

SUBSTANCE USE PREVENTION



2018

EVALUATION REPORT

SUBMITTED BY: ABT ASSOCIATES

Strategic Approach

In 2013, the Foundation initiated a new five-year Youth Substance Use Prevention and Early Intervention Strategic Initiative to ensure youth substance use is detected and addressed early on through adoption of the screening, brief intervention, and referral to treatment (SBIRT) framework. Since 2013, the Foundation has awarded over \$61 million to fund 75 projects conducting research, training, implementation, communications, and policy-related programs and activities. To expand SBIRT services for youth throughout the country, the Foundation selected grantees with capacity for reaching youth and/or influencing youth-serving systems, such as primary care organizations, universities, foundations, professional associations, and not-for-profit agencies.

Over the past five years, the Foundation's investment has impacted young people, their families, and youth-serving providers and systems by:

- training healthcare and other multidisciplinary youth-serving providers on youth substance use and SBIRT;
- increasing understanding about substance use as a health issue and the related risk and protective factors;
- identifying and engaging advocates to change policy to strengthen youth substance use prevention efforts; and
- implementing and evaluating SBIRT in key youth-serving settings, helping to build the evidence-base.

STRATEGIC OBJECTIVES

Technical Knowledge and Skills

Disseminate technical knowledge and skills among practitioners

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

Access to Services

Expand access to high quality, efficient early intervention services

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

Research and Learning

Foster learning on SBIRT to improve youth outcomes

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

LEARNING OBJECTIVES

GUIDING QUESTION

Increasing access to substance use prevention and early intervention continues to be a critical challenge in addressing the health and wellbeing of the nation's youth. How can implementing screening, brief intervention, and referral to treatment (SBIRT) in a wide variety of settings improve knowledge about youth substance use in youth-serving providers, change systems of care, and prevent initiation and reduce escalation of substance use among youth age 15-22?

THIS ANNUAL REPORT ASKS

- What progress has been made towards the strategic objectives over the first five years of the Initiative?
- What key findings have emerged?
- In the final phase of the Initiative, how can we sustain the progress made and utilize the learnings to influence the broader substance use field?

Summary of Progress

Technical Knowledge and Skills		STRONG PROGRESS
GOALS Increase the number of youth-serving providers and other stakeholders who receive SBIRT training by 5,000 Increase the number of providers and other stakeholders who receive information about SBIRT by 25,000	PROGRESS UPDATE 34,541 youth serving providers received skills-based SBIRT training. 911,230 providers received information and materials related to SBIRT.	RECOMMENDATIONS Analyze and disseminate lessons about how SBIRT training and education is changing provider knowledge and practice. Determine most effective methods for delivering training and providing on-going support during implementation.

Access to Services		STRONG PROGRESS
GOALS Increase access to comprehensive SBIRT to at least 30 percent of U.S. youth aged 15 to 22 ¹ Leverage \$10 million in private funding for SBIRT implementation and research ¹The initial target of reaching 30 percent of U.S. youth (approx. 12 million), was ambitious and intended to be reached over the life of the investment, not just in Phase I. To meet this target, additional time, resources and partnerships with government and philanthropic partners are required.	PROGRESS UPDATE Over 73,000 youth across 802 sites (primarily school health clinics and pediatric practices) were screened for substance use risk, 14% of whom received a brief intervention and 2% received a referral to specialty substance use disorder treatment. Sites report that SBIRT is being embraced as part of accepted adolescent care. Additional efforts are needed to solidify the evidence base and related best practices. Grantees leveraged \$16.57 million from private funders and \$16.66 million from public funders to support their substance use prevention projects.	RECOMMENDATIONS Support policy and advocacy efforts through funding for screening and early intervention in both Medicaid and private insurance. Address policy and practice barriers that minimize treatment access for youth. Identify broader trends in healthcare and other system reforms that provide opportunities to strengthen networks of care for youth, with emphasis on those youth who are most vulnerable to developing a SUD.

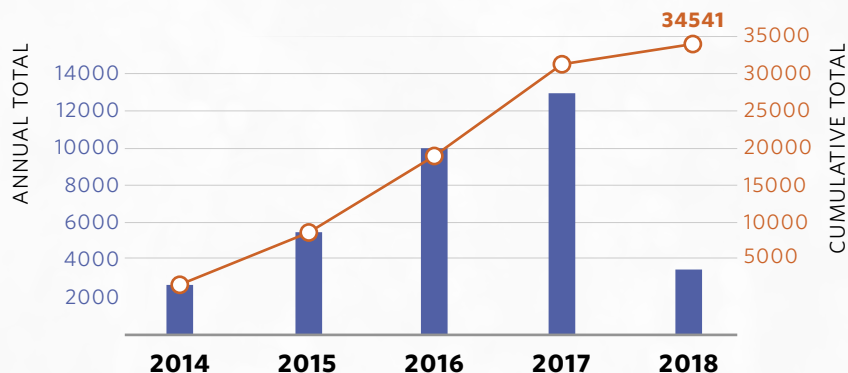
Research and Learning		STRONG PROGRESS
GOALS Increase knowledge regarding the effectiveness of SBIRT	PROGRESS UPDATE The Initiative is building upon an established evidence base for youth SBIRT and further demonstrating it can be successfully integrated in real world settings. Researchers are in the process of assessing reductions in substance use and other related risk-taking behaviors, as well as improvements in other areas of health and wellbeing.	RECOMMENDATIONS Expand research to address remaining implementation questions and to identify the most effective SBIRT frameworks. Define and collect outcomes to assess program impact and determine which frameworks should be scaled. Assemble and disseminate findings to inform the broader substance use field.

-  Progress to date meets or exceeds anticipated results.
-  Some progress has been made towards achieving anticipated results. However, changes to the Initiative's strategy, approach, or to partner implementation will be required in order to achieve the strategic objective.
-  Little to no progress has been made against anticipated results. This may be caused by internal or external influences. Implications may include significant changes to strategic implementation and/or revisions to the strategy itself.

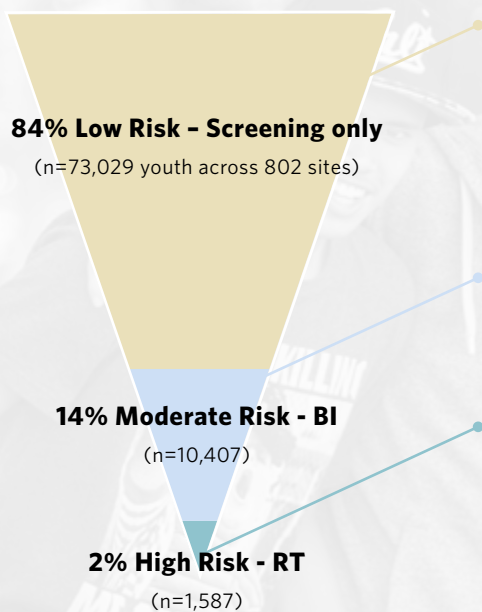
Evidence of Progress

Number of Providers Who Received SBIRT Training

Over 34,000 individuals received specific training on how to implement SBIRT—including physicians, school health personnel, and nursing and social work students—exceeding the initial goal of training 30,000 providers.



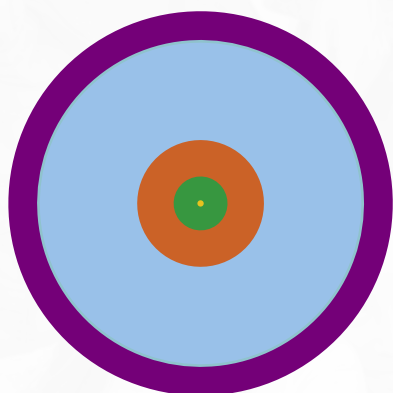
Proportions of Youth Screened and Given Brief Interventions or Referred to Treatment



A convening of experts by the Foundation in February 2018 surfaced agreement that screening for substance use risk should take place routinely, as well as opportunistically, and in multiple settings where youth can be reached. Experts indicated that there is enough existing research for the Initiative to provide stronger guidance to grantees regarding which tools to use, the age at which screening should begin, and frequency at which screening should be administered in different settings.

Experts suggested more guidance is needed on how brief interventions should be delivered in different settings, primarily intervention type, appropriate number of sessions, and delivery method (i.e., in-person or digital).

Relative to screening and brief intervention, referral to treatment requires further research and technical assistance for current and future implementers. As has been commonly indicated by the Foundation's grantees, many youth screened may benefit from other types of services and supports, rather than specialty substance use disorder treatment.



Number of Research Publications and Dissemination Activities

Research grantees have produced 364 publications, brief reports, and conference presentations related to their studies, contributing to the existing evidence base on youth SBIRT.



Summary of Findings

The Foundation's investment in this Initiative has significantly increased the visibility and need for screening, early identification, and intervention for issues related to youth substance use. The primary focus has been on the integration of screening, brief intervention, and referral to treatment (SBIRT) services into health and school health settings, while also making strategic targeted investments in non-traditional youth-focused settings that reach vulnerable youth, including workforce development programs for opportunity youth and community-based mental health clinics. This first phase of the Initiative was focused on feasibility -- understanding if and how SBIRT frameworks can be effectively implemented for youth in both traditional and non-traditional settings. Through the Initiative, grantees have successfully implemented prevention and early intervention services and identified the ancillary issues surrounding youth substance use. Several **key learnings** have emerged, including:

- **Health Professional Practice Change** – The Initiative's contribution to changing health professional practice across multiple disciplines and in multiple settings improved providers' confidence and skills in addressing the critical issue of youth substance use and expanded the adoption of evidence-based prevention and early intervention practices across a variety of youth-serving systems.
- **Integrating SBIRT into Services and Settings** – The Initiative provided a standardized and integrated process to systematically identify substance use risk and to intervene before more serious problems develop. Importantly, the initiative has shown a more integrated and holistic view of adolescent development and wellbeing provides opportunity to identify and address co-occurring risk factors and health concerns, normalize substance use prevention, and incorporate SBIRT as a routine, standard of care for youth.

Due to the Foundation's decision to transition out of the Substance Use Prevention Initiative and the timeline for the phase out period, there will not be an opportunity to fully assess the longer term outcomes of the Initiative. The process for adopting innovations in youth systems of care, e.g. health and education systems, is slow and complex and more time is required to achieve population-level reductions in youth substance use. During the phase out period, Abt will provide guidance for grantees with research capabilities to assess substance use and other related outcomes among youth served to determine which frameworks should be scaled. Important questions for the field include where the SBIRT protocol can most successfully reach youth as well as how successful it is in reducing or delaying substance use in those settings. Abt will also support sustainability of grantees' efforts and dissemination of critical learnings from the Initiative to influence external stakeholders, including other funders who may be interested in continuing this momentum. As the grantee community prepares for the conclusion of the Initiative, the partnerships the Foundation garnered over the past five years in addressing youth substance use will be imperative for garnering long-lasting impact for this field.

RECENT EVENTS

*Youth SBIRT
Research Roundtable:
Current Status and
Future Directions*
February 20-21, 2018

*National School-Based
Health Providers
Convening on
Youth SBIRT*
June 27th, 2018

*Grantee Roundtable
Discussion, Effective
Youth Engagement
Strategies*
August 16, 2018

*Funders Forum on
Accountable Health:
Assessing Accountable
Health Initiatives for
Substance Use Disorders*
September 5th, 2018

*Youth Substance Use
Prevention Annual
Convening*
September 27-28, 2018