

Practices and Processes for Allocating School Mental Health and Substance Abuse Prevention Dollars

Samantha Bates, MSW, The Ohio State University

Dawn Anderson-Butcher, PhD, LISW, The Ohio State University

Rhonda Meyers, LISW, Fairfield County ADAMH Board Director



THE OHIO STATE UNIVERSITY
COLLEGE OF SOCIAL WORK

A little bit about you...

- ▶ What is your role?
- ▶ Where do you see yourself in the intersection of school mental health (SMH) and alcohol and other drug (AOD) prevention?



Prevention

Dropout Prevention Strategies

School Improvement

Safe Schools, Healthy Students

PBIS

Social and Emotional Learning

RtI

Truancy Intervention

Wraparound

Partnerships for Success

Parent/Family Initiatives

School-Based Mental Health Services

Wellness Policies

Integrated Systems of Support

Response to Intervention

Risk

Bullying Programs

Special Education

Violence Prevention

Functional Behavior Assessment

Delinquency

Substance Abuse

Referral and Linkage

School Climate

Safe and Drug-Free Schools

Addiction

Systems of Care

21st Century Community Learning Centers

Coordinated School Health Programs

After-School Programs

Existing State of School-Based Prevention

- ▶ Increased demand for prevention as evidenced by:
 - ▶ MH and substance misuse are increasingly prevalent among young people
 - ▶ Suicide is a real concern
 - ▶ MH issues are a leading impediment to academic success
 - ▶ Federal, district, and community support for school-based prevention programs
 - ▶ More funding mobilizing funds for community and school prevention (National Institute on Drug Abuse and SAMSHA)



Funding for School-Based Prevention

- ▶ Funders are federal, state, and local
- ▶ Office of National Drug Control Policy
 - ▶ Drug Free Communities Support Program Grants
- ▶ Department of Education
 - ▶ Safe and Drug-Free Schools and Community Grants
- ▶ Department of Health and Human Services
 - ▶ Block grants for Prevention and Treatment of Substance Abuse
 - ▶ Access to Recovery Grants
- ▶ Medicaid expansion
 - ▶ Children's Health Insurance Program (CHIP)
- ▶ *The largest providers of local-level substance abuse prevention services are **public schools**, law enforcement organizations, and community organizations



Challenges

- ▶ Mobilized funds for school prevention

- ▶ **BUT....**



- ▶ Local social service funders and community agencies often do not have capacity to conduct comprehensive needs assessments to determine where and how newly available prevention and early intervention dollars should be allocated
- ▶ Further, stakeholders in communities often struggle to understand terminology and differentiate early intervention/prevention from service delivery and treatment



Need for Guided Assessment Practices

- ▶ A growing body of evidence suggests that the selection of the appropriate multileveled interventions also is contingent on the community's stage of readiness and its competence to address presenting social concerns (Goodman et al., 1996)
- ▶ Studies show consequences if communities do not:
 - ▶ **Gather data**
 - ▶ **Mobilize**
 - ▶ **Build capacity for action**
 - ▶ **Implement**
 - ▶ **Refine**
 - ▶ **Reassess**



CASE EXAMPLE: FAIRFIELD COUNTY

- ▶ Gathering data while simultaneously influencing readiness:
 - ▶ “We want to be good stewards and use our funds in the most effective and efficient way possible to bring needed services and programs to our community”
 - ▶ -Rhonda Myers, Director of the ADAMH Board in Fairfield County



Why Fairfield?

- ▶ **Population: 151,408**

- ▶ 89% Caucasian
- ▶ 91% HS education;
- ▶ 26% Bachelor's degree or higher
- ▶ 12% of individuals living in poverty

- ▶ **NEED:**

- ▶ To build the capacity to implement a stronger, evidence-based prevention system in this county

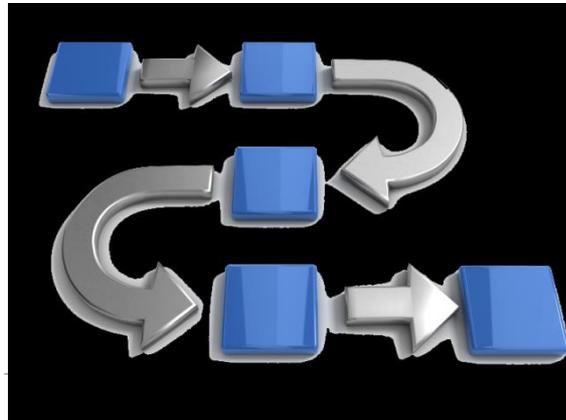
- ▶ **HOW?**

- ▶ Engaged in community-wide evaluation, conducted by university researchers and a local Alcohol, Drug, and Mental Health (ADAMH) Board, to help allocate funds for evidence-based prevention services



Process for Community-Wide Evaluation

- I. Internal Audit
- II. Examination of Secondary Data
- III. Interviews with Stakeholders
- IV. Consult with External Personnel
- V. Comprehensive Literature Review



I. Internal Audit

- ▶ Explored the current funding streams in order to better understanding of how prevention dollars for both substance use and mental health are coordinated across the system
 - ▶ **Practice:**
 - ▶ Directors and ADAMH Board shared current funding allocation documents and contracts with researchers
 - ▶ Discussed and clarified who is providing, specific services/program, their evaluation processes, and outcomes as a function of funding over time
-



II. Examination of Secondary Data

- ▶ Secondary data from various sources were examined to explore additional areas of need in the county.
- ▶ Practice:
 - ▶ Examined secondary data:
 - ▶ Youth Risk Behavior Survey;
 - ▶ Prior community needs assessments; and,
 - ▶ Community reports.
- ▶ **WHY?**
 - ▶ General findings from these secondary data sources were used to validate findings and contribute to informing need/gaps in service.



III. Interviews with Stakeholders

Interviewed stakeholders from funded agencies and partner organizations in the community :

- ▶ To assess county's current evidence-based strategies
- ▶ To identify community-wide strengths
- ▶ To identify community-wide weaknesses
- ▶ To explore county-wide service gaps



Interviews with Stakeholders



▶ **Practice:**

- ▶ AMADH Board shared contact information of 50 community stakeholders with researchers
- ▶ Researchers sent out email to detail study and request stakeholders schedule interview with third-party researchers
- ▶ Researchers scheduled time and date for phone interviews
- ▶ 45 min - 1 hour interviews
- ▶ 24 individuals interviewed (50% response rate; demographics reported later)



Interview Procedures

- ▶ Semi-structured interview guide
- ▶ Example questions included,
- ▶ “What do you perceive to be the greatest need or gap in programs or services for
 - ▶ ...children and adolescents?
 - ▶ ...parents and families?
 - ▶ ...for adults?
 - ▶ ...for the community?
- ▶ Community strengths and challenges were measured by asking different questions which included:
 - ▶ “What are the strengths/challenges of the service delivery system in this community, especially in relation to prevention and early intervention?”

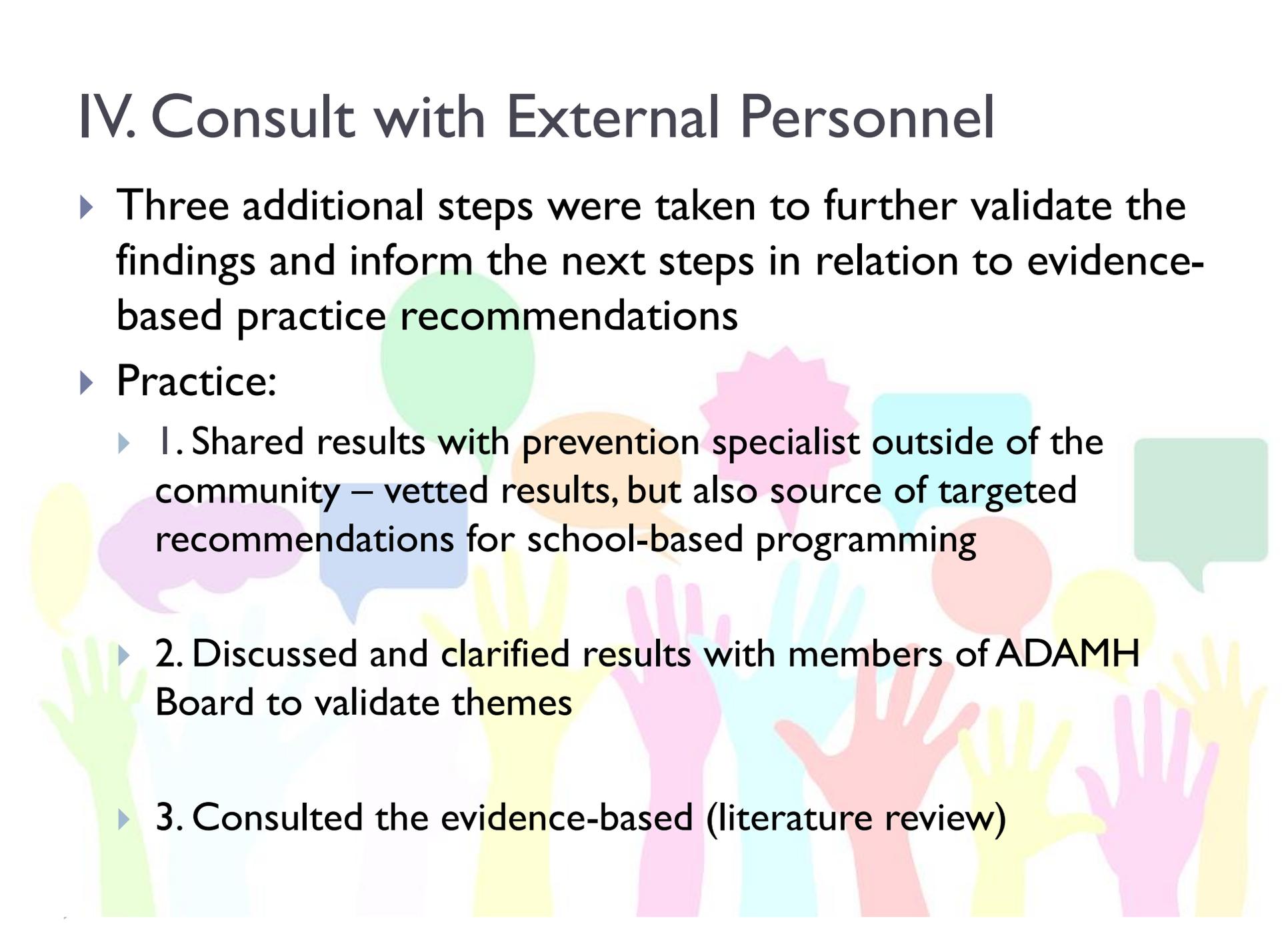


Analysis

- ▶ **Transcribed notes from interviews**
 - ▶ Throughout the process, themes and categories were reshaped, modified, omitted, and added to other themes until no further categories could be created.
- ▶ **Reviewed for themes**
- ▶ **Peer review**
 - ▶ Used to establishing consistency between thoughts and language
- ▶ **Comparison to secondary data sources**
 - ▶ YRBS, community level indicators, previous needs assessments



IV. Consult with External Personnel

- ▶ Three additional steps were taken to further validate the findings and inform the next steps in relation to evidence-based practice recommendations
 - ▶ Practice:
 - ▶ 1. Shared results with prevention specialist outside of the community – vetted results, but also source of targeted recommendations for school-based programming
 - ▶ 2. Discussed and clarified results with members of ADAMH Board to validate themes
 - ▶ 3. Consulted the evidence-based (literature review)
- 
- A decorative background featuring a variety of colorful hands (green, yellow, pink, blue, red) raised in the air, interspersed with colorful speech bubbles and abstract shapes in shades of green, purple, orange, and pink.

V. Comprehensive Literature Review

- ▶ Researchers engaged in a comprehensive literature review of various evidence-based prevention programs (EBP) available to support substance use and mental health-related prevention activities
- ▶ Practice:
 - Gathered information on school-based prevention programs and best-practices from sources such as:
 - Institute of Education Science's What Works Clearinghouse
 - SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)
 - Blueprints for Healthy Youth Development



What we learned...



RESULTS

▶ Internal Audit:

- ▶ Need to implement stronger criteria for evaluation among community agencies
 - ▶ **Recommendation:** Targeted requests for proposals (RFP's) in Fairfield County to allocate funds
- ▶ Large allocations of funds serving small number of youth and families – recommendation to redesign funds to reach more youth
 - ▶ **Recommendation:** Expansion of a school-based prevention program serving a greater number of youth would be a better allocation of funds to target prevention of substance use and abuse



Priority Needs: Children and Adolescents

- ▶ 59% - School-based mental health and substance use/abuse prevention programs that improve social and life skills
 - ▶ **Recommendation:** Suggested to have agencies partner with schools to deliver social and life skills programs – most of prevention dollars are used at the secondary level, and there is little prevention and early identification/referrals programming at elementary and middle



Priority Needs: Parents

- ▶ 30% - Parent support and education programs (i.e., parent-to-parent, parent skills training, etc.)
 - ▶ **Recommendation:** Consider allocating funds geared toward basic parent and family support groups that help with skill-building, education, and dealing with parenting stressors, and perhaps reduce allocations for specific parenting groups that serve small numbers of people fitting a specific criteria .
-



Literature Review

- ▶ Identified one largely funded school-based program in community was no longer evidence-based
- ▶ The review served as a “menu” and tool for future RFP’s
- ▶ Offered list of best-practices for mental health and substance abuse for specific populations to clarify language and terminology (see handout)



Resultant Changes in Fairfield County

- ▶ Funding was granted based on RPF's
 - ▶ Agencies identified evaluation procedures and identified evidence-based program to align with need
 - ▶ Enhanced the accountability system in FF County
- ▶ Children and Adolescents
 - ▶ Schools are no longer receiving non-evidence-based school prevention program – now using EBP *Signs of Suicide*
 - ▶ Agencies partnered to deliver: *Reconnecting Youth* in schools to address mental health and social skills; *Project Alert* for middle school drug prevention; *Too Good for Drugs* in high schools
- ▶ Parents/Families
 - ▶ *Incredible Years* implemented for youth and families to focus on building social and emotional skills
 - ▶ *1, 2, 3, 4 Parenting: Active Parenting Project* – enhance skills for new parents



Summary

- ▶ Findings from the assessment provided important insights in relation to ways to improve and enhance the prevention delivery system in Fairfield County.
- ▶ Themes from each population, as well as themes that emerged from the overarching community synthesis, together were synthesized.
- ▶ Recommendations were made in relation to each top priority need, and are provided to guide leaders at the Fairfield County ADAMH Board in their next steps.
- ▶ The process and practices outlined here assisted leader in the community in implementing to a stronger, evidence-based prevention system in Fairfield County schools.



For more information...



Samantha Bates, Doctoral Student, LMSW

bates.485@osu.edu

or

Dawn Anderson-Butcher, PhD, LISW

anderson-butcher.1@osu.edu

College of Social Work
The Ohio State University

