

Implementing Project Amp in School-Based Health Centers to Enhance Youth Substance Use Prevention and Early Intervention Services

Project Amp is a young adult peer-based substance use prevention and early intervention model designed to prevent and reduce substance use among youth at low to moderate risk. Since 2015, schools, community health settings, and school-based health clinics (SBHCs) have implemented Project Amp in states across the country. The model has emerged as a promising strategy to enhance existing substance use prevention and early intervention services, close common service gaps, and reduce substance use among adolescents.

Project Amp is commonly implemented as a near-age peer-based adaptation of youth SBIRT (Screening, Brief Intervention, and Referral to Treatment). However, it can also be implemented outside of the SBIRT framework as a universal or targeted prevention curriculum, using various pathways for referral and engagement. When used as an SBIRT adaptation, Project Amp starts with a validated screening tool. Youth who screen at low to moderate risk are connected to trained mentors who deliver the Project Amp curriculum over 4-6 sessions (i.e., as an extended, peer-delivered brief intervention). While many SBHCs are already implementing youth SBIRT, some health centers — including SBHCs — cite

Project Amp's Key Components



- Flexible, youth-centered curriculum for use in school, health, community, and virtual settings
- Evidence-based skills include peer support, motivational interviewing, screening, and brief intervention
- Early results indicate that Project Amp helps to reduce youth substance use, improve stress management, and build healthy coping and self-efficacy

barriers to implementation. This includes limited workforce and organizational capacities to screen students, conduct brief interventions, and link youth to services and supports¹. A [2019 implementation study](#) concluded that Project Amp is well suited for school-based health centers and can even address some of these capacity related issues. Specifically, Project Amp can help SBHCs:

- 1. Expand and improve youth substance use prevention and early intervention services.** Project Amp uses the power of peer support, through trained mentors, to improve outcomes for youth. By connecting youth at low to moderate risk for substance use with near-age peer mentors, Project Amp leverages the unique skills of young adults in recovery and offers brief, developmentally appropriate peer support services to youth. By sharing their own experiences of substance use and related challenges, mentors help adolescents to recognize risks, build awareness, and garner the skills, strategies, and support they need to live well.
- 2. Address service gaps.** Providers across the country have cited having few referral options for low- and moderate-risk adolescents as a barrier to SBIRT implementation². As an extended brief



intervention designed specifically for youth who screen at low to moderate risk, Project Amp can help SBHCs to close this gap in services and better serve young people at varying levels of risk.

3. Increase workforce and organizational capacity.

Project Amp mentors are trained to deliver person-centered, developmentally appropriate peer supports. They can lead outreach, engagement, and follow-up with youth³, and offer services and supports that are outside the scope of physicians, nurses, and other clinicians⁴.

4. Improve youth engagement in service delivery.

Youth engaged in Project Amp have described the program as [enjoyable and fulfilling](#), reporting positive experiences with near-age mentors (e.g., not feeling judged, having a mentor who shares experiences, and feeling understood). Project Amp mentors have also reported benefits to their own recovery and professional development.

SBHCs are Ideal for Project Amp


The Project Amp curriculum supports the development of a meaningful bond between young adult mentors and adolescent participants, and helps youth identify goals, social supports, strategies for stress reduction, wellness and risk factors, family or social concerns, and myths and facts about alcohol and other drugs. Evaluation data from a [pilot study](#)

show that Project Amp is successful at reducing substance use risk, improving self-efficacy, and helping young people develop healthier coping mechanisms⁵. The study also suggests that youth participants reduced substance use, improved stress management, and enhanced their capacity to deal with difficult situations in school, with friends, or at home.

Being situated in or close to schools makes SBHCs an ideal setting for Project Amp implementation. Their location reduces common barriers to services — like transportation — and alleviates scheduling challenges. SBHCs can coordinate with schools to provide Project Amp services during standing times, such as study hall, counseling appointments, free periods, or after school hours. Furthermore, while schools are often challenged by confidentiality concerns, SBHCs can more easily ensure privacy with HIPAA.

The Project Amp curriculum supports the development of a meaningful bond between young adult mentors and adolescent participants. It helps youth to identify and explore goals, social and community supports, strategies for stress reduction and wellness, risks and pressures, family and social concerns, and myths and facts about alcohol and other drugs. SBHCs that are part of larger health networks that already provide peer support services may be able to more easily integrate Project Amp into their clinics.

| Program Site | Brief Mentorship Intervention | Community Supports |
|--|--|--|
| <p>Schools, School-based Health Centers, or Health Centers</p> <ul style="list-style-type: none"> • Connect low to moderate risk youth to Project Amp through screening, or other referral and engagement pathways • May host on-site or virtual mentorship sessions, or do so via a community partner • Provide supervision to mentors, directly or via community partner | <p>Project Amp: Amplifying Our Futures</p> <ul style="list-style-type: none"> • Project Amp mentors are young adults in recovery (ages 18-30) • Mentors meet with youth participants 4-6 times over 1-2 months • Sessions focus on: interests, strengths, and goals; social and community supports; stress, alcohol and drug use; and other topics related to wellness | <p>Positive Social Networks in the Community</p> <ul style="list-style-type: none"> • Mentors help to identify and facilitate connections with relevant community supports • Mentors may serve as a bridge to other, ongoing services and supports • Supports might include youth-specific prevention, treatment, or recovery resources; or recreation, social, school-based, faith-based, and other community resources |


Mentors engage youth to help them connect with Project Amp, complete the sessions, and consider if additional supports are needed

Endnotes

1. Levy, S. J., & Kokotailo, P. K. (2011). Substance use screening, brief intervention, and referral to treatment for pediatricians. *Pediatrics*, 128(5), e1330–e1340. <https://doi.org/10.1542/peds.2011-1754>; Rahm, A. K., Boggs, J. M., Martin, C., Price, D. W., Beck, A., Backer, T. E., & Dearing, J. W. (2015). Facilitators and barriers to implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care in integrated health care settings. *Substance Abuse*, 36(3), 281–288. <https://doi.org/10.1080/08897077.2014.951140>; Mitchell, S. G., Schwartz, R. P., Kirk, A. S., Dusek, K., Oros, M., Hosler, C., ... O’Grady, K. E. (2016). SBIRT implementation for adolescents in urban federally qualified health centers. *Journal of Substance Abuse Treatment*, 60, 81–90. <https://doi.org/10.1016/j.jsat.2015.06.011>; Singh, M., Gmyrek, A., Hernandez, A., Damon, D., & Hayashi, S. (2017). Sustaining screening, brief intervention, and referral to treatment (SBIRT) practices in healthcare settings. *Addiction*, 112, S92–S100. <https://doi.org/10.1111/add.13654>.
2. Harris, B. R., Shaw, B. A., Sherman, B. R., & Lawson, H. A. (2016). Screening, brief intervention, and referral to treatment for adolescents: Attitudes, perceptions, and practice of New York school-based health center providers. *Substance Abuse*, 37(1), 161–167. <https://doi.org/10.1080/08897077.2015.1015703>.
3. Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatric Services*, 65(4), 429–441. <https://doi.org/10.1176/appi.ps.201300244>; Gidugu, V., Rogers, E. S., Harrington, S., Maru, M., Johnson, G., Cohee, J., & Hinkel, J. (2015). Individual peer support: A qualitative study of mechanisms of its effectiveness. *Community Mental Health Journal*, 51(4), 445–452. <https://doi.org/10.1007/s10597-014-9801-0>.
4. Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123–128. <https://doi.org/10.1016/j.wpsyc.2012.05.009>.
5. Brief Intervention for Adolescents At Risk of Substance Use: Outcomes from a Pilot Study. (N.D.). C4 Innovations. <https://www.projectamp4youth.com/docs/ProjectAmp-IssueBrief2-Outcomes.pdf>

This brief was generated in collaboration with [Community Catalyst](https://www.communitycatalyst.org/).




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