



HEAL Prevention Cooperative (HPC)

NIH HEAL INITIATIVE

Launched in 2019, the National Institutes of Health's (NIH's) HEAL Preventing Opioid Use Disorder (OUD) supports research to prevent opioid misuse and disorder among vulnerable older adolescents and young adults ages 15–30. The HPI includes research on intervention development and evaluation; risk and protective factors; social determinants of health; and dissemination, implementation, and sustainability of preventive programming.

The HEAL Prevention Cooperative (HPC) includes

- The HEAL Prevention Coordinating Center (HPCC), based at RTI International, which facilitates data sharing and collaboration across the HPC
- 10 HEAL Preventing OUD research projects that work across a variety of settings and with at-risk populations to test preventive intervention strategies

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HEAL Prevention Coordinating Center

Award No. U24 DA050182

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INTERNATIONAL

The HEAL Prevention Cooperative (HPC) represents 10 research projects working in a coordinated way to enhance implementation and evaluation of prevention strategies. The HEAL Prevention Coordinating Center (HPCC) supports research projects and works to generate shared insights by collecting, analyzing, and reporting data across research projects.

The HPCC has five aims:

1. Facilitate HPC coordination and communication, including the dissemination of systematic reviews and other scholarly works
2. Provide implementation science consultation
3. Establish data infrastructure
4. Provide data harmonization and methodological and statistical consultation
5. Support economic evaluation across research projects

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Community Randomized Trial in the Cherokee Nation: CONNECT and CMCA for Preventing Drug Misuse Among Older Adolescents

Award No. UH3 DA050234

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EMORY
UNIVERSITY



Research Aim

Investigators are testing a theory-based, integrated multilevel (school, home, community) intervention designed to support mental health and prevent the onset and escalation of opioid and other drug misuse.

Population

Youth, ages 15–20, in rural areas on or near the Cherokee Nation Reservation in Oklahoma

Setting

Schools, homes, and communities

Strategies/Intervention

CONNECT school-based intervention:

- Universal screening and brief intervention with motivational interviewing
- Teacher training and support

Communities Mobilizing for Change and Action (CMCA):

- Family action kits
- Media

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Does Treating Young Persons' Psychopathology Prevent the Onset of Opioid and Other Substance Use Disorders?

Award No. UH3 DA050252

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Research Aim

Investigators are examining the impact of treating behavioral health conditions on the development or course of opioid, nicotine, and other substance use disorders (SUDs) in young people who are receiving behavioral health treatment. This longitudinal study evaluates the impact of such therapies on subsequent development of opioid, nicotine, and other SUDs and identifies possible mediating and moderating variables that may influence outcomes. Additionally, this study aims to implement a pragmatic set of office-based instrumentation using patient-related outcome measures linked to electronic health records.

Population

Adolescents and young adults ages 16–30

Setting

Behavioral health

Behavioral Health Treatments

Behavioral health therapies

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Prevention of OUD: The HOME (Housing, Opportunities, Motivation, and Engagement) Randomized Trial

Award No. UH3 DA050174

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Research Aim

Investigators aim to prevent opioid use disorder among homeless youth through a Housing First strategy combined with OUD and other risk prevention mechanisms. The investigators will assess the efficacy, feasibility, and target population acceptability of intervention services before conducting a randomized controlled trial. Participants will be assigned to one of two intervention conditions: (1) 6 months of housing and opioid risk prevention services or (2) opioid risk prevention services without housing support.

Population

Youth experiencing homelessness and young adults ages 18–24

Setting

Communities of Central Ohio

Strategies/Intervention

Housing First combined with

- Motivational interviewing
- Suicide prevention
- Advocacy and links to community supports
- HIV prevention

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Preventing Parental Opioid and/or Methamphetamine Addiction with DHS-Involved Families: FAIR

Award No. UH3 DA050193

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CHESTNUT
HEALTH SYSTEMS
LIGHTHOUSE INSTITUTE

PRE-**FAIR**
Families Actively Improving Relationships

Research Aim

Led by Dr. Lisa Saldana of Chestnut Health Systems - Lighthouse Institute, this project develops, tests, and implements an intervention designed to prevent the onset and/or escalation of opioid and methamphetamine use disorders in parents referred to or at-risk for referral to the child welfare and/or self-sufficiency systems. In the first phase of the study, researchers identified geographic regions with low service availability and access for families served by the Oregon Department of Human Services. In the hybrid implementation-effectiveness phase, researchers are simultaneously assessing the feasibility of large-scale implementation while testing the clinical effectiveness of an evidence-based program adapted for prevention. The prevention program is an integrated approach that recognizes the interplay between substance use, mental health, parenting needs, and social determinants that affect health and parenting outcomes.

Population

Parents ages 16–30 who are at-risk for opioid misuse and/or methamphetamine use or escalation (use three or less times in the last 12 months)

Setting

Outpatient clinic setting serving families referred by child welfare or self-sufficiency

Strategies/Intervention

Families Actively Improving Relationships for Prevention (PRE-FAIR)



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Using SMART Design to Identify an Effective and Cost-Beneficial Approach to Preventing OUD in Justice-Involved Youth

Award No. UH3 DA050189

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Research Aim

The project applies a sequential, multiple-assignment, randomized trial (SMART) research design to study the prevention of opioid use initiation and escalation among adolescents involved in the juvenile justice system. The randomized controlled experiment will evaluate prevention strategies of two different intensities based on the Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC). The highest intensity uses an enhanced ACRA/ACC model that includes motivational interviewing and trauma emotion regulation content from the Trauma Affect Regulation: Guide for Education and Therapy - 4 Sessions (T-4).

Population

Youth and young adults ages 15–25 confined in institutions or group homes

Setting

Juvenile justice

Strategies/Intervention

- Approach with Assertive Continuing Care
- Motivational Interviewing
- Content from Trauma Effect Regulation: Guide for Education and Therapy

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Preventing Opioid Use Among Justice-Involved Youth as They Transition to Adulthood: Leveraging Safe Adults (LeSA)

Award No. UH3 DA050250

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Research Aim

This project investigates the effectiveness of an intervention aimed at preventing substance use among juveniles who are transitioning into their communities after detainment. The program implements an adaptation of the Trust-Based Relational Intervention™ (TBRI™), which promotes youth emotional regulation by training adults in principles of connection, empowerment, and correction. In the first phase of the program, dyads consisting of a youth and their designated “safe adult” receive standard community re-entry practice (SRP). In the second phase, dyads are assigned to one of three TBRI conditions with various coaching components, in addition to SRP.

Population

Youth ages 15–18 transitioning into communities after a period of detainment

Setting

Juvenile justice

Strategies/Intervention

Trust-Based Relational Intervention

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Optimized Interventions to Prevent Opioid Use Disorder Among Adolescents and Young Adults in the Emergency Department

Award No. UH3 DA050173

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Research Aim

Researchers are using a randomized controlled trial to evaluate the efficacy of health coaching strategies delivered to emergency department (ED) patients to prevent opioid misuse among adolescents and young adults. The interventions incorporate motivational interviewing and include a telehealth session, post-ED visit messaging via an online participant portal, or both.

Population

Youth and young adults (ages 16–30) in the ED who have recent opioid use (plus another risk factor) or opioid misuse

Setting

Emergency department

Strategies/Intervention

Health coaching

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Supplement to Prevention Research Center: Parenting Among Women Who are Opioid Users, Project 2

Award No. P50 DA048756

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UNIVERSITY
OF OREGON

Research Aim

Investigators are adapting the evidence-based Family Check-Up (FCU) intervention to improve parenting and child outcomes for families with a history of substance misuse.

Population

Rural parents ages 18–29 who have a history of substance misuse or symptoms of depression

Setting

Community agencies providing family services

Strategies/Intervention

- Family Check-Up
- Online health assessments

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Development and Implementation of a Culturally Centered Opioid Prevention Intervention for Urban American Indian and Alaska Native Emerging Adults

Award No. UH3 DA050235

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Research Aim

Project investigators will develop, test, and analyze the effects of a culturally sensitive opioid, alcohol, and drug prevention program designed for urban American Indian/Alaska Native emerging adults.

Population

American Indian and Alaska Native emerging adults ages 18–25

Setting

Virtual, community-based

Strategies/Intervention

- Motivational interviewing
- Individualized personal network visualization
- Native American identity and traditional practices
- Community wellness circles focusing on cultural education

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A Digital Intervention to Prevent the Initiation of Opioid Misuse in Adolescents in School-Based Health Centers

Award No. UH3 DA050251

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Yale University

I Research Aim

Researchers have developed and are evaluating, and delivering in school-based health care settings a videogame intervention called PlaySmart. PlaySmart aims to prevent the initiation of opioid misuse in older adolescents through relatable storylines and skill-building activities. In the first phase, the intervention was developed with extensive input from key stakeholders (e.g., adolescents, school-based health center personnel, prevention specialists, and health providers of those diagnosed with OUD) and pilot tested among adolescents. In the second phase, 532 high-risk adolescents are being enrolled in a randomized controlled trial and are assigned to either the PlaySmart game or a set of attention/time control games. Working closely with school-based health programs including school-based health centers, the team is partnering with up to 15 school-based health programs across the country to implement the videogame and conduct a cost evaluation.

I Population

Adolescents 16–19 who are at high risk of opioid misuse

I Setting

School-based health programs

I Strategies/Intervention

Videogame



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