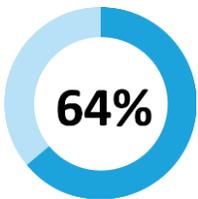




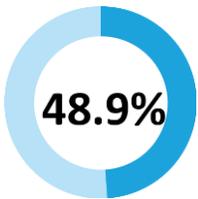
# Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Juvenile Justice Settings

The risk of developing a substance use disorder as an adult is **6x greater** for those who begin using substances before age 18.

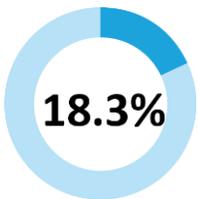
By the time they are seniors:



of high school students have tried *alcohol*



of high school students have taken an *illegal drug*



of high school students have used a *prescription drug* for a nonmedical purpose

By the time they are seniors, 64 percent of high school students have tried alcohol, 48.9 percent have taken an illegal drug, and 18.3 percent have used a prescription drug for a nonmedical purpose. Substance use disorders are costly to individuals, families, and communities. Misuse and addiction is a key contributing factor to the leading causes of death among teens and leads to negative health, social, and behavioral outcomes including physical and mental health problems, and difficulty achieving success in school and in the workplace.

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with or at risk for developing substance use disorders. It has been used primarily in community-based health settings, and has been shown to be an effective framework for use with adults. A key aspect of **SBIRT** is the integration and coordination of screening, early intervention, and treatment components into a system of care.



Screening to quickly assess the severity of substance use and co-occurring mental illness and trauma-related disorders.

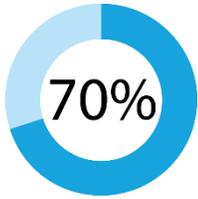
Brief intervention to increase a youth's awareness of substance use, encourage changes in behavior, and motivate youth and families to seek treatment if needed.

Referral to treatment for substance abuse, mental health, and trauma-related services and support.

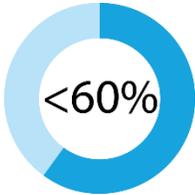
Research has shown that the **majority of youth in contact with the juvenile justice system have a diagnosable substance use disorder or mental illness**, and very often both. While much progress has been made over the past decade in identifying and responding to the needs of youth in the juvenile justice system, policymakers, program managers, and key stakeholders continue to seek better solutions to meet the challenges of addressing those needs as efficiently and effectively as possible.

For more information, please contact the NCMHJJ at 862-962-6455 or [ncmhjj@prainc.com](mailto:ncmhjj@prainc.com)

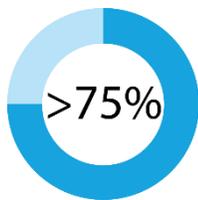
**\$14 billion** is spent on substance-related juvenile justice costs



of justice-involved youth meet criteria for at least 1 mental or substance use disorder



of youth with one diagnosis have multiple, or co-morbid, disorders



of youth in the juvenile justice system have experienced traumatic victimization

**SBIRT**'s demonstrated successes within adult health care settings suggest its potential to improve how youth are screened and treated in a justice setting. However, given the complexities of the juvenile justice continuum — particularly, high rates of substance use disorders among this population; the frequency of co-occurring mental disorders; the prevalence of trauma and exposure to violence — **SBIRT**'s potential for improving practice is unknown.

The **NCMHJJ** is currently funded by the **Conrad N. Hilton Foundation** to pilot use of the **SBIRT** framework in juvenile justice settings to facilitate early identification and treatment of youth with or at risk for developing a substance use disorder. Using a three-phase project of planning, testing and implementation, and dissemination of findings, the **NCMHJJ** is implementing an evaluation strategy to answer critical questions including:

- How can **SBIRT** provide an effective approach to identifying and treating youth with substance use disorders in the juvenile justice system?
- At what points of contact in the juvenile justice system would **SBIRT** be most appropriate and useful?
- Are there changes to the administrative process of **SBIRT** necessary for it to be most effective for working with justice-involved youth and at various points of contact?

### Phase I: Planning

*(September 2014 – April 2015)*

An Advisory Committee – comprised of national experts in the SBIRT framework, juvenile justice, behavioral health, implementation science, as well as family and youth representatives - was formed to help assess and plan a comprehensive pilot of SBIRT in juvenile justice setting.

### Phase II: Testing and Implementation

*(May 2015 – February 2017)*

Diverse juvenile justice sites have been selected to pilot SBIRT at the earliest points of contact with the system, including diversion programs, probation, and courts. NCMHJJ staff have developed *Screening, Brief Intervention, and Referral to Treatment: An Implementation Guide for Juvenile Justice Systems*, which provides guidance on implementing and sustaining an SBIRT framework.

### Phase III: Dissemination

*(March 2017 – August 2017)*

The NCMHJJ will finalize and release *Screening, Brief Intervention, and Referral to Treatment: An Implementation Guide for Juvenile Justice Systems*, based on the experiences of the pilot sites, the results of the evaluation, and communicate the outcomes to the field.

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