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

CONRAD N.
Hilton
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Executive Summary

Youth substance use is a leading public health concern in the United States. In November 2016, the Surgeon General released the first-ever *Surgeon General's Report on Alcohol, Drugs, and Health* to frame substance use as a public health concern; present the latest science; describe evidence-based programs and policies to effectively support prevention, early intervention, treatment, and recovery in the case of substance use disorders (SUDs); and pose actionable recommendations for various stakeholder groups. The report highlighted key areas of concern in relation to youth substance use, specifically:

> *" How we respond to this crisis is a test for America."*
>
> Dr. Vivek H. Murthy, former U.S. Surgeon General

- Using alcohol or drugs during adolescence or young adulthood affects brain development, which is not complete until about a person's mid-20s.[1]

- About three-quarters of 18- to 30-year-olds admitted to SUD treatment programs had begun using substances at the age of 17 or younger.[2]

- Adolescents' perceptions of risk associated with substance use have declined since the mid-2000s. In 2015, only 32 percent of 12th graders perceived risk of harm from regular marijuana use, down from nearly 80 percent in 1991. In 2015, only 58 percent of 8th graders and 43 percent of 10th grade students perceived risk of harm from regular marijuana use.[3]

- The U.S. spends over $700 billion a year on alcohol, tobacco, and drug-related problems associated with healthcare, crime, and lost productivity in the workplace.[4]

The report's recommendations are designed to galvanize the public, policy-makers, and healthcare systems to comprehensively address substance use at all levels of severity and the range of associated public health consequences. The report underscores the fact that most substance use concerns manifest in adolescence and the young adult years and require evidence-based prevention and early intervention strategies for youth to reduce the burden of substance use on individuals, families, and communities. Other national, state, and local organizations and agencies have endorsed the evidence and practices in the Surgeon General's Report. For example, the Association of State and Territorial Health Officials' 2017 President's Challenge urges state health officials to use public health approaches to prevent substance

misuse. Similarly, the National Governors Association provided a set of recommendations for federal action to support states as they address the current surge in opioid use.

The Conrad N. Hilton Foundation recognizes the need to address youth substance misuse by preventing problems before they occur and, when needed, to intervene as early as possible. In support of this vision, the Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative ("the Initiative") is designed to advance innovative prevention and early intervention approaches to reduce youth substance use. Additionally, the Initiative promotes health and wellbeing to advance systemic change and to advance the way that policy-makers, providers, communities, and families think about, talk about, and address youth substance use. The Initiative lays the groundwork for lasting change through:

Programs: The Foundation invests in training and technical assistance activities and resources, such as curricula and toolkits, to create a competent and confident workforce. It is expanding the implementation of evidence-based prevention and early intervention policies, practices, and programs in a variety of settings where youth receive services.

Evidence: Grantees conduct research on emerging and promising solutions to prevent youth substance use and promote positive health behaviors, and evaluate their programs to measure progress and identify key areas of learning for the Foundation, grantees, and the broader stakeholder field.

Systems change: Grantees advocate at the local, state, and federal levels to promote long-term, evidenced-based programs and systems change. They are disseminating evidence-based information and messages, and conducting outreach to raise awareness of substance use issues and increase funding in this area.

The Foundation's investment and leadership in this arena have moved public agencies and other private foundations, including those not traditionally engaged in substance use-related efforts,

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[1] Giedd, J. N., Blumenthal, J., Jeffries, N. O., Castellanos, F. X., Liu, H., Zijdenbos, A., . . . Rapoport, J. L. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. Nature Neuroscience, 2(10), 861-863.

[2] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2014). The TEDS Report: Age of substance use initiation among treatment admissions aged 18 to 30. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[3] Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2016). Monitoring the Future national survey results on drug use, 1975-2015: Volume I, secondary school students. Ann Arbor, MI: Institute for Social Research, The University of Michigan.

[4] National Institute on Drug Abuse. (2017). Trends & Statistics. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics. Accessed September 11, 2017.

to prioritize adolescent substance use in their project portfolios. Guided by the Initiative's three overarching goals listed below, the Foundation has awarded over $54 million in funding to 60 projects implementing research, training, service delivery, communications, and policy-related programs and activities.

Screening, Brief Intervention, and Referral to Treatment

Grantees focus on a public health, population-based approach to youth substance use prevention and early intervention services following the SBIRT framework: screening, brief intervention, and referral to treatment.

- **Screening**: routine, universal administration of validated questions to identify potential risks related to alcohol and drug use, followed by positive reinforcement for youth who indicate "no current use" at the time of screening.

- **Brief intervention**: one or more short, motivational conversations, typically incorporating feedback, advice, and goal-setting around decreasing risk related to sporadic and more-frequent substance use (i.e., "low" to "moderate" risk).

- **Referral to treatment**: the process of connecting individuals with problematic use ("high" risk) to appropriate assessment, treatment, and/or additional services based on their level of need.

Screening

High Risk: Referral to Treatment

Low to Moderate Risk: Brief Intervention

No Current Use: Positive Reinforcement
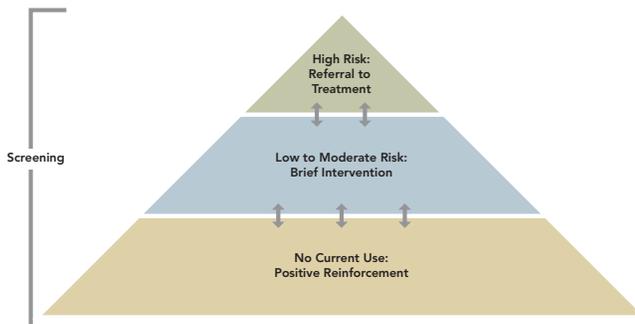
The SBIRT process identifies and addresses substance use and related risks – including health, social, and legal consequences attributed to substance use – through developmentally appropriate interventions or referrals to other services when indicated. This framework addresses the often overlooked, but critical, gap between primary prevention and treatment for disorders by identifying potential risk early and intervening before a young person's substance use leads to more-serious consequences.

As more and more providers learn to identify and address substance use, more information about the complex and difficult circumstances surrounding the youth that they serve comes to light. Through their engagement with SBIRT, providers realize the need to address multiple, complex risk

factors for youth in a more comprehensive way. Thus, for many professionals, the process of substance use screening and brief intervention is opening the door to conversations with youth about trauma, mental health, poverty, and violence. This evolution of how we think about the traditional SBIRT framework is an important step in improving care and achieving better outcomes, particularly among more-vulnerable and marginalized youth.

Achieving the Vision: Progress to Date

At the heart of the Initiative is the Foundation's Monitoring, Evaluation, and Learning (MEL) approach to implementing programs, in which grantees learn from each other, cross-fertilize ideas and solutions, and use data to guide their decisions. In 2014, the Foundation selected Abt Associates as the MEL partner to implement an iterative and evolving evaluation and learning process to:

- Measure progress towards advancing the goals of the 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

- Identify aspects of systems change needed to sustain implementation and support scalability

Since the launch of the Initiative in 2014, grantees have made significant progress: increasing the knowledge and skills of youth-serving providers to screen and intervene early, improving funding for and access to essential substance use prevention services, and conducting research and disseminating promising practices and lessons learned to advance the field. The summary below highlights progress, key findings, and recommendations to date for each of the three goals of the Initiative.

"Divorce, living with depressed or addicted family members are very common events for kids. My efforts are around helping people to see the connections, and that their experiences are predictable and normal. And the longer the experiences last, the bigger the effect."

Dr. Daniel Sumrok, Center for Addiction Sciences, University of Tennessee Health Science Center's College of Medicine

Summary of Progress to Date, Key Findings, and Recommendations

Goal	Progress to Date	Key Findings	Recommendations
Goal 1: Ensure health providers have the knowledge and skills to provide screening and early intervention services.	• 685,933 individuals received information and resources, including briefs, reports, and presentations, about SBIRT and youth substance use. • 27,864 individuals received SBIRT training.	• Ongoing training and technical assistance for youth-serving providers, as well as education of the future medicine, nursing, and social work workforce, is necessary for effective SBIRT implementation	• Assess the intermediate and longer-term outcomes of training and technical assistance to determine which approaches result in successful adoption of SBIRT.
Goal 2: Improve funding for, access to, and implementation of screening and early intervention services.	• SBIRT services were implemented in 623 sites, including primary care, schools, community programs, and juvenile justice settings. • 61,321 youth were screened for substance use and related health concerns. • 6,500 local, state, or national policy-makers and external stakeholders were engaged. • Grantees raised $27.58 million in public and private funding.	• SBIRT implementation and challenges differ across types of settings. • Integrating screening for other risk factors into SBIRT protocols addresses complex needs. • Technology increases access to SBIRT. • Involving parents and caregivers offers potential for better results. • Reframing youth substance use leads to a shift in public perceptions.	• Refine and standardize implementation protocols in order to scale up SBIRT across settings. • Build the capacity of providers to better identify and address multiple risk factors. • Explore access to SBIRT and its impact on underserved and vulnerable youth. • Focus on a broader age range, to include all adolescents ages 12 to early 20s. • Identify financing mechanisms to sustain prevention and early intervention.
Goal 3: Conduct research and advance learning to improve screening and early intervention practices.	• 8 grantees are funded to research or evaluate the feasibility and/or effectiveness of new models of SBIRT service delivery. • 3 grantees are projected to collect follow-up or outcome data following the initial delivery of SBIRT at time points ranging from 3 to 12 months. • 244 publications and research dissemination activities have been produced from grantees' studies, contributing to the larger evidence base on SBIRT and youth substance use. • Cross-grantee learning and engagement occurs through the Hilton Community for Healthy Youth, an online collaborative community, as well as through webinars tailored for the Initiative, monthly roundtable discussions, and weekly email communications to all grantees.	• It is too soon to determine the Initiative's overall impact on youth substance use, but early findings show SBIRT can be implemented in diverse settings and the process opens the door to conversations about youth substance use.	• Develop program outcomes and measure impact by following up with youth over time to shape the next phase of the Initiative.

Evaluating Process and Progress

The MEL Project enables the Foundation and its grantees to monitor progress and adjust strategies in order to reach the Initiative's three goals. The Foundation's process of developing and testing innovative new strategies both identifies the challenges of implementing SBIRT in new settings and leads to innovative and creative solutions among grantees. There is still much to be done to strengthen the skills and capacity of the workforce, increase access to and availability of SBIRT services, and expand the evidence base around effective prevention and intervention. At the end of the first and second years of the Initiative, the MEL Project identified several overarching recommendations for the Foundation and its grantees as they work to improve their approaches and effect measurable change. These recommendations, listed in Appendix B, have evolved over time as the Initiative has progressed. Continued growth in meeting these recommendations is critical to achieve long-term success of the Initiative.

The 2017 MEL Report details the significant progress made towards reaching the Foundation's goals, highlights activities and key learnings to date, and describes the direction of the Initiative as it continues to grow and evolve to best address this public health challenge.

"A large number of people at a small risk may give rise to more cases of disease than the small number who are at a high risk … providing prevention interventions to everyone (i.e., universal interventions) rather than only to those at highest risk is likely to have greater benefits."

Surgeon General's Report

Daniel Schatz, MD, Addiction Medicine Fellow at NYU School of Medicine, teaching medical students about prevention and early intervention.

1. Introduction and Background

Background

Increasingly, youth-serving providers understand the need for effective messages and services to prevent initiation of substance use among youth and to reduce escalation once early use has been identified, rather than waiting until substance use results in more serious consequences. Great opportunity exists to engage young people during this critical period of biological, psychological, and behavioral development and to leverage adolescents' strengths in promoting positive health behaviors. Substance use, including alcohol, nicotine, illicit drugs, and the misuse of prescription medications, presents many potential risks and effects that can alter a young person's life trajectory. Young people are more vulnerable to the dangerous consequences of substance use because their brains are still developing, as are their social skills, independent decision-making competencies, and self-regulation abilities. While not every young person makes dangerous decisions when they are under the influence of drugs and/or alcohol, those that do can experience life-altering results. Substance use impairs judgement and can lead to other adolescent health concerns, including risky sexual behavior, engaging in or being the victim of aggressive or violent behavior, and driving while under the influence of alcohol and/or drugs. Some risky behavior can also lead to trouble with the law and involvement in the criminal justice system. There are other long-term health impacts to youth substance use, including the development of SUDs.

Research shows that people who start drinking before the age of 15 are four times more likely to meet the criteria for an alcohol use disorder at some point in their lives.[1] Research also shows that substance use and SUDs are preventable and treatable health conditions.[2]

Alcohol and marijuana are the two substances used most frequently by Americans aged 12 or older.[3] However, the Foundation's Strategic Initiative intentionally approaches substance use prevention from a broad perspective, rather than directing attention to one particular drug. Opioid use continues to be a particularly urgent public health problem that affects every state in the nation – 90 Americans die every day from an opioid overdose.[4] In 2015, 276,000 adolescents reported current nonmedical use of pain medications, with an estimated 122,000 having a substance use disorder involving prescription pain relievers. Studies also show that youth who had used marijuana by age 17 were 2.1 to 5.2 times more likely to use other drugs, including opioids, and to develop an SUD.[5] Many grantees are working concurrently on state- and federal-level efforts to combat the opioid crisis. For example, as a way to target best practice interventions and reduce negative outcomes for substance-involved pregnant women and their newborns, the Dartmouth-Hitchcock health system serving patients in New England and particularly its Perinatal Addiction Treatment Program, with support from the **New Hampshire Charitable Foundation**, provides SBIRT services
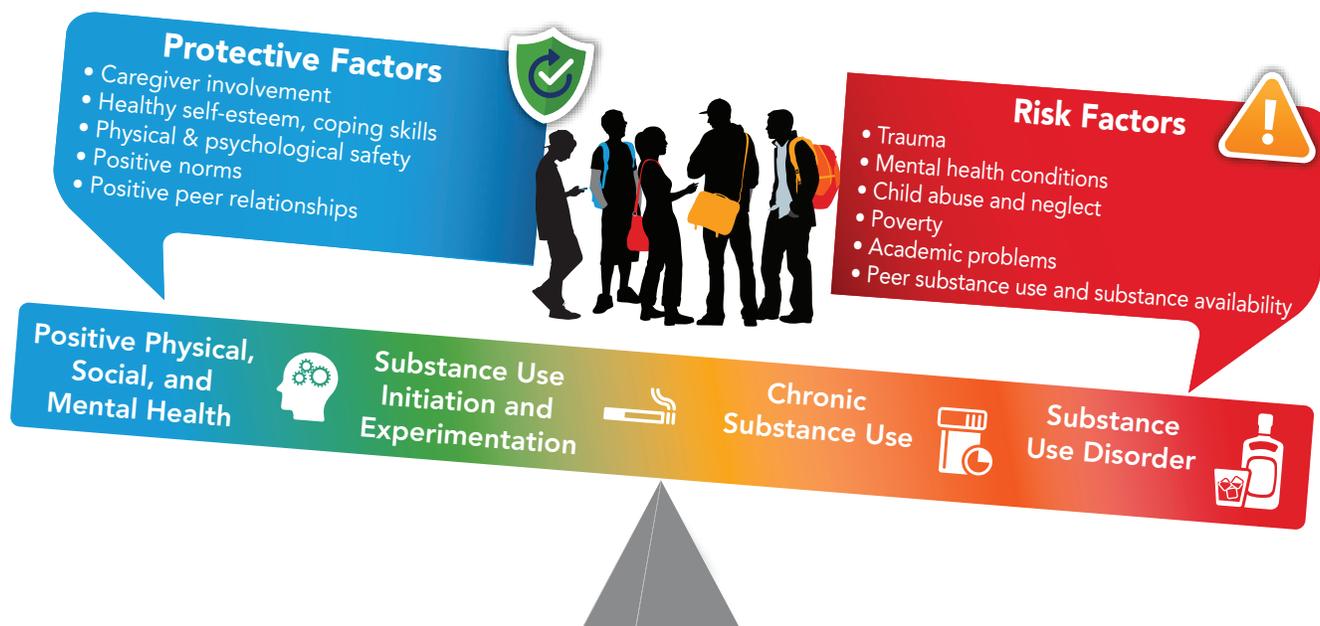
Studies of adolescent attitudes about marijuana use show conflicting beliefs about its potential harm. Recent Monitoring the Future results indicate that 68.9 percent of high school seniors do not view smoking marijuana as harmful, yet 68.5 percent of them disapprove of regular marijuana smoking.[6] These statements appear contradictory and point to the larger mixed cultural attitudes about marijuana use and the changing landscape of marijuana laws in the U.S. Currently, 26 states and the District of Columbia have changed laws broadly legalizing medical marijuana use, and seven states have passed laws legalizing recreational use for adults. However, research shows that marijuana use can have permanent effects on the young person's developing brain, which continues to develop until the age of 25.[7] Mixed messages about marijuana help to create an environment in which marijuana use is considered a normal rite of passage for young people, a rite of passage that many people consider to be relatively safe. This perception could lead to more young people using marijuana, without knowing the potential harmful effects of the drug. Legalization may also increase access to marijuana and exposure to advertising, both of which may lead to increases in use among youth.

For these reasons, public health entities, educators, and primary care and behavioral health professionals must communicate the importance of young adults' refraining from using alcohol and marijuana. It is likely that many youth do not know that these substances have detrimental effects on developing brains in and of themselves, and that using them can lead to other drug use, and may have an impact on their health later in life. SBIRT and other screening and early intervention approaches are vital in reaching youth early and intervening before more-serious drug use or SUD occur.

Risk and Protective Factors – Balancing the Scale

Youth-serving providers are searching for effective ways to frame discussions about use of alcohol and other drugs, placing use in the context of overall health and wellness. Increasingly, primary care and behavioral health are being integrated in care locations. A variety of tools are available to aid healthcare providers in screening their young patients for substance use. The healthcare provider can then provide brief interventions or provide referrals to treatment, if needed. This recent movement towards integration is promising, and the National Institute of Drug Abuse considers healthcare and behavioral health integration a key component in their Principles of Adolescent Substance Use Disorder Treatment.[8]

Identifying risk and protective factors in the screening and intervention process helps to move the discussion about substance use into larger issues and influences at play in a young person's life. In fact, the science-based approach to preventing youth substance use is through identification of

SBIRT and other screening and early intervention approaches are vital in reaching youth early and intervening before more serious drug use or SUD occur.

to its OB-GYN patients, as well as developing and sharing best practice guidance for care of substance-involved newborns and mothers statewide. Many of these mothers are under the age of 25, presenting an opportunity to intervene early in their lives to prevent further harm from their substance use disorder – for example, overdosing, removal of the child from their custody, and involvement with the criminal justice system. Grantees have also used the recent rise in opioid related overdose deaths to generate conversations about racial equity and the need to address all types of substance use disorders in all communities. The urgency and compassion of the current societal response to these overdose deaths, which have disproportionately affected white communities, is strikely different from the response to overdoses predominantly affecting communities of color in past decades. **Community Catalyst** helped state advocates and other partners understand this racial disparity and its implications for effectively addressing substance use disorders.

Protective Factors
- Caregiver involvement
- Healthy self-esteem, coping skills
- Physical & psychological safety
- Positive norms
- Positive peer relationships

Risk Factors
- Trauma
- Mental health conditions
- Child abuse and neglect
- Poverty
- Academic problems
- Peer substance use and substance availability

Positive Physical, Social, and Mental Health → Substance Use Initiation and Experimentation → Chronic Substance Use → Substance Use Disorder

risk and protective factors.[9] As was identified in grantees' early experiences implementing SBIRT services, substance use does not occur in a vacuum. The choice to use drugs and/or alcohol is linked to risk factors, or influences at the community, family, or individual level. Risk factors include peers who use substances, family and community attitudes about substance use, neighborhood poverty and violence, and family transition and mobility, to name a few.[10] Individuals are at greater risk for substance use and other health problems if they have experienced trauma or adverse childhood events, such as physical and/or emotional abuse, neglect, domestic violence, household mental illness, substance use within the household, a mother being treated violently, sexual abuse, or having a household member who is or was incarcerated.[11] Research has demonstrated a strong relationship between adverse childhood events and problem drinking behavior,[12] prescription drug use,[13] and ever having a drug problem.[14] Having an undiagnosed or untreated mental health issue also plays a part in adolescent substance use, as youth may "self-medicate" their condition. In 2015, the percentage of adolescents who had used illicit drugs in the past year was higher among those with a past year major depressive episode (31.5 percent) than it was among those without one (15.3 percent).[15]

By taking risk factors into consideration, innovative prevention initiatives that address youth substance use more holistically are able to move further upstream, intervene with young people at a critical point, and prevent more-serious problems from developing. Prevention activities include screening to identify youth with varying levels of risk for substance use-related problems so that appropriate interventions and support can be delivered. With interventions, one size does not fit all. On the lower end of the risk continuum, youth may report occasional substance use, and a successful intervening conversation with them may strengthen their motivation to be healthy, focus on

their long-term goals, and prevent their substance use from increasing. Moderate-risk youth may use substances more regularly, and a few brief conversations using motivational techniques to promote an individual's healthy choices, build skills, and recognize strengths and supports could help them decrease their substance use. Youth who are at higher risk due to their substance use – e.g., youth who use alcohol or other drugs routinely and/or are experiencing some effects of substance use – require intervening conversations, sometimes including parents and caregivers, that also involve specialty treatment providers and referrals to services and community-level supports.

Protective factors are positive characteristics, events, situations, or relationships in a young person's life. Enhancing protective factors and developing new ones can help mitigate risk factors. Protective factors include caregiver involvement; physical and psychological safety; positive peer and mentor relationships; positive norms at home, in school, or in other settings; individual coping skills; and healthy self-esteem.[16] Focusing on factors that can be changed or improved is key. Some existing protective factors, such as parental and caregiver engagement with a young person, can be strengthened and re-emphasized. Peer and mentor relationships can also be developed or made stronger. An individual's protective factors – such as their coping skills, self-esteem and resilience – can be improved with support and services. None of these are quick fixes, but with focused effort they can help bolster a young person's ability to make healthy choices, effectively diminishing the influence of risk factors.

## Screening, Brief Intervention, and Referral to Treatment

One framework in particular that emphasizes prevention and early intervention for substance use is commonly referred to as screening, brief intervention, and referral to treatment. **Screening** refers to routine, clinical assessment to identify risks related to drug and alcohol use. Many screening tools have been developed and validated for this use.[17] **Brief Intervention** involves formal or informal conversations focused on goal setting to decrease risks related to substance use. **Referral to Treatment** is provided to youth who have symptoms of an SUD or for whom a brief intervention is not sufficient in addressing more-significant or more-complex risk behaviors. Youth are connected to professionals and recovery supports, sometimes within the same organization and at other times to external organizations that are better equipped or qualified to assess, monitor, and manage behavioral health concerns.

Multiple studies have shown that screening and brief interventions are effective in reducing substance use in adolescents when delivered in a variety of settings, including primary care clinics and pediatric emergency departments.[18,19,20,21,22,23,24] In fact, many organizations, including the **American Academy of Pediatrics** (AAP) and the American Academy of Child and Adolescent Psychiatry, recommend routine screening for substance use and mental health concerns. SBIRT can help facilitate stronger integration of behavioral health and primary care services by identifying potential problems earlier, bridging traditionally siloed systems, and increasing access to care for those who need treatment.

Answering the Call

Recognizing the importance of providing preventive and early interventions across a range of youth-serving organizations, in 2012 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 ages 15–22 in the United States. The Foundation is committed to helping young people and families through training professionals on SBIRT and developing and evaluating the model's implementation in a variety of youth-serving settings.

To guide the grant-making process, the Foundation identified three overarching goals for the Initiative:
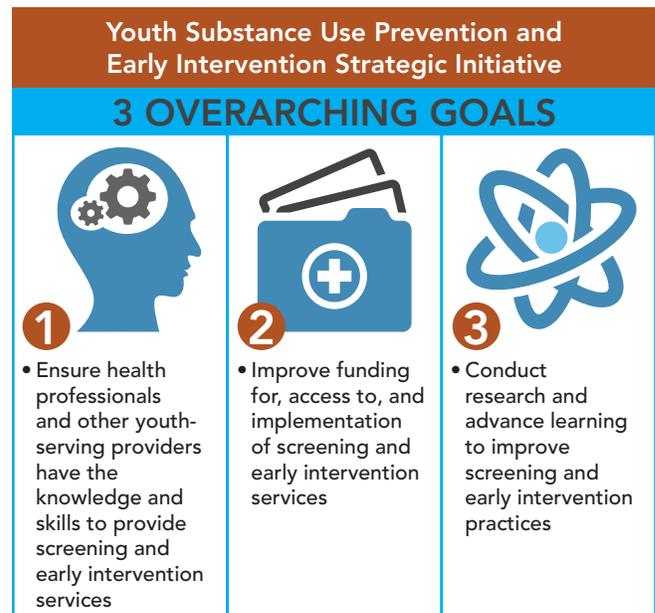
Youth Substance Use Prevention and Early Intervention Strategic Initiative

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

1. *Ensure health professionals and other youth-serving providers have the knowledge and skills to provide screening and early intervention services.* The first goal of the Initiative addresses barriers to implementing screening and brief interventions, 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 the media.

2. *Improve funding for, access to, and implementation of screening and early intervention services.* 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 useful information and best practices, and disseminating these to the field in order to further the health and wellbeing of youth in regard to substance use.

Since the beginning of the Initiative, the Foundation has awarded nearly $54 million to fund 60 projects implementing research, training, application, communications, and policy-related programs and activities (Appendix A). To ensure SBIRT is delivered broadly throughout the country, the Foundation has selected grantees with substantial capacity for reaching youth and/or influencing youth-serving systems, including hospitals, universities, foundations, professional organizations, and not-for-profit agencies. The Initiative is focused on prevention

and early intervention for youth that strives to delay initiation and reduce escalation of substance use. For many youth, this requires an expanded view – looking beyond the substance use to assess and address the risk factors that are contributing to youth use, and strengthen any available protective factors.

Monitoring, Evaluation, and Learning

A critical component of the Initiative is the MEL Project. Abt Associates has served as the MEL partner for the Initiative since 2014. As the MEL partner, Abt Associates implements a process evaluation, and works with the Foundation to: understand the findings and lessons learned from each grantee and the Initiative as a whole; strategize funding priorities; and identify goals and objectives that allow funded activities to serve as the building blocks to vast systemic change. The MEL Project works collaboratively with the Foundation, its grantees, and the broader community to:

- Measure progress towards advancing the goals of the 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

- Identify aspects of systems change needed to sustain implementation prevention and intervention activities and support scalability

This report includes data collected from quarterly data reporting forms, grant applications, annual progress reports, survey reports, site liaison communications, and meeting observations from the time of the Initiative's inception in 2014 through June 30, 2017. The previous annual evaluation reports are available on the Foundation's website: https://www.hiltonfoundation.org/learning. As the Foundation looks ahead to the future of the Strategic Initiative, this third annual evaluation report serves as a summary of key findings from the grantees' activities to date and a call for continued focus on advancing the essential but often undervalued and underfunded work of prevention.

"Providers have found the S·BI·RT process to be beneficial in that it has facilitated a dialog about substance use/misuse and **has often opened the door to conversations that would not have happened otherwise.**"

Julie Everett Hill, RN, White Mountain Community Health Center

Successful YouthBuild graduates, Brockton, Massachusetts

2. Measuring the Progress

A Structured Approach to Advancing Knowledge and Practice

The Initiative is designed to advance the understanding of substance use as a health issue by increasing access to screening and early intervention approaches to prevent and reduce substance use among youth, as part of routine practice in healthcare and other settings where they receive services. In this rapidly evolving field, the Foundation executed a structured approach to fund programs designed to advance training, delivery, and evaluation of youth-related substance use prevention and early intervention activities, specifically emphasizing the SBIRT framework. Through the Initiative, grantees develop training and technical assistance curricula and toolkits, implement innovative screening and early intervention approaches in a variety of settings, conduct research on youth substance use prevention, and conduct systems change activities designed to prevent and reduce youth substance use and promote health and wellbeing.

PROGRAMS — EVIDENCE — SYSTEMS CHANGE

As of June 30, 2017, the Hilton Foundation had awarded grants to implement a diverse range of activities impacting youth substance use in 42 states, the District of Columbia, and Puerto Rico (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. As noted previously, the grantees include a wide spectrum of agencies and organizations, and vary in size, with awards between $25,000 and $3,000,000, and periods of performance between one and four years. The smaller grants have largely focused on convening policy discussions and improving messaging and communications, while the larger grants are geared towards research and implementation projects across multiple sites. To date, 13 grantees have received a second grant from the Foundation to expand their efforts or to develop new approaches.

Exhibit 2.1 The Strategic Initiative's Reach

Fewer   GRANTEE SITES   More

In response to the evolution of the Initiative, the Foundation focused its investment this past year on strategies that reach vulnerable high-risk groups; increase the number of providers trained in SBIRT; raise awareness of youth substance use; develop tailored programs, messages, and practices; and advance knowledge and promising new practices.

The Initiative'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 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. Thus, the Initiative promotes a comprehensive approach through funding a range of SBIRT **programs;** facilitating **systems change** through addressing payment structures and promoting SBIRT training in medical, nursing, and social work education; and **developing the evidence base** through supporting research. As detailed in this report, in the first few years of implementing SBIRT services in youth-serving settings that had previously not implemented the model, the approach was integrated in those settings and thousands of youth were reached.

To measure the progress of the Initiative, the evaluation assesses the full spectrum of the Foundation's strategy. Like the Initiative itself, the MEL Project's evaluation work is both evolving and iterative: assessing progress, learning from grantees and disseminating information back to them on a continual basis, and coordinating all levels of effort to foster long-term systems change. The vision for the Initiative assumes that a wide range of levers contribute to the desired impact on youth substance use – in both the individuals involved and their environmental context – and that these levers interact continuously with external factors that can either stop or stimulate change. An important function of this evaluation is to identify unanticipated roadblocks or leverage points, as well as new information that can expand the reach and effectiveness of the programming.

In order to explore each of the Initiative's three goals, this chapter follows the outline below:

- *Progress to date* towards reaching the goal and objectives identified by the Foundation. A sample of the qualitative and quantitative indicators that have been used to measure progress towards each goal can be found in Appendix C.

- *Key findings,* including persistent challenges or gaps that are impeding further progress.

- *Recommendations* for the Foundation to consider as the Initiative moves into the next phase of its youth substance use prevention and early intervention strategy. The previous two annual evaluation reports highlighted a series of early recommendations to advance the work of the grantees (Appendix B). Many of these recommendations have evolved as the Initiative has matured beyond its infancy. This report will focus on the recommended actions necessary to move the Initiative towards generating greater, sustainable impact.

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 Initiative is focused on increasing the knowledge, skills, and abilities of health professionals, including the future healthcare workforce, and other youth-serving providers to routinely 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 and referral to treatment for those scoring as high-risk. Because many providers and youth-serving systems are not immediately ready or willing to implement SBIRT services, the strategy for Goal 1 includes broad dissemination of information on SBIRT and youth substance use intended to stimulate widespread adoption of SBIRT services.

Progress to Date

Early in the Initiative, the objective for Goal 1 evolved to differentiate providers reached and providers trained. As a result of this evolution, the Foundation set a goal of reaching 25,000 youth-serving providers and other key stakeholders with general information on SBIRT and youth substance use; and training 5,000 providers to implement SBIRT. As indicated below, the Initiative has far exceeded these numbers.

Raising Awareness and Expanding Reach Through Information Dissemination

In order to increase the readiness of providers to receive training in SBIRT protocols, the Initiative has promoted the widespread distribution of general information on SBIRT and youth substance use to youth-serving providers and other key stakeholders through targeted distribution of information to specific audiences. The intent of information dissemination is to stimulate adoption and enhance the integration of information, interventions, or combinations of these into routine practice.[25] An important aim of the Initiative is to contribute to a general awareness of the impact of substance use on adolescent health and development that will lead to widespread or systemic change in how communities address substance use prevention and its integration into other youth health promotion efforts. By raising awareness among youth-serving providers and other stakeholders, the Initiative seeks to eliminate barriers attributed to persistent, prevalent ambivalence; stigma; and cultural norms around youth substance use, as described in previous evaluation reports.

> **Addiction Medicine Certification Underway in the House of Medicine**
>
> The **Addiction Medicine Foundation** was instrumental in transitioning the addiction medicine field into organized medicine. The first American Board of Medical Specialties- approved certification exam for addiction medicine physicians will be administered by the American Board of Preventive Medicine in October 2017.

As of June 30, 2017, over 685,933 individuals have received information and resources to build understanding and increase knowledge to support effective SBIRT implementation (Exhibit 2.2). Information disseminated by the Foundation's grantees involves topics such as the impact of substance use on adolescent health and development, addiction as a pediatric disease, and the value and feasibility of prevention and early intervention in primary care and other youth programs. This information has been disseminated by grantees through guides, issue briefs, podcasts, learning communities, blog posts, webinars, videos, and presentations.

Development of Curricula and Skills-Based Training

The administration of a routine, validated substance use screening instrument is not complicated, but most youth-serving systems of care have not historically used screening instruments to assess risk among adolescents aged 15 to 22. Consequently, many providers are unprepared to implement routine screening, and require training and guidance on how to identify and administer an appropriate screening tool and integrate the process into their workflow. Similarly, a majority of providers are not familiar with evidence-based brief intervention techniques or how to identify local behavioral health clinicians who can receive referrals when needed.

The Foundation's strategy addresses this variability found among youth-serving providers with respect to their experience with substance use prevention as well as their individual levels of basic substance use knowledge. Consequently, the training that has been developed and executed varies in length, intensity, and in mode of delivery. For example, training courses last anywhere from a few hours to multiple days and may use in-person formats and online technology. Some trainings are stand-alone, focusing solely on

SBIRT services, while others incorporate SBIRT skill-building within other training topics. Trainings also focus on increasing perceived readiness, confidence and competence, as these may be stronger predictors of behavior than knowledge. Grantees are using trainings to change attitudes toward working with individuals who use substances.

As of June 30, 2017, grantees have provided training to 27,864 youth-serving providers (Exhibit 2.2). In addition to training in healthcare, school, and community-based settings, Exhibit 2.2 includes data from grantees who are instituting SBIRT curricula in medical, nursing, and social work education training programs to build the capacity of the future workforce. Grantees have also worked with sites to support SBIRT implementation by providing toolkits detailing what is needed to successfully operationalize the services, such as stakeholder buy-in, a network of partners, trained staff, and understanding of financing mechanisms.

Exhibit 2.2: Youth-Serving Providers Reached through Information Dissemination and Training
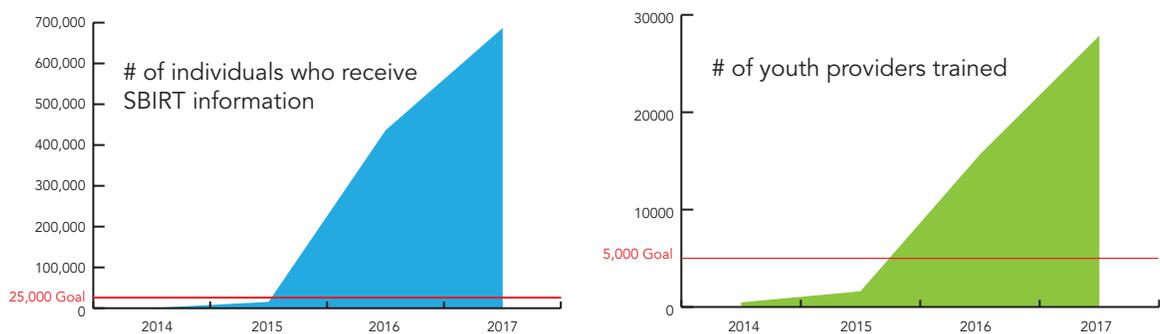
Key Findings

Ongoing Training and Technical Assistance Are Necessary for Effective SBIRT Implementation
The MEL Project's findings indicate that training healthcare clinicians and other youth-serving providers is only one step in expanding workforce knowledge. It is important to start with educating the future workforce to ensure youth-serving providers are adequately prepared to address youth substance use when they enter their practice settings. **The Addiction Medicine Foundation** and **NORC** are equipping future health professionals, academic institutions, and the practitioners who supervise new professionals, with the capacity to identify and address risky substance use as a routine part of education. These addiction medicine fellowship, nursing, and social work training programs drive knowledge across health systems by producing trained clinicians who also serve as change agents.

While grantees have developed a wide range of SBIRT skills-based training formats, ongoing education and quality improvement activities are often needed to ensure SBIRT is effectively implemented in practice. Staff turnover is a continual challenge for implementation sites, and approaches such as booster trainings or repeated trainings have been established to address the issue. Many grantees have added coaching mechanisms and ongoing opportunities for participants to provide feedback and discuss challenges to their training modules, to help ensure ongoing fidelity to the evidence-based SBIRT practices. For example, some grantees have monthly learning collaborative meetings with staff in which they discuss challenges, opportunities, trends, and solutions. The **Center for Health Care Strategies (CHCS)** is facilitating a three-year quality improvement collaborative with seven Medicaid health plans focused on incorporating SBIRT into primary care practice for targeted at-risk teens. The learning collaborative supports the health plans in delivering training to their provider sites and measuring progress using a

Training the Future Healthcare Workforce

NORC is integrating SBIRT training in baccalaureate and graduate level nursing and social work programs to increase students' substance use prevention and intervention knowledge, skills, and abilities. The project is testing an online, virtual human simulation training, as well as implementation of a full SBIRT curriculum. NORC is also training educators, field instructors, and preceptors who are practitioners providing supervision to health professionals.

continuous quality improvement framework. The CHCS will broadly disseminate findings in a how-to guide for other health plans and their primary care providers.

Recommendations to Ensure Providers Have the Knowledge and Skills To Successfully Implement Screening and Early Intervention Services

Assess the Intermediate and Longer-Term Outcomes of Training and Technical Assistance to Determine Which Approaches Result in Successful Adoption of SBIRT
Given the variety of training materials and techniques developed, the MEL Project recommends the Foundation assess the quality and impact of training and technical assistance activities. Evaluation of education and training efforts will identify how training is impacting youth-serving providers' (including students in health professional training programs) knowledge, attitudes, readiness, confidence, competence, and skills. Questions to consider include:

- Do trainings cover all aspects of SBIRT effectively and within the guidance of evidence-based practices?

- What is the appropriate length and frequency of trainings to ensure knowledge gains and confidence in application?

- What is the most effective mode of training and technical assistance for increasing knowledge and adoption of SBIRT?

- How can the Foundation and its grantees assess whether trained providers actually implement the protocols and whether they do it with fidelity after training?

As a next step, the Foundation should synthesize grantees' work developing and assessing trainings and technical assistance to identify best practice for SBIRT training. Grantees can use these standardized, evidence-based practices and resources to implement SBIRT programs.

Disseminating Effective Policies and Procedures in Schools

The **School Based Health Alliance** is leading a learning collaborative for school-based health centers in middle and high schools on SBIRT implementation and effective policies and procedures pertaining to prevention, treatment, and alternatives to discipline at the crucial intersection of health care and education.

GOAL 1

Helping FQHCs Standardize and Implement Adolescent SBIRT

The **National Council for Behavioral Health** developed a change package – a comprehensive set of standardized, actionable guidelines – to provide assistance to federally qualified health centers (FQHCs) in implementing and sustaining SBIRT for adolescents. The change package, known as FaCES, addresses common practice challenges and is intended to increase adolescent SBIRT knowledge, skills, and delivery among safety net health providers. Friends Research Institute is partnering with the National Council to evaluate the FaCES adolescent SBIRT Change Package in 14 FQHCs across 11 states and territories.

GOAL 2

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 percent of U.S. youth aged 15 to 22.

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

The Initiative's goal of increasing access to SBIRT to 30 percent of 15- to 22-year-olds in the U.S. is intentionally ambitious. It is difficult to get an accurate estimate of the number of youth age 15–22 in the country. According to the most recent census data, there are over 21.4 million adolescents age 15–19 and 22.6 million young adults age 20–24.[26] To advance this goal, the Foundation is expanding the type of settings where the SBIRT protocol is implemented to include as many points of interaction in the lives of youth as possible. The Foundation selected grantees with capacity to reach schools, school-based health centers (SBHCs), juvenile justice programs, primary care settings, community

> **Increasing Access to SBIRT through Training, Implementation, and Policy Change**
>
> The **New Hampshire Charitable Foundation (NHCF)** expanded the statewide adoption of SBIRT for youth age 12-22 in primary care settings, and advocated for state policy changes to sustain SBIRT financing and support access to related substance use prevention and treatment services.

behavioral health organizations and community-based organizations. In addition to increasing access to SBIRT across diverse settings, the Foundation's grantees are advancing policies and using communication strategies to promote systems-level changes. These policy, advocacy, and communication efforts target specific audiences in order to address common barriers surrounding SBIRT, including workforce limitations, inadequate financing mechanisms, and confidentiality concerns. The grantees are leveraging additional support for youth substance use prevention and early intervention among other funders as a means to further increase access and sustain implementation of SBIRT in communities across the country. The efforts to develop resources, advocate for policies, build the capacity of systems, and raise awareness about youth substance use over the past few years have laid the foundation to considerably expand the Initiative's reach over the next five years.

Progress to Date

Expanding SBIRT to New Settings

The Foundation supports projects that tailor SBIRT delivery modes for a wide variety of settings in urban, suburban, rural, and frontier regions of the country. These settings provide an opportunity to reach more youth and explore the feasibility of implementation outside of healthcare, which has traditionally served as the primary setting for most SBIRT studies and implementation programs. As of June 30, 2017, 18 grantees had received funding to implement SBIRT, and were implementing the services in 623 sites. The breakdown of number of sites by setting type is detailed in Exhibit 2.3.

Exhibit 2.3 Number of Sites by Type Implementing SBIRT
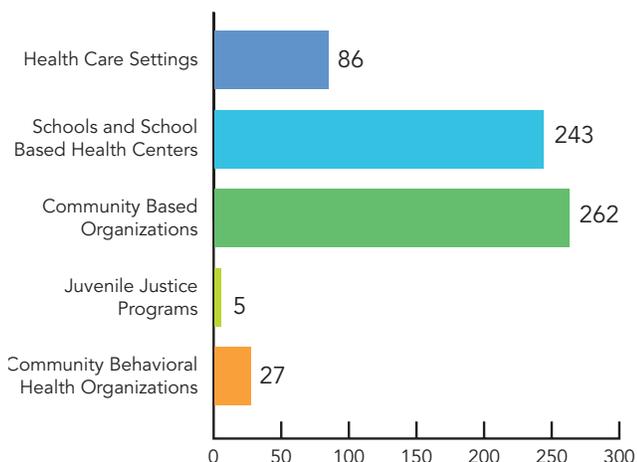
A large number of youth have been screened, received a brief intervention, and/or if appropriate have been referred for additional SUD assessment or treatment services: of 61,321 screened across all settings, 8,426 received a brief intervention and 1,180 were referred to treatment (Exhibit 2.4). These data represent actual services delivered, rather than risk level or need for services. Notably, as indicated in Exhibit 2.4 and discussed in Key Findings, there are vast differences in the range of percentages across setting types due to data reporting limitations, differing populations served, and varying applications of brief intervention. For example, the brief intervention percentages for community-based organizations (91 percent) and juvenile justice programs (99 percent) are significantly higher than in the other settings, because it is their preferred practice to offer brief interventions to almost all participants (because of the higher-risk characteristics of many youth involved in these programs, regardless of screening result). In contrast, most other settings distinguish prevention messages provided to youth who do not report current use from brief interventions offered to those who screen at a low to moderate risk level. Also, because the juvenile justice program participants are screened at a critical juncture in their lives (when they become involved in the juvenile justice system), they are often at higher risk for substance use than the general population and have a higher referral to treatment rate (34 percent) than youth screened in other settings. While most grantees consider Brief Intervention and Referral to Treatment to be mutually exclusive categories determined through screening results, others grantees report certain youth in both categories, i.e., youth who receive a brief intervention and referral to treatment are counted in both categories. Going forward the Foundation and the MEL Project will address challenges related to data collection and data quality to ensure the data reported can be used to drive decisions and strategic planning.

Exhibit 2.4 Number of Services Provided by Setting as of June 30, 2017

Setting	Total Screened	Volume of BI	Volume of RT	BIs per Total Screened	RT per Total Screened
Health Care Settings	31,684	1,399	235	4%	1%
Schools and School-Based Health Centers	21,632	2,432	122	11%	1%
Community Based Organizations	2,876	2,611	390	91%	14%
Juvenile Justice Programs	142	140	48	99%	34%
Community Behavioral Health Organizations	4,987	1,844	385	37%	8%
TOTAL	61,321	8,426	1,180	14%	2%

Note: Due to data reporting limitations, these data may include duplicate records, e.g., youth who are screened twice might be counted twice.

The screening, intervention, and referral approaches used most commonly across the sites include:

- Screening: sites are using validated instruments, most commonly the CRAFFT, but also other substance use screeners including the S2BI, DAST-10, GAIN-SS, AUDIT-C, and CAGE.

- Brief intervention: 2–3 minutes of discussion as part of a regular visit with a primary care provider, 15–30 minutes with a behavioral health professional, or multi sessions lasting up to one hour each with a peer in recovery or in a parent/teen research study.

- Referral to treatment or other services: including internal referrals to integrated or co-located behavioral health specialists, and referrals to behavioral health providers located in the community, or to additional recovery supports and services.

Online Screening for College Students

The **Ohio State University** Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery developed and tested a software program, ScreenU, for students to self-screen for alcohol, marijuana and prescription drug misuse. To date, nearly 40 campuses have licensed the program to use beyond the initial pilot period.

GOAL 2

Advancing Policy and Promoting Systems Change

The Initiative pursues multiple avenues to increase access to prevention and intervention for youth. Grantees engage with federal, state, and local policy-makers 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. Fourteen grantees use advocacy and communication strategies to drive policy-level changes, such as expanding SBIRT payment options in state Medicaid plans and supporting prevention activities through school or community funds. Collectively, grantees have engaged 6,500 policy-makers and other external stakeholders in their systems change efforts (Exhibit 2.5).

Exhibit 2.5: Number of Policy-Makers and External Stakeholders Engaged in Systems-Change Efforts
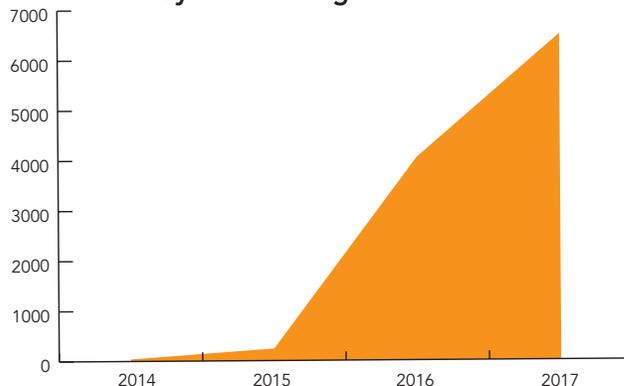
Leveraging Additional Funding for Prevention and Early Intervention

Another strategy to increase access to prevention and intervention programs and services for youth is engaging local funders and federal agencies to invest in prevention activities. Leveraging external funds helps to sustain grantee initiatives and extend the resources provided by the Foundation. For many of the grantees, the additional funds leveraged are often used to support general operating costs or broader youth development efforts within their programs and organizations, which are necessary to support substance use prevention and intervention. As of June 30, 2017, $27.58 million in public and private funding had been raised by grantees since the start of the Initiative. This breaks down to $13.35 million from public funders and $14.23 million from private funders (Exhibit 2.6). Grantees have acquired funding from over 33 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 and the Wallace Foundation. The Initiative has exceeded 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. In terms of public funds, federal and state agencies show support for SBIRT through a variety of funding streams. Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) began allowing SBIRT state grantees to use cooperative agreements to serve young people ages 12–18. This is a shift from the SAMHSA SBIRT program's previous focus exclusively on adults. Through the agency's 2018 budget request, SAMHSA demonstrated its ongoing commitment to supporting SBIRT implementation and training programs.

Exhibit 2.6 Cumulative Amount of Additional Funding Leveraged
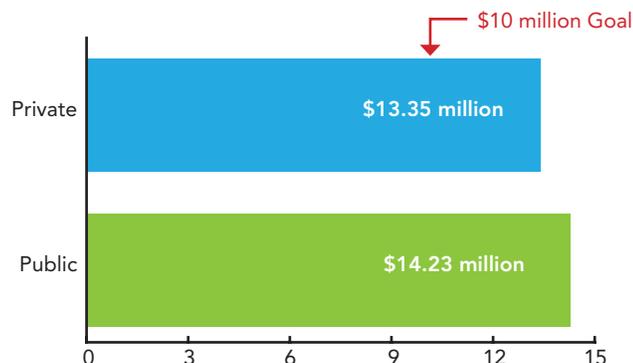
Note: Data was not available for one grantee.

Key Findings

SBIRT Implementation and Challenges Differ Across Types of Settings

Recognizing the interrelated risk and protective factors that impact youth in their decisions to use or not use substances, the Foundation has reached out to multiple and often difficult settings for implementation of SBIRT protocols. These efforts have gone beyond traditional medical settings, such as primary care or emergency healthcare settings, and have extended to other settings that youth frequent where issues with substance use can be identified early. Across all settings, grantees have identified unique challenges associated with implementation of each component of the SBIRT process: standardized screening; administration of motivational, evidence-based interventions; and effective referrals and linkages to services or treatment when necessary. Implementation is complex, and is often dependent on the nuances of the systems serving youth. As Exhibit 2.4 indicates on page 13, the non-healthcare settings appear to yield more opportunities to provide a brief intervention beyond just primary care. In looking at the proportion of youth who screen "positive" indicating the need for a brief intervention or a referral to treatment, the healthcare sites report a lower rate than might be expected when compared to the Initiative's other settings as well as prevalence estimates found in national surveys of youth. In healthcare, multiple factors influence the level to which SBIRT services can be fully integrated into routine practice. These factors include limits on provider and administrator time, disruption to or changes in existing workflow, organizational structure and buy-in, reimbursement for services, and limited budgets. Implementing SBIRT in other settings, such as schools and community organizations, increases access to SBIRT for youth that may not receive services in traditional healthcare settings. However, these settings bring their own set of challenges around successful implementation, such as absence of a clear payment source, staff who have not been trained in health issues, and confidentiality.

These varying challenges impact how the SBIRT components are administered in different settings. As one example, brief interventions provided through the Initiative range from a five-minute directed conversation in healthcare settings to multiple one-hour sessions in juvenile justice programs. Currently there is no data on the differential impact of the brief interventions; however, the Initiative will start to tell us which factors have greater impact across settings, as described in Goal 3. The first phase of the Initiative is identifying the unique issues across settings and unpacking the components of SBIRT to assess effectiveness based on setting characteristics and populations served. What drives the differences observed in this phase remains an empirical question.

Integrating Screening for Other Risk Factors into SBIRT Protocols Addresses Complex Needs

Grantees have reported that in spite of their reach into new settings, some youth populations may be "slipping through the cracks" and these groups are often the most vulnerable due to other health, social, and environmental factors. Grantees commonly speak of a need to expand the SBIRT model to include specific screening instruments and brief intervention techniques that are appropriate for addressing other risk factors that impact youth substance use, such as exposure to trauma, mental health concerns, vulnerability due to home or neighborhood environment, peer influences, and other social and environmental determinants. One of the limitations of only addressing alcohol and drug use is the potential to overlook the underlying factors that lead to unhealthy behaviors such as substance use. Youth-serving providers have the opportunity to discuss these issues through brief interventions that could help increase resilience and other protective factors among youth. To begin to identify and address other risks, many grantees have integrated additional screening questions into their SBIRT protocols, including questions about mental health, intimate partner violence, food/housing insecurity/safety, legal problems, and school conduct/performance. **Policy Research Associates, Inc.** and **Reclaiming Futures** are integrating routine screening for substance use, mental health, trauma, and violence in juvenile justice settings, with a goal of delivering appropriate interventions to reduce interrelated risk behaviors and decrease involvement in the justice system.

> **Building Allies among Adults and Peers in New Mexico**
>
> The **University of New Mexico** Center on Alcoholism, Substance Abuse and Addictions developed an Adult Ally and Youth Peer Educator curriculum designed to give youth the skills and tools needed to identify and assist at-risk peers within their communities. The course will be piloted in schools across New Mexico.

Technology Increases Access to SBIRT

The Initiative is generating technological innovations to increase access to SBIRT, and is well positioned to determine the differential impact of technology on screenings and brief intervention. The use of technology

GOAL 2

GOAL 2

reduces stigma and increases privacy for youth responding to sensitive questions; for example, an adolescent may answer questions in an online form using a tablet or iPad while in the waiting room. Youth are comfortable with using technology for a variety of activities. For sites, the use of technology is also appealing because it offers opportunity for extended interventions and may reduce the labor burden on provider and administrative staff, cutting out time spent asking questions and entering data. The **Ohio State University** Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery developed and tested a software program, ScreenU, for students to self-screen for alcohol, marijuana and prescription drug misuse in health centers, Greek Life programs, residence halls, and athletics departments. To date, nearly 40 campuses have purchased a subscription to the program to use beyond the initial pilot period. **Treatment Research Institute** is studying a computer-administered screening tool in 12 New York City school-based health centers. They will be comparing baseline and 6-month follow-up data for students in each of three cohorts: those who receive the computer-administered substance use screening and information, those who receive the computer-administered substance use screening and tailored counseling, and those who receive a computer-administered healthy eating screen and information. Depending on the results, the computer-administered substance use screen could possibly be used on its own to reduce substance use initiation and costs related to substance use concerns.

Involving Parents and Caregivers Offers Potential for Better Results

Many grantees desire to increase the role of parents and caregivers in their prevention efforts, because caregivers can potentially have a positive influence on their child's substance use when their involvement is informed by best practices. However, grantees face challenges related to confidentiality concerns among parents and youth, and difficult relationship dynamics. In order to inform the broader field on effective strategies for involving parents, several grantees are actively engaging parents and caregivers in their programs, educating them on the potential health, developmental, and social impacts of youth substance use and effective communications strategies to talk with their children about these issues. For instance, the **University of Minnesota** is involving parents in a multi-session brief intervention study among youth. Parents participate in the brief intervention process by learning about the effects of substance use and gaining communication skills to talk with their teens. The **Partnership for Drug-Free Kids** is developing communication approaches for parents to spread awareness about evidence-based approaches for addressing their child's substance use early on rather than waiting until a problem develops.

Activating SBIRT Billing Codes in Georgia

Community Catalyst and its partners at Georgians for a Healthy Future and the Georgia Council on Substance Abuse achieved a major victory in their campaign to activate Medicaid codes through fee-for-service and Care Management Organizations in the state of Georgia.

Reframing Youth Substance Use Leads to a Shift in Public Perceptions

The Foundation's strategy continues to focus on what are often conflicting views and attitudes about youth substance use. Grantees report they are fighting societal norms that substance use and experimentation with drugs (particularly marijuana) and alcohol are normal parts of adolescence that can be either ignored or tolerated. These norms contribute to ambivalence among providers and may impede providers' willingness to routinely administer SBIRT services. A continuing goal of the Initiative is to develop evidence-based communications and messaging to shift public perceptions

about the causes, risk factors, influencers, and potential harm of adolescent substance use, as well as to generate awareness for effective prevention and intervention services, including SBIRT. This includes creating consistent messages that reach youth at home, in school and extracurricular settings, in faith-based organizations, and through a range of social media. To help achieve this goal, the Foundation partners with **FrameWorks Institute** to develop a comprehensive framing strategy that can be used to move conversations around youth substance use toward new, more productive terrain. FrameWorks is using qualitative and quantitative research to develop an evidence-based reframing strategy. The organization is also developing resources to enhance grantees' capacity to apply research findings in their communications practices.

Recommendations To Further Expand Access to and Improve SBIRT Services

Refine and Standardize Implementation Protocols in Order To Scale Up SBIRT Across Settings
At this point in the Initiative, it may be necessary to guide the grantees to use more-standardized approaches to SBIRT implementation and data collection in order to make clear comparisons across all setting types represented in the Initiative. Standardization of protocols will also allow grantees to better assess how their sites are maintaining fidelity to evidence-based practices, and will offer more information about risk across the populations they serve. This level of standardization would enable the Foundation to make data-driven decisions regarding settings represented in the Initiative, and would assist with quality improvement processes developed by the grantees. For example, SBIRT trainings typically instruct that youth who receive a "no risk" score receive positive encouragement and prevention messages regarding substance use, but there are vast differences in how grantees track or report this information. As noted previously, many community-based organizations and juvenile justice programs represented consider these prevention messages to be brief intervention, which in turn drives up their overall brief intervention numbers. In contrast, other setting types do not consider positive reinforcement messages to be brief intervention when delivered to no- or low-risk youth.

Build the Capacity of Providers To Better Identify and Address Multiple Risk Factors
Youth substance use intersects with a wide array of social and environmental risk factors, as described above. While validated screening tools traditionally used in SBIRT programs, such as the CRAFFT, are effective for identifying substance use issues, they do not assess other areas of risk (i.e., mental health, trauma, physical environment, and other social determinants of health). There is a growing evidence base supporting the use of screening instruments and interventions that address issues like mental health, particularly youth stress and depression.[27] The Foundation should consider integrating information about social and environmental risk factors into program implementation to better equip providers with the knowledge, skills, and ability to identify and address risk factors associated with experimentation and escalation of substance use.

Explore Access to and Impact of SBIRT for Underserved and Vulnerable Youth
Grantees represent geographically and demographically diverse communities and have developed extensive experience providing SBIRT services to diverse populations. Going forward the Initiative should further explore how grantees are currently reaching more-marginalized youth who may be more likely to have other complex needs. The Initiative provides an opportunity to expand access to populations such as Native American youth, immigrant youth, rural or urban youth in underserved and impoverished areas, and other populations traditionally out of the reach of key resources. This exploration could determine whether and how the range of grantees' SBIRT approaches needs to be tailored to effectively serve these populations, from information dissemination and training for providers to those populations, to implementation of SBIRT and development of communication strategies. The Initiative's evaluation findings have highlighted the need to identify and respond to emerging gaps in research and practice, especially as they relate to reducing health disparities among marginalized youth. To effectively address this recommendation, the Foundation should support efforts to reach young people from diverse backgrounds and consider how to incorporate positive youth development (PYD) strategies that enhance protective factors and integrate wellness promotion when designing interventions. PYD recognizes that certain environments, such as impoverished and underserved communities, are less conducive to positive development, and focuses on improving these individual/environment interactions. These interventions are

Involving Students and Parents in Los Angeles County High Schools

California Community Foundation is implementing SBIRT in four school-based health centers in Los Angeles, educating student leaders, parents, and teachers, and integrating substance use prevention activities within the school environment.

tailored to individuals' strengths to build competencies that enable more positive interactions with their environment – leading to healthier development across developmental domains (areas of development such as cognition, social/emotional and language/communication) rather than focusing on one specific behavior. PYD offers a way for providers to think about how to conceptualize these issues.

Focus on a Broader Age Range, to Include All Adolescents Ages 12 to Early 20s

In addition, to increase the number of youth who can access SBIRT services, the Foundation should consider focusing on a broader age range, to include younger adolescents (starting at approximately age 12), instead of only youth from age 15 to 22.[28] This expansion of the age range is supported by research that indicates that one in three children starts drinking by the end of 8th grade, and of those, half report having been intoxicated.[29] Youth who use drugs or alcohol before age 15 are four times more likely to develop a substance use disorder than those who begin using at age 21 or older.[30]

Identify Financing Mechanisms to Sustain Prevention and Early Intervention Efforts

Early in the Initiative, limited payment options were identified as an obstacle to successful implementation of SBIRT and other prevention and early intervention activities. Government policies and regulations for Medicaid reimbursement requirements make it hard for agencies to identify billable options for SBIRT activities. These problems have to do particularly with setting, provider licensing, or the activities' having already been billed as part of other routine services. For example, many healthcare sites could not bill for the time providers spend in screening and/or brief intervention protocols, due to limitations with the current billing codes. In some states the Medicaid billing codes were in place, but often not used, and in others the Medicaid codes were not available. Grantees often did not anticipate this roadblock, and are relying for the time being on grant funding for their work. This strategy is not sustainable, and more efforts should be undertaken to identify a range of payment options for SBIRT services and advocate for investments in prevention and early intervention.

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 Initiative strives to advance the evidence base and learning around screening and early intervention. To address this goal the Foundation funds grantees to research the effectiveness of emerging, innovative models of SBIRT service delivery; disseminate findings to the broader field; and foster learning across the grantee community.

Progress to Date

Researching Innovative SBIRT Models

Several grantees are testing variations in service delivery to assess which models of SBIRT are most effective in which settings. This includes eight grantees studying innovative approaches for delivering SBIRT, and three grantees tracking youth outcomes to measure change from varying points in time against the interventions the youth received. These grantees are charged with disseminating their learnings to add to the knowledge base on youth SBIRT through professional journals and trade publications as well as in presentations. For example, **Boston Children's Hospital** is testing a self-administered brief intervention for youth with chronic medical conditions, including Type 1 diabetes and rheumatic conditions, to receive disease-specific psycho-education and hear from other youth who have encountered similar struggles. Researchers from **Iowa State University's** PROSPER Network Organization (PROmoting School-community-university Partnerships to Enhance Resilience) are conducting a randomized control study of an expanded PROSPER delivery system that integrates SBIRT. Integrating SBIRT into the PROSPER delivery system can strengthen the youth and family outcomes observed in earlier PROSPER research. The PROSPER Network uses a community-based "continuum of prevention" approach, increasing the range of prevention services. **YouthBuild USA** is evaluating the effectiveness of SBIRT by comparing self-reported post-program data from participants with verified data on participant's post-program employment and education status. The evaluation assesses reduction of alcohol and other drug use, and improvement in educational gains and retention in employment and education, among participants who receive SBIRT services.

Disseminating Knowledge and Fostering Learning

An important part of the Initiative continues to be the dissemination of findings from grantees' studies and program evaluations that can contribute to the body of SBIRT and youth substance use research to help better define evidence-based or promising practices. As of June 30, 2017, grantees have distributed findings through 244 publications and research dissemination activities (Exhibit 2.7). This includes scientific presentations, policy/issue briefs, white papers, peer-reviewed journal articles, and conference presentations or panel discussions. By contributing new data and findings to the enduring publications as well as the discourse on SBIRT and youth substance use prevention, the Foundation's efforts will have an impact on the quality of future programs.

Exhibit 2.7 Number of Research Publications and Dissemination Activities
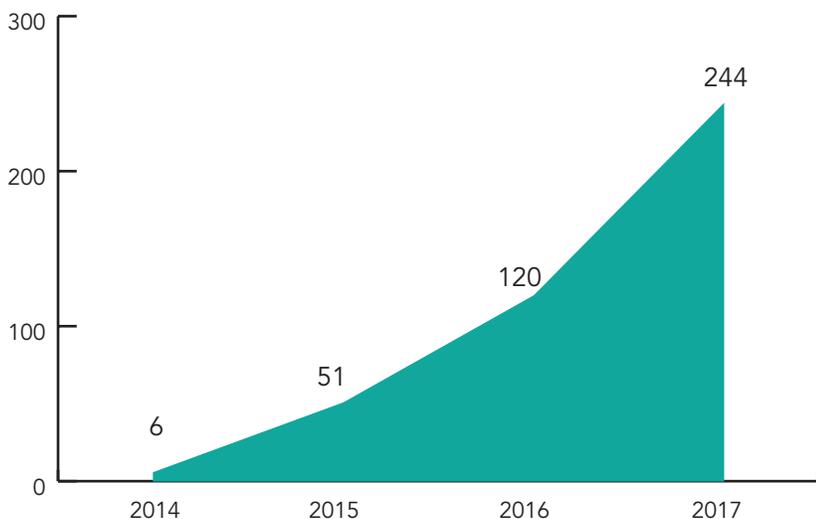
GOAL 3

Sharing Across the Grantee Community

Several major activities foster learning and collaboration across the grantee community. Some of the venues for this shared learning include the Hilton Community for Healthy Youth online collaboration portal, webinars, and topic-based roundtable discussions. The MEL Project also sends weekly emails to all grantees to share current knowledge and practices among participants, enabling them to take advantage of innovations and resources as soon as possible.

The MEL Project facilitates monthly roundtable discussions to inform practice, empower advocates, and foster collaboration among grantees. These informal sessions give the grantees opportunities to highlight their individual strengths and provide assistance to their peers. Each roundtable discussion focuses on a topic specific to the grantee's Hilton Foundation-funded work, and includes short presentations by subject matter experts to generate questions and answers, discussion, and information sharing. The MEL Project has hosted 11 roundtable discussions to date among grantees and their stakeholders. For example, "Parental Involvement in the SBIRT Process," led by staff from community and juvenile justice organizations and pediatric healthcare settings, discussed practitioner approaches and learnings in working with caregivers during the SBIRT process. Another discussion, "Best Practices in Referral to Treatment," focused on peer-to-peer sharing of effective referral practices. The discussion generated conversation about the kinds of referrals most often needed for young people, such as recovery support services and mental health assessments. The roundtable "How to Talk to Parents and Teens about Marijuana Use" discussed a new clinical report issued by the **AAP** on *Counseling Parents and Teens about Marijuana Use in the Era of Legalization of Marijuana*. The AAP provided specific points that providers and other youth-serving staff can use when talking to parents and youth about marijuana use. To help foster ideas about how grantees can sustain their prevention and early intervention activities, "Confidentiality Law and SBIRT," presented by the **Legal Action Center**, provided background information on 42 CFR Part 2 with an overview and information on compliance. A second discussion presented by **Community Catalyst** and the **National Council for Behavioral Health**, "Beyond the SBIRT Codes: Strategies for Financing Youth SBIRT," reviewed strategies to identify and secure funding to support SBIRT and other youth drug and alcohol prevention initiatives. The MEL Project also hosted a discussion facilitated by **Community Catalyst** on "Effective Messaging for Engaging Policy-Makers." The discussion included a primer on state and federal advocacy, with strategies for engaging policy-makers and effective messaging to protect the Affordable Care Act.

To further share key learnings from SBIRT implementation projects, the **University of California, Los Angeles Integrated Substance Abuse Programs** initiated a working group among a subset of grantees that are focused on implementation. The goals for the working group are three-fold:

Empowering Peer Mentors To Be Ambassadors of Change

The **Center for Social Innovation's** Project Amp is testing a four-session mentoring intervention model, provided by young people with lived experience of recovery from substance use disorders. The mentors are trained to explore youth's strengths and interests, enhance self-efficacy to achieve goals, focus on wellness and resilience, and make connections with community resources and positive social networks.

- To better understand successes and challenges in implementing SBIRT, and to advise the Foundation about the various approaches tested by grantees

- To provide a small and more focused peer learning opportunity by strengthening collaboration, encouraging "real-time" sharing, and reducing duplication of efforts

- To ensure there are regular, more-targeted discussions about how the Initiative can better align with the existing and emerging evidence base

Key Findings

It Is Too Soon To Determine the Initiative's Overall Impact on Youth Substance Use

One of the most important goals of any program or initiative is to determine its impact. Several grantees are using follow-up procedures to determine whether the brief intervention portion of the protocol resulted in reduced or eliminated substance use. Grantees' follow-up encounters vary and fall within a range from 3 to 12 months post-initial intervention. While some of the grantees are nearing the completion of their

studies and beginning to analyze and share early results, many are still in the midst of collecting data that will be interpreted and shared beyond the coming year. Given the lack of consensus about best or promising practices related to youth SBIRT, during this phase the Foundation focused on assessing feasibility of SBIRT training and implementation, and on testing several different approaches for follow-up protocols to measure impact among youth. Currently, comparisons across projects is complicated by variations in award timelines, as well as the variability of outcome measures across individual projects. However, the Foundation is working towards developing common outcome measures and exploring other standards to assess impact across settings in the next phase of the Initiative.

Recommendations To Advance the Initiative's Learnings

Develop Program Outcomes and Measure Impact to Shape the Next Phase of the Initiative

The first few years of the Initiative laid the groundwork for programs to create lasting change in communities across the country. The Foundation and its grantees have made progress understanding the process of implementing SBIRT in various settings and advocating for policies and systems that sustain and support the SBIRT process. In spite of this progress, the evidence base for youth SBIRT is not yet well established. Additionally, adoption of evidence-based practices is complex and nonlinear, and implementing changes in different settings varies based on the depth of the change. Questions remain about the impact of each SBIRT component on substance use patterns and other risk behaviors across diverse populations and settings. The Foundation should consider exploring the following questions in next phase of the Initiative:

- *Are differences seen in SBIRT outcomes based on factors such as online vs. in-person service delivery?*

- *Are differences in outcomes seen based on the individual carrying out the screening and brief intervention and if so, what factors make the most difference?*

- *Does the age of the individual screened make a difference in SBIRT efficacy? Are there other systems and setting issues impacting youth outcomes?*

Moving forward, it will be essential to study outcomes among youth served and the impact of SBIRT on systems to guide the next phase of the Initiative, strategize funding priorities, and restructure goals and objectives. Outcomes related to reductions in substance use and youths' perceived impact, i.e., improvement in quality of life and achievement of self-identified goals, will provide a broader view of how the Initiative is effecting youth wellness. A comprehensive view of the Initiative's outcomes and longer-term impact on youth who receive screening, brief intervention, and/or treatment services will help the Foundation and the broader field better understand what works and what does not related to SBIRT. To facilitate the Initiative's movement from process evaluation to outcome and impact evaluation, the Foundation could develop guidance and offer assistance to build the capacity of grantees to implement follow-up outcome evaluations among samples of youth served.

Incentivizing Wellness with College Students

The **University of Vermont** is conducting a longitudinal study to test the effectiveness of using incentives for behavior change among college students. Students enrolled in UVM's Wellness Environment (WE) live in substance-free dorms and are given incentives to participate in yoga, mindfulness, nutrition, fitness, and cooking classes. They use a health promotion app to track activities and behaviors.

Predicting Substance Use Risk with Statistical Models

Kaiser Foundation Research Institute is using data from four large health systems to develop predictive statistical models – "risk profiles" – of clinical and demographic characteristics of youth at greatest risk for developing substance use problems. The predictive models will enable health and other youth-serving systems to identify risk early and deliver targeted, cost-saving prevention and early intervention services.

"Consistent screening over time as an expected part of the patient visit has **decreased the stigma** of the questions being asked."

Mid-State Health Center in New Hampshire

Students in the University of Vermont's Wellness Environment participate in health and mindfulness activities as part of the program.

3. Moving Forward on Key Learnings

The Foundation is committed to advancing innovative prevention and early intervention approaches to reduce youth substance use through its Initiative. Over the past three years, the Initiative has promoted the health and wellbeing of youth and influenced the way policy-makers, providers, communities, and families think about, talk about, and address youth substance use. The Initiative has successfully advanced its three goals and identified areas where we need future exploration and research.

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

Grantees made progress in developing curricula, disseminating information about SBIRT, and providing skills-based training to health professionals and other youth-serving providers. Grantees adopted a variety of innovative approaches to developing trainings that are both in person and online, vary in length, and focus on SBIRT alone or in the context of broader programmatic instruction. The Initiative demonstrated that ongoing training and technical assistance is necessary for implementing SBIRT effectively. In the next phase of the Initiative, it will be essential to assess the intermediate and longer-term outcomes of training and technical assistance to determine which approaches result in successful routine, adoption of SBIRT across youth-serving systems of care.

Additionally, grantees demonstrated that identifying other risk factors in the lives of youth is an important aspect of preventing and reducing youth substance use. Issues such as depression, anxiety, stress, social or peer issues, familial issues, trauma, housing instability and lack of adequate nutrition are common risk factors for substance misuse. Disadvantaged, underserved, and impoverished youth often endure a combination of these factors resulting in greater negative outcomes.[31] The Initiative can support grantees work to build the capacity, competence, and confidence of providers to identify and address multiple risk factors as a strategy for reducing youth substance use.

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

The Foundation supported projects that tailor SBIRT delivery models in a wide variety of youth-facing environments such as pediatric clinics, school programs, and community-based settings to expand youth access to screening and early intervention services. Grantees are also improving access to services through advocacy activities that promote public health policies like increasing funding for prevention activities through school or community funds. In addition, grantees are leveraging additional public and private funds to support and sustain their work around youth substance use prevention.

The grantees' work highlights the ways in which SBIRT implementation varies across different types of settings. Sites are using one of several validated screening instruments to identify youth at risk for substance use; brief intervention rates and methods vary ranging in length from five minutes to multiple sessions; and grantees have different procedures and mechanisms for referring youth to treatment. Brief intervention rates also vary significantly across types of settings. In the next phase of the Initiative, the Foundation is positioned to support the refinement and standardization of implementation protocols to compare implementation across all setting types represented in the Initiative. While it is necessary for the SBIRT protocol to be standardized and validated, there must also be room within the provider interaction to tailor a brief intervention to the individual depending on factors such as her or his age, gender, cultural identity, environmental factors, and level of risk.

Grantees identified limited payment options early on in the Initiative as an obstacle to successful implementation of SBIRT and other prevention and early intervention activities. Many healthcare sites faced challenges related to providers' billing for the time they spent conducting screening and/ or brief interventions. In 2015, Truven Health Analytics, in collaboration with the **Legal Action Center,** reviewed pediatric and other primary care administrative claims data of youth age 12 to 21 and found that less than 1 percent of outpatient claims for adolescents and young adults were for SBIRT-related services in 2013. This was true within both the commercially insured and Medicaid sample. Healthcare organizations may not be able to bill for SBIRT protocols for a variety of reasons, one being that Medicaid billing codes have not been activated in many states. Furthermore, even when the screening and brief intervention reimbursement codes are activated, many providers do not use them due to the time-based nature of the code. A SBIRT encounter needs to last a minimum of 15 minutes for payment under certain billing rules. Other grantees reported their sites did not bill directly for SBIRT services because the state training requirements, especially for non-licensed staff, are too burdensome, which would have significantly delayed implementation. To systematically expand SBIRT, more efforts are needed to identify a range of payment options for SBIRT services to sustain and expand the work in this field.

Grantee programs and initiatives have further emphasized that substance use is often closely related to other complex issues youth are experiencing. By identifying and understanding the impact of risk and protective factors in their life, interventions can prevent initiation or reduce escalation of substance use before it affects other areas of healthy development, life satisfaction, achievement, and overall wellness. Based on a risk and protective factor approach, the Foundation should incorporate strategies such as PYD into the Initiative moving forward to enhance protective factors and integrate wellness promotion into interventions.

The Foundation may also want to explore the impact of SBIRT on underserved and vulnerable youth to increase access to prevention and wellness services to a high risk segment of the population. While current grantees represent geographically and demographically diverse communities, the Initiative could further explore how grantees are currently reaching vulnerable youth and how the services provided are impacting these youth.

In addition, to increase the number of youth who can access SBIRT services, the Foundation could consider focusing on a broader age range, to include adolescents age 12 to early 20s, instead of only youth from age 15 to 22.

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

The Foundation identified gaps in the research on youth SBIRT and funded grantees to find answers to challenging questions about how to best integrate the SBIRT model into routine practice, and how effective it is in reducing not only youth substance use but other risk behaviors as well. The Foundation-supported studies will contribute to the research base in areas such as SBIRT effectiveness within multiple settings beyond primary care, including schools, school-based health centers, community-based programs, and juvenile justice settings. These studies are also working to assess short- and long-term outcomes with youth populations at various stages of development and levels of substance use, and adding depth to discussions about the validity and reliability of screening tools and effectiveness of brief interventions. Results from some of these studies will be released in the coming year, while other studies will continue to collect data from participants through 2018.

Moving forward, it will be essential to study outcomes among youth served and the impact of SBIRT on health, education, social service, and juvenile justice systems. The Foundation could consider exploring the following questions in next phase of the Initiative:

- *Are differences seen in SBIRT outcomes based on factors such as online vs. in-person service delivery?*

- *Are differences in outcomes seen based on the individual carrying out the screening and brief intervention and if so, what factors make the most difference?*

- *Does the age of the individual screened make a difference in SBIRT efficacy? Are there other systems and setting issues impacting youth outcomes?*

A comprehensive view of the Initiative's outcomes and longer-term impact on youth who receive screening, brief intervention, and/or treatment services will help the Foundation and the broader field better understand promising practices and remaining challenges with the SBIRT framework. To facilitate the Initiative's movement from process evaluation to outcome and impact evaluation, the Foundation could develop guidance and offer capacity-building assistance to grantees to implement follow-up outcome evaluations among samples of youth served.

Conclusion

The Initiative is well positioned to capitalize on early learnings to shape efforts to further explore youth SBIRT research and implementation issues. This next phase of the Foundation's work is particularly vital due to an increased focus on addressing risk and protective factors youth and adolescent substance use prevention in a more holistic manner. Tremendous progress has been made over the first few years in building wide-reaching SBIRT training and implementation programs. The report offers seven actionable recommendations to aid the Foundation, youth-serving providers, and policy-makers in implementing a comprehensive approach to preventing youth substance use. By equipping youth-serving providers with the framework and tools to identify risk and protective factors and conceptualize conversations with youth, the Initiative will help to better prepare providers to approach a range of issues that impact substance use, essentially assessing the individual's whole health while providing positive and healthy tools and strategies for youth to use.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
Abt Associates – Grant 1	Abt led the MEL Project for the Foundation's Strategic Initiative.	$1,500,000	7/1/14–6/30/17	• Produce actionable data, inform delivery systems, and promote program sustainability to support achievement of the Initiative's three primary goals.
Abt Associates – Grant 2	Abt continues to lead the MEL Project and work 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.	$1,000,000	7/1/17–6/30/19	• Provide ongoing assistance to grantees in data collection, program improvement, and shared learning. • Conduct quantitative and qualitative data collection and analysis to assess grantees' progress and outcomes. • Deliver project management and reporting to provide advice and key findings to the Foundation and its grantees.
The Addiction Medicine Foundation – Grant 1	The Addiction Medicine Foundation established the National Center for Physician Training in Addiction Medicine, to educate and train physicians in addiction medicine and prevention/early intervention in adolescent substance use.	$2,000,000	11/1/13–10/31/16	• Develop and secure sustainable funding for addiction medicine graduate medical education fellowships in the main training sectors of the healthcare system. • Develop a sustainable workforce of experts and curricula to provide SBIRT training to primary care physicians and other members of the healthcare team. • Gain the Accreditation Council for Graduate Medical Education's accreditation of addiction medicine training programs, and American Board of Medical Specialties recognition of addiction medicine as a medical specialty.
The Addiction Medicine Foundation – Grant 2	The Addiction Medicine Foundation is continuing efforts to increase the number of physicians trained to identify and address risky substance use and substance use disorders as part of routine healthcare practice, and to include youth prevention and early intervention as part of standardized addiction medicine training.	$1,000,000	11/1/16–12/31/18	• Expand, sustain and support the addiction medicine workforce through development of a pipeline of fellows. • Provide support to the Addiction Medicine Fellowship Directors Association. • Expand the number of addiction medicine fellowship training programs capable of addressing the full spectrum of care including youth prevention and early intervention. • Collaborate with partners to drive content across medical education, training and practice. • Create structural change in medicine to address youth prevention and early intervention.
American Academy of Pediatrics (AAP)	AAP is increasing use of SBIRT among pediatric providers serving adolescents, with a learning collaborative to design and implement best practices, including quality measures and development of an online tool to train pediatric practitioners (EQIPP®).	$1,240,000	10/1/14–9/30/18	• Develop a learning collaborative to increase practices of SBIRT for substance use and mental health among pediatric providers serving adolescents. • Implement a chapter-facilitated learning collaborative among 3 AAP chapters. • Develop an online quality improvement program (EQIPP® course) to address substance use and mental health among adolescents in primary care settings.

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Grantee	Description	Grant Amount	Period of Performance	Project Objectives
Behavioral Health System Baltimore (BHSB)	BHSB 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	• Integrate the delivery of adolescent SBIRT by pediatric primary care providers and SBHCs in up to 15 local jurisdictions. • Develop and advocate for policies that will support sustainability of adolescent SBIRT services. • Evaluate the differential impact of adolescent SBIRT on diverse populations and develop policies/plans to increase access to service. • Identify gaps in behavioral health treatment services in each jurisdiction and develop strategies for increasing availability of treatment services. • Compare effective planning strategies from Hilton Foundation-funded and SAMHSA-funded programs, and refine the Adolescent SBIRT Checklist as warranted.
Boston University School of Public Health (BUSPH)	BUSPH held a conference with experts in alcohol interventions, web/mobile enabled behavior change, application development and evaluation, and marketing to adolescents, to discuss the state of the field and provide guidance to the Foundation on fruitful areas of investment.	$47,000	11/1/14–5/31/15	• Synthesize findings on the current state of the art of effective interventions for unhealthy drinking by college students, and on web/mobile behavior change interventions for alcohol and other conditions. • Describe the gaps in knowledge and technology –if any – that prevent the development of an effective intervention. • Provide the Foundation with recommendations about whether and how it could play a leadership role in preventing and reducing unhealthy drinking by college students through the development of a web/mobile intervention.
California Academy of Family Physicians (CAFP)	CAFP is increasing practitioner awareness, competence, and confidence in identifying and addressing youth substance use through partners from 5 national primary care associations.	$750,000	9/1/15–8/31/18	• Identify the substance use educational needs of clinicians who treat adolescents. • Increase clinicians' awareness of the extent of the problem associated with adolescent substance use and the impact they can have on this public health issue. • Increase screening, knowledge and skills in prevention and brief intervention of substance use among clinicians who treat adolescents.
California Community Foundation (CCF) – Grant 1	CCF received an initial planning grant to explore the feasibility of implementing SBIRT for youth ages 15–22 who are at risk for substance use in Los Angeles County, CA.	$50,000	8/1/14–7/31/15	• Conduct a feasibility assessment/landscape scan in Los Angeles of primary care, alcohol and other drug use, and mental health service providers serving youth ages 15–22 who are at risk for alcohol use and may benefit from SBIRT. • Convene a network of providers that have experience in serving youth ages 15–22 who are at risk for alcohol use and are likely early adopters of SBIRT. • Identify training and technical assistance needs of services providers to successfully implement SBIRT for adolescents.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
CCF – Grant 2	CCF is implementing SBIRT in 4 schools in Los Angeles County, CA through a partnership with a children's hospital and four school-based health centers.	$300,000	4/1/16–3/31/18	• Complete institutional reviews and reviews of the data collection and sharing needed to implement and evaluate SBIRT in 4 SBHCs. • Identify staff and necessary workflows at 4 SBHCs where SBIRT would fit, and provide customized technical assistance plans. • Provide on-site substance use prevention and treatment programming at targeted SBHCs.
CDC Foundation	CDC is conducting 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.	$1,500,000	1/1/16–12/31/18	• Increase adolescents' knowledge and skills to prevent substance use and HIV/STD infection. • Improve adolescents' attitudes and norms in support of substance use prevention and HIV/STD prevention. • Increase adolescents' access to youth-friendly, key health services, including the SBIRT approach for substance use, and HIV/STD testing and treatment. • Increase adolescents' safety at school and connectedness to supportive adults.
Center for Health Care Strategies (CHCS) – Grant 1	CHCS convened a small-group consultation 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 SUDs.	$165,000	4/1/15–10/31/16	• Facilitate a more comprehensive understanding of the opportunities to create sustainable approaches that ensure access to Medicaid-financed SUD prevention and intervention services for adolescents. • Identify best or promising practices, including SBIRT or other models, in state-level healthcare Initiatives in states that have expanded Medicaid benefits.
CHCS – Grant 2	CHCS and the Association for Community Affiliated Plans conduct a learning collaborative to support participating health plans in developing and implementing a primary care physician training program on the use of SBIRT.	$1,065,000	1/1/16–12/31/18	• Ensure that health plans support SBIRT in terms of coverage, reimbursement, and training. • Ensure that primary care providers in pilot sites recognize the importance of, and are trained to conduct, SBIRT with at-risk populations of adolescents. • Identify and intervene with youth at risk of substance use in order to prevent adverse medical events.
Center for Social Innovation (C4) – Grant 1	C4 partners with researchers, practitioners, and young people in recovery from SUDs to determine how peer-based interventions can be effective in motivating change and promoting healthy choices for adolescents.	$1,500,000	12/1/14–12/31/17	• Identify key elements of youth peer interventions to reduce problem substance use among youth. • Establish feasibility of implementing young adult peer interventions in primary care and school settings. • Facilitate a shift toward an understanding of the valuable role of youth and young adult peers in designing, delivering, and evaluating interventions for at-risk youth. • Support Young People in Recovery's national and state/local chapters to build capacity.

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
C4 – Grant 2	C4 , in the initiative called Youth Engagement Strategies and Support, (YESS) and in partnership with a Youth advisory board, is investigating best practices, emerging research, and lessons learned from grantees and other organizations in their efforts to engage youth and young adults in their programming.	$75,000	6/1/2017–2/28/2018	• Assess the current status of youth engagement across current Substance Use Prevention Initiative grantees and other relevant, external initiatives. • Develop a Youth Engagement Strategy and Support strategy and technical assistance recommendations.
The Center for Sustainable Journalism (CSJ)	CSJ developed media and communication materials to increase awareness among funders, policy-makers, and practitioners about adolescent substance use prevention and foster care and how the Initiative goals can promote opportunities and reduce barriers for these young people.	$250,000	4/1/15–5/31/16	• Ensure the voices of youth affected by substance use and foster care issues are heard. • Produce in-depth solutions-oriented journalism and multimedia packages addressing foster care and substance use prevention. for national and regional distribution. • Publish traditional commentary from policy-makers, practitioners, advocates, experts, youth and general public aimed at substance use prevention and foster care. • Engage regional nonprofits, advocates, donors, practitioners, policy-makers and media to build social networks and social capital.
Children's Hospital Corp (CHC)	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	12/1/14–11/30/19	• Define and disseminate a set of brief and easy-to-administer measures that accurately detect 1) substance use frequency, 2) substance-specific patient-centered outcomes, and 3) intermediate measures of impact of adolescent SBIRT. • Develop an effective, adolescent-focused SBIRT protocol for youth with chronic medical conditions for delivery at the point-of-care during a routine healthcare visit, and conduct a rigorous randomized controlled trial of the intervention at Boston Children's Hospital with youth with chronic medical conditions and their parents, recruited from the diabetes and rheumatology programs.
Community Anti-Drug Coalitions of America (CADCA) – Grant 1	CADCA implemented 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.	$600,000	7/1/15–6/30/16	• Increase efficiencies, practices, protocols and strategic planning to ensure the successful startup and implementation, and desired outcomes, of the CADCA Coalition SBIRT Initiative. • Increase skills and knowledge of SBIRT best practices among Training, Technical Assistance, Youth Programs, Communication, Innovation and Outreach staff. • Create and enhance a powerful, effective legislative environment conducive to helping communities become safe, healthy, and drug-free. • Increase skills, knowledge, capacity and effectiveness among CADCA Evaluation and Research staff.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
CADCA – Grant 2	CADCA is engaging community coalitions to improve prevention, screening, and treatment for SUDs and ensure a fully comprehensive approach to addressing local substance use issues specific to youth populations.	$1,000,000	4/1/17–3/31/19	• Establish 5 community of practice partnerships between coalitions and healthcare entities to execute a community health needs assessment that will enable SBIRT policy and practice solutions using a community problem-solving approach. • Increase policy support from key political agents of change at the local, state and federal levels on important SBIRT initiatives in healthcare to ultimately address high rates of adolescent substance use in underserved local communities.
Community Catalyst – Grant 1	Community Catalyst developed consumer-led advocacy campaigns in 5 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 peer approaches.	$2,500,000	12/1/13–11/30/16	• Create sustainable reimbursement streams for youth SBIRT in 4–5 states through activation or modification of Medicaid billing codes, and expansion of private insurance benefits and re-allocation of federal and state funds; and improve national Medicare billing codes that serve as the model for other insurers covering populations of all ages. • Increase the number and types of locations in 4 to 5 states where youth can access SBIRT, including schools and community clinics. • Expand the use of paraprofessionals including peer recovery coaches in 4 to 5 states to conduct screening and brief intervention for youth. • Improve youth SBIRT by gathering and disseminating lessons from target and other states.
Community Catalyst – Grant 2	Community Catalyst is expanding the use of prevention and early intervention strategies for SUDs among young people, and ensuring those youth who require treatment have access to comprehensive quality services, thereby supporting healthier lives for young people, free of substance use.	$2,200,000	4/1/17–3/31/20	• Expand the use of prevention and early intervention strategies with young people in schools and healthcare settings, and promote the use of peers and non-physician counselors in carrying out these strategies. • Develop sustainable funding streams for SBIRT through Medicaid, private insurance, and state/local funding that supports both services and ongoing provider training. • Defend coverage and benefits that provide a platform for SBIRT in the Medicaid program and private insurance; and, where possible, shape health system transformation initiatives to include screening and early intervention and successful referrals to treatment. • Increase impact by disseminating lessons learned to state and national partners.
Facing Addiction	Facing Addiction is building and organizing a grassroots advocacy movement of those affected by a substance use disorder to advance public health responses, including SBIRT.	$600,000	4/1/16–3/31/18	• Build and organize a grassroots advocacy movement of those affected and afflicted by SUDs that will dramatically advance public health responses and, ultimately, save lives.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
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 SUD.	$50,000	10/1/14–9/30/15	• Capture both the story of families who have lost their children to a substance use disorder either by death or through imprisonment, as well as families and young people who literally have a second chance at life because of the community support of early intervention in Houston.
FrameWorks Institute – Grant 1	FrameWorks explored how to effectively communicate with the members of the public, practitioners, and policy-makers about youth substance use and what it takes to improve outcomes for young people.	$200,000	6/1/15–5/31/16	• Enhance the communications capacity of experts and advocates seeking to reduce adolescent substance and increase support for SBRIT.
FrameWorks Institute – Grant 2	FrameWorks is creating a comprehensive framing strategy about adolescent substance use for members of the public, practitioners, and policy-makers to improve outcomes for young people misusing substances.	$250,000	1/1/17–6/30/18	• Arrive at an evidence-based strategy to reframe adolescent substance use and SBIRT in particular. • Build capacity of the Conrad N. Hilton Foundation and its grantees and partners to apply research findings to their communications practices.
Friends Research Institute	Friends is partnering with the National Council to incorporate a research project into its efforts to determine the effectiveness of the adolescent SBIRT Change Package approach and whether it reduces substance use and associated health risk behaviors for those that have begun using, and prevents substance use for those who have not.	$1,800,000	7/1/17–6/30/21	• Examine the effectiveness of Full Brief Intervention vs. Control, Abbreviated Brief Intervention vs. Control, and Anticipatory Guidance vs. Control for adolescents scoring in the moderate or high ranges on the S2B1 screening instrument.
Grantmakers in Health (GIH)	GIH convened behavioral health funders, with a particular emphasis on SUD, 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	• Curate a broad set of resources, helping Foundation staff and trustees stay informed of the latest advances in behavioral health research, practice, and policy. • Develop data and tools, including webinars, publications, and other activities, to generate interest and engagement from the broader community of health funders.
Iowa State University (ISU)	ISU is improving adolescent behavioral health in communities served by PROSPER-SBIRT Partnerships, including healthier substance-related attitudes and intentions, along with reduced substance initiation and related problem behaviors.	$800,000	4/1/17–3/31/20	• In PROSPER-SBIRT schools: • Implement an evidence-based, universal prevention curriculum with high fidelity in all 6th grade classrooms, incorporating a universal family support component. • Conduct universal screening and provide brief intervention and referral support to students and their families who are identified as being at higher risk. • Develop and maintain active PROSPER-SBIRT Community Partnerships that build awareness for and support the delivery of a universal school-based curriculum linked with universal family support and SBIRT activities.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
Kaiser Foundation Research Institute (KFRI)	KFRI develops predictive statistical models (risk profiles) of clinical and demographic characteristics for health systems and 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	• Identify a retrospective birth cohort at 4 sites (Kaiser Permanente Northern California, Kaiser Permanente Hawaii, Henry Ford Health System, and the Geisenger Health System) and create dataset. • Validate and evaluate predictive models. • Disseminate study findings through manuscripts and presentations.
Legal Action Center (LAC)	LAC is analyzing implementation of Affordable Care Act (ACA) and Mental Health Parity and Addictions 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	• Track and analyze the status of ACA and parity law implementation, focusing on insurance coverage and access to substance use screening and early intervention services • Help providers and stakeholders understand and comply with confidentiality regulations, and ensure those regulations encourage, and do not deter, screening and brief intervention services • Inform and educate purchasers, payers, and other stakeholders – including Federal and State legislators - of the services now mandated by law; and document the current state of prevention/early intervention coverage, barriers to expanding services and strategies
Mentor Foundation, USA	Mentor created an interactive multi-media version of their Shattering the Myths model, STM 2.0, that incorporates messages promoting the benefits of prevention behaviors specifically designed to counteract the myths adolescents have about drugs and alcohol.	$125,000	1/1/16–12/31/16	• Provide scientifically based information regarding the effects of drugs and alcohol on the teenage brain and body. • Increase teenage empathy levels regarding the negative effects of substance use through authentic and personal testimonies. • Provide a non-consequential and non-judgmental platform for youth to share their opinions about substance use through performance or visual expression. • Celebrate and recognize youth who share examples of how they are "Living the Example" of being drug and alcohol free.
Montana Healthcare Foundation (MTHCF)	MTHCF explored 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	7/1/16–10/31/17	• Increase knowledge and awareness among stakeholders and healthcare providers on efficacy of SBIRT. • Increase capacity of provider champions to promote SBIRT implementation in Montana.
Mosaic Group	Mosaic Group developed an adolescent SBIRT checklist to support effective implementation of SBIRT for Foundation grantees and provided technical assistance to implement the checklist.	$100,000	9/1/14–8/31/16	• A revised Adolescent SBIRT Checklist based on lessons learned from the project will be disseminated as an effective tool for adolescent SBIRT implementation in both traditional and non-traditional settings.

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD)	NASADAD conducted case studies of 5 state initiatives directed at identifying and providing interventions to youth that exhibit "elevated" or "high" risk for SUDs.	$60,000	1/1/14–2/28/15	• Promote the efficient delivery of effective substance use treatment, recovery, and prevention services.
National Academy of Sciences (NAS)	NAS coordinates the Forum on Promoting Children's Cognitive, Affective, and Behavioral Health (C-CAB Forum), which consists of scientists, practitioners, government officials, and staff from private foundations, intending to advance implementation that promotes the mental, emotional, and behavioral health of adolescents.	$450,000	9/1/15–12/31/17	• Increase public and professional awareness of the science of prevention and implementation. • Understand the opportunities and barriers for implementing C-CAB health programs across multiple service systems and settings. • Understand how technologies and other innovations can improve interventions and their implementation in diverse communities. • Understand how to make system-level improvements in capacity and implementation of prevention and other C-CAB health services.
The National Council for Behavioral Health – Grant 1	The National Council piloted SBIRT in 27 community behavioral health organizations in 6 states, working with the respective State Associations to implement the SBIRT projects and conduct advocacy to establish Medicaid reimbursement for SBIRT.	$1,300,000	4/1/14–12/31/17	• Increased number of youth with a primary diagnosis and in treatment for serious emotional disturbance or psychiatric disorder screened for risky behavior. • Fewer legislative and policy barriers to the use of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to support SBIRT. • Improved implementation of SBIRT services for youth with a primary diagnosis and in treatment for serious emotional disturbance or psychiatric disorder. • Improved systems and lessons learned for tracking and monitoring SBIRT implementation and billing.
The National Council for Behavioral Health – Grant 2	The National Council is developing a SBIRT change package and an 18-month national learning collaborative to provide expert consultation to 13 federally qualified health centers (FQHCs) focused on piloting, refining, and evaluating the change package.	$2,000,000	4/1/16–3/31/20	• Increase number of FQHCs implementing SBIRT. • Increase partnership activities between FQHCs and substance use disorder treatment organizations. • Enhance primary care and behavioral health integration projects between participating FQHCs and substance use disorder treatment organizations. • Increase skills and knowledge of SBIRT within the broader healthcare field.
New Hampshire Charitable Foundation (NHCF)	NHCF expanded SBIRT for adolescents in New Hampshire community health settings and advocated for state policy changes to sustain SBIRT financing.	$2,250,000	1/1/14–7/31/17	• Enable primary care settings serving adolescents to conduct universal screening brief intervention and referral to treatment. • Create a favorable policy and practice climate to support statewide adoption of SBIRT protocols among NH medical providers that serve adolescent patients.

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
NORC at the University of Chicago	NORC is developing an online interactive SBIRT curriculum for social work and nursing schools.	$2,000,000	10/1/14–5/31/18	• Expand the number of schools of nursing and social work integrating adolescent SBIRT education and training in baccalaureate and master's level programs across the U.S., through a national learning collaborative, implementation mini-grants, and national outreach and dissemination plan. • Develop and test an online adolescent SBIRT curriculum with interactive patient-provider simulation training and suite of web-based faculty resources customized for infusion in current curricula.
The Ohio State University Foundation (OSU)	OSU established the 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	• Increase awareness of substance use among college students. • Reduce substance use, including prescription drug misuse, on college campuses. • Increase knowledge of SBIRT model and prescription drug misuse programs among college prevention and treatment professionals. • Increase capacity for higher education professionals to implement SBIRT and prescription drug misuse prevention programs locally. • Increase delivery of SBIRT on college campuses nationally and access to substance use treatment for college students.
The Partnership for Drug-Free Kids – Grant 1	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	• Initiate a parent workshop with SBIRT programs in order to expand the Parent Support Network, improve SBIRT outcomes, and provide parents/caregivers with effective support and resources for their child's substance use issue. • Implement and evaluate the impact of a parent coaching (peer-to-peer) component in combination with grantees' SBIRT programs targeting adolescents who are using drugs or alcohol. • Improve cultural competency and create effective communication tools and materials to support and engage with parents in need from varying backgrounds and proficiencies.
The Partnership for Drug-Free Kids – Grant 2	Building upon their first grant, the Partnership will develop communication approaches to educate more parents about the risk and protective factors associated with developing an SUD, and spread awareness about evidence-based approaches for addressing their child's substance use early on rather than waiting until a problem develops.	$750,000	7/1/17–6/30/19	• Consolidate learning across multiple disciplines and grantee projects on both barriers and aids to effective enlistment of parents in taking action to prevent early adolescent substance use from progressing to an SUD. • Identify an array of effective message strategies, and develop at least one tested execution of at least one tested strategy for media dissemination. • Provide parents of teens with resources that enable them to take effective action in preventing early use from progressing to an SUD.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
Policy Research Associates Inc. (PRA)	PRA, with the National Center for Mental Health and Juvenile Justice, developed and implemented an SBIRT approach for youth involved in the juvenile justice system.	$610,000	9/1/14–2/28/18	• Convene a SBIRT- Juvenile Justice (JJ) Advisory Committee to discuss critical questions, including the feasibility of implementing SBIRT in juvenile justice, strategies for testing it, and recommended next steps. • Pilot test and evaluate the effectiveness of SBIRT in 4 juvenile justice settings. • Disseminate the results of the pilot test and evaluation to a broad array of juvenile justice stakeholders, policy-makers and funders.
Project HOPE	Project HOPE, with Health Affairs, convened a Washington, DC briefing for a special theme issue on issues in behavioral health, healthcare, and policy of experts.	$25,000	3/1/16–2/28/17	• Shine a spotlight on key issues with publication of a thematic issue on Behavioral Healthcare in the Era of Reform.
Public Health Institute (PHI)	PHI is working with local California health departments; experts in substance use, marijuana, and tobacco control; legal experts; and other interested city and county government officials to develop and test models of optimal marijuana policy for the local level.	$240,000	3/1/17–2/28/18	• Identify local priorities and concerns, develop tools, and inform city and county government and community stakeholders about options to protect public health as jurisdictions face legalization of recreational marijuana. • Develop a clear understanding of the legal issues involved in seeking to strengthen the public health-oriented approach to marijuana regulation and taxation at the local level in California. • Develop and test model local legislation that can help communities preserve the social benefits of marijuana legalization while minimizing commercial promotion that will increase harm, especially among youth and the most vulnerable.
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	• Develop and field-test a Juvenile Justice version of SBIRT (SBIRT-JJ) for adolescents involved in the status offender system or equivalent pre-adjudication diversion settings at two new and three existing Reclaiming Futures sites. • Evaluate the success of the pilot in terms of implementation and impact by examining both the successful integration of SBIRT into local systems of care and the outcomes for youth who participate in the intervention. • Establish a road map for further dissemination of SBIRT JJ across the network of Reclaiming Futures sites and beyond.
School Based Health Alliance (SBHA) – Grant 1	SBHA conducted a two-year pilot project to provide adolescent-specific SBIRT training and technical assistance to 10 school-based health clinics.	$250,000	6/1/14–5/31/16	• Select and train 20 primary care and behavioral health providers working in 10 school-based health centers to deliver substance use services by integrating SBIRT into their normal practice standards. • Support school-based multidisciplinary healthcare teams to screen, identify, refer, and treat up to 4,000 students for substance use. • Develop a strategy for national training, technical assistance, and implementation of adolescent SBIRT in SBHCs.

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

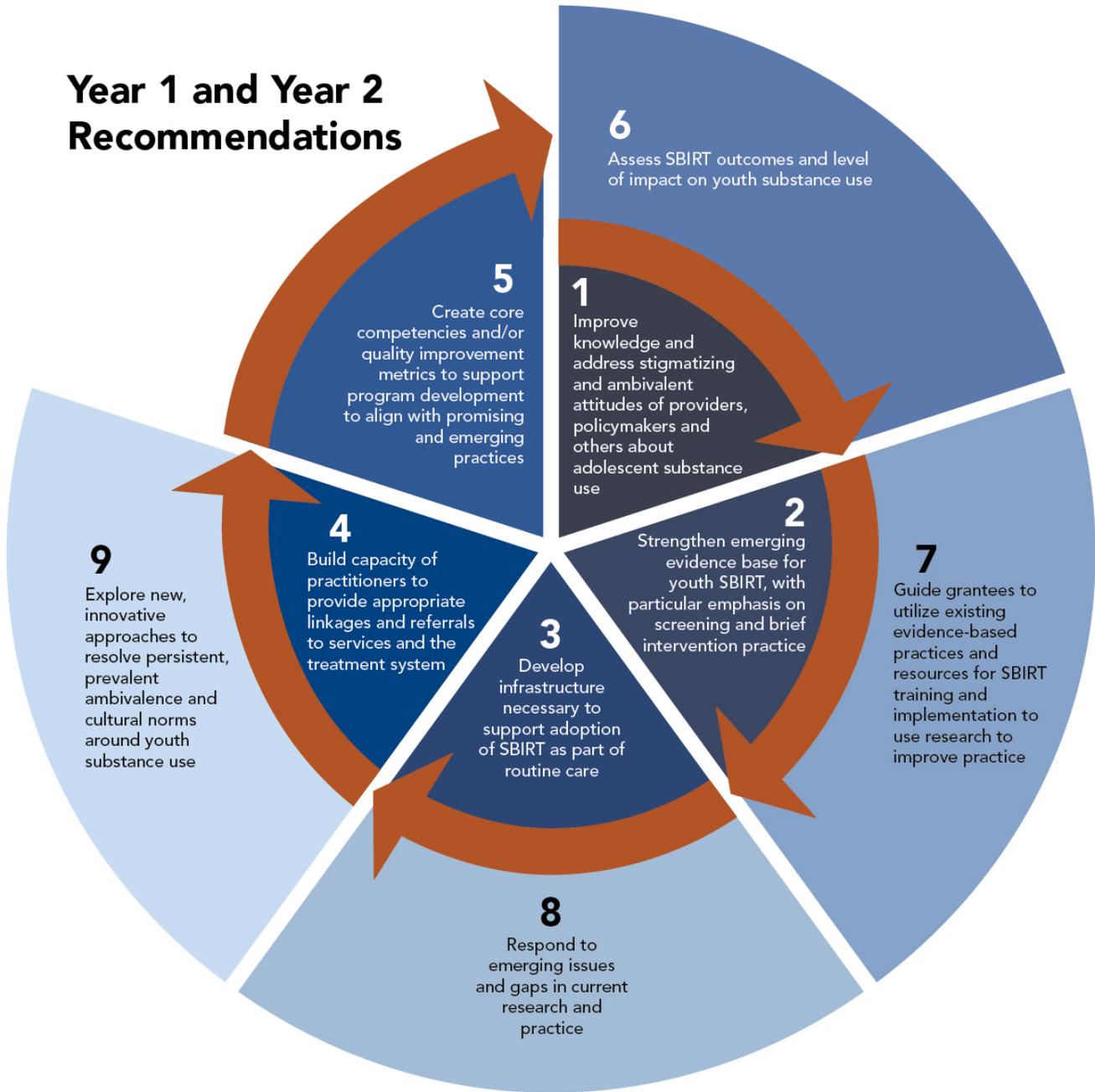| Grantee	Description	Grant Amount	Period of Performance	Project Objectives
SBHA – Grant 2	SBHA facilitates a learning collaborative with 4 SBHCs that use SBIRT to identify, prevent, and reduce substance use and depression and to employ alternatives to suspension and expulsion, and will develop, implement, and promote an online compendium with extensive resources and tools for SBHCs to implement SBIRT in schools.	$1,000,000	1/1/17–2/31/18	• Develop and implement a learning collaborative, using SBIRT in SBHCs as a vehicle to identify, prevent, and reduce substance use and depression, contributing to student achievement outcomes including increased attendance and fewer disciplinary actions. • Develop and implement an online compendium with resources and tools for SBHC staff to adopt SBIRT on their own. • Increase the number of adolescents screened, provided brief intervention, and given referrals by SBHC providers.
Transforming Youth Recovery (TYR)	TYR conducted a strategic planning process with a public awareness/stakeholder coalition campaign, research-based marketing and fundraising plan, and social media campaign to launch Facing Addiction.	$250,000	4/1/15–3/31/16	• Connect stakeholder organizations that have relationships with people who are living in long-term recovery from SUDs. • Identify and recruit leading activists who will help build a network of supporters digitally and on the ground. • Engage supporters in activities that build the capacity of the network.
Treatment Research Institute (TRI)	TRI is piloting an SBIRT approach in 4 New York City metro area schools using a computerized screening protocol and tailored brief intervention.	$3,000,000	1/1/14–12/31/17	• Obtain full student participation and parental/guardian acceptance. • Test the effectiveness of the school-based SBIRT in a randomized controlled trial with two other conditions. • Maintain fiscal sustainability through successful claims reimbursement.
Trust for America's Health (TFAH)	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	• Identify consensus policies and solutions, with input from a broad range of stakeholders in health and education. • Publish a report that positions substance use as a national public health issue and ranks states on their implementation of substance use prevention policies. • Advance a policy agenda to address and prevent substance use.
UC Berkeley Center on the Developing Adolescent	The Center on the Developing Adolescent is a leader in the synthesis and translation of the developmental science of adolescence. The center engages in numerous projects to integrate this science into programs and policies aiming to improve adolescent developmental trajectories, both domestically and internationally.	$50,000	6/1/2017–2/28/2018	• Establish an Executive Team to manage operations of the center. • Increase the capacity of the Leadership Team to develop and engage in new projects. • Establish a physical home for the center.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
UCLA Integrated Substance Use Programs (ISAP)	UCLA provides training and technical assistance to Foundation grantees.	$1,000,000	10/1/15–9/30/18	• Develop a standardized menu of training and technical assistance opportunities for Hilton Foundation-funded grantees. • Provide SBIRT training to professionals working in the juvenile justice system. • Develop a set of recommendations for effective financing models for adolescent SBIRT implementation. • Evaluate and make recommendations for improvement of SBIRT implementation in SBHCs. • Design and conduct a preliminary impact evaluation of SBIRT project services.
The University of Minnesota (UMN)	UMN, with Kaiser Permanente, conducted 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, and a group intervention format.	$1,640,000	7/1/14–6/30/18	• Develop an adolescent version of SBIRT (SBIRT-T) for application in school and pediatric health settings at two sites (Twin Cities and Kaiser-Permanente Research Foundation). • Evaluate the intervention's effectiveness compared to a control intervention condition on primary outcomes (drug use) and secondary outcomes (co-existing problems: school, health, mental health, legal and family). • Assess program implementation in terms of youth enrollment and attendance, acceptability to parents, setting endorsement, feasibility, interventionists' skills and fidelity to program content, intervention satisfaction, and referral patterns.
The University of New Mexico (UNM)	UNM's Center on Alcoholism, Substance Abuse, and Addictions is implementing SBIRT in school-based health clinics throughout New Mexico.	$1,700,000	9/1/14–2/28/18	• Fully implement SBIRT across New Mexico's SBHCs – providers will be trained and coached on screening, assessment and brief intervention techniques, and referral to treatment, so that no positive CRAFFT screens will go without further assessment and brief intervention or referral to treatment. • Compare the cost and effectiveness of two distinct motivational interviewing trainings for providers: traditional intensive face-to-face training and training via telehealth. • Further develop innovative youth engagement strategies and youth peer support involvement for adolescents with SUDs. • Ensure the sustainability of the statewide initiative through selected policy advances.
The University of Vermont (UVM) – Grant 1	UVM developed an Apple Watch app to monitor health and fitness goals and provide program impact data to support the incentivized behavioral change components of their Wellness Environment (WE).	$40,000	09/1/16–8/31/17	• Build, program, and beta test incentivized customized university/college wellness app that is focused on the main pillars of health promotion and illness prevention. • Build, program, and beta test a research kit that will include facilitated consenting process, and provide a platform for electronic survey data to evaluate daily substance use and misuse, movement, sleep, nutrition, cardiovascular, and general health-related behaviors. • Build the app in the IOS environment to allow for national scaling for other universities and colleges around the country.

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

Grantee	Description	Grant Amount	Period of Performance	Project Objectives
UVM – Grant 2	UVM is conducting a longitudinal research study of the efficacy and effectiveness of the UVM WE program on three main outcomes: promotion of health-related behaviors, prevention of SUD-related behaviors, and effective SBIRT intervention. They are also testing the WE-App to determine the degree to which these same goals can be achieved when not partnered with a dedicated Wellness residence hall.	$1,800,000	7/1/17–6/30/20	• Answer research questions to determine if the WE-App partnered with SBIRT, is effective in the goal to promote health and wellbeing and decrease substance use behavior in college students who live in the WE residence halls compared to those students who do not live in WE residence halls. • Provide other institutions and Hilton Foundation partners with research results and a replicable model that can be implemented nationwide.
YouthBuild, USA	YouthBuild, USA implemented a SBIRT model in community-based YouthBuild programs.	$1,800,000	4/1/14–8/31/17	• Teach program staff about effective prevention and intervention strategies that they can use and assist them to develop and implement SBIRT in their YouthBuild program. • 85% of participating programs will have developed and implemented community partnerships to support SBIRT. • Capture and analyze the lessons learned and best practices at each program as they participate in the initiative and disseminate to the larger YouthBuild and youth development field. • Create a support group based on NA/AA principles that overlays the YouthBuild model and is designed to meet the needs of the young people.

Year 1 and Year 2 Recommendations

6 Assess SBIRT outcomes and level of impact on youth substance use

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

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

9 Explore new, innovative approaches to resolve persistent, prevalent ambivalence and cultural norms around youth substance use

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

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

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

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

8 Respond to emerging issues and gaps in current research and practice

At the end of the first and second years of the Initiative, the MEL Project identified several overarching recommendations for the Foundation and its grantees as they worked to improve their approaches and create measurable change. In response to nine recommendations developed through the MEL Project and reflected in the 2015 and 2016 evaluation reports, the Hilton Foundation responded by supporting strategies that: reach vulnerable high-risk groups; increase the number of providers trained in SBIRT; raise awareness of youth substance use as a public health concern; develop tailored programs, messages, and practices; and advance knowledge and promising new practices.

APPENDIX C: 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	• 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.	• Increase access to comprehensive SBIRT to at least 30% of U.S. youth aged 15 to 22. • Leverage $10 million in private funding for SBIRT implementation and research.	• Increase knowledge regarding SBIRT's effectiveness.
Indicators	• # of individuals who receive SBIRT training • Type of training offered • # of individuals who receive SBIRT information • Type of information and resources disseminated	• # 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 using SBIRT billing codes • Type of payment mechanisms used to sustain SBIRT • Amount of public and private funds leveraged • Type of communication strategies used	• # 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

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