



Social Impact Consultants

Discovering better ways
to solve social problems

Substance Abuse Strategy *Strategy Development*

Prepared for:

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Executive Summary

- **Problem:** Substance abuse remains a huge problem for youth, with little investment by the philanthropic sector. However, promising evidence-based interventions can make a significant difference
- **What:** National effort to prevent and address youth substance use and abuse early on (ages 15-22)
- **How:** Expand the adoption of Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based best practice
- **With Whom:** National medical associations, medical educators, advocacy organizations, technical assistance providers, and research institutions

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The Strategy Development Process Followed Three Phases

**Phase I:
Landscape Assessment**

**Phase II:
Development of
Strategic Options**

**Phase III:
Final Strategic Plan**

Phase I Activities

- Conducted secondary research on the size and scope of the problem, needs, funding landscape current efforts, and intervention opportunities
- Conducted interviews with 29 national experts, practitioners, government representatives, and other funders
- Identified preliminary opportunities for focus areas

Phase II and III Activities

- Hosted a convening to engage a broad range of stakeholders working across the substance abuse field
- Conducted 33 additional interviews
- Conducted two focus groups – one with youth affected by substance abuse and another with their parents
- Toured an early intervention pilot, interviewing researchers, practitioners, and students
- Vetted and finalized strategy with Hilton Foundation board of directors

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The Substance Abuse Landscape Research Highlighted a Number of Insights to Inform the Foundation's Strategy

Summary of Insights from Landscape Research

- The understanding of substance abuse has evolved **from moral failure to prevention and treatment**
- Addressing substance abuse is of the utmost importance due to its **high cost for individuals and society**
- **Funding to address substance abuse is limited**, particularly for prevention
- Substance abuse has its **origins in youth**, where use patterns are especially risky, and brain development is not completed, increasing their vulnerability to substance abuse disorders

Youth is the critical period to prevent substance abuse disorders

The Foundation's Strategy Is Guided by a Set of Key Principles

Key Principles

- Achieve significant and measurable impact
- Support **large and vulnerable** population
- Drive long-term, **systemic change**
- Align with other **Hilton Foundation** initiatives
- **Leverage** public and private **funds and partnerships**

Early Intervention Provides a Focused and Systemic Approach to Preventing Substance Abuse Among Youth

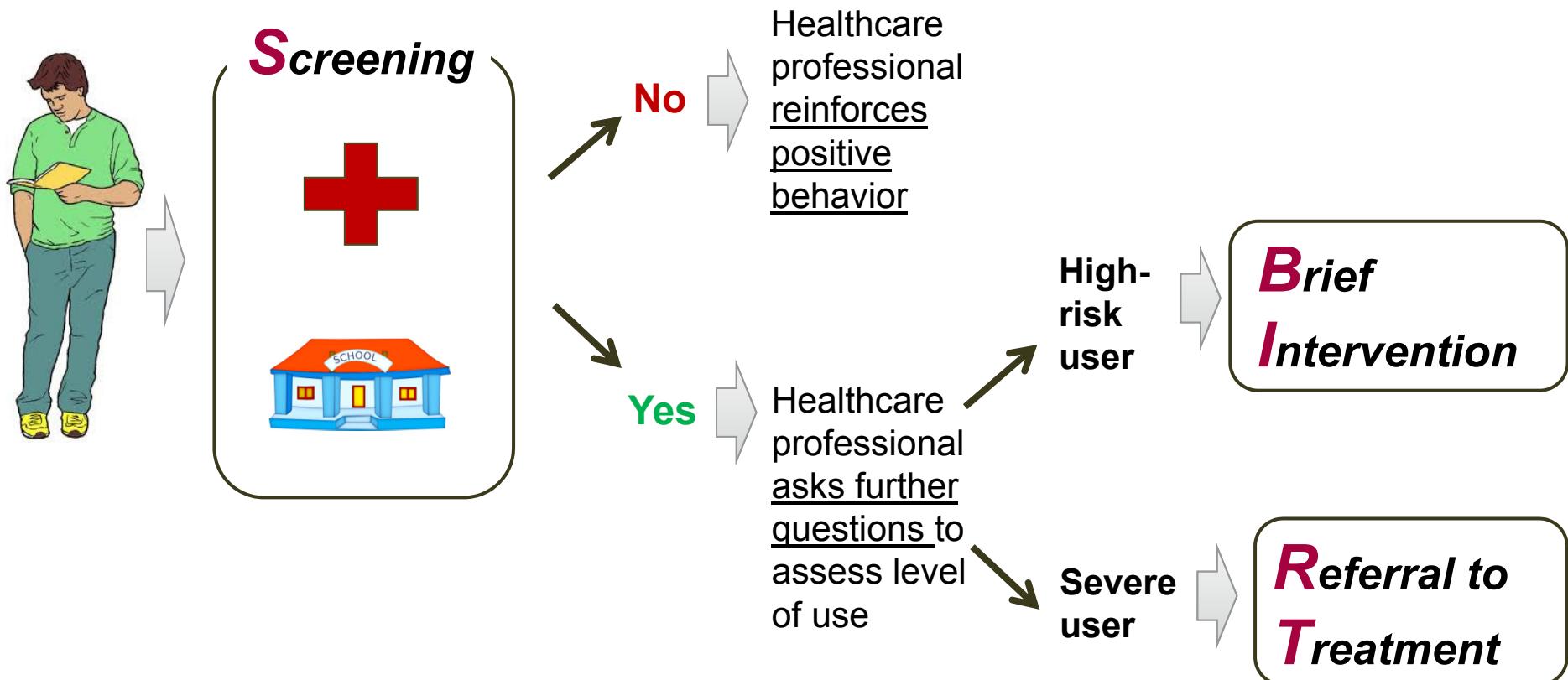
Expanding access to early intervention provides a systemic and leveraged approach to addressing risky behaviors and preventing harmful consequences by:



- Reinforcing the positive behaviors of non-users or low-risk users
- Identifying youth who are engaging in high-risk behaviors and providing a cost-effective brief intervention
- Identifying youth with severe use problems and referring them to treatment

The Hilton Foundation will partner with large public and private organizations to expand early intervention for youth

SBIRT (Screening, Brief Intervention, and Referral to Treatment) Is the Most Widely Used Early Intervention Approach

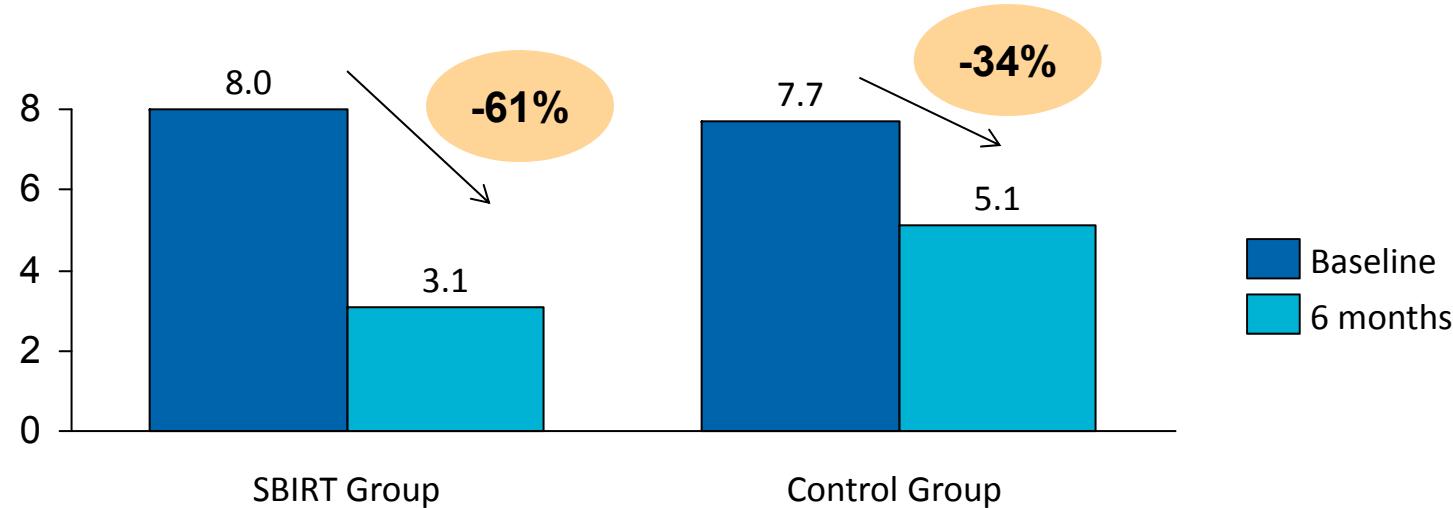


SBIRT helps identify youth at risk for substance abuse problems that might go unnoticed or untreated

A Strong Evidence Base Supports the Effectiveness of SBIRT

Reducing Substance Use

Change in # of Binge Drinking Days



Reducing Costs

A Robert Wood Johnson Foundation study demonstrated that for every \$1 spent on SBIRT approximately **\$4 can be saved in health care costs**



Source: Johnson et al., Reduction in illegal drug use among patients receiving SBIRT services during an emergency department visit: 6month results from GABASICS; SBIRT in Behavioral Healthcare, SAMHSA

The Foundation Will Focus on Three Strategic Opportunities to Foster the National Expansion of Early Intervention Services for Youth

— Opportunities —



Knowledge and Skills

— Rationale —

- Healthcare providers – a stakeholder group that needs to be involved in detecting risky behaviors and delivering early intervention services - have limited awareness and knowledge about how to best address youth substance abuse
- Several barriers hinder the ability of healthcare providers to implement early intervention services, and align and coordinate with other systems
- While there is a strong evidence base supporting the effectiveness of early intervention in decreasing risky behaviors among adults, there is a need to strengthen the evidence base for youth, including implementation in multiple settings and across multiple substances



Access and Implementation



Evidence and Learning



Expanding Early Intervention Nationwide Will Require Intensive Education of Healthcare Providers on SBIRT

Healthcare Providers Have Limited SBIRT Knowledge and Awareness

- Currently, there is **a lack of knowledge among healthcare providers** regarding how to identify and respond to substance abuse disorders for adolescents
- Even among healthcare providers, substance abuse is **not fully recognized as a public health issue**; therefore, some healthcare providers do not acknowledge the importance of their role in early intervention

There Is a Lack of SBIRT Education Opportunities Across Healthcare Disciplines

- There **is limited integration of SBIRT education** in medical training programs and curricula
- **Existing SBIRT education and training opportunities** are mainly **focused on primary care MDs**
- Additionally, there is a great **need for SBIRT education among other types of health care professionals** (e.g., nurses, physician's assistants, social workers, psychiatrists) given that MDs often do not have the time to do the screening and brief intervention themselves

There is a need for increased quality and quantity of SBIRT education opportunities across various healthcare disciplines



Several Opportunities Exist to Promote SBIRT Education for Healthcare Professionals Both In-training and Practicing Across Various Disciplines

1 How can knowledge among **providers-in-training** be increased?

- **Developing SBIRT courses** and embedding them in **medical school curriculums**
- Including SBIRT questions in the **United States Medical Licensing Examination** as an incentive for medical schools to teach SBIRT curriculums
- Incorporating **SBIRT training** in **medical residency programs**
- Developing **SBIRT standards** in **Health professions education accrediting agencies**



Disciplines

- Primary Care MD (esp. pediatricians)
- Nursing
- Social Work
- Clinical Psychology
- Psychiatry
- Physician Assistant
- Behavioral Healthcare Providers

2 How can knowledge among **practicing providers** be increased?

- Advocating for healthcare professional associations (e.g., AAP*) to issue **SBIRT policy statements and SBIRT practice guidelines**
- Increasing **Continuing Medical Education (CME) requirements** in a wide range of formats for practicing professionals to learn about SBIRT
- Building a **community of practice for SBIRT** among healthcare provider networks

Developing curriculums and including SBIRT in certifications, accreditation, and standards are key levers to increasing knowledge among healthcare providers



There Are Growing Efforts to Implement Early Intervention Services for Youth in Medical and Non-Medical Settings

Current SBIRT services are being delivered...

Population

- Largely **adult populations** (over age 18) and **some youth**

Settings

Most Prevalent

- Emergency rooms and trauma centers**
- Primary care**

Growing Efforts

- Schools**
- Online / computers (e-SBIRT)**
- Broader health care settings**
(e.g. managed care, FQHC)

Future Potential

- Churches**
- Youth development programs**
- Broader community venues**

However, current challenges to delivering SBIRT include...

Access

Youth's limited contact with **medical settings** compounded by the limited number of **medical providers offering SBIRT services** for youth highlight the need to expand youth access to early intervention in medical and non-medical settings

Financing

Limited available funding for the initial set up costs and **limited public and private reimbursement** for SBIRT services underscore the need to expand available funding for set-up costs and reimbursement

Delivery

Providers are challenged to **implement effective delivery models** that overcome practical barriers (e.g., staffing, workflow, systems, confidentiality) and **coordinate with the treatment community**

However, access, financing, and delivery challenges remain and must be addressed to expand the quantity and quality of youth SBIRT services



Several Opportunities Exist to Foster SBIRT Implementation by Expanding Access, Increasing Funding Streams, and Strengthening Delivery

Strategic opportunity

**Expanding the reach
SBIRT services for
youth in medical and
non-medical settings**

Illustrative approaches



- Support efforts to expand **SBIRT to a variety of settings** (e.g., pilot school-based SBIRT models)
- Advocate for inclusion of **SBIRT services within the accreditation requirements** of medical settings (e.g., Joint Commission guidelines for hospital accreditation) and performance measures
- Support the development of early intervention electronic tools and processes (eSBIRT)

**Increasing funding
streams for
implementation and
reimbursement for
SBIRT services for
youth**

- 
- Advocate for Substance Abuse Single State Agencies to **use prevention block grants to fund** early intervention services for youth
 - Advocate for **private insurers to adopt** SBIRT reimbursement for cost-savings and to encourage their provider networks to implement it
 - Advocate for **increased Medicaid reimbursement rates** and their **activation across states**
 - Collaborate with and leverage funding from other healthcare and youth development-focused funders

**Supporting providers
to embed and deliver
SBIRT services in
their practice**

- 
- Provide **technical assistance** to implement SBIRT, including dissemination of effective tools and approaches (e.g., electronic screening in primary care settings)
 - Support efforts to embed **SBIRT within a broader behavioral healthcare approach**, including broad-based screening and shared billing codes
 - Support **alignment efforts** between the **medical and the treatment community**



SBIRT for Youth Has a Limited but Promising Evidence Base That Is Backed by a Stronger Adult Research Base

Existing Evidence Base for SBIRT Effectiveness

| | |
|-----------------------------|---|
| SBIRT Overall | <ul style="list-style-type: none">• A strong body of evidence supports SBIRT effectiveness for adults (age 18+), especially for alcohol• Studies show the cost-effectiveness of SBIRT, estimating that for every \$1 spent on SBIRT, \$4 are saved |
| Youth-Specific SBIRT | <ul style="list-style-type: none">• The body of evidence for youth under 18 is still in the early stages of development; however, studies thus far have demonstrated positive effects and leading national organizations, such as SAMHSA and the American Association of Pediatrics have endorsed SBIRT as an effective early intervention approach for youth<ul style="list-style-type: none">– Motivational interviewing, a modality of brief intervention, has a broad evidence base for effectiveness with youth• While a few youth-specific tools have been developed (e.g., CRAFT) additional efforts are needed to build a solid SBIRT toolkit for youth• Experts have noted confidence that SBIRT will be effective with youth, as it is for adults. <i>“From a clinical standpoint and anecdotal experience, I don’t see why it wouldn’t be effective for adolescents.”</i> – John O’Brien, SAMHSA SBIRT grantee for WA and GA |

A stronger evidence of SBIRT for youth will attract more partners and funding, foster implementation among healthcare professionals

As a Philanthropic Leader, the Foundation Is Well Positioned to Support the Creation of New Knowledge and Disseminate Findings

Key Research Topics to Deepen the Field Understanding of

- Effectiveness in a variety of settings
- Efficient delivery models and use of eSBIRT
- Cost effectiveness of different models and settings
- Coordination and alignment approaches

The Foundation's strategic opportunities lie in both supporting the creation and dissemination of knowledge

- Support the **creation of new knowledge**
 - Fund innovative research efforts to **expand access to SBIRT in multiple setting** (e.g., pilots of youth SBIRT in schools, online SBIRT tools) and find **effective models to embed SBIRT in daily practice**
 - **Advocate for increased funding** to strengthen the evidence base for youth SBIRT (e.g., clinical trials and longitudinal studies)
- **Disseminate** new and existing knowledge among providers and policymakers

The foundation hopes to play a key role in taking the field's knowledge to the next level and developing a solid evidence base

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Vision **Youth substance use and abuse are detected and addressed early on, which provides a path toward healthy living**

Initiative Areas



Ensure health providers have the knowledge and skills to provide SBIRT



Expand access to, increase funding for, and strengthen implementation of SBIRT



Strengthen the evidence base and foster learning to improve prevention and early intervention

Additionally, the Foundation will keep an open door to support future innovative opportunities showing evidence of improving youth substance abuse outcomes

Vision

Youth substance use and abuse is detected and addressed early on, which provides a path towards healthy living

Initiative Areas**Knowledge and Skills****Access and Implementation****Evidence and Learning****Key Partners**

- Medical schools
- Accrediting organizations
- Advocacy organizations
- Health professionals associations

- Advocacy organizations
- Health and social service professionals associations
- Technical assistance providers
- Nonprofits working on parental engagement and education

- Medical schools
- Research institutions
- Health professionals associations

5 Year Goals



Increased Awareness and Skills

- Increase by 30,000 the number of pediatricians who have training and are aware of SBIRT's importance



Improved Access and Implementation

- At least 30% of U.S. youth age 15-22 have comprehensive SBIRT access
- Foundation leverages \$10M in private funding for SBIRT implementation and research



Strengthened Evidence Base and Learning

- Increase knowledge regarding SBIRT's effectiveness

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Over 50 Experts and Practitioners Were Involved in the Strategy Development Process (1/4)

Organizations

Completed interviews with experts and funders from the following organizations

Alcohol and Drug Services, County of San Diego Health & Human Services Agency

American Legacy Foundation

BEST Foundation

Betty Ford Center Children's Program and Training Academy

Bureau of Substance Abuse Prevention, IL Department of Human Services

CA Department of Alcohol and Drug Programs

Communities Against Substance Abuse in San Diego

Community Coalition in South LA

Community Anti-Drug Coalitions of America (CADCA)

Center for Educational Research and Development, Berkley University

Centers for Medicare and Medicaid Services

Coalition for a Drug Free Greater Cincinnati

Over 50 Experts and Practitioners Were Involved in the Strategy Development Process (2/4)

Organizations

Completed interviews with experts and funders from the following organizations

Daniels Fund

Drug Strategies

Faces and Voices of Recovery

Franklin County Communities that Care

Harvard Medical School

Join Together

Kate B. Reynolds Charitable Trust

LA County Public Health, Substance Abuse Prevention and Control

Minnesota Department of Human Services

National Center on Addiction and Substance Abuse (CASA) at Columbia University

National Council for Community Behavioral Healthcare

National Institutes of Health (NIH)

Over 50 Experts and Practitioners Were Involved in the Strategy Development Process (3/4)

Organizations

Completed interviews with experts and funders from the following organizations

National Institute on Drug Abuse (NIDA)

New York City Department of Health and Mental Hygiene

NYC Prevention Resource Center

New York State Office of Alcoholism and Substance Abuse Services, Prevention Bureau

Office of Behavioral Health Prevention Services, Louisiana

Open Society Institute (OSI)

Partnership for a Drugfree America

Pacific Institute for Research and Evaluation (PIRE)

Penn Center for Substance Abuse Solutions

Phoenix House

PROSPER - Partnerships in Prevention Science Institute

RAND: Drug Policy Research Center

Over 50 Experts and Practitioners Were Involved in the Strategy Development Process (4/4)

| Organizations |
|---|
| <i>Completed interviews with experts and funders from the following organizations</i> |
| Robert Wood Johnson Foundation |
| Substance Abuse and Mental Health Services Administration - Center for Substance Abuse Treatment (SAMHSA/CSAT) |
| Substance Abuse and Mental Health Services Administration - Office of Policy, Planning & Innovation (SAMHSA/OPPI) |
| SHIELDS for Families Heros & Sheros Program |
| Society for Adolescent Health and Medicine |
| Stanford School of Medicine |
| The Coalition for Whole Health |
| The Health Foundation of Greater Cincinnati |
| UCLA Integrated Substance Abuse Programs |
| University of Wisconsin-Madison |
| Vista Hill Foundation |
| White House Office of National Drug Control Policy (ONDCP) |

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