



# Program Brief

## SBIRT for Youth

### Program Description

Schools provide an early opportunity to identify children and youth with mental health and substance abuse problems. Current Mental Illness Drug Dependency (MIDD) school-based strategy (4c) invests in mental health and/or substance abuse counseling, intervention and treatment services. Currently MIDD 4c agencies provide a 1.0 FTE credentialed Prevention/Intervention (P/I) professional dedicated to the provision of middle school-based services. MIDD 4c strategy funds 10 local mental health and substance use treatment agencies to provide prevention, early intervention, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) in 21 middle schools in 11 King County school districts. Strategy outcomes are measured primarily by number of students receiving individual services.

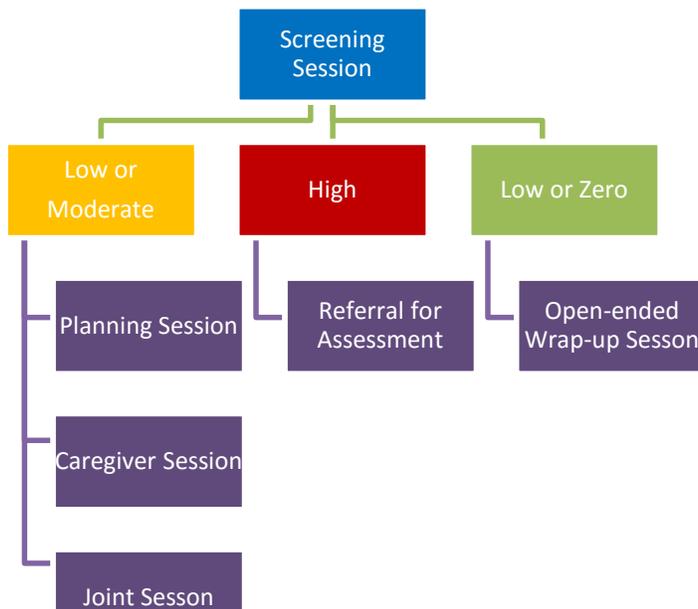


Figure 1 Reclaiming Futures SBIRT Intervention shows the actions recommended based on the screening result.

School-based Prevention/Intervention Specialist currently use SBIRT when meeting with students. SBIRT is a universal public health approach used to integrate behavioral and primary health care. It is a way to increase awareness that substance abuse is preventable and that treatment works. Adolescents and young adults comprise more than 25% of admissions to the public substance abuse treatment system. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a quick, effective method for identifying those at risk for alcohol and substance abuse problems, providing a brief intervention, and referring an individual for an assessment if necessary<sup>1</sup>. SBIRT can be provided in a wide variety of medical and community healthcare settings.

### Goals

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following

skills: <sup>2</sup>study habits, positive school attachment, and academic support, communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of antidrug attitudes, and strengthening of personal commitments against drug abuse. In focusing on the risk path, research-based prevention programs can intervene early in a child’s development to strengthen protective factors and reduce risks long before problem behaviors develop.<sup>3</sup> Prevention programs have shown to be effective in schools by helping youth early on and addressing mental health and substance abuse issues that impede academic success. The inclusion of a caregiver or parent in the ins SBIRT intervention can assist in improving family dynamics.

<sup>1</sup> Youth SBIRT and SBIRT-Like Prevention Programs: January 2015

<sup>2</sup> Botvin et al.1995; Scheier et al. 1999

<sup>3</sup> National Institute on Drug Abuse 2<sup>nd</sup> Edition 2003

## Service Population

The target population is students attending public and private schools within King County, specifically, depending upon the 19 school districts and area, either middle school-aged students or high school-aged students. Middle school/high school presents as an opportune time to offer targeted interventions to students who have not yet become system involved but are presenting risk factors that may lead to mental health concerns, substance abuse, involvement in the justice system, and/or poor school performance or dropout. Risk factors include unexcused absences, poor school performance or disciplinary issues.

- 31% felt depressed
- 18% had considered suicide within the past year
- 14% made a suicide plan
- 9% attempted suicide
- 61.5% had tried alcohol
- 26% had tried marijuana
- 12% self-identify as problem alcohol drinkers
- 17% have driven a car after using marijuana
- 14% report not feeling safe at school
- 5% report carrying a weapon to school

Prevention programs have shown to be effective in schools by helping youth early on and addressing mental health and substance abuse issues that impede academic success.

## Accomplishments

- During 2015 and March of 2016 over 942 behavioral health screens (GAIN SS) were given to youth referred by the school. Interventions were provided through MIDD funded prevention/interventionist staff.
- At the invitation of one school district, the entire 10<sup>th</sup> grade class was screened and resources provided to help address the needs identified as a result of the behavioral health screening process.

## Challenges

School districts may want to use funding to hire staff directly. This may lead to hiring staff that is not credentialed/qualified in mental health and substance use. King County currently contracts with mental health agencies that have a credentialed mental health/substance experience professional. The professionals hired have a clinical background typically holding a master's degree in Social Work/Chemical Dependency or masters in Counseling. Working closely with school districts and principles at each school would be a goal for current strategy

## Recommendations/Future Directions

Prevention Intervention specialists use SBIRT and GAIN-SS both evidence based practice tools when meeting with students. SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. Originally developed for delivery in busy health care settings, SBIRT is an efficient, evidence-based, and comprehensive public health approach for addressing selected behavioral health concerns such as alcohol/other drug use. SBIRT is readily adapted for delivery in middle and high school settings by pupil services staff as a Tier 2/3 intervention<sup>4</sup>.

Expansion of MIDD strategies 4c and 4d and the use of other funding, King County could provide Intervention Prevention professionals in both middle and high schools to address both mental health and substance abuse. It is clear that support systems that are in place can help youth with making positive decisions regarding the use of alcohol/drugs so that they are able to fully engage in academic completion. Mental health services are also a critical piece to helping youth address depression, anxiety or post-traumatic stress that may be impeding full engagement in their education. Early intervention, however, can help reduce or reverse these risks and change that child's developmental path. The following are some of the steps needed for implementation: (1) Planning for year one implementation; (2) Discussions with each school district administration to gather their input and support; (3) Discussion with our current MIDD 4C agencies to gather their input and support; (4) Development of a data driven model of service needs for each school district; and (5) building partnerships with school districts.

---

<sup>4</sup> <http://www.wishschools.org/resources/schoolsbirt.cfm>