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

Strategic Stakeholder Convening
September 27, 2017
Convening 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 (see Final Convening Attendee List) to identify concrete strategies and recommendations the field can use to change the trajectory of the addiction crisis in the United States (see Final Convening Agenda). With the understanding that addiction begins in adolescence, the meeting focused on the importance of screening youth for substance use, and providing early intervention opportunities and referral to treatment as needed. The convening consisted of plenary session presentations and small group discussions.

Plenary Session Presentations

To open the meeting, **Paul Samuels**, J.D, Director/President, Legal Action Center (LAC), challenged Convening participants to identify "lightbulb moments" - creative thinking to improve the access to and the effectiveness of substance use disorder services.

Alexa Eggleston, J.D., Senior Program Officer, Hilton Foundation greeted participants and conveyed the Hilton Foundation's continuing commitment to reducing substance use saying that the recommendations from the Convening would influence the development of Foundation's second five-year plan in this area.

In the keynote address **Stacy Sterling**, DrPH, MSW, MPH, Research Scientist, Division of Research, Kaiser Permanente, discussed research findings in the area. Major points included:

- There is insufficient research on the effectiveness of screening, brief intervention and referral to treatment for adolescents.
- The research findings that do exist have yielded mixed results
- The U.S. Preventive Services Task Force has found that the research base on screening, early intervention, and referral to treatment (SBIRT) is "insufficient." Consequently the Task Force has withheld its endorsement of SBIRT for adolescents.
- All major medical associations (e.g. AAFP, AAP, AMA) do recommend screening adolescents for substance use.
- Bright Futures and the 2016 U.S. Surgeon General's Report on Alcohol, Drugs and Health also support screening adolescents for substance use.
- Next steps for the field include:
    - Identifying SBIRT models tailored to the adolescent population;
    - Identifying appropriate SBIRT settings including but not limited to primary care providers;

- Assuring that SBIRT models address adverse childhood experiences;
- Addressing new service delivery opportunities with an emphasis on social media and technological approaches;
- Assuring that all services are culturally and linguistically appropriate; and,
- Including a broader range of short- and long-term outcomes (e.g. substance use initiation, academic measures, family functioning) to assess effectiveness.

Morning Panel Presentations

The Convening proceeded with presentations addressing the elements of an effective early intervention strategy for adolescents. The first panel addressed financing issues. Presenters and major points included:

Kimberly Johnson, Ph.D., Director, Center for Substance Abuse Treatment (CSAT), SAMHSA
Dr. Johnson stressed that:

- SBIRT is part of the continuum to maintain health and treat disease.
- CSAT/SAMHSA has funded SBIRT awards for many years.
- These awards provide resources at both the state- and provider-levels. Issues identified through the awards include:
  - Workflow - screening must be incorporated into routine primary care practice and electronic health records;
  - Process – steps following a positive screen for substance use must be identified and followed;
  - Approach - team-based SBIRT models seem to lead to better outcomes;
  - Reimbursement - Medicaid SBIRT billing codes exist; and,
  - Sustainability - many settings (e.g. clinics, school-based health centers) have elected to continue SBIRT when CSAT awards end.
- Recommendations:
  - Assure universal screening for substance use of adolescents across a variety of settings.
  - Include reducing risky use as an outcome.
  - Address family settings and environment.
  - Maintain ongoing early interventions over time.
  - Use 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, Centers for Medicare and Medicaid Services

Ms. Beronio 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.
- Payment issues often drive practice and policy.

- Medicaid opportunities include:
    - Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT)
        - Requires periodic screening for people under age 21.
        - Early intervention and treatment services are to be provided if a problem is identified.
        - Just covering services doesn't assure that services are delivered.
        - It is important to assure that EPSDT screens including screens for substance use are conducted during well child visits, at appropriate times and with appropriate tools.
    - Recent CMS guidance
        - CMS has issued guidance to help providers and recipients identify resources (e.g. screening tools, linkages to specialty care).
        - CMS has developed a booklet on SBIRT that encourages Medicaid providers to implement SBIRT and provides information on available SBIRT billing codes.
        - CMS has issued a bulletin on coverage of SBIRT services for adolescents that stresses that mental health problems are highly prevalent among people who begin using substances early.
    - Opportunities in Medicaid and CHIP that are less well known include:
        - Current CHIP law includes an option for states to designate up to 10 percent of CHIP funds to health services initiatives. Funds may support direct services or public health initiatives. The funds are not limited to CHIP-eligible youth, but do have to target low-income children.
        - The school-based health care center Free Care Rule was clarified in December 2014 through a state Medicaid Director letter.
        - CMS has developed a 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
Dr. Robinson Beale discussed examples of adolescent substance use screening and early intervention efforts in the private sector.

- Medical and behavioral services integration:
    - Medical and behavioral services integration is easiest in a staff model;
    - There are more challenges for individual practitioners;
    - Shared savings options are driving health care;
    - Pay-for-performance is being more broadly used;
    - Health care practices are increasingly using performance measures because of the direct link to reimbursement;
    - Plans and providers now feel overloaded by measures;

    - Primary care providers often defer to behavioral health partners to deliver SBIRT services because primary care providers are challenged by how to fit SBIRT into workflow;
    - There is a concern about implementing SBIRT in primary care practices that do not have behavioral health partners; and,
    - There is a need to address primary care work-flow issues so that behavioral healthcare issues can be integrated.
- Barriers to SBIRT in Primary Care
    - Only a minority of adolescents present in primary care settings;
    - Some parents don't believe physicals for adolescents are important;
    - Some adolescents don't believe that their current behaviors influence the future;
    - Physicians don't have enough time to spend with patients; and,
    - Current funding systems are not supportive of SBIRT.
- School-based Health Centers
    - 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

- Ms. de la Gueronniere discussed SBIRT-related policy issues.
    - The Affordable Care Act supports health care service delivery reforms.
    - The Mental Health Parity and Addiction Equity Act (Parity Law) provides a leverage point for early substance use and mental health preventive services since many insurers cover preventive services for other health conditions.
    - Medicaid issues
        - LAC research into the Medicaid EPSDT benefit has identified opportunities for supporting SBIRT through this benefit;
        - There are opportunities to use Medicaid administrative funds for non-service related activities;
        - There are opportunities for an enhanced Medicaid match for technology integration;
        - There are significant opportunities through Medicaid Section 1115 waivers. A new CMS policy on how waivers may be used to increase access to SUD treatment through 1115 waivers is being developed. CMS will release guidance soon; and,

        - There is a need for more information on SBIRT implementation issues (e.g. settings, timing of screenings).
    - Federal response to opioid crisis
        - Provider training is supported through the Comprehensive Addiction and Recovery Act (CARA).
        - The 21st Century CURES Act:
            - Provides for approximately $1 billion over two years to address the opiate crisis;
            - $500 million has already been distributed to states; and,
            - Some states are considering funding SBIRT through this resource.
        - The President's Commission on Combating Drug Addiction and the Opiate Crisis will report out recommendations shortly.

Connecting the Dots and Next Steps

Doreen Cavanaugh, Ph.D., Convening Facilitator
Attendees broke into facilitated small groups and discussed the following questions:

- As you think about screening, early intervention and referral to treatment for adolescents at risk of substance use disorders:
    - What needs to be done to make the services youth and family friendly?
    - What needs to be done to expand access to screening, early intervention and referral to treatment for adolescents?
    - What are ideal settings for screening, early intervention and referral to treatment?
    - How can public and private policies and financing be organized and leveraged to improve access to and the effectiveness of screening, early intervention and referral to treatment for adolescents at risk of substance use disorders?

Dr. Cavanaugh later summarized highlights of the morning small group discussions. Key points included:

- De-stigmatize substance use by screening for substance use disorders alongside other health challenges.
- Screen for co-occurring substance use and mental health disorders.
- Address the crisis of lack of access to adolescent substance use disorder treatment.
- Develop creative programs to address early intervention and referral to treatment.
    - Example: Develop Navigation 101, a website with chat capacity so that screeners may identify resources for youth who screen positive for substance use.
- Integrate SBIRT into all community systems.
- Leverage technology.
- Assure interagency collaboration.
    - Fund the design, development and implementation of programs cooperatively.
- Base work on evidence and research.

- Dialogue with the U.S. Preventive Services Task Force and address their concerns and research needs.
- Identify a cohesive set of adolescent-focused and consumer-informed measures that both public and payers may use.
- Develop model language for documents (e.g. RFPs, CMS waivers to incorporate SBIRT).

Afternoon Panel Discussions

Convening attendees next heard from presenters representing perspectives of young people with substance use disorders and their family members.

Devin Reaves, M.S.W, representing Young People in Recovery, recounted his personal experience with addiction and his long-term recovery. Following substance use from the age of 14 he completed 90 days of substance use disorder treatment and 6 months in a recovery home. Subsequently he completed both college and a MSW program. Mr. Reaves recommended that:

- SBIRT should be conducted in schools as many youth do not go to primary care;
- 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 substance use disorder 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. Key points included:

- Adolescent drug use is a slow-dawning phenomenon;
- Many parents don't realize there is a problem;
- Parents need explanations of adolescent brain development in ways that they can understand;
- Some parents take a permissive perspective. They know adolescents are using substances but dismiss it based on their own adolescent experimentation with alcohol and drugs;
- Some parents have their own substance use or other issues that expose their children to adverse childhood experiences;
- Parents' responses may be complicated by stigma;
- Some parents who want youth to "fit in" might allow them to take risks;
- Some parents have a hard time addressing Issues of cost and transportation related to substance use disorder treatment;
- Professionals encounter issues about confidentiality and HIPAA regarding sharing information with parents. Providers may know an adolescent is using substance but not be sure what information they can share with parents; and,
- Mental health issues may be a precursor to substance use disorder issues.
- Recommendations:

- Pediatric mental health assessments need to be conducted from birth;
- Adverse childhood experiences need to be addressed as soon as identified;
- Parents need education about brain development and both protective and risk factors;
- Parents need to understand the components of SBIRT;
- Parents need to understand policies about information disclosure and what they are/ are not going to be told;
- Therapists need to be trained to work with adolescents with substance use disorders;
- SBIRT should happen in adolescent-friendly settings such as recreational or sports camps, faith-based locations, community centers;
- Young adults should work with adolescents. Interventions with people closer to the adolescent's age may be effective; and,
- School zero-tolerance policies may be a barrier to school-based SBIRT.

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.

Panel Discussion: Policy and Practice Issues in SBIRT Implementation

Tym Rourke, MA, Director of Substance Use Disorders Grantmaking, New Hampshire Charitable Foundation (NHCF)

- Through an award from the Hilton Foundation, the NHCF funded grants to implement SBIRT in 23 primary health care provider sites in New Hampshire with a goal of screening 10,000 adolescents by 2017 and having the SBIRT practice adopted permanently.
- Rejecting the "pilot syndrome," NHCF required that partners guarantee permanent implementation of SBIRT after the grant ended.
- Findings
    - Many grantees said it was the first time that they were able to implement a change process that affected the way they address change overall.
    - Allied systems (e.g., juvenile justice, domestic violence) are now beginning to provide SBIRT.
        - Every juvenile justice system in New Hampshire provides SBIRT; and,
        - Domestic violence shelters screen youth for substance use disorders.
    - While the vast majority of adolescents who were screened did not need substance use disorder treatment, reaching the one percent of those screened who were referred to substance use treatment was critical.
- NHCF funds a substance use disorders Center for Excellence at John Snow International. The Center:
    - Created an SBIRT Playbook, a toolkit for implementing SBIRT for adolescents; and,
    - Provides ongoing technical assistance on SBIRT implementation.
- NHCF also works to affect policy change. Examples include:
    - Improving the SUD benefit in New Hampshire Medicaid policy;

    - Working with the New Hampshire Department of Insurance and the Governor's office;
    - Working to expand SBIRT in the New Hampshire Federally Qualified Health Center system; and,
    - Working to address confidentiality issues.
- Dartmouth College is seeking research funding to evaluate the outcomes of all the SBIRT programs in New Hampshire.

Helen Whitcher, MA, Senior Director for Field Services, YouthBuild USA

- Youthbuild:
    - Funded by the United States Department of Labor;
    - Supports 275 community-based projects across the nation;
    - Programs serve low-income, court-involved, and minority youth; and,
    - About 50 percent of participants test positive for substance use at the first drug screen.
- The program has five components: education toward a GED or diploma, vocational training, leadership skills, case management and counseling.
- In 2009 YouthBuild piloted an enhanced SBIRT model funded by SAMHSA in 15 YouthBuild programs.
- The enhanced SBIRT model included:
    - Screening 300 youth for substance use disorders;
    - Brief Interventions repeated with participants for up to a year;
    - Peer-led support groups; and,
    - Referral to substance use treatment if needed.
- Outcomes
    - Youth participating in YouthBuild programs offering SBIRT had better outcomes than youth in YouthBuild programs that did not offer SBIRT.
    - YouthBuild is developing a replication manual for SBIRT in community-based programs.
- Challenges
    - There is a need to:
        - Identify effective brief interventions for YouthBuild eligible participants;
        - Work with youth-focused programs to change drug policies (e.g. many programs have changed to more progressive, less punitive substance use related policies);
        - Train YouthBuild staff using basic, advanced, and booster sessions;
        - Address both workflow issues for YouthBuild program staff and YouthBuild staff turnover;
        - Address issues of the future workforce (e.g. too many young people applying for positions cannot pass drug tests); and,
        - Secure stable funding for YouthBulid programs year to year.

Carol Girard, MA, Coordinator for SBIRT Programs, Massachusetts Department of Public Health, Bureau of Substance Addiction Services

- In March, 2016, the Massachusetts (MA) 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 and education.
    - The legislation recommends substance use disorder screening for youth in the 7th and 9th grades.
    - The MA Bureau of Substance Addiction Services in collaboration with the MA Department of Public Health School Health Services administers the SBIRT program.
    - The MA Department of Public Health School Health Services Unit in collaboration with the Bureau of Substance Addiction Services is:
        - Providing skills and implementation training to assist school districts in successfully incorporating SBIRT into schools;
        - Offering trainings to assist school personnel to implement SBIRT in schools. The training offerings are:
            - Introductory Training (6 hours). The workshop includes a two-hour administrative overview of the SBIRT mandated screening program, and a four-hour introduction to the CRAFFT II screening tool and Motivational Interviewing skills for use in the Brief Intervention.
            - Implementation Essentials (3 hours). The goals of this session are to identify challenges in a district's SBIRT in Schools Implementation Plan, to develop solutions to these challenges and to enhance skills to conduct brief interventions. All trainees must complete the introductory training prior to attending Implementation Essentials.
        - Process:
            - All Massachusetts schools use the CRAFFT 2 screener;
            - Parents must be notified; and,
            - Confidentiality protections are in place.
            - The initiative started with a pilot program.
                - Ten pilot programs in Massachusetts schools included:
                    - School-wide meetings;
                    - School nurse-leader developed implementation plan;
                    - Trainers who worked with the implementation team; and,
                    - Booster training sessions held before SBIRT implementation.
        - Lessons on the critical needs to implement school-based SBIRT:
            - Infrastructure
                - School planning team;
                - Curriculum;
                - Nurse champions;
                - Technical assistance;

        - Web presence; and,
        - Data collection.
    - Flexibility
        - Ability to amend curriculum; and,
        - Offer flexible training times.
    - Funding
        - Enabling legislation needs accompanying appropriation.
        - The Massachusetts project has had full funding last two years.
    - Knowledge
        - Understand school culture and the roles and responsibilities of staff (e.g. school nurses, school counselors).
        - Maintain open communication with state and local politicians.
- Caveats
    - The team needed more than two years to train people throughout the state;
    - State Substance Addiction Services and School Health Divisions must collaborate;
    - State and local politics are very important; and,
    - Proactively address punitive attitudes and substance use disorder policies (e.g. zero tolerance).

Discussant - **Melanie Whitter,** Principal Associate, Health & Environment, ABT Associates

- ABT Associates administers the Hilton Foundation Monitoring, Evaluation and Learning Project for the entire Hilton Foundation SBIRT portfolio.
- Lessons Learned:
    - SBIRT is administered in diverse settings.
        - SBIRT is in primary care, schools, juvenile justice systems, community-based settings;
        - There is considerable variability in SBIRT implementation;
        - It is necessary to be flexible in SBIRT implementation;
        - It is critically important to understand workflow issues;
        - SBIRT needs to be integrated and not just appended to current processes;
        - Utilize a public health approach to address multiple complex risk factors; and,
        - Establish a solid infrastructure prior to implementation.
    - Assure progressive and not punitive substance use disorder policies.
    - Engage youth in program implementation - youth buy-in increases effectiveness.
    - Understand the culture of the organization adopting SBIRT.
    - Establish data collection processes prior to implementation.
    - Develop quality improvement processes.
    - Create partnerships

        - Youth;
        - Parents;
        - Payers;
        - Treatment providers;
        - Schools;
        - Advocates;
        - Media; and,
        - Evaluators.
    - Invest in tools, technology and training.

Afternoon Small Group Discussions

Convening attendees participated in a second session of facilitated small group discussions. Questions for the afternoon session included:

- What should early intervention include for adolescents at risk of substance use disorders? Is there a need for an array of early intervention services and supports similar to recovery services and supports?
- What are specific challenges and gaps in delivering screening, early intervention and referral to treatment in primary care, school-based settings, and community based programs at state, county and local levels?
- What role could national policymakers, foundations and trade associations play in advancing access to and the quality of screening, early intervention, and referral to treatment for adolescents at risk of substance use disorders?

A number of common themes and points were identified by Convening attendees in both of the small group discussion sessions. Topics included: messaging and information; stigma; co-occurring disorders; systems collaboration; implementation; school-based programs; financing; and research.

Specific key points identified include the following:

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.
- Messages 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.
- Parents and adolescents need information conveyed through many channels including from parents and adolescents who have learned about the effects of substances through life experience.
- There is a need for information about available early intervention and treatment resources for adolescents at the community level. One suggestion is an information hub accessible through websites, social media and staffed telephone lines. This hub will help parents, adolescents and those who work with them (e.g. teachers, coaches, employers) to identify and

navigate all resources available to adolescents and families. The hub should be coordinated at the state level to avoid repetitious activities in each community.

- The field should leverage the use of technology and social media for information dissemination, as well as implementing screening and early intervention services.
- 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.
- Prevention and early intervention should include a major focus on positive youth development promotion. Early interventions should target specific risk factors (e.g. trauma, loss, community environment) and provide opportunities to strengthen developmental assets.
- The definition of early interventions should be broadened to include an array of services that address the social determinants of health (e.g. housing, employment).
- Screening and early interventions should be embedded in other activities (e.g. sports physicals), use destigmatizing language and assure that screening is universal.

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, 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.
- Joint planning should provide opportunities for more efficient use of available funds.
- National associations (e.g. Medicaid Directors, NASADAD, NASMHPD, NCSL, National League of Cities), professional organizations (e.g. ASAM, APA, AAP, AACAP) coalitions and advocacy organizations should continue to collaborate to address adolescent substance use issues.
- Information should be uniformly shared with all interested parties (e.g. government, insurers, national associations, professional organizations).

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 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.

Financing

- There should be a repository of financing language that might be used in contracts, as well as state and federal documents (e.g. 1115 waiver text, Medicaid state plan amendments).

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 needs of the U.S. Preventive Services Task Force in order to get the committee's endorsement of screening, brief intervention and referral to treatment for adolescents.
- The field should develop a set of outcome metrics 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 indicated prevention strategy development and implementation.

Closing Remarks

Gabrielle de la Gueronniere, J.D, Director of Policy, Legal Action Center
Ms. de la Gueronniere thanked participants for energetic and thoughtful participation and urged more intentional collaboration among the people and organizations attending the convening.

Alexa Eggleston, J.D., Senior Program Officer, Hilton Foundation also thanked participants and the Convening organizers. She confirmed the Hilton Foundation's commitment to the issues and expressed her hope that the Hilton Foundation's involvement will attract other foundations into effective partnerships to address screening, early intervention and referral to substance use treatment for adolescents. Ms. Eggleston stressed the opportunity for collaboration and cross-sector work and highlighted the optimism and hopefulness of the Convening participants.

Additional materials from the LAC convening, including presenter powerpoint presentations, can be found here.