Research Roundtable

on Substance Use Screening, Brief Intervention, and Referral to Treatment for Youth

Summary of the Proceedings

February 20–21, 2018
Agoura Hills, California

Acknowledgements

These proceedings were compiled and written by Samantha Karon and edited by Dana Hunt, PhD, Leigh Fischer, MPH, and Denise Young from Abt Associates. Abt Associates serves as the monitoring, evaluation, and learning partner for the Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative. Special thanks go to the Hilton Foundation for hosting the research roundtable, and to all presenters and individuals who participated enthusiastically in the discussion.

Summary of the Proceedings

In February 2018, the Conrad N. Hilton Foundation (the Foundation) convened the Youth SBIRT Research Roundtable: Current Status and Future Directions, a two day, small group meeting held at the Foundation's headquarters in Agoura Hills, California. The purpose of the meeting was to inform the Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative (the Initiative) by reviewing the current status of research and practice and identifying key gaps and opportunities to expand the knowledge base and scale-up evidence-based implementation of screening, brief intervention, and referral to treatment (SBIRT) services. The meeting objectives were as follows:

1) Review the current research landscape of youth SBIRT including lessons learned in the Initiative to date.
2) Identify points of consensus, gaps and potential new avenues in SBIRT research and practice.
3) Develop recommendations for a research agenda to advance youth SBIRT in health care and other community-based settings.
4) Discuss the role of the Foundation in advancing SBIRT research and practice and guiding systems change.

Thirteen substance use prevention researchers and subject matter experts from across the country attended the meeting, joining Foundation staff. Dana Hunt, PhD, and Leigh Fischer, MPH, from Abt Associates, the Initiative's Monitoring, Evaluation, and Learning (MEL) partner, facilitated the meeting. Participants were encouraged by the two-day discussion format to formally and informally share information and ideas. The opening presentations provided an overview of key learnings from the Initiative and a review of the science of youth SBIRT. The facilitators then advanced the meeting agenda of three 'deep dive' presentations focused on reflections of the research on and practice of each component of SBIRT to provide background information and kick off the facilitated group discussions. Participants discussed emerging opportunities and ideas for the Foundation's future consideration. A full list of participants, participant bios, and the meeting agenda are included in Appendices A, B, and C, respectively. This summary describes the expert presentations and facilitated discussions that took place over the two days. It also reports expert feedback for future directions pertaining to each component of the SBIRT model and adolescent substance use prevention at large.

1.1 Overview

Sharon Levy, MD, kicked off Day One of the Research Roundtable with a presentation on the evolution of youth SBIRT. Dr. Levy began by discussing how the branding of the term 'SBIRT' has been critical in raising awareness and support for SBIRT among pediatricians. Between 1997 and 2017, the proportion of pediatricians who screen for alcohol use has increased from 45% nationally to 99.5% in some states, indicating significant support for screening in the pediatric field. The American Academy of Pediatrics put forth clinical guidance on SBIRT, most recently updated in 2015, further contributing to the adoption of SBIRT among pediatricians. There are a handful of screening instruments that have been validated (proven through research to produce true and consistent results) for identifying substance use disorders with youth, starting as young as age 11. Further, the National

Institute on Drug Abuse recommends the Screening to Brief Intervention (S2BI) and Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD) instruments for physicians. Research suggests that use of a validated screener improves physicians' ability to identify substance use among adolescents. In addition to its utility in identifying substance use, screening is associated with making recommendations regarding counseling for adolescents. However, approximately half of clinicians who screen for use rely on informal methods, mainly their personal or clinical impressions, which have not been proven to be as accurate. Of physicians who use a validated screening tool, only one-third report using the validated tool unaided, and two-thirds report using the tool in combination with other less-structured methods that may interfere with the tool's ability to produce accurate results.

Studies examining the efficacy and effectiveness of adolescent brief intervention in medical and non-medical settings have found brief intervention to be associated with preventing initial use and reducing use for alcohol and cannabis. There are also several promising digital brief interventions, although to date these models have not been used outside of study trials. There is relatively less research on referral to treatment compared to the other SBIRT components, but a state-level study conducted in Massachusetts found that pediatricians are increasingly making referrals for youth who receive positive screen results. However, less than 50% of pediatricians in the same study self-report following up to schedule return visits for youth that are given referrals, citing lack of expertise and reimbursement as the main barriers to follow-up. Dr. Levy concluded that although the term SBIRT has contributed to support and adoption of screening among pediatricians, brief intervention and referral to treatment may be beyond the scope or comfort of many primary care physicians. Moreover, the involvement of additional workforces, such as addiction medicine specialists, is needed to bring the rest of the SBIRT continuum to scale.

1.2 Screening

When looking across the broader science and practice of adolescent screening, there was general consensus amid the experts about the recommended approaches for screening youth. The purpose of screening is to identify substance use initiation, increases in use, and/or potential risks related to alcohol and drug use. Substance use screening is conducted through routine, universal administration of questions that have been shown to be valid for identifying levels of risk. Approximately half of clinicians who screen for use rely on informal methods, and of physicians who use a validated screening tool, only one-third use the tool with fidelity. Physicians report lack of both knowledge and time or staff as the two main barriers to administering screening. When a validated screening instrument is not used, a large proportion of patients with substance use disorders are undetected.

> *"Multifaceted screening is preferred, what else to screen for depends on the setting and population. If screening electronically, who does the screening is less critical than how it is presented."*
>
> *– Dr. McCarty*

The Initiative is creating change by disseminating training on how to implement validated screening instruments and expanding the types of settings that screen beyond health care to schools, community-based organizations, and juvenile justice programs. During the Research

Roundtable, the experts agreed screening should take place routinely, as well as opportunistically, and in multiple settings where youth can be reached. The experts also agreed that self-reported administered data tools used by youth are generally more reliable and valid than results from provider-administered screenings. In that regard, the experts agreed that use of technology in screening is most effective for receiving honest answers; paper screening is second best, and verbally-administered screenings are least effective.

After a brief presentation on screening by Cari McCarty, PhD, experts discussed the key areas to be addressed in future work. Experts agreed that ideally screening should be universal and begin in early adolescence or at even younger ages. Experts expressed that the current variation in screening practices in the field and across grantees, including which screening tool is used, complicates the Foundation's ability to compare results across grantees and to clearly define best practices. Experts indicated that there is enough existing research for the Initiative to provide stronger guidance to grantees regarding which tools to use, the age at which screening should begin, and frequency at which screening should be administered in different settings. Multifaceted screening, that is, screening that includes questions for additional risk factors or protective factors, was suggested as an area for future consideration. Experts also suggested that implementers consider embedding substance use screening in broader health screeners already being used in primary care settings to reduce logistical barriers and improve standardization of results. Lastly, experts recommended that the Foundation incorporate new strategies, such as tracking screening through electronic health records, to identify youth who have not received screening at routine primary care visits.

1.3 Brief Intervention

Brief intervention is a public health approach to early intervention for substance use problems. It is a technique to facilitate conversation about behavior change regarding substance use for individuals with mild to moderate substance use problems and is typically delivered by primary care clinicians or behavioral health providers in one to two sessions. Brief intervention most often uses motivational interviewing, an evidence-based technique to achieve behavior change. There are several brief intervention approaches that have been shown to reduce substance use, including interventions delivered by physicians in medical settings and school-based interventions delivered by school counselors and peers. Additionally, brief intervention has been endorsed by the American Academy of Pediatrics (AAP) and the U.S. Surgeon General as a method for reducing adolescent substance use. There are numerous promising approaches that remain to be studied; for example, multi-session brief intervention and boosters; delivery by professionals other than physicians, such as integrated care teams and health educators; and brief interventions that address underlying causes of substance use, such as co-morbidities and trauma exposure. Other promising approaches include brief interventions that are family-inclusive, linguistically or culturally tailored, and digital. Some of these innovations are currently being used and examined for efficacy in the Initiative.

> *"We need to include a broader range of relevant, developmentally-appropriate outcomes in studies, program development and evaluations."*
>
> *– Dr. Sterling*

Stacy Sterling, DrPH, concluded Day One of the Research Roundtable with a presentation on brief intervention. During the facilitated discussion that followed, experts recommended that the Foundation take a closer look at the content of brief interventions being delivered by grantees and begin aligning brief interventions in terms of delivery and content to youth in different settings. In terms of intervention content, experts agreed that brief interventions should be developmentally appropriate for adolescent patients. While experts acknowledged that peers may be generally more effective in delivering messaging, they also expressed support for digital interventions, as digital communication is the norm for a significant proportion of adolescents. In line with the discussion on screening, experts expressed that more guidance was needed on how brief interventions should be delivered in different settings, primarily intervention type, appropriate number of sessions, and delivery method (in-person or digital). The discussion revealed that there is a lack of consensus among grantees on when brief intervention is necessary and how much time or how many encounters are most effective, indicating that guidance on brief intervention should clarify which screening scores necessitate brief intervention. Lastly, experts questioned whether physicians realistically had the time and resources to adequately manage brief interventions and suggested incorporating additional workforces, such as behavioral health specialists and integrated care teams, into the brief intervention model. The experts also discussed the potential use of technology to deliver remote and/or low-effort, low-touch interventions when there are not adequate staff available.

1.4 Referral to Treatment

Experts agree the referral to treatment ("RT") component of the SBIRT model is typically the most neglected in research studies and real-world practice. Because of the dearth of substance use treatment providers available to provide services to adolescents, it is often difficult to access services for youth. Experts noted the wide spectrum of how "in need of treatment" is defined as well as what treatment options are available. Many SBIRT providers may not know how to match needs of youth to the appropriate service. Also, the traditional treatment system is not necessarily the best environment for youth, or the most appropriate referral resource for youth identified with more moderate levels of substance use risk. As has been commonly indicated by the Foundation's grantees, many youth screened may benefit from other types of services and supports, rather than specialty substance use disorder treatment. Even traditional outpatient settings may not be the most effective option for adolescents.

However, for youth who need treatment, referrals in which the provider actively facilitates a warm hand-off to a licensed treatment provider or engages in the scheduling and follow-up of appointments have shown to be more effective than blind referral. The shorter the time span and the more help making the appointment the better. Furthermore, in order to fully engage youth in recommended levels of care, the experts felt that family systems need to be involved in the care. The challenges associated with referral to treatment present large barriers to the

SBIRT model. In many cases, program administrators encourage screening as a means to better understand the need for adolescent treatment and to potentially develop internal treatment capacity. Conversely, providers are resistant to screening unless they have a clear understanding of the treatment options available and how to access these options.

> *"'Treatment' is not necessarily substance use treatment. There is an absolute misunderstanding here. Substance use is an indicator that there are other behavioral health issues that need to be addressed."*
>
> *– Dr. Mitchell*

Relative to screening and brief intervention, referral to treatment requires further research and technical assistance for current and future implementers. There is limited research on SBIRT linkage to care, and further research is needed on treatment efficacy, particularly regarding the most effective treatment settings for adolescents. Workforce capacity was identified as a significant challenge for referral to treatment, as physicians generally do not have the time or resources to make those facilitated referrals, which have been proven to be the most effective, let alone follow up to see if connections were made between the treatment providers and the youth/families referred. Additionally, experts noted that while traditional inpatient and outpatient substance use treatment programs are not necessarily the best treatment environment for adolescents, there is a lack of treatment alternatives for adolescents. There was also consensus that those in the substance use prevention field focused too narrowly on the extreme end of the cases in need of treatment and know less about how to make referrals for lower risk cases. There is need for guidance on when referral to treatment is necessary and how physicians can incorporate sharing that occurs during brief intervention to match referrals to a patient's comprehensive needs, rather than only address substance use needs. Experts agreed that treatment matching is a significant challenge for physicians, as physicians often feel they cannot address substance use if they don't address more pressing health issues first. Lastly, experts emphasized that engaging parents and caregivers is critical to successfully engaging youth in treatment, an area which requires technical assistance.

1.5 Recommendations

The meeting concluded with a discussion about defining and measuring success. There was consensus among the experts that the Initiative has significantly increased the visibility and validity of the SBIRT framework and brand by normalizing substance use screening for adolescents, promoting the idea that substance use disorders should be treated like any other health issue, and developing infrastructure to support prevention and early intervention services in new settings. The experts agreed that the Initiative's realistic role is to bend the trajectory of adolescent substance use, not necessarily to stop substance use all together. There was also widespread agreement that the Initiative is in a position to take on larger systems change and partner with national health systems to integrate SBIRT into health care on a broader scale.

Several key recommendations emerged that can be used to advance adolescent SBIRT, including the following:

Require grantees to include specific measures in order to study outcomes among providers trained and youth served to begin to assess impact. For each component of SBIRT, participants discussed the outcome measures needed to better understand the impact of the Initiative. The group considered outcomes that are feasible to collect, in terms of the Foundation's priorities and its partners' capabilities. Substance use-related outcomes among youth may include 1) whether the youth abstained from use, 2) whether the youth delayed use, and 3) whether the youth reduced use from prior levels. Referral to treatment outcome measures may include treatment initiation and treatment engagement. Participants also discussed intermediary measures and other related health and quality of life outcome measures but agreed the Initiative must first focus on the effectiveness of SBIRT in real world settings and how it impacts substance use outcomes. The participants recommended the formation of a working group to determine which measures and instruments would be best suited to assess outcomes.

Describe subpopulations of marginalized youth and study the effectiveness of brief intervention for underserved populations, including young people of color, lesbian, gay, bisexual, transgender and queer youth, youth who have experienced parental substance use disorder and/or trauma, rural youth, and other subpopulations of young people who are likely to face more negative consequences of substance use.

Offer guidance on common elements of SBIRT across settings with core SBIRT components by setting type to increase the implementation of SBIRT with fidelity. Recognizing the need to find balance between standardizing approaches and tailoring services based on characteristics of settings and populations, the group recommended the Foundation establish parameters around SBIRT in order to better assess the overall progress and impact of the Initiative over time and to better understand what constitutes best practice. By standardizing the core components of SBIRT across settings, the Initiative will be able to study and report outcomes based on setting, which holds promising implications for the expansion of SBIRT.

Continue to build interprofessional workforce capacity and involve new workforces in SBIRT, such as integrated care teams and behavioral health specialists with expertise in adolescent substance use. Continue bringing training to primary care physicians, nurses, social workers, and school counselors so it becomes part of what they do during professional formation.

Continue shifting the culture at societal and systems levels to normalize conversations about youth substance use. This includes exploring mechanisms for financing and institutionalizing SBIRT at a systems level. Because of the current national discourse accompanying the opioid crisis and the number of states legalizing marijuana, now is the time to respond to the cultural changes grantees are encountering in communities and systems. For example, there is more impetus to integrate behavioral health with overall health care which provides opportunity to connect SBIRT more clearly to the overall health framework (i.e., framing substance use as related to other health-related risks rather than forcing SBIRT into integrated care as a separate, additional expectation). Federal opioid response funding opportunities will enhance behavioral health workforce training, and the Initiative is positioned to ensure SBIRT is integrated into these transformative efforts.

Study the preventive effects of SBIRT. The experts recommended the focus of the Initiative and the SBIRT model in particular be viewed as a continuum, rather than as solely "prevention" or "treatment." By routinely screening youth at a younger age, grantees will further normalize screening, identify early risk factors sooner, and prevent initiation, which will in turn change the trajectory of youth substance use. There are other opportunities to apply principles grounded in prevention science to advance the Initiative's longer term preventive impact.

Appendix A: Participant List

Hoover Adger, Jr., MD, MPH, MBA
Professor of Pediatrics
Director, Adolescent Medicine
Faculty Leader, Sabin College
Johns Hopkins School of Medicine
Rubenstein Child Health Building, #2065
200 N. Wolfe Street
Baltimore, MD 21287
(443) 287-8944
hadger@jhmi.edu

Mary Brolin, PhD
Scientist
Institute for Behavioral Health
Schneider Institutes for Health
Heller School for Social Policy and Management
Brandeis University
415 South Street, MS035
Waltham, MA 02453-2728
(781) 736-5737
brolin@brandeis.edu

Angela Diaz, MD, PhD, MPH
Jean C. and James W. Crystal Professor
Department of Pediatrics and Department of Environmental Medicine and Public Health
Icahn School of Medicine at Mount Sinai
320 East 94th Street
New York, NY 10128
(212) 423-3000
angela.diaz@mountsinai.org

Thomas E. Freese, PhD
Co-Director and Director of Training
UCLA Integrated Substance Abuse Programs
11075 Santa Monica Blvd, Suite 200
Los Angeles, CA 90025
(310) 267-5397
TFreese@mednet.ucla.edu

Adriana Galván, PhD
Jeffrey Wenzel Term Chair, Behavioral Neuroscience
Associate Professor, Department of Psychology
Brain Research Institute
University of California, Los Angeles
1285 Franz Hall, Box 951563
Los Angeles, CA 90095-1563
(310) 206-4850
agalvan@ucla.edu

Sharon Levy, MD, MPH
Director, Adolescent Substance Abuse Program
Boston Children's Hospital
Assistant Professor of Pediatrics
Harvard Medical School
300 Longwood Avenue
Boston, MA 02115
Sharon.Levy@childrens.harvard.edu

Carolyn (Cari) McCarty, PhD
Research Associate Professor, Pediatrics
University of Washington & Seattle Children's Hospital
PO Box 5371, M/S: CW8-6
Seattle, WA 98145
(206) 884-8243
cari.mccarty@seattlechildrens.org

Tracy L. McPherson, PhD
Senior Research Scientist, Public Health
NORC at the University of Chicago
4350 East West Highway, 8th Floor
Bethesda, MD 20814
(757) 427-1028
mcpherson-tracy@norc.org

Shannon Gwin Mitchell, PhD
Senior Research Scientist
Friends Research Institute, Inc.
1040 Park Avenue, Suite 103
Baltimore, MD 21201
(410) 837-3977 x238
smitchell@friendsresearch.org

Frederick Muench, PhD
President and CEO
Partnership for Drug-Free Kids
352 Park Avenue South, 9th Floor
New York, NY 10010
(212) 973-3546
(917) 532-0623
Fred_muench@drugfree.org

Marla Oros, RN, MS
President
Mosaic Group
702 W. Lake Avenue
Baltimore, MD 21210
(410) 433-1423
moros@groupmosaic.com

Richard Spoth, PhD
F. Wendell Miller Senior Prevention Scientist
Director, Partnerships in Prevention Science Institute
Iowa State University
2625 North Loop Drive, Suite 2400
Ames, IA 50010
(515) 294-5383
rlspoth@iastate.edu

Stacy Sterling, DrPH, MSW
Research Scientist I
Drug and Alcohol Research Team
Behavioral Health Research Initiative
Mental Health Research Network
Kaiser Permanente Division of Research
2000 Broadway
Oakland, CA 94612
(510) 891-3614
stacy.a.sterling@kp.org

Tamika C.B. Zapolski, Ph.D.
Assistant Professor
Department of Psychology
Indiana University Purdue University - Indianapolis
402 North Blackford
Indianapolis, IN 46202
(317) 274-2934
tzapolsk@iupui.edu

Abt Associates Staff

Leigh Fischer, MPH
Senior Associate
Abt Associates
10 Fawcett Street
Cambridge, MA 02138
(617) 520-2894
Leigh_Fischer@abtassoc.com

Dana Hunt, PhD
Principal Scientist
Abt Associates
10 Fawcett Street
Cambridge, MA 02138
(617) 349-2733
Dana_Hunt@abtassoc.com

Samantha Karon
Research Assistant
Abt Associates
6130 Executive Blvd
Rockville, MD 20852
(301) 347-5362
Samantha_Karon@abtassoc.com

Hilton Foundation Staff

Alexa Eggleston, JD
Senior Program Officer
Conrad N. Hilton Foundation
30440 Agoura Road
Agoura Hills, CA 91301
(818)851-3750
alexa@hiltonfoundation.org

Jennifer Ho, PhD
Learning Officer
Conrad N. Hilton Foundation
30440 Agoura Road
Agoura Hills, CA 91301
(818) 851-0505
jenn@hiltonfoundation.org

Bill Pitkin, PhD
Director, Domestic Programs
Conrad N. Hilton Foundation
30440 Agoura Road
Agoura Hills, CA 91301
(818) 851-3703
bill@hiltonfoundation.org

Sissy Weldon
Program Associate
Conrad N. Hilton Foundation
30440 Agoura Road
Agoura Hills, CA 91301
(818) 540-0489
sissy@hiltonfoundation.org

Appendix B: Participant Bios

HOOVER ADGER—Director, Adolescent Medicine, Director, Leadership Education in Adolescent Health Program, Professor of Pediatrics, John Hopkins School of Medicine

Hoover Adger, Jr., MD, is a professor of pediatrics at the Johns Hopkins University School of Medicine. His clinical interests include adolescent medicine, substance abuse and general pediatrics. Dr. Adger is the director of Adolescent Medicine in the Division of General Pediatrics and Adolescent Medicine, as well as the Director of the Leadership Education in Adolescent Health (LEAH) Program. Dr. Adger is the director of both the Substance Abuse Assessment/Intervention Team at The Johns Hopkins Hospital Adolescent Program and the Johns Hopkins Substance Abuse Faculty Development Programs. He also serves as the faculty leader of the Colleges Advisory Program's Sabin College. He earned his medical degree from Case Western Reserve University. He completed a pediatrics residency at Cincinnati Children"s Hospital Medical Center and a fellowship in adolescent medicine at the University of California, San Francisco. Dr. Adger served as deputy director of the White House Office of National Drug Control Policy in 1997 and 1998. He served from 1999-2005 as co-director of a federally funded strategic planning initiative, a role in which he advised the federal government and other entities about improving and expanding interdisciplinary education and training of health professionals in substance-use disorders. He joined the Johns Hopkins faculty in 1984, at which time he completed a M.P.H. in health policy.

MARY BROLIN—Scientist, Institute for Behavioral Health at the Heller School for Social Policy and Management, Brandeis University

Mary F. Brolin, PhD**,** is a Scientist within the Institute for Behavioral Health at the Heller School for Social Policy and Management, Brandeis University. She has worked in the substance abuse field for 28 years conducting health services research and evaluating community-based prevention and treatment programs. Her research interests focus on the intersection of substance abuse services with other service systems, including the criminal justice, housing and primary care systems. She conducts mixed methods research on substance use disorder services for Medicaid populations, low-income people, chronically homeless people, criminal justice populations and youth and young adults. She is am currently leading evaluations of supported re-entry programs, adolescent and transition-age youth treatment services and intensive case management and support for high utilizers of acute treatment services. She recently completed a CMS initiative to help repeat users of detox reduce their need for subsequent detox services. Dr. Brolin also led the evaluation of the Massachusetts Screening, Brief Intervention and Referral to Treatment (MASBIRT) project funded by SAMHSA, and is currently leading an evaluation of YouthBuild USA's community-based SBIRT project across 130 sites nationally, funded by the Conrad N. Hilton Foundation. She holds a Ph.D. from the Heller School at Brandeis University, a Master's in Social Sciences from the University of Chicago, and a B.A. in Sociology from Boston College.

ANGELA DIAZ—Jean C. and James W. Crystal Professor, Department of Pediatrics and Department of Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai

Angela Diaz, MD, PhD, MPH is the Jean C. and James W. Crystal Professor, Department of Pediatrics and Department of Environmental Medicine and Public Health, at the Icahn School of Medicine at Mount Sinai. After earning her medical degree at Columbia University College of Physicians and Surgeons, she completed a Master in Public Health from Harvard University and a PhD in Epidemiology from Columbia University. Dr. Diaz is the Director of the Mount Sinai Adolescent Health Center, a unique program that provides comprehensive, interdisciplinary, integrated, medical care, sexual and reproductive health, mental health, dental and optical services to young people. Under her leadership the Center has become one of the largest adolescent-specific health center in the U.S., serving more than 13,000 young people every year—for free. The Mount Sinai Adolescent Health Center is a major training site in the field of adolescent health and medicine, with research funded by NIH. Dr. Diaz is active in public policy and advocacy in the U.S. and has conducted many international health projects in Asia, Central and South America, Europe and Africa. She is a frequent speaker at conferences throughout the country and around the world.

LEIGH FISCHER—Senior Associate, Abt Associates, Project Director, Conrad N. Hilton Foundation Youth Substance Use Prevention and Early Intervention Strategic Initiative's Monitoring, Evaluation and Learning (MEL) Project

Leigh Fischer, MPH, is a health systems expert with over 15 years of experience in program planning and evaluation across the behavioral health continuum of care-prevention, intervention, treatment and recovery. As a Senior Associate with Abt Associates, Ms. Fischer leads the monitoring, evaluation, and learning project for the Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative. In this role she directs the evaluation and learning activities for the Initiative and provides support to grantees related to data collection, program improvement, and collaboration. Previously, Ms. Fischer served as the director for SBIRT Colorado and the Prescription Drug Abuse Prevention Project, initiatives funded by SAMHSA and administered by the Colorado Office of Behavioral Health, providing oversight to large-scale information dissemination, training, technical assistance, and policy change efforts. She received a Master of Public Health from the University of Illinois at Chicago, and serves on the board of directors for The College for Behavioral Health Leadership.

THOMAS FREESE—Co-Director and Director of Training, University of California, Los Angeles Integrated Substance Abuse Programs (ISAP)

Thomas E. Freese (PhD in Clinical Psychology, California School of Professional Psychology, 1995) is currently Co-Director and Director of Training for UCLA Integrated Substance Abuse Programs (ISAP). Dr. Freese is Principal Investigator of the Conrad N. Hilton Foundation Youth SBIRT Training and Technical Assistance Grant, Director of the Pacific Southwest Addictions Technology Transfer Center (PSATTC), funded by SAMHSA. He has conducted trainings on a wide variety of topics including implementing integrated treatment, SBIRT, medication assisted treatment, methamphetamine use, addressing the opioid epidemic, and culturally responsive treatment for LGBT clients. Dr. Freese has been a featured presenter at conferences and meetings nationally and internationally, and has developed and conducted trainings in 46 US states and internationally. *tfreese@mednet.ucla.edu.*

ADIANA GALVAN—Jeffrey and Wenzel Term Chair in Behavioral Neuroscience, Associate Professor, Department of Psychology, Brain Research Institute, University of California, Los Angeles

Adriana Galván, PhD, is an Associate Professor of Psychology at UCLA whose expertise is in adolescent brain development. She received her BA from Barnard College, Columbia University and her PhD in Neuroscience from Cornell. She is the Director of the Developmental Neuroscience Laboratory. The focus of her research is on characterizing the neural mechanisms underlying adolescent behavior with an eye towards informing policy and has demonstrated a strong track record of productivity in top journals, with a total of 85 publications and a sole-authored book ("The Neuroscience of Adolescence," Cambridge University Press). Her research is generously funded by the National Institute of Health (NIH), National Science Foundation, MacArthur Foundation, Jacobs Foundation, and the William T. Grant Foundation. She is the recipient of the William T. Grant Scholars Award, a Network Scholar of the MacArthur Foundation Research on Law and Neuroscience, the 2015 Distinguished Teaching Award from the UCLA Psychology Department, the 2016 APA Distinguished Scientific Award for Early Career Contributions, the 2016 Cognitive Neuroscience Society Young Investigator Award and is a 2018–2019 U.S. Fulbright Scholar.

DANA HUNT—Principal Scientist, Abt Associates, Principal Investigator, Conrad N. Hilton Foundation Youth Substance Use Prevention and Early Intervention Strategic Initiative's Monitoring, Evaluation and Learning (MEL) Project

Dana Eser Hunt, PhD, Principal Scientist is a widely recognized expert with 30 years of experience in research in alcohol and drug abuse and methodological issues in these fields. During that time, she has managed several large multi-site research projects for the National Institute on Drug Abuse, the Office of National Drug Control Policy and the National Institute of Justice. Dr. Hunt co-authored CDC's guide for the evaluation of violence against women programming. Dr. Hunt was the research director for the Department of Education cross site evaluation of the Department of Education's school based mentoring program, instituting random assignment in 32 sites of youth participating in school based mentoring. Dr. Hunt has created the instrumentation and evaluation designs for assessing a variety of behavioral and attitudinal outcomes including drug and alcohol use and quality of life measures for many large surveys including studies of youth at risk, persons at the point of arrest, and inmates undergoing treatment. She is currently the principal investigator on the Hilton MEL SBIRT Initiative and the lead evaluator on SAMHSA's consolidated HIV grant program.

SHARON LEVY—Director, Adolescent Substance Abuse Program (ASAP), Boston Children's Hospital, Associate Professor of Pediatrics, Harvard Medical School

Sharon Levy, MD, MPH is a board certified Developmental-Behavioral Pediatrician and an Associate Professor of Pediatrics at Harvard Medical School. She is the Director of the Adolescent Substance use and Addiction Program (ASAP) in the Division of Developmental Medicine at Boston Children's Hospital, which is comprised of clinical, research, training and policy arms. She has evaluated and treated thousands of adolescents with substance use disorders, and has taught national curricula and published extensively on the outpatient management of substance use disorders in adolescents, including screening and brief advice in primary care, the use of drug testing and the outpatient management of opioid dependent adolescents. She is the immediate past chair of the American Academy of Pediatrics Committee on Substance Use and Prevention, the President of

the Association for Medical Education and Research in Substance Abuse (AMERSA) and serves on the board of directors of the Addiction Medicine Fellowship Director's Association.

CARI MCCARTY—Clinical Psychologist, Research Professor in Pediatrics and Adjunct Research Professor of Psychology, University of Washington, Associate Director, University of Washington Leadership in Adolescent Health Program

Cari McCarty, PhD, is a Clinical Psychologist, Research Professor in Pediatrics and Adjunct Research Professor of Psychology at the University of Washington, and the Associate Director for the University of Washington Leadership in Adolescent Health (LEAH) Program. Dr. McCarty has been on faculty at the University of Washington for the past 15 years, and has developed a research program to understand the interrelationships between alcohol and substance use disorders, mental health, and physical health throughout adolescence. She is the Principal Investigator on several grants focused on screening and intervening to reduce adolescent health risk behaviors, and has developed and tested novel interventions to prevent depressive symptoms, to reduce early substance use, and to address persistent post-concussive symptoms using cognitive-behavioral therapy and collaborative care models.

TRACY MCPHERSON—Senior Research Scientist, NORC at the University of Chicago

Tracy McPherson, PhD, is a Senior Research Scientist in the Public Health Department at NORC at the University of Chicago and the Principal Investigator of the Integrating Adolescent SBIRT in Social Work and Nursing Education initiative funded by the Conrad N. Hilton Foundation. Over the last two decades, Dr. McPherson has led substance use prevention/early intervention projects funded by government agencies, foundations, and private companies. Her work is focused on improving access to screening, brief intervention, treatment and follow-up care for alcohol and other substance use for adolescents and adults. She is actively engaged in working with academic programs, professional associations, employers, health plans, and medical and behavioral health organizations to implement clinical practice informed by scientific evidence, to build workforce capacity, and to evaluate the impact of training and practice change. This work has led to the development of four SBIRT training curriculums, including virtual patient simulation training, tailored for practitioners working with adolescents, military personnel, employee assistance clients, and patients in hospital and primary care settings. Dr. McPherson holds a PhD in Applied Social Psychology from The George Washington University.

SHANNON MITCHELL—Senior Research Scientist, Friends Research Institute

Shannon Mitchell, PhD, is a Community Psychologist specializing in health services research and qualitative methodology. As a Senior Research Scientist at Friends Research Institute her work focuses not just on individuals, but the systems in which they work and live, and how those systems impact individual and organizational functioning. Dr. Mitchell has participated as a lead or co-investigator on numerous clinical trials addressing treatments for opioid use disorder, as well as issues associated with treatment entry for people involved with the criminal justice system. She has also collaborated on several studies examining the use and implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in rural and urban community health centers as well as within schools.

FREDERICK MUENCH – President and CEO, Partnership for Drug-Free Kids

Frederick Muench, PhD, is the President and CEO of the Partnership for Drug-Free Kids. He is a clinical psychologist who specializes in developing remote coaching and digital interventions to help individuals and families prevent and intervene with problem substance use. Prior to The Partnership, Fred focused on developing, researching and managing technology based addiction applications for in private, non-profit and academic sectors. In 2009 he founded the company Mobile Health Interventions which delivered digital behavioral health interventions directly to consumers and more recently was the Chair of Support Den, a personalized parenting services non-profit that delivered low touch technology based applications for parents. He has been funded to build and test digital interventions from NIDA, NIAAA and most recently, in collaboration with Cornell Tech, is the PI on a Robert Wood Johnson Pioneer grant to study self-regulation in the general population using Research Kit (Apple) and Research Stack (Android) in order to prevent impulsive responding. He has written numerous publications on using technology to extend interventions beyond brief encounters and was the primary author on the CASA SBIRT implementation manual. At the Partnership, Fred is working with the team on integrating media, digital and remote clinical services to help families when they need it most.

MARLA OROS—President, Mosaic Group

Marla Oros, RN, MS, currently serves as President of The Mosaic Group, a health care management consulting firm located in Baltimore, Maryland that provides technical assistance to health and human service organizations, public agencies and foundations in the areas of strategic planning, business development, program design and operations analysis. Ms. Oros holds a Bachelor of Science Degree in Nursing from the University of Maryland, Baltimore and a Masters of Science in Health Care Administration from Towson State University. Ms. Oros has over 30 years professional experience in community-based health care, program development and health care administration. The Mosaic Group has significant expertise in the areas of community-based program development, primary care services, senior care, immigrant health, early child hood education, and behavioral health. Ms. Oros is nationally recognized for her work in community health and behavioral health services and was the 2012 recipient of the American Association of Public Health's Vision Award for Health Planning and a 2015 recipient of the University of Maryland School of Nursing's inaugural group of Visionary Pioneers.

RICHARD SPOTH—F. Wendell Miller Senior Prevention Scientist and the Director, Partnerships in Prevention Science Institute at Iowa State University

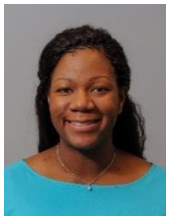
Richard Spoth, PhD, is the F. Wendell Miller Senior Prevention Scientist and the Director of the Partnerships in Prevention Science Institute (PPSI) at Iowa State University. He also serves as the Director of the Coordinating Center for the Universal Prevention Curriculum in the North American region. He provides oversight for PPSI projects addressing a range of research questions on prevention program engagement, program effectiveness, culturally-competent programming, and dissemination of universal evidence-based programs through community-university partnerships. Among his NIH-funded projects, Dr. Spoth received a MERIT Award from the National Institute on Drug Abuse for a large-scale study evaluating combined family- and school-based interventions. Dr. Spoth has served on numerous federally-sponsored expert and technical review panels addressing issues in prevention research and research-practice integration. He has been invited to testify and brief Congress, to present to the Advisory Group for the White House's National Prevention Council, to

serve on a Surgeon General prevention-focused Expert Panel, and to represent the prevention field on panels sponsored by the United Nations Office on Drugs and Crime. With this work, Dr. Spoth received the Prevention Science Award from the Society for Prevention Research for outstanding contributions to advancing the field of prevention science, as well as the Service to the Society for Prevention Research Award, the Translation Science Award, and the Presidential Award for lifetime scientific achievement.

STACY STERLING—Research Scientist, Drug and Alcohol Research Team, Behavioral Health Research Initiative, Mental Health Research Network, Kaiser Permanente Division of Research

Stacy Sterling, DrPH, MSW, is with the Drug and Alcohol Research Team (DART) and the Behavioral Health Research Initiative at the Kaiser Permanente Northern California (KPNC) Division of Research. She received her doctoral training at the University of North Carolina, Gillings School of Global Public Health, and Master's degrees in Public Health and Social Welfare at the University of California, Berkeley. Her interest is in developing health policies and interventions to increase treatment access to health, substance abuse and mental health services, and improve outcomes, for vulnerable populations, including adolescents, women, and patients with co-occurring disorders. Dr. Sterling is the Principal Investigator of a Conrad N. Hilton Foundation-funded study to develop predictive models for adolescent substance use problem development, the Kaiser P.I. of a Hilton Foundation-funded trial of extended screening, brief intervention and referral to treatment (SBIRT) for adolescent behavioral health problems in pediatric primary care, and was the Kaiser P.I. of an NIH/NIAAA adolescent SBIRT trial in pediatric primary care, and of an NIH/NIAAA survey of pediatrician attitudes toward and practices of adolescent behavioral health risk screening and intervention. She was Co-Investigator on a pragmatic trial of different modalities of delivering screening, brief intervention and referral to treatment (SBIRT) to adults in primary care, and co-led the team overseeing the implementation of region-wide alcohol SBIRT in KPNC adult primary care, and she is the PI of an NIAAA study examining the health effects of brief interventions for risky drinking in adult primary care.

TAMIKA ZAPOLSKI—Prevention Research in Substance Use and Minority Health Lab, Assistant Professor, Indiana University-Purdue University Indianapolis



Tamika Zapolski, PhD, is an assistant professor in the department of psychology at Indiana University Purdue University–Indianapolis. Her current program of research is two-fold. The first focuses on understanding the etiology of substance use choice and course among adolescents, with a particular interest in risk/protective model for African American youth. The second line of research builds off the first and focuses on the development and implementation of school-based interventions for youth substance use.

Appendix C: Agenda

Hilton Foundation Youth Substance Use Prevention and Early Intervention Strategic Initiative

Youth SBIRT Research Roundtable: Current Status and Future Directions

February 20– 1, 2018

Conrad N. Hilton Foundation Board Room

30440 Agoura Road, Agoura Hills, California 91301

Description:

The purpose of this meeting is to inform the next phase of the Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative. Over the last four years the Foundation has funded a variety of grantees and learned a great deal about the implementation of screening, brief intervention, and referral to treatment (SBIRT) for adolescents in new settings: primary care, school-based health centers, community programs and community health centers. To help frame the work going forward, participants will engage in a conversation about the current status of research and practice and identify key gaps and opportunities to expand the knowledge base and scale up evidence-based implementation of SBIRT services.

Meeting Objectives:

1) Review the current research landscape of youth SBIRT including lessons learned in the Initiative's first phase
2) Identify points of consensus, gaps and potential new avenues in SBIRT research and practice
3) Develop recommendations for a research agenda to advance youth SBIRT in health care and other community-based settings
4) Discuss the role of the Foundation in advancing SBIRT research and practice and guiding systems change.

Day 1 Agenda

9:00 am–10:00 am **Welcome and Introductions**

- Review agenda and format for the meeting

10:00 am– 10:30 am **Initiative Phase I Overview, Abt Associates**

10:30 am–10:40 am **Break**

10:40 am–12:00 pm **Defining Successful Youth SBIRT: What is the Initiative telling us about the evolution of the approach?**

- Overview of the Youth SBIRT Science, Sharon Levy, MD, MPH
- Facilitated Discussion, Abt Associates

12:00 pm–12:30 pm **Lunch**

12:30 pm–2:00 pm **Deep Dive on Screening**

- Presentation and Reflections, Cari McCarty, PhD
- Facilitated Discussion, Abt Associates

2:00 pm–2:15 pm **Break**

2:15 pm–4:30 pm **Deep Dive on Brief Interventions**

- Presentation and Reflections, Stacy Sterling, DrPH, MSW, MPH
- Facilitated Discussion, Abt Associates

4:30 pm **Adjourn**

Day 2 Agenda

9:00 am–9:45 am **Recap and Reflections on Day One**

9:45 am–11:45 am **Deep Dive on Referral to Treatment**

- Presentation and Reflections, Shannon Mitchell, PhD
- Facilitated Discussion, Abt Associates

11:45 am–12:15 pm **Lunch**

12:15 pm–2:00 pm **Planning for Phase II of the Initiative**

- Shaping a research agenda
- Defining and measuring success

2:00 pm–2:30 pm **Wrap-Up**