Evidence-based approaches to universal screening and early intervention are essential to prevent the onset of substance use during adolescence. Such approaches may prevent behavioral, physical, and developmental dangers of early use and can reduce the likelihood of substance use challenges later in life. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is one such approach shown to be effective in reducing and preventing problem substance use with adults. Youth-specific adaptations of SBIRT are a current focus of intervention development and research. Project Amp is one innovative SBIRT adaptation for adolescents who have a low to moderate risk of problem substance use. Following an initial screening, a four-session intervention delivered by young peers (young adults ages 18-28 with lived experience of substance use and recovery, also known as mentors), is meant to enhance and extend the brief intervention stage of SBIRT. Project Amp was pilot tested to determine feasibility at six sites during 2016 and 2017. This issue brief identifies the primary implementation challenges, successes, and lessons learned for future adaptations of Project Amp and similar brief interventions. Please see other Issue Briefs on pilot study outcomes and young adult peers to learn more about Project Amp.

**Implementation Successes**

Overall, Project Amp implementation yielded several successes, including generating a high degree of interest and engagement from pilot sites, utilizing the commitment and skills of young peers, and galvanizing interest and feedback from eligible youth participants:

**Site engagement:** Six sites (three schools, three healthcare settings) were selected based on their interest in SBIRT implementation, willingness to pilot test the intervention, and ability to screen and refer eligible adolescents. (See map on next page for site locations.) Sites signed a Memorandum of Understanding to complete training, conduct SBIRT and study recruitment activities for a defined period, and refer eligible youth to Project Amp mentors. Coordinators were identified at each site to manage trainings, conduct process integration, oversee referrals, and provide clinical support to mentors as needed.
Mentor recruitment: More than 80 young people in recovery applied to be a Project Amp mentor. Up to six were recruited at each site to serve in a part-time, on-demand role as mentors. A total of 33 mentors were hired and trained. At each site, a designated mentor coordinator helped recruit and support mentors during the study period. Mentor coordinators disseminated the mentor application, conducted interviews with potential mentors, monitored training and session engagement, and served as a first point of contact for support. Mentor recruitment channels included Young People in Recovery chapters, collegiate recovery programs, mutual support groups, and other recovery communities.

Training: Across the sites, we trained 71 agency staff in SBIRT, including how to use the CRAFFT screening tool, a behavioral health screening tool for use with children under the age of 21 with questions that include alcohol and other drug use and risk. Training also covered Project Amp referral and study procedures. Thirty-three mentors completed virtual and on-site trainings that addressed core skills such as recovery and prevention messaging, motivational interviewing, trauma-informed care, cultural competency, youth engagement, and a session-by-session instruction of the Project Amp curriculum. Based on mentor survey responses, motivational interviewing proved to be the most useful skill for working with youth participants, and all mentors who responded reported that the training quality was good or excellent.

Adolescent engagement: During the study period, 1,192 youth were screened; of those screened, 126 were found to be eligible, 109 were offered Project Amp, 51 enrolled, and 27 fully completed the intervention (completed a baseline survey and attended at least three of the four sessions). Of those eligible, almost 50 percent expressed interest in Project Amp. For those who completed the brief intervention, quantitative results suggest preliminary effectiveness across all outcome measures. However, the small sample size did not yield statistically significant results. Qualitative findings from focus groups also indicate positive receptivity to near-age peer mentorship through Project Amp.

Mentor skills and experience: Among the mentors (20 out of the 33 hired) who were assigned youth participants, average age was 24.5 years with an average of 2.25 years of recovery experience. Following the intervention, the majority of mentors said brief mentorship interventions could work to prevent substance use. Mentors also felt purposeful and of service and that their own recovery was strengthened through their experience with Project Amp. They described their efforts to structure sessions around the needs of youth participants and used skills from the trainings to foster conversation and build rapport.

Implementation Challenges

In addition to various implementation successes, Project Amp sites also faced challenges that yielded lessons learned for
future implementation. These included barriers specific to research requirements, scheduling and logistics, and maintaining long-term mentor engagement:

**Research requirements:** The research components of Project Amp required oversight and specific guidelines to ensure human subjects protections. At times, these important protections created barriers and delays to enrolling young people. For example, the research team established and maintained strict eligibility criteria based on age and CRAFFT scoring; this resulted in most youth being screened out. On this topic, one mentor remarked, “I think it weeded out a lot of people who would have really benefited from it. When I was in high school I wouldn’t have been eligible, and I think it would have been really beneficial for me.” Additionally, the team had to obtain parent/guardian consent for each participant which required significant outreach and follow-up.

**Logistics:** Communication and scheduling among mentors and youth participants also presented some challenges. Depending on the site and youth participants, challenges sometimes included coordinating transportation. This was most often the case at healthcare sites, whereas the school-based settings allowed the mentors to meet with youth on-site during or after school. Multi-session interventions will always require some degree of coordination and follow-up and can be improved with streamlined protocols and support for youth schedules and transportation needs.

**Sustained engagement:** In some locations, delays in enrolling youth participants resulted in reduced mentor engagement. These delays were often due to the research or logistical barriers described above. As time passed, some mentors became busy with school, work, and other commitments or lost enthusiasm. The research team used various methods to maintain mentor engagement including regular check-in calls, booster trainings, online discussion groups, and finding other ways to get mentors involved, such as helping to coordinate site activities or participating in other professional development opportunities.

**Lessons Learned for Adaptation**

Based on learnings from Project Amp’s pilot study, young peers have a valued role to play in supporting adolescent SBIRT. However, future research and implementation should consider and incorporate various lessons learned.

- Considering staff capacity and time challenges, find an “institutional champion” to drive adolescent SBIRT and/or Project Amp forward.
- Seek integrated roles that recognize the valued role of young peers as colleagues and provide compensation.
- Seek opportunities for young peers to add capacity by conducting screening and providing follow-up support to youth that need treatment or recovery supports in addition to delivering brief interventions.
- Expand eligibility to a broader range of youth. If using a standardized screening tool, consider broadening eligibility beyond low or moderate risk youth. Or, invite site staff to refer youth that might benefit from Project Amp regardless of screening status.
- Anticipate logistical issues prior to implementation, and determine protocols for meeting locations, communication, and parental notification (if required).
- Coordinate the timing of mentor recruitment and enrolling Project Amp youth participants to minimize delays in activating mentors.

Research and best practices for adolescent SBIRT are evolving quickly. The Project Amp pilot study represents the innovations, adaptations, and iterative learning occurring across various youth-serving settings. While the results from this study are preliminary, Project Amp could help to expand access to substance use prevention and early intervention supports for youth. Further research is needed to yield insights about effectiveness as well as implementation best practices.

For more information about Project Amp, including implementation resources, visit [www.projectamp4youth.com](http://www.projectamp4youth.com).

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