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Considerations for Introducing SBIRT into a Jail Setting

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Introduction

Nearly all chronic substance users enter the criminal justice system at some time in their use career. Drug use is closely associated with crime, and its prevalence among offenders is high (MacCoun et al., 2003; Newcomb et al., 2001). Relapse to drug use tends to occur within the first few months of release from incarceration (Prendergast et al., 2003; Siegal et al., 2002), highlighting the importance of providing intervention options at the pre-release or reentry phase of the offender's incarceration.

Relatively few offenders with substance use problems receive treatment. Using data from the Bureau of Justice Statistics, Belenko and Peugh (2005) reported that among state inmates classified as being at the most severe level of drug use, only 20% reported having received previous drug or alcohol treatment. Despite limited resources, many local criminal justice systems do provide some treatment options, including through drug courts. Such treatment is usually intended for those at high levels of severity (abuse, dependence). Although many offenders use drugs at less problematic levels, they are at risk of progressing to abuse or dependence or of engaging in unhealthy behavior. Interventions for offenders at low or moderate risk are largely lacking within the criminal justice system. Although drug-using offenders are mostly abstinent while incarcerated, when released from jail or prison, many of them resume previous patterns of drug and alcohol use, placing them at risk for rearrest and for increased health problems and HIV risk behaviors. Thus, there exists a need for interventions that will help drug-involved offenders either reduce risky behaviors or enter appropriate treatment. One promising approach is Screening, Brief Intervention, and Referral to Treatment (SBIRT).

SBIRT is an evidence-based practice that has been found to be both effective and cost-effective in reducing alcohol use and related problems in settings outside the criminal justice system. Research on SBIRT for illicit drug use has been limited, although findings are generally positive. SBIRT is an "opportunistic" intervention intended for individuals who are not actively seeking help for their drug use. SBIRT has become recognized as an evidence-based practice and has received considerable funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; Madras et al., 2009). The Office of National Drug Control Policy (2013) has included SBIRT as a key intervention strategy in the National Drug Control Strategy.

Although it remains unclear whether SBIRT is effective in reducing drug use among inmates or offenders generally or in encouraging them to enter treatment, SBIRT is considered an evidence-based practice and is likely to be tried with inmates or offender populations even in the absence of strong evidence of its effectiveness with this population (for a discussion of implementing evidence-based practices in criminal justice settings generally, see Chandler et al., 2004; for experiences in implementing SBIRT with women in jail, see Begun et al., 2009). The purpose of this paper is to provide a discussion of factors that are important in considering whether and how to provide SBIRT to jail inmates. It is based on the experience of two studies of SBIRT with jail inmates in Los Angeles and on more than 15 years of experience in conducting research on treatment for offenders in a variety of settings.

Description of SBIRT Studies

The considerations discussed here for introducing SBIRT into a jail setting are motivated by our experience with two SBIRT studies with jail inmates. The first study was the Los Angeles SBIRT (LASBIRT) demonstration project, funded by the SAMHSA, which provided SBIRT to short-stay (96 hours) jail detainees in order to reduce their prevalence of alcohol and other drug use (UCLA ISAP, 2010). The original project design included:

1. Screening participants with the Alcohol, Smoking, and Substance Use Involvement Screening Tool (ASSIST), an instrument developed by the World Health Organization that assesses risk of developing future problems related to substance use (Humeniuk et al., 2008);
2. A brief intervention session (in the motivational interviewing style) based on the individualized results of the ASSIST; and
3. When indicated, referral either to a standard course of treatment or to a brief treatment intervention.

In the early months of the LASBIRT project, the ASSIST was administered to detainees, followed by a brief intervention, but it soon became evident that the ASSIST took too long to administer and the questions were very repetitive, which became confusing or annoying to the participants. As a result, the project switched to a shorter screening instrument, the AUDIT C+ (the AUDIT C [Bradley et al., 2007], plus a question on drug use) to provide a quick assessment of risk. Those who scored positive on the Audit C+ were then referred to receive the ASSIST after discharge. Staff at two community assessment service centers (CASCs) administered the ASSIST and provided brief intervention or treatment.

The second study, called SBIRT for Offenders, is funded by the National Institute on Drug Abuse and recruits inmates at two Los Angeles County Sheriff jail facilities, one for men and one for women (for a more detailed description, see Prendergast & Cartier, 2013). In this randomized study, participants in both groups are screened for substance-use risk using the ASSIST. Control participants receive only their risk score and informational materials regarding the health risks of substance use. Treatment participants receive a brief intervention and, if appropriate, a referral to treatment from trained clinicians.

Project Planning

Support and Approval

Criminal justice settings (e.g., jails and prisons) are quasi-militaristic organizations with strict hierarchies of authority. Therefore, during the planning stage of an SBIRT project in jail, it is vital to obtain the support and approval for the project at the highest level of the jail administration and to negotiate the conditions for implementing SBIRT in this setting. Because additional funding may be needed for a new program, it may be necessary to gain the approval (and funding) from the city or county.

Meetings should be held between all of the stakeholders (sheriff's department, county public health representatives, local substance abuse treatment providers, and representatives of any outside agencies that may be involved) to agree on the necessary logistics:

- Days and hours of SBIRT operation;
- Space to conduct the intervention;
- Staffing resources;
- Staff clearance and orientation; and
- Inmate selection criteria.

Other items that need to be discussed are the selection of appropriate screening instruments, staff training, and linkages to community-based treatment providers.

The degree of privacy needed to conduct SBIRT in jail depends on the questions asked and the response options. For example, screening questions that ask for simple yes or no responses are less sensitive than those that ask for details about alcohol and other drug (AOD) use history and consequences.

Intervention Space

Ideally, the SBIRT program should have its own dedicated office space. Given the priority of safety and security within a jail environment, this office would provide the privacy needed to allow inmates to be honest with their responses but also allow for constant visual contact by custody staff. This may be an office but may also be a space in an open area that is set away from normal traffic. Substance use educational materials and information about community treatment programs should be on hand for the SBIRT staff to provide to interested inmates. These materials should be available in the predominate languages of the inmate population.

Staffing Resources

With regard to staff resources, there are three possible options for staffing. The first is the part-time reassignment of existing sheriff's department staff. This option may work best for smaller institutions. The second option would be hiring of additional sheriff's department staff specifically assigned for SBIRT duty; this may be best for large institutions. The third option would be to contract the SBIRT services to community-based substance abuse

treatment agencies. As discussed below, the use of either departmental staff or outside contractors has its advantages and disadvantages.

The advantage of using existing departmental staff or departmental staff hired specifically for an SBIRT program is that existing staff would be familiar with institutional policies and procedures and newly hired staff would receive greater institutional training than outside staff would. The disadvantage of using departmental staff is the possibility that inmates will refuse to provide accurate responses to sensitive questions when screened by staff perceived to be associated with custody. This concern may be lessened by using non-uniform clinical staff to provide the SBIRT services and by providing inmates with the assurance that their responses will be confidential. Other disadvantages with using departmental staff are that they may lack the knowledge and skills to effectively address the issues associated with substance use and may have little knowledge of the treatment opportunities upon release to the community.

The advantages of using contracted SBIRT providers are the reverse of the disadvantages of using departmental staff. Inmates are more likely to respond favorably to “civilian” staff and to provide more honest responses during the screening. Contract staff hired from a community-based treatment agency will have a better ability to address the wide spectrum of needs of a substance-using individual. Staff with existing links to the community-based treatment system may be more successful in referring inmates to programs that more appropriately fit their needs, thus increasing the likelihood that inmates may seek treatment.

The primary duty of custodial staff is to insure the safety of staff, inmates, outside staff (e.g., clinical staff), and visitors and to insure the security of the institution. These duties will preempt the needs of SBIRT clinicians, and staff must be prepared to be flexible in order to accommodate the safety and security needs of the institution. SBIRT staff should plan for some “down time” during the screening process because inmates cannot move freely about the institution and will require a deputy to escort them to the SBIRT session and back to their housing unit once the SBIRT session is complete.

Staff Clearance and Orientation

All on-site SBIRT staff from outside agencies must undergo fingerprinting and a criminal background check in order to receive clearance into the institution. The staff will likely be required to attend jail orientation training, which will cover safety and security procedures, proper attire, contraband, and interactions with inmates.

Because custodial staff are the gatekeepers to inmates, they can be an important source for referring appropriate inmates to the SBIRT process, but they can also be a barrier to recruitment if they do not believe in the value of SBIRT, or if they believe that their job duties conflict with promoting SBIRT among detainees. SBIRT staff must understand how a correctional institution works, recognize the authority of custodial staff, and interact with institutional staff and inmates in a professional manner.

If a sufficiently large proportion of the population where SBIRT is being conducted has difficulty understanding English, the clinical staff need to be bilingual and the materials need to be translated. This extra expense should be accounted for in the budget.

Inmate actions (e.g., fights, assaults on staff, possession of contraband) can result in a lock down of the entire institution or of a segregated portion of the institution. Because lock downs cannot be anticipated, SBIRT staff should be prepared to lose assessment opportunities until the lock down is lifted. Depending on the size of the jail, it may be possible to make arrangement with correctional staff to call up inmates from unaffected areas when a lock down occurs.

The use of computers should not be an issue if the SBIRT program is part of the institution's standard procedure. Computerized data entry is superior to hand-entered data processes because the programming of the screening instrument items can control for skip patterns, minimize data entry errors, and provide a risk score immediately upon completion. Safety and security concerns can be ameliorated by using encrypted computers with strong and often changed passwords. SBIRT computers should have no Internet capability and inmates should not have access to them at any time.

Assuming that computers can be used in the jail, other matters need to be considered. Storing computers is important. Can computers and data be locked and accessed only by appropriate staff? Is there at least one back-up computer in case of malfunction or theft? How can quality control with paper and pencil screening instruments be ensured when computers are not available?

Inmate Selection Criteria

Jails house three types of offenders:

- Short-term detainees recently arrested and awaiting release on bail within a two or three days;
- Detainees awaiting trial who cannot be released on bail; and
- Sentenced inmates who are typically incarcerated for up to 12 months or awaiting transfer to state prison on felony charges.

Although an SBIRT intervention could include both short-term detained and sentenced inmates, staff resources are probably better utilized if one or the other is targeted. Detainees are a good population for SBIRT because they are in a "teachable moment," often having just been arrested for a drug crime or a crime related to drug use, and they may not want to have further criminal justice involvement as a result of drug use. Additionally, they may be restless or in search of a distraction while in detention and may be initially motivated by the opportunity of something to do. However, as detainees, they may lack motivation to engage in treatment once they are released. In addition, the short time that they are in jail places a limit on the ability of custody and clinical staff to conduct all of the steps needed for an SBIRT session.

By contrast, time is not a factor in conducting SBIRT with inmates, who can be screened weeks before their expected release date. Even more so than detainees, they may be willing to participate in SBIRT out of boredom. The main consideration with sentenced inmates is how close to release they should be recruited to participate in SBIRT: Too close to release and they may be unexpectedly released early; too far from release and the salience of any referral to treatment may be lost.

The SBIRT Intervention

In designing an SBIRT intervention for jail inmates, the two main considerations are which screening instrument to use and which brief intervention model to use.

Selecting the Screening Instrument

A variety of screening instruments are available to assess for level of drug use risk (see Lanier & Ko, 2008; Mdege & Lang, 2011; Moyer et al., 2013; Newton et al., 2011, for descriptions of screening instruments for use in a variety of settings). These include the Alcohol Use Disorders Identification Test (AUDIT), the shorter AUDIT C, the ASSIST, and single-item screeners. The choice of instrument for use in a particular SBIRT program should consider a number of factors, which need to be weighed within the context of the jail setting, available resources, characteristics of the inmate population, and any linkages with other health services interventions, as follows:

- Is the instrument valid and reliable (good psychometric properties)? The above references, as well as articles on specific instruments, will provide that information.
- How much does the instrument cost? Most screening instruments are in the public domain, so cost should not be an issue.
- How long does it take to administer the instrument? This is directly related to the number of items included in the instrument. By definition, screening instruments (as opposed to assessment instruments) are brief, but even a few extra minutes could have practical implications in a jail setting with limited time available for conducting SBIRT.
- What is the content of the instrument? Does it cover only alcohol, only drugs, or both?
- Is the screening score easily interpretable in clinical terms? Does the score provide a clear guideline as to the level of intervention that should be provided?
- Is the instrument in electronic form?
- Has the instrument been translated into other languages commonly used by inmates?

As stated above, the LASBIRT project used the AUDIT-C+ for the short-term detainees while they were in jail in deference to the time constraints, and referred detainees with positive results to community-based agencies where the more extensive ASSIST was conducted. The SBIRT for Offenders project was under no time constraints and used the ASSIST screening instrument in the jail setting.

The Brief Intervention

The ASSIST-linked brief intervention (BI) for hazardous and harmful substance use, developed by the World Health Organization (2010), was used for the SBIRT projects in Los Angeles. It illustrates the typical elements that are included in brief interventions that have been used in a variety of settings. Ideally, the brief intervention should be conducted with the client right after screening. The longer the time between screening and brief intervention, particularly for detainees, the greater is the likelihood that the client will not be available and that the screening interview content will lose its salience. The focus of this brief intervention is to use one session of 15 to 20 minutes to promote modifying problematic AOD use to minimize harmful outcomes. The risk scores for drug use derived from the ASSIST are listed on a report card, which also includes the health, social, legal, financial, and occupational risks associated with those scores. The counselor then reviews this information with the clients with the goal being to increase the participant's understanding of the risks associated with his score for each drug.

The BI discussion uses the FRAMES technique in motivational interviewing and as such is nonjudgmental and supportive. The FRAMES technique consists of six elements:

1. Feedback: Personalized feedback is based on the ASSIST interview scores;
2. Responsibility: The client has the choice to do what he or she wants with the feedback;
3. Advice: Recommendations are offered about how to reduce risk(s);
4. Menu of options: A menu of options is provided to encourage the client's involvement in decision making;
5. Empathy: A nonjudgmental approach is used to understand the client's point of view and the use of pejorative labels is avoided;
6. Self-Efficacy: The program conveys confidence that the client can do what is required to reduce his or her risk.

The brief intervention is not intended as stand-alone treatment for AOD abuse treatment but is, rather, designed to help the client reduce risky drug use behaviors. Clients who score at high risk are provided with a referral to treatment.

In the course of the brief intervention, clinicians may encounter other issues that require much more attention than can be provided by the brief intervention. SBIRT clinicians should be trained to know when to refer the client to the jail counseling staff or to service providers in the community.

Referral to Treatment

For clients whose screening score indicates high risk, the clinician focuses the brief intervention discussion on motivating the client to seek treatment and on providing a referral to treatment. Detainees who will be released in a day or two can follow up on the referral immediately, although acting on the referral may be in competition with other demands on the person's time. For sentenced inmates, the intention to seek treatment based on the

referral from the brief intervention is likely to wane over the weeks to release. Referral to treatment is the weakest component of SBIRT in most settings, but for jail inmates, it is even more of a challenge. Any assistance that can be offered to inmates upon release may be helpful, such as travel vouchers to treatment, reminder calls for appointments, or outreach. Where it can be arranged, one strategy to engage inmates is for the community agency providing SBIRT in jail to be the program to which inmates needing treatment are referred. If the inmate builds rapport with the person providing SBIRT and can then expect to see that person when he arrives at treatment, it can facilitate a smooth transition from jail to treatment.

Conclusions

The effectiveness of SBIRT in jails has yet to be firmly established by high-quality research. But because SBIRT is regarded as an evidence-based practice generally, it is likely that local sheriff or police departments will consider introducing it as a way to reduce drug use and recidivism. The above discussion provides several guidelines and suggestions for planning and introducing SBIRT into a jail setting as one of the jail's inmate services, which, if carefully considered, should increase the likelihood that the intervention will be implemented successfully and result in reductions in harmful drug use and increased public safety.

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