LEVERAGING THE EVERY STUDENT SUCCEEDS ACT FOR SUBSTANCE USE PREVENTION TO IMPROVE YOUNG PEOPLE'S LIVES

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Background

Substance misuse during adolescence can jeopardize a young person's healthy development and academic success. In recent years, youth advocates and other stakeholders have been promoting the expansion of substance use prevention and early intervention services for youth and young adults. These services engage young people in conversations about their substance use and work with them to address risk factors, develop healthy coping mechanisms, and build resilience. Unsurprisingly, schools have emerged as a place where a large number of young people can be reached with substance use prevention and early intervention services. For low-income students and students of color who often experience barriers to needed services, bringing resources into the school system plays an important role in addressing health and academic inequity. This resource outlines opportunities to further school-based expansion of substance use prevention and early intervention by leveraging mechanisms and funds created through the Every Student Succeeds Act (ESSA) and highlighting actions stakeholders can take to promote and support these initiatives.

The Every Student Succeeds Act (ESSA) is the main federal education law governing K-12 public schools. ESSA replaced No Child Left Behind and gave states greater flexibility to measure and improve school performance. ESSA directs states to use federal funds to improve academic achievement as well as student health and safety. ESSA offers new opportunities for states to improve supports in and out of the classroom for all school-age youth, and especially low-income youth in communities of color.

Education policymakers increasingly support the whole child approach and recognize the importance of connecting students to health services and community supports to improve both health and school outcomes. Through ESSA requirements and resources, states can implement school-based substance use prevention and early intervention strategies, such as SBIRT (screening, brief intervention and referral to treatment). Universal SBIRT can help connect young people to community supports to address issues underlying substance use disorders, such as trauma, alienation and peer pressure. Addressing these underlying issues and substance use disorders itself can improve youth success in schools and in life.

Prevention strategies like SBIRT are especially important for students of color. Research shows that young people of color are far more likely to be disciplined than peers for the same behaviors[1] and that school discipline hurts academic achievement.[2] Studies also show that student absenteeism, disciplinary suspension and failure are deeply interconnected with substance use disorders.[3] Use of SBIRT can support students of color by preventing addiction, linking them to community resources, and reducing harmful behaviors. Especially when combined with staff education about disciplinary disparities, it can be an important step toward addressing racial inequities in the classroom.

ESSA Requirements & Activities

The U.S. Department of Education (ED) set few parameters for ESSA implementation, creating an opportunity for state innovation. States are in the early stages of ESSA planning and many state departments of education are eager for suggestions and support as they implement the new law. Below is a summary of ESSA requirements and opportunities to leverage the law for substance use prevention, to help young people stay healthy, complete their education and improve their lives in the long run.

1. Develop State ESSA Plans

State departments of education submitted proposals called consolidated state plans to the U.S. ED describing how the state will assess school performance, set goals for improvement, and identify and provide support to low-performing schools. By 2018, all states received ED approval and started implementing their plans. These plans serve as a roadmap to the state's ESSA implementation.

GO DEEPER:
Click here to view state ESSA profiles

2. Measure School Performance

States are required to identify and rank low-performing schools. In ESSA plans, states chose at least five indicators (including at least one measure of school quality or student success) to measure the performance of all students collectively and for specific subgroups of students separately in every school. Most states chose chronic absenteeism as their measure of school quality or student success. Given the evidence linking school absenteeism and substance use,[4,5] this provides states with the opportunity to include substance use prevention and community supports in ESSA activities, and to support these activities with ESSA funding.

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GO DEEPER:
Click here for "Best Practices for Developing State Report Cards"

3. Share School Performance in Report Cards

States and school districts are required to develop annual state and local report cards to educate the public on how schools are meeting ESSA requirements. States or districts can include additional data, such as health statistics to call attention to specific issues such as substance use. In addition, ESSA required all states to include chronic absence in their school report cards.

4. Identify Schools for Support

Each year, districts identify schools for **targeted support.** These are schools where subgroups (by race, language, income, etc.) of the student population are underperforming peers. The district must provide targeted support to improve the achievement of these groups of students. Each district determines its own criteria and type of support.

GO DEEPER:
Click here for "Designing and Revising Systems of School Identification"

At least once every three years, the state identifies schools for **comprehensive support,** which includes a needs assessment and improvement plan. Schools requiring comprehensive support include schools with high numbers of low-income children (Title I schools) ranking in the lowest 5% of the state's accountability system; schools with subgroups of the student population (e.g., by race, language, household income, etc.) consistently underperforming peers; or high schools with a 67% graduation rate or lower.

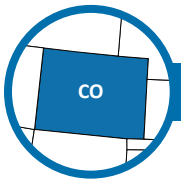
5. Provide Support to Schools

ESSA requires **needs assessments** to identify opportunities to improve school performance. States have considerable flexibility in designing and implementing needs assessments. The state can establish and require a standardized needs assessment tool or delegate responsibility for designing the assessment to school districts.

States and school districts use the needs assessment to develop **improvement plans** laying out how the district will provide support to the school. The improvement plan must include evidence-based interventions, as defined by the ESSA law. SBIRT has a strong evidence base and is among the interventions allowed under ESSA. See Appendix A for a list of studies conducted on youth SBIRT, which you can use in making your case to policymakers.

GEORGIA EXAMPLE

The Georgia Department of Education does not require a specific needs assessment tool. Several schools used state education funding to consult with education experts to develop student surveys that serve as their needs assessment. These surveys include a list of services, including academic resources, behavioral resources, social/emotional support, and family support. Students indicate which services they would like to see at their school. The survey results inform the services provided under improvement plans.



COLORADO EXAMPLE

Colorado Department of Public Health adapted the Youth Risk Behavior Surveillance System (YRBS) survey – which is already required by the Centers for Disease Control in many communities –as an ESSA needs assessment. The Healthy Kids Colorado Survey added questions about sexual orientation and gender identity to the YRBS survey and revealed that LGBTQ (lesbian, gay, bisexual, transgender and queer) students were much more likely to use alcohol and drugs than their peers. This data informed the support provided to Colorado students.

GO DEEPER:

See Using Needs Assessments to Connect Learning and Health for an in-depth guide and examples of using needs assessments to improve student health.

Funding Opportunities

ESSA funding is authorized and allocated by Congress and distributed through the U.S. Department of Education. The ESSA law created new funding opportunities for health and wellness activities. Titles I, II, and IV of the ESSA law can fund SBIRT training and implementation.

Title I

Title I is the largest education funding program, which serves schools with high numbers or percentages of low-income students. State departments of education receive these funds from ED and distribute to school districts based on Title I formulas. No new funds were allocated to Title 1 through ESSA, but the law newly requires states to set aside seven percent of their Title I funds for interventions and technical assistance to support the schools identified for comprehensive and targeted assistance (described above). States can use Title I funds for substance use prevention programs, such as SBIRT, to support these schools.

Title II

This title supports teacher quality. State departments of education receive these funds from ED and distribute to school districts based on Title II formulas. Title II can be used to equip teachers to address drug and alcohol misuse and link students to appropriate treatment and intervention services in the school and in community. Title II is an appropriate funding source for training school personnel – including school nurses and counselors – to implement prevention interventions like SBIRT.

Title IV

Title IV is a formula grant program that consolidates 49 grant programs from the previous education law. The state department of education receives funding from ED, and school districts apply to the state for funding to carry out Title IV activities. Title IV funding can pay for activities beyond traditional academic supports, including initiatives that improve school climate, promote well-rounded education, and support safe and healthy students. Substance use prevention activities, such as SBIRT, are allowable uses for Title IV funding.

WISCONSIN EXAMPLE

Wisconsin's department of education currently uses the School Climate Transformation Grant to support school-SBIRT activities.

GO DEEPER:
See Funding Opportunities in the Every Student Succeeds Act (pages 6-14) for an in-depth guide to ESSA funding.

Applying for ESSA Funding

States submit applications each year to the U.S. Department of Education showing how they plan to spend ESSA funds. Title I, II, and IV funds are allocated to the state and then to individual school districts through a formula grant using a calculation based on poverty levels. Additional funding is available to states and districts through competitive grants.

Advocacy Strategies

There are a number of actions that different stakeholders can take to encourage the expansion of school-based substance use prevention and early intervention services. This section highlights specific actions to integrate substance use prevention into ESSA-related activities at both the state and local levels.

Identify state decision makers. Identify who in your state could generate statewide support for school-based prevention in ESSA activities. This may include state policymakers, such as the ESSA coordinator within the state department of education, administrators involved in drug prevention at the state's public health or human services departments, legislators serving on education or health committees, and the governor's education or health staff/advisor.

Identify stakeholders and potential partners. You may consider approaching school leaders (e.g., superintendents and principals), statewide professional associations representing school personnel (e.g., nurses and counselors), parent groups (e.g., PTAs, Mothers Against Drunk Driving chapters), and student groups (e.g., Youth Move).

Advocate for data that identify disparities by race, ethnicity and immigration status. ESSA requires states and districts to collect and report data for some demographic categories, but not all. Consider asking your state or district(s) to collect additional data where relevant. For example, states are not required to report on income or migrant status for their non-academic factor. This could have important implications for understanding health and education disparities in some communities. This data will help to inform parents and other stakeholders about the need for SBIRT and community supports. It can also reveal racial inequities and need for changes or additional support to certain groups of students.

Advocate for substance use data in needs assessments and report cards. Ask the state department of education to require or recommend that schools collect substance use data as part of needs assessments. Make the case to state policymakers that this would help improve school performance. Substance use data combined with other data required by ESSA (e.g., school discipline, absenteeism) could help to show the link between school climate and substance use.

Mobilize stakeholders to generate local and statewide support for SBIRT in ESSA implementation. Bring together the key stakeholder groups you've identified to ask that state decision-makers endorse and promote substance use prevention in ESSA funding and activities. For example, advocates could suggest state administrators at the Department of Education or other relevant agencies to include SBIRT on a list of best practices for addressing substance use in schools, or encourage school districts to use ESSA funding for SBIRT. In many states, policymakers are aware of and concerned about addiction, particularly opioid misuse, so there is an opening to generate support for needed substance use prevention activities.

GEORGIA EXAMPLE

A coalition of Georgia advocates representing diverse stakeholder groups mobilized around the passage of a Senate resolution endorsing school SBIRT as a "best practice to facilitate academic success and a positive school climate." Advocates worked with members of the Senate Education and Youth Committee to successfully get the resolution introduced and passed. This resolution is one step in building support for SBIRT among education policymakers and stakeholders.

NATIONAL INITIATIVE: Community Catalyst and its state partners are developing a model to permanently incorporate screening and early intervention for substance use disorders and community supports into non-academic school improvement activities required under ESSA.

Resources

Engage for Equity: This toolkit provides an overview of ESSA requirements and includes easy-to-read fact sheets on ESSA for lay audiences. Advocates can draw examples and tools from this resource to empower parents, students and community members to get involved in ESSA implementation in their state.

How You Can Ensure ESSA Implementation Helps to Build More Equitable Schools: This guide was created to educate, equip advocates to promote greater educational equity in their local communities by understanding ESSA. This resource includes *Major Levers for Equity in ESSA* (p.2-3) and a *Checklist for ESSA Implementation* with a focus on advocating for a more equitable education system (page 22-24).

State ESSA Profiles: This website shows key elements of each state's ESSA plan. The profiles show chosen indicators, school ranking system, and links to the accountability dashboard and report cards.

State ESSA Plans to Support Student Health and Wellness: A Framework for Action: This tool focuses on supporting advocates who are interested in working with state-level policymakers to develop state ESSA plans. It provides practical resources and emphasizes several key areas with the greatest potential impact on student health.

Preventing Addiction with SBIRT: This fact sheet provides a clear and concise overview of SBIRT for young people.

Youth SBIRT Overview: This resource provides an overview of the model, its components, and tools providers can use to implement SBIRT.

Appendix A: The Evidence for School SBIRT

Article Citation	Description & Findings
Hamza DM, Bercov M, Suen VYM, Allen A, Cribben I, et al. School-based screening, brief intervention and referral to treatment (SBIRT) significantly decreases long-term substance abuse in 6,227 students aged 11-18. J Addict Behav Ther. 2018;2:5. http://bit.ly/2MBw3Eo	This study examined the CRAFFT scores of 6,227 students age 11-18 before and after participating in a school-based SBIRT program. SBIRT led to a significant **reduction in the total percentage of students who scored ≥ 2 on CRAFFT survey,** showing that SBIRT can be an effective pathway to minimizing future use of alcohol and drugs in young people.
Maslowsky J, Capell JW, Moberg DP, Brown RL. Universal School-Based Implementation of Screening Brief Intervention and Referral to Treatment to Reduce and Prevent Alcohol, Marijuana, Tobacco, and Other Drug Use: Process and Feasibility. Subst Abuse. 2017;11. https://doi.org/10.1177/1178221817746668	This study explored a model for implementing universal SBIRT in high schools without school-based clinics. Based on self-report, **students rated SBIRT positively and indicated substantial intentions to reduce or delay substance use** following SBIRT. Results support SBIRT's potential to delay substance use among current abstainers in addition to reducing substance use among current users.
Mitchell SG, Gryczynski J, Gonzales A, Moseley A, Peterson T, O'Grady KE, Schwartz RP. Screening, brief intervention, and referral to treatment (SBIRT) for substance use in a school-based program: services and outcomes. Am J Addict. 2012 Nov;21 Suppl 1:S5-13. https://www.ncbi.nlm.nih.gov/pubmed/23786511	This study examined outcomes of adolescents who received SBIRT services in school settings. Participants receiving any intervention reported **significant reductions in frequency of drinking to intoxication and drug use, but not alcohol use,** from baseline to 6-month follow-up. The findings supported school-based SBIRT for adolescents.
McCambridge J, Strang J. The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk and harm among young people: results from a multi-site cluster randomized trial. Addict. 2004 Jan;99(1):39-52. https://www.ncbi.nlm.nih.gov/pubmed/14678061	This study tested whether a single session of motivational interviewing in high school or university settings would lead to reduction in use of drugs or in perceptions of drug-related risk and harm among young people (ages 16-20). In comparison to the control group, those randomized to motivational interviewing **reduced their use of cigarettes, alcohol and cannabis**, mainly through moderation of ongoing drug use rather than cessation.
Patton R, Deluca P, Kaner E, Newbury-Birch D, Phillips T, Drummond C. Alcohol screening and brief intervention for adolescents: the how, what and where of reducing alcohol consumption and related harm among young people. Alcohol. 2014 Mar; 49(2): 207–212. https://www.ncbi.nlm.nih.gov/pubmed/24232178	The aim of the study was to explore the evidence base on alcohol screening and brief intervention for adolescents. The study concluded that the CRAFFT and AUDIT tools are appropriate for identification of 'at risk' adolescents. Motivational interventions delivered over one or more sessions and based in health care or educational settings are **effective at reducing levels of consumption and alcohol-related harm**.

Appendix A: The Evidence for School SBIRT (continued)

Article Citation	Description & Findings
Tanner-Smith EE, Lipsey MW. Brief alcohol interventions for adolescents and young adults: a systematic review and meta-analysis. J Subst Abuse Treat. 2015 Apr;51:1-18. https://www.ncbi.nlm.nih.gov/pubmed/25300577	This study reports findings from a meta-analysis summarizing the effectiveness of brief alcohol interventions for adolescents (age 11–18) and young adults (age 19–30). The study concludes that **brief alcohol interventions yield beneficial effects on alcohol-related outcomes for adolescents and young adults** that are modest but potentially worthwhile given their brevity and low cost.
Winters KC, Fahnhorst T, Botzet A, Lee S, Lalone B. Brief intervention for drug-abusing adolescents in a school setting: outcomes and mediating factors. J Subst Abuse Treat. 2012;42:279–88 https://www.ncbi.nlm.nih.gov/pubmed/22000326	This randomized controlled trial evaluated the use of two brief intervention conditions for adolescents (aged 12–18 years) who were identified in a school setting as misusing alcohol and other drugs. Adolescents receiving brief intervention showed **significantly more reductions in drug use behaviors** compared with the control group.
Winters KC, Leitten W. Brief intervention for drug-abusing adolescents in a school setting. Psychology of Addictive Behaviors. 2007;21(2):249–254. https://www.ncbi.nlm.nih.gov/pubmed/17563146	This study evaluated the use of brief interventions to reduce drug use among 14-17-year-olds identified in a school setting as having a substance use problem. Adolescents receiving brief intervention generally had **superior outcomes on their drug use behaviors** compared with the control group.

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[1] Civil Rights Data Collection. Retrieved from: https://www2.ed.gov/about/offices/list/ocr/docs/crdc-2015-16.html

[2] Welsh RO, Little S. The school discipline dilemma: a comprehensive review of disparities and alternative approaches. Review of Educational Research, 2018;88(5):752-794.

[3] Hill D, Mrug S. School level correlates of adolescent tobacco, alcohol and marijuana use. Substance Use and Misuse. 2015;50(12):1518-28.

[4] Kearney CA. School absenteeism and school refusal behavior in youth: A contemporary review. Clinical Psychology Review. 2008;28:451–471.

[5] Chou LC, Ho CY, Chen CY, Chen WJ. Truancy and illicit drug use among adolescents surveyed via street outreach. Addictive Behaviors, 2006; 31, 149–154.

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