© Journal of Higher Education Outreach and Engagement, Volume 29, Number 1, p. 165, (2025)
 eISSN 2164-8212

Evolution of a University–School Partnership: Suicide and Substance Misuse Prevention

Madison E. Antunez, Monica Nandan, and Stephen Z. Emmons

Abstract

This article follows the early-stage planning, implementation, and evaluation of a university–school-based partnership (USBP) between a large Carnegie-designated doctoral research institution (R2) and local high schools in Georgia. The purpose of the partnership was to implement suicide and substance use prevention efforts over 3 years. USBPs are mutually beneficial to partners and provide opportunities for positive change within the larger community. Two evidence-based prevention programs were implemented: Sources of Strength (SOS) and Mindfulness-Based Stress Reduction (MBSR). The authors describe the development and evolution of the partnership as well as the prevention programs with underserved student populations, lessons learned over the 3 years, and early-stage positive implications for sustaining the project.

Keywords: university-school partnerships, prevention, youth, sources of strength, mindfulness

The establishment of university–school partnerships yields significant mutual benefits, enhancing both educational practices within schools and pedagogical approaches at universities. Such collaborations not only enrich the academic and social environments for school students by incorporating evidence-based interventions and innovative teaching methods, but also provide university faculty and students with valuable, real-world learning opportunities that inform research and teaching (Dani et al., 2020; Farah, 2019; Myende, 2019). For these partnerships to be beneficial, all parties need to have shared goals, mutual trust, good communication, and frequent evaluations to assess partnership effectiveness. In recent years, there has been a growing interest in establishing partnerships between educational institutions, driven by the recognition of mutually beneficial outcomes. These collaborations often enhance resource sharing, foster innovation, and improve educational offerings, ultimately benefiting both types of institutions involved (Bosma et al., 2010; Perkins, 2015; Record, 2012; Swick et al., 2021). This type of university–school-based partnership (USBP) enables the introduction of new opportunities in schools and universities that would otherwise not be possible, and they can create positive change within the larger community.

Specifically, in the field of substance misuse and suicide prevention, such partnerships could bring prevention programs to schools, funded and operated by the university and community members. Prevention programs are popular for preventing suicide, as well as illicit substance use and unprescribed medication use (ISUUMU) for school-aged students. Although there is limited research on the effectiveness of prevention programs among school-aged students, health and physical education curricula incorporate such content (Duncan et al., 2019; Wong, 2016). Establishing prevention programs using USBP allows each entity to plan, implement, and evaluate such programs.

Evidence-based prevention programs are designed to increase school students' knowledge about the adverse effects of ISUUMU and to build alternative recreational practices and stress reduction skills (Duncan et al., 2019; Lee & Henry, 2022). Additionally, these programs provide a safe

space for students to express themselves while learning about the norms of substance use. For instance, The Life Skills Training Program is a 3-year prevention program based on the social influence model utilizing normative education, resistance skills, peer leaders, advertising, and a public commitment to not engage in ISUUMU (Hart & Ksir, 2018). This evidence-based program demonstrates long-term positive results for preventing ISUUMU among students.

USBP exists for various purposes but often provides specific curricula and skills development among school-aged students. This project describes a partnership between a large Carnegie-designated doctoral research institution (R2) and local high schools focused on ISUUMU prevention efforts over 3 years. Some existing prevention strategies teach students how to resist consuming illicit substances and make healthy decisions, especially when experiencing life stressors (Feinberg et al., 2022). Peer-led prevention strategies have changed adolescents' behaviors toward ISUUMU and reduced the incidence of substance use among students (Akkuş et al., 2016; Demirezen et al., 2019; Trucco, 2020).

Context

In the past 20 years in the United States, illicit substance use and suicide rates have steadily increased. In 2020, 1.2 million people attempted suicide and 45,979 people died by suicide (Stone et al., 2023). In young adults aged 10–24 years, suicide is the third leading cause of death (CDC, 2022). Similarly, youth have experienced an increase in substance use and overdose deaths. Overdose rates in 2020 increased by 49% among people aged 15–24, and the Centers for Disease Control and Prevention (CDC) reported that 14.3% of high school students had misused prescription drugs (Jones et al., 2020).

At the county level (in a Southeastern state in the U.S.), a recent community health assessment report gathered data between 2016 and 2020 and found that suicide was the leading cause of death for young adults aged 15–19 in Cobb County (Cobb & Douglas Public Health, 2022). Additionally, in this same county, the emergency room visit rate for young adults ages 15–17 was 325 per 100,000 people, with a suicide death rate of 12 per 100,000 for this age group. Addressing substance and drug overdose rates for young adults ages 15–17, 475 per 100,000 were hospitalized for drug overdoses in one county. In the same county, 7% of middle and high school students reported having at least one drink of alcohol and 13.4% reported using any tobacco product within the last 30 days. In the same population, 3.5% of students reported misusing prescription drugs (e.g., painkillers, sedatives, stimulants) within the last 30 days.

Particularly since the COVID-19 pandemic, a national effort to support youth mental health has increased. Although research on the effectiveness of primary prevention programs remains limited, existing studies indicate encouraging outcomes among children and adolescents. These findings suggest that early intervention can mitigate risk factors and foster resilience in young populations (Compton et al., 2019; Milroy et al., 2015). Research also supports the the efficacy of university-school-based partnerships (Cress et al., 2020; Farah, 2019; Griffiths et al., 2022; Kang & Mayor, 2021; Myende, 2019; Provinzano et al., 2018; Thomas et al., 2021). Several prevention programs have been implemented by university partners in schools across the country to aid in substance misuse prevention, and common themes seen across successful partnerships include frequent communication and trust among members, collaborative goal setting, and evaluation of the partnership.

Case Study

The College of Health and Human Services, part of a Carnegie-classified research institution, secured funding from a state agency to collaborate with one local high school and an alternative high/middle school to implement prevention programs. The College-Adopt-A-School Program (CASP)—funded by the State Opioid Response initiative—is a partnership between this university and local high schools to implement prevention programs focused on ISUUMU. The partnership was built on trust among the principal investigators (PIs), two community-based consultants working closely with the schools even before the receipt of the grant, and the school administrators. The schools identified had a higher rate of students experiencing mental health challenges, vis-à-vis other schools in the county, and the administrators were receptive to USBP.

Evolution of Implementing CASP Over Three Years

The CASP is in its 3rd year of implementation, and the model is as follows: University

faculty serves as the PI and project manager; a total of 27 college students from different majors during the first 2 years, and later only from one graduate program (social work), were recruited and trained in prevention models; and two consultants, professionals adept in working with young people, were recruited to train college students in the prevention models and supervise their implementation concurrently in the two schools. Most college students in the program were female (20), and 12 were from African American or Latinx backgrounds. These demographics matched the demographics of the school students. During the summer, college students applied for the position, completed an interview with one of the PIs, and subsequently were trained in the Strategic Prevention Framework (SPF), Mindfulness-Based Stress Reduction (MBSR), and Sources of Strength (SOS) programs. They also completed the mandatory reporter training and were equally divided between the two schools (one regular high school and one alternative high school), under the supervision of the consultants (one consultant for each program), where they met on alternate weeks with school students to implement SPF.

During the first year, only SPF was implemented in the two schools. The main components of the SPF model included assessment, capacity, planning, implementation, and evaluation, with the two overarching principles of sustainability and cultural competence (SAMHSA, 2019). During the assessment stage of the SPF model, students described their challenges and coping strategies. Based on the yearlong planning stage of the SPF (2019–2020), school students, collaboratively with the consultants and the college students, identified two additional evidence-based prevention strategies for implementation in the following academic year. The evidence-based prevention strategy (SAMHSA) chosen at one school was Sources of Strength (SOS); Mindfulness-Based Stress Reduction (MBSR, designed at Johns Hopkins University) was chosen at the second school. The two consultants were trained in these models at the end of the first academic year.

In the second academic year, new college students were recruited, and all were trained in SPF; half were trained in SOS and placed in one high school; the other half were trained in MBSR and placed in the second school—an alternative high school. Due to the COVID-19 pandemic, halfway through the academic year all meetings with school students were switched to Zoom, where participation by these students suffered due to various reasons. During the 2nd year, one of the partnerships with the high school abruptly ended, and another school had to be immediately identified. Based on the relationship between one of the PIs and another high school, a partnership was developed during the summer after several meetings with the key administrators, and SOS was approved for implementation with a student population that was vulnerable to academic and emotional distress. During the 3rd year, both programs were implemented in an alternative school with new school and college students.

One of the main goals of the partnership and the prevention programs was for school-aged students to handle their stressors more constructively instead of turning to ISUUMU or having "run-ins with the law." The goal for the university students was to implement the prevention programs in the schools after building rapport and trusting relations with the school students, model positive coping behaviors, and mentor school students to use constructive stress management tools.

High School 1: Traditional High School

At this school, the SOS prevention program was introduced during the 2nd year of implementation, led by college students who played a key role in its execution. Built on the peer-leader model, Sources of Strength (SOS) is an evidence-based program for preventing suicides and ISUUMU among young people. Peer leaders among school students, more than adults, are effective in delivering content to youth, and under their leadership school students are more likely to apply and practice the principles of SOS (Akkuş et al., 2016). SOS uses a color wheel to assist students in identifying over eight different types of protective factors in their lives so that when they encounter challenges and stress, they can mobilize and invoke the appropriate protective factors (e.g., close friend, faith and prayers) to assist them in navigating the difficult situation.

Sources of Strength trainers first trained a small group of school students as peer leaders in the SOS model. These students were self-selected (87% female, 96% Black and African American, and 4% Latinx) since they were already engaged in planning

prevention strategies for another project. Subsequently, every other week college students met with a consultant to plan the meeting with peer leaders, and on alternate weeks they met with peer leaders to plan activities to implement SOS across the school. At the planning meetings, roles, goals for the session content, and details of the session were discussed. The biweekly meetings with peer leaders included check-ins and icebreaker activities, discussion on mental health, ISUUMU discussions led by the consultant, and, to conclude the meeting, planning outreach to engage other students in the school with the SOS strategies. During this check-in time, peer leaders offered to support those students who self-disclosed their challenges. After completing the check-in, peer leaders would break out into groups to work on outreach activities to spread the word about SOS to the rest of the student body. During this time, a consultant and college students assisted peer leaders with their outreach projects. These meetings normally lasted 1–1.5 hours. After the biweekly sessions concluded with the peer leaders, a consultant and the college students would debrief about the session and discuss what needed to be completed with the outreach projects by the next session.

During the COVID-19 pandemic, recruiting additional peer leaders and implementing impactful SOS strategies across the school became a major challenge. Additionally, by midyear, the school experienced administration changes that led to the loss of trusting relationships that had been established between a consultant and the leaders. Notwithstanding several meetings between a consultant, one PI, and the school administration to work through the SOS program requirements and maintenance of the partnership, the partnership could not be continued. Fortunately, the peer leaders who had been trained in SOS decided to continue implementing elements of the program, even though they were unable to get support from the college students and the consultants.

High School 2: Traditional High School

With the loss of partnership with the first school, a consultant and the PI had to identify other potential partners in their ecosystem. Since this PI had a strong relationship with another school system, they were invited to work with a select group of ninth graders (30% female, 75% Black or African American, 10% Latinx, 15% White), with a large segment that had English as second language (ESL). The school administrator leading the student success center was very receptive to implementing SOS with this group. These students received a short training on the SPF process and were explained the rationale for selecting the SOS program. The SOS program maintained the same format as in the first school—biweekly planning meetings with a consultant and the college students, and biweekly meetings with school students/peer leaders.

High School 3: Alternative School

At this school, the MBSR program was implemented in Year 2 of the grant. This program aims to improve students' mental, physical, and spiritual health by keeping them grounded in the present moment. This model was specifically chosen by the school students, college students, and the consultant because mindfulness meditation offers students who often have very high stress levels (all had parole officers; 20% female; 85% Black or African American; 15% Latinx) another option besides fight or flight during difficult situations. Mindfulness meditation helps calm the brain to allow for clearer thinking and more positive behavioral responses. Anecdotal evidence from adolescents suggests positive outcomes when implementing mindfulness practices (Eppler-Wolff et al., 2019). To effectively implement this evidence-based intervention, a consultant and college students met biweekly with the alternative school students, with meetings usually lasting 1–1.5 hours. After the meetings with school students, a consultant and the college students debriefed on what went well and what could be improved, as well as planned the next meeting with school students. These meetings normally lasted from 30 min to 1 hour.

The MBSR is a 15-week curriculum where students build mindfulness skills each week. Some mindfulness techniques taught across these 15 weeks include body-scan meditations, focusing on the breath, meditation with difficult emotions, building equanimity, mindful listening, and journaling. Each biweekly session began with a check-in to ask students about their current stress levels and if they have been practicing meditation or practicing journaling. Sometimes these activities occur at the beginning of the session to help students get centered before they enter a mindfulness session.

Data Collection

The state department that funded the project informed the university that no Institutional Review Board approval was required because the evaluation data collected was for state use only. The state department recruited an external evaluator to design the data collection tools that were administered in the schools as pre- and posttests for SPF, SOS, and MBSR, as well as questions for interviewing college students. The external evaluator reported all the findings to the grantor only. The evaluator also conducted focus groups with the school and college students to capture their experiences during the academic year.

Both college and school students trained in SPF received pre- and posttest assessment tools to measure their understanding of the SPF process. After completing this assessment following the first year, the project moved into implementing the two mentioned evidence-based prevention programs. At the beginning of each academic year, school students were administered a pretest for either the SOS or the MBSR program, depending on the school. At the end of the academic year, they completed a posttest on these interventions. Due to COVID-19 and implementation challenges (administration changes, school population turnover, etc.), some data collection was hampered. However, sufficient data were collected throughout the implementation of both evidence-based prevention programs.

Sources of Strength (SOS)

School students completed a peer leader pretest before being trained in the model. The peer leader pretest–posttest measures students' opinions about trusted adults in school, their access to mental health resources, and their knowledge of ISUUMU. It also inquires about the resources known to them, particularly related to suicide prevention, reporting suicidal ideation, and resources to prevent illicit substance use.

Mindfulness-Based Stress Reduction (MBSR)

At the beginning of the semester, each student completed a mindfulness pretest, and at the end of the calendar or academic year, they completed the posttest. Students were also invited to participate in an online focus group with the evaluator, to share their experiences in their program, as well as describe its impact in their lives. These results were shared with the grantor.

During the biweekly meetings with students involving the implementation of MBSR strategies, school students completed a regular check-in exercise, followed by a pretest for gauging their stress levels before completing the meditation curriculum and practice for the day. The stress test consisted of a 1–10 Likert scale, with 1 denoting little or no stress and 10 denoting extreme stress. The stress test was collected with pencil and paper and later entered into an Excel spreadsheet for evaluation. In the 3rd year of implementation, the stress test was collected online through a Google form that was exported into an Excel spreadsheet. Two or more college students cofacilitated each session with the school students by implementing the curriculum they had learned from a consultant.

After completing the meditation, students completed a posttest to gauge stress levels after engaging in mindfulness; on some occasions, based on the curriculum for the day, students would also have a journal prompt. Subsequently, college students would lead the school students in a focusing activity. These activities consisted of yoga, origami, painting, coloring, or having open discussions about what the students needed to talk about. Sometimes these activities occurred at the beginning of the session to help students to get centered before they entered the mindfulness session.

Student turnover was high at the alternative school due to students either returning to the main campus, relocating, graduating, or (rarely) getting into trouble with the law. Consequently, all students in the program completed the pretest, but only a handful completed the posttest.

Findings and Discussion

An external evaluator analyzed the data that was collected in all three schools before and after the training and interventions and reported the findings to the grantor. The evaluator also interviewed the college students to learn about their experiences and the impact the program had on them as adult mentors; these findings likewise were reported to the grantor. The primary data collected from school students for this study came from pretest–posttest results addressing semester or yearlong SOS and MBSR programs and couldn't be reported

in this article; therefore, this section summarizes some of the key elements noted in the biweekly meeting notes from each of the meetings over 3 years. One coauthor who read all the meeting notes identified two major themes: experiences of school students and lessons learned about the evolutionary nature of USBP.

School Students' Experiences

In the alternative school where MBSR was implemented, results from pre-post stress tests that were administered before and after each session demonstrated a reduction in student stress levels following each of the mindfulness activities. Furthermore, most students in the program continued to stay in school and didn't get into trouble with the law or their parole officer. If a student did get into trouble with the law, the juvenile justice judge released the student if they would continue attending the biweekly MBSR program. Additionally, during regular check-ins with the students, several shared how they used mindfulness strategies and journaling after school to handle stress in healthier ways and not turn to substances or violence. Consistency in the attendance and mentorship provided by college students was very impactful for several school students.

One major limitation in the data collection in this school was that a certain percentage of students were not consistent in their attendance due to the reasons mentioned earlier. The biweekly program often had some new students throughout the school year, but the results remained the same regardless of how long the school student had been attending the MBSR program—an overall trend of decreased stress levels after students received the mindfulness meditation session.

Many studies have similarly reported on the effectiveness of MBSR programming: It reduces depressive symptom levels (Zhang et al., 2019); helps with the treatment of anxiety symptoms in young people to promote emotional health (Zhou et al., 2020); and it can also improve physical health, mental health, and quality of life of adolescents (Lin et al., 2019). MBSR programs also encourage nonjudgmental awareness, improve cognitive performance, increase self-efficacy and individuation, and help individuals choose a healthy life, ultimately resulting in improved mental health outcomes (Sarvandani et al., 2021).

In the two high schools where the SOS program was implemented, school students regularly shared what resources they had individually used during stressful situations and challenges, and whom they felt comfortable talking to within their ecosystems. Student peer leaders developed strong leadership skills over the year, gaining confidence in recognizing when their peers were struggling, and sharing SOS resources to help them through the challenges. They gained skills to develop and design prevention strategies that were implemented throughout the school with the help of college students and consultants. Based on notes taken at each meeting, it was evident that college students were taking turns cofacilitating MBSR and SOS, as well as activities with school students surrounding these two programs. These notes also indicated that college students successfully built rapport with new students who joined the program in the academic year. The external evaluator continues to collect quantitative and qualitative data from school and college students for reporting to the grantor.

College Students' Experiences

College students significantly enhanced their ability to interact with school-aged populations, particularly regarding sensitive topics such as substance misuse and suicide prevention. Similar to Griffiths et al. (2022) research, many of these college students had prior experience working with youth, and this partnership allowed them to refine their communication and intervention strategies. Discussions were specifically tailored to address the needs of school students within the context of prevention, expanding the college students' understanding of engaging in meaningful, impactful dialogue.

Biweekly preparatory meetings were critical in building the students' confidence. These meetings focused on evidence-based models and techniques, providing a structured environment where the college students could practice group skills, team building, and trust-building exercises with their peers. Practicing in a controlled and supportive setting gave them the confidence to deliver these interventions effectively in schools. College students developed their ability to facilitate group activities by participating in these biweekly preparatory meetings. These sessions not only helped them plan for school interventions but also allowed them to pivot effectively based on the dynamic

needs or the "temperature" of the room. Through active participation, they learned to adjust their facilitation styles in real time to better meet the needs of the school students, enhancing their adaptability.

Social work students, in particular, noted that they had minimal exposure to prevention techniques during their formal coursework. However, by practicing these interventions over the course of a year, they felt increasingly confident in applying these strategies during their internships and anticipate incorporating them into their future work settings. Furthermore, using the SOS and MBSR curricula had a broader influence on the students. Several college students reported incorporating mindfulness into their daily routines and felt more equipped to handle stressful situations. This result highlights the value of experiential learning in helping students apply prevention techniques not only in professional settings but also in their personal lives, mirroring the findings of the research by Groulx et al. (2021).

For the college students involved, the partnership with school staff not only enhanced their practical skills but also deepened their understanding of the complex factors influencing youth behavior. Through their interactions, they recognized how school policies, family dynamics, peer relationships, and access to community resources significantly impact the success of prevention programs. This nuanced understanding helped foster greater empathy for the students they were working with, making their interventions more responsive to the actual needs of the youth.

Lastly, these experiences instilled a heightened sense of responsibility in college students. As they navigated these multifaceted challenges, they were better prepared to assume leadership and advocacy roles in their future careers. By developing a more holistic perspective on behavioral health prevention, the college students gained valuable insights that extended beyond the immediate context of their work, equipping them with more effective and community-oriented skills.

Evolutionary Nature of USBP

At the beginning of the partnership, several steps were taken to conduct an early-stage assessment of the school students' current coping strategies for stressful events. Based on this assessment, consultants, college students, and high school students identified potential evidence-based programs to implement in the schools. Involving school students in the selection and implementation process was important to ensure that they would engage with the program in the future. MBSR and SOS were finally selected for implementation in the schools. Literature also supports the inclusion of school students in the implementation of prevention programs (Akkuş et al., 2016). At the end of the first year's implementation of the two programs, evaluation was completed in one school but could not be completed in the second school due to changing administration. Notwithstanding a close relationship with the school, the program could not be continued. The new administration wanted to implement SOS as a top-down model instead of the "student-led" initiative that it was. In an effort to preserve the fidelity of SOS, the PI and a consultant decided to move the program to another high-need school. Other school–university partnerships have had to pivot to accommodate changes in administration (Eppler-Wolff et al., 2019; Swick et al., 2021) as well as modify the relationship due to the COVID-19 pandemic (Peña et al., 2022).

In the 2nd year of the partnership, assessments of students' coping strategies indicated that these programs needed to be modified to fit appropriately within the school's context, student culture and need, the COVID-19 pandemic, and to also support the transient nature of some of the program participants. Similar program modifications have been made in other school–university partnerships (Eppler-Wolff et al., 2019). Certain methods of implementation (e.g., providing printed copies of mindfulness curriculum; using paper/pencil to collect daily stress data) had to be discontinued due to students' cultural needs specifically with the alternative school population. By increasing the cultural responsiveness of implementers of the program, prevention programs can better meet the needs of, and increase support for, a diverse body of students (Adams, 2021; Groulx et al., 2021; Kang & Mayor, 2021). Findings from the project and literature support the inclusion of school students in the planning and implementation of prevention programs (Akkuş et al., 2016). School students in fact were included in implementing SOS, but not MBSR.

Recently, with the implementation of some state policies, prevention programs have

become more integral to the school curriculum. Consequently, SOS and MBSR programs are receiving greater administrative support, contributing to the sustainability of the project. The long-term impact of this project could be assessed with the State's Student Health Survey data that is collected yearly within all middle and high schools. The survey is anonymous and includes topics such as school climate and safety, peer and adult social support, mental health, substance abuse, and suicidal ideation. Finally, this project continues to provide college students with opportunities to work with school students and build their own interpersonal and group facilitation skills while creating a meaningful impact in the community.

Conclusion

Implementing a USBP does not follow a linear or predictable path, even when partners maintain strong working relationships. Consistent communication between college students, consultants, and school partners was critical for success. Regular engagement enabled sustained momentum and reinforced the partnerships, despite the unpredictable nature of school environments and student attendance. This variability necessitated that program facilitators stay flexible and adaptable in their approach to delivering prevention programs. Given the unique challenges faced by students in alternative schools, it is essential to intensify efforts in delivering prevention programs specifically tailored to their needs. A focused approach ensured that these students received the necessary support and interventions for their well-being. College students involved in the program enhanced their ability to address sensitive topics like substance misuse and suicide prevention, adapting to varying conditions in school environments. Additionally, they strengthened their group facilitation and leadership skills, as well as their capacity to collaborate effectively with diverse school staff, further deepening their empathy and understanding of youth.

In conclusion, the unpredictable nature of school environments suggests that a modular design for curriculum delivery—utilizing various time frames and formats, such as hybrid or online learning—could enhance reach and impact. To ensure the sustainability of prevention programs and support their expansion, a structured approach to data collection and impact assessment can be helpful. This approach should include both qualitative and quantitative data from school students and college facilitators to effectively monitor progress, identify challenges, and evaluate outcomes. Sharing feedback with key school administrators is important to demonstrate the impact as well as share implementation challenges, if any. In each subsequent year, designing strategies to address implementation problems will allow for real-time refinement of program elements. By prioritizing these strategies, partnerships can evolve to address emerging hurdles and foster lasting improvements in the well-being of students, particularly in underserved or high-need contexts. The authors would like to express their gratitude to the state organization for its continued funding of this project, despite challenges related to USBP and efforts to prevent ISUUMU.

About the Authors

Madison E. Antunez *is a licensed master social worker working as a primary therapist at Empowered Recovery Center. Her research interests focus on substance use prevention, therapeutic interventions, and social policy. She received her master's in social work from Kennesaw State University.*

Monica Nandan *serves as director of strategic partnership and social impact, as well as professor of social work at Kennesaw State University. Her research interests are in community engagement, social entrepreneurship, behavioral health, and interprofessional collaborative practice. She received her PhD in social work from Florida State University, Tallahassee, Florida.*

Stephen Z. Emmons *is a staff therapist at Goshen Therapeutic Services in northwest Georgia. His research interests include community behavioral health, innovative therapy modalities, and mindfulness-based interventions. He earned his master of social work degree from Kennesaw State University.*

References

Adams, B. L. (2021). Urban field experiences and preparing teacher candidates to understand diversity and social justice through university school community professional development partnership (USCPDP). *PDS Partners: Bridging Research to Practice, 16*(3), 26–35. https://nasup.org/wp-content/uploads/2021/09/pdsp-16-3-themed-issue-equity.pdf

Akkuş, D., Eker, F., Karaca, A., Kapisiz, Ö., & Açikgöz, F. (2016). High school youth peer education program an effective model to prevent substance abuse happen? *Journal of Psychiatric Nursing, 7*(1), 34–44. https://doi.org/10.5505/phd.2016.59489

Bosma, L. M., Sieving, R. E., Ericson, A., Russ, P., Cavender, L., & Bonine, M. (2010). Elements for successful collaboration between K-8 school, community agency, and university partners: The Lead Peace partnership. *The Journal of School Health, 80*(10), 501–507. https://doi.org/10.1111/j.1746-1561.2010.00534.x

Centers for Disease Control and Prevention (CDC). (2022). *Leading causes of death*. Web-based Injury Statistics Query and Reporting System (WISQARS). https://www.cdc.gov/injury/wisqars/

Cobb & Douglas Public Health. (2022). *2021–2022 community health assessment technical report*. https://cobbanddouglaspublichealth.com/wp-content/uploads/2023/02/CDPH_CHA-2021-22-Technical-Report_FINAL-020923.pdf

Compton, W. M., Jones, C. M., Baldwin, G. T., Harding, F. M., Blanco, C., & Wargo, E. M. (2019). Targeting youth to prevent later substance use disorder: An underutilized response to the US opioid crisis. *American Journal of Public Health, 109*, S185–S189. https://doi.org/10.2105/AJPH.2019.305020

Cress, A., Desmet, O. A., & Younker, B. (2020). Neighbors helping neighbors: A university and K-12 school partnership. *Gifted Child Today, 43*(1), 12–19. https://doi.org/10.1177/1076217519880580

Dani, D. E., Wu, M. L., Hartman, S. L., Kessler, G., Gibbs Grey, T. M., Liu, C., & Francis, J. B. (2020). Leveraging partnerships to support community-based learning in a college of education. In M. C. P. O. Okojie & T. C. Boulder (Eds.), *Handbook of research on adult learning in higher education* (pp. 58–89). IGI Global Scientific Publishing. https://doi.org/10.4018/978-1-7998-1306-4.ch003

Demirezen, D., Karaca, A., Konuk Sener, D., & Ankarali, H. (2019). Agents of change: The role of the peer education program in preventing adolescent substance abuse. *Journal of Child & Adolescent Substance Abuse, 28*(5), 376–387. https://doi.org/10.1080/1067828X.2020.1766618

Duncan, R. J., Rolan, E., Marceau, K., Lewis, K. M., Bavarian, N., DuBois, D. L., & Flay, B. (2019). Childhood protective factors and a prevention program reduce later problem behaviors. *Journal of Applied Developmental Psychology, 65*, Article 101063. https://doi.org/10.1016/j.appdev.2019.101063

Eppler-Wolff, N., Martin, A., & Homayoonfar, S. (2019). The School-Based Mental Health Collaboration (SBMHC): A multi-level university–school partnership. *Journal of Infant, Child, and Adolescent Psychotherapy, 18*(1), 13–28. https://doi.org/10.1080/15289168.2019.1573095

Farah, Y. N. (2019). Collaborative partnership: Opening doors between schools and universities. *Gifted Child Today, 42*(2), 74–80. https://doi.org/10.1177/1076217518822679

Feinberg, M. E., Fang, S., Fosco, G. M., Sloan, C. J., Mogle, J., & Spoth, R. L. (2022). Long-term effects of adolescent substance use prevention on participants, partners, and their children: Resiliency and outcomes 15 years later during the COVID-19 pandemic. *Prevention Science, 23*(7), 1264–1275. https://doi.org/10.1007/s11121-022-01384-2

Griffiths, A. J., Alsip, J., Kennedy, K., Diamond, E. L., Palma, C., Abdou, A. S., Wiegand, R., & Brady, J. (2022). Families and schools together: Designing a model for university–community partnerships to support home–school collaborations. *California School Psychologist, 26*(3), 422–434. https://doi.org/10.1007/s40688-021-00358-5

Groulx, M., Nowak, N., Levy, K., & Booth, A. (2021). Community needs and interests in university–community partnerships for sustainable development. *International Journal of Sustainability in Higher Education, 22*(2), 274–290. https://doi.org/10.1108/IJSHE-03-2020-0086

Hart, C., & Ksir, C. (2018). *Drugs, society and human behavior* (17th ed.). McGraw-Hill Education.

Jones, C. M., Clayton, H. B., Deputy, N. P., Roehler, D. R., Ko, J. Y., Esser, M. B., Brookmeyer, K. A., & Hertz, M. F. (2020). Prescription opioid misuse and use of alcohol and other substances among high school students — Youth risk behavior survey, United States, 2019. *MMWR Supplements, 69*(1), 38–46. https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a5-H.pdf

Kang, G., & Mayor, A. (2021). For and with the community: Forging a school–university–community partnership focused on civic engagement. *School–University Partnerships, 14*(4), 99–114. https://napds.org/wp-content/uploads/2021/10/Article-6-SUP-Kang-Mayor.pdf

Lee, H., & Henry, K. L. (2022). Adolescent substance use prevention: Long-term benefits of school engagement. *The Journal of School Health, 92*(4), 337–344. https://doi.org/10.1111/josh.13133

Lin, J., Chadi, N., & Shrier, L. (2019). Mindfulness-based interventions for adolescent health. *Current Opinion in Pediatrics, 31*(4), 469–475. https://doi.org/10.1097/MOP.0000000000000760

Milroy, J. J., Orsini, M. M., Wyrick, D. L., Fearnow-Kenney, M., Wagoner, K. G., & Caldwell, R. (2015). Implementing an alcohol and other drug use prevention program using university–high school partnerships: Challenges and lessons learned. *American Journal of Health Education, 46*(5), 310–313. https://doi.org/10.1080/19325037.2015.1055015

Myende, P. E. (2019). Creating functional and sustainable school–community partnerships: Lessons from three South African cases. *Educational Management Administration & Leadership, 47*(6), 1001–1019. https://doi.org/10.1177/1741143218781070

Peña, D., Hemans, P., & Susholtz, L. (2022). Teaching through a pandemic: Possibilities for student engagement created by university–school–community partnership. *PDS Partners: Bridging Research to Practice, 17*(2), 85–94. https://nasup.org/wp-content/uploads/2022/08/06-Teaching-Through-a-Pandemic-Pena-Revised-Possibilities-for-Student-Engagement-Created-by-University-School-Community-Partnership.pdf

Perkins, T. (2015). School–community partnerships, friend or foe? The doublespeak of community with educational partnerships. *Educational Studies, 51*(4), 317–336. https://doi.org/10.1080/00131946.2015.1052443

Provinzano, K. T., Riley, R., Levine, B., & Grant, A. (2018). Community schools and the role of university–school–community collaboration. *Metropolitan Universities, 29*(2). https://doi.org/10.18060/21762

Record, V. N. (2012). *The development and implementation of successful school–community partnerships in public elementary education* (Publication No. 1286753142) [Doctoral dissertation, University of La Verne]. ProQuest Dissertations & Theses. https://www.proquest.com/docview/1286753142

Sarvandani, M. N., Khezri Moghadam, N., Moghadam, H. K., Asadi, M., Rafaie, R., & Soleimani, M. (2021). The effectiveness of Mindfulness-Based Stress Reduction (MBSR) treatment on anxiety, depression and prevention of substance use relapse. *International Journal of Health Sciences, 7*(2), 12–16. https://doi.org/10.22100/ijhs.v7i2.848

Stone, D. M., Mack, K. A., & Qualters, J. (2023). Notes from the field: Recent changes in suicide rates, by race and ethnicity and age group — United States, 2021. *MMWR, 72*(6), 160–162. https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7206-H.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *A guide to SAMHSA's Strategic Prevention Framework*. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf

Swick, D. C., Powers, J. D., & Cherry, J. (2021). University–school partnerships: 10 lessons learned over the past 10 years. *Journal of Community Engagement and Scholarship, 14*(1). https://doi.org/10.54656/KOUX6964

Thomas, E., Walton, M., Baker-Olson, A., Blaber, I., Parker, R., & Becton, M. (2021). Collaborative agency in civic and community engagement: Narratives of college students working toward generative partnerships. *Journal of Adolescent Research, 36*(1), 3–33. https://doi.org/10.1177/0743558420955035

Trucco, E. M. (2020). A review of psychosocial factors linked to adolescent substance use. *Pharmacology Biochemistry and Behavior, 196*, Article 172969. https://doi.org/10.1016/j.pbb.2020.172969

Wong, J. (2016). Using elite athletes to promote drug abstinence: Evaluation of a single-session school-based drug use prevention program delivered by junior hockey players. *Journal of Child & Adolescent Substance Abuse, 25*(4), 370–383. https://doi.org/10.1080/1067828X.2015.1049393

Zhang, J., Ji, X., Meng, L., & Cai, Y. (2019). Effects of modified Mindfulness-Based Stress Reduction (MBSR) on the psychological health of adolescents with subthreshold depression: A randomized controlled trial. *Neuropsychiatric Disease and Treatment, 15*, 2695–2704. https://doi.org/10.2147/NDT.S216401

Zhou, X., Guo, J., Lu, G., Chen, C., Xie, Z., Liu, J., & Zhang, C. (2020). Effects of Mindfulness-Based Stress Reduction on anxiety symptoms in young people: A systematic review and meta-analysis. *Psychiatry Research, 289*, Article 113002. https://doi.org/10.1016/j.psychres.2020.113002