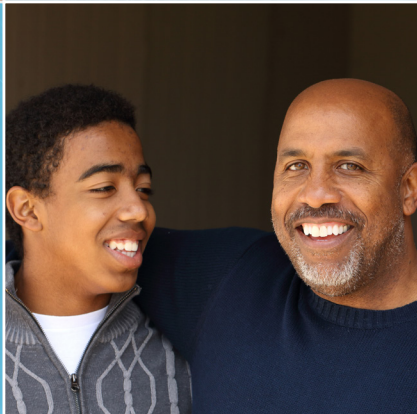
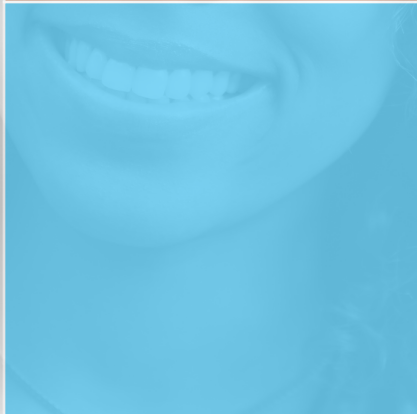
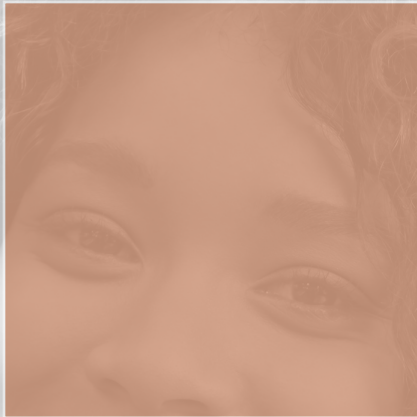
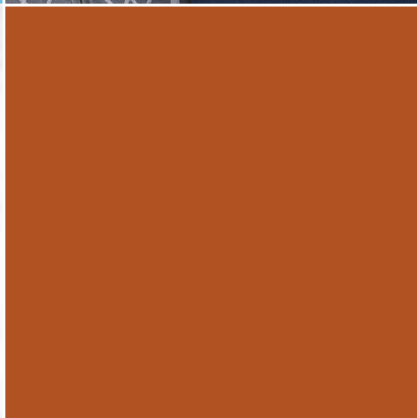
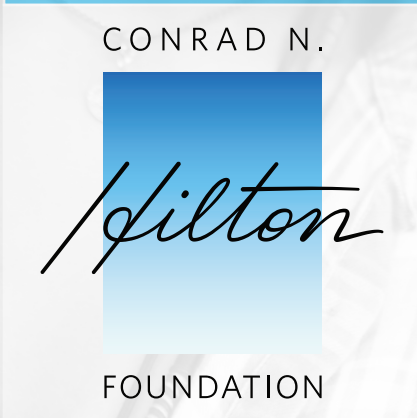


The Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative

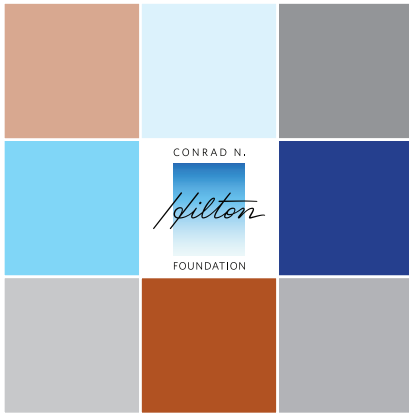


Evaluating
the Impact



2016 Report





EXECUTIVE SUMMARY i

1. INTRODUCTION AND BACKGROUND 1

 The Hilton Foundation Response2

 Evaluating the Strategic Initiative.....3

 Data Collection and Sources4

2. YOUTH SUBSTANCE USE PREVENTION AND EARLY INTERVENTION IN THE UNITED STATES 7

 Youth Substance Use is a Public Health Concern7

 Impact of Substance Use on Adolescent Development7

 Confronting Cultural Norms8

 Developing a Strategy for Lasting Change9

 Summary of Hilton Foundation Grant Investments10

3. MEASURING THE IMPACT 13

Goal 1: Ensure health providers have the knowledge and skills to provide SBIRT services......15

 Progress to Date15

 Discussion.....16

Goal 2: Improve funding for, access to, and implementation of screening and early intervention services.18

 Progress to Date18

 Discussion.....20

Goal 3: Conduct research and advance learning to improve screening and early intervention practices.23

 Progress to Date23

 Discussion.....24

4. RECOMMENDATIONS AND CONCLUSION 27

 Review of Progress Made Towards Addressing Year 1 Recommendations27

 Further Recommendations28

 Conclusion.....30

REFERENCES 31

APPENDIX: YOUTH SUBSTANCE USE PREVENTION AND EARLY INTERVENTION STRATEGIC INITIATIVE GRANT PROGRAMS..... 32



Executive Summary

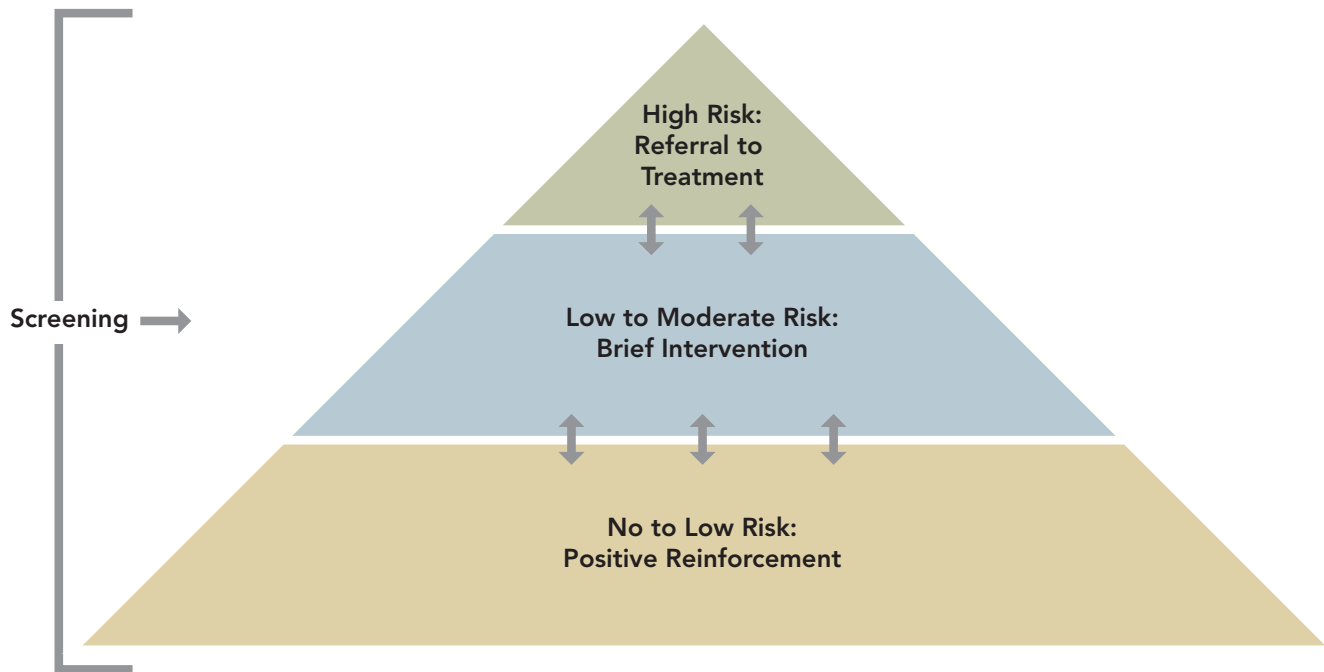
Youth substance use is a leading public health concern in the United States. The U.S. spends over \$700 billion a year in alcohol, tobacco, and drug-related problems associated with health, crime, and lost productivity in the workplace.¹ Because most substance use concerns manifest in adolescence and the young adult years, evidence-based prevention and early intervention strategies for youth are particularly vital to reducing the burden of substance use on individuals, families, and communities. In recent years, policies and services implemented as a result of the Affordable Care Act have significantly impacted primary care and behavioral health delivery systems by emphasizing the value of preventive services, promoting models for primary care and behavioral health integration, engaging communities in population health strategies, and increasing access to substance use and mental health services. Capitalizing on this momentum, the Conrad N. Hilton Foundation's (the Foundation's) Youth Substance Use Prevention and Early Intervention Strategic Initiative (Strategic Initiative) is leading a movement in how people think about, talk about, and address youth substance use. This initiative is laying the groundwork for long-term change through communications and advocacy, preparing the workforce, promoting evidence-based practices, and aligning services across physical health care, behavioral health systems, and community supports nationwide.

The Strategic Initiative is designed to advance the understanding of substance use as a health issue by implementing screening and early intervention approaches to prevent and reduce

substance use among youth as part of routine practice in health care and other settings where youth receive services. The Strategic Initiative's work is centered around a public health, population-based approach of screening, brief intervention, and referral to treatment (SBIRT). **Screening** refers to the routine, universal administration of validated questions to identify potential risk related to alcohol and drug use, followed by positive reinforcement for youth who screen as 'no' or 'low' risk. **Brief intervention** is one or more short, motivational conversations, typically incorporating feedback, advice, and goal setting around decreasing 'moderate' risk related to substance use. **Referral to treatment** describes the process of connecting individuals with problematic use ('high' risk) to appropriate assessment, treatment, and/or additional services based on their level of need. The intent of the SBIRT process is to identify and address substance use and related risks— including health, social, and legal consequences attributed to substance use— through developmentally appropriate interventions or referrals to other services when indicated. Historically, youth substance use has been solely addressed through prevention interventions focused on abstinence or substance use disorder services provided through traditional specialty treatment systems. The SBIRT framework addresses the gap between primary prevention and treatment for disorders by identifying use and potential risk early and intervening before the use of alcohol or drugs leads to more serious consequences.

Building on growing consensus among federal agencies (e.g. National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Office of National Drug Control

¹Source: <https://www.drugabuse.gov/related-topics/trends-statistics>



Policy, and Substance Abuse and Mental Health Services Administration) and professional groups (e.g. American Academy of Pediatrics, American College of Surgeons, International Nurses Society on Addictions, and Emergency Nurses Association) about the value of SBIRT services in preventing serious substance use-related consequences, the Foundation has utilized a comprehensive, structured approach to fund programs designed to move the needle in training, implementation, and evaluation of youth SBIRT services. Grantees are developing training and technical assistance (TA) curriculums and toolkits, implementing innovative screening and intervention approaches in a variety of settings, and conducting systems change activities designed to prevent and reduce youth substance use and promote health and wellbeing.

In 2014, Abt Associates was selected to serve as the Foundation's Monitoring, Evaluation, and Learning (MEL) partner for the Strategic Initiative. Abt Associates' three-year project is responsible for implementing an iterative and evolving evaluation and learning process to:

- Measure progress towards advancing the goals of the Strategic Initiative;
- Identify key areas of learning and develop recommendations for the Foundation, grantees, and broader stakeholder field;
- Collect data and advise on improvements needed to strengthen delivery systems and improve local evaluation capacity; and
- Identify aspects of systems change needed to sustain implementation and support scalability.

Guided by the Strategic Initiative's three overarching goals, the Foundation has awarded nearly \$42 million in funding to 44 projects implementing research, training, service-delivery, communications, and policy related programs and activities. The Foundation's investment and leadership in this arena has moved public agencies and other private foundations, including those not traditionally engaged in substance use related efforts, to prioritize adolescent alcohol and drug use in their project portfolios. This second annual evaluation report highlights the key learnings emerging from the Strategic Initiative and demonstrates the impact of this prevention and early intervention strategy. The progress towards reaching the Foundation's goals is summarized below and elaborated in the body of this report.

Summary of Progress Made Towards Reaching the Strategic Initiative's Goals

GOAL 1: Ensure health providers have the knowledge and skills to provide screening and early intervention services.

- 118,767 individuals received information and resources about SBIRT implementation, including briefs, reports, and presentations.
- 11,119 individuals received SBIRT training through the Strategic Initiative, exceeding the Foundation's objective of training 5,000 providers.

GOAL 2: Improve funding for, access to, and implementation of screening and early intervention services.

- 17 grantees were implementing SBIRT services in 348 sites.
- Through these implementation sites, 29,607 youth have been screened for substance use. Of those screened, 4,036 received a brief intervention, and 758 received a referral to treatment. In other words, 86% of those screened did not receive any additional substance use intervention, while 12% received a brief intervention, and 2% received a referral for treatment or additional services.
- 17 grantees are engaging local, state, or national policy makers and external stakeholders.
- \$23.92 million in public and private funding has been raised by grantees.

GOAL 3: Conduct research and advance learning to improve screening and early intervention practices.

- Eight grantees are funded to research or evaluate the feasibility and/or effectiveness of new models of SBIRT service delivery. Four grantees are projected to collect follow-up or outcome data at time points following the initial delivery of SBIRT, ranging from 3 to 12 months.
- 15 grantees plan to produce and disseminate findings from their projects and/or studies that will contribute to the larger SBIRT and youth substance use research and evidence base by the end of their grants.
- Cross-grantee learning and engagement occurs through the Hilton Community for Healthy Youth, an online collaborative community, webinars tailored for the Strategic Initiative, monthly web-conference meetings, and weekly email communications to all grantees.

As considerable progress continues to be made towards the goals, grantees and the broader field are addressing challenges related to the integration of routine, standardized screening, brief intervention, and referral to treatment services within health care and other youth-serving organizations and systems. The MEL Project has identified several overarching recommendations as the Foundation and its grantees navigate the challenges and move into the second half of the five-year strategy. A summary of the recommendations and potential action items is below.

In the report that follows we describe the significant progress made towards reaching the Foundation's goals over the past year. The Foundation's process of developing and testing innovative strategies has brought challenges to light and led to creative approaches from grantees implementing SBIRT in new areas and with new youth serving providers. At the heart of the Strategic Initiative is the Foundation's monitoring, evaluation, and learning approach to program implementation where grantees learn from each other, cross-fertilize ideas and solutions, and use data to guide their decisions.

Summary of 2016 Recommendations

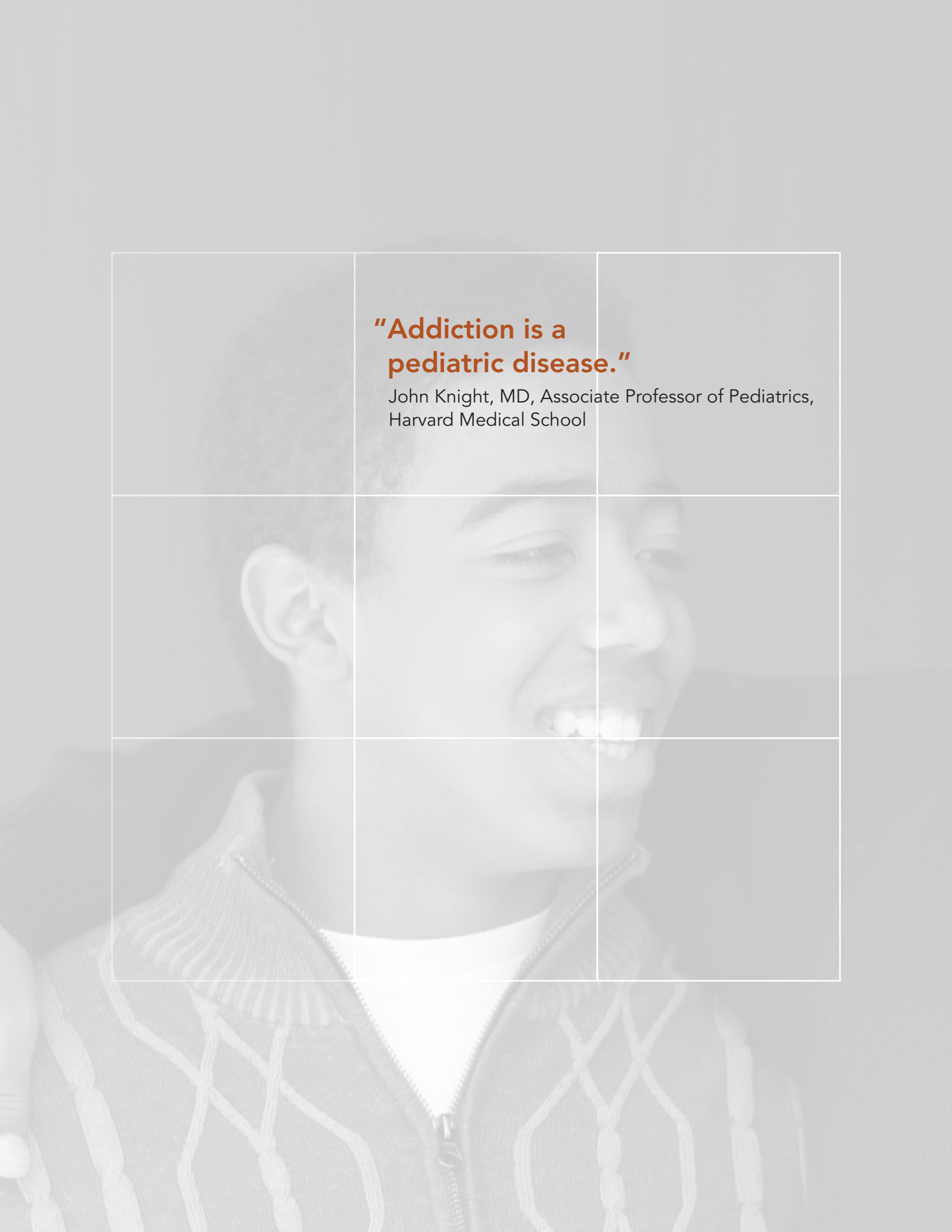
- **Assess SBIRT outcomes and level of impact on youth substance use.** Once the feasibility of SBIRT training and implementation is established, the Strategic Initiative can focus on the long-term question, considering how to support impact measurement to more effectively assess the level to which grantees are impacting youth substance use in the United States. For instance, the Foundation may:

 - Provide technical assistance around evidence-based practice in following-up with youth to measure outcomes.
 - Fund programs with an outcome evaluation expectation, i.e. measuring the longer term impact of training and implementation activities.
 - Develop objectives and indicators to account for differing training targets and topics.
- **Guide grantees to utilize existing evidence based practices and resources for SBIRT training and implementation to use research to improve practice.** There are several opportunities to unpack the individual components of screening, brief intervention, and referral to treatment to better align with the research base. For example:

 - Endorse a list of standardized, evidence-based training and implementation approaches during the initial funding stage.
 - Develop a brief report on the different screening tools utilized by the grantees in different settings and the properties of each, and make recommendations for which tool to use in which settings.
 - Create an organizational readiness assessment tool to assist organizations in tailoring training and technical assistance to align with organizations' knowledge, skills, and readiness.
 - Consolidate current lessons learned, resources, and products from the Strategic Initiative into guides for wider distribution to the field and utilization among future grantees.
 - Initiate a systematic study regarding referral to treatment and referral to services for youth and pilot new models.
 - Provide ongoing technical assistance to training providers and implementation sites.
- **Respond to emerging issues and gaps in current research and practice.** The Foundation may support future efforts to address these gaps, including:

 - Integrate SBIRT and substance use prevention into routine preventive health screenings and services to better connect substance use and general health and link health behaviors.
 - Support programs that are implementing evidence-based approaches for identifying and addressing the social determinants of health.
 - Support the development and testing of SBIRT approaches to reducing health disparities and inequities among marginalized youth.
 - Disseminate resources to assist states and providers in identifying and utilizing current and emerging financing mechanisms for screening and brief intervention.
- **Explore new, innovative approaches to resolve persistent, prevalent ambivalence and cultural norms around youth substance use.** Key learnings from the Strategic Initiative thus far could inform new approaches that capitalize on new technologies and components of successful social marketing and health communication strategies. Considerations include:

 - Utilize current projects to unpack the lessons learned thus far to further explore parental/caregiver ambivalence about youth substance use and develop strategies for effectively engaging parents in youth substance use prevention and intervention.
 - Fund projects to research and develop effective strategies for reaching health professionals and other youth serving providers with effective messaging and educational materials.
 - Direct grantees to involve youth in program planning and the development of effective messages, including youth and young adults in recovery from substance use disorders.



**"Addiction is a
pediatric disease."**

John Knight, MD, Associate Professor of Pediatrics,
Harvard Medical School



Introduction and Background

Adolescent use of alcohol and drugs, both illicit drugs and the misuse of prescription medications, has shown some promise of declining in recent years. Since 2004 the rates of past 30 day alcohol use and rates of binge drinking among youth have continued a slow but significant decline.¹ Nevertheless, results from the 2015 Monitoring the Future survey of high school students in the 8th, 10th, and 12th grades across the country show that more work needs to be done to move those rates even lower. In the 2015 survey, 16% of high school students had used an illicit substance, including marijuana, within the 30 days prior; 22% had consumed alcohol; and 11% reported they had been drunk at least once in that time period. Alcohol remains the substance most widely used: more than two-thirds of teens surveyed had consumed alcohol (more than just a sip) by the time they left high school. And the use of prescription drugs (e.g. amphetamines, sedatives, tranquilizers, and prescription narcotics) remains a significant problem among American teens and young adults—13% of high school students surveyed reported the non-medical use of one of these drugs in the prior year and 5% reported using prescription narcotics in that time period, fueling continued concern surrounding the opioid epidemic.²

While these numbers are alarming, they represent a continuum of behaviors that range from youth experimenting with drugs and alcohol to youth in need of formal treatment services. The Institute of Medicine and the Substance Abuse and Mental Health Services Administration classify substance use prevention into three domains: universal, selected, and indicated interventions. Universal prevention programming attempts to reach a large population to stop any use before it even begins; selected prevention tries to target subgroups that may be at risk to reduce the impact or “dial back” a behavior once it has started; and indicated prevention focuses on individuals who have early signs or symptoms of a problem, or may need treatment once the behavior or condition has escalated to a serious level. Over the years, a great deal of attention has been paid to universal (from education to “Just say no”) and indicated prevention models in dealing with youth drug and alcohol use, driven in part by concern that selected prevention approaches may appear to condone the behavior. However, research increasingly shows that not addressing the gap between abstinence and serious use requiring treatment is a missed opportunity to impact the continuum and improve the health and wellbeing of teens and young adults by reaching them before use has more serious consequences.

The Conrad N. Hilton Foundation's Response

This is the gap that the Youth Substance Use Prevention and Early Intervention Strategic Initiative (Strategic Initiative) seeks to address. In 2013, the board of directors of the Conrad N. Hilton Foundation (the Foundation) approved a five year initiative to advance the prevention of alcohol and drug use among youth age 15-22 across the United States. The Strategic Initiative is designed to elevate the national discourse around substance use as a health concern. Historically, substance use has been viewed as a moral failing, a criminal justice issue, or in the case of young people, an expected component of the coming of age process.

The goals of the Youth Substance Use Prevention and Early Intervention Strategic Initiative draw directly from important elements of the National Institute on Drug Abuse's (NIDA's) "Principles of Adolescent Substance Use Disorder Treatment".³

- **Identify the need early:** With the prevalence of drug and alcohol use among teens and young adults, implementing quick, easily administered, and valid screening methods can identify issues that can be addressed early on.
- **Interventions can be beneficial before serious use or addiction occurs:** The prevalence of drug and alcohol experimentation is a common, though unhealthy, part of adolescence. When alcohol and drug use escalates, it has serious health consequences. What is often missing in the discussion of prevention is that drug and alcohol use is better seen as a continuum of behaviors in teens and young adults. If a youth has already engaged in such behaviors, interventions that are designed to reduce use and/or increase awareness of the consequences can slow or halt progression on the continuum of substance use. This is the goal of secondary prevention and selective prevention programs.
- **Use routine annual medical visits to ask about drug and alcohol use:** As health care systems are increasingly mandated to address substance use as part of general health by screening in primary care settings, the use of screening and brief interventions in those settings becomes imperative. **The American Academy of Pediatrics (AAP)**, one of the Foundation's health care partners, recommends all adolescents be screened for substance use, mental health, risk reduction, and injury prevention as part of routine medical care. The goal is to normalize and standardize screenings and early interventions in routine medical visits as well as in other places youth appear, such as schools or community programs.

In the center of conversations around substance use prevention and early intervention lies a framework referred to as screening, brief intervention, and referral to treatment (SBIRT). SBIRT is a public health approach to identifying and addressing substance use and related risks, including health, social, and legal consequences attributed to substance use. **Screening** refers to the routine, universal administration of validated questions to identify potential risk related to alcohol and drug use. **Brief intervention** is one or more short, motivational conversations, typically incorporating feedback, advice, and goal setting

around decreasing risk related to substance use. **Referral to treatment** describes the process of connecting individuals with problematic use to appropriate assessment, treatment, and/or additional services based on their level of need.

Adolescence and the young adult years are critical developmental periods for substance use prevention and early intervention. Similar to other chronic health conditions, such as cardiovascular disease and diabetes, early intervention for substance use often leads to better health outcomes for an individual. Yet, unlike other health problems, too often the health care system does not identify or intervene with an individual's substance use until the person has experienced serious consequences. Parents and other caregivers are key influencers and role models for substance use behaviors and SBIRT can serve as a two-generational approach: creating opportunities for and addressing needs of both youth and their parents together.

Decades of research document the efficacy of implementing routine screening and brief intervention in health care practices as a low cost measure to reduce alcohol related risks among adults. Based on both research and promising practice, multiple national regulatory agencies have endorsed using SBIRT for people over the age of 18 in health care practice. Meta-analysis of the effectiveness of brief interventions with curbing alcohol use among adolescents has shown positive results.⁴ In analyzing over 300 studies, Smith and Lipsey found that adolescents aged 11 to 18 who received brief alcohol interventions had significantly lower levels of alcohol consumption post-intervention than those in the control groups.⁵ The most effective interventions were those that included goal setting, norm referencing, and personalized feedback from the individual providing the brief intervention.

The Foundation outlined a multi-faceted approach to fund programs designed to promote learning and disseminate best practices in training, implementation, and research around the delivery of SBIRT services for youth aged 15 to 22. In order to reach young people and families in new ways with substance use prevention messages and early intervention approaches, the Foundation identified three overarching goals for the Strategic Initiative:

1. Ensure health professionals and other youth-serving providers have the knowledge and skills to provide screening and early intervention services.

Though both the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and AAP recommend substance use screening and brief interventions for youth, there are barriers that discourage implementation: lack of knowledge about how to do it effectively, lack of understanding of the prevalence among youth, personal discomfort with the topic, and lack of information about treatment if needed.⁶ The first goal of the Strategic Initiative addresses these barriers through funding training, curriculum development, and informational materials for a range of audiences that reach adolescents—teachers, physicians and other health professionals, community leaders, and even the media.

2. Improve funding for, access to, and implementation of screening and early intervention services. As the NIDA principles imply, screening and early intervention cannot wait until youth substance use has serious, even legal consequences. Therefore, the Foundation is funding implementation of SBIRT in primary care, schools, juvenile justice settings, and community programs to provide increased access to SBIRT, and advancing policy to further support the dissemination of SBIRT.

3. Conduct research and advance learning to improve screening and early intervention practices. The Foundation's third goal focuses on developing and disseminating useful information and best practices to the field in order to further the health and well-being of youth in regard to substance use.

To date, the Foundation has awarded nearly \$42 million in funding to 44 projects implementing research, training, implementation, communications, and policy related programs and activities on behalf of the Strategic Initiative. This investment has moved other public agencies and private foundations, including those not traditionally engaged in substance use related efforts, to prioritize adolescent alcohol and drug use in their funding and project portfolios. The California Community Foundation, the Montana Healthcare

Foundation, and Interact for Health serve as examples of other foundations that have partnered with this movement as a result of the Foundation's leadership.

Evaluating the Strategic Initiative

Abt Associates serves as the Monitoring, Evaluation, and Learning (MEL) partner for the Foundation's Strategic Initiative and is responsible for implementing an evaluation and learning process to:

- Measure progress towards advancing the goals of the Strategic Initiative;
- Identify key areas of learning and develop recommendations for the Foundation, grantees, and stakeholders;
- Collect data and advise on improvements needed to strengthen delivery systems and improve local evaluation capacity; and
- Identify aspects of systems change needed to sustain implementation prevention and intervention activities and support scalability.

The MEL Project serves as a partner to the Foundation to help them respond to findings and lessons learned, strategize funding priorities, and restructure goals and objectives so that the challenges and opportunities met in funded activities can serve as the building blocks to create systemic change.

Youth Substance Use Prevention and Early Intervention Strategic Initiative

3 OVERARCHING GOALS



1

Ensure health professionals and other youth-serving providers have the knowledge and skills to provide screening and early intervention services



2

Improve funding for, access to, and implementation of screening and early intervention services



3

Conduct research and advance learning to improve screening and early intervention practices

To fulfill this role, the MEL Project team works collaboratively with the Foundation, its grantees, and the broader community to identify key learnings and provide information on progress to date related to the Foundation's goals. The MEL Project measures grantee process and implementation, supports cross-grantee engagement and networking to leverage knowledge and experience, and promotes long-term and sustained impact. To do this, the MEL Project team has conducted a variety of evaluation activities over the past year including a survey of SBIRT implementation sites, key informant interviews with grantee leadership, and an assessment of SBIRT training materials, and continues to collect quarterly project-level data from each grantee. The team also developed and facilitated grantee affinity groups to foster learning and collaboration, conducted webinars on topics related to the SBIRT process, and disseminated weekly emails to provide relevant information to grantee staff. Monthly or bi-monthly meetings with grantees gives the MEL team in-depth information on grantee progress, and provides an opportunity for discussion and feedback. This second annual evaluation report summarizes key findings from the grantee's activities and their progress-to-date towards meeting the goals and objectives of the Strategic Initiative.

Abt Associates has long been at the forefront of research, evaluation, and technical assistance around the substance use continuum of care. Leigh Fischer, MPH leads the evaluation of the Initiative, with Dr. Dana Hunt as principal investigator and Melanie Whitter as the senior quality advisor. Support for this year's report was provided by MEL Project team members including Diane Fraser, Mariel McLeod, Katie Sheedy, MPH, and Bill Villalba, MA. The report includes data collected from the Strategic Initiative's inception through June 30, 2016. Year 1 includes all data from the start of the Strategic Initiative up to June 30, 2015; Year 2 includes data from July 1, 2015 to June 30, 2016; and Year 3 will include data from July 1, 2016 to June 30, 2017. Results are compared against baselines established in the 2015 evaluation report when possible. The previous annual evaluation report is available on the Foundation's website: <https://www.hiltonfoundation.org/learning>.


Data Collection and Sources

The data used to evaluate progress against the Strategic Initiative's three goals were gathered from a variety of sources. The majority of the data included in this report were collected from grantee's quarterly reporting forms (QDRFs), in combination with their grant applications and yearly progress reports. The various sources are described below:

- **Quarterly Data Reporting Forms (QDRFs):** Abt Associates works closely with each grantee to establish data metrics with specific goals to assess the various projects' progress and impact.
- **Grant Applications:** Abt uses the narratives and goals set forth by grantees in their grant applications to assess targets and outcomes for each grantee.
- **Annual Progress Reports:** Grantees submit progress reports to the Foundation based on their grant years, which are different from Abt's grant years (7/1/14-6/30/17). Abt uses the information in these progress reports to add substance and perspective to the data that is collected from QDRFs.
- **Review of Grantee Materials and Local Evaluation Data:** Abt routinely reviews training materials, policy briefs, intervention protocols, technical assistance and information packages, tables or reports resulting from the local evaluations, Site Liaison calls, and on-site meetings and presentations.
- **Monthly/Bimonthly Site Liaison Phone and Email Communications:** Members of the MEL Project team meet individually with each grantee on a monthly or bimonthly basis to discuss status updates on the grant programs, identify challenges encountered, provide support and recommend technical assistance resources, determine changes to the project's timeline and work plan, and ascertain lessons learned.
- **Key Informant Interviews:** Abt conducted interviews with leaders from each project in the fall of 2015 to explore implementation processes, common challenges, progress towards sustainability, and utilization of the MEL Project resources.
- **Training Assessment:** In March 2016, Abt reviewed training materials that were submitted by 11 grantees in order to better understand the various training approaches implemented and resources developed through the Strategic Initiative. Grantees' training materials and resources included: agendas, trainer manuals, target audience descriptions, presentations, curriculums, videos and role play scripts, activities/worksheets, pre-post competency assessment forms, booster session protocols, evaluation forms, and summary data, including evaluation or competency assessment data.

- **Implementation Survey:** Abt issued a survey in January 2016 to gain a better understanding of the various approaches to implementation of youth SBIRT utilized across the Foundation's grantees. In partnership with the Foundation, Abt developed a 60 question, 20-30 minute survey for sites that were in the implementation phase of their grant (11 grantees).
- **On-site Observations:** Abt participated in several grantees' on-site activities and events, including project advisory council meetings, conferences, and trainings.
- **Engagement in Hilton Community for Healthy Youth (HCHY):** Abt monitors the online collaborative community developed for the project. The portal provides a vehicle where grantees, the Foundation, and Abt staff can connect with others, see their work in a broader context, learn about the diverse efforts of the grantees, and share their experiences, knowledge, and successes. Each grantee receives one to two user accounts; the number of allotted accounts depends on the size and type of the grant.





“Physicians do not need to be convinced that this is a problem. They are interested in practical ways of incorporating SBIRT into routine medical care – just give them the information and tools to do the job.”

Susan Foster, The Addiction Medicine Foundation



Youth Substance Use Prevention and Early Intervention in the United States

Youth Substance Use is a Public Health Concern

Each year, the National Institute on Drug Abuse's Monitoring the Future (MTF) surveys a nationally representative sample of 8th, 10th, and 12th graders. As noted above, findings from the 2015 survey indicated substance use declined for a number of substances including cigarettes, alcohol, heroin, and MDMA. But illicit drug use remains problematic; past-year use of illicit drugs was reported by 23.6 percent of 12th graders. Despite the ongoing opioid overdose epidemic, past-year prescription opioid misuse and heroin use among high school students continued to decline; however, these data need to be placed in larger context of youth drug use. Data on young adults (not high school age) indicate that as youth move into young adulthood there is a continued increase in use of and overdoses from opiates, prompting a focus on prevention efforts at a younger age to get out ahead of when more serious drug use is established.

Alcohol remains the substance most widely used by youth and nearly two out of three students have consumed alcohol by the end of high school. While cigarette use for teens has reached an all-time low for the study, the MTF survey highlighted continuing concerns over the high rate of electronic cigarette

(e-cigarette) use and a continued decrease in perceived harm of marijuana use. Survey results indicated that one in every 16 or 17 high school seniors smokes marijuana daily or near daily.²

Impact of Substance Use on Adolescent Development

Because of heightened vulnerability and potential for lasting damage, substance use among youth continues to be a critical challenge throughout the U.S. In general, people are most likely to begin using and abusing alcohol and other drugs in adolescence and young adulthood. The 2014 National Survey on Drug Use and Health data show that individuals aged 14 to 15 and 16 to 17 had the highest rates of past year initiation of illicit drug use.⁷ These rates of initiation, in addition to the fact that the brain is still developing until about age 25, indicate that prevention efforts should be focused on the adolescence period.

Neuroscience research has uncovered important information about the effects of substance use on the developing adolescent brain. This research indicates that adolescent substance use leads a range of physical and social adverse consequences including abnormalities in brain development and function and changes in performance.⁸ This work has also suggested that because the adolescent brain is still maturing it may be even more vulnerable to the effects of addictive substances.⁹



Disruptive processes caused by substance use may lead to a heightened vulnerability during young adulthood to risk-taking behaviors and an increased susceptibility to the attractive and often addictive properties of many substances.¹⁰

There are also social and even legal consequences related to early substance use. Research shows that early substance use is related to reduced academic performance and increased likelihood of accidents, homicides, suicides, and other health conditions, and often leads to substance use disorders in young adulthood. Too many adolescents begin using substances at an early age: NIAAA research found that over 34% of U.S. adolescents report use of alcohol and marijuana or alcohol, marijuana, and cigarettes prior to age 16. While not all progress to serious use, many do—about one-fourth of young adults aged 24 to 32 who had used alcohol, marijuana, and cigarettes before age 16 met a clinical diagnosis criteria for a substance use disorder (and thus were in need of treatment), whereas only about 16% of young adults who had used these same substances after 16 met this criteria.

Confronting Cultural Norms

Cultural attitudes and beliefs about adolescent substance use present unique challenges to implementing prevention and intervention strategies. Experimentation with substance use is considered by many to be a normal rite of passage in adolescence. While in a position to serve as important allies, parents, caregivers, educators, health professionals, and other adult influencers often lack knowledge about risk factors for substance use and mental health concerns, the potential long-term effects of risky behavior that occurs while under the influence, and how the effects of substance use can impact a young person's life trajectory. Adopting an attitude of "It's a normal part of adolescence" does not take these factors into account and leaves adolescents vulnerable to short- and long-term harm. Addressing the gaps in public knowledge about risk factors to help change beliefs and behavior is key to gaining public support for the adoption of prevention and early intervention strategies.

The changing landscape of marijuana laws in the U.S. represents the evolving cultural beliefs about substance use that present challenges to implementing prevention and intervention strategies for youth. Currently, 23 states and the District of Columbia have changed laws regarding marijuana use. In 19 states and the District of Columbia, marijuana can be used legally for medical use, five states have decriminalized use, and four states have legalized recreational use. These changes present conflicting messages that often do not discuss the addictive and potentially harmful nature of marijuana, particularly to the adolescent brain, and the need for prevention and intervention.

Opioid use has become a public health crisis, "an epidemic"

that affects every state in the nation – 78 Americans die every day from an opioid overdose and the majority of drug overdose deaths (more than six out of ten) involve an opioid.¹¹ Young adults are the biggest misusers of prescription opioid pain relievers, ADHD stimulants, and anti-anxiety drugs.¹² Unfortunately availability and access to the drugs are high. Most adolescents who misuse prescription pain relievers are given them for free by a friend or relative.¹³

Adoption of prevention strategies for youth substance use takes on even greater urgency when placed in the context of this current crisis. Seventeen percent of adolescents in formal drug treatment report that they began opiate use between the ages of 15 and 17; whereas 27% initiated opiate use between 18 and 24, and 35% when over 25.¹⁴

In dealing with the current crisis, a number of the Foundation's grantees, as well as physicians in the field, express concern that they do not have access in their area to the appropriate treatment services to refer individuals screened as high-risk.⁶ This concern points to related needs: increased information for physicians regarding treatment options, increased availability of youth treatment, and increased early brief intervention to prevent further progression on a continuum of more serious use. Prevention strategies that halt the progression from minor use to serious levels that often warrant expensive treatment programming are some of society's most cost effective investments.¹⁵

POLICY IMPACT

Community Catalyst's advocacy in Massachusetts this year lead to the inclusion of youth substance use screening in a landmark bill to address the state's opioid crisis. This bill, signed into law by the Governor in March 2016, mandates all school districts to provide routine substance use screening. The screening is delivered by a nurse or counselor and is followed by brief intervention or referral to treatment when needed. Since the law was enacted, 105 school districts applied and were accepted for the first round of large-scale school SBIRT implementation. Among the school districts participating are the three largest in the state: Boston, Worcester, and Springfield.

Developing a Strategy for Lasting Change

The Foundation is laying the groundwork for long-term, sustainable change in how the public thinks about and talks about youth substance use. The approach is comprehensive:

- Focus on the continuum of substance use by bringing effective secondary prevention to those places where adolescents can be reached: schools, primary care, and community programs.
- Address the barriers to implementing the strategy in those places and enhance service-delivery models to better reach and respond to the needs of youth: training different types of youth-serving providers, offering ongoing technical assistance, securing payment mechanisms, and identifying new intervention models and delivery methods.
- Reinforce the message and support change through advocacy and dissemination of research, educational materials, and film.

The Foundation's theory of change hypothesizes that an investment in SBIRT initiatives will ultimately increase the health and wellness of youth through early identification, prevention, intervention, and treatment of substance use. The Strategic Initiative is grounded in a model that recognizes that there are multiple potential pathways for impacting youth substance use, health, and wellbeing and that a comprehensive strategy that addresses the issue from all vantage points is the most appropriate method to make significant, sustainable behavioral change. The approach stresses how risk and protective factors influence each other at various levels through the complex interplay between individual, relationship, community, and societal influences.¹⁶ In thinking about the spheres of influence that impact youth substance, the Foundation is investing in substance use prevention for youth at the individual, community, and policy spheres. This is in line with the Institute of Medicine's conclusion that the combination of environmental, policy, social, and individual intervention strategies contributed to the major reductions in tobacco use in the United States since the 1960s.

The individual level aims to identify substance use risk early through routine screening of adolescents, and to provide appropriate services based on the risk identified through the screening process. At the relational level, activities are intended to facilitate prevention of substance use through engagement and support through interpersonal relationships with a young person's circle of peers, family members, and caregivers. The community level leverages resources and the participation of community-level organizations, such as community coalitions, schools, health care systems, and community-based organizations, in evidence-based prevention and early intervention strategies. Finally, the societal level involves shifting public policies and cultural norms through the implementation of policies, such as public reimbursement options that can promote healthy behavior and prevention strategies, including screening, brief intervention, and referral to treatment, in federal, state, and local government agencies, as well as broad dissemination of prevention messages.¹⁷

All of these individual, relational, community, and societal factors coalesce to affect a young person's likelihood of using substances and provide a strategy for targeting prevention and early intervention activities for each level.

As of June 30 2016, grantees are implementing a diverse range of activities impacting youth substance use in 44 states and the District of Columbia (Exhibit 2.1). These grantees work in multiple settings creating greater access to care, introducing training and assistance to providers on how to address the issues, disseminating educational materials and policy briefs, and advocating the utility of the SBIRT framework. The 44 grantees include a wide spectrum of agencies and organizations such as universities, research institutions, national associations, community foundations, and not-for-profit organizations. The grants vary in size, with awards between \$25,000 and \$3,000,000 and periods of performance between one and four years. To date, three grantees have received second grants from the Foundation to expand their efforts or to develop new approaches.

UNDERSTANDING WHAT WORKS

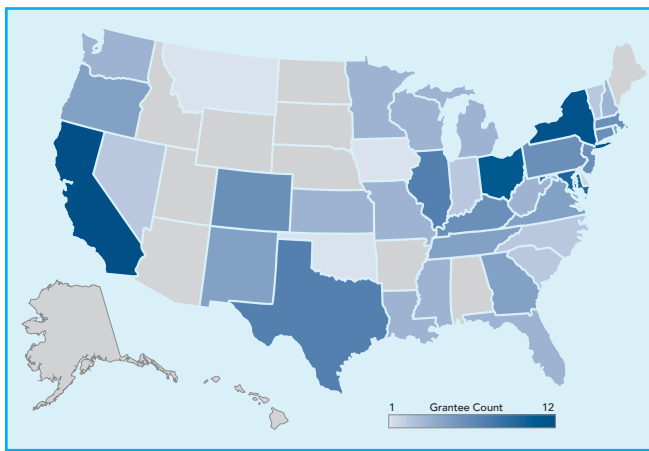
Utilizing funding from the Foundation, **Trust for America's Health** released a report for advocates, communities, and policy makers in 2015, *Reducing Teen Substance Misuse: What Really Works*. The report includes state-by-state youth drug overdose death rates and rankings, and a report card for how well states scored on 10 key indicators of leading evidence-based policies and programs that can improve the wellbeing of children and youth and have been connected with preventing and reducing substance—alcohol, tobacco or other drugs—misuse.

Summary of the Foundation's Grant Investments

A brief description of several of the Foundation's key partners is below, and a full list of grants awarded as of June 30, 2016 can be found in the Appendix.

The Foundation has awarded 11 grants to ensure health professionals and other youth serving providers have the knowledge and skills to address substance use through the

Exhibit 2.1 The Strategic Initiative's Reach



development and deployment of SBIRT curriculum, training, and education. For example, **The Addiction Medicine Foundation** is changing the landscape of medical education by establishing the National Center for Physician Training in Addiction Medicine to educate and train physicians in addiction medicine, including prevention of adolescent substance use. In collaboration with eight federal agencies, the organization is leading a Translational Research Initiative to move substance use prevention and intervention content across medical education, residency training, and graduate medical training. To better prepare the future nursing and social work workforce to effectively identify and address substance use risk, **NORC at the University of Chicago** is developing an interactive SBIRT curriculum for baccalaureate and graduate level programs across the country.

Numerous grantees are striving to improve access to prevention services and implementation of SBIRT across various settings, including primary care clinics, schools and school-based health centers, juvenile justice programs, and community-based organizations. To enact state policy changes that increase access to SBIRT by improving reimbursement and expanding the settings and professionals that can provide services, **Community Catalyst** is coordinating consumer-led advocacy campaigns in five states. To increase utilization of SBIRT among pediatric providers, the **American Academy of Pediatrics** is supporting pediatric practices to adopt evidence-based practices and quality measures for SBIRT. **Behavioral Health Systems Baltimore** is leading a multi-jurisdictional,

multi-partner initiative to integrate adolescent SBIRT into pediatric primary care settings. **New Hampshire Charitable Foundation** is expanding SBIRT for adolescents in New Hampshire community health settings, where clinical staff are being trained on adolescent SBIRT protocols, adapting EHRs, and establishing workflows that integrate SBIRT into routine adolescent care.

Community-based organizations that serve youth at critical juncture points in their lives have unique opportunities for delivering prevention activities or providing linkage to other needed services, including SUD treatment, but have not traditionally implemented SBIRT. **The National Council for Behavioral Health** is implementing SBIRT in community mental health centers serving adolescents receiving care for mental health concerns. **YouthBuild** has implemented screening and intervention into programs serving low-income young adults attaining their GED and acquiring job skills and training. **Reclaiming Futures** is integrating SBIRT services into juvenile justice settings to expand early intervention and diversion opportunities for court-involved youth.

Schools and school based health centers can act as a health care safety net for their students, providing interventions that reach youth and young people where they are. **The School Based Health Alliance** is providing training and technical assistance to support multidisciplinary health care teams screen, identify, refer, and treat students for substance use. **The University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions** is implementing SBIRT in school-based health clinics throughout the state of New Mexico, and is piloting a peer-support approach in a subset of schools. The **Ohio State University** is establishing a national Higher Education Center on Alcohol and Drug Prevention and Recovery, operating as an information dissemination center that promotes SBIRT and other evidence-based strategies to address alcohol and other drug use on college campuses.


Because of limitations in the adolescent SBIRT knowledge base, the Foundation recognizes the critical need to build the evidence and move the learning forward. Advancing the learning requires research around key areas including youth risk factors, intervention approaches, and prevention efficacy. To help health systems and other youth-serving organizations target their prevention and early intervention efforts, the **Kaiser Foundation Research Institute** is developing and testing predictive statistical models. These risk profiles will include clinical and demographic characteristics with the intent of identifying children and adolescents at the greatest risk of developing substance use problems. **Treatment Research Institute** is piloting an SBIRT approach in New York City schools that utilizes a computerized screening protocol and tailored brief intervention. **Boston Children's Hospital** is conducting a study to test the efficacy of brief interventions tailored for youth with chronic medical conditions, a unique group not previously the focus of drug prevention strategies.

Peer and parental influence are powerful sources to harness in prevention efforts. To determine how peer-based interventions

LINKING HEALTH BEHAVIORS

In 2015, rural Indiana experienced unprecedented outbreaks of HIV and Hepatitis C – particularly among injection drug users. In response, the Foundation is funding the **CDC Foundation** to implement a substance use prevention and sexual risk behavior reduction program in rural Kentucky, Indiana, and Ohio. The project will focus on prevention education, referrals to health services, reducing stigma and monitoring and evaluation. This youth-based, community participatory effort will help strengthen local capacity to deliver and sustain evidence-informed strategies designed to prevent substance use and HIV/STD infection among teens.

can be effective at motivating change and promoting healthy choices for adolescents, the **Center for Social Innovation's Project Amp** pairs adolescents with young adults who are in recovery from a substance use disorder for a multi-session brief mentoring intervention. The **University of Minnesota** is conducting a randomized controlled study of an intervention model for teens and parents that was adapted for adolescents referred from schools and pediatric settings, and is also implementing a group intervention format. **Partnership for Drug-free Kids** is engaging parents in SBIRT programs and building a national peer support network of parents to address adolescent substance use.



“Because strategies and tactics may change over time as new information comes in about what’s working well or not, interim outcomes may need to change as well.”

Mack, et al, FSG



Measuring the Impact

The Foundation is striving to impact the public health issue of youth substance use as a whole rather than in just one specified area or program. It is also working toward that impact by addressing all aspects of prevention (universal, selected, and indicated) and in settings not accustomed to folding comprehensive prevention of youth substance use into their routine activities. Consequently, the evaluation of the Strategic Initiative does not follow a traditional program evaluation model that looks at baseline measures of implementation and then assesses impact or outcomes. By definition, the evaluation of this initiative must be both evolving and iterative: assessing progress, learning from and feeding information back to grantees on a continual basis, and coordinating all levels of effort to foster long-term systems change. These are critical steps in the process of moving prevention activities into new settings with their own barriers and challenges.

The methods for evaluating comprehensive investments such as this one acknowledge the complex and interrelated nature of the strategies being applied to the problem. This type of evaluation does not see the desired change as strictly linear.¹⁸ Instead, it is one that articulates a variety of strategies to reach the desired outcomes and modifies those strategies iteratively as new information is accumulated. It assumes that a wide range of components contribute to the desired change—the individuals involved and the context—and that they interact continuously with leverage points that can either stop or stimulate the change occurring. For example, a critical leverage point for SBIRT implementation has been in developing and using payment

structures. In many states, health care organizations cannot bill for SBIRT protocols for a variety of reasons, one being that Medicaid billing codes have not been activated. Furthermore, even when the screening and brief intervention reimbursement codes are activated, many providers are not using them due to the time-based nature of the code. In spite of the era of health care payment reform and pending movement away from fee-for-service models, this reimbursement concern speaks to a critical leverage point for new education efforts and advocacy that was somewhat unforeseen in the impact it has on the sustainability of SBIRT implementation efforts. An important function of this evaluation is to identify “stoppers” or unanticipated roadblocks such as this and work with grantees and the Foundation to find solutions.

The focus of this evaluation is to track and understand what outcomes or changes have occurred, or are occurring, and the path to those changes - across all levels and all activities - and feed data back to the Foundation and the grantees.

The following section outlines progress made towards reaching each of the Strategic Initiative’s three goals, including key learnings and a discussion of opportunities for further advancement of the goals. The data for the interim indicators utilized to measure progress towards each goal were largely gathered from the Quarterly Data Reporting Forms (QDRFs) that grantees submit to Abt each quarter, the Grant Applications submitted to the Foundation, and the Annual Progress Reports grantees submit to the Foundation. A sample of the qualitative and quantitative indicators used to measure progress towards

each goal can be found in Exhibit 3.1. Due to the varying nature of grantees' projects, the types of materials or activities counted in each measure are not uniform across all grantees. For example, some grantees report the number of materials disseminated, whereas others report the number of individuals who received materials.

Exhibit 3.1 Indicators Used to Measure Progress Towards Goals

Goal	Ensure health providers have the knowledge and skills to provide screening and early intervention services	Improve funding for, access to, and implementation of screening and early intervention services	Conduct research and advance learning to improve screening and early intervention practices
Objectives	<ul style="list-style-type: none"> • Increase number of providers serving youth and other stakeholders who have SBIRT training by 5,000 • Increase number of providers serving youth and other stakeholders who receive materials on SBIRT by 25,000 	<ul style="list-style-type: none"> • Increase access to comprehensive SBIRT to at least 30% of U.S. youth aged 15 to 22 • Leverage \$10MM in private funding for SBIRT implementation and research 	<ul style="list-style-type: none"> • Increase knowledge regarding SBIRT's effectiveness
Indicators	<ul style="list-style-type: none"> • # of individuals who receive SBIRT training • Type of training offered • # of individuals who receive SBIRT information • Type of information and resources disseminated 	<ul style="list-style-type: none"> • # of sites and setting types implementing SBIRT • # of youth screened using a validated screening instrument • # of youth who received brief intervention • # of youth who received a referral to treatment • # of technical assistance activities provided • # of policy makers and external stakeholders engaged • # of sites utilizing SBIRT billing codes • Type of payment mechanisms use to sustain SBIRT • Amount of public and private funds leveraged • Type of communication strategies utilized 	<ul style="list-style-type: none"> • # of grantees contributing to the evidence-base • # of screened youth who receive follow-up evaluation • % improvement in substance use or mental health indicators at follow-up • # of publications and dissemination of research findings

The following section outlines progress made towards reaching each of the strategic initiative's three goals, including key learnings and a discussion of opportunities for further advancement of the goals.

Goal 1: Ensure health providers have the knowledge and skills to provide screening and early intervention services.

Objective: Increase the number of youth-serving providers and other key stakeholders who receive training or are aware of SBIRT's importance by 30,000.

The first goal of the Strategic Initiative is focused on increasing the knowledge, skills, and abilities of health professionals and other youth-serving providers to screen for substance use risk and implement appropriate interventions tailored to the level of risk identified (i.e. brief intervention for low- to moderate-risk or referral to treatment for high-risk). While administration of routine, validated substance use screening questions is not particularly complicated, most youth-serving systems of care have not historically utilized screening instruments to assess risk among adolescents aged 15 to 22. Many systems are unfamiliar and unprepared to integrate screening into their workflows. Similarly, they are not aware of brief intervention techniques or local behavioral health providers who can receive referrals when necessary. This lack of SBIRT knowledge and skills is often attributed to the fact that most health providers, school personnel, and other youth serving professionals have not received the academic preparation or training necessary to implement evidence-based SBIRT services. Goal 1 of the Strategic Initiative intends to address this gap through training activities and information dissemination. For the purposes of this evaluation, information dissemination is defined as the active and targeted distribution of information to a specific audience with the intent of spreading knowledge and evidence-based interventions to stimulate adoption and enhance the integration of information, interventions, or combinations of these into routine practice. Expected outcomes of dissemination activities include: increased reach to a variety of audiences; increased motivation to apply information; and increased ability to use and apply evidence.¹⁹

Progress to Date

Over the past year, grantees have made significant progress disseminating information about SBIRT and providing skills-based training to health professionals and other youth-serving providers. NIDA's "Principles of Adolescent Substance Use Disorder Treatment: A Research Based Guide" iterates the critical need to identify and address adolescent substance use as soon as possible to prevent serious, long-term consequences,³ and the grantees are advancing this recommendation by building the capacity of individuals, organizations, and systems to understand the public health impact of youth substance use and respond accordingly. In June 2016, the **American Academy of Pediatrics (AAP)** revised their 2011 policy statement, "Substance Use Screening, Brief

Intervention, and Referral to Treatment for Pediatricians"²⁰, and disseminated it to pediatricians nationwide. In this statement, AAP recommends pediatricians increase their SBIRT capacities and familiarize themselves with SBIRT protocols in order to better incorporate universal screening of adolescents into health care. They also support continued research and better incorporation of services into the health care system and health insurance plans. The consensus of federal agencies and professional associations reshape the national conversation from "Should health professionals and other youth-serving providers identify and address substance use?" to "How do health professionals and other youth-serving providers identify and address youth substance use?"

Increasing Knowledge and Skills

Acknowledging that many organizations and providers are not immediately ready or willing to implement SBIRT services, the Foundation set a goal of providing general information on SBIRT and youth substance use to 25,000 youth-serving providers and other key stakeholders. Information disseminated includes the impact of substance use on adolescent health and development, addiction as a pediatric disease, the value and feasibility of prevention and early intervention in primary care and other youth programs, and available resources. Since the start of this initiative, over 118,000 individuals have received information and resources about SBIRT implementation (Exhibit 3.2). The information disseminated by grantees includes resources books, issue briefs, learning communities, blog posts, webinars, and presentations. These materials

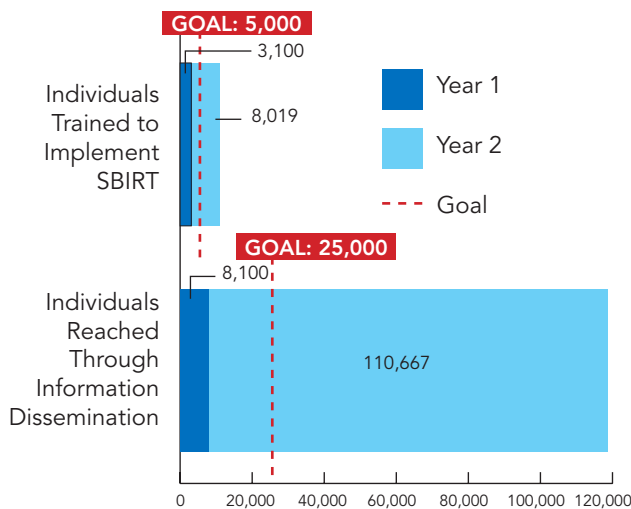
ADVANCING MEDICAL EDUCATION

The Addiction Medicine Foundation (formerly the American Board of Addiction Medicine) established a National Center for Physician Training in Addiction Medicine to train and certify primary care physicians in addiction medicine and establish and accredit physician fellowship programs in addiction medicine. Prior to this, a formal recognition of addiction medicine as a medical subspecialty did not exist. To date, the Addiction Medicine Foundation has established 22 fellowship programs under the grant for a total of 41, and 74 fellows have started fellowships. Fellows have trained over 3,000 physicians, including residents, and other medical professionals in substance use disorder prevention, intervention, and referral to treatment strategies.

produced and distributed by grantees contribute to the field in many ways by raising awareness, increasing readiness, laying the groundwork for training, and contributing to general awareness of the impact of substance use on adolescent health and development. As individuals, organizations, and communities increase their awareness and training, systematic change is also becomes more feasible.

Additionally, the Foundation established a goal to train 5,000 youth-serving providers and other key stakeholders on specific skills and issues central to successful SBIRT implementation, including core competencies, workflow, and billing. As of June 30, 2016, 11,119 individuals received training on SBIRT through the Strategic Initiative (Exhibit 3.2). Trainings have been conducted through face-to-face courses and workshops, online learning modules, webinars, and virtual patient simulations. The number of individuals reached through information dissemination and the number of individuals trained has exceeded the Foundation's initial objectives.

Exhibit 3.2 Youth-serving Providers Reached through Information Dissemination and Training



Training Assessment

In order to better understand the various SBIRT training approaches implemented and resources developed through the Strategic Initiative, Abt completed an assessment of 11 grantees' SBIRT training materials. The following key findings emerged from this analysis:

- Training programs vary considerably across grantees—for example, with regard to:
 - ◆ Target audience (e.g., physicians, school-based health center staff, juvenile justice providers, and young adult peer mentors);
 - ◆ Training methods (e.g., lecture, group discussion, and role play);
 - ◆ Availability of trainer and participant materials; and
 - ◆ Assessment of participant knowledge, skills, and practices.

- Most grantees provide learning objectives for their training programs and these are fully or partially consistent with the SMART (specific, measurable, achievable, relevant, and time-bound) framework.
- All grantees have training modules on screening (e.g., introducing screening and screening instruments), brief interventions (e.g., brief negotiated interviewing, motivational interviewing, and role play scripts), referral to treatment, and administrative duties (e.g., recordkeeping, billing/reimbursement, and confidentiality).
- Most grantees provide on-going support and booster trainings following the initial training; half of the grantees support learning communities for ongoing education and peer support.
- On average, the length of the training sessions delivered was 8.4 hours.
- Most grantees do not have trainer manuals that would enable the training to be replicated by another person or program.
- More than half of the grantees conduct pre- and post-training assessments to evaluate trainees' knowledge, competency, and satisfaction with the training.
- Fewer than half collect outcome data on changes in participant knowledge, attitudes, skills, and/or practices.

These findings highlight gaps in current training programs and shed light on how to better evaluate these programs or create successful curriculums going forward.

Discussion

One of the early learnings of the Strategic Initiative is that health professionals and other youth-serving providers vary in terms of their readiness to implement SBIRT effectively. Grantees have adapted to the varying levels of readiness by assessing organizations prior to offering training and tailoring the training offered to best meet the recipients' needs. Many have found that prior to administering skills-based SBIRT training, they must first address specific topics such as substance use as a health issue, cultural competency, pharmacology, motivational interviewing, and billing and reimbursement for SBIRT. Additionally, grantees have identified a need to give special attention to training youth-serving providers on how to navigate treatment referrals and how to build connections with local substance use, mental health, and recovery support services. In response to this early learning of variability in knowledge and skills around addressing substance use as a health concern among health care professionals, the Foundation has invested in projects aimed at increasing SBIRT standardization across sites, states, and settings. For example, the **California Academy of Family Physicians** conducted an extensive literature review and provider survey to identify core competencies and is training providers on those competencies.

Assessing Organizational Needs, Readiness, and Characteristics

Grantees may consider utilizing a brief assessment prior to training and implementation to identify an organization's

readiness to implement SBIRT, and to provide context on language preferences, cultural beliefs, norms, values, and socioeconomic factors related to the local community to ensure trainings are culturally sensitive and relevant. Building a culturally competent workforce is particularly important to the successful implementation of youth SBIRT services. Special considerations related to the population demographics at each site helps guide the delivery of appropriate screening instruments and services and increases the effectiveness of such services.

Sustainable Practice Change

Grantees have identified that information dissemination and SBIRT training alone is not sufficient to generate sustainable systems change. Training health care providers and other youth-serving professionals is often the first step in expanding knowledge among the existing workforce, but ongoing education and quality improvement activities are necessary for addressing workflow issues, exploring screening options, and integrating SBIRT services into routine practice. Many grantees have adapted their approaches to provide regular feedback and/or coaching with training recipients and provide booster

sessions to help ensure fidelity to the evidence-based SBIRT practices. Because many grantees have experienced turnover among staff and providers responsible for implementing screening and brief intervention services, in-person and online 'booster trainings' have been developed to address delays in implementation and content retention. Overall, practitioners must be comfortable with discussing substance use with youth and familiar with referral options to screen and intervene effectively; therefore, full integration of SBIRT into standard, routine care requires educational standards, on-going supervision, competency-based learning to ensure quality and fidelity to best practices.



GOAL 1: Ensure health providers have the knowledge and skills to provide screening and early intervention services.

Spotlight on NORC at the University of Chicago

In order to develop the future health care workforce to be better equipped to identify and address risky drug and alcohol use, NORC is collaborating with schools of nursing and social work across the country to integrate SBIRT curriculum in baccalaureate and graduate level programs. Currently there are 179 faculty across the U.S. who participate in monthly Learning Collaborative calls to discuss adolescent SBIRT education. The faculty have access to various resources and guides on adolescent SBIRT education, as well as information on a new online simulation training developed by Kognito.

Since the release in January 2016, NORC has received 348 requests for copies of the Instructor's Guide and curriculum materials. Of note, more than 130 of these requests have come from practitioners from non-academic organizations who are not part of the Learning Collaborative. These requests are from health care professionals and program leaders working in a range of settings such as juvenile justice, schools, and community behavioral health centers where they are interested in training their direct care staff working with youth.

Additionally, 23 schools are currently participating in a research study to examine the impact of SBIRT training on students' knowledge, skills, and abilities. The study will test an online, virtual human simulation training, as well as the implementation of a full SBIRT curriculum, including an Instructor's Toolkit and the online virtual human simulation training. Since the Kognito simulation was released in January 2016, 1,592 educators, faculty and students have accessed the simulation and initiated the training. Faculty and students alike have expressed that the simulation is "very lifelike" and "accurately represents interacting with youth." An additional group of schools began participating in another round of testing in August 2016.

"My colleagues and I see these SBIRT educational tools as a gift."

Faculty Participant

Goal 2: Improve funding for, access to, and implementation of screening and early intervention services.

Objective: Increase access to comprehensive SBIRT to at least 30% of U.S. youth age 15 to 22.

Objective: Leverage \$10 million in private funding for SBIRT implementation and research.

In order to reach the Strategic Initiative's objective of increasing access to SBIRT to 30% of the nation's youth, the Foundation is supporting the development and piloting of implementation projects in a variety of settings to better reach systems and services that touch the lives of youth, including pediatric practices, schools, school-based health care centers, behavioral health organizations, juvenile justice programs, and community-based organizations.

Although more evidence continues to emerge about the effectiveness of adolescent SBIRT, it is often difficult to acquire the necessary resources to advance research into practice. There are unique challenges associated with implementation of each individual component of the SBIRT process: standardized, routine screening; administration of motivation; evidence-based interventions; and effective linkages to treatment or other services when necessary. Implementation is complex, and is often dependent on the nuances of the systems serving youth. For example, in health care, multiple factors influence the level to which SBIRT services can be fully integrated into routine practice including: limits on provider and administrator time, organizational structure and buy-in, reimbursement of services, and limited budgets. Other settings, such as schools and community organizations, increase access to SBIRT for youth that may not receive services in traditional health care settings,

SBIRT Financing Levers

The **National Council for Behavioral Health** is developing an SBIRT financing grid to support community behavioral health organizations in sustaining SBIRT services. The grid will highlight the different financing options, including billing codes, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit, health homes, and certified community behavioral health clinics; and will populate policy language and guidance for each financing option for the states participating in the Council's Foundation-funded project. To supplement the grid, they will release a policy brief that describes the current use of screening and reimbursement codes as well as a brief that details EPSDT options for SBIRT.

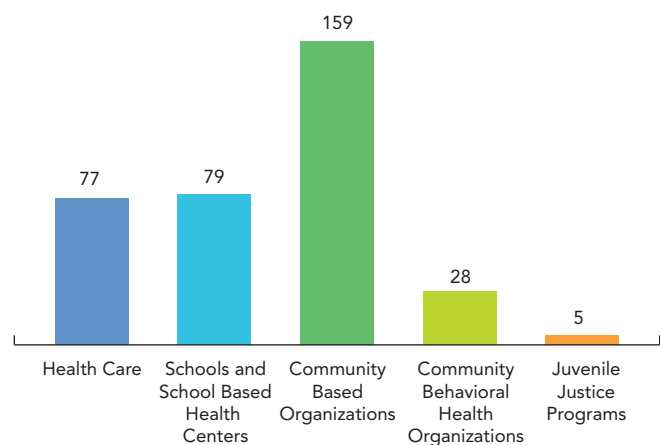
however these settings bring their own sets of challenges around successful implementation. Because of this complexity, the Foundation is supporting the development of robust technical assistance programs to navigate the challenges, strengthen the capacity of organizations and providers to implement SBIRT into routine care, and sustain the services beyond the life of the Strategic Initiative.

To further lay the foundation for widespread adoption of SBIRT in health care and other youth-serving systems, the Foundation's investment includes local, state, and national policy and advocacy activities and the leveraging of additional public and private resources to enhance and expand grantees' efforts. Several grantees are influencing policy and legislation to expand coverage for and support prevention and intervention services.

Progress to Date

As of June 30, 2016, 17 grantees received funding to implement SBIRT, and were implementing the services in 348 sites across the country. The total cumulative number of projected implementation sites is 448; however as new grantees are added or as projects evolve that number may also change. The breakdown of current types of settings implementing SBIRT is detailed in Exhibit 3.3.

Exhibit 3.3 Number of Sites by Type Implementing SBIRT



Screenings, Brief Interventions, and Referrals to Treatment

Through these implementation sites, 29,607 youth were screened for substance use as of June 30, 2016. Of those screened, 4,036 received a brief intervention, and 758 received a referral to treatment (Exhibit 3.4). In other words, 86% of those screened did not receive any further intervention, while 12% received a brief intervention, and 2% received a referral to treatment or additional services because of their high-risk screening results (Exhibit 3.5). While it is likely many youth who score no or low-risk on the screening receive positive reinforcement to encourage positive choices and delay initiation of use, most grantees are not tracking this data. The screening, intervention, and referral approaches utilized across the Strategic Initiative include:

Predicting Risk

While universal screening of youth for substance use and risk is ideal, it may not be feasible in every context; and targeted screening and intervention approaches may be appropriate in some settings. Research and experience suggest that some youth are more vulnerable to developing substance use problems, but to date, evidence-based strategies to determine risk have not been developed. In order to better understand which youth are at greatest risk for developing substance use related problems, the Foundation is funding **Kaiser Permanente Division of Research** to develop predictive statistical models of clinical and demographic characteristics which can be used by health systems and other youth-serving organizations to implement targeted intervention activities. Using predictive analytics to develop the risk profiles, the study is compiling electronic health record data collected during the course of clinical care in four large geographically, ethnically and socioeconomically diverse health care delivery systems. Because of the likely impact of early childhood and perinatal environmental factors on the development of adolescent substance use problems, the project will also study retrospective birth cohorts.

- *Screening*: validated instruments and assessments, most commonly the S2BI and the CRAFFT;
- *Brief intervention*: 2-3 minutes as part of a regular visit with a primary care provider, 15-30 minutes with a behavioral health professional, or multi-sessions with a peer in recovery or in a parent/teen research study; and
- *Referral to treatment or services*: integrated or co-located behavioral health specialists, or outside referral to behavioral health provider, specialty substance use disorder treatment agency, or additional youth supports and services.

Exhibit 3.4 Number of Services Provided as of June 30, 2016

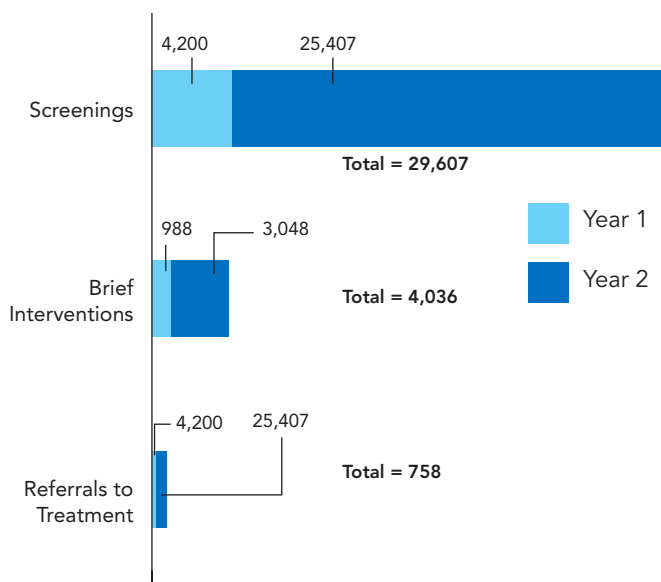
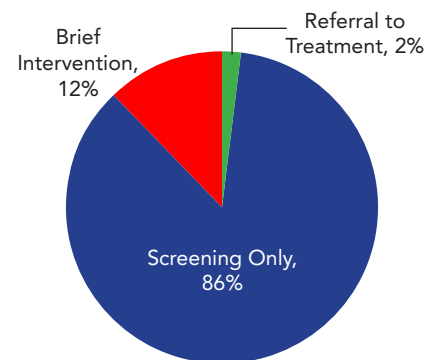


Exhibit 3.5 Percentage of Services Delivered to Youth



Engaging Policymakers and External Stakeholders

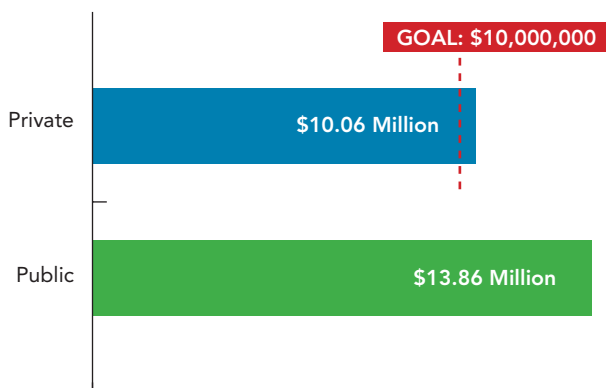
Grantees are leveraging their funds from the Foundation to impact long-term systems change in their communities. Nearly one third of the grantees (17) have worked with external stakeholders to raise awareness and interest in their communities, states, and/or nationwide, or plan to before the completion of their grant. To date, grantees have met with state and local government officials to advocate for legislative advances around youth substance use prevention and intervention services; created alliances with national organizations, government agencies, and insurers and purchases; spoke with leadership in top electronic health records companies; provided testimony for bills related to SBIRT policy; and worked with national accrediting associations to develop better SBIRT curriculums. To ensure the accessibility and sustainability of SBIRT, seven grantees are working to utilize or activate Medicaid billing codes and advance state law surrounding SBIRT in schools and health centers. For example, **New Hampshire Charitable Foundation**, in partnership with the New Hampshire Center for Excellence and New Futures, is engaging policymakers and addressing

regulatory barriers within state systems and public insurers to increase the sustainability of SBIRT implementation.

Additional Funds Leveraged

One of the Foundation's key objectives for this goal is to leverage additional funding, particularly from other private foundations. As of June 30, 2016, \$23.92 million in public and private funding has been raised by grantees since the start of the Strategic Initiative; which breaks down to \$13.86 million from public funders and \$10.06 million from private funders (Exhibit 3.6). Grantees have acquired funding from over 26 private foundations including large foundations like the Annie E. Casey Foundation, the Kellogg Foundation, the Kresge Foundation, the MacArthur Foundation, and the Open Society Foundation, as well as smaller foundations such as the Hogg Foundation, the Wallace Foundation, and Tow Foundation. The Strategic Initiative has reached the Foundation's goal of leveraging \$10 million in additional funds from private funders to support the dissemination of youth substance use prevention and early intervention activities. As noted in the MEL Project's *Key Informant Interviews: Report of Findings from a Rapid Cycle Analysis*, leveraging additional funding streams and interfacing with existing initiatives in the community often accelerate implementation and project success.

Exhibit 3.6 Cumulative Amount of Additional Funding Leveraged



Discussion

Research has shown that SBIRT services adapted specifically for youth are more effective in identifying substance use and intervening to stop or prevent escalation of further use, that interventions are effective, and that involving parents can improve results.^{21, 22, 23} While there is no definitive model representing a “gold standard” for adolescent SBIRT services across setting types, there are some basic guidelines from the research that fall into the generally accepted or “best practices” category, e.g., train persons delivering the services, use validated screening tools, and engage the youth through motivational interviewing techniques. The Foundation has sought to support projects that are tailoring SBIRT delivery models targeted to best meet the developmental characteristics of youth and adolescents. Grantees are integrating SBIRT into a wide variety of settings from traditional health care systems to juvenile justice programs to schools and community

settings. Because of the constraints of the health care system, alternative settings provide a valuable opportunity to reach youth and explore the feasibility of implementation outside of health care. The Foundation has responded to this opportunity to disseminate SBIRT services to new settings by increasing technical assistance capabilities across the types of settings represented, unpacking the individual components of the process to determine how each step fits into new environments, and aligning components of the SBIRT model with evidence-based practices.

Unpacking the Components of the SBIRT Process

The majority of grantees are utilizing standardized, validated screening instruments to identify youth at risk for substance use problems and to guide their decision making. However, there is variation between grantees in how brief intervention or referral to treatment is defined and implemented for youth who may benefit from these services. Some are utilizing a one-time, brief motivational conversation focused on healthy choices and risk reduction, while others are implementing hour-long, multi-session manualized interventions. In addition, many grantees have discovered that referring youth to treatment or other additional services and supports can be difficult without a clearly-specified procedure or mechanism in place and/or a network of appropriate providers in their area.

To better understand the SBIRT implementation processes utilized across the Strategic Initiative, the MEL Project team administered a site-level survey to grantees who had implemented SBIRT for at least six months. The MEL Project will soon release a report of the implementation survey analysis, grouping sites by the settings in which they operate and assessing what proportion of each grouping have been able to implement some of those basic elements. Each setting implementing the SBIRT model and directly providing services presents different challenges in both training and identifying appropriate staff, screening and following up with the targeted population, and maintaining confidentiality. By grouping the results by setting type the analysis will provide an overview of how they differ in facing those challenges.

Technical Assistance to Promote Best Practices

Ongoing TA ensures SBIRT implementation aligns with the evidence-base and creates lasting, meaningful impact. Grantees are providing TA activities to their sites in the form of follow-up calls, booster trainings, education webinars, and needs assessment activities, which are crucial for ensuring the successful implementation of SBIRT to enhance the sustainability of projects. The follow-up and technical assistance components of implementation are where knowledge and learning become standardized, routine practice. They are also where grantees often need the most guidance and assistance. Although research is still developing, there is some early consensus around TA best practices which the Foundation grantees are working to disseminate through their work. The **University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs** received a grant to offer personalized assistance to the Strategic Initiative grantees in aligning their SBIRT approaches – including training

Unifying Voices in a National Movement

Facing Addiction is building a movement to give the millions of individuals affected by addiction a voice and to create a broad base of support to fund much needed research, education, and advocacy for prevention, addiction, and recovery. Facing Addiction held the Unite to Face Addiction rally in Washington, DC on October 4, 2015, marking the first time that major musicians, politicians, actresses, athletes, models, journalists, advocates, and authors joined together to advocate for addiction solutions. Tens of thousands of individuals attended the rally. Facing Addiction promoted the rally and raised awareness about addiction through a public relations and social media campaign leading up to the event. A five part, week long op-ed series in the Huffington Post provided a platform for conversations about addiction and recovery and garnered 5.8 million estimated impressions through Twitter. The Facing Addiction campaign provides a way for celebrated individuals to use their experience and influence to raise awareness about the impact of substance use – and potential solutions.

and implementation protocols – with emerging research and evidence-based practices in schools, health care, and juvenile justice settings. UCLA is compiling tools and best practices around youth SBIRT, identifying current gaps in implementation practice, and increasing consistency and standardization of approaches to strengthen the quality of implementation across grantee sites. This standardization and alignment with the evidence-base will guide dissemination of prevention and early intervention strategies to the broader field.

Engaging Parents and Caregivers to Improve Outcomes

Another key learning from the Strategic Initiative pertains to the engagement of parents and caregivers in substance use identification and intervention programs. Although the involvement of parents and caregivers as allies in youth substance use prevention offers the potential for greater impact, grantees continue to face distinct challenges in this area. Parent and caregiver engagement in consent processes and prevention programs can be difficult and youth are often resistant to seeking their parents' permission for substance use prevention and early intervention services. Grantees have experienced challenges in collecting consent forms and involving parents in intervention services. Furthermore, some grantees have noted parents and caregivers concerns about confidentiality in different settings, which impacts their children's participation in the SBIRT process. Relationship dynamics between parents or caregivers and youth and a parent's level of awareness about their child's substance use have an effect on youth's willingness to engage their parents in the process, as well as how the parent supports the intervention and referral to treatment.

The **University of Minnesota** is working to engage parents by teaching them about the effects of substance use on adolescent brain development, as well as communication skills and strategies to talk with their children and other young people about substance use. In an effort to determine best practices and successful strategies, they are collecting outcome data on both the youth and the parents.

The Partnership for Drug-Free Kids (the Partnership)

focused on engaging parents in youth SBIRT programs through parent education interventions, including in-person workshops and remote parent-to-parent coaching. The lessons learned provide important considerations regarding parent involvement in SBIRT and their child's substance use in general. Ultimately, the Partnership found it difficult to engage parents whose kids are not yet in crisis in more preventative approaches. In addition, many of the youth who screened positive declined to involve their parents in the process. However, the Partnership learned that once engaged, parents' first and foremost desire is to be connected with other parents who are going through similar situations. The project also found parents often do not have an organized way to identify tools and resources available to assist them on topics surrounding youth substance use and SBIRT services. These critical lessons have informed the Partnership's evolving efforts to support parents, and provide insight for other grantees considering how to involve parents and caregivers in adolescent substance use prevention and intervention programs.

Using Technology to Increase Access to SBIRT

The Strategic Initiative is generating technological innovations to increase access to screening and brief intervention. The use of technology can reduce the burden on individual providers and can be a promising area to negate the barrier of low provider and administrator time. For instance, **The Ohio State University, Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery** developed a web-based program called ScreenU. ScreenU is an electronic version of SBIRT for college-aged youth that reaches beyond clinical settings. It is currently available in three versions: ScreenU Alcohol, ScreenU Marijuana, and ScreenU Rx. These online tools identify students making high-risk alcohol and drug choices and provide strategies to reduce their risk of negative consequences. Campuses all over the country have been implementing ScreenU in health centers, Greek Life programs, residence halls, and athletics departments.

Advocacy to Advance Policy and Promote Systems Change

Implementation sites and projects have the potential to contribute knowledge and lessons learned to the broader adolescent health and development field, however in order to increase access to services and create lasting, sustainable change in communities, leaders and policymakers need to be involved in prevention and early intervention as well. Grantees are engaging with federal, state, and local policymakers and external stakeholders on issues surrounding SBIRT and youth substance use prevention to lay the foundation for a strong network of support within government systems and communities. In an important step forward this year, the

Substance Abuse and Mental Health Services Administration revised its long-standing SBIRT grant program to allow grantees to focus 20 percent of their funding on serving adolescents between the ages of 12 and 18. Through their Foundation-funded advocacy efforts, **Community Anti-Drug Coalitions of America (CADCA)** has begun to educate members of Congress on key Committees about the progress and increasing support for youth SBIRT among federal agencies and opportunities to support continued investment through federal funding.

Shifting Perspectives about Youth Substance Use

The Foundation's strategy includes concerted efforts around communications and messaging to shift public perceptions about the causes, risk factors, influencers, and potential



GOAL 2: Improve funding for, access to, and implementation of screening and early intervention services.

Spotlight on AAP

The *American Academy of Pediatrics (AAP)* is facilitating a quality improvement project called the Practice Improvement to Address Adolescent Substance Use (PIAASU). The aim of the project is to address substance use and mental health by increasing the use of validated screening tools, successful brief intervention techniques, and referral to treatment with 37 participating pediatric practices across the states of Connecticut, Georgia, and Utah. This project is providing a vehicle and a means to disseminate evidence-based practices around adolescent substance use prevention and intervention in a way that will result in pediatric practice transformation.

Funding from the AAP Friends of Children Fund is supporting the PIAASU project by providing access to three training simulations that provide participants with effective brief intervention techniques for addressing substance use and mental health concerns with adolescents. The virtual simulations, developed by Kognito, strive to increase comfort and improve the quality of care, ultimately leading to positive patient behavioral change. The simulations provide a way to measure competence on brief intervention skills for primary care pediatricians, subspecialists, residents in training, and other healthcare professionals working with children, adolescents, and their families.

For the Connecticut Chapter, the PIAASU Project has come at a critical time. Overdoses and drug related deaths are on the rise in the state and across the nation, and pediatricians have been looking to the AAP for constructive ways to engage families and youth. The SBIRT model and quality improvement structure provided by the PIAASU project allow practices from a range of settings to adapt substance use screening to meet their particular practice structure. The learning collaborative format allows practices to share successful strategies and brainstorm solutions to problems. National staff provide access to expertise from across the country.

“The first time I had a positive screen opened my eyes to the suffering hiding under the surface for some of my patients. The young man was struggling with depression and self-medicating with street drugs. The CRAFFT and PHQ-9 screens helped me to identify what was happening and the referral and tracking structure we have put in place as part of PIAASU has helped to make sure he has access to the services he needs.”

Rob Dudley, MD, FAAP, Community Health Center of New Britain

harm of adolescent substance use and to generate demand for prevention and intervention, including SBIRT. Research has demonstrated that community prevention programs with consistent messages that reach youth at home, school, extracurricular clubs, and faith-based organizations, and through various modes of social media may be most effective.²⁴ In recognizing the value of laying the groundwork for widespread dissemination and implementation of SBIRT, several grantees have identified key messaging needs and delivered communications or activities that meet those needs. For instance, **FrameWorks Institute** explored how to effectively communicate with members of the public, health providers, and policymakers about youth substance use and what it takes to improve outcomes for young people. In their research, they found that the issue of youth substance use is fraught with communication challenges because there is a significant gap between the public understanding of the origins of substance use disorders and the solutions that experts recommend, like SBIRT. To address these gaps, FrameWorks developed a media content analysis report that includes communications strategies that advocates can use to advance understanding and shift perspectives about adolescent substance use. Utilizing youth voices in its two online publications, the Juvenile Justice Information Exchange and Youth Today, the **Center for Sustainable Journalism** published op-eds and commentaries and produced videos to inform policymakers, practitioners, academics, advocates, parents, and youth about substance use and stories of recovery.

Goal 3: Conduct research and advance learning to improve screening and early intervention practices.

Objective: Increase knowledge regarding SBIRT's effectiveness

The third and final goal for the Strategic Initiative strives to test emerging models of service delivery, expand SBIRT to new populations, and research innovations in screening and brief intervention for youth. Recent research has shown that frameworks focused specifically on adolescents, such as SBIRT for Adolescents (SBIRT-A), that incorporate a set of practical, proactive, action-orientated, and family-focused strategies to addressing youth substance use problems in primary care settings are more effective in detecting and intervening before use escalates.^{25, 26} Grantees are working to study and examine various adaptations of SBIRT to determine the best outcomes for youth and to adapt the emerging evidence around youth SBIRT. In line with the Foundation's goal to develop and disseminate learning around SBIRT and assess early intervention approaches, the Strategic Initiative is contributing to the research base by further evaluating and implementing personalized, interactive SBIRT approaches tailored for youth.

Progress to Date

Multiple grantees are building upon the current evidence base, using their funding to research or evaluate the effectiveness of

new models of SBIRT service delivery for adolescents. Several of these studies and projects are highlighted throughout this report (Center for Social Innovation, Kaiser Foundation Research Institute, NORC, and Boston Children's Hospital). Other examples include:

- **Treatment Research Institute** is conducting a randomized control trial of a school-based SBIRT model consisting of a computerized screening protocol, followed by a tailored brief motivational counseling intervention delivered by trained behavioral health providers within school-based health centers. The trial will demonstrate whether this SBIRT model in school-based health centers is effective and financially self-sustaining.
- **University of New Mexico (UNM)** is expanding access to SBIRT to school-based health centers in rural and frontier areas. The project is also testing two distinct approaches to train providers on motivational interviewing, comparing the cost and effectiveness of a traditional intensive face-to-face training and training via telehealth. Furthermore, UNM is piloting a peer-based approach using an existing peer-to-peer support program to help improve substance use prevention and intervention outcomes.
- **University of Minnesota** in partnership with the **Kaiser Permanente Division of Research** is conducting a randomized controlled trial of a multi-session brief intervention model, involving a combination of youth and parent sessions as well as a group and individual sessions, for teens referred from health providers and school personnel. This project will provide valuable information about how to appropriately and effectively engage parents in the intervention for youth under the age of 18.

Measuring Youth Outcomes

Four grantees are projected to collect follow-up or outcome data from youth at various time points following the initial delivery of SBIRT, ranging from 3 to 12 months. Since the projects are either just entering the follow-up phase or have not entered it at all, there is not enough data to report on the outcomes at this point in time. Additionally, because many grantees report the number of youth followed-up with as a percent (i.e. 80%) rather than a raw number, and often follow-up with the same individual multiple times, it is not possible to report an accurate number of youth involved in follow-up evaluations. The grantees' follow-up protocols will measure various indicators including reductions in substance use, decreased risk factors or negative consequences, and the number of youth who received follow-up from their primary care provider after a brief intervention or referral to treatment. Two projects will also collect data on improvement in mental health indicators. Because many grantees are still in the initial phases of data collection, the individual-level data and results from these models will be forthcoming as the projects progress.

Disseminating Knowledge and Fostering Learning

Fifteen grantees plan to produce and disseminate findings from their projects and/or studies that will contribute to the larger

Peer-led Interventions

Using input from youth through every step of program development, the **Center for Social Innovation** in partnership with Young People in Recovery is piloting a four session peer mentoring intervention delivered by young people with lived experience of recovery from substance use disorders. The intervention is tailored for youth identified as low- to moderate-risk based on a routine screening conducted in schools and health care settings and will be piloted in six sites across the country. This innovative approach not only has the potential to impact the youth receiving the intervention, but by supporting young people in recovery, they then become ambassadors of change who can speak to the importance of healthy decisions about alcohol and other drugs and intervening early.

SBIRT and youth substance use research and evidence base by the end of their grants. This knowledge dissemination will include scientific presentations, policy/issue briefs, white papers, peer-reviewed journal articles, and conference panel discussions. Advancing the knowledge around SBIRT and sharing best

practices and lessons learned not only strengthens the evidence base, but also improves implementation and outcomes. Due to the enduring, tangible nature of these publications, grantees' efforts will have a lasting effect and impact future programs. Engaging non-traditional partners also enhances the sustainability of the grantees' work by increasing general awareness and interest in youth substance use prevention.

In addition to supporting new research and spreading key learnings to the broader field, the Foundation is committed to fostering learning and collaboration between its grantees. The MEL Project has designed activities to increase sharing and build knowledge among the grantees, including moderating the Hilton Community for Healthy Youth online collaborative community, hosting webinars, facilitating affinity group meetings and topic-based roundtable discussions, and sending weekly emails to all grantees. In Abt Associates' experience, learning networks foster exchange of the most current knowledge and practices among participants, enabling them to take advantage of innovations and advancements as soon as possible. The intent is to reduce lag time in uptake of innovation or new learning and avoid duplication of effort as participants may be trying to solve the same challenges at the same time.

Discussion

The Strategic Initiative is making great strides towards increasing understanding about the process and feasibility of implementing SBIRT in diverse settings. Several grantees are taking this understanding a step further and evaluating the impact of their interventions on youth substance use and





GOAL 3: Conduct research and advance learning to improve screening and early intervention practices.

Spotlight on Boston Children's Hospital

Approximately one in four adolescents is currently living with a chronic medical condition. While this group receives a substantially high percentage of the medical care provided to youth, they are often overlooked in regards to efforts to provide prevention and early intervention around substance use, despite their significantly higher risk of experiencing medical consequences due to use. In an effort to address the urgent need for an adolescent SBIRT model that specifically targets medically vulnerable youth, the Foundation is funding researchers at Boston Children's Hospital to integrate a randomized control trial of a tailored electronic intervention into a larger longitudinal cohort study of 900 adolescents in which they are validating a set of brief substance specific outcomes that can be used to track adolescent SBIRT outcomes.

The electronic intervention is being tested with adolescents diagnosed with Type 1 Diabetes or rheumatic conditions. The intervention draws upon salient, disease specific themes that were gathered from qualitative interviews with medically vulnerable youth, their parents, and their medical providers. Through an artistic, self-administered intervention, youth will be given the opportunity to receive disease specific psycho-education and hear from other youth who have encountered similar struggles. The approach will aim to both provide clinicians with valuable information about risk to inform their practice, and provide patients with support and information. This scalable model takes advantage of the growing electronic clinical infrastructure of data captured at the point-of-care and the use of tablets and apps to collect patient-reported outcomes to assist in patients in health care decision-making.

health outcomes. Some grantees are conducting follow-up as part of randomized control trials (Boston Children's Hospital/Children's Hospital Corporation and University of Minnesota/Kaiser Permanente) or studies examining the feasibility or effectiveness of a specific intervention (Treatment Research Institute, Center for Social Innovation, University of New Mexico, National Council for Behavioral Health, Portland State University/Reclaiming Futures, and YouthBuild). The research into the efficacy of SBIRT will determine how different models of delivery, including interventions delivered by peers and other non-clinical staff, vary in terms of youth outcomes and potential for sustainability. As specific models are being tested, which will identify the impact of a specific intervention in specific populations (e.g., youth with comorbid medical conditions, high-risk youth), the low number of youth being followed up leads to limited, but promising, generalizability to the broader population. The collection of individual-level data by the grantees is ongoing and the results and findings will be analyzed as the projects progress. Many of the grantees encountered delays in approval by Institutional Review Boards, while others are reporting challenges in recruiting and enrolling youth into their studies. Ongoing emphasis on following up with youth to monitor change and assess the impact of SBIRT and dissemination of findings are essential steps to further understanding of the key ingredients for effective brief interventions and the appropriate dosage to bring pilot SBIRT programs to scale, impacting the broader adolescent population.

Emerging Issues for Further Research

Gaps in knowledge, evidence-based practices, and access to high quality services persist across the adolescent continuum of care — prevention, intervention, treatment, and recovery. For example, when it comes to making effective referrals to substance use treatment and other services, youth-serving providers struggle to identify and recommended treatment and recovery support services most appropriate for youth with higher-risk substance use concerns. Providers seem to have questions about when to refer youth for more intensive treatment, and how to involve and address parents'/caregivers' substance use through intergenerational approaches to care.

While grantees are implementing SBIRT for geographically diverse youth populations across discrete settings, opportunity exists to further explore how the SBIRT framework can be tailored to meet the needs of youth most vulnerable to substance use risk including marginalized populations and youth living in underserved communities, youth with family history of substance use disorders, youth experiencing adverse childhood events, and/or facing other health conditions, such as mental health problems or learning disabilities.

As further knowledge gaps are identified, the Strategic Initiative is well positioned to develop and test strategies to identify risk and engage youth in effective, developmentally appropriate interventions to prevent initiation of substance use and stop or reduce escalating risk behaviors.



**“Coming together is a beginning,
staying together is progress, and
working together is success.”**

Henry Ford



Recommendations and Conclusion

Recommendations

Before exploring the actionable recommendations that have emerged through the past year's activities, this section will review key recommendations discussed in the Year 1 Evaluation Report, providing examples of the Foundation and its grantees' progress towards responding to the early learnings from the MEL Project.

Review of Progress Made Towards Addressing Year 1 Recommendations

In the Year 1 Evaluation Report released in 2015, Abt included five overarching recommendations to propel forward the Strategic Initiative's activities and encourage broader and more impactful change in youth-serving systems.

Examples of work towards addressing each of these key recommendations are provided below.

1. Improve knowledge and address stigmatizing and ambivalent attitudes of providers, policymakers, and others about adolescent substance use.

Over the past year, **FrameWorks Institute** developed a media content analysis report that includes communications strategies that can be used to advance understanding and change perceptions about adolescent substance use with different audiences. Delivering messages that include current scientific and medical knowledge and substance use trends will help to make the messages evidence-based, current, and relevant.

Legal Action Center (LAC) conducted a review of publicly available commercial insurance documents such as educational materials, physician guidance, and information about their coverage of adolescent and young adult alcohol and drug use to provide a clearer understanding of commercial insurance companies' policies and practices. LAC also conducted key informant interviews and a survey of physicians and pediatricians about their attitudes regarding adolescent alcohol and drug use, and will develop a report on their findings.

In the fall of 2015, **Grantmakers in Health** held a convening of behavioral health funders, with a particular emphasis on substance use disorders, to help identify philanthropy's current assets, gaps, and barriers to scaling behavioral health efforts and to explore opportunities for partnering with different sectors and government.

Community Anti-Drug Coalitions of America (CADCA) began a planning process to develop, pilot, and evaluate an approach to provide training and technical assistance to community coalitions to support the development and implementation of SBIRT in their communities. This helps to further expand training and technical assistance activities into previously untapped populations, and to reach beyond typical partners to build support among targeted community leaders.

2. Strengthen the emerging evidence-base for youth SBIRT, with particular emphasis on screening and brief intervention practice.

In early 2016, the Foundation funded the **Kaiser Foundation**

Research Institute to develop predictive statistical models – “risk profiles” – of the clinical and demographic characteristics of youth at greatest risk for developing substance use problems. These characteristics can be used by health systems and other youth-serving organizations to identify children and adolescents at greatest risk in order to provide them with targeted prevention and early intervention efforts, including SBIRT.

3. Develop infrastructure necessary to support adoption of SBIRT as part of routine care.

Legal Action Center conducted an initial analysis of the final Mental Health Parity and Addiction Equity Act parity rule for Medicaid/CHIP while gathering detailed information about coverage of preventative substance use services in all state Medicaid programs. The analysis is informing the development of case studies that will be released to the broader field. They also completed a report on the role of electronic health record use in SBIRT delivery for young people, which will be shared with the Foundation's grantees and their stakeholders.

With technical assistance from **Community Catalyst**, advocacy coalitions in five states worked on a range of policy proposals to promote SBIRT implementation with a particular focus on schools. Outreach included development of champions in the state legislature and educating school officials, catalyzing stakeholders, and highlighting funding pathways. For example, advocates in Massachusetts were behind the passage of a law requiring SBIRT in public schools across the state. Substance use screening will be conducted in middle and high schools by school nurses in two grades to be determined by each district. The advocates secured \$1.1 million in the state budget to support this mandate, including funds for training, technical assistance, and staff support for school nurses. Since the law passed, 105 school districts applied and were accepted for the first round of large-scale school SBIRT implementation. Furthermore, the work of Community Catalyst's other state partners resulted in 21 school districts in Ohio, New Jersey and Wisconsin developing plans to implement SBIRT. The Community Catalyst project also built support among influential state policymakers for advances: New Jersey Senator Joseph Vitale developed school-SBIRT legislation modeled on Massachusetts to be introduced this year, Wisconsin Representative John Nygren committed to including SBIRT in his upcoming opioid response bill package, and a key Medicaid administrator in Georgia became a champion for turning on the SBIRT codes. This policy and advocacy can help provide examples for legislative proposals in other states to provide youth SBIRT. In addition it increases the demand for states to provide SBIRT funding streams, including through Medicaid and private insurance.

To reach youth in non-traditional settings, the Foundation funded the **CDC Foundation** in 2015 to develop a comprehensive, regional substance use prevention and sexual risk behavior reduction program for Kentucky, Indiana, and Ohio. This project includes a school-centered approach in priority communities, areas that have the highest substance use

and/or HIV/STD rates among adolescents. This project provides support to improve schools' capacity to increase adolescents' access to key preventive and treatment health services, such as drug screening, intervention, and treatment, and HIV/STD testing.

4. Build capacity of practitioners to provide appropriate linkages and referrals to services and the treatment system.

Legal Action Center is monitoring Congressional developments that may impact Confidentiality Law 42 C.F.R. Part 2, and educating and advising grantees, providers and advocates on the updated rulemaking from SAMHSA, as well as the impact of potential legislative proposals to the existing confidentiality protections of 42 CFR Part 2.

In a second grant to the **National Council for Behavioral Health**, the Foundation is supporting the expansion of SBIRT to federally-qualified health centers, encouraging stronger integration between primary care and behavioral health services.

5. Create core competencies and/or quality improvement metrics to support program development to align with promising and emerging practices.

To reach youth served through Medicaid managed care plans, the Foundation funded the **Center for Health Care Strategies** (CHCS) in partnership with the Association of Community Affiliated Plans (ACAP) to implement SBIRT in primary care practices that serve low-income and vulnerable adolescents with or at risk for substance use disorders. CHCS and ACAP have selected seven ACAP-member health plans to be part of a national multi-site quality improvement collaborative focused on increasing the adoption and incorporation of SBIRT in primary care settings and to track process and outcome indicators.

Moving Forward: Additional Recommendations

The progress made towards addressing these recommendations has provided deeper insights into the challenges and components of implementing substance use prevention across a variety of settings that serve youth. The Foundation has made important strides in moving prevention activities into new settings and expanding their reach into often untouched populations. As the Strategic Initiative moves forward it continues to build on that reach and expand the evidence-base for implementation of SBIRT as a useful tool in reducing youth drug and alcohol use. No program or set of programs operates in a vacuum; it is critical to continue supporting a holistic approach examining all of the factors that make up the most effective solution to addressing youth substance use. The spheres of influence surrounding youth decisions around substance use - from the specific population involved, state and local policies and the cultural considerations - directly affect the impact of any programming and all need to be part of the assessment of expected outcomes.

Building on the momentum of the accomplishments to date, the MEL Project offers the following recommended actions to strengthen the second half of the Strategic Initiative's five-year strategy.

6. Assess SBIRT outcomes and level of impact

on youth substance use. As the Strategic Initiative continues to grow, the MEL Project is adapting its approach to accommodate the increasing number of grantees and the array of project plans and funding periods represented across the Strategic Initiative. During the second year of the MEL Project, Abt determined the RE-AIM evaluation framework initially applied to our evaluation plan was no longer feasible due to the diversity of projects and approaches represented. While grantees are collecting data for a range of measures (e.g. dissemination of products, implementation of SBIRT, and number of trainings), few are currently measuring adoption of products, services, or processes, or overall outcomes and impact on youth substance use. It is often the case that the development of an effective follow-up plan requires "up front" data collection strategies service providers are not familiar with and, consequently, do not feel able to put in place. This is a fertile area in which the MEL Project can assist, both through Abt staff and through some of the seasoned researchers among the grantees.

Once the feasibility of SBIRT training and implementation is established, the Strategic Initiative can focus on considering how to support impact measurement to more effectively assess the level to which grantees are impacting youth substance use in the United States. This may include:

- Provide technical assistance around evidence-based practice in following-up with youth to measure outcomes.
- Fund programs with an outcome evaluation expectation (i.e., measuring the longer term impact of training and implementation activities).
- Develop objectives and indicators to account for differing training targets and topics.

7. Guide grantees to utilize existing evidence-based practices and resources for SBIRT training and implementation to use research to improve practice.

In general, many youth-serving providers and stakeholders do not have a clear understanding of the SBIRT framework, the target population for brief interventions, and the evidence supporting the process. There are several opportunities for the Foundation and the grantees to further unpack the individual components of screening, brief intervention, and referral to treatment to better align with the research base. For example,

- Endorse a list of evidence-based training and implementation approaches during the initial funding stage to reduce duplication of effort between grantees, encourage standardization, and capitalize on proven approaches.
- Develop a brief report on the screening tools utilized by

grantees in different settings, the properties of each, and make recommendations for which tool to use in which settings. The guide should include a clear explanation of the scoring and threshold properties that are associated with each tool and the research behind those thresholds. Similar reports on current grantee practices for brief intervention and referral to treatment could be developed and used to inform TA efforts.

- Create an organizational readiness assessment tool to assist organizations in tailoring training and TA to align with organizations' knowledge, skills, and readiness.
 - Consolidate current lessons learned, resources, and products from the Strategic Initiative into guides for wider distribution to the field and utilization among future grantees. The guides could provide models for each setting with considerations and strategies to prepare for implementation, and recommended resources, training, and technical assistance tactics. These products will help organizations understand, consider, and address the many facets of implementation in order to appropriately plan sustainable, evidence-based SBIRT services.
 - Initiate a systematic study regarding referral to treatment and referral to services for youth: what we know or don't know regarding best practices, what works best with youth and what doesn't work with youth, services that youth will utilize and those they will not, and interventions that have the best long-term outcomes, if any. Grantees may pilot different referral models and services and then develop reports/briefs on the findings, and make recommendations on best practices.
 - Provide ongoing technical assistance to train providers and implementation sites throughout the Strategic Initiative to assist grantees in overcoming challenges, managing limitations, and navigating complex systems of care.
- #### **8. Respond to emerging issues and gaps in current research and practice.**
- The MEL Project continues to identify key issues and gaps that are influencing or impacting the Strategic Initiative. The Foundation may support future efforts to address these gaps, including:
- Integrate SBIRT and substance use prevention into routine preventive health screenings and services. Connecting substance use and general health and linking health behaviors is an essential step towards fully integrating SBIRT into routine health care practice, similar to the way obesity prevention, nutrition, and smoking cessation are addressed as critical components of overall health and wellbeing. Demonstrating the feasibility and effectiveness of linking screenings and identifying risk factors could be an important component of the Strategic Initiative's success.
 - Support programs that are implementing evidence-based approaches for identifying and addressing the social determinants of health, such as housing insecurity, hunger, and social exclusion. Youth serving providers are in a unique position to recognize the root causes of adverse

health behaviors and outcomes, including substance use, and are well positioned to connect youth and families with community resources in order to better address obstacles related to the social determinants of health.

- Similarly, support the development and testing of SBIRT approaches to reducing health disparities and inequities among marginalized youth. Pervasive health and access to care disparities exist in grantees' communities based on race and ethnicity, gender, socioeconomic status, geographic location, sexual orientation and gender identity, and physical and cognitive ability. These disparities influence how prevention and early intervention programs such as SBIRT are developed, adopted, and received by vulnerable youth and communities.
 - Disseminate resources to assist states and providers in identifying and utilizing current and emerging financing mechanisms for screening and brief intervention. Health care organizations are not billing for SBIRT protocols for a variety of reasons, including because Medicaid billing codes have not been activated in many states. Even when the screening and brief intervention reimbursement codes are activated, many providers are not using them due to the time-based nature of the codes or because of low reimbursement rates that do not make it seem 'worthwhile.' In spite of the era of health care payment reform and pending movement away from fee-for-service models, this reimbursement concern speaks to a critical leverage point for new education efforts and advocacy that was somewhat unforeseen in the impact it has on sustainability of SBIRT implementation efforts. The guides would cover payment options beyond existing billing codes, the nuances of payment in different settings, and in both Medicaid and non-Medicaid expansion states.
- 9. Explore new, innovative approaches to resolve persistent, prevalent ambivalence and cultural norms around youth substance use.** In order to generate acceptance and demand for SBIRT services among adolescents, families, and youth serving providers, it is necessary to continue chipping away at ambivalent and stigmatizing attitudes and practices surrounding the issue of youth substance use. Key learnings from the Strategic Initiative thus far could inform approaches that capitalize on new technologies and components of successful social marketing and health communication strategies. Considerations include:
- Utilize current projects (e.g. the MEL Project, UCLA, UMN, Partnership for Drug-Free Kids, BCH, and Reclaiming Futures) to unpack the lessons learned thus far to further explore parental/caregiver ambivalence about youth substance use. Develop a report on how to address parental ambivalence and empower parents to become part of youth substance use prevention and intervention.
 - Fund projects to research and develop successful strategies for reaching health professionals and other youth serving providers and their professional associations with effective

messaging and educational materials.

- Direct grantees to involve youth in program planning and the development of effective messages, including youth and young adults in recovery from substance use disorders. In order to improve the implementation of SBIRT services for youth, effective strategies for targeting youth populations need to be identified. Obtaining feedback from youth is highly beneficial to programs when designing interventions and launching successful pilots and youth input surrounding prevention and intervention strategies is crucial to strengthening programs.

Conclusion

The Youth Substance Use Prevention and Early Intervention Strategic Initiative is laying the groundwork for long-term, systemic change across all levels of the youth ecology: individual, relational, community, and societal. Significant progress was made over the past year in expanding the youth-serving workforce's capacity to identify substance use and intervene early, as well as in increasing access to SBIRT service by moving into new and often non-traditional health services settings to reach more youth.

Although research on the efficacy of specific models of brief intervention is still emerging, findings thus far indicate that screening, brief intervention, and referral to treatment is a promising approach to interacting and intervening with youth. Further examination of the delivery of SBIRT service across diverse settings – health care, schools, juvenile justice, and community-based programs – and ethnically, racially, and geographically diverse populations will inform different approaches to SBIRT for the broader field.

In late 2016, the first-ever Surgeon General's Report on Alcohol, Drugs, and Health will be released bringing attention to substance use and addiction as a public health issue and the evidence-based interventions and programs that are available for individuals, families, and communities. The report is intended for parents and families, educators, health care professionals, public health practitioners, public policy makers, and researchers who are looking for effective, sustainable solutions to the problems created by alcohol and other substances. The Foundation's Strategic Initiative is positioned to leverage this ground-breaking report in furthering prevention and intervention efforts for youth among other private foundations, federal agencies, and stakeholders.

The third year of the evaluation will document the processes, data, and outcomes that grantees are implementing to create movement within the communities they serve and the stakeholders they represent, and will reflect on these efforts in the context of the broader initiative. The Strategic Initiative offers a comprehensive prevention and early intervention strategy for shifting cultural norms around youth substance use, providing the necessary messages, tools, and resources for peers, parents, caregivers, providers, professionals, and policy makers to impact change.

References

- ¹ Harding, F.M., Hingson, R.W., Klitzner, M., Mosher, J.F., Brown, J., Vincent, R.M., Dahl, E., Cannon, C.L. (2016). Underage drinking: A review of trends and prevention strategies. *American Journal of Preventive Medicine*.
- ² Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2016). Monitoring the Future national survey results on drug use, 1975-2015: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan.
- ³ National Institute on Drug Abuse. (2014) Principles for adolescent drug treatment: A research-based guide. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/acknowledgements>. Accessed on September 14, 2016.
- ⁴ Carey, K., Scott-Sheldon, L., Carey, M., and DeMartini, K. (2007). Individual level interventions to reduce college student drinking: A meta-analytic review. *Addictive Behaviors*, 32(11), 2469-2494.
- ⁵ Smith, E. and Lipsey, M. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 51, 1-18.
- ⁶ Hingson, R. & Compton, W. M. (2014). Screening and Brief Intervention and Referral to Treatment for Drug Use in Primary Care: Back to the Drawing Board. *JAMA*, 321(5), 488-489.
- ⁷ Center for Behavioral Health Statistics and Quality. (2015). 2014 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁸ Squeglia, L. M., Jacobus, J., & Tapert, S. F. (2009). The influence of substance use on adolescent brain development. *Clinical EEG and Neuroscience*, 40(1), 31-38.
- ⁹ Lubman, D. I., Yücel, M., & Hall, W. D. (2007). Substance use and the adolescent brain: A toxic combination? *Journal of Psychopharmacology*, 21(8), 792-794.
- ¹⁰ Casey, B. J., & Jones, R. M. (2010). Neurobiology of the adolescent brain and behavior: Implications for substance use disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(12), 1189-1201.
- ¹¹ Rudd, R. A., Aleshire, N., Zibbell, J. E., & Matthew Gladden, R. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *Morbidity and Mortality Weekly Report*, 64(50), 1379-1382.
- ¹² Centers for Disease Control and Prevention. (2011). Vital signs: Overdoses of prescription opioid pain relievers—United States, 1999--2008. *Morbidity and Mortality Weekly Report*, 60(43), 1487-1492.
- ¹³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ¹⁴ Substance Abuse and Mental Health Administration. (2013). Treatment Episode Data Set (TEDS): 2001-2011. State admissions to substance abuse treatment services. BHSIS Series S-XX, HHS Publication No. (SMA) XX-XXXX. Rockville, MD: Substance Abuse and Mental Health Administration.
- ¹⁵ Neighbors, C., Barnett, N., Roenow, D., Colby, S., and Monti, P. (2010). Cost effectiveness of a motivational intervention for alcohol involved youth in a hospital emergency department. *Journal of Studies on Alcohol and Drugs*, 71(3), 384-394.
- ¹⁶ Centers for Disease Control & Prevention. (n.d.). The social-ecological model: A framework for violence prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/sem_framework-a.pdf. Accessed on September 14, 2016.
- ¹⁷ Centers for Disease Control & Prevention. (2015). Social ecological model. Retrieved from <http://www.cdc.gov/cancer/crccp/sem.htm>. Accessed on September 14, 2016.
- ¹⁸ Mack, K., Lu, S., Vaidyanathan, L., Gopal, S., & Lasak, M. (2016). Evaluating ecosystem investments. Report prepared by FSG for Omidyar Network.
- ¹⁹ McCormack, L., Sheridan, S., Lewis, M., Boudewyns, V., Melvin, C.L., Kistler, C., et al. (2013). Communication and dissemination strategies to facilitate the use of health-related evidence. Evidence Report/ Technology Assessment No. 213. AHRQ Publication No. 13(14)-E003-EF. Rockville, MD: Agency for Healthcare Research and Quality.
- ²⁰ Committee on Substance Use and Prevention. (2016). Substance use screening, brief intervention, and referral to treatment. *Pediatrics*, 138(1).
- ²¹ Tanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 51, 1-18.
- ²² Borsari, B., & Carey, K. B. (2000). Effects of a brief motivational intervention with college student drinkers. *Journal of Consulting and Clinical Psychology*, 68(4), 728.
- ²³ Barnett, E., Sussman, S., Smith, C., Rohrbach, L. A., & Spruijt-Metz, D. (2012). Motivational interviewing for adolescent substance use: A review of the literature. *Addictive Behaviors*, 37(12), 1325-1334.
- ²⁴ Battistich, V.; Solomon, D.; Watson, M., & Schaps, E. (1997). Caring school communities. *Educational Psychologist*, 32(3), 137-151.
- ²⁵ Ozechowski, T. J., Becker, S. J., & Hogue, A. (2016). SBIRT-A: Adapting SBIRT to maximize developmental fit for adolescents in primary care. *Journal of Substance Abuse Treatment*, 62, 28-37.
- ²⁶ Samson, J. E., & Tanner-Smith, E. E. (2015). Single-session alcohol interventions for heavy drinking college students: A systematic review and meta-analysis. *Journal of Studies on Alcohol and Drugs*, 76(4), 530-543.

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
Abt Associates	Abt Associates is leading the monitoring, evaluation and learning project for the Foundation's Strategic Initiative.	\$1,500,000	7/1/14-6/30/17	Nationwide	N/A	The Foundation and their grantees, Public
American Academy of Pediatrics	AAP is increasing utilization of SBIRT among pediatric providers serving adolescents. Key components include a learning collaborative to design and implement best practices, including quality measures, and development of an EQIPP® (Education in Quality Improvement and Pediatric Practice) module, which is an online tool to train pediatric practitioners.	\$1,240,000	10/1/14-9/30/18	CT, GA, UT	Health Care	Providers serving youth, Youth
Behavioral Health System Baltimore	BHBS is leading a multi-jurisdictional, multi-partner initiative to integrate adolescent SBIRT into pediatric primary settings and school-based health centers across Maryland.	\$1,000,000	1/1/15-12/31/17	MD	Schools	Providers serving youth, Youth
Boston University School of Public Health	BUSPH planned and conducted a conference that brought together experts in alcohol interventions, web/mobile enabled behavior change, application development and evaluation and adolescent marketing together to discuss the current state of the art, and to provide guidance to the Foundation on fruitful areas of investment.	\$47,000	11/1/14 – 5/31/15	Nationwide	Community	The Foundation
California Academy of Family Physicians	CAFP will increase practitioner awareness, competence, and confidence in identifying and addressing youth substance use, including alcohol and other drugs through partners from five national primary care associations that serve family physicians, nurse practitioners, physician assistants, general internists, and pediatricians.	\$750,000	9/1/15-8/31/18	CA, IL, MD, NC, TX	Health Care	Providers serving youth
California Community Foundation - Grant 1	CCF received a planning grant to explore the feasibility of implementing SBIRT for adolescents in Los Angeles County.	\$50,000	8/1/14-7/31/15	CA	Schools	Providers serving youth, Youth

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
California Community Foundation - Grant 2	Through a second grant, CCF is implementing SBIRT in 4 schools in LA County.	\$300,000	4/1/16 -3/31/18	CA	Schools	Providers serving youth, Youth
CDC Foundation	CDC will conduct a comprehensive, regional substance use prevention and sexual risk behavior reduction program for communities with high substance use and/or HIV/STD rates among youth. Their school-centered approach will focus on four major activities: substance use and HIV prevention education, access to key health services, promotion of safe and supportive school and community climates, and monitoring and evaluation.	\$1,500,000	1/1/16 - 12/31/18	IN, KY, OH	Schools	Youth
Center for Health Care Strategies - Grant 1	CHCS is convening a small group consultation (SGC), to facilitate the identification of opportunities for and challenges to the implementation of a publicly financed primary care approach to the prevention of and early intervention for youth substance use disorders.	\$165,000	4/1/15-10/31/16	Nationwide	Health Care	Policymakers, Health plans, Community organizations
Center for Health Care Strategies - Grant 2	CHCS and ACAP will conduct a learning collaborative to support seven participating health plans in identifying and implementing a PCP training program on the use of SBIRT.	\$1,065,000	1/1/16-12/31/18	AZ, CA, CO, CT, DC, FL, HI, IL, IN, KY, MD, MA, MN, NH, NJ, NY, OH, OR, PA, RI, TX, VA, WA, WI	Health Care	Health plans, Providers serving youth
Center for Social Innovation	C4 is partnering with researchers, practitioners, and young people in recovery from substance use disorders to determine how peer-based interventions can be effective at motivating change and promoting healthy choices for adolescents.	\$1,500,000	12/1/14-12/31/17	CO, GA, OH, PA, SC	Health Care, Schools, Community	Youth
Children's Hospital Corp	CHC is conducting a research study to develop a set of outcome measures for real-world clinical settings to assess the short term impact of SBIRT. The research is testing the efficacy of SBIRT and the measures for a particularly vulnerable group: youth with chronic medical conditions.	\$2,000,000	12/1/14-11/30/18	MA	Health Care	Providers serving youth, Youth

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
Community Anti-Drug Coalitions of America	CADCA implemented a planning process to develop, pilot, and evaluate an approach to provide training and TA to community coalitions to support the development and implementation of SBIRT in their communities.	\$600,000	7/1/15 – 6/30/16	Nationwide	Community	Community coalitions
Community Catalyst	CC is developing consumer-led advocacy campaigns in five states to enact state policy change to increase access to SBIRT by improving reimbursement and expanding the settings/professionals that can provide it, with a focus on school settings.	\$2,500,000	12/1/13-11/30/16	GA, MA, NJ, OH, WI	Community	Health care, Schools
Facing Addiction	Facing Addiction is building and organizing a grassroots advocacy movement of those affected by addiction to advance public health responses, including screening, brief intervention, and referral to treatment (SBIRT).	\$600,000	4/1/16 – 3/31/18	Nationwide	Media	Public
Fractured Atlas	Fractured Atlas produced and conducted community discussion forums for Generation Found, a documentary film project about adolescents in recovery and the pediatric nature of the onset of addiction.	\$50,000	10/1/14-9/30/15	Nationwide, TX	Media	Schools, Community programs
FrameWorks Institute	FrameWorks explored how to effectively communicate with the members of the public, practitioners, and policymakers about youth substance use and what it takes to improve outcomes for young people.	\$200,000	6/1/15-5/31/16	Nationwide	Media	Public
Grantmakers in Health	GIH convened behavioral health funders, with a particular emphasis on SUD, as part of the GIH Fall Forum in Washington, DC to illuminate philanthropy's current assets, gaps, and barriers to scaling behavioral health efforts as well as opportunities for partnering with different sectors and government.	\$50,000	8/1/15 – 7/31/16	Nationwide	Community	Funders

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
Kaiser Foundation Research Institute	KP will develop predictive statistical models – “risk profiles” – of clinical and demographic characteristics which can be used by health systems and other youth-serving organizations to identify children and adolescents at greatest risk of developing substance use problems, for targeted prevention and early intervention efforts, including SBIRT.	\$1,200,000	2/1/16-1/31/19	CA, HI, MI, PA	Health Care	Health care
Legal Action Center	LAC is analyzing implementation of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act to identify opportunities to improve access to preventative services, and provide TA to state agencies, insurers, and advocates to improve policy and practice to expand access to prevention services.	\$1,350,000	12/1/14-11/30/17	Nationwide	Health Care, Juvenile Justice	Providers serving youth, Policymakers
Mentor Foundation USA	Mentor Foundation USA is creating an interactive “multi-media” version of their current Shattering the Myths model, called STM 2.0, that incorporates messages promoting the benefits of prevention behaviors specifically designed to counteract the misinformation (myths) adolescents have about drugs and alcohol.	\$125,000	1/1/16 -12/31/16	NY	Schools	Youth
Montana Healthcare Foundation	MHCF will explore the use of SBIRT in Montana to develop a detailed report with a statewide strategy and practical recommendations for promoting broader use of SBIRT.	\$50,000	7/1/16 – 6/30/17	MT	Health Care	Providers serving youth, Youth
Mosaic Group	Mosaic Group is developing an Adolescent SBIRT checklist to support effective implementation of SBIRT for Foundation grantees and providing TA to implement the checklist with three grantees (National Council, School Based Health Alliance, YouthBuild).	\$100,000	9/1/14-8/31/16	CA, CO, DC, IL, KS, KY, LA, MD, MA, MN, MS, MO, NV, NJ, NM, NY, OH, OR, PA, RI, SC, TN, TX, VA, WV	Schools, Community programs	Providers serving youth

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
National Academy of Sciences	The National Academies will continue to coordinate the Forum on Promoting Children's Cognitive, Affective, and Behavioral Health (C-CAB Forum). The Forum will consist of scientists, practitioners, government officials, and staff from private foundations. The goal is to advance an agenda focused on implementation that promotes the mental, emotional, and behavioral health of adolescents.	\$450,000	9/1/15-8/31/17	Nationwide	Health Care	Scientists, Practitioners, Government officials, Private foundations
NASADAD	NASADAD conducted case studies of five state initiatives directed at identifying and providing interventions to youth that exhibit "elevated" or "high" risk for substance use disorders.	\$60,000	1/1/14 -2/28/15	MA, MI, NY, OR, WI	Health Care	The Foundation
New Hampshire Charitable Foundation	NHCF is expanding SBIRT for adolescents in New Hampshire community health settings and advocating for state policy changes to sustain SBIRT financing.	\$2,250,000	1/1/14-6/30/17	NH, VT	Health Care	Providers serving youth, Youth
NORC at the University of Chicago	NORC is developing an online interactive SBIRT curriculum for social work and nursing schools.	\$2,000,000	10/1/14-9/30/17	AL, AZ, CA, ID, MD, MI, MS, MO, NJ, PA, TN, WV	Health Care	Providers serving youth
Ohio State University	OSU is helping to establish a national Higher Education Center on Alcohol and Drug Prevention and Recovery, to operate as an information dissemination center promoting SBIRT and other evidence-based strategies to address alcohol and other drug use on college campuses.	\$2,000,000	7/1/14-6/30/17	OH	Health Care, Schools	Providers serving youth, Youth, Community, Family or peers in recovery
Partnership for Drug Free Kids	The Partnership developed, piloted, and evaluated an approach to engage parents in SBIRT programs and build a national peer support network of parents to address adolescent substance use.	\$1,000,000	7/1/14-6/30/16	CO, NH, NY	Community	Providers serving youth, Youth, Community, Family or peers in recovery
Policy Research Inc.	PRI is partnering with the National Center for Mental Health and Juvenile Justice to develop and implement an SBIRT approach for youth involved in the juvenile justice system.	\$610,000	9/1/14-8/31/17	CT, LA, NY, OH	Juvenile Justice	Providers serving youth, Youth

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
Reclaiming Futures/ Portland State University	Reclaiming Futures is incorporating SBIRT into the model to expand early intervention and diversion opportunities for court-involved youth.	\$2,000,000	9/1/14-6/30/18	NY, NC, OR, VT, WA	Juvenile Justice	Providers serving youth, Youth
Project Hope	Health Affairs conducted a briefing to highlight the issues in the behavioral health journal and discuss how policymakers and other stakeholders can promote behavioral health, health policy, and health systems improvement. This briefing will be held in Washington, DC and will include key stakeholders, including members of Congress and the Administration—as well as other health and health care stakeholders.	\$25,000	3/1/16 – 2/28/17	Nationwide	Community, Media	Health care, Government officials
School Based Health Alliance	SBHA conducted a two-year pilot project to provide adolescent-specific SBIRT training and TA to 10 school-based health clinics.	\$250,000	6/1/14-5/31/16	CA, DC, IL, MD, NM, OR	Schools	Providers serving youth, Youth
The Addiction Medicine Foundation	ABAM is establishing the National Center for Physician Training in Addiction Medicine, to educate and train physicians in addiction medicine and prevention/early intervention of adolescent substance use.	\$2,000,000	11/1/13-10/31/16	U.S and Canada	Health Care	Providers serving youth, Youth
The Center for Sustainable Journalism	The Center for Sustainable Journalism developed media and communication materials to increase awareness among funders, policymakers, and practitioners about adolescent substance use prevention and foster care and how the Strategic Initiative goals can promote opportunities and reduce barriers for these young people.	\$250,000	4/1/15-5/31/16	Nationwide	Media	Providers serving youth, Policymakers, Youth, Community, Family or peers in recovery

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
The National Council for Behavioral Health - Grant 1	The National Council is implementing a project to pilot SBIRT in 30 CBHOs in five states. Utilizing a competitive application process, the National Council identified the agencies who will work in partnership with their respective State Associations to implement their SBIRT projects and conduct advocacy to establish Medicaid reimbursement for SBIRT.	\$1,300,000	4/1/14-3/31/17	CA, CO, KS, NY, RI, TN	Community	Providers serving youth, Youth
The National Council for Behavioral Health - Grant 2	The National Council will implement a project focused on expanding youth SBIRT services in FQHCs.	\$2,000,000	4/1/16 – 3/31/20	CA, CO, KS, NY, RI, TN	Community	Providers serving youth, Youth, Community, Family or peers in recovery
Transforming Youth Recovery	TYR conducted a strategic planning process to launch Facing Addiction by: 1) conducting a public awareness campaign to build a coalition of stakeholders; 2) developing a research-based marketing and fundraising plan to motivate giving using tailored messaging; and 3) creating a social media campaign.	\$250,000	4/1/15-3/31/16	Nationwide	Media	Providers serving youth, Policymakers, Youth, Community, Family or peers in recovery
Treatment Research Institute	TRI is piloting an SBIRT approach in four New York City metro area schools utilizing a computerized screening protocol and tailored brief intervention.	\$3,000,000	1/1/14 -8/31/17	NY	Schools	Providers serving youth, Youth
Trust for America's Health	TFAH conducted an expert convening to identify best practices and emerging models related to primary prevention and early intervention, and developed a set of indicators to serve as an agenda for advocates to pursue in their states.	\$225,000	10/1/14 -9/30/15	Nationwide	Community, Media	Providers serving youth, Policymakers, Youth, Community, Family or peers in recovery
UCLA Integrated Substance Abuse Programs	UCLA will provide training and TA to grantees.	\$1,000,000	10/1/15 -9/30/18	Nationwide	Schools	The Foundation

APPENDIX: Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs

Grantee	Description	Grant Amount	Period of Performance	States Impacted	Setting	Target Audience
University of Minnesota	UMN is partnering with Kaiser Permanente to conduct a randomized controlled study of a four-session intervention model for teens and parents that has been adapted for adolescents referred from schools and pediatric settings. This project is also testing a group intervention format.	\$1,640,000	7/1/14 -6/30/17	CA, MN	Health Care, Schools	Providers serving youth
University of New Mexico	UNM's Center on Alcoholism, Substance Abuse, and Addictions is implementing SBIRT in school-based health clinics throughout the state of New Mexico.	\$1,700,000	9/1/14 -8/31/17	NM	Health Care, Schools	Providers serving youth, Policymakers
YouthBuild, USA	YouthBuild, USA is implementing a SBIRT model in community-based YouthBuild programs.	\$1,800,000	4/1/14-9/30/17	CA, ID, KS, KY, LA, MD, MN, MS, MO, NV, NJ, NM, NY, OH, PA, SC, TX, VA, WV	Schools	Providers serving youth, Youth

Abt Associates is a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.



**BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT**

abtassociates.com

