SBIRT in Juvenile Justice Settings:
Project Overview

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Mission: To promote systems change and improved outcomes for youth in contact with the juvenile justice system with behavioral health conditions.
SBIRT-JJ Project Goal

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To plan, pilot, and evaluate the effectiveness of using SBIRT to identify and respond to substance use (mental health, traumatic stress) among youth in contact with the juvenile justice system.
Prevalence of Behavioral Health Conditions Among Youth in the Juvenile Justice System

- Diagnosable mental health condition: 20% (General Population), 70% (Juvenile Justice)
- Diagnosable substance use disorder: 15% (General Population), 46% (Juvenile Justice)
- Experienced traumatic victimization: 40% (General Population), 90% (Juvenile Justice)
A Decade of Reform

- Models for Change
- Screening in Juvenile Justice Settings
  - Mental health
  - Risk assessment
  - Traumatic stress
- Best Practice
  - Screening (pre- & post-adjudication)
  - Diversion
  - Intervention/treatment
  - Workforce (e.g., Motivational Interviewing)
- Opportunity for SBIRT = Integrated SA-MH-Trauma Screening-Intervention
SBIRT-JJ Project Timeline

Phase I: Planning
  • September 2014 – June 2015

Phase II: Implementation and Evaluation
  • July 2015 – June 2017

Phase III: Dissemination
  • March 2017 – August 2017
Phase I: Planning

- Convene Advisory Committee Meeting Y1 (March 2015)
  - answer critical questions around the most effective use of SBIRT in juvenile justice
  - discuss implementation strategies for testing in juvenile justice settings
  - identify potential barriers in the implementation process and strategies to avoid or overcome them
  - recommendations for next steps

- Summary Report Implementing SBIRT in Juvenile Justice: Strategies and Recommendations
Phase I: Wrap-Up

- Focus on early contact
  - Pre-adjudication

- Focus on community-based settings
  - Diversion, intake settings

- Use SBIRT and JJ best practice to guide *integrated* screening and brief intervention
  - Substance use, mental health, trauma

- Workforce development

- Engage cross-systems partners and stakeholders, especially family
Phase II: Testing and Implementation

- **SBIRT in Juvenile Justice Settings: Implementation Guide (Pilot)**
  - Implementation framework
  - Resources

- Convene Advisory Committee Meeting Y2 *(June 2016)*
  - Revised *Implementation Guide* to reflect:
    - Recommendations from the Advisory Committee
    - Goals and needs identified by pilot sites

- Pilot SBIRT in nine juvenile justice settings
Opportunities for Intervention

- **Initial Contact**
  - Juvenile Assessment Centers
  - Law Enforcement Referral to Assessment Center/Community Agency

- **Intake**
  - Probation Intake
  - Juvenile Diversion Programs

- **Court**
  - Court Intake (Pre-Adjudication)

- **Detention**
  - Post-Adjudication
Initial Contact

- Juvenile Assessment Centers
- Law Enforcement Referral to Assessment Center/Community Agency

SBIRT

Juvenile Drop Off Resource Center

Law Enforcement Referrals

- Contact the Risk Assessment Instrument and informal law enforcement that the youth with the potential risk factors for substance abuse and mental health issues.
- The assessment is done by law enforcement officers.
- If there are concerns about the youth's behavior, they may be referred to the Juvenile Assessment Centers.
- Law enforcement officers work with the youth and their families to ensure the youth's safety.

Community/Work Referrals

- Referrals are made when there are concerns about the youth's mental health or substance abuse issues.
- Referrals are made to community agencies that specialize in mental health and substance abuse treatment.
- The youth and their families work with community agencies to develop a treatment plan.

District Attorney Staffing

- The District Attorney reviews the case and makes a decision about whether to prosecute the youth.
- The youth and their families work with the District Attorney to understand their options.

Initial Process (90 Min)

- The youth and their families are brought to the Juvenile Drop Off Resource Center.
- The youth are interviewed by law enforcement officers.
- The youth's mental health and substance abuse issues are assessed.
- The youth are given a referral to community agencies.

Most Delinquent Cases are Diverted

- The youth and their families are brought to the conference room to come up with a plan to best meet their circumstances.
- Cases are diverted for a duration of 3 to 6 months by Staff.

Status Offenses

- Referred and released.
- Families that need more support are given MHS.

Community/Work Referrals

- Referrals are made when there are concerns about the youth's mental health or substance abuse issues.
- Referrals are made to community agencies that specialize in mental health and substance abuse treatment.
- The youth and their families work with community agencies to develop a treatment plan.

Resource Bank

- Resource Bank is the best to meet immediate service to meet their needs.
- Resource Bank can always be revisited if additional services are necessary or if they are unrelated to the original services.
Intake

- Probation Intake
- Juvenile Diversion Programs

SBIRT

Diversion Program

Cases directly from the Governor’s Office

Initial Screening completed by Diversion Chief Screening, Family History, Police Reports, Previous System Involvement, Family not involved

Individual Orientation & Initial Appointment
Appointment Review Case file, Conduct/analyze Review MAWS, Complete their intake paperwork, Appropriate Track is selected 1-2 hours

Group Orientation

Initial Appointment
Appointment, Review Case file, Conduct/analyze Review MAWS, Complete their intake paperwork, Appropriate Track is selected 1-2 hours

Intake Screening completed by Diversion Chief Screening, Family History, Police Reports, Previous System Involvement, Family not involved

Cases directly from the Court

Youth meets with a secretary and conducts an initial orientation with the MAWS (same day)

Not Eligible for ASD

Eligible for ASD

Substance Abuse Test (SAT) (If substance use case)

Regular Diversion Track (RDT) (Complete Full Diversion Assessment)

Is this an isolated incident?

Yes

No

Complete substance assessment including hair test

Make appropriate referral

If necessary, youth is referred to a community-based program

Not Eligible for ASD

Eligible for ASD

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Regular Diversion Track (RDT) (Complete Full Diversion Assessment)

Is this an isolated incident?

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Complete substance assessment including hair test

Make appropriate referral

If necessary, youth is referred to a community-based program

Case Closed

Exceptions: Recidivist or newly identified needs & risks
Court Intake (Pre-Adjudication)

- Court Intake Department
  - Referrals are reviewed and the case flow is determined
  - Unofficial Mostly Status Offenses and Non-Violent Misdemeanors
    - Family receives a notice to appear
      - Youth/family accepts the charges
        - Initial Intake Process
          - Done by intake worker
            - Demographics
            - Social History Interview
            - Tries to determine the appropriate services
              - Agency: 1 hour
          - Youth/family enters into a contract for 30 days. Contract may include community service, curfew, essays, referral to agency for assessment/treatment etc.
        - Youth/family denies the charges
      - Recommendations are given to the magistrate/judge before the hearing
    - Official Mostly Felonies
      - Initial Intake Process
        - Done by intake worker
          - Demographics
          - Social History Interview
          - Tries to determine the appropriate services
            - Agency: 1 hour
    - Adjudication
    - Closing Session
      - Successful cases are diverted
      - Unsuccessful Cases
        - Screening Session
          - Youth with certain offenses could get the full risk screen
        - Disposition
          - Orders are given
Framework

- **Integrated**
  - Identify and address substance use, mental health needs and traumatic stress

- **Brief**
  - Screening and brief intervention, average 15-20 minutes each, during initial interview/intake

- **Avoid Net-widening**
  - Pre-adjudication requires establishing legal protections for screening information

- **Collaboration**
  - Establish collaborative relationships with community providers; strengthen current relationships and/or mechanisms for making referrals

- **Workforce**
  - Provide training and skill building opportunities for juvenile justice staff
Screening

- Are juvenile justice sites screening for:
  - Substance use?
  - Mental health needs?
  - Traumatic stress?
    • If yes, using research-based tools?
    • Are there policies/protections in place to keep the information collected by the screening process from being used in future legal proceedings?

- Where are there gaps? How can we address these gaps by implementing new screening processes/augmenting current screening processes?
Brief Intervention

- Scripted feedback delivered by juvenile justice staff

- Single, brief session
  - Step 1: Review Substance Use Screening Results
    • Provide feedback and share concerns
    • Set a goal
    • Establish a plan
  - Step 2: Review Mental Health Screening Results
    • Share concerns and normalize
    • If substance use is indicated, help youth make connection between MH/SA
  - Step 3: Review Trauma Screening Results
    • Share concerns and normalize
    • If substance use is indicated, help youth make connection between Trauma/SA
Tools to Support SBIRT-JJ

- Training and skill building opportunities for staff
  - Adolescent development, substance use, mental health, trauma, screening, SBIRT-JJ brief intervention, motivational interviewing, family engagement and involvement

- Resource mapping
  - Community-based services for youth that provide evidence-based treatment and ancillary supports for substance use, mental health, traumatic stress

- Decision matrix
  - Guide to support informed decision-making about how the “S” and “BI” should inform (1) who needs a referral, (2) to what, and (3) skills to make successful referrals
Next Steps

- Implementation
  - Training and technical assistance provided to pilot sites

- Evaluation
  - Key informant interviews and focus groups
  - Administrative data
  - Staff and family satisfaction surveys
  - Training measures

- Dissemination
  - Revise and release *Implementation Guide* based on pilot site experience and evaluation results
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