

Scaling Up School-Based Behavioral Health and Substance Use Prevention, Screening and Early Intervention



Agenda

- ① Current Trends in Youth Substance Use and Treatment
- ② The Mental Health Connection
- ③ Scaling Up School Based Supports
- ④ Partnering with Schools: Recommended Approaches





Substance Use Trends in School-Aged Youth

- **Marijuana**
 - the most heavily used illicit substance among school-aged youth, with 6.0% of youth (12–17) and 24.1% of young adults (18–25) reporting use in the past year.
- **Alcohol**
 - alarmingly, 1 in 7 underage drinkers began drinking before they turned 13 years old, which dramatically increases the risk of developing a Substance Use Disorder (SUD) later in life.
 - approximately 3.5% of youth (ages 12–17) and a staggering 26.7% of young adults (ages 18–25) engage in **binge drinking**.
- **Polysubstance Use:**
 - Over half (52%) of primary alcohol admissions also report a secondary drug problem (most frequently methamphetamine or marijuana), indicating that youth are rarely using just one substance in isolation.





Shifting Treatment Trends

- Marijuana/Cannabis remains a primary reason youth enter treatment
- Among youth aged 12–17, 7.8% meet the criteria for a substance use disorder (SUD), with 6.6% meeting the criteria for a drug use disorder. This leaps to 25.9% for young adults (18–25).
- 3.0% of youth (12–17) and 14.4% of young adults (18–25) suffer from an Alcohol Use Disorder.
- There has been a **massive county-wide surge in Alcohol related admissions - increasing 121%** from FY16/17 to FY23/24 across all demographics.



Substance Use and Mental Health: A Bi-Directional Relationship

- Mental health disorders (especially depression, anxiety, ADHD, conduct disorder, and trauma-related disorders) can increase the likelihood of initiating substance use.
- Substance use can worsen existing mental health symptoms.
- Shared risk factors contribute to both conditions.



Approximately 792,000 adolescents (3.2%) experienced both a major depressive episode and a substance use disorder during the past year.

Scaling Up School-Based Supports

Implementing strategies within school ecosystems is highly effective and economically sound*

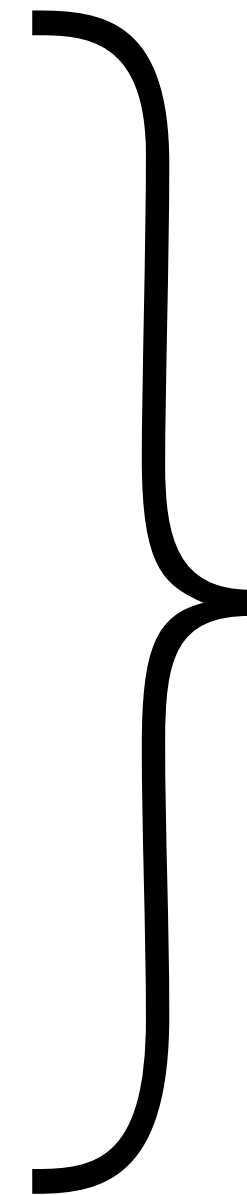
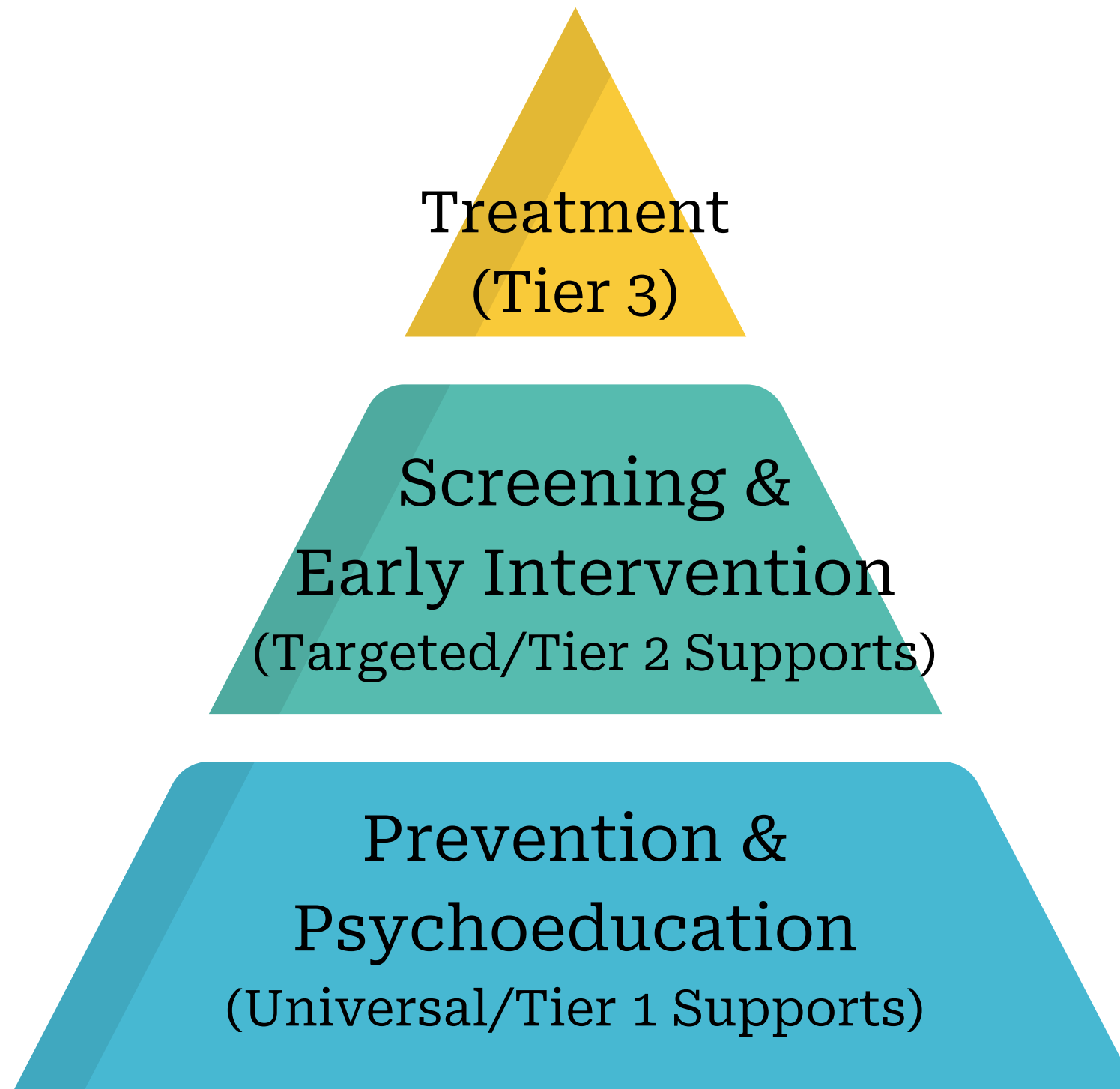
- School-based prevention programs return \$7.40 to \$36.00 in savings for every \$1 invested
- Early screening and brief interventions return up to \$5.60 in healthcare savings per \$1 invested

The CA Children & Youth Behavioral Health Initiative (CYBHI) has developed a framework to promote school-based behavioral health:

- prevention
- early intervention
- linkage to services



Partnering to Support a Tiered Approach



CYBHI School-linked
Fee Schedule Program
provides
reimbursements for
select services
provided by eligible
practioners





Substance Use Prevention Supports for All (Universal/Tier 1 Supports)

- **Evidence-Based School Curriculums***
 - Classroom-wide Substance Use Prevention Education focusing on the dangers of early-onset alcohol use and marijuana misuse.
- **Skills Training and Development** in classrooms and/or small group sessions focused on building*
 - resilience skills (such as emotional regulation, problem solving, communication skills and goal setting),
 - refusal skills and help-seeking behaviors
- **Community & Family Partnerships**
 - parent education and engagement*
 - community-wide awareness campaigns that address the normalization of underage drinking

*Indicates services that *may* be reimbursable through the CYBHI Fee Schedule Program





Screenings & Brief Interventions

(Early Intervention/Tier 2 Supports)

- **Supports for students showing early signs of academic, social-emotional or behavioral distress**
 - **Alcohol and substance use Screening***
 - Annual substance use screening using a standardized tool such as the CRAFFT or the Alcohol Screening and Brief Intervention for Youth
 - **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** to bridge screening and referrals to care
 - **Social emotional screenings and brief assessments*** using brief standardized tools
 - **On-campus counseling sessions*** for students identified as experimenting with substances but who do not yet meet the criteria for severe SUD.

*Indicates services that *may* be reimbursable through the CYBHI Fee Schedule Program

Support for Students Needing a Higher Level of Care (Tier 3 Supports)

- **School-based psychotherapy*** to support students with underlying mental health disorders
- **Case management and referral/linkage*** to community-based intensive outpatient or residential programs, and other needed services.
- **Care coordination*** between the student's family, the school, and community-based intensive outpatient or residential programs.
- **Promotion of direct avenues to treatment** such as the Substance Abuse Service Helpline (SASH) and the web-based Service & Bed Availability Tool (SBAT)



*Indicates services that *may* be reimbursable through the CYBHI Fee Schedule Program



Partnering with Schools: Recommended Approaches

Targeted Strategies to Strengthen On-Campus Partnerships



Leverage Data as a “Door Opener” for District Leadership

The Financial Benefit:

reframe prevention as a mechanism to protect school funding through improved student outcomes

Student Wellbeing Benefit:

- share local statistics to establish a sense of urgency regarding early intervention
- inquire about school/district data (such as the California Healthy Kids Survey)

The School Climate Frame:

share data that illustrates the connection between substance use prevention and

- reduced absenteeism, discipline referrals
- increase academic success



Avoid “Collaboration Fatigue” by Differentiating Roles and Clarifying Supports

Substance Abuse and Prevention Control Contract Types	Prevention Education Program (PEP)	Community Coalition Program (CCP)
Contract Focus	Focused on direct, curriculum-based educational services and youth development	Focused on broader macro-level, environmental strategies, and policy changes across communities.
School-based Supports	Offer turn-key, evidence-based youth education modules that slot seamlessly into physical education, health classes, or after-school settings	Offer to help districts write or update progressive substance use policies, manage town halls, or map out alcohol-free zones around school property.

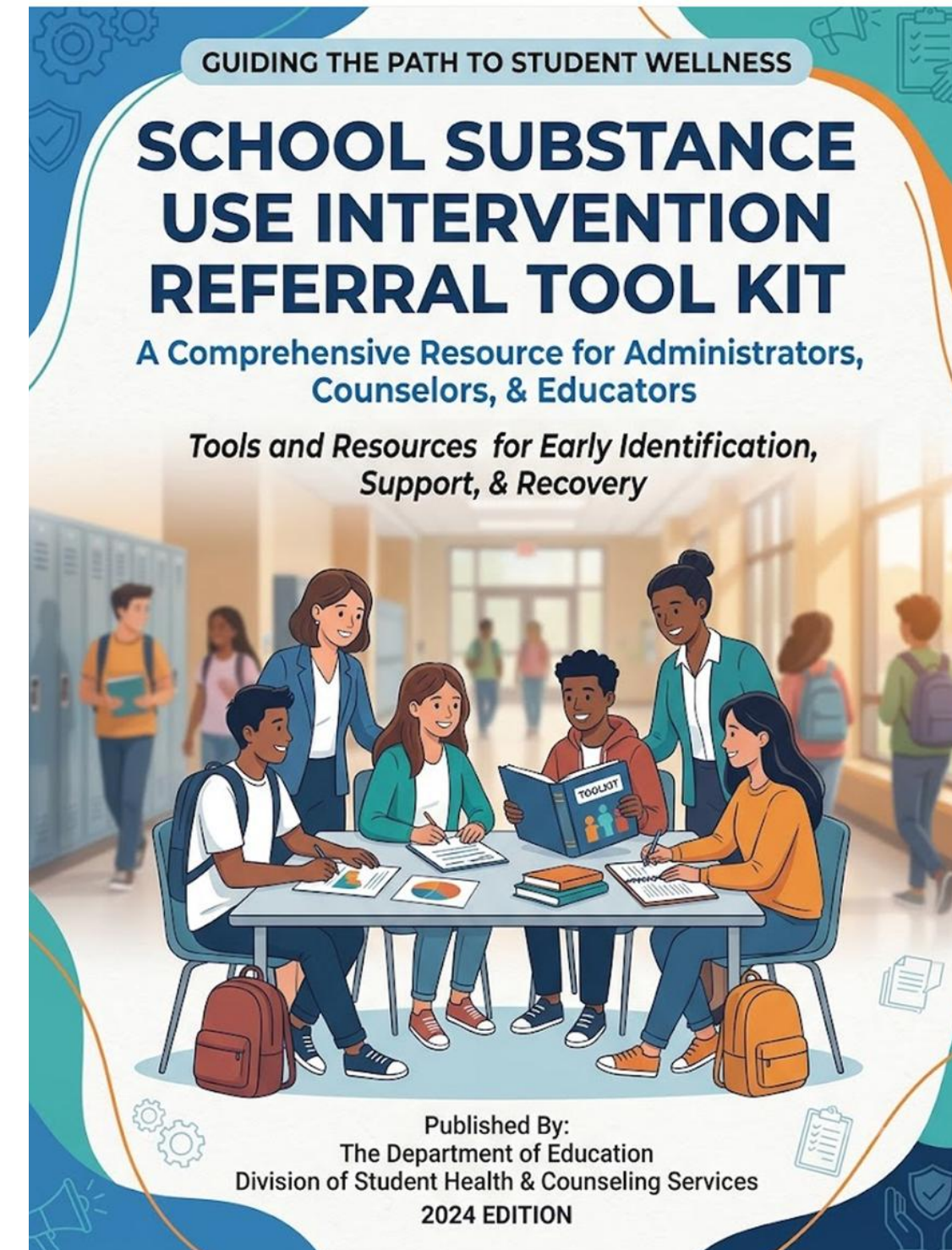




Create a Unified “Warm Handoff” Protocol

Schools are highly risk-averse and are more likely to let prevention providers on campus if those providers can also act as an immediate safety net for escalating student behavior.

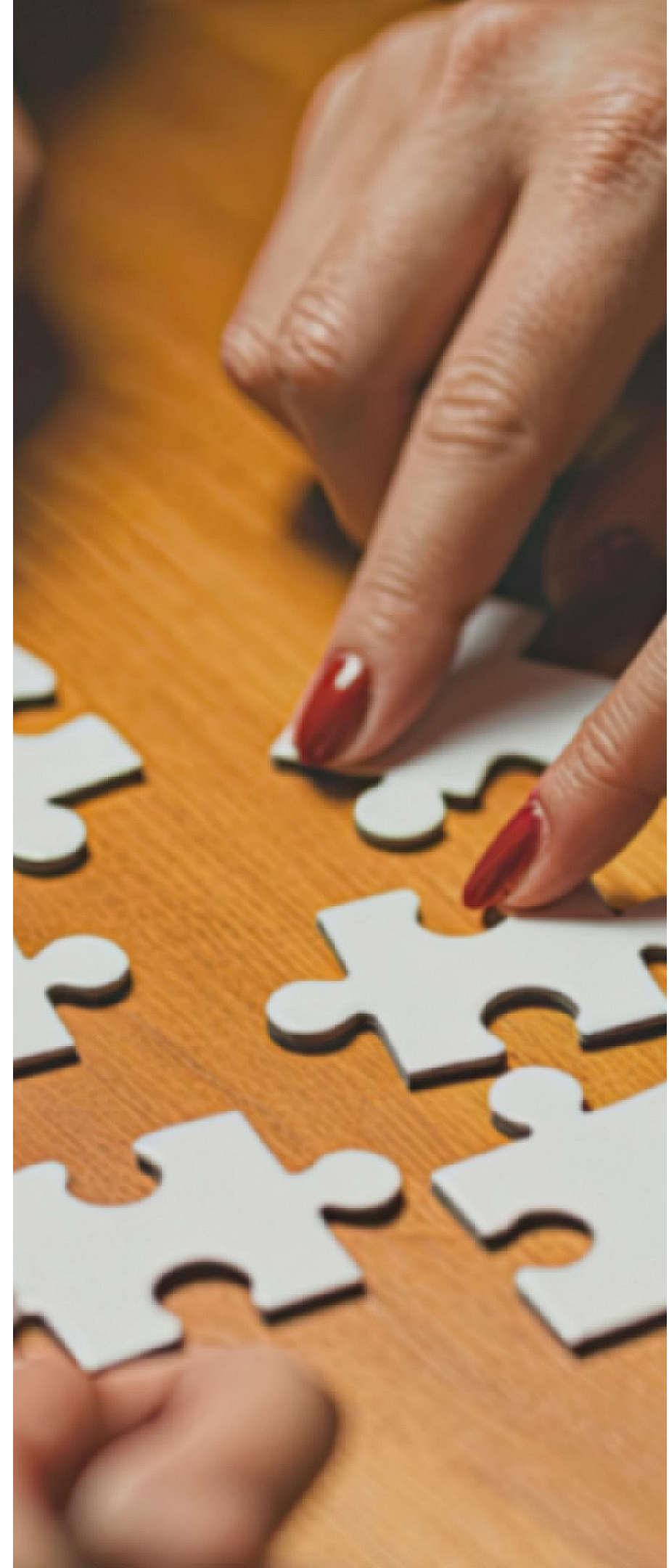
- SAPC should consider designing and distributing a standardized "**School Referral Toolkit**" for all prevention staff.
- PEP and CCP Providers should be formally **trained to facilitate an immediate bridge to care** via the Substance Abuse Service Helpline (SASH) or the Service & Bed Availability Tool (SBAT), giving school counselors peace of mind that partner organizations provide full continuum support.





Establish Cross-SPA Professional Learning Communities

- School districts and large providers frequently overlap multiple SPAs
- SAPC and LACOE could host roundtables connecting local prevention coordinators with District Foster Youth Liaisons, Homeless/McKinney-Vento Coordinators, and Mental Health Directors
- Shared Entry Points: SAPC could facilitate a warm handoff and MOU template sharing between districts and providers when successful partnerships are developed





Provide School-Centric Cultural and Operational Training

LACOE and SAPC can partner to offer capacity-building webinars for providers focusing on:

- **The Academic Calendar:** align provider work plans with the realities of the school year.
 - Outreach should occur heavily in April–June to lock down slots for the upcoming fall semester, rather than trying to pitch school sites in September when schedules are frozen.
- **Language Integration:** train providers to use educational frameworks when speaking with schools in lieu of clinical public health jargon. Examples include:
 - Multi-Tiered Systems of Support (MTSS)
 - Positive Behavioral Interventions and Supports (PBIS)
 - Social-Emotional Learning (SEL)





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