PROJECT

AMP

AMPLIFYING OUR FUTURES

IMPLEMENTATION GUIDE

www.projectamp4youth.com

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YPR
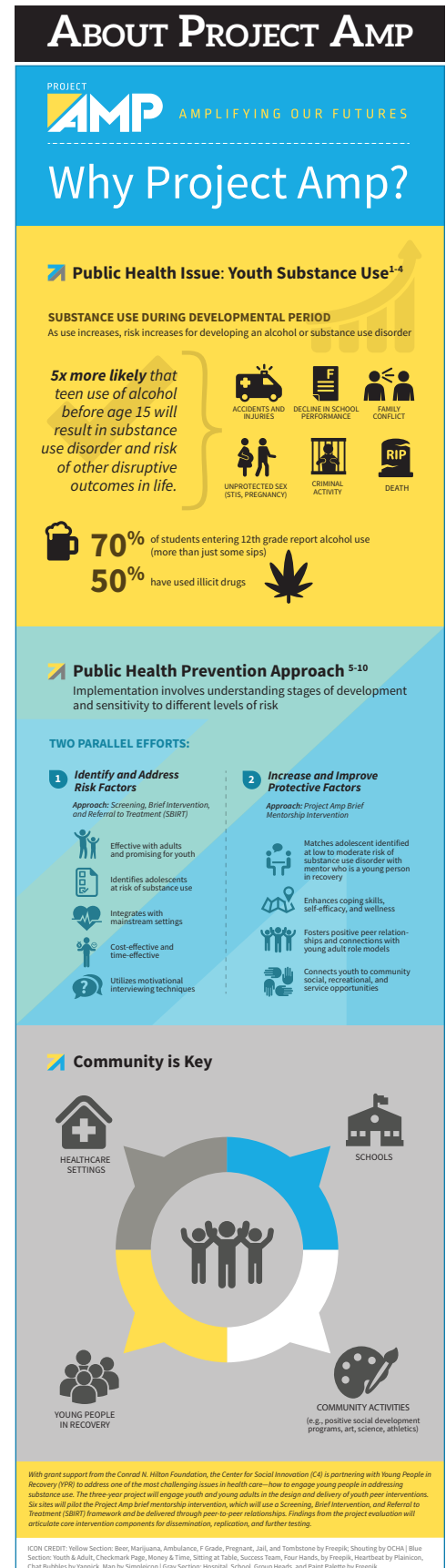Young People in Recovery

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What is Project Amp?

Project Amp: Amplifying Our Futures is a four-session brief mentorship intervention that extends supports to young people identified at an early stage risk for substance use. The Project Amp team designed the intervention to enhance existing substance use screening and early intervention activities by pairing adolescents in a brief mentorship relationship with young adults who have lived experience of substance use recovery.

Current prevention and early intervention research finds that while many factors influence a person's likelihood of developing a substance use disorder, reducing risk factors and improving protective and resiliency factors can influence outcomes.[11–15] Both individual and environmental protective factors play a role in delaying substance use initiation and enhancing resilience. Assets that help protect youth include good relationships with adults, positive peer groups, involvement in pro-social activities, plans for the future, a sense of well-being, ability to regulate emotions, close family relationships, opportunities for community involvement, knowledge about the risks of substance use, and clear expectations about use.[12,13,16] Project Amp seeks to enhance many of these protective factors for young people.

WHY YOUNG ADULTS IN RECOVERY?

Throughout the four Project Amp sessions, mentors and participants discuss such topics as goal setting, wellness, social supports, and ongoing engagement in community activities. As mentors bring their own skills drawn from recovery—resiliency, ability to relate to and support peers, coping mechanisms, and strategies to maintain wellness and have safe, sober fun—they are in an ideal position to hear and support youth concerns related to alcohol and other drugs. Both prevention and recovery support approaches use these strategies. People who share similar experiences can offer help, empathy, and validation, and provide hope for a person needing support.[17] Peer support is a key tenet of Project Amp. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines peer support as support delivered by individuals who have common life experiences with the people they serve. To learn more about the reasons for developing Project Amp and its research-informed design, read the Project Amp Formative Research Report.

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Purpose of the Guide

Through grant support from the Conrad N. Hilton Foundation, the Center for Social Innovation in partnership with Young People in Recovery (YPR) and Youth to Youth International developed and pilot tested Project Amp in six communities.

While final research results are forthcoming, early results offer insight into how organizations, clinics, schools, coalitions, or other agencies can best implement Project Amp in their own communities. This guide discusses the possible settings, adaptations, and resources available to implement Project Amp in various community-based settings across the country. We intend the recommendations and examples to serve as a general planning resource. Your community will need to develop its own implementation plan considering the unique partnerships, policies, and resources needed to make Project Amp a success. Visit www.projectamp4youth.com to access additional implementation resources, including a session-by-session intervention guide and a mentor training course.

Project Amp Pilot Study Design

For preliminary research purposes, we designed Project Amp for healthcare and school-based pilot settings, strictly defined adolescent and mentor populations, and used a specific integrated health framework—Screening, Brief Intervention, and Referral to Treatment (SBIRT)—to identify eligible participants. In this section we briefly describe each component of the pilot study intervention design.

Each community and setting will need to adapt Project Amp to meet its unique needs. The Project Amp team offers recommendations for potential adaptations to each component later in this guide. We need further research, however, to understand the effectiveness of Project Amp. Whenever possible, we recommend that you incorporate program evaluation or other research measures to learn how Project Amp is working in your community or setting.

SBIRT: IDENTIFYING PARTICIPANTS

SBIRT is a public health approach that facilitates low-cost, standardized screening for substance use disorders and responsive brief interventions or treatment referrals as indicated by the screen. SBIRT also helps to improve care coordination across behavioral health and primary care. SBIRT offers a

**PROJECT AMP:
A FOUR-SESSION INTERVENTION**

Session 1: Getting to Know You: Interests and Goals Get to know one another and explore what makes the participant happy, their strengths, and their goals

Session 2: What Does it Mean to Be Well? Explore the concepts of health and wellness, and strategies to cope with stress

Session 3: Social Supports Help the participant to understand their social influences and available social support resources, and have a conversation about alcohol, tobacco, and other drugs

Session 4: Wrap-up and Long-Term Planning Revisit your conversations over the past sessions and discuss a plan to help achieve the participant's goals

Each session points back to the goals identified in Session 1, as well as to community resources available following the program. Read the Intervention Guide to explore the activities and goals for each session.

promising mechanism for early identification of substance use through universal screening; this approach helps to reach populations that otherwise may not seek help. Currently, SBIRT use is expanding across a range of settings in the US. While SBIRT is an approach that began in healthcare settings, states and districts across the country are pursuing school-based SBIRT to reach more youth. For example, the Massachusetts Legislature passed a law in 2016 that requires public schools to engage in substance use prevention and education, including delivering SBIRT. Additionally, all school-based health centers in the state of New Mexico now deliver SBIRT as part of standard care.

Across all six pilot sites, the Project Amp team used SBIRT to screen youth ages 13–17 and identify potential participants. Youth who did not qualify for Project Amp received either positive reinforcement, a brief motivational interviewing conversation, or referral to treatment, as indicated by their screening result. Project Amp endorsed the CRAFFT screening

tool among pilot sites as the most commonly used screening tool tested for adolescents at the time of implementation. Other screening tools, such as the S2BI or the DAST-20, may also be appropriate.

Using an SBIRT framework is useful to identify at-risk youth. SBIRT services may be billable for clinics or schools, providing additional funding support. If it is not already, your community may consider implementing SBIRT or identifying participants appropriate for Project Amp through other means. Free and paid training opportunities are available for SBIRT implementation. For more information and training resources, read the Project Amp SBIRT handout.
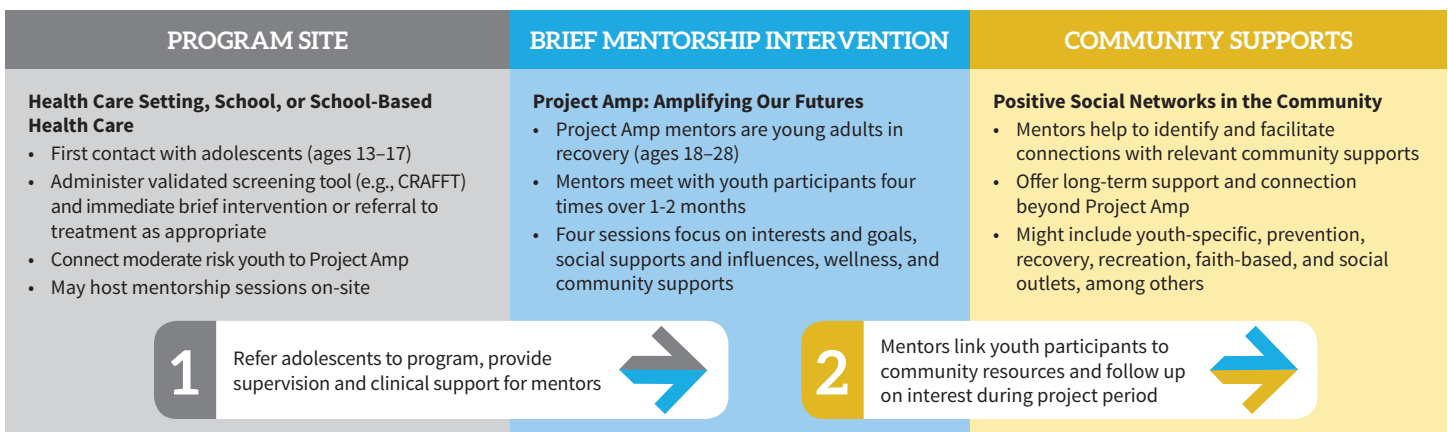
LOCATION OF SCREENING

The team launched Project Amp in six pilot sites, including three healthcare and three school-based settings. These settings used SBIRT to identify qualified youth and refer them to Project Amp or other treatment and supports as needed. The sites varied in their use of SBIRT before Project Amp participation. Each site received SBIRT training. The three healthcare settings included adolescent health clinics in Columbus, Ohio, and Charlotte, North Carolina, and a federally qualified health center in Philadelphia, Pennsylvania. School settings included two partnerships with behavioral health entities and school districts in Mercer County, Pennsylvania, and Aurora, Colorado, and a school-based student services center in Marietta, Georgia. All settings had referral to treatment options in place before screening adolescents. (See Setting-Specific Considerations on page 7 for more information on healthcare or school-based setting implementation.)

PROJECT AMP YOUTH PARTICIPANTS AND MENTORS

We designed and implemented Project Amp with a youth participant population between the ages of 13 and 17 years, who screened at "moderate risk" of substance use, as determined by the CRAFFT screening tool. Eligible participants volunteered for Project Amp as an incentivized research study. We provided small stipends for the completion of survey and focus group data collection activities. Your community may benefit from adapting these parameters to include different age groups or risk levels, as well as different approaches to screening.

We recruited young adult mentors in long-term recovery for the Project Amp pilot study using collegiate recovery programs, Young People in Recovery chapters, and recovery community organizations. Young adults self-identified as being in long-term recovery, were between the ages of 18 and 28, and completed a background check to ensure that none had been charged with child abuse or neglect. Pilot sites used their discretion regarding other criminal record requirements, length of time in recovery, or other medical screening requirements. We hired an average of five mentors at each pilot site and matched mentors and participants on availability and gender, when possible. Mentors often had part-time jobs or were students, allowing for flexible schedules. As part of the study, we provided mentors a stipend for their training and research related activities, and $20 per session completed. Each site had a designated Mentor Coordinator, also a young person in recovery, who helped the study team to recruit and support mentors, and coordinated mentor matches and sessions.

Project Amp Pilot Study Intervention Design

PROGRAM SITE	BRIEF MENTORSHIP INTERVENTION	COMMUNITY SUPPORTS
Health Care Setting, School, or School-Based Health Care • First contact with adolescents (ages 13–17) • Administer validated screening tool (e.g., CRAFFT) and immediate brief intervention or referral to treatment as appropriate • Connect moderate risk youth to Project Amp • May host mentorship sessions on-site	**Project Amp: Amplifying Our Futures** • Project Amp mentors are young adults in recovery (ages 18–28) • Mentors meet with youth participants four times over 1-2 months • Four sessions focus on interests and goals, social supports and influences, wellness, and community supports	**Positive Social Networks in the Community** • Mentors help to identify and facilitate connections with relevant community supports • Offer long-term support and connection beyond Project Amp • Might include youth-specific, prevention, recovery, recreation, faith-based, and social outlets, among others
1 Refer adolescents to program, provide supervision and clinical support for mentors →	**2** Mentors link youth participants to community resources and follow up on interest during project period →	

Planning to Implement Project Amp

RECRUITING AND TRAINING MENTORS

Young adults in recovery bring a wealth of experience that makes them uniquely qualified to serve as Project Amp mentors. They have demonstrated leadership and resilience in their personal experience of recovery; developed strategies to maintain their own health and wellness; identified ways to cope with stress, have fun, and make friends in healthy ways; and have a demonstrated ability to set and achieve their goals. As you recruit and hire mentors, look for additional qualities to find the best fit for your program, such as:

- Experience and comfort with working with adolescents or young adults
- Willingness to discuss how they maintain their own recovery
- Belief that prevention and early intervention can be effective
- Belief in multiple pathways to wellness
- Openness, kindness, and ease in conversation
- Inclusion of diverse identities and backgrounds

There are several possible outlets to identify and engage young adults with lived experience of substance use recovery. Young People in Recovery chapters, collegiate recovery programs, recovery community organizations, and recovery residences are possible locations to recruit mentors. Access the Recruiting and Supporting Project Amp Mentors resource on the Project Amp website to learn more about mentor recruitment and hiring, ongoing engagement, and supervision.

If you are in a state that offers peer support specialist training or certification, you might consider recruiting through this workforce. Not only are these peers trained in various skills that are complementary to Project Amp, they are able to provide other services in your setting as a peer support specialist. These services may also be reimbursable depending on the Medicaid and private insurance market in your state. If you are a recovery community organization that provides peer support specialist training and certification, consider including SBIRT and Project Amp training as a part of your certification process. Peers trained in SBIRT as well as prevention and early intervention strategies can offer an expanded role in integrated healthcare teams.

Training Mentors

Mentors engaged in the pilot phase of Project Amp participated in a multi-session training to prepare them for their roles. The Project Amp team adapted these training materials to create a self-paced training course comprised of four learning modules. Each module includes a primary training video, supplemental videos, readings, and handouts.

Module 1:	Key Frameworks (Overview of Project Amp and SBIRT, Recovery Messaging, Trauma-Informed Care, Working with Youth)
Module 2:	Motivational Interviewing
Module 3:	Session-by-Session Guide Part 1
Module 4:	Session-by-Session Guide Part 2

Develop a training plan for your setting that provides the necessary supports for your mentor(s). This might include group-viewing sessions for multiple mentors trained at the same time or self-paced independent learning with supervisor check-in. The mentor training is online at www.projectamp4youth.com.

BUDGETING

Funding support for Project Amp will look different in each community based on the adaptation of the model, existing resources, and agency type. This section describes the types of expenses an agency might expect when implementing Project Amp. The Setting-Specific Considerations section below includes additional suggestions for funding, based upon your agency or setting type.

Activities that may need funding support:

- **SBIRT Delivery.** Schools, healthcare settings, and other settings may have different opportunities to bill for SBIRT services. If you plan to devote staff time to screening and referring young people for Project Amp, estimate the staff time needed for these activities. Consider whether you can include screening and referring into regular care, or whether these activities require extensive training and implementation hours. One option is to have dedicated screening and recruitment days to consolidate these activities and reduce overall costs.

- **Administrative and Supervisory Support.** Your agency may require staff to recruit and supervise mentors, oversee session scheduling, coordinate mentors and the young people they work with, or supervise meeting space, as appropriate. While the number of hours will vary depending on the structure of Project Amp in your community, there will be some level of necessary administrative and supervisory support. You should account for these hours in your project budgeting. During the pilot study, a Mentor Coordinator, also a young

person in recovery who received payment for their time on an hourly basis, provided this support.

- **Mentor Payments.** The Project Amp pilot study provided a $400.00 stipend to mentors for their training and research-related activities, and $20.00 per session completed with a young person. These payments may vary significantly based upon structure and resources; however, you should generally support trained young people for their time and commitment. If you hire a single mentor to integrate into your team, an hourly rate or salary may be more appropriate. You might also consider working with college campuses to offer course credit rather than financial payment, or explore structuring the program as a volunteer opportunity. While we pilot tested Project Amp as a modestly paid opportunity for mentors, each setting needs to consider the most appropriate compensation approach for its community.

- **Incentives for Young Participants.** Consider using incentives to help young people stay engaged in their mentorship sessions. These could be a raffle for everyone who completed their sessions, a party at the end of a program, or other encouragement. Even a small incentive can help maintain engagement.

- **Transportation Support.** For some youth participants, lack of transportation to and from sessions was a barrier to participation. When possible, budget for subway or bus tokens, or reimbursement for taxi rides, or help facilitate car sharing to bolster youth participation in your program.

Setting-Specific Considerations

HEALTHCARE SETTINGS

Clinics and other healthcare settings are ideal locations for identifying and responding to early substance use risk among young people. Many adolescent-serving clinics are already implementing SBIRT or integrate substance use screening as part of their standard procedures. The Project Amp intervention can help to fill a common gap in supports for young people who are at an early stage of substance use risk, but are inappropriate for treatment.

Recommendations for Implementation

Our pilot study experience helped us generate these recommendations for successfully implementing Project Amp.

- **Community Partnerships.** Clinics might consider collaborating with a community-based organization, such as a treatment or therapy center, collegiate recovery program, recovery community organization, or mentor program. These organizations may be in a better position

to recruit and hire mentors, provide ongoing supervision and support, and host sessions in a more comfortable setting. Settings where young people have already integrated the program into their schedules, such as mentorship programs, after-school organizations, and school-based programming, may be better able to support a multi-session intervention like Project Amp. If you are hoping to work with a community-based organization to host Project Amp sessions, planning for warm and seamless handoffs is key. Here are a couple of suggestions:

o Work with an organization that has safe, comfortable, private, but monitored areas for one-on-one sessions.

o Develop a handoff plan that specifies what patients should expect when they leave their appointment (for example, "a mentor will be contacting you this week"); who will contact the patient to schedule follow-up sessions; and how the clinic and organization will coordinate to ensure that the participant and mentor connect quickly and smoothly.

• **Parental Involvement.** Parents play an integral role in the prevention of substance use in their children. Often, parents are key to providing the support and guidance a young person needs to make healthy choices. However, sometimes alcohol or other drug exposure at home poses challenges for young people to achieve their health and wellness goals. Each Project Amp program will need to develop a plan for how and when to involve parents and guardians in the intervention. Confidentiality is key. Keep screening results confidential to ensure honesty from the young person, except in high-risk situations. The standard CRAFFT screening tool opens with a statement that responses are confidential. Communicate instances requiring parental involvement with the young person before beginning the first Project Amp session, and request permission before involving their parent whenever possible.

• **Parental Permission.** Healthcare settings should be aware of the parental permission regulations in their state. Some states allow substance use treatment provision without parental consent, while others require it. If you bill an insurer for a service for a dependent, that service will appear on the parent or guardian's statement. Some settings may feel most comfortable receiv-

ing parental permission before engaging a minor with a mentor. In these instances, consider ways to engage the parents without risking the confidentiality of the screen. For example, frame the program as a prevention opportunity, rather than something young people qualify for as a result their specific screening score. Additionally, consider the parents' availability. If in your healthcare setting parents are not typically present, telephone permission may be a more appropriate option; however, this will require a clear protocol and follow-up plan.

Adaptations

Early findings suggest that healthcare clinics may have more capacity to integrate screening for substance use risk than other settings; however, they are less ideal for hosting multi-session interventions like Project Amp. During the pilot study, adolescents often struggled to follow through with in-person sessions or had difficulty finding transportation. While sites made every effort to find friendly, inviting spaces to meet, some healthcare settings relied on exam rooms for sessions. Additionally, depending on clinic resources, mentor recruitment, hiring, and supervision may pose a challenge. (See Recruiting and Supporting Project Amp Mentors for tips and best practices.)

Clinics might consider multiple adaptations to integrate Project Amp as a support for their adolescent and young adult patient population. Potential adaptations include:

• **Integrated Roles for Peers.** Healthcare settings could leverage the unique skills and experiences of young adult peers by integrating them within multidisciplinary healthcare teams. Peer providers—also called health navigators, certified peer specialists, peer support specialists, community health workers, peer coaches—in primary care can connect with people living with chronic conditions, such as substance use conditions, by sharing knowledge and experience with one another.[18] Young adult peers can support healthcare practitioners by delivering a host of substance use related services for patients, such as SBIRT, ongoing brief interventions such as Project Amp, or other supports and referrals. This type of follow-up is often difficult for primary care practitioners; however, young adult peers have the skills and capacity to perform this work effectively. Checking in on Project Amp can become a part of regular peer

supervision. Rather than managing multiple part-time mentors like in the pilot study, healthcare settings may benefit from having a single full-time or part-time, internally trained and supervised peer provider. In some states, peer providers provide billable services.

- o To learn more about young adult peer providers, review Providing Youth and Young Adult Peer Support through Medicaid, a resource developed by the National Technical Assistance Network for Children's Behavioral Health, or visit the Core Competencies for Peer Workers page on SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center web page.

- **Participant Population.** For the pilot study, eligible participants must have scored as "moderate" using the CRAFFT screening tool (yes to Part A or CAR question, 0–1 for Part B). Access the Project Amp CRAFFT screening tool developed for Project Amp referrals. Feedback from pilot sites suggests that Project Amp may be beneficial to other populations, including

- o moderate risk youth using other validated screening tools,

- o young people in need of secondary prevention, that is, supports to prevent a recurrence of substance use,

- o slightly higher-risk youth who score at a 2 or 3 on the CRAFFT, but who may not be a good fit for other treatment supports, and

- o those identified through clinical opinion.

During the pilot phase, many screeners reported that while some participants did not qualify by score, their clinical opinion was that the patient would have benefited from the referral, based on their communications with the patient.

Financing Project Amp in Healthcare Settings

While there are several possible funding opportunities for healthcare settings to support Project Amp, each setting will need to work on the state and local levels to identify available funding resources and develop a plan for sustaining the program.

- **Existing Resources.** First consider what funding resources might already be available. Healthcare settings may have young social workers, prevention coordinators, community-based partnerships, or other roles in place that could take on Project Amp tasks as a part of

an existing job description. Behavioral health agencies in your community may have prevention funding that they could use to foster a partnership with healthcare agencies interested in Project Amp. Consider collaborating with local colleges or universities to offer class credits or an internship for serving as a Project Amp mentor. In the absence of payment, incentives like class credit can help remunerate mentors.

- **Reimbursement Opportunities.** If your clinic is already implementing and billing for peer support services or SBIRT activities, integrating an adaptation of Project Amp may further support those activities.

- o **SBIRT.** A range of strategies supports SBIRT implementation in healthcare settings; explore opportunities available in your state, community, and agency.

  - *Private and Medicaid Billing* – SBIRT billing codes vary from state to state, and not all states have activated codes for this billing. When they are on, reimbursement rates may vary. Contact your state's Medicaid office to learn about opportunities for Medicaid reimbursement in your state or visit the SBIRT Reimbursement Map maintained by the Institute for Research, Education and Training in Addictions. The SAMHSA-HRSA Center for Integrated Health Solutions SBIRT Financing page lists numerous resources for SBIRT billing.

  - *Hospital Community Health Benefit* – Nonprofit or tax-exempt hospitals must demonstrate their benefit to the communities they serve, and community partnerships to implement and evaluate SBIRT may help hospitals meet this commitment. Visit the Community Catalyst Community Benefit resource page to learn more.

  - *Medicaid Preventative Services* – Medicaid is offering new strategies to prevent substance use conditions. Download the Community Catalyst resource Medicaid Offers New Strategies to Prevent Substance Misuse to learn about Medicaid payment for services provided without charge and preventive services delivered by practitioners other than physicians.

o **Peer Services**. Services delivered by certified peer support providers are billable in many states. If your clinic is already providing peer services, consider hiring a young adult for one of the positions and include Project Amp as a portion of their job duties. Learn more about peer services reimbursement on the SAMHSA-HRSA Integrated Health Solutions Peer Providers website and contact your state's Medicaid office.

• **Other Opportunities.** Consider exploring prevention coalition opportunities; state prevention initiatives; or federal, state, or local government or private grant opportunities.

SCHOOL SETTINGS

Schools and school-based health centers provide a range of supports for the students they serve. Parents, caregivers, and community members often look to the school to offer and deliver prevention strategies to keep young people safe. Rather than a universal prevention approach, such as assembly-style messaging, scared-straight tactics, or public health marketing, Project Amp establishes an individualized response to each participating student.

The three school-based settings that participated in the Project Amp pilot study either conducted population-based screening (for example, screening all health class students) or included screening as part of an intake process for other behavioral health services. School settings offer qualities that address the challenges faced in implementing Project Amp in healthcare settings. First, screening in schools can reach more young people than screening in healthcare settings does, as not all adolescents see healthcare providers. Second, schools can integrate mentorship sessions into the school day—for example, during counselor appointments, study hall, or after school—reducing the burden of finding transportation for sessions outside the student's regular routine. In the pilot, students who enrolled through a school setting were more likely to complete the four-session intervention. Knowing where to locate students also helped to ensure that the student completed follow-up sessions. Finally, implementation in schools provides the opportunity for students to remain engaged with a mentor on an ongoing basis, rather than being limited to four sessions. School settings engaged in pilot testing Project Amp reported satisfaction with the program.

Implementation Example – Nationwide Children's Hospital Adolescent Medicine Clinic

In addition to providing high-quality primary and behavioral health care for the Columbus, Ohio, community, the Adolescent Medicine Clinic at Nationwide Children's Hospital had been implementing SBIRT informally, screening for substance use on a case-by-case basis and referring to supports as needed. To better understand its patient population and expand community referral options, the clinic piloted Project Amp. The clinic screened all patients using the CRAFFT tool after placing the patient in an exam room, and flagged screening results for the incoming clinician. In partnership with a community prevention program, Youth to Youth International, the clinic offered eligible adolescents the opportunity to participate in Project Amp and attend Amp sessions at the clinic or at Youth to Youth. While the young people eligible for Project Amp expressed interest in the program and enrolled more than half the time, the clinic found it hard to sustain SBIRT implementation. Staff nurses, who were in the best position to deliver the screen, were unable to integrate these additional processes into their patient visit workload. One of the top cited challenges to implementing SBIRT in healthcare settings is clinicians' limited capacity to include it in their already short, rushed visits.[19]

To increase capacity for SBIRT delivery, the clinic implemented an innovative adaptation to the program. A young adult mentor began screening adolescents at the hospital and referring eligible adolescents to Project Amp. The young adult mentor, a member of the collegiate recovery program at a nearby university, happened to be starting an internship with the clinic soon after becoming a Project Amp mentor. The addition of the mentor increased the clinic's screening capacity and streamlined the Project Amp model. Other clinics might consider following Adolescent Medicine Clinic's example and integrating a young adult with lived experience in their team for the delivery of SBIRT as well as Project Amp mentorship sessions. Having a mentor involved in the screening and engagement at their appointment provides continuity for patients as well as increased capacity for the existing clinical team. Clinics might also consider employing a certified young adult peer specialist or recruiting a student from a local university recovery program or a graduate student. Clinic staff should provide SBIRT training and supervision for young adults serving in these roles.

Recommendations for Implementation

Based on our pilot study experience, there are recommendations we can make based on factors that facilitated successful implementation.

- **School Substance Use Policies.** Schools that embrace open, honest dialogues about alcohol and other drugs are a good fit for Project Amp. Many schools have zero-tolerance policies or overly punitive responses to substance use that inhibit students from disclosing what is happening in their lives. These policies can also limit a school's ability to confidentially screen for and respond appropriately to early alcohol and drug experimentation. Consider assessing your school's policies so that responses to positive screens and other disclosure are confidential and student-focused.

- **Community Partnerships.** While partnerships with behavioral health entities were not originally part of the design for Project Amp, school settings that implemented the program found that working through existing partnerships with behavioral health commissions or recovery community organizations provided multiple benefits. Behavioral health organizations working with schools had an already established understanding with parents to confidentially screen for substance use. This provided a pathway around zero-tolerance policies and punitive reactions to early substance use. It also provided well-established resources for referrals to treatment support for higher-risk students. Finally, these organizations had the capacity to monitor sessions, oversee mentors, and manage logistics.

- **Universal Screening.** Many schools screen for substance use when staff refer a student to counseling for a range of needs, including truancy, mental health conditions, and substance use. While this may be an appropriate time for screening, it fails to reach students who have no observable risk indicators. Further, early results indicated that school clinicians were hesitant to refer students engaged in other behavioral health supports to Project Amp. Broad screening, such as screening all students or all students in a certain class or year—first year health class, for example—helps to identify students who would benefit from Project Amp but who might otherwise fall under the radar.

- **Parental Permission.** Each school has policies on parental permission to screen for substance use or engage in special programming like Project Amp. Confidentiality is important if young people are to respond to screening questions honestly and openly connect with mentors. Should the school request parental consent for screening or Project Amp involvement, be clear upfront with the youth participant and the parent or guardian what information, if any, may be shared with a parent and under what circumstances. Schools might consider an opt-out model, alerting parents at the beginning of the school year that the school will conduct substance use screening for all students and that prevention, early intervention, or other services may be available. Rather than permission on a case-by-case basis, request that parents opt out of such activities if they do not wish for their child to participate.

Adaptations

Schools offer a unique environment for reaching and following up with students. Based on the Project Amp pilot study, we recommend the following considerations when adapting Project Amp for schools in your community:

- **Ongoing Engagement.** Many participants and mentors in pilot settings indicated that they desired ongoing engagement with Project Amp. Rather than ceasing interactions after four sessions, some youth participants expressed that they would like to continue to meet with their mentors. In healthcare settings, this may pose a challenge, as it can be difficult to arrange and host ongoing meetings. School settings offer a venue for ongoing mentor engagement, either in a continued one-to-one relationship or possibly in an alumni group format.

- **School-Based Health Centers.** While clinics and schools offer excellent settings for Project Amp, school-based health centers (SBHCs) may provide the best of both worlds. They can more easily integrate SBIRT into universal healthcare practices outside of zero-tolerance school policies. With established opt-out parental permission policies, SBHCs can also provide ongoing engagement through schools, addressing the challenges of multi-session engagement and follow-up at traditional clinic settings.
  - Learn more about SBIRT in school-based health centers on the [School-Based Health Alliance](#) website.

- **Participant Population.** As described in the Healthcare Settings section, participants in the pilot study must have scored as "moderate" risk using the CRAFFT screening tool. Access the Project Amp CRAFFT screening tool developed for Project Amp referrals. Feedback from both school and healthcare pilot sites suggested that Project Amp may benefit to other populations, including those identified through clinical opinion. This means that while they are ineligible via the screen, the clinician believes the young person would benefit from the mentorship program. In addition to screening for eligibility, schools might also consider referring to Project Amp based on clinical opinion, allowing students to participate on request, expanding the program to "low" risk or slightly higher risk students based on the CRAFFT or through other screening tools such as the S2BI or the DAST-20.

Financing Project Amp in School Settings

Each school or district will need to consider a range of funding options to support Project Amp, such as:

- **SBIRT.** Many of the resources for SBIRT financing in the Healthcare Settings section of this guide may also be applicable to support SBIRT implementation in school settings. Review the Community Catalyst resource, [Funding SBIRT in Public Schools](#), to learn how schools may leverage resources through Medicaid, SAMHSA, HRSA's Maternal and Child Services Block Grants, or US Department of Education Formula Grants for school-based SBIRT. Identify the recipient agencies such as health and human services, public health, or mental health and substance use departments that receive block grants, and contact them for a meeting.

- **Other Resources.** You might consider accessing available prevention coalition support provided through the state, as well as local, state, and national government or private grants. Schools may already have an established relationship with recovery community organizations for other prevention programming, and may consider adapting existing prevention approaches to align with the Project Amp model. Also consider how the school board or parent-teacher association could assist with fundraising and endorsing Project Amp in some way.

Access the Project Amp CRAFFT screening tool developed for Project Amp referrals.

Implementation Example:
Marietta High School Student Success Center
When Marietta High School in Georgia saw a need to improve the number of high school graduates, college acceptances, and student health and wellness, they started the [Graduate Marietta! Student Success Center](#). This center partners with social service and other community agencies to offer students a range of academic and behavioral counseling. One of these partnerships is with the Georgia Council on Substance Abuse (GCSA), which provides in-school, young peer staff to respond to students with needs related to substance use. For the Project Amp pilot, GCSA worked with a local university collegiate recovery program to identify and interview interested mentors, provided young adult SBIRT screeners, and supervised the program, limiting the burden on school staff. Screeners met with all first year health class students and offered eligible students the opportunity to participate in Project Amp. Based on student recommendations, higher-risk teens received the opportunity to participate in a school-based recovery support group, facilitated by GCSA. These expanded services provided more opportunities for young people in recovery to serve the entire student population, integrating them into the fabric of school life. Marietta Student Success Center and GCSA staff are seeking local funding support to sustain Project Amp beyond the pilot study. Learn more about the Marietta High School Project Amp pilot program [here](#).

COMMUNITY SETTINGS

While no settings outside of healthcare and schools pilot tested Project Amp during the initial research stage, early learning suggests community-based programs may be excellent settings for Project Amp. In addition to the settings listed below, faith groups, athletic leagues, libraries, or other organizations might consider implementing Project Amp. The Project Amp team designed the program to be flexible, provided that the

setting maintains the model's core components. These components include identification, training, and ongoing support of mentors, and the use of the structured intervention guide that facilitates goal-oriented and community-focused conversations directed by the youth participant. Possible community settings to support Project Amp include:

- **Mentorship Programs.** Existing mentorship programs could integrate Project Amp as an additional offering. Including Project Amp may enhance current mentorship programs, and provide a structure for prevention and early intervention-based mentorship related to substance use. Consider the following implementation components when adapting Project Amp for your mentorship program:

  o *Mentor Recruitment and Supervision* – In addition to your regular mentor recruitment, include a specific qualification of lived experience of substance use recovery. Circulate a job description in recovery community organizations, Young People in Recovery chapters, collegiate recovery programs, or other locations in the community where young adults in recovery may be. Consider working with these settings to provide additional supervision and support of the mentor(s) to respect and protect their recovery.

  o *Specialized Training* – Along with the training already provided to mentors in your program, include the Project Amp mentor training curriculum. This will prepare the mentor to talk about his or her own recovery appropriately and understand Project Amp components.

  o *Identifying Youth Participants* – Programs might consider collaborating with settings that already screen for substance use conditions and serving as a referral resource for those programs. For example, contact an adolescent health clinic to discuss Project Amp and various ways to screen, refer, or identify youth. Screening staff may benefit from having a community-based mentorship referral for their patients.

- **Drop-in or After-School Programs.** Many drop-in or after-school programs have the goal of providing a safe, pro-social environment for young people to make connections with positive adult, peer, and community influences. Preventing substance use is often implicit in

that goal. Further, young people often already engage in these programs, facilitating the ease of a multi-session intervention. Several after-school programs are launching SBIRT initiatives and need referral and support options like Project Amp. Consider the following implementation components when adapting Project Amp for your program:

  o *Mentor Recruitment and Supervision* – If your program does not already include mentorship, consider collaborating with recovery community organizations, Young People in Recovery chapters, collegiate recovery programs, or other locations in the community where young adults in recovery may be. Depending on the capacity of these programs, you might consider having them support mentorship recruitment, training, and supervision. Leaders in these agencies may be in a good position to identify and supervise young people in recovery who are well suited to mentorship, and provide well-prepared mentors for your program.

  o *Identifying Youth Participants* – There are a range of ways a drop-in or after-school program may identify young people who could benefit from Project Amp. Consider implementing SBIRT in your setting, using a validated screening tool to identify eligible participants or offer it broadly to the youth in your program, including anyone interested in receiving mentorship. Offering incentives, such as a raffle prize or mentorship completion party, can entice and engage possible participants.

- **Recovery Support Programs.** Some recovery support organizations offer programming highly conducive to prevention, including programs such as exercise-based recovery support groups or safe, sober recreational and entertainment activities. These programs bring together young people active in their recovery for positive socializing. Project Amp may be a useful service opportunity for young adults in their recovery, as well as foster a positive community connection with young people at early risk. It is also possible that Project Amp could benefit young people in recovery as a secondary prevention resource. Programs should consider partnerships with local schools or clinics to facilitate referrals and develop a Project Amp program appropriate for their community.

Other Considerations: Planning, Sustaining, and Monitoring Project Amp

In addition to developing a plan for identifying, engaging, and supporting youth participants and mentors, your program should address various planning and policy considerations at the outset of initiating Project Amp. These considerations are described below.

Youth Engagement

Before any program development involving youth and young adults, it is critically important to hear from and work alongside young people to design and deliver the program with their insight, input, and buy-in. At a minimum, establishing a youth advisory board with patients, students, or other potential participants, as well as young people in recovery, can help

Clinician Buy-in

During the pilot site implementation, some sites used multiple locations and staff to screen students. Often in these settings, there was a central clinician or administrator who championed Project Amp. When the site delegated screening and recruitment to clinicians who were not directly involved in selecting and implementing Project Amp, enrollment was not as successful as when the central champion recruited youth. In one school district, for example, the supervising behavioral health clinician recommended Project Amp as a referral option for therapists working across multiple district schools. Therapists were unfamiliar with the purpose and content of Project Amp. Consequently, they hesitated to refer. If your agency will be

Visit the www.projectamp4youth.com website for more resources to establish Project Amp in your community.

with initial steps and ongoing oversight. Conduct focus group discussions or surveys with potential participants to learn about what they want in a program. This feedback is essential to designing an appealing, effective program. Seek feedback regularly and ensure that there is a process in place to implement any recommendations. If you are hiring a young person to serve in a full-time integrated role, consider hiring them during the design phase to help guide program development.

Mentor Engagement and Supervision

Pilot study implementation experience has shown that ongoing mentor engagement and supervision are vital for program success. Each Project Amp program should establish an engagement and supervision plan that supports the many roles that mentors play. Access the Recruiting and Supporting Project Amp Mentors resource on the Project Amp website to learn more about mentor recruitment and hiring, ongoing engagement, and supervision.

working with multiple staff members or locations to identify youth participants, engage them early in the program development process, gather their feedback on program adaptations, and introduce them to the mentors. Further, draw a clear distinction between counseling and mentorship, so that staff understand the purpose for these offerings. Any effort to increase early buy-in and clear understanding of the program's objectives will help Project Amp be successful in your community.

Outcomes

With Project Amp, you can track screening data (if you choose to screen for enrollment), mentor engagement and experience, as well as how youth engage with and experience the program. Consider collecting information about how many young people you screen, their screening scores, number of sessions completed, and administer satisfaction surveys to youth and mentors. You can also ask youth to confidentially self-report on their wellness, substance use, or other risks and protective factors before and after the program to measure impact.

Consider working with a local evaluator to develop a plan to track outcomes. These efforts will help you seek future funding, make a case to the community for Project Amp, and learn how to improve the program.

Quality

How will you know your mentors completed the training? How will you know mentors are following the intervention parameters? How will you ensure consistency and quality across the program? Consider establishing a knowledge check for the trainings, instituting mandatory refresher trainings, conducting regular check-ins with mentors, and using reporting tools to track consistency.

Sustaining Momentum

With the launch of each Project Amp program, there will be energy and excitement at the outset. Mentors will actively engage, clinicians will screen and promote the program, and staff will schedule sessions. Inevitably, mentors will move on to other work or activities and screening and program referrals will slow. Develop a sustainability plan from the outset that includes monthly or quarterly program check-ins, a plan for ongoing mentor recruitment and training, and outcomes data review. Outcomes data will keep you informed of ongoing engagement and needs. Consider establishing a peer-to-peer learning group, a community of practice, or group mentor check-in to help mentors collaborate as they work through their sessions and to provide social connection and accountability. Ask mentors what they would find most useful to help them refine their skills and keep them engaged.

Referral Support

Whether you are screening for substance use to identify young people for Project Amp or if others refer youth on a case-by-case basis, referring organizations and mentors should have access to other referral sources. Screening may identify adolescents who are at higher risk, and mentorship sessions may also reveal serious mental health, abuse, substance use, or other risks that were not initially identified. Establish processes for warm handoffs with referral organizations in the community and ensure that mentors have a plan should you identify serious risk.

PART OF A YPR CHAPTER? BECOME A PROJECT AMP LEADER!

Young People in Recovery (YPR) is a Project Amp partner, contributing to intervention development, research design, and implementation throughout the pilot study. By creating a national network of young people in recovery, YPR empowers young people to get involved in their communities by providing them with the tools and support to take charge of their futures.

There are YPR chapters throughout the country that can support Project Amp. Any YPR chapter can be an advocate and initiator of Project Amp in their community. Here is a sample process that a chapter could follow to launch Project Amp within its community.

1. Discuss interest in Project Amp among chapter members (for example, would you want to mentor? Would you mentor for payment or as a volunteer? What time commitment could you make?)

2. Contact the YPR Regional Coordinator or the YPR National Chapter Director to discuss what guidance and support they can provide

3. Identify community partnerships—schools, clinics, prevention coalitions, other community stakeholders—to develop a program plan that addresses:

   o How to identify and match youth to mentors

   o What qualifications the mentors will need

   o Where and when sessions will occur

   o Who will oversee the program

4. Develop a recruitment and training plan for mentors

5. Develop a sustainability plan in partnership with community stakeholders to ensure program will continue over time

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References

1. Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 *National Survey on Drug Use and Health: Summary of National Findings* (HHS Publication No. SMA 14-4863). Rockville, MD: Author.

2. Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for prevention substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America, 19*(3), 505–526.

3. National Institute on Drug Abuse. (2014). *Principles of adolescent substance use disorder treatment: A research-based guide* [PDF]. Bethesda, MD: National Institutes of Health.

4. Kelly, S. M., Gryczynski, J., Mitchell, S. G., Kirk, A., O'Grady, K. E., & Schwartz, R. P. (2014). Validity of brief screening instrument on drug abuse tobacco, alcohol, and drug use. *Pediatrics, 133*(5), 819–826.

5. Odgers, C. L., Caspi, A., Nagin, D. S., Piquero, A. R., Slutske, W. S., Milne, B. J., . . . Moffitt, T. E. (2008). Is it important to prevent early exposure to drugs and alcohol among adolescents? *Psychological Science, 19*(10), 1037–1044.

6. Yuma-Guerrero, P. J., Lawson, K. A., Velasquez, M. M., von Sternberg, K., Maxson, T., & Garcia, N. (2012). Screening, brief intervention, and referral for alcohol use in adolescents: A systematic review. *Pediatrics, 130*(1), 115–122.

7. Walton, M. A., Chermack, S. T., Shope, J. T., Bingham, C. R., Zimmerman, M. A., Blow, F. C., & Cunningham, R. M. (2010). Effects of a brief intervention for reducing violence and alcohol misuse among adolescents. *Journal of the American Medical Association, 304*(5), 527–535.

8. Tait, R. J., Hulse, G. K., Robertson, S. I., & Sprivulis, P. C. (2005). Emergency department-based intervention with adolescent substance users: 12-month outcomes. *Drug and Alcohol Dependence, 79*(3), 359–363.

9. United States Office of National Drug Control Policy. (2012). *Fact Sheet: Screening, Brief Intervention, and Referral to Treatment (SBIRT)* [PDF]. Washington, DC: Substance Abuse and Mental Health Services Administration.

10. Estee, S., He, L., Mancuso, D., & Felver, B. (2007). *Medicaid cost outcomes* [PDF]. Olympia, WA: Washington Department of Social and Health Services, Research and Data Analysis Division.

11. National Research Council and Institute of Medicine. (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. Washington, DC: National Academies Press.

12. Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64.

13. Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research, 23*(3), 145–158.

14. Vakalahi, H. F. (2001). Adolescent substance use and family-based risk and protective factors: A literature review. *Journal of Drug Education, 31*(1), 29–46.

15. Rutter, M., Pickles, A., Murray, R., & Eaves, L. (2001). Testing hypotheses on specific environmental causal effects on behavior. *Psychological Bulletin, 127*(3), 291.

16. Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America, 19*(3), 505–526.

17. Dennis, C. L. (2003). Peer support within a health care context: A concept analysis. *International Journal of Nursing Studies, 40*(3), 321–332.

18. Druss, B. G., Zhao, L., von Esenwein, S. A., Bona, J. R., Fricks, L., Jenkins-Tucker, S., . . . Lorig, K. (2010). The Health and Recovery Peer (HARP) program: A peer-led intervention to improve medical self-management for persons with serious mental illness. *Schizophrenia Research, 118*(1–3), 364–270.

19. Friedmann, P. D., McCullough, D., & Saitz, R. (2001). Screening and intervention for illicit drug abuse: A national survey of primary care physicians and psychiatrists. *Archives of Internal Medicine, 161*(2), 248–251.