-being, mitigating the effects of adverse life events.

[www.hidta.org/adapt](http://www.hidta.org/adapt)



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# ADAPT: A Division for Advancing Prevention & Treatment

## Mission

The mission of ADAPT is to support integration of the best available evidence for substance use prevention into communities by advancing mindsets, knowledge, and skills.

## Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Prepare future Public Health/Public Safety workforces through engagement in substance use prevention activities.

## HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

## Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of the Best Available Evidence in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Communication
9. Systems Development
  - Infrastructure
  - Assessment

## Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

## Contact Us

For more information, email us at [adapt@wb.hidta.org](mailto:adapt@wb.hidta.org) or reach out to Dr. Lora Peppard at [lpeppard@wb.hidta.org](mailto:lpeppard@wb.hidta.org).

## Connect with Us

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.



Like our Facebook page today @ <https://www.facebook.com/ADAPT-100681361632663/>



Follow our LinkedIn Company page for the latest insights and updates @ <https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment>



Follow us on Twitter @ [https://twitter.com/ADAPT\\_CDPP](https://twitter.com/ADAPT_CDPP)



Subscribe to our YouTube channel for informative video content @ [https://www.youtube.com/channel/UCbxhs3Kx69\\_OfAMw628PO7w/](https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/)

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and our quarterly newsletter, subscribe below:

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**ADAPT**  
A Division for Advancing  
Prevention & Treatment  
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# ADAPT

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# PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.



<https://www.hidta.org/adapt/prevention-intervention-resource-center/>

# COME LEARN WITH US!

*Announcing the*

## HIDTA PREVENTION LEARNING MANAGEMENT SYSTEM



[adaptlms.hidta.org](http://adaptlms.hidta.org)

### GET STARTED WITH THE 1ST COURSE TODAY!

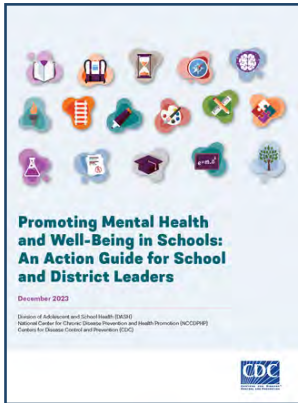
#### Substance Use Prevention Fundamentals

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.



# RESOURCES

## CDC's Promoting Mental Health and Well-Being in Schools



Access the guide [HERE!](#)

## Overdose Response Strategy



Learn more [HERE!](#)

# OVERDOSE RESPONSE STRATEGY

The Overdose Response Strategy is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.



## COLLABORATE ACROSS PUBLIC HEALTH AND PUBLIC SAFETY SECTORS

The ORS is implemented by teams made up of **Drug Intelligence Officers** and **Public Health Analysts**, who work together on drug overdose issues within and across regions, sectors and states.



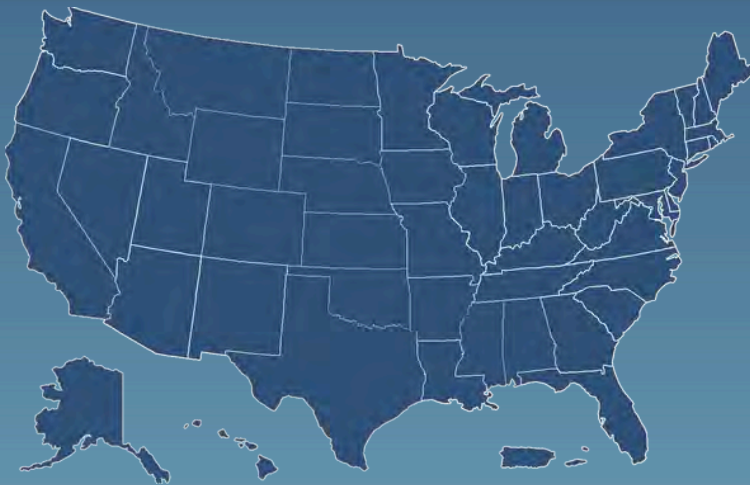
## SHARE DATA, INSIGHTS AND TRENDS RELATED TO DRUG OVERDOSE ISSUES IN OUR COMMUNITY

By sharing information across sectors, the ORS is growing the body of evidence related to **early warning signs** and **prevention strategies**.



## INFORM & HELP LOCAL COMMUNITIES DEVELOP SOLUTIONS TO REDUCE OVERDOSE

With the information shared, and programs inspired by the ORS, we are **helping communities** and individuals make **healthier, safer choices**.



PHA and DIO positions



Scan this QR code to find and connect with an ORS team near you!

To learn more visit [www.ORSprogram.org](http://www.ORSprogram.org)

Funded by the Office of National Drug Control Policy and the Centers for Disease Control and Prevention



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## NATIONAL DRUG PRIORITIES

**Rahul Gupta, MD, MPH, MBA**

Director, Office of National Drug Control Policy



# PRESENTER BIO

## Rahul Gupta, MD, MPH, MBA



Rahul Gupta, MD, MPH, MBA, FACP, is the first medical doctor to serve as the Director of National Drug Control Policy and lead the Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President. ONDCP coordinates the nation's \$40 billion drug budget and federal policies, including prevention, harm reduction, treatment, recovery support, and supply reduction.

Through his work as a physician, a state and local leader, an educator, and a senior leader of a national nonprofit organization, Dr. Gupta has dedicated his career to improving public health and public safety.

A board-certified internist, Dr. Gupta has been a practicing primary care physician for more than 25 years and has served in private practice and public health in towns as small as 1,900 residents and cities as large as 25 million. He has served as a local public health official and as the West Virginia Health Commissioner under two governors, where he brought together public health, law enforcement, healthcare, faith-based, business, and other community partners to solve local problems in novel and innovative ways. As the state's Chief Health Officer, he led the opioid crisis response and launched a number of pioneering public health initiatives, including the Neonatal Abstinence Syndrome Birthscore program to identify high-risk infants, and the groundbreaking statewide Social Autopsy, which examined the lives of overdose victims to determine the factors that led to their deaths and what services could have prevented their deaths. This led the state to expand access to naloxone as well as treatment services including those for incarcerated individuals in order to save lives and help people transition back into society. He supported the expansion of harm reduction programs to more than a dozen sites across the state. He was also instrumental in expanding state-of-the-art, comprehensive, and integrative medical and behavioral health programs for pregnant and postpartum women.

His lifelong commitment to educating the next generation of physicians and policymakers has led him to hold academic appointments throughout his career including as a clinical professor in the Department of Medicine at Georgetown University School of Medicine and as visiting faculty at the Harvard University T.H. Chan School of Public Health. Additionally, his passion for global health led him to join the

# PRESENTER BIO

## Rahul Gupta, MD, MPH, MBA

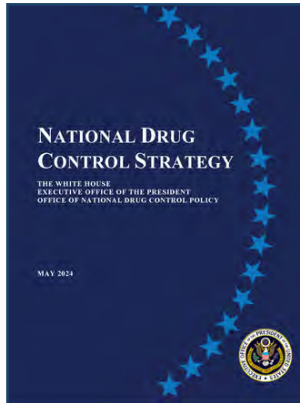
March of Dimes as Chief Medical and Health Officer and Senior Vice President, where he provided strategic oversight for the organization's domestic and global medical and public health efforts.

Dr. Gupta is a national and global thought leader and a driver of innovative public policies who practices what he preaches. He is a buprenorphine-waivered practitioner, providing medication-assisted treatment for people with opioid use disorder. He has been recognized for his career of public service by the American Medical Association, the American Public Health Association, and *Governing Magazine*, which named him their Public Health Official of the Year in 2018. Additionally, the Pulitzer Prize-winning *Charleston Gazette-Mail* named him as one of its West Virginians of the Year in 2017 for his service to the state.

The son of an Indian diplomat, Rahul was born in India and grew up in the suburbs of Washington, D.C. At age 21, he completed medical school at the University of Delhi followed by subspecialty training in pulmonary medicine. He earned a master's degree in public health from the University of Alabama-Birmingham and a global Master of Business Administration degree from the London School of Business and Finance. He is married to Dr. Seema Gupta, a physician in the Veterans Administration for over a decade. They are the proud parents of identical twin sons, Arka and Drew.

# RESOURCES

## National Drug Control Strategy



Access the strategy

[HERE!](#)



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## KEYNOTE PRESENTATION – THE POSITIVITY PARADOX: PRIORITIZING POSSIBILITIES TO PROMOTE POSITIVE YOUTH EXPERIENCES AND FLOURISHING

**Christina Bethell, PhD, MBA, MPH**

Professor, Johns Hopkins University

School of Public Health & School of Medicine

Director, Child and Adolescent Health Measurement Initiative

# PRESENTER BIO

## Christina Bethell, PhD, MBA, MPH



Christina Bethell (she/her) is a professor at Johns Hopkins University in the Bloomberg School of Public Health and School of Medicine. Her research focuses on building and translating the science of healthy development to promote early and lifelong health of children, youth, families, and communities. With roots in national and state healthcare policy, financing reform and delivery system redesign to promote whole child and family health and integrated services, Dr. Bethell is the founding director of the Child and Adolescent Health Measurement Initiative which since 1996 has worked to promote early and lifelong health of children, youth and families

through family-centered data, tools and research to drive systems change and child health equity.

She has developed and advanced to national and state use an array of child and family health measures addressing the social and relational roots of well-being and the quality of the healthcare systems and structures that influence child and family well-being. This includes nationally and internationally used measures of the Family Centered Medical Home, Adverse Childhood Experiences, Positive Childhood Experiences, Family Resilience and Connection, Child Flourishing, and the Whole Child Risk Index. Her research has shaped policies regarding adverse childhood experiences, and relational health promotion, including providing testimony to the US House Committee on Oversight and Reform on identifying, preventing, and treating childhood trauma, informing the American Academy of Pediatrics relational health policy statement and the design of the Engagement In Action (EnAct!) Framework to catalyze integrated relational systems of care to promote child, youth, and family well-being. She earned an M.B.A. and an M.P.H. from the University of California, Berkeley, and a Ph.D. in public policy and health services research and policy from the University of Chicago. She dances, writes poetry, and believes the authentic connection with ourselves, others and life is the source of our creativity and joy.

# RESOURCES

## Launching Lifelong Health by Improving Health Care for Children, Youth, and Families



[Learn more \*\*HERE!\*\*](#)

# From Awareness to Action

## The Positivity Paradox

Prioritizing Possibilities for Youth Flourishing “Through Every Door” and “In Every Encounter”



Christina Bethell, PhD, MBA, MPH



1

*If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.*

*Antoine de Saint Exupéry, 1900-1944 Author*

I have no financial relationships to disclose or conflicts of interest to resolve.



Child and Adolescent Health Measurement Initiative

2



## My Aim

Translate the science of youth development, healing and thriving into practice, policy and culture

Advances in the sciences of human development and healing create unprecedented opportunities to proactively advance youth and population well-being.

**We are the Medicine.  
Healing is Prevention.**



3

### THE ACE PYRAMID And how to get off of it

THE CHALLENGE

Early death  
and/or  
Reduced quality  
of life

SOLUTIONS

OUTCOMES

Disease, disability, social problems  
and/or  
Adoption of risky coping behaviors

Disruptions of neurodevelopment,  
physiology and genetics

Prolonged activation of the body's stress response system  
and/or  
Lack of opportunities to support well-being

Adverse Childhood Experiences  
and/or  
Other significant stressors

Protective Factors & Risk Factors  
Individual, family, community, structural, intergenerational, historical

#### External environment

- Prevent/address ACEs and other stressors
- Enhance protective factors
- Increase opportunity
- Improve structural factors

#### Internal biology

- Calm the stress response
- Address disruptions of neurodevelopment, physiology, and genetics

Longer life  
&  
Improved  
quality of life

4



## Our Best Science: We Are the Medicine



**Ours is a social brain. Safe, stable, nurturing relationships, emotional awareness and mindfulness skills are a matter of public health—and can be learned!**

**....and---you can't go to good places with your body, without having the experience of mattering, belonging and feeling safe**

**“You can not go good places with your mind if you can't go good places with your body.”  
Stephen Porges, PhD**

*Professor Emeritus, University of Illinois at Chicago, Director, Brain Body Center in the Department of Psychiatry, Author: [The Polyvagal Theory](#)*

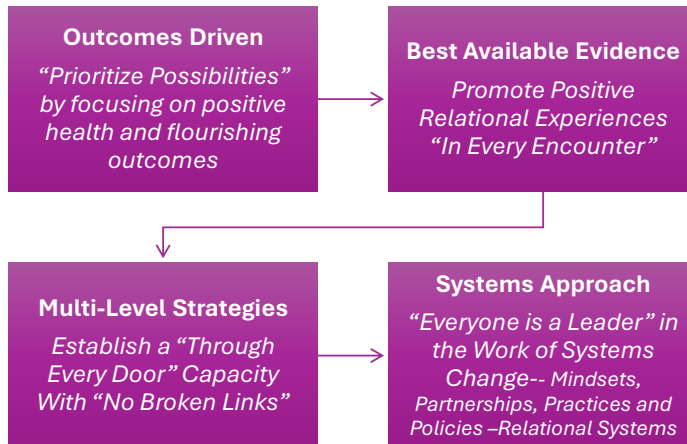
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## Learning Objectives

1. Learn about the flourishing paradigm and the science and perspectives needed to implement a positive construct of health in the context of preventing youth substance abuse and promoting school engagement.
2. Recognize and address The Positivity Paradox by prioritizing strategies that proactively engage youth around the difficulties they face as a portal to foster flourishing, build on strengths, lift hope and make positive life choices.
3. Reflect on levers for creating the inner and outer ecosystem critical to advancing the mindsets, partnerships, practices and policies essential to translate the science of flourishing and relational health, including the well-being of the adults working with youth and across system partners.

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## Some Simple Rules for Promoting Flourishing Aligned With School Based Prevention Principles



**Simple Rules:** Prioritize Possibilities; In Every Encounter; Through Every Door; No Broken Links; Everyone A Leader

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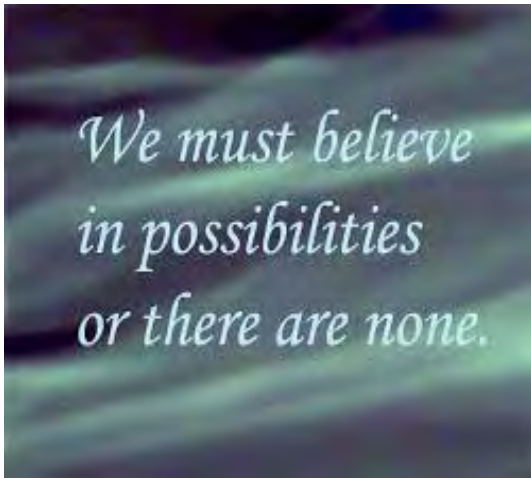
## Start Where We Want to End Up



## The Flourishing Paradigm

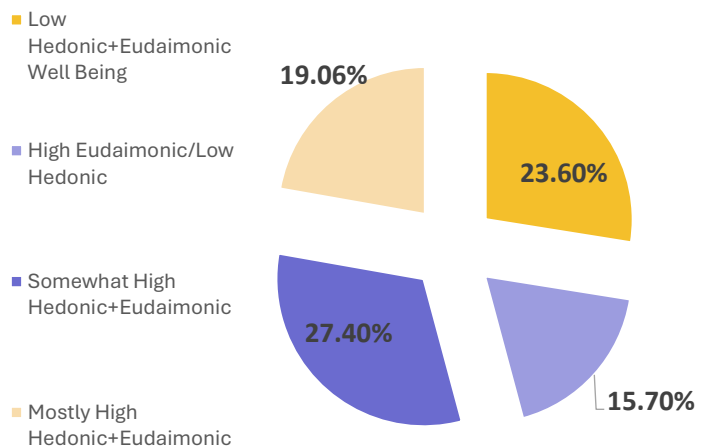
*Flipping the narrative to proactively promote positive health and healing –the absence of the negative (risk, illness) is not the same as the presence of well-being and flourishing.*

8



- Where do you see human flourishing in your life?
- What are attributes of flourishing?
- Is human flourishing an important public health opportunity?
- What is required to promote flourishing?

### Proportion of US Adults Midlife In the US Longitudinal Survey



> | Happiness Stud. 2021 Jun;22(5):2275-2297. doi:10.1007/s10902-020-00325-6. Epub 2020 Oct 13.

**An Integrated Look at Well-Being: Topological Clustering of Combinations and Correlates of Hedonia and Eudaimonia**

Marta G Pancheva<sup>1</sup>, Carol D Ryff<sup>2</sup>, Mauro Lucchini<sup>3</sup>

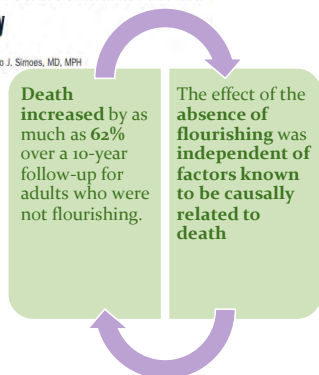
Affiliations + expand

PMID: 34326680 PMCID: PMC8315113 (available on 2022-06-01)

DOI: 10.1007/s10902-020-00325-6

## To Flourish or Not: Positive Mental Health and All-Cause Mortality

Cory L. M. Keyes, PhD, and Eduardo J. Simoes, MD, MPH



Schreiner-OJensen et al. BMC Psychology (2018) 4:12  
DOI: 10.1186/s12954-018-0191-2

BMC Psychology

RESEARCH ARTICLE

Open Access

Validation of the Flourishing Scale in a sample of people with suboptimal levels of mental well-being

- I lead a purposeful and meaningful life
- My social relationships are supportive and rewarding
- I am engaged and interested in my daily activities
- I actively contribute to the happiness and well-being of others
- I am competent and capable in the activities that are important to me
- I am a good person and live a good life
- I am optimistic about my future
- People respect me

### Salutogenesis--Study of Factors Supporting Well Being

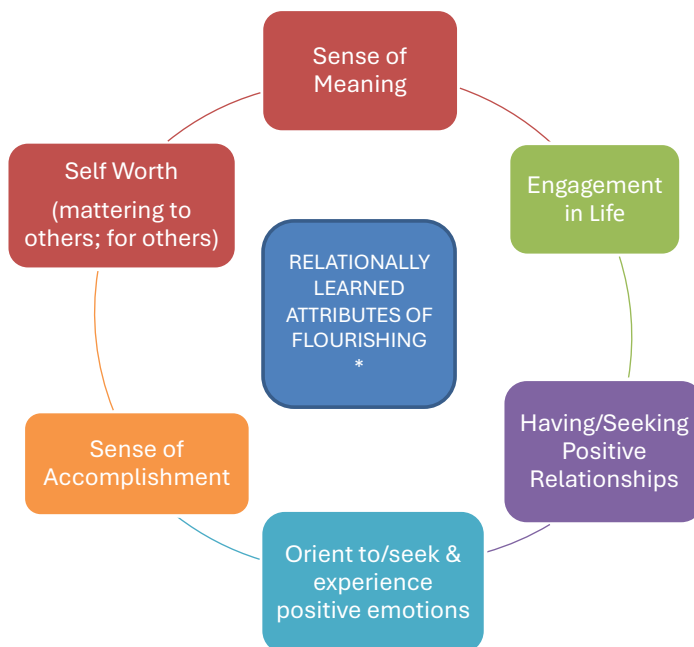
A strong **“sense of coherence”** (SOC) is associated with 30% reduced all-cause mortality (Surtees 2003)

**SOC: (1)** comprehensibility/sense making, **(2)** manageability, self regulation and **(3)** meaningfulness, finding meaning

11

Can We Flourish Amid Adversity?

Are You Flourishing In this Time?



C. Bethell March 26, 2021

\*Adapted from: Agenor C, Conner N, Aroian K. Flourishing: an evolutionary concept analysis. Issues Ment Health Nurs. 2017;38(11):915-923. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D, Oishi S, et al. New measures of well-being: Flourishing and positive and negative feelings. Social Indicators Research. 2010;39:247-266. Kern ML, Waters LE, Adler A, White MA. A multidimensional approach to measuring well-being in students: Application of the PERMA framework. J Posit Psychol. 2014;10(3):262-271.

12

### Poll #1:

Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today?

- |          |   |
|----------|---|
| 1. 0-1   | 1. Sense of meaning, purpose                    |
| 2. 2-3   | 2. Engaged in life                              |
| 3. 4-5   | 3. Positive relationships                       |
| 4. All 6 | 4. Positive emotions & orientation              |
|          | 5. Sense of accomplishment (at whatever level)  |
|          | 6. Sense of mattering (to other AND for others) |

C. Bethell March 26, 2021

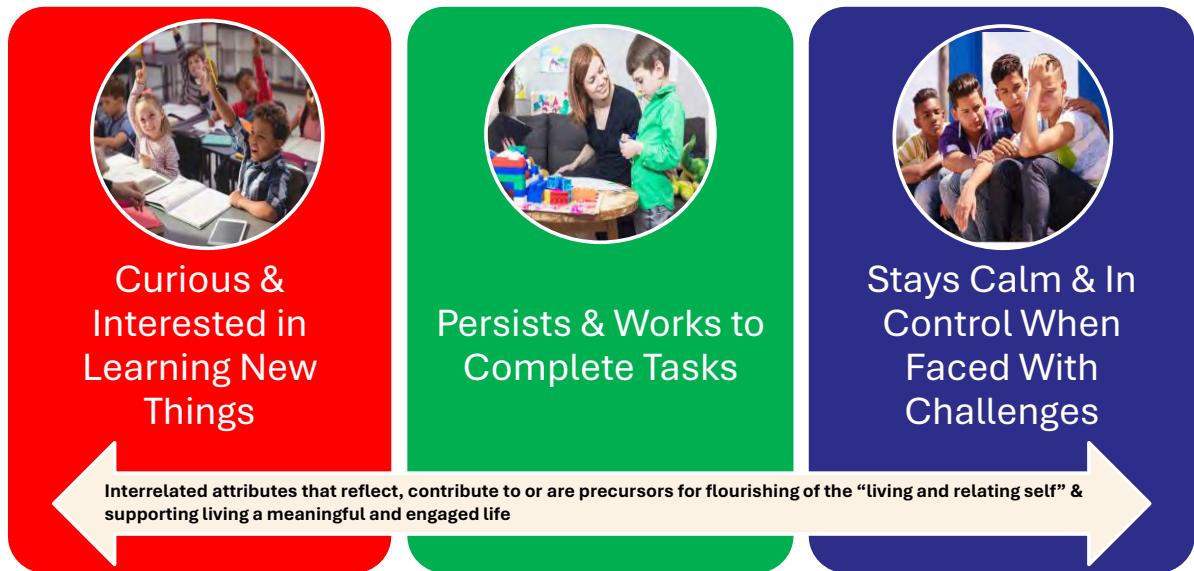
13



*Shining a light on  
flourishing is  
important for all  
youth in the US!*

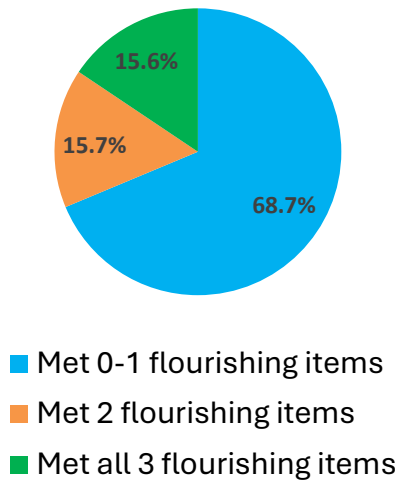
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Three Components of the Child Flourishing Index used in the National Survey of Children's Health

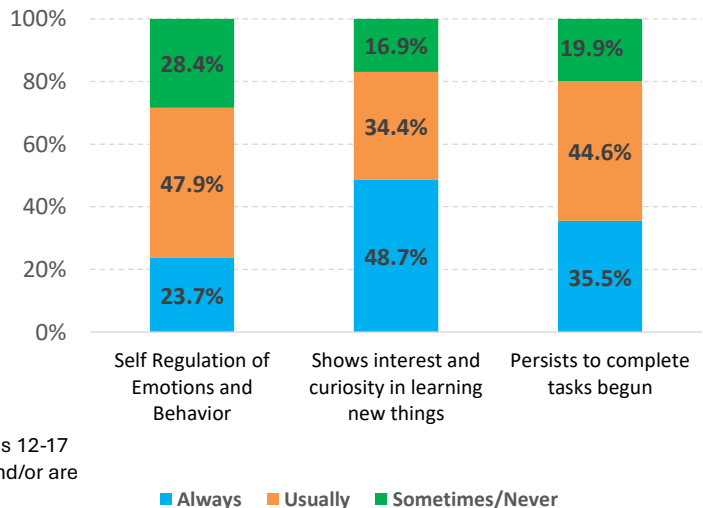


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Prevalence of Youth Ages 12-17 in the United States  
By Number of Flourishing Criteria Met (Always/Consistently)  
Data: 2022 National Survey of Children's Health



Prevalence by Individual Flourishing Items



**Related "Negative Health" Statistic:** 65% of youth ages 12-17 have 1+ chronic condition or mental health condition and/or are overweight or obese; 41% "Always" engaged in school.

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**National Outcome Measure: Percent of children, ages 6 through 17, who are flourishing**

Data Source: 2021-2022 National Survey of Children's Health

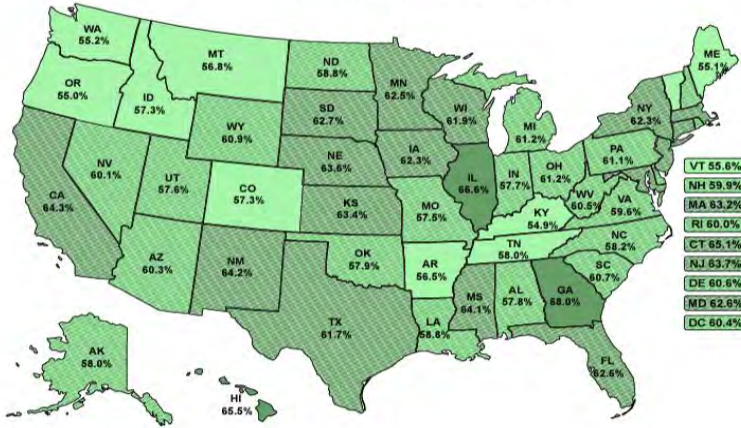
Nationwide: 61.5% of children met indicator

Range Across States: 54.9% to 68.0%

**Higher=better performance**

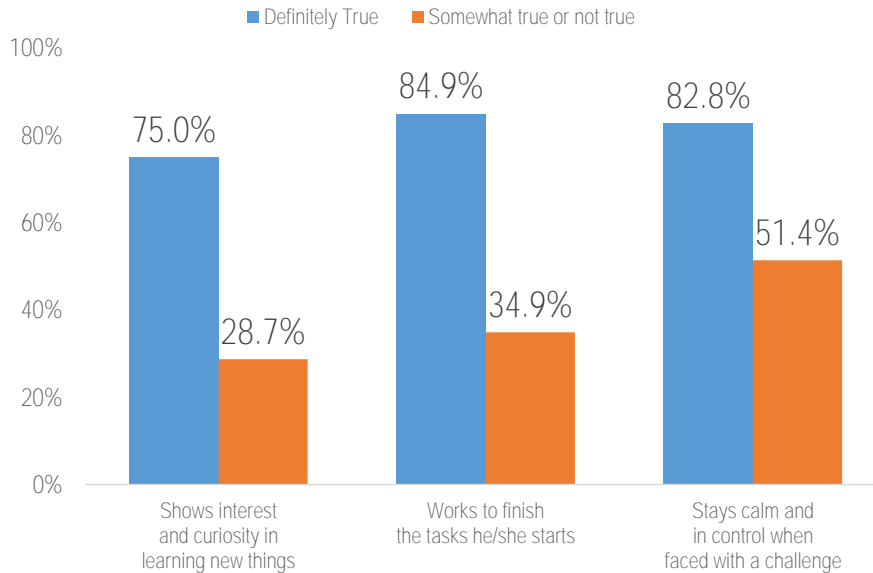
- Significantly higher than U.S.
- Higher than U.S. but not significant
- Significantly lower than U.S.
- Lower than U.S. but not significant

The significance of differences between state and national prevalence was assessed using a nested t-test at  $p < 0.05$



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

**Prevalence of school engagement among US school-age children, by Child Flourishing Index (CFI) individual items**



Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

## Gaps in Child Flourishing Narrow with Family Resilience and Connection

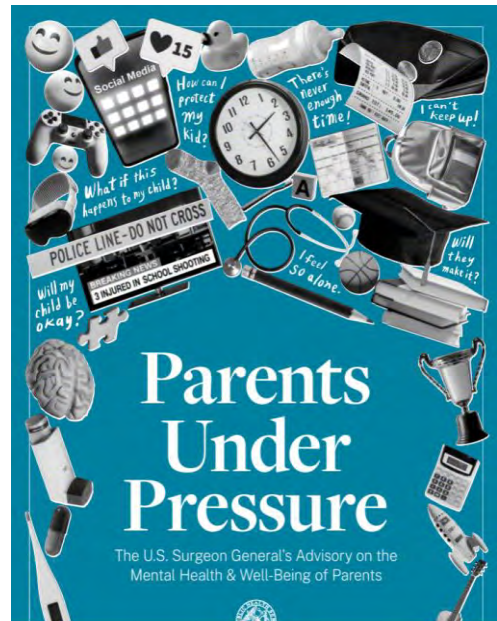
### Existing programs could increase thriving, even for children facing adversity, large study finds

Less than half of school-aged children in the U.S. are flourishing, according to a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health. However, children living in families with higher levels of resilience and connection are much more likely to flourish. This is true for children across levels of household income, health status and exposure to adverse childhood experiences.

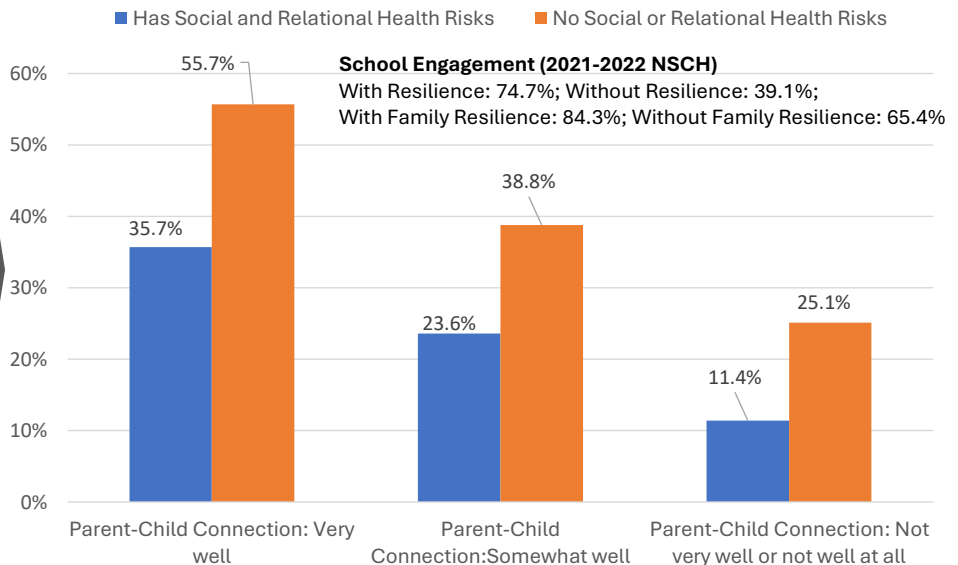
Citation: Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. Health Aff (Millwood). 2019 May;38(5):729-737. doi: 10.1377/hlthaff.2018.05425. PMID: 31059374.

### Family Resilience and Connection Index

- Know they have strengths to draw on during difficult times
- Stay hopeful even in difficult times
- Share ideas and talk about things that really matter
- Family reaches out and talks with each other when they face problems
- Family works together to solve problems (vs. ignoring problems)



Self-regulation and resilience skills among youth with mental health challenges is strongly associated with parent-child connection across all levels of social and relational health risks



Bethell, CD, Graner, AS, Blackwell, CK, Gombojav, N, Heller, L, Mendelson, T. Social and Relational Factors and Common Mental, Emotional and Behavioral Condition Among US Children. Child Adol Psychiatric Clinical of No Am. January 25, 2022



## Real Connection Requires Intentional Presence and Skills

### Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



BY PASCAL VRTICKA  
JANUARY 18, 2019

COMMENT 1

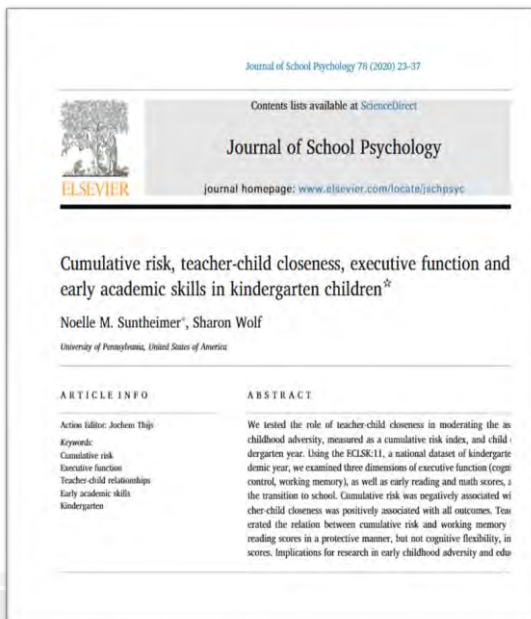


### Attunement and Connection Heals:

1. Our brain chemistry and nervous systems are measurably affected by others (**limbic resonance**);
2. Our systems synchronize with one another in a way that has profound implications for our health and functioning (**limbic regulation**);
3. Negative adaptive patterns can be modified through the practice of attuning to and sharing emotional experience in real time (**limbic revision**).

21

## Teacher-Child Closeness Mitigates Children's Cumulative Risks for Poor School Outcomes



### *Relational Wounding Requires Relational Healing*

*Reading, math, working memory, self regulation and cognitive flexibility scores declined with higher levels of cumulative risk, but teacher-child closeness moderated this negative association.*

Source: Suntheimer, N. Cumulative risk, teacher-child closeness, executive function and early academic skills in kindergarten children. November 2019

22

Prevalence of School Age Children With Above Average Quality of Life By Experience of Being Heard By Family and Teachers  
(In Press British Medical Journal; Yamaguchi, Bethell)

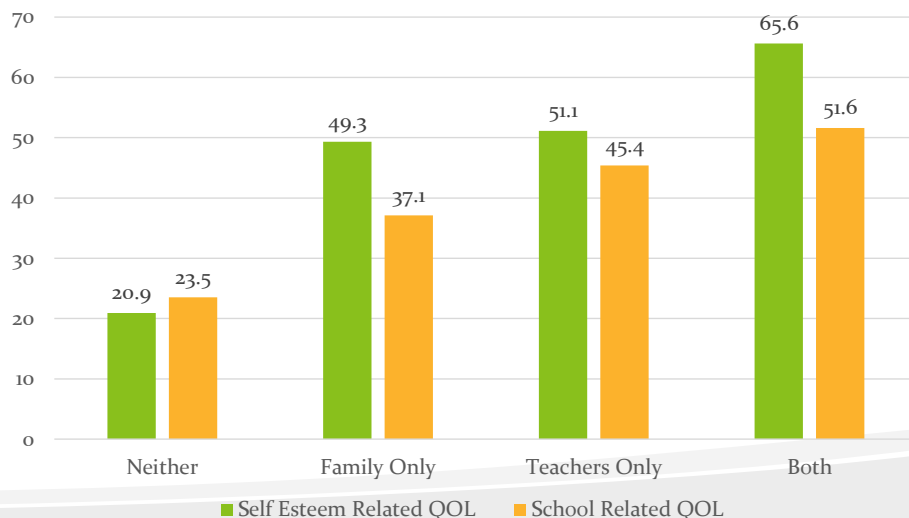
**BEING HEARD METRIC**

1) “My family/teachers asks me questions or checks in with me so that I can share my thoughts”

AND

2) “When I express my thoughts and feelings, my family/teachers tries to incorporate them.

(0 = not at all, 1 = rarely, 2 = sometimes, 3 = usually, 4 = always)



**We Need to Scale the Common Elements of Our Evidence Based Youth Substance Use Prevention Strategies**

ss Review

DOI: 10.7759/cureus.27361

**Preventing Substance Abuse in Adolescents: A Review of High-Impact Strategies**

Hailey Hsiung<sup>1</sup>, Karan Patel<sup>2</sup>, Henna Hundal<sup>3</sup>, Basil M. Baccouche<sup>3</sup>, Kuang-Wen Tsao<sup>4</sup>

<sup>1</sup> Substance Abuse Prevention, Highland Park Municipal Alliance, Highland Park, USA <sup>2</sup> Medical School, Cooper Medical School, Camden, USA <sup>3</sup> Medical School, Stanford University School of Medicine, Stanford, USA <sup>4</sup> Palliative Care, Vitas Healthcare, Middlebury, USA

Corresponding author: Basil M. Baccouche, basilbac@gmail.com

- ✓ Functional Family Therapy  
*(highest predictability rating)*
- ✓ Positive Family Support  
*(highest benefit-cost ratio)*
- ✓ Life Skills Training
- ✓ Positive Action
- ✓ Good Behavior Game

Hsiung H, Patel K, Hundal H, Baccouche BM, Tsao KW. Preventing Substance Abuse in Adolescents: A Review of High-Impact Strategies. Cureus. 2022 Jul 27;14(7):e27361. doi: 10.7759/cureus.27361. PMID: 36046301; PMCID: PMC9417217. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9417217/>

## Leaders Agree We Must Foster a Sense of Care and Belonging In Schools

April 2022 CDC REPORT

### Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021

Sherry Everett Jones, PhD<sup>1</sup>; Kathleen A. Eshier, PhD<sup>1</sup>; Marci Herza, MS<sup>1</sup>; Sarah DeGuz, PhD<sup>2</sup>; Vi Donna Le, PhD<sup>2</sup>; Jenekia Thornton, MPA<sup>1</sup>; Connie Lim, MPA<sup>1</sup>; Patricia J. Dennis, PhD<sup>1</sup>; Sindhuha Geda, MS<sup>3</sup>

- 44.2% reported persistent hopelessness/sadness
- 37% reported symptoms of poor mental health
- 19.4% considered suicide

### Protective Factor: Relational Health

Significant decrease in symptoms with:

- 1) **closeness to person at school** (46.6% say yes; 28.4% vs. 45.2% poor mental health)
- 2) **virtually connected** to family, friends, community (71.8% yes; 35.5% vs. 42.1% poor mental health)

25

## We Have A Whole School, Whole Community, Whole Child (WSCC) Model Centers for Disease Control and Prevention

Prevention efforts should encourage student and school connectedness as building connectedness is one of the most important protective factors against substance use.

Connectedness is defined as a students' belief that peers and adults in the school care about their well-being.



<https://www.cdc.gov/healthyschools/wsccl/index.htm#:~:text=The%20Whole%20School%20Whole%20Community,for%20addressing%20health%20in%20schools.>

26



New NASEM Study Released  
9.19.24 (2-year study; 517 pages)

## We Are Making Progress On A National Commitment and Strategy

“Federal, state, and local policy makers... and agencies should expand investment...to **support the infrastructure and resources to enhance school-based health promotion and disease prevention.**”

**Transfixed (excerpt)**

One day  
The glacier said  
Quite kindly  
To the sea....  
I would never want to be like thee...

Like this I can be  
My own earth  
My own sky  
Were I to melt  
Surely I'd die

Such powers you have  
The sea answered back  
And she meant every word  
For there was nothing  
He lacked

Rather he had  
Just one thing to shed  
The fear of the melting  
The mistaken dread

(Christina Bethell)

*The resistance to the disturbance is the disturbance*



## The Positivity Paradox

*We bond, grow and receive positive neurobiological benefits by connecting around what is hard.*

When a child is learning how to walk and falls down 50 times, they never think to themselves "maybe this isn't for me".

[https://www.google.com/search?q=learning+to+walk+by+falling+down&rlz=CiCHBH\\_enUS928US928&xsrf=ALeKk03BJNghkRFgg5BnYL2UoMMYj06mw:616723878612&source=lnms&itbm=isch&sa=X&ved=2ahUKEwjy-j7czvAhWzGVkFHQjuD4AQ\\_AUoAXoECAEQAw&biw=1280&bih=609&dpr=3#imgrc=GKhypvF-lw53M](https://www.google.com/search?q=learning+to+walk+by+falling+down&rlz=CiCHBH_enUS928US928&xsrf=ALeKk03BJNghkRFgg5BnYL2UoMMYj06mw:616723878612&source=lnms&itbm=isch&sa=X&ved=2ahUKEwjy-j7czvAhWzGVkFHQjuD4AQ_AUoAXoECAEQAw&biw=1280&bih=609&dpr=3#imgrc=GKhypvF-lw53M)

<https://www.facebook.com/creatorsnestyass/photos/a.185753107836583/221560962432694/?type=3>

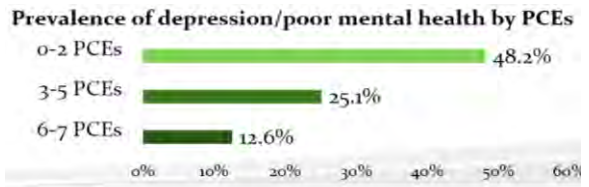
## 7 Positive Childhood Experiences (PCEs)

- feeling able to talk to your family about feelings
- feeling your family stood by you during difficult times
- enjoying participation in community traditions
- feeling safe and protected by an adult in your home
- feeling a sense of belonging in high school
- feeling supported by friends
- have at least two non-parent adults who took genuine interest in you

<https://www.pacesconnection.com/resource/7-positive-childhood-experiences-pces>

## Positive Childhood Experiences (PCEs)

*Our research demonstrates the lifelong impact of PCEs on health*



**Original Investigation**  
September 9, 2019  
**Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample**  
Associations Across Adverse Childhood Experiences Levels

Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007

We have had evidence since the 80's that disclosing what is difficult supports health

### Disclosure of Traumas and Immune Function: Health Implications for Psychotherapy

James W. Pennebaker  
Southern Methodist University

Janice K. Kiecolt-Glaser  
Department of Psychiatry and Comprehensive Cancer Center  
Ohio State University College of Medicine

Ronald Glaser  
Department of Medical Microbiology and Immunology  
and Comprehensive Cancer Center  
Ohio State University College of Medicine

Can psychotherapy reduce the incidence of health problems? A general model of psychosomatics assumes that inhibiting or holding back one's thoughts, feelings, and behaviors is associated with long-term stress and disease. Actively confronting upsetting experiences—through writing or talking—is hypothesized to reduce the negative effects of inhibition. Fifty healthy undergraduates were assigned to write about either traumatic experiences or superficial topics for 4 consecutive days. Two measures of cellular immune-systems function and health center visits suggested that confronting traumatic experiences was physically beneficial. The implications for psychotherapy as a preventive treatment for health problems are discussed.

There is little doubt that psychotherapy reduces subjective distress and yields positive behavioral outcomes. In recent years, a small group of researchers has sought to learn whether psychotherapy can also reduce health problems. Two promising reviews have indicated that the use of mental health services is associated with fewer medical visits, fewer days of hospitalization,

Health Maintenance Organization (HMO), tend to be some of the highest users of the medical system (see also Testler, Mechanic, & Diamond, 1976). Finally, these studies have not distinguished between actual health problems and unnecessary medical visits.

Ironically, in the fields of psychosomatics and health psychol-

J Consult Clin Psychol. 1988 Apr;56(2):239-45.  
<https://pubmed.ncbi.nlm.nih.gov/3372832/>

## The paradox of positive experiences

It is in recognizing and feeling with care and compassion negative emotions that positive experiences emerge to mitigate negative impacts of ACEs to awaken hope and wellbeing

J Pers Soc Psychol. 2018 December ; 115(6): 1075-1092. doi:10.1037/pspp0000157.

### The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence

Brett Q. Ford<sup>1\*</sup>, Phoebe Lam<sup>2,\*</sup>, Oliver P. John<sup>2</sup>, and Iris B. Mauss<sup>2</sup>

People who try to **resist negative emotions** are more likely to experience **psychiatric symptoms** later, compared with those who accept such emotions.

Those who showed **greater acceptance of their negative feelings and experiences**—also showed higher levels of **well-being** and mental health.

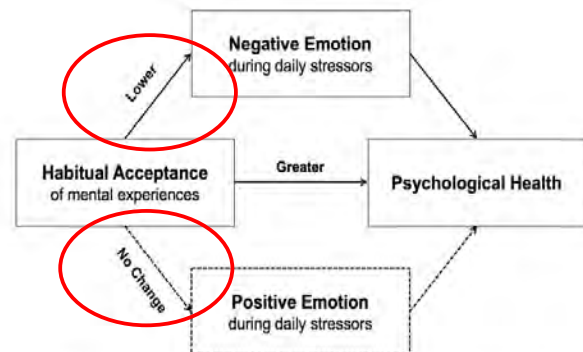


Figure 1. Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.

<https://www.psychologytoday.com/us/blog/the-new-resilience/201709/can-embracing-negative-emotions-increase-your-well-being#:~:text=For%20example%2C%20the%20researchers%20point,than%20trying%20to%20avoid%20them.>



[https://www.google.com/search?q=Finding+the+Jewel&sxsr=AleKk00YpnOKmaB0HuLj7p0kdtnhVlWVZg:1616719512727&source=lnms&tbn=isch&sa=X&ved=2ahUKEwifjYfC3czvAhVBMikFHdjlCQ8Q\\_AUoAnoECAEQBA&biw=1280&bih=609&dpr=3#imgrc=v371EQthLbZtuM](https://www.google.com/search?q=Finding+the+Jewel&sxsr=AleKk00YpnOKmaB0HuLj7p0kdtnhVlWVZg:1616719512727&source=lnms&tbn=isch&sa=X&ved=2ahUKEwifjYfC3czvAhVBMikFHdjlCQ8Q_AUoAnoECAEQBA&biw=1280&bih=609&dpr=3#imgrc=v371EQthLbZtuM)

## Finding the Jewel

*We are built for life.  
Prioritize possibilities!*

33



It is the day-by-day care and connections we have that heal and promote health.

We can't afford to wait until tragedy strikes!

34

## Moving Beyond Waiting for Tragedy to Strike to Give Our Best to One Another

*“When Mother Nature is at its worst, human nature is at it’s best”*

State of Public Health



### Love as a Public Health Intervention

Marissa J. Levine, MD, MPH; Mary Ann Cooney, MPH, MSN, RN  
astho: Association of State and Territorial Health Officials

*Would actions of compassion, care, helpfulness, respect and devotion improve community health?*

**H**urricane Harvey demonstrated that, in the words of expert *CBS* storyteller Steve Hartman, “When Mother Nature is at its worst, human nature is at its best.”<sup>1</sup> Love and caring were in full display without regard to race, ethnicity, political beliefs, or other superficial differences. People came together in ways we see repeated in times of crisis: Neighbors caring for neighbors. Maybe John Lennon was correct. “Love is all you need.” Fifty years ago

epidemiologists may not directly reference “love” per se, they are now finding that developing strong individual and community connections builds a sense of well-being and reduction in the areas of interpersonal crime, domestic violence, and substance abuse. Love, as a context within which we live, may have powerful public health implications.

This may be very good news, since public health officials find themselves at an important crossroad in

“Has our thinking to date resulted in the design of systems (organizations, communities, governments) devoid of or inhibitory to the basic human need of establishing and maintaining loving and caring relationships?... the infrastructure we are talking about is the human systems that are needed to ensure we are working together in an intentional, aligned, and focused manner... from the perspective of relationships based on love and caring.”

Levine MJ, Cooney MA. Love as a Public Health Intervention. *J Public Health Manag Pract.* 2018 Jan/Feb;24(1):87-89. doi: 10.1097/PHH.0000000000000736. PMID: 29189547.



**WE ARE THE MEDICINE**  
***YOUR BEING, THEIR WELL-BEING***

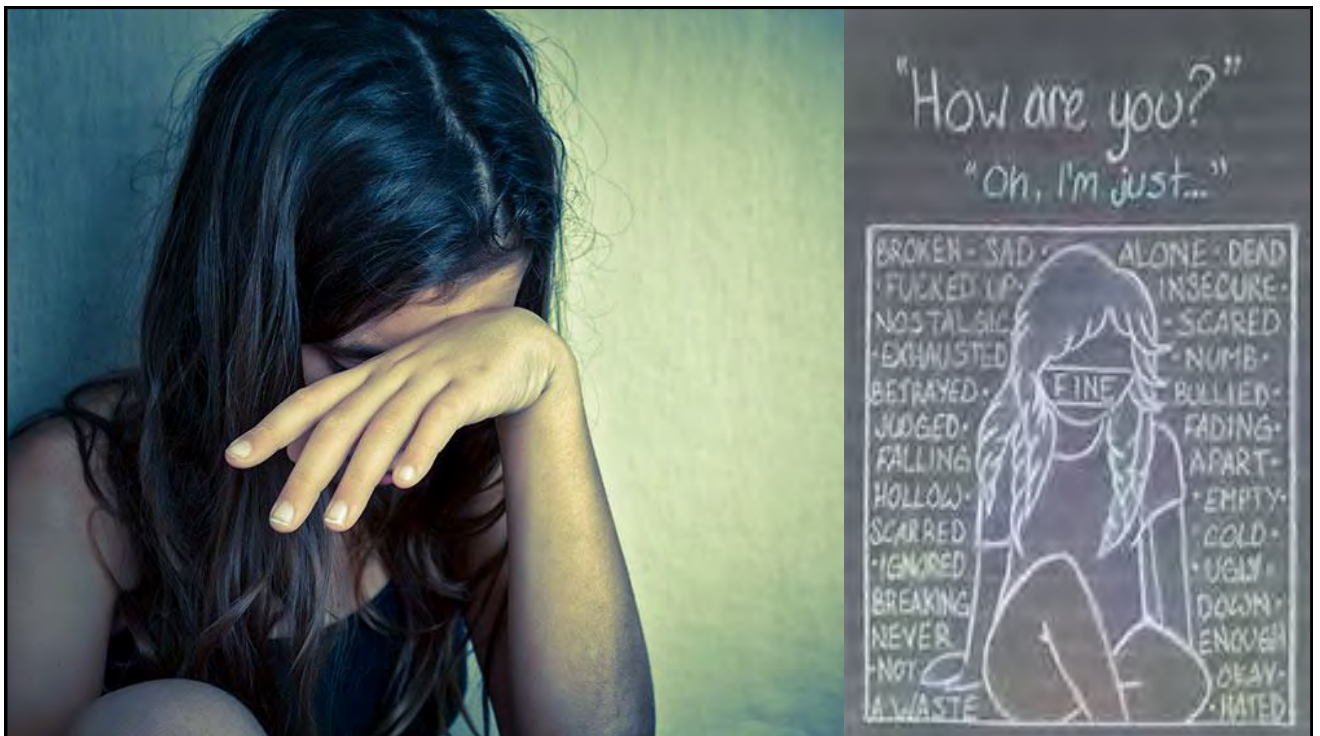




**“The success of the intervention depends upon the interior condition of the intervenor(s)”**

The Little Things, The Little Moment, Are Not Little. John Kabat Zinn

Every Interaction Creates a Reaction



## Mattering, stigma and reaching youth

International Journal of Mental Health and Addiction (2020) 18:1294–1303  
<https://doi.org/10.1007/s11469-019-00138-6>

ORIGINAL ARTICLE

### Feelings of Not Mattering, Perceived Stigmatization for Seeking Help, and Help-Seeking Attitudes among University Students

Amy Shannon<sup>1</sup> · Gordon L. Flett<sup>1</sup> · Joel O. Goldberg<sup>1</sup>

Published online: 23 October 2019

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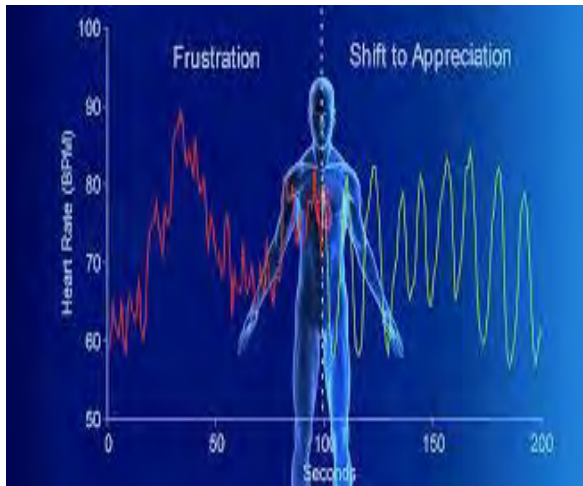
“...feelings of not mattering are associated with perceived stigmatization by others for seeking help.

However, levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

...results suggest that individuals who feel as though they do not matter may be especially vulnerable to perceptions of being stigmatized

...this may promote a tendency for people to avoid seeking help and perhaps isolate themselves from others. “

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Psychological Services

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0893-3200/21/01

2021, Vol. 18, No. 1, 21–31  
<https://doi.org/10.1037/psr0000040>

### The Protective Effects of Perceived Cohesion on the Mental Health of First Responders

Mary O. Smirnova, Samantha J. Meekes, and Cynthia L. Lancaster  
Department of Psychology, University of Nevada, Reno

Perceived cohesion is an individual's **sense of belonging to a particular group and feelings of morale** corresponding to this group affiliation (Bollen & Hoyle, 1990)

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**Taking Prevention and Healing to Scale Requires Systems Change**



**We Need To Establish Relational Systems of Care The Share a Commitment to a Through Every Door Positive and Relational Health Commitment**



# National Agenda To Prioritize Possibilities to Promote Flourishing Even Amid Adversity

## SUMMARY FROM NATIONAL AGENDA AND FIELD BUILDING COLLABORATION

**Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics**

Christina D. Bethell, PhD, MBA, MPH; Michele R. Solloway, PhD, MPA; Stephanie Guinasso, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastav, MPH; David Ford, BA; Lisa A. Simpson, MB, BCh, MPH, FAAP

From the Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health (Dr Bethell and Solloway), Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Child and Adolescent Health Measurement Initiative, California School-Based Health Alliance (Dr Guinasso), Berkeley, Calif; Center for Pharmacoepidemiology and Translational Research, Division of Pediatric Inpatient Management, Department of Pediatrics, National Institutes of Health, Bethesda, Md; Puget Sound Children's Hospital, Seattle, Wash; Academy Health (Ms Srivastav and Dr Simpson), Washington, DC; and Health Common Group (Mr Ford), Woodland, Wash.

The authors have no conflicts of interest to disclose.

Address correspondence to Christina D. Bethell, PhD, MBA, MPH, CAHMI/Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe St, Rm E-4152, Baltimore, MD 21205 (e-mail: cbethell@jhu.edu).

### ABSTRACT

**OBJECTIVE:** A convergence of theoretical and empirical evidence across many scientific disciplines reveals unprecedented possibilities to advance much needed improvements in child and family well-being by addressing adverse childhood experiences (ACEs), promoting resilience, and fostering nurturance and the social and emotional roots of healthy child development and lifelong health. In this article we synthesize recommendations from a structured, multisite field-building and research

approach to local trauma, promote resilience, and prevent ACEs and 4) fuel “launch and learn” research, innovation, and implementation efforts. Four research areas serve as critical to advancing these priorities in the short term. These are related to: 1) family-centered clinical practice; 2) assessing effects on outcomes and costs; 3) capacity-building and accountability; and 4) role of provider self-care to quality of care. Finally, we identified 10 short-term actions to leverage existing policies, practices,

1

Educate about and translate the science of human development, flourishing, resilience, & ACEs

2

Cultivate the conditions for cross-sector collaboration to incentivize shared action and address structural inequalities

3

Fuel “launch and learn” research, innovation, and implementation efforts (change funding, evaluation metrics and methods)

4

Restore and reward for safe and nurturing relationships and self-, family-, and community-led prevention and healing

Bethell CD, Solloway MR, Guinasso S, Hassink S, Srivastav A, Ford D, Simpson LA. Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics. *Acad Pediatr*. 2017 Sep-Oct;17(7S):S36-S50. doi: 10.1016/j.acap.2017.06.002. PMID: 28865659.

## Working In Partnership Across Key Factors for Catalyzing Positive System Change

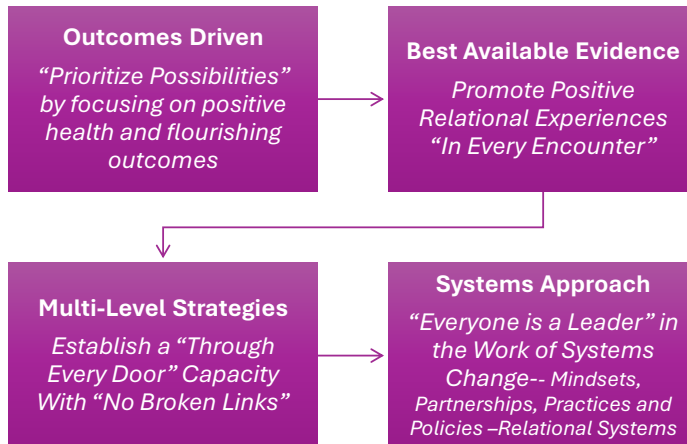
**Activation Pathway:**  
Mindsets, priorities, assumptions and goals

**Partnership Pathway:**  
Relationships, collaboration and partnerships

**Practice Pathway:**  
Practice implementation, demonstration and improvement

**Policy Pathway:**  
Policies and resource flows to support capacity and action

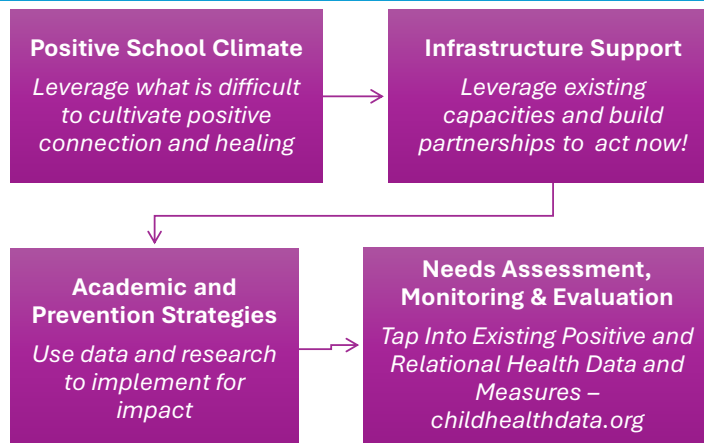
## Simple Rules for Promoting Flourishing Aligned With School Based Prevention Principles



**Simple Rules:** Prioritize Possibilities; In Every Encounter; Through Every Door; No Broken Links; Everyone A Leader

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## Pillars for School-Based Prevention



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We Are The Medicine



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2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## PRINCIPLES AND PILLARS OF A SCHOOL-BASED PREVENTION SYSTEM

*Moderator: Lora Peppard, PhD, DNP, PMHNP-BC  
Director, ADAPT*

**Kris Bosworth, PhD**

Emeritus Professor, University of Arizona College of Education

**Zili Sloboda, ScD**

President and CEO, Applied Prevention Science International

**Paula Smith, PhD**

Associate Professor, University of Utah  
Board Member, National Prevention Science Coalition

**Pamela Buckley, PhD**

Associate Research Professor, University of Colorado Boulder  
Principle Investigator,  
Blueprints for Healthy Youth Development



# PRESENTER BIO

## Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Director of ADAPT, a national training and technical assistance division for substance use prevention for the National High Intensity Drug Trafficking Area (HIDTA) Program out of the Office of National Drug Control Policy. She also serves as the Executive Director of the Center for Advancing Prevention Excellence at the University of Baltimore, President of the American Psychiatric Nurses Association, and Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA. Dr. Peppard has over 20 years of clinical experience as a psychiatric nurse practitioner. She has led multiple federally funded grants and developed system-wide strategies to address substance use and behavioral health needs across a variety of populations. Dr. Peppard has authored several publications and serves as a community, state, national, and international consultant on substance use and behavioral health prevention.

# PRESENTER BIO

## Kris Bosworth, PhD



Kris Bosworth, Ph.D. recently retired from the Smith Endowed Chair in Prevention and Education and Professor in Educational Leadership at the University of Arizona College of Education. A former middle school teacher with graduate degrees from the University of Wisconsin-Madison, she spent a year working at the CDC with the Youth Violence Prevention Team.

Dr. Bosworth's work focuses on the role of school climate as a buffer for individual risk factors for risk-taking behavior and the lens for school safety. Her model, Protective Schools, has been the centerpiece of five federally funded projects in Arizona including two Safe Schools/Healthy Students grants, a Safe and Supportive Schools Grant, and a National Institute of Justice School Safety grant, and has been implemented in schools nationwide.

Dr. Bosworth has over fifty publications and presentations in peer-reviewed journals and conferences. Her most recent book is in the Springer prevention science series titled, *Prevention Science in School Settings: Complex Relationships and Processes*.

# PRESENTER BIO

## Zili Sloboda, ScD



Zili Sloboda, ScD. was trained in medical sociology at New York University and in mental health and epidemiology at the Johns Hopkins University Bloomberg School of Public Health. Her research has focused on substance use epidemiology, services research, and the evaluation of treatment and prevention programs. Her current focus is on workforce development in the area of prevention and the relationship between training and the implementation of evidence-based prevention interventions and policies.

She has served on the faculties of Johns Hopkins University Bloomberg School of Public Health, the University of Illinois School of Public Health, and until 2009, The University of Akron. Prior to this last position, Dr. Sloboda worked for twelve years at the National Institute on Drug Abuse in several capacities, finally as the Director of the Division of Epidemiology and Prevention Research. This Division's focus was on the development and support of national research programs in HIV/AIDS epidemiology and prevention and drug abuse epidemiology and prevention and at the time had the responsibility for several large national epidemiological and treatment data systems. While at NIDA she and her staff organized the International Epidemiology Work Group and the International HIV Prevention Network. She was a founder of the U.S. and E.U. Societies for Prevention Research and is well-published in the area of drug abuse epidemiology and substance use prevention. Her most recent contribution to the prevention science literature is from the Springer Publishers Series, *Advancing the Science of Prevention*. Currently in this Series are: Sloboda, Z. & Petras, H. (Eds.). (2014). *Defining Prevention Science*; Bosworth, L.K. (Ed.) (2015). *Prevention Science in School Setting*; Teasdale, B. & Bradley, M. (2017). *Preventing Crime and Violence*; and Sloboda, Z., Petras, H., Robertson, E.B., & Hingson, R. (Eds.) (2019). *Prevention of Substance Use*.

# PRESENTER BIO

## Paula Smith, PhD



Dr. Smith is a developmental psychologist with expertise in school-based prevention in middle and high schools. Her primary research interests lie at the intersection of schools and juvenile justice systems- the school-to-prison pipeline, juvenile justice, restorative justice, and access to mental health resources. Her research is concerned with maximizing youth and young adult potential through the use of evidence-based research. Dr. Smith is a panel member of the National Academies of Sciences, Engineering, and Medicine charged with creating a blueprint for a sustainable national infrastructure to implement preventive interventions that promote behavioral health. In addition, she has been awarded a large grant to collaborate with Utah's public institutions of higher education to develop student-led coalitions to improve mental health and decrease substance misuse among college students.

Professionally, she is a Board Member for the National Prevention Science Coalition. Dr. Smith advocates for socially just and equitable policies and practices in PK-12 schools and other youth-serving agencies.

# PRESENTER BIO

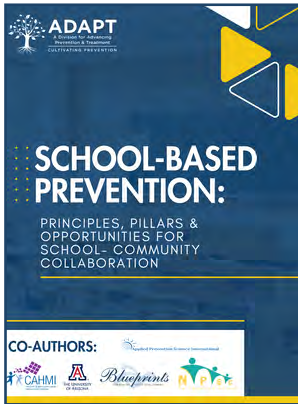
## Pamela Buckley, PhD



Pamela R. Buckley, PhD, is an associate research professor within the Prevention Science Program at the Institute of Behavioral Science at the University of Colorado Boulder. She is also the principal investigator of Blueprints for Healthy Youth Development, an online clearinghouse of effective and scalable prevention programs for youth. Her scholarship focuses on interdisciplinary and applied research to understand what works, for whom, and in what settings, and to generate reliable evidence for preventing negative outcomes and fostering well-being among youth. She is currently pursuing a line of research that considers how evidence-based preventive interventions harness the strengths and cultural assets of racial and ethnic minoritized families, youth, and communities to promote equitable behavioral health outcomes and make systems that affect the social determinants of health more equitable. She received the 2023 Society for Prevention Research Nan Tobler Award for her contributions to the summarization or articulation of empirical evidence relevant to the prevention science field. As a former school psychologist, she also has considerable experience consulting in classrooms with teachers, students, families, and communities. She received her PhD in Educational Psychology (with an emphasis in Quantitative Research Methods) from the University of Denver in 2002.

# RESOURCES

## School-Based Prevention: Principles, Pillars, & Opportunities for School-Community Collaboration



Access the Guide [HERE!](#)

## Protective Schools



Learn more [HERE!](#)

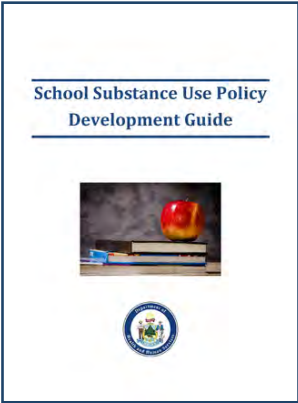
## Leader's Guide to a Comprehensive School Safety Plan



Learn more [HERE!](#)

# ADDITIONAL RESOURCES

## School Substance Use Policy Development Guide (Maine)



Learn more [HERE!](#)

# SCHOOL-BASED PREVENTION GUIDE

## PURPOSE

To increase awareness and knowledge of important components of a school-based prevention system and highlight opportunities for schools to collaborate with community partners in building capacity to support prevention activities.

## COMPONENTS

1. Principles
2. Pillars
3. Opportunities
4. Examples

[www.hidta.org/adapt](http://www.hidta.org/adapt)



# PRINCIPLES



### Systems Approach

- An integrated service delivery system that represents a continuum of prevention services to address the multiple levels of influence on youth development.



### Multi-level Strategies

- A synthesized set of prevention strategies that address the multiple levels of need of youth and their families.



### Best Available Evidence

- Integration of the three types of evidence (research, contextual, and experiential) available on a given topic to inform decision-making.



### Data and Outcomes Driven

- The use of data to identify needs, develop a strategy, select interventions, monitor implementation, and measure impact.

[www.hidta.org/adapt](http://www.hidta.org/adapt)





# PILLARS



## Positive School Climate

• A positive quality and character of a school that fosters youth development by creating an environment in which students and staff feel safe, accepted, supported, and engaged.



## Infrastructure Support

• Elements for the operation of a prevention system to include an implementation team comprised of prevention collaborators and school leadership that assures a competent workforce, supportive policies, adequate resources, high quality service, and ongoing communication.



## Needs Assessment

• Collection of data to identify and prioritize individual student and school population-level needs.



## Academic & Prevention Strategies

• Programs, practices, and policies or other strategies that have been studied and found to achieve their intended outcome.



## Monitoring & Evaluation

• Ongoing data collection and analytic processes used to determine how, and how well, a program or strategy was implemented and whether it had the intended impact in the short, intermediate, and long-term.

[www.hidta.org/adapt](http://www.hidta.org/adapt)



# OPPORTUNITIES & EXAMPLES

### Capacity building opportunities:

- Teach culturally relevant curricula designed to help students develop life skills (self-regulation, communication skills, etc.).
- Teach culturally relevant curricula designed to teach safe behavior (avoiding risky situations, getting help from adults, etc.).
- Create or help run extracurricular activities.
- Offer volunteering/civic engagement activities.
- Partner with schools to provide job experience to students (part-time employment, internships, job shadowing, etc.).

### Capacity building opportunities:

- Maintain open, two-way communication channels with the school.
- Serve as an official liaison between the community and the school to help foster relationships (e.g., develop any needed processes and documentation needed to do so).
- Aid schools with how to communicate regarding prevention – how to describe a particular program, what research has found about its effectiveness, what has worked for you/not worked for you in the past with building support for prevention, etc.

### Capacity building opportunities:

- Support schools in identifying substance use data by sharing with them school-level surveys, such as state-level Healthy Kids surveys, national Youth Risk Behavior Surveillance Survey<sup>SM</sup> or Monitoring the Future<sup>SM</sup>, and local social norms surveys that can be used to monitor substance use attitudes, perceptions, and behaviors.
- Connect schools with evaluation partners in the community to support them in designing and selecting assessment processes and tools. Often, academic institutions can be engaged to support evaluation.

### EXAMPLE: MULTI-LEVEL PREVENTION STRATEGIES

One coalition supports their schools by having their social work staff and community mentors implement multi-level prevention strategies. Universal (Tier 1) strategies increase awareness (e.g., trauma informed trainings), develop skills (e.g., Too Good for Drugs, Catch My Breath, Positive Action, LifeSkills Training), and provide positive afterschool programs. Selective and Indicated (Tier 2) strategies such as referrals, following a risk stratification protocol, wraparound services, and delivering interventions serve to identify and intervene with youth at this level. Treatment and Support (Tier 3) strategies are designed to mitigate negative outcomes and resolve challenges the students may be facing. These include family case-management, Nurturing Parenting classes, SBIRT, and behavioral health therapy and referrals to community behavioral health services.

### EXAMPLE: CURRICULUM-BASED PREVENTIVE INTERVENTION

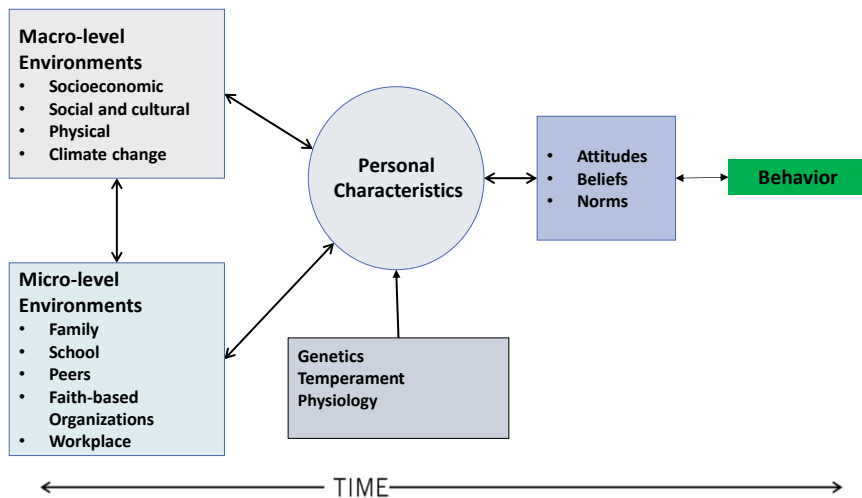
One coalition pays for the cost of school law enforcement officers to receive training in a preventive intervention. They have in a place a Memorandum of Understanding in place that stipulates in exchange for the coalition paying for the training, the law enforcement officer will teach the curriculum to a minimum of two elementary grades per academic year. This same coalition offers a summer camp in partnership with their local police department and school district. The camp runs for two weeks in July. Youth who attend the camp participate in an evidence-based curriculum for substance use prevention facilitated by coalition staff. Students are also introduced to a new protective factor each day of the camp such as art, STEM, physical exercise, etc. Local high school students are hired to work as camp counselors to help operate the camp.

[www.hidta.org/adapt](http://www.hidta.org/adapt)

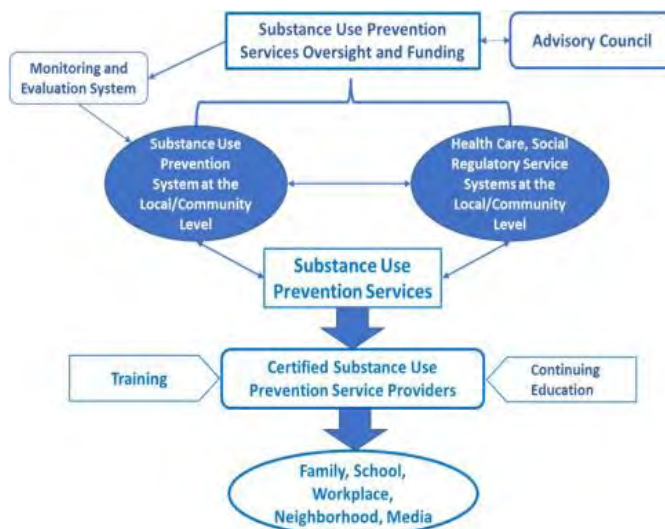
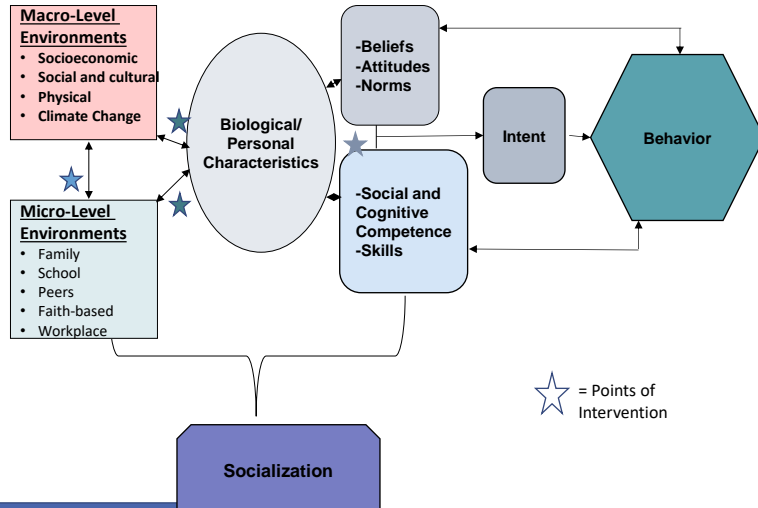


## Part 1: The School As A System

## Etiology Model



## Environments for Prevention



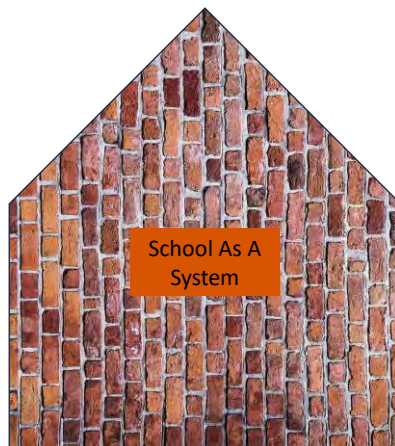
Fishbein, D. H. & Sloboda, Z. (2023). A national strategy for preventing substance and opioid use disorders through evidence-based prevention programming that fosters healthy outcomes in our youth. *Clinical Child & Family Psychology Reviews*. 26:1–16.

## Why Do Schools Matter?

Schools are society's most important setting for socialization outside the family. Schools –

- Shape attitudes towards responsible behavior in general, and towards substance use in particular
- Teach appropriate prosocial roles and behaviors and reinforce the positive behaviors that children learn at home and in the community
- Provide children and youth an opportunity to practice these roles and behaviors under adult supervision

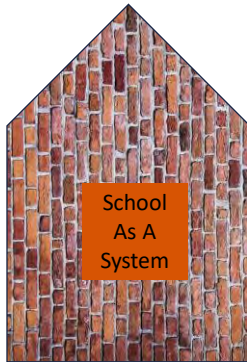
## To Achieve the Goal of Education Requires Several Component Parts



### Component Parts of the System

- Principal and administrative staff
- Heads of departments and teachers
- Sports coaches
- Cafeteria staff
- Janitorial staff

## Process of Educating Students

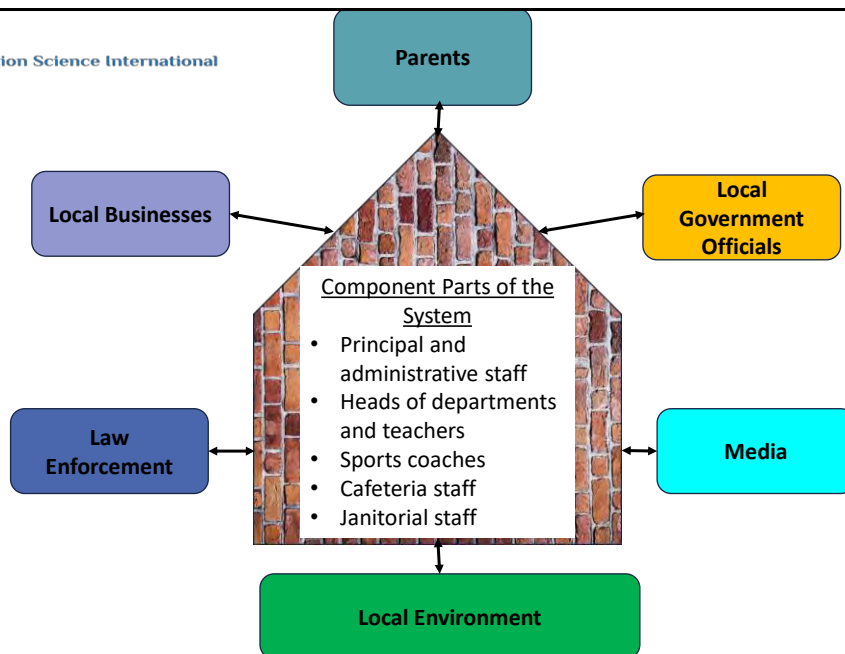


### Component Parts of the System

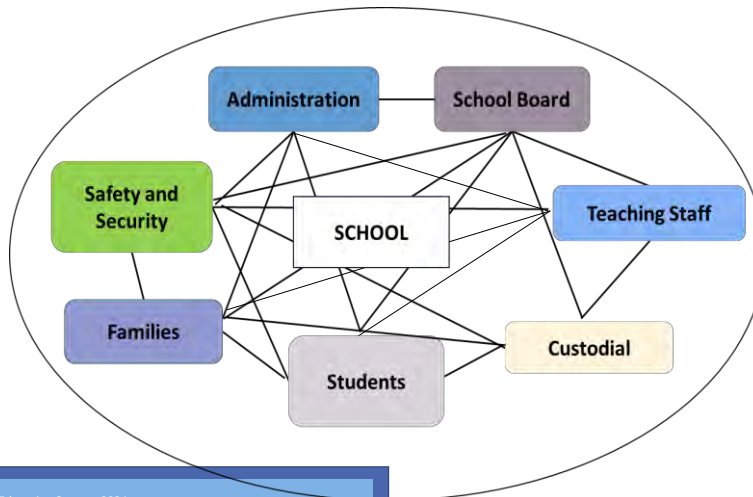
- Principal and administrative staff
- Heads of departments and teachers
- Sports coaches
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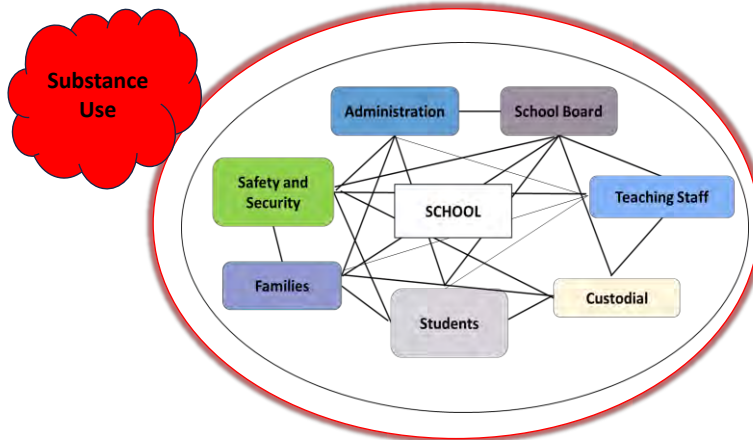
shutterstock.com • 384480682



## School Personnel and Students Affect Each Other



## Impact of Substance Use on the School



## System Components of School-Based Prevention:

- ★ School Policy,
- ★ School Climate,
- AND
- ★ Evidence-Based Prevention Curricula

## Part 2 - Needs and Resource Assessment

## What is a Needs Assessment?

A “Needs Assessment” is part of a strategic planning process to identify:

- challenges to achieving an institution’s goals, e.g., retention of students in school, academic performance, promotions and graduation rates
- resources needed to overcome challenges and enhance goal attainment

## Review: Student Substance Use vs. School Substance Use

- Student Substance Use
- School Substance Use



## Data Related to the Nature and Extent of Student Substance Use

(1/2)

- Substances being used (types of substances, frequency of use, mode of administration)
- Sources of substances being used
- Characteristics of those using substances (gender, age, ethnicity, residence, absenteeism from school, physical and emotional health, etc.)

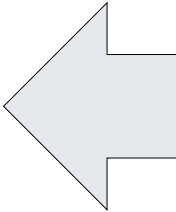
## Data Related to the Nature and Extent of Student Substance Use

(2/2)

- Age of first use; substance first used
  - If 'ever used' current use
  - If 'ever used' but no longer using, reason for non-use
- Consequences of substance use (health, emotional, social/academic)

## Sources of Data on Nature and Extent of Student Substance Use

- Quantitative data
  - Archival
  - Surveys
- Qualitative data
  - Focus groups
  - Key informants



A combination of quantitative and qualitative data will provide the best overall picture of student substance use and its associated social, health and mental health problems.

## Sources of Data on Student Substance Use: Quantitative - Archival Data

(1/2)

- Schools
  - Records on violations of substance use policies
  - Referrals for health/mental health assessments
  - Absenteeism and truancy
- Law enforcement
  - Adolescent arrests for substance use and substance use-related incidents (e.g., drunk driving, selling, possession, consumption)



## Sources of Data on Student Substance Use: Quantitative - Archival Data

(2/2)

- Hospitals
  - Substance use-related emergency department episodes
  - Substance use-related admissions
- Coroner/medical examiner/health department
  - Substance use-related deaths
- Substance use treatment programs
  - Admission information on substances used
- Existing survey data



## Conducting Surveys on Student Substance Use

- Can be challenging to develop, administer, and score, and the data difficult to analyze and interpret
- If they are anonymous – and if students believe that they are – students should provide reliable and valid answers
- Should use standardized questions that will allow comparisons over time

## Examples of School Surveys—United States

- Monitoring the Future for Grades 8, 10, and 12  
(<http://www.Monitoringthefuture.org>)
- Youth Risk Behavior Surveillance Survey—high school students  
(<https://www.cdc.gov/healthyyouth/data/yrbs/questionnaires.htm>)

## Sources of Data on Student Substance Use: Qualitative

- Focus groups
- Key informants

# *Protective Schools:* Building a System of Prevention in Schools

Kris Bosworth, Ph.D.

Emeritus Professor and Smith Endowed Chair  
Educational Leadership and Policy  
College of Education University of Arizona

October 2024



## Levels of Prevention Interventions

### **Tier 1 Universal** approach for the entire population

Positive Climate, School Policies, Classroom management,  
Organizational structure, Positive approach to discipline, Student voice

### **Tier 2 Selective** systems providing more focused interventions for students who need support

Mentoring programs, Short-term groups, Increased family involvement

### **Tier 3 Indicated** systems with highly individualized strategies to meet the specific needs of the student

Behavior intervention plans, case management, therapeutic services



*“When a flower doesn’t bloom, we change the environment in which it grows, not the flower.”*

*Alexander den Heijer*



## Substance Use School Policies

*“An effective policy is an essential component in a healthy and safe school environment.”*

*“Our school is committed to the safety and well-being of our students, staff and families.”*



# Components of an Effective Policy

- ✓ Philosophy statement/definitions
- ✓ Prevention/Behavioral expectations
- ✓ Prohibitions
- ✓ Enforcement
- ✓ Consequences
- ✓ Intervention /treatment



# Policy Making Process

- ✓ Stakeholder involvement
- ✓ Communication
- ✓ Train staff
- ✓ Consistency of enforcement
- ✓ Data collection
- ✓ Review and revisions



# What is the climate in a school?

Climate is the quality of school life. It reflects the

- Norms
- Goals
- Values
- Relationships
- Teaching practices
- Discipline practices
- Organizational structures



# What are the benefits of a positive climate?

A positive climate is not a panacea but.....

Research has found that attending a school with a positive climate:

- Decreases absences, suspensions, substance use, and bullying behaviors
- Increases academic achievement, motivation to learn and psychological well-being



## Climate as the foundation for school-based prevention

- Optional learning requires students to feel safe in their environment
- Everyday actions in school can make a student feel safe or unsafe.
- A negative climate can come from harassment, fights, substance use, rude or mean behavior.



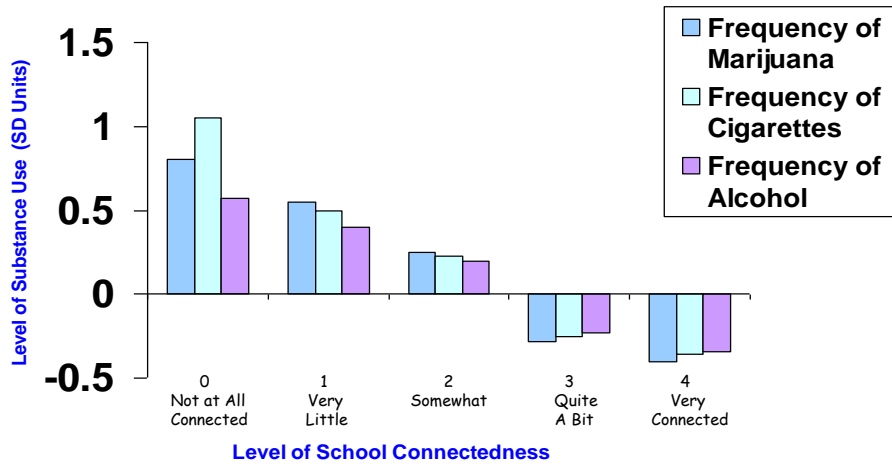
## The Untapped Power of Schools to Improve the Health of Teens

### CONNECTEDNESS

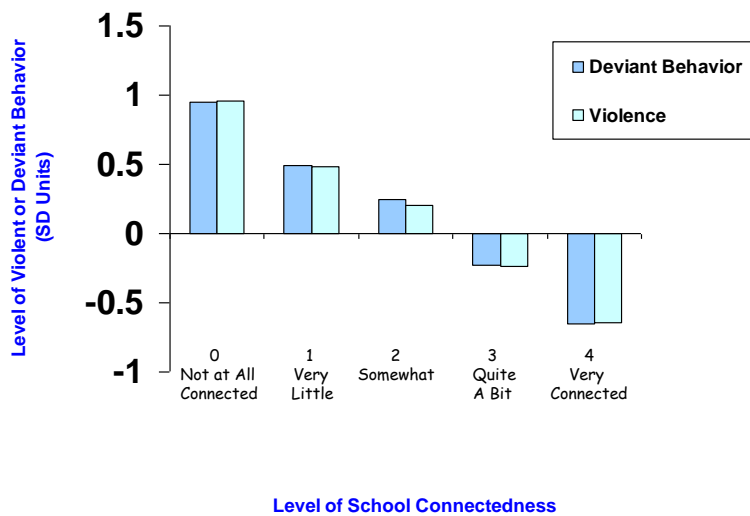
- ✓ Feel close to people at school
- ✓ Happy to be at school
- ✓ Am a part of this school
- ✓ Students are treated fairly
- ✓ Feel safe

Blum, McNeely, & Rinehart. (2002).

## Students Who Feel Connected to School are less Likely to Use Substances



## Students Who Feel Connected to School Engage in Less violent or Deviant Behavior



# Protective Schools



Linking  
Drug Abuse  
Prevention  
with Student  
Success

*A guide for educators,  
policy makers, and families*



THE UNIVERSITY OF ARIZONA,  
COLLEGE OF EDUCATION



## *Protective Schools Systems*

- Vision
  - Positive culture
    - Leadership commitment
    - Strong academic programs
    - Research-based prevention
      - Continuum of services
      - Professional development
  - Home-School-Community relationships
    - Funding and resources
  - Data-based decision making



# OPERATIONALIZING THE *PROTECTIVE* *SCHOOLS* MODEL



The basic organizational structure for developing and continuing a comprehensive school-based prevention program is creating a

**Leadership TEAM**



## Reasons for a Team Approach

- Hear from people with different perspectives, areas of expertise
- Generates buy-in and ownership
- Increases capacity
- Fosters creativity
- Share the workload
- Blends strengths and talent



## Key Leadership Team Members

- **LEADERSHIP:** An administrator who is able to make decisions about prevention programming.
- **EXPERTISE:** A mental health professional, nurse, health educator or science teacher who has background in human development, prevention and/or human behavior.

## Select People Who

- Represent the part of the school involved/impacted.
- Are influential with teachers and students.
- Have credibility in the school.
- Have strong interpersonal skills - Work well with others.
- Are willing and able to give extra time to make prevention efforts a success.
- Have planning and communication skills.

## Characteristics of a Functioning Team

1. Participation
2. Accountability
3. Communication
4. Predictability

# Start with DATA

“We can not improve what we can not measure.”

Bryk, et al. (2017). Learning to Improve. Harvard Education Press



## Protective Schools Planning Process



**STEP 1 – Leadership & 80% Staff Commitment**



**STEP 2 – Data collection & analysis**



**STEP 3 – Brainstorm solutions to critical areas – all staff**



**STEP 4 – Review Brainstorming results - Leadership Team**



**STEP 5 – Draft Action Plan - Leadership Team**



**STEP 6 – Adopt/approve Final Action Plan – all staff**



**STEP 7 – Implement, Monitor & Evaluate – Leadership Team**





# Protective Schools Assessment

**Protective Score: 69%**

PROTECTIVE SCHOOL AREA	STRONG	FAIR	WEAK	SCORE	POSSIBLE
Leadership	✔			14	18
Culture	✔			11	16
Professional Development	✔			12	14
Academic Program		✔		8	11
Funding and Resources		✔		6	10
Vision	✔			7	9
Data Driven Decision Making		✔		5	8
Family-School-Community Relations			✔	2	6
Continuum of Services			✔	2	5
Prevention Curriculum		✔		2	3
Total:				69	100

**26 Respondents**



## Leader's Guide to School Safety & Climate Initiatives





# LINKS

Protective Schools  
[protectiveschool.wordpress.com](http://protectiveschool.wordpress.com)

Leader's Guide  
[schoolsafetyinitiatives.org](http://schoolsafetyinitiatives.org)



## Thank you!



Kris Bosworth, Ph.D.  
bosworkk@arizona.edu  
Educational Policy Studies & Practice  
University of Arizona



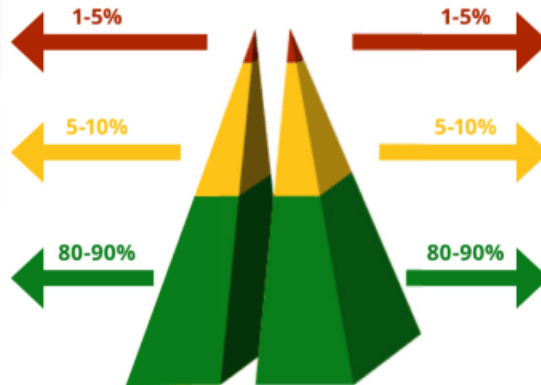
## Integrating Academic and Behavioral Support for Students

### ACADEMIC INSTRUCTION

**Tertiary Interventions**  
( for individual students )  
• Assessment-based  
• High Intensity

**Secondary Interventions**  
( for some students )  
• High Efficiency  
• Rapid Response

**Universal Interventions**  
( for all students )  
• Preventive, Proactive



### BEHAVIORAL INSTRUCTION

**Tertiary Interventions**  
( for individual students )  
• Assessment-based  
• Intense, durable procedures

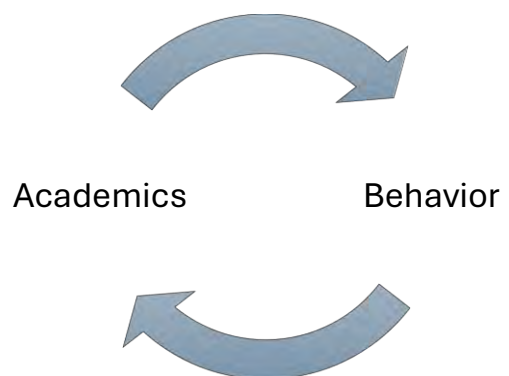
**Secondary Interventions**  
( for some students : at risk )  
• High Efficiency  
• Rapid Response

**Universal Interventions**  
( for all students )  
• All settings  
• Preventive, Proactive

*Adapted from: [pbis.org/school/mtss](http://pbis.org/school/mtss)*

## Why Pay Attention to Both?

- Behavioral challenges reduce access to academics
- Underlying attention (or other) deficits cause behavioral and academic challenges
- Early academic challenges cause social rejection, leading to behavior problems
- Academic challenges lead to social and/or emotional problems



# Suicide Prevention Example

**Tier 3/Academic Indicated**  
 Identify academic content missed;  
 Structured 1:1 academic support

**Tier 3/Behavioral Indicated**  
 Return to Learn Meeting; County  
 behavioral health bereavement

Return to Learn Meetings are Tier 3; Indicated; Tertiary Prevention

Safe Rooms are Tier 2, Selective, Secondary Prevention

**Tier 2/Academic Selective**  
 Small group academic support;  
 afterschool academic intervention

**Tier 2/Behavioral Selective**  
 Created "safe rooms" in schools;  
 provided in-school counseling

SEL is Tier 1, Universal, Primary Prevention

**Tier 1/Academic Universal**  
 Classroom Instruction;  
 Differentiated Instruction

**Tier 1/Behavioral Universal**  
 Implemented Social and Emotional Learning program District-wide

# Opportunities for Community-School Teaming\*

## Community

- Created a community coalition
- Provided family and community educational events and resources
- Provided political pressure to increase funding for mental health support in schools
- Provided input for cultural adaptation of school-based materials and resources

## School

- Reviewed and funded Tier 1 SEL intervention
- Provided relevant District-level data to community coalition (education and MH funding)
- Collaborated with community to ensure programming was culturally acceptable
- Collaborated with County MH professionals and local hospitals

\* FERPA restrictions did not allow for Tier 2 or Tier 3 community participation

## What are Evidence-Based Interventions (EBIs)?

Interventions that have been:

- Rigorously tested,
- Proven effective,
- Translated into models available to community-based organizations.



Evaluations subjected to critical peer review by.....

Experts in the field who have examined the evaluation's methods and agreed with its conclusions about the intervention's effects.



## How to Identify EBIs and where to find them?

### Online Clearinghouses

- Focus on the results from high-quality research to answer the question **“What works?”**
- Generate an inventory of **Evidence-Based Interventions (EBIs)**.

## Online Clearinghouses Relevant to Schools



- What Works Clearinghouse (DOE's Institute of Education Sciences)
  - Academic Achievement (main focus: math & literacy)
  - Social, Emotional, and Behavioral Context for Teaching and Learning
- Blueprints for Healthy Youth Development
  - Upstream Prevention (60% of programs are in schools)



### Upstream Prevention

30+ years of prevention research shows it is possible to reduce negative health outcomes – including violence, suicide, and substance misuse – *before they ever start*.

Determining and addressing the root causes and conditions that contribute to negative health outcomes is known as **Upstream Prevention**.

Goal is to build resilience, decrease risk factors, and build protective factors to have impacts on individual and public health downstream.

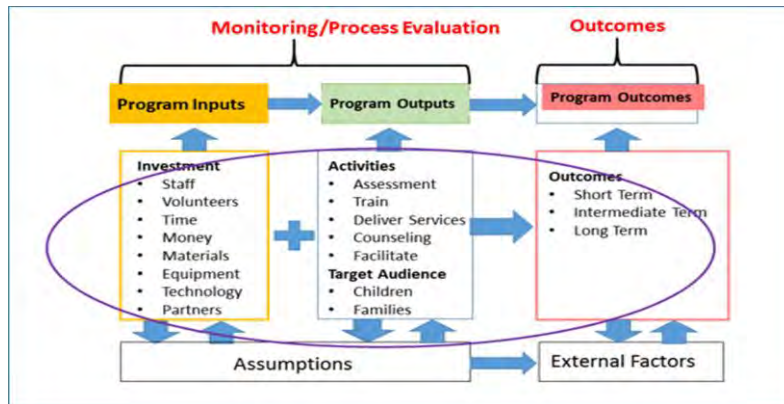
**Blueprints** provides a **registry of effective "upstream prevention" EBIs** implemented at individual, family, school, and community levels that improve child development, support families, and enhance school experiences.

# Evidence Based Tier 1 Prevention Curricula

Curricula type	Clearinghouse
Parenting skills and substance use education for parents and caregivers.	Blueprints
Classroom environment improvement programs.	WWC
Intrapersonal and interpersonal skills training (e.g. decision-making, problem solving, communication, social, and coping skills).	Blueprints, WWC
Social competence related to substance use (refusal and resistance skills).	Blueprints
School bonding / attachment (e.g., positive school climate, positive attitudes toward school).	WWC

## Part 3: Monitoring and Evaluation

## Monitoring and Evaluation System



## If the Intervention Is Evidence-Based, Why Do We Need to Monitor and Evaluate It?

- Monitoring reports on “What happened when you implemented the EB intervention”
  - Who attended?
  - How much of the intervention they received?
  - Did we achieve the short-term outcomes of the interventions?

## Purposes of Evaluation

1/2

There are several reasons why evaluation is important

- **Level of impact:** To what extent did the program achieve the desired outcomes and were the level of these outcomes significantly greater than if no program were delivered.
- **Reach:** To what extent did the program achieve the same outcomes for everyone who participated or only to certain groups.

## Evaluation Questions

Did the intervention/policy achieve its intended effect(s)?



## Chain of Outcomes

- **Short term:** Are the most direct results of activities and outputs. What changes do you want to see early in the process –perhaps months?
- **Intermediate:** Link a program’s short-term outcomes to long-term outcomes. What changes come after that – perhaps in a year?
- **Long term:** Result from the achievement of short and intermediate term outcomes and often take a longer time to achieve. What changes do you want to see over time – three years?

## Chain of Outcomes

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## Data and Ethics

- Ethics are principles that guide behavior
- Data ethics:
  - Non-discrimination
  - Act respectfully – do no harm
  - Protect confidentiality and privacy



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## OPPORTUNITIES AND RESOURCES FOR COMMUNITY PARTNERS IN SCHOOL-BASED PREVENTION

*Moderator: Carlton Hall  
President & CEO, Carlton Hall Consulting*

**Rodger Dinwiddie**  
CEO, STARS Nashville

**Lieutenant Pamela Revels, MBA**  
President, National Association of School Resource Officers

**Anthony W. Jackson, Jr.**  
Director of Prevention and Early Intervention Services Tennessee  
Department of Mental Health and  
Substance Abuse Services

**Lori Paisley**  
Assistant Commissioner, Coordinated School Health Division  
Tennessee Department of Education

# PRESENTER BIO

## Carlton Hall



Carlton Hall is the President and CEO of Carlton Hall Consulting LLC (CHC), a multi-faceted, full-service consulting firm designed to provide customized solutions and enable measurable change for communities, organizations, families, and individuals. Carlton Hall has been providing intensive substance abuse prevention-focused and community problem-solving services to the nation for the last 25 years. His responsibilities, unique set of skills, and experience have made him one of the most highly sought-after instructors and guides for community problem-solving across the nation and internationally, with successful achievements in South Africa, Ghana, Bermuda, Kenya, and others. CHC is honored to be invited to contribute to the annual convenings of The Commission on Narcotic Drugs (CND), the governing body of the United Nations Office on Drugs and Crime (UNODC). CHC has co-organized, delivered, and participated in side-meetings and special events. Carlton spent twelve years with the Community Anti-Drug Coalitions of America (CADCA) serving in several leadership positions and including most recently Acting Vice President, Training Operations, and Acting Director for CADCA's National Coalition Institute.

Currently, Carlton and the CHC team provide executive training and technical assistance support to the Southeast PTTC (Region 4). Additionally, Carlton sits on several boards of directors, including, the National Alliance for Drug Endangered Children (NA-DEC) and Movendi International.

# PRESENTER BIO

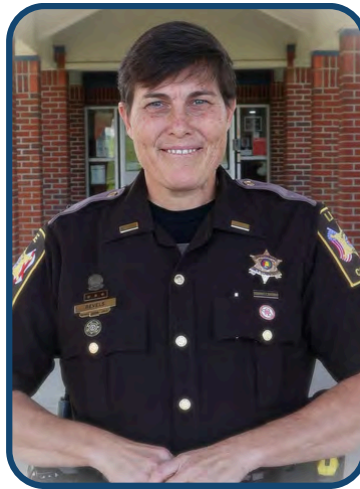
## Rodger Dinwiddie



Rodger Dinwiddie has been the CEO of STARS Nashville, a nationally recognized nonprofit organization addressing substance misuse, school-based mental health supports, violence and bullying prevention training, and adolescent intensive outpatient treatment services, since 1986. The mission of STARS is to help young people pursue their unlimited potential by providing hope, health, and connection. Rodger was the co-developer of the STARS Student Assistance Program, which was recognized in 2012 by the National Registry of Evidenced-based Programs and Practices (NREPP) through the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2019, the STARS school-based mental-health -Enhanced Student Assistance Program (ESAP) and Intensive Outpatient Treatment Programs- Youth Overcoming Drug Abuse (YODA) were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). During Rodger's tenure at STARS, the organization has evolved from a single-issue-focused, school-based student assistance program to an organization with over 200 employees serving 80,000 plus young people and adults through 12 different programs and initiatives.

# PRESENTER BIO

## Lieutenant Pamela Revels, MBA



Pamela Revels is originally from Enterprise, Alabama. She is from a family of four, has three adopted children and three nieces. She was hired by the Lee County Sheriff's Office in September 2004 and now is Lieutenant of the School Resource Division. Lieutenant Revels received her bachelor's degree in criminal justice administration and Master of Business Administration (MBA) from Columbia Southern University. She is a member of the National Society of Leadership and Success and is presently pursuing her Doctorate in Public Administration at Liberty University.

Since attending the National Association of School Resource Officers (NASRO) Basic SRO Course in 2004, she has earned her NASRO Practitioner, is a NASRO National Instructor, and currently is NASRO President. Lieutenant Revels has led The Alabama Association of School Resource Officers (TAASRO) as President for the past fourteen years. She holds other special instructor certifications in Rape Aggression Defense for Woman (RAD) Instructor, Advanced Law Enforcement Rapid Response Training (ALERRT) I and II Instructor, Run, Hide, Fight Instructor, and Taser Instructor, to name a few.

Locally, Lieutenant Revels supports her school system as a liaison for the SRO program and mutual-aid emergency preparedness efforts. She is a longstanding advisor for the Lee County Board of Education Title IV "Safe and Drug-Free Schools" committee, and Lee County Schools District Safety and Planning Team. At the state level, Lieutenant Revels serves in the capacity of a school safety professional to the Alabama State Department of Education (ALSDE) Support Services Safe Schools Task Force, Governor's Securing Alabama Facilities of Education (SAFE) Council as a School Safety Specialist, Governor-appointed Legislative Alabama School Safety and Security Task Force,

# PRESENTER BIO

## Lieutenant Pamela Revels, MBA

and a judge for the Alabama Attorney General's Safe Schools Initiative. Nationally, along with her NASRO roles, Lieutenant Revels is a Subject Matter Expert (SME) for the Collaborative Reform Initiative Continuum of Technical Assistance Services (CRI-TAC) offered by the U.S. Department of Justice–Office of Community Oriented Policing Services (COPS Office) in conjunction with the International Association of Chiefs of Police (IACP). These opportunities have allowed her to be a contributing author for the NASRO curriculum and a national presenter.

Lieutenant Revels serves her community every day as an SRO in the educational realm. Over the past 20 years, Lieutenant Revels has educated thousands of students on the dangers of drugs, violence, impaired driving, internet safety, and personal safety. Lieutenant Revels seeks to educate her community beyond the school environment. She developed and coordinates the Lee County Sheriff's Office Junior Deputy Academy, which provides youth with a positive atmosphere with law enforcement while developing good citizenship and building constructive character traits. Throughout her career, Lieutenant Revels has been acknowledged for her service: 2007 Deputy of Year by the Exchange Club of Opelika, 2010 Deputy of the Year by the Veterans of Foreign Wars, 2011 We Tip National School Resource Officer of the Year, 2012 NASRO National Instructor of the Year, 2017 was featured in the New York Times, 2018 Opelika Chamber Service Champion Award, 2020 We Tip National School Resource Officer of the Year, and 2023 NASRO Regional Service Award. Lieutenant Pamela Revels is dedicated to the children and citizens of Lee County and the state of Alabama she serves and protects.

# PRESENTER BIO

## Anthony W. Jackson, Jr.



Tony Jackson currently serves as the Director of Prevention in the Division of Substance Abuse Services (DSAS). In this capacity, he oversees the continuum of substance use prevention activities for DSAS. His responsibilities include managing the prevention portion of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG), administering federal discretionary grants from SAMHSA and the Bureau of Justice Assistance, and overseeing the prevention allocation of State funds.



# PRESENTER BIO

## Lori Paisley



Lori Paisley is Assistant Commissioner of the Coordinated School Health Division at the Tennessee Department of Education. Her career spans over thirty years of experience in education. Starting out as a special educator, Lori taught special education for four years then started a system-wide program for students with emotional disturbance which she led for five years before serving her school district in special education leadership for eleven years. Her school district was one of ten Coordinated School Health pilot sites in Tennessee. When Coordinated School Health expanded statewide in 2007, she led this work for her district until 2012 when she began working for the Tennessee Department of Education. During her twelve years at the department, she served as the state contact for alternative education, dropout prevention, school counseling, and school safety until 2014 when she began leading Coordinated School Health as Executive Director and later moved into her current role as assistant commissioner. While working with students with disabilities led her to the field of education, her passion is school health and ensuring that students are healthy and ready to learn. Lori has supported issues related to school health for all of her professional life with the core belief that all truly does mean all.

# PRESENTER KEY TAKEAWAYS

- School-community collaborations are essential for implementing comprehensive prevention strategies within schools.
- State agencies can support both schools and communities in advancing school-based prevention through resources and guidance to ensure strategies align with state goals.
- School Resource Officers can be instrumental in establishing and enforcing positive school climate and supporting other prevention strategies.



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## SYNERGIES AMONG SUBSTANCE USE, MENTAL HEALTH & VIOLENCE PREVENTION

*Moderator: Brian K. Bumbarger, PhD  
Founding Partner & CEO,  
Science, Systems & Communities Consulting, LLC*

**Mark Greenberg, PhD**

Emeritus Bennett Chair of Prevention Research,  
Pennsylvania State University

**Caroline Davidson, MPH**

Director of Practice Improvement,  
National Council for Mental Wellbeing

**Alison Maffey, MSW**

Vice President of Social & Behavioral Health,  
Association of State and Territorial Health Officials

# PRESENTER BIO

## Brian K. Bumbarger, PhD



Brian Bumbarger is the Founding Partner and CEO of Science, Systems & Communities Consulting, providing consultation to federal, state, and local government agencies, elected officials, universities, and philanthropies to improve public systems and outcomes for communities, families, and children. He serves as adjunct research faculty at both Colorado State University and Penn State University Prevention Research Centers, as well as the REACH Institute at Arizona State University. He is appointed by Gov. Jared Polis to the Colorado Juvenile Justice and Delinquency Prevention Council, where he serves as the Council's Vice-Chair. He has nearly three decades of experience in prevention science and is a recognized leader in community capacity building, public systems improvement, and the adoption and scaling of effective practices. Dr. Bumbarger served as the Founding Director of the Evidence-based Prevention and Intervention Support Center ([www.episcenter.org](http://www.episcenter.org)), where he oversaw the scale-up of the Communities That Care (CTC) community collective impact model in over one hundred Pennsylvania communities. He developed and led a statewide training and technical assistance infrastructure that has become a model for replication in other states and internationally. This initiative supported community coalitions representing over 3,000 community members conducting community needs assessments and the implementation of over 300 replications of evidence-based programs in schools and communities. Brian worked previously as a probation and parole officer; Drugs and Gangs Specialist for the Office of Juvenile Justice and Delinquency Prevention; and helped establish the Pennsylvania Center for Safe Schools. Dr. Bumbarger earned his doctorate in criminology at Griffith University, focusing on evidence-based delinquency prevention at scale, and his Masters of Education in Youth-and Family-focused Prevention from Penn State University. He was elected to the Board of Directors of the Society for Prevention Research (SPR) from 2012-2015 and was recipient of the Society's 2014 Translational Science Award and 2020 Service to SPR Award.

# PRESENTER BIO

## Mark Greenberg, PhD



Mark Greenberg, PhD. is the Emeritus Bennett Chair of Prevention Science at Penn State University. He is one of the founders of CASEL ([www.casel.org](http://www.casel.org)). He is the author of over 350 journal articles and book chapters on the development of well-being, learning, and the effects of prevention efforts on children and families. He is the recipient of numerous awards including the Urie Bronfenbrenner Award for Lifetime Contribution to Developmental Psychology in the Service of Science and Society from the American Psychological Association. One of his current interests is how to help nurture awareness and compassion in our society. He is the Chairperson of CREATE, a non-profit devoted to improving schooling and the lives of teachers and students ([www.createforeducation.org](http://www.createforeducation.org)).

# PRESENTER BIO

## Caroline Davidson, MPH



Caroline Davidson is a Director with the Practice Improvement & Consulting team of the National Council for Mental Wellbeing. In this role, Caroline oversees several different projects largely focused on harm reduction, substance use, and youth.

Caroline brings a history of working in behavioral health, and both academic and grassroots knowledge of harm reduction, substance use disorder, and treatment. Prior to coming to the National Council, Caroline worked for the national nonprofit Shatterproof, steering the organization's Treatment Atlas platform for locating high-quality substance use disorder treatment. Caroline also previously provided risk reduction training to young adults injecting opioids and worked in communications and data analysis at the Viral Hepatitis Program of the NYC Health Department. She is an experienced HIV/hepatitis C test counselor and has conducted sessions with participants in substance use treatment centers and at street-based outreach alike.

Caroline has a B.A. in Public Health and French from the University of California at Berkeley and an M.P.H. from the Mailman School of Public Health. She resides in New York City, and is 7 years sober from alcohol.

# PRESENTER BIO

## Alison Maffey, MSW



Ali Maffey is the Vice President of Social and Behavioral Health with the Association of State and Territorial Health Officials. The Social and Behavioral Health team advances equity through the prevention of injuries, suicide, firearm violence, adverse childhood experiences, and overdoses. Ali came to this role in 2023 after 10 years with the Injury and Violence Prevention Branch at the Colorado State Health Department. There, Ali provided branch-wide leadership, oversaw the state-wide youth health survey, and launched multiple substance misuse prevention programs using a shared risk and protective factor approach. Ali also worked for 5 years with national public health policy nonprofits and 3 years in local public health.

# PRESENTER KEY TAKEAWAYS

- Social and emotional learning (SEL) is an evidence-proven strategy that can reduce risk for behavior problems and substance use.
- SEL is more than a program – it is a strategy for systems change in schooling that has 10 indicators.
- Teacher’s own awareness and well-being are key to long-term systems change and effects on students.
- Schools are an incredible partner in collecting data about risk factors and protective factors in the lives of youth. Community groups can collaborate with schools to use this data to inform needed action.
- Campaigns with youth are more likely to be effective when focused on the positive school climate pillar rather than education about a specific substance. Campaigns educating about substances are typically much more effective focused toward adults and building their skills to have conversations with youth about substances.
- There are numerous strategies with strong evidence base that we CAN implement in partnership with schools that reduce risk and increase protective factors in the lives of youth.
- When we asked youth who they trusted most for accurate information, they selected health care providers. However, when we asked who they are most comfortable speaking with, they selected parents/caregivers and friends/peers.
- Youth generally have resiliency and optimism:
  - 77% of youth surveyed agreed they are a good person who has a lot to offer
  - 76% of youth surveyed agreed that they can stand up for themselves and what they believe
  - 71% of youth surveyed agreed that they are hopeful about the future
  - 69% of youth surveyed agreed that they can calm themselves down
- As a youth-serving individual, it’s important to:
  - Create a safe space to normalize conversations about substance use, mental health, and their connection to health, school, finances and relationships.
  - Maximize regular touch points and established relationships to reinforce prevention messages and encourage healthy peer relationships.
  - Identify potential risk and protective factors.



# RESOURCES

Topic	Resource
Shared risk and protective factors across behavioral health outcomes	<ul style="list-style-type: none"><li>• <a href="#"><u>Risk and Protective Factors of Focus in Colorado</u></a></li></ul>
School-based mental health systems	<ul style="list-style-type: none"><li>• National Center for School Mental Health's <a href="#"><u>Advancing Comprehensive School Mental Health Systems</u></a></li><li>• National Scientific Councils on Adolescence's <a href="#"><u>Early Adolescence: A Window of Opportunity for Educators to Support Positive Mental Health</u></a></li></ul>
Social marketing campaigns	<ul style="list-style-type: none"><li>• CDC's <a href="#"><u>Social Marketing Made Simple</u></a></li></ul>
Campaigns and resources educating trusted adults	<ul style="list-style-type: none"><li>• SAMHSA's <a href="#"><u>"Talk. They Hear You."</u></a></li><li>• National Council for Mental Wellbeing's <a href="#"><u>Getting Candid About Mental Health and Substance Use</u></a></li><li>• Forward Together Colorado's <a href="#"><u>Connect More</u></a></li><li>• Colorado School of Public Health's <a href="#"><u>The Tea on THC</u></a></li></ul>
Article	<ul style="list-style-type: none"><li>• <a href="#"><u>Improving Data-Driven Decision Making for Primary Prevention: Providing Data Interpretation Resources to Schools and Communities in Colorado</u></a></li></ul>



## Preventing Multiple Risky Outcomes: Social and Emotional Learning

*Mark T. Greenberg Ph.D.*

Emeritus Bennett Chair of Prevention Science –  
Pennsylvania State University  
mxg47@psu.edu

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### The Big Picture: Public Health Outcomes

Undesired Related  
Outcomes

Poor School  
Achievement  
Poor Mental Health  
Aggression/Violence  
Substance Use/Abuse

Underlying Shared  
Constraints

Impulsive Action  
Emotion Dysregulation  
Insecure Relations



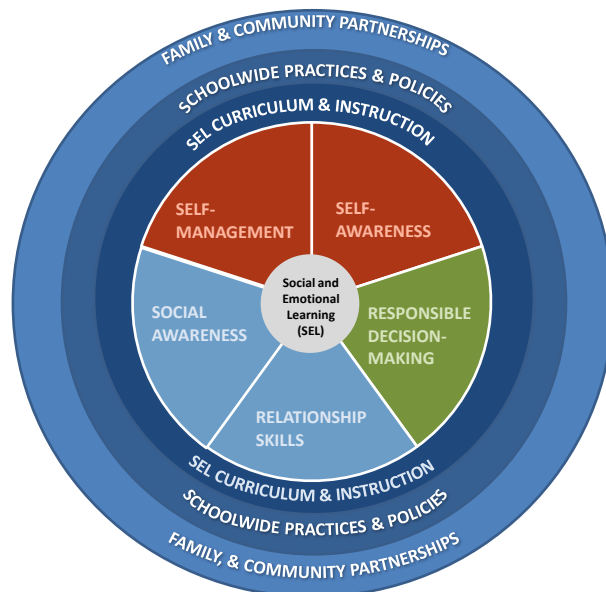
2

## Social & Emotional Learning is...

the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.

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## THE CASEL Model: Schoolwide SEL



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## SEL Improves Behavior and Learning

2011 Meta-Analysis of 213 studies over 270,000 students in K-12 revealed:

### Science Links SEL to Student Gains:

- Social-emotional skills
- Improved attitudes about self, others, and school
- Positive classroom behavior
- 11 percentile-point gain on standardized achievement tests



### And Reduced Risks for Failure:

- Conduct problems
- Emotional distress
- Early Substance Use



Source: Durlak, Weissberg, et al.. (2011) *The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child Development: 82 (1), 405-432.*

**Economic Analyses      \$1 Invested = \$11 Return**

Source: Belfield, Levin et al., 2015 (p. 5)

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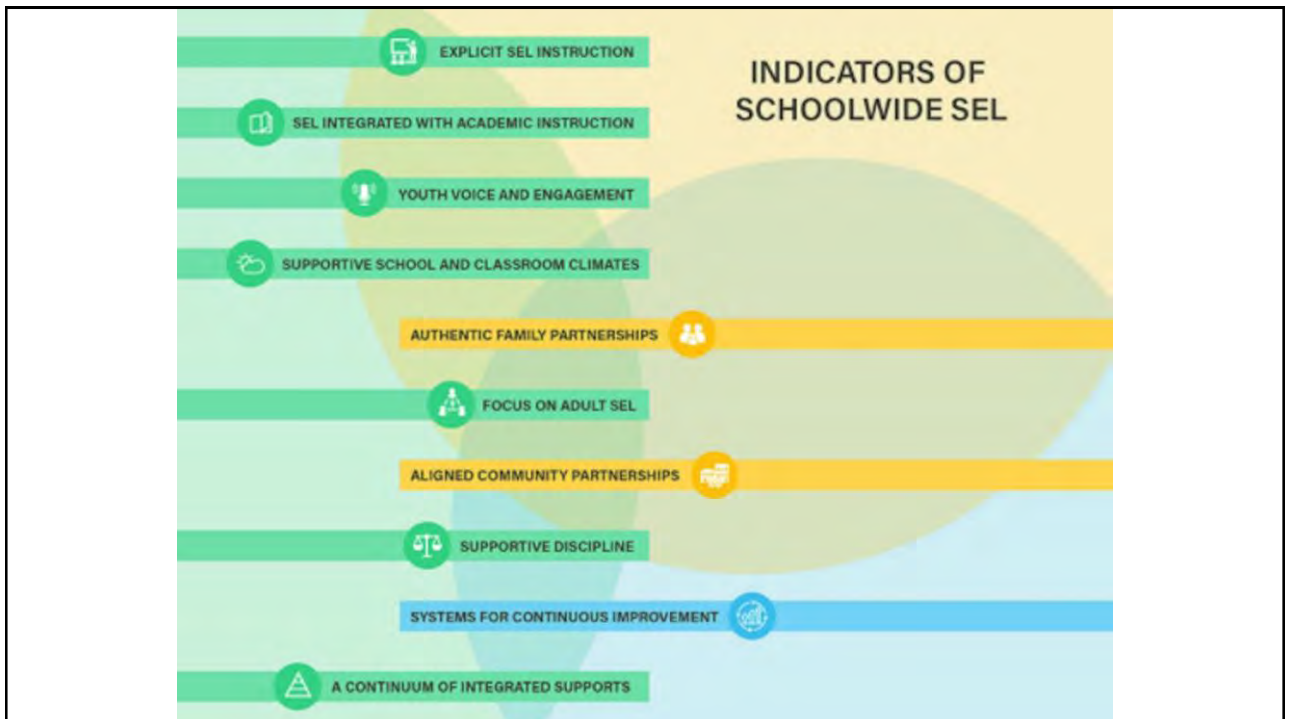
A screenshot of the CASEL Program Guide website. The header includes the CASEL logo, the text "Program Guide", and navigation links for "Newsletters", "Contact", "Donate", a search bar labeled "Search our network", and a menu icon labeled "CASEL Websites". Below the header is a horizontal menu with links: "Identify Your Goals", "Align to CASEL Criteria", "View All Programs", "Compare Programs", "About the Program Guide", "FAQs", and "For Providers". The main content area features a large image of a young girl with curly hair looking down, with a blue circular overlay on the left containing the text "Program Guide". Below this text is a short paragraph: "The CASEL Program Guide is designed to help educators and school administrators select an evidence-based SEL program that best meets the needs of their community." In the top right corner of the image area, there is a "Reduce motion" button. In the bottom right corner, there is a "Privacy - Terms" link.

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## SEL is More Than A Program

Programs are a critical component, but systems change at the levels of classrooms or schools has many more processes, components, and actions.

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## FOR WELL STUDENTS WE NEED WELL TEACHERS

Teacher at the beginning  
of the school year



Teacher at the end  
of the school year



Teacher Wellbeing

[www.teacher-wellbeing.com.au](http://www.teacher-wellbeing.com.au)

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**Educator SEL  
and Well-Being**

Teachers with strong social-emotional competence build:

- Stronger relationships with their students
- Have fewer discipline problems
- Greater Student engagement
- Higher Academic Performance

5 Meta-Analyses conclusively show that educator-focused SEL programs can improve teacher well-being & instruction

**Yet, few evidence-based educator-focused SEL programs are used by schools**

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## Lessons Learned From Research and Practice

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- Across many evidence-based programs, fidelity matters
- The best outcomes are associated with high fidelity practitioners
- High fidelity results from careful attention to implementation of evidence-based programs, practices, and policies

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## Implications for Practice and Policy

### ■ SEL WORKS

- Reduces problems in MH, SA, and Violence
- Positive outcomes including academic achievement
- Outcomes across grades and contexts
- SEL has a good economic return on investment

### ■ SEL IS DOABLE

- ***Well-trained teachers*** show strong outcomes
- Teachers want SEL

### ■ SEL NEEDS SUPPORT

- Effective planning leads to effective implementation
- Integration between Universal SEL and other Tiers of Support
- SEL requires greater support by federal and state policies

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# Public Health & Education: The Prevention Intersection

Ali Maffey, MSW

Oct 3, 2024

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# Who is ASTHO?

ASTHO supports, equips, and advocates for state and territorial health officials in advancing the public's health and well-being.

ASTHO's primary functions are to:

- Develop strong and effective public health leaders.
- Improve public health through capacity building, technical assistance, and thought leadership.
- Advocate for resources and policies that improve the public's health and well-being.



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**How can public health  
work with schools to  
prevent adolescent  
substance use?**

16

# 1. Need Assessment: Data on Risk, Protection, and Social Determinants of Health to Drive Action

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## What are SRPFs?

---

**Risk factors** are characteristics and conditions that increase the likelihood of experiencing an adverse **health or quality-of-life outcome**.

**Protective factors** are the inverse: these characteristics and conditions decrease or mitigate the likelihood of experiencing an adverse outcome or increase the likelihood of experiencing a positive outcome.

**Shared** means that a singular factor impacts multiple adverse health outcomes.






astho™

Safe States Alliance

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# Colorado's Definitions

- Combination of many theoretical models and research
- Definitions created based on available and consistently measured factors and outcomes
- Example:

RISK & PROTECTIVE FACTORS AND DEFINITIONS	
Risk & Protective Factors	Definition
 Racism, Oppression, and Underlying Systemic Conditions	Racism and other overlapping forms of oppression are systems of prejudice, dominance, and subordination of specific identities including, but not limited to, race, gender, sexual orientation, and class, that exist within every aspect of personal, cultural, and institutional life. Community Members who experience racism or other overlapping forms of oppression are exposed to toxic and chaotic stressors that increase the chance of experiencing individual risk factors and other risk factors present in families, schools, and broader community and society. Because of these systems, community members experience a lower quality of, and less access to, protective factors that could buffer against these risks. This is why differences in happiness, health, and wealth often exist between groups who experience racism and other forms of oppression.
THE ABOVE INFLUENCES ALL OF THE BELOW	
 Availability of Substances in Community	When alcohol, marijuana, and other drugs are more available in a community, youth are at higher risk of substance use and violence. If youth think that substances could be easy to access, the risk increases for substance use and violence.
 Access to Firearms in Community	When firearms are more available in a community, risk of conflict and violence by firearm increases. If youth perceive that firearms are more easily accessible and available, the risk increases for delinquency and violence.
 Economic Instability	Youth who experience limited economic opportunities and do not have consistent access to basic needs like food, clothing, and shelter are at higher risk of substance use, violence, delinquency, teen pregnancy, and dropping out of school.
 PROTECTIVE: Community Opportunities for Prosocial Involvement and Connection	When youth are involved in extracurricular activities like sports, band, drama clubs, student government, or community service, protection increases and they are less likely to be involved in substance use and delinquency.



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RISK & PROTECTIVE FACTORS AND IMPACTED OUTCOMES							
Risk & Protective Factors	Identified Programs and/or Strategies to Address this Factor	Impacted Outcomes in Current Program Research					
		Substance Misuse	Depression & Anxiety	Teen Pregnancy	School Dropout	Violence	Delinquency
 Racism, Oppression, and Underlying Systemic Conditions	Strategies	X <sup>7,8</sup>	X <sup>8</sup>		X <sup>10</sup>	X <sup>9</sup>	X <sup>9</sup>
THE ABOVE INFLUENCES ALL OF THE BELOW							
 Availability of Substances in Community	Strategies & Programs	X <sup>1,7</sup>				X <sup>1</sup>	
 Access to Firearms in Community	Strategies & Programs	X <sup>1,7</sup>				X <sup>1</sup>	X <sup>6</sup>
 Economic Instability	Strategies & Programs	√ <sup>1,7</sup>	√ <sup>4</sup>	√ <sup>1,3</sup>	X <sup>1</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
 PROTECTIVE: Community Opportunities for Prosocial Involvement and Connection	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>			X <sup>1,2</sup>	X <sup>1,6</sup>
 Limited Access to Education	Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
 Limited Commitment to the Value of School	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
 PROTECTIVE: School Opportunities for Prosocial Involvement	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>		X <sup>5</sup>	X <sup>2</sup>	X <sup>1,6</sup>
 PROTECTIVE: School Rewards for Prosocial Involvement	Strategies & Programs	X <sup>1,7</sup>					X <sup>1,6</sup>
 Limited Parental Supervision for Any Reason	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
 Family History of Substance Misuse or Mental Health Concerns	Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>



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Risk Factor OR Outcome	Risk Category	Number of Items	Reverse Coded?	State Average	Regional Average	Local Average	Quick Look			Difference Local - State
							State	Regional	Local	
Recent Experiences with Oppression: Peer Bullying based on Intersectional Identities	Risk (lower is better)	6	no	25.1	24.2	17.7	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	-7.4
Recent Experiences with Oppression: Racism	Risk (lower is better)	4	no	6.6	6.5	14.8	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	8.2
Early Initiation of Substance Use	Risk (lower is better)	4	no	12.3	12.8	15.5	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	3.2
Availability of Substances in Community	Risk (lower is better)	6	no	36.7	39.5	15	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	-21.7
Youth Perception of Substance Use Risk	Risk (lower is better)	4	yes	22.3	21	14.5	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	7.8
Youth Peer Attitudes Favorable Towards Substance Use	Risk (lower is better)	5	yes	25.2	23.3	14.0	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Community Norms Favorable Toward Substance Use	Risk (lower is better)	4	yes	14.2	12.4	20	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Parental Attitudes Favorable Toward Substance Use	Risk (lower is better)	3	yes	11.3	10.4	14.3	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Limited Parent Time to Monitor Youth Behavior	Risk (lower is better)	4	yes	20.8	21.8	17.5	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Economic Instability	Risk (lower is better)	2	no	9	9.6	14	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Limited Academic Success	Risk (lower is better)	1	yes	31.1	27.7	11	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Limited Commitment to the Value of School	Risk (lower is better)	6	mostly	34.5	32.5	16.8	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Access to Firearms	Risk (lower is better)	2	no	18	18.7	11	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	
Protective Factor OR Indicator	Protective Category	Number of Items	Reverse Coded?	State Average	Regional Average	Local Average				Difference Local - State
Community Opportunities for Prosocial Involvement and Connection	Protective (higher is better)	5	no	61.3	63.5	86.8	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	25.5
Family Opportunities for Prosocial Involvement	Protective (higher is better)	3	no	76.7	76.9	87.3	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	10.6
School Opportunities for Prosocial Involvement	Protective (higher is better)	3	no	71.4	73.1	81.3	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	9.9
School Rewards for Prosocial Involvement	Protective (higher is better)	2	no	53.3	57.2	83.5	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	<div style="width: 100%;"><div style="width: 100%;"></div></div>	30.2

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# 2. Use the Data to Inform Academic and Prevention Strategies

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RISK & PROTECTIVE FACTORS AND IMPACTED OUTCOMES							
Risk & Protective Factors	Identified Programs and/or Strategies to Address this Factor	Impacted Outcomes in Current Program Research					
		Substance Misuse	Depression & Anxiety	Teen Pregnancy	School Dropout	Violence	Delinquency
Racism, Oppression, and Underlying Systemic Conditions	Strategies	X <sup>7,8</sup>	X <sup>8</sup>		X <sup>10</sup>	X <sup>9</sup>	X <sup>9</sup>
THE ABOVE INFLUENCES ALL OF THE BELOW							
Availability of Substances in Community	Strategies & Programs	X <sup>1,7</sup>				X <sup>1</sup>	
Access to Firearms in Community	Strategies & Programs	X <sup>1,7</sup>				X <sup>1</sup>	X <sup>6</sup>
Economic Instability	Strategies & Programs	X <sup>1,7</sup>	X <sup>4</sup>	X <sup>1,3</sup>	X <sup>1</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
PROTECTIVE: Community Opportunities for Prosocial Involvement and Connection	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>			X <sup>1,2</sup>	X <sup>1,6</sup>
Limited Academic Success	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
Limited Commitment to the Value of School	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
PROTECTIVE: School Opportunities for Prosocial Involvement	Strategies & Programs	X <sup>1,7</sup>	X <sup>4</sup>		X <sup>5</sup>	X <sup>2</sup>	X <sup>1,6</sup>
PROTECTIVE: School Rewards for Prosocial Involvement	Strategies & Programs	X <sup>1,7</sup>					X <sup>1,6</sup>
Limited Parental Supervision for Any Reason	Strategies & Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1,5</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>
Family History of Substance Misuse or Mental Health Concerns	Programs	X <sup>1,7</sup>	X <sup>1,4</sup>	X <sup>1,3</sup>	X <sup>1</sup>	X <sup>1,2</sup>	X <sup>1,6</sup>



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# An SRPF Approach can mean a lot of different things:

## 1. An agreed upon strategy

We are all coming together to get a rec center that will increase prosocial youth involvement opportunities in our community which we know can prevent substance use, mental health issues, violence, and delinquency.

## 2. An agreed upon specific objective

We are all increasing prosocial youth involvement opportunities in our community so some people are increasing programming at rec centers, some are focused on volunteer opportunities in the community, and others are working at library-based programs.

## 3. An agreed upon theme/category

We are all improving prosocial opportunities for youth. There are campaigns encouraging parents to increase their connections with youth, there are new community events that are family-friendly (no substances), the school is increasing prosocial programming through after school opportunities and SEL, and the community is creating additional opportunities.



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## Teens report seeking relief from stress, anxiety, and depression as top reasons for substance use\*

Clinicians and public health professionals:  
Promote interventions that

REDUCE STRESS



TEACH HEALTHY COPING SKILLS



IMPROVE MENTAL HEALTH



\*Self-reported by U.S. adolescents (aged 13-18 years old) who were assessed for substance use disorder treatment from 2014-2022

[bit.ly/mm7309a1](https://bit.ly/mm7309a1)

FEBRUARY 8, 2024

MMWR



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**Campaigns are often a  
first thought! But  
exercise caution....**

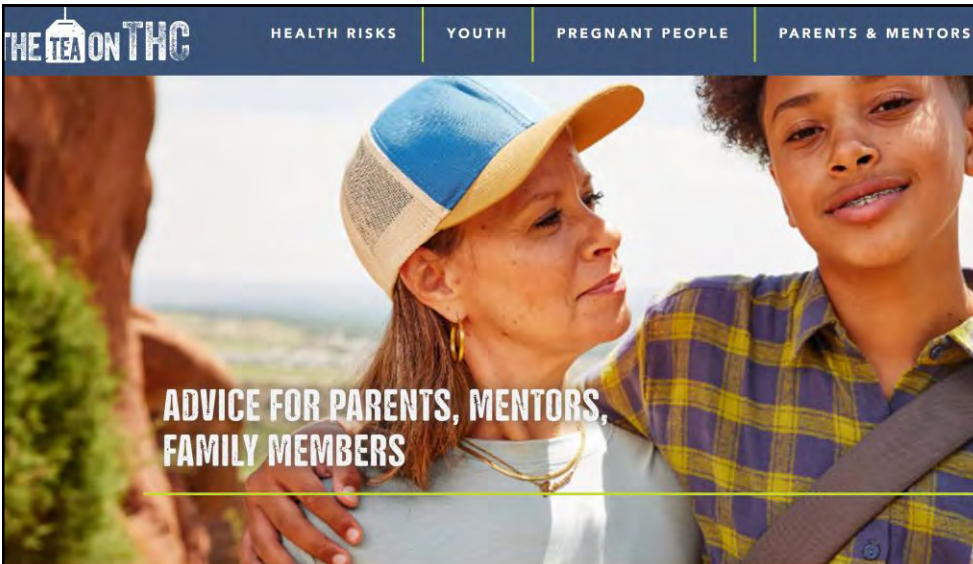
26

# Social Marketing Campaigns

- Strive to **improve welfare**, personal or societal
- Promote **voluntary behavioral changes** instead of improved awareness
- Use **positive messaging to promote a pro-cause mentality**
- Best practices include **messaging testing with the intended audience**



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Understanding youth & cannabis



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**A GAME-CHANGING GUIDE FOR  
STRENGTHENING RELATIONSHIPS  
WITH YOUR TEEN**



Screen 4 Success

Substance Use  
Prevention

Share "Talk. They Hear You."® campaign TV, radio, and print PSAs in your community to help prevent underage drinking and other substance use.

[TV PSAs](#)

[Radio PSAs](#)

[Print PSAs](#)

For broadcast quality or other requests related to placing or customizing the PSAs, email the "Talk. They Hear You." campaign team at [underagedrinking@samhsa.hhs.gov](mailto:underagedrinking@samhsa.hhs.gov).

### TV PSAs





## Resources about Risk and Protective Factors

- [Connections Lab: Home \(safestates.org\)](https://safestates.org)
- [Connecting the Dots | VetoViolence \(cdc.gov\)](https://www.cdc.gov/violenceprevention/veto)
- [What is a Shared Risk and Protective Factors Approach? | Injury Free North Carolina](#)
- [The Science of Risk Factors](#)
- [Introducing the Risk and Protective Factors](#)
- [Newly published article about supporting schools and communities to collect and report on SRPFs: Journal of Public Health Management and Practice](#)
- [Colorado's List of Risk and Protective Factors of Focus in Colorado](#)
- [CDC research on reasons youth use substances](#)
- [Icelandic Prevention Model](#)

## Resources about Effective Social Marketing Campaigns

- [CDC Social Marketing Made Simple](#)
- [Positive Community Norms research and trainings](#)
- [Best Practices for developing social marketing campaigns](#)



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## Contact ASTHO:

**Ali Maffey**

Vice President, Social & Behavioral Health

[amaffey@astho.org](mailto:amaffey@astho.org)

**Thank You**

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# Framing the Conversation Around Youth Substance Use Prevention – Intersecting Learnings for Youth Mental Health and Violence Prevention

Caroline Davidson, MPH  
Director, Practice Improvement and Consulting  
National Council for Mental Wellbeing

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## About *Getting Candid: Framing the Conversation Around Youth Substance Use Prevention*



### Purpose

To assess effects of the pandemic on substance use risks and drivers.



### Approach

National online assessments, focus groups, youth ambassadors and expert advisors.



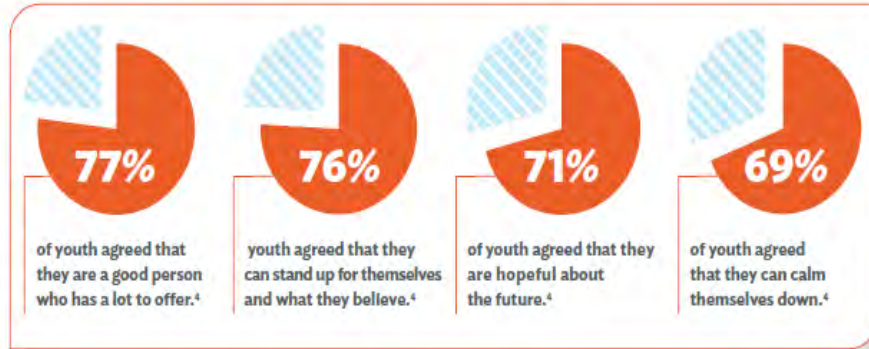
### Result

Message guide, toolkit and resources for providers to support youth ages 12-18

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,000,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. government.

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## Key Finding: Resiliency & Optimism



From Lake Research Partners, commissioned by the National Council for Mental Wellbeing, 2021-2022  
<https://www.thenationalcouncil.org/resources/cdc-key-findings/>

## Key Finding: Top 4 Reasons Not To Use Substances



From Lake Research Partners, commissioned by the National Council for Mental Wellbeing, 2021-2022  
<https://www.thenationalcouncil.org/resources/cdc-key-findings/>

Let's use a poll!

1. Does this data resonate with what you are seeing in the communities you serve?
2. Is there anything that surprised you?

## Your Role as School Staff or Beyond

- Create a safe space to **normalize conversations** about substance use, mental health, and their connection to health, school, finances and relationships.
- Maximize **regular touch points and established relationships** to reinforce prevention messages and encourage healthy peer relationships.
- Identify potential risk and **protective factors**.



# Communication Pathway



## ESTABLISH TRUST

Build rapport and establish trust.



## GATHER INSIGHTS

Seek guidance and input from youth on what matters to them.



## FRAME THE COMMUNICATION

Choose the frame for communication based on insights from youth.



## MAKE THE CASE

Select evidence to provide compelling reasons not to use drugs or alcohol.



## SUGGEST ACTION

Select one or more actions to suggest.



## ESTABLISH TRUST

Build rapport and establish trust.

### Youth Ambassador Tips

Do not assume to understand **experiences and/or identities** of people from different cultures and/or religions.

Ask youth to briefly explain their **cultural and/or religious background** to include the meanings of traditions, some of the holidays and/or celebrations, & important people within the group.

Ask youth **how they would like** their sexual orientation, gender identity, cultural and/or religious background recognized & respected when receiving care and services.

Ask youth about any **doubts or concerns** and try to uncover any misconceptions they may have about seeking services. If possible, politely and respectfully help resolve misconceptions.



## ESTABLISH TRUST



### GATHER INSIGHTS

Seek guidance and input from youth on what matters to them.

#### Ask things like...

- What matters most to you in your life and why?
- What are you looking forward to most in the coming year (or after you graduate, or beyond) and why?
- When you're faced with making a tough choice or decision, what do you consider or think about most?



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COUNCIL  
for Mental  
Wellbeing

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## ESTABLISH TRUST



### GATHER INSIGHTS



#### FRAME THE COMMUNICATION

#### MOST EFFECTIVE MESSAGES TESTED WITH YOUTH:

**The Future:** Don't let drug & alcohol use change or control your plans for the future.

**Risk of Addiction:** Drug & alcohol use changes parts of your brain that impact how you think and act. The more you use, the harder it can be to stop, even if you want to.

**Relationships:** There are people in your life who matter to you. *(For middle school)* And you try hard not to let them down. *(For high school)* And you try hard to make them proud.

**Activities:** Participating in sports, music, hobbies or other activities can help you build friendships, stay in shape, get into & receive scholarships for college & have fun.

**Self-affirmation:** You respect yourself & want to make decisions that are best for you. Trust yourself & your choice not to use drugs or alcohol.



TheNationalCouncil.org

NATIONAL  
COUNCIL  
for Mental  
Wellbeing

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**ESTABLISH TRUST**

**GATHER INSIGHTS**

**FRAME THE COMMUNICATION**

**MAKE THE CASE**

**SUGGEST ACTION**

**ACTIONS IDENTIFIED BY YOUTH AS THOSE THEY WOULD MOST LIKELY TAKE:**

- Explore new ways of dealing with **stress**, like music, reading, art, getting outdoors, talking with friends you trust or just being by yourself.\*
- Educate** yourself about alcohol, tobacco/nicotine, marijuana & other drugs by visiting a website or information on social media from a factual source.
- Make your own personal **commitment** or pledge to avoid alcohol, tobacco/ nicotine, marijuana & other drugs.\*
- Find someone you can **talk** to if you feel tempted or pressured to use alcohol, tobacco/nicotine, marijuana & other drugs.
- Talk to your **friends**. Encourage them not to use alcohol, tobacco/nicotine, marijuana & other drugs.\*

**NATIONAL COUNCIL for Mental Wellbeing**

TheNationalCouncil.org

\*Resonated particularly well with middle school youth.

## Let's use a poll!

1. Have you tried to initiate conversations with youth around substance use, mental health, or violence?
2. How have these conversations gone?

**NATIONAL COUNCIL for Mental Wellbeing**

TheNationalCouncil.org

# Getting Candid Toolkit

**Over 140 resources**

**A Message Guide for Providers**

**Six Recommendations to Create Safer Spaces for Young People**

**Risk and Protective Factors**

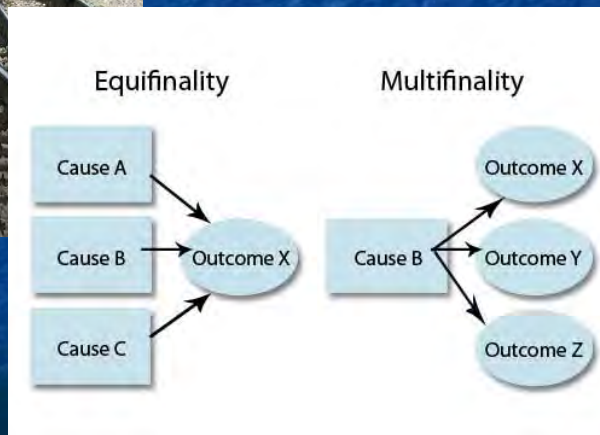
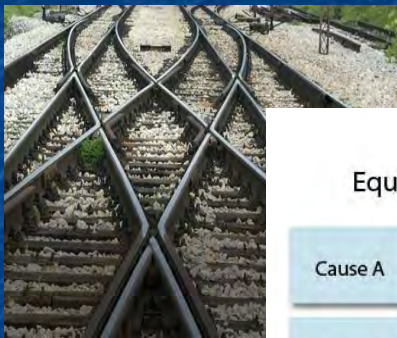
**MOTIVATIONAL CONVERSATIONS FOR YOUTH**

**NATIONAL COUNCIL for Mental Wellbeing**

<https://www.thenationalcouncil.org/getting-candid/>



## Risk Factors: Multiple Pathways





Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	*					*
Availability of Firearms		*				*
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	*	*				*
Media Portrayals of the Behavior	*				*	*
Transitions and Mobility	*	*		*		*
Low Neighborhood Attachment and Community Disorganization	*	*			*	*
Extreme Economic Deprivation	*	*	*	*	*	*
<b>Family</b>						
Family History of the Problem Behavior	*	*	*	*	*	*
Family Management Problems	*	*	*	*	*	*
Family Conflict	*	*	*	*	*	*
Favorable Parental Attitudes and Involvement in the Problem Behavior	*	*			*	*
<b>School</b>						
Academic Failure Beginning in Late Elementary School	*	*	*	*	*	*
Lack of Commitment to School	*	*	*	*	*	*
<b>Individual/Peer</b>						
Early and Persistent Antisocial Behavior	*	*	*	*	*	*
Rebelliousness	*	*	*	*	*	*
Gang Involvement	*	*			*	*
Friends Who Engage in the Problem Behavior	*	*	*	*	*	*
Favorable Attitudes Toward the Problem Behavior	*	*	*	*	*	*
Early Initiation of the Problem Behavior	*	*	*	*	*	*
Constitutional Factors	*	*			*	*



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## KEY CONSIDERATIONS FOR INTEGRATING FENTANYL EDUCATION & NALOXONE TRAINING INTO SCHOOLS

*Moderator: Robert LaChausse, PhD  
Professor, California Baptist University*

**Holly Alperin, EdM, MCHES**

Program Coordinator & Clinical Associate Professor  
University of New Hampshire

**Michael Hecht, PhD**

President, REAL Prevention LLC  
Emeritus Professor, Penn State University

# PRESENTER BIO

## Robert LaChausse, PhD



Dr. Robert G. LaChausse is a Professor in the Department of Public Health Sciences at California Baptist University (CBU). He teaches undergraduate and graduate courses in child and adolescent development, health behavior, research methods, statistics, and program evaluation. He is a nationally recognized leader in the areas of substance use prevention, program evaluation, and prevention science. His research interests are in the areas of alcohol, tobacco, and drug prevention, teen pregnancy prevention, obesity prevention, and parent-child relationships. He has published his research in such journals as the American Journal of Public Health, Health Education Research, Health Promotion Practice, and the Journal of Adolescent Health. His research has been funded by the Substance Abuse & Mental Health Services Administration (SAMHSA), the United States Department of Health and Human Services (DHHS), the Centers for Disease Control and Prevention (CDC), and the United States Department of Agriculture (USDA). He currently serves as a Governing Councilor for the American Public Health Association (APHA) and on the Board of the National Prevention Science Coalition (NPSC). He earned his PhD in Developmental Psychology from Claremont Graduate University.

# PRESENTER BIO

## Holly Alperin, PhD



Ms. Holly Alperin EdM., MCHES is a sought-after leader who has over 25 years of experience working in the fields of public health and education at the local, state, national, and international levels to prepare future health and physical educators and to support school leaders in designing and implementing effective educational interventions that improve the health and well-being of young people. She currently serves as a Clinical Associate Professor & Program Coordinator in the Department of Kinesiology's Health and Physical Education Program at the University of New Hampshire. Prior to UNH, she worked at the Massachusetts Department of Elementary and Secondary Education in a variety of roles supporting schools in strengthening health education curriculum, whole school coordination & collaboration across programs, development of written policies, and to increase the capacity of school leaders. Her work specifically targets school health education and whole-school well-being programs, physical education comprehensive school physical activity, and school nutrition programs. Ms. Alperin is Director of Health for the International Alliance for Health, Physical Education, Dance, and Sport (IAHPEDS), past-Chair of the Health Education Council for SHAPE America, and member of the National Health Education Standards Revision Task Force.

# PRESENTER BIO

## Michael Hecht, PhD



Michael Hecht (PhD, University of Illinois) is President of REAL Prevention, LLC and a Distinguished Professor Emeritus of Communication Arts and Sciences and Crime, Law and Justice at Penn State University. He started in prevention research over 40 years ago, after a graduate student recruited him to collaborate on a narrative project targeting adolescent drug use. Now, Michael focuses his work on school and community-based prevention, culture and health, health message design, and narrative health messages. This work includes several evidence-based interventions that advance his Narrative Engagement Theory and Principle of Cultural Grounding. keepin' it REAL is the most widely distributed school-based curriculum since its adoption by D.A.R.E. It has been adapted for use in Nicaragua, the UK, Spain, and Mexico. HPV Stories promotes HPV vaccine among youth, women, and men and is endorsed by NCI and the American Cancer Society. Both are recognized by the U.S. Surgeon General. Other evidence-based interventions include Mighty Teens targeting risky sexual behavior among middle school students (with AASA: The School Superintendents Association), REAL media targeting substance use among high school students (with the 4-H clubs), REAL Parenting targeting drinking among high school students, the Opioid Rapid Response System for prevention deaths from overdose, and the Student-Athlete Wellness Portal targeting reducing prescription opioid misuse among high school athletes. He has authored more than 200 books, chapters, and peer-reviewed journal articles. Through his research, Michael hopes to promote healthy, safe, and responsible behaviors.

# PRESENTER KEY TAKEAWAYS

- Schools and communities can partner for a comprehensive approach to prevention and intervention of fentanyl/opioids.
- It is necessary to implement evidence-based program, curriculums, and approaches known to decrease likelihood of substance use.
- We need to evaluate programs to determine effectiveness related to fentanyl/opioid use.
- Effective substance use prevention focuses on building youth's skills rather than increasing awareness or providing information.
- Schools should provide referrals for treatment and have regular professional development for faculty and staff on fentanyl/opioid addiction and overdose.
- Schools should immediately begin developing policies and practices regarding naloxone deployment to reduce overdose.
- Naloxone distribution should be accompanied by evidence-based training.

# RESOURCES

## Preventing Opioid Use & Overdose in School-Age Youth



Access the strategy

[HERE!](#)

# Key Considerations for Integrating Fentanyl Education & Naloxone Training into Schools



## Session Presenters

Holly Alperin, EdM, MCHES  
University of New Hampshire

Michael Hecht, PhD  
REAL Prevention, LLC

Robert LaChausse, PhD  
California Baptist University



## Session Objectives

By the end of the session, participants will be able to:

- Identify opportunities for schools and community partners to work together to address fentanyl/opioid use
- Discuss positive prevention strategies in school-based settings

## Workgroup Members

- Holly Alperin, University of New Hampshire
- Kris Bosworth, University of Arizona
- Pamela Buckley, University of Colorado, Boulder
- Michael Hecht, REAL Prevention, LLC
- Wasantha Jayawardene, Southern Illinois University
- Robert LaChausse, California Baptist University (Chair)

## Preventing Opioid Use in School-Age Youth

### Report Sections:

1. Introduction
2. What works (and what doesn't) in substance use prevention
3. Recommended approaches
4. Implementation guidance
5. Harm reduction
6. Conclusion

## Introduction to the Problem

- While most funding is allocated to treatment, **prevention is necessary**
- Fentanyl overdoses are **most often accidental** – though may be preventable
- Youth opioid crisis closely aligns with **counterfeit pill use and improper prescription opioids**
- **Racial and ethnic disparities exist in overdose rates**, and must be considered when targeting prevention

## Schools as a Primary Partner in Prevention

- Most **school-age youth can be found in school** settings
- Schools can be an **opportunity for community members and educators to work together**
- Adults can support development of school climate that promotes **connection, prevention, and a sense of well-being**
- **Primary, secondary, & tertiary prevention** efforts can be coordinated through and with school staff

## What Works in Substance Use Prevention Ed

- **Evidence-Based Interventions** (i.e., universal classroom or school-wide programs) for substance use primary prevention
- Fentanyl/opioid prevention is probably **no different** than effective ATOD prevention
- Provide opportunities for youth to **build skills**
- Ensure **meaningful "dose"** of education
- Increase youth **perceptions of risk & anti-substance use norms**
- Use **effective & engaging delivery** methods

## Implementation Guidance

- Prevention is a **multisectoral effort** – coordination & partnership is key
- Integrate fentanyl/opioid education as a part of **comprehensive prevention efforts**
- **Identify upstream factors, root causes, and community needs** - address these through policy and practice
- Ensure **trained and licensed educators** are involved in implementation efforts

## Implementation Guidance

- Review (or design) **state-level learning standards** to address fentanyl/opioid prevention
- Dedicate instructional time to support **skill development & knowledge acquisition** – e.g. National Health Education Standards, state standards
- Align curriculum with **best practice in prevention education**
- Ensure adaptations to purchased curriculum **do not fundamentally alter learning experience** or avoid key elements

## Harm Reduction

- Integrate **harm reduction** approaches throughout the school
- Design policies to address **intranasal Naloxone availability and deployment**
- Provide **evidence-based training on intranasal Naloxone** to teachers and staff
- **Collaborate with referral partners** familiar with school-age youth and have demonstrable success

## Recommendations

- Schools and communities can **partner for a comprehensive approach** to prevention and intervention of fentanyl/opioids
- Need to implement EBI program, curriculums, and approaches **known to decrease likelihood of substance use**
- Need to **evaluate programs** to determine effectiveness related to fentanyl/opioid use
- Effective substance use prevention focuses on **building youth's skills rather than increasing awareness** or providing information.

## Recommendations

- Schools should provide **referrals for treatment and have regular PD for faculty and staff** on fentanyl/opioid addiction and overdose.
- Schools should immediately begin **developing policies and practices regarding Naloxone deployment to reduce overdose.**
- Naloxone distribution should be accompanied by **evidence-based training**

## Questions





2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## IMPLEMENTING SOCIAL NORMS MEDIA CAMPAIGNS IN MIDDLE SCHOOLS - FINDINGS FROM A MULTI-HIDTA PREVENTION PROJECT SUPPORTED BY ADAPT

*Moderator: Patty Ferssizidis, PhD  
Assistant Director, ADAPT*

**Alicia Stromme Tobin**

Executive Director, Safe Yakima Valley

**Nick Mifflin**

Assistant Principal,  
Washington Middle School - Yakima School District

**Wesley Perkins, PhD**

Professor Emeritus of Sociology,  
Hobart and William Smith Colleges

# PRESENTER BIO

## Patty Ferssizidis, PhD



Dr. Patty Ferssizidis is the Assistant Director for ADAPT, A Division for Advancing Prevention and Treatment, a national training and technical assistance division supporting the integration of evidence-based substance use prevention strategies into communities. She also serves as the Associate Director of the Center for Advancing Prevention Excellence at the University of Baltimore. In these roles, Dr. Ferssizidis manages training and technical assistance product development, quality improvement initiatives, and workforce development. Dr. Ferssizidis is a licensed clinical psychologist with clinical and programmatic expertise in working across healthcare and community systems to promote and support evidence-based substance use and mental health strategies. She has led multiple federal implementation grants on substance use and suicide prevention that focus on preventive interventions, workforce development to increase uptake of EBPs in practice, and reducing inequity in access to care.



# PRESENTER BIO

## Alicia Stromme Tobin



Alicia Stromme Tobin is the Executive Director of Safe Yakima Valley, a Yakima-based non-profit aimed at preventing youth substance use through education and advocacy via its drug-free coalitions and its youth mentoring program. In addition to creating and managing business plans for the attainment of Safe's goals and objectives, Stromme Tobin oversees the daily operations of the organization as it pertains to managing all funding sources/grants and ensuring compliance, quality assurance, program efficiency, and program goal achievement. In her role as executive director, Stromme Tobin tripled the organization's grant funding and expanded its programs county-wide in two years. Safe YakimaValley received the NWHIDTA Excellence in Prevention Award in 2023. Additionally, in 2024, Safe Yakima received the Washington State Health Care Authority's Prevention Award of Excellence.

Prior to joining Safe Yakima Valley, Alicia worked for over 26 years in the financial services industry as a bank manager and mortgage underwriter. During her time in banking, Stromme Tobin amassed over 10,000 volunteer hours in the Yakima community in which she served on various committees with the Yakima Chamber of Commerce, served on non-profit boards, volunteered for local schools, and facilitated several public speaking events. She is presently serving her 24th year on the Board of the Yakima County Crime Stoppers.

# PRESENTER BIO

## Nick Mifflin



Nick Mifflin is the Assistant Principal at Washington Middle School, where his passion for education and student development is evident in every aspect of his work. Starting his career as a Math Teacher, Nick quickly established himself as a leader in the classroom, known for his teaching methods and commitment to student success. His deep understanding of mathematical concepts and ability to make them accessible and engaging to all students laid the foundation for his transition into administration.

As a math teacher, he was observed by those around the state to learn from his practice while being a model classroom for OSPI Success Coaches as well as earning a Yakima School District Crystal Apple Award. As Assistant Principal, Nick focuses on fostering student leadership and promoting student growth through schoolwide systems. He is a strong advocate for Positive Behavioral Interventions and Supports (PBIS) systems and Social Emotional Learning (SEL), believing that a positive school culture is essential for academic and social success. Nick works to implement PBIS strategies that encourage positive behavior, improve school climate, and reduce disciplinary issues. He understands the importance of helping students develop the skills they need to manage emotions, build healthy relationships, and make responsible decisions. Nick focuses on creating systems that use student data and student voice to meet the needs of students. This includes aligning tiered support, creating a community mentorship program, and promoting school partnerships that push students toward academic success. Nick Mifflin's leadership at Washington Middle School is marked by his dedication to creating a supportive and positive environment where every student can thrive. He has continued to celebrate students and the work they are doing by creating social media and other forms of communication with the larger school community. His work continues to make an impact on the lives of students and the overall school community.

# PRESENTER BIO

## Wesley Perkins, PhD



H. Wesley Perkins received a B.A. in Sociology from Purdue University, an M.Div. degree from Yale University Divinity School, and an M.A. and Ph.D. in Sociology from Yale University. He is Professor Emeritus of Sociology at Hobart & William Smith Colleges and Project Director of the Alcohol Education Project and the Youth, Health, and Safety Project, initiatives providing research, educational resources, and strategies to reduce risk-related and problem behaviors among youth and young adults throughout the U.S. and internationally.

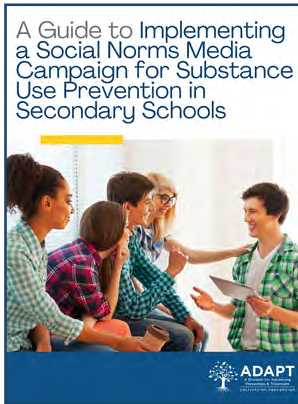
The Alcohol Education Project has received multiple national awards from the U.S. Department of Education as a Model Prevention Program. Dr. Perkins has published extensive research in professional journals on promoting health and well-being and numerous publications on the prevention of violence and substance misuse among youth. He developed the theory underlying the social norms approach to preventing risk behavior and edited a book on *The Social Norms Approach to Preventing School and College Age Substance Abuse*. Dr. Perkins has delivered over 500 guest lectures, keynote addresses, research presentations, and workshops for universities, secondary schools, and professional conferences and has consulted with hundreds of secondary schools, institutions of higher education, and community health agencies about social norms interventions throughout the United States, Canada, England, and Scotland. Dr. Perkins received the Outstanding Service Award from the Network of Colleges and Universities Committed to the Elimination of Alcohol and Other Drug Abuse for career contributions to prevention work and his work has been frequently cited in U.S. news coverage including the New York Times, Los Angeles Times, CNN, NPR, New York Times Magazine, Newsweek, and Time Magazine.

# PRESENTER KEY TAKEAWAYS

- When implementing a social norms media campaign in schools, use the communication tools available to you to notify parents/caregivers about the campaign beforehand.
- The intervention's results speak for themselves if implemented to fidelity – yet it is imperative that schools have buy-in and remain committed to the campaign for the duration of its operation.
- If schools are limited in capacity, they can reach out to community partners to help champion the campaign. Our school originally said "NO!" to implementing this intervention. But the opportunity to collaborate with Safe Yakima to help roll this out made it feasible.
- A social norms media campaign, which is a universal environmental strategy, integrates well into current systems such as Positive Behavioral Interventions and Supports and Associative Student Body/Leadership. This approach allows us to focus on upstream prevention rather than chasing problems that may develop at a later time.
- After implementing a social norms media campaign for a full academic year, school data shows a reduction of substance-related disciplinary incidents.
- Aggregated results from comparing a pre- and post-test survey conducted in eight diverse schools demonstrated that the social norms media campaign's strategy of reducing harmful misperceptions of peer norms produced significant increases in student resilience and reductions in personal use.
- The post-test survey evidence also corroborated the beneficial effects of the campaign with the finding that students with the highest levels of exposure to the campaign messages were significantly less likely engage in substance use.

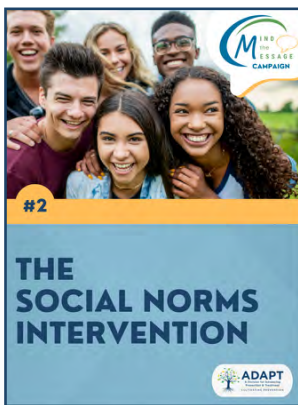
# RESOURCES

## A Guide to Implementing a Social Norms Media Campaign for Substance Use Prevention in Secondary Schools



Access the Guide  
[HERE!](#)

## The Social Norms Intervention



Read more [HERE!](#)

## Websites to Support Your Work

- [The Alcohol Education Project](#)
- [The Youth Health Safety Project](#)
- [National Social Norms Center](#)
- [The Montana Institute](#)

## THE MULTI-HIDTA PREVENTION PROJECT: A SCHOOL-COMMUNITY PARTNER APPROACH

- Recruited 10 schools from across the nation
  - Georgia
  - South Carolina
  - Washington
  - West Virginia
- Provided intensive TA throughout the planning, implementation, and evaluation phases of the project

[www.hidta.org/adapt](http://www.hidta.org/adapt)



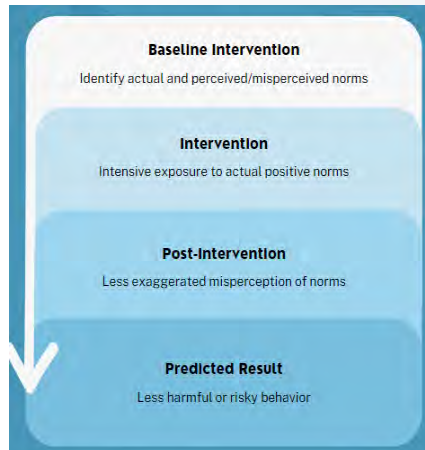
## BRIEF OVERVIEW OF THE SOCIAL NORMS MEDIA CAMPAIGN

- Social norms: a root cause of individual attitudes and behaviors
- Actual norms vs perceived norms
- The problem: Adults and youth overwhelmingly overestimate the number of youth who use substances.
- (Mis)perception drives behavior

[www.hidta.org/adapt](http://www.hidta.org/adapt)



# THE SOCIAL NORMS MEDIA CAMPAIGN



[www.hidta.org/adapt](http://www.hidta.org/adapt)



**ADAPT**  
A Division for Advancing  
Prevention & Treatment  
CULTIVATING PREVENTION

WASHINGTON/BALTIMORE  
**HIDTA**  
HIGH-INTENSITY DRUG TRAFFICKING AREA

# TA SUPPORT PROVIDED

**Mar 2023:**  
Set goals  
Build the  
Implementation  
Team

**Jul-Aug 2023:**  
Analyze data  
Develop and  
test media

**May-Jun 2024:**  
Evaluation social  
norms survey

**May-Jun 2023:**  
Baseline social  
norms survey

**Sep 2023-Apr  
2024:**  
Disseminate  
media  
Monitoring

**Jul-Aug 2024:**  
Data analysis for  
evaluation

[www.hidta.org/adapt](http://www.hidta.org/adapt)



**ADAPT**  
A Division for Advancing  
Prevention & Treatment  
CULTIVATING PREVENTION

WASHINGTON/BALTIMORE  
**HIDTA**  
HIGH-INTENSITY DRUG TRAFFICKING AREA

## WHAT TO EXPECT IN THIS SESSION:

- Unfold the experience of a coalition-school collaborative effort
- Report out the key findings from the evaluation of the campaign across participating schools
- Orient you to the Guide to Implementing a Social Norms Media Campaign for Substance Use Prevention in Secondary Schools

[www.hidta.org/adapt](http://www.hidta.org/adapt)



## BRIEF VIDEO

- Take a look into the experiences of community partners, school staff, and students from two Washington State Middle Schools
  - Washington Middle School, Yakima School District
  - Jemtegaard Middle School, Washougal School District

[www.hidta.org/adapt](http://www.hidta.org/adapt)





2024 HIDTA PREVENTION SUMMIT: SCHOOL-BASED PREVENTION

October 3, 2024

**PANEL: Implementing Social Norms Media Campaigns in Middle Schools  
- Findings from a Multi-HIDTA Prevention Project Supported by ADAPT**

## **Aggregate Impact Assessment of a 2023-2024 Social Norms Media Campaign in Eight Middle Schools**

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

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

## **Diversity Among Eight Participating Middle Schools**

**Region of US:** 6 in Pacific Northwest; 2 in Southeast.

**Majority Racial/Ethnic Composition:**

4 White; 3 Hispanic; 1 Black/African American.

**% Receiving Free School Lunch:** 1 at < 30%; 3 at 30-70%; 4 at >70%.

**Grade 6-8 Population Size:** 2 at 200-350; 2 at 400-500; 4 at 700+.

## Two Primary Research Questions

1. What are the differences between pre-intervention Spring 2023 survey results (N=2,646) and post-intervention Spring 2024 survey results (N=2,178)?
2. What are the differences among students within the 2024 survey reporting low (n=460), medium (n=688), and high (n=888) levels of exposure to the social norms media campaign?

## Types of Substances Measured and Addressed in Media Campaign

1. Tobacco/Nicotine (Smoking/Vaping)
2. Drinking Alcoholic Beverages
3. Consuming Marijuana (Smoking/Vaping/Eating)
4. Using Pills Not Provided by Their Doctor, Nurse, or Parent/Guardian

## **Types of Measures about Each Substance**

1. Perceptions about Peer Attitudinal Norms
2. Perceptions about Peer Use Norms
3. Perception of Peer's Parental/Guardian Rules about Use
4. Reasons Selected for Not Using Substances
5. Ways Selected for Avoiding Use of Substances
6. Personal Attitudes about Use of Substances
7. Personal Use of Substances in Last 30 Days





**A Total of 65 Measures Examined for Campaign Impact Evaluation**

## **Logistic Regression Analysis**





- **Used for analyzing categorical data to calculate the relative odds (odds ratios) of cases occurring in a category of the dependent variable (e.g. misperceiving the peer norm about a substance or personally using a substance) based on categories of the independent variables (e.g. year of the survey or level of campaign exposure)**
- **Procedure simultaneously adjusts for variation in the data in terms of school level effects and grade level effects.**

## Logistic Regression Results: Students' Relative Odds of Substance Use Responses Predicted by Post-/Pre-Test (2024/2023) Survey

Results were in the predicted direction of improved resilience for all 65 measures (statistically significant in 59 items) including:





-  • Less likely to erroneously perceive permissive attitudes and substance use as the peer norm
-  • Increased likelihood of having personal reasons and ways for avoiding substance use
-  • Decreased likelihood of permissive personal attitudes
-  • Decreased chances of 30-day personal use of substances

## Example Highlights for 2024 vs 2023





-  • Erroneous beliefs about peer attitudes (i.e., that most peers think using each substance is OK) declined by more than one-third!
-  • Odds of students saying they avoid using a substance because most friends avoid using it doubled for each substance!
-  • 30% reduction in likelihood of personal marijuana use in past 30 days!
-  • 38% reduction in chance of personally using shared pills in past 30 days!

## Logistic Regression Results: Students' Relative Odds of Substance Use Responses Predicted by High/Low Campaign Exposure

Results were in the predicted direction of greater resilience for 63 of 65 measures (statistically significant for 59 items) including:

-  • Less likely to misperceive permissive attitudes and substance use as the peer norm
-  • Greater likelihood of having personal reasons and ways for avoiding substance use
-  • Less likelihood of personally holding permissive attitudes
-  • Lower chances of 30-day personal use of substances

## Example Highlights for High vs Low Campaign Exposure

-  • Regarding each substance, one-third to three-quarters more likely to accurately perceive other students' parental/guardian norm not allowing any use!
-  • Less than half as likely to have personally consumed alcohol or used marijuana in past 30 days!
-  • Only one-third as likely to have personally used tobacco/nicotine in past 30 days!
-  • Only one-quarter as likely to have personally used shared pills in past 30 days!

**Thank You!**

**For Additional Resources about the Social Norms  
Approach to Prevention Provided by Dr. Perkins see:**

**<http://www.AlcoholEducationProject.org>**

**<http://www.YouthHealthSafety.org>**



2024 HIDTA PREVENTION SUMMIT

# SUMMIT RESOURCES

## CLOSING REMARKS AND RESOURCES TO SUPPORT YOUR NEXT STEPS

**Jayme Delano, MSW**

Deputy Director, National HIDTA Program

**Lora Peppard, PhD, DNP, PMHNP-BC**

Director, ADAPT

Deputy Director for Treatment & Prevention, W/B HIDTA

# PRESENTER BIO

## Jayne Delano, MSW



Jayne Delano has experience spanning years working in public health and public safety. She is characterized in multiple areas to include oversight of Federal grant programs; subject matter expert supporting interagency task forces and work groups; leader of daily operations of alternative to incarceration programs for substance use disorder population; hiring manager and supervisor of management teams that worked with organizations to affect the culture and climate necessary for programmatic success; developer and overseer of research activities; provision of technical assistance and training to criminal justice agencies; therapist in community-based clinics; and private practitioner treating people with varied mental health diagnoses.



# PRESENTER BIO

## Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Director of ADAPT, a national training and technical assistance division for substance use prevention for the National High Intensity Drug Trafficking Area (HIDTA) Program out of the Office of National Drug Control Policy. She also serves as the Executive Director of the Center for Advancing Prevention Excellence at the University of Baltimore, President of the American Psychiatric Nurses Association, and Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA. Dr. Peppard has over 20 years of clinical experience as a psychiatric nurse practitioner. She has led multiple federally funded grants and developed system-wide strategies to address substance use and behavioral health needs across a variety of populations. Dr. Peppard has authored several publications and serves as a community, state, national, and international consultant on substance use and behavioral health prevention.

## Closing Remarks and Resources to Support Your Next Steps

4:45 – 5:00 pm ET

**Jayne Delano**  
Deputy Director, National HIDTA Program

**Lora Peppard, PhD, DNP, PMHNP-BC**  
Director, ADAPT

[www.hidta.org/adapt](http://www.hidta.org/adapt)



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## FUTURE SUPPORT

### 1. Technical Webinars

- October 16, 3:00-4:30pm ET: Powering Prevention with Developmental Theory
- November 13, 3:00-4:30pm ET: The Role of parenting in Substance Use Prevention

### 2. Campaign

### 3. Subscription List

### 4. Prevention Intervention Resource Center



[www.hidta.org/adapt](http://www.hidta.org/adapt)



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