

YOUTH AT RISK:

Reducing Substance Misuse With SBIRT

SCREENING:

A brief conversation between a trusted, trained adult and a young person with the goal of understanding if misuse has occurred or if the youth is at risk of misusing substances.

BRIEF INTERVENTION:

A deeper interaction for those who showed moderate to high risk of substance misuse in the initial screening. The goal is to gain additional insight of risk factors and potential motivation to make behavioral changes.

REFERRAL TO TREATMENT:

Youth who are actively misusing substances and demonstrating addictive behaviors are referred to treatment. (Only 3% of patients receive a score that indicates brief treatment is necessary)



Youth substance use, mental illness, and suicide have reached alarming levels in all New Jersey communities. The annual fatal overdose rate for 15 to 24 year olds was more than 9% between 2006 and 2015. SBIRT, an evidenced-based, cost-effective, early intervention tool can help schools identify and reduce student substance use and mental health problems before they undermine the futures of today's adolescents.

BENEFITS OF SBIRT

- Reduce youth substance use
- Prevent the occurrence of substance use disorders later in life
- Improve academic performance
- Reinforce the behavior of abstinent students

A GROWING NATIONAL TREND

Several states have expanded SBIRT's use as a means of addressing the growing opioid and mental health crisis among youth and to prevent substance misuse overall. Some have been making significant progress:

- Georgia passed a resolution encouraging schools to use SBIRT to improve academic outcomes, reduce chronic absenteeism, and improve school climate
- Massachusetts passed a bill that included annual SBIRT implementation in all middle and high schools
- Ohio has launched SBIRT pilot programs in some of their schools
- Wisconsin has taken steps to implement SBIRT in middle and high schools

PREVENTATIVE NOT PUNITIVE MEASURES

There is a compelling need to confront the problem as early as possible in every student, not just those whose substance use or mental health issue is apparent. Too often schools have handled substance use as a disciplinary matter with a zero tolerance policy leading to students being suspended or expelled. There is little evidence to suggest these actions, which disproportionately harm students of color, are effective in improving student behavior. In contrast, adoption of supportive responses to youth substance use like SBIRT can improve students' academic and health outcomes.

UNIVERSAL SBIRT

Young people of all backgrounds misuse substances. That is why it is important to engage all students in the SBIRT process rather than individually targeting sub-populations of students. There are numerous benefits to this universal SBIRT approach:

- Increases the likelihood that youth will receive the support they need before misuse becomes severe
- Ensures students in need are not overlooked
- Minimizes the influence that individual biases have on the population screened
- Promotes a positive reinforcement to abstinence
- Normalizes health screenings

YOUTH AT RISK: REDUCING SUBSTANCE MISUSE WITH SBIRT

IMPLEMENTING SBIRT

New Jersey schools are required to provide staff training and establish programs to identify, intervene in, and prevent substance use. SBIRT is an objective, evidence-based tool that can help schools meet this requirement.

- **Training & Staffing:** The screening and follow up only require training, not licensing, giving schools more staffing options
- **Resources:** CommunityCatalyst.org - Lists a number of resources to support implementation of school-based SBIRT
- **Project Amp:** Provides young adult peer mentors to conduct interventions which have been shown to increase youth engagement and positive outcomes

COST SAVINGS

The cost of SBIRT programs is minimal when compared to the potential benefits and cost savings realized by early intervention and treatment.

- **SBIRT** reduces Medicaid spending
- **1:4** – Every \$1 dollar invested in prevention and treatment leads to \$4 in health care savings
- **1:7** – Every \$1 spent on prevention and treatment could lead to the state realizing \$7 in savings related to law enforcement and criminal justice costs

FUNDING SOURCES

New Jersey needs to dedicate funding in order to help schools establish and prioritize SBIRT. Other potential revenue sources to supplement a state budget allocation include:

- **Medicaid:** New Jersey schools currently receive Medicaid reimbursement for health-related special education services. Recent changes to Medicaid's "Free-Care" rule opens the door for schools to be reimbursed for other health services such as SBIRT delivered to Medicaid eligible students
- **Every Student Succeeds Act (ESSA):** Allows states to use federal funds to address non-academic factors, like treating substance misuse, that can improve school performance
- **Substance Abuse Prevention and Treatment Block Grant:** Provides federal funds to states to plan, implement, and evaluate activities that prevent and treat substance misuse and promote public health

POLICY ACTION ITEMS

- Pass SBIRT legislation that requires all high schools to conduct annual universal screenings
- Extend the availability and Medicaid reimbursement for school-based behavioral health screenings such as SBIRT
- Establish a state funded SBIRT training and technical assistance program through the Department of Human Services
- Issue a formal recommendation by the NJ Department of Education to move away from zero tolerance policies for students who are found to be under the influence or in possession of substances
- Pass a resolution recognizing SBIRT as a best practice under the ESSA and offer districts resources and guidance on how to move forward



“The SBIRT screening we do on all adolescents ages 12 to 17 years old has helped to identify adolescents not visibly demonstrating any type of behavior problems at home or in school. It allows us to intervene early in their substance use, educate them, and allow them to make informed decisions about substances with the goal of preventing an addiction down the road. A simple five to ten-minute screening and intervention has the potential to prevent years of addiction, saving not only the individual and family extensive pain but the fiscal cost to the larger community.”

~ LEE RUSZCZYK,
Director of Behavioral Health,
Henry J. Austin Health Center