

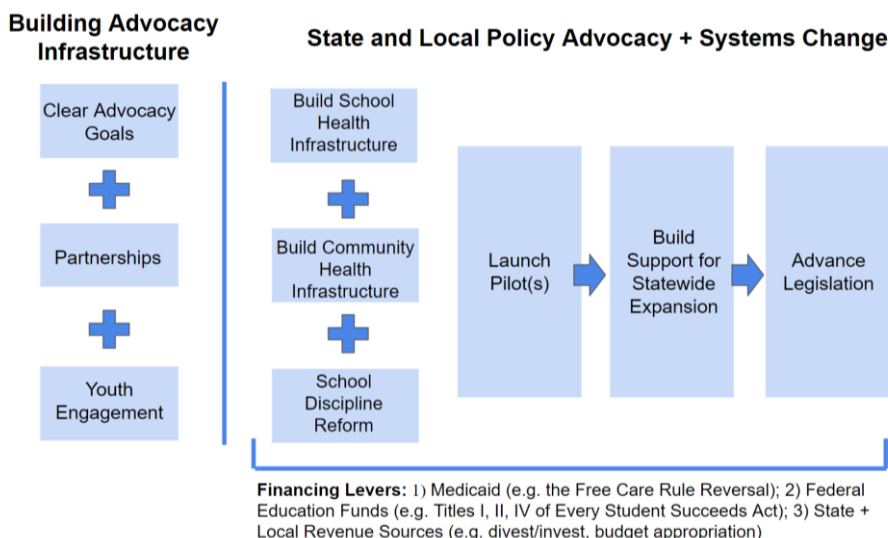


## Winning Statewide Expansion of Universal Substance Use Prevention in Schools: A Pathway and Successful State Strategies

The Massachusetts [Addiction Free Futures Project](#) (AFFP) [successfully expanded](#) youth substance use prevention services – Screening, Brief Intervention, and Referral to Treatment or [SBIRT](#) – to all public middle and high schools in the state – a first-in-the-nation achievement that offers a roadmap to states across the country. Since advocates convinced lawmakers to pass and fund this statewide expansion, schools have reached more than 375,000 students. The keys to success in Massachusetts included developing strategic partnerships; building on a smaller school-based pilot; leveraging state assets; providing answers to common concerns, including confidentiality; and nurturing legislative champions. Organizations and advocates in other states can use these strategies to expand youth substance use prevention services.

Community Catalyst and partner organizations in six states – Massachusetts, Ohio, Georgia, New Jersey, California, and Wisconsin – have been working together since 2013 to expand youth substance use prevention and early intervention services in schools, health care settings, and community-based organizations. This resource is designed to support organizations with varying levels of advocacy capacity and experience to achieve statewide expansion of school-based substance use prevention services by drawing on lessons learned from this work. Although Massachusetts is the only state that has achieved statewide expansion, other states have been successful in activating funding streams to launch pilots and putting in place important resources, including some of those that contributed to Massachusetts’ success.

### A Pathway to Statewide Expansion



**Step 1: Identify your goal(s).** Before starting any advocacy journey, it is important to have answers to the following questions:

- What are you trying to achieve?
- Why is it important?
- Who has the power to make it happen?
- How can you influence this person/people, and who can help you along the way?

Answering these questions will help: 1) target advocacy efforts; 2) pinpoint stakeholder groups to collaborate with; and 3) develop compelling messaging to convince people to join the effort or take action.

**Step 2: Build Partnerships.** In Massachusetts, the [Addiction Free Futures Project](#) engaged a broad network of partners to advocate for the expansion of school-based SBIRT. Many of these partners had prior advocacy experience and existing relationships with influential state officials and key decision makers. To build effective partnerships, start by identifying the different stakeholders impacted by youth substance misuse. Why would they support the advocacy goals? What might motivate them to get involved? Look for partners or organizations that bring diverse skill-sets and expertise, and look for ways to optimize each other's strengths.

The breadth of partnerships involved in advocacy efforts is critical when it comes to convincing lawmakers – or other decision makers – to act. Having school leaders and school nurses publicly supporting the advocacy goals shows that there is critical community buy-in. Parent and youth voices are also critical, and often help alleviate concerns around confidentiality. Here are some important lessons to keep in mind when identifying and building partnerships:

- **Direct Youth Engagement:** Start engaging young people early, often, and [meaningfully](#). Young people are important partners in designing policy solutions to the issues that affect their lives. [Citizen Action Wisconsin](#) led a campaign to replace punitive responses to student substance misuse with school-based SBIRT and to secure sustainable financing. Direct youth engagement elevated concerns about racial targeting, stigmatization, and mistrust. Because of punitive school discipline policies (see Step 6 for more), many Wisconsin young people – particularly youth of color – worried that the data collected through screening could be used to punish them. They said they would be more likely to trust the process if services were delivered by near-age young adults or included engagement with their peers. In other states, the input from young people reinforced the need for universal substance use prevention services to avoid stigmatization of those screened. Young people also identified barriers to care including the lack of school personnel trained in addressing substance use, and treatment referrals. For ideas on how to engage young people, see [this resource](#).
- **Partner with youth-serving organizations:** In addition to working directly with young people, [Georgians for a Healthy Future](#) and the [Georgia Council on Substance Abuse](#) have benefited from collaborating with youth-serving organizations, including the [Center for Pan Asian Community Services](#). If working directly with young people is not possible, collaborate with organizations that are youth-led or with youth-serving

organizations that collaborate with young people in meaningful ways. In Georgia, this approach informed policy goals and strategies to expand youth SBIRT and wrap-around services in schools and community-based clinics.

- **Think beyond substance use:** Young people who struggle with substance misuse have often experienced trauma, anxiety, depression, and other mental health challenges. Depression increases the risk for substance use, and substance use increases the risk for suicide – the second leading cause of death [among young people ages 10-34](#) in the United States. Mental health organizations and others working to prevent youth suicide are valuable partners in making this connection and improving the way schools and communities respond to youth substance use. In New Jersey, [Salvation and Social Justice](#) and [New Jersey Citizen Action](#) are broadening their stakeholder engagement to move forward comprehensive behavioral health screening in schools. This approach also helps to build support among state legislatures.

**Step 3: Support a pilot.** Not all states are the same, and neither are their schools. A pilot helps to demonstrate that school-based SBIRT will work in a specific state. Doing so builds support for statewide expansion. In Massachusetts, advocates built on the success of a school-based SBIRT pilot in seven school districts to make the case for statewide expansion. These pilots ran from 2013 to 2015, and reached 3,000 students. The [Addiction Free Futures Project](#) – led by the [Massachusetts Society for the Prevention of Cruelty to Children](#) – used data and case studies from the pilots to demonstrate how school-based implementation could work in Massachusetts. School nurses who participated in the pilot publically shared their support and helped to build confidence among other school nurses, as well as legislators. In New Jersey, advocates are helping school districts establish pilots, and plan to develop an implementation guide to support the expansion of SBIRT to additional schools. See Step 4 for ideas on financing a pilot.

**Step 4: Seek out financing sources – start-up and long-term.** School leaders and state education officials will always be concerned about how to fund substance use prevention. Identifying funding opportunities is critical, starting with these:

- **Medicaid:** [The Medicaid Free Care Rule Reversal](#) refers to a change made by the Centers for Medicare and Medicaid Services (CMS) that allows schools to bill Medicaid for health services delivered to all Medicaid-enrolled children. Since 2014, 10 states have made this change – by amending state Medicaid plans – in varying political environments. Many of these states anticipate significant increases in state revenue as schools receive payment for the services they often already provide. [Citizen Action Wisconsin](#) used [this policy memo](#) to make the case for this change.
- **Every Student Succeeds Act (ESSA):** Titles I, II, and IV of the federal education law allow states to use ESSA dollars for substance use prevention and early intervention services. To learn more about how to do this, see [Leveraging the Every Student Succeeds Act for Substance Use Prevention to Improve Young People’s Lives](#) and [Integrating Substance Use Prevention into the Every Student Succeeds Act: A Step-by-Step Guide for Advocates](#).

- **State and local budgets:**
  - *State behavioral health agencies.* In Massachusetts, the statewide SBIRT expansion required an initial appropriation of \$2.4 million over two years for training of school health providers. Now, the state allocates \$700,000 annually to maintain and support the initiative. This funding is routed through the Bureau of Substance Addiction Services in the Department of Public Health rather than being an independent line item. Structuring the funding this way makes it less susceptible to annual reductions or elimination.
  - *State and local education agencies.* Most schools conduct needs assessments to understand what services their students need to do well academically. If schools find that substance use [gets in the way of student achievement](#), they can include these services in school improvement or business plans. Doing so allows them to use state education dollars to support this work.
  - *Divest/Invest strategies.* As a way to address structural racism within the education system, many health advocates are joining calls to divest from police and invest in Black communities. This approach involves schools shifting funding away from school police and into behavioral health supports and other school resources. The Black Organizing Project successfully advocated for this shift in the [Oakland Unified School District](#), and [West Contra Costa Unified School District](#) did the same.
- **School-Based Health Centers (SBHCs).** SBHCs are often well equipped to provide substance use prevention and early intervention services to young people. Most SBHCs are part of larger health networks and have the health-billing infrastructure to support substance use prevention service delivery. SBHCs are also covered by [HIPPA](#), which can make protecting student confidentiality less complicated. Check out [this resource](#) from the School Based Health Alliance to learn more about youth SBIRT in SBHCs, and [click here](#) for more information on financing SBIRT in healthcare settings.

**Step 5: Build support and develop champions.** With state-specific examples and data, it is easier to convince lawmakers that youth SBIRT is effective because it is no longer hypothetical. To build support among state lawmakers in Massachusetts, the Addiction Free Futures Project increased awareness by distributing materials to all legislators and used social media, op-eds, and a live SBIRT demonstration during a legislative briefing. The Addiction Free Futures Project also cultivated legislative champions through one-to-one meetings. These lawmakers sponsored the legislation and convinced their colleagues to support it.

**Step 6: Address Barriers.** Barriers to success will look different in different states. Some of these barriers may require a shift in advocacy goals or prioritizing certain policy changes before others. In some cases, solutions to these barriers may already exist. Assessing state and

community assets will help determine if resources already exist to meet the needs of schools and families. Common barriers include:

- **Confidentiality and Privacy:** Concerns specific to confidentiality and privacy are very common. When building support with legislative officials, parents, students, and other stakeholders, be prepared to address this. This [resource](#) provides the Massachusetts legislative language addressing confidentiality. In Massachusetts, parents and students are notified ahead of time and can opt out of screening.
- **Shortage of Services:** Not all schools and not all communities have access to the same health services. In Massachusetts, for example, school nurses are responsible for delivering SBIRT services, and every school has a nurse. In other states, this isn't the case. Prior investments in school health infrastructure could make the expansion of school-based SBIRT more feasible.
- **Training Needs:** In 2006, Massachusetts established the Massachusetts Screening, Brief Intervention, and Referral to Treatment –Training and Technical Assistance Program (MASBIRT TTA) with federal funding. MASBIRT TTA is funded by the state Bureau of Substance Abuse Services (BSAS) and provided an important community resource for training school nurses. *Important note:* Schools can implement youth SBIRT without school nurses. In fact, any school personnel can [be trained](#) to deliver SBIRT services.
- **Referral Networks:** After four years of SBIRT implementation in Massachusetts, health advocates understand that the long-term success of school-based SBIRT relies on having an adequate infrastructure for support and referrals. State departments of health and education can support schools with this by mapping out the health care providers in their districts that offer youth treatment services and support.
- **[School discipline policy](#):** Many school policies on student substance use and possession focus on punishing students. Such policies disproportionately harm students of color, who are more likely to be disciplined than their white peers. These policies also prevent students from receiving the services they need – even when the services are available. Remember: for youth SBIRT (or any other prevention model) to be successful in schools, students need to be honest about their use of alcohol and drugs. Fear of punishment often prevents that from happening. As part of our ongoing advocacy project, Community Catalyst's state partners are beginning to integrate school discipline reform into their advocacy agenda. For example, the [California School Based Health Alliance](#) (CSHA) developed [a report](#) on the connection between school discipline reform and expansion of substance use prevention services. The report highlights many restorative approaches to student substance use, including a model pioneered by the San Fernando Valley Health School Health Center which offers screenings and interventions to students instead of suspensions. CSHA is building on this report by integrating issues of school discipline into their [Youth Health Worker](#) curriculum. In New Jersey, [Salvation and Social Justice](#) and [New Jersey Citizen Action](#) are engaging young people directly to learn more about

their experiences with discipline and to develop restorative justice practices that integrate substance use services.

- **Racism and discrimination:** The school-to-prison pipeline is [just one example of structural racism within schools](#). Many young people of color attend schools with [more police and security guards than mental health counselors](#). For substance use services like SBIRT to be effective in schools, young people need to feel safe in school environments and schools need to be adequately staffed with health workers. Think about the role of substance use prevention in building trauma-informed environments, and how schools can ensure young people of color are safe. Think through these same questions for LGBTQ+ youth who – partly due to discrimination and harassment within schools – are much more likely to use substances than their peers. Follow youth-led movements like the [Police Free Schools](#) campaign, and collaborate with organizations led by people of color and LGBTQ organizations to dismantle structural racism and other forms of oppression in schools. To avoid singling out or stigmatizing certain students, it is important to advocate for universal screening by grade level rather than targeted interventions.

**Step 7: Pursue legislation.** As you build support, look for windows of opportunity. For example, are there other pieces of legislation related to school-based health or addiction that are gaining momentum? Can the expansion of youth SBIRT be a provision in those bills? In Massachusetts, the Addiction Free Futures Project added the school-based SBIRT language into [a more comprehensive law](#) aimed at addressing drug overdoses. This strategy also helps to increase legislative support and pressure by broadening the number of community members and stakeholders who support the bill's passage.

For more resources on building support among key stakeholders, see [Expanding Substance Use Prevention and Early Intervention in Schools: A Toolkit](#)

**Step 8: Stay involved and troubleshoot implementation.** After passing the legislation that expanded youth SBIRT to all middle and high schools in Massachusetts, the Addiction Free Futures Project continued to work with state officials to monitor implementation. Doing so allows the project to offer solutions to challenges that arise. Since the law's passage, this has included changes to the interpretation of the confidentiality provisions, the need for more training and support in the delivery of brief interventions, building out stronger referral networks, and integrating suicide prevention and mental health into the delivery of SBIRT services. The Addiction Free Futures Project continues to advocate for the program to ensure legislators are aware of its success and that it continues to receive funding.

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