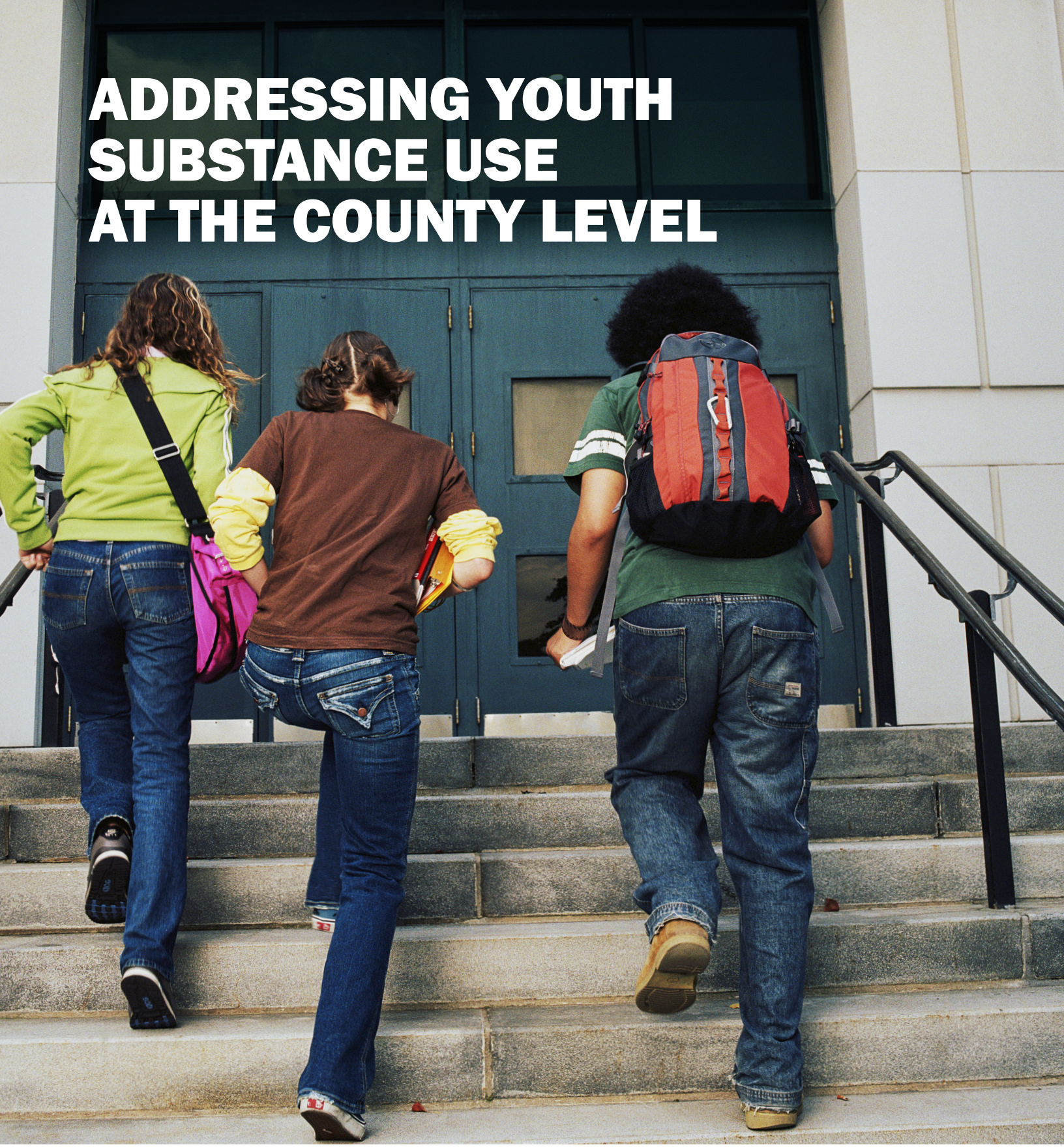
ADDRESSING YOUTH SUBSTANCE USE AT THE COUNTY LEVEL



CONRAD N. HILTON FOUNDATION

NATIONAL ASSOCIATION of COUNTIES NACo

About NACo

The National Association of Counties Research Foundation (NACoRF) is a subsidiary of the National Association of Counties (NACo) 501(c)(3), and the only national organization representing county governments. The National Association of Counties (NACo) and its Research Foundation (NACoRF) assist America's 3,069 counties, and more than 40,000 elected and appointed officials in pursuing excellence in public service to produce healthy, vibrant, safe and resilient counties.

NACoRF is committed to helping counties find innovative solutions to local challenges by leading in four major areas: best practice research, peer learning, education and training and convening government and private-sector leaders. By bringing county elected officials and leaders together, NACoRF promotes the exchange of ideas, builds leadership skills, pursues transformational county solutions and enriches the public's understanding of county government. Through meetings, webinars, workshops and peer exchanges, counties connect and engage with subject matter experts, technical assistance providers and other partners to address issues at the local level.

About Conrad H. Hilton Foundation

The Conrad N. Hilton Foundation was created in 1944 by international business pioneer Conrad N. Hilton, who founded Hilton Hotels and left his fortune to help individuals throughout the world living in poverty and experiencing disadvantage. The Foundation invests in 11 program areas, including providing access to safe water, supporting transition-age foster youth, ending chronic homelessness, hospitality workforce development, disaster relief and recovery, helping young children affected by HIV and AIDS and supporting the work of Catholic sisters. In addition, following selection by an independent international jury, the Foundation annually awards the $2 million Conrad N. Hilton Humanitarian Prize to a nonprofit organization doing extraordinary work to reduce human suffering. From its inception, the Foundation has awarded more than $1.8 billion in grants, distributing $112.5 million in the U.S. and around the world in 2018. The Foundation's current assets are approximately $2.8 billion. Following an organizational decision in May 2018, the Foundation will be slowly phasing out of four program areas, including Substance Use Prevention. For more information, please visit www.hiltonfoundation.org.

EXECUTIVE SUMMARY

Youth substance use is a challenge in communities across the United States. Persistent substance use among youth can lead to a string of long-term negative health, social and financial outcomes for individuals, families and communities. Although national data points to an overall decrease in alcohol, tobacco and drug use among high schoolers, approximately 30 percent of high school students are still currently using alcohol, 20 percent report binge drinking and 20 percent report marijuana use.[1] Nearly 12 percent of high school students report using illicit or injectable drugs (i.e. cocaine, inhalants, heroin, methamphetamines, hallucinogens or ecstasy) and of all the alcohol consumed in the U.S., 11 percent is by youth ages 12 to 20.[2] More recently, with electronic cigarettes and vaping entering the market, alternative tobacco products now threaten this age group. In the 2018 National Youth Tobacco Survey, adolescent vaping has nearly doubled from 2017 rates.[3]

While the overall decrease in substance use among youth indicates that young people are increasingly making positive choices, the remaining prevalence and complexity of substance use among youth requires robust prevention, intervention and treatment strategies. Consequently, public health systems, primary care providers, community and behavioral health services and addiction centers - many of which are operated or supported by county governments - must be prepared to respond.

Counties' Role in Health and Human Services

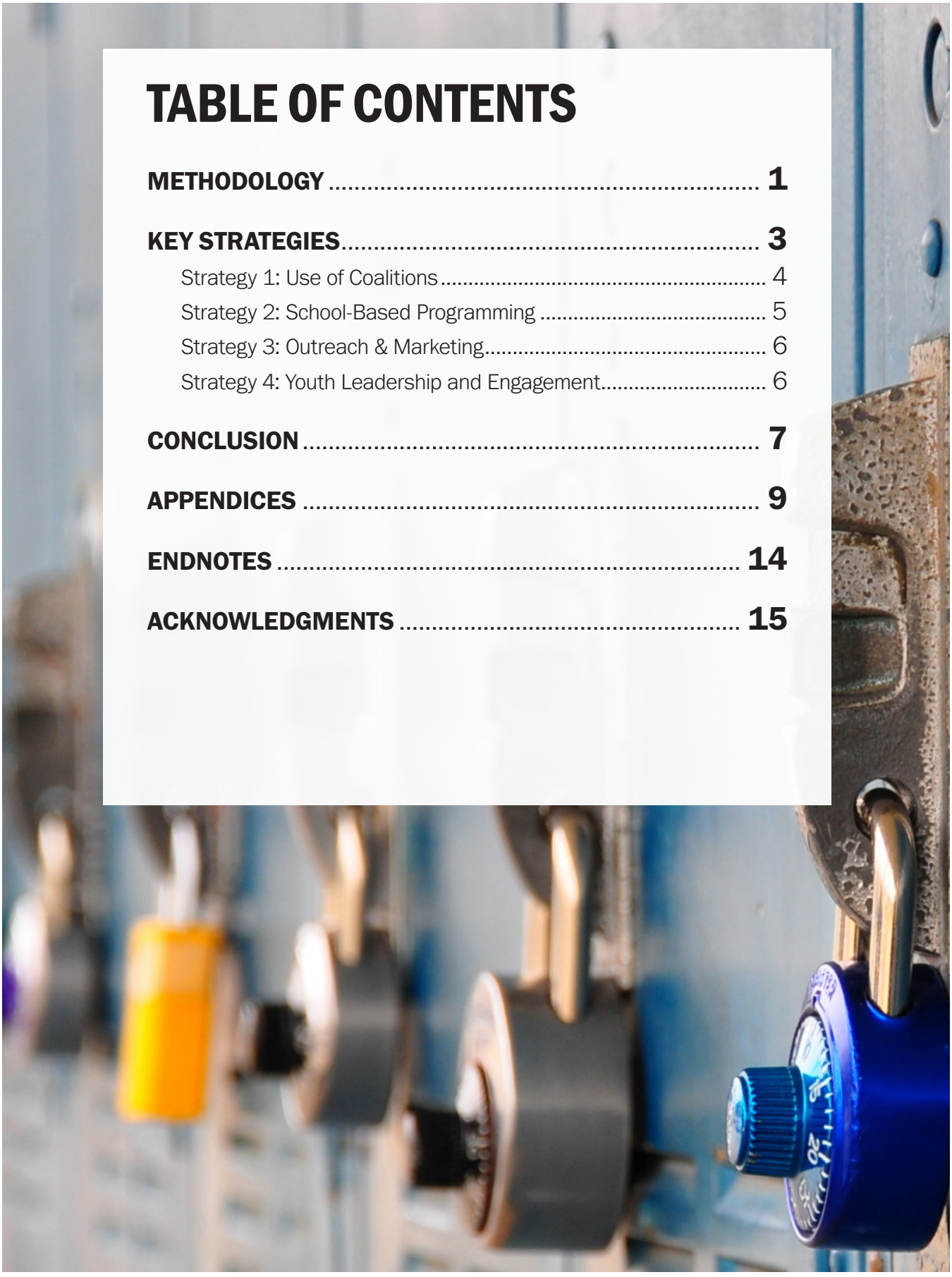
Counties are crucial in setting public health policies, administering prevention and awareness programs and engaging schools and families to drive positive health outcomes, wellness and public safety.

From early childhood development to education, homelessness and health, counties invest in services that help residents thrive. Counties spend more than $80 billion annually on community health systems while also serving as the front-line social safety net for disadvantaged individuals and families through local health departments, community health centers, county hospitals, long-term care facilities and behavioral health clinics.[4] By coordinating and partnering across agencies, counties develop innovative strategies, programs and policies to meet the unique needs of residents.

The Hilton Foundation, NACoRF and local elected officials worked to identify county levers for addressing and preventing youth substance use. This report outlines five key strategies that local leaders have deployed in supporting high-impact and high-engagement programs, with a focus on model practices for other county leaders to incorporate into their local youth substance use efforts.

Commissioner Natalie Hall highlights the youth leadership and engagement efforts underway in Fulton County, Ga. at the 2019 NACo Legislative Conference in Washington D.C.

TABLE OF CONTENTS



METHODOLOGY

NACoRF used multiple approaches to collect data on the needs, gaps and opportunities in addressing youth substance use at the county level. This included a series of roundtable discussions, an online questionnaire and telephone interviews with a sample set of member counties from rural, suburban and urban regions. The themes presented are a compilation of perspectives from a diverse set of counties.

INTERVIEWED AND SURVEY RESPONDENT COUNTIES

Interviewed

Allegheny County, Pa. | Broward County, Fla. | Brown County, Wis. | Cabell County, W. Va. | Campbell County, Wyo. | Clallam County, Wash. | DuPage County, Ill. | Hamilton County, Ohio | Harford County, Md. | Jackson County, W. Va. | Kitsap County, Wash. | Lake County, Ohio | Montgomery County, Ohio | Oakland County, Mich. | Rutland County, Vt. | Santa Fe County, N.M. | Tangipahoa Parish, La.

Survey Respondent

Alexander County, N.C. | Asotin County, Wash. | Bremer County, Iowa. | Charleston County, S.C. | Custer County, Mont. | Dallas County, Texas | Durham County, N.C. | Franklin County, Ohio | Hood River County, Ore. | Indiana County, Pa. | Jefferson Davis Parish |, La | Kitsap County, Wash. | Lehigh County, Pa. | Madison, Mo. | Manistee, Mich. | Mendocino County, Calif. | Riverside County, Calif. | Roane County, W.Va. | St. Lucie, Fla. | Stevens County, Wash. | Tangipahoa Parish, La. | Tarrant County, Texas | Thurston County, Wash. | Tompkins County, N.Y. | Washington County, N.Y. | Washington County, Pa. | Wilkin County, Minn.

The biggest barrier would be that people don't want to believe the statistics.

- Lake County, Ohio

Roundtable Series

The roundtable series provided an interactive opportunity for members to discuss priorities, challenges and areas for improvement and collaboration. These discussions created a venue for attendees to share best practices and exchange knowledge openly and transparently. While NACoRF provided discussion prompts, each roundtable was shaped by contributions from the attendees.

NACoRF held three roundtable discussions in conjunction with existing convenings.

CONVENING	DISCUSSION PROMPT	NUMBER OF ATTENDEES
2018 NACo Annual Meeting	How are counties using public-private partnerships to successfully meet treatment and services needs for a vulnerable population with complex health issues?	88
2019 NACo Legislative Conference	What are the perceived barriers in creating and sustaining multi-sectorial partnerships in programming?	69
2019 NACo Annual Meeting	What strategies are being employed to foster a multi-sector approach to youth substance use? How do counties effectively generate collaborative solutions and approaches?	81

Discussion notes were taken by NACoRF staff during all roundtable sessions. Comments were then coded and grouped into themes.

County Perspectives on Youth Substance Use Survey

NACoRF collected data as part of an electronic survey over a three-month period. The survey was distributed to the 250 NACo members that make up the Healthy Counties Advisory Board and Health Steering and Human Services Committees. Twenty-seven (11 percent) of these members responded, a rate on par with the average response rate of 10 to15 percent for similar external surveys.

Interviews

Eighteen counties, selected at random, were contacted for telephone interviews. On average, interviews took 60 minutes to complete. Representatives that participated in the surveys included directors of substance use prevention and treatment programs, tobacco prevention managers, health officers and administrators. Questions were presented in three categories: background, funding and achievements. One additional interview was conducted with a national serving community agency. A complete list of interviewees and interview questions can be found in Appendix A.

For purposes of this report, quotations are attributed to the responding county, not individual interviewees. Counties were permitted to invite whomever they designated as appropriate interview subjects.

KEY STRATEGIES

The following section describes critical trends and themes NACoRF discovered through collecting and analyzing qualitative data from the roundtable discussions and interviews. The data highlights how county-level departments and providers are addressing youth substance use through partnerships, resource sharing and developing a better understanding of how their target populations receive information.

Strategy 1: Use of Coalitions

At both the county and regional level, coalitions are essential to addressing youth substance use. Counties have expressed that siloed approaches are ineffective and ultimately lessen impact. In addition to addressing limited reach, leveraging coalitions can help local leaders consolidate resources and expertise, and distribute risk and responsibility across multiple organizations while increasing potential impact. By aligning with school boards, faith-based organizations, local and regional entities, philanthropic organizations and the criminal justice sector, counties can foster a deeper commitment and more effective community response to solving youth substance use issues.

The composition and development of coalitions is unique to each community. DuPage County, Ill. created a 23-member task force to address youth substance use. Members include the County Board chair, health department staff, coroner and regional office of education. For the last decade, a coalition in Jackson County, W.Va. has been working to solve youth substance use. When speaking of their success, Jackson County stated:

> *"We are a go-to coalition for a lot of people…as a team, we are really good at putting our ideas together and using other models and examples successfully. We want to see change happen, but we also understand that the change doesn't happen quickly."*

We are all in the room with each other at least once a week.

- Harford County, Md.

State-based networks can be helpful to local coalitions. Lake County, Ohio is a member of the Project DAWN (Deaths Avoided with Naloxone) network. The state-wide network is made up of various opioid education and naloxone distribution programs that provide training on recognizing overdoses, administering intranasal naloxone and calling emergency medical services when an overdose occurs.[5] Each program participant is also given a take-home naloxone kit.

Coalitions that incorporate both governmental and community/NGO partners are well-positioned to generate broader buy-in and stakeholder engagement. While seemingly promising, it is important to recognize the challenges that arise with these types of partnerships. As individual organizations change through staffing adjustments, shifts in strategic direction or funding cuts, coalitions must adapt to sustain their collective vision.

Commissioner Tom Bloom from Monongalia County, WV speaks to the county role in addressing youth substance use at the 2019 NACo Legislative Conference in Washington D.C.

Strategy 2: School-Based Programming

The average student in the U.S. spends over one-sixth of their waking hours at school and this does not account for after-school programming and extracurricular activities.[6] County governments are capitalizing on youth engagement and existing structure through school-based educational programming, screening efforts and youth-led initiatives.

The Health and Human Services Department in Brown County, Wis. partners with local public schools to provide vaping education to middle school students. This collaboration was created in response to the Youth Risk Behavior Survey, which showed a 124 percent increase in vapor nicotine use in school-aged students. Brown County reports that students are highly engaged and are already very familiar with the products discussed.

Youth-designed and youth-led initiatives encourage peer-to-peer exchange and accountability. Seven schools in Montgomery County, Ohio run youth-led prevention programs. As a part of these programs, students are taught prevention science and theory and are trained to serve as peer educators and advocates for substance use prevention. One strength of this approach is peer teaching, where students reinforce their own learning by teaching others. It has also been found that young people often feel more comfortable in peer-driven spaces, promoting transparency and potentially creating opportunities for informal screening.[7]

While a promising and effective partner, school systems are susceptible to the same challenges as local governments. Limited resources, low capacity and inadequate training of school staff have been cited as barriers in sustaining this type of programming. Appropriate training is necessary for staff to properly screen for substance use, detect other root causes such as mental health disorders, support the successful reintegration of students returning from substance use treatment and address stigma surrounding substance use.

Strategy 3: Outreach & Marketing

Counties have recognized the importance of incorporating effective outreach and marketing strategies in their prevention efforts and are becoming thought leaders in addressing the prevalent culture and stigma around substance use. From state-wide prevention campaigns to local art contests, counties are working to create an open and visible dialogue around substance use.

Harford County, Md. representatives stated, “We’ve invested a lot of time and resources in running billboards that share shocking information about drug use, including that kids as young as 11 are using drugs.” Other counties have taken their messaging to movie theaters and in- and after-school programs.

Strategy 4: Youth Leadership and Engagement

When framing the topic of youth substance use, youth themselves are often seen only as the target population for interventions.

County leaders are recognizing the importance of engaging youth in the development and implementation of youth-targeted intervention programs. Office of Youth Services in Clayton County, Ga. provides opportunities for youth commission members to identify priority areas for programming.[8] Young people are integrated into the development and implementation of these programs and projects, which drives youth engagement and creates stronger buy-in and responsiveness. Members of the Students Working Against Tobacco (SWAT) Initiative in Broward County, Fla. Have been asked to speak before county commissioners and have effectively advocated for policy change. The SWAT Initiative youth empowerment model teaches that young people are responsible for protecting their future and the future of their peers. The model discourages passive participation and encourages accountability and the importance of community and civic engagement.

An important benefit of integrating youth into substance use programming is the creation of opportunities for interventions beyond substance use. One roundtable attendee raised the failure of many youth substance use programs in addressing the root causes of substance youth and the lack of a whole-person approach. A key aspect of substance use prevention is understanding the upstream drivers impacting behavior. Housing instability, juvenile justice system involvement, un- and underemployment and the lack of educational and economic opportunity all contribute to the development of substance use issues. Adverse Childhood Experiences, or ACEs have been linked to risky health behaviors, mental health disorders, increased risk of developing a chronic illness and unintended pregnancy.[9]

CONCLUSION

Counties are employing a variety of methods to increase education, awareness, training, capacity and the resources shared across organizations and jurisdictions. Many counties have outlined a plan for screening, connecting to services and treatment. While most counties are aware of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool within their health systems, very few had formalized SBIRT's use.

The SBIRT model was created as a result of an Institute of Medicine recommendation for the use of community-based screening for health risk behaviors with a goal of reducing and preventing cases of alcohol and drug use and using health care as the primary entry point for screening, intervention and treatment.[10] In many of the counties surveyed, elements of the SBIRT model were present but were distributed across county systems. While the intervention and treatment components tend to reside within the health care system, counties are increasingly utilizing schools, community organizations and faith-based organizations as venues for screening. These entities are tasked with working with the health care system to connect youth to the appropriate services. Although the streamlined approach of the SBIRT system may be preferable for some counties, it may not be as efficacious in those where healthcare systems lack the infrastructure or human capacity needed to coordinate the full SBIRT process in-house.

While youth substance use continues to challenge counties, they are developing increasingly innovative solutions. The use of coalitions and partnerships allows for the diffusion of effort, sharing of ideas and pooling of funding and resources. Given the prominent role schools play in the lives of young people, they are positioned to screen for potential substance use issues. Additionally, schools provide a venue for peer-to-peer learning, training activities for youth and the surrounding community and afterschool substance diversion programming. Outreach and marketing serve as a valuable substance use prevention tool. Finally, engaging youth themselves as part of the solution and not just the target population allows practitioners to view young people as thought leaders and experts on their own lives and experiences.

Overall, the themes identified in this report outline the need for community engagement and partnership. Counties' efforts to bring diverse stakeholders together and break down silos is a valuable and necessary step. This foundation in partnerships and strong stakeholder engagement will ensure that counties are positioned to address the upstream drivers of youth substance use: from housing instability, food insecurity, childhood trauma and limited access to health care. Many counties are recognizing the interdependence of these issues and adopting strategies that emphasize concepts like the "social determinants of health" to inform and target interventions. Grappling with these root causes provides a robust framework for counties to not only address substance use, but develop practices more intentionally aimed at eliminating health disparities and improving overall health outcomes.

Can't shame someone into treatment. We need to talk about it and educate the community about the disease and that families don't have to hide it the better off the community will be.

- Oakland County, Mich.

APPENDIX & COUNTY PERSPECTIVES

Appendix A: Telephone Interview Script

Tell us a little about ***[insert program name here]***, your individual role there and how youth substance use became a priority for ***[insert county name here]***?

To set the stage, can you provide us with some information about the burden of this youth substance use in your county?

- Are there any age groups in particular who have higher rates of use than others?
- Are there any particular trends in demographic characteristics, be it socioeconomic, racial, or geographical, that you can observe?

Is the SBIRT method used in your program at all?

- If so, how well does it work?
- If not, Why and what other method do you use?

What type of screening does your program offer?

- Is it prevention level or intervention level?
- Is it at school or through the justice system?

Does your program provide direct intervention?

How are patients referred to treatment from that point?

What data sources does your program use?

- Have you used data from the PRIDE survey or the Youth Risk Behavior Surveillance System?

What would you say is the biggest barrier in your county for prevention, intervention and treatment for youth?

In your experience, what would you say are some lessons learned in implementing youth substance use programming?

Funding:

Can you talk about your program's funding sources?

You see these sources of funding as sustainable?

Achievements:

Have you seen active participation and engagement from the folks in your county?

What is the completion rate of the program?

Additional questions:

As a part of our work with the Hilton Foundation, we are also distributing a survey to counties to get a better sense of policies, practices, assets, needs and gaps in your respective communities. We will also be holding a focus group to have a more nuanced discussion around the issue of youth substance abuse. Would you be in participating in a follow up survey and/or attending the focus group?

Appendix B: Survey Questions

1. Does your agency use the Screening, Brief Intervention and Referral to Treatment (SBIRT) framework to identify, intervene and manage substance use-related concerns among youth (ages 12-25)?

2. Which county sectors screen for substance use disorders for youth (ages 12-25)? (Select all that apply).

3. Is it standard practice in your county to co-screen youth (ages 12-25) for both substance misuse and mental illness (i.e. depression, anxiety, etc.)?

4. What strategies/programs has your county directed toward youth (ages 12-25) struggling with substance misuse? (Select all that apply).

5. Where are youth (ages 12-25) provided services or referred to the most for treatment if they have been identified as having a substance use disorder? (Select all that apply).

6. How many treatment facilities for substance use disorders are in your county? Please tell us whether they are distributed or concentrated in the county.

7. What types of data do you use to inform response, recovery and treatment efforts in your county? (Select all that apply).

8. In your county, who is responsible for collecting overdose death data at the local level? (Select all that apply).

9. What types of programs or policies have been the most effective in educating, intervening and treating substance use disorders in your community?

10. What are your county's current priorities around substance use disorders?

COUNTY PERSPECTIVES ON YOUTH SUBSTANCE USE SURVEY

This survey sought to capture county-level responses to addressing youth substance use.

The 27 participating counties indicated that prevention, early intervention and treatment were key strategies to addressing youth substance use. However, when asked about county priorities, most were unsure or chose not to respond, pointing to a gap in knowledge about services, data sources and county policy agendas for youth substance use.

Methods

NACoRF developed a 13-question survey in collaboration with the Monitoring, Evaluation and Learning (MEL) Team at Abt Associations to collect data about county-level management, prevention, screening, response, recovery and treatment of youth substance use.

Over a three-month period, the online survey was available to the 250 members that make up NACoRF's Healthy Counties Advisory Board, NACo Health Steering and Human Services Committees. Twenty-seven (11 percent) of these members responded. On average, the questionnaire took 20 minutes to complete.

Minimal demographic data were collected, including county, state and agency name (questions 1-3). Youth were defined as ages 12-25, and for most questions, respondents had the option to select multiple answers.

Results

Respondents represented 27 counties in 17 states, and various agencies including county government offices, social and public health services, community mental health services, law enforcement, addiction treatment centers and non-profit organizations.

Of the sample, 56 percent did not use the Screening, Brief Intervention and Referral to Treatment (SBIRT) framework to identify, intervene and manage substance use-related concerns among youth. Respondents indicated that a mix of sectors screen for substance use disorders, with the justice system/law enforcement sector ranking the highest (59 percent), followed by healthcare/emergency rooms (44 percent). Only six (22 percent) of the counties were co-screening for substance misuse and mental illness. Most counties indicated using a combination of prevention (74 percent), education (78 percent) and intervention (63 percent) strategies/programs directed toward substance-using youth and 81 percent refer them to outpatient services for treatment. The number of treatment facilities in counties ranged from zero to 18, with 67 percent having between zero and five.

Overdose data from law enforcement/emergency departments informs most response, recovery and treatment efforts in counties. In 81 percent of the counties, the medical examiner/coroner is responsible for collecting overdose data.

Tables 1-10 illustrate the results from the survey. See Appendix B for the questionnaire.

In terms of substance use disorders there is not specific Socio-Economic background. It really impacts all races, cultures, ethnic backgrounds. Unfortunately, it is a diverse disease.

- Oakland County, Mich.

SUBSTANCE USE SURVEY RESULTS

Counties using SBIRT to Manage Substance Use Concerns

RESPONSE	N	%
Yes	8	30%
No	15	56%
Unsure	4	15%

County Sectors Screening for Substance Use Disorders

RESPONSE	N	%
Courts/Criminal Justice/Law Enforcement	16	59%
Healthcare/Emergency Rooms	12	44%
Child Welfare Organizations	8	30%
Community Health Clinics	10	37%
Schools	6	22%
Other	4	15%
None	1	4%

Counties Co-screening for Substance Misuse and Mental Illness

RESPONSE	N	%
Yes	6	22%
No	11	41%
Unsure	10	37%

County Strategies/Programs for Substance Use

RESPONSE	N	%
Prevention	20	74%
Education	21	78%
Intervention	17	63%
Other (Treatment)	6	22%
Unsure	1	4%

Treatment Providers for Youth with Substance Use Disorders

RESPONSE	N	%
Primary Care Practice/Community Health Center	7	26%
School-based Health Center	5	19%
Hospital	5	19%
Outpatient Services	22	81%
Residential/Inpatient Services	6	22%
Methadone/Opioid Treatment Program	0	0%
Faith-based Program	2	7%
Other	1	4%

Total Number of Treatment Facilities in the County (Distributed and Concentrated)

RESPONSE	N	%
0-5	18	67%
6-10	2	7%
11-15	3	11%
16+	1	4%
Unsure	1	4%
Concentrated	4	15%
Distributed	5	19%
N/A	16	59%

Data Source Used to Inform Response, Recovery and Treatment in the County

RESPONSE	N	%
Medicaid Data	7	26%
National Survey Data	13	48%
Overdose Data from Law Enforcement/ Emergency Departments	16	59%
Other	8	30%

Person Responsible for Collecting Overdose Death Data in the County

RESPONSE	N	%
Medical Examiner/Coroner	23	85%
Bureau of Vital Statistics	3	11%
Other	3	11%
Unsure	1	4%

If all you do is throw money into treatment, you'll never have enough money because you're not doing anything on the front end to help it.

- Jackson County, W.Va.

Most Effective Programs/Policies for Substance Use Education, Intervention and Treatment

RESPONSE	N	%
Alcohol and Drug Prevention Coalition	4	15%
Community Collaboratives (Schools/DARE)	10	37%
Medication Assisted Treatment and Recovery Coaches	2	7%
Medicaid Expansion	3	11%
Unsure	1	4%
No Response	7	26%

County Priorities around Substance Use Disorders

RESPONSE	N	%
Treatment Efforts	8	30%
Prevention Efforts	2	7%
Intervention Efforts	2	7%
Policy Changes	1	4%
Vulnerable Populations (Homeless/Justice-Involved Individuals)	1	4%
Prescription/Illicit Drugs	2	7%
Unsure	3	11%
No Response	8	30%

ENDNOTES

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