



New England (HHS Region 1)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

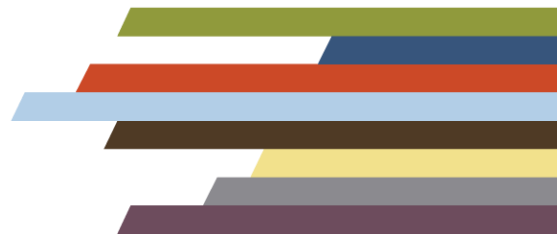
Restorative Prevention: How Centering Equity in Primary Prevention Can Build Healthy Communities and Prevent Substance Misuse

A Mental Framework



New England PTTC Fellowship Program 2021 Term

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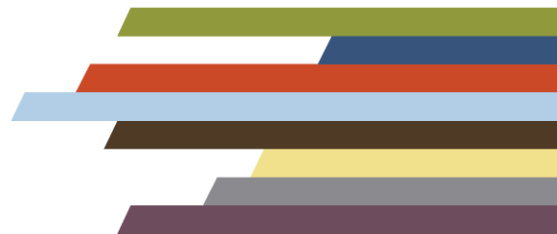


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I. WE ARE ON INDIGENOUS LAND

Why Is Indigenous Land Acknowledgment Important?

Before we explore this guide, it is important to acknowledge that the sacred land we live on...

“It is important to understand the longstanding history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense, or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation.”

Northwestern University

“When we talk about land, land is part of who we are. It’s a mixture of our blood, our past, our current, and our future. We carry our ancestors in us, and they’re around us. As you all do.”

Mary Lyons (Leech Lake Band of Ojibwe)



The New England PTTC acknowledges the sacred land where we work, live, teach, learn, and build community, which has been a site of human activity for 13,000 years. This land is the territory of the Massachusett and their neighbors the Wampanoag and Nipmuc Peoples, who have stewarded this land for hundreds of generations.

Today, Boston is home to thousands of Indigenous people from across Turtle Island, and we are grateful to have the opportunity to live and work here.

We recognize the repeated violations of sovereignty, territory, and water perpetrated by invaders that have impacted the original inhabitants of this land for 400 years. We extend our respect to citizens of these Nations who live here today, and their ancestors who have lived here for over five hundred generations, and to all Indigenous people. We also affirm that this acknowledgement is insufficient. It does not undo the harm that has been done and continues to be perpetrated now against Indigenous people, their land and water.

Acknowledge The Land & Take Action

1. [Do your research](#) to [make](#) meaningful [Land Acknowledgements](#) like this [one](#).
2. [Listen](#), [learn](#), [unlearn](#), [grow](#), [act](#) and ask local Native people how you can be helpful.
3. Speak up [from the heart](#) against [offensive](#), condescending speech, writing, and behavior.
4. [Contest](#) how public [spaces](#) are [named](#), challenge popular narratives that erase Native peoples.
5. [Transform how and what we learn](#), make it [interdisciplinary](#) and [place-based](#), use [View from the Shore/View from the Boat](#), highlight Native [voices](#) and [authors](#), and support Native makers like [Urban Native Era](#), [Wabanaki Marketplace](#), [B.Yellowtail](#), [From the People, We are the Seeds](#), [Abbe Museum](#), and [Wampanoag Trading Post](#). (Let us know who else to add to this list, please.)
6. Ask [who's at the table](#), [whose voices are heard](#), who makes decisions, who gets [funded](#), whose issues are addressed.



This is a guide for local and regional substance misuse prevention efforts that seeks to improve community health by building relationships and a sense of connectedness, while paying close attention to those that are often excluded.

This guide will introduce the concept of "Restorative Prevention," a mental framework for rethinking our approach to community-based substance misuse prevention efforts. The goal of this framework is to build healthy communities through a process of systemic equity that restores communities to a state better than they once were. I will define terms and key concepts as a proposed foundation for adopting restorative and equity-centered practices, particularly among those demographics that existing health and prevention systems are failing to serve or support.

By increasing social capital, repairing harm, and restoring relationships, this framework also seeks to prevent substance misuse by addressing the disconnection and pain often at its root. By shifting our attention to the broader systems that perpetuate harm, and away from a singular focus on individuals and populations alone, we may truly begin to address the structural roots of the issues that manifest as substance misuse and prevent it before it ever occurs.

This guide will also discuss ways to integrate these practices into the Substance Abuse and Mental Health Administration's (SAMHSA) Strategic Prevention Framework (SPF) process. The guiding principle of Culture Competence will be expanded to one of Cultural *Responsiveness* by including additional cultural frames and perspectives. Finally, I will expand on the concept of Restorative Prevention, and what it can look like in practice, as a means of shifting our traditional prevention approaches towards a vision of unity and solidarity.



Many of the policies promoted by the prevention field over the past 50 years have caused long-lasting harm and trauma. How we have traditionally engaged people in our prevention work has often excluded oppressed cultures and groups from our prevention tables—including the very cultures and groups who suffer the most inequitable consequences of these policies. The vision of this framework is to co-create and develop new processes and practices that center the voice of those cultures and groups that have been historically marginalized, by meaningfully engaging them in prevention efforts. This means going beyond just inviting them to our coalition meetings or asking for input on prevention activities. It means involving them in actively making decisions throughout our entire strategic planning processes and empowering their voices to ensure the process is community driven and led. Our prevention efforts should be done “with” the community, rather than “to” the community. Only by working together to define community restoration and envision what it can look like in our work, can we repair past harms, resolve current injustices, and shift our traditional prevention approaches towards a vision of unity and solidarity.

The vision of this framework is to co-create and develop new processes and practices that center the voice of those cultures and groups that have been historically marginalized, by meaningfully engaging them in prevention efforts.

IV. INTRODUCTION

This is not intended to be comprehensive guide, but rather a starting point for having conversations around how prevention coalitions can work toward equity and restoration in their community prevention efforts.

Simply leveling the playing field to create “equality” is not enough. Equality is achieved when everyone has the same thing, regardless of their specific needs or lack thereof. This is very different from equity, though the two concepts are often confused or conflated. Equity is achieved when the varied needs of people are considered when developing strategies, policies, and practices. While equality is often deployed in the interests of placation and pacification, equity is deployed in the interest of empowerment for traditionally disempowered peoples.

A systems approach to centering restoration, in the interest of equity-advancing work, is the responsibility of the entire community, not just individuals making the “right” choices around their own health. Equity-advancing work demands a change in systems and culture, which is a collaborative effort, not an individual one. It calls for the demystification and deconstruction of systemic inequities. This work shapes policies, practices, and culture, and is more than “dressing up” our prevention efforts with superficial changes. Preventionists are encouraged to enter into, or go deeper in, work that holds the potential to disrupt deeply-entrenched macrostructural inequity in our prevention systems.

This is not intended to be comprehensive guide, but rather a starting point for having conversations around how prevention coalitions can work toward equity and restoration in their community prevention efforts.

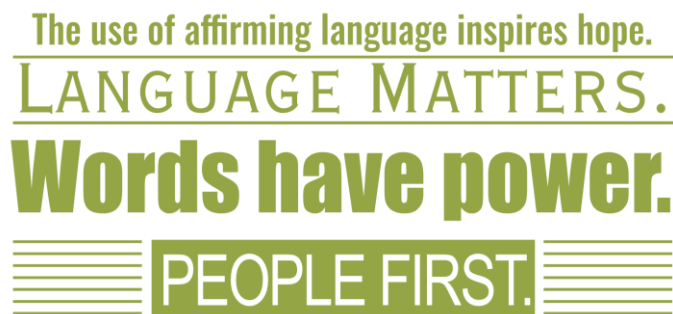
V. DEVELOPING A COMMON UNDERSTANDING

Language Matters

The New England PTTC recognizes and honors that language changes regularly. Language around cultural diversity, equity, inclusion, and competence changes, too. This guide uses language that reflects the Strategic Prevention Framework Guide around these subjects to promote clarity and connection between the two documents.

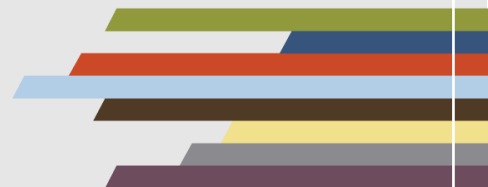
To decide the best language and terms for your organization to use on the subject of cultural competence, humility, and responsiveness, consult your community and listen to their requests, needs, and choices. Not every set of terms will work for every person, but we know that words have power, and language matters. The best way to practice this philosophy is to do research, be respectful and open to learning, and to make changes, when necessary, change is brought to your attention.

Keep in mind, the words that make the most sense today may be different in the future. Respect and center the voices around you of the people who you serve, and you'll be able to navigate the language of inclusion within prevention.



The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

PTTC RESOURCE (COMING SOON)
A Comprehensive Culturally Responsive
Glossary: Concepts to Increase Awareness
Towards Health Equity



VI. ADDRESSING INEQUITIES IS PRIMARY PREVENTION WORK

Why Focusing on Equity is Critical to Effective Prevention Efforts

Across the nation, gaps in health are large, persistent, and increasing—many of them caused by barriers set up at all levels of our society. After all, it's hard to be healthy without access to good jobs and schools and, safe, affordable homes. Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.

Cultural filters shape the way each of us understands and pursues health and well-being, from our perceptions of health to where community members seek help and the types of support they prefer.

Cultural competency, health disparities, and health equity are familiar terms to prevention professionals. A focus on health equity allows communities to direct their prevention strategies towards the systems and environments that are causing harm. In doing this, we contribute to the reduction in health disparities, impact the social determinants of health, and support initiatives that create meaningful community connection and societal change.

KEY TERMS:

- **Race:** can be defined as “a specious classification of human beings, created during a period of worldwide colonial expansion, by Europeans (whites), using themselves as the model for humanity for the purpose of assigning and maintaining white skin access to power and privilege.”
- **Racism:** is defined as social and institutional power combined with race prejudice. It is a system of advantage for those considered white, and of oppression for those who are not considered white. It is a white supremacy system supported by an all-class collaboration called "white" created to end cross-racial labor solidarity.
- **Zero-sum paradigm:** Zero-sum thinking, or zero-sum bias, is a cognitive bias used to describe when a person believes that a situation is a matter of win-lose or loss-gain. In other words, they believe one person's loss is another person's gain.

“Disparities are the downstream result of upstream inequities.”

Dr. Debra Furr-Holden

Two critical terms that are often conflated are **disparities** and **inequities**. The two are not the same, and in fact one is the outcome of the other. Disparities are defined as “differences” are person-centered (e.g., race), while inequities are a lack of fairness or justice, and focuses on systems and structures (e.g., racism). As Dr. Debra Furr-Holden, professor of public health at Michigan State University and co-director of the Healthy Flint Research Coordinating Center, explains – disparities are the downstream result of upstream inequities. The social determinants of health – where people are born, live, learn, work, play, and worship – lie “midstream” between inequities and disparities and represent our community environments. Our prevention coalitions have the ability and opportunity to impact the conditions of these environments.

Disparities versus Inequities



Disparities

Differences
Person-centered
Downstream
Race



Inequities

Unfairness
Systems & structures
Upstream
Racism

**NE PTTC EQUITY AND DISPARITY
RESOURCES:**

<https://pttcnetwork.org/centers/global-pttc/cultural-responsiveness>

How Racial Equity fits into our Prevention Work and Why We Need to Lead with Race

Our prevention efforts should shift to lead with race, fully recognizing that the creation and perpetuation of racial inequities has been baked into our systems and organizations, and that racial inequities across all indicators for success are deep and pervasive. We know that other groups of people are still marginalized, including based on gender, sexual orientation, ability and age, to name but a few. Focusing on racial equity provides the opportunity to introduce a framework, tools and resources that can also be applied to other areas of marginalization. This is important because:

- To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.
- A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.
- Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the interconnected ways in which marginalization takes place will help to achieve greater unity across communities.

It is critical to address all areas of marginalization, and an institutional approach is necessary across the board. As local and regional prevention efforts deepen their ability to eliminate racial inequity, they will be better equipped to transform systems and institutions impacting other marginalized groups.

“Nothing about our situation is inevitable or immutable, but you can’t solve a problem with the consciousness that created it.”

Heather McGhee, author of *The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together*

Why Working for Racial Equity Benefits the entire community

There has been a zero-sum paradigm that has been the default planning framework in many of our communities. Without necessarily having hostile intent, we’ve been conditioned to think about race relations through a prism of competition, with advantage for one group thought of as disadvantage for another. There is certainly truth to the fact that white people benefit from systemic racism: their schools have more funding, they have less contact with the police, they have greater access to healthcare. But how does an overemphasis on this inadvertently feed this paradigm?

If those of us seeking unity hold this version of the zero-sum story and others seeking division (or self interest) maintain the other side of this story, is it any surprise that many of us see race relations through the lens of competition?

It is progressive economic conventional wisdom that racism accelerates inequality for communities of color, but what if racism is actually driving inequality for everyone?

Nothing about our situation is inevitable or immutable, but you can’t solve a problem with the consciousness that created it. The antiquated belief that some groups of people are better than others distorts our politics, drains our economy, and erodes everything Americans have in common, from our schools to our air to our infrastructure. And everything we believe comes from a story we’ve been told. [How can we] piece together a new story of who we could be to one another, and to glimpse the new America we must create for the sum of us.

Developing a network of prevention efforts focusing on racial equity is critically important to getting to different outcomes in our communities. The goal must be beyond closing the gap; we must establish appropriate benchmarks that lift up all populations while paying close attention to those often excluded. Implementing strategies to “close the gaps” from this perspective has been called **targeted universalism**, meaning improvements for all groups. Advancing equity moves us beyond just focusing on disparities. Deeply racialized systems are costly and depress outcomes and life chances for all groups.

For instance:

- Although there are a disproportionate number of youth of color who do not graduate from high school, there are many white students as well. We have seen strategies that work for youth of color also work better for white youth,
- Disproportions in the criminal justice system are devastating for communities of color, most specifically African-American men, but are financially destructive and unsustainable for all of us. Dramatically reducing incarceration and recidivism rates and re-investing funds in education and prevention can work to our collective benefit.
- When voting was/is constrained for black and brown voters, low-income white voters are also likely to be excluded. During the period of poll taxes and literacy tests, more eligible whites were prohibited from voting than blacks.

The goal is not to just eliminate the gap between white people and people of color, but to increase the success for all groups. Racial equity develops goals and outcomes that will result in improvements for all groups, but the strategies are targeted based on the needs of a particular group. Systems that are failing communities of color, are actually failing all of us. Targeted universalism will increase our collective success and be cost effective.

VII. TARGETED UNIVERSALISM

Targeted universalism is a much-needed framework for helping us understand the importance of creating belonging in our communities. It's critical that we address our tendency to "other" certain individuals, and targeted universalism illustrates what structural belonging and inclusion can look like in its most robust and radical sense.

We have seen a strong turn for social justice organizations to orient around equity, structural change, and new narratives or storytelling. This language represents an important insight. However, the potential of employing these critical ingredients is muted if our practices and strategies fail to pursue a rich understanding of equity and the diversity of people who will benefit from its realization.

Targeted universalism is a method to design efforts to make transformative or transactional changes. Most importantly, it encompasses a process that can make sure that all changes—big or small—are aligned to create the world we urgently need.

In its name, targeted universalism signals flawed policies that are either targeted policies or universal policies. Targeted universalism addresses the weaknesses and strengths of these two types of policies. In so doing, targeted universalism is conceptually and operationally different—it is not simply an amalgamation of each type.

Neither universal or targeted approaches are able to accomplish swift, lasting, and largescale transformative change. We refer to targeted universalism as equity 2.0 because the framework puts equity into practice while bringing to fruition the full potential of focusing on equity over equality—one of many critical distinctions necessary to respond to the diverse forms of othering that we have to dismantle.

Learn more about Targeted Universalism by [downloading our primer](#), listening to our [podcast interview featuring director john a. powell](#), and viewing our [animated explainer video and curriculum modules](#).

LEARN MORE ABOUT TARGETED UNIVERSALISM
<https://belonging.berkeley.edu/targeted-universalism>

VIII. GROUNDWATER APPROACH TO RACIAL EQUITY

The **Groundwater Approach to Racial Equity** is an acknowledgement and analysis of the nature and impact of structural racism and what it looks like across institutions. It examines narratives around racial disproportionality and makes use of compelling research data to illustrate the systemic nature of racism and the fallacy of typical explanations like poverty, education, social class, individual behavior, or cultural attributes that often get associated with particular racial groups. Before addressing racial inequity or perceived acts of discrimination or oppression it is critical to understand what institutional racism looks like and the devastating impact it wields on our nation's people, economy and social institutions. The Groundwater Approach teaches how to use data to measure the systemic impact of racism and to track institutional change.

The Groundwater Approach grounds individuals in an understanding of what the problem of structural racism is, and what it isn't, and provides an analysis of how and why racism was created and how it has been embedded and maintained within and across America's institutions.

The groundwater metaphor is designed to help practitioners at all levels internalize the reality that we live in a racially structured society, and that that is what causes racial inequity. The metaphor is based on three observations:

1. racial inequity looks the same across systems,
2. socio-economic difference does not explain the racial inequity; and,
3. inequities are caused by systems, regardless of people's culture or behavior.

Embracing these truths helps leaders confront the reality that all our systems, institutions, and outcomes emanate from the racial hierarchy, on which the United States was built. In other words, we have a "groundwater" problem, and we need "groundwater" solutions. Starting from there, we begin to unlock transformative change.

"To show that there is inequity, but now why there is inequity leaves too much open to interpretation. The reality is that we live in a racially structured society. THAT is what causes inequity."

REI (Racial Equity Institute)

DOWNLOAD THE PDF GROUNDWATER APPROACH REPORT:

<https://www.racialequityinstitute.com/download-pdf>

[The Groundwater Approach](#) report was developed to be used as a tool to deepen both individual understanding of the need for systemic change, as well as a tool for facilitated group learning and development.

This Groundwater Approach was developed by the Racial Equity Institute (REI), an organization committed to bringing awareness and analysis to the root causes of disparities and disproportionality in order to create racially equitable organizations and systems. Even 50 years after significant civil rights' gains, the impact of race continues to shape the outcomes of all institutions.

Racial Equity Institute (REI)

REI trainers and organizers help individuals and organizations develop tools and processes to challenge patterns of institutional power and to grow institutional equity. Our approach has a movement orientation, always focused on organizing toward institutional change with equitable and just outcomes for people of color (See Parker Palmer, <http://www.couragerenewal.org/parker/writings/divided-no-more/>).

We recognize many intersecting oppressions, but our belief is that racism is the glue that connects all oppressions, and thus our focus is on race and the injustices that stem from racialized history and belief systems that are reflected in American culture and institutions.

Coalition Agreements & Expectations

The Groundwater Approach requires the following, which are expectations adapted from Bryan Stevenson (*Just Mercy*), and guide REI's training and organizing. These are "group/coalition agreements" that may be helpful to incorporate into your work, because as Stevenson says, this is what we need to expect of ourselves and institutions if we are to be effective change agents addressing a societal injustice, like structural racism.

1. **Get proximate to the problem.** In this case, the problem we are addressing is racism. We may have been involved in dialogues about racism but very few of us have ever been expected to study racism in any depth. We can't address a deep and complex problem like racism without on-going study and analysis. We can't work collectively on a problem unless we have a common understanding of what it is.
2. **Change the narrative.** What are our narratives about race in America? How are these narratives played out in our systems and institutions? How have we internalized these narratives? What will it take for us to dismantle old narratives and create a new one?
3. **Expect inconvenience and discomfort.** Creating new narratives, while learning new ways to understand and think about race and racism can create the discomfort of cognitive dissonance. Examining assumptions and practices with a racial lens can be uncomfortable, time-consuming, and conflict-ridden because it's not always easy to figure out. We can fall in the trap of wanting a quick fix. But there's no quick fix. Discomfort must become a part of the journey and something to be welcomed because it signals our growing edge.
4. We need to **stay committed and engaged.** Dismantling the system of racism isn't a sprint but a journey, one that we need to engage with curiosity and commitment and persistent long-term work. In workshops and in the work, *we need to stay the whole time.*

5. **Respect the process.** Engaging racial equity work requires a process that is often counter-cultural. Audre Lourde said “The master’s tools will never dismantle the master’s house.” We need to cultivate a new way of seeing and working together that may seem cumbersome, puzzling, slow and even conflictual at times. We need to bring a racial equity “groundwater” analysis to the process and trust that study and analysis before action will lead to new steps forward, and that reflection on the results of our actions will inform the next steps.
6. **Listen respectfully and respect confidentiality.** In our work we must also respect those we are working with by listening to each other deeply for meaning (as opposed to response or retort) and respecting confidentiality of thoughts, ideas and experiences offered by individuals.
7. **Maintain hope, even in the face of the brutal facts.** Hope is not the same as optimism. It is the ability to sense a deeper reality than what is visible. It is the sense that our efforts are meaningful and will lead us forward toward a desired outcome. It was hope, *despite the brutal facts*, that propelled Admiral James Stockdale and his colleagues to work consistently for the day they would be freed, after eight years of captivity in a Viet Cong prisoner-of-war camp. It is hope that has fueled all freedom movements (abolition of slavery, abolition of Jim Crow/ Civil Rights movement, Nelson Mandela and the abolition of apartheid in South Africa) and that will fuel our own freedom movement toward racial equity and justice.

It is hope that has fueled all freedom movements and that will fuel our own freedom movement toward racial equity and justice.

IX. CENTERING EQUITY IN THE STRATEGIC PREVENTION FRAMEWORK PROCESS

Prevention planners are pressed to put in place solutions to urgent substance misuse problems facing their communities. But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse.

To facilitate this understanding, SAMHSA developed the Strategic Prevention Framework (SPF). The five steps and two guiding principles of the SPF offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

The SPF includes these five steps:

1. **Assessment:** Identify local prevention needs based on data (i.e., What is the problem?)
2. **Capacity:** Build local resources and readiness to address prevention needs (i.e., What do you have to work with?)
3. **Planning:** Find out what works to address prevention needs and how to do it well (i.e., What should you do and how should you do it?)
4. **Implementation:** Deliver evidence-based programs and practices as intended (i.e., How can you put your plan into action?)
5. **Evaluation:** Examine the process and outcomes of programs and practices (i.e., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

1. **Cultural competence.** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
2. **Sustainability.** The process of building an adaptive and effective system that achieves and maintains desired long-term results.

In addition to providing these concrete steps, the SPF has several defining characteristics that set it apart from other strategic planning processes.

Most notably, it is:

- **Dynamic and iterative.** Assessment is the starting point, but planners will return to this step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, planners may need to find and mobilize additional capacity to support implementation once a program or practice is underway. For these reasons, the SPF is a circular rather than a linear model.
- **Data-driven.** The SPF is designed to help planners gather and use data to guide all prevention decisions—from identifying which substance misuse problems to address in their communities, to choosing the most appropriate ways to address these problems, to determining whether communities are making progress.
- **Reliant on and encourages a team approach.** Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions involved in prevention efforts may change as the initiative evolves, but the need for prevention partners will remain constant

These characteristics offer opportunities to integrate equity beyond a lens and as part of every step of this community planning process. Additionally, the cross-cutting principle of **cultural competence** can and should be expanded to include **culture responsiveness**.



X. MOVING BEYOND CULTURAL COMPETENCE

Behavioral health disparities pose a significant threat to the most vulnerable populations in our society. Whether manifesting themselves as elevated rates of substance misuse among American Indian/Alaska Natives, high rates of suicide among LGBTQ youth, or reduced access to prevention services among people living in rural areas, these disparities threaten the health and wellness of these populations and of our society as a whole.

To overcome systemic barriers that may contribute to disparities, planners must be culturally competent. They must recognize and value cultural differences—such as those in the health beliefs, practices, and linguistic needs of diverse populations. They must develop and deliver prevention programs and practices in ways that ensure members of diverse cultural groups benefit from their efforts.

SAMHSA has identified the following cultural competence principles for prevention planners:

- Include the target population in all aspects of prevention planning
- Use a population-based definition of community (i.e., let the community define itself)
- Stress the importance of relevant, culturally appropriate prevention approaches
- Employ culturally competent evaluators
- Promote cultural competence among program staff, reflecting the communities they serve

Cultural competence is one of the SPF's two guiding, cross-cutting principles and, as such, should be integrated into each step of the framework's implementation. By considering culture at each step, planners can help to ensure that members of diverse population groups can actively participate in, feel comfortable with, and benefit from prevention practices.

Why cultural competence matters

Cultural competence is important for a few reasons. The first major reason is because we live in a diverse society. We are diverse with respect to race/ethnicity, social class, gender, sexual orientation, ability, age and religion/spirituality. It should not be assumed that any perspective is better than the other. Each perspective is valid. Despite this truth, those who have traditionally been in positions of power have made rules and policies that are reflective of their cultural points of view, without realizing that they look at the world from a particular cultural lens. This unconscious bias has resulted in such things as the overrepresentation of African American and Hispanic groups in prison, juvenile detention, special education and foster care. In addition, these and other ethnic minority groups have been underrepresented in less punitive, treatment-oriented systems such as mental health and inpatient facilities. Often those who make decisions such as whether or not a Child Protective Services case is an incidence of abuse or neglect, are not from the same ethnic or economic group as the family in question. Subsequently we have family court policies that may mandate individual therapy, a treatment option consistent with mainstream American values but inconsistent with the help seeking behaviors or other cultures that may more naturally turn to their spiritual organizations. As it stands, a failure to comply with family court mandates, after many months, may result in termination of parental rights. Is it fair for the family to be forced to comply with these standards, when they have other, equally valid, and sometimes more helpful options available to them? The mainstream American bias that says individual treatment is the only way to address their problems would say, yes.

Those who have traditionally been in positions of power have made rules and policies that are reflective of their cultural points of view, without realizing that they look at the world from a particular cultural lens.

The difference between cultural competence, humility, and responsiveness, and why it's necessary to acknowledge them all

As in any field or topic of discussion, we have multiple words that mean the same thing with perspectives that vary slightly. That is the case with these three terms. The term cultural competence implies that one is capable of meeting the needs of culturally diverse clients. People sometimes shy away from the use of such a term because it implies that it is a skill that some one has or does not have; that one can actually “arrive,” so to speak. We do not arrive at cultural competence. We become more efficient at our ability to understand the viewpoints of those culturally different from us when we continue to expose ourselves to different cultures, have conversations, regularly engage in dialogues about diversity and increase our knowledge of specific skills. Cultural humility is the understanding that in order to work with individuals who are culturally diverse, we understand that they are the experts on their culture and thought processes. We remain humble by allowing them to help guide us in the process. This does not assume that the practitioner knows nothing, but that each family is unique and in working with them we view them from a strengths perspective; allowing them to also teach us as we work together towards a common aim. Cultural responsiveness, like the term “cultural competence,” promotes an understanding of culture, ethnicity, and language. The difference between the two is that “responsiveness,” does not imply that one can be perfect and have attained all the skills and views needed to work with culturally diverse clients. It assumes one just has the openness to adapt to the cultural needs of those with whom they work.

What ethnicity is and how it's different from race

Ethnicity and race are often spoken about interchangeably, but they are not the same. Ethnicity refers to one's ethnic culture; the vast structures of behaviors, ideas, values, habits, rituals, ceremonies and practices common to a particular group of people that provides them with a general design for living and patterns for interpreting reality. Conversely, race is a fictitious construct. There is no biological basis for race. That being said, when we say, “race,” we typically are identifying people by skin color: black, white, Asian or Indian. Race, or skin color, is not a way to identify ethnicity or culture. One can be a black American or a white American. As well as one can be a black Trinidadian or an Indian Trinidadian; a white Puerto Rican or a black Puerto Rican. The two often intersect. While there is no biological basis for race, one's race does affect an individual's lived experience – the assumptions made about them, how they're treated, and how they experience the world.

"Culture eats strategy for breakfast."
Peter Drucker, Management consultant,
educator and author

How cross-cultural differences shows up in our work

From a business relation's perspective, there are six fundamental patterns of cross-cultural differences:

1. Communication styles
2. Attitudes towards conflict
3. Approaches to completing tasks
4. Decision making styles
5. Attitudes towards disclosure
6. Approaches to knowing

As it pertains to mental or behavioral health, there will be more differences such as: differences in the ways in which we describe these issues (some cultures have a limited vocabulary for emotion words and the notion of "mental illness," does not exist); differences in what we think causes these issues ("God must be mad with us," "She is being punished for her early promiscuity," etc.); and differences in the ways we think we should go about solving these problems.

Why acknowledging all cultures, including the cultures of our organizations is critical: a note on white supremacy culture

The following is a list of characteristics of white supremacy culture that show up in our organizations. Culture is powerful precisely because it is so present and at the same time so very difficult to name or identify. The characteristics listed below are damaging because they are used as norms and standards without being pro-actively named or chosen by the group. They are damaging because they promote white supremacy thinking. They are damaging to both people of color and to white people. Organizations that are people of color led or a majority people of color can also demonstrate many damaging characteristics of white supremacy culture.

- Perfectionism
- Sense of Urgency
- Defensiveness
- Quantity over Quality
- Worship of the Written Word
- Paternalism
- Either/Or Thinking
- Power Hoarding
- Fear of Open Conflict
- Individualism
- Progress is Bigger, More
- Objectivity
- Right to Comfort

One of the purposes of listing characteristics of white supremacy culture is to point out how organizations which unconsciously use these characteristics as their norms and standards make it difficult, if not impossible, to open the door to other cultural norms and standards. As a result, many of our organizations, while saying we want to be multicultural, really only allow other people and cultures to come in if they adapt or conform to already existing cultural norms. Being able to identify and name the cultural norms and standards you want is a first step to making room for a truly multi-cultural organization.

[MORE DETAILS AND SUGGESTED ANTIDOTES TO WSC:](https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf)

https://www.thc.texas.gov/public/upload/preserve/museums/files/White_Supremacy_Culture.pdf

XI. RESTORATIVE PREVENTION

Restorative prevention is a new way of thinking, being, and relating to each other in our prevention work. Restorative practices emphasize the importance of relationships, and the power relationships have to positively influence human behavior. Encompassing both proactive and responsive processes, restorative practices aim to minimize conflict and tensions by building healthy connections. When conflict does occur, restorative practices work to address to the root cause of the issue and repair harm to relationships.



Defining Key Terms: Restorative Practice, Justice, and Prevention

Restorative practices include the use of informal and formal processes that help individuals and groups build relationships and a sense of community to prevent conflict and solve problems together. Where robust social capital—a network of relationships—already exists, it is easier to respond effectively to problems, as well as to create healthy and positive organizational and community environments. “Social capital is defined as the connections among individuals (Putnam, 2001), and the trust, mutual understanding, shared values and behaviors that bind us together and make cooperative action possible (Cohen & Prusak, 2001).”

A common example of a restorative practices is the use of ‘circles’ to help students in a classroom or members of a coalition respond to conflicts and problems that arise, share stories, develop relationships, and build community. As part of this practice, one person speaks at a time, everyone has an opportunity to speak, and members of the circle are encouraged to listen. The circle is an alternative to the more traditional meeting structures, where hierarchy and power dynamics allow participants who are louder or more assertive to dominate the conversation.

Restorative justice is a subset of restorative practices. While restorative practices are pro-active, restorative justice is reactive, comprising both “formal and informal responses to crime and other wrongdoing after it occurs.” It is a process for repairing harm that has been done, rather than focusing solely on punishment, by providing a “space for community members to be held accountable while participating in creating pathways to repair.”

Born from the American Indian and Alaskan Native cultures in the United States, and the indigenous cultures of Canada, Australia, and New Zealand, restorative justice operates on the premise that the harm caused by an individual affects not only the person who was harmed but also the larger community—including the person causing the harm. The restorative process offers the person who caused the harm an opportunity to make peace with all of those affected, by encouraging everyone involved to reflect on how their actions impact the greater community.”

Restorative prevention means implementing prevention approaches that consider and seek to correct the harms produced by society--over decades of institutionalized racism and social injustice.

In the public health world, we can think of restorative justice as an indicated or tertiary prevention strategy because it comes into play after the problem behavior has occurred and is typically directed toward individuals or groups who have engaged in problematic behavior or who are at greater risk of engaging in a problem behavior. For more information on restorative practices and restorative justice, read this overview from the International Institute for Restorative Practices: [*Defining Restorative*](#).

Restorative prevention means implementing prevention approaches that consider and seek to correct the harms produced by society--over decades of institutionalized racism and social injustice. Like all effective prevention, it centers and engages those who experience injustice in the planning, implementation, and evaluation of prevention efforts. But unlike non-restorative approaches, it examines the factors that affect substance misuse and other behavioral health problems through the lens of health equity and social justice and encourages us to use a collaborative, community-driven process to select prevention interventions and strategies capable of addressing these factors, as well as the broader social determinants of health.

What Does Restorative Prevention Look Like in our Work?

Given these definitions above, here are some examples of what restorative prevention could look like in different areas of our prevention efforts.

- **Authentic community engagement.** Restorative practices foster collaborative learning opportunities by creating opportunities for participants to share their thoughts (and know they'll be heard) and build trusting relationships. In our coalition work, we also **need to create these opportunities.** Getting the right people in the room isn't enough. Instead, we need to listen and hear what people's values, goals, and what's important to them; understand how they'd like to be involved and the strengths they bring; and ensure that decisions are made with critical stakeholders rather than to or for them. We need to co-create explicit models for how people will work together toward a common agenda and goals. When everyone at the table has a chance to share their ideas, concerns, and needs, we are much more likely to create more responsive programming that is more likely to be sustained.
- **Equitable power dynamics:** At the heart of its philosophy, restorative prevention invites us to work *with* and not *to* the people receiving our services, and to build the community's capacity to address its own areas of concern. Restorative practices can help us develop a fair and non-hierarchical process that involves those most affected by the public health harms present in our society, and that builds everyone's capacity to collectively address them.
- **Policy change that doesn't cause (or perpetuate existing) harm.** In the public health world, we know that policy change is one of the most powerful ways to improve health outcomes. Yet history has demonstrated that many policies implemented in the name of public health and safety were actually designed to perpetuate deeply rooted prejudices and systemic injustices. Moving forward, we must find ways to repair these harms. For example, we can work to ensure that new legislation related to recreational marijuana sales are fair and equitable. We can work with state and local policies to ensure that retail marijuana tax money gets distributed to organizations that serve Black, Indigenous, and People of Color (BIPOC). We can partner with our criminal justice system to develop a process for expunging cases for petty crimes and other drug charges. We can examine state and local policies that prioritize licenses for those who have been disproportionately impacted by the war on drugs and give them equitable access to obtain retail marijuana licenses.

We also must ensure that new policies don't harm people in the community for, by example, conducting racial and equity impact assessments of proposed policies or policy changes *before* they are implemented.

- **Universal prevention efforts that are truly universal.** We use the term **universal prevention** a lot in our field, but we know it can be a bit of a misnomer. There are people in our communities who are systematically left out of our “universal” prevention efforts. Universal prevention typically focuses on the majority culture: those with more power and privilege. Universal school-based prevention strategies, for example, typically won't reach youth who are not in school—a group who may be at increased risk for substance misuse. A study of the *Strengthening Families Program* found some evidence that families that reported lower levels of attachment (a risk factor for youth substance misuse) were less likely to participate in these programs—yet the youth in these families may also have higher risk for substance use. The authors suggest that more needs to be done to engage these families and to examine how can we lower the barriers to participation, such as providing childcare and transportation or even providing stipends to certain families for their participation.
- **A representative evidence base.** Many evidence-based prevention strategies were evaluated with primarily white populations and have never been tested or shown to be effective with populations who have been marginalized. For example, of the 91 prevention programs included in SAMHSA's former National Registry of Evidence-Based Programs and Practices, only two targeted American Indian/Alaska Native populations and only one of these was specifically designed to prevent substance misuse.
- **Opportunities and supports for innovation.** We need to allocate our prevention funding in a more equitable way to ensure that people of color have the resources they need to evaluate their promising practices and innovative strategies.

For more information on the relationship between restorative practices and community health, check out [this brief](https://www.iirp.edu/resources/community-health-restorative-practices) from the International Institute for Restorative Practices
<https://www.iirp.edu/resources/community-health-restorative-practices>

Great Spirit

*Great Spirit,
give us hearts to understand;
Never to take from creation's beauty more than we give;
Never to destroy wantonly for the furtherance of greed;
Never to deny to give our hands for the building of earth's beauty;
Never to take from her what we cannot use.*

*Give us hearts to understand
That to destroy earth's music is to create confusion;
That to wreck her appearance is to blind us to beauty;
That to callously pollute her fragrance is to make a house of stench;
That as we care for her she will care for us.*

*We have forgotten who we are.
We have sought only our own security.
We have exploited simply for our own ends.
We have distorted our knowledge.
We have abused our power.*

*Great Spirit, whose dry lands thirst,
help us to find the way to refresh your lands.*

*Great Spirit, whose waters are choked with debris and pollution,
help us to find the way to cleanse your waters.*

*Great Spirit, whose beautiful earth grows ugly with mis-use,
help us to find the way to restore beauty to your handiwork.*

*Great Spirit, whose creatures are being destroyed,
help us to find a way to replenish them.*

*Great Spirit, whose gifts to us are being lost
in selfishness and corruption,
help us to find the way to restore our humanity.*

-Native American Prayer

Let's continue to define and provide examples of restorative prevention together. I would love to hear your feedback and ideas on this guide and suggested mental framework as well as examples of what you consider to be restorative prevention work going on in your communities!



XIII. ADDITIONAL PTTC RESOURCES

Additional Resources Developed within the National Prevention Technology Transfer Center (PTTC) Network

- **Building Health Equity and Inclusion: Resource List**

<https://pttcnetwork.org/centers/global-pttc/cultural-responsiveness>

Developed by the Prevention Technology Transfer Center Network's Culturally & Linguistically Appropriate Practices Work Group, this site contains numerous resources to help individuals understand the impact of culture and identity in prevention efforts.

- **Tips for Ensuring a Culturally Competent Collaboration**

<https://pttcnetwork.org/centers/northeast-caribbean-pttc/product/tips-ensuring-culturally-competent-collaboration>

Developed by the Northeast and Caribbean Prevention Technology Transfer Center, this resource includes some tips for prevention stakeholders to begin a process of increasing the cultural competence of your collaborative efforts.

- **A Prevention Guide to Improving Cultural Competence: A Literature Review**

<https://pttcnetwork.org/centers/central-east-pttc/product/prevention-guide-improving-cultural-competency>

Developed by the Central East Prevention Technology Transfer Center, this resource includes a literature review and resources to help prevention stakeholders improve cultural competence and capacity to serve minority and vulnerable populations.

- **Structural Racism and Supporting People of Color: The Role of Prevention Professionals**

https://pttcnetwork.org/sites/default/files/202101/Structural_Racism_and_Supporting_People_of_Color_-_Pacific_Southwest_PTTC.pdf

Developed by the Pacific Southwest Prevention Technology Transfer Center, this resource includes organizational action items that aim to help prevention professionals incorporate anti-racism practices and community outcomes into their work.

- **Connecting Prevention Specialists to Native Communities, Culture is Prevention**

https://pttcnetwork.org/sites/default/files/201906/web%20version%20%20Culture%20is%20Prevention_0.pdf

Developed by the National American Indian and Alaska Native Prevention Technology Transfer Center Network, this resource was created to serve as an introduction to the overall framework of prevention specialists working with Native communities.

- **Connecting Prevention Specialists to Native Communities**

<https://pttcnetwork.org/sites/default/files/201905/Connecting%20Prevention%20Specialists%20to%20Native%20Communities-web.pdf>

Developed by the National American Indian and Alaska Native Prevention Technology Transfer Center Network, this resource includes a tool called the Cultural Connected Scale that evaluates the degree to which individuals are connected to their root culture. It also explains the importance of cultural connectedness and how to promote it for substance abuse prevention specialists.

- **Towards More Equity: Ways to Enhance Your Prevention Programming Resources**

<https://pttcnetwork.org/centers/northeast-caribbean-pttc/product/towards-more-equity-ways-enhance-your-prevention>

Developed by the Northeast and Caribbean Prevention Technology Transfer Center, this set of tools were developed for prevention practitioners and community coalition members to effectively assess their strategies to engage community partners, as well as to develop a plan for increasing community engagement, in a way that will help to increase reach and impact on substance use by beginning with a focus on health equity.

XIV. RACE AND INSTITUTIONAL OUTCOMES

The statistical portrait of the American population broken out by race reveals persistent disparities between people of color and white Americans in almost every indicator of well-being.

Following are some on-line articles and other resources that highlight data related to basic institutional systems in our country and the disparities in outcome experienced by people of color.

Health

- “The Health Care System and Racial Disparities in Maternal Mortality” (2018).
<https://www.americanprogress.org/issues/women/reports/2018/05/10/450577/healthcare-system-racial-disparities-maternal-mortality/>
- “Black and White Infant Mortality Rates Show Wide Racial Disparities Still Exist” (2017). <https://www.newsweek.com/black-women-infant-mortality-rate-cdc-631178>
- “How Racism is Bad for Our Bodies” (2013).
<http://www.theatlantic.com/health/archive/2013/03/how-racism-is-bad-for-our-bodies/273911/>
- “Why Black Women Die of Cancer” (2014)x.
<http://www.nytimes.com/2014/03/14/opinion/why-black-women-die-of-cancer.html?emc=eta1>
- “Why Racism is a Public Health Issue” (2014).
<http://thinkprogress.org/health/2014/02/03/3239101/racism-public-health-issue/>
- “How Racism Hurts—Literally” (2007).
http://www.boston.com/news/globe/ideas/articles/2007/07/15/how_racism_hurts_literally/?page=full
- “Weathering and the Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States.” (Arline Geronimus et al., American Journal of Public Health, 2006).
- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine. “Levels of Racism: A Theoretic Framework and a Gardener’s Tale.” (Camara Phyllis Jones, American Journal of Public Health, 2000)

Social Services

- Identifying Racial and Ethnic Disparities in Human Services (2017)
<https://www.urban.org/research/publication/identifying-racial-and-ethnic-disparities-human-services>
- “Addressing Disproportionality Through Undoing Racism, Leadership Development and Community Engagement” (2008).
<http://www.antiracistalliance.com/Addressing-Disproportionality-Through-Undoing-Racism.html>
- “Examining Racial Disproportionality in Child Protective Services Case Decisions” (2012).
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3439815/>

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