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A Behavioral Healthcare Approach to At-Risk Youth Substance Prevention Program Development

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MS and MS, Husson University, 2017

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Doctoral Study Submitted in Partial Fulfillment

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Doctor of Psychology in Behavioral Health Leadership

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Abstract

Providing quality services that meet the needs of clients is key to organizational sustainability for behavioral health organizations. Strategic development of substance prevention programs for at-risk youth will play an important role in capacity building. The focus of this qualitative study was to identify the need for developing a targeted and effective substance abuse prevention program to support at-risk youth who have trauma experiences before they begin misusing substances to cope with their challenges. The Baldrige excellence framework was used to guide this descriptive case study of a behavioral health organization in the Northeastern region of the United States. The data sources were an interview with the behavioral health agency's executive director, organizational websites, government websites, and data from a review of academic literature. Findings indicated a trauma-informed substance prevention program for at-risk youth would address the BHA's practice problem. Recommendations based on findings include development and implementation of program and doing so in phases over the span of 1 year. This study may contribute to positive social change through reduction in the alcohol and opioid epidemic, crime, homelessness, and recidivism. At-risk youth will develop positive social skills and resiliency, leading to increased positive outcomes.

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Dedication

This study is dedicated to all those who went through life with unresolved trauma leading to substance use, mental health issues, and/or health issues. May you always feel supported and loved, especially by those of us dedicated to finding solutions.

Acknowledgments

To my husband, Brian, who is my best friend and my loudest cheerleader. You give me so much unconditional love, encouragement, and support, I feel as though I can accomplish anything. This would not have been possible without you by my side. To my beautiful children and grandchildren, son Derek and wife Mackenzie, daughter Amanda and fiancé Ricky, son Zachary and Grace, my sweet grandboys Bransen and Brock (and grandbaby Emberly soon to arrive), thank you for your positive energy, unconditional love, and much needed distractions to balance my life. *You* are my entire world and the reason I try to be a better person every day!

To the Doc Team, I am grateful for you. Michele, Chinedu, and Tremaria, I thank you for picking me up when feeling tired and overloaded. The immeasurable support, humor, and collaboration made the process less daunting knowing I was not going through it alone. I am blessed to have gone through this journey with you. To my faculty advisors, Dr. Arcuri and Dr. Hendricks-Noble for being incredible doctoral chairs. Your encouragement, sense of humor, professional expertise, and genuine guidance throughout my journey is greatly appreciated. I am honored to have learned from individuals with who devote so much of themselves to their learners. I could not have chosen better. Finally, I acknowledge the support of my client organization leader who graciously collaborated, quickly responded to my requests, and was fully dedicated to the process of this study.

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Section 1a: The Behavioral Health Organization

Introduction

The behavioral health agency (BHA) that serves as the host site for this proposed study is a for-profit organization located in the Northeastern region of the United States. Through email correspondence with the executive director (ED) and review of the BHA website, background information was gathered for this study. The ED stated the organization first began serving clients in 2009 (personal communication, December 17, 2021). The BHA offers mental health counseling, a Driver Education and Evaluation Program (DEEP) for offenders arrested for driving under the influence of a substance, a trauma recovery treatment program, support case management, and therapeutic group therapy. The organization also provides services to community healthcare providers and support groups. The ED stated, "The team is unapologetically loud and an eccentric group of misfits who are extremely effective in treating mental illness, substance-use disorders, and other self-destructive illnesses people live with" (personal communication, December 17, 2020). The agency is a unique collection of eccentric and influential professionals who pride themselves on being authentic and genuine.

The BHA's website indicates the owner and co-owner are the ED and chief financial officer (CFO), respectively. The staff includes an office manager, a case management supervisor, 11 licensed clinicians, one licensed alcohol and drug counselor, four case managers, three office personnel, and three canines as support animals (see Figure 1). The clinical staff occupy the organization's available office space at full

capacity. There is a waitlist of approximately 200 potential clients who have been referred to the agency by other organizations.

The BHA is a for-profit organization and has benefits that non-profit agencies cannot have. One benefit, the ED explained, is having the ability to raise money from private investors. The for-profit structure allows individuals to have a stake in their financial success. The stakeholders in the BHA ensure that the BHA complies with complex state and federal regulatory requirements for maintaining ethical guidelines, compliance for documented services, properly stored documentation, and confidentiality of the clients served.

Practice Problem

This study focused on a northeastern United States BHA that provides services to clients who have co-occurring substance abuse and mental health issues, and how the agency leaders train and prepare staff to deliver substance abuse and mental health treatment for individuals who have experienced childhood trauma. According to the ED, behavioral health agencies are tasked with meeting the needs of a diverse population with adverse trauma-related outcomes, including mental health and substance-use issues, and do so without having effective substance prevention interventions. O'Connor et al. (2020) studied interventions to prevent illicit and non-medical drug use. The study found that school-based prevention programs, including some approaches that would work in health care settings, were effective in reducing illicit drug use. A study by Salas-Wright et al. (2019) revealed youth participation in school-based prevention programs have decreased by 16.5% in 2015–2016, which is a significant decline.

This study attempted to identify the need for developing a targeted and effective substance abuse prevention program to support at-risk youth who experience trauma before they begin misusing substances to cope with their challenges. Without existing research, more information is needed to identify which prevention strategies and approaches would best impact individuals seeking services. Research questions to address the need of the BHA practice problem directed data collection.

RQ1: How will a substance prevention program benefit the BHA and enhance the services provided?

RQ2: Why is prevention of substance use a strategy that could provide better support for at-risk youth?

RQ3: How does trauma during youth put them at-risk for substance-use issues?

The research advised the development of an effective substance prevention program for behavioral health professionals. This study also informed future research for substance prevention program development and increased public awareness for the need to prevent substance use in at-risk youth exposed to trauma.

Purpose

The purpose of this qualitative case study was to explore the need for behavioral health agencies to incorporate substance prevention into their services and understand the impact of substance-use prevention on at-risk youth with trauma exposure. This study's participants included one senior leader of the host BHA, the ED. The concept of a prevention program that evolved from this study has the potential to align with targeted organizational objectives for the population of the at-risk youth they serve. This goal

evolved by presenting the leader's experiences with the organization's current treatment programs, staff and clinical participation, and organizational operations. Interview responses were used to provide leaders with information about substance prevention program development to improve the therapeutic quality, deliver more support to individuals, and educate stakeholders about substance prevention for at-risk youth exposed to trauma. For the purpose of this study, stakeholders are individuals who offer input or have investment in the agency's program services, including executives, employees, clinical professionals, program participants, community collaborators, and participants' family and friends.

This research followed a qualitative case-study approach, with the purpose of understanding the BHA's policies and procedures conducive with identified areas of need. Recommendations that lead to substance prevention program development for at-risk youth may result in program growth and facilitation of greater access to prevention services for individuals exposed to childhood trauma.

The Baldridge excellence framework was used in this study to help assess and provide insight into the BHA's performance systems, including the organization's core values and concepts, processes, results, linkages, and improvements (National Institute of Standards & Technology [NIST], 2020). This study examined how well the BHA's substance abuse and mental health services performed for clients exposed to trauma. It identified ways the BHA could improve performance, stakeholder satisfaction, and community impact. A structured interview with the BHA's ED was conducted.

Significance

According to Scheier (2015), effective substance abuse prevention programs reduce risk factors and enhance protective factors through appropriate strategies. According to the ED, many agencies are tasked with meeting the needs of at-risk youth. By having substance abuse prevention programs in place to meet the needs of at-risk youth exposed to trauma, the agency could improve individual outcomes by preventing substance use, minimizing the need to treat individuals who began using substances to self-medicate (personal communication, December 17, 2020).

The ED identified the need for effective substance prevention services that provide strategies for positive mental health and substance-use reduction for children exposed to trauma and explained that he has implemented many established substance prevention strategies that were proven ineffective (personal communication, December 17, 2020). Scheier (2015) found ineffective drug abuse prevention programs were being used too often and suggested that more research focused on effective dissemination and implementation efforts was necessary to increase use of evidenced-based substance prevention programs.

Drug abuse is a societal issue associated with social, psychological, and economic dimensions (Scheier, 2015). Evidenced-based substance prevention has positive benefits for its participants and to society, as it prevents personal and social problems (Scheier, 2015). Implementation of a substance prevention program for at-risk youth exposed to trauma may create positive social change by improving lives of youth and alleviating negative societal outcomes.

Resilience, protective factors, and risk factors play a role in the development of children and youth, while intervention developers and researchers use findings to inform decisions concerning prevention interventions (Scheier, 2015). Garner et al. (2014) studied childhood maltreatment and related critical outcomes for adults and adolescents and recommended a need for a consistent and cohesive program that lends itself to research, evaluation, and measurement. Prevention researchers focused on timing interventions with life transitions, such as biological, normative, or traumatic events, to address these complexities with prevention that reduces drug-use initiation (Scheier, 2015). According to the ED, 99% of clients receiving substance use and mental health treatment reported having experienced multiple childhood trauma experiences (personal communication, February 2, 2021).

Beal et al. (2019) reported a relationship between childhood adversity and adult health and psychosocial outcomes. Childhood abuse, along with prescription opioid misuse and neglect in adulthood, are significant public health concerns in the United States (Austin & Shanahan, 2018). Scheidell et al. (2017) postulated that the relationship between adverse childhood traumatic experiences and drug use in adulthood is documented in the literature. Scheidell et al. reported that adverse childhood traumatic experiences play a role in the initiation of drug use and adversely affect neurodevelopment, including memory, cognition, and affect regulation. This relates to the BHA problem: the need to implement strategies to create substance abuse prevention programs to support at-risk youth who have been exposed to adverse traumatic experiences.

Knutsen et al. (2020) studied possible treatment outcomes for youth receiving trauma-focused cognitive behavioral therapy and found that girls and youth with high levels of posttraumatic stress syndrome may be at a high risk for being nonresponsive to therapy. Rogel et al. (2020) studied the impact of neurofeedback training on children with developmental trauma. This was the first study involving neurofeedback training to treat children with severe abuse, neglect, and criteria for posttraumatic stress disorder (PTSD; Rogel et al., 2020). The results showed a significant reduction in dysfunctional emotional and behavioral symptoms (Rogel et al., 2020). This research offered information to inform the BHA of the significant effect that trauma exposure has on children with development trauma.

This study was designed to have a positive influence on the individuals and communities the BHA serves. Data collected from participants may lead to the development of prevention programs specific to trauma-exposed at-risk youth. The results of this study may also provide other BHAs and professionals with insight for program development and a framework for further research.

Summary and Transition

In this section, the BHA that served as the host for this study, including the services they offered, the organizational structure, and the study's significance concerning the practice problem were described. The BHA serves adolescents and adults in the Northeast region of the United States. A variety of mental health, educational, and wellbeing services are offered including outpatient mental health and substance therapy, support case management, group therapy, DEEP services, and trauma recovery treatment.

However, the BHA does not currently have an effective substance abuse prevention program for at-risk youth exposed to traumatic experiences.

The BHA is tasked with meeting the needs of a diverse population who have unresolved childhood exposure to trauma, with outcomes of mental health and substance-use issues. The practice problem identified is a need for development of a substance prevention program for at-risk youth exposed to trauma.

Because the BHA sees clients with a prevalence of unresolved childhood trauma exposure, this is relevant to the practice problem, implementation of strategies to create substance abuse prevention programs to support at-risk youth who have been exposed to adverse traumatic experiences. Therefore, the purpose of this study was to explore and understand the need for the BHA to incorporate substance prevention into their services and understand the impact of substance-use prevention on at-risk youth with trauma exposure.

Using the Baldrige excellence framework (NIST, 2020) as a guide, Section 1b further discusses the organization by providing profile information related to the organizational key factors such as environment and processes. The organization's structure and background will be discussed to increase awareness of the need for trauma-informed substance-use prevention relative to the practice problem and need for this study.

Section 1b: Organizational Profile

Introduction

A comprehensive description of the client agency's profile provided insight into strategic planning, organizational environment, and organizational processes. A review was critical to understand the BHA's need for a preventative substance abuse program for children exposed to trauma. The purpose of this qualitative research study was to explore the BHA's need for substance abuse prevention for at-risk youth exposed to trauma.

The organization's profile, key factors, background, and context were examined as a starting point for assessment to identify key performance requirements, topics that may be conflicting or not available, and to set a context to address aspects of the agency (NIST, 2020). The study of an organization's operations and relationships was an essential beginning for enhancing performance excellence (NIST, 2020). The BHA has a history and reputation for providing authentic and genuine service to consumers. This study explored research questions to understand the BHA practice problem. Questions explored included how a substance prevention program may benefit the BHA and enhance the services provided, why prevention of substance use is a strategy that could provide better support for at-risk youth, and how trauma experienced during youth could put them at risk for substance-use issues

Organizational Profile and Key Factors

The host organization in this study is a for-profit, LLC mental health agency. It is owned and operated by the ED and CFO. According to the ED (personal communication, January 7, 2021), the for-profit status benefits this BHA in that there is lack of restraints

often associated with following rules and regulations for maintaining non-profit status. The benefits of being a non-profit agency include having identified leadership and a specific mission and vision (Name of state redacted.gov, n.d.). The BHA has a clear vision and values; however, it does not have a formal mission statement, nor does it have a board of directors. The ED explained the vision of the BHA is accomplished by following a motto hung in the entry way: “In this house we do second chances, we do grace, we do real, we do mistakes, we do I’m sorry, we do loud really well, we do hugs, we do family, we do love.” The ED explained the staff prides themselves on being genuine people offering the highest quality services to those motivated enough to seek help (personal communication, July 30, 2020).

The BHA follows confidentiality requirements for mental health services in accordance to state regulatory law (Name of state redacted.gov, n.d.). Applying confidentiality laws to protect consumer rights can be challenging for organizations to maintain the junction between consumer autonomy and system accountability. Release of information to the consumer, by consumer authorization, court order, and release to other providers and hospitals, can become very complicated. Organizations have a responsibility to have policies to ensure they follow state and federal regulations (Name of state redacted.gov, n.d.).

The regulatory confidentiality requirement is most important in understanding the client agency’s requirements for complying with state and federal laws. State and federal laws provide a clear perspective for what can be said while maintaining the confidentiality and protecting an agency’s clients. State and federal laws and regulations

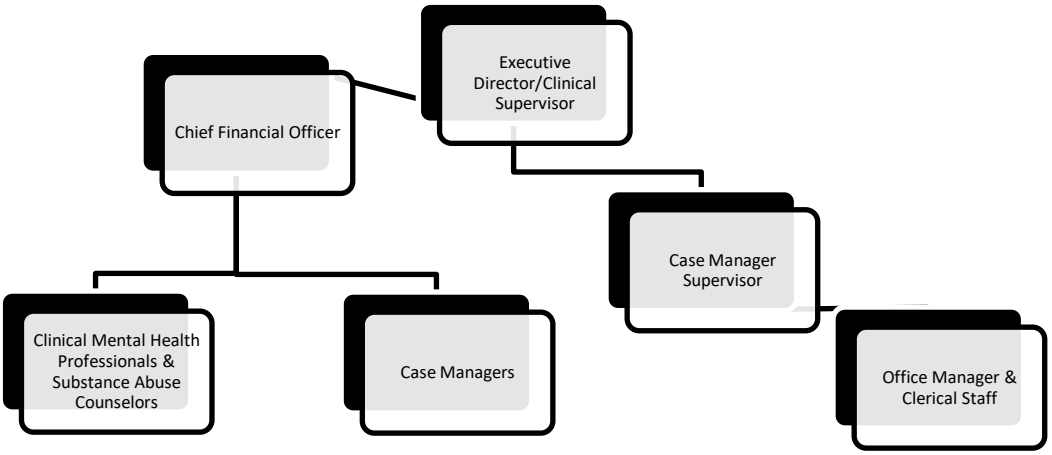
followed by the BHA provide an opportunity to verify compliance when collecting data for this research process. If state and federal laws conflict, the agency will follow federal requirements (Name of state redacted.gov, n.d.).

Organizational Structure

The BHA employs 23 full-time staff, including an executive team, supervisors, clinicians, substance abuse counselors, office staff, and case management staff. Long- and short-term goals are implemented through the agency's functioning structure (see Figure 1).

Figure 1

Agency Organization Chart



According to the ED (personal communication, January 7, 2021), the organizational structure is as follows:

- The ED/co-owner/clinical supervisor provides leadership and management guidance for the agency. Supervision is provided to all mental health

clinicians and substance abuse counselors who provide outpatient services to clients.

- The CFO/co-owner provides accounting services and oversees office personnel.
- The case management supervisor provides supervision to case management staff serving clients.
- Mental health clinicians provide mental health and trauma exposure services to clients.
- Substance abuse counselors provide substance-use related services to clients.
- Case managers provide case management services to clients.
- Office manager/clerical staff provide administrative support and front-line services to clients.

Organizational Background and Context

The study's client agency is a behavioral health center that provides services, including therapeutic group treatment to clients with mental health issues, substance abuse issues, or a history of trauma history. Convicted offenders operating under the influence receive court-appointed DEEP services. Other customers are clients who attend a local recovery network group. The staff provide volunteer services while leading group work and offer educational presentations to substance abuse recovery people.

Key terms and definitions for this study include the following:

- ACEs – adverse childhood experiences, which is trauma that occurs in individuals 18 years of age or younger (Beal et al., 2019).

- Prevention – an action taken to decrease the chance of getting the condition or disease (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).
- Resilience – the ability to overcome and bounce back from adversity. It involves internal strengths or psychological assets as well as higher adaptive functioning (Scheier, 2015).
- Substance use – the use of drugs or alcohol and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. A substance-use problem occurs when the use of substance causes harm to self or to others and disrupts daily functions (SAMHSA, 2014).
- Trauma – can be individual, within families, groups, communities, and specific cultures across generations. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).
- Trauma-informed care – a strength-based approach that is responsive to the impact of trauma. It emphasizes physical, emotional, and psychological safety for both professionals and survivors.

In addition to administrators, clinicians, case managers, and office staff, the BHA has stakeholders from the court system, insurance companies, and support groups. Knowledge of the BHA's intricacies, services, and stakeholders provided a clear

perspective of the agency's needs and what additional programs could allow the agency to offer improved services. Understanding the gaps in services brought awareness into the practice problem—the lack of substance abuse preventative treatment services for youth exposed to trauma.

The BHA collaborates with many other area agencies. According to the ED, behavior health agencies that treat mental health, trauma exposure, and substance abuse require multiple services in an interdisciplinary approach to treatment. Support groups offer additional resources to clients receiving therapy or case management. The ABC Recovery Network (pseudonym) partners with the BHA and offers a community recovery center that supports the needs of people affected by addiction. The BHA also collaborates with other mental health organizations, particularly those offering in-patient treatment, crisis intervention services, and medical management services.

The BHA administrators are responsible for maintaining and monitoring adherence of all regulatory and licensing standards. The ED oversees the clinical aspect of the agency, and the CFO oversees all financial aspects of the BHA. The agency is required to maintain regulatory standards overseen by the state's licensing boards for mental health clinicians, social workers, and alcohol and drug counselors. The organization also adheres to regulatory standards for Medicaid, Medicare, and private insurance.

The in-depth study of the client agency and its partners helped to understand its vision. According to the ED, the partners offer a wide range of resources to this client agency. BHA works with other area professionals in an interdisciplinary approach.

Collecting this information provides an understanding of any gaps in the client-agency partnership. The BHA serves youth who have been exposed to trauma and are interested in adding a preventative substance abuse program to help young people from turning to drugs. The ED said that although the BHA has a list of resources for adults attempting recovery, no partners are available when working with trauma-exposed youth.

The BHA has a unique environment and perspective for serving clients. The staff members take pride in being extraordinarily informal and communicating directly in person as much as they can. Turnover is minimal, and the leaders support decisions for staff to leave, as it usually means they are on a path of positive professional growth. They do not compete with the other agencies and often refer their waitlisted clients to other agencies. Many clients seek out the agency because of its genuine, unique, and caring approach, according to the ED (personal communication, January 7, 2021). As revealed on the organization's website, the BHA stands out in the community as the BHA to turn to when seeking trauma-related care. The BHA's core competencies are treatment for trauma-informed mental illness and substance use disorders (SUDs).

The BHA has many organizational advantages in healthcare services, operations, societal responsibilities, and the workforce. The highly qualified and talented staff members create a unique and caring environment for clients who are first greeted at the front desk. As the ED explained, the BHA has a reputation throughout the community for their exceptional guidance in helping clients reach their goals of maintaining positive mental health and substance-use recovery. Keeping in mind the organizational philosophy, the staff focuses on relating to people through transparency and genuineness,

and taking pride in having an eccentric, loud, and chaotic agency environment (ED, personal communication, January 7, 2021).

The ED stated the agency is too informal to have a performance improvement system, and evaluations are being conducted on a case-by-case basis. Although the BHA does not have a formal performance improvement system, the ED conducts a weekly team meeting to discuss any barriers against providing high-quality services. At the weekly team meeting, the staff members discuss successful strategies for clinical cases and brainstorm ways to improve areas in need of improvement (ED, personal communication, January 7, 2021).

Summary and Transition

The BHA staff have developed a team and family-oriented feel to the practice. Through a supportive, genuine, and collaborative approach, the staff prides themselves on their authenticity and unorthodox approach. The BHA is willing to receive input and make changes that enhance a client's success. This study focused on the need for BHAs to incorporate substance prevention into their services and to understand the impact it will have on at-risk youth with trauma exposure. Further research regarding service delivery needs for preventative substance-use care is necessary to address the practice problem effectively.

Section 2 includes a discussion on the leadership assessment and strategy of the BHA. The section provides a rationale for the type of leadership assessment that will be administered to address the findings and recommendations. Also, Section 2 summarizes a

review of literature relevant to the practice problem and organizational leadership strategy and assessment.

Section 2: Background and Approach – Leadership Strategy and Assessment

Introduction

The BHA provides co-occurring mental health and substance abuse services to individuals suffering from the effects of childhood trauma exposure. Suarez et al. (2012) presented evidence supporting the need for integrated services that could address complex symptom patterns of traumatic stress experiences and substance use.

The BHA's practice problem is having a need for substance abuse prevention for at-risk youth exposed to trauma. The study of an organization's background and leadership strategies was an essential beginning for enhancing performance excellence (NIST, 2020). This study explored research by collecting information from key leaders of the BHA and reviewing literature to understand the BHA practice problem. Questions explored included how a substance prevention program may benefit the BHA and enhance the services provided, why prevention of substance use is a strategy that could provide better support for at-risk youth, and how trauma during youth may put them at risk for substance-use issues. The purpose of this study was to explore the need for BHAs to incorporate substance prevention into their services and understand the impact of substance-use prevention for at-risk youth with trauma exposure.

Understanding the role that childhood trauma has on youth and addiction is critical to developing preventative services (Briere & Scott, 2015). Childhood abuse, including sexual abuse, physical abuse, severe spankings, and life-threatening beatings (Briere & Scott, 2015), is prevalent in North American society. Because this abuse occurs in childhood when brain development is prevalent and incredibly vulnerable, Briere and

Scott (2015) postulated that abuse is likely to increase psychological difficulties and substance use.

This study aimed to explore the need for BHAs to incorporate substance prevention into their services and understand the impact of substance-use prevention on at-risk youth with trauma exposure. The Baldrige excellence framework is the conceptual model within which the client agency's leadership, workforce, operations, and client population were examined.

Supporting Literature

Walden University Library databases and Google Scholar provided access to scholarly literature to understand the BHA practice problem. Searches were limited to materials published between 2016 and the present to ensure applicability to the current problem (see Table 1).

Table 1

Search Engines and Terms Used to Conduct Research

Search engines & databases	Search terms
ProQuest (all databases)	Child and adolescent trauma and substances; trauma and resiliency; trauma-informed substance prevention; prevention techniques; maladaptive
EBSCOost (all databases); PsyInfo; SocINDEX; Academic Search complete	Trauma, substance use and abuse; substance prevention; substance misuse; qualitative research strategies; evidenced-based substance treatment; ACEs (adverse childhood experiences)
Google Scholar	Childhood trauma and substance use; youth and adolescent trauma coping strategies;

The search results revealed modalities to treat substance abuse issues and supported the need for substance abuse prevention programs and systemic change in treatment approaches developed specifically for at-risk youth who have been exposed to trauma. The administrative practices and intervention strategies found provided insight into current modalities for serving trauma-exposed clients and substance abuse issues.

The BHA provides services to clients who have co-occurring substance abuse and mental health issues due to trauma exposure during their youth. The literature relevant to the practice problem related to the need for strategies to create substance abuse prevention programs to support at-risk youth who have been exposed to adverse traumatic experiences. The following literature explored childhood trauma, its effects on youth, and evidenced-based substance prevention programs as it related to trauma exposure in at-risk youth.

Data collected provided knowledge of how youth exposed to trauma presented a need for behavioral health organizations to develop substance prevention programs. In a study by Darnell et al. (2019), trauma exposure among youth ages 13 to 19 was 83%. According to McLaughlin et al. (2013), 61.8% of female and male adolescents ages 13 to 19, seeking mental health services representing four clinical populations, reported at least one traumatic experience, and 14% reported experiencing two or more experiences. These data align with the practice problem and a need for substance prevention program development for youth exposed to trauma, which indicated that a high percentage of

youth seeking mental health services have one or more experiences with trauma. Seventy-three percent of the sample identified as White. Both a child's and an adolescent's brain develop from birth to age 25; when trauma occurs, the developing brain is impacted negatively (Lala et al., 2014). Traumatic experiences most prevalent were unexpected death of a loved one, natural disasters, witnessing death, or witnessing serious injury (McLaughlin et al., 2013). This confirms the ED's perception that childhood adverse experiences often lead to the BHA's clients using substances for self-medication, numbing, or a way to cope with negative emotions (personal communication, February 2, 2021).

According to Briere and Scott (2015), researchers first need to understand trauma and negative behaviors as consequence of the experiences. Major traumatic events include child sexual, physical, or neglect abuse, mass violence with high numbers of injuries or causalities, natural disasters, transportation or motor vehicle accidents, fires, sex trafficking, life-threatening medical condition of self or loved one, and witnessing or being confronted with the homicide or suicide of another person. The intensity of the trauma response depends on victim variables, which are aspects in place before the relevant trauma. There is a positive relationship between level of distress during or immediately after trauma and risk of developing PTSD (Briere & Scott, 2015). The BHA professionals provide treatment modalities dependent upon the level of need for individuals, including severity of trauma exposure and substance use (personal communication, January 7, 2021).

The ED described PTSD from trauma exposure as a significant factor contributing to a client's substance use as a way to self-medicate. There are many forms of trauma exposure, such as family instability, which is significantly associated with cigarette and marijuana use (Beal et al., 2019). According to Garner et al. (2014), child maltreatment reported by adolescents and adults indicate severe baseline problems with substance use, social risk, substance-related problems, and emotional issues. SUDs are often a result of maladaptive strategies to manage adverse outcomes of trauma exposure, including PTSD and depression (Mandavia et al., 2016).

Adolescents commonly report self-medicating with marijuana after experiencing trauma-related violence and threats of violence (Scheidell et al., 2017). The ED indicated most clients with co-occurring diagnoses reported they self-medicated themselves to minimize effects of childhood trauma and PTSD (personal communication, February 6, 2021). In a study by Quinn et al. (2016), a cross-sectional design limited the ability to show causation over time between prescription use and trauma exposure. However, the study revealed that childhood trauma interventions should be ascertained early, since other research had indicated high levels of substance use in adolescence and early adulthood for those experiencing traumatic childhood experiences (Quinn et al., 2016).

The BHA is unable to meet the substance abuse needs of the community through treatment modalities alone and seeks to minimize the substance-use risk for youth exposed to trauma through prevention. According to Scheier (2015), prevention research began as early as the 1920s, and there continues to be a need to implement effective evidence-based substance prevention programs for at-risk youth. In a study conducted by

Scheidell et al. (2017), more than half of the sample participants experienced at least one childhood traumatic experience, with emotional abuse being the most prevalent experience. Adverse childhood traumatic experiences play a role in the initiation of drug use. The ED explained drug use and trauma experience during youth is associated with over 95% of his client population (personal communication, February 2, 2021). Despite substance use being prevalent among adults exposed to trauma during childhood and beyond (Scheier, 2015), there is a lack of preventative substance abuse programs to address youth's maladaptive reactions when exposed to traumatic experiences, which can negatively affect their lifespan.

Delker and Freyd (2014) included a sample of 396 college students in a large public university to complete an online survey measuring exposure to betrayal trauma during childhood. Betrayal trauma suggests a child remains adaptive and dependent upon a caregiver for emotional or material support despite the abuse. The authors suggested that 45% of the sample reported experiencing one or more betrayal traumas. The BHA indicated that 99% of their clients who have mental health disorders and SUDs reported having at least one or more trauma exposures during childhood (personal communication, January 7, 2021). According to Garner et al. (2014), adults who experienced maltreatment during childhood reported higher levels of emotional problems, substance use, social risk, HIV, and substance-related problems.

According to Kobulsky et al. (2018), childhood abuse and exposure to neglect is found to be related to substance use in both male and female adolescents 13 years of age and older. Correlational analyses conducted in a study by Mandavia et al. (2016) revealed

an association between exposure to childhood physical, sexual, and emotional abuse and a lifetime of alcohol and drug-use history. Early substance use in youth who were exposed to neglect affected both girls and boys (Kobulsky et al., 2018). Individuals in a control group who reported four or more ACEs during their youth were more likely to use marijuana than individuals in a treatment group with four or more ACEs (Exner-Cortens et al., 2020).

Introducing a substance abuse prevention program at the BHA for at-risk youth exposed to trauma requires understanding effects of trauma and use of substances by youth. Lala et al. (2014) studied responses to common traumatic events throughout a life cycle, focusing on trauma during childhood, adolescence, adulthood, and later life. The impact on young children and adolescents who experience complex trauma in early life affects the development of their right hemispheric brain and its functions, including mood regulation and social adjustment (Lala et al., 2014).

Childhood adversity and complex trauma are associated with adolescents' well-being (Beal et al., 2019).

Trauma exposure during youth's development leads to risk factors including mental, emotional, and behavioral issues. Over time, these developed risks increase the likelihood of substance use (Scheier, 2015). The ED explained nearly 100% of clients with substance-use disorders treated at the BHA reported having multiple adverse childhood trauma experiences (personal communication, January 7, 2021). Darnell et al. (2019) examined trauma exposure and internalizing symptoms of PTSD in 13 to 19-year-olds. After conducting linear regression analysis and examination, Darnell et al. found

that 83% of the sample reported having experienced trauma exposure. Family violence is another adversity that results in poorer psychological well-being, while family instability predicts an increase in cigarette and marijuana use, but not alcohol or illicit drug use (Beal et al., 2019). Having a substance prevention program in place may help lessen the influence of these risk factors and increase protective factors, such as resilience (Scheier, 2015). This relates to the BHA practice problem, indicating youth with trauma exposure may benefit from an effective substance abuse prevention program.

Scheidell et al. (2017) conducted a study on ACEs, which scored the number of traumatic experiences and the association between traumatic childhood experiences and drug use. Youth exposed to multiple ACEs who had a higher ACE score were a higher risk for SUDs (Afuseh et al., 2020). According to the National Center for Children in Poverty, more than 50% of the (redacted) state's children live in low-income homes, 41% have one to two risk factors, and 11% have more than three or more risk factors, which leads to a higher ACE score (Afuseh et al., 2020).

Treatment of substance use and trauma-related issues is a prevalent service provided by the host BHA. Trauma-related problems are often treated with interventions that involve person-centered approaches, such as cognitive-behavioral therapy (CBT) and strength-based therapies (Kim et al., 2018). Family-based treatment is also an approach used for adolescent mental health and substance-use issues (Lewis, 2020). Youth exposed to traumatic stress and substance abuse issues should receive treatment options to accommodate their higher level of need (Suarez et al., 2012).

Prevention interventions intend to prevent the progression of substance abuse, whereas treatment interventions are for individuals whose drug abuse disorders have already manifested symptoms of drug abuse (Scheier, 2015). Researchers who studied preventative substance use programs for at-risk youth revealed there were benefits to engaging participants in beneficial ways (Steiker et al., 2014). Youth highly engaged in the prevention program reported they were willing to participate, although they believed the program would be more beneficial for younger youth.

According to Waedel et al. (2020), mindfulness-based intervention for preventing the use of alcohol, tobacco, and other drugs includes mindfulness practices combined with classical drug education. Youth who had cognitive disabilities had difficulty with this prevention program. The comprehensibility and difficulty of the program had to be adapted prior to its implementation to include youth with cognitive issues. Further research is needed to prove if the concept is effective (Waedel et al., 2020).

Reducing drug use initiation among youth exposed to trauma through the implementation of substance prevention programs could alter specific modifiable mediators, such as putative risk factors (Scheier, 2015). Prevention is a crucial component of programs designed to reach individuals experiencing increased risk for substance use (Salas-Wright et al., 2019). A study by Johnson et al. (2017) indicated evidenced-based substance prevention programs have a higher probably of impact, while programs without supported science had less sustainability and impact for success of the program.

Youth participating in a school-based substance use prevention program showed a decrease from 48% to 40% of substance use over 13 years, revealing a 16.5% decline (Salas-Wright et al., 2019). According to Williams et al. (2014), a pilot mentoring program serving rural at-risk youth significantly impacted substance-use rates. At-risk youth and substance use is a concern for those individuals involved in healthcare, education, research, and policy making (Steiker, et al., 2014).

Sources of Evidence

Developing a foundational knowledge of how the BHA operates was necessary to understand how a substance prevention program would benefit the agency while providing services for at-risk youth exposed to trauma. Sources of evidence for this qualitative study included a structured interview with the ED of the host BHA. Secondary data were also obtained that indicated how the agency administrators led and managed employees and supported staff to meet workforce and performance expectations (NIST, 2020).

Interview questions were designed to elicit information important for a comprehensive understanding of the practice problem (see Appendix A). Interview questions elicited data on trauma-related outcomes for youth, including substance use, exploration of treatment interventions, and exploration for need of implementing prevention programs. Structured interview data were thematically coded to identify, organize, and bring insight into themes and patterns. Data analysis provided an understanding of the need for substance-use prevention programs for at-risk youth exposed to trauma.

Leadership Strategy and Assessment

Assessment

According to the ED, prayer and meditation are used as a platform for making decisions on the organization's mission, values, and strategic direction. A higher power guided the ED's creation of the vision, and he explained the leadership approach is laissez fair. According to the ED, administrators of the BHA take this hands-off approach, as they hire qualified professionals whom they trust to do their jobs effectively (personal communication, December 17, 2021). The agency's vision and informal mission guide, focus, and ground the employees with a purpose. The agency has a team approach that involves collaboration with influential people who contribute to organizational success (personal communication, December 17, 2020).

The agency refrains from using terms such as customers or clients, and instead, refers to the people served as good people in need of help. The clientele served by the agency consists of survivors of trauma, people seeking recovery from substance-use disorders, people with eating disorders, and people with issues of self-harm (ED, personal communication, January 7, 2021). The ED meets and supervises each employee separately instead of holding group staff meetings. Employees are challenged to go outside of their comfort zones by reflecting on personal goals and being accountable for moving towards the next step.

The ED believes that offering autonomy and trust between staff members allows employees to provide quality and ethical work without being micromanaged, resulting in more significant results. The agency's biggest challenge is the employees' failure to care

sufficiently for themselves as they put others' needs before their own. Evaluation is used as a direct approach that promptly addresses issues. The professionals hired are licensed by one or more governing boards (ED, personal communication, January 7, 2021). According to the ED, the expectation is that staff will make decisions that best reflect the agency's informal mission and values and will seek supervision during times of uncertainty.

Strengthening active support within the community is ongoing through partnering with other organizations. Because the agency always has more people waiting than they can serve, collaborating with other community service providers is welcomed to serve people's needs in the community. The BHA partners with grassroots front-line organizations who provide recovery networks, food resources, and medical management services (ED, personal communication, February 2, 2021).

Strategic Planning

Dionisio (2017) described how strategic thinking and planning are needed for the efficient management of agencies. The ED explained that strategic planning for the agency begins with having clearly defined work while seeking to partner with professionals who provide complementary services, including medical management, intensive outpatient services, rehabilitation facilities, detoxification centers, and medical services (personal communication, January 7, 2021). Strategic thinking is lacking in organizations, leading to poor decisions and bad strategies. Dionisio (2017) also posited those competitive environments require agencies to include sustainable development of strategic thinking and obtain an increasing commitment from team members, which

would allow the agency to address needs effectively. The BHA administrators, including the ED and CFO, will strategically plan to collaborate and meet with local professionals who conduct 12-step programs to gain insight into how front-line workers provide life-changing strategies and insight to serve clients better. To meet objectives and timetables, the ED realized the need to hire more clinicians and case managers (personal communication, January 7, 2021).

Clients/Population Served

The primary service area covers one rural county; however, clients are also accepted from surrounding rural counties in the northeastern region of the United States (redacted BHA.com, 2021). As indicated by the ED (personal communication December 6, 2020), 99% of all clients have co-occurring substance abuse issues, and roughly 85% have prior exposure to one or more traumatic experiences during childhood and beyond. The lack of prevention services leaves the agency with nearly 100% of clients having issues with substance use, in addition to having mental health issues.

The BHA's population resides in a rural area. In a study conducted by Williams et al. (2014), rural communities have significant substance-use problems among adolescents and have shown positive results when implementing mentor programs. According to the Center for Workforce Research and Information's (CWRI) data for the organization's state governmental website, the population for this county in 2018 was 151,096 within a state population of 1,338,404. This county's poverty rate for children under 18 years of age is 19.4%; for individuals 18 to 64 years of age, the poverty rate is 14.8%; and for

individuals over 64 years of age, the poverty rate is 8.2% (Name of state redacted.gov, n.d.).

The population served by the BHA has a median household income of $49,374, which is about 18% lower than the overall income of $60,293 in the United States. Unemployment rates for this county in 2018 were 3.6% compared to the state unemployment rate of 3.2% (Name of state redacted.gov, n.d.).

In the U.S., education attainment for individuals 25 years old and older is 2.7% less than a ninth-grade education; 5.7% have a 9^{th} to 12^{th} grade education without a diploma, 33.6% have an education attainment of a high-school graduate (or equivalent); 20.5% have some college education with no degree; 10.4% have an associate degree; 17.2%, have a bachelor's degree, and 10.0% have a graduate or professional degree (Name of state redacted.gov, n.d.).

Analytical Strategy

My role in this study of the BHA was that of a doctoral research scholar-consultant. Objectives as a qualitative researcher were to understand the agency's perspectives, the organizational vision, mission, strengths, and barriers that prevented the agency from providing the needed services for the client population, specifically, substance prevention program development for at-risk youth exposed to trauma. For a qualitative study, the researcher is the primary instrument in the research process.

Institutional Review Board (IRB) approval from Walden University was obtained before interviews were conducted, and written informed consent was obtained from all participants prior to engaging in interviews (see Appendix A for interview questions).

Data analysis involved thematic coding with theme identification for each interview. The data collected from public and governmental websites were manually coded. Data about service needs, vision and mission, leadership strategies, and strategic development were collected from interviews and other communication with the BHA's ED.

Participants and Procedures

The research data were obtained from a structured interview (see Appendix A) and are the foundation of the qualitative study with the ED—a key BHA leader—as informant. The interview responses were thematically coded and evaluated for potential support by secondary data and theoretical concepts obtained from current literature. The potential participants were identified based on their organizational leadership roles and tenure at the BHA. The ED was contacted through the researcher's Walden University email account after the consent form was signed and returned. Interview appointments were scheduled during times convenient to the participant. Interview questions were carefully developed to elicit pertinent information for the practice problem. Interview questions and responses were transcribed. The transcription was coded using NVivo (Conger, 2021) for Windows qualitative software.

Sampling

Purposive sampling was used to align with the goal of understanding how BHA leadership experienced working with clients who had been exposed to childhood trauma and who had mental illness and substance-use disorders. The researcher chose the participants based on their leadership roles and ability to speak about relevant topics aligned with the Baldrige Excellence Framework. Qualitative research does not have a

standard sample size, and data saturation occurred when there was no new information obtained and no more to be learned (Ravitch & Carl, 2016).

High ethical standards were practiced and maintained throughout the process to avoid conflicts of interest. Ethical research standards of Walden University and the American Psychological Association (American Psychological Association, 2021, Section 10.4) were observed. No data were collected without prior consent, and the BHA's identity and participants were protected. According to Ravitch and Carl (2016), informed consent is the agreement to engage in a qualitative study before it begins; and if agreed, discussion with the participants included the level of commitment necessary for the study.

This study's primary strategy was conducting interviews with participants from the BHA. Data collection was initiated once written consent was received from the BHA's ED, and approval from my doctoral study committee was granted. At the time of the interview, copies of the Institutional Review Board (IRB) approval, the ED's permission to conduct the study, and informed consent were reviewed. Interview responses were coded through thematic analysis transcribed verbatim, which reproduced all spoken words and sounds, and were imported into NVivo (Conger, 2021) qualitative software. Each line was manually read and coded with contextual content. Categories and subcategories were created in respect to coding and analysis of responses from interviews. Themes were matched for patterns and evaluated in terms of Baldrige's areas of assessment (NIST, 2020). The planned timeline to collect primary data was two weeks

from obtaining consent, scheduling interviews, conducting, and transcribing the interview.

The Baldrige Excellence Framework for Performance (NIST, 2020) was used as the framework to analyze data collected in this study. Four of the seven factors of the framework were applied: approach, deployment, learning, and integration (NIST, 2020). Data from BHA's personnel and program services, organizational procedures, and systems management provided information about the practice problem and brought insight into how the agency could implement a substance prevention program effectively. The analysis of factors presented information relative to the BHA's work and key approaches. This helped support data collection for analyzing outcomes of the BHA's processes, and the results were integrated into understanding how development of a substance prevention program for at-risk youth would benefit the organization.

Using a data software system facilitated reflexivity during data analysis to track bias, coercion, behavior, reactions, and cultural sensitivity (Peterson, 2019). Collection of multiple sources of information strengthened the study's transferability and trustworthiness (Ravitch & Carl, 2016). Interview questions were reviewed carefully to focus on the intent of the study. The coding software reduced the risk of misinterpreting findings while analyzing transcribed data. Deep saturation, having detailed interview notes, seeking alternative explanations into the research, and using research mapping to chart central goals, ideas, and concepts led to understanding relationships between them (Ravitch & Carl, 2016).

I ensured consent and confidentiality. The participant received the IRB consent form and release, which stressed the importance of maintaining confidentiality of sensitive data. A password-protected flash drive will be stored in a in bank deposit box; hard copy of interviews and transcriptions will be stored in a locked file in my home office, and both will be kept for 5 years or more. Sanitation of stored data will include physical destruction of the flash drive and shredding of hard copies.

During interviews, member-checking was conducted, and clarifying questions were asked to ensure effective communication. Reliability, according to Ravitch and Carl (2016), is stability of responses to multiple coders of data sets. The interviewee was given the opportunity to review transcriptions for accuracy and reliability. Validity and trustworthiness are terms describing the importance of ensuring credibility and qualitative research processes to assess rigor of the study (Ravitch & Carl, 2016). Strategies that were used to mitigate threats to validity included using participant validation checks such as having participants review interview transcripts for accuracy, engaging in participatory dialog, and situating the study in relationship to theory and various research (Ravitch & Carl, 2016). Detailed field notes were created and transcribed verbatim, which enhanced the reliability.

Summary and Transition

Behavioral health agencies need prevention modalities to help diminish the overwhelming substance-use crisis at both the local and state levels. The agency's vision is to provide a prevention program and treatment for substance-use disorders, which addresses trauma-exposed youth before they become addicted to substances. This

research study was conducted to explore strategies to create a substance abuse prevention program to support at-risk youth who have been exposed to adverse traumatic experiences.

A search of the literature revealed the lack of formal preventative substance programs explicitly serving youth exposed to traumatic experiences in the state where the BHA is located. The literature also suggested that this is not unique to this state.

In Section 3, the analytical strategy of the BHA, workforce engagement, and operations are examined. In addition, workforce recruitment and training, workforce communication, engagement, leadership, knowledge management, risk management, and information and technology security are discussed as they relate to the organization's practice problem.

Section 3: Measurement, Analysis, and Knowledge Management

Components of the Organization

Introduction

The BHA provides services to clients with mental health and substance-use issues. This qualitative study attempted to identify the need for developing an effective substance-use prevention program for at-risk youth exposed to trauma. The organization employs approximately 20 clinically licensed and certified counselors, alcohol and drug counselors, and case managers. The BHA's clinical services were examined to provide leadership with a deeper understanding of the organizational management and opportunities for growth relative to substance-use prevention services for youth with a history of clinically significant trauma. The Baldrige excellence framework (NIST, 2020) guided the BHA data analysis. Sources of evidence were gathered for the study through strategic planning, policy, performance, satisfaction, and documentation provided by the organization's leadership.

To explore the need for prevention services for youth exposed to trauma, sources of evidence were obtained from information provided by the agency on strategic planning, organizational performance, and client satisfaction. Data were collected through structured interviews with a purposeful sample of participants and a review of the company website and other organizational documents. This qualitative data collection was important to address the practice problem.

Analysis of the Organization

Organizational performance analysis and review inform development strategy. The Baldrige excellence framework is the standard that was used to guide the analysis of data. The organization has had a long, successful presence and reputable image in the community, and each year serves 500 to 600 clients in a small rural area. To gain insight into trauma-informed preventative services for at-risk youth, the organization's workforce operations and knowledge management are addressed in the following sections.

Workforce and Operations

Information gathered from the BHA indicates the organization has built a supportive and effective workforce by providing ongoing training and supervision. The BHA offers employee benefits, collaborates with outside resources, and establishes collaborative relationships with colleges and universities to create ongoing opportunities for learners to engage in a quality learning environment.

According to the ED (personal communication, 2021) and the agency website, the BHA has built a reputable and effective workforce through an unorthodox way of interacting and treatment modalities. Staff receives in-service training in substance-use disorders and trauma-focused therapeutic care as specialty areas. The organization has relationships with area support groups, treatment centers, and other professionals providing similar approaches. Affiliation with local area colleges and universities provides opportunities for graduate-level students to seek internship experiences at the agency. These graduate-level student-intern employees often remain as full-time

employees following graduation. The agency has halted additional hiring because of limited office space.

Professionals are recruited by word of mouth via the agency website or through local advertisements, depending on the agency's need for additional staff. Following the interview process, to determine if a candidate is a good fit, the potential employee visits the office to experience the atmosphere and meet the other staff. Once a position is offered and accepted, the administrative staff is tasked with collecting all newly hired employee paperwork, licensure information, and references. An orientation is provided to educate newly hired staff on operating systems and office structures.

Management of operations is the ED, CFO, clinical supervisor, office manager, and case management supervisor's responsibility. The ED holds a master's degree in social work and is the agency's owner. The clinical supervisor holds a master's degree in social work. Clinicians hold master-level degrees with licensure in clinical mental health or clinical social work. Case managers hold certificates in mental health rehabilitation technician/community, and substance abuse counselors have bachelor's degrees in mental health or a related field and hold certification or licensure in alcohol and drug counseling through the state.

The BHA is dedicated to adapting to the community and client population's needs. Providing quality service is a priority for the agency. However, the agency does not have a formal process to determine whether their goals are being met. A client's well-being following treatment indicates quality treatment, and adjustments are made when issues arise on an individual basis. Clinicians and case managers are evaluated through

regular supervision sessions. However, no formal evaluation is completed (personal communication, January 7, 2021).

The agency controls overall costs with oversight of the ED, and the CFO is responsible for managing the operating budget and submitting the reports necessary to maintain the agency's for-profit status. The ED indicated the agency is doing well financially and is not focused on profitability. Although the BHA is a for-profit organization, much of the profit is returned to finance growth and sustainability (personal communication, January 7, 2021).

Workforce Recruitment and Training

According to the ED (personal communication, December 6, 2021), the organization does not advertise or recruit for hiring and has never found the need to do so. The BHA puts faith in the right people, recruiting them through word of mouth, which has successfully brought in the right qualified people for available positions. Job placement is straightforward because the roles are very specific. Professionals are often attracted to the agency because of the reputable persona throughout the counseling community. The BHA retains staff members by cultivating their talent, giving genuine support, and nurturing growth. The leaders invest in overall well-being and develop an employee's talent by encouraging autonomy and a laisse-fair management style.

The agency has built an effective practice offering counseling and therapy (ED, personal communication, December 6, 2021). Case management was added to the agency's services, as the practice saw its clients struggling to fulfill basic life needs. According to the ED, the agency recognizes other needed services such as medication

management, but additional costs and bureaucratic hoops make it unreasonable for the small business to add the additional services.

The ED also noted that the employees try to cultivate a safety culture that encourages risk-taking and promotes healing. The development of faith in a power more significantly greater than self is key to a safe and secure environment that is handicap accessible. The ED explained that he has a disability and realizes the importance of accessibility for all persons. The relationships with many colleges and universities have created an opportunity for interns to work for the agency during a critical phase of their educational programs. The ED said that interns almost always remain with the organization upon completing their education.

Workforce Supervision and Support

The ED has built an effective and supportive work environment through workforce capability, capacity, and climate. The BHA provides a quality benefits package, with the agency paying 80% of health insurance premiums and giving 13 personal time-off (PTO) days in the first year of employment. Each year following initial employment, the agency increases PTO days by 2 days per year, for a maximum of 25 PTO days per year. By encouraging staff to take time off, the agency is promoting employees' personal well-being,

Workforce Communication

Professionals at the BHA listen intently and show empathy for what a client feels or needs (personal communication, January 7, 2021). Building trust with a client also creates a positive professional relationship. According to the ED, the agency develops

relationships outside of the organization through collaboration, teaching, support, and advocacy. The agency advocates for those who are most often oppressed: people of color, LGBTQ, indigenous people, homeless individuals, people who live with mental illness and SUDs, and people with criminal convictions. The ED revealed that clients were welcome to share concerns and complaints with the professionals directly serving them. If clients feel unheard, or their needs are not resolved, they are encouraged to meet with or phone administrators at any time.

Workforce Engagement and Progression Operations

According to the ED, the staff engages and builds relationships with clients and presents these relationships as being honest with themselves and their clients. The employees pride themselves on honesty, transparency, compassion, and empathy for all they serve. The ED explained that when a client enters through the doors, they see the practice as genuine and empathic with every staff member and professional. The staff cares about all clients by remaining focused on their well-being, as displayed by office staff smiling and offering a friendly greeting when clients arrive (personal communication, January 7, 2021).

Authentic and Inclusive Leadership

As explained by the ED (personal communication, January 7, 2021), the focus is on employees' overall well-being and talent. The ED meets individually with each employee on a weekly basis to discuss strategies for remaining mentally, spiritually, and physically healthy. The ED and employee address strengths and discuss areas that may be improved. The ED describes leadership as being supportive of professional goals and

knows this strategy works best, as the professional moves on to fulfill their aspirations in their practices.

Knowledge Management

The management team is responsible for gathering information that measures its improvement needs. The BHA hires highly-qualified clinicians and staff with credentials to offer services to meet community needs. Because of the public sector's overwhelming demands, the BHA gains awareness of what services need to be addressed. The ED expressed an urgent need for more medication managers in the community, yet the BHA is not equipped to meet that need. The critical work processes include being on time for scheduled appointments, providing quality service, and documenting services effectively. Assessment of the work processes is ongoing, and adjustments are made quickly to correct any deficiencies. According to the ED, the needs of the agency's 500 to 600 clients are unique and varied; therefore, client expectations are addressed individually (personal communication, February 2, 2021).

Risk Management

The BHA responds to state and federal licensing regulations to ensure compliance with its services and the organizational mission. Client services are improved when the professional continues to learn, grow, and heal their own mental health issues. The growth is cultivated and supported by building authentic relationships within the agency. According to the ED, the agency team members are risk takers and do not hesitate to try new approaches to support innovation. According to the ED, taking risks requires

leadership that supports employees. Employees feel safe exploring innovation outside of their comfort zones (personal communication, February 2, 2021).

Information and Technology Security

The ED explained that the finance department and the CFO oversee overall agency costs. The CFO is responsible for managing the operating budget and reviewing reports with the ED. Third-party vendors include information technology services, and office supplies are purchased through local vendors. The agency uses a virtual private network (VPN) service and carefully safeguards confidential information by following high protection standards. According to the ED, the agency provides a safe operating environment by being genuine and intolerant of any form of abuse or mean behavior (personal communication, February 2, 2021). The agency's policy includes giving directives to employees never to hesitate to fire a client, never be fired by a client, and never be tolerant of hate or discrimination in any form. The agency hires an outside organization to oversee cybersecurity to ensure that sensitive or privileged data and information are secure (ED, personal communication, February 2, 2021).

Summary and Transition

In Section 3, an exploration of the BHA offers information on the agency's environment and how the agency engages employees. The discussion presented an understanding of operational effectiveness and how the organization improves services and manages data. The BHA has built a supportive workforce by providing ongoing supervision, training, and a quality benefits package, and by encouraging employees to

take personal time off. The organization provides a safe, secure, and accessible environment for staff and clients.

Employees' overall well-being and talent are enhanced by weekly meetings to discuss strategies for remaining mentally, spiritually, and physically healthy. The agency cultivates a culture of safety and encourages risk-taking. Promoting healing and developing faith in a higher power creates an environment where individuals can feel safe to be honest and accept change. The BHA hires highly-qualified staff to offer services that meet community needs and ensures that their employees meet licensure requirements, maintain client confidentiality, and keep data securely stored.

In Section 4, the results, including analysis, implication, and preparation of findings, are examined. Sources of evidence and how they were obtained are discussed as they relate to the organization's practice problem. Evidenced collected and evaluation of the organization's programs, services, client-focused results, workforce-focused results, financial and marketplace performance results, and new initiatives will be discussed.

Section 4: Results: Analysis, Implications and Preparation of Findings

Introduction

The purpose of this qualitative study was to explore the need for BHAs to incorporate substance prevention into their services and understand the impact of substance-use prevention for at-risk youth with trauma exposure. This study's participants included one senior leader of the host BHA, the ED. The concept of a prevention program that may evolve from this study has the potential to align with targeted organizational objectives for the population of the at-risk youth they serve.

The organization has provided services to the community for 12 years, developing a positive reputation in their geographical area for leading the fight for clients with substance abuse addiction (personal communication, January 7, 2021). In 2020, the BHA was at full capacity serving individuals in need of service. Adults diagnosed with mental health illnesses and receiving services at the BHA were more likely to have experienced childhood trauma (personal communication, January 7, 2021). The leaders of the organization recognized that incorporating a trauma-informed substance abuse prevention program was necessary to reduce adulthood substance addiction and mental illness and to align with the organization's goals and values. Implementation of a trauma-informed substance abuse prevention program requires a shift in the delivery approach throughout the organization.

I examined the organization's workforce operations, engagement, training, and community role, all of which helped to provide treatment for consumers with a history of trauma and who received services for substance use. The BHA in this study has success

with therapeutic treatment services for consumers with co-occurring mental health and substance use disorders resulting from unresolved childhood trauma. The organization identified a need for prevention services to treat youth for trauma experiences, to negate the use of substances and development of substance abuse disorders in their youth or adulthood.

To conduct research, I first identified topics specific to youth, trauma exposure, and substance use and/or abuse. Databases were then searched, which led to the review of related literature. Additionally, I conducted a structured interview with the ED at the BHA. The organizational website was also reviewed.

Analysis, Results, and Implications

The transcribed interview was uploaded to NVivo 12 coding software (Conger, 2021), which permitted both manual and automated management of the data for thematic coding. Nodes, also known as categories, were created, themes were identified through patterns of the interview, and subcategories were created. The transcribed interview was clustered into word patterns and phrases to identify emergent themes and transferred into an Excel spreadsheet. The word patterns and phrases were then uploaded into a word cloud generator.

The NVivo 12 coding software created a word cloud based on frequency of words and themes. In Figure 2, the larger-sized words represented more frequently used words. The words more frequently used included *prevention, preventative, substance use, trauma, barriers,* and *services,* while *mental health, treatment, mental health,* and *clients* were used slightly less often during the interview.

Figure 2

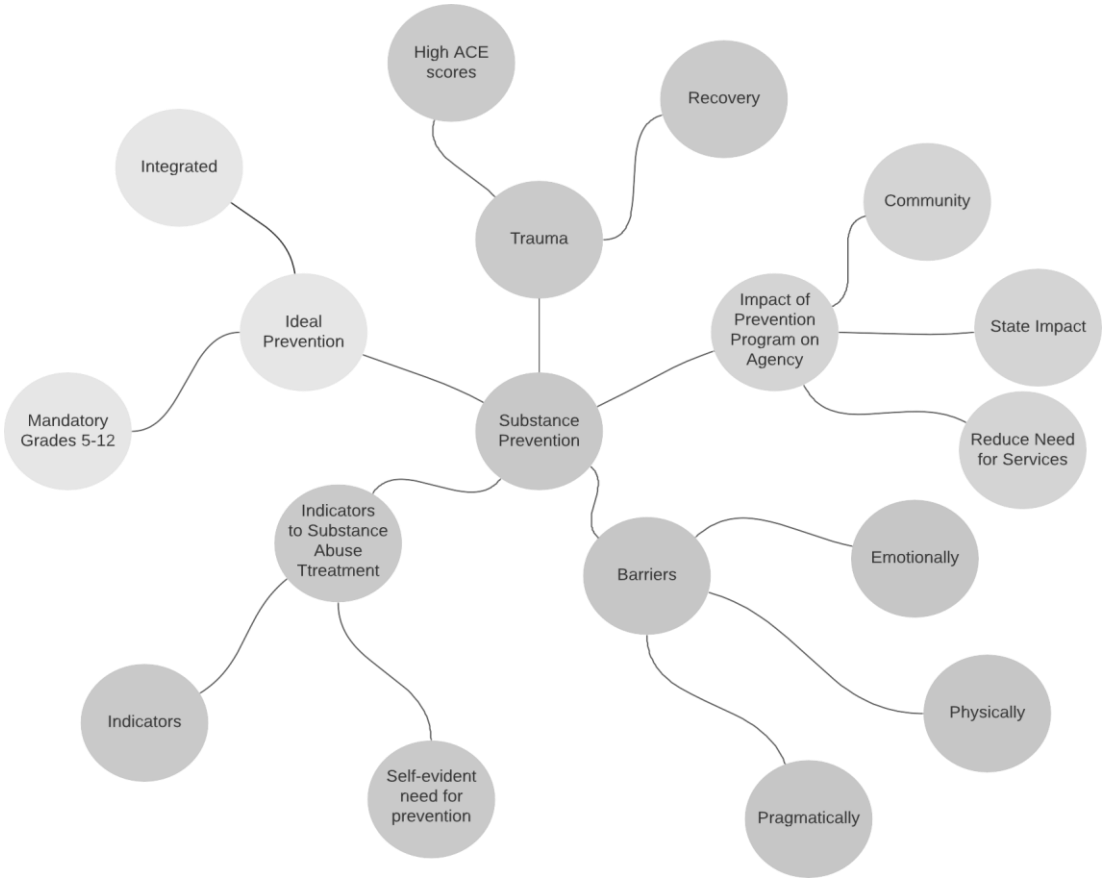
Word Frequency Word Cloud Using Word Cloud.com

Key Words and Phrases

Responses from the transcribed interview were coded manually to compare identified themes using the software's automatic coding analysis. Notes were taken from the interviews, and secondary data were used to maximize the value of the themes relative to the study. Key words included *preventative program, substance use, at-risk youth, trauma, barriers, treatment modalities, mental health, relapse, stigma,* and *recovery*. Figure 3 illustrates the emerging themes that were identified and analyzed.

Figure 3

Mind Map of Substance Prevention Theme With Associated Key Words and Phrases



Emerging Theme 1: Substance Prevention

Substance prevention was the first theme to emerge. The data collected identified a prevention program for substance use as a priority for at-risk youth exposed to trauma. The terms *trauma*, *barriers*, *indicators to substance abuse treatment*, and *ideal prevention* were connected to this theme. The ED linked substance use and abuse with unresolved childhood trauma, and the expectation of reaching at risk-youth prior to engagement of substance use.

Emerging Theme 2: Trauma

Trauma was indicated as a consistent theme for clients being treated for substance abuse issues. Nearly 100% of BHA consumers in substance abuse recovery treatment indicated having one or more experiences with unresolved trauma during childhood and having high ACE scores (personal communication, January 7, 2021).

Emerging Theme 3: Ideal Prevention

Indicators that there was a need for substance abuse prevention programs was evident by the growing overdose rates, high rates of relapse, and pervasive availability of illicit drugs. The decades-old alcohol epidemic and ongoing opioid epidemic are also indicators of a need for prevention development. Consumers of the BHA reported using substances during youth to self-medicate or avoid dealing with effects of their unresolved childhood trauma exposure (personal communication, April 26, 2021).

An ideal substance prevention program to address childhood trauma exposure includes one that is mandated in [redacted State] schools from Grades 5 through 12. The prevention program will be integrated with life skills, themes of resilience, mental health, healthy relationships, parenting education, partnering with other agencies, schools, government agencies, and ideally, integration of the program into other educational curriculums.

Emerging Theme 4: Indicators to Substance Abuse Treatment

Current treatment modalities used by the BHA having positive effects for consumers who have substance-use issues and childhood trauma experiences include CBT, dialectical behavioral therapy, motivational interviewing, and trauma-informed

CBT. These treatment modalities, in conjunction with the expertise of the BHA clinicians, bring positive outcomes for clients seeking treatment for co-occurring disorders (personal communication, April 26, 2021). The BHA's waitlist of 200 or more consumers seeking substance abuse treatment brings the challenge of meeting community needs.

Emerging Theme 5: Barriers

Barriers due to unresolved childhood trauma emerged as a subcategory. These barriers included emotional stigma, physical barriers, and pragmatic barriers. An emotional barrier includes fear, which can halt recovery progression for consumers if they have not resolved childhood trauma. Stigma can also be a barrier, as consumers may be reluctant to seek treatment for unresolved trauma due to stigma associated with mental illness and substance use. Pragmatic barriers include lack of understanding attainable outcomes and processes, and systemic obstacles such as childcare, lack of internet access, lack of transportation, poverty, and being uninsured or underinsured (personal communication, April 26, 2021).

Emerging Theme 6: Impact of Prevention Program on Agency

The impact for the BHA having a prevention program will be reduction in treatment services for substance use and mental health issues. The impact for reduction in substance-use issues will impact the community, the state, and beyond, as there could be less need of treatment modalities that have a high cost attached. Offering substance prevention education and treatment to reduce the impact of youth's trauma exposure

could decrease the need for mental health and substance-use issues in adulthood (personal communication, April 26, 2021).

Client Program and Services

The BHA's program and services were analyzed through review of the website and an interview with the ED. The agency is a private LLC, owned and operated by the ED and CFO; they do not have a board of directors. The BHA offers mental health, substance use, and case management services to the surrounding community. Quality-performance and daily operations are tracked through daily insurance billing and tracking authorization units. According to the ED, they are not competitive; however, success of the agency is evident through providers being at space and provider capacity, while also having an agency waitlist of over 200 individuals.

Client-Focused Results

The BHA offers a yearly survey to clients without having a formal mechanism for measuring results. These data were not available for review. According to Ozcan (2014), health agencies are faced with challenges with new policies and regulations at the state and federal level, resulting in the need for leaders to respond with sound performance evaluation and decision making. The ED explained clients are encouraged to bring concerns to the provider or administration to be addressed quickly and on an individual basis. Leaders of the BHA review annual customer survey results, but they do not include a formative process to measure or communicate the results with internal or external stakeholders (personal communication, January 7, 2021).

The BHA generates quality standard performance through quality mental health and substance use services provided to their consumers. Measurable indicators were not available, as the ED explained they have not adopted a formal standard at the organization (personal communication, April 26, 2021). The ED explained clients who identify as being in recovery from substance abuse disorder or who are in active use reveal a history resulting in high ACE scores. The BHA uses multiple treatment modalities that have positive effects for clients who have trauma and substance use issues.

A growing need for a substance use prevention program to support at-risk trauma exposed youth prior to use of substances is evidenced by the increases of overdose rates, high rates of relapse, and pervasive availability of illicit drugs in [redacted state] (personal communication, April 26, 2021). The ED described barriers resulting from unresolved trauma into four categories: pragmatically, emotionally, physically, and spiritually. SUDs, emotional disorders, and a multitude of medical conditions are also barriers that clients face due to unresolved childhood trauma. There are a plethora of systemic obstacles including individuals being uninsured, under-insured, and having barriers due to poverty: lack of child-care, internet access, and transportation. Stigma is a barrier, along with fear, other forms of mental illness, and a lack of understanding of outcomes that are attainable and what the process is to achieve them (personal communication, April 26, 2021).

Workforce-Focused Results

Information gathered indicates the BHA has a supportive and effective workforce. Continuous training and supervision are encouraged by leaders and are an intricate part of the organization's collaborative and engaging environment. An interview with senior level management provided detail regarding ongoing strategies that create a working environment allowing for staff and clinicians to have trusting relationships within the organization. The BHA also has collaborate relationships with outside organizations, including universities and other mental health and substance abuse agencies (personal communication, April 26, 2021).

The BHA is at full capacity for staffing and office space by having 500-600 clients and a waitlist of roughly 200 individuals. The ED explains a preventative program would impact their current operations, services providers, and staffing issues by reducing the need for therapeutic mental health and substance abuse services. This would also impact the community and [redacted state], as the BHA leaders would share the developed program with the [redacted state] education association, state programs, behavioral and mental health organizations, substance use programs, and health organizations free of charge (personal communication, April 26, 2021).

Leadership and Governance

BHA's ED, CFO, and supervisors constitute leadership for the organization. The agency leaders inspire and guide the BHA's growth and capabilities through a collaborative and open communicative approach with employees (ED, personal communication, January 7, 2021). By not having a board of directors or outside

stakeholders, the BHA may be missing an opportunity to learn about industry or economic changes that could direct internal changes.

Financial and Marketplace Results

Financial reports were not available for this study. The ED indicated the BHA is in good financial standing, having an upward trend and the financial means for growth; however, they do not have space for expansion of services. The BHA does not have formal marketing strategies. They rely on word of mouth and collaborate with outside sources, such as universities and other agencies in the geographical area. They promote services on their website and offer a vlog series, which are short videos created by the ED, educating the community around topics of mental health and substance use disorders from a clinical perspective (personal communication, January 7, 2021).

Individual, Organizational, and Community Impact

According to the leadership interview and review of the agency's website, challenges for individual, organizational, and community impact for the BHA include a lack of prevention services for at-risk youth exposed to trauma experiences. The ED explained that 20% of consumers identified as being in recovery from SUD, while 95% of those consumers identified as having high ACE scores (personal communication, January 7, 2021).

Social Impact

Community social impact could include reduction in the alcohol opioid epidemics, crime, homelessness, and recidivism. At-risk youth could develop positive skills and resiliency, leading to increased positive outcomes, such as successful

completion of education, and development of positive relationships and the ability to be contributing members of society. Implementation of a substance abuse prevention program for at-risk youth could also have an impact on the state and beyond. The opioid crisis in [redacted state] has negatively impacted the community for the past couple of decades (Redacted State.gov, 2021). With the reduction of treatment service needs for mental health and substance use issues, state funding needs could decrease as the service needs decline.

Strengths and Limitations of the Study

Qualitative research is not linear and is informed by epistemological and methodological stance of inquiry and beliefs. (Ravitch & Carl, 2016). This method allows the researcher to understand the agency's perspectives, the organizational mission, vision, strengths, and barriers that prevent the agency from providing the needed services provided to the client population.

Strengths

The strength of this qualitative study is with the adherence of research standards set forth by Walden University. These standards were used when obtaining participants' perceptions and experiences to improve agency outcomes. Relational ethics in qualitative research include discovery-oriented approaches and emphasis on how data emerges out of embodied dialogical encounters between researchers and participants (Ravitch & Carl, 2016). This study also focused on maximizing credibility, dependability, transferability, and confirmability, which were accomplished by using triangulation when analyzing and comparing interview transcriptions, BHA website reviews, and review of literature.

Requesting the participant to review the transcribed interview provided opportunities to confirm accuracy of transcription.

The Baldrige excellence framework was used to guide my analysis of the BHA structure, processes, and performance. The Baldrige excellence framework is a systems perspective that manages all the components of an organization as a unified whole to achieve ongoing success. It is a nationally recognized model for evaluating a health-care organization's systems and identifies criteria in seven key areas: 1) leadership; 2) strategy; 3) customers; 4) measurement, analysis, and knowledge management; 5) workforce; 6) operations; and 7) results. Through analysis of the seven key areas, the framework allows the BHA to reach its goals, improve results, and become more competitive (NIST, 2020).

An interview with one senior leader was analyzed using NVivo 12 software (Conger, 2021), which allowed me to code the transcription of an interview manually or automatically. Nodes or categories were identified; subcategories and emerging themes from the interview transcript and interviewer notes were coded. To identify bias, I used reflexivity during the study to have awareness and monitor my personal role and ongoing influence on the research. I also used criticality to pay close attention to issues of power and equity during research, so that the research was centralized and accurately represented the participants' experiences; and rigor, which encompassed a variety of concepts including transparency, understanding of people, maintaining fidelity to participants, and development and engagement of research design. With these considerations, rigor was more difficult to maintain; however, it was critical to allow for

the validity of the study. Finally, member checks were used to check in with the participant of the study. This is a person-centered approach that allowed me, the interviewer, to purport the information as an adequate representation of the participant's reality (Ravitch & Carl, 2016).

Limitations

The nature of this case study design presented several inherent limitations. This study's limitations included its generalizability given the small sample size, as it could have undermined the internal and external validity of the study (Ravitch & Carl, 2016). The interview captured the experience of one individual leader from one agency, which may not correlate to leaders in other agencies.

Another limitation was the researcher's professional relationship with the leader and organization. To minimize risk associated with this relationship, the researcher practiced reflexivity to identify potential conflicts and implicit influencing of the interviewee. Data triangulation of gathered information with other data sources was utilized to maximize accuracy, accountability, and utility of findings to reduce bias (Ravitch & Carl, 2016).

This study examined processes, which is a method used to assess work rather than outcomes. Therefore, the inability to access agency reports and consumer surveys posed a limitation. While this approach was conducive for the study, it was not necessarily generalizable to other behavioral health agencies. The Baldrige framework was used as a guide and helped to assess and improve the process along four dimensions: 1) approach; 2) deployment; 3) learning; 4) integration (NIST, 2020).

Section 5: Recommendations and Conclusion

Recommendations

According to the ED, the organization adheres to requirements for employee licensures and for state regulatory reporting standards. However, the agency does not have a formal mission, vision, policies, or internal quality performance goals. The BHA offers delivery of a multitude of services that are evaluated by consumer satisfaction, treatment success through consumer's ability to manage symptoms, and indicators of life-skill development. Service performance is assessed through documentation pertaining to treatment, service notes, and adherence to billing compliance (personal communication, April 26, 2021). Analysis of the evidence has led to the following recommendations.

Service Recommendations

Childhood trauma has a negative impact on the brain, which develops from birth to age 25 (Lala et al., 2014). According to the ED, BHAs are tasked with meeting the needs of clients who have adverse trauma-related outcomes, including mental health and substance use issues (personal communication, April 26, 2021). This study identified the need for developing a targeted and effective substance abuse prevention program to support at-risk youth who have trauma experiences, to provide support and prevention strategies prior to their misuse of substances, and to help them cope with their challenges. Therefore, I recommend the following:

1. Leadership should use existing data to determine a baseline for current service outcomes in the organization.

2. Leadership should call together a diverse group of stakeholders, internally and externally, to analyze the data and develop a 2-year plan, which includes an annual review of goals following implementation of the program, and that support the BHA's vision, sustainability, and potential growth.
3. Leadership should develop of a communication plan, which includes consistent performance updates to stakeholders.
4. Leaders will define the concept of change to provide clear and concise understanding of the program and to implement effective motivation for change within the organization.
5. Leadership should communicate performance effectiveness through dissemination of reviews in memo form and town hall meetings to internal and external stakeholders, including employees, individuals, families, and community partners.
6. The BHA leaders should track performance monthly, communicating outcomes to stakeholders, while seeking input for any possible changes necessary.

A trauma-informed substance prevention program for at-risk youth would address the BHA's practice problem. I would recommend the agency leaders implement the development of this program in phases over the span of 1 year. The following is a description of the phases and a timeline for developing the program:

Recommended Implementation

It is recommended that a substance prevention program for at-risk youth exposed to trauma be strategically developed and implemented. This should be done in phases to help ensure efficiency and effectiveness, as well as to allow for an opportunity for organizational learning, agility, management of innovation, and delivery of positive value and results. The recommended phases are as follows:

Table 2

Phases and Timeline of Implementation

Phase	Description	Timeline
Phase 1	Identify the team/leader	Month 1
Phase 2	Develop a strategic plan	Month 2
Phase 3	Create written policies for program	Month 3–4
Phase 4	Identify which clients will use the program	Month 5
Phase 5	Program development	Months 6-7
Phase 6	Implementation	Month 8
Phase 7	3 months assessment/evaluation	Month 11
Phase 8	Make changes to accommodate limitations or weaknesses	Month 12
Phase 9	Re-evaluation 6 months, 9 months, and yearly thereafter	Month 18, 21, 24, annually thereafter

In Phase 1, the leaders will identify a team who could brainstorm and create a strategic plan for developing a prevention program. This should include naming a team leader who would report directly to the BHA leader(s) weekly, providing updates of progression. It may be important to incorporate a diverse group of individuals with various professions, perceptions, and ideas. This team should consist of internal and external individuals with various backgrounds including education, clinical counseling,

social work, case management, business management, and at least one of each professional: clinician, case manager, and leader from the BHA.

In Phase 2, the team will develop a strategic plan. Priorities will be set for development of the substance prevention program; energy will be focused on operational strengths and limitations of the stakeholders for working toward common goals. An agreement will be established around intended outcomes, and an assessment plan will be created to evaluate efficiency of the prevention program.

In Phase 3, creation of written policies for the trauma-informed prevention program will provide guidance and clarity for stakeholders using the trauma-informed substance abuse prevention program.

In Phase 4, team members will identify the consumers/organizations who will use this program such as current at-risk youth in practice who will be working in conjunction with local school districts, other behavioral health agencies, residential services, local mental health hospitals, and others who would benefit from a substance abuse program for at-risk youth exposed to trauma.

In Phase 5, the BHA team will develop the program and include

- discussion and agreement regarding vision of a successful substance prevention program for at-risk trauma exposed youth,
- creation of a step-by-step program training manual,
- discussion and identification of who will become trainers/providers of the program,

- creation of a specific plan to assess and evaluate the program for positive social change success,
- implementation of any necessary changes to accommodate limitations or weaknesses in the program, and
- presentation of findings and a strategic plan for the substance prevention program to key leaders for approval.

Once BHA leaders give their approval, they will begin Phase 6, the implementation of the program. During this launch, the development team will guide and provide support to newly trained providers.

In Phase 7, the development team will create and conduct assessments for program evaluation. The assessments may include collection of state data regarding substance use/abuse, client surveys, and employee surveys.

In Phase 8, program team members may make changes or accommodate for limitations/weakness found during the launch and assessment phases of the program.

In Phase 9, the program team will conduct a 6-month, 9-month, and yearly evaluations of the substance abuse prevention program and outcomes for at-risk youth exposed to trauma. Adjustments will be made after each evaluation to accommodate changes needed for success of the program and consumer outcomes.

Workforce and Training

According to the ED (personal communication, January 7, 2021), nearly 99% of clients with substance issues have reported having trauma exposure during their youth, which has led to an increasing need for treatment services in adulthood. Because of the

difficulty maintaining their growing case load due to substance use issues, it is recommended that the behavioral health leadership explore preventative services to reach youth exposed to trauma prior to misuse of substances.

Two themes emerged from the leadership interview. The first theme was organizational growth. Terms including *retention, culture, communication,* and *supervision* were linked to this theme. The BHA does not advertise or recruit for hiring and retains staff members by cultivating their talent, giving genuine support, and nurturing growth. The ED equates quality performance with investing in overall well-being and by encouraging autonomy and having a laisse-fair management style. Therefore, it is recommended the ED explore this theme with management in more depth to develop strategies for continuation of growth when implementing a new program.

Leadership explores employee perceptions about organizational growth and workforce engagement. Interviews with staff, clinicians, and case managers should concentrate on perceptions including the following:

1. Professional growth opportunity with implementation of new program.
2. Shared vision and values with employer.
3. Training opportunities and preparedness.
4. Organizational, community, and social impact.

The second theme was process improvement. The agency has built an effective practice offering counseling and therapy (ED, personal communication, December 6, 2020). Case management was added to the agency's services, as the practice saw its clients struggling to fulfill basic life needs. The ED has built an effective and supportive

work environment through workforce capability, capacity, and climate. The organization does not have a formal mission or vision, and according to the ED, the agency does not collect data for process improvement. Therefore, it is recommended that leadership explore deeper levels of processes to ensure improvement. Through structured processes and implementation of assessment, the BHA leadership will be better positioned to maintain a new substance prevention program with a process improvement plan. The following are recommendations:

1. The internal stakeholders and leaders develop a formal organizational mission, vision, and values statement to measure workforce engagement to match the goals of the BHA.
2. The BHA create and adopt formal mission, vision, and values that align with organizational goals.
3. Internal stakeholders develop, distribute, and examine survey and interview responses from staff and clinicians to develop strategic plan for implementation of a preventative substance use program for at-risk youth exposed to trauma.
4. Communicate strategic plan and process improvement analysis outcomes to all internal and external stakeholders through written memo and scheduled meetings accessible in-person and virtually.

Leadership and Governance

BHA's ED, CFO, and supervisors constitute leadership for the organization. The agency leaders inspire and guide the BHA's growth and capabilities through a

collaborative and open communicative approach with employees (personal communication, January 7, 2021). The BHA may benefit from development of a board of directors, including outside stakeholders, which can provide opportunity to learn about industry or economic changes that could direct internal changes.

Social Impact

The BHA is challenged to create social impact due to lack of preventative substance services for at-risk youth exposed to trauma. At-risk youth could develop positive skills and resiliency, leading to increased positive outcomes, such as successful completion of education and development of positive relationships and the ability to be contributing members of society.

Community social impact could include reduction in the alcohol epidemic and the opioid epidemic, crime, homelessness, and recidivism. Implementation of a substance abuse prevention program for at-risk youth could also have an impact on the state and beyond. The opioid crisis in [redacted State] has negatively impacted the community for the past couple of decades (Redacted State.gov, 2021). With the reduction of treatment service needs for mental health and substance use issues, state funding needs could decrease as the service needs decline.

Further Recommendations

It is further recommended that the BHA consider creating strategies to measure workforce engagement and performance. Measuring work performance, learning and development, and career progression may bring opportunity for organizational growth, as well as for staff, provider, and client satisfaction. Satisfaction may be measured through

quality surveys, while performance may be measured through annual employee reviews to include feedback and discussion from both evaluator and employee.

Recommendations for Future Study

Review of the literature indicated there are extensive data available regarding treatment for individuals who have substance use issues. There are also extensive research studies that address mental health issues relevant to trauma exposure in youth. While researching the current practice problem, I discovered there was limited research regarding prevention for mental health or physical health issues related to trauma exposure for at-risk youth. It was surprising to learn that many mental and physical health issues may be prevented with the right interventions following trauma exposure; however, not much research was available.

There are many studies that focus on treatment modalities, as well as understanding why people have certain health conditions and the connection between health and trauma, such as ACEs studies (Beal et al., 2019). What is more limited are studies examining how to mitigate prevention for physical and mental health issues following exposure to traumas. This is an opportunity for further research to address the gap in prevention of substance use for at-risk youth exposed to trauma.

Dissemination Plan

My plan for disseminating this work to the organization is to create a well-organized presentation that involves communicating a summary of the research, discovery, and detailed recommendations made to the BHA. Question-and-answer time will be allotted at the end for further clarification or comments.

Summary

The purpose of this qualitative study was to explore the need for behavioral health agencies to incorporate substance prevention into their services and understand the impact of substance-use prevention for at-risk youth with exposure to trauma. Literature identified a significant correlation between exposure to trauma during childhood and substance use issues during youth and/or adulthood. Literature also identified a disparity in substance prevention programs for at-risk youth with trauma exposure. Therapeutic modalities for treatment of substance use issues due to unresolved trauma were found to be prevalent in the literature.

This study's goals were to bring understanding to the BHA about the development of a substance prevention program that would be beneficial through its incorporation into their practices. A structured interview with the ED provided information about the workforce engagement processes, financial performance, and strengths and limitations of the BHA's service delivery efficacy.

Studying the agency's systems and approaches led to the development of recommendations to enhance services, organizational sustainability, and positive impact through social change for individuals served, stakeholders, community outreach programs, educators, and state and federal-level programs. This study's results may contribute to literature involving the effective development of substance use prevention for at-risk youth with unresolved trauma.

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Appendix A: Interview Questions

The interview questions are as follow:

1. How often do your clinicians report working with clients for substance misuse related to adverse childhood experiences (trauma)?
2. What current treatment modalities have positive effects for clients who have trauma and substance-use issues?
3. Have there been indicators that there is a need to have a substance abuse prevention program; if yes, what are they? If not, what makes it a good time to explore the creation of such a program?
4. What strategic plans are in place for the development of a preventive program?
5. How do you describe the barriers clients face due to unresolved trauma?
6. How will a preventative program impact your current operations, services provided, and staffing?
7. Please describe an ideal preventative program.
8. How will a preventative program be implemented? Who will primarily be responsible for implementation of the plan?
9. What resources will be needed to implement a preventative program (i.e., facilities, financing, additional staffing, etc.)?
10. What is the timeline for implementing a preventative program?
11. Are there programs you might model your program after?
12. How will you measure success of your program?