

DOL and HHS Work Together to Address Youth Substance Use

Contents

Collaboration Overview	1
Collaboration Purpose	2
About the Collaboration	2
Collaboration Structure	4
Promising Practices	6
Lessons Learned	7
Accomplishments	8
Resources	9

Collaboration Overview

The Department of Labor’s Employment and Training Administration (ETA) and the Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) partnered in a pilot program to assess substance use among YouthBuild participants using the Screening, Brief Intervention, and Referral to Treatment model (SBIRT) developed by SAMHSA.

The structure of the partnership between SAMHSA and ETA and of the pilot project includes the following elements:

- A partnership sparked by membership in the Interagency Working Group on Youth Programs (IWGYP)
- Designated ETA and SAMHSA staff that worked closely throughout the pilot project to share information between agencies
- The selection of geographically representative pilot sites with interest, need, and the capacity to implement the SBIRT model
- An adapted SBIRT tool to fit the YouthBuild program model.

Promising practices include the following:

- Increased awareness of substance use as a barrier to employment
- Resources, training, and technical assistance to support implementation of the SBIRT model
- Revised program level policies to reflect knowledge of substance use as a barrier to employment
- Established links with community-based organizations as resource to further support youth struggling with substance use.

ETA and SAMHSA learned the following lessons from their collaborative work.

- The pilot program helped illustrate the value of the SBIRT model within the YouthBuild program model.
- Ongoing training and capacity building is important to address staff turnover
- Strategies and creativity are necessary to address the challenge of a transient youth population.

Collaboration Purpose

One of the big challenges faced by YouthBuild employment and training programs, funded by the ETA, is how to identify and address alcohol and drug use among students. ETA recognizes that substance use is one of the many barriers to employment experienced by youth in the YouthBuild program and is a major barrier for gaining and retaining employment for both youth and adults. Through a partnership with SAMHSA and the use of the **S**creening, **B**rief Intervention, and **R**eferral to **T**reatment model (SBIRT), YouthBuild programs were able to address this barrier and fill the knowledge gap within programs about substance use and its impact on achieving personal goals (e.g. achieving their high school diploma or equivalent and employment outcomes).

The collaborative efforts between SAMHSA and ETA was intended to

- provide education and resources to staff at 15 YouthBuild programs to adequately screen and assess substance use;
- provide opportunities for program staff to learn about strategies and interventions they can utilize within the program;
- develop community-based resources for treatment and referral for youth identified as having a substance abuse problem and;
- guide programs to develop an evidence-based screening and brief treatment model to be implemented appropriately within their YouthBuild program

About the Collaboration

YouthBuild, administered by ETA, is an alternative education program that primarily targets out-of-school youth between the ages of 16-24. YouthBuild aims to

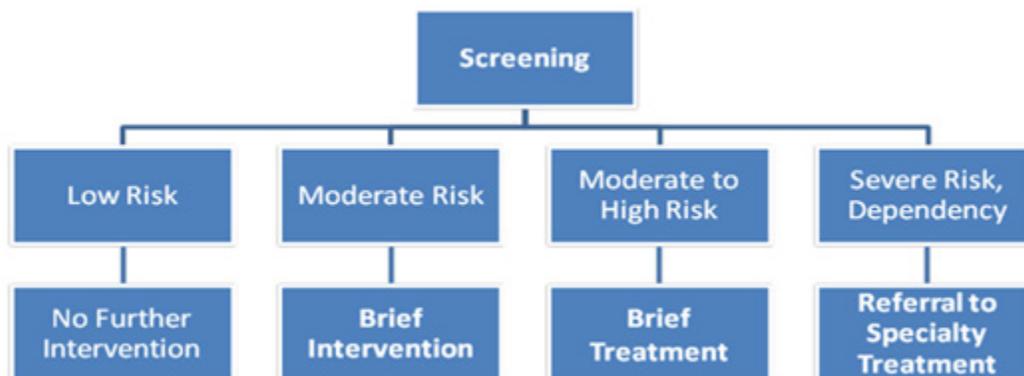
- enable disadvantaged youth to obtain the education and employment skills necessary to achieve economic self-sufficiency in occupations that are in-demand and in post-secondary education and training opportunities;
- provide disadvantaged youth with opportunities for meaningful work and service to communities;
- foster the development of employment and leadership skills and commitment to community development among youth in low income communities; and
- expand the supply of permanent affordable housing for homeless individuals and low income families by utilizing the energies and talents of disadvantaged youth.

Learn more about [YouthBuild](#).

SBIRT

The SBIRT is a comprehensive early intervention developed by SAMHSA to identify people who have—or are at risk for—substance use problems and to identify people who need further assessment or referral for treatment. The components of the SBIRT are:

- **Screening:** A brief universal screening assessment focused on specific behaviors to identify substance-related problems. The assessment typically takes about 5-10 minutes to complete. Examples of screeners that have been used are: the Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test (DAST), Alcohol, Smoking, Substance Involvement, Screening Test (ASSIST), and the Cut Down, Annoyed, Guilty, Eye-Opener (CAGE).
- **Brief Intervention:** As defined by the SAMHSA SBIRT program brief interventions involve 1-5 sessions lasting 5 minutes to an hour. Their goals are to raise awareness of risks and motivate an individual toward acknowledgement of any issues. Interventions occur in a public-health or non-substance abuse treatment setting (e.g. doctor's office, emergency department, school).
- **Brief Treatment:** The Goal of brief treatment is to address risky behaviors and thoughts as well as more long-term drinking and drug misuse problems. Treatments typically involve 5-12 sessions, lasting up to an hour and occur in a public-health or non-substance abuse treatment setting (e.g. doctor's office, emergency department, school).
- **Referral to Treatment:** Referral of those people with more serious substance abuse issues.



SAMHSA has funded grants to implement SBIRT in states, federally qualified health centers, and medical residencies, and on college campuses across the country. It has been used in a range of health-related settings including primary care centers, hospital emergency rooms, trauma centers, and other community settings.

Collaboration Structure

Some of the key structural aspects of the pilot program and the partnership between SAMHSA and ETA include:

Interagency Working Group on Youth Programs (IWGYP) brings agency efforts together

Both SAMHSA and ETA are members of the IWGYP. Through the relationships built within the working group and the information sharing between agencies within the IWGYP, SAMHSA and ETA were able to identify and address an issue that was common to both agencies, the effect of substance abuse on employment and employability. As a result they recognized how the SBIRT, developed by SAMHSA, could be implemented within ETA's YouthBuild programs to help address the challenge of alcohol and drug use among YouthBuild participants and clarify the relationship between substance use, experimentation, and abuse and employment outcomes.

Designated ETA and SAMHSA staff worked closely throughout the pilot project to share information between agencies

Agency leadership at both SAMSHA and ETA designated staff members to carry out the work of the pilot program. These staff members worked closely together throughout the project. They participated in interactive conference calls, held face-to-face meetings, coordinated the model development and training, and conducted presentations at SAMHSA and ETA to share the results of the pilot program.

Geographically representative pilot sites with interest, need, and the capacity to implement the SBIRT model were selected for the pilot

Fifteen geographically diverse ETA-funded YouthBuild programs were selected to participate in the pilot project. Prescreening calls and baseline organizational assessments were used to get a sense of the need, interest, and capacity of programs. Program performance was reviewed to assess the capacity of programs to add the SBIRT model to their programs without detracting from the work they were currently doing.

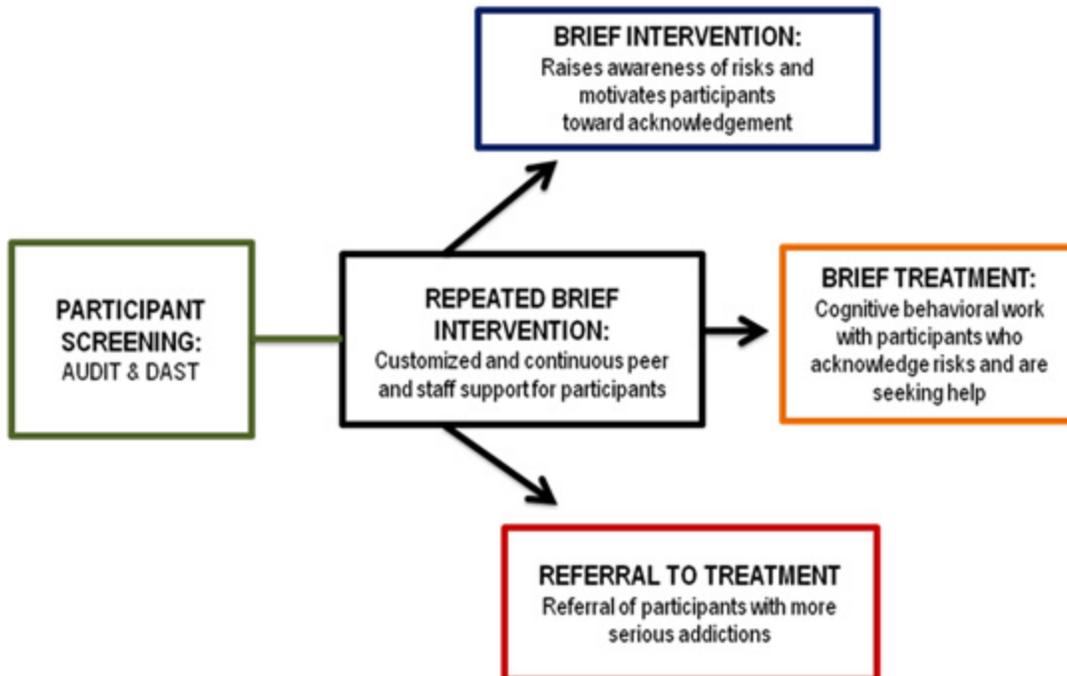
The following YouthBuild programs participated in the YouthBuild SBIRT pilot:

1. HoustonWorks; Houston, TX
2. Education Services District 101; Spokane, WA
3. La Fe Community Development Center; El Paso, TX
4. Century Center for Economic Opportunity; Lennox, CA
5. Comprehensive Community Solutions; Rockford, IL
6. Workforce Connections; La Crosse, WI

7. YMCA Old Colony; Brockton, MA
8. Waukesha-Ozaukee-Washington WDB; Pewaukee, WI
9. Alachua-Florida Institute for Workforce Innovation; Melrose, FL
10. Sacramento Local Conservation Corps; Sacramento, CA
11. Prevention Plus, Inc.; Forest Park, GA
12. Chicago Southland, OAI; Harvey, IL
13. WorkNet Pinellas, Inc.; Clearwater, FL
14. Lummi Housing Authority; Bellingham, WA
15. Tohatchi Area of Opportunity & Services; Tohatchi, NM

SAMSHA and ETA adapted SBIRT structure to fit YouthBuild context

The SBIRT is a clinical model originally designed for health-related settings by SAMHSA. For use in the pilot project, the SBIRT model needed to be adapted to best suit the young people, ages 16 to 24, served within the YouthBuild program. ETA and SAMHSA staff worked together to adapt the model and define the components of the SBIRT in the context of YouthBuild while maintaining the integrity of the model. The figure below provides a graphic illustrating the adapted model.



Programs could choose to use one of two screening tools, [Alcohol Use Disorders Identification Test \(AUDIT\)](#) or [Drug Abuse Screening Test \(DAST\)](#), or implement both screeners. Based on the results of the screening tool, participants may require no intervention, brief intervention, brief repeated interventions, brief treatment, or referral to more intensive treatment. Pilot sites were provided training and technical assistance by SAMHSA and ETA about the SBIRT model as well as the implementation process.

Promising Practices

The following are examples of promising practices and resulting outcomes from the pilot program and the partnership between SAMHSA and ETA.

The pilot project created increased awareness of substance abuse as barrier to employment

Implementation of the SBIRT model in the 15 YouthBuild pilot sites helped to increase program and staff awareness about the impact that substance abuse can have on gaining and retaining employment. By working together to support the pilot project, SAMHSA and ETA were able to shine a light on the issue of substance abuse, and on the opportunities available to support youth through a continuum of services. In addition to increased awareness on the program and staff level, there also appeared to be a shift in awareness of youth participating in the program as they recognized more clearly the impact that substance abuse can have on their goals and future employment. Through increased awareness of program staff and youth, there was also increased tolerance. Consequently, youth felt more supported, more comfortable talking with case managers, and more open to treatment.

In addition to the 15 pilot sites, as a result of the pilot project other YouthBuild programs have recognized the barrier that substance abuse can create and have shown interest in participating in programs similar to the pilot project in the future. They have also shown interest in using the resources and knowledge gained from the project. ETA recognizes the value of sharing the experiences of the pilot programs with its wider network of programs and other federal agencies. There are plans to highlight the work further through presenting on the SBIRT model at YouthBuild events and trainings. As a result of the pilot program and partnership with SAMHSA, there was increased recognition of the value of raising awareness of substance abuse in youth-focused programs. This recognition has led to a goal of continuing to shape the SBIRT model; provide resources, tools, and training through continued partnership with SAMHSA; and establish links between programs and local SAMHSA representatives and other local service providers.

A variety of resources, training, and technical assistance helps to support implementation

SAMHSA provided evidence-based curriculum training on the SBIRT model to all pilot sites, ETA staff, and their technical assistance (TA) provider. These trainings focused on the components of the model, and on what it is—and is not—intended to do. In addition, a range of TA and training was provided to pilot sites in order to support implementation of the model in their programs. While the training and TA varied by individual sites, a TA provider worked

closely with sites throughout the implementation process. This included implementation calls, group coaching sessions, and onsite visits. Training and TA focused on assessing site operations, discussing how to recruit youth, and using culturally sensitive practices for collecting and using data. In addition YouthBuild's online community of practice was used to provide resources, tools, white papers, and information for programs.

Policy development and revision occurred as a result of increased knowledge of the impact of substance abuse on employment

The increased focus on substance use as a barrier to employment sparked an understanding of the need for policies and procedures that address this barrier by identifying and intervening when necessary. Prior to participating in the pilot project, many of the programs did not have a policy related to youth substance abuse. For others, the previous policy was a zero tolerance policy which resulted in students exiting the program if substance use was identified. Implementation of SBIRT model in the pilot sites allowed programs to understand how early identification and intervention could help support youth and allow them to pursue their employment and career goals. As a result of participation, programs developed more relaxed and flexible policies and procedures focused on testing, counseling, and focus groups, that allowed programs to support youth's varying needs.

SAMHSA helped to develop links with community networks to further support youth struggling with substance abuse

While programs found that many of their youth were in the "low-risk" behavior category as a result of the screener, there was a small percentage of youth who had substance abuse issues that required more intensive interventions and treatment outside of the scope of the program. SAMHSA not only helped provide training and resources around the SBIRT model, but was instrumental in helping pilot sites establish links and referral networks within their communities to assist youth who needed a higher level of support than the programs could provide.

Lessons Learned

Through their collaborative work, SAMHSA and ETA learned:

Data and experiences can help to illustrate the value of the SBIRT model within the YouthBuild context

The pilot program allowed programs to see that the model effectively assessed substance abuse and use so the programs could offer a range of supports to accommodate participant's needs. As a result of the pilot study, other programs have expressed an interest in the SBIRT model and in addressing substance abuse and use in their programs.

Ongoing training and capacity building is important to deal with staff turnover

One of the issues that some of the pilot sites faced was staff turnover. Ongoing training and technical assistance was essential to address this turnover and loss of knowledge. Both individual program staff and the technical assistance (TA) provider participated in the

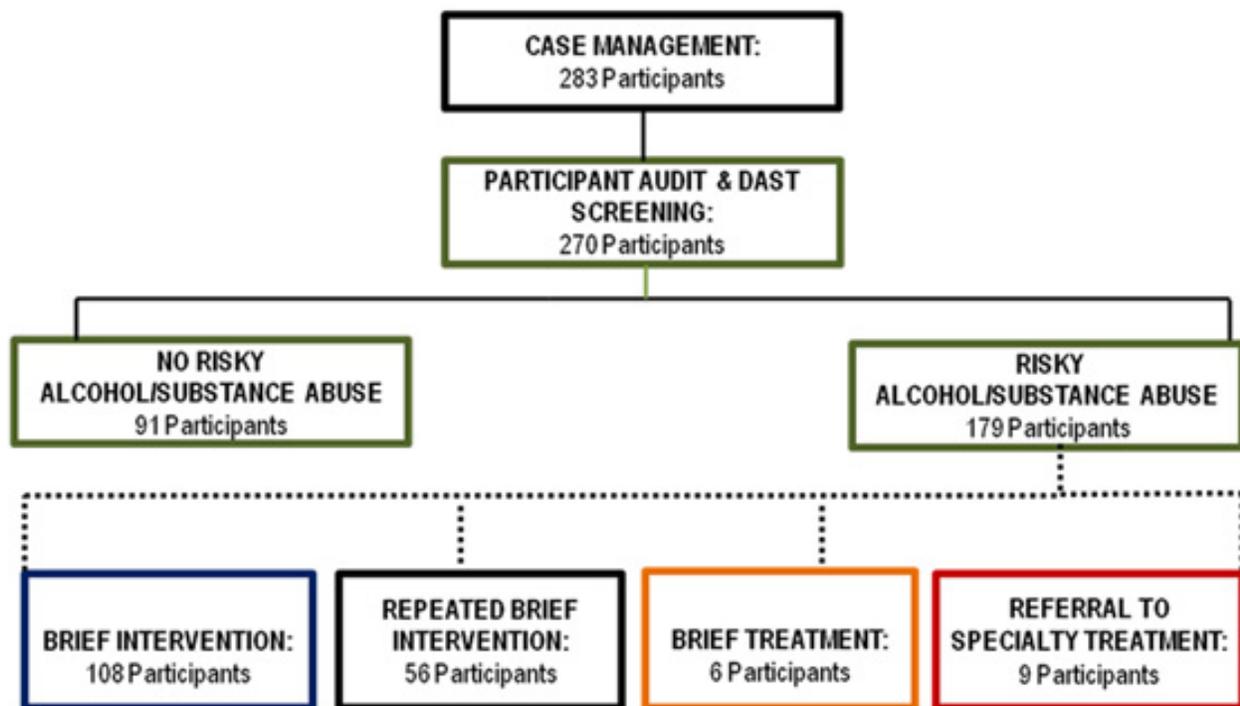
evidence-based curriculum model training that was conducted by SAMHSA at the initiation of the project. The TA provider was able to share the information they learned through the initial training to provide refresher trainings for program staff and introductory training for new staff. Program staff also brought the knowledge they learned back to the other staff members at their program, as implementation of the SBIRT model in their programs was a group effort. In addition, an inventory of resources and techniques within the programs was developed to ensure the sustainability of program knowledge despite turnover.

The transience of the youth population can make this work difficult

Youth, particularly those in YouthBuild programs, are a transient population that have many demands competing for their time, such as new job opportunities or parenthood. In addition, youth may begin a program and drop out before completion. This can make the follow-up interventions and treatment difficult. Programs found that leveraging and aligning retention strategies helped to engage youth. This included involving family members, using social media tools, and using creative strategies such as conducting screening assessments during group meetings.

Accomplishments

While a formal evaluation of the pilot project did not occur, data collection showed the services they received, the impact reported by youth, and the impact reported by program staff. The figure below illustrates the distribution of youth participating in the pilot project.



Key Highlights from SBIRT Pilot

- Raised awareness of drug use and consequences of use among participants in the pilot program
- Pilot programs expressed interest in continuing to use the SBIRT tool following completion of the pilot
- Pilot programs reported that the SBIRT model helped keep the “lines of communication” open regarding drug and alcohol use before and during the follow up phase of programming
- The use of SBIRT provided program staff with a more effective approach to addressing substance abuse/alcohol use
- The use of the SBIRT tool added structure around substance use in programs where there were no policies or procedures before the pilot. Programs reported the new structure led to improved case management and assessment processes

Resources

Learn more about YouthBuild, SBIRT, and the pilot project.

- Read an article on the Pilot Study: <http://findyouthinfo.gov/feature-article/pilot-project-helps-youthbuild-address-youth-substance-abuse>
- Visit the YouthBuild website: http://www.doleta.gov/youth_services/YouthBuild.cfm
- Visit the SBIRT website: <http://www.samhsa.gov/prevention/sbirt/>

Learn more about [Substance Abuse](#) and [Youth Employment](#) by viewing the Youth Topic on www.FindYouthInfo.gov.