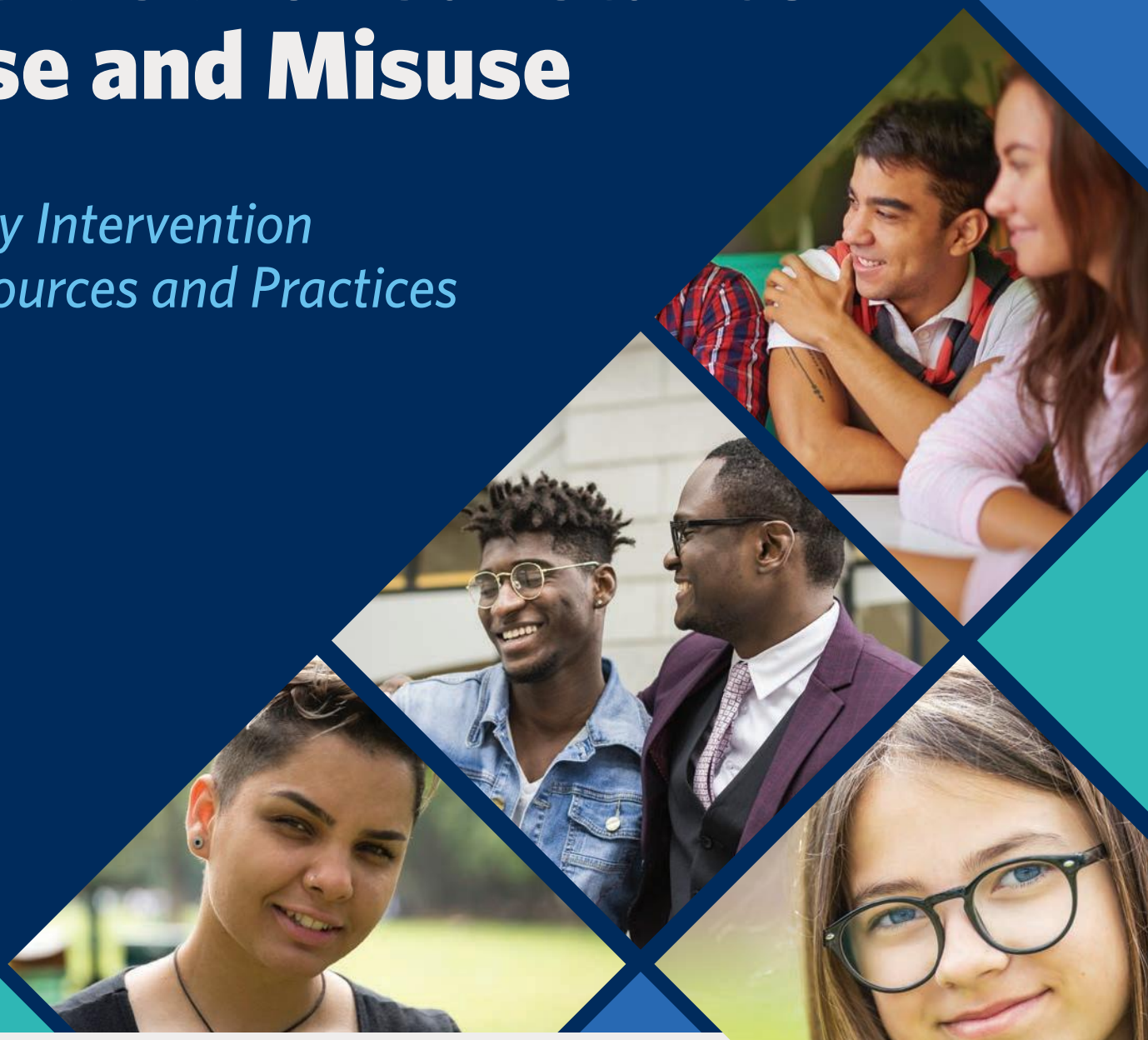
Reaching Youth
At Risk for Substance Use and Misuse

Early Intervention Resources and Practices



NASADAD National Association of State Alcohol and Drug Abuse Directors

CONRAD N. Hilton FOUNDATION

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) developed this resource guide with funding from the Conrad N. Hilton Foundation.

ACKNOWLEDGMENTS

Thank you to the many dedicated state staff, subject matter experts, and providers who contributed to the content of *Reaching Youth At Risk for Substance Use and Misuse: Early Intervention Resources and Practices*. To the service providers that offer early intervention to adolescents and transitional-aged youth—staff, volunteers, and peers—your work inspires all who seek to improve the health and futures of youth.

Advisory Council Representatives

Jamie Balavitch
Supervisor
Health Education/Prevention Programs
Beaumont Teen Health Center - Taylor

Maureen A. Cleaver
Director
Division of Prevention and Intervention
Pennsylvania Department of Drug and Alcohol Programs

Isaac Coy, LAC
Treatment Program Manager
Addictive and Mental Disorders Division
Montana Department of Public Health and Human Services

Brian R. Jenney, MA CAGS, LMHC, LADC I
Director
Office of Youth and Young Adult Services
Bureau of Substance Addiction Services (BSAS)
Massachusetts Department of Public Health

Jared Langton
Project Director
Healthy Transition Grant
Division of Behavioral Health and Recovery
Washington State Health Care Authority

Amanda Lewis, BA, SUDP
Adolescent Substance Use Disorder, Co-occurring Treatment Lead
Child, Youth, and Family Behavioral Health Section
Division of Behavioral Health and Recovery
Washington State Health Care Authority

Natasha Marvin
Adolescent and Women Services Coordinator
Office of Substance Abuse Treatment
Alabama Department of Mental Health

Maria L. Morris-Groves, MSEd
Director
Adolescent, Women and Family Services
New York State Office of Addiction Services and Supports

Gabrielle Richard, MPS, CPP
Implementation Manager
National Prevention Network Representative
Division of Health Care Management
Arizona Health Care Cost Containment System

Angie Smith-Butterwick, MSW
Prevention and Treatment Section Manager
Office of Recovery Oriented Systems of Care
Michigan Department of Health and Human Services

Stacy Sterling, DrPH, MSW, MPH
Research Scientist
Drug and Alcohol Research Team and Behavioral Health Research Initiative
Division of Research
Kaiser Permanente Northern California (participating center in the Mental Health Research Network)

Katy Stinchfield, MS, LPC
Senior Program Manager
School-Based Health Alliance

Lori Teaney
Youth Recovery Program Specialist
Youth Voices Matter- New York

Katie Wells, MPA, LAC
Manager, Adolescent Substance Use Disorder Programs
Office of Behavioral Health
Colorado Department of Human Services

State and Provider Contributors

MASSACHUSETTS

Rose Allocca, MPH
Youth and Young Adult Intervention Specialist
Office of Youth and Young Adult Services
Bureau of Substance Addiction Services (BSAS)
Massachusetts Department of Public Health

Rebecca Butler, MSW, LCSW
Assistant Director
Office of Youth and Young Adult Services
BSAS
Massachusetts Department of Public Health

Mary Chao, LMHC
Director
Community Based Services
Justice Resource Institute

James R. Cremer, MSW
Deputy Director
BSAS
Massachusetts Department of Public Health

Lea Forster, LMHC
Manager
Grant and State Funded Youth Initiatives
Lahey Health Behavioral Services

Ashley Holmes, PhD, MPH
Epidemiologist
Office of Youth and Young Adult Services
BSAS
Massachusetts Department of Public Health

Brian R. Jenney, MA CAGS, LMHC, LADC I
Director
Office of Youth and Young Adult Services
BSAS
Massachusetts Department of Public Health

Chyna Onembo, MEd
Dean of Students
Salem Academy

Andy Robinson
Lead Prevention Program Manager
BSAS
Massachusetts Department of Public Health

Christopher Savage
Recovery Community Specialist
Office of Youth and Young Adult Services
BSAS
Massachusetts Department of Public Health

Vanna Souksavath, LICSW
Statewide A-CRA Trainer
BSAS
Massachusetts Department of Public Health

Charles A. Whiteman
Director of Administration and Finance
BSAS
Massachusetts Department of Public Health

Sabrina Xavier, MPH
SOR Grant Coordinator
Office of Youth and Young Adult Services
BSAS
Massachusetts Department of Public Health

MICHIGAN

Jamie Balavitch, CPC-R
Supervisor
Health Education/Prevention Programs
Beaumont Teen Health Center - Taylor

Lisa Coleman, CPC-R
Partnership for Success Project Coordinator/
Departmental Prevention Specialist
Office of Recovery Oriented Systems of Care
Michigan Department of Health and
Human Services

Grenae Dudler, PhD
President and CEO
The Youth Connection
Chair
Love Detroit Prevention Coalition

Jeff Griffith
Director of Communication and Contract
Compliance
The Youth Connection
Treasurer
Love Detroit Prevention Coalition

Deb'O Rah Mitchell, CPS
Substance Use Disorder Assistant Director
The Youth Connection

Angie Smith-Butterwick, MSW
Prevention and Treatment Section Manager
Office of Recovery Oriented Systems of Care
Michigan Department of Health and
Human Services

MISSOURI

Nichole Dawsey, MPH
Executive Director
National Council on Alcoholism and Drug
Abuse (NCADA)

Julie Hahn
Assistant Superintendent
Data, Intervention and Student Support
Ritenour School District

Jenny Mullen
Prevention Specialist
NCADA

Liz Sale, PhD
Evaluation Director
Research Associate Professor
Missouri Institute of Mental Health
University of Missouri–St. Louis

Leah Schaefer
Director of Prevention Education
NCADA

Angie Stuckenschneider
Director of Prevention
Division of Behavioral Health
Missouri Department of Mental Health

NEW JERSEY

Jason M. Dotson, MHS, LAC, LCADC
Project Manager
North Jersey Community Research Initiative (NJCRI)

Tamoray Evans
Substance Abuse Counselor
NJCRI

Donald K. Hallcom, PhD
Director of Prevention and Early Intervention
Division of Mental Health and Addiction Services
New Jersey Department of Human Services

Julio C. Roman
Director of Community and LGBTQ Services
NJCRI

Ivan Wilson
PrEP Coordinator
NJCRI

TENNESSEE

Judy Freudenthal, EdD
Vice President for Youth Engagement and Action and External Program Evaluation
Oasis Center

Dan Furbish
Director
The Bike Workshop
Oasis Center

Jenn Garcia, MOL, CPS II
Youth Engagement and Action Director
Oasis Center

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

The many students participating in Oasis programming who volunteered to speak with us about their experience.

NASADAD Project Team

Heather D'Onofrio, MPH
AOD (Alcohol and Other Drug) Research Analyst

Lauren Caton, MPH
AOD Research Analyst

Tracy Flinn, EdD
AOD Senior Research Analyst

Amy Frandsen
Research Analyst

Claire Gray
AOD Research Associate

Caroline Halsted
AOD Research Associate

Jose Silva, MPH, MSW
Research Analyst

Melanie Whitter
Director, Research and Program Applications

Design by: Capizzi Designs / Washington, DC

Images from Adobe Stock or iStock except for those on pages 16, 18, 27, 30, 50, 51, 62, 63

Table of Contents

1 Introduction

3 What Is Early Intervention?

3 Why Is Early Intervention Important?

5 How Are States Putting Early Intervention Into Practice?

7 How to Use This Resource Guide

9 SECTION I
Principles of Effective Early Intervention Services

12 SECTION II
Innovative State Initiatives

14 Massachusetts

25 Michigan

36 Missouri

48 New Jersey

59 Tennessee

69 SECTION III
State-by-State Descriptions of Early Intervention Services

108 SECTION IV
Early Intervention Programs and Tools

119 References

Introduction

Adolescence is the time when young people are most susceptible to experimenting with alcohol or other drugs. While not all teens who experiment with substances will develop a substance use disorder (SUD), it is a potentially dangerous time for those at a high risk for developing problems due to the effects of substances on developing brains (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016).

Fortunately, there are many opportunities to implement systematic early intervention programs to reduce or reverse youth substance use and misuse. This resource guide, entitled *Reaching Youth At Risk for Substance Use and Misuse: Early Intervention Resources and Practices,* was developed to assist Single State Agencies (SSAs) for alcohol and other drugs in enhancing and improving implementation of early intervention for adolescents and transitional-aged youth in their states.

In developing this resource guide, it was found that early intervention is available through a number of settings where adolescents are, such as schools, substance use agencies, public health and mental health clinics, youth centers, boys' and girls' clubs, courts, and drop-in centers for homeless youth. Many of these early intervention services are targeted to subpopulations of high-risk youth, including ethnic minorities, LGBTQ youth, homeless youth, youth in foster care, and juvenile justice-involved youth.

In addition, research shows that states from across the nation are implementing early intervention programs and services to reach high-risk youth. Currently, most states are funding a limited number of targeted initiatives, but would like to expand these services in the future. Often, states have expressed a lack of knowledge about early intervention resources and specifically programming for transitional-aged youth and early interventions for racial and ethnic minority youth and LGBTQ youth.

This resource guide was compiled to address the need for comprehensive, evidence-based information to help states implement new early intervention programs or expand and improve existing ones. The document provides a set of principles of effective early intervention services; in-depth case studies of five different innovative state programs; a state-by-state description of early intervention services; and examples of programs and tools.

What Is Early Intervention?

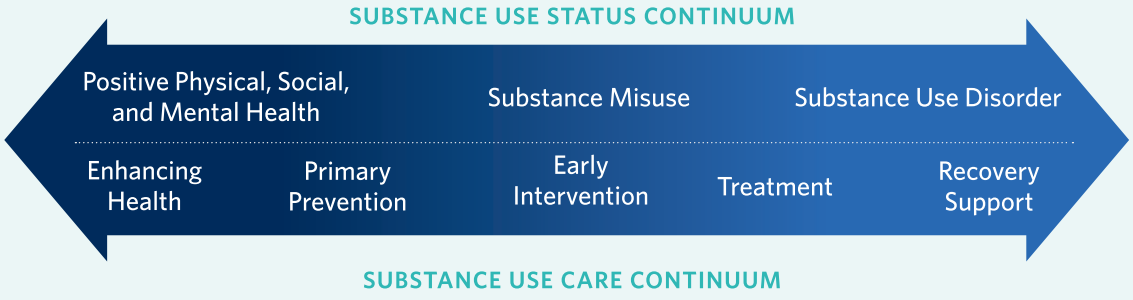
At the most basic level, early intervention seeks to identify youth who are at risk for substance use and misuse and to stop, or reduce, use before it escalates. Early intervention services are often classified in a number of ways. For example, the American Society of Addiction Medicine (ASAM) considers early intervention a level of care (.05) for adolescents and adults at risk for developing an SUD (ASAM, 2013), while others may consider early intervention as a form of selective or indicated prevention for high-risk populations and individuals. Generally, early intervention services target at-risk individuals up until the time a person has a DSM-5 diagnosis (American Psychiatric Association, 2013) and requires SUD treatment. Services can include assessment; education; Screening, Brief Intervention, and Referral to Treatment (SBIRT); and other interventions aimed at reducing or preventing misuse (Benningfield et al, 2015; Levy et al., 2016; O'Donnell et al., 2014; Schmidt et al., 2016). Student assistance programs (SAPs) are a common early intervention service offered in schools, which often include education, skills training, and counseling for students and their family members (Beadnell et al., 2016).

EARLY INTERVENTION
Early intervention services target at-risk individuals up until the time a person receives a substance use disorder diagnosis

Why Is Early Intervention Important?

Research indicates that early intervention can reduce youth substance use, misuse, and related problems before more severe conditions occur (National Academy of Sciences, 2015). Yet, early intervention has received less focus than other parts of the substance use continuum. Typically, most resources have focused on preventing individuals from using substances or treating those with SUDs. Somewhere in the middle are those high-risk individuals who use substances but have not been diagnosed with an SUD (Figure 1). Numerous curricula, program models, tools, and other resources exist to support enhancing early intervention in SSAs to reach these individuals.

Figure 1. Continuum of Substance Use Status and Care



Source: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016)

Adolescent and Transitional-Aged Youth

Age guidelines for early intervention programs vary by state, and ultimately depend on the emotional and physical development of the youth. Adolescence is a period approximately between the ages of **10 and 19.** Similarly, transitional-aged youth fall roughly between **18 and 25** years old. Regardless, youth face many life changes and challenges during these ages, and for a certain percentage of youth, this involves the initiation of substance use.

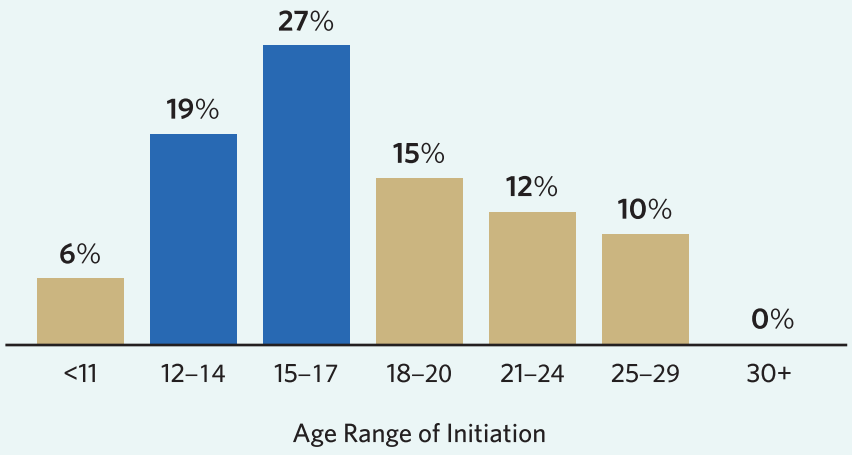
Substance Use Initiation

Substance use patterns developed in adolescence, including early initiation and faster frequency of use, tend to predict chronic use, mortality, and morbidity later in life (Beadnell et al., 2016; Benningfield et al., 2015). In 2017, 52% of adult patients admitted for SUD treatment reported their age of initiation was before the age of 18 (Substance Abuse and Mental Health Services Administration [SAMHSA], Center for Behavioral Health Statistics and Quality, 2017). When including transitional-aged youth in the 18- to 25-year-old range, this number reaches 89% (Figure 2).

Adult patients admitted for SUD treatment who reported their age of initiation was before the age of 18

Young people are at high risk for the initial use of nicotine, cannabis, and alcohol between the ages of 10 and 17, while the initiation of illicit drugs (stimulants, hallucinogenics, etc.) typically occurs later (Levy et al., 2016; Wittchen et al., 2008). Therefore, it is important that states offer a smooth transition of services provided during adolescence into young adulthood.

Figure 2. Reported Age of Initiation by Admitted SUD Patients (N = 1,763,025)



Source: SAMHSA Treatment Episode Data Set (TEDS) (SAMHSA, 2017)

How Are States Putting Early Intervention Into Practice?

SSAs are funding early intervention services across the nation to prevent the progression of substance use problems. Specifically, forty-five states and the District of Columbia provide early intervention to youth and their families. Forty-three states and the District of Columbia fund early intervention services for adolescents, and 41 states and the District of Columbia fund these services for transitional-aged youth.

Examples of some of the innovative approaches SSAs are using to intervene with high-risk youth include the following activities:

- The Colorado Department of Human Services, Office of Behavioral Health, the University of Colorado Boulder Health Promotion Office is implementing a modified version of the Brief Alcohol Screening and Intervention for College Students (BASICS) program to reach college students via one-on-one peer-based conversations. The project is also paired with a series of regularly scheduled substance-free social activities as well as restorative circles to increase student awareness of the impact of off-campus party behavior.
- The Georgia Department of Behavioral Health and Developmental Disabilities, Office of Addictive Diseases, funds three innovative Prevention Clubhouses that are designed to provide prevention services to high-risk youth ages 12–17 to address socioeconomic ills and risk factors they face in their communities. The program is targeted to youth who are at high risk for alcohol and drug use, are involved in ongoing detention and/or alternative school, have parent(s) with current or past addiction, and/or have sibling(s) currently receiving treatment for substance use disorder or experiencing education or social issues.
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides Creating Lasting Family Connections (CLFC) to family members where the parents/caregivers are in Ohio's Rehabilitation and Correction system. CLFC is a structured curriculum for youth ages 9–17 and their parents, guardians, and other family members who are taught social skills, refusal skills, and appropriate knowledge and healthy beliefs about alcohol and drugs, which provide a strong defense against environmental risk factors that can lead to negative outcomes for youth.

45 States & D.C.

provide early intervention to youth and their families.

- The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals funds Rhode Island Student Assistance Services (RISAS) in over 40 of the state's middle and high schools. RISAS goals include enhancing the resiliency of adolescents whose parents have an SUD; delaying adolescents' initial use of alcohol, tobacco, and other drugs; and decreasing adolescents' use of alcohol, tobacco, and other drugs. RISAS student assistance counselors teach a classroom-based prevention education series, run schoolwide awareness activities, and provide confidential short-term individual and group counseling services for students on an as-needed or referral basis. Counselors also provide SBIRT and motivational interviewing, a patient-centered method for enhancing intrinsic motivation to change health behavior by exploring and resolving ambivalence, and refer students to outpatient or inpatient treatment if appropriate.
- The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Division of Substance Abuse Services, funds deaf and hard of hearing prevention services for youth ages 6–20 and their families through STARS-Nashville. This program focuses on in-school alcohol, tobacco, and other drug information through in-home American Sign Language classes; after-school programs; summer camps; postsecondary education; and exposure to career options.

How to Use This Resource Guide

This resource guide includes actionable curricula, programming, and screening tools to support SSAs in implementing and enhancing early intervention services. The vital information presented in this guide will further support and strengthen early intervention services for adolescents and transitional-aged youth by:

- Increasing states' knowledge of early intervention, and
- Providing implementation tools to enhance existing, or initiate new, programs.

The approaches and service providers who deliver early intervention services vary by state. However, many states use the same evidence-based curriculum in their programs to reach youth and their families. This resource guide highlights innovative state initiatives and other resources that can be more broadly utilized across the country.

The Early Intervention Resource Guide includes four primary sections

Principles of Effective Early Intervention Services	**Innovative State Initiatives**
State-by-State Descriptions of Early Intervention Services	**Early Intervention Programs and Tools**

SECTION I.

Principles of Effective Early Intervention Services

Implementing and expanding effective early intervention services requires system change that is best guided by service principles. The first section of the resource guide describes principles of effective early intervention service delivery. These principles were developed by the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) in collaboration with an expert Advisory Council based on best practices and evidence in the literature. These principles serve as a foundation for states to build upon in enhancing early intervention.

SECTION II.

Innovative State Initiatives

Innovative and effective early intervention services are being delivered across the nation. This section highlights five state case studies of innovative state initiatives in Massachusetts, Michigan, Missouri, New Jersey, and Tennessee that provide early intervention in various settings, targeting multiple youth populations, and using different curricula and approaches. The case studies offer lessons learned to other states and apply the principles of effective early intervention.

SECTION III.

State-by-State Descriptions of Early Intervention Services

States benefit from learning what other SSAs are doing to implement practice. This section describes youth early interventions in the 50 states and District of Columbia highlighting the programs and settings in which early intervention services are offered, the target subpopulations of adolescents or transitional-aged youth receiving services, and the types of services provided.

SECTION IV.

Early Intervention Programs and Tools

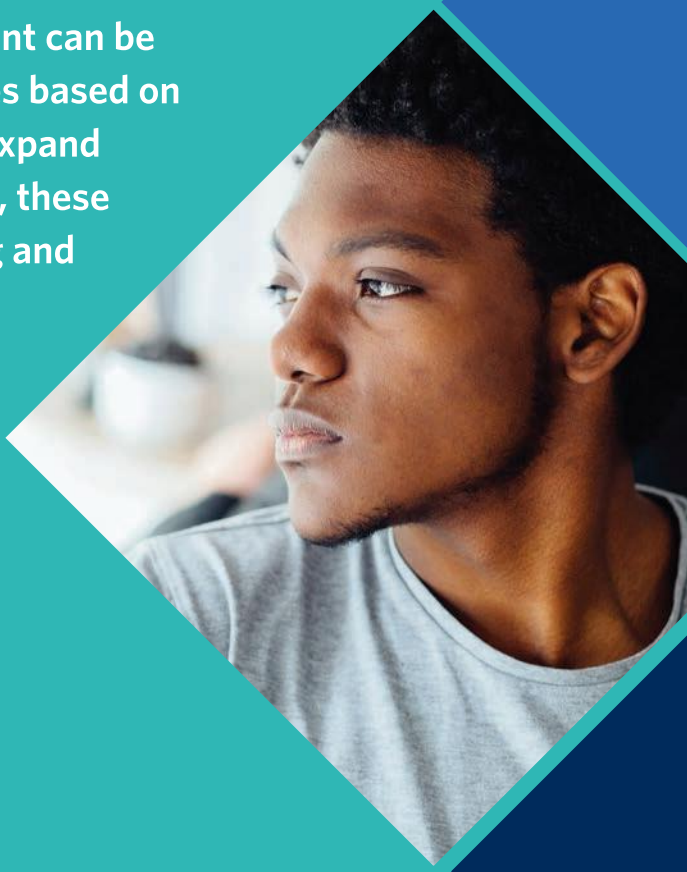
Tools and resources can greatly aid successful implementation of early intervention services. This section includes an extensive collection of early intervention programs, screening tools, materials and trainings, and process improvement and implementation resources. A diverse range of programs are included at various price points. Other practical resources such as a video and toolkit are also included to assist states in implementing early intervention services.

SECTION I

Principles of Effective Early Intervention Services

Systems change and service improvement can be facilitated by following a set of principles based on research and best practices. As states expand and enhance early intervention services, these principles can be used to guide planning and implementation efforts. In considering state early intervention programming, think about the following questions:

- **Do the intervention services accomplish all seven principles?**
- **If so, to whom are these services accessible?**
- **How can accessibility be improved?**



States can utilize the following seven guiding principles to operationalize early intervention programming. The principles were developed by NASADAD, in collaboration with an expert Advisory Council, and based on best practices in the field and the literature:

1. **Adolescent and transitional-aged youth substance misuse and related behaviors should be identified as early as possible.** Screening should occur in health care (medical visits, emergency room, etc.), educational, and other youth-serving settings. Existing systems should allow mentors, teachers, family members, and youth themselves to make referrals (or self-refer).

2. **Early intervention services need to be accessible and offered in multiple settings.** Services need to reach adolescents and transitional-aged youth in the environments in which they play, go to school, work, and live. Examples include student assistance programs (SAPs), youth centers, and sports programs.

3. **Early intervention services should include developmentally appropriate opportunities for positive social interactions.** Empowering youth and allowing them to participate in positive social activities can increase connectedness, self-esteem, and social and problem-solving skills. Services should acknowledge that these social needs are often higher in youth and are an important component of effective programming (Wu et al., 2016).

4 **Early intervention services for adolescents and transitional-aged youth should be trauma-informed, which is often achieved through collaboration with mental health programs and services.** Many adolescents and transitional-aged youth who misuse drugs have a history of physical, emotional, and/or sexual abuse or other trauma. Youth must feel safe emotionally and physically and supported in dealing with the adverse experiences that contribute to mental and substance use problems.

5 **Early intervention services should involve family and support systems.** This can include immediate and extended family members, caregivers, and other support systems, such as teachers or mentors. Adolescents who have good relationships with a caring adult are less likely to engage in risky behaviors and are better able to cope with substance use issues (Centers for Disease Control and Prevention, 2019).

6 **Early intervention should include an active outreach component.** Research finds that youth and adult Americans are becoming more socially isolated (Sanders et al., 2000). Outreach should occur through media that are easily accessible and frequently used by adolescents and transitional-aged youth, including through social media and smartphone applications.

7 **Early Intervention services should be targeted to reduce disparities for vulnerable populations.** This includes equity-grounded programs addressing race and ethnicity, socioeconomic status, and LGBTQ identity. Services should be linguistically and culturally responsive, since current generations of adolescents and transitional-aged youth are more diverse. Providers must be equipped to respond to these changes to reach those most at risk.

Empowering youth and allowing them to participate in positive social activities can increase connectedness, self-esteem, and social and problem-solving skills. Services should acknowledge that these social needs are often higher in youth and are an important component of effective programming.

SECTION II

Innovative State Initiatives

Introduction

This section features five innovative early intervention initiatives in Massachusetts, Michigan, Missouri, New Jersey, and Tennessee. These states provide a diverse range of early intervention services. To understand how early intervention is implemented in these states, case studies were conducted looking at the services provided, funding and staffing issues, evaluation and/or data collected, and lessons learned. The case studies highlight the different approaches that are being taken in these states to reach high-risk youth (e.g., students at risk of dropout, homeless or runaway youth, immigrants, LGBTQ youth, and justice-involved youth). The state initiatives discuss the following approaches to early intervention:

Massachusetts — Statewide approach to early intervention for youth and young adults using school-based intensive interventions, school-based brief interventions, and community-based interventions

Michigan — Comprehensive and community-specific adolescent, transitional-aged youth, and family-based services in two provider agencies in the Detroit metropolitan area

Missouri — A school-based prevention intervention initiative targeted to youth in high-risk school districts that follows students with evidence-based programming for a multiple-year period

New Jersey — Adolescent and transitional-aged youth interventions that rely on peer-driven processes and social networks, along with comprehensive services for LGBTQ, homeless, and HIV/AIDS-impacted youth delivered by a provider agency in Newark, New Jersey

Tennessee — Adolescent and transitional-aged youth holistic programs grounded in evidence-based principles of positive youth development and trauma-informed care offered by a provider agency in Nashville, Tennessee

The experiences of these states provide valuable lessons for others who want to implement the principles of effective early intervention and improve or expand early intervention programs in their states.

Massachusetts

Case Study of Early Intervention

BACKGROUND

The Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS) oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction (Massachusetts Department of Public Health, BSAS, 2020).

The BSAS Office of Youth and Young Adult Services (OYYAS) is responsible for funding and managing a comprehensive range of research-based and data-driven services for youth and young adults across the continuum of care (OYYAS, 2020). The scope of the services funded by BSAS/OYYAS includes school-based and interventions, community-based interventions, detoxification and stabilization services, outpatient services, residential services, medication for opioid use disorder, and recovery support services.

The agency also provides investments in workforce development and capacity building through provider training and technical assistance supported by the Institute for Health and Recovery (IHR) and regional trainings provided by the AdCare Educational Institute (IHR, 2020). Further, OYYAS maintains key partnerships with multiple stakeholder groups, such as the Juvenile Detention Alternatives Initiative and New England Collegiate Recovery Collaborative, to extend its reach to and integrate services for youth and young adults.

Unfortunately, risk for youth substance use remains a significant issue in the Commonwealth of Massachusetts. The 2017 Massachusetts Youth Risk Behavior Survey (MYRBS) showed that 20% of youth had used electronic vapor products in the past 30 days and 41.1 % of youth reported ever using e-cigarettes. Other data included youth's past-30-day use rate of alcohol and past-30-day use rate of marijuana at 31.4% and 24.1%, respectively (Massachusetts Department of Elementary and Secondary Education, 2017).

Youth admitted to licensed and/or funded services also report significant involvement in mental health treatment—76.6% in 2017, 80.8% in 2018, and 75.6% in 2019 (Massachusetts Department of Public Health, Office of Statistics and Evaluation, 2019)—demonstrating the complexity of their health conditions.

EARLY INTERVENTION SERVICES

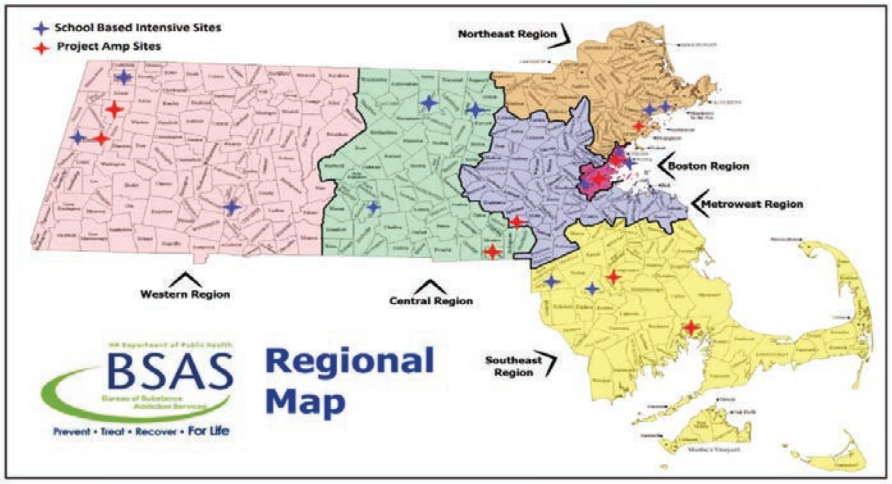
To meet the needs of youth and young adults, OYYAS established a "bookend approach" that emphasizes early intervention and recovery support services to minimize the need for treatment in the system of care. There were several drivers for this approach.

OYYAS MISSION

To promote personal and family growth by ensuring youth and young adults experiencing substance use and co-occurring disorders have access to developmentally appropriate, culturally responsive, trauma-informed services and support.

Since 2008, state marijuana laws and policy have changed in several ways. Possession of marijuana was decriminalized in 2008, medical marijuana was legalized in 2013, and recreational cannabis was legalized in 2016. Additionally, in 2016, the state enacted a law requiring all public schools to make SBIRT part of their annual health screening. These changes further raised awareness for the need to create more "upstream" services that engage youth earlier to prevent more serious problems.

This case study explores the BSAS/OYYAS expansion of early intervention services that include school-based intensive interventions, school-based brief interventions, and community-based interventions for high-risk youth across the Commonwealth of Massachusetts. Much of this expansion occurred beginning in 2018 when OYYAS



increased school-based interventions in 18 total schools and added a new school-based brief manualized mentoring program called Project Amp: Amplifying our Futures in 10 schools (Project Amp, 2020). Currently, BSAS funds a total of 28 youth early intervention programs in 22 different sites across the Commonwealth to provide access in each region.

The state's investment in early intervention has grown to over $4.3 million. This significant investment in resources was made possible by blending funds from BSAS's State Opioid Response (SOR) Grant from SAMHSA, SOR supplemental funds, support from the Massachusetts Department of Elementary and Secondary Education, and funding from the state's Family Intervention allocation.

Early intervention services consist of school-based intensive interventions targeted to youth ages 8–17 and include assessment, case management, case consultation, individual mentoring/counseling, psychoeducation groups, family services, after-school and summer activities, educational services, and contingency management. They also include school-based interventions targeted to youth ages 13–17 using Project Amp. In addition to these core early intervention services, the state funds community-based interventions, including family intervention models to increase positive family engagement between youth and families, and a drug awareness program for any high-risk youth under the age of 18. Below are examples of the state's interventions in practice.

School-Based Intensive Interventions

Positive Alternatives to School Suspension (PASS)

PASS is a school-based intensive intervention located in Beverly, Massachusetts, that is designed to address school suspensions and expulsions (PASS, 2020). This program is run by the Justice Resource Institute (JRI) and Northshore Recovery High School (to the left is a picture of the youth center) near the geographic center of 5 schools and serves a total of 12 districts.

PASS offers students a positive place to go when they are suspended from school, provides them support, and upon completion of the program removes the suspension from their record. For students, removing this barrier can open doors to college, employment, or other opportunities. In the first year of the program, 51 students have been served, with 38% of students connected to services by the time they complete the program. Schools participating in the program have provided positive feedback, noting a significant decrease in suspensions.

PASS conducts a comprehensive assessment of students to determine their biopsychosocial needs, engages them in positive activities, and connects them to resources in their school and community. The program accepts 10–12 students at a time from the referring schools. The program provides taxi vouchers to transport the students to and from the center. Based on the student's assessment, they are connected to treatment, if needed, or other resources such as the local food pantry. Intensive interventions, such as individual and group counseling sessions, are provided along with fun activities like art therapy, board games, and sports. The YMCA also serves as a drop-in center for teens and keeps an open-door policy to allow students to stop in at any time. A critical element of the program is working with students on their school reentry plan. This involves identifying a school staff member who can help students with their goals and provide support during the school day, in school-related activities, and in the community.

12

School districts served in the PASS program

Staffing

The program is staffed by a team of five individuals: a director, a resource navigator, a therapeutic mentor, a peer mentor (with lived experience), and an intern from a local university. Although not on the payroll, the center's therapy dog contributes comfort and affection. The director is in charge of the administrative aspects of the program, including communicating with the schools and other stakeholders and developing a plan with a student returning to school. The resource navigator connects with and refers students to resources in the community that students need. The therapeutic mentor is a young adult who leads group sessions and other clinical program activities for students. The peer mentor assists the therapeutic mentor with group sessions and other activities to support the students.

Lahey Health Behavioral Services

Lahey Health Behavioral Services provides a menu of intensive intervention services options to students in 5th – 8th grades in Beverly Middle School, including intensive case management, individual counseling, and family interventions (Lahey Health Behavioral Services, 2020). Staff work in a dedicated office in the school to meet with students during school hours and serve about 30 students at any one time.

Student referrals for the intervention services are made by the school adjustment counselors based on a variety of risk factors, including conduct problems, substance use, lack of school attachment, poor academic performance, and family trauma. Based on these risk factors, an outreach plan is developed with Lahey following an individual assessment. Parents then come into the school to sign a consent for services, or have the form sent home with their child, and Lahey Health Behavioral Services coordinates the plan with the student's teachers. Individual counseling is provided to students to support social-emotional learning, skills building, and time management.

Recognizing the important role that parents bring to student engagement, Lahey uses home-based family therapy and plans evening and weekend events to engage parents. Lahey Health Behavioral Services has held movie nights and game nights and other events to bring families together during school breaks. Lahey has also partnered with "Minding Your Mind" to hold an assembly for parents. "Minding Your Mind" is a program to provide information about the signs and symptoms of behavioral health issues to parents, teachers, and counselors.

Staffing

Lahey is staffed by three professionals: a program director, a clinician, and a BA-level case manager. The clinician conducts individual sessions with students and plans to also hold group sessions in the future. The case manager connects students to services, plans parent engagement and community activities, and holds skill-building sessions with students.

Funding

The school-based intensive intervention services described in this study are supported with federal and local funding. PASS is currently funded through the SOR grant and local school funding. The YMCA of the North Shore charges the 12 school districts participating in the program $10,000 each per year to send their students to PASS. The SOR grant also funds the school-based intensive intervention services provided to Beverly Middle School by Lahey Health Behavioral Services.

School-Based Brief Interventions

Project Amp and Salem Academy Charter School

Project Amp is a school-based brief intervention funded in 10 different sites across the Commonwealth. It targets youth ages 13–17 and is comprised of four to six one-on-one sessions with a near-peer mentor in schools. Near-peer mentors are young adults, some who bring their own experience of recovery that students can relate to who provide guidance and coaching. Each session includes goal setting and motivational interviewing. Project Amp explores the strengths, interests, and personal goals of students to enhance their self-efficacy, knowledge of substance use harm, and use of community resources.

Project AMP is being implemented as an intervention for students in 9th–12th grades at Salem Academy Charter School, which is located in Salem, Massachusetts (pictured above), and has 495 students in 6th–12th grades. Currently, in the pilot phase of implementation, the school-based brief intervention has been implemented with relative ease due to several factors: support from the Salem Academy's leadership, a relatively small student body, a nimble school administration, and strong fit of the community service provider. The student body and educational staff have accepted and encouraged the use of the program in its first year of implementation and have already felt a positive impact of the program, with nine students completing the program in the first few months.

Justice Resource Institute is the service provider that works with Salem Academy Charter School to implement Project Amp. JRI provides a peer mentor who spends about 8 hours a week in the school and meets with up to six students each week. Referrals are made primarily by the school adjustment counselor but can be made by teachers, by students, and through self-referral via secure mailboxes placed around the school or the mentor's school email. To raise awareness about the program, the mentor has developed and posted flyers targeted to students. At Salem Academy, the peer mentor is embedded in the school community to earn the trust of students and teachers and to understand and become part of the school culture. In addition to his regular duties, he attends school functions when appropriate.

To raise awareness about the program, the mentor has developed and posted flyers targeted to students. At Salem Academy, the peer mentor is embedded in the school community to earn the trust of students and teachers and to understand and become part of the school culture.

Staffing

The program is staffed by a peer mentor who brings experiential knowledge to the students, teachers, and administrators and by a JRI supervisor, who is a licensed clinician. The JRI supervisor provides oversight and helps balance the mentor's time.

Funding

School-based brief intervention services are supported with federal funds. JRI received SOR supplemental funds and $7,500 in seed money to implement Project Amp at the Salem Academy. Ongoing individual mentoring sessions between the mentor and the students are billed to the BSAS/OYYAS Family Intervention blanket because intervention services are not reimbursable by third-party payors.

Community-Based Interventions

The state also funds programs in the community such as Strengthening Families and Strong African American Families (University of Georgia, Center for Family Research, 2020), for youth ages 10–14, to increase positive family engagement. Strengthening Families, as well as the Spanish adaptation of this program, is a seven-session, evidence-based family life skills training program (including parenting skills and youth life and refusal skills) designed for high-risk families. Parents/caregivers and youth participate in Strengthening Families, both separately and together. Strong African American Families is a culturally tailored, family-centered seven-session intervention for African American families and caregivers. These interventions begin with families sharing a meal together and then breaking into groups of youth and parents/caregivers to work on goal setting, supporting youth, and other topics.

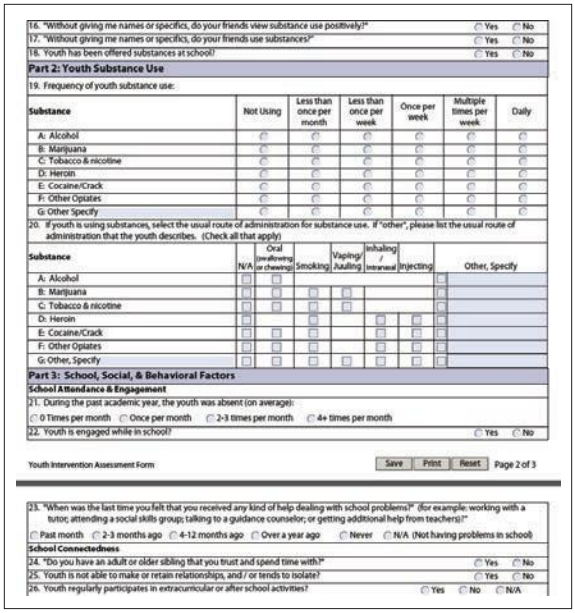
The Youth Drug Awareness Program is a long-standing program that was originally created as a legislative mandate in response to the decriminalization of marijuana and the use and distribution of marijuana not medically prescribed (IHR, 2020). Facilitated by IHR, this 4-hour course is offered to any youth under the age of 18 who demonstrates the need for early intervention. The curriculum is initiated with a self-assessment (i.e., the CRAFFT screen), provides education on marijuana and other substances, and reviews treatment and the support system in the Commonwealth. The program is open to schools, law enforcement agencies, and community providers.

EVALUATION

OYYAS is working with schools to provide data collection and evaluation activities across the Commonwealth. The state is supporting schools by providing a 1-day training for school-based health staff (school nurses, adjustment counselors, social workers, etc.) to promote their skills in reducing substance use in adolescents. This training includes sections on motivational interviewing, referral process for higher levels of care, and familiarity with the Adolescent Community Reinforcement Approach (A-CRA) treatment model (Meyers et al., 2011). Pre- and post-test data from the trainings showed increased knowledge in several areas, including making referrals to an A-CRA provider, talking with an adolescent about refusal skills, and talking with an adolescent about relapse and how to plan for it. The post-test data showed that 85% of respondents believed the content of the program met their needs, 11% reported their needs were somewhat met, and 4% reported their needs were not met (Massachusetts Department of Public Health, BSAS, 2019). Overall, school-based health providers were more informed on how to engage with youth about substance use

and when and how to refer students to resources in the community.

OYYAS also developed a statewide web-based data management system to collect service recipient data from the school-based intensive interventions and brief interventions (Project Amp). An intake questionnaire was developed by OYYAS to collect data on demographics, substance use, and other risk factors for SUDs; part of the questionnaire is shown here.



16. "Without giving me names or specifics, do your friends view substance use positively?" ○ Yes ○ No
17. "Without giving me names or specifics, do your friends use substances?" ○ Yes ○ No
18. Youth has been offered substances at school? ○ Yes ○ No

Part 2: Youth Substance Use

19. Frequency of youth substance use:

Substance	Not Using	Less than once per month	Less than once per week	Once per week	Multiple times per week	Daily
A: Alcohol	○	○	○	○	○	○
B: Marijuana	○	○	○	○	○	○
C: Tobacco & nicotine	○	○	○	○	○	○
D: Heroin	○	○	○	○	○	○
E: Cocaine/Crack	○	○	○	○	○	○
F: Other Opiates	○	○	○	○	○	○
G: Other Specify	○	○	○	○	○	○

20. If youth is using substances, select the usual route of administration for substance use. If "other", please list the usual route of administration that the youth describes. (Check all that apply)

Substance	N/A	Oral (swallowing or chewing)	Smoking	Vaping/ Juuling	Inhaling / Intranasal	Injecting	Other, Specify
A: Alcohol	☐	☐					☐
B: Marijuana	☐	☐	☐	☐			☐
C: Tobacco & nicotine	☐	☐	☐	☐			☐
D: Heroin	☐		☐		☐	☐	☐
E: Cocaine/Crack	☐	☐	☐		☐	☐	☐
F: Other Opiates	☐	☐	☐		☐	☐	☐
G: Other, Specify	☐	☐	☐	☐	☐	☐	☐

Part 3: School, Social, & Behavioral Factors

School Attendance & Engagement

21. During the past academic year, the youth was absent (on average):
○ 0 Times per month ○ Once per month ○ 2-3 times per month ○ 4+ times per month

22. Youth is engaged while in school? ○ Yes ○ No

Youth Intervention Assessment Form Save Print Reset Page 2 of 3

23. "When was the last time you felt that you received any kind of help dealing with school problems?" (for example: working with a tutor; attending a social skills group; talking to a guidance counselor; or getting additional help from teachers)"
○ Past month ○ 2-3 months ago ○ 4-12 months ago ○ Over a year ago ○ Never ○ N/A (Not having problems in school)

School Connectedness

24. "Do you have an adult or older sibling that you trust and spend time with?" ○ Yes ○ No
25. Youth is not able to make or retain relationships, and / or tends to isolate? ○ Yes ○ No
26. Youth regularly participates in extracurricular or after school activities? ○ Yes ○ No ○ N/A

For the school-based intensive interventions, the intake questionnaire is administered as a semi-structured interview at baseline, quarterly, and 6 months after disenrollment from the intervention. The outcomes that OYYAS staff hope to achieve through these interventions are changes in substance use risk and demonstrating the cost/benefit of early intervention services to justify Medicaid reimbursement.

For the brief interventions, the intake questionnaire is administered at baseline and at the last Project Amp session through a self-report survey. Data are collected on school-based risk factors for SUD, perception of harm for substances, and coping measures. The outcomes that OYYAS staff hope to measure through these programs are school connectedness, self-efficacy, perception of substance use harm, coping strategies, and the cost/benefit for the program.

To evaluate the new school-based intensive and brief interventions, characteristics, and outcomes, OYYAS conducted a process evaluation via interviews with each school partner. The evaluation was designed to ensure that the interventions covered the key service components of the programs, opened communication channels between the schools and OYYAS, and identified the strengths and weaknesses within the design of the interventions in the specific school to improve services and for future scale-up.

LESSONS LEARNED

Although many of the interventions described in the Massachusetts BSAS early intervention case study are in the early stages of implementation, there are several lessons that the state and providers have learned. They are described below.

State Lessons

Definition of early intervention: Early intervention must be defined, and eligibility criteria established for these services (e.g., at-risk populations, no SUD diagnosis, age range). Without clarification, stakeholders may confuse these services with universal prevention or outpatient treatment and not provide the intended intervention.

Optimal age for early intervention: Ideally, early intervention should be provided in early adolescence before youth reach high school age or become young adults. The middle school years are an opportune time to intervene with youth to prevent substance use problems before they progress. Additionally, youth and families appear to be more receptive to services for this age group. However, interventions should be provided whenever there is an opportunity to reduce harmful SUD behaviors among youth.

Infrastructure: There are several benefits to integrating early intervention services in an established provider structure. In Massachusetts, intervention initiatives must be offered by certified A-CRA providers. This approach allows the state to build upon a system of proven providers that offer an array of services.

Resources: Seed money can aid the startup of programs by allowing time for service relationships to form and working agreements to be established. Ongoing workforce training and supervision is also essential to startup and the effective operation of programs.

Consent: Obtaining parental consent can be difficult. One way to make the consent process less of a barrier is to highlight for parents/guardians the totality of the programming, inclusive of addressing risks for early substance use or misuse. Strictly focusing on risk for substance use may make parents uncomfortable consenting for participation, but when other program components such as academic achievement, school attachment, and pro-social peer interactions are also highlighted, parents are more willing to consent.

Communication: Constant communication with providers is key to understanding community needs, service implementation issues (i.e., notification of new embedded staff), technical assistance requirements, and compliance issues. Examples of communications include grantee meetings, site visits, and coaching calls.

Data collection: A comprehensive assessment and data collection system is essential to understand the needs and outcomes of populations receiving early intervention services, to understand the effectiveness of the program design, and to assist in program adaptations or redesign. Creating these tools can be challenging but ultimately will strengthen the system.

Provider Lessons

Commitment of leadership: Infusing early intervention into new settings requires the commitment of leadership. Many implementation obstacles can be avoided if time is taken to get leadership on board before the initiative starts. Once leadership is on board, they can help facilitate and expedite many processes. For example, providers and school leaders at the YMCA of the North Shore, Middle School, and Salem Academy Charter School all reinforced that leaders (e.g., superintendents, principals, deans, and agency directors) often become the biggest champions for the services.

Relationship building: Relationship building is critical to program success, particularly when the parties have not worked together before. To establish rapport, stakeholders must understand each other's roles and the value each party brings to the project. It is important to find providers and settings that are a good fit for each other in terms of organizational philosophy, flexibility, schedules, and cross-cutting knowledge.

Policies and procedures: Policies and procedures should be developed to define and integrate the component parts of early intervention programs (e.g., how the consent and referral processes should work). Establishing a joint steering committee is an effective method to develop policies and procedures. Additionally, it is recommended that organizational commitments be memorialized in a formal document, such as a Memorandum of Understanding.

Consent: Proactive steps should be taken to obtain parental/guardian consent when providing early intervention to youth. If a proactive approach is not instituted, this process can become time consuming. One approach to obtaining consent is to have participants opt in to services at the beginning of the program or school year.

Age-appropriate services: It is essential to meet youth where they are at developmentally, culturally, and physically. Strength-based, safe, and fun strategies work best to engage and support youth. For example, the YMCA of the North Shore uses a variety of interventions along with a computer lab, video games, and outdoor sports to keep youth connected.

It is essential to meet youth where they are at developmentally, culturally, and physically. Strength-based, safe, and fun strategies work best to engage and support youth.

SUMMARY

BSAS/OYYAS is strategically addressing substance use problems in the Commonwealth by funding upstream services. Significant progress was made toward the goal to expand upstream services when the agency increased school-based interventions in 18 schools and added the school-based brief intervention Project Amp in 10 schools. These services are complemented by family intervention models, outreach and drug awareness activities, and training and technical assistance to provide a comprehensive array of early intervention services. Youth, young adults, and families now have access to 28 early intervention programs in 22 sites across the Commonwealth. The BSAS/OYYAS programming meets the principles of effective early intervention in the following ways:

- *Providing accessible services in multiple settings,* particularly in schools (public and charter) and youth centers;
- *Offering developmentally appropriate opportunities for positive social involvement that empower youth*, such as PASS, which provides therapeutic assistance and basic resources along with engagement in enjoyable social activities for youth; and
- *Involving family members, caregivers, and other support systems* through funding family intervention models, including Strengthening Families and Strong African American Families, in which parents, caregivers, and youth work to increase positive family engagement.

As the state looks to the future, BSAS/OYYAS is monitoring the expansion of the early intervention services, will develop evaluations for family interventions, and will expand other data collection and evaluation efforts to improve program performance.

Michigan

Case Study of Early Intervention

BACKGROUND

The Michigan Department of Health and Human Services (MDHHS) mission is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to become self-sufficient (MDHHS, 2020). The department has a long history of funding culturally responsive early intervention services for vulnerable youth to reduce health disparities in their communities.

They began providing early intervention services to adolescents and transitional-aged youth in November 2011, after developing service guidance for these populations. MDHHS funds community-based providers with a record of trust in their communities and the expertise to serve and connect clients to local resources, all with the common goal of improving the outcomes for youth and young adults.

Substance use among youth is a significant issue in Michigan. Although youth use rates are similar to those of youth across the United States for most substances, data from the 2017 National Survey on Drug Use and Health shows much higher use of marijuana than the rest of the nation (SAMHSA, 2018). According to this survey (SAMHSA, 2018), 41% of youth in Michigan reported ever using marijuana, compared with 32% of youth in the United States.

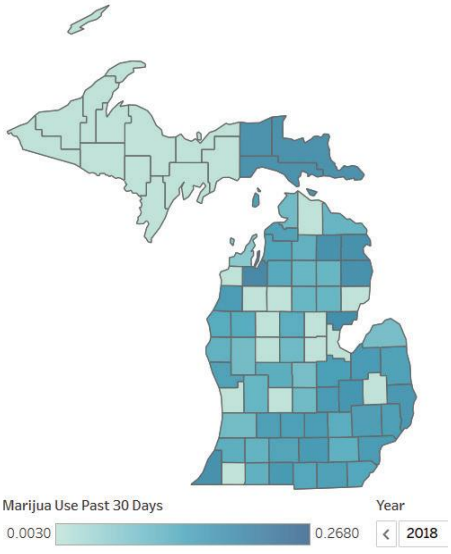


Figure 3: Marijuana Use in Past 30 Days Among Michigan 8th, 10th, and 12th Grade Students

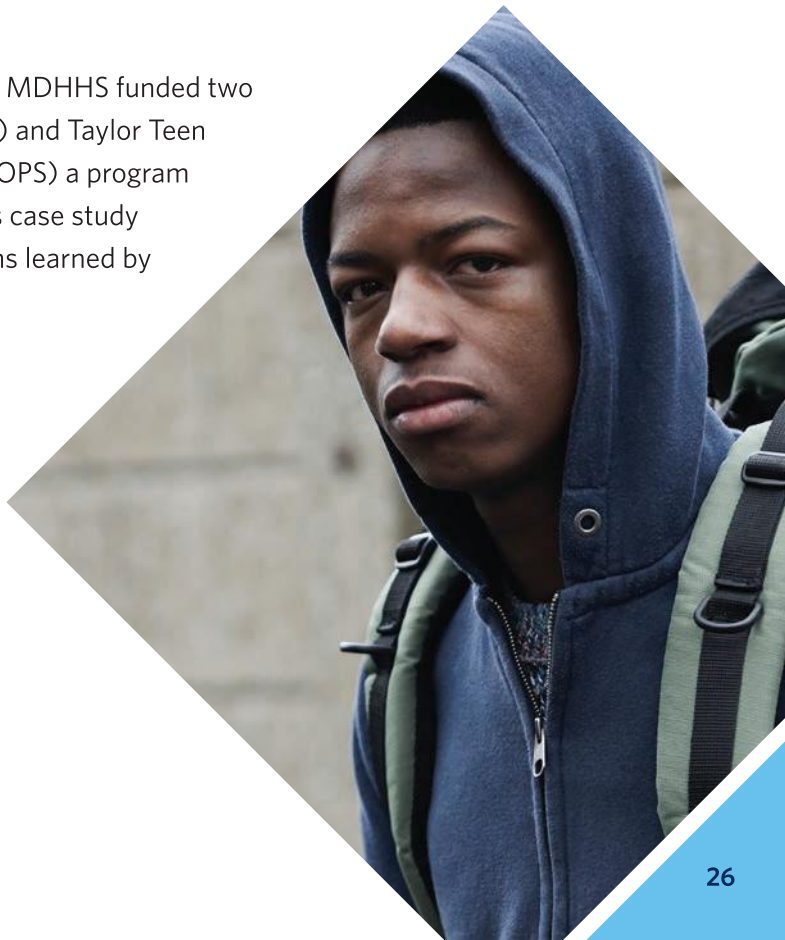
To assess health and risk behaviors at the county level, the Michigan Profile for Healthy Youth collects data biannually on 7th-, 9th-, and 11th-grade students, including data about tobacco use, alcohol and other drug (AOD) use, and health indicators such as parental perceptions and access to substances (Michigan Department of Education, 2020).

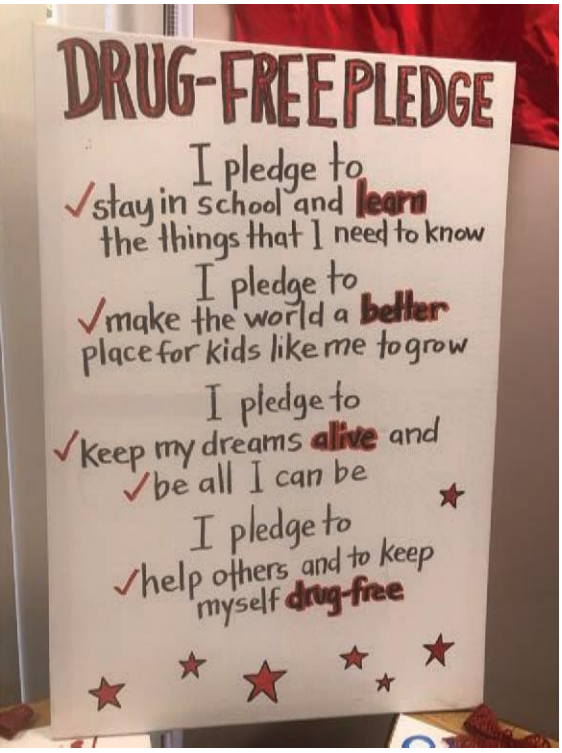
According to the most recent Monitoring the Future Study, Wayne County, one of the highest-risk counties in the state, reports that 17.3% of students used marijuana in the past 30 days (Figure 3), darker shading denotes higher self-reported use while lighter shading denotes lower self-reported use) compared with the national average of 14.3% (National Institute on Drug Abuse [NIDA], 2019). Wayne County is a predominantly low-income densely populated area that contains 17.55% of the state's population. In Wayne County, the median household income is $29,481, 16.21% of the population are unemployed, and 22.7% are living below the poverty level, compared with the statewide poverty rate of 14.97%.

Early intervention for youth is a particularly pressing need in Wayne County and the Detroit metropolitan area located in the county. High crime, cannabis outlet density, human trafficking, homelessness, and poverty are just some of the factors that keep youth from reaching their full potential.

The county took action in 1997 by establishing a task force, Stop Under Age Drinking and Drugs (SUADDs), to combat underage drinking. The task force supports positive youth activities and behavior through collaboration with the local police departments, mental health and substance use specialists, community organizations, youth courts, schools, and local government officials.

To further address the needs of Wayne County, MDHHS funded two provider agencies: The Youth Connection (TYC) and Taylor Teen Opportunities through Prevention Services (TTOPS) a program at Taylor Teen Health Center (TYC, 2020). This case study focuses on the programming offered and lessons learned by these two agencies.





BOTVIN LIFESKILLS TRAINING

A substance use and violence prevention program that teaches prevention-related information and promotes personal self-management skills, general social skills, and drug resistance skills

STRENGTHENING FAMILIES 10-14

A family skills training program for high-risk and general population families where parents and youth learn parenting skills and youth refusal and life skills

EARLY INTERVENTION SERVICES

The Youth Connection

TYC is a nonprofit organization located in the Detroit metropolitan area that connects youth, young adults, and their families to resources, programs, advocacy, and supportive services. As part of the organization's broader aim to connect youth to bright futures through educational and career development, they began offering substance use prevention and early intervention programming in 2008.

The organization offers substance use prevention and early intervention programming in middle and high schools, in the TYC office, and as part of the Career Academy, a TYC program that provides summer employment and mentoring to youth ages 14–24. Two evidence-based curricula used by TYC are Botvin LifeSkills Training and Strengthening Families 10-14.

Botvin LifeSkills Training teaches youth how to develop refusal skills to prevent and reduce substance use, misuse, and violence. It is implemented as a 12-week program for all students in three middle schools and serves about 180 youth at a time to help build personal self-management skills, general social skills, and drug resistance skills. The curriculum is also used in the Career Academy program.

Strengthening Families 10–14 aims to help bond families, teach parents skills to support their children, and teach youth ages 10–14 life skills and drug refusal skills (University of

Georgia, Center for Family Research, 2020). It is delivered in four elementary and middle schools and in TYC's office to approximately 5–10 families at a time. TYC is currently expanding Strengthening Families in low-income housing developments throughout the city. The program is very popular, and families often sign up after hearing about how the program has benefited other families. TYC also receives referrals from the juvenile justice system and child protective services, and refers students and families in their school-based and other prevention programs who need additional support. While youth ages 10–14 and their parents participate in Strengthening Families, TYC offers age-appropriate prevention programming to siblings who are age 9 and under.

Programs are implemented with fidelity to developers' guidelines and complemented by fun activities created by TYC. For example, at the end of the 12-week school-based Botvin program, TYC hosts a Prevention Academy Awards Ceremony where students who have completed the program walk a red carpet and receive lunch, award trophies, and gift certificates.

TYC has also found that engaging youth in programming and connecting families to community resources is key. For services to have a lasting impact, they must address youth, family, and community concerns.

TYC has found that programming is most effective when specific strategies are used to connect youth to the curricula's messages. The program uses curricula and supplementary materials that are relatable to youth. As an example, TYC reached out to the Botvin developers for program materials with more African American representation so that youth can see people who look like them. Youth are also encouraged to absorb the course messages in ways that make sense to them. At the end of the program, students create poems, raps, and drawings demonstrating what they learned about self-image, communication skills, substance use, and coping with anxiety and anger. The youth's work is compiled and published in a book that all participants receive. Students benefit by creating materials that are meaningful to them.

TYC has also found that engaging youth in programming and connecting families to community resources is key. For services to have a lasting impact, they must address youth, family, and community concerns. To accomplish this, TYC offers and links families to wraparound services and provides opportunities for youth to engage with their community. Each year almost 300 youth ages 14–24 participate in the Career Academy,

where they are linked with summer employment at corporations and government agencies. Like the Strengthening Families program, the Career Academy program is very popular, and much of their recruitment is from word of mouth. About 280 youth participated in 2019, and there is currently a waitlist of 600 individuals. Youth can sign up for the summer program or are referred by the juvenile justice system, schools, or parents. Through the Career Academy, youth receive training opportunities to earn industry certifications as well as the Botvin LifeSkills Training prevention programming. Other community activities supported by TYC include involvement in the Love Detroit Prevention Coalition, in which youth participate in community campaigns and tobacco and alcohol compliance checks that give them an opportunity to build life and job skills and serve their community.

Staffing

TYC provides prevention and early intervention services with a team of nine staff plus volunteers and college interns who support their Strengthening Families 10–14 program. Four full-time staff members support the school-based Botvin LifeSkills Training program. Staff are supervised by a Certified Prevention Specialist (CPS), and several staff within the agency are working toward certification.

TYC works with college and graduate students to support evaluation of TYC programming; this collaboration provides TYC with free evaluation services while supporting the students' professional development.

The state and the Detroit Wayne Integrated Health Network (DWIHN) provide required trainings on cultural competence, child abuse and neglect reporting, emergency preparedness, and EBPs (DWIHN, 2020). TYC also offers staff additional training on topics such as naloxone and serving LGBTQ youth.

Funding

TYC receives funding from a variety of sources, but its substance use programs are primarily funded by the state through DWIHN, which is a managed care organization. TYC receives funding from the Substance Abuse Prevention and Treatment Block Grant (SABG), State Targeted Response to the Opioid Crisis Grant, SOR grant, and Drug-Free Communities Support Program. Additional funding comes from a private foundation. TYC's total budget for all substance use prevention programming is about $600,000.

Taylor Teen Opportunities through Prevention Services

The Beaumont Teen Health Center - Taylor, provides youth and young adults a comprehensive range of health care services, including primary health care, immunizations, and reproductive health and family planning services. They also provide health education and counseling services through Taylor Teen Opportunities through Prevention Services. Services are provided to clients with no insurance, and the agency offers a sliding fee discount program for individuals with low incomes.

TTOPS was developed in 1997 to address the disproportionately high rate of juvenile detention in the city of Taylor, Michigan. The program is a collaborative effort between the Beaumont Teen Health Center - Taylor, the Taylor School District, and the Taylor Police Department to address the critical gap in early intervention services for youth. TTOPS targets youth ages 11–17 who have committed offenses like retail fraud, vandalism, truancy, assault, or underage drinking. The program receives referrals from schools, parents, courts, churches, coalitions, police departments, and hospitals. TTOPS is the primary source of prevention services for these youth, because over 50% are chronically truant or runaways and therefore do not participate in school-based prevention programs. The Beaumont Teen Health Center - Taylor also offers similar early intervention and juvenile diversion services throughout Wayne County.

During the school year, Taylor Teen implements TTOPS at their health center to about 15 participants at a time over 8 weeks for 6 hours on Saturdays. During the summer, the program operates over 6 weeks, with groups meeting three times a week for 6 hours a day. Topics covered include shoplifting, pregnancy, mental health, substance use, and domestic violence. Staff have candid, one-on-one conversations with the youth and families in the program to talk through any issues they are experiencing. The substance use component of the program uses the Teens in Action curriculum. Parents also have a concurrent support group as part of this program, using the Active Parenting of Teens curriculum. TTOPs program staff found that engaging parents is essential, because they often are disconnected from their children and feel unsure how to address these issues. They use Botvin LifeSkills Training, Coping and Support Training (CAST) and Second Step for other early intervention programs, depending on the age and needs of the youth (Conduent, 2020; Second Step, 2020).

Teens in Action: A video-based discussion program that helps adolescents learn important communication, character, and life skills. Topics covered include shoplifting, pregnancy, mental health, substance use, and domestic violence.

Active Parenting of Teens: A video and discussion program that provides parents with the skills needed to use effective discipline, teach responsibility, and communicate with their children.

Coping and Support Training (CAST): A small-group counseling program for at-risk youth that delivers life skills training and social support. It has been shown to reduce suicide risk behaviors and substance use and increase coping skills and personal control.

Second Step: A social-emotional learning program that helps participants gain skills in emotion management, empathy, and problem solving. It includes educational games, weekly theme activities, reinforcing activities, and home links.

The Beaumont Teen Health Center - Taylor also offers school-based prevention and early intervention programming for middle schoolers; a confidential group to support LGBTQ youth; a referral-based summer Expressions Academy that engages at-risk youth through art, poetry, music, and community service; and early intervention services similar to the TTOPS program through the Wyandotte Youth Assistance Program and for the 34th District Court. Program staff are also able to connect clients to primary care, substance use, mental health, and other services they may require.

Staffing

Beaumont Teen Health Center - Taylor employs a staff who deliver on-site and school-based programs. Five health education staff work in the center, and 11 licensed social workers support additional prevention programs in five schools. To ensure that staff have the tools to deliver early intervention programming, all staff receive the Substance Abuse Prevention Skills Training (SAPST) and ethics courses (Prevention Technology Transfer Center Network, 2020). Staff also receive additional trainings, such as how to make treatment referrals. Some trainings are offered in house and others are offered by partner organizations. Staff also have weekly staff meetings and monthly one-on-one check-ins with the program director to share information and address any issues or challenges.

Funding

Beaumont Teen Health Center - Taylor receives state, federal, foundation, and private donation funding. The cost of all of the early intervention and prevention programming is around $335,000, with the operating cost for TTOPS totaling around $90,000.

EVALUATION

TYC conducts evaluation through pre- and post-tests that are given to every youth at the beginning and end of each program. Results are entered into a data system by the trainer and analyzed by other staff members and evaluators. The pre- and post-tests focus on past-30-day use of substances, including tobacco, alcohol, marijuana, and prescription drugs. One of the aims of TYC programming is to see a decrease in self-reported substance use after the training is complete. Figure 4 shows reductions in substance use following training at one school site in 2018.

TYC also works with college and graduate students to evaluate their programs. For example, a student at Wayne State University School of Medicine evaluated the effectiveness of the substance use prevention programs and the substance use prevention component of the Career Academy. The evaluation involved 586 participants completing pre-surveys and 394 students completing post-surveys from 2014–2016. The evaluation showed that combining prevention programming with the Career Academy was more effective in reducing past-30-day substance use than prevention programming alone (Figure 5).

Figure 4: Pre and Post-Test Substance Use Outcomes

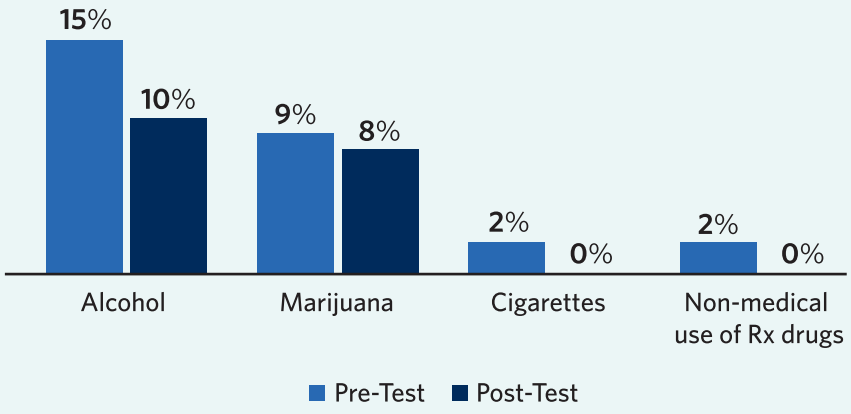
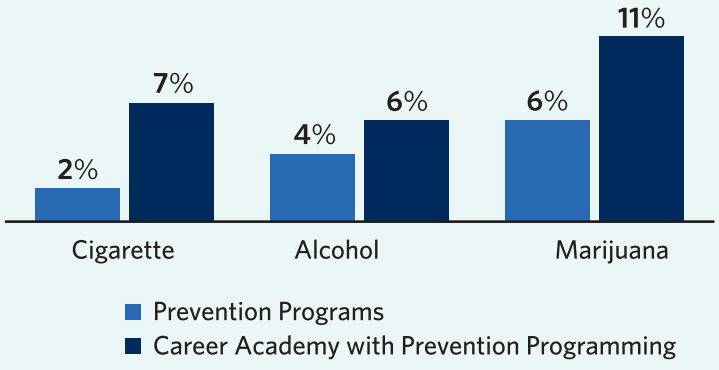


Figure 5: Self-Reported Reductions Past-30-Day Substance Use



Beaumont Teen Health Center - Taylor uses several methods to evaluate the TTOPS program, including staff-conducted focus groups at the end of every program. Based on feedback from program participants, program improvements are implemented. For example, based on parents' feedback regarding the outdated nature of the program videos, the curriculum was changed.

Additionally, to demonstrate the effectiveness of TTOPS, the agency has collected re-offense rates since 2009. Of the 281 youth who completed the program since 2009, on average only 5.6% reoffended. In contrast, of the 242 youth who were offered TTOPS but chose to not participate, 23% reoffended. Program participants also receive pre- and post-surveys that ask about their attitudes toward substance use and past-30-day use. Some Beaumont Teen Health Center - Taylor programs, including the LGBTQ group, also collect evaluation data about youths' social skills, self-esteem, and family attachment. Beaumont Teen Health Center - Taylor staff also use state and local data to understand the demographics, substance use attitudes, and rates of use in the areas where they implement programs.

LESSONS LEARNED

State Lessons

Community and partnerships: When establishing new early intervention programming, it is essential to assess the needs of the community, work collaboratively with community partners, and develop a plan to fill service gaps that may not be covered through existing programs.

Workforce: When staffing early intervention programs, experiential training should be considered in addition to degreed and certified staff. In Wayne County, Michigan the average education level is a high school diploma, so hiring a substance use disorder professional with a bachelor's degree or master's degree is difficult. Therefore, using peers whenever possible and providing workforce incentives such as funding education programs help to recruit and retain staff.

Provider and Community Lessons

Cultural and linguistically appropriate materials: For information to be accessible, early intervention materials must reflect the diversity of the community. There is a large Arab-American community in Detroit, and materials and resources must be adapted to be culturally and linguistically appropriate to reflect that community. Additionally, needs assessment and program planning must accurately capture the race and ethnicity of individuals to understand the needs of communities.

Parental involvement: Increasing understanding between parents and youth improves early intervention outcomes. For example, previous programming at Beaumont Teen Health Center - Taylor targeted the LGBTQ community and provided confidential services that did not include parents. Many youths acted out in school, misbehaved at home, and generally felt isolated in their community. Once parents were invited to participate in the program, outcomes improved. Parents became more aware of their children's needs and had a safe place to ask questions, and the child and parent learned about each other.

Wraparound services: Youth frequently require wraparound services. Children have a difficult time engaging in school and other activities when they lack basic needs. In Detroit, many youth live in poverty and lack healthy meals and safe housing. Early Intervention programs are a place where young people can receive assistance with their basic needs in addition to receiving substance use interventions.

Program discipline and dismissal: Dismissing a disruptive student is never an easy decision, but removal may become an appropriate measure when the actions of a disruptive student negatively affect other students in the program. Programs should have a process in place to deal with this situation and other behavioral problems. For example, before a student is removed from a program discuss the student's interruptions with him or her, give the student a second chance to improve his or her behavior, and engage all program staff to eliminate any bias from a single staff member regarding a dismissal decision.

Champions: Having staff who are also community champions working in early intervention programs benefits the community and builds trust among the program participants and partner organizations. For example, staff at Taylor Teen have been champions in their community for many years by participating in coalitions, going on police ride-alongs to assist underserved neighborhoods, and volunteering at food pantries.

Community awareness: Too often providers see success in their programming and want to expand services to other communities they are not familiar with. Different communities have different assets and cultures, and some programs might not be a good fit or may be duplicative. Before expanding early intervention services into other communities, the provider should learn the landscape and engage community stakeholders first.

Flexible funding: Funding that is flexible helps providers target services to youth where they most need them. For example, it is extremely helpful to have the ability to provide wraparound services to youth in addition to core intervention services and fun incentives, such as retreats and trips, to keep youth engaged.

For these organizations, early intervention is an essential part of the broader aim to connect youth to bright futures and to support a positive impact on their health.

SUMMARY

MDHHS, DWIHN, TYC, and Beaumont Teen Health Center - Taylor work collaboratively to ensure the health and well-being of youth and their families. These organizations have implemented a range of culturally responsive early intervention and wraparound services to address the holistic needs of high-risk adolescents and transitional-aged youth. For these organizations, early intervention is an essential part of the broader aim to connect youth to bright futures and to support a positive impact on their health. The state's early intervention programming meets the principles of effective early intervention in the following ways:

- *Providing opportunities for positive social involvement,* such as by offering substance use early intervention services as part of a summer job and training program and by complementing early intervention programs with fun events like the Prevention Academy Awards;
- *Involving family members, caregivers, and other support systems* through implementing the Strengthening Families or Active Parenting of Teens programs, helping families engage and connect with each other; and
- *Targeting vulnerable youth populations to reduce health disparities and providing culturally responsive services,* such as by offering services for LGBTQ and African American youth, using program materials that are representative of participants, and translating printed materials into different languages.

TYC is committed to providing high-quality youth programs, supportive services such as Career Academy, substance use early intervention, and health services. Evaluation of TYC programs showed reduced or no substance use following services. TTOPS showed equally positive results looking at re-offense rates. These data point to the value that comprehensive and community-specific early intervention services have on youth and families.

Missouri

Case Study of Early Intervention

BACKGROUND

The Division of Behavioral Health (DBH), within the Missouri Department of Mental Health (MDMH), manages programs and services for individuals with a mental illness or SUD (MDMH, 2018). They are responsible for ensuring the availability of substance use prevention, education, intervention, treatment, and recovery support services throughout the state. Part of this continuum of services, is an 18-year commitment to school-based early intervention services targeted to high-risk youth.

A primary objective of DBH's substance use prevention efforts is to target high-risk youth or provide "early intervention activities" to reduce risk factors and promote protective factors to minimize substance use problems and harm. According to the 2018 Missouri Student Survey, alcohol, cigarette, and chewing tobacco use rates were higher in Missouri than nationally (MDMH, 2018; (see Table 1) below showing findings from the Missouri Student Survey and the Youth Risk Behavior Survey [YRBS]). Over one-third (34.5%) of Missouri students surveyed said they had drunk alcohol in their lifetime, with a slightly higher percentage (39.9%) reporting lifetime use of electronic cigarettes. Additionally, 14.5% reported drinking in the past 30 days. About 27% of students said they had used electronic cigarettes, with 15.3% using them in the past 30 days. Prescription drugs (7.6%), marijuana (6.5%), and cigarettes (6.0%) were the next-most-used drugs in the past 30 days (Depue et al., 2018).

These data point to the ongoing need for prevention and early intervention.

Table 1: Percentage of Substance Use in Missouri Users (6-12th grade) and the United States Users (12-18 years)

	Missouri		United States	
	Lifetime	30-day	Lifetime	30-day
Alcohol	34.5%	14.5%	27.0%	9.2%
Electronic Cigarettes	26.9%	15.3%	—	—
Cigarettes	18.2%	6.0%	11.6%	3.4%
Marijuana	14.0%	6.5%	14.8%	6.5%
Prescription Drugs	11.0%	7.6%	—	—

YRBS Percentage of Substance Users in Missouri and the United States, High School ONLY

	Missouri		United States	
	Lifetime	30-day	Lifetime	30-day
Electronic Cigarettes	39.9%	10.9%	42.2%	13.2%
Prescription Drugs	13.7%	—	14.0%	—

Source: https://dmh.mo.gov/sites/dmh/files/media/pdf/2019/04/mss2018report.pdf

EARLY INTERVENTION SERVICES

Missouri defines early intervention as services that prevent and delay the onset of substance use among high-risk young people. The state has implemented a number of early intervention programs to tackle this issue. DBH provides funding to the Boys & Girls Clubs and Big Brothers Big Sisters for various after-school programs, including Skills Mastery Resistance Training (SMART) Moves. SMART Moves engages staff of 14 Boys & Girls Clubs sites, peer leaders, parents, and community representatives in discussions, role playing, and decision-making to address drug and alcohol use (MDMH, 2018). The state also funds GenerationRx, a program to prevent the misuse of prescription drugs among youth (Ohio State University and the Cardinal Health Foundation, 2020). Another Missouri-based early intervention program is Transitional Counseling Program (TCP) for teens exhibiting the beginning signs of substance use. TCP is not DBH-funded but complements state-funded programs.

> *"I learned that if you use some drug to relieve stress it's only making it worse and putting you at risk!"*
>
> —A SPIRIT middle school student

The DBH-funded program that has been in existence the longest and has demonstrated a statewide impact is the School-based Prevention Intervention and Resources IniTiative (SPIRIT) (Missouri Institute of Mental Health, 2020). SPIRIT was funded to prevent the use of alcohol and other drugs, reduce incidents of violence, and improve overall school performance. The initiative was designed to target youth in high-risk school districts by following them with evidence-based prevention/early intervention programming for a sustained multiple-year period to support understanding and behavioral change. SPIRIT has continuously provided services in schools across the state since 2002. Over the life of the program, enrollment has grown from 3,900 in year 1 to 9,834 students in year 17, which concluded in the spring of 2019.

Enrollment the SPIRIT over the life of the program

3,900 YEAR 1 → **9,834** YEAR 17

SPIRIT

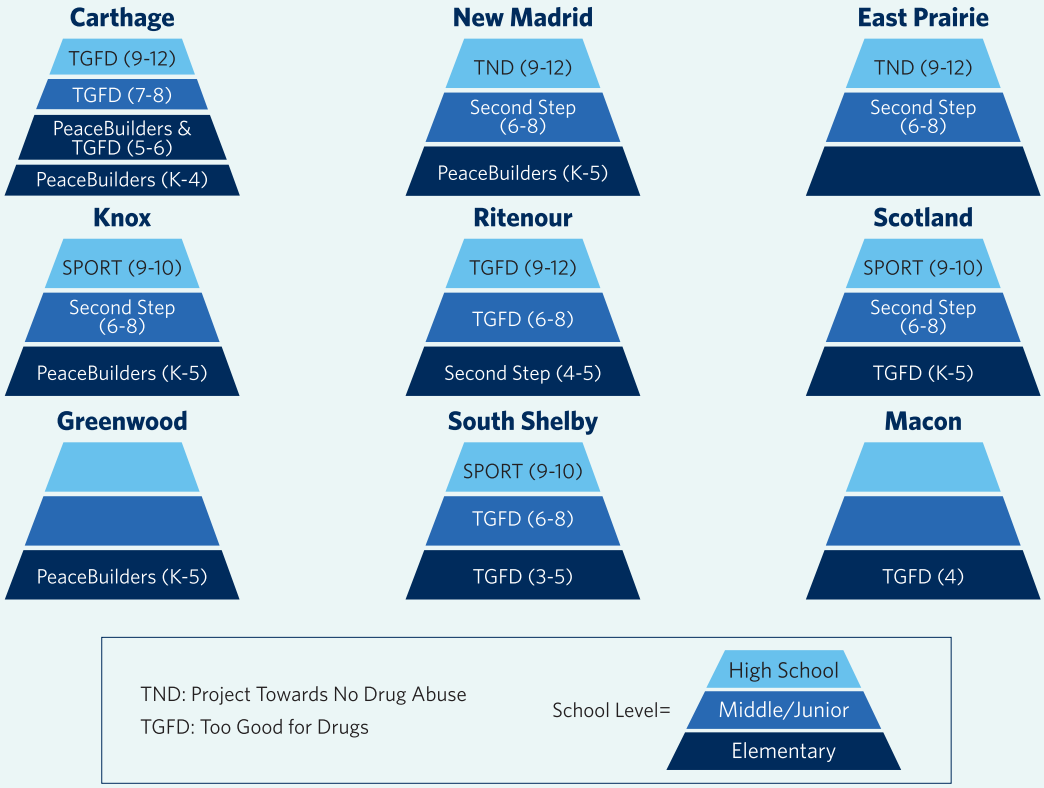
SPIRIT was implemented through a DBH Request for Proposals in 2002. When the initiative was created, five high-risk school districts were targeted for the program based on the following characteristics:

- more than 60% of students receiving free/reduced lunch;
- standardized test scores below the state average;
- alcohol, tobacco, and other drug use above the state average;
- graduation rates lower than the state average; and
- a high number of referrals to juvenile authorities.

DBH selected community-based prevention providers to implement the program in these school districts. Each of the prevention providers was responsible for developing a relationship with the school district and identifying the EBPs they would implement according to their district's needs. At the time, the programs had to be chosen from SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). SPIRIT has been expanded throughout its 18-year history, from the original 5 districts in 2002, to 9 districts for 2007–2018 (Figure 6), and most recently to 12 districts for 2019–2020.

As of the 2017–2018 school year, five different EBPs were being implemented as part of SPIRIT throughout the state. The most common programs chosen are PeaceBuilders for elementary schools (PeaceBuilders, 2020), Second Step for elementary and middle schools (Second Step, 2020), and Too Good for Drugs for middle and high schools (Mendez Foundation, 2020). These EBPs were chosen for the risk factors and behaviors they address and because the curriculum is updated by the developers and program activities can be customized for the schools.

Figure 6: Program Implementation by Site, Year 16 (2017-2018)



PeaceBuilders: This violence prevention program is built on six common principles: (1) praise people, (2) avoid put-downs, (3) seek wise people as advisors and friends, (4) notice and correct hurts we cause, (5) right wrongs, and (6) help others.

Second Step: This program provides lessons that teach social skills related to anger management, impulse control, and empathy. Role playing is used to teach skills, give feedback, and provide positive reinforcement when a skill is demonstrated appropriately.

Too Good for Drugs: The goal of this program is to reduce intentions to use alcohol, tobacco, and other drugs while teaching pro-social attitudes, skills, and behaviors as well as healthy relationships. The program lessons build on themselves year after year.

In 2007, the Ritenour School District was added as a SPIRIT site. The National Council on Alcoholism and Drug Abuse (NCADA) provides SPIRIT and other services in this school district (NCADA, 2020). This case study will focus primarily on the early intervention services provided in the Ritenour School District.

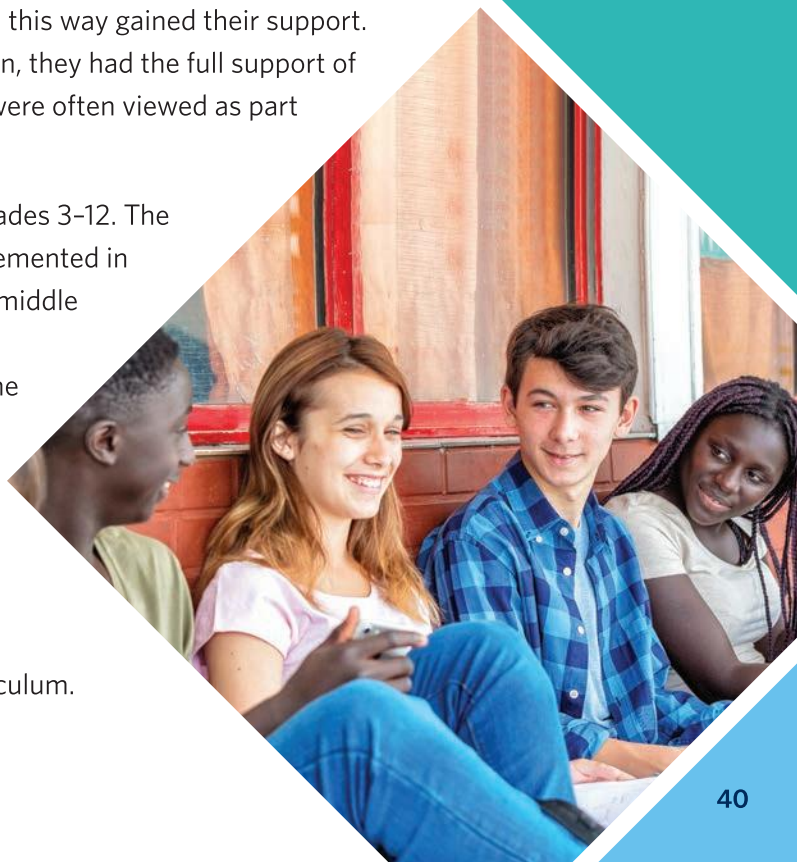
Ritenour School District

The Ritenour School District is located in northwest St. Louis County and is one of the oldest districts in the metropolitan area. Twenty-one percent of children under the age of 18 who live in the district are living in poverty, which is about 1.5 times the rate in St. Louis County overall. The student body is very diverse: 40% are African American, 32% Caucasian, 18% Hispanic, 3% Asian, and 7% Other/Multiracial (St. Louis Post-Dispatch, 2018). Many immigrants and English-language learners live in the district. The area is transient and Ritenour administration noted a staggering estimate of approximately 200 homeless students are enrolled in the district's schools.

NCADA has been a provider of substance use prevention services for young people in the greater St. Louis area for over 35 years. As a state Prevention Resource Center (PRC) provider, NCADA implements multiple prevention and early intervention programs in the area, including SPIRIT. When NCADA approached the Ritenour administration about implementing SPIRIT in the district's schools, the assistant superintendent was enthusiastic about bringing SPIRIT to Ritenour. With the support of district leadership and DBH's strong partnership with NCADA, Ritenour became a SPIRIT site.

One of NCADA's first activities was to build relationships with district leadership and school administration to create buy-in for the program before implementation began. NCADA began by meeting with the assistant superintendent and other appropriate district staff to explain SPIRIT and the value to students. Once NCADA received support from district leadership, they met with school administration, counselors, and teachers. There was some initial pushback from teachers and counselors who were worried that SPIRIT would reduce instructional time and potentially have a negative impact on test scores. However, NCADA was able to work with the school staff and get them involved in the planning of the program, and in this way gained their support. After about a year and a half of implementation, they had the full support of the teachers and other school personnel and were often viewed as part of the school staff.

NCADA implements the SPIRIT program in grades 3–12. The prevention/early intervention program is implemented in six elementary schools (3rd–5th grades), two middle schools (6th–8th grades), and one high school (9th-12th grades). Prevention educators use the Second Step curriculum with supplements from Too Good for Drugs at the elementary level and Too Good for Drugs in both middle schools as well as at the high school. Third graders receive 4 weekly lessons and fourth and fifth graders receive 14 weekly lessons, all from the Second Step curriculum.



In elementary schools, the prevention educator moves between classes teaching for about 30 minutes in each class. These lessons are on topics such as being drug free, recognizing and stopping bullying, working with others, and valuing themselves. Students in grades 6–8 receive eight lessons from the Too Good for Drugs curriculum. These lessons review the effects and harms of drugs and discuss good decision-making. Students in grades 9–12 receive six lessons from the Too Good for Drugs curriculum during their high school health class. Lessons in this class are on individual drugs, addiction, and how to talk to someone you are concerned about. NCADA uses the Second Step and Too Good for Drugs curricula as a base for the SPIRIT program lessons and supplements activities and discussions as needed to engage the students. Each year a couple of high school students are also selected to participate in NCADA's leadership retreat Teen Institute.

Two notable features of SPIRIT in Ritenour are its ability to follow students through their primary and secondary educational years (grades 3–12) and NCADA's ability to retain a consistent team of educators who have established multiyear relationships with students.

Two notable features of SPIRIT in Ritenour are its ability to follow students through their primary and secondary educational years (grades 3–12) and NCADA's ability to retain a consistent team of educators who have established multiyear relationships with students.

Staffing

NCADA has a staff of 11 prevention educators who teach the SPIRIT lessons in schools. Most of the prevention educators have previous teaching or social work experience, and some have prior experience as Ritenour educators. In order to provide prevention services, the Missouri DBH requires that all prevention professionals receive the SAPST (Prevention Technology Transfer Center Network, 2020). The Missouri PRCs provide this and other trainings to new educators. In addition to state training, providers require additional trainings of their staff. In the case of NCADA, staff are trained on mental health first aid, trauma-informed care, ethics, signs of suicide, and developmental assets. They also have a 2-week orientation for new prevention educators during which they are trained in teaching the SPIRIT lessons and observe an experienced educator.

Many of the prevention educators have been with NCADA and teaching the SPIRIT lessons for several years. They have become trusted adults in the students' lives. This enables students to feel comfortable sharing problems they are experiencing with friends or family members with educators. NCADA also maintains good communications with school administration so that, when necessary, the prevention educators are able to reach out to the school counselors when a student is having a problem.

Funding

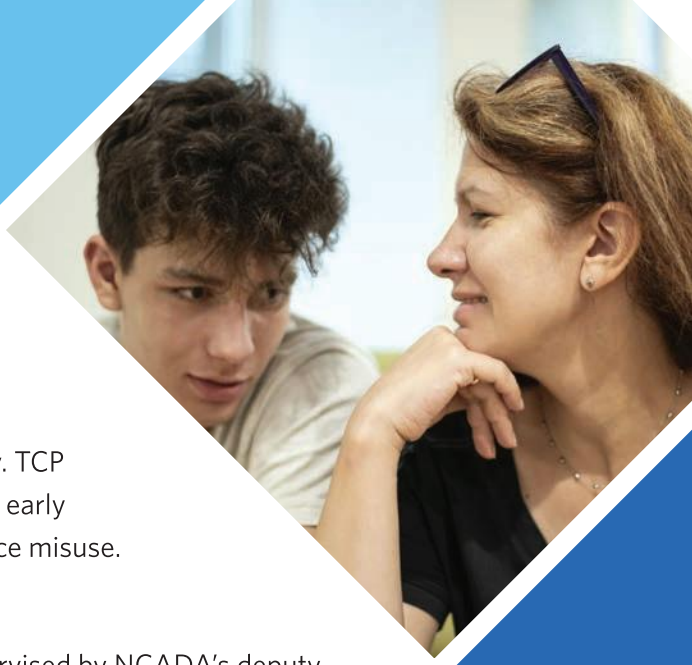
Funding for SPIRIT is provided by DBH. Initial funding for the initiative came from the Safe and Drug-Free Schools grant. When this funding source was no longer available, funding was transitioned to the SABG. Funding for SPIRIT varies by location based on the number of schools served. On average, the initiative costs approximately $75 per student per year. Provider funding for the initiative has remained constant over the years except for the addition of cost-of-living increases most years.

Transitional Counseling Program

When school staff or parents feel that a teen needs more individualized help than can be offered as part of SPIRIT, NCADA also provides the Transitional Counseling Program, now known as GuidEd. TCP is an early intervention program for teens who would benefit from more intensive services (NCADA, 2019). The program is intended for teens up to age 19, with the average age of participants being 16 years old, who are exhibiting the beginning signs of substance misuse but who do not require treatment.

Through this program, NCADA offers comprehensive adolescent evaluations, educational workshops, and, when appropriate, counseling for youth. Teens can be referred to this program by their parents, school administration, or counselors. When teens are referred to the program, they meet with an NCADA counselor for an initial assessment. The counselor uses a number of screeners, including SOCRATES (Stages of Change Readiness and Treatment Eagerness Scale; Miller & Tonigan, 1996); GAIN-SS (Global Appraisal of Individual Needs—Short Screener; Dennis et al., 2007), and an adapted A-CRA Happiness Scale and Relationship Scale (Meyers et al., 2011) to assess the teen's level of risk. The SOCRATES and GAIN-SS tools both have standardized levels of risk to help the counselor determine if the teen is at a low, moderate, or high level of risk. In addition to these tools, the counselor interviews the teen to learn about other individual factors, such as a mental health diagnosis or family situation, that may factor into the risk level.

Students assessed as having a low level of risk will receive some education and continue the SPIRIT program at their school. If the assessment shows a high level of risk, they will be referred for potential treatment services. Teens assessed as having a moderate level of risk are recommended to participate in TCP. In the program, teens attend at least two individual counseling sessions with a TCP counselor. The counselor also recommends specific TCP workshops for the teen to attend. TCP workshop topics are alcohol, marijuana, addiction, drugs 101, decision-making, and positive outlets. The workshops are designed to increase bonding; resilience; social, emotional, and cognitive competence; self-efficacy; opportunities for pro-social norms; and peer education. While teens attend these workshops, trainings are simultaneously held with caregivers to increase their understanding and support. On average, 25 adolescents participate in the program at any one time, as youth enter and cycle out of the program after attending the counseling sessions and workshops.



In addition to the counseling and workshops, TCP provides tutoring and mentoring services to youth in the program. TCP uses vetted volunteers to provide tutoring services.

NCADA offers TCP services in three locations in Missouri, including within their offices in St. Louis and Franklin Counties and a mobile unit in Jefferson County. TCP services offer an effective complement to state-funded early intervention services for adolescents at risk of substance misuse.

Staffing

TCP is staffed by a team of TCP counselors and is supervised by NCADA's deputy executive director, who has a master's degree in counseling, is a Certified Reciprocal Prevention Specialist (CRPS), is a Licensed Professional Counselor (LPC), and is trained in youth mental health first aid. All the TCP counselors have substance use disorders licenses and certifications. The workshops are taught by emotional support specialists who have a bachelor's or master's degree in education, psychology, social work, or counseling and are educated about substances, addiction, and family disease.

Funding

TCP is currently funded by individual donors and a local foundation called the Jefferson Foundation. To provide services in the three NCADA locations, the annual operating cost of the program is approximately $137,000. There is no charge to youth to participate in TCP.

EVALUATION

SPIRIT is evaluated annually by the Missouri Institute of Mental Health at the University of Missouri–St. Louis. The evaluation includes an annual student survey; student focus groups; interviews with SPIRIT providers, teachers, and school administrators; a review of monthly provider reports; and an analysis of program fidelity. The student survey is a self-reported online survey completed by students in grades 4–9 and includes questions about substance use, attitudes toward substance use, perceived risk of substance use, aggression and problem behaviors, school performance and attitudes toward school, individual protective factors, and perceptions of SPIRIT effectiveness (Missouri Institute of Mental Health, 2020). SPIRIT student responses are compared with state and national samples, using data from the Missouri Student Survey and the National Survey on Drug Use and Health.

Students must receive parental consent to participate in this evaluation. Consent rates vary by district; in 2018 Ritenour's consent rate was around 75%. Students only need to receive parental consent at the initiation of SPIRIT for its entire duration. To increase the consent rate, NCADA added a cover page to the consent form to further explain the program for parents and student. They also plan to translate these documents into Spanish.

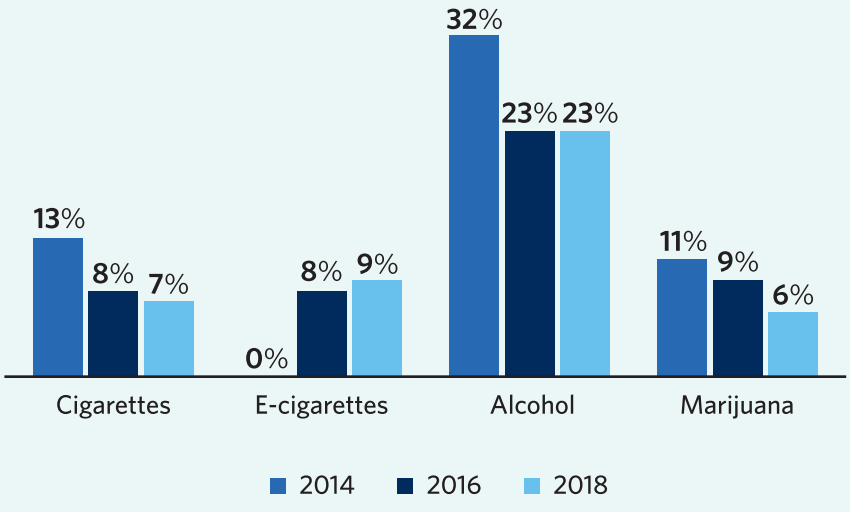
SPIRIT providers also conduct their own evaluation activities. NCADA administers pre- and post-surveys of 3rd, 4th, and 5th grade teachers; midpoint surveys of parents/caregivers of 4th and 5th graders; and pre- and post-surveys of middle and high school students. NCADA also conducts a survey of students who have completed 6 years of SPIRIT programming.

NCADA uses a similar process for evaluating TCP: conducting an assessment, doing an exit interview, and making 3- and 6-month follow-up calls with clients to ask about current substance use, school grades and disciplinary issues, and program satisfaction.

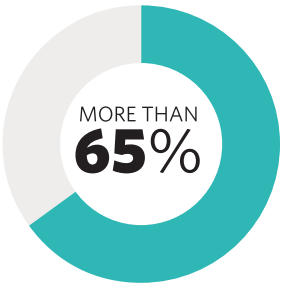
Both the SPIRIT and TCP evaluations have shown significant positive outcomes. For example, from 2014 to 2018 the percentage of SPIRIT youth in grades 6–9 who reported lifetime use of cigarettes declined from 12.5% to 6.7%, and SPIRIT youth had lower rates of alcohol use in the past 30 days than other students in the state and country. Between 2014 and 2018, the percentage of youth in grades 4–9 who reported having good decision-making skills increased from 52.8% to 68.9%. Figure 7 below shows the reductions in students in grades 6–9 reporting any lifetime substance use between 2014 and 2018.

> *"I am now more aware and informed about drugs and making responsible choices."*
>
> — Student who had 6 years of SPIRIT

Figure 7: Reductions in Lifetime Substance Use for 6-9 Graders Between 2014 and 2018



TCP has served nearly 600 participants since 2014. More than 75% of participants successfully abstain from substance use throughout their enrollment, and more than 65% continue abstaining 6 months later. Additionally, more than 65% of participants report improved relationships with family members and caregivers, and more than 85% of participants return to school with fewer substance-related incidents.



TCP participants who successfully abstain from substance use 6 months after their enrollment period

The state and NCADA use these evaluation results to show program effectiveness or to inform modifications. For example, the state can point to significant reductions in lifetime use of alcohol attributable to the SPIRIT program to recruit new SPIRIT sites or show stakeholders the effectiveness of the program. On the other hand, if surveys showed that vaping was increasingly becoming an issue in the schools, providers may add more content related to vaping to their programming.

LESSONS LEARNED

In the 18-year history of the Missouri DBH's school-based prevention/early intervention programs, there are several lessons that can be shared with others wishing to implement similar services.

State Lessons

Planning and commitment: Buy-in from leadership is essential for school-based programs to be successful. Programming requires advanced planning to understand the school environment and to receive the needed commitments from all parties before programming begins. Other characteristics that contribute to a successful program are good school management and shared responsibilities between the schools and providers. Additionally, schools and providers should agree on the amount of time and schedules for delivering the prevention/early intervention programming so that it is not viewed as competing with the academic curriculum. When implementing a large statewide early intervention program, it is best to start in a few locations and gradually roll out the services more broadly.

Infrastructure: It is more efficient to support early intervention program(s) within an existing state structure. In Missouri, SPIRIT providers are also PRC providers. PRCs provide technical assistance, training, and support to communities to decrease substance use and violence. Building upon a current state structure has several advantages, such as the state already having relationships with established providers and a mechanism to contract and provide technical assistance.

Evidence-based curriculum: Evidence-based curriculum should be selected carefully to meet the needs of the community. For example, in SPIRIT, providers may select any evidence-based curriculum that is appropriate for the school district. Curricula are selected based on the grade levels and ethnic makeup of the student population. Curricula must also be suitable for dissemination.

Evaluation: Mixed-method data collection has contributed to understanding the value of and strengthening the state's early intervention program. Data collection methods include annual student surveys, teacher focus groups, and in-person interviews with providers and teachers. Data collection is critical to showing program impact, to access the need for program improvements, and to identify technical assistance needs. It was found that collecting data from children younger than the fourth grade was not effective.

Provider Lessons

Relationship Building: School-based programs require that the provider, school leadership, and staff form good working relationships. When this relationship building is successful, providers are often viewed as an extension of the school staff; however, providers must always remember that they are a guest in the schools. Based on the SPIRIT experience, NCADA offers the following strategies:

- Get to know the administration and staff—set up an initial meeting with the administration before the program begins, and also meet with school counselors and teachers.
- Learn about the school environment to gain an understanding of how the school operates.
- Maintain a committed staff—consistency in staffing builds confidence in the program.
- Communicate and share data frequently about the program.

Incentives: Challenging program-related activities, such as obtaining consent forms or survey participation, can be improved with incentives such as gift cards and prizes.

Curriculum: Evidence-based curriculum must keep pace with current trends and youth's interests. Implementing a curriculum with absolute fidelity may have limitations. In the Ritenour School District, it was necessary to adapt the activities that are part of the Too Good for Drugs and Second Step curricula to make them more interactive while maintaining the integrity of the program.

Another approach used in Ritenour High School was including the curriculum as part of health class, which is a required course for all students. Not only did this approach expose all students to the curriculum, but it allowed the information delivered in the SPIRIT program to be reinforced by other health instruction.

Referral network: Service networks are necessary to meet the diverse needs of youth. Provider organizations should assess what services they are best equipped to deliver in house and when it is best to refer out for services. They should maintain adequate networks to refer youth for appropriate services that are not available within their own organization.

Evaluation: Providers may find it helpful to gather data beyond what is required by the state. For example, NCADA conducts pre- and post-test surveys of students and teachers, midpoint surveys of parents/caregivers, and a 6-year follow up survey of the SPIRIT program to inform their annual report, to ensure that their programming is nimble, and for agency accountability.

SUMMARY

The Missouri DBH and its service provider network have implemented a number of programs to intervene with high-risk youth to prevent the use of alcohol and other drugs, reduce incidents of violence, and improve overall school performance, including implementing after-school activities in Boys & Girls Clubs and Big Brothers Big Sisters programs; the GenerationRx program to prevent the misuse of prescription drugs among youth; and the TCP educational workshops and counseling for youth who are using substances and their caregivers. SPIRIT, in particular, has had a large impact due to its 18-year longevity in targeting students in high-risk school districts. In the 2018–2019 year alone, SPIRIT reached almost 10,000 students. The DBH programming meets the principles of effective early intervention, as illustrated by:

- *Targeting services to vulnerable youth populations* by funding SPIRIT to reach youth in high-risk school districts and providing them with sustained multiple-year evidence-based prevention/early intervention.
- *Involving family members, caregivers, and other support systems* through NCADA's TCP, in which caregivers attend workshops to increase their understanding and support of youth. Teachers and counselors also serve as supports by reinforcing early intervention messages delivered through SPIRIT.
- *Providing accessible services in multiple settings* such as schools (elementary, middle, and high school), Boys & Girls Clubs and Big Brothers Big Sisters programs, and substance use prevention providers.

Both the SPIRIT and TCP evaluations have shown positive outcomes for youth and families. For example, from 2014 to 2018 the percentage of SPIRIT youth in grades 6–9 had lower rates of alcohol use in the past 30 days than other students in the state and country. In TCP, other positive outcomes indicate that well over half of participants report improved relationships with family members and caregivers, and vast majority of participants return to school with fewer substance-related incidents. These outcomes provide support for others wishing to implement school-based programs.

New Jersey

Case Study of Early Intervention

BACKGROUND

The New Jersey Department of Human Services Division of Mental Health and Addiction Services (DMHAS) oversees agencies and programs that provide community-based mental health and SUD services. These services include substance use prevention and early intervention, case management, medication-assisted treatment, residential services, outpatient and intensive mental health and addiction services.

In January 2012, DMHAS funded 17 regional coalitions to engage community stakeholders in addressing substance misuse statewide. To complement this initiative, DMHAS leadership sought to increase early identification and intervention of substance use problems and applied for and received a SAMHSA cooperative agreement for SBIRT. This 5-year agreement funded SBIRT between July 2012 and June 2017 in community health settings. SBIRT was integrated into many of New Jersey's existing programs across various settings, such as family medical practices, emergency departments, outpatient clinics, and collegiate health services.

New Jersey youth are vulnerable to substance misuse. According to SAMHSA's 2018 New Jersey State Underage Drinking Report, 24.2% of youth ages 12–20 drank alcohol in the past month. This is in stark contrast to the national average of 9% for adolescents ages 12–17, as reported in the 2018 National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2019), any alcohol use. According to the 2016 New Jersey Youth Tobacco Survey, the most commonly used tobacco products among New Jersey high school students were e-cigarettes (9.6%), hookah (7.0%), cigars (6.8%), and cigarettes (4.7%); 16.8% of students reported at least one tobacco use in the past 30 days (Rutgers School of Public Health, Center for Tobacco Studies, 2016). These are some of the data that point to the need for effective prevention and early intervention strategies to reduce overall youth substance misuse.

Historically, New Jersey has defined its early intervention services as services for an indicated population—for young people in the early stages of developing an SUD but who do not meet the clinical criteria for an SUD. The state maintains a broad view of early intervention services, with many of their initiatives targeting adolescents and young adults. The state also funds the Strengthening Families Initiative (SFI) in Essex County for families at risk or predisposed to SUD and integrates SBIRT as part of the program. DMHAS is active in developing community partnerships to address increased risk of opioid use among high school athletes. In March 2019, the Office of the New Jersey Coordinator of Addiction Response and Enforcement Strategies (NJ CARES) and the New Jersey State Interscholastic Athletic Association (NJSIAA) announced a partnership to provide 435 member schools across 21 counties an educational toolkit on addiction risks associated with sports injuries and opioid analgesics (National Federation of State High School Associations, 2019). This educational initiative targeted 283,000 student athletes and required family participation in this educational effort prior to the beginning of each sports season. For college students, the state funds 10 collegiate recovery programs, providing comprehensive screening and supports to students at risk for developing an SUD or in recovery from alcohol and/or other drugs. Based on screening and assessment measures, student health centers provide a warm handoff to a treatment provider or enroll students in early intervention activities on campus.

This case study will focus on services at one of New Jersey's longest-standing community-based agencies, the North Jersey Community Research Initiative (NJCRI), which offers comprehensive early intervention services (NJCRI, 2020).

NJCRI EARLY INTERVENTION SERVICES

NJCRI was founded in 1988 to deliver clinical trials to those with HIV/AIDS in the Newark area. Over the past 30 years, NJCRI has become a one-stop shop for those in the homeless, LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning), and HIV/AIDS communities. NJCRI's services include primary care; mental health services; substance use education, prevention, and treatment; counseling and testing; and syringe exchange services. A pharmacy is located on site to expedite clients' ability to obtain the prescriptions they need. NJCRI also operates a food pantry once a week. For more than 30 years the agency has operated as a drop-in center, becoming an essential part of the community for homeless individuals. The drop-in center includes a living room, kitchen, computers, a gym, showers, and laundry facilities that anyone is welcome to utilize.

Project WOW

One of NJCRI's first early intervention programs was Project WOW (Web Outreach Works), started in 1999. This project began as an outreach program over the internet for young males who did not yet identify as gay in public, providing a safe space where clients could share personal questions and problems. While still maintaining a strong online presence, Project WOW now also has a physical space and has broadened its target population to include LGBTQ youth. Because 70%–80% of clients in Project WOW are homeless, this Project WOW lounge space provides many home essentials. The lounge is composed of a living room, kitchen, snacks, TV, and gaming systems. A variety of workshops and activities are offered every day for clients to participate in. In the afternoon the staff run discussions on current events (e.g., gay marriage, the death of Kobe Bryant), current drug trends (e.g., crystal meth, cannabis, alcohol), or other health education topics that are applicable to clients. Dinner and a social activity are provided every night, thus helping to structure a full day of engagement. Some examples of social activities include karaoke, movie night, kiki, and ballroom practice.

When a potential client first comes to Project WOW, they are given a tour by a staff member, who explains all the services that are currently available. Then an informal conversation is held about the individual, their interest in becoming a client, and if they are interested in any of the Project WOW programs. There are six different early intervention programs offered within Project WOW: StreetSmart, CLEAR (Choosing Life: Empowerment, Action, Results!), ARTAS (Anti-Retroviral Treatment and Access to Services, a Centers for Disease Control and Prevention [CDC] program), PrEP (Pre-Exposure Prophylaxis), Mpowerment, and Project Access (syringe exchange program). They are all geared toward LGBTQ youth ages 13–24. The flexibility of Project WOW allows clients to participate in activities without having to commit and stay within a program. If an individual expresses interest in committing to a program, they are given a brief mental health and SUD assessment by the intake counselor. A discussion is then held about the individual's motivations for the program, and the counselor offers recommendations about the client's appropriateness for the program. This approach is used to help engage clients into programming.

StreetSmart

StreetSmart is an evidence-based early intervention program for adolescents and transitional-aged youth ages 13–24. Clients that participate are at high risk for SUD, HIV/AIDS, and other sexually transmitted infections (STIs) and sexually transmitted diseases (STDs). They are often homeless and runaway youth, with 75% identifying themselves as "couch surfers." There are three different components to the program: individual counseling sessions, drop-in group sessions, and a weekend retreat. At any one time, there are up to 30 clients participating in the program. The clients meet with a counselor to work on their needs and to prepare them to participate in the weekend retreat. The counselors work on problem solving, talking openly about trauma, and any other problems the counselor observes. Often, clients require assistance in identifying and managing underlying problems. The counselor works closely with the clients to set realistic goals and monitors their behavior.

"I was 15 when I started so they gave me a family foundation—I'm an immigrant so having staff and peers as brothers and sisters helped me very much. They've been my primary care providers, therapists, and references for employment and college. The family atmosphere is everything."

—Client who participated in StreetSmart for 6 years

Twice a year a StreetSmart weekend retreat is held, once in the spring and once in the fall. Though the StreetSmart program is for clients ages 13–24, only those ages 18–24 are invited to the retreat. The spring retreat is held at Point Pleasant Beach in New Jersey, and the fall retreat is held in the Pocono Mountains in northeastern Pennsylvania. Many of the participants grew up in Newark and have never left the city. These annual trips give them opportunities to experience a new environment while removing them from the negative influences often surrounding them.

Fifteen clients are selected to attend each retreat. The selection process is overseen by the StreetSmart coordinators based on established criteria. Coordinators look at the individual's overall desire to participate in the retreat, weekly participation in Project WOW, attitude and openness, and other contributions they may have made.

The 3-day retreats are held Friday through Sunday and include a mix of lessons and activities. When the clients arrive, the rules are reviewed and then everyone participates in icebreakers and introductions. The next 2 days are full of 2-hour lessons, with breaks between sessions. Lessons are on topics such as STIs/STDs, different types of drugs, condom demonstrations, and anything the participants are curious about. After each lesson, the clients repeat the course content back to the staff. They do this by splitting into groups and performing skits, having discussions, or using other interactive methods. The staff ensures that everyone understands the topic before moving on to the next lesson. Each morning they review the lessons from the day before.

After the retreat, clients have a follow-up discussion with the counselor to make a plan for the future. Client evaluations have indicated that they felt the retreat was the most beneficial component of StreetSmart.

CLEAR

CLEAR is an EBP for men who have sex with men (MSM), transgender men, and nonbinary individuals ages 18–24. When a client enters the program, a counselor completes an assessment which covers STD and HIV status, unsafe sexual practices, and other high-risk behaviors. The counselor then works with the client to develop SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals and a plan for how they will accomplish them. Goals may be in areas such as finding housing, getting a job, applying for college, increasing income, or disclosing HIV status to partners. Both long- and short-term goals are developed to address the client's issues. The counselor works to ensure that the goals are realistic for the client's lifestyle to increase their chances of success. For example, one client had a goal of increasing their income. Together the counselor and client looked at the client's spending and found that they were spending a lot on alcohol. Since it wasn't realistic at the time to get the client to give up drinking altogether, they made a goal to reduce the size of the bottle of alcohol and meet the client's financial goal. New short-term goals are established each week for the duration of the 6-week program. Progress toward short-term goals is reported on each week toward the achievement of the client's longer-term goal.

> *"The most valuable thing I've taken in is seeing the potential within everyone here. They have goals like mine. I want to be side by side helping everyone accomplish theirs."*
>
> —Client who participated in CLEAR for 3 years

CLEAR counselors establish a strong rapport with clients to help them open up about their problems and to work on their goals. A tool employed by CLEAR is the "feeling thermometer." As part of the curriculum, counselors use the feeling thermometer to help clients express their attitudes or feelings with regard to a particular experience, issue,

or topic. Used as a reference or analogy, clients are able to express feelings in terms of degrees, with their attitudes corresponding to temperatures (0–100). The closer to 0 the response is, the colder or more negative the feelings are; the closer to 100 the response is, the warmer and more positive the feelings are. Over the course of the program, clients log their feeling thermometer results weekly to measure their progress or indicate any red flags that staff should be aware of.

CLEAR is based on contingency management, a motivational incentives and rewards program. To encourage sobriety and behaviors that support healthy living, active participants receive bus tickets and other transportation assistance to boost their program attendance. Those who reflect consistent attendance and report a reduction in their AOD use may be promoted to a higher program ranking such as mentor. Participants also receive additional food vouchers for extra treats from NJCRI's food pantry. Toward the end of the program, larger rewards, such as group outings to Six Flags or Dave & Buster's, are given to participants who attained their goals or showed consistent effort to help their peers.

Outreach and Partnerships

Project WOW's well-established community outreach efforts drive the number of clients that are referred to the program. Having originally been built around using the web as a central outreach strategy, its networking capacity has grown exponentially. Current and past clients are a major resource for the project, with many acting as ambassadors. Often, clients learn about Project WOW through community events, families, friends, or mentors who have experienced the programming themselves. They also have maintained a 16-year long partnership with many of the ballroom houses, which are LGBTQ community spaces where largely Black or Latinx youth live together replacing the families that they may be estranged from. Ballroom houses provide spaces around the city for Project WOW's program events. To incentivize and help promote events, house parents are utilized. Many house parents establish a rule that clients maintain their weekly Project WOW appointments in order to stay in the house, reflecting a unified community commitment. Project WOW also creates a calendar of events they host each month and publishes it on social media and other media to engage potential participants in their activities.

NJCRI has a number of partnerships with other similarly focused community-based organizations (CBOs). Covenant House and Bridges Outreach, Inc., provide shelter/transitional housing for youth who are in the foster care system or are homeless. The RAIN Foundation is an LGBTQ-specific emergency shelter service with 12 beds; all sheltered youth are HIV positive and in need of

extensive mental health and substance use services. NJCRI also partners with Project LOL (Living Out Loud), one of New Jersey's largest LGBTQ organizations, and AAOGC (African American Office of Gay Concerns), another proponent of HIV/AIDS prevention services. Over the past 10 years, these partnerships have created a strong network of valuable resources. The partners come together annually to strategize and develop innovative initiatives to better implement their services across the state.

Staffing, Certifications, and Training

NJCRI prides itself on maintaining a high level of staff expertise and forming a diverse and inclusive workspace. All the program counselors are either Certified Alcohol and Drug Counselors or Licensed Alcohol and Drug Counselors. Substance use coordinators and harm reduction specialists must obtain IC&RC Prevention Specialist certification, which allows them to provide alcohol, tobacco, and drug prevention education. Nursing staff are licensed and required to complete the Access to Reproductive Care and HIV Services (ARCH) training. ARCH provides a full range of HIV prevention education, risk reduction practices, and screening and referral for PrEP.

Over the last 15 years, NJCRI has been able to partner with local universities and a community college—Rutgers University, Seton Hall University, and Essex Community College—to recruit education, social work, and public health student interns.

The majority of staff have a bachelor's degree in human services, social work, psychology, or counseling. They are provided addiction treatment education and training by DMHAS during their first week of orientation. An important qualification that NJCRI looks for in potential staff is their active participation in community organization and volunteering in local events. Additionally, about a quarter of NJCRI staff are program alumni who have completed their programs and come back as staff.

Over the last 15 years, NJCRI has been able to partner with local universities and a community college—Rutgers University, Seton Hall University, and Essex Community College—to recruit education, social work, and public health student interns. Nurses from student health centers and those in training are also recruited to assist with a variety of on-site activities. All interns are compensated for their hours.

On average, NJCRI retain their staff for 4–5 years, with some staff staying as long as 10 years.

Funding

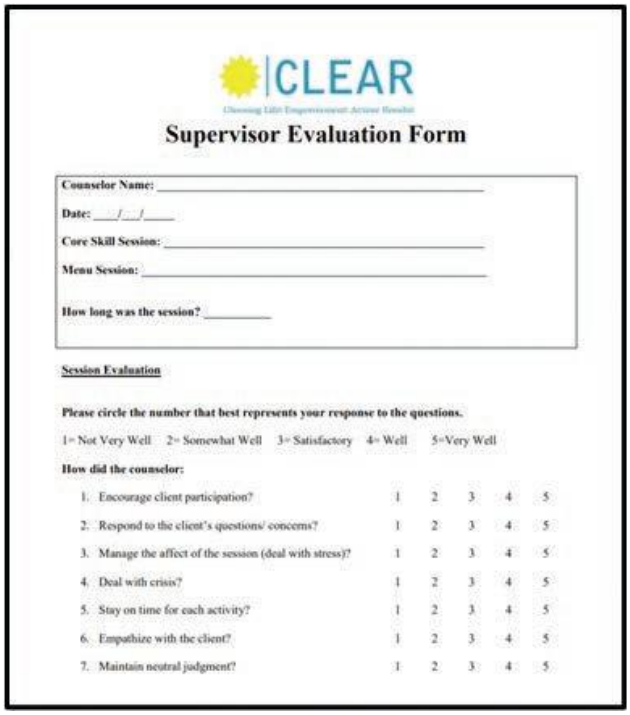
Funding for NJCRI is provided by operating more than 40 grant-funded programs. DMHAS funds Project WOW and CLEAR. Financial support is also received from SAMHSA discretionary grants and from the New Jersey Department of Health. Funding for HIV prevention activities is received from the M.A.C. AIDS Fund and AIDS United. NJCRI also receives funding from the Healthcare Foundation of New Jersey and several other private foundations, individual donors, and community fundraising events throughout the year.

DATA AND EVALUATION

Each program funded by DMHAS is required to submit an evaluation strategy. Data from the evaluation strategy are then analyzed for emerging trends concerning community substance misuse, mental illness, infection rate, homelessness rate, and other socio-behavioral risk factors. Findings are used by the state and provider agency for services improvement. The data are compiled monthly, and a monthly data report is presented to DMHAS and the New Jersey HIV/AIDS Planning Group (NJHPG).

Additionally, the New Jersey Department of Health and the CDC require that data be reported on the Evaluation Web System, such as populations being served and substances being used. Project WOW staff are responsible for inputting Evaluation Web data monthly. The data are then monitored by the Project WOW Coordinator and Manager before submitting to the Department of Health. NJCRI also has an internal reporting system to track service referrals and linkages. This system is used during project meetings to address service barriers.

For CLEAR, the program manager conducts biweekly chart reviews and case conferences with CLEAR counselors. The manager also observes sessions on a monthly basis to confirm the fidelity of the intervention and the quality of services provided by each CLEAR counselor. This allows the manager to determine whether the CLEAR counselor is effectively meeting the needs of clients enrolled in the intervention. A final chart review is completed with a summary of the findings from observations and with recommended strategies to assure



CLEAR

Supervisor Evaluation Form

Counselor Name: _____

Date: ___/___/____

Core Skill Session: _____

Menu Session: _____

How long was the session? _____

Session Evaluation

Please circle the number that best represents your response to the questions.

1= Not Very Well 2= Somewhat Well 3= Satisfactory 4= Well 5=Very Well

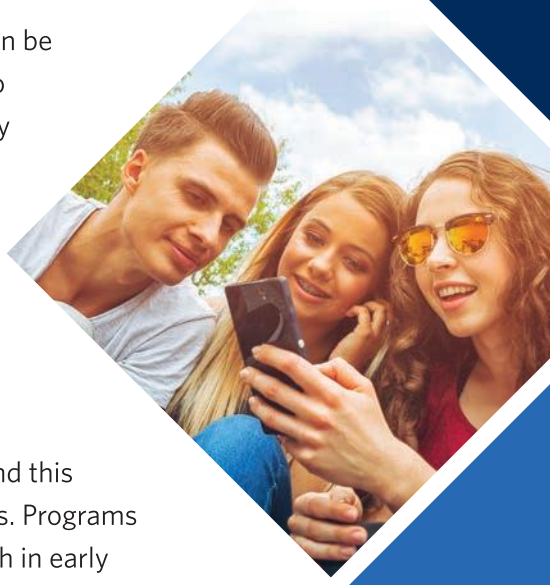
How did the counselor:

1. Encourage client participation?	1	2	3	4	5
2. Respond to the client's questions/ concerns?	1	2	3	4	5
3. Manage the affect of the session (deal with stress)?	1	2	3	4	5
4. Deal with crisis?	1	2	3	4	5
5. Stay on time for each activity?	1	2	3	4	5
6. Empathize with the client?	1	2	3	4	5
7. Maintain neutral judgment?	1	2	3	4	5

continuous quality improvement and total quality control (CQI/TQC). Client satisfaction surveys are also conducted at least twice a year to ensure that needs of the participants in CLEAR are being met. The survey allows clients to provide personal feedback and recommendations about NJCRI's services. Additionally, NJCRI conducts 3-month and 6-month follow-ups with all clients enrolled in their substance use services. These quantitative data are reported to the state.

LESSONS LEARNED

Since its founding in 1988, NJCRI has learned many lessons that can be shared with providers and the community. These lessons pertain to NJCRI's unique service methods, which can be applied to SUD early intervention services and other programs for high-risk youth.



Provider and Community Lessons

Social network development: Social networks are invaluable forums for outreaching to youth. Nearly all of NJCRI's programs and community events are publicized and updated daily on their Facebook, Instagram, and Twitter accounts. The majority of Project WOW's clients have a strong presence in the online community, and this is their preferred medium for connecting and reaching out to others. Programs should establish and enhance their online presence to engage youth in early intervention programs.

Relationship building: CBOs offer deep knowledge about the needs of the community and a range of available supports. NJCRI fosters long-standing relationships with CBOs and opinion leaders through community conversations. Buy-in from these leaders and other CBOs helps inform NJCRI early intervention processes.

Investment in a community workforce: In order to reinforce youths' leadership skills, it is vital to hire community members that vulnerable youth can relate to. Aspiring youth recognize NJCRI's commitment to their community and gradually begin to emulate it. Many clients fulfill their educational goals and come back as working professionals, eager to volunteer and give back to the programs that believed in their potential first.

Strategic partnerships: Partnerships are an effective means to meet the holistic needs of youth. NJCRI has 56 Memorandums of Understanding with other CBOs that have allowed them to complement their skills and expertise, tackle cultural barriers, and improve service inclusivity. For example, NJCRI formed a partnership with ADAPT (Alcohol & Drug Abuse Prevention Team) of Essex County and facilitated several focus groups with community leaders and members to identify needs that are not being addressed. The participants in this unique partnership have called upon community leaders, members, and organizations to form a work group to better inform the challenges that marginalized populations are facing.

Peer-led, peer-driven approach: Services should be driven by the youth being served. An advisory council is a good way to support a peer-driven process. NJCRI has two community advisory boards (CABs) that direct their programs and events. While an older generation of LGBTQ peers make up their LGBTQ CAB, it is equally valuable to hear from "fresh" community voices. For this reason, NJCRI's general CAB is comprised of current clients who hold some leadership roles and come from the AIDS, gay and lesbian, public health, business, and university communities. Young community leaders often love to share and collaborate in team settings, and they thrive when their voice is heard. The involvement of young community leaders not only ensures that NJCRI maintains its innovative perspective but also supports engagement of the target population and allows them to make meaningful contributions to early intervention services.

Patience in the process: Staff should be patient with clients in early intervention programming, letting them progress at their own pace. Clients should be empowered in their decision-making and given a sense of autonomy. NJCRI provides a vast array of social activities for clients to engage in freely. The flexibility of the drop-in service model cultivates a sense of empowerment. NJCRI staff and mentors pride themselves in being patient with their clients, helping to provide a stable foundation where clients do not feel discriminated against and can thrive.

Accessibility and visibility: Easy access to services is key to engaging youth. When trying to reach vulnerable youth, location and transportation should be priority considerations. Services should be delivered in areas that are centrally located and highly visible to the clients. When available, public transportation should be conveniently located nearby. Over the years, NJCRI has established itself as a safe haven in the community, drawing in diverse populations from nearby neighborhoods. Currently, NJCRI is working toward securing a facility with over 4,000 square feet of space in downtown Newark in 2021. This expansion will provide services to youth in a more centrally located area where they have additional transportation options and can more easily access a safe place for services.

NJCRI staff and mentors pride themselves in being patient with their clients, helping to provide a stable foundation where clients do not feel discriminated against and can thrive.

SUMMARY

DMHAS leadership has supported numerous provider agencies in funding outreach and early intervention services across New Jersey. In January 2012, DMHAS funded 17 regional coalitions to collaborate in the development of prevention and early intervention strategies to reduce substance misuse. This was pivotal to rolling out new programming and providing presentations, resources, and technical assistance to community partners. This forward momentum created opportunities to reassess statewide and county needs, formalize partnerships, provide workforce development activities, address service gaps, and establish programming that has enhanced early intervention.

In addition, the integration of SBIRT became a major enhancement to the DMHAS efforts. To implement a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services, DMHAS integrated SBIRT within several service sectors (e.g., higher education, healthcare, and medical training/residency programs).

The DMHAS programming meets the principles of effective early intervention in the following ways:

- *Providing accessible services in multiple settings,* particularly in high schools, colleges, and student health clinics. DMHAS funds 10 collegiate recovery programs statewide and provides and early intervention services (e.g., SBIRT) to students.
- *Creating developmentally appropriate opportunities for positive social involvement* to empower youth, including student athletes, peer leaders, and club presidents who hold conversations with their respective groups and organizations to foster a sense of accountability. The StreetSmart 3-day retreat is an excellent example of an opportunity for youth to learn from their peers and feel empowered by their personal story sharing.
- *Targeting services to vulnerable youth populations to reduce disparities,* including youth and young adult ages 13–24 who are homeless, LGBTQ, and HIV/AIDS impacted.

Future state planning efforts will seek to build upon prevention and early intervention services focused on young student athletes and the misuse of opioids. Additionally, NJCRI will work to expand and make Project WOW more accessible by securing a larger and more centrally located facility in downtown Newark in 2021.

Tennessee

Case Study of Early Intervention

BACKGROUND

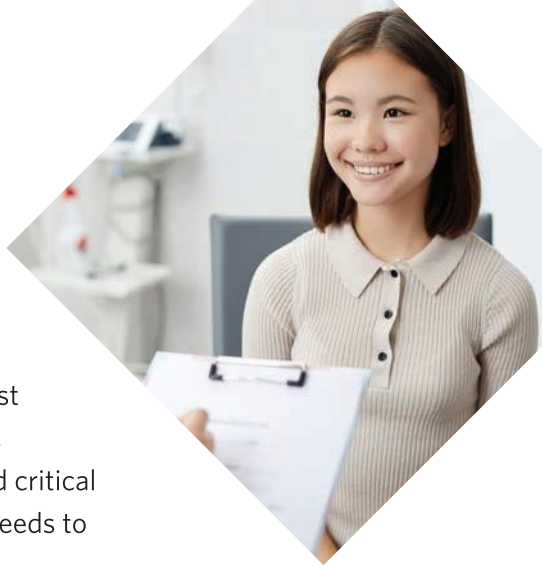
The TDMHSAS Division of Substance Abuse Services plans, delivers, and evaluates a statewide system of AOD prevention, treatment, and recovery support services to youth, adults, and communities at risk for substance misuse and its related consequences (TDMHSAS, 2020). Within the Division of Substance Abuse Services, the Office of Prevention oversees primary substance use prevention activities for universal, selective, and indicated populations. More specifically, substance use early intervention services are targeted toward selective and indicated youth populations.

Tennessee has 46 state-funded county coalitions that coordinate the implementation of evidence-based and environmental strategies for substance use prevention within communities to address (1) binge drinking among young people ages 14–25, (2) tobacco use among young people ages 12–17, and (3) nonmedical prescription drug use among young people ages 12–25. Additionally, the office supports tertiary prevention through the funding of overdose reversal training, which includes how to use naloxone, information on harm reduction, education on opioid use disorder and addiction, and distribution.

DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES' MISSION

Creating collaborative pathways to resiliency, recovery & independence for Tennesseans living with mental illness and substance use disorders

Technical assistance, training, and resources are allocated to support prevention service providers that are part of the Tennessee Prevention Network (TPN). The TPN's goals are to delay the onset of substance use and SUD, reduce the illegal use of substances, and reduce the prevalence of negative consequences associated with substance use.



In 2018–2019, the Tennessee Together (TN Together) Student Survey was administered to 8th-, 10th-, and 12th-grade public school students throughout the state. The Division of Substance Abuse Services partnered with the Tennessee National Guard and community Substance Abuse Prevention Coalitions to recruit school district participation. This was the largest survey of youth alcohol and other drug use undertaken by the state, with a sample of more than 21,000 student statewide, and captured critical information to help identify community substance use prevention needs to assist in efficiently targeting resources.

The TN Together Student Survey found that the average age of first substance use was between 13 and 14 years old (TDMHSAS, 2019b). The survey data showed that 39.9% of students reported ever using alcohol; 34.9% reported ever using tobacco products (cigarettes, e-cigarettes, smokeless tobacco); 20.2% reported ever using marijuana; and 8.9% reported ever misusing prescription drugs. When asked about past-30-day use, 16.8% reported consuming alcohol; 8.5% reported using cigarettes; 19.1% reported using e-cigarettes; 11.2% reported using marijuana; and 3.7% reported misusing prescription drugs. Finally, students were asked about their perception of using certain substances. A higher perception of risk translates into a decreased likelihood to engage in using a substance. A majority of students responded that they perceived a "moderate risk" or "great risk" associated with smoking cigarettes or with misusing prescription drugs; however, fewer students perceived the same risk associated with using e-cigarettes (see Table 2). The data from this survey provide multiple opportunities for early intervention messages and programming.

Table 2: Substance Lifetime Use, Past-30-Day Use, and Perceived "Moderate Risk" or "Great Risk" Associated with Use Among Tennessee 8th-, 10th-, and 12th-Grade Students

Substance	Lifetime Use	Past-30-Day Use	Perceived Moderate or Great Risk
Alcohol	39.9%	16.8%	71.1% (1 or 2 drinks a day)
Tobacco products (cigarettes, e-cigarettes, smokeless tobacco)	34.9%	8.5% (cigarettes) 19.1% (e-cigarettes)	84.0% (1 or more packs of cigarettes/day) 66.0% (using e-cigarettes)
Marijuana	20.2%	11.2%	48.9% (trying marijuana once or twice)
Prescription drugs	8.9%	3.7%	84.9%

In 2019, TDMHSAS conducted an annual needs assessment and identified the need to increase prevention programs for youth at risk for substance misuse in the middle Tennessee region (Davidson and surrounding counties) (TDMHSAS, 2019a). The assessment identified a gap in community-based strategies that focus on reducing (1) nonmedical pain reliever use among 12- to 25-year-olds, (2) binge and underage drinking among 14- to 25-year-olds, and (3) underage tobacco use among 12- to 17-year-olds. This case study describes Oasis Center, a comprehensive and long-standing provider of services for youth and families located in middle Tennessee.

Oasis Center Early Intervention Services

TDMHSAS funds Oasis Center, located in Nashville, Tennessee, to provide early intervention and substance use prevention services to youth. Founded in 1969 as a community center for runaway youth, many of which who struggle with substance misuse, Oasis Center today is a place where more than 3,000 youth and their families receive help and direct services annually. A wide range of services are offered, such as crisis intervention, college and career access, youth leadership, and community engagement to represent the diverse needs of youth and their families. The center's work is firmly rooted in the evidence-based principles of positive youth development and trauma-informed care and offers a wide range of programs to help young people use their skills to discover their strengths and break down barriers that prevent them from achieving success.

OASIS CENTER'S FOUR AREAS FOR YOUTH SUCCESS:

Safety
Significance & Belonging
Participation & Empowerment
Generosity & Justice

Oasis Center's four impact areas for youth success—safety, significance and belonging, participation and empowerment, and generosity and justice—are reflected throughout the multiple services offered. Grounded in these impact areas, Oasis Center emphasizes youth engagement and empowerment and operates under the assumption that youth are much more likely to achieve positive outcomes if they participate in the center's programming and policymaking. This type of engagement plays out in various levels of planning and implementation. Some students are involved in the Mayor's Youth Council, while others are involved in improving cross-program connections at the organization.

Oasis Center staff utilize the Nashville Metro Public Health Department's tobacco education sessions and teach young people critical thinking skills in order to deconstruct alcohol, tobacco, and prescription drug advertisements. Oasis Center's programs also include evidence-based lessons on health and wellness and deliver a dozen sessions on decision-making and substance refusal skills. The decision-making process is also a key tenet of the International Teen Outreach Program (ITOP) curriculum, one of the center's long-standing programs.

The center provides 16 youth engagement programs, 2 college connection programs, and 3 crisis/residential programs for youth. Woven throughout these services is a holistic and individual-based approach in which young people actively participate in program development. Oasis Center's community partnerships have allowed the center to maintain a strong presence in the Nashville area, offering services in both community and school settings.

The center focuses on forming transformational rather than transactional relationships in order to sustain and continuously build connections throughout the community. This allows Oasis programs to reach multiple populations. Their programs target LGBTQ+ youth, juvenile justice–involved youth, immigrants, trans and gender-nonconforming (GNC) youth and queer people of color (QPOC), as well as serving many other self-referred youth in the Nashville area.

Programs aimed at supporting LGBTQ+ youth provide open and affirming spaces that are located in schools and/or within the Oasis Center. Just Us is a program whose name arose from participants asking, "Why can't we be just us?" Just Us and its younger sibling, Becoming Us, offer weekly open support groups for LGBTQ+ middle and high school youth (Just Us, 2020). Just Us provides a support system to youth ages 14–18 throughout their high school years, and Becoming Us offers support to youth in middle school. More 2 Me, a school-based peer support group for QPOC, also participates in some Just Us programs. Students of Stonewall is a LGBTQ+ youth group that trains medical professionals on how to create safe and affirming spaces within health care settings for LGBTQ+ youth who access these services. Through Students of Stonewall, Oasis staff aim to improve young peoples' coping skills so that they are less likely to rely on adverse behaviors for extracurricular engagement. These four groups collaborate in hosting the "Gender Gap," a genderless clothing swap at Oasis Center that provides clothing to local LGBTQ+ youth in a safe setting. Participants in Students of Stonewall noted the lack of substance use among the youth in Just Us and Becoming Us. Staff attribute this low incidence of substance use to positive coping skills and a healthy outlet for LGBTQ+ youth. While praising the programs' effectiveness, one high school junior Students of Stonewall activist declared that the programs "should be the new Boy Scouts."

One of the many unique programs offered at Oasis is the Reaching Excellence as Leaders (REAL) mentorship program (REAL, 2020). At-risk middle and high school youth are connected to this 6- to 13-week program through external

referrals, self-referrals, and intake from the criminal justice system. Adult male mentors from similar backgrounds encourage male youth to make healthy choices through entrepreneurship classes, mentorship, physical and wellness interventions, and artwork messaging. The REAL2 is an alumni program for graduates of REAL. One REAL2 leader said of the program, "it gives me the tools and knowledge to go through my problems in life and seek the right help."

While the youth build their own bikes, they bond with the staff and volunteer mentors and learn patience, problem-solving skills, and pride in building their own bike.

The Bike Workshop, a school-based program for middle and high school youth, stemmed from youth's lack of transportation. More specifically, Oasis staff noticed that adolescents and transitional-aged youth (ages 18–24) were falling through the cracks because they simply could not get to the center. To address this problem, Oasis staff developed a weekly workshop to teach young people how to build and repair their own bikes. This popular workshop is offered within a semester-long STEM (science, technology, engineering, and mathematics) course offered by seven local schools. While the youth build their own bikes, they bond with the staff and volunteer mentors and learn patience, problem-solving skills, and pride in building their own bike. In addition to the bike, youth receive a helmet, a bike maintenance tool kit, and information on safely navigating the Nashville area.

In addition to Oasis Center's youth engagement and action programs discussed above, they provide several other programs to young people. Figure 8 outlines the center's various youth engagement programs, youth populations served, settings for services, and how youth access the programs. Oasis also provides college connection, crisis intervention, and residential programs for older teens and transitional-aged youth. The college connection programs are focused on college access and on retention and success. Oasis also provides a 24/7/365 emergency shelter for adolescents ages 13–17 and street outreach for transitional-aged youth who are experiencing homelessness. Finally, Oasis provides clinical counseling for youth and their families.

Figure 8: Oasis Center Youth Engagement Programs: Youth Population, Setting, Access Method

Art and Activisim
All Youth
Oasis Art Studio
Application

Becoming Us
LGBTQ+ Middle School Youth
Oasis Center
Drop-in

Bike Workshop
Middle & High School Youth
School and Oasis Based
Application

Building Bridges
High School Youth
School and Community Based
Application/Peer Interview

International Teen Outreach Program (ITOP)
Middle and High School Youth
School Based
School Referral

Just Us
LGBTQ+ High School Youth
Oasis Center
Drop-in

Maptivists
High School Youth
Oasis Center
Application

Mayor's Youth Council
High School Youth
Oasis Center
Application/Interview

More 2 Me
QPOC High School Youth
School Based
School Referral/Intake

Pride Posse
LGBTQ+ High School Youth
Oasis Center
Counseling Referral

RAP Session - OT
Young Adults - 18-24
Bethlehem Center
Intake

Reaching Excellence as Leaders (REAL)
Middle & High School Youth
Oasis Center
Intake/Referral Required

Students of Stonewall
LGBTQ Juniors/Seniors
Oasis Center
Application/Interview

TYME
Trans/GNC Middle & High School Youth
Oasis Center
Drop-in

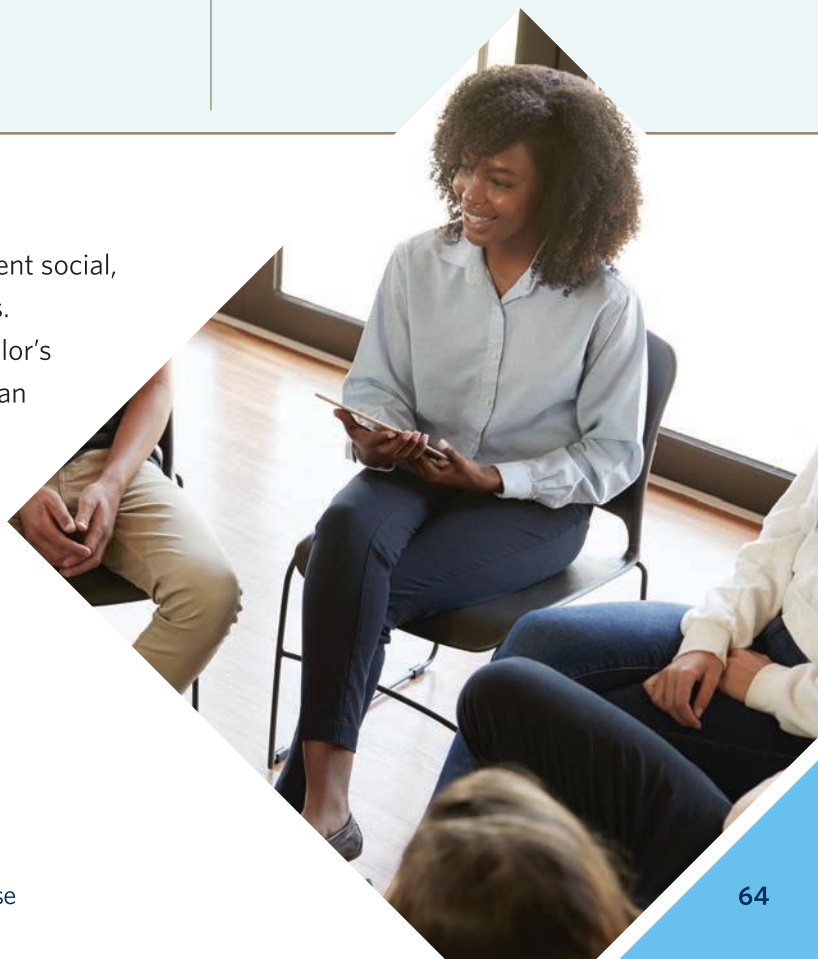
We City
High School Youth
Oasis Center
Application/Interview

WeGo Youth Action Team
High School Youth
Oasis Center
Application

Staffing

Oasis Center hires staff that represent different social, educational, and organizational backgrounds. Prevention staff are required to have a bachelor's degree and 2 years of experience in the human services field. Oasis also requires new hires to be trained in the following areas:

- Trauma-informed care
- Open and affirming culture
- LGBTQ+ 101
- Positive Youth Development
- Circle Training

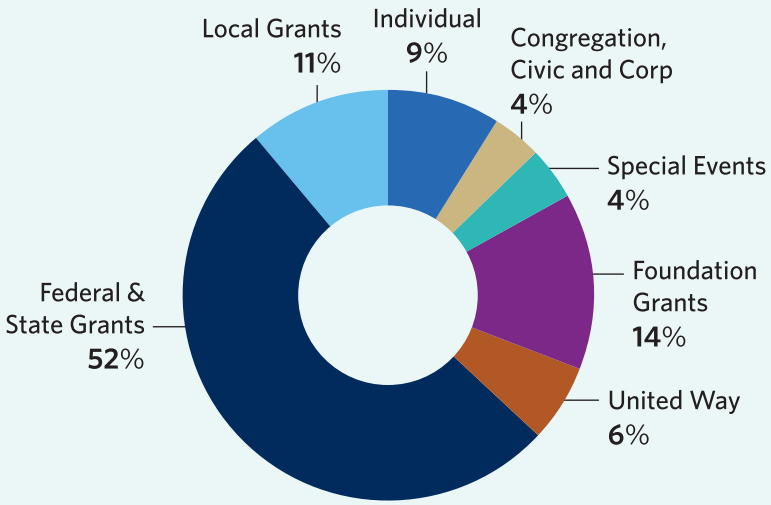


The state requires that the agency have at least one Prevention Specialist certified by IC&RC and one on-duty staff member trained in cardiopulmonary resuscitation (CPR). In addition, staff are required to complete at least two of the prevention courses approved by the state. Oasis has two certified Prevention Specialists, who are also certified in CPR, and the center requires a minimum of 10 hours of professional development each fiscal year.

Funding

Oasis Center receives funding from multiple sources (Figure 9). Federal, state, and local government grants, which account for over $3 million of the center's $6 million in revenue in fiscal year 2020, make up 63% of the center's funding. The remaining 37% of the center's revenue consists of a combination of individual contributions; congregation, civic and corporate contributions; special events; foundation grants; and allocations through the United Way. Special events include fundraisers that Oasis holds in conjunction with the City of Nashville.

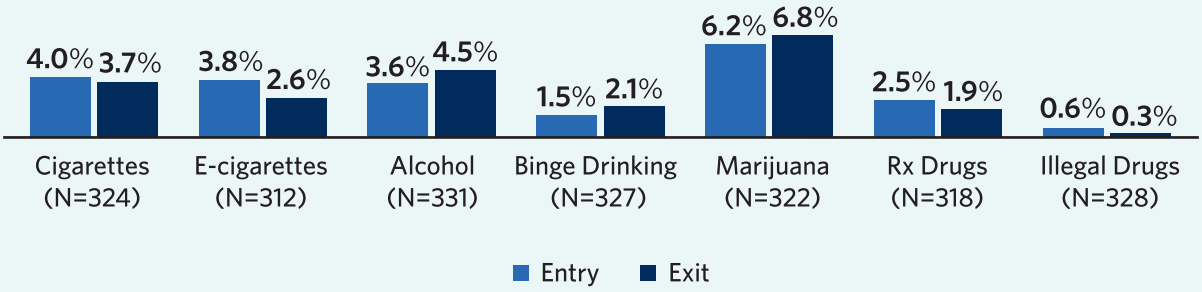
Figure 9: Oasis Center's Funding Sources



DATA AND EVALUATION

Oasis Center services are thoroughly evaluated through EMT Associates, Inc., a consulting firm that collects pre- and post-program survey data on substance use behaviors, attitudes toward substance use, and risk and protective factors among program participants. In 2018, 11.7% of youth were using alcohol and/or other drugs when they entered a program. This data point (Figure 10), however, varies considerably

Figure 10: Oasis Program Participant Substance Use at Program Entry and Exit



between programs (EMT Associates, Inc., 2018). For example, only 13.1% of Bike Workshop participants used substances at program entry, whereas 27.1% of participants in the REAL program used substances. After 1 year of program participation, 90% of youth participants in Oasis Center programs either maintained abstinence or reduced their substance use. During the same period, 65% of Oasis youth experienced a positive change in risk perception and approval of peer use.

The evaluation data demonstrate that Oasis Center's programming is effective in reducing the risk factors associated with substance use. In fact, the most common positive change in protective factors among youth participants was drug and alcohol refusal skills. EMT Associates also measured other protective factors such as family connectedness, school connectedness, decision-making/self-reflecting, self-efficacy, social confidence, and self-control. Overall, youth alcohol use, binge drinking, and marijuana use increased between 2018 and 2019, while cigarette, e-cigarette, prescription drug, and other drug use decreased in the Oasis program.

After 1 year of program participation, 90% of youth participants in Oasis Center programs either maintained abstinence or reduced their substance use.

LESSONS LEARNED

Oasis have identified three main provider and community lessons learned over their decades of service that continue to guide their work. These strategies make a significant difference in an organization's culture and ability to support hard-to-reach youth.

Strategic transformational partnerships: It is critical that services for youth operate through strategic partnerships in the community. Oasis Center collaborates with the mayor's office, public schools, musicians, artists, law enforcement, and the area parks department. These partnerships allow them to have a strong presence in the community and reach adolescents and young adults from diverse backgrounds. Additionally, Oasis Center's relationships and long-standing reputation in the community reinforce their community-based approach; the center has established itself as a crucial component in the culture of North Nashville.

Holistic approach: Early intervention services must meet young people where they are by addressing the historical risk factors they have faced and the current risk factors they are facing. The services offered at Oasis Center address the social, emotional, educational, safety, and housing needs of Nashville youth. This assistance extends to transportation to ensure that no young person falls through the cracks. Oasis Center strives to provide a welcoming home for everyone in need of its services. Significance and belonging are integral aspects of their programming.

Representative staff from the community: At-risk youth more easily connect and relate to those with whom they can identify. Mentees who are mentored by someone with a similar background are more likely to successfully complete the program. Similarly, Oasis Center places an emphasis on representative counselors to ensure that youth have a safe space to seek help. Job applicants from diverse backgrounds are actively encouraged to apply to Oasis. Currently, 49% of the staff at Oasis identify as White, 28% identify as Black, 8% identify as Hispanic, 7% identify as multiracial, and 1% identify as Asian. The remaining 7% of staff did not specify their race.

SUMMARY

The Oasis Center provides early intervention and substance use prevention services annually to more than 3,000 Nashville-area youth and their families. A wide range of services are offered, such as crisis intervention, college and career access, youth leadership, and community engagement for at-risk young people. Oasis Center programming meets the principles of effective early intervention as illustrated by:

Oasis Center's relationships and long-standing reputation in the community reinforce their community-based approach; the center has established itself as a crucial component in the culture of North Nashville.

- *Providing accessible services in multiple settings* in several middle and high schools and at the Oasis Center;
- *Offering developmentally appropriate opportunities for positive social involvement that empower youth,* such as the REAL program, Bike Workshop, Just Us, and Students of Stonewall, that encourage participation and a sense of belonging; and
- *Targeting vulnerable youth populations to reduce disparities* as a key component of Oasis's work to include those youth most at risk through its diverse programs.

Oasis Center offers programs to help young people use their skills to discover their strengths and break down barriers that prevent them from achieving success. After 1 year of program participation, 90% of youth participants at Oasis either maintained abstinence or reduced their substance use. During the same period, 65% of Oasis youth experienced a positive change in risk perception and approval of peer use. The evaluation data demonstrate that Oasis Center's programming is effective in reducing the risk factors associated with substance use. These programs provide a model for others to replicate with their at-risk youth populations.

SECTION III

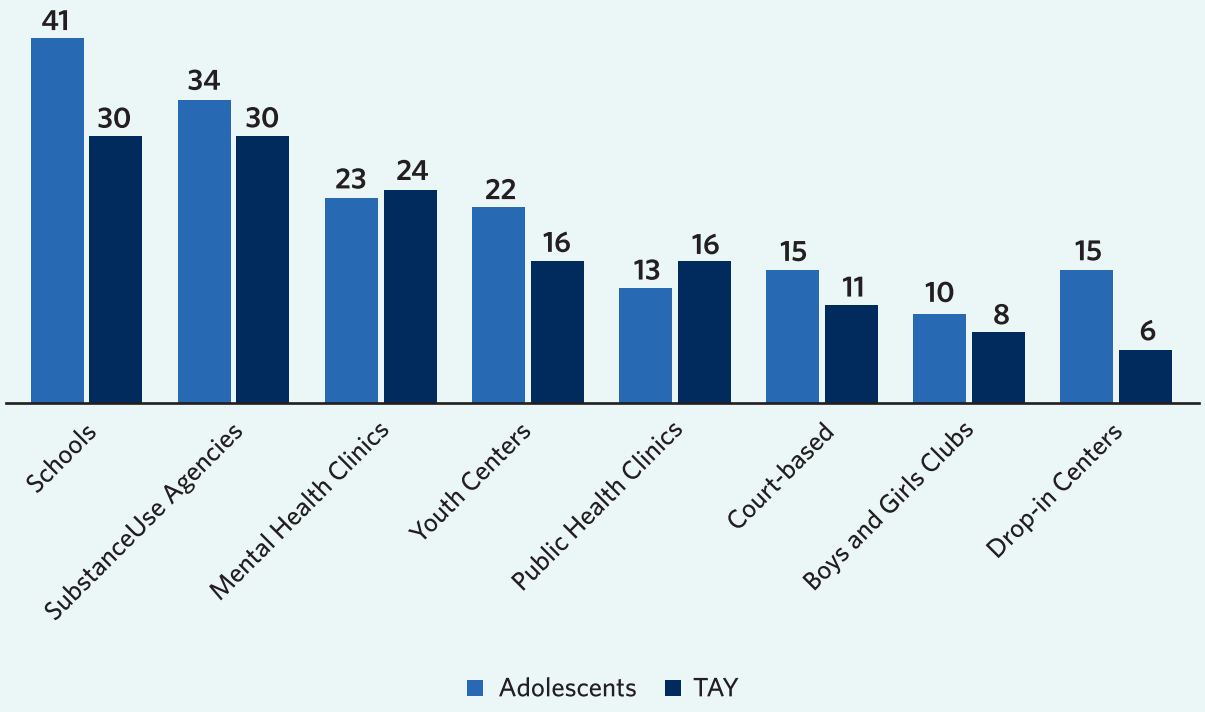
State-by-State Descriptions of Early Intervention Services

This description of SSA-funded early intervention services for youth is designed to assist states interested in strengthening their service array with additional early intervention approaches. It provides a state-by-state review of the settings in which early intervention services are offered, the subpopulations of adolescents or transitional-aged youth served, and funded services. More detailed information is also provided through brief state program and service descriptions. The information captured in these descriptions focuses exclusively on services funded by the SSA. These brief profiles provide state planners and policymakers access to a broad range of diverse and innovative state early intervention approaches to advance service improvements.

Early intervention services are funded across the nation by SSAs to reduce or reverse youth substance use and misuse. Forty-five states and the District of Columbia provide early intervention to youth and families through the SSA. Forty-three states and the District of Columbia specifically fund early intervention services for adolescents, and 41 states and the District of Columbia fund these services for transitional-aged youth.

Access to early intervention is available through a number of settings, with schools and substance use agencies being the most common. Other common settings where states provide early intervention services include public health and mental health clinics, youth centers, Boys & Girls Clubs, courts, and drop-in centers for homeless youth. The location where youth receive early intervention services varies by age. For example, while schools are the most common setting for delivering early intervention to both adolescents and transitional-aged youth, early intervention is offered to adolescents in schools in 41 states but is offered to transitional-aged youth in only 30 states. Figure 11 shows the number of states that offer early intervention services by setting for adolescents and transitional-aged youth (abbreviated as TAY in all figures in this section).

Figure 11: Number of States Providing Early Intervention by Settings

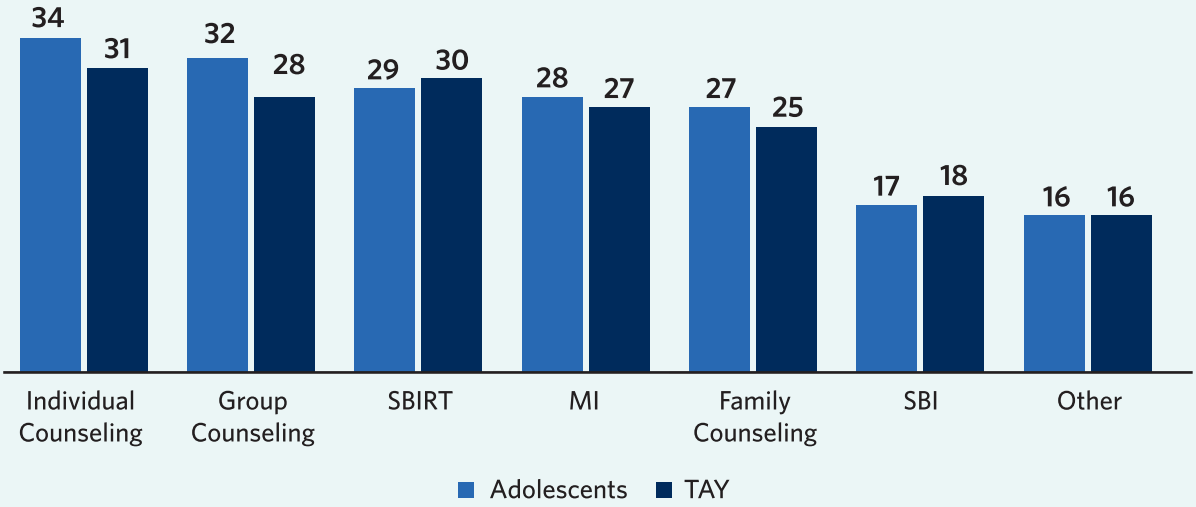


Six types of early intervention services stand out as the most commonly offered across the states:

1. Screening and Brief Intervention (SBI),
2. Screening, Brief Intervention, and Referral to Treatment (SBIRT),
3. Individual counseling,
4. Family counseling,
5. Group counseling, and
6. Motivational interviewing.

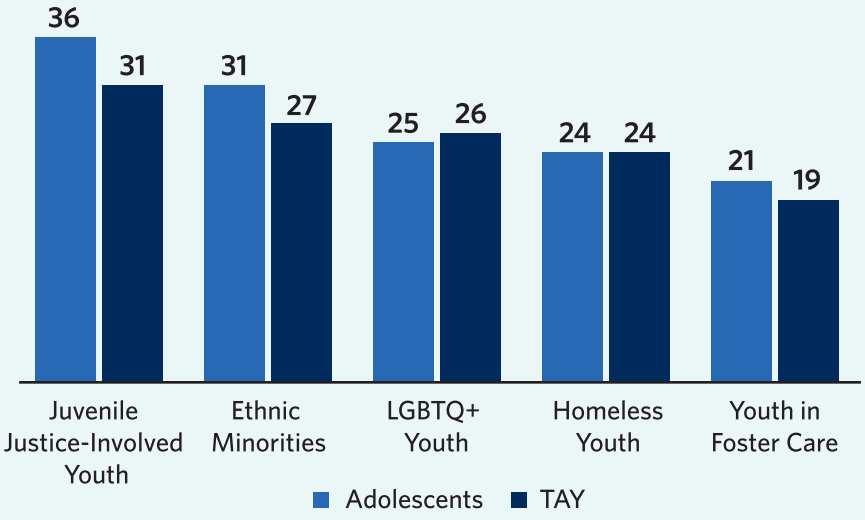
Other early intervention services include physical and wellness interventions, artwork messaging, and mentorship. The most frequently offered services for both adolescents and transitional-aged youth are individual counseling, group counseling, motivational interviewing, and SBIRT. The most common service offered to both adolescents and transitional-aged youth is individual counseling, with 34 states providing individual counseling to adolescents and 31 states providing it to transitional-aged youth. The next most common service for adolescents is group counseling, offered by 32 states. For transitional-aged youth, SBIRT is the second most offered service, provided by 30 states. Figure 12 displays these data.

Figure 12: Number of States Providing Early Intervention Services by Service Type



Many early intervention services are targeted to subpopulations of high-risk youth that include ethnic minorities, LGBTQ+ youth, homeless youth, youth in foster care, and juvenile justice–involved youth. States most frequently cited juvenile justice–involved youth as a target population in 36 states for adolescents and 31 states for transitional-aged youth. Ethnic minorities are a target population in 31 states for adolescents and 27 for transitional-aged youth. These data are displayed in Figure 13.

Figure 13: States' Early Intervention Services by Target Subpopulation



State-by-State Descriptions of Early Intervention Services

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Alabama

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Settings		
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Alabama Department of Mental Health, Division of Mental Health and Substance Abuse Services, Office of Substance Abuse Treatment provides early intervention services to high-risk 13- to 18-year-olds who do not have an SUD diagnosis. Brief group and family sessions are funded by the state for adolescents, transitional-aged youth, and their families.

Alaska

Services	Adolescents	TAY
Family Counseling	✓	
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBIRT	✓	✓
Settings		
Schools	✓	
Substance Use Agencies	✓	✓
Target Populations		
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Alcohol and Drug Information School is used by the Alaska Department of Health and Social Services, Division of Behavioral Health to educate first-time Driving While Intoxicated (DWI) and Minor Consuming offenders, as well as those convicted of other alcohol and/or other drug-related offenses, if that person does not have an SUD diagnosis. The goal of the program is to reduce subsequent alcohol and/or other drug-related offenses and the associated high-risk behaviors. The state also uses Prime for Life Under 21 for those between the ages of 14 - 21.

Arizona

Services	Adolescents	TAY
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
Other = physical and wellness interventions		✓
Settings		
Schools	✓	✓
Mental Health Clinics	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Arizona Health Care Cost Containment System, Division of Grants Administration earmarked $10 million to support school-based services beginning in October 2019. These funds include support for early intervention services such as screening for SUD and counseling services, which include brief interventions and motivational interviewing. Arizona also uses the Transition to Independence Process (TIP) Model programming, which is an early intervention program for youth and young adults aged 14–29 with emotional/behavioral difficulties.

Arkansas

The Arkansas Department of Human Services, Division of Aging, Adult and Behavioral Health does not fund early intervention services for adolescents and transitional-aged youth.

California

Services	Adolescents	TAY
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
LGBTQ+ Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
Homeless Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The California Department of Health Care Services allocates approximately $7.3 million per year of its SABG to fund the Adolescent Treatment Program. These program funds are allocated to counties to provide SUD treatment and early intervention services not covered under Medicaid. The focus of the services varies depending on local need and priorities.

Colorado

Services	Adolescents	TAY
SBI	✓	✓
SBIRT	✓	✓
Settings		
Public Health Clinics	✓	✓
Schools	✓	✓
Youth Centers	✓	
Target Populations		
Juvenile Justice-Involved Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

Colorado's SBIRT School-Based Health Centers (SBHCs) project is a 5-year collaborative effort between the State's Department of Human Services, Office of Behavioral Health, and their Department of Public Health and Environment. SBHCs are medical clinics that offer health care to children and youth either in a school or near school grounds. This project supports SBHCs across the state in providing universal SBIRT.

Funded by the Colorado Department of Human Services, Office of Behavioral Health, the University of Colorado Boulder Health Promotion Office is implementing a modified version of the Brief Alcohol Screening and Intervention for College Students (BASICS) to reach college students via one-on-one peer-based conversations. The project is also paired with a series of regularly scheduled substance-free social activities as well as restorative circles to increase student awareness of the impact of off-campus party behavior.

Connecticut

Services	Adolescents	TAY
Family Counseling		✓
Group Counseling		✓
Individual Counseling		✓
Motivational Interviewing		✓
SBIRT		✓
Settings		
Drop-in Centers for Homeless Youth		✓
Mental Health Clinics		✓
Target Populations		
Ethnic Minorities		✓
Homeless Youth		✓
Juvenile Justice-Involved Youth		✓
LGBTQ+ Youth		✓
Youth in Foster Care		✓

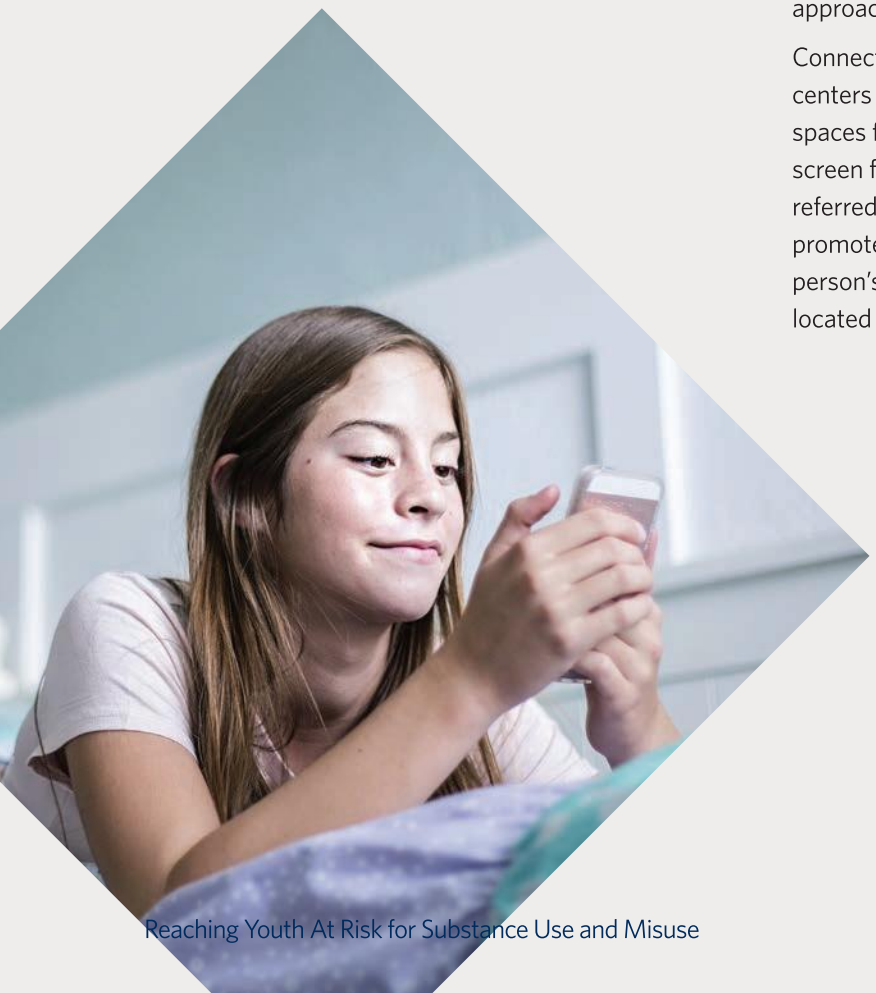
DESCRIPTION OF SERVICES PROVIDED

The Connecticut Department of Mental Health and Addiction Services (DMHAS) Young Adult Services Division funds statewide services for transitional-aged youth. These programs offer a variety of age and developmentally appropriate services tailored to meet the needs of young adults ages 18–25 with significant behavioral health challenges, especially those with histories of trauma and previous involvement with the child welfare and/or juvenile justice systems.

Connecticut DMHAS delivers SBIRT, individual counseling, family counseling, group counseling, and motivational interviewing through the state's 13 Local Mental Health Authorities (LMHAs). These services are offered at all levels of care that touch transitional-aged youth, including outpatient care, the Community Support Program (CSP), and Assertive Community Treatment (ACT).

The Young Adult Services Division also offers psychoeducational substance use training statewide. This training is trauma-informed and grounded in the developmental needs of young adulthood, using harm reduction and motivational interviewing approaches.

Connecticut DMHAS funds Access Centers, which are drop-in centers that provide welcoming, nonjudgmental, and trusting spaces for at-risk transitional-aged youth. Access Centers screen for mental health and SUDs. When indicated, youth are referred to community resources as needed. Access Centers promote a range of activities aimed at strengthening a young person's health and wellbeing. Access Centers are currently located in New London, New Haven, Norwalk, and Milford.



Delaware

Services	Adolescents	TAY
Family Counseling	✓	
Group Counseling	✓	
Individual Counseling	✓	
Motivational Interviewing	✓	
Settings		
Boys & Girls Clubs	✓	
Mental Health Clinics	✓	
Schools	✓	
Substance Use Agencies	✓	
Youth Centers	✓	
Target Populations		
Ethnic Minorities	✓	
Juvenile Justice-Involved Youth	✓	
LGBTQ+ Youth	✓	
Youth in Foster Care	✓	

DESCRIPTION OF SERVICES PROVIDED

Delaware Health and Social Services, Division of Substance Abuse and Mental Health targets early intervention services to youth who are at risk for substance use dependency due to early identified use. To determine service need, youth receive a substance use assessment to rule out an SUD.

Providers utilize a combination of proven evidence-based practices and nontraditional therapies that have been effective in improving outcomes for youth. Services are individualized and tailored to meet the unique needs of the youth and their families. Early intervention services include an array of individual, group, and family interventions. Services also incorporate family engagement and parent education and create opportunities for families to participate in strategies and activities to support the well-being of their child. The following evidence-based practices are used: (1) Botvin LifeSkills Training, a research-validated substance use prevention program proven to reduce the risks of alcohol use, tobacco use, drug misuse, and violence; (2) dialectical behavior therapy (DBT), an evidence-based psychotherapy used to treat borderline personality disorder; and (3) motivational interviewing.

Currently Delaware does not have services specifically targeting transitional-aged youth, although early intervention services are offered by both the child- and adult-serving behavioral health systems.

District of Columbia

Services	Adolescents	TAY
Other= GAIN-SS	✓	✓
Settings		
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The D.C. Department of Behavioral Health targets adolescents and transitional-aged youth. For both populations, school-based mental health counselors conduct substance use screening using the Global Appraisal of Individual Needs Short Screener (GAIN-SS). The GAIN-SS screening tool is used as an early identification instrument for youth who may need substance use treatment services. Depending on how a youth scores on the GAIN-SS, they will be referred to a youth treatment provider for a clinical assessment and treatment services if deemed necessary.

Florida

Services	Adolescents	TAY
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Other = physical and wellness interventions	✓	✓
Settings		
Boys & Girls Clubs	✓	
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	
Target Populations		
Ethnic Minorities	✓	✓
LGBTQ+ Youth	✓	✓
Homeless Youth	✓	✓
Youth in Foster Care	✓	✓
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

For adolescents and transitional-aged youth, the Florida Department of Children and Families, Office of Substance Abuse and Mental Health has implemented Project SUCCESS, Prevention Plus Wellness, Teen Intervene, and SBIRT.

Georgia

Services	Adolescents	TAY
Other = clubhouses	✓	
Settings		
Substance Use Agencies	✓	
Youth Centers	✓	
Target Populations		
Ethnic Minorities	✓	
Juvenile Justice-Involved Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

The Georgia Department of Behavioral Health and Developmental Disabilities, Office of Addictive Diseases funds three innovative Prevention Clubhouses that are designed to provide prevention services to high-risk youth ages 12–17 to address socioeconomic ills and risk factors they face in their communities at home. The Prevention Clubhouses are located in Norcross, LaGrange, and Dawson. Participation is limited to youth who are at high-risk for alcohol and drug use, involved in ongoing detention and/or alternative school, parent(s) have current or past addiction, sibling(s) currently receiving treatment for substance use disorder or experiencing education or social issues.

The Office of Addictive Diseases also funds Recovery Support Clubhouses to support youth ages 13–17 as they strive to improve their life and wellness while decreasing or abstaining from alcohol and/or substance use. Youth participate in a range of activities, from life skills groups to career development and exploration. The goals of the program include decreasing substance use, decreasing juvenile justice involvement, and decreasing behavioral problems, among others. The Recovery Support Clubhouses are located in Atlanta, Rome, Lilburn, Gainesville, Statesboro, Savannah, Marietta, and Columbus.

Hawaii

Services	Adolescents	TAY
Individual Counseling	✓	✓
Family Counseling	✓	✓
Group Counseling	✓	✓
Motivational Interviewing	✓	✓
Other = outreach services	✓	✓
Settings		
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
LGBTQ+ Youth	✓	✓
Homeless Youth	✓	✓
Youth in Foster Care	✓	✓
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Hawaii Department of Health, Alcohol and Drug Abuse Division provides early intervention services to those meeting ASAM 0.5 level criteria. Contracted providers determine the services offered.

Idaho

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	
Settings		
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Schools	✓	✓
Target Populations		
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Idaho Department of Health and Welfare, Division of Behavioral Health provides school-based early intervention services. Idaho Statutes Section 16-2404A, Teen Early Intervention Mental Health and Substance Abuse Specialist Program, encourages districts to implement school-based alcohol and drug referral, intervention, or treatment programs for students with or at risk of SUD. The agency also uses SOR Grant funds to provide the Great Futures Idaho Initiative, an evidence-based drug prevention curriculum within six counties (14 locations) served by the Idaho Alliance of Boys & Girls Clubs.

Illinois

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
SBIRT		✓
Settings		
Schools	✓	
Substance Use Agencies	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery funds and licenses ASAM level .05 early intervention services. Early intervention is defined as subclinical and pre-diagnostic services designed to screen, identify, and address risk factors that are related to problems associated with SUDs and to assist individuals in recognizing harmful consequences. Early intervention services can be provided in an individual or group setting but must be documented in a client record by time, date, and duration. The targeting of services and populations occurs at community provider level.

Indiana

Services	Adolescents	TAY
Family Counseling	✓	
Group Counseling	✓	✓
Individual Counseling	✓	✓
Settings		
Boys & Girls Clubs	✓	
Mental Health Clinics	✓	✓
Schools	✓	
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	

DESCRIPTION OF SERVICES PROVIDED

The Indiana Division of Mental Health and Addiction funds substance use/misuse prevention for grades K–12. Currently services are provided to 122 schools throughout the state. Substance use/misuse prevention programs vary by county and school districts. The following programs are being implemented throughout the state: (1) Botvin LifeSkills Training for middle and high school students, designed to develop social and self-management skills and to address substance use and violence prevention; and (2) Ripple Effects, a multi-award-winning, evidence-based intervention that focuses on the environment and resilience in the face of adversity, and promotes educational equity by addressing systemic and personal risk factors. The state uses expert system technology to deliver the most relevant set of evidence-based, motivational counseling, social and emotional learning skill building, behavioral interventions, and social empowerment practices to each learner, based on personal concerns.

The Family and Social Services Administration of the Division of Mental Health and Addiction supports community and school-based programs through Youth First, Inc., based in Evansville, Indiana. Youth First uses SABG dollars, state dollars, and other funding to support their programs. Youth First provides many programs and services in 11 counties, including Family Connections, a program aimed at adolescents ages 14–18 who are displaying risky behaviors along with their families; and Reconnecting Youth, a program for high-risk individuals in grades 9–12.

The state also contracts with seven agencies who provide services for youth of transitional aged for 20 counties. Indiana defines transitional-aged youth as 14- to 26 years old. These services include the following curricula and strategies:

Transition to Independence Process (TIP) is funded to improve employment, education, community involvement, and overall well-being. Botvin Life Skills Training is supported for high school and older youth to promote positive health and personal development, as well as provide substance use and violence prevention. Access to college/career preparedness centers supports improved graduation rates and employment/education opportunities. Other services support by state are the Critical Time Intervention (CTI) case management and peer supports to aid the growth of independent living skills, community involvement, social development, and interpersonal skills. Lastly, Life Centered Career Education and Youth Skills for LIFE Curricula are used to support the growth of independent living skills.

Iowa

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Court-based	✓	
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

Integrated Provider Network (IPN) providers are competitively selected contractors who receive state funding along with the SABG funding. The IPN provides substance use and problem gambling services statewide and provides community-based, resiliency- and recovery-oriented systems of care for substance use and problem gambling services.

These services include ASAM level 0.5 early intervention, which explore and address problems or risk factors that appear to be related to an addictive disorder and that help the individual recognize potential harmful consequences. Early intervention may be provided to persons who have received an initial assessment but do not meet the criteria for an SUD.

Kansas

Services	Adolescents	TAY
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Kansas Department for Aging and Disability Services funds SBI and SBIRT for adolescents and transitional-aged youth. The agency developed a SBIRT Integration Plan to provide services to Medicaid-eligible patients in a number of approved provider service locations (i.e.), primary medical care practices, acute medical care facilities, rural health clinics, critical access hospitals, federally qualified health centers, licensed substance use disorders treatment centers, Indian Health Centers, and community mental health centers.

Kentucky

Services	Adolescents	TAY
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
Settings		
Court-based	✓	
Drop-in Centers for Homeless Youth		✓
Mental Health Clinics	✓	✓
Schools	✓	
Substance Use Agencies	✓	

DESCRIPTION OF SERVICES PROVIDED

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities funds drop-in centers in five regions of the state for adolescents and transitional-aged youth ages 15–25. These drop-in centers provide screening for SUD and mental health issues and refer to treatment as needed. Peers and clinicians working in the drop-in centers receive training in motivational interviewing.

The state also funds school-based therapy for adolescents. These programs utilize CRAFFT screening, GAIN-SS, and other screening tools developed by the provider agencies.

Louisiana

The Louisiana Department of Health and Hospitals, Office of Behavioral Health does not fund early intervention services for adolescents and transitional-aged youth.

Maine

Services	Adolescents	TAY
Family Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBIRT	✓	✓
Settings		
Youth Centers	✓	✓
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Maine Department of Health and Services, Office of Behavioral Health funds early intervention services for adolescents and transitional-aged youth through public health clinics, schools, and health clinics.

Maine's 15 SBHC clinics provide integrated medical and behavioral health services. Students seeking care at an SBHC receive a comprehensive risk assessment that includes preliminary screening for substance misuse. If indicated, students receive an assessment to determine if they have an SUD. Students identified as in need of ongoing counseling or treatment are referred to services co-located within the SBHC or connected to care in the community.

Student Intervention Reintegration Program (SIRP) is an education-based program for youth experimenting with alcohol or other drugs. The program empowers youth to make healthy decisions and reduce risky behaviors related to alcohol or other drugs throughout their lifetime. SIRP teaches the PRIME for Life Under 21 Program, provided by Prevention Research Institute. This evidence-based education program is available to youth ages 13–18 years experimenting with alcohol, marijuana, and other drugs. A peer, parent, teacher, administrator, probation officer, or other community members can refer an individual to the program. Youth also have the ability to self-refer.

Maryland

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Other = A-CRA	✓	✓
Settings		
Mental Health Clinics	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

Maryland Department of Health, Behavioral Health Administration funds the Columbia Treatment Center's Operation Breakthrough, a prevention and early intervention program for impaired driving offenders, college students, and others wishing to reduce their risk for AOD problems. This program includes an initial evaluation to assess whether early intervention is appropriate, followed by 12 hours of early intervention psychoeducation. The curriculum includes Moral Reconation Therapy and motivational interviewing.

Using SOR funds, Maryland offers trainings for behavioral health professionals in Botvin LifeSkills Training, SBI, and A-CRA.

Massachusetts

Services	Adolescents	TAY
Family Counseling	✓	✓
Individual Counseling	✓	✓
SBIRT	✓	✓
Other = physical and wellness interventions, mentorship	✓	✓
Settings		
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	
Target Populations		
Ethnic Minorities	✓	
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Massachusetts Department of Public Health, Bureau of Substance Addiction Services uses the CRAFFT to screen adolescents and transitional-aged youth ages 12–21 for substance use. The state funds 18 school-based initiatives that focus on early intervention and include comprehensive case management. The state also funds Project Amp, which is a brief four - six session early intervention model, in 10 schools.

Massachusetts also funds the Youth Drug Awareness Program for youth who receive a citation for marijuana possession. This 4-hour early intervention includes a self-assessment, drug and alcohol education, and a discussion on finding support. Following the intervention, youth must complete 10 hours of community service. This Drug Education class is also being offered to youth under the age of 18 who are identified by school personnel and/or caregivers as high risk of using drugs/alcohol.

Massachusetts also provides funding to support two SUD advocates/navigators at a youth/young adult homeless shelter in Boston. These advocates work to find treatment and recovery resources to youth/young adults in need.

Michigan

Services	Adolescents	TAY
Motivational Interviewing	✓	✓
SBI		✓
SBIRT	✓	✓
Other = physical and wellness interventions	✓	✓
Settings		
Court-based	✓	
Mental Health Clinics	✓	✓
Public Health Clinics		✓
Schools	✓	
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	
Homeless Youth	✓	
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Michigan Department of Health and Human Services funds an array of early intervention services for adolescents and transitional-aged youth. This list includes the providers licensed by the Department to provide ASAM level 0.5 early intervention to adolescents.

State-funded services include support for The Youth Connection, which provides a Career Academy for youth ages 14–24. TYC also provides Botvin LifeSkills Training and Strengthening Families for middle schoolers and their families, and the Beaumont Teen Health Center – Taylor provides health education and counseling for teenagers through Taylor Teen Opportunities through Prevention Services (TTOPS).

Minnesota

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
SBIRT	✓	✓
Settings		
Schools	✓	✓
Substance Use Agencies	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Minnesota Department of Human Services, Alcohol and Drug Abuse Division funds Teen Intervene in a few schools in the state. Teen Intervene is an evidence-based SBI program for youth who are involved with alcohol or other drugs.

Mississippi

The Mississippi Department of Mental Health, Bureau of Alcohol and Drug Abuse Services does not fund substance use early intervention services for adolescents and transitional-aged youth.

Missouri

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
Other = physical and wellness interventions	✓	✓
Settings		
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

In 2002, the Missouri Department of Mental Health Division of Behavioral Health launched the SPIRIT project, which aims to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. Currently, the program operates in 12 school districts across the state. To achieve these goals, prevention agencies are paired with participating school districts to implement substance use prevention intervention programming and referral and assessment services as needed. The prevention intervention programs offered are Peace Builders, Second Step, Too Good for Drugs, and Project Towards No Drug Abuse. Not every program is implemented in all of the school districts.

MDMH/DBH also funds Boys & Girls Clubs for various after-school programming, including Skills Mastery Resistance Training (SMART) Moves. SMART promotes abstinence through skills training, role playing, and various other strategies supporting adolescents.

Preferred Family Healthcare, a community-based behavioral healthcare organization, provides services in six different locations in Missouri. Team of Concern is an early intervention program for at-risk youth who may be using a substance but have not been diagnosed with an SUD. Currently, Team of Concern programs are located in St. Louis, St. Louis County, St. Peters, Town and Country, Troy, and Union.

The state invited Partners in Prevention to take part in a project to address prescription drug misuse among Missouri college students from 2014 to 2017. Students at colleges throughout Missouri were trained to use Generation Rx materials. Generation Rx is a curriculum that aims to reduce the misuse of prescription drugs among youth. The Missouri School Board Association lists this curriculum as a resource on its webpage, and it is also an identified resource funded by the Missouri SOR Grant and offered by NCADA in St. Louis and in Springfield by Community Partnership of the Ozarks.

Montana

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Public Health Clinics		✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Montana Department of Public Health and Human Services, Addictive and Mental Disorders Division, Prevention Bureau funds early intervention services for adolescents and transitional-aged youth. In two communities, Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is implemented through referrals by teachers or school resources officers. In one community, Teen Intervene is provided to youth referred from juvenile probation or by a school resource officer for substance-related issues.

One community provides early intervention services through an Indian Health Service grant called Generational Indigenous Initiative (Gen-I) for youth at risk for substance related issues. The community uses Reconnecting Youth and CAST for school-based early intervention services. These services are funded through the SABG. SBIRT is reimbursed through Montana's Medicaid State Plan for covered populations (Children's Health Insurance Program, Standard Medicaid, Expanded Medicaid). Reimbursement is available to state-approved SUD providers, physicians, federally qualified health centers, rural health clinics, tribal providers. Montana also provides Prime for Life.

Nebraska

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBIRT	✓	✓
Settings		
Schools	✓	
Target Populations		
Juvenile Justice-Involved Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

The Nebraska Department of Health and Human Services, Division of Behavioral Health Services funds School Community Intervention & Prevention (SCIP) to educate teachers and other school personnel on behavioral and mental health disorders, as well as current trends in AOD use. Through ongoing meetings, workshops, and conferences, SCIP trains school personnel on identification of problematic behaviors, intervention with students and/or their parents or guardians, referral to school or community resources, and support for students within the schools. Those schools involved with SCIP also receive ongoing technical assistance.

For Nebraska's juvenile justice clients, the state uses the Simple Screening Instrument to screen for substance use problems. The state also provides intervention counseling therapy and education for persons experimenting with or currently using a substance but who are not dependent. For more information on these and other services, click here.

Nevada

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Schools	✓	
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
LGBTQ+ Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Nevada Department of Health and Human Services, Division of Public and Behavioral Health funds Driving Under the Influence (DUI) programs. The length of service is determined based on the law and completion of the program is required for reinstitution of driving privileges or removal of charges from an individual's criminal record.

Early intervention services in Nevada involve individual, group or family counseling, SBIRT services, and planned educational experiences focused on helping the individual recognize and avoid harmful or high-risk substance use and/or addictive behavior. Prior to admission to these programs, a diagnostic assessment is performed to determine whether the individual meets ASAM Level 0.5 criteria and does not have an SUD. If the assessment indicates the individual has an SUD, they will be referred to the appropriate level of care.

New Hampshire

Services	Adolescents	TAY
Group Counseling	✓	✓
Individual Counseling	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	
Schools	✓	✓
Youth Centers	✓	✓
Target Populations		
Juvenile Justice-Involved Youth	✓	
Youth in Foster Care	✓	

DESCRIPTION OF SERVICES PROVIDED

The New Hampshire Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services funds Project SUCCESS Student Assistance Program (SAP). SAP counselors provide selective and indicated interventions to adolescents and their families, including screening, individual and group counseling, and prevention education.

For more information on the state's services, click here.

New Jersey

Services	Adolescents	TAY
Group Counseling	✓	
Individual Counseling	✓	
Settings		
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	
Homeless Youth	✓	
LGBTQ+ Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

The New Jersey Department of Human Services, Division of Mental Health and Addiction Services funds several early intervention services for adolescents and transitional-aged youth. The state offers SBIRT in various settings, such as family medical practices, emergency departments, outpatient clinics, and collegiate health services. The state also screens students through collegiate recovery programs and funds Strengthening Families.

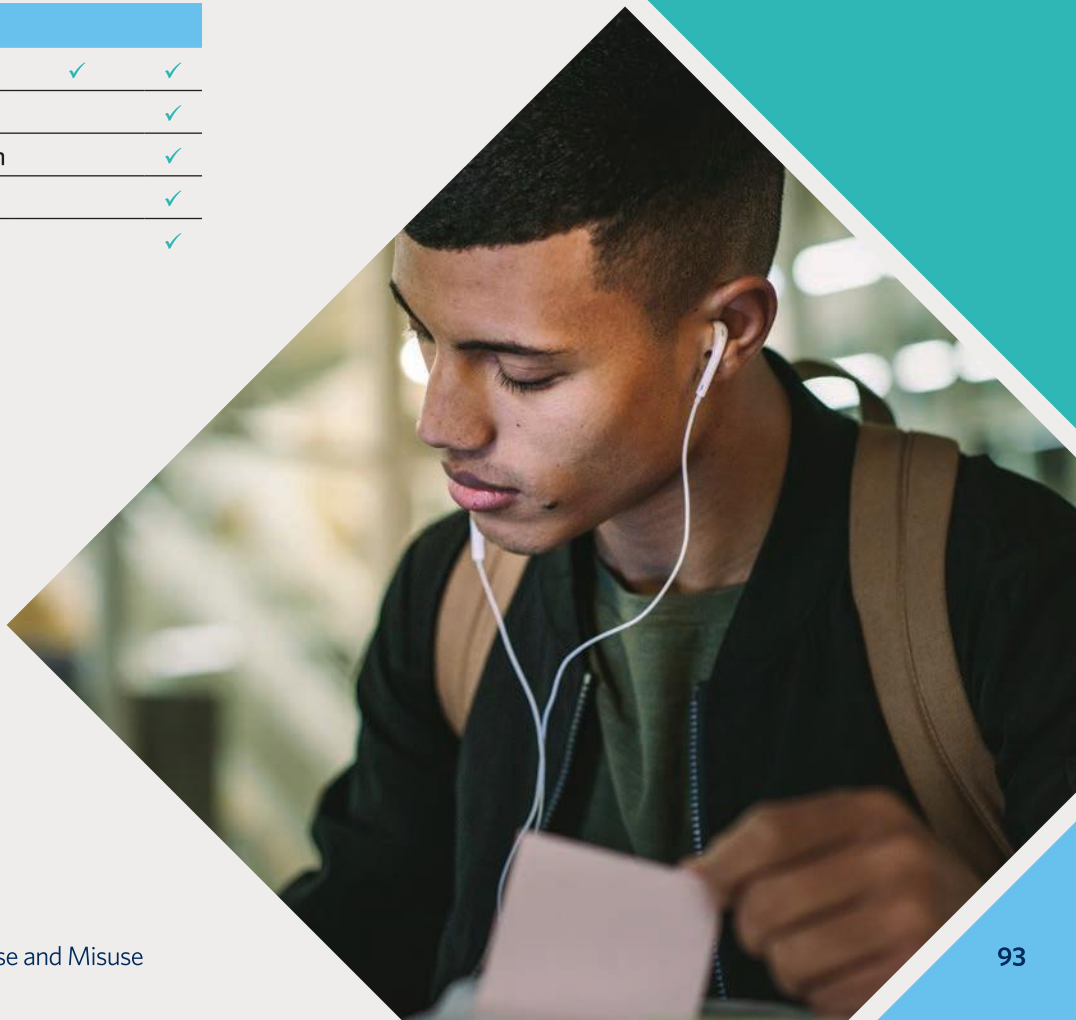
The NJCRI Project WOW provides early intervention services to LGBTQ youth and homeless youth who are at risk of developing substance use problems. Their interventions include StreetSmart and CLEAR. StreetSmart is a multisession small-group intervention for homeless and runaway youth, which can be adapted for other high-risk youth, that teaches effective behavior change, problem-solving skills, and strategies to increase safer sexual behaviors. The goals of this intervention include reducing unprotected sex, the number of sex partners, and substance use among youth. CLEAR (Choosing Life: Empowerment, Action, Results!) is an evidence-based HIV prevention and health promotion intervention for youth and adults (ages 16 and older) living with HIV/AIDS or at high risk for HIV. This individual-level intervention motivates clients to, among other things, decrease substance use risk. This intervention includes 21 sessions, 5 of which focus on substance use risk.

New Mexico

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling		✓
Individual Counseling		✓
Motivational Interviewing		✓
SBIRT		✓
Other = PAX Good Behavior Game, Dare to Be You, Youth Support Services, High-Fidelity Wraparound, Youth and Family Peer Support	✓	✓
Settings		
Boys & Girls Clubs	✓	
Court-based		✓
Drop-in Centers for Homeless Youth		✓
Mental Health Clinics	✓	
Public Health Clinics	✓	
Schools	✓	✓
Substance Use Agencies	✓	
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth		✓
Juvenile Justice-Involved Youth		✓
LGBTQ+ Youth		✓
Youth in Foster Care		✓

DESCRIPTION OF SERVICES PROVIDED

The New Mexico Human Services Department, Behavioral Health Services Division provides Strengthening Families and Dare to Be You for adolescents. Youth Support Services (YSS) are designed to promote resiliency and enhance wellness for all of New Mexico's youth, especially for those with substance use issues. Services are operationalized through life skills development with youth-oriented recovery support so there is a touchstone contact for ongoing support and access to more formal services if needed. YSS provide experiential and developmental supports to replace or enhance natural support deficits and to acquire skills and capabilities to aid the individual in living a fulfilling life.



New York

Services	Adolescents	TAY
Group Counseling	✓	
Individual Counseling	✓	
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Court-based	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Juvenile Justice-Involved Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The New York State Office of Alcoholism and Substance Abuse Services uses Teen Intervene and provides prevention and interventions primarily in school settings. The state is instituting more community-based counseling services, to target higher-risk populations (LGBTQ+, foster care, homeless youth, etc.).

Substance Abuse Prevention and Intervention Specialists (SAPIS) provides a range of prevention and intervention services to students grades K–12. The goals of the program include reducing the prevalence of substance use among youth; delaying the initiation of substance use behavior among youth; decreasing the negative health, social, and educational consequences associated with substance use; and preventing the escalation of substance use behaviors to levels requiring treatment. This is done through classroom lessons, individual and group counseling, and assessment and referrals for mental health and substance use services. Students who are at risk for alcohol and substance misuse, gang involvement, suspension from school, disruptive behaviors, and other violations are referred to SAPIS.

North Carolina

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services does not fund substance use early intervention services for adolescents and transitional-aged youth.

North Dakota

Services	Adolescents	TAY
Group Counseling	✓	
Individual Counseling	✓	
Settings		
Mental Health Clinics	✓	
Public Health Clinics	✓	
Schools	✓	
Substance Use Agencies	✓	
Target Populations		
Juvenile Justice-Involved Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

The North Dakota Department of Human Services, Behavioral Health Division certifies providers to serve youth with Minor in Possession (MIP) charges. A youth under the age of 21 cannot manufacture, purchase, possess, consume, or be under the influence of alcohol, or enter an establishment that is licensed to sell alcohol, or he or she may be charged with an MIP. Adolescents with an MIP charge are court ordered to attend a course facilitated by an MIP provider. MIP providers have been trained to deliver the Prime for Life curriculum.

Ohio

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Ohio Department of Mental Health and Addiction Services supports behavioral health promotion, which includes supporting wellness and early intervention and prevention of mental illness and SUDs. Prevention and early intervention are addressed across the lifespan, with a focus on children and their families to intervene as early in life as possible.

OhioMHAS provides funding to 50 county Alcohol, Drug Addiction and Mental Health Services Boards that represent Ohio's 88 counties. The OhioMHAS Office of Prevention and Wellness administers the promotion, prevention and early intervention portion of the service system. Following is a partial list of early intervention programming for adolescents and transitional-aged youth.

Positive Parenting Program, or Triple P is an evidence-based public health approach for improving parenting practices and managing child's behavior. The program has two tracks: one for toddlers to tweens and one for preteens and teenagers. It can be implemented in a number of systems, including healthcare, child welfare, schools, behavioral health, child care, libraries, and military.

Creating Lasting Family Connections is a structured curriculum for youth ages 9–17 and their parents, guardians, and other family members to improve their ability to provide a nurturing environment for each other in a very effective and meaningful way. Youth and adults are encouraged to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. They are taught social skills, refusal skills, and appropriate knowledge and healthy beliefs about alcohol and drugs, which provide a strong defense against environmental risk factors that can lead to negative outcomes for youth. OhioMHAS agencies provide CLFC to family members where the parents/caregivers are in Ohio's Rehabilitation and Correction system.

SBIRT is a core component of many of the state's prevention school-based programs. When certified prevention providers identify that a child may need more than prevention services, the youth is screened and provided brief interventions. When this intervention is not enough, the youth will be referred to a school-based clinical counselor or a community substance use agency for an assessment.

OhioMHAS works with the Ohio child welfare system to integrate motivational interviewing skills into the assessment process. Caseworkers and supervisors are taught engagement and coaching skills to improve early interventions with children and families involved in the *child welfare system*.

In Montgomery County (Dayton area), school-based intervention services include SBIRT and vision and hearing screenings, and Prime for Life is provided to students who receive substance use infractions. For more information on these services, click here.

Oklahoma

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Other = physical and wellness interventions	✓	✓
Settings		
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Public Health Clinics	✓	✓
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Oklahoma Department of Mental Health and Substance Abuse Services gives all providers that serve the youth and young adult populations a billing code to deliver early intervention. Providers use Celebrating Families and the Strengthening Families Program, as well as SBIRT to assist transitional-aged youth and adolescents.

Oregon

The Oregon Health Authority, Behavioral Health Division does not fund early intervention services for adolescents and transitional-aged youth.

Pennsylvania

Services	Adolescents	TAY
Group Counseling	✓	
Individual Counseling	✓	
Motivational Interviewing	✓	
SBIRT	✓	
Settings		
Schools	✓	
Substance Use Agencies	✓	
Target Populations		
Juvenile Justice-Involved Youth	✓	

DESCRIPTION OF SERVICES PROVIDED

The Pennsylvania Department of Drug and Alcohol Programs provides school and community-based early intervention services for adolescents.

Pennsylvania's Student Assistance Program assists school officials in identifying issues including alcohol, tobacco, other drugs, and mental health issues that pose a barrier to a student's success. The primary goal of the SAP is to help students overcome these barriers so that they may achieve, advance, and remain in school. SAP team members, who include school staff and liaisons from community drug and alcohol and mental health agencies, are trained to identify issues and make recommendations to assist the student. SAP team members screen or assess for further community-based services and support. Liaisons also provide education and skills training to small groups of at-risk students identified through SAP.

Additionally, in some counties in Pennsylvania, youth who are assessed at ASAM level 0.5 or otherwise identified as having a substance use problem are provided with individual or group education or brief interventions. Examples of some of the programs utilized include Marijuana Brief Intervention, Teen Intervene, Project SUCCESS, and Interrupted (a program created by the Dauphin County Department of Drug and Alcohol Services).

Rhode Island

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBIRT	✓	✓
Other = physical and wellness interventions	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics		✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals funds multiple early intervention services for adolescents and transitional-aged youth.

Rhode Island Student Assistance Services implements Project SUCCESS in over 40 of the state's middle and high schools. The goals of RISAS include enhancing the resiliency of adolescents whose parents have an SUD; delaying adolescents' initial use of alcohol, tobacco, and other drugs; and decreasing adolescents' use of alcohol, tobacco, and other drugs. RISAS student assistance counselors teach a classroom-based prevention education series, run schoolwide awareness activities, and provide confidential short-term individual and group counseling services for students on an as-needed or referral basis. Counselors also provide SBIRT and motivational interviewing, and they refer the student to outpatient or inpatient treatment if appropriate.

The state provides The Seven Challenges, a comprehensive counseling program for adolescents and young adults to work on AOD problems and co-occurring issues. They also offer Brief Challenges, which is a brief counseling version of Seven Challenges.

Rhode Island also has a youth drop-in support center at the Sojourner House.

South Carolina

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBIRT	✓	✓
Settings		
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	
Target Populations		
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	
Youth in Foster Care	✓	

DESCRIPTION OF SERVICES PROVIDED

The South Carolina Department of Alcohol and Other Drug Abuse Services, in collaboration with the South Carolina Office of Rural Health and the South Carolina Hospital Association, supports the implementation of SBIRT for young adults and adults over the age of 18 in two emergency departments experiencing a high volume of substance use–related visits. This initiative is funded through a SAMHSA grant.

The Dorchester Alcohol and Drug Commission implements Adolescent Breakthrough Group, an intervention for adolescents who have a demonstrated substance use problem. Clients are aided to identify triggers, cravings, and high-risk behaviors and to develop strategies to avoid them. Middle and high school students who are identified and referred by School District II may attend adolescent services through the School Intervention Program (SCIP).

South Dakota

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	
SBIRT	✓	✓
Settings		
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The South Dakota Department of Social Services, Division of Behavioral Health offers Prime for Life and Strengthening Families and the Stay Alive From Education (S.A.F.E) program, to educate youth about the dangers of substance misuse. BASICS, a preventive program for college students ages 18–24 years old, is offered on college campuses. The Division of Behavioral Health also provides the Choices Program, an early intervention program for youth ages 13–17 who have a demonstrated substance use issue. The state also provides eCHECK UP TO GO which is a personalized and evidence-based intervention offered on an online platform.

Tennessee

Services	Adolescents	TAY
Group Counseling	✓	
Individual Counseling	✓	
Motivational Interviewing	✓	
Settings		
Boys & Girls Clubs	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Tennessee Department of Mental Health and Substance Abuse Services provides extensive early intervention services (selective and indicated prevention) to adolescents and transitional-aged youth. For information about the state's continuum of prevention services, click here.

The CADAS residential program partners with local schools to provide screenings and prevention programs. Their prevention programs are provided to middle and high school youth to reduce risk factors and increase protective factors through substance use education and support groups. The CADAS residential program also offers prevention support to families through 2-hour family day sessions, in collaboration with the prevention programming provided to youth. CADAS also offers Driving under the Influence (DUI) programming, in which each participant receives an AOD screening. The screening may result in referral to treatment if applicable.

STARS-Nashville targets services to the deaf and hard of hearing to prevent the misuse of AOD. Programs include literacy assistance, summer camps, education about the risks of AOD, and career planning services, all of which aim to improve self-esteem, positivity, and goal setting for the deaf and hard of hearing.

Be Sharp is a substance use early intervention program for high-risk youth ages 10–16 residing in rural Middle Tennessee counties. The program targets those who have dropped out of school, are in the foster care system, are living at or below the poverty level, have a family member with a substance use issue, have a family member on active military duty, or are having trouble at school.

The Oasis Center in Nashville provides services to the most vulnerable youth with the International Teen Outreach Program, Reaching Excellence as Leaders program, Just Us program, and Becoming Us program. ITOP provides structured support to children of immigrants to delay the onset of, reduce, and eliminate AOD use. ITOP's youth development approach combines school-based skill-building/discussion groups and hands-on service learning projects that typically operate weekly for the entire school year. REAL targets juvenile justice–involved youth and referred high-risk youth by providing mentorship and improving leadership and entrepreneurship skills. Just Us is a support group for LGBTQ+ youth ages 14–18, and Becoming Us is a support group for youth in middle school.

Texas

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI		✓
SBIRT	✓	✓
Other = peer support services	✓	✓
Settings		
Schools	✓	✓
Mental Health Clinics	✓	✓
Substance Use Agencies	✓	
Youth Centers	✓	
Boys & Girls Clubs	✓	
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Texas Health and Human Services Commission, Medical and Social Services Division funds a Youth Prevention Indicated (YPI) program to address factors that place youth at an elevated risk for substance use and misuse. The YPI program is for youth ages 6–19 depending on the curriculum used. Youth receive evidence-based prevention curricula and other prevention strategies designed to provide holistic services addressing their needs both within and outside the scope of substance use prevention. Curriculums used include Positive Action, Project Towards No Drug Abuse, Strengthening Families Program, and Curriculum-Based Support Group (CBSG) Program. The state provides transitional-aged youth ages 16–20 resources and strategies to help them transition into the adult world. These services can include support for employment, education, counseling, and skills to promote independent living in the community.

Utah

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI		✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	
Court-based	✓	
Drop-in Centers for Homeless Youth	✓	
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Utah Department of Human Services, Division of Substance Abuse and Mental Health provides SBIRT and The Seven Challenges for adolescents. The state also provides Why Try, which incorporates tools that engage students with pictures, videos, media, hands-on activities, music, and journals to teach social and emotional life skills; and Prime for Life for both adolescents and transitional-aged youth. The state also funds family intervention using Communities Empowering Parents and court-based services for youth.

Vermont

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI		✓
SBIRT		✓
Other = physical and wellness interventions		✓
Settings		
Drop-in Centers for Homeless Youth	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
LGBTQ+ Youth		✓

DESCRIPTION OF SERVICES PROVIDED

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs provides School-Based Substance Abuse Services Grants, which allow for screening of substance use and referral for an assessment if warranted. The state measures the percentage of students at funded schools who screen positive for a possible SUD and are referred for an SUD assessment. Vermont was awarded a Youth SBIRT grant in 2018, which is administered by one of Vermont's specialty transitional-aged youth treatment providers in partnership with the Center for Behavioral Health Integration. Three of Vermont's specialty transitional-aged youth and adolescent substance use treatment providers are providing outreach and engagement services, funded with their SOR Grant.

Virginia

Services	Adolescents	TAY
Group Counseling		✓
Individual Counseling		✓
Other = A-CRA model		✓
Settings		
Substance Use Agencies		✓
Target Populations		
Ethnic Minorities		✓
Juvenile Justice-Involved Youth		✓
LGBTQ+ Youth		✓

DESCRIPTION OF SERVICES PROVIDED

The Virginia Department of Behavioral Health and Developmental Services provides state funds to local Community Services Boards (CSBs) that can be used to fund early intervention services. These services are provided through specialized educational and other motivational CSB programs.

One CSB is establishing an adolescent program to include early intervention services through Virginia's Young Adult Substance Abuse Treatment Implementation grant program. Another CSB provides education about substance misuse through their mentoring program and through specialized substance use educational groups. Yet another CSB provides a risk assessment and educational services for juvenile offenders seen at the Court Service Unit for a second drug charge.

Washington

Services	Adolescents	TAY
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers		✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Washington State Health Care Authority, Division of Behavioral Health and Recovery funds Student Assistance Prevention-Intervention Services Program (SAPISP), which places Student Assistance Professionals in schools to implement comprehensive student assistance programs that address problems associated with substance use and other at-risk behaviors. SAPISP provides early alcohol and other drug prevention and intervention services to students and their families, assists in referrals to treatment providers, and strengthens the transition back to school for students who have had problems with alcohol or other drug use.

West Virginia

Services	Adolescents	TAY
Individual Counseling	✓	✓
Family Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Juvenile Justice-Involved Youth	✓	
LGBTQ+ Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The West Virginia Department of Health and Human Services, Bureau for Behavioral Health and Health Facilities provides several early intervention services, including SBIRT. West Virginia's SBIRT Project sites screen all patients ages 12–18 with the CRAFFT screening tool. Individuals with positive screens are then screened by a behavioral health clinician using the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test). Screening scores determine whether the youth receives brief intervention, brief treatment, or referral to an outside clinician.

West Virginia's Teen Court Program, funded through the SOR, diverts nonviolent juvenile offenders exhibiting alcohol or substance misuse from the traditional juvenile court process to an intensive, individualized treatment process. The goal is to reduce further court juvenile justice involvement for these youth by offering community service, educational classes, and jury service as an alternative system of justice. Teen Court is a "hands-on" educational opportunity that allows both offenders and teen volunteers to understand the justice system. The program assists juvenile offenders in assuming responsibility for their behavior, holds them accountable for their actions, and teaches them to make better decisions in the future, all while involving the community through volunteer programs and community service opportunities. Teen Court also promotes better communication among youths, parents, schools, law enforcement agencies, and communities.

The state also funds Teen Intervene ,an SBIRT program for youth, for both adolescent and transitional-aged youth.

Wisconsin

Services	Adolescents	TAY
Family Counseling	✓	✓
Group Counseling	✓	✓
Individual Counseling	✓	✓
Motivational Interviewing	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Public Health Clinics	✓	✓
Mental Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Homeless Youth	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓
Youth in Foster Care	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Wisconsin Department of Health Services, Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery funds the Community Improvement and Job Training (CIJT) program for young adults ages 16–23. CIJT supports participants' self-reliance through education, employment training and placement, substance use education and counseling, positive social connections, supportive services, mentoring, and continuous interaction with program staff.

Community Partnerships for Diversion from Youth Justice is a program for adolescents ages 12–17 who have a mental health or substance use challenge. Seven counties and one tribe work collaboratively with the Department of Health Services to engage with a variety of community partners to disrupt school-to-justice pathways. Programs choose from a variety of evidence-based intervention frameworks and strategies to provide safe supportive learning environments that promote better social and academic outcomes.

Wyoming

Services	Adolescents	TAY
Motivational Interviewing	✓	✓
Other	✓	✓
SBI	✓	✓
SBIRT	✓	✓
Settings		
Boys & Girls Clubs	✓	✓
Court-based	✓	✓
Drop-in Centers for Homeless Youth	✓	✓
Mental Health Clinics	✓	✓
Public Health Clinics	✓	✓
Schools	✓	✓
Substance Use Agencies	✓	✓
Youth Centers	✓	✓
Target Populations		
Ethnic Minorities	✓	✓
Juvenile Justice-Involved Youth	✓	✓
LGBTQ+ Youth	✓	✓

DESCRIPTION OF SERVICES PROVIDED

The Wyoming Department of Health, Behavioral Health Division makes available substance use prevention funding to each of the state's 23 counties. Counties work with the state to develop a prevention plan that is driven by community needs. Some county plans include early intervention services.

For example, one county contracts with a family resource center to provide early intervention classes using Strengthening Families and SMART Moves. A few counties work with the Boys & Girls Clubs to provide SMART Moves. Several counties work in schools to provide small group sessions and to provide Bright Futures Mentoring for middle-school students.

SECTION IV

Early Intervention Programs and Tools

In this last section of *Reaching Youth At Risk for Substance Use and Misuse: Early Intervention Resources and Practices,* examples of youth and family-specific early intervention programs, screening tools, materials and trainings, and process improvement and implementation resources are identified. A diverse range of programs are presented, focusing on different target populations in multiple settings and at varying price ranges. Other practical resources such as implementation and process tools, video, and toolkit are also provided to assist states in implementing early intervention.

Early Intervention Programs

Early Intervention Programs

3rd Millennium Classrooms

Source: 3rd Millennium
Setting: Secondary schools, colleges, justice settings (courts), parents
Cost: $60 per individual

3rd Millennium Classrooms provides online interventions for various risky behaviors, including substance use, and pioneered the first online training for alcohol prevention in 1999. Their programs target **high school and college-aged young adults** and cover alcohol, marijuana, nicotine, and other drugs. Students typically enter the 3- to 4-hour program after referral from courts and schools after Driving While Intoxicated (DWI)/DUI and/or drug-related offenses.

Peer-reviewed

Botvin LifeSkills Training

Source: National Health Promotion Associates
Setting: School (in-school, after-school)
Cost: $250 training per implementer, $235 includes manual and 30 student guides, additional $50 per 10 guides.

Botvin LifeSkills Training is an evidence-based substance use and violence prevention program for **elementary through high school settings** that may be tailored to target high-risk populations. After workshop training, teachers, school counselors, prevention specialists, and providers can implement the self-management and social skills–oriented curricula. Most curricula are designed for eight 2-to 3-hour sessions.

Peer-reviewed

eCHECK UP TO GO

Source: San Diego State University
Setting: School (college)
Cost: $3,500/year practitioner package includes full suite of interventions and administrative reports, $1,075 for one substance-specific online program

eCHECKUP TO GO is a substance prevention program for **college-aged students**, designed to motivate individuals to reduce their consumption using personalized information about their own use and risk factors. Thirty-minute online and integrated feedback includes alcohol, cannabis, tobacco, and other drugs.

NASPA- and National Institute on Alcohol Abuse and Alcoholism (NIAAA)–recognized

Girls Circle; The Council for Boys and Young Men

Source: One Circle Foundation
Setting: Community agencies
Cost: $2,285 for Girls Circle facilitator manual and evaluation toolkit (includes all 10 activity guides), $1,371 for Council facilitator manual and curricula

The One Circle Foundation curricula uses a strengths-based group approach to promote resiliency and health behaviors among young women and men **ages 9–18.** The program takes place over 8–12 weekly sessions. The male curriculum is "The Council for Boys and Young Men" and the female program is "Girls Circle".

Endorsed by the Office of Juvenile Justice and Delinquency Prevention

Prevention Plus Wellness, LLC

Source: Prevention Plus Wellness, LLC
Setting: School (in-school)
Cost: $499 per implementer trained, includes program materials. Single-day programs are $199 per implementer including program materials

Prevention Plus Wellness, LLC, provides a range of curricula for predominantly **high school-aged youth to young adults.** Most programs follow a Behavior-Image Model that increases self-regulation through positive peer and future images. SPORT Prevention Plus Wellness is a single-day 50-minute SBI program with parental materials. InShape Prevention Plus Wellness is a single-day 50-minute SBI for college students and young adults. SPORT 2 Prevention Plus Wellness (SPORT 2 PPW) is a six-session program targeting high school students. These curricula can be tailored to high school or middle school–aged youth. Lastly, Opioid Prevention Plus Wellness is a single-day 50-miunte session for high-risk adolescents. Add-on programs can address vaping and marijuana use specifically.

Prime for Life

Source: Prevention Research Institute
Setting: College campus, employers, justice settings
Cost: $895 training per instructor, additional $7.50 licensing fee per participant

Prime for Life is an evidence-based, motivational, pretreatment program for youth and young adults **ages 13–20** who engage in drinking or drug use behaviors. Indicated referral programs (juvenile justice and DUI offenses) undergo 12–20 hours of intervention. The curricula targets behavior change through modified risk perceptions and attitudes.

Peer-reviewed

Project Amp

Source: C4 Innovations
Setting: School (in-school), health care (pediatrician, primary care)
Cost: Free implementation and tools, paid technical assistance

Project Amp uses an SBIRT framework and pairs youth with young adults in recovery for brief mentorship to enhance their resiliency and to prevent AOD use. This school-based mentorship program was developed for youth **ages 13–17.** The program aims to increase youth's confidence, skills, and goal setting via focus groups and mentorship.

Peer-reviewed

Project SUCCESS

Source: Student Assistance Services
Setting: School (in-school)
Cost: $275 training materials + $350 training per person

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a **middle and high school–aged** school-based program that provides children with information, normative and prevention education, and problem identification and referral using community-based and environmental approaches. The program includes an eight-session prevention program with a trained counselor followed by a one-on-one individual assessment.

SAMHSA-endorsed

Project Towards No Drug Abuse (TND)

Source: University of Southern California
Setting: School (in-school)
Cost: Suggested $1,200 training for one teacher or $90 manual and $60 per five student workbook costs

TND is a universal program for youth **ages 14–19.** The program can be tailored to be an early intervention service by targeting high-risk individuals. This evidence-based program has proven to be effective in reducing hard drug use. The program was found to impact marijuana and alcohol use in four of seven trials. High school teachers facilitate the program. It is recommended that teachers complete a TND training workshop, conducted by a certified TND trainer. These trainings are offered in 1- or 2-day sessions, in person.

Peer-reviewed

Reconnecting Youth

Source: Youth First
Setting: School (in-school, after-school)
Cost: $8,800 includes training for 5–6 facilitators and curricula

Reconnecting Youth is a semester-long, school-based program for **9th to 12th graders** co-facilitated by trained teachers and Youth First social workers. Following their recommendation by a counselor, principal, or teacher, the sessions use school-smarts skills to increase school performance, decrease drug involvement, and improve mood management.

Peer-reviewed

School Community Intervention Program (SCIP)

Source: Department of Education, Nebraska and South Carolina
Setting: School (in-school)
Cost: Sliding scale (school-application based)

The School Community Intervention Program (SCIP) is designed for **middle school students** experiencing difficulty in school, likely due to high-risk behaviors outside of the classroom. Following referral, a team (counselor, community member, faculty, and parents) develop a multilayered intervention plan including behavioral health or in-school resources. SCIP is offered in Nebraska and South Carolina.

SMART Moves (Skills Mastery Resistance Training)

Source: Boys & Girls Clubs
Setting: School (after-school)
Cost: Free, pending enrollment in Boys & Girls Clubs of America

SMART Moves engages young people **ages 6–15** in role-playing, decision-making, and peer-influence skills to address drug and alcohol use and sexual activity. They employ a team approach involving staff, parents, and community representatives.

Clearinghouse (Limited/Unclear) rating

Teen Intervene

Source: Hazelden Betty Ford Foundation
Setting: Health care (treatment counselor)
Cost: Insurance-based reimbursement

Teen Intervene consists of three 1-hour counselor-led sessions, following referral and assessment for mild to moderate substance use (but not an SUD diagnosis). It is appropriate for youth **ages 12–18 years.** It employs a personalized approach for substance use motivations and willingness to change and involves the child's family in the final session.

Teen Outreach Program (TOP)

Source: Wyman Center
Setting: School (in-school, after-school), CBOs, residential treatment, justice settings
Cost: $15,000 first year for training and materials, $5,000/year subsequently

Teen Outreach Program (TOP) is a 9-month social-emotional skill-building curriculum delivered by trained facilitators. **Middle and high school–aged** teens participate in guided, interactive, weekly peer-group discussions to build a positive sense of self and connecting with others.

Peer-reviewed

The Seven Challenges

Source: The Seven Challenges Inc.
Setting: Schools (in-school), justice settings, health care (treatment counseling)
Cost: $8,900 licensing fee, includes virtual training, additional $48 per counselor manual and youth guide

The Seven Challenges sessions focus on holistic counseling to promote mindfulness and self-awareness for **adolescents and young adults** experiencing substance use issues. Sessions take place in individual or group settings and seek to help youth identify motivations for substance use decision-making behaviors.

Transition to Independence Process Model

Source: Stars Training Academy
Setting: Schools (in-school, after-school), community agencies
Cost: Training $23,000 high-fidelity includes consultation, curricula, and 25 trainees; $6,000 low-fidelity includes curricula and 10 trainees

The TIP evidence-supported framework works with youth and young **adults ages 14–29** with emotional and behavioral difficulties. This strengths-based, youth-driven early intervention model encourages youth to plan their futures, involving family members toward greater self-sufficiency for youth.

Peer-reviewed

Early Intervention Family Programs

Celebrating Families

Source: National Association for Children of Addiction (NACoA)
Setting: Community agencies
Cost: $1,844 implementation package includes 10 facilitator guides, training, handouts, and book

Celebrating Families is an evidence-based cognitive-behavioral, family-centered support group program that works with families of parents with SUDs. The 16-week curriculum engages all members of the family, **age 3 to adults,** and serves 6–15 families at a time. The curriculum aims to "break the cycle of addiction" by integrating parenting and addiction recovery skills.

Creating Lasting Family Connections

Source: Council on Prevention and Education: Substances
Setting: Community agencies
Cost: $1,125 Curriculum package includes five manuals and training

Creating Lasting Family Connections is a comprehensive, 40-hour personal and family strengthening program for youth **ages 9–17** and their parents, guardians, and other family members. They use a family skills approach to increase self-awareness, emotional expression, and interpersonal communication. The program has been shown to delay alcohol, tobacco, and other drug use.

Strengthening Families

Source: Center for the Study of Social Policy
Setting: School, child-welfare settings
Cost: The Strengthening Families Program course material license costs $450/CD.

Strengthening Families is a universal primary prevention intervention for families of children **ages 0–16 or 7–17,** which can be adapted to serve high-risk youth and their families. Developed by Dr. Karol Kumpfer, Strengthening Families uses the five universal family strengths identified in the Strengthening Families protective factors framework: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The program aims to improve lifetime outcomes for families and their children.

Randomized Control Trial-validated

Strong African American Families Program (& Teen Program)

Source: University of Georgia
Setting: Community agencies
Cost: $8,000 training and program package includes 3-day training and resource materials

Strong African American Families is a 2-hour, five-session, culturally tailored, family-centered intervention for youth **ages 10–14 and 14–16** (teen program) and their caregivers. The programming focuses on positive decision-making and family interactions to prevent substance use and minimize sexual risk-taking.

National Institute of Aging– and Administration for Children and Families–researched

Team of Concern

Source: Preferred Family Healthcare, Missouri
Setting: School, CBOs
Cost: Insurance-based reimbursement

Team of Concern is a school and community-based program that provides a brief screening as well as family and individual counseling to adolescents **ages 12–18.** This intervention is facilitated by a counselor and Preferred Family Healthcare staff following referral. The intervention also encourages participation from guidance counselors, school staff, community, and parents. The program aims to improve resiliency and *refusal skills, conflict resolution,* emotion management, and response to peer pressure.

Early Intervention Materials and Trainings

Alcohol Screening and Brief Intervention for Youth (SBIRT): A Practitioner's Guide

Source: National Institutes of Health; NIAAA
Setting: Health care

This 2011 NIAAA tool helps health care professionals identify youth **ages 9–18 years** at risk for alcohol-related problems. The tool is SBIRT-focused and includes two sets of questions: friends' and personal drinking behaviors. The tool then includes different levels of intervention based on resulting risk.

NIDA-recommended

New York State SBIRT Introduction (Video)

Source: New York State Office of Alcoholism and Substance Abuse Services
Setting: Health care

New York State developed this 15-minute video about SBIRT in 2015, in a project funded by SAMHSA. The video provides real-life examples of the utility of SBIRT and how it should be implemented in practice. This presentation outlines SBIRT as a cost-saving tool which can decrease risky use of substances and improve health outcomes. This video is targeted toward providers with **adult** patients.

Marijuana Brief Intervention: An SBIRT Approach

Source: Jan Copeland, PhD
Setting: Health care, schools, justice settings

This 2016 book (including facilitator guide and video) written by Jan Copeland, PhD, and published by Hazelden, outlines the SBIRT model for marijuana use for adults **over age 18** with a mild to moderate marijuana use disorder. The model allows providers to examine a client's level of use, raise their awareness of consequences, and provide incentives for positive change. Marijuana Brief Intervention is highly customizable and can be tailored to suit different formats, length of intervention, and age groups. Sessions address behavior change, managing withdrawal, problem solving, and relapse prevention.

Strategies for Early Intervention Treatment for Adolescent Alcohol Use in Health Centers

Source: SAMHSA
Setting: Health centers, schools

Developed in 2015 for youth **ages 12–17 years.** This webinar, sponsored by the SAMHSA Health Resources and Services Administration Center for Integrated Health Solutions, highlights early intervention in health centers and schools. Topics covered include the implementation of the CRAFFT screening tool (see Screening Tools section), SBIRT, and Teen Intervene (See Early Intervention Programs section).

Health Resources and Services Administration–recommended

Student Assistance Guide for School Administrators

Source: SAMHSA
Setting: Schools

This 2016 SAMHSA guide provides an overview of Student Assistance Programs to improve emotional, behavioral, and academic functioning for programs geared to youth **ages 12–18 years.** Includes components of programming and implementation. This resource is helpful to school administrators and leaders.

Substance Use Best Practice Tool Guide: Prevention/Early Intervention

Source: Tennessee Department of Mental Health and Substance Abuse Services
Setting: Health care, community agencies

In 2016 the State of Tennessee developed this overview of evidence-based prevention and early intervention services, including a detailed description of SBIRT. The tool is applicable for all ages, from **elementary school through adulthood.** This document defines prevention, early intervention, and the differences between the two for use when developing a working definition of early intervention.

Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment

Source: SAMHSA
Setting: Health care, government agencies

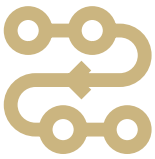
This 2013 SAMHSA technical assistance publication explains implementation, effectiveness, sustainability issues, and case studies of SBIRT. It is designed for administrators seeking to integrate SBIRT into their system, but does not provide clinical issues in implementation. SAMHSA does not discuss a particular target audience in this technical assistance publication but specified that each health care setting should determine what their target audience is for SBIRT. SBIRT can be implemented for a range of ages and populations, from **youth to older adults.**

SAMHSA-recommended

Treatment Technical Advisory

Source: Michigan Department of Health and Human Services
Setting: Health care

This 2011 Treatment Technical Advisory developed by the State of Michigan outlines the state's definition of early intervention, eligibility for services, and those that fall under this definition. No age range is specified; rather it is targeted toward various **youth and adult** populations.



Process Improvement and Implementation Resources

Readiness-for-Change Assessments

- **Faculty Change Orientation Scale (FCOS):** Developed by Kearney and Smith in 2005, this scale measures faculty perception of and community interest in change, on a 6-point Likert scale. It does not assess staff ability to implement change.
- **Survey of Organizational Functioning (TCUSOF):** Developed by Texas Christian University in 2008, this 129-question survey assesses an organization on several different factors, including motivation for change, resources, workplace practices, and training.

Implementation Resources

- **Consolidated Framework for Implementation Research (CFIR)** Strategy Tool: An implementation framework to tailor implementation strategies to mitigate barriers and leverage facilitators and an interactive strategy tool to address them.
- **Exploration, Preparation, Implementation, and Sustainment (EPIS):** Highlights key phases that guide and describe the implementation process
- **National Implementation Research Network (NIRN):** Network of implementation science researchers aiding in systems reinvention initiatives across the spectrum of human services
- **Network for Improving Addiction Treatment (NIATx):** Process improvement model for behavioral health care settings to improve access to and retention in treatment
- **Plan Do Study Act (PDSA) Cycles:** A shorthand for testing change in work settings through implementing change on a small scale, observing results, and acting on what is learned
- **State Implementation and Scaling-up of Evidence-based Practices (SISEP):** National technical assistance center funded by the U.S. Department of Education
- **Strategic Prevention Framework (SPF):** A comprehensive approach grounded in cultural competence and sustainability to address community substance misuse built on five steps: (1) assessment, (2) capacity, (3) planning, (4) implementation, and (5) evaluation

Screening Tools

All tools listed here are NIDA recommended and approved, unless noted.

Screens

Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)

Source: NIDA
Setting: Health care
Cost: Free, clinician- or self-administered

Developed in 2014, this 2-minute online screening tool identifies risky substance use in adolescents **ages 12–17.** Based on past-year frequency, it categorizes patients into one of three risk categories.

Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)

Source: Boston Children's Hospital
Setting: Health care (community health and primary care)
Cost: Free, clinician- (recommended) or self-administered

A validated substance use and substance-related driving risk screening tool for adolescents **ages 12–21 years.**

American Academy of Pediatrics (AAP)-, Children's Health Insurance Plan (CHIP)-, and NIAAA-recommended

Drug Abuse Screening Test (2.0 – Adolescent Version)

Source: NIAAA
Setting: Health care (primary care)
Cost: Free, self-administered

A brief, self-report instrument for population screening, yields a quantitative index of the degree of consequences related to drug abuse. For **ages 9–18 years.**

Drug Use Screening Tool: Quick Screen – youth adapted (NMASSIST) (prescreen and full screen)

Source: NIDA; APA
Setting: Health care
Cost: Free, clinician-administered

American Psychiatric Association (APA) -adapted, NIDA-Modified ASSIST (NMASSIST) is designed for adolescents **ages 11–17.** Enhances clinical decision-making but not making a clinical diagnosis.

Global Appraisal of Individual Needs—Short Screener (GAIN-SS)

Source: Chestnut Health Systems
Setting: School (in-school), community agencies, residential and outpatient treatment, justice settings
Cost: $100 licensing fee per agency, for 5 years usage

A comprehensive and standardized initial screening tool for adolescents and young adults **ages 10–24.** Identifies clients with behavioral health disorders, including substance disorders.

Screening to Brief Intervention (S2BI)

Source: Boston Children's Hospital; NIDA
Setting: Health care
Cost: Free, clinician- or self-administered

Developed in 2014, this 2-minute online screening tool assesses SUD risk for adolescents **ages 12–17.** Based on past-year frequency, it categorizes patients into one of three risk categories.

References

Introduction

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.* Arlington, VA.

American Society of Addiction Medicine. (2013). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions.* Chevy Chase, MD.

Beadnell, B., Stafford, P. A., Crisafulli, M. A., Casey, E. A., & Rosengren, D. B. (2016).

Methods for quantifying the clinical significance of change during intervention program participation. *Evaluation & the Health Professions,* 39(4), 435–459. https://doi.org/10.1177/0163278715622663

Benningfield, M. M., Riggs, P., & Stephan, S. H. (2015). The role of schools in substance use prevention and intervention. *Child and Adolescent Psychiatric Clinics of North America,* 24(2), 291–303. https://doi.org/10.1016/j.chc.2014.12.004

Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

Hawkins, J. D., Jenson, J. M., Catalano, R., Fraser, M. W., Botvin, G. J., Shapiro, V., ... Stone. S. (2015). Unleashing the power of prevention (*NAM Perspectives,* Discussion Paper). National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201506c

Levy, S. J., Williams, J. F., & Committee on Substance Use and Prevention. (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics,* 138(1), e20161211. https://doi.org/10.1542/peds.2016-1211

O'Donnell, A., Anderson, P., Newbury-Birch, D., Schulte, B., Schmidt, C., Reimer, J., & Kaner, E. (2014). The impact of brief alcohol interventions in primary healthcare: A systematic review of reviews. *Alcohol and Alcoholism* (Oxford, Oxfordshire), 49(1), 66–78. https://doi.org/10.1093/alcalc/agt170

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2005-2015. State Admissions to Substance Abuse Treatment Services. BHSIS Series S-95, HHS Publication No. (SMA) 17-4360. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017). Rockville, MD.

Sanders C., Field, T., Diego, M., & Kaplan, M. (2000). The relationship of internet use to depression and social isolation among adolescents. *Adolescence,* 35(138), 237–242.

Schmidt, C. S., Schulte, B., Seo, H. N., Kuhn, S., O'Donnell, A., Kriston, L. ... Reimer, J. (2016). Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. *Addiction (Abingdon, England),* 111(5), 783–794. https://doi.org/10.1111/add.13263

U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health.* Washington, DC.

Wittchen, H. U., Behrendt, S., Höfler, M., Perkonigg, A., Lieb, R., Bühringer, G., & Beesdo, K. (2008). What are the high-risk periods for incident substance use and transitions to abuse and dependence? Implications for early intervention and prevention. International *Journal of Methods in Psychiatric Research*, 17 Suppl 1(Suppl 1), S16–S29. https://doi.org/10.1002/mpr.254

Wu, Y., Outley, C., Matarrita-Cascante, D., & Murphrey, T. P. (2016). A systematic review of recent research on adolescent social connectedness and mental health with internet technology use. *Adolescent Research Review 1,* 153–162 (2016). https://doi.org/10.1007/s40894-015-0013-9

Section II: Innovative State Initiatives

Massachusetts

Institute for Health and Recovery. (2020). Youth Drug Awareness Program. Retrieved from: http://www.healthrecovery.org/projects/q2/ Justice Resource Institute. (2020). Retrieved from: https://jri.org/

Lahey Behavioral Health. (2020). Retrieved from: http://www.nebhealth.org/

Massachusetts Department of Public Health, Bureau of Substance Addiction Services. (2020). Retrieved from: https://www.mass.gov/orgs/bureau-of-substance-addiction-services

Massachusetts Department of Public Health, Office of Statistics and Evaluation. (2019). Description of admissions factsheet. Retrieved from: https://www.mass.gov/lists/substance-addiction-treatment-admissions-statistics

Massachusetts Department of Elementary and Secondary Education (MDESE). (2017). Health

and risk behaviors of Massachusetts youth, 2017 report. Retrieved from: https://www.mass.gov/files/documents/2019/01/09/health-and-risk-behaviors-mass-youth-2017.pdf

Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: An update of the evidence. *Alcohol Research & Health,* 33(4), 380–388.

Office of Youth and Young Adult Services. (2020). Youth and young adult services. Retrieved from: https://www.mass.gov/service-details/youth-and-young-adult-services

Positive Alternatives to School Suspension – Mental Health Series. (2020). Retrieved from: https://massachusettspartnershipsforyouth.com/webinars/positive-alternatives-to-student-suspension---mental-health-series

Project Amp. (2020). Retrieved from: https://c4innovates.com/who-we-are/our-projects/project-amp/

University of Georgia, Center for Family Research. (2020). Strengthening Families and Strong African American Families programs. Retrieved from: https://cfr.uga.edu/saaf-programs/

Michigan

Conduent. (2020). Coping and Support Training (CAST). Retrieved from: https://cdc.thehcn.net/promisepractice/index/view?pid=3104

Detroit Wayne Integrated Health Network. (2020). Retrieved from: https://www.dwihn.org/

Department of Education. (2020). Retrieved from: https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx

Michigan Department of Health and Human Services. (2020). Retrieved from: https://www.michigan.gov/mdhhs/

National Institute on Drug Abuse. (2019). *Monitoring the Future Survey: High school and youth trends drug facts.* Retrieved from: https://www.drugabuse.gov/sites/default/files/df_high_school_and_youth_trends_june2016_final.pdf

Prevention Technology Transfer Center (PTTC) Network. (2020). PTTC network support for the Substance Abuse Prevention Skills Training (SAPST). Retrieved from: https://pttcnetwork.org/centers/global-pttc/network-sapst

Second Step. Retrieved from: https://www.secondstep.org/

Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality. Retrieved from: https://www.samhsa.gov/data/

The Youth Connection. (2020). Retrieved from: http://www.theyouthconnection.org/

University of Georgia, Center for Family Research. (2020). Strengthening Families and Strong African American Families programs. Retrieved from: https://cfr.uga.edu/saaf-programs/

Missouri

Dennis, M.L., Feeney, T., Stevens, L.H., & Bedoya, L. (2007). *Global Appraisal of Individual Needs—Short Screener (GAIN-SS): Administration and scoring manual.* Retrieved from: https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/gainssmanual.pdf

Depue, S., Kryah, R., VonDras, S., Sale, L., & Tokac, U. (2018). *Missouri Student Survey 2018 report.* Retrieved from: https://dmh.mo.gov/sites/dmh/files/media/pdf/2019/04/mss2018report.pdf

Meyers, R. J., Roozen, H. G., & Smith, J. E. (2011). The community reinforcement approach: An update of the evidence. *Alcohol Research & Health,* 33(4), 380–388.

Miller, W. R., & Tonigan, J. S. (1996). Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). Psychology of Addictive Behaviors 10, 81-89. Retrieved from: https://casaa.unm.edu/inst/SOCRATESv8.pdf

Missouri Department of Mental Health. (2018). Prevention. Retrieved from: https://dmh.mo.gov/alcohol-drug/prevention

Missouri Institute of Mental Health. (2020). School-based Prevention Intervention and Resource IniTiative. Retrieved from: https://www.mimh.edu/projects/school-based-prevention-intervention-and-resource-initiative-spirit/

Taketa, K. (2018) Missouri's plan to improve lowest-performing schools gets federal seal of approval. St. Louis Post Dispatch. Retrieved from: https://www.questia.com/read/1P4-1988948551/missouri-s-plan-to-improve-lowest-performing-schools

New Jersey

Mendez Foundation. Too Good for Drugs. (2020). Retrieved from: https://toogoodprograms.org/collections/too-good-for-drugs

National Council on Alcoholism and Drug Abuse. (2019). Transitional Counseling Programs.

Retrieved from: http://ncada-stl.org/find-help/transitional-counseling-program/

National Council on Alcoholism and Drug Abuse. (2020). Prevention programs. Retrieved from: https://ncada-stl.org/prevention-programs/

National Federation of State High School Associations. (2019). NJ CARES and NJSIAA announce partnership to educate on opioid use. Retrieved from: https://www.nfhs.org/articles/nj-cares-and-njsiaa-announce-partnership-to-educate-on-opioid-use/

North Jersey Community Research Initiative. (2020). Retrieved from: https://www.njcri.org/

New Jersey Department of Human Services. (2020). Division of Mental Health and Addiction

Services home. Retrieved from: https://www.state.nj.us/humanservices/dmhas/home/index.html

Ohio State University and the Cardinal Health Foundation. (2020). GenerationRx. Retrieved from: https://generationrx.org/

PeaceBuilders, Inc. (2020). Reaching and teaching adults the art of creating safe, positive environments for all children! Retrieved from: https://www.peacebuilders.com/

Prevention Technology Transfer Center (PTTC) Network. (2020). PTTC network support for the Substance Abuse Prevention Skills Training (SAPST). Retrieved from: https://pttcnetwork.org/centers/global-pttc/network-sapst

Second Step. Retrieved from: https://www.secondstep.org/

Rutgers School of Public Health, Center for Tobacco Studies. (2015). *2014 New Jersey Youth Tobacco Survey: A statewide report.* Piscataway, NJ. Retrieved from: https://nj.gov/health/fhs/tobacco/documents/nj_yts_report_final_120916.pdf

Rutgers School of Public Health, Center for Tobacco Studies. (2016). *2016 New Jersey Youth Tobacco Survey: A statewide report.* Piscataway, NJ. Retrieved from: https://nj.gov/health/fhs/tobacco/documents/NJYTS%202016%20State%20Report_Final.pdf

Second Step. Retrieved from: https://www.secondstep.org/

Substance Abuse and Mental Health Services Administration. (2018). *New Jersey state report: Underage drinking prevention and enforcement.* Retrieved from: https://www.stopalcoholabuse.gov/media/ReportToCongress/2018/state_reportsnew_jersey_profile.pdf

Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from: https://www.samhsa.gov/data/

Tennessee

EMT Associates, Inc (TEMT). (2018). Retrieved from: https://www.emt.org/
Oasis Center. Retrieved from: https://oasiscenter.org/about

Just Us. (2020). Retrieved from: https://www.plannedparenthood.org/planned-parenthood-tennessee-and-north-mississippi/local-education-training/justus

Reaching Excellence as Leaders (REAL). (2020). Retrieved from: https://oasiscenter.org/for-youth/reaching-excellence-as-leaders-real

Tennessee Department of Mental Health and Substance Abuse Services. (2019a). *FY 2019 needs assessment data report.* Retrieved from: https://www.tn.gov/content/dam/tn/mentalhealth/documents/planning/FY2019%20Needs%20Assessment%20Data%20Report.pdf

Tennessee Department of Mental Health and Substance Abuse Services. (2019b) 2018–2019 TN Together Student Survey results. Retrieved from: https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018-2019_TN_Together_Report.pdf

Tennessee Department of Mental Health and Substance Abuse Services. (2020). Substance Abuse Services. Retrieved from: https://www.tn.gov/behavioral-health/substance-abuse-services.html

nasadad.org ◆ hiltonfoundation.org

NASADAD National Association of State Alcohol and Drug Abuse Directors

CONRAD N. Hilton FOUNDATION