Substance Use Screening, Brief Intervention, and Referral to Treatment in Multiple Settings:

Evaluation of a National Initiative

Based on early research, the American Academy of Pediatrics released a policy statement in 2011 recommending the use of screening, brief intervention and referral to treatment (SBIRT) as part of routine pediatric care. In 2013, the Conrad N. Hilton Foundation launched a Youth Substance Use Prevention and Early Intervention Strategic Initiative (the Initiative) focused on advancing the SBIRT framework in multiple youth-serving settings. The Foundation awarded more than **$81 million to 56 grantees** across the country to implement SBIRT in primary care settings, schools and school-based health centers, juvenile justice programs, community behavioral health organizations, and community-based organizations encouraging them to adapt and tailor SBIRT protocols based on their population and setting.

WHAT IS SBIRT?

SCREENING:
Routine, universal administration of validated questions* to identify potential risks related to alcohol and other drug use

BRIEF INTERVENTION:
One or more short, motivational conversations around decreasing "moderate" risk related to substance use to prevent more serious levels of use

REFERRAL TO TREATMENT:
Process of connecting individuals with more high-risk substance use to appropriate assessment, treatment, and/or additional services based on their level of need

**grantees adapted and tailored screening tools depending on their setting*

Abt Associates was the Monitoring, Evaluation, and Learning Partner for the Initiative and conducted an evaluation from 2014 - 2019. This infographic focuses on the findings of the implementation evaluation and intermediate outcomes of the initiative.

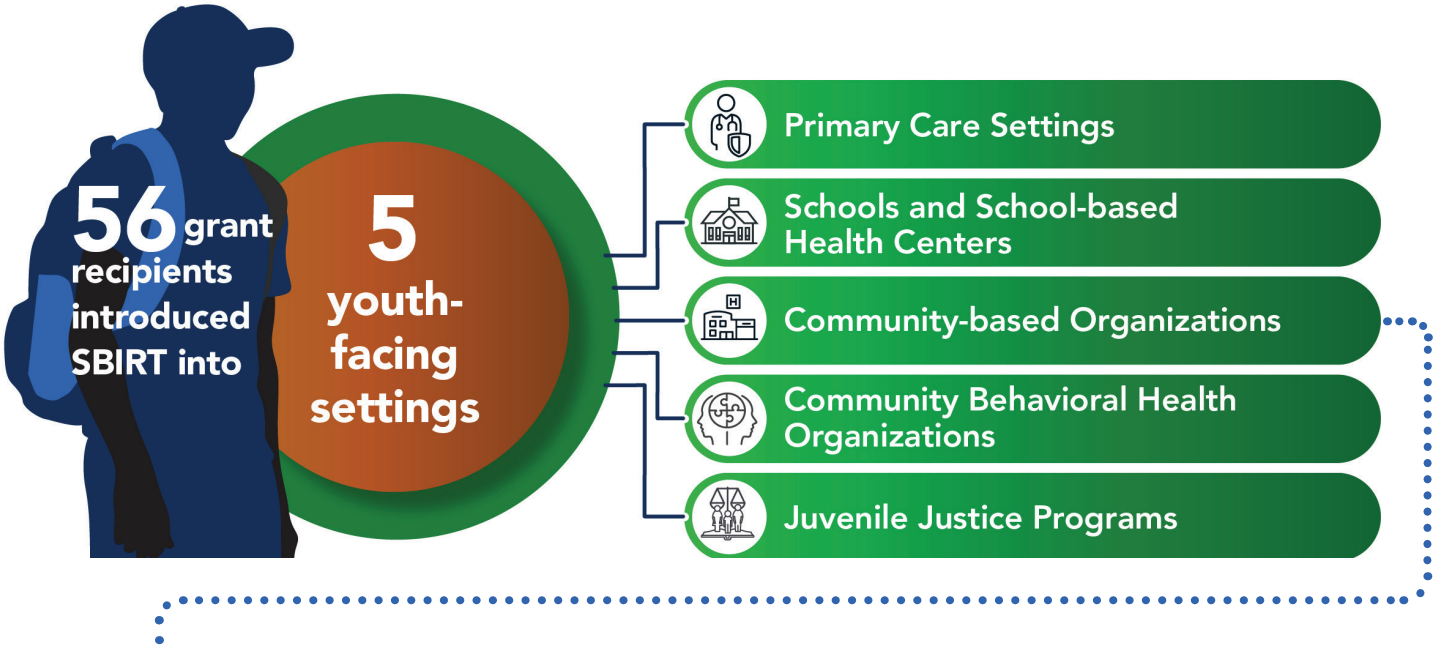
EVALUATION OF THE INITIATIVE:

KEY QUESTIONS

- Can SBIRT increase capacity for prevention and youth access to services in multiple settings?
- What are the challenges of using SBIRT in these settings?

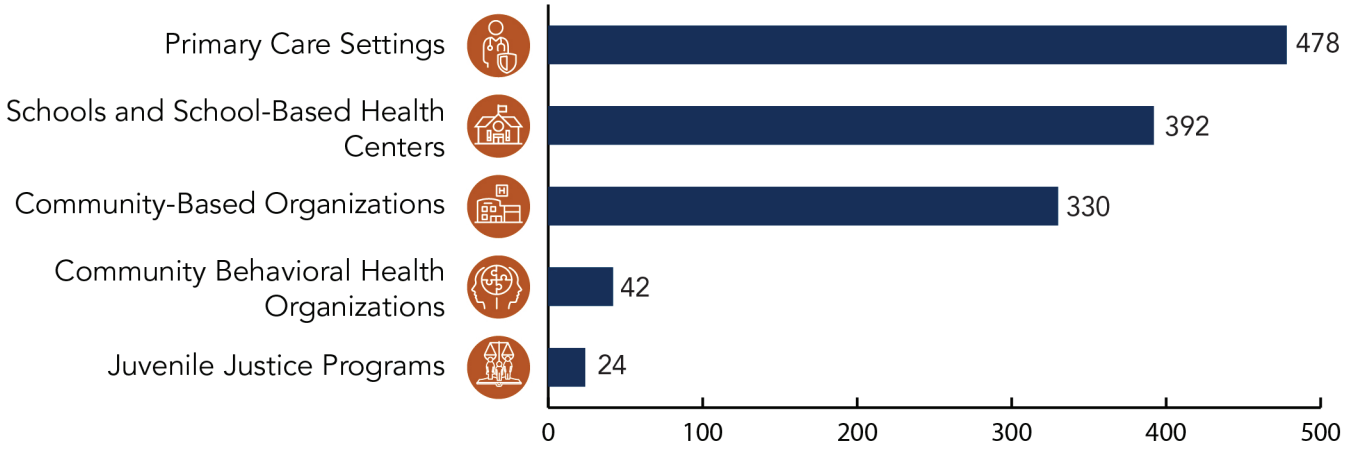
GOALS AND OUTCOMES OF THE INITIATIVE

1. Implement SBIRT in Youth-facing settings

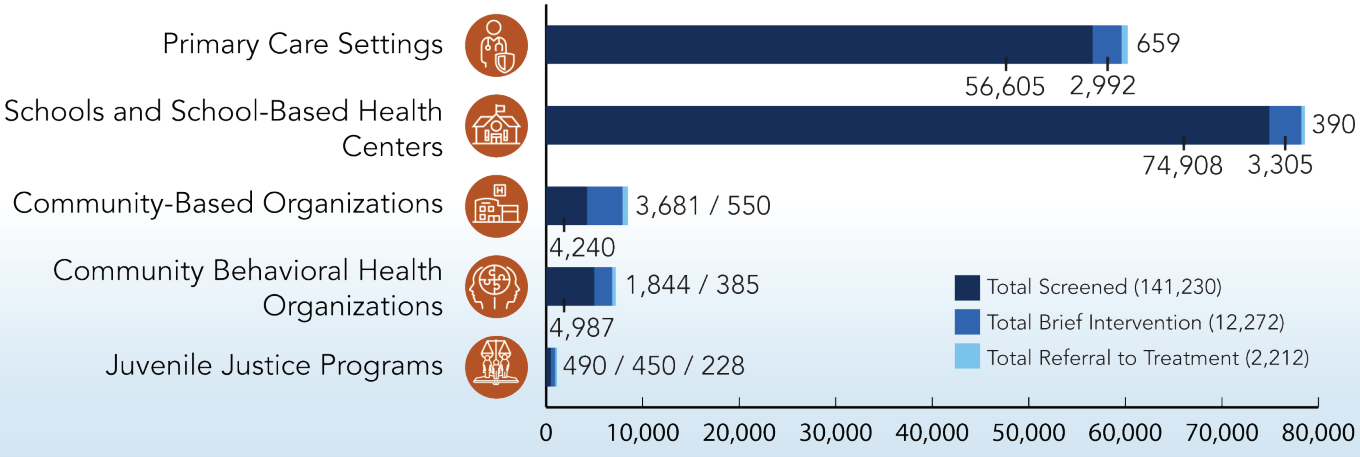


Grantees implemented SBIRT and reached 141,230 youth

Number of Sites Implementing SBIRT By Setting (1,266)



Number of Youth Reached Per Setting (141,230)



2. Train youth-serving providers in SBIRT

Grantees successfully **trained 37,000 youth-serving providers in SBIRT** to increase the capacity of the youth-serving workforce:

- in the use of validated screening tools *
- in evidence-based brief intervention approaches
- in integrating SBIRT into existing workflows

** grantees adapted and tailored screening tools depending on their setting*

Established an addiction medicine fellowship program, with **83 Addiction Medicine Fellowship programs accredited** by Accreditation Council for Graduate Medical Education by 2019.

Designed and implemented a classroom-based curriculum and virtual simulation program in more than **80 schools of nursing and social work**, through which nearly **16,000 individuals** received education on adolescent SBIRT.

3. Disseminate SBIRT information

Grantees disseminated information, training materials, and toolkits to more than 1,000,000 individuals:

- Fact sheets
- Evaluation tools
- Case studies
- Toolkits
- SBIRT implementation guide
- Implementation checklist
- Interactive, online SBIRT training platform
- Guide on billing and reimbursement for SBIRT services

CHALLENGES TO IMPLEMENTATION

- Difficulty adjusting to changes in workflow
- Time Constraints
- Confidentiality
- Reimbursement
- Inadequate referral options

Pediatric primary care settings had challenges with:

- Finding sufficient time to create a useable and sustainable workflow
- Fitting the SBIRT protocol smoothly into an established intake and screening routine
- Physician time constraints for patient visits

Some sites mitigated these challenges by:

- Training intake staff in the screening protocol to relieve the physician of this component of the process
- Using a tablet for the initial screening after which a nurse or physician took action if needed based on screening results

Schools and School-based Health Centers had challenges with:

- Parent permission for screening students
- Concerns about the confidentiality of student information

Some sites addressed this challenge by:

- Using a parent notification letter regarding a universal screening plan; if a parent did not specifically object to the screening for their child, then screening occurred.
- Asking parents for written permission for a universal health screening for their child that included alcohol and substance use questions (these sites found that the majority of, although not all, parents provided permission when it was framed in the broader health context).

Reimbursement for SBIRT was a persistent challenge to implementation. Billing differences by state, provider, and setting type, along with the complexity of Medicaid and licensing restrictions, made navigating this issue challenging.

Referral to Treatment was a challenge across settings

- Many providers and programs had never interacted with the substance use disorder service system before.
- The availability of treatment for adolescents is more limited than what is available for adults.
- There are few guidelines for managing a complex process of steering high-risk youth into the appropriate treatment program.
  - Providers felt that they had limited knowledge of available treatment options, which options are evidence-based, and the best match for the youth and felt unprepared to determine the most appropriate type of referral.
- In some instances, grantees reported that potential sites declined to participate in SBIRT programs because they felt they did not have an adequate referral network.
  - To address this barrier, one grantee developed a youth-specific referral network across the state, resulting in nearly 70% of participating practice sites building relationships or partnerships with other organizations, including treatment centers, behavioral health providers, and school-based student assistance program counselors.

The Initiative demonstrated that:

- Early risk can be addressed through a brief intervention.
- A variety of providers in a variety of youth serving settings can be trained to reach large numbers of youth with simple screening techniques.
- Meeting youth where they are across multiple settings increases access, potentially uncovering the need for services in youth who would otherwise not have been identified.

The evaluation highlighted that interventions were needed across settings where screening or even discussion about substance use is not occurring. Much higher levels of need were found in youth detention and community-based programming. Other places where "upstream" interventions can be useful, like school-based settings and routine primary care appointments, also point to the need for a more universal approach to delivering SBIRT.

The evaluation results suggest that all of these settings are both feasible and critical intervention points.

For more information visit the Journal of Adolescent Health: https://doi.org/10.1016/j.jadohealth.2022.03.002 Hunt, D., Ph.D, Fischer, L., M.P.H, Sheedy, K., M.P.H., & Karon, S., M.P.H. (2022). Substance Use Screening, Brief Intervention, and Referral to Treatment in Multiple Settings: Evaluation of a National Initiative. *Journal of Adolescent Health, 71*(4), Supplement, S9-14.

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