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SBIRT in Schools: FAQs

This Frequently Asked Questions document has been prepared by the Massachusetts Department of Public Health (MDPH), in consultation with the Department of Elementary and Secondary Education (DESE), in an effort to answer the questions that arise after attendance at SBIRT training sessions. This document does not replace the content, practice, or discussion of the SBIRT in Schools Introductory Workshop.

Important Websites:

- Training registration opportunities: www.shield-bu.org
- Updated materials, documents, and resources (including the CRAFFT-II tool): www.masbirt.org/schools

SBIRT Goal:

What is the goal of SBIRT? SBIRT (Screening, Brief Intervention, and Referral for Treatment) in Schools is intended to identify substance use risk behaviors and to improve health, safety, resilience and success in students. SBIRT screening requires a structured, 1:1 conversation between a trained school professional and a student to build trusting relationships around education, behavior and support related to substance use.

SBIRT in Schools Training:

Who should participate in the training? All those implementing the screening must attend this day-long introductory training for using the CRAFFT-II screening questionnaire in schools and for responding to results using the REACT model (Reinforce, Educate, Anticipate Challenges for Tomorrow) or the BNI (Brief Negotiated Interview) model. We encourage anyone who is a member of the school/district SBIRT Team, including school administrators, to attend an Introductory SBIRT session.

Where can we get more information on substance use for our talking points with students? www.masbirt.org/schools has information and links for talking points and educational materials.

Where can we get more information about Motivational Interviewing (MI)? Additional training, offered regionally, in Mastering SBIRT is available for those who have completed the SBIRT Introductory training. Registration will be posted on the www.shield-bu.org website as it becomes available.

What grades do we pick? Is there a requirement for certain grades? The CRAFFT-II screening questionnaire is approved for ages 12+ and is based on a prevention model. Students in Grades 7-10 are appropriate for screening. The school district should select one middle school grade and one high school grade based on a local substance use behavior data analysis.

Roles and Responsibilities:

Who should be on the District/School SBIRT Team? Some districts determine that a district-wide approach is best, while others determine a school-based approach is best. The SBIRT team could include: administrators, school nurses, school nurse leaders, adjustment counselors, social workers, school psychologists, guidance counselors, health educators, school substance use counselors and, if applicable, school-based health center practitioners. Teams may vary from building to building and tasks associated with implementation can be shared among implementation teams.

Who should conduct the screening? School professionals who have attended the 6-hour SBIRT in Schools Introductory Workshop are appropriate to engage students in the screening process.

Who should provide oversight for the SBIRT screening program? Because SBIRT is a mandated health screening in schools, MDPH encourages school nurses to take a leadership role in coordinating SBIRT. SBIRT requires a team approach. Support from an administrator who has participated in SBIRT in Schools Introductory Workshop is important to ensure team members have support for planning and access to students with appropriate follow-up and referral plans.

How do we select which students each screener should screen? Often school personnel have multiple roles and relationships with students and their families. Careful planning is required to avoid potential conflicts, such as neighbor, coach, or family friend. Screeners may want to view the list of students assigned to them in advance and bring any concerns to the district/school SBIRT Team.

CRAFFT-II Screening Tool:

Why the CRAFFT-II tool? Is the CRAFFT-II validated for middle schoolers? For what ages is it evidenced-based? Where is the research? The validated CRAFFT-II Screening tool, which was selected and adapted by MDPH, was developed by John Knight, M.D. and the CeASAR team at Boston Children's Hospital. The tool is:

- Considered the national and international gold-standard for screening adolescents for alcohol and drug use and has been in use for years;
- Listed by the Massachusetts Children’s Behavioral Health Initiative as one of its approved EPSDT screening questionnaires;
- Recognized and recommended by the American Academy of Pediatrics for use in adolescents;
- Validated for use with youth from ages 12 – 21;
- Revised, with permission, for use with questions specific to substance use in youth in Massachusetts; and
- Recognized by MassHealth for use in school screenings.

Confidentiality:

Are the screening results confidential? Mass. Gen. Laws c.71, §97(c) was recently amended. The following language took effect on August 9, 2018:

“(c) Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law; provided, however, that the screening required under this section shall be implemented in accordance with applicable state and federal laws and regulations pertaining to student confidentiality, including rules and regulations promulgated pursuant to section 34D. Such consent shall be documented on a form approved by the department of public health and shall not be subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.”

What assurances should we provide to students regarding confidentiality? The *SBIRT Introductory Statement* should be read to students by the screener prior to asking the questions on the CRAFFT-II Tool:

“There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else’s safety. Additionally, you, your parent, or your guardian, could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?”

What about our relationships with our students when we tell them their conversations are confidential and then we tell them we may need to break that agreement? Isn’t this a “bait and switch” situation that will harm our relationships with our students? It is important for the students to understand the introductory

statement. It is true they may choose not to disclose at the time of the screening based on the introductory statement. However, you will be building a trusting relationship with the student based on their understanding of the caveats of confidentiality. It is also important to let students know that you are always available to serve as a resource and support for them regardless of participation in the SBIRT screening.

How should screeners explain the limitations of confidentiality in a way that will encourage participation in the screening and also encourage the student to be honest in his or her answers? The screener should use the introductory statement as a guideline to answering student concerns about screening results. Once the introductory statement has been read and student questions or concerns have been addressed, the student has the right to opt out of the screening.

What if a student has concerns about a parent/guardian calling to ask about his or her screening results? There is no record of results that identifies students individually.

What if a parent/guardian calls the school seeking information about their child's screening results? The best practice for parent/guardian inquiry would be to take a message and return the phone call after the relation/custody and contact information can be confirmed based on school protocols. Convey to the parent/guardian that no record of screening results is kept and explain the caveats of confidentiality in the introductory statement.

At what point do we disclose a student's screening results? Who makes this decision? The determination of "cases of immediate medical emergency or when a disclosure is otherwise required by state law" is made on a case-by-case basis, based on a student's response to the screening questions. This decision is made by the screener. Typically, students do not disclose this level of information unless they are seeking help or they are concerned for themselves or someone else. If you have a specific question regarding your obligations under state law, discuss this with your administrator, who may contact the school district's legal counsel.

Responding to screening results:

What if a student refuses to be screened? Students have the right to "opt-out" of the screening. It is beneficial if you have a conversation to let them know that you are available as a support for them or as a resource if they would like to seek more information about the screening process or substance use education, referral or treatment. The encounter would be documented as "Student opt-out" on the MDPH Data eCollection tool.

What if the student declines follow-up? The benefit of SBIRT screening is the proximity and the relationship with the students and the ability of the screener for continued communication with the student. The referring screener should follow up with the student. School staff members are aware that it takes persistence, patience, and persuasion to get students to do what is in their best interest. The initial goal would be to

determine the motivation behind the student's refusal and to continue to provide support while determining the level of risk.

What about students who are currently in treatment for substance use? Are those students screened? Yes. This is an opportunity to reinforce their participation in treatment or their ongoing recovery efforts. The student may appreciate the chance to discuss successes and challenges. Likely, a referral would not be necessary or appropriate if they are actively engaged in treatment.

Making a Referral:

- **Follow-up between the original screener and student-** The original screener makes an appointment/follow-up time directly with the student for continued discussion, education, and support. There are no screening results or personal notes. Typically this is done on a calendar with initials only. There is no consent form indicated for this. The MDPH Data eCollection tool indicates an in-school referral with no identifying information.
- **Follow-up between a student and another school professional-** Students who need a follow-up conversation to increase awareness and build motivation to change at-risk behaviors related to substance use may be referred to in-school resources such as the school adjustment counselor, school psychologist, or school nurse with consent. The *consent for disclosure* form (which includes no results) would allow you to share the information verbally with the receiving professional, preferably with the student present if the student wants to be included in the conversation. The MDPH Data eCollection tool indicates an in-school referral with no identifying information.
- **Outside referral for substance use-** Infrequently, based on SBIRT screening results and assessment by school professionals, students may need to be referred to outside individuals/agencies for further assessment, evaluation or treatment. Often the screener makes a phone call to the parent/guardian with the consenting student present to discuss contacting the student's primary care physician for next steps. Indicate the type of provider the student was referred to on the MDPH Data eCollection tool.
- **Immediate medical emergency-** If screening and subsequent assessment indicate immediate threat of harm to self or others, or a medical emergency, an outside referral, crisis intervention, or 911 call should be initiated based on school procedures. Indicate the type of provider that the student was referred to on the MDPH Data eCollection tool.

How do we build a referral network when our students come from many different towns? The Bureau of Substance Addiction Services-funded Regional Substance Addiction Prevention coalitions are a resource for building community. Outreach to the Massachusetts Substance Use Helpline <http://helplinema.org> (800-327-5050) will provide

information on current support in or near your community and help with age-appropriate referral and treatment of students. The Helpline can provide referral resources for you, the student, parents, guardians, or health care providers.

If a student consents to follow up within the school, or to be referred to an outside provider, how should screeners keep track of this information? Where can they record names and follow-up measures? The law provides that “[n]o record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.” (M.G.L. c.71, § 97(c)).

If a student is being referred, who keeps the consent for disclosure form and for how long? Where should it be kept? The SBIRT Team should discuss storage of the *consent for disclosure* forms district-wide for consistency. Whether a student’s *consent for disclosure* form is maintained in the school nurse’s office or elsewhere in the school, the form is considered part of the student’s temporary record. Massachusetts regulations governing student record retention and destruction are found at 603 CMR 23.00.

Since there is no written record of the screening that includes information that specifically identifies each student, how will screeners provide screening results to parents/guardians who call after screenings are completed? How will the school know which screener worked with which student? What if the screener works in another school within the district, and was only available to assist with screening? The district’s SBIRT Team should discuss how to handle these conversations district-wide for consistency. The school may have assigned certain classrooms to specific screeners but each screener may not remember results of any particular student.

Overall, the information below is what is recommended to be conveyed to parents/guardians:

- Parent/guardian engagement and participation is an important factor when working with students in schools. Schools can offer information and support for parents/guardians who want to engage in substance use prevention conversations with their children. A meeting can be arranged at the school with appropriate personnel to discuss the screening questions and process as well as provide information and education for talking with students about substance use.
- The school nurse or screener could offer to meet with the parent/guardian and student, while noting that the confidentiality protections built into the law do not allow schools to make a record of any statement, response, or disclosure by a student in the verbal screening that identifies the student.
- The school nurse or screener could explain that if a student’s responses determined that there was an immediate risk to his/her health or safety, the parent/guardian would have already heard from the screener.

- Has the parent/guardian had the opportunity to talk with their child about the screening results or what was said at that time? Parents/guardians may want to use this as an opportunity to have a conversation with their children about alcohol and other drug use, family expectations, and family values. There are resources available to families and students to inform that conversation on the MASBIRT.org website. In addition the Massachusetts Health Promotion Clearinghouse (<http://massclearinghouse.ehs.state.ma.us>) has a wealth of materials to help parents and guardians discuss alcohol and drug use with children of all ages. (These materials are free and can be ordered in bulk by your school; they can also be ordered or downloaded individually.)

How should school personnel address parents/guardians who call or email to request their child’s SBIRT screening results? The School SBIRT Team should discuss how to handle these conversations district-wide for consistency. These questions should be discussed with the school administrator who may consult with the school district’s legal counsel. An in-person conversation with the parent/guardian is always best; that way, a supportive and educational approach and alliance can be built between parent/guardian, student, and school professional. It is best to have this conversation in person with the student present. The screener, if available, can state to the parent/guardian that nothing stood out that triggers a specific memory of the conversation and that the results fell within the “no” to “low-risk” range. It is an opportunity to educate the parent/guardian about substance use educational materials and resources as well as the educational information provided to the students.

Data collection/Documentation:

The data collection tool asks if the student attended the referral appointment. How will screeners know the future outcome for data entry at point of care during the screening? Often screeners will not know the outcome and should choose “unknown” from the drop-down menu. Only if the referral follow-up has been confirmed should it be recorded.

How do we document when we are unable to screen a student? The data collection tool asks for total number of students enrolled in the grade, parent/guardian opt-outs, and student opt-outs. There will be a discrepancy between the number enrolled and the number screened if all students are not screened. Screeners should not alter the student or parent/guardian opt-out numbers to accommodate students who were not screened for various reasons, i.e., hospitalized, non-communicative, non-verbal, communication disorders, severe special needs students, etc. A comment with this explanation may accompany the email that is sent with the data file.

How do we document screenings for annual/monthly reports? The counts are recorded on the annual report, but do we record *anything* in the health record—e.g., “screened” and if not, how do we confirm that we actually did the SBIRT screening as mandated? Currently the only record for SBIRT screening is the MDPH Data eCollection Tool, and the number of students screened is within the report.

If we have a student follow-up visit as a result of an SBIRT screening (i.e., ongoing counseling and re-assessments), do we record this visit in the health record? What codes do we use? This might be recorded as an office visit without mention of the SBIRT screening results. The School SBIRT Team should discuss how to handle these conversations district-wide for consistency.

Special Populations:

How do we screen English language learners? The CRAFFT–II Screening questionnaire is available on the MASBIRT website in many different languages. Even if a student is conversant in English, it may help to see the actual questions in his or her native language and provide the parent/guardian with the appropriate language. Interpreters may be used based on school procedures.

Additional Resources:

- MDPH SBIRT in School Coordinator-contact information is found on www.masbirt.org/schools webpage.
- DESE's Office of Student and Family Support may be reached via atod@doe.mass.edu or 781-338-3010.
- School Health Institute for Education and Leadership Development may be reached at www.shield-bu.org for SBIRT training registration and materials.