Hilton Foundation
Early Identification and Intervention:
Preventing Adolescent Substance Use Problems

Strategic Stakeholder Convening
September 27, 2017
Executive Summary

On September 27, 2017, the Legal Action Center, supported by the Hilton Foundation, convened national substance use disorder experts and representatives of national and state level public, private sector and non-profit leaders to identify concrete strategies to change the trajectory of the adolescent addiction crisis in the United States. With the understanding that addiction begins in adolescence, the convening focused on the importance of screening youth for substance use, and providing early intervention opportunities and referral to treatment as needed.

Paul Samuels, J.D, Director/President, Legal Action Center (LAC), and Alexa Eggleston, J.D., Senior Program Officer, Hilton Foundation opened the meeting by challenging Convening participants to identify creative opportunities for identifying and addressing adolescents at risk of substance use disorders.

Keynote presenter Stacy Sterling, DrPH, MSW, MPH, Research Scientist, Division of Research, Kaiser Permanente, discussed research findings, particularly related to screening, early intervention and referral to treatment (SBIRT). Dr. Sterling acknowledged that existing research findings have yielded mixed results and identified the need for additional research on the effectiveness of screening, brief intervention and referral to treatment for adolescents. Although major medical associations (e.g. the American Academy of Pediatrics and the American Medical Association) do recommend screening adolescents for substance use, given the insufficient research base, the U.S. Preventive Services Task Force has withheld its endorsement of SBIRT for adolescents. Dr. Sterling suggested that next steps for the field include identifying new SBIRT models tailored to the adolescent population; identifying appropriate settings; utilizing social media and technology; assuring that SBIRT models are culturally and linguistically appropriate; addressing adverse childhood experiences; and employing a broader range of short- and long-term outcomes (e.g. substance use initiation, academic measures, family functioning) to assess effectiveness.

The Convening proceeded with presentations addressing the elements of an effective early intervention strategy for adolescents. The first panel addressed financing issues. Kimberly Johnson, Ph.D., Director, Center for Substance Abuse Treatment, SAMHSA stressed that SBIRT is part of the continuum to maintain health and treat disease. CSAT/SAMHSA has funded SBIRT awards that provide resources at both the state and local levels for many years. Examples of implementation issues include: incorporating screening into routine primary care; following up on a positive screen for substance use; employing team based approaches; identifying and employing reimbursement strategies; and assuring program sustainability when grant funds end.

Dr. Johnson suggested assuring universal screening for substance use of adolescents across a variety of settings; including reducing risky substance use as an outcome; addressing family settings and environment; maintaining ongoing early interventions over time: and, using technology to engage adolescents in early intervention or treatment as needed.

Kirsten Beronio, J.D., Senior Policy Advisor for Behavioral Health Care, Center for Medicaid and CHIP Services (CMCS), Centers for Medicare and Medicaid Services, stated that populations covered by Medicaid and the Children's Health Insurance Program (CHIP) have some of the highest prevalence rates of substance use and mental health disorders in part because of the higher rate of adverse childhood experiences. She acknowledged that payment issues often drive both practice and public policy. Ms. Beronio described current Medicaid opportunities to support screening and early intervention including Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) and recent CMS guidance to help providers and recipients identify implementation resources. Less well known opportunities for implementing SBIRT through Medicaid and CHIP include an option for states to designate up to 10 percent of CHIP funds to health services initiatives; the December 2014 clarification of the Medicaid school-based health care center Free Care rule; and, a CMCS-developed toolkit encouraging states to take advantage of the changes in the free care policy. The toolkit specifically references how states may fund SBIRT for substance use and mental health issues in school-based health centers.

Rhonda Robinson Beale, M.D., Senior Vice President and Chief Medical Officer, Blue Cross of Idaho discussed examples of early intervention efforts in the private sector. Dr. Robinson Beale stated that new financing models such as shared savings options are driving health care practices and the increasing use of performance measures because of the direct link to reimbursement. Early intervention in primary care settings can be challenging as providers must fit SBIRT into workflow; only a minority of adolescents are in primary care settings; physicians don't have enough time to spend with patients: and, current funding systems are not supportive of SBIRT. Given that, Dr. Robinson Beale expressed that SBIRT may be more effectively administered in school-based health centers. The Blue Cross/Blue Shield Foundation of Idaho is providing grants to train school personnel to recognize substance use and mental health crises; fund behavioral health providers in the schools; work with multiple payers in a school system; and, support an innovation hub that will include researchers and consultants to help grantees with practice and funding models.

Gabrielle de la Gueronniere, J.D., Director of Policy, Legal Action Center discussed SBIRT-related policy issues. She stated that the Affordable Care Act supports many health care service delivery reforms and the Mental Health Parity and Addiction Equity Act supports early substance use and mental health preventive services since many insurers cover preventive services for other medical conditions. Ms. de la Gueronniere identified several supportive Medicaid opportunities including the use Medicaid administrative funds for non-service related activities; employing an enhanced Medicaid match for technology integration; and implementing Medicaid Section 1115 substance use disorder waivers. Provider training may be supported through the Comprehensive Addiction and Recovery Act (CARA) and the 21st Century CURES Act provides approximately $1 billion over two years to address the opiate crisis. Some states are considering funding SBIRT through this resource.

Plenary presenter Devin Reaves, M.S.W, representing Young People in Recovery, recounted his personal experience with addiction and long-term recovery. Mr. Reaves expressed that SBIRT should be conducted in schools, as many youth do not go to primary care. He stressed that SBIRT interventions must be culturally appropriate and thus interventions may be different based on the community; technology should be used to engage youth; early intervention should include opportunities for participation in pro-social events that are very important to adolescents; and, the field should take advantage of the current spotlight on substance use prevention and seize the moment to make significant and lasting change.

Patricia Aussem, MA, LPC, MAC, NBCC, whose child struggled with a substance use disorder, discussed the issues from a parent's perspective. Ms. Aussem stated that adolescent drug use is often a slow-dawning phenomenon for parents and that parents need explanations of adolescent brain development in ways that they can understand. Some parents have their own substance use or other issues that expose their children to adverse childhood experiences. Parental attitudes influence behavior. Some parents who want their children to "fit in" might allow them to take risks. Barriers include issues of cost and transportation related to substance use disorder treatment as well as confidentiality issues and HIPAA requirements regarding sharing information with parents. Ms. Aussem recommended that adverse childhood experiences need to be addressed as soon as identified; SBIRT should be implemented in adolescent friendly settings such as recreational or sports camps, faith-based locations, and community centers; and, that young adults should work with adolescents as interventions with people closer to the adolescent's age may be more effective.

In the afternoon session Convening attendees heard presentations on implementing SBIRT with diverse adolescent populations in varied settings. Presenters represented grantees from the first round of the Hilton Foundation initiative.

Tym Rourke, MA, Director of Substance Use Disorders Grantmaking, New Hampshire Charitable Foundation (NHCF) discussed using a Hilton Foundation award to implement SBIRT in 23 primary health care provider sites in New Hampshire with a goal of screening 10,000 adolescents and having the SBIRT practice adopted permanently. Mr. Rourke reported that, in addition to meeting those goals, allied systems (e.g. juvenile justice, child welfare) are now beginning to provide SBIRT services. Mr. Rourke stated that while the vast majority of adolescents who were screened did not need substance use disorder treatment, reaching the one percent of those who screened positive and were referred to substance use treatment was critical. The Foundation is working to affect statewide policy change by improving the substance use disorder benefit in New Hampshire Medicaid policy; collaborating with the New Hampshire Department of Insurance and the Governor's office; and, working to expand SBIRT in the New Hampshire Federally Qualified Health Center system.

Helen Whitcher, MA, Senior Director for Field Services, YouthBuild USA explained that YouthBuild, funded by the United States Department of Labor, supports 275 community-based projects for low-income, court-involved, and minority youth across the nation. About 50 percent of participants test positive for substance use at the first drug screen. In 2009 YouthBuild piloted an enhanced SBIRT model funded by SAMHSA in 15 YouthBuild programs. Youth participating in YouthBuild programs offering SBIRT had better outcomes than youth in YouthBuild programs that did not offer SBIRT. Currently YouthBuild is developing a replication manual for implementing SBIRT in community-based programs. Challenges include a need to work with

youth-focused programs to change drug policies; training and addressing workflow issues for YouthBuild program staff; and, maintaining stable funding for YouthBuild programs year to year.

Carol Girard, MA, Coordinator for SBIRT Programs, Massachusetts Department of Public Health, Bureau of Substance Addiction Services discussed a legislatively mandated SBIRT initiative. In March, 2016, the Massachusetts legislature enacted legislation relative to substance use, treatment, education and prevention which outlines the requirements for public schools in Massachusetts to engage in substance use screening for youth in the 7th and 9th grades. The Massachusetts Bureau of Substance Addiction Services in collaboration with the Massachusetts Department of Public Health School Health Services administers the SBIRT program. Together they provide skills and implementation training to assist school districts in successfully incorporating SBIRT into schools. All Massachusetts schools use the CRAFFT 2 screener; parents must be notified; and, confidentiality protections are in place. Ms. Girard stated that essential elements to implement school-based SBIRT include: infrastructure development, flexibility, funding, and knowledge of school culture and the roles and responsibilities of staff. She stated that state and local politics are very important and that it is essential to proactively address school-based attitudes and substance use disorder policies (e.g. zero tolerance).

Melanie Whitter, Principal Associate, Health & Environment at ABT Associates, reflected on the grantees' presentations. ABT Associates administers the Hilton Foundation Monitoring, Evaluation and Learning Project for the entire Hilton Foundation SBIRT portfolio. Ms. Whitter highlighted that lessons learned include the necessity to be flexible in SBIRT implementation and the importance of understanding workflow issues. SBIRT needs to be integrated and not just appended to current processes. Engaging youth in program implementation; understanding the culture of the organization adopting SBIRT; establishing data collection processes prior to implementation; developing quality improvement processes; creating partnerships and investing in tools, technology and training are all essential elements of successful SBIRT implementation.

Small Group Discussions

Throughout the course of the day, Convening attendees participated in small group discussions focused on specific questions. Selected key points from the discussions include:

Messaging and Information

- Information is one critical factor in implementing effective screening, early intervention, and referral to treatment for adolescents.
- There is a need for "elevator speeches" and the development of cogent messages about substance use.
- Messaging should promote the positive results of substance use prevention.
- Parents and adolescents need to understand brain development and the effects of substance use on the developing adolescent brain.
- There is a need for information about available early intervention and treatment resources for adolescents at the community level.
- The field should leverage the use of technology and social media for information dissemination, as well as screening and early intervention services implementation.
- Parents and adolescents need to be empowered and supported in their communities. They should be included on foundation, agency and policy development decision-making groups.

Stigma

- The stigma of substance use disorders still needs to be addressed in order to normalize the disorder and identify, intervene and treat it appropriately.
- Screening and early intervention should be framed as addressing adolescent health and wellness.
- Early intervention should target specific risk factors (e.g. trauma, loss, community environment) and provide opportunities for adolescents to strengthen developmental assets.
- The definition of early intervention should be broadened to include an array of services that address the social determinants of health (e.g. housing, employment).
- Substance use screening should be universal; embedded in other activities (e.g. sports physicals); and use destigmatizing language.

Co-occurring Disorders

- Adolescents should be screened for both substance use and mental health problems simultaneously.

Systems Collaboration

- Screening, intervening and treating substance use should be integrated into all settings. Multiple sectors including but not limited to education, labor, housing, and healthcare need to work together to provide screening and early intervention opportunities for adolescents.
- All related sectors (e.g. health, education, justice, labor, housing) at all levels (e.g. federal, state, community) should engage in joint planning and financing of adolescent substance use screening, early intervention and referral to treatment. Parents and adolescents should be included in all groups addressing these issues.
- National associations (e.g. Medicaid Directors, National Governors' Association, National League of Cities), professional organizations (e.g. American Society of Addiction Medicine, American Academy of Pediatrics) coalitions and advocacy organizations should continue to collaborate to address adolescent substance use issues.

Implementation

- There is a need to develop a national agenda with specific goals, priorities and implementation steps to assure screening, early intervention and referral to treatment for adolescents is universally available.
- The field needs to develop and expand training and technical assistance to institutionalize screening, early interventions and referral to treatment.

School-Based Programs

- Implementing screening, early intervention and referral to treatment in school settings requires addressing diverse constituencies (e.g. school boards, school system administration, school education and human services staff, parents and adolescents).
- Federal leadership may be necessary to encourage change throughout the education system.

Research

- Existing evidence on screening, early interventions and treatment should be widely disseminated and targeted to specific audiences.

- Research results should be conveyed in consumer friendly ways (e.g. tailoring materials to reading levels and areas of expertise).
- The field should focus on meeting the research needs of the United States Preventive Services Task Force.
- The field should develop a cohesive set of outcome measures for adolescent substance use screening, early intervention and referral to treatment that states and public and private payers could use in value-based purchasing.
- The field should assure that outcomes measures are consumer-defined and relevant to service-users.
- There is a need for cost-effectiveness research on screening, early intervention and referral to treatment practices.
- Data-driven decision-making is challenging. The field needs a plan to use data and promote its use in early intervention strategy development and implementation.