

THE ROLE OF ADVOCACY IN ADOLESCENT HEALTH POLICY AND PRACTICE CHANGE

ADVANCING LEARNING AND KNOWLEDGE

Conrad N. Hilton Foundation Substance Use Prevention Initiative



HIGHLIGHTS

This paper examines advocacy and policy components of the Conrad N. Hilton Foundation's (the Foundation) Youth Substance Use Prevention and Early Intervention Strategic Initiative (the Initiative). The Initiative's grantees addressed local, state, and federal policies to support long-term implementation of adolescent screening, brief intervention, and referral to treatment (SBIRT), as well as other substance use disorder prevention and cannabis policy strategies. Organizations and agencies such as the American Academy of Pediatrics, the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, and the National Institute on Alcoholism and Alcohol Abuse recommend routine youth screening, brief intervention, and referral to treatment. Grantees contributed to grassroots initiatives to promote youth SBIRT in pediatric primary care, school settings, juvenile justice programs, and community-based programs across the nation. This paper explores how advocacy can help raise awareness about the importance and promise of SBIRT as a youth-setting framework to prevention, enhance understanding around substance use issues, and drive policy change to ultimately minimize barriers to SBIRT adoption in a variety of settings. Several key advocacy and policy learnings have emerged from the Foundation's first six years of substance use prevention grant making. Grantees have advanced federal, state and local policy by advocating to:

- Expand addiction medicine training to equip the workforce to address prevention of unhealthy substance use and substance use disorders in primary care settings;
- Increase substance use disorder prevention services in Medicaid;
- Enforce the Mental Health Parity and Addiction Equity Act and Affordable Care Act's substance use disorder treatment coverage;
- Adopt recovery supports in communities to sustain long term recovery from substance use disorders;
- Secure financing streams for supporting youth SBIRT

About The Authors

Abt Associates serves as the Monitoring, Evaluation, and Learning (MEL) partner for the Conrad N. Hilton Foundation's (the Foundation) Substance Use Prevention Initiative (the Initiative). Building upon success of the screening, brief intervention, and referral to treatment (SBIRT) framework with adults, the Initiative set out to test the feasibility of implementing SBIRT with youth in order to identify and address youth substance use and associated harms early on. Over the past six years, the Foundation has awarded over \$81 million to fund the work of 56 grantees and surpassed each of its initial goals for the Initiative. In 2018, the Foundation announced an organizational decision to phase out the Initiative by the end of 2021. Based on this decision, the MEL project shifted its focus to analyze, document, and disseminate information on the impact of the Initiative and each of its grantees to the broader field. Abt Associates has produced a series of learning briefs focused on highlighting the work of grantees in the following areas: advancing the knowledge base for adolescent SBIRT, integrating SBIRT into pediatric primary care, and the implementing advocacy initiatives focused on adolescent health policy and practice change.

About The Foundation

The **Conrad N. Hilton Foundation** was created in 1944 by international business pioneer Conrad N. Hilton, who founded Hilton Hotels and left his fortune to help individuals throughout the world living in poverty and experiencing disadvantage. The Foundation invests in 11 program areas, including providing access to safe water, supporting transition age foster youth, ending chronic homelessness, hospitality workforce development, disaster relief and recovery, helping young children affected by HIV and AIDS, and supporting the work of Catholic sisters. In addition, following selection by an independent international jury, the Foundation annually awards the \$2.5 million Conrad N. Hilton Humanitarian Prize to a nonprofit organization doing extraordinary work to reduce human suffering. From its inception, the Foundation has awarded more than \$1.8 billion in grants, distributing \$110 million in the U.S. and around the world in 2019. Foundation assets increased from approximately \$2.9 billion to \$6.6 billion following the 2019 passing of Barron Hilton who, like his father, pledged virtually his entire estate to the Foundation. For more information, please visit www.hiltonfoundation.org.

through Medicaid reimbursement and other mechanisms in states;

- Increase access to SBIRT in schools and community settings to provide prevention and early intervention services to more youth; and
- Provide guidance on cannabis policy with an equitable, public health approach to protect the health of youth and communities.

Grantees adopted various policy and advocacy strategies to achieve positive outcomes and influence public health policy in their communities. Some common elements from their advocacy initiatives included:

- Building coalitions to strengthen impact in local communities;
- Elevating youth voices and experiences in policy and advocacy initiatives;
- Tracking policy activity at the state and local level to further understanding of policy issues and priorities and to facilitate relationship building with policymakers; and
- Providing resources and training to support and guide advocates.

These lessons provide important insights and further the understanding of effective advocacy strategies and organizing efforts around prevention and youth health promotion frameworks such as SBIRT.

METHODOLOGY

This brief features highlights, activities, and lessons learned from 10 grantees in the Initiative with projects focusing on advocacy and policy. It draws on interviews, monthly, or bi-monthly calls with these grantees; information abstracted from their grant applications; annual and cumulative grant reports; grantee-developed tools and resources; and quarterly data reports collected from the evaluation of the implementation of the Initiative from 2013-2020. Abt Associates systematically reviewed documents, organized the information by theme, identified case examples, and synthesized findings related to outcomes and achievements.

INTRODUCTION

Background

Youth substance use continues to be a critical public health concern in the United States. Research indicates that initiation of substance use most often occurs in adolescence and the young adult years (Levy, 2019). In 2019, the National Survey on Drug Use and Health (NSDUH) reported that 2.3 million youth ages 12 to 17 used alcohol in the past month, and 699,000 reported a marijuana use disorder in the past year (Substance Abuse and Mental Health Services Administration, 2020). The prevalence of alcohol and other drug use is particularly concerning given significant increases in depression and suicide among young people (Substance Abuse and Mental Health Services Administration, 2020).

Addressing substance use early in life is critical to mitigating the associated risks to youth, families, and communities (McCance-Katz, 2019) and can help address the current opioid overdose epidemic and other substance use-related public health issues (Levy, 2019).

Research continues to emerge about the effectiveness of using SBIRT with youth. In 2011, the **American Academy of Pediatrics (AAP)** released a policy statement and clinical guidelines that recommended the use of SBIRT as part of routine pediatric care (AAP Committee on Substance Use and Prevention, 2016). The AAP – along with federal agencies like the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, and the National Institute on Alcoholism and Alcohol Abuse – recommends routine youth screening, brief intervention, and referral to treatment and provides a list of validated screening instruments.

The adolescent developmental period presents unique risks and opportunities as young people take on more independence and responsibilities. Consequently, there is a critical need to identify evidence-based prevention and early intervention programs and practices for youth.

Screening, brief intervention, and referral to treatment (SBIRT) is a public health approach to identifying and addressing substance use and related risks – including health, social, and legal consequences. Each step of the SBIRT process provides information and assistance to the adolescent patient and the patient’s family or caregivers.

Screening refers to the routine, universal administration of validated questions to identify potential risks related to alcohol and other drug use, followed by positive reinforcement for youth who screen as ‘no’ or ‘low’ risk. **Brief intervention** includes one or more short, motivational conversations, typically incorporating feedback, advice, and goal setting around decreasing ‘moderate’ risk related to substance use. This step is intended to prevent progression to more serious levels of use. **Referral to treatment** describes the process of connecting individuals with more high risk substance use to appropriate assessment, treatment, and/or additional services based on their level of need.

SBIRT has emerged as a critical strategy for targeting the large but often overlooked population of adolescents that have initiated substance use but have not yet experienced adverse consequences that are attributed to high risk use. While SBIRT was originally intended as a process to reduce adult alcohol misuse, research demonstrates that intervening with adolescents at low to moderate risk of substance misuse is effective in reducing substance use, in preventing health and other related consequences, and in saving healthcare costs. Additionally, a recent study from Kaiser Permanente in Northern California found that three years following receipt of SBIRT, adolescent patients in primary care settings had lower utilization of psychiatry services and lower overall outpatient utilization, which are proxy indicators for overall health and wellbeing, compared to those who did not receive SBIRT (Sterling et al., 2019). The study also found that adolescents who received SBIRT were less likely to have a mental health or medical diagnosis within one year and less likely to have a substance use or depression diagnosis at the three year follow-up period.

The Foundation’s Initiative builds on the successful utilization of the SBIRT framework with adults in health care settings and assesses its utility for youth in a variety of settings, including primary care, schools, community based organizations, community mental health centers, and juvenile justice programs. Since 2013, the Foundation has awarded more than \$81 million to fund the work of 56 grantees implementing SBIRT

in 1,266 sites, contributing to research and influencing policy change in communities across the United States.

The Initiative's Role in Policy and Advocacy Efforts

Over the last several years, policy makers from local communities to federal agencies have increasingly focused on the opioid crisis in adults across the country, elevating substance use as a major priority issue. As a result of health reform in recent years, new policies and initiatives have been implemented that mandate coverage of substance use disorder services as part of healthcare and emphasize the value of preventive services within primary care and behavioral health delivery systems. These include models for primary care and behavioral health integration, engagement of communities in population health strategies, and increasing access to substance use and mental health services. Although the future of the Affordable Care Act (ACA) remains uncertain, the law has increased health care coverage for an estimated 2.8 million children under the age of 18 and approximately six million people ages 19-25 (Garrett et al, 2016). As of October 2020, 39 states (including Washington, DC) have adopted the ACA's Medicaid expansion, expanding coverage for most low-income adults to 138% of the federal poverty level (Kaiser Family Foundation, 2020). Medicaid coverage for parents has demonstrated positive health and wellness benefits for youth that extend into adulthood (Schubel, 2020). Federal policy makers have taken steps to change the funding and structure of the Medicaid program, encouraging states to impose work and other requirements for individuals and families seeking coverage (Center for Medicare and Medicaid Services, 2018). These actions may restrict access to prevention and health services, as Medicaid and private insurance are

major funding sources for SBIRT and other prevention strategies. With less federal support available for Medicaid, states may be less inclined to utilize Medicaid funds to pay for SBIRT.

Even with health insurance coverage, youth continue to face barriers to obtaining substance use disorder prevention, treatment, and recovery supports. While the Mental Health Parity and Addiction Equity Act (Parity Act) requires both public and private insurance to equitably cover mental health and substance use disorder services (Center for Medicare and Medicaid Services, 2008), some plans have struggled to meet the more complex components of the law (American Psychiatric Association, 2020). Education and advocacy efforts with federal, state, and local policymakers raises awareness about the critical importance of maintaining insurance coverage as well as providing prevention and early intervention for substance use disorders. It is a critical time for strong federal and state advocacy to advance prevention and early intervention strategies for substance use disorders in youth.

Grantees have spearheaded and participated in a variety of advocacy and policy initiatives to advance and sustain youth SBIRT and integrate substance use prevention efforts in settings with which youth interact. Grantees emphasized the value of a multi-pronged approach that includes prevention and early intervention strategies to address addiction in communities. The Initiative has helped increase attention on the importance of substance use prevention in youth through funding research, policy, and programs. Grantees have lifted up the voices of youth serving providers and programs, and youth themselves, to deliver prevention messages to policy makers and raise awareness around substance use and addiction issues.



KEY LEARNINGS FROM THE FIELD

Over the last six years, grantees have advocated for increased attention to youth substance use prevention, which has included a breadth of topics. Advocacy and education efforts have focused on securing financing streams for the addiction medicine workforce and for SBIRT; expansion of SBIRT services in school settings; training service providers; enforcement of parity in substance use disorder treatment; and ensuring state and local jurisdictions are taking equitable, public health approaches to legalization of cannabis. This section highlights some of the key accomplishments, learnings, and steps forward in substance use prevention policy resulting from grantee efforts and is organized by national and state and local initiatives.



NATIONAL ADVOCACY EFFORTS

Expanding addiction medicine training to equip the workforce to address prevention of risky substance use and substance use disorders in primary care settings.

Funding support to train health professionals and other youth-serving providers is critical for effectively preventing and addressing substance use disorders. Providers must understand and be equipped with the skills and confidence to identify risk factors for substance use and addiction, screen for risky substance use, intervene when necessary, and treat or refer patients for services to manage addiction as they do for any other chronic health condition or disease (The National Center on Addiction and Substance Abuse at Columbia University, 2012).

The **American College of Academic Addiction Medicine (ACAAM)** collaborated with federal partners and other stakeholders to bring together government leadership and disseminate science-informed content and best practices around addiction medicine. As part of this work, ACAAM provided data on the expansion of addiction medicine training as a key element of national health workforce policy. ACAAM projected that 125 addiction medicine fellowships would be required to meet training needs, which was officially adopted in 2017 by the President's Commission on Combating Drug Addiction and the Opioid Crisis (Christie et al., 2017). When the Health Resources and Services Administration subsequently launched a fellowship grant program in 2019, ACAAM provided information to help meet the goal of expanding the number of fellows at accredited Addiction Medicine Fellowship and Addiction Psychiatry Fellowship programs. Through this expansion, physicians from 44 academic institutions will receive training as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder prevention and treatment services. ACAAM helped promote awareness of the grant program and provided information, advisement, and technical assistance on various topics related to addiction medicine training.

Recommendations for strengthening coverage of substance use disorder prevention services in Medicaid.

The **Legal Action Center (LAC)** examined Medicaid coverage of child and adolescent substance use prevention services across the United States. They identified models for policy reforms that would increase access to SBIRT, such as:

- Providing a comprehensive array of substance use preventive services, including SBIRT, as part of state Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

- Integrating substance use disorder prevention services into primary care by allowing services to be provided in a variety of settings, improving SBIRT access in community health centers, and expanding SBIRT use through Medicaid Health Home initiatives.
- Providing transparent and publicly available information about covered substance use disorder services to individuals and families seeking services.

Enforcement of the Parity Act and Affordable Care Act substance use disorder treatment coverage.

The **LAC** has tracked and analyzed the impact of the Affordable Care Act and Parity Act on substance use prevention for young people. As a result, LAC identified a lack of Parity Act enforcement, which means insurers are failing to fully cover young people's access to substance use disorder services. In response, LAC leads the Parity at 10 Campaign (www.parityat10.org) which aims to improve treatment access through better parity enforcement in multiple states. The Campaign is providing technical assistance to stakeholders and policymakers in 10 states.

Recovery supports in communities to sustain long term recovery from substance use disorders.

Recovery supports in communities such as peer support workers, recovery housing, and employment resources and programs can help individuals in recovery stay healthy. Peer support workers are individuals who have been successful in the substance use disorder recovery process who support others experiencing similar situations (SAMHSA, 2020). Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process (SAMHSA, 2020). **Facing Addiction** advocated for a recovery focused research agenda from the National Institutes of Health and hosted a Congressional Briefing on the impact, significance, and potential of recovery supports to present long-term outcomes (i.e. peer recovery support services, recovery housing, recovery community centers, recovery educational institutions, ongoing primary care follow-up, and other community based supports). They produced an action plan with lessons learned and action steps including details about the specific funding needs required by Congress to implement the plan. **Facing Addiction** developed two additional Congressional Forums: one focused on recovery housing, and the other focused on employment challenges faced by individuals in early recovery and by businesses looking to employ individuals in recovery. They developed a policy guide after each Congressional Forum for dissemination among partners and other advocates.



STATE AND LOCAL ADVOCACY EFFORTS

SBIRT reimbursement in states to expand and sustain youth SBIRT.

Grantees have worked to secure financing streams for supporting SBIRT through Medicaid reimbursement for SBIRT services. Developing payment structures to support SBIRT is a major contributor to its sustainability in primary care settings. As the largest source of coverage for behavioral health services, including those related to substance use disorders, Medicaid can play a powerful role in addressing substance use disorders (United States Government Accountability Office, 2015). Effective January 2008, state Medicaid plans may reimburse for SBIRT services. However, health care organizations may not be able to bill for SBIRT services for a variety of reasons, one being that the necessary Medicaid billing codes have not been activated in many states. Furthermore, even when the screening and brief intervention reimbursement codes are activated, many providers are not using them due to the time-based nature of the code.

A policy and advocacy steering committee at the **Mosaic Group** successfully collaborated with the Maryland Medicaid agency to clarify and expand reimbursement for SBIRT services in Federally Qualified Health Centers and primary care practices, including school-based health centers. Advocates also worked with the Medicaid agency to resolve barriers school-based health centers faced, so all sites were able to bill and get reimbursed for services.

Georgia established a sustainable funding stream for SBIRT by activating its state's Medicaid billing codes. Advocates who were part of **Community Catalyst's** team worked directly with the state Medicaid agency and used data on state savings from SBIRT implementation as evidence to support their case. Agency officials activated the reimbursement codes for physicians, physician extenders, and advanced practice nurses implementing SBIRT in clinical settings in July 2017. Advocates continued to work to promote use of the codes by primary care providers and community health centers and expansion of the codes to enable billing by other types of clinicians.

Grantee advocates from Ohio, also part of **Community Catalyst's project**, helped change state policy to allow social workers and counselors to bill Medicaid when they conduct SBIRT, and helped expand these important services to additional youth.

Increasing access to SBIRT in schools and community settings to provide prevention and early intervention services to more youth.

Youth spend a large majority of their time in school, making schools ideal locations to intervene with all youth, especially those who may be at risk of mental health or substance use issues. Schools are also uniquely invested in the health, education, and overall well-being of youth. Similarly, community-based organizations that serve youth at critical juncture points in their lives have unique opportunities for delivering prevention interventions or linkage to other needed services, including for substance use disorders. Funding to support SBIRT in schools and community-based settings presents the opportunity to meet youth where they are and provide prevention and

early intervention services to those who may otherwise be missed. Grantees have successfully advocated at the state level to expand SBIRT access in these settings across the country to better address the health and wellness needs of all youth and connect them with various treatment and intervention services they need to be healthy and thrive. **Community Catalyst's** actions in identifying strong state advocacy partners, fostering creation of coalitions, and supporting advocacy with extensive technical assistance led to outcomes that helped expand access to SBIRT services for youth in several states:

- Advocacy efforts in Massachusetts were responsible for it becoming the first state in the nation to mandate SBIRT in all middle and high schools. Advocacy partners have secured funds each year in the Massachusetts state budget for training and implementation support, and have also helped address confidentiality and privacy concerns through additional legislation. Advocates in Massachusetts also contributed to the passage of the Children's Health and Wellness Law, expanding Medicaid coverage for substance use and mental health services to young people aging out of foster care and ensuring continuity of services. The law also establishes a three-site pilot for Children's Behavioral Health Centers of Excellence, which will serve as community hubs for cross-sector collaboration among health and service providers working with young people who have co-occurring mental health and substance use needs.
- Advocates in Georgia, worked to get passage of a Georgia Senate resolution in support of universal SBIRT in schools. The resolution recognized youth screening as a best practice to facilitate academic success and a positive school climate. Advocacy efforts also contributed to the number of peers supporting young people at risk of substance misuse in Georgia. The Georgia Council on Substance Abuse encouraged the state Department of Behavioral Health to spend a portion of a SAMHSA emergency grant to hire two peer coaches. One of the coaches is focused exclusively on outreach with youth and young adults experiencing increased risk of substance misuse as a result of COVID-19.
- Efforts in New Jersey aimed to make universal screening mandatory in high schools and promoted increased use of Medicaid billing codes through education of professionals serving youth. Advocates also received a commitment from a major private insurer in the state to take a more active role in promoting SBIRT use by providers who treat youth and helped several schools launch SBIRT pilots.
- Efforts in New Jersey aimed to make universal screening mandatory in high schools and promoted increased use of Medicaid billing codes through education of professionals serving youth. Advocates also received a commitment from a major private insurer in the state to take a more active role in promoting SBIRT use by providers who treat youth.

Community Catalyst has contributed to SBIRT policy change in several states across the country. Their efforts are responsible for Massachusetts becoming the first state in the nation to mandate SBIRT in all middle and high schools in 2016.

- Advocates in Wisconsin secured \$800,000 in the state budget to increase school capacity to provide SBIRT, Mental Health First Aid, and Trauma Sensitive Schools programming. Advocacy efforts directly contributed to inclusion of SBIRT in a \$100 million statewide school safety initiative. Advocates received support from several legislators to pursue a state plan amendment that would allow school districts to directly bill Medicaid for school staff administering SBIRT. The advocates also explored using hospital community benefits as another SBIRT funding strategy, and collaborated with an organization representing community health workers to expand the role of this workforce in delivering SBIRT services.
- Advocates in California worked to leverage the state’s health reform efforts to integrate SBIRT into the broader delivery system and utilize funding streams from Medicaid waivers and several state propositions focused on criminal justice reform and cannabis legalization. The advocates also supported the expansion of youth SBIRT to school-based health centers across the state, developed a curriculum to increase youth advocacy on school campuses, and began building support for schools to change punitive school discipline policies alongside SBIRT implementation.

In California, advocates at the **Public Health Institute** (PHI) worked to encourage funding from state and local cannabis taxes to be used to address youth prevention, education, and treatment. Project leaders were appointed to the group distributing part of the tax funds. Working together with a broader coalition, they were able to assure that approximately \$40 million is flowing to community-based prevention programs for vulnerable youth annually. Advocates from the **California Community Foundation** shaped elements of California’s Drug Medi-Cal Waiver. As a result of their efforts, providers are allowed to bill for intake assessments separately, rather than relying on medical necessity.

An equitable, public health approach to cannabis policy to ensure the health of youth and communities.

Over the last several years, states around the country have legalized recreational marijuana for adults over 21. In 2017 the National Academies of Sciences, Engineering and Medicine (NASEM) reviewed the available scientific evidence on the health effects of cannabis and cannabis-derived products, and while noting substantial evidence of therapeutic effectiveness of medicinal cannabis for a limited number of indications, noted evidence of association of cannabis use with harm in a wide range of areas (NASEM 2017). The study found “substantial evidence” to support the following conclusions: use in pregnancy is associated with low birth weight in offspring; and use increases motor vehicle crashes, schizophrenia and psychosis, problem cannabis use, and respiratory disease. Other studies have found that persistent marijuana use disorder starting in adolescence was associated with loss of IQ points measured in mid-adulthood (Meier et al, 2012).

Since 2017, **PHI** has been working with cities and counties throughout California, as well as other states, to provide guidance on adopting cannabis policies that reduce harms, protect against youth and problem cannabis use, and ensure social equity. Their efforts have influenced statewide cannabis regulations as well as local level regulations. PHI’s technical assistance, education and advocacy

Public Health Institute’s Getting it Right from the Start project has worked with jurisdictions throughout California, as well as five other states, to provide guidance on adopting cannabis policies that reduce harms, protect against youth and problem cannabis use, and advance social equity. PHI developed model local ordinances on cannabis retailing and marketing and cannabis taxation, provided technical comments on legislation and proposed regulations, and served on county and state advisory committees and working groups. Language and proposals from their model ordinances have been utilized in local policy in many areas of California and in other states.

efforts in California contributed to statewide policy change including:

- Adoption of the requirement to verify age and identification on delivery;
- Adoption of the specialized store model statewide, not allowing retailers to be restaurants or pharmacies;
- Adoption of stronger requirements excluding products attractive to children or resembling certain foods; and
- Maintenance of the requirement for child-resistant packaging.

The project has also influenced policies across a multitude of counties in California. Some of the policy changes at the local level include:

- Adoption of the first ban on flavored combustible and inhaled cannabis products in the nation;
- Adoption of bans on cannabis beverages;
- Adoption of a requirement for prominent posted health warning signs;
- Adoption of a tax linked to Tetrahydrocannabinol (THC) potency;
- Adoption of racial and economic equity provisions;
- Blocking proposed permits for cannabis events in public parks;
- Limitation on the number of dispensaries which can be licensed;
- Advertising restrictions on billboards and other signage; and
- Use of tax revenue for youth services and to enhance other public services.

PHI is also working with other states and countries which have decided to implement legalization policies to include bans and restrictions on potency, marketing, and dispensary locations; to assure automatic expungement of criminal records for minor crimes like possession of small amounts; and to capture tax revenue for prevention and investments in youth development, to ensure the health of youth and communities remains front and center.

COMMON ELEMENTS OF SUCCESSFUL ADVOCACY STRATEGIES

Grantees adopted various policy and advocacy strategies to achieve positive outcomes and influence public health policy change supporting youth substance use prevention in their communities. The following strategies and lessons learned may help provide guidance for organizations and individuals undertaking advocacy initiatives to advance youth substance use prevention priorities.



ENGAGE STAKEHOLDERS TO DEVELOP AND BUILD COALITIONS TO STRENGTHEN IMPACT.

Grantees built community coalitions with diverse expertise and voices to assist with policy and advocacy initiatives and move issues forward. Grantees found that coalitions are uniquely positioned to advocate for SBIRT implementation if they build strong linkages with local healthcare centers, schools, and other stakeholders and are able to promote integrating SBIRT services in various community settings. For example, **Community Anti-Drug Coalitions of America** formed five geographically diverse community coalitions to participate in a two-year program in which they advocated to expand SBIRT services in healthcare settings. The coalitions developed relationships with healthcare systems in these five locations to promote SBIRT practice among youth, and they collaborated with an evaluation team to track results of their efforts. Another grantee, **Doctors for America**, mobilized its membership of primary care physicians to form an action group focused on youth substance use prevention. The physicians used their unique perspectives and experiences working with families to become strong advocates writing op-eds for news publications, conducting media interviews, and meeting with lawmakers at their local offices and on Capitol Hill in Washington, DC to share evidence-based information and personal stories about youth substance use prevention. **Community Catalyst's** successes were built on creation of effective state-wide coalitions, coached by Community Catalyst staff. The team emphasized the importance of raising awareness among the general public. Public education to address stigma can lead to greater support for public health approaches to youth substance use. The Public Health Institute worked with the Illinois Public Health Institute to convene and support a statewide coalition of groups concerned about public health and racial justice to create a white paper with recommendations to improve the cannabis legalization progress in that state, many of which were adopted.



ELEVATE YOUTH VOICES AND EXPERIENCES IN POLICY AND ADVOCACY INITIATIVES.

Grantees found that empowering individuals and youth to share their experiences and stories was an effective way to raise awareness and understanding around substance use and addiction issues and to promote prevention frameworks such as SBIRT. **Facing Addiction** organized and provided tools for a national letter-to-the editor campaign to local newspapers, highlighting stories of addiction and the need for a comprehensive solution. The letters included the perspectives of individuals in long-term recovery, their families as well as families who have lost loved ones, prevention leaders, public health advocates, medical professionals, and others who have been touched by substance use. **Community Catalyst** increased engagement with communities and youth of color. Advocates in five states conducted

activities such as hosting focus groups with young people of color to learn about their experiences and opinions on substance use prevention services, worked with community-based organizations that engage and empower youth through creative arts and hip hop, and worked with young people to elevate their stories at the local and state level. Through this engagement, they learned more about important intersections related to school-based services and school discipline policy, and increased the awareness of state officials and community members about the experiences of young people who misuse substances.



TRACK POLICY ACTIVITY AT THE STATE AND LOCAL LEVEL TO FURTHER UNDERSTANDING OF POLICY ISSUES AND PRIORITIES AND TO FACILITATE RELATIONSHIP BUILDING WITH POLICYMAKERS.

Grantees tracked federal, state, and local policy to help inform their advocacy strategies and activities and be responsive to the emerging issues in their communities. They conducted policy audits to identify gaps and barriers and found ongoing monitoring of policy developments helped make advocacy strategies more effective. Grantees were able to tailor efforts to gather research and data for messaging, draft needed legislative or other policy proposals, recruit and train advocates and champions on emerging policy issues and priorities, and craft targeted communications efforts for their projects. The **New Hampshire Charitable Foundation** included a partnership with an organization focused exclusively on state level substance use policy and advocacy to help more effectively track state and local activity. The grantee was able to monitor state policy priorities at various stages of development and implementation and tailor its advocacy and education efforts to local policy makers to effectively address legislative, regulatory, or financing barriers to SBIRT implementation. **Facing Addiction** created a legislative subcommittee to track policy issues. The committee conducted background research and evaluated possible legislative options to inform its overall advocacy goals of promoting youth substance use prevention. **PHI** leveraged other funded research to create a database of local cannabis laws in all 539 California jurisdictions. Then, using support from the Foundation, PHI developed

Facing Addiction provided resources and support for advocates, including:

- Training in Community Organizing 101 - Goals, Strategies & Tactics
- Ongoing consultation to community leaders on mobilization strategies, retention of activists, troubleshooting, and coalition development
- Delivery of a proposed campaign strategy for specific communities, based upon goals developed from within that community
- Ongoing technical assistance on strategy implementation

a cannabis policy scorecard, modeled after the American Lung Association's tobacco control scorecards. The policy scorecard aimed to inform jurisdictions about best practices and how they are doing, and to create public pressure for best practices to protect youth.



PROVIDE RESOURCES AND TRAINING TO SUPPORT AND GUIDE ADVOCATES.

Grantees have provided a variety of resources and materials to prepare and support advocates in their work. Advocacy efforts can involve multiple coalitions, organizations, and stakeholders; and efforts can easily become disconnected or siloed, without a unified framework for making a collective impact. Resources and trainings for advocates, such as strategy meetings, templates for messages in newspapers or on social media, toolkits, guides, and ongoing technical assistance, can help ensure a unified approach and refine messages over time as the policy landscape evolves and changes.

Grantees provided individualized coaching through regular check-in calls, one-on-one consultation with advocates and coalition leaders, and learning community calls for stakeholders and partners. Support helped advocates and coalitions develop and refine policy goals, develop and adjust policy strategy to address barriers, shape messaging and strengthen their coalitions. Some examples of grantee technical assistance and support sessions included:

- Helping advocates interpret scientific studies and translate research findings into talking points;
- Hosting a learning community focused on school-based substance use prevention;
- Assisting advocates in understanding the Medicaid program and information about reimbursement and billing to help advance their work around expanding Medicaid billing in schools; and
- Identifying SBIRT implementation tools and identifying those most relevant to SBIRT in school-based settings to support advocacy initiatives around the expansion of SBIRT adoption in schools.

Grantees developed comprehensive advocacy toolkits outlining strategies for funding SBIRT in various settings including schools and healthcare settings. Advocacy toolkits included topics such as leveraging various funding sources to support SBIRT and background information about Medicaid, private insurance, and other state and local funding sources. Grantees also created templates for op-eds, example talking points to tailor for media interviews and meetings with legislators, and model comments and letters on various regulations for submission to various regulatory agencies. Grantees composed policy briefs and handouts highlighting scientific evidence and best practices around SBIRT and substance use prevention, for advocates to disseminate to policy makers and other stakeholders in support of advocacy initiatives.

CONCLUSION

The Foundation's grantees and their partners' strong advocacy to support youth SBIRT and substance use prevention policies has increased awareness around the importance of youth substance use prevention and contributed to changes at the federal, state, and local level. In their work on a variety of policy issues- from financing to build the addiction medicine workforce and sustain SBIRT implementation, to expanding SBIRT in school and community settings, to equitable public health centered policies on cannabis legalization- grantees have utilized innovative strategies and approaches. They have engaged diverse stakeholders and formed coalitions, elevated youth and family voices in policy discussions, and developed tools and trainings to support unified messages as advocates take action to advance policy supporting prevention and early intervention. Grantees have addressed advocacy challenges by ensuring their efforts are tailored to the specific local context and the important policy priorities on which key stakeholders are focused.

Continued advocacy and promotion of evidence-based prevention policies and programs, including SBIRT, is essential. Based on grantee project findings and activities, ongoing advocacy and policy efforts supporting long term sustainability of SBIRT implementation in a variety of youth serving settings must include a focus on:

- Sustainable financing for SBIRT and increased funding for prevention, treatment, recovery, and research;
- Integration of addiction medicine and behavioral health services into pediatric primary care;
- Expansion of the substance use disorder workforce to address the unique needs of youth;
- Mental health parity to increase insurance coverage and access to treatment for mental health conditions and substance use disorders;
- Ending discrimination and stigma against individuals with substance use disorders; and
- Affordable and accessible treatment services for youth who need it.

Learnings from the Initiative can inform future advocacy efforts in the broader field to promote effective substance use prevention strategies for youth.

This list of SBIRT policy and advocacy resources represents a subset of journal articles and evaluation reports, implementation tools and resources, and policy briefs published and disseminated by the Initiative's grantees. For each item, we provide the citation and a brief description of the material and its associated grant project.

Center for Health Care Strategies, Inc. (2019). *Improving access to screening, brief intervention, and referral to treatment in primary care for adolescents: Implementation considerations*. Hamilton, N.J.: Tew, P.W. & Yard, R.

In 2016, the Center for Health Care Strategies (CHCS) launched a learning collaborative of safety net health plans to increase access to SBIRT for adolescent Medicaid beneficiaries within primary care settings. Seven participating health plans trained 300 providers in SBIRT at more than 40 provider sites over three years. Tew and Yard reflect on the largest challenges that CHCS faced during the initiative and provide perspectives for health plans looking to implement SBIRT with primary care partners. They note that provider engagement was particularly challenging, since it is difficult for providers to set aside time for training. Many health plans also lacked access to robust data that could be used to assess training effectiveness. Tew and Yard recommend that health plans collaborate with state Medicaid agencies to create new codes for SBIRT activities, which can improve data collection and allow doctors to bill for the time they spend with patients on substance use prevention. They argue that SBIRT should be used as one key tool that contributes to broader physical-behavioral health integration.

Colantuono, M.G., & Silver, L. (2018). *Model Local Ordinance for Cannabis Taxation in California*. Special Tax Public Health Institute: Oakland, CA.

Colantuono, M.G., & Silver, L. (2018). *Model Local Ordinance for Cannabis Taxation in California*. General I Tax Public Health Institute: Oakland, CA.

These two Model Ordinances were written as part of the Public Health Institute's Getting It Right from the Start: Local Regulation of Recreational Cannabis project, which provides guidance to help California jurisdictions reduce negative health impacts of legalization of recreational cannabis. The model ordinance aims to shift discussion of legalization from a criminal justice paradigm toward one based on public health and safety, arguing that cannabis sales should be "cautiously legalized" rather than normalized; legalization, the authors contend, should reduce social harms without increasing medical harms. The cannabis tax models make a case for a) capturing tax revenue at the local level; b) taxing more harmful products more by taxing based on potency and taxing beverages at a higher rate; and c) reinvesting cannabis-related tax revenue in communities to improve health, reduce social inequity, and decrease healthcare costs. The model provides a recommended approach to taxation in that it directs revenue towards specific public health and prevention funding and encourages investment in communities that have been most affected by the war on drugs

Community Catalyst (2020). *Winning Statewide Expansion of Universal Substance Use Prevention in Schools: A Pathway*

and Successful State Strategies. Retrieved from: <https://www.communitycatalyst.org/resources/tools/sbirt-resources/pdf/Final-Winning-Statewide-Expansion-of-Universal-Substance-Use-Prevention-in-Schools-A-Pathway-and-Successful-State-Strategies-1.pdf>.

This resource outlines a pathway for statewide expansion of universal substance use prevention services in schools, highlighting lessons learned from our state advocacy campaigns. It is designed to support organizations and people with varying levels of advocacy experience and capacity and is now part of our larger [school-based toolkit](#) that includes resources on expansion strategies, building campaigns, and engaging stakeholders.

Community Catalyst (2019). *Training Resources for the Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) with Young People*. Retrieved from: <https://www.communitycatalyst.org/resources/publications/document/SBIRT-Training-Options-December-2015.pdf?1451325946>

This one-pager offers suggested online and face-to-face training resources for individual providers and organizations interested in implementing SBIRT with adolescents. The trainings include an introduction to evidence-based screening tools and instruction in motivational interviewing. Several of the resources also provide implementation coaching and support. This one-pager also includes links to two training toolkits, both of which provide detailed guidance for clinicians or organizations interested in delivering SBIRT with adolescents.

Community Catalyst (2019). *Advocate Toolkit: Funding Screening, Brief Intervention and Referral to Treatment (SBIRT) with Young People*. Retrieved from: <https://www.communitycatalyst.org/resources/tools/sbirt-resources/pdf/Funding-Youth-SBIRT-Toolkit-Updated-July-2019.pdf>

This toolkit provides a roadmap for advocates to identify and leverage a range of funding sources to support the implementation of SBIRT in schools and medical settings. Several policy and advocacy strategies are highlighted throughout that have the potential to bring funding and resources to youth SBIRT initiatives. The first section includes strategies for leveraging Medicaid reimbursement, state and local budget resources, and federal funding to support prevention initiatives, including SBIRT, in the school-based setting. The second section offers strategies for incentivizing and reimbursing providers for conducting SBIRT with adolescents in medical settings. Three payment sources are addressed: Medicaid payment models, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and private insurance. The toolkit also contains links to numerous resources that may help advocates to engage community members and providers to generate awareness for SBIRT.

Facing Addiction (2017). *Facing Addiction community convening guide: Substance use prevention, screening, and early intervention*.

Facing Addiction's Community Convening Guide provides tools, how-to's, and talking points that communities can use to plan events and lobby for policy changes. The Convening Guide includes a detailed

outline for hosting local policy forums, with tips to help organizations meet with community leaders, format programs, identify strong panelists, and attract large crowds. Available here: <https://www.naccho.org/uploads/downloadable-resources/LTC-community-convening-guide-toolkit00.pdf>

FrameWorks Institute (2018). *Reframing adolescent substance use and its prevention: A communications playbook*. Washington, D.C.

The Reframing Adolescent Substance Use and Its Prevention playbook provides a step-by-step guide to using evidence-based framing strategies to communicate about adolescent substance use. The playbook presents findings from extensive multi-method research to develop and test effective strategies for communicating about adolescent substance use. Explanations of each framing strategy, models that illustrate how to apply them, and other helpful user notes are included throughout the playbook. The playbook is divided into three sections: strategies that move communication forward, strategies that require caution, and strategies to avoid. Available here: <https://www.frameworksinstitute.org/publication/reframing-adolescent-substance-use-and-its-prevention-a-communications-playbook/>

Mosaic Group (2016). *Adolescent SBIRT implementation checklist*. Towson, MD.

The Adolescent SBIRT checklist was designed to provide organizations with a detailed but flexible step-by-step guide for integrating SBIRT into routine health care. The checklist features 10 key steps: (1) gain commitment from senior leadership, (2) build a strong multidisciplinary implementation team, (3) conduct organization workflow analysis, (4) develop a personalized SBIRT protocol, (5) modify the organization's EHR, (6) find effective ways to bill and code for SBIRT services, (7) train relevant staff, (8) establish a smooth referral to treatment process, (9) track data to ensure ongoing program improvements, and (10) build toward a sustainable SBIRT practice. The checklist is meant to support a twelve month implementation process, with the first three months principally devoted to planning. Authors of the checklist hope that it can be adapted for various settings, and provide recommendations for using it in school-based health centers, behavioral health providers, primary care settings, and community-based health organizations. Available here: <http://www.groupmosaic.com/resources/2016/10/26/adolescent-sbirt-implementation-checklist>

Ough, M. (2019). *Medicaid Offers New Strategies to Prevent Substance Misuse*. Community Catalyst: Boston, MA.

This policy brief summarizes specific Centers for Medicare & Medicaid Services (CMS) guidelines that can be leveraged to support SBIRT and other public health approaches to preventing substance use among adolescents. In addition to the summary of each guideline, the policy brief also includes a brief description of the relevance of the guideline to youth SBIRT, the action needed at the state level, and links to additional information about the guideline. The guidelines summarized include: (1) Schools can receive Medicaid reimbursement for services offered without charge, (2) Non-licensed providers can deliver preventive services, and (3) Alcohol and drug screening is

required under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Silver, L., & Padon, A. (2017). *Model Ordinance Regulating Local Cannabis Retail Sales and Marketing in California*. Public Health Institute: Oakland, CA.

This Model Ordinance was also written as part of the Public Health Institute's Getting It Right from the Start: Local Regulation of Recreational Cannabis project, which provides guidance to help California jurisdictions reduce negative health impacts of legalization of recreational cannabis. The Model Ordinance principally addresses regulatory challenges surrounding retail sales and marketing. It provides guidance for enacting basic regulatory structures at the local level, with examples for specific policies related to pricing, permit regulation, allowable and prohibited products, compliance monitoring, information for consumers and health warnings, advertising, and marketing. The Ordinance cites the declining popular perception of marijuana's harm as a key issue. This is coupled with growing evidence that marijuana use causes serious and specific harms to several populations, especially children and young adults under 25 years old. California's large marijuana crop creates a strong incentive to expand consumption, but the Ordinance demands that economic opportunity be balanced with population health considerations. Furthermore, profits from marijuana sales should be shared with low-income communities that have been most affected by the war on drugs either through hiring policies or equity in licensing.

Silver LD, Naprawa AZ, Padon AA. *Assessment of Incorporation of Lessons From Tobacco Control in City and County Laws Regulating Legal Marijuana in California*. JAMA Netw Open. 2020 Jun 1;3(6):e208393. doi: 10.1001/jamanetworkopen.2020.8393. PMID: 32558915; PMCID: PMC7305525.

This article examines the extent to which lessons from tobacco control and protection of youth have been incorporated in the cannabis ordinances of all 539 California cities and counties in the first year post-legalization. It demonstrates both emerging positive examples of local leadership, and the dominant patterns of either rejecting legalization all together, or if legalizing, dangerously allowing the industry a relatively unfettered existence.

Young People in Recovery (2018). *Recovery-ready communities: A blueprint to address the substance use crisis at the local level*. Denver, CO. Retrieved from <https://youngpeopleinrecovery.org/advocacy/>

This recovery-ready community strategy emphasizes the need to establish sustainable community-based recovery support infrastructures in order to combat adolescent substance use. Young People in Recovery's model integrates eight key components, including: prevention, treatment, harm reduction, judicial and law enforcement, housing, education, employment, and recovery support. Each component is described in the context of prevention, treatment, and long-term recovery. The authors share that community members, officials, and advocates must work to address youth substance use by implanting innovative, evidence-based approaches to make communities recovery-ready.

Youth Forward & Getting it Right from the Start at the Public Health Institute. California Local Cannabis Tax Revenues: A Windfall for Law Enforcement or an Opportunity for Healing Communities? Sacramento 2020. https://2mjt5a2emh374130j5vkxw9g-wpengine.netdna-ssl.com/wp-content/uploads/2020/06/YouthForward_GIRFTS-CannabisTaxReport2020_REV060820.pdf

This publication examines how cannabis taxes are being levied and used in California's cities and counties, documenting that they primarily appear to have contributed to increasing law enforcement budgets, rather than community investments. It makes specific recommendations on how cannabis can be taxed locally and revenues invested to mitigate negative effects of the War in Drugs, particularly in communities of color, and support youth.

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