

# SUBSTANCE USE PREVENTION



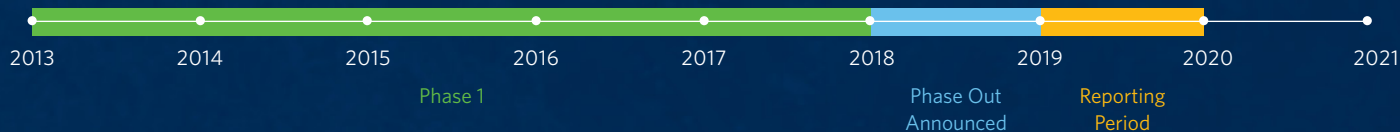
2019

MONITORING, EVALUATION AND LEARNING REPORT

SUBMITTED BY: ABT ASSOCIATES



## DATA COLLECTION AND REPORTING TIMELINE



## Strategic Approach

In 2013, the Conrad N. Hilton Foundation Board of Directors approved the Youth Substance Use Prevention and Early Intervention Strategic Initiative (the Initiative). Building upon success of the screening, brief intervention, and referral to treatment (SBIRT) framework with adults, the Initiative set out to test the feasibility of implementing SBIRT with youth in order to identify and address youth substance use and associated harms early on. Over the past six years, the Foundation has awarded over \$78 million to fund the work of 56 grantees and surpassed each of its initial goals for the Initiative. In 2018, the Foundation announced an organizational decision to phase out the Initiative by the end of 2021. Based on this decision, the Monitoring, Evaluation and Learning (MEL) project shifted its focus to analyze, document, and disseminate information on the impact of the Initiative and each of its grantees to the broader field.

## 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




Substance use prevention continues to be a critical challenge in addressing the health and wellbeing of the Nation's youth. Evaluation of the Substance Use Prevention Initiative aims to determine: 1) the feasibility of implementing SBIRT in a wide variety of settings through training and systems change, and 2) whether access to SBIRT services prevents initiation and reduces escalation of substance use among youth aged 15-22.

### THIS ANNUAL REPORT ASKS

1. What progress has been made towards the strategic objectives over the first six years of the Initiative?
2. What key findings have emerged?
3. What systems changes were needed to determine the feasibility of SBIRT implementation for youth?
4. In the final phase of the Initiative, how can we sustain the progress made and utilize the learnings to influence the broader substance use prevention field?

# Summary of Progress

Technical Knowledge and Skills		STRONG PROGRESS
<b>GOALS</b> <p>Increase the number of youth-serving providers and other stakeholders who receive SBIRT training by 5,000.</p> <p>Increase the number of providers and other stakeholders who receive information about SBIRT by 25,000.</p>	<b>PROGRESS UPDATE</b> <p>37,811 youth-serving providers received skills-based SBIRT training.</p> <p>1,142,641 individuals received information and materials related to SBIRT.</p>	<b>RECOMMENDATIONS</b> <p>Disseminate findings on effective training modes as a contribution to the growing evidence base on the implementation of SBIRT.</p> <p>Provide the broader field access to a range of best practices and resources on youth substance use prevention.</p>
Access to Services		STRONG PROGRESS
<b>GOALS</b> <p>Increase access to comprehensive SBIRT to at least 30 percent of U.S. youth aged 15 to 22<sup>1</sup>.</p> <p>Leverage \$10 million in private funding for SBIRT implementation and research.</p> <p><small><sup>1</sup>The 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.</small></p>	<b>PROGRESS UPDATE</b> <p>125,524 youth were screened for substance use risk; 10 percent of these youth received a brief intervention to reduce their risk, and 2 percent received a referral to specialty treatment.</p> <p>1,229 sites have successfully implemented SBIRT, including schools, pediatric practices, mental health centers, community programs and juvenile justice programs.</p> <p>Grantees leveraged \$19.53 in private funds and \$20.03 million in public funds to support their substance use prevention projects.</p> <p>Providers report that SBIRT identifies other health risk behaviors and provides an opportunity to address co-occurring conditions.</p>	<b>RECOMMENDATIONS</b> <p>Continue testing innovative methods of delivering SBIRT, including those that are technology-driven.</p> <p>Continue to monitor outcomes of youth screened in each of the settings where implementation has been successful.</p> <p>Provide information to grantees regarding ongoing, sustainable support for SBIRT implementation.</p> <p>Expand the SBIRT framework to include broader health and wellness issues identified as critical in the first phase of the Initiative (e.g., mental health, trauma, adverse childhood experiences).</p>
Research and Learning		STRONG PROGRESS
<b>GOALS</b> <p>Increase knowledge regarding the effectiveness of SBIRT.</p>	<b>PROGRESS UPDATE</b> <p>49 journal articles, research and evaluation reports, implementation resources, policy briefs, and meeting convening summaries have been published and disseminated by grantees.</p> <p>While some implementation research is complete, longitudinal studies designed to examine youth outcomes over sustained periods of time are still in progress.</p>	<b>RECOMMENDATIONS</b> <p>Although the Initiative is in its final phase, the research component is in a comparatively early stage. In this final phase, some grantees will follow up youth to determine the impact of SBIRT on outcomes including substance use, mental health, and academic performance.</p> <p>Disseminate implementation findings to inform the broader field of proven approaches for integrating SBIRT in diverse settings, as well as results from the outcomes research to demonstrate the impact of SBIRT on substance use and other related outcomes.</p>

-  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

## Increasing the knowledge and skills of the health professional workforce

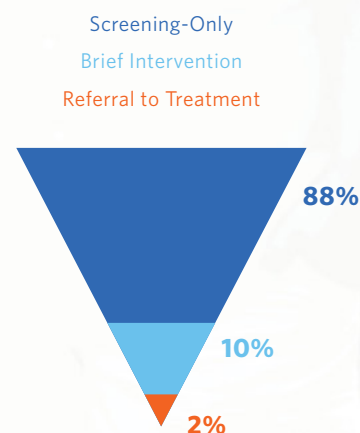
Establishing a workforce of physicians trained to prevent, identify, and treat the disease of addiction is critical to the health of future generations. However, the field of addiction medicine was not established as a new subspecialty until 2016. Since then the Foundation has supported the first generation of addiction medicine fellowships achieve formal recognition from the Accreditation Council for Graduate Medical Education resulting in new federal funding for addiction medicine training. To date, 57 medical schools and teaching hospitals have achieved ACGME accreditation. The 12-month programs produce clinical experts, faculty, researchers, and leaders that integrate evidence-based prevention and treatment practices in the healthcare system. Additionally, 70 academic institutions have integrated SBIRT curriculum into their schools of nursing and social work. These institutions are receiving ongoing training to ensure the future workforce, particularly “front line” caregivers, are equipped to identify and address substance use.



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57 schools of  
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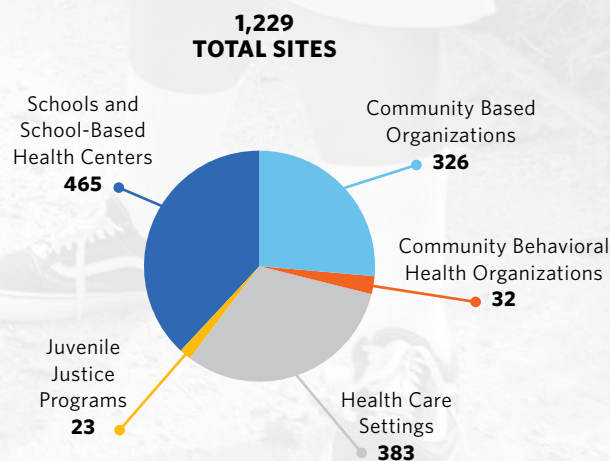
## Youth Receiving Screening, Brief Intervention, or Referral to Treatments

One of the Initiative’s founding goals is to determine the efficacy of providing SBIRT services during adolescence, a period when substance use is often initiated and can be addressed before adverse consequences begin to occur. This was done by determining the feasibility of implementing SBIRT in different types of youth-serving settings. Over the past six years, the Initiative has screened over 125,000 youth across more than 1,200 sites, demonstrating that large numbers of youth can be reached with simple screening techniques, and early risk can be addressed through brief intervention. While the number of participating sites and screening numbers have steadily increased over the past six years, the distribution of brief intervention and referral to treatment rates among youth served have remained relatively consistent from year to year. This trend aligns with national youth substance use survey data, as well as rates found in the SBIRT scientific literature.



## Number and Types of Settings Implementing SBIRT

Prior to the Initiative, SBIRT was primarily implemented with adults in the healthcare system. As a result of the Foundation’s investment, SBIRT has been successfully tested in a diverse range of youth-serving settings, demonstrating that the expansion of SBIRT to juvenile justice, education, community and mental health settings is possible and promising. Integration of SBIRT in multiple settings has allowed for widespread adoption of the public health framework and provides an opportunity to reach youth who may not routinely access the healthcare system. Grantees have formed cross-sector partnerships to better address the needs of youth, bridging youth-serving systems. Many of these systems have been historically siloed, including those within the healthcare sector. These systems and sectors share a collective responsibility for identifying and preventing risky behavior in youth while strengthening protective factors.





# Summary of Findings

In 2018, the National Survey on Drug Use and Health found that over 940,000 adolescents were in need of substance use treatment in the past year, and only about 160,000 received any form of treatment in that period.<sup>1</sup> These statistics underline the importance of the Initiative's goals to increase access to and quality of prevention and early intervention services in order to detect and address risk as early as possible.

The first phase of the Initiative has demonstrated that feasibility and effectiveness of youth SBIRT rely on concerted change in the systems that interact with youth. Key learnings include:

- All of the youth serving systems (health, school, community, juvenile justice) were able to successfully serve youth by adapting the SBIRT framework to their unique landscape.
- In all settings, providers need to feel informed and confident in their ability to conduct a non-judgmental, effective discussion with youth related to substance use. The workforce has to be trained and implementation has to be tailored to the ways in which practitioners currently work.
- Reimbursement for the time healthcare providers spend administering SBIRT varies by state and is often limited to minimal fee-for-service rates. The Foundation's grantees have advocated for state Medicaid policy changes to align substance use prevention and early intervention services with emerging healthcare payment models.
- The mental and substance use disorder treatment systems for youth are inadequate, and in some areas, almost non-existent. Even where programming is available, providers without an in-house practitioner or partner agency to provide behavioral health services may not know how to access the best treatment alternative for those youth who are in need of more formal interventions. To successfully address this service gap, the integration of care for both mental and substance use disorders is critical.

As the Initiative moves through its final phase, the MEL partner will assess the final component of the Initiative's theory of change: outcomes related to reductions in youth substance use. Grantees with more advanced research capabilities have already started the process of designing and executing strong experimental and quasi-experimental studies to track youth and determine if SBIRT made a difference in either delayed or prevented initiation and/or reduced substance use.

The long standing impact of the Initiative rests on its ability to disseminate both implementation and outcomes findings to policymakers, researchers, and system leaders. Given the critical need for large scale identification of substance use and early intervention in youth populations, this information will provide an important contribution to the broader prevention field.

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1 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

## RECENT EVENTS

*Annual Grantee  
Convening*  
**(October 2019)**

*National Academies Report Launch:  
The Promise of Adolescence:  
Realizing Opportunity for All Youth*  
**(August 2019)** and Convening  
**(November 2019)**

*National School-Based  
SBIRT Convening*  
**(June 2019)**

*White House Office of National  
Drug Control Policy and American  
College of Academic Addiction  
Medicine Meeting: Building the  
Addiction Medicine Workforce*  
**(June 2019)**