

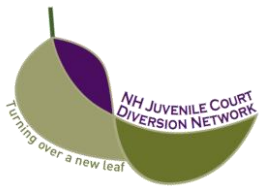
ABSTRACT

The NH Juvenile Court Diversion Network (the Network) is a collaboration of 17 accredited juvenile court diversion programs serving youth arrested for a first-time offense. Program-level research gathered in 2015 indicated that 23% of youth referred to diversion were for substance-related offenses, while close to half of the youth reported substance use when interviewed during program intake. Further, while a recidivism study conducted by Community Health Institute showed promising results of the diversion services, with 78% of youth free from court involvement one year after program completion and 58% of youth free from court involvement three years after completion, programs across New Hampshire were concerned that these selected and indicated teens were still falling through the cracks.

As a result, the Network embarked on a rigorous capacity-building initiative to adapt the healthcare model of Screening, Brief Intervention, Referral to Treatment (SBIRT) to use with all youth arrested for a first-time offense whether their arrest was related to substance use or not. We sought to utilize an evidence-based screening tool in order to identify the extent to which youth are using alcohol and other drugs toward providing education and making appropriate referrals for further assessment. In addition, we wanted to incorporate an evidence-based screening tool to identify which youth are showing signs of depression in order to match them with a healthcare professional for a complete assessment and treatment if required.

Through a detailed planning process and consultation with the NH Center for Excellence in Substance Misuse Prevention and Treatment, all accredited juvenile court diversion programs in New Hampshire are now screening youth referred for diversion using the evidence-based S2BI and PHQ-2 screening tools for substance use and depression. Thus far, 142 youth have been screened with our SBIRT screening tool since the pilot was completed in November 2016, and data has been reported on eight cases that have been closed since the pilot ended.

In addition, the Network is now also able to transfer the knowledge gained during our SBIRT initiative to participate in New Hampshire's growing focus on Adverse Childhood Experiences (ACEs) to improve health outcomes. As we continue to collect data on diversion program completion rates and one- and three-year recidivism, we are confident that selected and indicated youth in New Hampshire that are arrested for a first-time offense will be connected with behavioral health interventions to get them back on a path to success. Given this captive audience of selected and indicated teens, the NH Juvenile Court Diversion Network is pleased to have developed an evidence-based system of screening to ensure our vulnerable youth have the highest quality of services available.



NH JUVENILE COURT DIVERSION NETWORK

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PROGRAM NARRATIVE

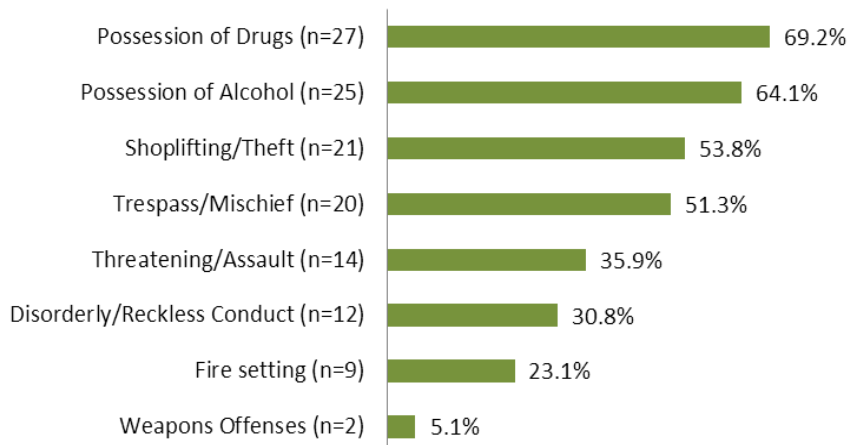
A. Philosophy (10 points)

1. What is the mission statement or rationale of the program?

The New Hampshire Juvenile Court Diversion Network (Network) was established in the 1980's to create more effective ways to assist low-risk juvenile offenders who don't necessarily belong in court. Governed by a dedicated group of volunteers, Network members share ideas and knowledge, help programs meet accreditation standards, and work with communities to develop new diversion resources. New Hampshire is unique in that Statute NH RSA169 Delinquent Children-B:10 Juvenile Diversion includes provisions for police and courts to refer first-time juvenile offenders for court diversion services.

The Network fully embraces the notion of ensuring services that are accredited and helped to facilitate legislation in 2011 (HB1686) to bring accountability and standards to juvenile court diversion programs while ensuring they remain flexible enough to meet local needs. We have worked closely with the Administrative Judge of the Judicial Branch Family Division to develop rigorous Accreditation Standards and ensure that programs demonstrate proficiency on a bi-annual basis through our Accreditation Committee. Currently our 17 accredited programs serve upwards of 700 youth between the ages of 12-18 who are arrested for a first-time offense.

Youth throughout New Hampshire are referred directly to juvenile diversion programs by local law enforcement as a consequence for committing an arrestable/delinquent offense. In a 2013 survey of NH Police Chiefs, the top two most common offenses included Possession of Drugs and Possession of Alcohol



(see chart on right). Program-level research indicated that while only 23% of youth arrests in 2016 were substance-related, close to half of the youth referred to diversion that year reported substances misuse at intake. As a result, 100% of youth are at least "selected" on the prevention scale due to engaging in high-risk, criminal behavior, while close to half of the youth are also "indicated" in that they report using substances.

The Network has successfully positioned Juvenile Court Diversion as a critical partner in the early identification and referral for youth misusing substances. In 2016 the Network embarked on an initiative to adapt the healthcare model of Screening, Brief Intervention and Referral to Treatment (SBIRT) to fit within the court diversion model. Using the SBIRT process, New Hampshire diversion programs are now screening 100% of youth sent to juvenile diversion for substance use as well as signs of depression using the NIDA-recommended S2BI and the PHQ-2 screening tools. In the first three months, 115 youth were screened. Programs provide positive reinforcement, education and referrals for comprehensive assessments as warranted. This practice ties in well with restorative justice principles and enables these selected and indicated youth to get back on the path to success.

2. What is the philosophy or conceptual framework on which it is based?

NH Juvenile Court Diversion Network's accreditation standards revolve around how programs operate systemically and how they provide direct services. We utilize a strengths-based model, giving the message that even good kids make bad decisions. Parents are involved in each phase of our program, with the goal of diverting youth from juvenile court after a first-time arrest. Juvenile Court Diversion in New Hampshire has been termed a "Golden Ticket", giving youth one – and only one – chance to be accountable for their offense and not be subject to a conviction in Juvenile Court. While programs have the option to choose their own program model – from Restorative Justice, Teen Court or Traditional Diversion—each program subscribes to restorative justice principles restoring harm to the victim, the community and the youth offender.

3. How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs?

Given that the purpose of the program is to hold youth accountable for illegal behavior, we are very clear that substance use of any kind is illegal, unhealthy and unacceptable. Our programs all utilize a panel of community volunteers to design consequences for youth. This level of community involvement ensures that youth benefit from a comprehensive contract of consequences and often receive more meaningful and substantial consequences than they would receive in court. While most referrals are from local police department when youth commit a first-offense, some youth are referred by local judges that put the case "on file" pending completion of the diversion program.

With the addition of the SBIRT process, all youth receive a screening at the time of intake. Youth reporting "Monthly or more" use on their S2BI will automatically be referred for a full assessment with a specialist in substance use, and will be expected to follow through with recommendations. Those reporting less than monthly use or no use will receive an educational intervention as warranted. We also screen for depression using the PHQ-2 to flag for concerns that result in a referral to primary care or a school- or community-based counselor. This further illustrates NH Juvenile Court Diversion Programs' efforts to address the behavioral health needs of the youth in addition to holding him/her accountable for their offense.

B. Needs Assessment (30 points)

1. What epidemiological data and/or other information are available in the community that led to the establishment of this particular program?

New Hampshire benefits from the Center for Excellence, which provides technical assistance, disseminates data and information, and promotes knowledge transfer to support the effectiveness of communities, practitioners, policymakers, and other stakeholders working to reduce alcohol and other drug misuse and related consequences in New Hampshire. Their 2013 publication *Collective Action – Collective Impact (CACI)*, served as the basis for the Plan for the State on behalf of the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery and identified diversion as a promising strategy. The data collected and analyzed to develop the CACI report revealed that New Hampshire ranked among the highest in the nation for substance use among their youth (12-17) and emerging young adults (18-25).

The elevated rate of use among New Hampshire's youth and young adults is an ongoing issue for the State. According to the National Survey on Drug Use and Health (NSDUH 2014), young adults in NH (18-25 years of age) are using prescription painkillers non-medically at higher rates (9.8%) than the rest of the nation (8.3%), have a higher rate of illicit drug dependence and abuse (8.2%) than other states in the nation (7.0%), and non-marijuana illicit drug use among young adults is significantly higher in NH (11.4%)

than the rest of the nation (6.6 %). NH young adults also have a higher rate of illicit drug dependence and abuse (8.2%) than the rest of the nation (7.0%).

At the same time the 2013 CACI report was released, the Division for Juvenile Justice was seeking to build a more cohesive, visible, sustainable system for diverting youth from juvenile court in New Hampshire and contracted with the Community Health Institute – the host of the Center for Excellence in Substance Misuse Prevention and Treatment – to accomplish those goals. Through this collaboration, the Network has made great strides: adding a part-time

Coordinator to oversee our efforts; building awareness of the critical role that juvenile diversion plays in helping youth address substance misuse; launching a recidivism study tracking youth outcomes one and three years after program completion; and introducing SBIRT to accredited programs.

New Hampshire's juvenile court diversion programs address a wide array of Individual, Family and Community risk and protective factors including:

NEW HAMPSHIRE'S RANKING AMONG THE 50 STATES AND TERRITORIES*					
According to 2011 NSDUH					
AGE RANGE	PAST MONTH ALCOHOL USE	PAST MONTH BINGE DRINKING	PAST MONTH MARIJUANA USE	PAST YEAR NON-MEDICAL USE OF PAIN RELIEVERS	PAST YEAR ALCOHOL OR DRUG DEPENDENCE
12-17	3 rd HIGHEST 17.04%	4 TH HIGHEST 9.87%	2 nd HIGHEST 11.35%	28 TH HIGHEST 6.11%	4 th HIGHEST 8.94%
18-25	3 rd HIGHEST 73.22%	5 th HIGHEST 49.32%	5 th HIGHEST 27.03%	10 TH HIGHEST 12.31%	9 th HIGHEST 21.26%
12-20	1 st HIGHEST 33.52%	3 rd HIGHEST 21.56%			

Risk Factor	Protective Factor	Implemented by
<ul style="list-style-type: none"> • Risk taking/impulsivity • Early problem behaviors • Inappropriate coping responses 	<ul style="list-style-type: none"> • Knowledge regarding risks associated w/ substance use • Positive relationship with adults • Has positive future plans 	<ul style="list-style-type: none"> • Holding youth accountable for offense using strengths-based model. • Includes screening and education about substance use.
<ul style="list-style-type: none"> • Family members don't spend much time together • Lack of clear rules and consequences re: alcohol and drug use 	<ul style="list-style-type: none"> • Clear expectations and limits regarding AOD use • Encourages caring relationships with adults outside the immediate family. 	<ul style="list-style-type: none"> • Parents are involved in intake and assessment • Parent education will be enhanced through this initiative
<ul style="list-style-type: none"> • No sense of connection to community • Lack of monitoring youths' activities • Residents at or below the poverty level 	<ul style="list-style-type: none"> • Opportunities for community involvement • Policies and norms encourage non-use 	<ul style="list-style-type: none"> • Youth are provided with a contract of consequences that include restorative justice principles • Families are linked to local resources to help meet their needs • Youth are monitored for 3 to 6 months to ensure completion.

Given Juvenile Court Diversion's role in addressing risky behaviors that have led youth to be arrested, we provide a critical opportunity for intervention with alcohol and other drug use. That dynamic, coupled with the Conrad Hilton Foundation grant provided to New Hampshire Charitable Foundation to pilot SBIRT within healthcare settings, created the right synergy and technical assistance to enable the Network to embrace SBIRT within juvenile diversion programs.

2. What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?

In New Hampshire, just over seventy percent (71.0%) of high schools participated in the 2015 Center for Disease Control's Youth Risk Behavior Surveillance Survey (YRBS) which revealed high rates of 30-day use of substances, along with concerning results related to perception of risk and parent and peer disapproval. The Network conducted a brief survey among juvenile diversion programs in 2016 which showed that while 23% of youth referred to diversion programs were arrested for substance-related offenses, close to half of all youth served reported using alcohol and other drugs when interviewed during intake. In addition, when reviewing data from the juvenile diversion one- and three-year recidivism study conducted in 2016, we learned that a sizeable number of youth who did not initially get referred for a substance-related offense recidivated with an offense that involved alcohol or other drugs. Upon further exploration, it was discovered that while accreditation standards required each program to ask about alcohol and other drug use among program participants there was no formal guidance on how that was done. With these data in mind, Network programs agreed that we needed to improve the screening and education provided to all youth sent to diversion, beyond only those that reported use.

3. What are the sound long- and short-term planning processes that include a needs assessment and reflect a research base?

As indicated previously, the NH Juvenile Court Diversion Network's primary mission is to divert youth from the juvenile justice system after a first-time offense and to help restore the harm to the victim, the community and to the offender him/herself. One hundred percent of youth served fall into the selected category of prevention services since they have all committed an arrestable offense. In addition, close to half of the youth are categorized as indicated, since they are already using alcohol and other drugs, in addition to having committed a delinquent offense. Given that ensuring youth have the opportunity to turn their lives around to build successful futures is a significant focus, it was imperative that we improve our practices around addressing alcohol and other drug use.

The Network embraced a formative research approach in the selection and implementation of the accreditation standards and adoption of SBIRT model. On-going monitoring and evaluation data are used to inform quality improvement and longer-term impact of the diversion programs. In addition to on-going assessment of standards and practices, the Network continues to collect one- and three-year recidivism data in collaboration with the NH Trial Courts.

New Hampshire is fortunate to have received a Conrad Hilton Foundation grant to work on developing capacity for SBIRT within healthcare settings. Network leadership attended several workshops and trainings around the benefits of SBIRT and outreached to the project leader, Amy Pepin, MSW, for assistance bringing SBIRT to juvenile court diversion programs. Using the NH SBIRT Playbook as a baseline, we were able to transform the "plays" applicable to healthcare settings, and with Ms. Pepin's guidance, adapt it for use within our settings. Ms. Pepin was instrumental in helping the Network understand the implications of what SBIRT is, what it is *not*, and successfully engage our member programs in moving toward implementation.

4. What actions were taken to involve representatives of the target population(s) in program planning and implementation to ensure that the program is responsive to their needs?

Given that the Network's "clients" for this project were accredited juvenile diversion programs, we deeply engaged each of the programs at the onset. As indicated previously, the SBIRT Planning Tool – modeled after the healthcare SBIRT Playbook – was completed by each program outlining their current practices around Forming a Team, Using a Change Model (plan, do, study, act), Assessing Current Practices, Identifying Concerns, Developing Goals and Strategies, Addressing Confidentiality, Exploring Screening Tools, Scoring Results, Defining Brief Intervention, Referring to Treatment, Sharing Information, Following Up, Tracking Data and Sustaining the Practice. More information about The Center for Excellence's healthcare project is available at www.NHSBIRT.org.

In order to adapt the model for youth involved with juvenile court diversion, the Network developed an Early Adopters Group that met regularly for several months outside of scheduled full-Network meetings to address specific opportunities and concerns. With Ms. Pepin's guidance, and based on learning that NIDA was preparing to announce those were their recommended tools, we agreed to adopt the S2BI and PHQ-2 as the preferred screening tools.

As we began to pilot the tools, several concerns emerged around how and when to screen youth since

the healthcare model – providing a form to fill out at the beginning of intake – was not eliciting honest responses from youth in the pilot. Through discussions with the early adopters, it was discovered that the dynamic that needed to be addressed was the fact that the information gleaned from the youth during the intake "can and will be used against them" by the volunteer panel tasked with designing a contract of consequences to address the offense, even though contracts are intended to be strengths-based. Under the direction of evaluator Rachel Kohn, MSW, MPH, the Early Adopters Group rapid-cycle-tested two other screening practices using an interview style, rather than a written form, and administering the screening at the *end* of the youth's intake after programs had a chance to build some rapport with the youth. In addition, the early adopters developed a method to add a confidence score for each youth's SBIRT results indicating whether we had high, moderate or low confidence that the youth was honest.



Key Points:

- The significance of S-BI-RT is that it focuses on stopping substance misuse before it starts, and/or catching early use before it escalates into addiction.
- The goal is the universal screening of youth as a strategy for reinforcing healthy behaviors, identifying problematic drug and alcohol use early, reducing substance misuse, and referring to treatment those who need it.
- Implementing a new process requires a quality management approach that includes: quality planning to systematically design a process that will be able to work; monitoring alignment of the process with identified goals and aims; and using data-driven actions to make processes better through quality improvement.
- The Playbook (www.SBIRTNH.org) provides an organizing framework for this quality management approach. The following content has been taken from The Playbook and adapted for consideration by NH Juvenile Court Diversion Programs.

Play 1: Forming a Team

Team members should represent the various disciplines. Who might be involved or affected by any process change? Are the right members included? Is anyone missing? Early decisions on team structure will save potential misunderstandings later. The team leader does not need to be the organizational leader. In fact, roles may get confused if the organizational leader is the team leader.

ROLE	NAME	NEXT STEPS
Agency Director		
Program Coordinator		
Direct Services Staff (paid or volunteer)		
Administrative Assistant		
Other?		

Play 2: Using a Change Model

Review the Clinical Microsystems Model (below) for use as a change model. It is critical to your S-BI-RT implementation success and sustainability that your team addresses planning and implementation issues together systematically, and that your team is in agreement about decisions. Using a change model as a framework for implementation will help your team reach its goals and measure success faster and more effectively.

C. Population(s) Served (20 points)

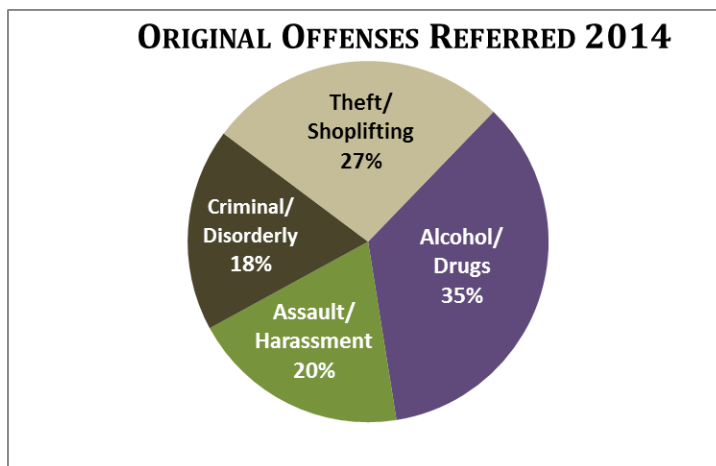
1. What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.

All of the youth benefiting from this SBIRT initiative have been arrested for a first-time offense and are between the ages of 11 and 17. Reasons for arrest of youth fluctuate each year, with alcohol/drugs and

shoplifting the two most common offenses, followed by assaults and disorderly conduct or criminal threatening. The following chart shows reasons for referral in 2014.

The NH Juvenile Court Diversion Network's accreditation standards require that parents are involved in the intake, hearing and follow-up; although contracts of consequences do not formally include provisions that parents are required to complete independently.

Youth committing arrestable offenses reflect all walks of life, education levels, income status and race/ethnicity. For some, they were caught during their first illegal act. Others have a history of delinquent offenses, although this is the first time they have been charged by police. More participants tend to be male, although the percentage fluctuates slightly every year. Given the variation in communities across the state that offer juvenile court diversion – from large cities to small rural towns – cultural considerations are essential to take into account. Our larger communities serve a significant number of minority youth, while the cultural issues in smaller towns tend to be around income and education. New Hampshire benefits from a highly committed group working to address racial and ethnic disparities in the state toward reducing disproportionate minority contact (DMC) with police. The Network Chair is actively involved at the state level, and the Coordinator is active in her local “RED” Coalition that serves the second largest city in the state.



Finally, juvenile court diversion programs also take into consideration when youth have learning challenges or other disabilities that require special modifications of consequences. Not only are contracts designed to be strengths-based and uniquely tailored to the needs of the youth, the practice of completing the SBIRT screening tool in an interview format has reduced any potential barriers to assessing the needs of youth and intervening as appropriate.

2. What was done to recruit and retain members of the targeted population into this program?

All referrals to our SBIRT initiative are sent through local police departments after an arrestable offense, or by a judge when s/he determines it is appropriate to place the youth's charge "on file" pending successful completion of the diversion program. Given that successful completion of the juvenile court diversion program will result in the youth having no criminal conviction in juvenile court, there is significant incentive to participate in the program and complete it successfully. If these selected and indicated youth score on the SBIRT screener as needing education or a full assessment with a professional trained in teen alcohol and drug misuse, appropriate referrals are made and follow-through is required as part of their consequences.

3. How is the staff trained in the cultural patterns of the program's target population(s)?

As indicated previously, NH Juvenile Court Diversion Network programs serve youth and families across a wide definition of diversity – from racial and ethnic diversity to those with low-income, single parent head of households and the like. Each Network program has its own strategies for addressing cultural awareness and competency of its staff. In addition, Network leadership works closely with local and state committees focused on racial and ethnic disparities across the state since some programs serve a

high ratio of minority youth. Given that Diversion is one of the 9-points of contact with the juvenile justice system, we work to ensure that effective practices are implemented through the entire Network. Simple strategies include making sure that materials are available in languages beyond English, and that programs have access to relevant trainings. We are also aware of an increase in grandparents serving as primary caregivers of grandchildren. This is taken into account with materials and support, as well.

4. What has been done to ensure cultural competency in the program?

Given that this initiative involves implementing SBIRT as a screening tool – rather than a specific program curriculum – our efforts to ensure cultural competency has involved using the tool in an interview format rather than a written piece of paper. This addresses most language concerns and education levels. In our experience the youth attending diversion understand enough English to share information with this evidence-based screening tool. For the diversion hearing before the panel of volunteers – the next step after the intake/screening – programs utilize staff members or volunteers to provide interpretation when needed.

D. Building Capacity (30 points)

1. How does your program relate to the community's overall prevention strategy and/or systems?

While juvenile court diversion programs have played a role for many years reducing the number of youth sent to court for first-time offenses, the Network solidified its role as a critical prevention partner through its decision to implement SBIRT with our population of selected and indicated youth. Given that all of its member programs are run by local or county government and nonprofit organizations, the Network has been building capacity for this type of project for several years. For example, in 2011 the Network fully embraced the notion of ensuring services are accredited and helped to facilitate legislation to bring accountability and standards to juvenile court diversion programs while ensuring they remain flexible enough to meet local needs. We worked closely with the Administrative Judge of the Judicial Branch Family Division to develop rigorous accreditation standards and ensure that programs demonstrate proficiency on a bi-annual basis through our Accreditation Committee.

We are pleased to report that our recent groundbreaking recidivism study – in partnership with NH Trial Court – indicated that one year after program completion 78% of youth statewide are still free from court involvement and three years later 58% are still free from juvenile or adult court involvement. As we have begun to build credibility among state leaders with our recidivism rates, we have positioned ourselves as a critical prevention partner with the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery and the NH Bureau of Drug and Alcohol Services. This led us to receive grant funds to implement SBIRT within juvenile court diversion programs through receiving technical assistance from the Center for Excellence and Community Health Institute, and through offering incentives for programs to help cover the staff time devoted to the SBIRT planning process and Early Adopters Group.

We are now in the midst of trying to expand accredited juvenile court diversion programs – and SBIRT screening – to underserved area of New Hampshire, allocating funding equally to the state's 13 Public Health Regions. At present, program capacity varies throughout the state, and several communities do not currently offer an accredited juvenile court diversion program.

2. How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community's local substance coalition, if such an entity exists.

First and foremost, every juvenile court diversion program needs to have a solid relationship with local law enforcement and courts to get referrals when youth commit an arrestable offense in order to be diverted. While our preference is to receive referrals directly from police departments and/or prosecutors, we also accept cases from Judges and Juvenile Probation and Parole Officers that want the case placed “on file” pending successful completion of diversion. At the state level, we have forged a connection with the NH Police Standards and Training, and train new prosecutors in the benefits of juvenile court diversion. In addition, we maintain close ties with the state’s Juvenile Specialist, Pamela Sullivan, who serves as our liaison to the State Advisory Group on Juvenile Justice.

The Network also works closely with the prevention team within the NH Bureau of Drug and Alcohol Services for technical assistance and support as we’ve broadened our impact around the state. Further, our Network Coordinator served as a founding member of the Governor’s Commission, and completed a 12-year term in 2013. She remains an active member of the Prevention Task Force and has been successful applying knowledge gained through Task Force members to improve the breadth of services provided through the NH Juvenile Court Diversion Network. For example, the State is currently building its awareness around the impact of Adverse Childhood Experiences (ACEs) on health outcomes. Given the Network’s experience adopting SBIRT we are in a good position to transfer that knowledge to screen youth referred for diversion that are struggling with ACEs.

Network member programs also have developed collaborative relationships with the Regional Public Health Networks (RPHN) throughout the state. While the level of involvement is not yet consistent among each region – based on the capacity and sophistication of the juvenile court diversion program – we are in the midst of building stronger connections through a recent proposal to link diversion to the RPHN in which it operates. We are pleased to have received a letter of support for the project from all 13 regions. In addition, several programs work closely with their Drug Free Communities grantees and make use of school-based resources such as Student Assistance Program counselors. Resources through the Partnership for a Drug-Free NH, SAMSHA tip sheets and the like are also utilized within programs.

Finally, each juvenile court diversion program, as part of the accreditation standards, also needs to have internal or external referral relationships with assessment and treatment professionals in the event a youth needs further assessment for alcohol and other drug use, or depression on his/her SBIRT screen.

3. What community outreach strategies do you employ?

Given that all referrals for our programs come through law enforcement, our outreach is two-fold. First, we outreach to police departments throughout the state that are not currently referring their first-time arrests to an accredited juvenile court diversion program, helping them to understand the benefits and encouraging them to pilot cases with their nearby program. The same holds true for police departments that may only be referring for specific offenses (i.e., shoplifting), but not for the full scope that programs are prepared to handle including assaults and alcohol and other drug possession.

We have also focused a significant amount of effort on sharing our recidivism data with key stakeholders throughout the state. A video about diversion, *NH Juvenile Court Diversion Program Film 2017*, was released in late March 2017 and has been distributed and shared widely. It is also available on our home page at <http://www.nhcourtdiversion.org>. Given that the video showcases a myriad of law enforcement officials, a judge, retired police chief and two clients successfully completing the program -- along with compelling data -- this type of informational outreach tool further establishes our credibility as a Network and resource across the state. In addition, regular updates are provided to the Prevention Task Force, Governor's Commission, and the State Advisory Group on Juvenile Justice to keep key stakeholders and decision-makers informed of our progress.

4. What type of grassroots participation is included in your program?

Accreditation standards require that youth in juvenile court diversion benefit from a hearing and a contract of consequences that is designed by a panel of community volunteers. Some programs use adults or teens only, while others have a combination of teens and adults. Each program is responsible for recruiting and training its own team of volunteers. At the same time, some programs invite youth to serve on the panel to design consequences for other teens as part of *their* contract. In those cases, the teens will often continue volunteering long after their own juvenile diversion case is closed.

In addition, as police departments are considering whether or not to send youth to a particular diversion program, they are invited to participate as panel members to get a sense of the program, how it is organized and its overall impact. This model has also been effective enabling those that want to give back to their communities and to engage in something meaningful.

E. Strategic Planning (30 points)

1. What are the goals and objectives of the program?

Recall that while just under a quarter of youth (23%) are referred to Juvenile Court Diversion for a substance-involved arrest close to half of the youth acknowledge some level of alcohol or other drug use when asked during their intake. In most cases, these youth would not be actively seeking treatment for substance misuse on their own, but the “crisis” of the arrest enables Juvenile Court Diversion Programs to wrap services around the youth for their substance use as well as the original offense that led to the arrest. We are confident that this model is providing essential services at a critical point of readiness for the youth and their parent(s).

Short Term Goal:

Match “selected” youth with appropriate level of brief intervention or referral based on SBIRT score:

- Screen youth (that have been arrested for a first-time offense) using the S2BI and PHQ-2.
- Identify those youth that will benefit from positive reinforcement and/or education based on score.
- For “indicated” youth reporting use monthly or more, ensure they are connected to a behavioral health specialist full assessment.
- For youth scoring with concerns on PHQ-2, ensure referrals made to primary care or mental health counselor.
- Increase the number of youth engaged in services for substance misuse at early stages of use.
- Increase the number of youth connected to care for mental health concerns.

Long Term Goal:

Reduce future involvement with court as a result of participating in an accredited Juvenile Court Diversion Program.

- Improve completion rates for youth participating in Juvenile Court Diversion from 81% in 2016 to 85%.
- Reduce recidivism one year after youth complete the Juvenile Court Diversion Program, from 22% to 20%.
- Reduce recidivism three years after youth complete the Juvenile Court Diversion Program from 42% to 40%.

2. How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?

New Hampshire youth are using alcohol and other drugs at significantly higher rates than other states across all categories – alcohol, binge drinking, marijuana, and prescription drugs. In addition, our 18- to 25-year-olds are using at much higher rates than the rest of the nation. By identifying, addressing and reducing substance misuse at the time of a first arrest – coupled with our compelling recidivism data – we have proven that we are a worthwhile investment to key leaders across New Hampshire. Further, none of these youth are likely to seek substance misuse treatment on their own at this stage of life. Hence, our efforts to adapt SBIRT for first-time offenders are innovative and effective.

3. How many members of the population are expected to be reached and in what timeframe?

The Network's 16 active, accredited programs serve upwards of 700 youth per year. With the addition of new communities currently building capacity to provide accreditation-level juvenile court diversion services, we anticipate serving close to 1000 youth per year throughout the state of New Hampshire.

4. What mechanisms are in place to ensure long-term program sustainability?

While each accredited program is responsible for maintaining its own infrastructure and is housed in town/county offices, local nonprofits and the like, we have recently requested funds from the State of NH to allocate funds throughout the state based on the 13 Regional Public Health Networks. This will allow programs in each region to better link with the RPHN professionals, and ensure some uniformity of juvenile court diversion throughout the state. Some existing programs have been in place for over 40 years, while others have come on board within the last few years.


After the Network Board of Directors made the decision to hire a part-time Coordinator in 2015, we have made great strides enhancing our visibility, credibility and sustainability. Given our efforts to maintain that position, we believe that the gains made through implementing the evidence-based SBIRT screening tool will be sustained, as well. Early data is being gathered to track the number of youth screened and the level of substance misuse reported.

F. Implementation (25 points)

1. What makes this program innovative?

The NH Juvenile Court Diversion Network used its knowledge of the evidence-based healthcare SBIRT process, and with the support of the NH expert on SBIRT, adapted that model to fit the needs of youth arrested for a first-time offense. Given that the healthcare version was described to us as “casting a wide net” to catch youth of concern, our programs “already have fish in the net” based on their arrest, so we know that they are at higher risk than most youth attending an annual physical.

As a result, while we did not tamper with the screening tool itself, we adapted how the tool was administered and scored, and how the information is communicated to the volunteers designing consequences for the arrested youth.



NH JUVENILE COURT DIVERSION NETWORK
Screening to Brief Intervention Scoring Sheet

ELIGIBLE: All cases started/screened 11/18/2016 and after.

Score is based on highest value

In the past year, how many times have you used:		1	2	3	4
		Never	Once or Twice	Monthly	Weekly or More
S2BI	Tobacco?	○	○	○	○
	Electronic vapor product?	○	○	○	○
	Alcohol?	○	○	○	○
	Marijuana?	○	○	○	○
	Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?	○	○	○	○
	Illegal drugs (such as cocaine or Ecstasy)?	○	○	○	○
PHO2	Inhalants (such as nitrous oxide)?	○	○	○	○
	Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?	○	○	○	○
	RESPONSE	Not screened N	Positive reinforcement during intake PR	Education: Individual or Group E	Further Assessment + (whatever else is needed) FA+
SCORING CODE					
In the past two weeks how often have you been bothered by any of the following problems?		1	2	3	4
		Not At All	Several Days	More Than Half the Days	Nearly Every Day
PHO2	Little interest or pleasure in doing things	○	○	○	○
	Feeling down, depressed or hopeless	○	○	○	○
		Not screened N	○	○	○
		O	GS Getting Services OR R referral-primary care/MH		

2. What distinguishes this program from similar programs, strategies, or practices? Please describe any innovative and unique features that respond to changing community needs, new developments, new population(s) or any other adaptation.

Thus far we have not identified other programs that are implementing SBIRT with youth pre-court in juvenile diversion settings. While we found a couple of articles around using SBIRT in juvenile justice settings, the youth were already deeply involved with Court. Hence, we have also submitted a presenter application to the National Prevention Network to share this initiative.

This initiative is a direct response to the high rates of substance misuse impacting our teens and young adults, as referenced in the biannual Youth Risk Behavior Survey and National Survey on Drug Use and Health. It uses the crisis of a first-time arrest as the window of opportunity to provide brief intervention, education, and/or referral for further assessment based on the youth's screening score.

3. How does the program **operate**? Describe in detail and identify all features critical to implementation. Include the program's scope, intensity, and duration.

When youth report to the Juvenile Court Diversion Program for their intake appointment, the intake worker completes their standard set of questions and includes the SBIRT questionnaire in an interview format toward the end of the intake appointment. While some healthcare programs in New Hampshire use a written form or a tablet to collect responses, our early testing indicated that youth were not as honest in written form as when interviewed verbally. Intake workers share clearly with the youth what information will be shared and why, and which information will be kept confidential. In addition to questions about substance misuse, questions are also asked about depression using the evidence-based PHQ-2 tool.

Part of the Network's adaptation of the healthcare SBIRT process drilled down into understanding how much information the program really needed to know about a youth's specific use. We determined that we only needed to know if concerns were raised based on use of *at least one substance monthly* or more. In the event a youth report that level of use, they are referred for a full assessment with a behavioral health professional. Although the term SBIRT utilized the language "referral to *Treatment*" our in-state SBIRT expert was clear that we aren't referring for treatment because it is not our role (nor SBIRT's purpose) to diagnose someone. Our role is to determine whether a full assessment is needed. Hence, programs were much more comfortable identifying "red flags" rather than feeling their role was to determine a more formal course of treatment.

We originally struggled with how to handle youth that report "NEVER" to every response, knowing the likelihood that youth arrested for an offense were fairly likely to be using substances at some level, or may not be truthful. In addition to providing positive reinforcement for youth that report no use, we also share data points around social norms and brain development. In addition, the Network opted to include a "confidence score" with each youth's SBIRT scoring indicating low, moderate or high confidence in the youth's truthfulness when responding. This confidence rating was added in direct response to feedback during our pilot when youth would respond "NEVER" across the board to every substance, but then during a further assessment as part of one program's protocol, the youth reported significant substance use.

In order to track data for this initiative, programs report to the Network monthly the number of youth that have been screened using SBIRT. As cases are closed, usually within four to six months, data is submitted that includes the original SBIRT score, confidence rating, and whether the youth completed the program successfully. In addition, for youth responding more than "Not At All" on the PHQ-2 for depression, programs refer the youth to primary care or a mental health therapist. We score those

already engaged in services enabling us to track how many youth may be struggling that had not been getting help prior to their involvement with a Juvenile Court Diversion Program.

4. Who is involved in conducting the activities (volunteers, staff, others)?

Program staff are the ones conducting the intake and SBIRT questionnaire, while volunteers help to design the contracts of consequences for youth.

5. What is the infrastructure/support system used to implement this program?

Through consultation and evaluation assistance with Community Health Institute, the NH Juvenile Court Diversion Network was able to undertake this initiative, and continues to support its member programs in implementation. As we have begun expanding our reach into new communities, they are being trained in SBIRT implementation, as well. While requiring SBIRT has not yet been added as a requirement in the Network's Accreditation Standards, it will be added in the 2018-2020 standards now that the pilot phase is complete.

In addition, we have received significant support from the NH Bureau of Drug Abuse Services' Prevention Unit through a grant from the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. BDAS Contract Manager, Jill Burke has provided technical assistance and served as a helpful sounding board as we embarked on this exciting initiative. While New Hampshire's Department of Health and Human Services exists in separate silos to address Juvenile Justice Services and Alcohol and other Drugs, help from the Prevention Unit allowed us to showcase this project to stakeholders in both divisions and position ourselves as a key partner in early identification of substance use among teens engaging in risky behavior.

6. Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?

It is anticipated that implementing SBIRT within Juvenile Court Diversion Programs across New Hampshire will continue to have a significant impact on the rates of drinking and drug use for teens and young adults over time. Given that our recidivism study showed very positive one- and three-year rates following program completion, we are expecting the rates to improve further once youth completing an SBIRT screening have had their cases closed for longer than one year. For all youth completing the program in 2012, 78% were free from court involvement one year after program completion and three years later, 58% were still free from court involvement. With evidence-based screening now in place, along with a uniform protocol for screening, we are confident that the 700+ youth across the state served each year will continue to lead to significant positive change.

7. What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?

Given that we are a statewide initiative, our goal is to serve 80% of all first time juvenile offenders in New Hampshire. Currently, we have 16 accredited programs actively serving upwards of 700 youth across the state each year. With three new communities building capacity to deliver juvenile court diversion in the coming year, we expect that number to continue to grow. In addition, 100% percent of youth served are "selected" based on their committing an arrestable offense, while close to half are "indicated" based on their screening results. Through support from the Bureau of Drug and Alcohol Services and the Regional Public Health Networks, we anticipate building connections with additional police departments in the coming years. Finally, 100% of youth referred to an accredited juvenile court diversion program are being screened with this SBIRT process.

8. What aspects or elements of the program can be replicated or adapted in other communities?

This entire initiative can easily be replicated or adapted with any other system providing juvenile court diversion for first-time offenders. New Hampshire Juvenile Court Diversion Network is proud to share any and all of our process with any interested parties.

G. Evaluation (40 points)

1. What are the major outcomes, impacts, and changes accomplished due to this program? We are looking for measures and data that demonstrate impact. Inserting a chart of program outcomes/data with an explanation would be helpful.

The NH Juvenile Court Diversion Network, in collaboration with Community Health Institute, is in the early stages of collecting SBIRT outcome data. Thus far, 142 youth have been screened with our SBIRT screening tool, and data has been reported on eight cases that have been closed since the pilot ended.

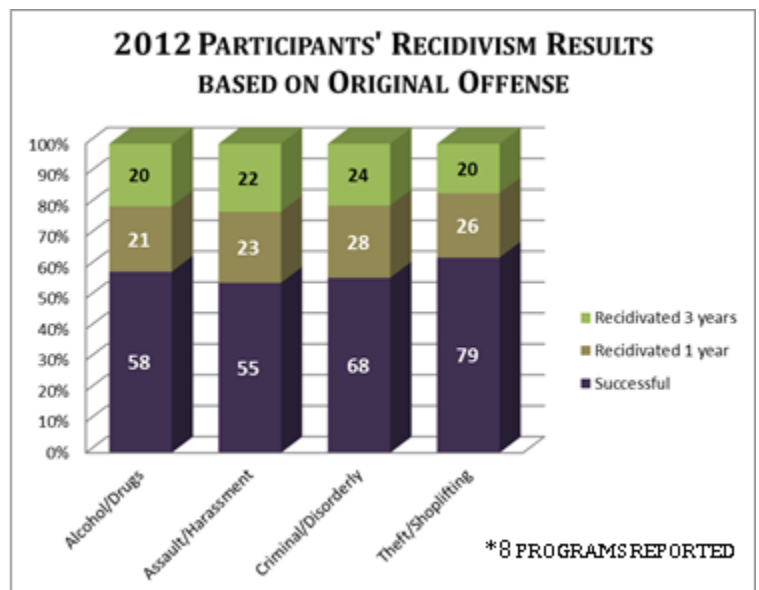
Based on the risk and protective factors described in the Needs Assessment, goals and objectives of the Juvenile Court Diversion Program overall include:

- Holding youth accountable for offense using strengths-based model
- Providing screening and education about substance use
- Involving parents in intake and assessment and providing parent education about signs and symptoms of risky behavior
- Designing a contract of consequences for the youth that includes restorative justice principles
- Linking families to local resources to help meet their needs
- Monitoring youth for 3 to 6 months to ensure completion

This information is currently measured by tracking completion rates for all participants as well as tracking recidivism through our collaboration with the NH Trial Court System. As described previously, for all youth completing the program in 2012, 78% were free from court involvement one year after program completion and three years later, 58% were still free from court involvement. The extent of data provided to the Network by its member programs enabled us to craft a clear picture of recidivism rates based on the original offense (see chart at right). As we have more cases closed that were screened through this SBIRT initiative, we expect to have equally robust data. In addition, each program's recidivism data was provided back to them to use as a management tool to improve success.

Goals of the SBIRT initiative, while tied into the overall goals for the diversion programs, also include matching "selected" youth with appropriate level of brief intervention or referral based on screening results.

The Diversion SBIRT pilot was just completed in November 2016, therefore we do not have sufficient data at this time to measure the impact of integrating this process into the diversion model. As we gather detailed data on the screening results, which youth have been receiving services for depression or are newly flagged,



which youth have been able to complete the program and so forth, we intend to craft a clearer picture of youth in New Hampshire and how the NH Juvenile Court Diversion Network and its accredited programs can continue to support our vulnerable youth.

2. How do the outcomes relate to the program's goals and objectives?

The outcomes currently collected involve tracking completion rates of the juvenile court diversion programs, thus the number of youth diverted from juvenile court after committing an arrestable offense. We also collect one- and three-year recidivism rates for youth that may subsequently appear within the State of NH Court database as juveniles or once they become adults. Now that we have added the SBIRT screening tool into our program structure, we will also be able to determine completion rates based on the level of each youth's reported use once they complete the 3- to 6-month program.

3. How do the results derived from the evaluation meet the needs for which the program was designed?

While the original Juvenile Court Diversion system was created in the late 1970's, the Network completed the SBIRT pilot in 2016 after a lengthy planning and training process. Thus far, we are confident that the results will only improve the number of youth that complete their juvenile court diversion program and remain free from court involvement in the future. Given that teens rarely access treatment for substance misuse until they are completely out of control, the opportunity to intervene with an evidence-based protocol at this early stage of police/judicial involvement is ideal.

H. Program Management (15 points)

1. What resources are available to the program, and how is the program able to maximize or optimize the available resources?

The Network is comprised of dedicated professionals who tirelessly work to foster relationships with the local police departments, courts and community resources to identify resources to help intervene on behalf of our most vulnerable youth. In addition, the NH Juvenile Court Diversion Network benefits from multiple resources in-state to guarantee our success with this initiative. First, Community Health Institute has been a key partner for several years through our lead evaluator/consultant, Rachel Kohn, MSW, MPH. She connected us to Amy Pepin, MSW, the NH SBIRT expert mentioned previously, who currently coordinates the state's healthcare/SBIRT transformation through the Conrad Hilton Foundation and New Hampshire Charitable Foundation.

In addition, the Network also has a close relationship with the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery, its Prevention Task Force and our BDAS Contract Manager. These partners have provided a wealth of resources, funding and support to again ensure we are successful with this project. This team has worked with us to promote the Network as a critical partner in the early identification of substance misuse among a "captive audience" of teens with risky behavior. They have helped us to celebrate each step of our success and troubleshoot challenges along the way.

Finally, Network Coordinator Betsy Houde, MA, brings over 20 years of experience as Executive Director of The Youth Council and its Court Diversion Program. Betsy has been recognized throughout New Hampshire for innovative collaboration and programming for at-risk children, teens and families. In 2002, she was named one of 10 people across the country awarded a 3-year fellowship with the Robert Wood Johnson Foundation to help reduce substance use among youth. Betsy served as a founding board member of the Endowment for Health, as a 12-year member of the Governor's Commission on

Alcohol and Drug Abuse Prevention, Treatment and Recovery and as a board member of New Futures. Betsy has served as director of The Youth Council since 1996 and also consults with two Drug Free Communities grantees in her region. The Network has benefited from her leadership and connections as well as her clinical background to help organize and implement our SBIRT initiative.

2. What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?

In addition to our web site and recent video showcasing the benefits of Juvenile Court Diversion, programs are in the midst of completing outreach activities with police departments and law enforcement officials within their catchment areas. Each program completed an Outreach Planning Tool in the fall of 2016, (Tool below) and has set program-specific deadlines to complete the activities listed. Our intention is to bridge the gap between potential referral sources for diversion and piloting cases with a local program. Armed with our quality video, compelling recidivism data and local statistics, we are confident that more police departments will begin referring to our accredited Juvenile Court Diversion Programs.



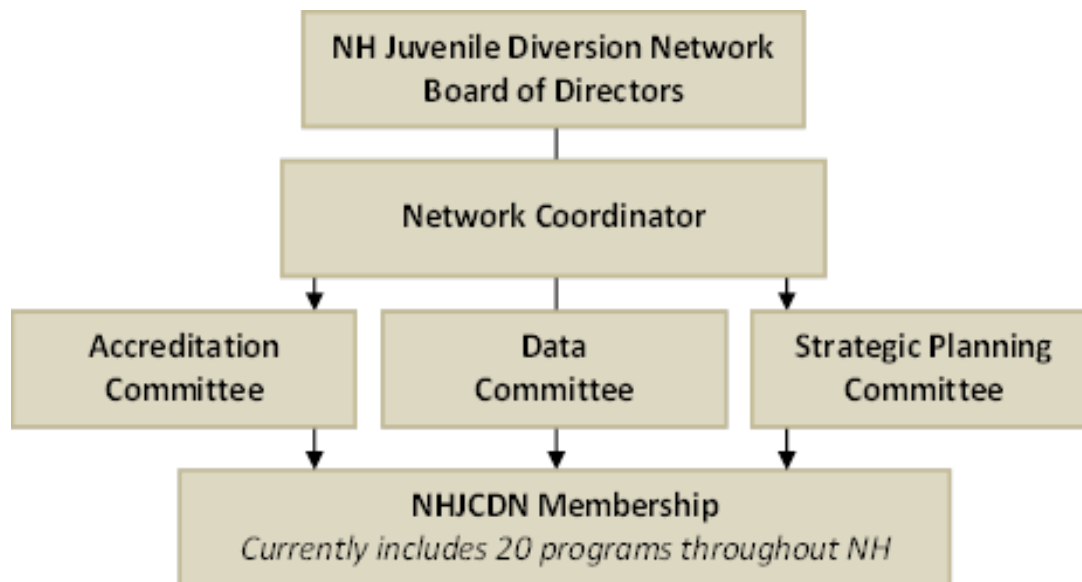
NH JUVENILE COURT DIVERSION NETWORK
OUTREACH PLANNING TOOL
May be completed electronically and submitted via email

Please submit Outreach Plan to the NH Juvenile Court Diversion Network in two phases: 1) Once Plan is developed, 2) Once Plan is executed.

CONTACT INFORMATION						
Program Name		Contact Name		Email		
CEO/Director		Title		Phone		
OUTREACH TARGETS						
Name of Contact	Check all that apply:	Type of Outreach (check all that apply)	Goals/Outcome (check all that apply)	Target Date	Actual Date	Results
	<input type="checkbox"/> PD <input type="checkbox"/> Court	<input type="checkbox"/> JPPO <input type="checkbox"/> Other	<input type="checkbox"/> Group presentation <input type="checkbox"/> 1:1 meeting <input type="checkbox"/> Distribute materials	<input type="checkbox"/> Begin referring <input type="checkbox"/> Expand referrals <input type="checkbox"/> Overcome barriers		
	<input type="checkbox"/> PD <input type="checkbox"/> Court	<input type="checkbox"/> JPPO <input type="checkbox"/> Other	<input type="checkbox"/> Group presentation <input type="checkbox"/> 1:1 meeting <input type="checkbox"/> Distribute materials	<input type="checkbox"/> Begin referring <input type="checkbox"/> Expand referrals <input type="checkbox"/> Overcome barriers		
	<input type="checkbox"/> PD <input type="checkbox"/> Court	<input type="checkbox"/> JPPO <input type="checkbox"/> Other	<input type="checkbox"/> Group presentation <input type="checkbox"/> 1:1 meeting <input type="checkbox"/> Distribute materials	<input type="checkbox"/> Begin referring <input type="checkbox"/> Expand referrals <input type="checkbox"/> Overcome barriers		
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	<input type="checkbox"/> PD <input type="checkbox"/> Court	<input type="checkbox"/> JPPO <input type="checkbox"/> Other	<input type="checkbox"/> Group presentation <input type="checkbox"/> 1:1 meeting <input type="checkbox"/> Distribute materials	<input type="checkbox"/> Begin referring <input type="checkbox"/> Expand referrals <input type="checkbox"/> Overcome barriers		
ACKNOWLEDGMENT		For Office Use		ACCOUNTABILITY		
Date Original Plan Submitted <i>(minimum 3 activities included)</i>		Initial Payment		These plans must be submitted to BDAS Contract Manager within 60 days of contract date.		
Date Completed Plan Submitted		Final Payment				

In order to ensure that programs speak with one voice about the impact of juvenile court diversion, we created a Network-wide brochure that programs can customize with their contact information and developed a state-wide PowerPoint presentation to customize for use with local police departments. While each program operates with independent boards of directors, agency leadership and 501(c)(3) status, our connection revolves around delivering accreditation-level services to youth arrested for a first-time offense. Each of our accredited programs immediately signed on to participate in the SBIRT implementation project and have been committed to ensuring New Hampshire teens benefit from the best services possible.

ORGANIZATIONAL CHART



BUDGET NARRATIVE

The 2016 Income/Expense form on the following page captures the two major grants that have funded the Network thus far. The State Advisory Group (SAG) Juvenile Justice Grant has funded our Coordinator position, office space and Recidivism Study.

The BDAS Sustainability grant funded two regions of the state that were about to close to help them build capacity, local advisory boards and financial support to remain operating.

Although the Network has been developing capacity to implement SBIRT for several months, we were awarded a \$258,424 grant in November 2016 to conduct Outreach Activities and to pilot and implement SBIRT. Programs now receive incentive funds to complete each of the three activities – outreach, SBIRT planning and SBIRT implementation. This has been beneficial to help sustain and expand programs and enhance the quality of services through the evidence-based SBIRT.

Please note that up until the Coordinator grant was awarded in November 2015, the Network's only income was \$50 membership dues per program. We have been quickly building infrastructure to meet the demands of these new initiatives. We transitioned to QuickBooks in January 2017 and are currently working on our first 990 that involves more than a simple postcard submission. (Please reference the Profit/Loss report on the next page).

Thank you for your consideration.

NH Juvenile Court Diversion Network
Profit and Loss
January - December 2016

	<u>Total</u>
Income	
4001 Contracts	
4000 SAG Juvenile Justice	54,817.68
4002 BDAS Sustainability	6,627.50
4010 Carroll County	29,575.71
4015 Sullivan County	21,831.05
Total 4002 BDAS Sustainability	\$ 58,034.26
Total 4001 Contracts	\$ 112,851.94
4100 Grants	
4121 NH Foundations	5,000.00
Total 4100 Grants	\$ 5,000.00
4200 Membership Dues	800.00
4400 Other Income	
4475 Interest Income	3.65
Total 4400 Other Income	\$ 3.65
Sales	3,272.68
Total Income	\$ 121,928.27
Gross Profit	\$ 121,928.27
Expenses	
5050 Current Expenses	
5053 Bank Service Charges	32.00
5070 Insurance General	470.00
5080 Licenses and Permits	105.00
5100 Meeting Costs	217.86
5105 Office Supplies	795.02
5110 Other Network Expense	259.23
5126 Subscriptions, Books, Reference	93.60
5130 Telephone, Telecommunications	660.00
5140 Training/Conferences	507.64
5150 Travel	3,534.35
Total 5050 Current Expenses	\$ 6,674.70
5200 Rent/Occupancy	4,825.23
5300 Program Subcontracts	
5302 BDAS Sustainability	42,958.30
Total 5300 Program Subcontracts	\$ 42,958.30
6100 Contract Services	
6110 Coordinator Contract	44,344.50
6215 Other Contract Services	15,356.25
Total 6100 Contract Services	\$ 59,700.75
Total Expenses	\$ 114,158.98
Net Operating Income	\$ 7,769.29
Net Income	\$ 7,769.29