Improving Access to SBIRT Services for Adolescents
Call for Applications

The Center for Health Care Strategies (CHCS), with funding from the Conrad N. Hilton Foundation (Hilton), seeks health plans among the membership of the Association for Community Affiliated Plans (ACAP) to apply to participate in a three-year quality improvement initiative to improve access to screening, early intervention and treatment services for adolescents with or at-risk for substance use disorders. The model to be implemented under this initiative is Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.¹

Each of the selected health plan teams will be part of a national multi-site quality improvement collaborative focused on identifying risky substance use and improving access to substance use disorder services for adolescents through an SBIRT approach. Throughout the project, teams will be supported through a learning collaborative model to deliver training to their provider sites and to track process and outcome indicators using a continuous quality improvement model. Findings will be broadly disseminated, culminating with the publication of a toolkit that will serve as a how-to guide for other health plans – and their primary care providers – to adopt the strategies piloted in the collaborative.

**Background**

In 2014, the National Survey on Drug Use and Health estimated that 1.3 million adolescents aged 12 to 17 had a substance use disorder in the past year, representing 5 percent of the population. Risky substance use is even more common – nearly 10 percent of the same age population reported using illicit drugs. Among those under 21 years of age, 5.3 million reported binge drinking and another 1.3 million reported heavy alcohol use. The 2014 Monitoring the Future survey of drug use and attitudes among American 8th, 10th, and 12th graders indicated that while the misuse and abuse of prescription and over-the-counter drugs continues to decline among the nation’s youth, adolescent abuse of prescription drugs is still frequently associated with other risky behavior, including abuse of other drugs and alcohol.²³

The consequences of youth substance use are serious. According to the National Institute on Alcohol Abuse and Alcoholism, 4,358 people under age 21 die each year from alcohol-related injuries. More than 190,000 people under age 21 visited an emergency room for alcohol-related injuries in 2008 alone. In addition to such acute outcomes, early alcohol use is also associated with increased odds of developing alcohol dependence or abuse later in life.⁴⁵ Those who begin to drink before age 15 are five times more likely to develop alcohol dependence or abuse, compared to those who delay initiation of alcohol use into young adulthood.⁶⁷ Adolescents who try marijuana at age 14 or younger are six times more likely to meet criteria for illicit drug dependence or abuse later in life compared with peers who first used at age 18.⁸

Primary care providers (PCP) play a critical role in identifying youth at risk for substance use and either providing early intervention or, where appropriate, referring the adolescent for
treatment. However, PCPs do not always: (a) recognize the need to play this role; (b) have the requisite training to effectively perform this role; or (c) feel comfortable in assuming the role. Consistent with the American Academy of Pediatrics’ (AAP) *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, primary care practitioners are ideally suited for preventing problem behaviors and consistently screening for them, including the development of mental health disorders and psychosocial problems like substance use and addiction.

As a group, adolescents are at the highest risk of experiencing substance use-related acute and chronic health consequences, so they are also the age group likely to derive the most benefit from universal SBIRT. Specific SBIRT tools and strategies have well-documented efficacy for adult alcohol and drug use. More recently, developmentally appropriate tools and strategies have been designed specifically for use with adolescents. The AAP and the National Institute on Drug Abuse endorse universal screening and early intervention as part of routine pediatric care. This project will help advance learning and best practice related to SBIRT for adolescents.

**Project Goals**
Recognizing the unique role of Safety Net Health Plans in improving the health of the publicly insured, CHCS and ACAP will implement a learning collaborative to support these plans as they develop and implement a program to train and support PCPs in the use of SBIRT. The overall goals of the initiative are to:

- Develop or increase the capacity of ACAP member plans to support PCP network in the identification of risky substance use and substance use disorders among adolescents;
- Increase the number of primary care providers trained in SBIRT;
- Increase the substance use screening rate among trained PCPs;
- Increase the substance use screening rate among adolescent members; and
- Reduce the incidence of emergency department visits for drug overdose, alcohol, or other drug poisoning, and other adverse events related to alcohol or other drug use among adolescents served by the trained PCPs.

The selected health plan teams will receive:
- Expert and peer technical assistance;
- Individual and group training;
- Access to best practice models;
- Training in the CHCS Quality Improvement Framework to support a systematic approach to plan and implement system change; and
- Access to a data-driven process designed to yield measureable results.

Selected health plans will participate in a learning community focused on this issue and engage in virtual learning opportunities. Plans will be provided with a stipend for travel for an annual face-to-face meeting.
**Solicitation of Applications**

CHCS is soliciting applications from ACAP member plans to participate in a national quality improvement collaborative to implement and evaluate the effectiveness of an SBIRT approach to improve access to screening, early intervention, and referral to treatment for adolescents with and at risk for substance use disorders. Selected participants will demonstrate the ability to:

1. Identify, engage, and train targeted provider practices to implement an SBIRT approach;
2. Participate meaningfully in the two year active project phase of the project through participation on scheduled calls and in-person meetings;
3. Complete assigned tasks; and
4. Measure, collect, and report data on both process and outcome indicators through the end of the three-year project.

**Application Content**

Please respond to these questions in a separate document. Your application should only include comprehensive yet succinct responses to the following:

1. Please provide the number of adolescents (12 to 21 years of age) currently enrolled in your health plan.
2. Describe your health plan’s understanding of the prevalence, trends, and impact of youth substance use disorders in your locale and how your health plan’s participation in this initiative could have an impact on these measures.
3. Describe any current substance use screening your health plan conducts and specific tools being used.
4. Has your health plan previously supported PCPs screening patients for substance use and/or other risky behavior? If so, please describe.
5. Referral to treatment is an integral component of SBIRT. How does your plan intend to ensure these linkages?
6. Describe prior provider training efforts your plan has undertaken to improve access to any specified service type for any population, including the strategies used to engage providers. Describe how these efforts would inform this project.
7. Describe the strategies that your project team would use to engage youth and families in meaningful partnership.
8. Describe the extent to which your health plan can measure, collect and report – on a regular basis – the impact on key indicators (e.g., number of providers trained, number of screenings performed, number of ED visits, etc.).
9. How would your health plan finance SBIRT services to ensure the sustainability of a successful initiative?
10. List in a table (like the one below) the proposed project team members, including titles and agency affiliations if applicable, and outline the roles that they will play in this initiative. Add additional rows to the table as needed.
11. List any organizations (e.g., local government agencies, nonprofit organizations, etc.) with which your health plan may partner on this project. Letters of support from partners are encouraged to be submitted along with the application.

**How to Apply**

- Submit a one-page Letter of Interest to Apply to sudlc@chcs.org by 5:00pm ET on Wednesday, May 16, 2016. The letter should provide a brief description of the rationale for your interest in participation in this initiative.
- Applications must be submitted via email to sudlc@chcs.org and received by 5:00pm ET on Friday, May 27.
- Applications must not exceed 5 single-spaced, typewritten pages with a font size of no less than 11 point, and top, bottom, left and right margins of no less than one inch.
- Applications must be accompanied by a letter of commitment signed by the CEO of your health plan indicating the organization’s willingness to collaborate on this initiative.

**Project Timeline**

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<thead>
<tr>
<th>DATE</th>
<th>MILESTONE</th>
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<tbody>
<tr>
<td>May 2, 2016</td>
<td>Call for Applications sent to all ACAP Safety Net Health Plans</td>
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<tr>
<td>May 11, 2016</td>
<td>Informational Call</td>
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<tr>
<td>May 13, 2016</td>
<td>Frequently Asked Questions posted to CHCS website</td>
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<tr>
<td>May 16, 2016</td>
<td>Letters of interest due to CHCS</td>
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<tr>
<td>May 27, 2016</td>
<td>Applications due to CHCS</td>
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<tr>
<td>June 22, 2016</td>
<td>Successful applicants notified</td>
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<tr>
<td>July 12, 2016</td>
<td>Project launch call with participating health plan teams</td>
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6 Grant, et. al., op.cit.

7 Hingston, et. al., op.cit.
