Conrad N. Hilton Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative: Impacting Youth Substance Use, Health, and Wellbeing

Monitoring, Evaluation, and Learning (MEL) Project Year 1 Report

November 5, 2015

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Conrad N. Hilton Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative: Impacting Youth Substance Use, Health, and Wellbeing

Executive Summary

While trends in the amount and variety of drugs and alcohol consumed have fluctuated over the decades as reported in the National Institute on Drug Abuse’s Monitoring the Future (MTF) and the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH) surveys, the issue remains – the levels of consumption of drugs, misuse of prescription medications, and use of alcohol are still significant and are detrimental to the health and wellbeing of the nation’s youth. Adolescent substance use often “flies under the radar” until use escalates and problems in school or at home develop. Most health care practitioners, including physicians, do not receive training on substance use disorders as part of their medical education. As a result, they are ill-equipped to identify and address substance use as part of routine healthcare. For example, less than half of pediatricians screen their adolescent patients for substance use (Harris et al, 2012). Furthermore, physicians’ reliance on personal judgment versus a standardized screening tool has been shown to miss problem use more than 75% of the time (Wilson et al., 2004).

In 2013, the Board of Directors of the Conrad N. Hilton Foundation (Foundation) approved a five-year strategy focused on developing and implementing substance use prevention and early intervention services for youth. As part of its strategy, the Foundation has identified three primary objectives for prevention and early intervention services:

- Expand education and training
- Increase access and strengthen implementation
- Develop and disseminate knowledge

The Strategic Initiative is designed to advance the understanding of substance use as a health issue by implementing screening and early intervention approaches to prevent and reduce substance use among youth as part of routine practice in health care and other settings where they receive services. In this rapidly-evolving field, the Foundation has outlined and executed a structured approach to fund programs designed to move the needle in training, delivery, and evaluation of youth-related substance use prevention and early intervention activities, specifically emphasizing the screening, brief intervention, and referral to treatment (SBIRT) framework. Through the Strategic Initiative, Foundation grantees develop training and technical assistance curriculums and toolkits, implement innovative screening and early intervention approaches in a variety of settings, and conduct systems change activities designed to prevent and reduce youth substance use and promote health and wellbeing.

In 2014, Abt Associates was selected by the Conrad N. Hilton Foundation as their Monitoring, Evaluation, and Learning (MEL) partner for its Youth Substance Use Prevention and Early Intervention Strategic Initiative. The grant to Abt Associates represents an important opportunity for and collaboration between the Foundation, its grantees, Abt, and the broader stakeholder field.
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Abt Associates’ three-year project is responsible for implementing an evaluation and learning process to:

- Measure progress towards advancing the goals of the Strategic Initiative
- Identify key areas of learning and develop recommendations for the Foundation, grantees, and 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

The MEL Project team works collaboratively with the Foundation, its grantees, and the broader community to provide information on grantee progress to date related to the Foundation’s goals, measure grantee process and implementation, encourage cross-grantee engagement and networking to leverage lessons learned, and promote long-term and sustained impact. The MEL Project allows the Foundation opportunity to respond to findings, strategize funding activities, and restructure goals and objectives on an ongoing basis. The MEL Project is led by Dana Hunt, PhD as its Principal Investigator, Cori Sheedy, PhD is the Project Director, Melanie Whitter is the Project Quality Advisor, and Leigh Fischer, MPH, formally of SBIRT Colorado, is the lead for grantee engagement. Site liaisons from the MEL Project team work collaboratively with each grantee and data analysts examine the data. Drs. Edward and Judith Bernstein of the BNI-ART Institute provide ongoing guidance and expertise.

Grant Program Landscape and Results

Implementation of prevention and early intervention services, including services that utilize the SBIRT framework, requires a multi-faceted approach to reach several key target audiences, with varying intensity and types of activities. The Hilton Foundation’s Strategic Initiative accomplishes this approach in a deliberate and successful way. Additionally, the Strategic Initiative provides fertile ground to add to the body of knowledge regarding the feasibility (implementation, policy change, and funding) and utility (effectiveness at reducing alcohol and other drug use) of prevention and early intervention activities in different settings for adolescents.

Grantees are working in the areas of greatest promise of reaching the most adolescents – primary care, behavioral health care, schools, and juvenile justice and community programs. Youth-serving providers in each of these settings require:

- Training and technical assistance to implement evidence-based screening approaches for youth; provide meaningful brief interventions to those who screen low-to-moderate risk; and refer youth to treatment or other services as necessary
- Assistance in adopting strategies to integrate the practice as part of routine care or service delivery
- Support changing policy and practice to secure payment for services for physicians and other health and youth-serving practitioners
To respond to these needs, grantees are instituting fellowships for addiction medicine training, developing SBIRT materials and resources, and training physicians, social workers, nurses, and other youth-serving providers to best serve the needs of adolescents. The variety of target audiences for training and technical assistance methods requires grantees to tailor the training approaches, modules, and curricula. As of June 30, 2015, 3,100 providers serving youth have been trained (3-year goal of 5,000 youth-serving providers trained).

Equally important to training providers to deliver the brief or other grantee-specific interventions, is the raising awareness and knowledge of promising and evidence-based prevention and early intervention services to a variety of audiences – policymakers, researchers, parents, youth, and providers. Grantees are developing and disseminating briefs, reports, and articles and conducting webinars, presentations, and conferences to expand the availability and discussions around effective and promising practices. Additionally, grantees are developing critical papers to be circulated in the field to inform practitioners and policymakers of issues related to youth SBIRT. As of June 30, 2015, 8,100 individuals have participated in presentations or received targeted materials on these topics (3-year goal of 25,000).

Increasing access to SBIRT services is critical to ensure youth receive appropriate prevention and early intervention services. Through the Strategic Initiative, settings across the United States offer SBIRT through different settings that provide services to adolescents. Through the Foundation’s grantees, there are 130 new community-based program sites implementing screening and early intervention services for youth, 129 school based health centers (SBHCs)/schools, 103 general health and 29 community behavioral health care settings, and 14 juvenile justice programs. Due to the different settings, target audiences, implementation contexts, and project goals, grantee approaches need to vary – some provide universal screening with brief interventions and treatment or service referrals when indicated, while others are using the SBIRT framework to test models that are more targeted towards youth at higher risk of having or developing substance use disorders. As of June 30, 2015, 4,200 youth have been screened (3-year goal of 71,000 youth screened).

Grantees are also targeting activities to influence and affect policy and legislation – at the local, state, and national levels. Grantees in nine states and across the nation are conducting policy and advocacy activities to influence legislative and insurer to expand coverage for and fund prevention and intervention services more globally. Many grantees are also leveraging their Hilton grant award and as of June 30, 2015, grantees have raised $4,000,000 in public funding including from the federal and state government entities and $3,300,000 in private funding from foundations.

All grantees are examining the impact of their project on specific audiences at the organization, community, state, and/or national levels and six grantees are conducting research and collecting long-term outcome data of youth served through their grant project, with an aggregate goal of approximately 3,000 youth. As research in this field is limited, the project data and publications and resources developed by the
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grantees will provide strategic insight into future directions for SBIRT implementation, in addition to other prevention and early intervention activities, to be utilized by broad cross-section of stakeholders.

Conclusion and Recommendations

The Foundation is funding comprehensive activities to change how systems provide services to prevent, identify, and intervene early in adolescent substance use. The implementation of any intervention requires an approach that intersects target audiences, settings, and systems in multiple ways; the implementation of prevention and early intervention services, particularly those that utilize the SBIRT framework, is no different. Ultimately, implementation of SBIRT services requires a comprehensive approach integrating multiple, unique opportunities to promote widespread systems change to improve the health and wellbeing of our nation’s youth. During Year 1 of the MEL Project, the Abt Team gathered qualitative and quantitative data, participated first-hand in grantee events and training activities, and built relationships with Foundation’s grantees. Through the insight and knowledge gained from these activities, recommendations and key activities are provided for the Foundation’s consideration to overcome common implementation challenges and expand the reach of its Strategic Initiative (Exhibit ES.1).
### Exhibit ES.1. Recommendations and Key Activities for Expanding the Strategic Initiative’s Reach and Impact

<table>
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<tr>
<th>Recommendation</th>
<th>Key Activities</th>
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| 1. Improve knowledge and address stigmatizing and ambivalent attitudes of providers, policymakers and others about adolescent substance use | - Gather input from stakeholders (providers, policymakers, parents, and youth) on messaging of P&I/SBIRT and create an action plan to change perceptions based on the stakeholder input  
  - Develop an integrated strategy to provide ongoing training and technical assistance to ensure that training/technical assistance is of high-quality and in accordance with best practices  
  - Expand training and technical assistance activities into previously untapped populations  
  - Assess implementation of skills trained and fidelity to the SBIRT training model  
  - Develop communication and dissemination plans and products to spread awareness of the grantee project results and outcomes |
| 2. Strengthen emerging evidence base for youth SBIRT, with particular emphasis on screening and brief intervention practice | - Unpack the SBIRT models and approaches being implemented and identify the core components of brief interventions that seems to be most effective in reducing substance use among youth  
  - Conduct rigorous follow-up studies of the impact of SBIRT and its components on screened youth substance use  
  - Identify best practices based on target audience and setting in implementing SBIRT  
  - Fund projects that track impact on and outcomes of youth participating in brief interventions and referrals to treatment |
| 3. Develop infrastructure necessary to support adoption of SBIRT as part of routine care | - Conduct analyses of reimbursement and coverage policies in states with advocacy efforts to identify the impact of changes in legislation on the systems involved  
  - Conduct technical assistance on changing systems and workflow for successful implementation and sustainability  
  - Identify and fund projects with a prevention framework and messaging  
  - Examine partnership opportunities to strategically fund implementation activities in nontraditional settings  
  - Determine specific impacts on providers newly conducting SBIRT activities  
  - Develop FAQs on electronic health records, including myths and facts |
| 4. Build capacity of practitioners to provide appropriate linkages and referrals to services and the treatment system | - Examine referral mechanisms and treatment resources for youth screened low, mid, high risk  
  - Create a brief designed to increase provider understanding of local options for treatment and additional services and develop recommendations for improving referral protocols and relationships with local behavioral health professionals  
  - Review confidentiality laws and provide guidance on confidentiality procedures for SBIRT implementation for schools/SBHCs, primary care, and community programs |
| 5. Create core competencies and/or quality improvement metrics to support program development to align with promising and emerging practices | - Conduct an environmental scan on core competencies and quality improvement metrics for project planning and implementation  
  - Create and execute a strategy with defined measures and standards that follow best and promising practices in program development and implementation |
1. State of Youth Substance Use Prevention and Early Intervention Activities in the United States

Introduction
Problems related to alcohol and other drug use (AOD) affects all aspects of a young person’s life: relationships with family, success in school and work, neurological functioning, and general health. While trends in the amount of drugs and alcohol and the variety of drugs have fluctuated over the decades, the issue remains – the level of consumption of drugs, misuse of prescription medications, and use of alcohol are detrimental to the long-term health and wellbeing of the nation’s youth. Furthermore, adolescent substance use is a major factor in homicides, suicides and auto accidents—the three leading causes of death among adolescents (American Academy of Pediatrics, 2010). Not only does adolescent substance use produce detrimental outcomes in the teen years, but it also results in problems in adulthood. Almost half of the teens who started drinking before the age of 14 develop a diagnosable alcohol disorder in adulthood, compared to under 10 percent of those who don’t begin alcohol consumption until after they are 21 (Hingson, Heeren and Winter, 2006). The trends in drug and alcohol use, misuse, and dependence among adolescents and young adults have shown little change in past years, meaning a large portion of America’s youth remain at risk for developing a substance use disorder (SUD; Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2014; Miech, Johnston, O'Malley, Bachman, & Schulenberg, 2015).

Prevalence of Substance Use among Youth
Two national surveys of youth 12-17 have tracked drug and alcohol use and norms surrounding that use for almost four decades. Each year, the National Institute on Drug Abuse’s Monitoring the Future (MTF) surveys a nationally representative sample of 8th, 10th and 12th graders and the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH) surveys youth 12-17 residing in households throughout the country on alcohol and drug use and perceptions of harm related to use. Key findings from the surveys include:

- Although there has been a decline in both the consumption of alcohol and binge consumption since peaks in the 1990s, in 2014 MTF found that 60 percent of 12th graders reported drinking at least once in the prior year and 19 percent reported drinking in the prior two week period. About seven percent of this drinking is ‘risky’ or binge drinking (MTF and NSDUH).

- MTF also indicates that the use of illicit drugs, while declining from past years, remains problematic: approximately 15 percent of 8th graders and 39 percent of 12 graders in 2014 used some illicit drug in the prior year, predominantly marijuana.

Behavior in adolescence is often more impulse driven and more directly affected by the opinions and actions of peers. Research into the development of the brain during adolescence indicates that the brain continues to mature during adolescence, not only making the youth more likely to take risks or engage in impulsive behavior, but also making them more physically susceptible to the effects of alcohol and drugs in ways adults are not (Winters and Arria, 2011). These factors make prevention of the development of SUD critical during these years.
A critical aspect of use among adolescents is the perception of harm they attach to the use of different drugs and alcohol. If an adolescent perceives that a substance is harmful to his/her health and/or its use is disapproved by his/her peers, it is more likely that adolescent will not initiate or continue use. If on the other hand, disapproval levels among peers are low and risks are seen as minimal, initiation and continuance are more likely. The belief that regular use of marijuana is harmful has declined in recent years among high school students as well as the perceived risk of having 5 or more drinks in a row once or twice each weekend (MTF), which creates a normalization of the behavior, potentially leading to a rise in use.

Adolescent AOD use often “flies under the radar” until their AOD use become seriously problematic and may not even be identified in regular primary care exams. Less than half of pediatricians screen their adolescent patients for substance use (Harris et al, 2012) and even physicians reliance on clinical impressions versus a diagnostic interview has been shown to miss problem use more than 75% of the time (Wilson et al., 2004). For this reason, the American Academy of Pediatrics recommends that pediatricians and other health care professionals use routine substance use screening tools to identify problem use and provide either an intervention or refer the adolescent to a needed service (American Academy of Pediatrics, 2011).

Because of the often hidden nature of adolescent substance use, particularly in the early stages, new arenas and new techniques have been explored to reach youth at risk – schools, community programs, physician offices and clinics, online screening. School health clinics provide information and health care to thousands of students each year in a familiar and confidential setting and touch a number of adolescents whose use of drugs and alcohol has not reached a level of severity that they may seek treatment. Community programs working with youth after school or through work or recreational programming also touch a wide range of youth in settings that adolescents may not identify as directly related to their AOD use and thereby not threatening or judgmental. Co-occurring disorders, including use of alcohol and other drug use with tobacco, mental health conditions, and medical conditions is also critical to identify and intervene with appropriately.

Prevention and Early Intervention Services for Youth
Prevention and early intervention services are necessary to create relationships with youth to prevent use, identify and intervene early for at-risk use, and refer youth for services, including counseling and specialty treatment. A range of evidence-based and promising interventions exist for the prevention and treatment of alcohol-and drug-related risk and harm for youth (National Quality Forum, 2008). These include:

- **Adolescent Community Reinforcement Approach:** An outpatient program targeting 13 to 25 year olds that aims to replace activities supporting alcohol and drug use with positive behaviors that support recovery

- **Brief Alcohol Screening and Intervention of College Students (BASICS):** A preventive intervention for college students designed to help students make better decisions about using alcohol.
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- **Brief Strategic Family Therapy (BSFT):** A brief intervention used to treat adolescent drug use that occurs with other problem behaviors

- **Family Matters:** A family-directed program to reduce tobacco and alcohol use among 12- to 14-year-olds.

Additionally, the *screening, brief intervention, and referral to treatment* (SBIRT) framework is a prevention and early intervention approach that is promising to reach and impact youth substance use in a variety of settings. Primary health care, schools, community health centers, community programs, juvenile justice and emergency departments are ideal loci for early detection of risky or dependent alcohol and drug use, brief interventions to reduce individual and population risk, and referral to treatment of substance dependence and management of care for medically complex and comorbid conditions that may involve specialist consultation and/or treatment (Lock et al, 2004).

The need for universal screening for alcohol and drug use by youth is well established and the importance of reaching into arenas where adolescents are accessible is undeniable given the magnitude and critical nature of the health and safety problems alcohol and drug use present. Primary care and/or EDs are important locations for screening; however, by the time youth reach the teen years they are seen less often by primary care physicians than when younger and they may only seek emergency care when use has escalated to a serious level. For this reason, school-based and community-based programming provides alternative intervention points that can touch a large number of adolescents at points to stop initiation and/or prevent further use.

While research on the effectiveness of SBIRT for adults as a tool for identifying and assisting with alcohol use has been established in the literature over the last 15 years, the research on its use with adolescents, while promising, is less developed and has shown varied success between alcohol and drugs and in different settings. Tanner-Smith and Lipsey (2105) conducted a meta-analysis summarizing the effectiveness of brief alcohol interventions for adolescents and young adults and showed that brief interventions significantly reduced alcohol consumption and alcohol-related problems among adolescents, with certain intervention modalities and components resulting in larger effects.

One advantage for the application of SBIRT for adolescents is the fact that as a group they routinely “gather” or collect in common settings where large numbers may possibly be reached: schools, after-school programs, community programs, and in routine pediatric visits during those years. While schools provide a rich environment for screening and brief intervention with adolescents regarding alcohol and...
drug use, findings are mixed regarding effectiveness. Some studies have shown marked improvement in alcohol and drug use post brief intervention in a school setting (McCambridge and Strang, 2004, 2005; Winters and Leitten, 2007), while others (Slym and Strang, 2008) observed no significant differences between youth receiving one MI-based brief intervention and those simply receiving drug information. Across these studies, the number and intensity of the brief interventions varies as does the initial screening instrument used to triage students into those in need of a brief intervention and/or referral to treatment and the resources available to provide more extensive services if needed.

Emergency departments are also a potential location for SBIRT services and also show varying results. In a study of adolescents seen in an emergency room who tested positive for blood alcohol or self-reported recent alcohol use who were then randomly assigned to a brief (one session) intervention which featured MI techniques in a brief intervention or no brief intervention, there were no differences in drinking at follow-up points. However, for those adolescents who were most seriously involved in heavy drinking at entry to the emergency department, a reduction in the number of days consuming alcohol was apparent at follow up (Spririto et al., 2004). A similar controlled study of marijuana use among adolescents serviced in emergency departments found that those adolescents who received a MI intervention session had reduced marijuana use at follow up compared to those not receiving the brief intervention. The brief intervention was particularly effective when delivered by older peers (Bernstein et al., 2009).

The variation and intensity of the brief interventions offered (as short as 30 minutes to multiple sessions of 30-40 minutes; with parental involvement or without parental involvement; etc.), the variety of settings, varying ages of study subjects and the lack or referral options to institute the final step in the SBIRT process have made it difficult to assess the ultimate effectiveness of SBIRT for adolescents. The unique challenges facing using the SBIRT model with youth are:

- Dealing with youth with multiple needs
- Variety of models employed and the need to determine which fits which setting
- Difficulty in reimbursement for brief intervention services
- Finding effective ways to engage youth and their parents/guardians in the topic of substance use
- Assuring that a comprehensive assessment and diagnosis are performed to determine presence and severity of disease before referral to any specific treatment provider
- Often scarce treatment resources to deal with youth in need of more extensive services

Foundation funding is targeting each of these challenges across its grantees, providing an opportunity to have a broad impact on what is known about the both feasible and effective in prevention/intervention programming for youth.

Workforce

The potential and ideal loci of prevention and early intervention services includes schools, primary health care, and community and juvenile justice programs and as a 2011 American Academy of Pediatrics’ Policy Statement noted: “primary care practitioners are ideally suited for preventing problem behaviors and consistently screening for them, including the development of mental health disorders and psychosocial problems, among which are substance use and addiction.” However, as Sterling et al found
in an 2012 study, there are missed opportunities for problem identification in pediatric primary care due to suboptimal screening and responsive practices, including lack of self-efficacy and knowledge in addressing AOD use and reliance on impressions rather than clinical instruments. The opportunity to screen adolescent substance use in schools is also promising, especially given the amount of time adolescents spend in a school setting; however, many providers that work in school-based health settings do not have the resources or knowledge to appropriately and accurately screen, assess, and provide interventions, if necessary. Providers in these settings do not have the necessary comfort level, skills, or knowledge to effectively provide these services and it is essential to provide opportunities for the youth-serving professionals to acquire the tools and knowledge.

**Funding for Prevention and Early Intervention Services**

Funding for prevention and early intervention services is available through public and private sources. Communities, organizations, and schools can apply for federal and state grant funding, for example through the Safe Schools, Health Students and Drug-free Communities grant programs. Additionally, the 2010 Patient Protection and Affordable Care Act (ACA) is now being implemented with a significant focus on preventive care. Additionally, private funding is available through foundations, with major funders being the W.K. Kellogg Foundation, providing approximately $6MM in funding to programs focused on helping vulnerable children succeed in school, work, and life - improving the basic welfare of children, including health, happiness, and well-being, John D. and Catherine T. MacArthur Foundation, funding approximately $5MM on substance use prevention, treatment, and policy activities focused on incarcerated youth, and the Anne E. Casey Foundation support organizations focused on child welfare, juvenile justice, economic opportunity, community change, education, research and policy, talent and leadership development with over $2MM in substance use specific funding.

Funding specifically for youth SBIRT services is also a major stumbling block as limited programs exist that focus on implementing SBIRT for youth. In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) began funding the SBIRT grant program to support systems change in states and training across medical professionals, but this funding is primarily focused on adults. The Substance Abuse Prevention and Treatment Block Grant is a potentially untapped resource. Full treatment programming is often covered under federal reimbursement plans such as Medicaid and some private insurance plans, but reimbursement for screening and the brief intervention component lie in a grey area. The Center for Medicare and Medicaid has approved Medicaid reimbursement for screening and time-allocated brief intervention components of SBIRT, but each state must provide the federal agency with a state plan for formal approval of billing and each state’s plan must include their legislature’s approval to use state funds (the state’s Medicaid match) to cover some portion of the service costs (Fornili and Alemi, 2007). Additionally, even if a state has opened screening and brief intervention codes and applied reimbursement rates to the codes, utilization of the codes and reimbursement rates are extremely low. Under the ACA, new opportunities exist to promote widespread screening and counseling for alcohol and drug problems within mainstream medical care. The ACA aims to improve coordination of care, efficiency, and quality by reforming the health care payment and delivery systems and aligning financial incentives to reward quality and reduce costs.
Purpose of the Report
The purpose of the Year 1 MEL Report is to highlight progress in the fulfillment of the Foundation’s objectives and includes the following sections and offer recommendations for future funding:

- **Role of the Hilton Foundation in Improving Prevention and Early Intervention Services and Systems for Youth** (Section 2)
- **Objective 1: Skill Building and Information Dissemination to 30,000 Individuals – Progress to Date** (Section 3)
- **Objective 2: Improve Access and the Implementation of SBIRT Services for Youth – Progress to Date** (Section 4)
- **Objective 3: Strengthen the Evidence Base and Promote Learning – Progress to Date** (Section 5)
- **Recommendations** (Section 6)
- **Next Steps** (Section 7)

Detail on the MEL Project, including its approach, theory of change, logic model and research questions, is in Appendix A. An overview of grant projects funded by the Foundation is provided in Appendix B.

Data Sources
The Year 1 Report draws on the following data sources and data collection intervals:

- **Review of Grantee Materials and Local Evaluation Data** provided by grantees from July 1, 2014-May 31, 2015. Materials include grant applications, progress reports, evaluation plans, project briefs, and training and meeting materials.

- **Initial and Monthly/Bimonthly Updates with Site Liaison via Phone and Email Communications.** Calls were conducted with and emails sent to each grantee at different points in Year 1. As each grant project was awarded, our team conducted initial read-in activities introducing our team and answering the grantees’ questions. From a review of the grant applications and other materials provided by the grantees, individual grant profiles and tailored evaluation metrics were created. Additionally, after the November 2014 Strategic Initiative Convening, update communications, in the form of calls and emails occurred on a regular basis. These communications centered on assessing adherence to grant timelines, understanding grantee project status, identifying successes and challenges, and providing connections to expert evaluation expertise and other grant programs. From December 1, 2014-May 31, 2015, 142 update communications were conducted across the 28 grantees, with an average of 5 per grantee.

- **Grantee Quarterly Data Reporting Forms (QDRFs).** After the development of evaluation measures in collaboration with each of the grantees, the QDRF was fielded in two separate time periods during Year 1:
  - 21 grantees funded prior to November 30, 2014 submitted QDRFs reporting on data from project inception through December 31, 2014
  - 23 grantees submitted QDRFs reporting on data January 1, 2015-June 30, 2015
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The data reported in this report was provided by grantees as of June 30, 2015.

- **Virtual and On-site Observations.** From July 1, 2014-June 30, 2015, project staff participated in ongoing virtual activities (i.e. National Council for Behavioral Health’s Webinars, National Opinion Research Center’s (NORC’s) Steering Committee monthly calls) and 10 in-person events.

- **Hilton Community for Healthy Youth.** The HCHY online collaborative community went live on November 17, 2014, and as of June 30, 2015 has 50 members with varying utilization.

The data collected through the MEL Project addresses the extent to which Foundation’s 5-Year Strategy and the Strategic Initiative’s Objectives and Goals are being met through its funded activities and provides grantees and the Foundation with ongoing assessments of grantee progress in implementation of their projects.
2. Role of the Hilton Foundation in Improving Prevention and Early Intervention Services and Systems for Youth

The Foundation has funded youth substance use prevention activities since 1982. Historically, the majority of the Foundation’s investment was directed towards the development and dissemination of Project ALERT, a substance use prevention curriculum for middle school students. In November 2011, the Foundation’s Board of Directors reaffirmed the importance of addressing substance use and misuse as a priority for grantmaking and requested that staff develop a new strategy for achieving measurable impact in this area. Consultants from FSG, Inc. were contracted to develop a landscape analysis and outline a strategy informed by both the Foundation’s past work and input from experts and practitioners in the field. In early 2013, after approval by the Board of Directors in mid-2012, the Foundation implemented activities as part of its five-year Youth Substance Use Prevention and Early Intervention Strategic Initiative to ensure youth substance use and use disorders are detected and addressed primarily through implementation of early intervention and the adoption of the SBIRT model. The Foundation’s Strategic Initiative is well positioned to incorporate the array of models to rapidly transform the health care system, including primary care case management, patient centered medical homes, and new approaches to care coordination that promote effective care management and accept responsibility for total cost of care provided to a defined patient population (Guterman & Drake, 2010).

The Foundation’s ultimate goal for their Strategic Initiative is to: advance innovative prevention and early intervention approaches and advance addiction as a health and public health issue to reduce youth substance use and promote health and wellbeing. Through partnering with national associations, healthcare and youth service providers, advocacy organizations, and research institutions, the Foundation is funding activities related to the Strategic Initiative’s three Objectives, each with individual Goals:

- Objective 1: Increase providers’ knowledge and skills to detect and address youth substance use early before risky behaviors escalate
  - Goal: Increase by 30,000 the number of providers serving youth and other stakeholder who have training or are aware of SBIRT’s importance

- Objective 2: Expand access to, increase public and private funding for, and strengthen implementation of early intervention services for youth
  - Goal: Increase access to comprehensive SBIRT to at least 30% of US youth age 15-22
  - Goal: Leverage $10MM in private funding for SBIRT implementation and research
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- Objective 3: Strengthen the evidence base and foster learning in the field to improve early intervention practice for youth
  - Goal: Increase knowledge regarding SBIRT’s effectiveness

The Strategic Initiative’s Objectives and Goals provide the Foundation with a roadmap to fund activities that impact the entire spectrum of expanded service delivery to improve care and outcomes of youth at-risk for substance use disorders. The Strategic Initiative addresses the need for clear information and clinical training so that physicians and other youth-serving providers will not miss problems and opportunities for brief intervention with youth and young adults. Further, it will provide critical information to fill the knowledge gap on youth SBIRT for policymakers, researchers, and community-based providers to improve practice.

Evaluation as a Critical Component of the Strategic Initiative
In July 2014, Abt Associates received a grant from the Hilton Foundation for the Monitoring, Evaluation, and Learning (MEL) Project: a component of the Youth Substance Use Prevention and Early Intervention Strategic Initiative. As the MEL partner, Abt is responsible for conducting:

- Monitoring of the projects funded through the Strategic Initiative to track progress and support grantees’ efforts towards advancing the Foundation’s Strategic Initiative goals
- Evaluation of the Strategic Initiative as it relates to the fulfillment of the Foundation’s Objectives and Goals
- Learning across programs and within the broader communities serving youth and adolescents

The MEL Project will provide both short- and long-term milestones related to improving the systems designed to screen and intervene with youth substance use and treat and manage substance use disorders of youth and adolescents.

The Project is led by Dana Hunt, PhD, Principal Investigator; Cori Sheedy, PhD, Project Director; Melanie Whitter, Project Quality Advisor; Leigh Fischer, Grantee Engagement Lead; along with our Site Liaisons and Data Collection, Analysis, and Reporting Staff. Additionally, Edward Bernstein, MD, and Judith Bernstein, PhD, from the BNI-ART Institute, provide expert advice to the team on research design and findings, drawing on their significant past research efforts related to SBIRT implementation. The Abt Team is at the forefront of research and technical assistance aimed at reducing, preventing, and treating the effects of substance use for America’s youth. Our team applies its research and analytic expertise to help policymakers, funders, and researchers understand the magnitude and causes of substance use and the impact and cost effectiveness of substance use prevention and early intervention programs.

Grant Projects: Addressing Youth Substance Use Across the Spectrum
As of June 30, 2015, the Foundation has invested over $30MM in funding 28 diverse organizations through its Youth Substance Use Prevention and Early Intervention Strategic Initiative. Grant making

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follows a structured and deliberate framework to impact the environment of prevention and early intervention services, promote long-term systems change in multiple environments and settings, and improve the delivery systems to identify and intervene early – ultimately changing the trajectory of youth substance use and improving the health and wellbeing of youth.

The Foundation is implementing a systemic approach to moving systems forward, influencing change, and decreasing substance use by the nation’s youth. Grantees of the Hilton Foundation conduct a variety of activities in the youth substance use prevention and early intervention area – many grants are actively engaged in increasing knowledge and skills of SBIRT within the youth-focused care community; others are implementing the SBIRT or SBIRT-like interventions; and others are focused on larger systems change efforts.

Overview of Grant Programs
Grant organizations include universities, research organizations, national associations, community and medical foundations, and community organizations. The Strategic Initiative’s grants vary in size, with awards between $47,000 and $3,000,000 and periods of performance between 1 and 4 years. For detail on the projects funded by the Foundation, please see Appendix B.

By funding activities in an area traditionally underserved, the Foundation intends to drive systemic change and expand the availability of effective prevention and early intervention services throughout the systems touched by youth. While programs are extremely diverse, all are working to impact the environment in which youth prevention and early intervention services operate to make them more accessible and effective to ultimately improve the health and wellbeing of youth.
Grant programs can be categorized in different ways and many cut across multiple areas:

- **Ultimate setting of program activities** (Exhibit 2.1)

  **Exhibit 2.1. Setting by Number of Grantees and Sites (as of June 30, 2015)**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Grantees</th>
<th>Number of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>3</td>
<td>130</td>
</tr>
<tr>
<td>School/SBHC</td>
<td>8</td>
<td>129</td>
</tr>
<tr>
<td>Health care</td>
<td>6</td>
<td>103</td>
</tr>
<tr>
<td>Community behavioral health</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Juvenile justice</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

- **Target audience** (Exhibit 2.2)

  **Exhibit 2.2. Ultimate Target Audience by Number of Grantees (as of June 30, 2015)**

  Providers serving youth: 25
  Youth: 17
  Policymakers or advocates: 4
  Community, family, or peers in recovery: 12
**Hilton Foundation Strategic Initiative objective or type of grant program** (Exhibit 2.3)

**Exhibit 2.3. Objective by Number of Grantees (as of June 30, 2015)**

Where are Grantees Working?
Grantees work in 35 states across the United States, as shown in Exhibit 2.4. Some grantees are working across states, others concentrate their efforts in individual communities, and others work nationwide. The Foundation’s resources are spread to communities across the United States, therefore, expanding the potential impact and opportunity for widespread change.
Conrad N. Hilton Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative: Impacting Youth Substance Use, Health, and Wellbeing

Exhibit 2.4. The Foundation's Grantees are Impacting Communities Nationwide

Note: The map identifies states where grantees are currently working in; multiple grantees may be working in a specific state and several grantees have not yet identified their geographic service area. Specific city/community locations and additional states will be added as they become available.

Where are Grantees in their Project Implementation Process?
Grant programs being funded on an ongoing basis, therefore, each may be at different stages in the planning and implementation of their projects. Each project may be in one of four stages in their project implementation status as determined by their individually-defined process and implementation measures (Exhibit 2.5):

- **Planning**: Grantee has recently received the grant award and are conducting start-up activities, planning, and materials development (typically months 1-6 post grant award)
- **Early Implementation**: Grantee has started conducting trainings and/or in early stages of implementing prevention and SBIRT activities (typically months 4-10 post grant award)
- **Full Implementation**: Project activities are in full-gear (starts around 10 months post grant-award)
- **Completed**: Grant has concluded
Exhibit 2.5.  Project Implementation Progress (as of June 30, 2015)

The different implementation stages allow the grantees to learn from each other and provide the Foundation with the opportunity to leverage lessons learned and expand the impact of the Foundation’s Strategic Initiative to a broader community.
3. Objective 1: Skill Building and Information Dissemination to 30,000 Individuals – Progress to Date

A variety of effective youth prevention, screening, and early intervention services exist. However, the awareness of the importance, need, benefit, and opportunities of these activities is limited. Without this awareness, the breadth and range of prevention and early intervention services being provided to youth is extremely restricted.

For some, it is due to a lack of understanding of what the activity entails or a belief that the activities are not necessary. More specifically, the majority of parents, community members, and traditional health providers do not understand the importance of prevention and early intervention for substance use in youth – particularly screening and brief intervention services. For example, many individuals think it is an individual tool or service, and not an approach, and many providers may assume that they’ll be tasked with conducting a “SBIRT” screen, rather than implementing a model to deliver screening and early intervention services. Through this objective, the Foundation’s grantees are raising awareness and increasing exposure to training in SBIRT and other prevention and early intervention practices and evidence-based models. These include:

- SBIRT 101 delivered virtually or in-person to front-line office staff
- Presentations, articles, and publications highlighting the impact of SBIRT
- Materials discussing substance use as a pediatric disease and opportunity for intervention

Additionally, the diffusion of SBIRT techniques into primary care (pediatricians and other health care providers serving youth) and community settings (schools or community-based organizations, including juvenile justice) relies on widespread training of providers serving youth in the skills needed to deliver all of its components – effective screening and brief intervention and targeted referral to the appropriate treatment services. To implement with fidelity, providers need to be trained and skills practiced on the intricacies of the approach. Therefore, the Foundation’s grantees are conducting intensive trainings and skills-building activities to increase the workforce to be prepared to implement the components of SBIRT. Grant activities range from developing addiction prevention fellowships and social work/nursing training curricula to providing on-site training to providers using existing curricula to conducting fidelity monitoring and technical assistance to providers over a longer time period.
Results

Eighteen grantees are specifically conducting activities related to Objective 1; however, all grantees are conducting information development and dissemination activities to publicize the impact of their program and highlight the important of prevention and early intervention for youth. Exhibit 3.1 highlights the actuals through June 30, 2015 and goals for achievement by December 31, 2017 for each of the two prongs of this Objective.

Exhibit 3.1. Objective 1 – Increasing Exposure and Training

<table>
<thead>
<tr>
<th></th>
<th>Actuals</th>
<th>Goal: 5,000</th>
<th>Goal: 25,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with Increased SBIRT Knowledge</td>
<td>8,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Service Providers Trained to Deliver SBIRT</td>
<td>3,100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developing and Disseminating Products, Articles, and Reports

Creation and dissemination of informational materials, products, articles, and reports are critical to making the Foundation’s efforts impact prevention and early intervention for alcohol and drug use among youth. Products include an analysis of the impact of the Affordable Care Act on prevention services; an assessment of confidentiality and privacy regulations that impact providing prevention and early intervention services to youth; and publications to expand awareness of effective methods in preventing and intervening early for substance use for youth and reports on state Medicaid coverage of SBIRT. These activities are crucial to affect systems and environmental change.

To examine progress on the final impact of grantee programming in this Objective, we rely on measures of dissemination (e.g., number of publications, citations, conferences, presentations made and to whom) and adoption (e.g., organizations now using SBIRT, different models of SBIRT utilized and varying outcomes, curricula additions to health professional training programs). Grantees are also conducting activities designed to increase public awareness of use and increase understanding of promising and evidence-based practices to prevent and intervene early in youth substance use. These include activities through Kennesaw State University Research and Service Foundation, Fractured Atlas, Frameworks Institute, and Transforming Youth Recovery.

As of June 30, 2015, approximately 8,100 individuals have received briefs or articles or participated in webinars, conference calls, and presentations conducted by 10 grantees.
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Data provided by the grantees outlines that 8,100 individuals received briefs, reports, presentations, or articles designed to increase their awareness and knowledge of the impact on youth of prevention and early intervention activities, particularly SBIRT. The information disseminated includes:

- General knowledge on the grantees’ projects received through attending presentations and webinars
- Website views and receipt of information on SBIRT topics
- Outcomes and resource materials distributed to partners and other stakeholders

To address deficits in existing products and build the evidence base around youth SBIRT, an extensive cadre of products is currently in development by the Foundation’s grantees. These include, but are not limited to:

- **Education platforms or modules**
  - Education in Quality Improvement and Pediatric Practice (EQIPP) module and quality improvement metrics for training pediatricians on SBIRT activities (*American Academy of Pediatrics*)
  - Online adolescent/young adult SBIRT training module and offer it to 2,500 addiction medicine diplomats as part of their certification activity (*The ABAM Foundation*)
  - SBIRT module incorporating avatars and cases for use in nursing and social work schools (*NORC*)

- **Presentations, reports, and briefs on project activities and results, as well as targeted topics**
  - National report that highlights the status of prevention across the country and recommendations for improvements and a comprehensive report on the state of adolescent substance use prevention and wellness (*Legal Action Center*)
  - “State of the issue” review of major substance use related health and cost trends, non-partisan research and analysis of policies, with a particular focus on SBIRT, which could also be used as a pull out, stand-alone piece (*Trust for America’s Health*)
  - National environmental scan of Medicaid policy through key informant interviews with top officials and a small expert convening that will identify best or promising practices including SBIRT or other models, in state level health care initiatives with expanded Medicaid benefits (*Center for Health Care Strategies*)

- **Web-based tools or resources, including apps, videos, and webinars**
  - Online prevention videos featuring youth talking about their addiction and recovery (*Kennesaw/Center for Sustainable Journalism*)
  - Drinking Reduction app for smart phones, and other tools to assist in the design and implementation of SBIRT for higher education settings (*Ohio State University Foundation*)
  - Online state Medicaid Reimbursement Tracker, a tool that will help users determine whether their state allows Medicaid to reimburse providers for SBI services and in what settings (e.g. schools, health centers, etc.) and a state self-assessment tool to help states
implement best practices regarding adolescent substance use prevention and early intervention services (Legal Action Center)
- Electronic screening tool and testing of an electronic brief intervention targeted at youth with chronic medical conditions (Children's Hospital Corporation/Boston Children's Hospital)

Through the MEL Project, the products, dissemination mechanisms, and engagement metrics (presentations, webinars, newspaper articles, and others) will be continue to be analyzed and discussed.

**Training Providers to Deliver SBIRT**

The majority of youth-serving providers do not have adequate skills and knowledge to effectively implement SBIRT services, therefore, many grantees are conducting training and technical assistance activities. The overall goal of the reach of the training activities is reflected in the number of each type of provider trained using Foundation funds and the cumulative total across all types of providers.

Unpacking the youth service providers trained to deliver SBIRT highlights the variety of methods used or will be used by grantees. To successfully implement SBIRT with fidelity, providers need a variety of trainings and ongoing technical assistance activities and booster sessions, which include:

- General SBIRT 101 (virtual and in-person) to frontline staff, parents, and policymakers
- Intensive in-person skills-based training, with practice and role playing
- Interactive, web-based training for students and professionals as continuing education or ongoing knowledge and skills development
- Ongoing boosters, grand rounds, and case studies with experts in implementation
- Targeted technical assistance assessments and quality improvement activities

The Foundation’s grantees recognize this need across the different sectors and have created training and technical assistance approaches and materials to expand knowledge, build skills, and improve care delivery. For example:

- **The ABAM Foundation** is establishing up to 21 addiction medicine fellowship programs (actual as of June 30, 2015 is 8 established), with a goal of graduating 100 fellows (actual: 42), who will then train up to 1,000 medical residents, 270 physicians, and 475 other medical professionals (actual medical staff trained: 1,494).
- **YouthBuild** is providing 24 regional train-the-trainer sessions, reaching up to 250 individual (actual: 124). Additionally, YouthBuild is conducting phone technical assistance calls with coaches, as well as on-site coaching activities (actual: 1,037; goal: 2,685).
- **New Hampshire Charitable Foundation** is conducting on-site training and technical assistance activities, including grand rounds, role playing and case study sessions, boosters, telephone calls and monthly virtual meetings (actual as of 134; project goal: 180). The multipronged approach
for providing training and ongoing technical assistance has shown that 51 staff are integrating SBIRT into routine care (38% of those trained) (please note this is an underestimation due to one of the sites trained was not yet implementing SBIRT by June 30, 2015). The NH SBIRT Summit in October 2014 had 87 participants.

- To reach providers in the community behavioral health field, the National Council for Behavioral Health trains clinical staff and encourages staff to attend the learning community sessions. These sessions cover a range of topics including SBIRT evidence, implementation challenges and successes, and reimbursement for SBI services. Ninety percent of participants in the National Council for Behavioral Health’s learning community sessions who completed the post-session survey reported that they found the webinars and learning sessions useful and 89 percent report that they are incorporating SBIRT protocols into their practices.
  - Actual staff trained: 730; project goal: 750
  - Actual learning community webinar or in-person presentation attendance: 1,336; project goal: 1,300

**Discussion**

Through two types of activities, the Foundation is expanding SBIRT and general prevention and early intervention knowledge and expertise of 30,000 youth-serving providers and other stakeholders. Providers include those working in health care, juvenile justice, school, and community-based programs, as well as nursing, social work, and addiction medicine residents. Expanding the skills of the workforce aims to fill the gap of those that are trained to deliver SBIRT services, alter typical attitudes and knowledge around substance use, and ensure that providers, policymakers, and other stakeholders utilize consistent messaging around prevention and early intervention activities and youth substance use. For the former, the Foundation’s grantees vary in their approaches to and intensity of training and technical assistance. As it is important to understand the impact of the diversity of trainings, an *in-depth analysis into the type, intensity, mode, and target audiences of the various training and technical assistance models is necessary*. Additionally, grantees are utilizing various mechanisms to publicize their projects’ results and findings and shift attitudes and beliefs regarding youth substance use and the need for prevention, early intervention, and SBIRT services. *Further understanding these activities and mechanisms will help estimate the potential shifts in knowledge around these issues.*

To genuinely impact knowledge and skills of SBIRT and other effective or promising prevention and early intervention services, a multi-faceted training and technical assistance or quality improvement approach is necessary to increase exposure and change the delivery of services. Providers need multiple opportunities to change their approach, critical thinking, and language. Parents, community members, and policymakers need assorted and numerous contacts to raise their awareness and change their thinking around substance use prevention and early intervention. In our early analysis, grantees are extremely varied in their approaches to improving skills and knowledge of providers and other stakeholders – some grantees are using a one-and-a-half day in-person training of train-the-trainers who will then train providers on-site; others are utilizing extensive in-person, virtual, and on-site training and ongoing technical assistance to ensure providers have the knowledge and skills prior to and during their implementation. *Technical assistance is necessary to be provided to grantees to ensure that the training and technical assistance offered through their projects is of high-quality and in accordance with best practices.*
Additionally important is an assessment as to how well training participants are implementing the SBIRT model, monitoring of implementation with fidelity, and determining best practices for training. Some grantees are assessing fidelity and conducting follow-up of the training participants at intervals longer than three months post-training, but the majority of grantees are not conducting post-training assessment. It is critically important to know what practices are most effective and if those trained are actually putting that knowledge to use. Programs need to build in assessing implementation of skills gained with fidelity to the SBIRT model.

Through the Foundation’s grantees and the various methods, types, and audiences of the training effort in a variety of settings, the Foundation is targeting broader and long-term systems change. However, stakeholders still do not understand the importance of prevention and early intervention activities and how they can implement them easily and with positive outcomes. Communications and dissemination plans for each grantee will spread awareness of the grantee project results and outcomes and has the potential to lead to broader systems change.
4. **Objective 2: Improve Access and the Implementation of SBIRT Services for Youth – Progress to Date**

To effectively influence sustainable systems change and increase access to comprehensive screening and early intervention services, multiple paths must be explored, including:

- Shifting policy focus
- Raising or repurposing funds to expand SBIRT
- Implementing SBIRT activities in a variety of settings and target populations

The activities conducted by the 27 grantees in this Objective typically touch more than one path. For example, it is necessary to inform state legislators about the value of SBIRT to change systems and improve public and private reimbursement mechanisms.

### Results

**Shifting policy focus**

Grantees are working in multiple states to encourage legislation and coverage of youth substance use prevention and early intervention services. Grantees are partnering with policy advocates to identify legislation, and training and collaborating on reimbursement mechanisms for SBIRT services through private insurance, Medicaid, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), and Home and Community Based Services waivers. For example:

- **Community Catalyst** is working in five states – Georgia, Massachusetts, New Jersey, Ohio, Wisconsin – to develop consumer-led advocacy campaigns to enact state policy change to increase access to SBIRT by improving reimbursement and expanding the settings/professionals that can provide the services, with a focus on peer approaches.

- **New Hampshire Charitable Foundation** is addressing relevant legislative or regulatory barriers within Medicaid, private insurance, state managed care, children’s behavioral health, and hospital and other health systems to pave the way for widespread adolescent SBIRT adoption and sustainability.

- Finally, the **University of New Mexico** participates in a task force that aims to change policy to ensure the continuation of SBHC SBIRT in New Mexico, including activation of Medicaid SBIRT codes.

- **Community Anti-Drug Coalitions of America (CADCA)** is working with local community

Through its grantees, the Foundation is bringing new money and resources into a traditionally low resource market. The leveraging of resources extends into more than the actual money amount raised; the Foundation has started a movement in the focus and opportunities associated with this field.

Eight grantees in nine states and across the nation are conducting policy and advocacy activities to influence legislative and insurer expand and fund prevention and intervention services more globally.

“New Mexico doesn’t have SBIRT codes turned on, so it was important to determine how to bill with the current codes. Our partner went out to provide coding training to one school, and this went great, so we will do it for all schools.”

– University of New Mexico, 2015

Through its grantees, the Foundation is bringing new money and resources into a traditionally low resource market. The leveraging of resources extends into more than the actual money amount raised; the Foundation has started a movement in the focus and opportunities associated with this field.
coalitions and inform them about new developments in federal substance use prevention policies and funding opportunities for SBIRT, and educate Congress, the Executive Branch, coalitions, and other interested parties about SBIRT.

Raising funds to expand prevention and early intervention services

Resources available to implement SBIRT model components for youth are extremely limited. Through the Strategic Initiative, the Foundation is investing $50MM with the hope that the initial investment will seed additional activities and funding opportunities (goal of $10MM in private funding raised in 5 years). As of June 30, 2015, grantees are leveraging:

- $4,000,000 in public funding including from the federal government (including the Substance Abuse and Mental Health Services Administration, National Institute in Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, and the Centers of Disease Control and Prevention), state government (Massachusetts Bureau of Substance Abuse Services Statewide Capacity Building, state of Texas), and local agencies

- $3,300,000 in private funding through private sources, including universities and foundations, including the Stacie Mathewson Foundation, Robert Wood Johnson Foundation, California Community Foundation, Open Society Foundation

Implementing SBIRT activities in a variety of settings and target audiences

Expanding implementation of prevention, screening, and early intervention services is at the core of the Foundation’s activities. Grantees are working in a variety of settings and with diverse screening and intervention models to impact the trajectory of youth substance use. The Foundation aims to expand opportunities for prevention and intervention services by penetrating all systems where youth may access care and services, including systems that have not traditionally screened for substance use.

SBIRT Implementation Settings

Through the Foundation’s SBIRT implementation grant funding, prevention and early intervention-related activities and SBIRT services for youth and young adults are being implemented in 405 health, school, and community-based organizations.

Grantees are implementing SBIRT in a variety of settings, including schools and SBHCs, health care practices and systems, community organizations, community behavioral health centers, and juvenile justice settings (Exhibit 4.1). Implementation approaches include:

- Using its state chapters, the American Academy of Pediatrics is leading a quality improvement learning collaborative to achieve measurable improvements in the application of the SBIRT approach for substance use and mental health concerns among adolescents within 40 pediatric primary care practices.
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- Leveraging a SAMHSA grant focused on SBIRT for adults, the Behavioral Health System Baltimore is implementing a multi-partner initiative to integrate adolescent SBIRT into 50 pediatric primary settings and school-based health centers across Maryland.

- Supporting the implementation of SBIRT, the National Council for Behavioral Health is working with 28 community behavioral health organizations (CBHOs) to screen adolescents/young adults with mental health disorders for substance use.

- Implementing SBIRT in 12 health care settings (community health centers, primary care clinics, and hospitals), the New Hampshire Charitable Foundation aims to have adolescent SBIRT adopted and fully supported as a standard practice within private and public adolescent health service systems.

- Providing and evaluating adolescent-specific SBIRT training and technical assistance to primary care (physicians, nurse practitioners, physician assistants) and behavioral health providers (social workers, psychologists, counselors), the School Based Health Alliance is working with 10 SBHCs.

- Policy Research Inc. and Portland State University/Reclaiming Futures are implementing SBIRT approaches for youth involved in the juvenile justice system, including in early intervention and diversion opportunities for court-involved youth.

Additionally, through Health Care Access Maryland (HCAM), the Mosaic Group is providing technical assistance to three Foundation grantees (National Council for Behavioral Health; YouthBuild; and School-based Health Alliance) on implementing SBIRT projects to adapt and validate its Adolescent SBIRT Implementation Checklist to serve adolescents in non-traditional settings.

Models of Prevention, Screening, and Early Intervention Services
Grantees are investigating and researching different models of SBIRT to best serve their target populations. The instruments and techniques utilized, as well as the person delivering the service, varies across grantees, as shown in Exhibit 4.2:
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- **Screening instruments**: validated instruments and assessments, including the S2BI and the CRAFFT or grantee’s site-specific instrument (e.g., Portland State University/Reclaiming Futures, University of New Mexico) for use by the project

- **Brief intervention**: 2-3 minutes as part of a regular visit with a primary care provider, 15-30 minutes with a behavioral health professional, or multi-sessions with a peer in recovery or in a parent/teen research study

- **Referral to treatment or services**: in-network or out-of-network referral to behavioral health professional or specialty treatment or services

Grantees are also creating protocols that distinguish between screening and assessment, identify methods to determine who would benefit from what type of a brief intervention, clarify what to do in the event the screen is negative (i.e., anticipatory guidance), and determine what follow up is needed for all levels of use.

**Exhibit 4.2. Range of SBIRT Approaches**

**SBIRT Encounters**

In early 2015, grantees started implementing SBIRT approaches and collecting data on youth served. Twelve out of the 15 implementation grantees have identified goals – at the end of the projects, approximately 71,000 screens will have been conducted. Depending on the type of project, the

Seven out of the 15 implementation grantees have started conducting screenings, and as of June 30, 2015, these 7 grantees have conducted 4,200 screenings.
screening goals range from 120 to nearly 24,000, with an average of approximately 5,100. Some grantees are implementing universal screening in their target setting, while others are enrolling a small number of youth in a defined program (i.e., a randomized control trial, an intervention-based program, etc.). As of June 30, 2015, 4,200 screenings of youth have been conducted.

The expectation is that fewer youth will receive brief interventions than are screened, as a large percentage of screenings will be negative (no or low risk); however, for those youth that have a positive screen (as defined by the screening instrument), providers will implement a brief intervention. Moreover, the number of youth that are expected to require referral to treatment is far smaller than the number of screening encounters or number of brief interventions.

With the exception of the grantees that were conducting a specific brief intervention model that had a targeted enrollment metric (e.g., Children’s Hospital Corporation, University of Minnesota/Kaiser Permanente), grantees found it more difficult to identify goals for brief interventions and/or referral to treatments. Out of the 15 implementation grantees, 12 grantees identified goals for brief interventions and 8 grantees identified goals for referrals to treatment. Four grantees are not conducting referral to treatment activities per their study protocol and these youth being screened out and not enrolled in the project (i.e., Center for Social Innovation; Ohio State University Foundation; University of Minnesota/Kaiser Permanente). Brief intervention goals ranged from 8 to 100 percent of those being screened and referrals to treatment ranged from 0 to 29 percent of those screened. Through June 30, 2015, grantees have conducted 988 brief interventions and 203 referrals to treatment.

**Parents: Integral to Prevention and Early Intervention**

Parents play an important role for youth substance use across the prevention, treatment, and recovery spectrum. However, many parents do not have the knowledge, resources, or confidence to appropriately provide this support. The Hilton Foundation is working in several communities to provide parents with education and support so that they are more equipped to play this important role:

- **Partnership for Drug-Free Kids** is working with two Foundation grantees – National Council for Behavioral Health and New Hampshire Charitable Foundation – to explore the potential effectiveness of a short parent education intervention in conjunction with adolescent SBIRT programming.

- **University of Minnesota and Kaiser Permanente** are conducting a research study that examines the impact of engaging parents in the brief intervention part of SBIRT in schools and pediatric health care settings.
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- **Reclaiming Futures** project in five sites includes a consultation with a parent/caregiver and a consult with parent/caregiver and youth together as part of their brief intervention sequence.

Grantees are investigating and researching different models of expanded prevention and early intervention services including: messages that should be sent by health care providers to children, adolescents, young adults and their families about substance use and how to engage patients/families in assuring these services are provided.

**Discussion**

Grantee activities to increase access to and implement SBIRT span the systems change spectrum. Some grantees are advocating for changing policy to make it more conducive to reimbursing for or allowing prevention and early intervention services, while others are changing provider systems to improve their capabilities, knowledge, and patient flow to provide universal screening or targeted SBIRT services. Expanding access to youth SBIRT requires an approach that invests significant resources and time in planning to ensure that the innovation is embedded through a defined and strategic process. Many grantees are implementing systems changes efforts with the intended outcome to substantially affect how youth substance use is prevented, identified, discussed, and treated. Quality improvement activities and universal screening for all youth are on one side of the continuum, while other projects are implementing interventions to identify outcomes and impact of a specific SBIRT model. Universal screening will lead to earlier identification of risky behavior and the changing of the prevalence of youth with substance use behavior.

Even though grantees were at different points in their projects, grantees followed consistent processes to develop and execute their projects:

- Planning, creating the appropriate prevention and early intervention model, and acquiring buy-in of and approval by partners and stakeholders (Institutional Review Board approval, financial, resources, and commitment)
- Developing materials and making systems compatible (electronic health systems, patient flow, provider hand-offs)
- Training relevant staff and providing ongoing support and technical assistance to ensure provider knowledge remains high and as providers turnover
- Conducting prevention and SBIRT services

In early analysis, the most critical component of efficient implementation post-grant award was that partnerships were developed and finalized prior to the award. This allowed for programs to hit the ground running on grant award.

At varying levels, grantees had some difficulty in exercising the processes associated with implementing the prevention, early intervention, and SBIRT services. At the site or state implementation level, challenges included:

- Knowledge and stigmatizing or ambivalent attitudes of providers, policymakers, parents, and caregivers about adolescent alcohol and drug use
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- Due to the limited evidence-base for routine alcohol and drug screening and brief intervention among youth under age 18, providers and policymakers are wary of the SBIRT model.
- Systems (reimbursement mechanisms; EHRs; confidentiality procedures) are not set-up for routine screening and resulting guidance, including payment structures for all aspects of SBIRT.
- Providers’ limited knowledge of and linkage to age-appropriate services based on higher risk screening results.

Through funding programs, the Foundation is working to overcome these challenges across its grantees, providing an opportunity to have a broad impact on knowledge, attitudes, and behaviors of providers and policymakers, improving systems to appropriately screen and intervene in youth substance use, and increasing the evidence base on SBIRT. More focus on changing attitudes and improving knowledge of providers, parents, and policymakers, in addition to those of youth, is critical to create and sustain long-term systems changes and improve the prevention, identification, and intervention of youth substance use.

Progress toward the Foundation’s goals is reflected in an increasing number of new screenings and intervention/treatment services delivered through the grant programming and an expansion of the number and types of settings in which SBIRT is delivered. Measuring SBIRT encounters is one method of counting progress to the goal; however, it is equally critical to unpack the variation in SBIRT models to ascertain the impact of the approaches and settings, as well as determine the impact of instruments, brief intervention, referral to treatment mechanisms, and providers delivering the care. Particularly insightful will be the mode of delivery as the promise and effectiveness of electronic-based and enhanced interventions to prevent or reduce risk for substance use in adolescents has been shown (Hopson, Wodarski, & Tang, 2015).

Grantees are working in the following settings: health care practices, including pediatric, hospitals, other primary care settings, and community behavioral health organizations; schools and school-based health centers; and juvenile justice and community-based programs. The diversity of the settings corresponds to the settings where youth are likely to be – in health care, schools, communities, and juvenile justice. It is critical to understand the characteristics of youth served in each of these settings, as well as the potential impact of implementing programs in these settings. Additionally, the identification and assessment of other, nontraditional settings and partners to engage in screening of youth and intervening early with at-risk use is also essential.

Several grantees are conducting extensive systems change activities to expand screening activities and improve the delivery of care for all youth, however, only a few grantees are tracking youth over time to examine the impact of their grant projects across systems on youth substance use, health, and wellbeing. While this requires a substantial investment, tracking youth is essential to examine the impact of SBIRT on youth behavior and to expand the evidence base on the impact on and outcomes of youth.
5. Objective 3: Strengthen the Evidence Base and Promote Learning – Progress to Date

While the research on the efficacy of SBIRT for youth is promising, it is extremely limited. This is due to the extensive time and resource investment needed to test and conduct follow-up of subjects in research studies, as well as the gap in available publications and products reporting on these results. Through funding grants in fulfillment of the Strategic Initiative, the Foundation is leading the way in conducting and reporting on research that examines the impact of SBIRT approaches and models.

Results
The Foundation is both exploring new ways of learning about implementing SBIRT in key youth service settings and is conducting traditional randomized control trials of SBIRT. These projects include:

- Using a web-based tool to conduct SBIRT in school health settings (Treatment Research Institute)
- Engaging parents in health and school settings through an innovative SBIRT model (University of Minnesota/Kaiser Permanente)
- Testing a self-administered, electronic screening and intervention tool to identify patient centered and intermediary outcomes by capturing follow-up outcomes on substance use and other behavior metrics. (Children’s Hospital Corporation/Boston’s Children Hospital)

Additionally, distinct models of SBIRT are being tested through the capturing of follow-up outcomes on substance use and other behavior metrics. These include:

- Developing a four-session mentor model using youth peers in recovery in six settings (Center for Social Innovation)
- Implementing an enhanced SBIRT model that provides continuous support from 6 to 24 months for at-risk youth in 130-150 sites (YouthBuild)
- Executing two tracks to implement an SBIRT model, with a special emphasis on pre-adjudication diversion, i.e., prior to a judicial finding of delinquency, through piloting SBIRT in the juvenile justice system and adding the brief intervention component to Reclaiming Futures model (Portland State University/Reclaiming Futures)

As shown in Exhibit 5.1, collecting and reporting individual-level data is a long-term endeavor and results from these models will be forthcoming as the projects progress.
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Exhibit 5.1. Collection of Outcome Data by Grantee

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Follow-up Timeframe</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Social Innovation</td>
<td>6 months</td>
<td>Health care, school</td>
</tr>
<tr>
<td>Children’s Hospital Corporation</td>
<td>6 and 12 months</td>
<td>Health care</td>
</tr>
<tr>
<td>Portland State University/ Reclaiming Futures</td>
<td>3 and 6 months</td>
<td>Juvenile justice</td>
</tr>
<tr>
<td>Treatment Research Institute</td>
<td>6 and 12 months</td>
<td>School</td>
</tr>
<tr>
<td>University of Minnesota/Kaiser Permanente</td>
<td>6 months</td>
<td>Health care, school</td>
</tr>
<tr>
<td>YouthBuild</td>
<td>12-18 months (or at end of participation in program)</td>
<td>Community</td>
</tr>
</tbody>
</table>

Fostering Learning and Building Knowledge of Grantees and the Field

In addition to supporting new research and promoting the evidence base to the broader community, the Foundation is committed to expanding the skills and knowledge of its grantees. The MEL Project has designed activities to foster learning and build knowledge among the grantees, including the Hilton Community for Healthy Youth, an online collaborative community: Activity includes viewing pages and posts, downloading files, creating posts, and commenting on posts. Grantees viewed content 882 times, made 20 comments, downloaded 79 documents, and created 19 items. The most popular content on the site were the Forum posts, with 298 views of 11 Forum posts, and 24 comments. The second most popular content was the Community News items, with 209 views of 12 news items, and one comment. Grantees have expressed appreciation of the resources and linkages provided through HCHY.

Other activities included weekly emails to all grantees, encouraging and promotion of grantee cross-fertilization, and webinars and other technical assistance activities. In Year 2, these activities will be expanded and analyzed for impact and effectiveness.

Discussion

The goals of this Objective are to identify the impact and results of testing different models of SBIRT and this is being done through six grantees projects. Some grantees are conducting follow-up as part of randomized control trials (Children’s Hospital Corporation, University of Minnesota/Kaiser Permanente) or studies examining the effectiveness of a specific intervention (Treatment Research Institute, Center for...
Social Innovation; University of New Mexico; National Council for Behavioral Health; Portland State University/Reclaiming Futures; YouthBuild). The research into the efficacy of SBIRT and studies will determine how different models of delivery vary in terms of youth outcomes. As specific models are being tested, which will identify the impact of a specific intervention in specific populations (e.g., youth with comorbid medical conditions, high-risk youth), the low number of youth being followed up leads to limited, but promising, generalizability to the broader population. The collection of individual-level data by the grantees is ongoing and the results and findings will be analyzed as the MEL Project progresses. It will be useful to examine the models of SBIRT being studied and identify new opportunities to fill the research gap.

While grantees are at their initial stages in their research, there have been some delays in approval by Institutional Review Boards, as well as recruitment of research subjects. Grantees continue to improve their projects’ procedures to expand recruitment opportunities – for example, through the translation into Spanish of study materials by Kaiser Permanente to increase the target population – and modify settings. Close relationships with grantees will help identify potential problems and provide technical assistance regarding their plans for recruitment, retention, and follow-up methods. Additionally, grantees should pro-actively identify potential problems and resolutions in their project materials.

Grantees are interested in and are requesting opportunities to network and collaborate. While the Hchy portal provides an opportunity for collaboration across grantees, utilization of the resource is relatively low. Additional activities for collaboration – including webinars, affinity groups, conference panels, and topical and state-specific briefs – may lead to greater collaboration and a cross-fertilization of knowledge.
6. Recommendations

Implementation of prevention and early intervention services, especially those with a SBIRT framework, is a multi-layered and complex process:

- Interventions need to have the evidence base for support to promote implementation
- Policymakers, providers, and other stakeholders need to recognize the need and change systems to be conducive to training and reimbursing providers
- Community members, parents, guardians, individuals, and providers need information and knowledge to understand, screen, and intervene in the youth substance use spectrum
- Systems need to be adapted and structured to support these activities

The Hilton Foundation is targeting each of these elements through its Strategic Initiative, providing an opportunity to have a broad impact on the feasibility and effectiveness of prevention and intervention programming for youth. Through Year 1 of the MEL project, five specific recommendations were developed to propel forward the Strategic Initiative’s activities and encourage broader and more impactful change in youth-serving systems (Exhibit 6.1).

Exhibit 6.1. Strategic Initiative Recommendations to Overcome Typical Barriers in Prevention and Early Intervention Implementation
Providers, policymakers, parents, guardians, and other stakeholders have limited knowledge and skills regarding youth substance use and prevention and early intervention activities. Additionally, negative attitudes and stigmatizing beliefs around youth substance use and promising practices for prevention and early intervention continue to persist. The Foundation’s grantees are working across the continuum and with multiple stakeholders to improve knowledge and skills and address negative attitudes in this area. Short- and long-term opportunities and activities exist to further combat these attitudes and beliefs, which include:

- **Short term:**
  - Gather input from stakeholders (providers, policymakers, parents, and youth) on messaging of P&EI/SBIRT and create an action plan to change perceptions based on the stakeholder input
  - Identify best practices for SBIRT training and technical assistance
  - Develop an integrated strategy to provide ongoing training and technical assistance to ensure that training/technical assistance is of high-quality and in accordance with best practices
  - Identify ways to communicate the importance of prevention and early intervention and engage young people and their parents/guardians in disseminating the messages
  - Bring non-traditional stakeholders to the table, expand training and technical assistance activities into previously untapped populations, and reach beyond typical partners to build support among targeted community and healthcare leaders
  - Create guidelines for use of a common language and less jargon (i.e. “SBIRT”) when describing prevention and early intervention activities

- **Long term:**
  - Assess implementation of skills trained and fidelity to the SBIRT training model
  - Identify projects that diversify target audiences to include school nurses, guidance counselors, after school, community recreational and college health service providers
  - Develop communication and dissemination plans and products to spread awareness of the grantee project results and outcomes

The SBIRT model is promising for adolescents, but the clear evidence-base for routine alcohol and other drug screening and brief intervention among youth under age 18 is limited. The Foundation is working to broaden the evidence base of SBIRT in health care, schools, community organizations, and juvenile justice programs through research studies and implementation of universal and targeted screening and intervention approaches. Activities to increase the evidence base and provide the field with resources to further understand the diversity of approaches serving youth and promote the impact of these activities on
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substance use include:

- Research the SBIRT models and approaches being implemented to unpack the models and identify the core components of brief interventions that seem to be most effective in reducing substance use among youth

- Conduct rigorous follow-up studies of the impact of SBIRT and its components on screened youth substance use

- Identify best practices based on target audience and setting in implementing SBIRT

- Fund projects that track impact on and outcomes of youth participating in brief interventions and referrals to treatment

- Conduct analyses to determine impact of universal screening by specific populations

The Affordable Care Act (ACA) aims to improve coordination of care, efficiency, and quality by reforming the health care payment and delivery systems and aligning financial incentives to reward quality and reduce costs. However, many systems, reimbursement mechanisms and payment structures for all aspects of SBIRT, electronic health records, and confidentiality procedures are not set-up for routine screening and resulting guidance. To further develop the infrastructure and improve systems and processes through opportunities available through the ACA, the following activities can be implemented:

- Conduct analyses of reimbursement and coverage policies in states with advocacy efforts to identify the impact of changes in legislation on the systems involved

- Create guidelines on the ACA and reimbursement mechanisms for legislatures and advocacy groups to use to create systems change

- Conduct technical assistance on changing systems and workflow for successful implementation and sustainability

- Create a brief on frequently asked questions on EHRs, including myths and facts on modifying EHRs to include SBIRT service prompts and results

- Identify and fund projects with a prevention framework and messaging

- Examine partnership opportunities to strategically fund implementation activities in nontraditional settings

- Determine specific impacts on providers newly conducting SBIRT activities
Practitioners across the care continuum have limited knowledge of and linkage to age-appropriate services based on higher risk screening results. Additionally, there is a perception by providers that youth screened mid to high risk will only be treated in the specialty sector, however, many youth that screen at-risk can be treated through behavioral health counseling and other services in the primary care network and may not be treated in the specialty sector. Screening results may also uncover other concerns that providers need to refer the youth to additional care and services. Recommended activities to further build capacity of practitioners to identify and provide appropriate linkages and referrals to care, including to the specialty treatment system, include:

- Examine referral mechanisms and treatment resources for youth screened low, mid, high risk
- Create a brief that includes a community assessment matrix for providers/practices to utilize designed to increase provider understanding of local options for treatment and additional services
- Develop recommendations for improving referral protocols and relationships with local behavioral health professionals
- Review confidentiality laws and provide guidance on confidentiality procedures for SBIRT implementation for schools/SBHCs, primary care, and community programs

Program development and implementation is complex. Multiple stakeholders are involved in the process, context plays a tremendous role, and decisions are numerous and oftentimes difficult. Additionally, programs may struggle with accomplishing activities in accordance with timelines, creating and realizing the goals for its activities, and instituting systems that are set up for data collection and analysis. Identification and implementation of best practices in program development and quality improvement procedures will encourage successful program identification and execution. To further develop core competencies and quality improvement metrics to improve programs, the following activities are recommended:

- Conduct an environmental scan on core competencies and quality improvement metrics for project planning and implementation
- Create and execute a strategy with defined measures and standards that follow best and promising practices in program development and implementation
- Identify process and outcome metrics with realistic project goals

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

5. Create core competencies and/or quality improvement metrics to support program development to align with promising and emerging practices
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- Create accountability metrics for funded projects (i.e., mid-year progress reports with requirements tied to payment; requirements to have partners on-board and a MOU established prior to grant award; description of IRB review requirements detailed in the application)

Through its Youth Substance Use Prevention and Early Intervention Strategic Initiative, the Hilton Foundation is impacting the systems and stakeholders surrounding youth substance use – these include policymakers and legislators, youth-serving providers and practitioners, parents, guardians, and individuals. The recommendations and key activities noted above are provided for the Foundation’s consideration to overcome common implementation challenges and expand the reach of its Strategic Initiative.
7. Next Steps for the MEL Project

Year 1 of the MEL Project focused on creating relationships, developing evaluation measures, collecting data related to the Foundation’s Objectives and grantee implementation measures, participating in in-person training and advisory committees, and conducting ongoing communications with grantees to obtain updates on project status, successes, and challenges. In Years 2 and 3, the Abt team will be embarking on various data collection efforts to further research projects in relation to the MEL Research Questions (see Appendix) and implement several recommendations and activities identified in Section 6. Additionally, ongoing communications through the site liaisons, collecting data on a quarterly basis, reviewing documents, and participating in in-person and virtual events and activities will be conducted. For projects that are newly funded, the Abt team will connect with grant leadership, develop their QDRF measures, help build local evaluation capacity, and identify resources and activities to support the MEL Project.

Stakeholder Interviews. Abt will conduct key informant interviews with leaders from each grant in order to gain an understanding of process, implementation, and outcomes related to the projects and to assess impact and sustainability of grantee activities. The interviews will be used to identify key learnings from each project, to better understand the challenges and successes grantees have encountered, and to develop recommendations that will help other grantees and stakeholders benefit from the experiences of current projects. Findings from the interviews will be summarized and disseminated in a report for the Foundation and its grantees.

SBIRT Implementation Rubric. Grantees will be assessed on the components of their SBIRT implementation to gain a better understanding of the various approaches to implementation of youth substance use SBIRT across the Foundation’s grantees. The rubric will identify the screeners used, length of the brief intervention and description, network and responsibilities of providers or partners, availability of, knowledge of and contact with referral to treatment providers, and description of the integration of the services for referral to treatment and service. The rubric, to be fielded via an online survey, will collect brief information about how SBIRT services are administered within each project, and to identify similarities and differences between implementation models across grantees. A summary report outlining the findings and recommendations for further integration and sustainability of the SBIRT model will be compiled into an aggregate report that will be shared with Hilton Foundation and its grantees, with shorter papers and briefs outlining the diversity of approaches. Additionally, grantees will receive an analysis of their results for their internal use.

Quarterly Data Reporting Forms. As organizations are funded by the Foundation, the Abt team will work collaboratively to develop grantee-specific objective, process, and implementation. All grantees are required to complete their grantee-specific quarterly data reporting forms (following the calendar year) to measure progress to their identified goals. During the regular calls between the Abt site liaison and the grantee, the data reported in the QDRFs will be discussed and confirmed. These calls also provide
ongoing technical assistance to the grantees. The QDRF data will be analyzed to measure grantees’ process and implementation status, as well as provide insight into the progress to the Foundation’s goals.

**Participation in Meetings, Trainings, and Presentations.** The Abt team will participate in grantee meetings and trainings, which will allow the Abt team to gather information and perspectives of the grantees’ activities. Additionally, the Abt team will seek to spread knowledge and information gained through presenting at virtual and in-person meetings and conferences.

**Short Briefs and Reports.** The Abt team will work collaboratively with the Foundation to identify key topic areas for the development of briefs and reports. These briefs, which will be disseminated through the Strategic Initiative, might include state snapshots, emerging issues (i.e., marijuana legalization), or innovative methods to engage youth in brief interventions.

**Cross-grantee Engagement through Affinity Groups.** In addition to posting questions and resources to HCHY, weekly emails to grantees with grant “spot lights”, and making individual grantee connections, Abt will develop virtual affinity groups for grantees addressing similar issues, for example:

- Schools/SBHCs
- Community
- Juvenile justice
- Health care
- Policy and advocacy
- Training

Grantees will self-select to participate in the affinity groups and Abt will mediate monthly calls with those that want to attend. On a revolving basis, grantees will be asked to lead the calls. The affinity calls will start in late 2015.

**Bimonthly Webinars.** To broaden the perspectives and increase the knowledge of the grantees and their networks, bimonthly webinars will also be conducted and might include the following:

- Brief Negotiated Interviewing for Adolescents
- Effective Brief Interventions for Adolescent Marijuana Use
- Privacy and Confidentiality for SBIRT Services
- Navigating School Systems: Addressing Barriers to Implementing SBIRT Programs in Educational Settings

Presenters may include grantees as well as recognized experts in the field and will be available to grantees and their networks operating under the Hilton grant.

**Conclusion**
Abt is excited to continue our work with the Hilton Foundation. In Years 2 and 3 of the MEL Project, we will implement the next steps and recommendations identified throughout this Report to expand the critical efforts of the Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative.
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References


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Appendix A. MEL Project

Approach

The goals of the MEL Project are to examine grantees' efforts to meet the Foundation’s Goals and identify progress to individual grant project’s goals, advise the Foundation on strategies to advance the Strategic Initiative, and engage grantees and broader stakeholders in developing and disseminating lessons learned from grant projects and other relevant SBIRT initiatives. In January 2015, Abt submitted and the Foundation approved our MEL Plan that details our approach for implementing the MEL Project. Our approach encourages ongoing collaboration with the Foundation and the grantees to ensure that the measures we develop, activities we engage in, and data we collect are high-quality and reflect the Foundation’s strategy, objectives, and goals.

The Foundation has centered its funding around three primary Objectives and selected a diverse group of grantees employing different activities or approaches to address those Objectives and the associated Goals. The Theory of Change (Exhibit A.1) indicates improved youth health outcomes and prevention and early identification of substance use is the ultimate goal of all of the Foundation’s funding and is achieved through the identification of innovative and effective methods or programming.

The evaluation of each grantee’s unique impact is not the task of the MEL Project, instead, it is to assess the success of the Strategic Initiative in reaching its three Objectives:

1. Increase skills and knowledge of SBIRT within the medical community and other youth service settings
2. Improve the implementation of SBIRT services for youth
3. Strengthen the evidence base and promote learning

Although the grantees are using different approaches to meet their project goals, many share common measures related to each of the Strategic Initiative areas highlighted in our Logic Model (Exhibit A.2); for example number of persons trained, number of organizations implementing SBIRT in adolescent settings, number of youth screened, number of youth receiving brief intervention sessions, and number referred to treatment, etc. These common measures provide the Foundation with data to analyze the contribution of its grantees relative to the Foundation’s goals. Additionally, in a few cases, grantees are testing the effectiveness of methods of delivery of SBIRT and tracking longer-term outcomes of youth receiving services, which allows us to learn more about how SBIRT impacts youth outcomes and how settings adapt the SBIRT intervention for better implementation.
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Exhibit A.1. Theory of Change

- Expand SBIRT education and training of youth providers
- Expand settings where SBIRT is adopted: schools, health centers, community programs

• Integrate behavioral health systems with primary care for youth through SBIRT implementation
• Eliminate systems barriers to reimbursement and implementation of SBIRT through policy change

• Create youth SBIRT curricula and state-of-the-art training and innovation dissemination materials
• Support basic research in SBIRT implementation and effectiveness

Increase SBIRT for youth access and capacity

Diffusion of program and systems policy implementation models

Increase the quality and integration of primary care and behavioral health systems

Increase the health and wellness of youth people through early identification, prevention, and treatment of behavioral health problems
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Exhibit A.2. Logic Model

**INITIATIVE GOALS**
- Increase the number of health care providers trained and/or aware of SBIRT screening techniques
- Improve the skills of practitioners in CBHOs to address substance use disorders in youth
- Increase the number of youth screened
- Increase the capacity to screen youth (more providers, new settings)
- Increase the knowledge base on the effectiveness of SBIRT for youth

**CONTEXTUAL CONDITIONS**
- Existing linkages across state, tribal, and local service systems
- Existing policies & procedures
- Community risk and protective factors

**GRANTEES’ ACTIVITIES**
- Establish 21 new Physician accreditation programs, 6 in youth practice (ABAMU)
- Train 30 CBHOs in 5 states to utilize Medicaid to pay for SBIRT (NCBH)
- Train clinical staff in 12 sites on SBIRT protocols (NHCF)
- Train CBHOs in using Medicaid to pay for SBIRT services (NCBH)
- Enroll youth with mild to moderate SU and parents in SBIRT study in pediatric health clinics and high schools (UMN)
- Develop and utilize new tool for screening for SU, MH, other issues (UMN)
- Create SBIRT Advocacy Toolkits: campaign templates, fundraising strategies, policy memos (CC)
- Expand sustainable funding streams (CC)
- Expansion of SBIRT into higher education settings (OSUF)
- Increase use of SBIRT in school based health clinics (SBHA)
- Expand SBIRT screening to youth not served in traditional health care or school settings (YouthBuild, Center for Social Innovation, CHC)
- Create national support network of parents (Partnership)
- Develop materials, webinar series on best practices and disseminate (NCBH)
- Pilot program (CRAFT workshops and training parent coaches) to engage parents in SBIRT programming (Partnership)
- Pilot and evaluate computerized screening protocols and motivational counseling intervention in school based health clinic (TRI)
- Create and disseminate SBIRT protocol checklist, an app for smart phones (OSUF)
- Recruit and train health providers in 35 school based health centers (UMN)
- Develop online interactive youth SBIRT curriculum and implement the curriculum in 24 nursing and social work schools (NORC)
- Develop online education tool for pediatricians and train (AAP)
- Pilot SBIRT in juvenile justice sites (PRI, PSU)
- Develop a guide for implementation in juvenile justice settings (PRI)

**OUTPUTS**
- # of sites involved by # of settings
- # of staff trained
- # accreditation programs established
- # CBHOs trained
- # of CBHOs using Medicaid to pay for SBIRT services
- # state utilizing Medicaid and other funding sources for SBIRT
- # of CBHOs using SBIRT in vulnerable youth populations
- # of youth screened and served with research study II
- # of toolkits, templates, strategy briefs, policy memos distributed
- # of new higher education and other school-based health clinic settings/providers using SBIRT
- # of non-traditional settings providing SBIRT
- # of youth screened in non-traditional setting (YouthBuild participants, etc.)
- Integrate SBIRT into routine programming in an expanded number of non-traditional settings
- Creation/utilization of website, educational outreach program, directory of resources for parents
- # of webinars held on best practices
- # curriculum, modules, and training materials
- # of publishable reports, on evaluation/ project findings, financing mechanisms, recommendations for policymakers
- # of schools involved in SBIRT
- # SBHC staff trained in youth SBIRT
- Adoption of curriculum in 60 nursing and social work schools
- Train 300 pediatricians and 60 pediatric practices on youth SBIRT curriculum
- Implementation of SBIRT, screening of 500 youth in 5 juvenile justice sites
- Manual for implementation in juvenile justice settings

**OUTCOMES**
- Increased number of medical and residency programs routinely teaching SBIRT and fellowship programs with SBIRT established as a specialized medical field in targeted area
- Increased use of Medicaid in paying for SBIRT in grant area
- Increased # of medical professionals skilled in providing youth SBIRT in grant area
- Increased # of school settings using SBIRT
- Increased # of settings serving high risk or vulnerable populations using SBIRT in targeted area
- Overall # of youth newly screened and served in areas grantee serve
- Increased level of understanding, knowledge of SBIRT among sample of policymakers in targeted areas
- Overall # of setting/ providers now using SBIRT programming in areas grantee’s serve
- # of citations to grantees program publications, reports
- Maintenance of programs and curriculums developed by grants
- Increased use of SBIRT curriculum in nursing and social work education
- Increased # of pediatricians trained and implementing youth SBIRT in their practices
- Expansion of services and knowledge of SBIRT in juvenile justice settings
### Research Questions for Objectives 1, 2, and 3
#### Exhibit A.3. Measuring Process and Outcomes for Objective 1

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Measure</th>
<th>Data Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 What successes and challenges were encountered in recruiting and training health care providers, physicians?</td>
<td>Description of barriers, challenges, lessons learned from implementation of training programs</td>
<td>Interviews with directors, staff, key stakeholders</td>
</tr>
<tr>
<td>1.2 What are effective and promising approaches for recruiting and training health care providers?</td>
<td>Programs reaching training targets with highest rates of completion</td>
<td>Quarterly Data Reporting Form&lt;br&gt;Materials, curriculum review</td>
</tr>
<tr>
<td>1.3 What curriculum was used and what worked/didn’t work with the curriculum?</td>
<td>Number of physicians and providers completing Foundation funded training</td>
<td>Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>1.4 How many physicians, health care providers, and other youth practitioners were trained as a result of the Foundation funding?</td>
<td>Percent of persons trained with pre/post positive change in knowledge scores; Percent with self-reported gain</td>
<td>Grantee Quarterly Data Reporting Form&lt;br&gt;Online survey</td>
</tr>
<tr>
<td>1.5 What proportion of those trained showed improved level of knowledge regarding youth SBIRT as a result of the training?</td>
<td>Percent of those trained reported using SBIRT post training</td>
<td>Online survey&lt;br&gt;Grantee evaluation data (where available)</td>
</tr>
<tr>
<td>1.6 How many of those trained were implementing SBIRT in their practices post training?</td>
<td>Number of accreditation, fellowship, sustained training programs established</td>
<td>Grantee Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>1.7 How many accreditation programs/fellowships/standing training programs teaching SBIRT to health care practitioners were established?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Questions</td>
<td>Measure</td>
<td>Data Source(s)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>2.1 How many youth were newly screened, provided BI, and/or RT as a result of Foundation funding?</td>
<td>Number of youth screened, number receiving BI, number RT</td>
<td>Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>2.2 What were the barriers to screening, BI and RT in each setting funded?</td>
<td>Self-reported issues related to screening, BI, RT in each setting</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td>2.3 What is the variety of approaches/models used in screening and BI used across grantees?</td>
<td>Review of materials, descriptions of program models</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td>2.4 For programs implementing SBIRT, how are they integrated with local treatment community for RT?</td>
<td>Processes for referral for treatment (internal or external referrals)</td>
<td>Review of proposals, program materials</td>
</tr>
<tr>
<td></td>
<td>Interagency agreements with treatment programs</td>
<td></td>
</tr>
<tr>
<td>2.5 What was the retention/completion rate in BI and/or treatment provided?</td>
<td>% of youth completing BI</td>
<td>Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>2.6: What was the relative effectiveness of the different approaches at retaining youth in the BI portion of the program and/or parents?</td>
<td>Average retention rate in BI Cross model comparison of retention and competition rates</td>
<td>Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>2.7 How much private and public funding external to Foundation grant funds was leveraged to provide SBIRT implementation?</td>
<td>Report of external public and private funding sources</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td>2.8 How many new/additional programs now provide SBIRT for youth as a result of the funding?</td>
<td>Number and type of activities conducted</td>
<td>Review of proposals, program materials</td>
</tr>
<tr>
<td></td>
<td>Report of new SBIRT program implementation in grantee catchment area</td>
<td></td>
</tr>
<tr>
<td>2.9 What additional settings (schools, CBOs, JJ settings) were successful in implementing SBIRT for youth?</td>
<td>Number of new SBIRT utilization sites implemented by type</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td></td>
<td>Long-term follow-up data on youth outcomes</td>
<td>Local evaluation data</td>
</tr>
<tr>
<td>2.10 What behavioral changes resulted from SBIRT services in those grantees tracking long-term results?</td>
<td>Cross model comparison of full implementation</td>
<td></td>
</tr>
<tr>
<td>2.11 What innovative methods of delivery of SBIRT were the most successful in achieving full implementation of SBIRT?</td>
<td>Number of states with reimbursement capability established</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td>2.12 What state or private insurer policies were improved to promote payment for SBIRT?</td>
<td>Model/approach analysis of new state policies</td>
<td>Interviews with Directors, staff</td>
</tr>
<tr>
<td>2.13 What approaches were most successful in improving state policies regarding SBIRT implementation and reimbursement?</td>
<td>Review and analysis of systems changes</td>
<td>Quarterly Data Reporting Form</td>
</tr>
<tr>
<td>2.14 What policy, systems, and practice changes were achieved through leveraging the Foundation-funded</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Research Questions | Measure | Data Source(s)
--- | --- | ---
Exhibit A.5. Measuring Process and Outcomes for Objective 3

3.1 How many publications, conference presentations, and trainings webinars were conducted that report on grantee results from Foundation funding? | Number of presentations, webinars, online courses, TA sessions conducted, publications, curricula developed | Quarterly Data Reporting Form
| | | Interviews with Directors, staff

3.2 How many and what types of organizations adopted the curriculum and/or training materials developed with funding? | Numbers and type of organizations adopting SBIRT curriculum/materials as a result of grant funding | Quarterly Data Reporting Form
| | | Interviews with Directors, staff

3.3 What dissemination approaches were most effective in reaching relevant audiences? | Difference in adoption/implementation across dissemination models | Quarterly Data Reporting Form
| | | Interviews with Directors, staff

3.4 How many and what types of new SBIRT products (toolkits, training manuals, and web based screening tools) were developed for dissemination? | Number and types of new products developed | Quarterly Data Reporting Form
| | | Interviews with Directors

3.5 What was the reach of the dissemination activities? | Number and types of recipients of dissemination of products | Quarterly Data Reporting Form
| | | Interviews with Directors, staff

3.6 Where have the materials, programs, etc. been adopted? | | |

3.7 What were the varying models of SBIRT utilized? What is the relative effectiveness of the different models in driving change in behavior? | Models and analysis of SBIRT models | Quarterly Data Reporting Form
| | | Interviews with Directors, staff

Data Sources to Implement the MEL Project
Throughout the MEL Project, multiple data sources will capture progress to the Foundation’s Goals. These include:

- **Review of Grantee Materials and Local Evaluation Data**, which may include training materials, policy guides, screening tools, intervention protocols, assessment tools, technical assistance and information packages, tables or reports resulting from the local evaluations, Site Liaison calls, and on-site meetings and presentations.

- **Monthly/Bimonthly Site Liaison Phone and Email Communications** that provide status updates on the grant programs, identify challenges encountered, provide support and limited
Conrad N. Hilton Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative: Impacting Youth Substance Use, Health, and Wellbeing

technical assistance, determine changes to the project’s timeline and workplan, and ascertain lessons learned.

- **Grantee Quarterly Data Reporting Forms (QDRFs)**, reported by each grantee on a quarterly basis and reflects individual grantee’s progress to the Strategic Initiative’s three Objectives and to grantee-specific process and implementation measures. Abt and the grantees collaborated to create measures that respond to the individual project’s objective, target population, setting, and implementation approach.

- **Interviews with Grantee Directors, Staff, and Key Stakeholders** identifying implementation processes, staffing, challenges, funding sources, utilization of MEL learning resources, etc.

- **On-site Observations** by participation in on-site activities and events, which may include project advisory council meetings, conferences, and trainings, SBIRT implementation specific setting, e.g., school, community-based setting, and health practices.

- **Engagement in Hilton Community for Healthy Youth (HCHY)**, the online collaborative community developed for the project that provides a vehicle where grantees, Foundation, and Abt staff can connect with others, see their work in a broader context, learn about the diverse efforts of the grantees, and share their experiences, knowledge, and successes, so that everyone can learn and benefit from them. Each grantee receives one to two user accounts; the number of allotted accounts depends on the size and type of the grant.
### Appendix B. Youth Substance Use Prevention and Early Intervention Strategic Initiative Grant Programs (as of June 30, 2015)

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Description</th>
<th>Grant Amount</th>
<th>Period of Performance</th>
<th>States Impacted</th>
<th>Setting</th>
<th>Target Audience</th>
<th>Hilton Foundation Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics</td>
<td>AAP is increasing utilization of SBIRT among pediatric providers serving adolescents. Key components include a learning collaborative to design and implement best practices, including quality measures, and development of an EQIPP® (Education in Quality Improvement and Pediatric Practice) module an online tool to train pediatric practitioners.</td>
<td>$1,240,000</td>
<td>10/1/14-9/30/18</td>
<td>To be determined</td>
<td>• Health care  • Providers serving youth • Youth</td>
<td>Expand education and training Increase access and strengthen implementation Develop and disseminate knowledge</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health System Baltimore</td>
<td>BHSB is leading a multi-jurisdictional, multi-partner initiative to integrate adolescent SBIRT into pediatric primary settings and school-based health centers across Maryland.</td>
<td>$1,000,000</td>
<td>1/1/15-12/31/17</td>
<td>MD</td>
<td>• Health care • Schools</td>
<td>Providers serving youth • Youth</td>
<td></td>
</tr>
<tr>
<td>Grantee</td>
<td>Description</td>
<td>Grant Amount</td>
<td>Period of Performance</td>
<td>States Impacted</td>
<td>Setting</td>
<td>Target Audience</td>
<td>Hilton Foundation Objective</td>
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<tr>
<td>Boston University, School of Public Health</td>
<td>Boston University hosted a convening and developed recommendations on utilization of technology based interventions to address substance use among college students.</td>
<td>$47,000</td>
<td>6/1/14-5/31/15</td>
<td>Nationwide</td>
<td>Schools</td>
<td>• Community, family, or peers in recovery • Youth</td>
<td>Expand education and training Increase access and strengthen implementation</td>
</tr>
<tr>
<td>California Community Foundation</td>
<td>CCF is leading a convening and planning process to explore the feasibility of implementing SBIRT for adolescents in Los Angeles County.</td>
<td>$50,000</td>
<td>8/1/14-9/1/15</td>
<td>CA</td>
<td>Health care</td>
<td>• Providers serving youth • Youth</td>
<td>Develop and disseminate knowledge</td>
</tr>
<tr>
<td>Center for Health Care Strategies</td>
<td>CHCS is convening a small group consultation, the focus of which will be to facilitate a more comprehensive understanding of the opportunities, like SBIRT, to create sustainable approaches that ensure access to Medicaid-financed substance use prevention and intervention services for adolescents.</td>
<td>$165,000</td>
<td>4/1/15-3/3/16</td>
<td>Nationwide</td>
<td>Health care • Policymakers • Providers serving youth • Youth</td>
<td></td>
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<td>Grantee</td>
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<tr>
<td>Center for Social Innovation</td>
<td>C4 is partnering with researchers, practitioners, and young people in recovery from substance use disorders to determine how peer-based interventions can be effective at motivating change and promoting healthy choices for adolescents as part of the SBIRT model.</td>
<td>$1,500,000</td>
<td>12/1/14-11/30/17</td>
<td>To be determined</td>
<td>• Health care</td>
<td>• Youth</td>
<td>Expand education and training</td>
</tr>
<tr>
<td>Children's Hospital Corporation</td>
<td>CHC is conducting a research study to define and disseminate a set of outcome measures for real-world clinical settings to accurately detect substance use frequency, patient centered outcomes and intermediate measures of impact of adolescent SBIRT. The research is also testing an adolescent protocol for youth with chronic medical conditions, through a randomized control trial of a brief intervention delivered at point of care during routine health care visits.</td>
<td>$2,000,000</td>
<td>12/1/14-11/30/18</td>
<td>MA</td>
<td>• Health care</td>
<td>• Providers serving youth</td>
<td>• Youth</td>
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### Conrad N. Hilton Foundation’s Youth Substance Use Prevention and Early Intervention Strategic Initiative: Impacting Youth Substance Use, Health, and Wellbeing

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<tr>
<td>Community Catalyst</td>
<td>This project is developing consumer-led advocacy campaigns in six states (GA, MA, NY, NJ, OH, WI) 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.</td>
<td>$2,500,000</td>
<td>12/1/13-11/30/16</td>
<td>GA, MA, NJ, OH, WI</td>
<td>Health care, Schools</td>
<td>Policymakers</td>
<td>Expand education and training</td>
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<tr>
<td>Fractured Atlas/Greg Williams</td>
<td>Greg Williams is producing and conducting community discussion forums for Generation Found, a documentary film project about adolescents and the pediatric nature of the onset of addiction.</td>
<td>$50,000</td>
<td>10/1/14-9/30/15</td>
<td>Nationwide, TX</td>
<td>Schools, Community programs</td>
<td>Providers serving youth, Youth, Community, family, or peers in recovery</td>
<td></td>
</tr>
<tr>
<td>Health Care Access Maryland/Mosaic Group</td>
<td>Mosaic Group is adapting an Adolescent SBIRT checklist to support effective implementation of SBIRT for Foundation grantees.</td>
<td>$100,000</td>
<td>9/1/14-8/31/16</td>
<td>Nationwide</td>
<td>Health care, Community programs, Schools, Juvenile justice</td>
<td>Providers serving youth</td>
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<td>Kennesaw State University Research and Service Foundation</td>
<td>KSURSF is supporting the Center for Sustainable Journalism to develop media and communication materials to increase awareness among funders, policymakers and practitioners about adolescent substance use prevention and foster care and how the strategic initiative goals can promote opportunities and reduce barriers for these young people.</td>
<td>$250,000</td>
<td>4/1/15-3/3/16</td>
<td>Nationwide</td>
<td>Community programs</td>
<td>• Providers serving youth</td>
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<td>• Policymakers</td>
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<td></td>
<td>• Community, family, or peers in recovery</td>
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<tr>
<td>Legal Action Center</td>
<td>LAC is analyzing the implementation of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act, identify opportunities to improve access to preventative services, and provide technical assistance to state agencies, insurers, and advocates to improve policy and practice to expand access to prevention services.</td>
<td>$1,350,000</td>
<td>12/1/14-11/30/17</td>
<td>Nationwide</td>
<td>Community programs, Schools, Juvenile justice</td>
<td>• Providers serving youth</td>
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<tr>
<td>National Association of Alcohol and Drug Abuse Directors</td>
<td>NASADAD surveyed states about their youth SBIRT efforts, identified state level leaders, and developed lessons learned for dissemination to the substance use and health fields.</td>
<td>$60,000</td>
<td>1/1/2014-12/31/14</td>
<td>Nationwide, MA, MI, NY, OR, WI</td>
<td>• Health care • Community programs • Schools • Juvenile justice</td>
<td>• Policymakers</td>
<td>✓</td>
</tr>
<tr>
<td>National Council for Behavioral Health</td>
<td>The National Council is implementing SBIRT in Community Behavioral Health Organizations to screen adolescents with mental health disorders for substance use disorders. In addition, they are identifying strategies to strengthen EPSDT Medicaid financing for SBIRT.</td>
<td>$1,300,000</td>
<td>4/1/14-3/31/17</td>
<td>CA, CO, KS, NY, RI, TN</td>
<td>• Health care</td>
<td>• Providers serving youth • Youth</td>
<td>✓ ✓</td>
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<tr>
<td>National Opinion Research Center</td>
<td>NORC is developing an online interactive SBIRT curriculum for social work and nursing schools.</td>
<td>$2,000,000</td>
<td>To be determined</td>
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<td></td>
<td>• Providers serving youth • Youth</td>
<td>✓ ✓</td>
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| New Hampshire Charitable Foundation   | NHCF is expanding SBIRT for adolescents and young adults in New Hampshire in community health settings and advocating for state policy changes to sustain SBIRT financing. | $2,250,000   | 1/1/14-12/31/16       | NH, VT          | Health care  | • Providers serving youth  
• Policymakers  
• Youth                                                                 | Expand education and training  
Increase access and strengthen implementation  
Develop and disseminate knowledge |
| Ohio State University Foundation      | This project is helping to establish a national Higher Education Center on Alcohol and Drug Prevention and Recovery, to operate as a training and technical assistance center to promote SBIRT and other evidence-based strategies to address alcohol and other drug use on college campuses. | $2,000,000   | 7/1/14-6/30/17        | OH, to be determined | Health care  
Schools | • Providers serving youth  
• Youth  
• Community, family, or peers in recovery | Expand education and training  
Increase access and strengthen implementation  |
| Partnership for Drug-Free Kids        | The Partnership is developing, piloting, and evaluating an approach to engage parents in SBIRT programs and build a national peer support network of parents to address adolescent substance use. | $1,000,000   | 7/1/14-6/30/16        | CO, NY          | Health care  | • Providers serving youth  
• Youth  
• Community, family, or peers in recovery | Expand education and training  
Increase access and strengthen implementation  |
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<tr>
<td>Policy Research, Inc.</td>
<td>The National Center for Mental Health and Juvenile Justice, operated by PRI, seeks to develop, implement and test an SBIRT approach for youth involved in the juvenile justice system.</td>
<td>$610,000</td>
<td>9/1/14-8/31/17</td>
<td>To be determined</td>
<td>Juvenile justice</td>
<td>Providers serving youth, Youth</td>
<td>Expand education and training ✓</td>
</tr>
<tr>
<td>Portland State University/Reclaiming Futures</td>
<td>Reclaiming Futures is incorporating SBIRT into the model to expand early intervention and diversion opportunities for court-involved youth.</td>
<td>$2,000,000</td>
<td>9/1/14-8/31/17</td>
<td>NY, NC, OR, VT, WA</td>
<td>Schools, Juvenile justice</td>
<td>Providers serving youth, Youth</td>
<td>Increase access and strengthen implementation ✓ ✓</td>
</tr>
<tr>
<td>School-Based Health Alliance</td>
<td>SBHA is conducting a two-year pilot project to provide adolescent-specific SBIRT training and technical assistance to 10 school-based health clinics.</td>
<td>$250,000</td>
<td>6/1/14-5/31/16</td>
<td>CA, DC, IL, MD, NM, OR</td>
<td>Schools</td>
<td>Providers serving youth, Youth</td>
<td>Develop and disseminate knowledge ✓</td>
</tr>
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<tr>
<td>The ABAMI Foundation</td>
<td>This project is establishing the National Center for Physician Training in Addiction Medicine, to educate and train physicians in addiction medicine and prevention/early intervention of adolescent substance use.</td>
<td>$2,000,000</td>
<td>11/1/13-10/31/16</td>
<td>British Columbia (CAN), CA, CO, CT, FL, IL, KY, MD, MA, MI, MN, NY, OH, OK, Ontario (CAN), PA, WA, WI</td>
<td>Health care, Community programs, Schools, Juvenile justice</td>
<td>Providers serving youth, Youth</td>
<td>Expand education and training, Increase access and strengthen implementation</td>
</tr>
<tr>
<td>Transforming Youth Recovery</td>
<td>TYR is conducting a strategic planning process to launch Facing Addiction by: 1) conducting a public awareness campaign to build a coalition of stakeholders; 2) developing a research-based marketing and fundraising plan to motivate giving using tailored messaging; and 3) creating a social media campaign.</td>
<td>$250,000</td>
<td>4/1/15-3/3/16</td>
<td>Nationwide</td>
<td>Health care, Community programs, Schools, Juvenile justice</td>
<td>Providers serving youth, Policymakers, Youth, Community, family, or peers in recovery</td>
<td>Increase access and strengthen implementation</td>
</tr>
<tr>
<td>Treatment Research Institute</td>
<td>TRI is piloting an SBIRT approach in four New York City metro area schools utilizing a computerized screening protocol and tailored brief intervention.</td>
<td>$3,000,000</td>
<td>1/1/14-8/31/17</td>
<td>NY</td>
<td>Health Care Schools</td>
<td>Providers serving youth, Youth</td>
<td>Develop and disseminate knowledge</td>
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<tr>
<td>Trust for America’s Health</td>
<td>TFAH is conducting an expert convening to identify best practices and emerging models related to primary prevention and early intervention, and develop a set of indicators to serve as an agenda for advocates to pursue in their states.</td>
<td>$225,000</td>
<td>10/1/14-9/30/15</td>
<td>Nationwide</td>
<td>Health care • Community programs • Schools</td>
<td>• Policymakers • Community, family, or peers in recovery</td>
<td>Expand education and training</td>
</tr>
<tr>
<td>University of Minnesota/Kaiser Permanente</td>
<td>University of Minnesota is partnering with Kaiser Permanente’s Division of Research to conduct a research study on a SBIRT model for school and pediatric settings that is tailored to adolescents and involves parents.</td>
<td>$1,640,000</td>
<td>7/1/14-6/30/17</td>
<td>CA, MN</td>
<td>Health care • Schools</td>
<td>• Providers serving youth • Youth</td>
<td>Increase access and strengthen implementation</td>
</tr>
<tr>
<td>University of New Mexico</td>
<td>UNM’s Center on Alcoholism, Substance Abuse, and Addictions is implementing SBIRT in school-based health clinics throughout the state of New Mexico.</td>
<td>$1,700,000</td>
<td>9/1/14-8/31/17</td>
<td>NM</td>
<td>Health care • Schools</td>
<td>• Providers serving youth • Policymakers • Youth</td>
<td>Develop and disseminate knowledge</td>
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**Abt Associates**

MEL Project Year 1 Report

November 5, 2015
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<th>Setting</th>
<th>Target Audience</th>
<th>Hilton Foundation Objective</th>
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<tr>
<td>YouthBuild, USA</td>
<td>YouthBuild, USA is implementing a SBIRT model in community-based YouthBuild programs.</td>
<td>$1,800,000</td>
<td>4/1/14-9/3/17</td>
<td>CA, IL, KS, KY, LA, MA, MN, MI, MO, NV, NJ, NM, NY, OH, PA, SC, TX, VA, WV</td>
<td>Community</td>
<td>Providers serving youth</td>
<td>Expand education and training</td>
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