

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



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:

- 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.

"How we respond to this crisis is a test for America."

Dr. Vivek H. Murthy, former U.S. Surgeon General

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,

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.

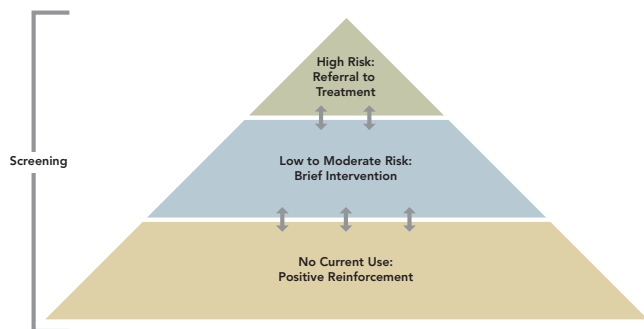
⁴ National Institute on Drug Abuse. (2017). Trends & Statistics. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics>. Accessed September 11, 2017.

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.



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.	<ul style="list-style-type: none"> 685,933 individuals received information and resources, including briefs, reports, and presentations, about SBIRT and youth substance use. 27,864 individuals received SBIRT training. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.



This report was prepared by Leigh Fischer, MPH, Diane Fraser, Dana Hunt, PhD, Samantha Karon, Mariel McLeod, Kaitlyn Sheedy, MPH, Bill Villalba, MA, and Melanie Whitter. The report was designed by David Dupree. The evaluation team would like to thank the many grantees, stakeholders, and Foundation staff who participated in roundtable discussions, affinity groups, and webinars in Phase I of the Initiative. We would like to acknowledge Alexa Eggleston, Senior Program Officer from the Hilton Foundation, for her feedback on evaluation materials, including this report.

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



**BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT**

abtassociates.com

