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BACKGROUND

Development of these guidelines was a result of a collaborative effort of the Massachusetts Department of Elementary and Secondary Education (DESE), the Massachusetts Department of Public Health (MDPH), School Health Services; Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS); and MASBIRT. These guidelines for SBIRT in Schools address current practices for conducting verbal substance use screening, brief intervention and referral of students.

GOALS OF THE GUIDELINES

The goals in screening students for use of alcohol and drugs are to provide for early identification and prevention of risk of harm from substance use. Achieving these goals requires the collaboration of parents/guardians, local health care providers, students, school nurses and counselors, and other members of the school staff and administration.

These guidelines provide recommendations on establishing a verbal substance use screening program in school including:

- A description of M.G.L. Chapter 71, Sections 96 & 97 that requires implementation of verbal substance use screening of students in two grades in a school district.

- A description of the systematic planning and school team approach necessary to establishing the program;

- Detailed policies and procedures for conducting screening of students for substance use risk;

- A detailed discussion of a district’s responsibility to protect the student’s right to privacy and confidentiality under the law;

- Guidelines for team member roles and responsibilities in implementing a substance use screening program; and

- A description of the screening process, MDPH approved screening tools, and resources for referrals.
PREVENTING RISK OF HARM THROUGH UNIVERSAL SCREENING

The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking (2007) has reported that screening for substance use among adolescents, combined with appropriate intervention and follow-up, can help to reduce substance use related harm during adolescence. Substance use among young people is common; it’s risky and can result in other unintended issues and problems. It may result in long-lasting functional and structural changes in the brain. It’s a marker for other unhealthy behaviors; for many young people it is the first risky behavior tried. (NIAAA, 2011; Meich, et al, 2016; Weinberg, et al, 1998)

As trusted healthcare providers in the school, the school nurse and counseling staff are uniquely positioned to discuss substance use among young people, identify early substance use and its related risks and problems, and intervene when appropriate. Under H.4056: An Act relative to substance use, treatment, education and prevention, signed into law March 14, 2016 (also being called the “STEP Act”) all public school districts must utilize a verbal screening tool to screen pupils for substance use. This universal health screening must be performed annually in two different grade levels.

Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) focuses on prevention, early detection, risk assessment, brief counseling and, when needed, referral. Use of a validated screening tool will enable school nurses and counselors to detect risk for alcohol and drug use and related harm and to address them at an early stage in adolescents. SBIRT may also alert school nurses and other school staff to students who may need attention for other risky behaviors and related mental health concerns.

The verbal substance use screening tool (CRAFFT II) selected by the Massachusetts Department of Public Health and the Department of Elementary and Secondary Education is empirically based and developed through primary research (Knight 2002; Levy, et al, 2004). It can be incorporated easily into student discussions as part of a universal grade level screening. The brevity, the ease of use, and the predictive strength of the screening tool will assist trained school staff to promote healthy behaviors.
identify substance use, and to provide appropriate counseling and referral as necessary to prevent harm at the earliest possible stages among students.

H. 4056, AN ACT RELATIVE TO SUBSTANCE USE, TREATMENT, EDUCATION AND PREVENTION:

M.G.L. CHAPTER 71, SECTIONS 96 & 97

Enacted in March 2016, H. 4056, An Act relative to substance use, treatment, education and prevention, commonly called the “STEP Act,” aims to reduce risk of harm from substance use in adolescents by conducting verbal screenings and providing education around the risks related to substance use. In summary, H. 4056 amended M.G.L. Chapter 71, Sections 96 and 97 and requires all public school districts to:

• Develop and publish policies around substance use prevention and education of its students about the dangers of substance use.

• Utilize the verbal screening tool approved by MDPH and DESE to screen pupils for substance use disorders.

• Conduct the verbal screening annually in two different grade levels based on MDPH/DESE recommendation. This must be implemented by the 2017-2018 school year.

• Notify parents about the verbal screening prior to start of school year.

• Allow an option for pupils and/or parents to opt out of the screening in writing.

• Report de-identified data to MDPH within 90 days of screening completion.

• Provide Bureau of Substance Abuse Services educational materials on the dangers of opiate use and misuse to all students participating in extracurricular athletic activity prior to the commencement of each athletic season.

A complete copy of the bill can be found in Appendix A.
SBIRT IN SCHOOLS

WHAT IS SBIRT

SBIRT (Screening, Brief Intervention, and Referral to Treatment) takes a proactive approach to promote prevention and identify early risk of harm in both middle school and high school students. SBIRT is a research-based framework that has been shown to be particularly effective at motivating adolescents to change harmful substance use (Harris, et al, 2012; Walton, et al, 2014). SBIRT is not drug “testing” or a treatment program. It is a personal interaction between the trained SBIRT screener and a student that supports their social and emotional growth while assessing for risk of harm due to substance use. There are three components of the SBIRT framework:

SCREENING: SBIRT employs a validated verbal substance use screening tool (see appendix B page 35) to identify substance use and risk. Students who report no substance use (negative screen) receive positive reinforcement for this healthy decision. This positive reinforcement is protective (Walton, et al., 2014) and a key element to the primary prevention goal of using universal screening in schools.

Screening, Brief Intervention, Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing them. SBIRT is based on public health principles and procedures, and is designed to reduce the burden of injury, disease and disability associated with the misuse of psychoactive substances, particularly alcohol, illicit drugs, tobacco products, and prescription medications with high abuse potential. (Barbor, et al, 2007)
**BRIEF INTERVENTION:** The brief intervention is a structured conversation that provides positive reinforcement for healthy choices, feedback and education about substance use, and increases student awareness and insight about risks related to substance use. For **students who screen positive**, this structured, collaborative conversation is designed to build motivation to change behavior. Brief intervention also provides an opportunity to share expert health promotion and disease prevention advice. Conversations are non-judgmental, non-confrontational, directive, and are based in motivational interviewing principals and techniques.

**REFERRAL TO TREATMENT:** Students who screen positive are referred to in-school or outside resources for further assessment, follow-up, and treatment as needed. In school, services may be provided by behavioral health professionals such as an adjustment counselor. Some students may require more intensive therapies or substance use services than can be provided by school health professionals. In these rare circumstances, out of school referrals may be indicated.

**UNIVERSAL HEALTH SCREENING FOR SUBSTANCE USE**

Universal screening of adolescents using validated tools is a proactive approach to promoting healthy choices and identifying students at risk of harm from substance use. Since the signs and symptoms of substance use and misuse are often subtle and can be misinterpreted as “typical” adolescent behavior (e.g., withdrawn, poor sleep habits, failure to complete assignments), identifying which students are at risk is difficult unless a universal screening approach is employed. Similar to other health screenings, such as vision and hearing screening, universal substance use screening provides a tool for early identification of risk of harm so that appropriate interventions can be instituted. In addition, universal screening provides an opportunity to educate students and reinforce healthy behaviors. Routine, universal health screenings demonstrate...
concern for the health of all students as all students in a select population are screened and none are singled out.

5 WAYS SBIRT CAN HELP IN SCHOOLS:

SBIRT can help schools in their efforts to reduce risk of harm due to substance use in a number of ways:

1. **Teens (and adults) often don’t understand the impact of alcohol and drug use on their health.** Providing education is integral to the screening process. All students who participate in substance use screening are provided with information on how alcohol and drugs can negatively impact their health and development. This education is used as a tool to encourage continued healthy choices for those who are not using alcohol and/or drugs or as a basis to begin building motivation to change in students who have started (or are) using alcohol and/or drugs.

2. **SBIRT opens up a dialogue with the student that can improve overall health and safety.** The structured conversation and motivational interviewing techniques used during the verbal screening process opens a dialog with students about their health and safety. The private and confidential nature of the screening process provides a safe setting for students to discuss sensitive topics with caring adults. The screening process provides an opportunity to build trusting relationships between students and their school health providers. The overall health and safety of students can improve as students seek help from these trusted adults for any social or emotional issue for which they need support.

3. **SBIRT reinforces and supports continuation of safe choices.** A key element of the substance use screening process is to provide positive reinforcement for making healthy choices. Students who show no sign of substance use activity (negative screen) receive not only positive reinforcement for their healthy choices, but are also given information on how alcohol and drugs can negatively impact their development. Motivational interviewing is used to guide students toward making healthy choices. Research has shown that adolescents continue to put off using substances when they receive personalized feedback and are engaged in non-judgmental conversation through SBIRT; and brief intervention leads to stopping or reduction in use in those who have been engaging in substance use behaviors (Walton, et al., 2014).
4. **SBIRT helps to identify and to intervene with teens with, or at risk for, substance use.** Research has shown that screening can identify people whose substance use can put them at-risk of harm (i.e., automobile crashes, falls, fights, pregnancy) or for developing long-term alcohol or drug problems (Babor, et al., 2007; Hingson, et al., 2006). Early identification of students who are using alcohol and/or drugs is key to preventing harm and chronic substance use disorders.

5. **Provides appropriate counseling and brief intervention, including referral, when needed.** The process of implementing SBIRT requires school teams to review and update policies and procedures to ensure appropriate systems are in place for students who need services. Prior to implementing SBIRT, school teams plan in-house communications systems, assess available referral services in-house, and make community connections for outside referrals should these be needed. This systematic approach helps schools strengthen their teams and build important community links that will benefit all students in need of mental health services and substance use interventions and referrals for treatment.
PLANNING & IMPLEMENTATION

Establishing a verbal substance use screening program in schools requires comprehensive planning. A number of steps are involved in this planning process, including:

- Building Community and Administrative Support
- Engaging Key Stakeholders
- Establishing the School SBIRT Team
- Participating in MDPH Approved Training Requirements
- Selecting the Grades to be Screened
- Identifying screening spaces that protect student privacy during screening
- Selecting a Time Period for Screening
- Obtaining the verbal substances use screening tool
- Developing Procedures for Referrals
- Establishing Communications systems to obtain Consent to Screen
- Establishing Data Collection and Reporting procedures
- Reviewing and updating policies and procedures to ensure student Confidentially of Student Health Information

Each of these steps is discussed in detail below.

COMMUNITY AND ADMINISTRATIVE SUPPORT

The success of the SBIRT screening program depends on close collaboration between team members, good communications with students, families, and key stakeholders, careful attention to protecting student privacy and confidentiality, and fidelity to the screening protocols. Strong administrative leadership and support is necessary to ensure the elements needed to create a successful program are in place. The role of administrators is detailed in the SBIRT team section below.

KEY STAKEHOLDERS

Educating and protecting students from harm requires a community-wide effort. Planning and implementing a successful substance use screening program requires that school teams make connections with key community stakeholders to support their efforts. Each stakeholder brings something important to the table in preventing and reducing substance use behaviors in adolescents. From sponsoring and funding
community educational forums to expanding referral and student support services, local stakeholders help school districts develop a comprehensive approach to substance use prevention for their students. **SBIRT teams are encouraged to identify and make linkages with key community stakeholders in their planning process.** The Department of Public Health Bureau of Substance Abuse Services’ Office of Youth and Young Adult Services funds a Central Intake number (800 327 5050) and can provide consultation and referral to age appropriate treatment providers in your region and throughout the state.

**THE SCHOOL SBIRT TEAM**

The school SBIRT team consists of health and wellness professionals (i.e., registered nurses and counselors), administrators, and educators. Together these professionals review and update school policies and procedures, make connections with stakeholders and referral resources, and develop implementation plans. Some of these team members will also be responsible for conducting the screening.
THE SBIRT SCREENING TEAM

A subset of professionals who are part of the school's SBIRT team will focus specifically on conducting substance use screening of students in the selected grades.

The nature of screening is to assess student risk of harm from alcohol or drug use. Hence, all screening team members should have the educational and clinical background to conduct risk assessments, provide appropriate referrals, and implement all aspects of the screening program. School professionals with these skills include: nurses, adjustment counselors, substance use counselors, school psychologists, school counselors/guidance, transition counselors, and possibly health and wellness educators.

Once trained, screening team members are responsible for conducting the screening, brief interventions, and any referrals to treatment according to MDPH approved procedures. Many school screening team models exist across the state. Determining which members of the team will be involved in the various aspects of the program (i.e., screening, positive reinforcement and brief intervention, versus acting as in-house referral for further assessment, counseling, and possible referral to outside treatment) is a local district decision. The school nurse should be involved in all aspects and will most often be the logical lead for this health-focused process. Regardless of the model used, strong communication systems and procedures should be in place between all members of the SBIRT team to ensure students receive appropriate services and that their rights to privacy and confidentiality are protected as detailed in M.G.L. Chapter 71, Section 97 as well as other state and federal confidentiality standards.

It is recommended that the SBIRT health screening program be conducted under the direction of the SBIRT Coordinator who should be a school (registered) nurse.

TEAM MEMBER ROLES

Each team member plays an important role in designing and implementing the school's substance use screening program:

SBIRT COORDINATOR

Some schools have found it helpful to appoint an SBIRT Coordinator who is responsible for overseeing the development of screening policies and procedures and managing the day-to-day aspects of screening, such as notification of the screening dates to parents, guardians, students and other staff, scheduling and coordinating the screening process,
managing data, ensuring screening materials are up to date, and ensuring that the screening process is being conducted with fidelity.

The SBIRT coordinator is commonly the district nurse leader or a school nurse who has been given the time, resources, and authority to manage the program. (A school nurse is a licensed registered nurse with a baccalaureate degree who has met the licensing requirements of DESE).

**ROLE OF THE SCHOOL NURSE**

Supervising and implementing school health screenings is the mandate of the school nurse. Similarly, the district’s verbal substance use health screening program should be managed by a school nurse.

The school nurse's role in the substance use screening program further includes:

- Conducting risk assessments by using the approved verbal screening tool;
- Providing prevention education (for both individuals and groups);
- Providing brief interventions using motivational interviewing techniques;
- Referring students to in-school or outside resources for further assessment, follow-up, and treatment as needed;
- Conducting health assessments for any individual student co-morbidities, such as chronic illnesses (e.g., diabetes, asthma, seizure disorders, etc.) and mental health concerns (e.g., depression, anxiety disorders, stress, etc.) as increased risk factors in substance use.
- Counseling (e.g., motivational interviewing);
- Consulting and collaborating with school behavioral health service professionals to provide ongoing support services to students, including follow-up as needed;
- Collaborating with parents/guardians.

The school nurse is a health resource/health educator, working with the student and parent/guardian to assist in accessing appropriate treatment programs. In some cases, the nurse may also need to provide emergency treatment for substance use in the school until emergency medical services arrive. These responsibilities are always performed in collaboration with other members of the School Assistance Team.

**ROLE OF SCHOOL COUNSELORS AND BEHAVIORAL HEALTH SERVICE PROFESSIONALS**

For many school districts, providing intensive substance use treatment services may not be possible or warranted. However, recent research indicates that brief
interventions can be effective for youth with moderate substance use problems, and such limited interventions may be within the scope and resources of school counselors. (Curtis, et al., 2014)

The role of school counselors (i.e., adjustment, guidance, transition, substance use counselors, etc.) and other behavioral and psychological service professionals in the substance use screening program may vary in each district. In some school districts, professionals may be part of the Student Assistance Team and may also participate in the screening process. Such specialists may be district or school employees, or may provide services on a contractual basis. The roles of these individuals may include:

- Conducting risk assessments by using the approved verbal screening tool;
- Providing brief interventions using motivational interviewing techniques;
- Providing assessment, referral, and follow-up to outside resources as needed;
- Providing on-site counseling services, which may include substance use counseling;
- Consulting and collaborating with school nurses and other behavioral and mental health service professionals to provide ongoing support services to students;
- Providing follow-up for students identified as moderate to high risk as a result of the universal screening program;
- Delivering a substance use prevention curriculum;
- Providing consultation to teachers and other appropriate school personnel;
- Providing crisis intervention and referral, as needed; and
- Providing educational workshops relevant to adolescent substance use and misuse for parents and school personnel.

**ADMINISTRATORS**

Administrators are important leaders and facilitators of the universal substance use screening program. They are responsible for ensuring the program is implemented and that it meets all regulatory requirements. The role of the administrator includes:

- Recognizing and supporting the school nurse's professional role as manager of the verbal substance use screening program;
- Recognizing and supporting the need for a multi-disciplinary “team” approach to implementing the verbal substance use screening program, facilitating the establishment of the team, and supporting ongoing communications between team members;
• Ensuring sufficient staff resources for completing the screening, brief intervention and referral to treatment process;
• Becoming informed about substance use, its particular risk of harm to adolescents, and the procedures, goals, and anticipated outcomes of conducting the verbal substance use screening program in the school;
• Participating in the development and implementation of school policies for the mandated substance use verbal screening program and ensuring that student confidentiality requirements are met;
• Ensuring the school has a policy regarding substance use prevention and education of students about the dangers of substance use, that parents and guardians are informed of this policy, and that the policy is posted on the school’s website (M.G.L. c. 71, s. 96);
• Ensuring that the school’s athletic program complies with regulatory requirements for informing students about opiates;
• Understanding the federal and state laws that apply to protecting student records and, in particular, the confidentiality of students with substance use concerns and access to treatment, including: M.G.L. c. 71, s. 97.c.; M.G.L. c.112, s.12E; M.G.L. c.112, s.12F; 603 CMR 23.00 and 603 CMR 23.04; FERPA; HIPAA; and 42 CFR Part 2; For more information on these laws see page 26 through 28
• Collaborating with the school nurse to ensure that parents and guardians are notified of the screening prior to the start of the school year and given the opportunity to opt out in writing;
• Emphasizing to parents and community members that student screening results are to be kept confidential; emphasizing to school staff, including coaches, that screening results will not be shared with them;
• Ensuring that all members of the verbal substance use screening team are trained prior to participating in screening and have opportunities to attend ongoing professional development as needed; and
• Ensuring that all data collected during the screening meets regulatory requirements for protecting student privacy and confidentiality (i.e., no identifiers on any data collection tool) and that no student identifiable data is released to the public.

**STUDENT ASSISTANCE TEAMS**

A Student Assistance Team (SAT) provides the necessary link between a school’s instructional functions and its guidance, counseling, and health service delivery programs. A SAT has the following functions: providing opportunities for prevention, identifying and referring students, providing ongoing case management, and recommending policy and program changes to improve the school’s climate and
educational and support services. Its primary goal is prevention and early intervention. Policies must be developed for SATs and should include provisions for parent/guardian notification, consistent with Massachusetts General Law and FERPA regulations that govern public school health records.

**HEALTH AND WELLNESS EDUCATORS**

Health and wellness educators are key members of the school SBIRT team. These professionals are responsible for instruction around the risks of substance use and are uniquely positioned to understand and influence student perspectives and attitudes. Health and wellness educators should collaborate with the universal substance use screening team to recognize substance use trends and provide additional classroom instruction as needed. In some districts, depending on their roles and skills, these educators may also be part of the screening team.

**ATHLETIC ADMINISTRATORS AND STAFF**

Athletic administrators are responsible for ensuring that the school’s athletic policies meet regulatory requirements under H. 4056, Section 33. Under this Act, all students who participate in the school’s annual head injury safety program must receive Bureau of Substance Abuse Service (BSAS) educational materials on opiate use and misuse. In addition, this administrator must ensure that these materials are distributed in written form to all students participating in extracurricular athletic programs prior to the commencement of their athletic season. The school policies and BSAS educational materials must be posted on the school’s website.

Athletic administrators and staff should understand the purpose and nature of the verbal substance use screening program. In particular, they should understand and adhere to program’s policies and procedures around confidentiality and privacy.

**TRAINING REQUIREMENTS**
School professionals involved in screening students using the verbal substance use tool must be properly trained in its use and carefully adhere to screening guidelines. Fidelity to the screening protocol must be maintained.

SELECTING THE GRADES TO BE SCREENED

Every public school district must annually screen students in two different grade levels. It is recommended that districts screen students in one middle school and one high school grade. Where available, each district should use local community data to determine which grade levels of students will be screened. Data can include surveys (i.e., Youth Risk Behavior Survey), disciplinary reports, school nurse and counselor data, police reports, District Attorney data, or other local data that is instructive on youth substance use and risk behaviors in the community.

Based on this data, implementation of the verbal substance use screening should be done at the grade level prior to the grade where increased high risk substance use behavior is noted in the community. Screening of students in grades 7 and 9 is recommended unless local data suggests otherwise (i.e., substance use behaviors increase in grade 9 suggesting screening should be conducted in grade 8 and again in grade 10).

SELECTING A TIME PERIOD FOR SCREENING

A definitive period of time when these screenings will be conducted should be determined. Districts may choose the time period to conduct these screenings based on local needs and systems in place. For example, some districts conduct the verbal substance use screening during other routine health screenings (i.e., vision, hearing); others collaborate with health and wellness educators and conduct this screening when substance use topics are being taught in the classroom. No one model is specifically recommended; however, school districts with experience conducting SBIRT suggest considering the following points:

- Allow sufficient time prior to screening day to adequately inform parents or guardians and students about the screening (Note: districts must inform parents and guardians about the screening prior to the start of school. It is also...
recommended that reminders be provided to families prior to the actual date of screening;

- Choose a time when sufficient staff will be available to conduct the screening efficiently and perform referrals as needed;
- Plan the schedule so screening sessions with students will not be rushed and team members will have time to meet after screenings are completed;
- Avoid screening on Fridays, the end of semesters or trimesters, or at the start of holidays or vacation periods when referrals and follow-up assessment and education are most difficult.

### PROTECTING STUDENT PRIVACY DURING SCREENING

Student privacy during the screening process must be carefully protected. Screening should be performed in locations where student privacy can be assured. Locations where conversations can be heard (i.e., behind a privacy screen) are inappropriate for conducting this screening and can violate a student’s right to privacy. Some schools have implemented the use of white noise machines to provide added protection in locations where walls are thin and voices carry.

To protect student privacy and confidentiality, no names should be recorded on any of the screening or data collection tools. Further information on protecting confidentiality is detailed in the Confidentiality of Student Health Information section below.

### THE VERBAL SUBSTANCE USE SCREENING TOOL

There are a number of verbal tools available to screen for substance use. The MDPH SBIRT in Schools verbal substance use screening requires the CRAFFT II screening tool for all students in grades 7 and up (Note: If a school district wants to screen children in grades six or under, consult with MDPH for guidance on appropriate tools and training).

The CRAFFT screening tool has been used in primary care settings since the 1990s. It is a behavioral health screening tool that has been validated for use in youth ages 12 and up (CeASAR, n.d.). It is the most thoroughly studied and...
widely used adolescent substance use screen in the nation and globally (Dhalla, et al, 2011; Harris, et al, 2014). CRAFFT is recommended by the American Academy of Pediatrics’ Committee on Substance Abuse (AAP, 2011) and by the National Institute of Alcohol Abuse and Alcoholism in its 2011 practitioner’s guide “Alcohol Screening and Brief Intervention Guide for Youth. (NIAAA, 2011). The CRAFFT II, which is the MDPH approved tool for use in the school verbal substance use screening program, is the most recent version of this well researched screening tool.

All school professionals who screen students using this tool must participate in MDPH approved SBIRT in Schools training.

TO PROTECT STUDENT PRIVACY AND CONFIDENTIALITY DURING THE SCREENING PROCESS, NO NAMES SHOULD BE WRITTEN ON THE SCREENING TOOL.

DEVELOPING PROCEDURES FOR REFERRALS

While most students will only need feedback and positive reinforcement, a procedure for follow-up and in-school referral for those students who are identified at risk should be established. If a referral is required, this should be completed the same day as the screening. Students who require a referral for further assessment and evaluation should be monitored with a follow-up within no more than two weeks from the time of referral.

It should be determined under what circumstances confidentiality will be breached in order to facilitate a referral for additional treatment outside the school system for students who screen positive for high risk or show signs of substance use escalation or other risk behaviors. SBIRT teams and administrators should review their existing policies and guidelines on referring students for substance use problems and other risk behaviors to ensure that students receive the needed health care services while safeguarding their right to privacy and confidentiality under the law.

M.G.L Chapter 71, Section 97 (c), requires that pupils and the parent or guardian must consent in writing on an MDPH approved form prior to disclosure of any information gathered during the screening process. See Confidentiality of Student Health Information for further information. Note that this consent only obtains student and parent and guardian permission to disclose SBIRT screening information. If a student is referred for outside services, students and parents should be encouraged to sign a separate release to allow health care providers to share treatment information with the school.

IDENTIFY RESOURCES FOR REFERRALS
IN SCHOOL REFERRALS

In school referrals may be made to school behavioral or mental health professionals for further assessment, interventions, and possible outside referral for services as needed (see Role of School Counselors and Behavioral Health Service Professionals above for details). During the screening process these professionals should be readily available to accept student referrals from the screening team when appropriate. Implementation plans and protocols must clearly identify the process for referring students whose screening results merit further attention, including how information will be communicated between screening team members and in school referral sources.

OUTSIDE SCHOOL REFERRALS

Prior to implementing the screening program, it is recommended that the SBIRT team identify sufficient community resources for referral and follow-up services. The SBIRT team should meet directly with regional and local youth and young adult treatment providers to establish appropriate linkages. The Bureau of Substance Abuse Services (BSAS) provides a wealth of information on available services. See their website at http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/addictions/drugs-and-alcohol/youth-services.html.

Procedures for making outside referrals should be established, including which team members will make referrals, how written consent to disclose confidential information will be obtained from students and their parents or guardians, and how information will be communicated between team members and with student and the student’s parents or guardians.

The decision to refer students for outside services should be based on the clinician’s assessment of a student’s risk of harm that is consistent with parameters typically used within the district. It is recommended that two SBIRT team members (i.e., the nurse and a mental health professional) consult with each other prior to making a decision to break a student’s confidentiality.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION
Before disclosing the results of a verbal substance use screen to anyone, written consent must be obtained from the student. Parents or guardians must also consent in writing to allow the disclosure of this confidential information to outside providers. An MDPH approved consent form must be used (M.G.L. Chapter 71, Section 97 (c)). A copy of the approved consent form is provided in Appendix C.

CONSENT TO SCREEN

Parents must be informed about the plan to conduct this screening prior to the start of the school year (M.G.L. 71, Section 97 (a)). It is recommended that a reminder notice also be provided to parents a short time prior to when the screening is to occur and that multiple methods of communication are utilized. Parents should be informed that verbal substance use screening is part of the school’s routine health screenings for its students, and that the screening is universal for all students in the selected population; students are not "pre-selected" for this screening.

Districts should also develop systems for educating both parents and students about the screening program prior to conducting screenings. A pupil or the pupil’s parent or guardian may opt out of the screening by written notification at any time prior to or during the screening.

For sample parent notification and opt-out letters see appendix C section.

SPECIAL POPULATIONS

Certain students may not be able to participate in verbal substance use screening due to

M.G.L. Chapter 71, S. 97 (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. 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
disability, language, or cultural barriers.

The CRAFFT II screening tool is available in multiple languages which may be used if a district has appropriately trained screening team members capable of using these tools.

Some districts have noted increases in substance use among children starting before the 7th grade. The CRAFFT II screening tool and brief intervention process is not developmentally appropriate for young children. Districts may consult with MDPH about working with this special population.

Students who cannot be screened due to any of these or other special concerns should be referred to their primary physicians for assessment.
DATA COLLECTION & DOCUMENTATION

DATA COLLECTION AND REPORTING

Schools must ensure that student responses to verbal substance use screens are kept in confidence. Results of the screen may not be shared by screening team members to any other person in any form, including verbally, in writing, or in electronic form.

Basic demographic data, screening results, and interventions shall be collected and reported to MDPH within 90 days of completion of the screening. The MDPH data collection tool is provided in Appendix D.

No identifying data is to be collected or recorded on any student. Student names must not be recorded on any data collection or screening tool.

If a concern of risk of harm for a student is identified and a screening team member questions whether this information should be recorded or released, school procedures developed for this screening program regarding referral and consent to disclose should be followed.

RECORD KEEPING

1. No record of the screening result is to be placed in the student’s school or health record.
2. Sample picture of the spread sheet

“No 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. Chapter 71, Section 97 (c)
CONFIDENTIALITY

STATE AND FEDERAL LAWS THAT GOVERN MINOR RIGHTS TO CONFIDENTIALITY

This section is provided as a general reference only and should not be considered legal advice. School health providers should consult legal counsel for specific questions and further clarification.

MASSACHUSETTS LAWS

(M.G.L. CHAPTER 71, SECTION 97)

Under M.G.L. Chapter 71, Section 97, information disclosed by students during verbal substance use screening is confidential and may not be disclosed without prior written consent of the pupil and his/her parent or guardian unless there is an immediate medical emergency. In addition, no record in any form shall be made that includes information identifying the student. The law states:

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. 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.

The Department of Public Health approved consent form can be found in Appendix C.

M.G.L. CHAPTER 112, SECTION 12E

Under Massachusetts law (M.G.L. c.112, s.12E), drug-dependent minors may consent to medical treatment related to their drug dependency. The law states:

“A minor twelve years of age or older who is found to be drug dependent by two or more physicians may give his consent to the furnishing of hospital and medical care
related to the diagnosis or treatment of such drug dependency. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent or legal guardian of such minor shall not be necessary to authorize hospital and medical care related to such drug dependency and, notwithstanding any provision of section fifty-four of chapter one hundred and twenty-three to the contrary, such parent or legal guardian shall not be liable for the payment of any care rendered pursuant to this section. Records shall be kept of such care. The provisions of this section shall not apply to methadone maintenance therapy.”

In instances such as drug overdose, M.G.L. c.112, s.12 F, which governs emergency treatment of minors, also applies. Section 12 F states:

“No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient.”

It is important to note that under M.G.L. c.111B, s.10, the consent of the minor and a parent may be needed for some substance treatment programs.

**FEDERAL LAW:**

**HIPAA AND 42 CFR PART 2**

Federal medical privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) allow adolescent health care providers to “honor their ethical obligations to maintain confidentiality consistent with other laws”. For example, HIPAA only allows parents to have access to the medical records of a minor child if that access does not conflict with a State or other confidentiality law.

Additionally, federally funded treatment centers are subject to the Code of Federal Regulations (42 CFR Part 2), which protect the confidentiality of records on and drug use of minor patients. These records cannot be shared with anyone - including a parent or legal guardian - without written consent of the minor patient.

**CONFIDENTIALITY OF STUDENT HEALTH INFORMATION (HIPAA/FERPA)**
School health records are temporary records governed by the Massachusetts Department of Education's record regulations: Student Records, 603 CMR 23.00. Maintaining and accessing school health records must also adhere to the federal Family Educational Rights and Privacy Act of 1974 (FERPA). In addition, certain transactions may have Health Insurance Portability and Accountability Act (HIPAA) implications.

Not all health information belongs in the student health record. While it is appropriate practice for a nurse or other health professional to document observable facts with respect to a health condition, health needs, treatment plan, and the care provided, some information is not sufficiently related to the educational progress of a student to be appropriate for documentation in the student record. In addition, health professionals may have an ethical and legal duty to protect certain medical information that they possess. Placement of medical information in the school record, where persons other than the school nurse may see it, may violate this duty.

Given these statutes concerning confidentiality, it is recommended that information of the types covered by the statutes (and other sensitive material) be placed in a nurse's personal files and regarded as confidential. According to Department of Elementary and Secondary Education regulations, 603 CMR 23.04, information maintained in the personal files of a school employee, if not accessible to or revealed to school personnel or third parties, is not considered part of the school record. Such information may be shared with the student, parent (with student's written consent as per M.G.L. 71, Section 97 (c)), or a temporary substitute of the maker of the record but otherwise should be released only with proper consent or court order. Such records should be kept in a separate locked file, accessible only to the nurse or the nurse's substitute. Federal regulations provide that once information in a nurse's personal files is disclosed to a third party, it must afterwards be included as part of the student's health record and will subsequently be subject to all the provisions of 603 CMR 23.00.
SBIRT PLANNING CHECKLIST

- Administrative support is in place
- Key stakeholders have been identified and contacted
- An SBIRT team has been established
  - Team member roles have been determined
  - An SBIRT coordinator has been appointed
  - The screening team has been appointed
- SBIRT team members have participated in training as required by MDPH and plans are in place to allow for ongoing training of current and new personnel
- The populations (two grades in the district) of students to be screened have been determined
- Sufficient resources for follow-up services have been identified
  - In school referral professionals have been identified
  - Out of school referral resources have been identified and personal connections have been made
- Communication and educational systems have been developed to
  - Inform parents and students about the screening
  - Inform parents and students how they may opt out of screening in writing
- Confidentiality policies and procedures have been reviewed and revised as needed
  - Parents and guardians and students have been informed of these policies
  - School personnel have been informed of the policies
  - A process to obtain written consent to release information has been developed
- A procedure for referral and follow-up in school/ out of school has been established
- Private locations to conduct screenings have been identified
- Systems have been established to conduct the screening and referrals in a smooth manner
  - A definitive time period for conducting screenings has been determined
  - A system to assign students to screening team members has been established
  - In-house professionals are prepared to accept students for referrals if needed during the screening process
- Systems are in place for documenting and reporting results (no student identifiers) to the Department of Public Health within 90 days of screening
- An SBIRT Implementation Plan has been written. See sample outline in Appendix D
BIBLIOGRAPHY


Center for Adolescent Substance Abuse Research (CeASAR) (n.d.). Retrieved from: [http://www.childrenshospital.org/ceasar/craft/faq](http://www.childrenshospital.org/ceasar/craft/faq)


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efficacy of a brief cannabis universal prevention program among adolescents in

M.G.L. Chapter 71, Section 96: Public schools must have policies regarding substance use prevention and the education of its students about the dangers of substance abuse.

Section 96. Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any standards and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent or the board of trustees of a charter school. The department of elementary and secondary education, in consultation with the department of public health, shall provide guidance and recommendations to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the department's website. Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable research and best practices. Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department.
Section 97. (a) Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health. Parents or guardians of a pupil to be screened pursuant to this section shall be notified prior to the start of the school year. Verbal screening tools shall be approved by the department of elementary and secondary education, in conjunction with the department of public health. De-identified screening results must be reported to the department of public health, not later than 90 days after completion of the screening.

(b) A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening. A city, town, regional school district, charter school or vocational school district utilizing a verbal screening tool shall comply with the department of elementary and secondary education's regulations relative to consent.

(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. 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.

(d) The department of elementary and secondary education shall notify each school district in writing of the requirement to screen students for substance use disorders pursuant to this section. School districts with alternative substance use screening policies may, on a form provided by the department, opt out of the required verbal screening.
screening tool. The form shall be signed by the school superintendent and provide a
detailed description of the alternative substance use program the district has
implemented and the reasons why the required verbal screening tool is not appropriate
for the district.

(e) No person shall have a cause of action for loss or damage caused by an act or
omission resulting from the implementation of this section.

H 4056, AN ACT RELATIVE TO SUBSTANCE USE, TREATMENT,
EDUCATION AND PREVENTION

SECTION 33. Subsection (a) of section 222 of said chapter 111, as so appearing, is
hereby amended by adding the following paragraph: - The bureau of substance abuse

H 4056 Section 33: Bureau of Substance Abuse Services educational
materials must be distributed in written form to all students
participating in an extracurricular athletic activity.

services shall provide educational materials on the dangers of opiate use and misuse to
those persons participating in the annual head injury safety program required by this
section. The educational materials shall also be distributed in written form to all
students participating in an extracurricular athletic activity prior to the commencement
of their athletic seasons.

H 4056 Section 63. Each city, town, regional school district, charter school or

H 4056 Section 63 Verbal screening must be implemented by the
2017-18 school year.

vocational school district shall implement the verbal substance use disorder screenings
required by section 97 of chapter 71 of the General Laws by the 2017-2018 school year.
APPENDIX B

CRAFFT II SCREENING TOOL

The CRAFFT-II Screening Interview

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A
During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? □ No □ Yes

2. Use any marijuana (for example, pot, weed, or hash) or “synthetic marijuana” (for example, “K2” or “Spice”)? □ No □ Yes

3. Take a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)? □ No □ Yes

4. Use anything else to get high? (for example, other illegal drugs, over-the-counter medications, and things that you sniff or “huff”)? □ No □ Yes

Did the patient answer “0” for all questions in Part A?

Yes □ No □

Ask CAR question only, then stop  Ask all six CRAFFT® questions below

Part B

1. Have you ever driven in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? □ No □ Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? □ No □ Yes

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? □ No □ Yes

4. Do you ever FORGET things you did while using alcohol or drugs? □ No □ Yes

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? □ No □ Yes

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? □ No □ Yes

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions.
1. Show your patient his/her score on the graph and discuss level of risk for a substance use disorder.

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*

APPENDIX C

SBIRT IN SCHOOLS MDPH APPROVED CONSENT TO RELEASE
CONFIDENTIAL INFORMATION FORMS:

SBIRT IN SCHOOLS MDPH APPROVED SAMPLE PARENT NOTIFICATION
LETTER WITH ATTACHED PARENT OPT-OUT RELEASE:
I, ______________________________, authorize _______________________________________
(Name of Student) (Name and role of School Professional making disclosure)

to disclose to ________________________________________________ the following information:
(Name of person or organization to which disclosure is to be made)
_________________________________________________________________________________
(Nature and amount of information to be disclosed; as limited as possible)

The purpose of the disclosure authorized in this is to: _____________________________________
(Purpose of disclosure, as specific as possible)

I understand that the result of the verbal substance use screening conducted at my school is
protected under Massachusetts General Law Chapter 71, Section 96 (c) and cannot be disclosed
without my written consent unless otherwise provided for by the regulations. In addition all alcohol
and/or drug treatment records are protected under the Federal regulations governing
Confidentiality and Drug Abuse Student Records, 42 C.F.R. Part 2, the Health Insurance Portability
and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164 and cannot be disclosed without
my written consent unless otherwise provided for by the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has
been taken in reliance on it, and that in any event this consent expires automatically as follows:
__________________________________________________________________________________
(Specify the date, event or condition upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of
treatment, payment, or health care operations, if permitted by state law. I will not be denied
services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: ___________________ _____________________________________________________
Signature of Student
Parent/Guardian Consent to Disclose SBIRT Screening Information

I understand that in order to receive evaluation and treatment, my child’s SBIRT screening information must be disclosed. I understand that the result of my child’s verbal substance use screening conducted in school is protected under Massachusetts General Law Chapter 71, Section 96 (c) and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I, _______________________________, authorize _______________________________________
(Name of Parent or Guardian) (Name and role of School Professional making disclosure)

to disclose to __________________________________________ the following information:
(Name of person or organization to which disclosure is to be made)

_________________________________________________________________________________.
(Nature and amount of information to be disclosed; as limited as possible)

The purpose of the disclosure authorized in this is to: _____________________________________
(Purpose of disclosure, as specific as possible)

I have been provided a copy of this form.

Dated: ___________________ _____________________________________________________
Signature of Parent or Guardian
Dear Parent or Guardian:

As your child’s caregiver, we know that you desire the best resources for your child and the young people in our community. Our data from <cite source or survey> consistently demonstrates that a small number of our students try alcohol, marijuana and other drug and by the end of high school, many more students report substance use.

In order to help prevent students from starting to use substances, or intervene with early use, <insert name of school> nursing and counseling staff will be providing an interview-based screening for <Xth> grade students about the use of alcohol, marijuana, and other drugs. This screening utilizes the most commonly used substance use screening tool for adolescents in Massachusetts, the CRAFFT II. Student screening sessions will be brief (approximately 5 minutes) and conducted confidentially in private, one-on-one sessions conducted by the school nurse or mental health professional with the <Xth> grade students. Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use. If needed, the student will be referred to our <cite source for referral, e.g. guidance department> for further evaluation. Results of the screening will not be included in your student’s school record, nor will results be shared with any staff other than the SBIRT (Screening, Brief Intervention, and Referral to Treatment) Team. The SBIRT Team is composed of the nursing staff, the mental health staff and your child’s guidance counselor.

As with any school screening, you have the right to opt your child out of this screening. Please contact <provide name and contact information> if you wish to exclude your child in this screening. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions. Screening will be conducted during <cite when screening will occur>.

One way to prevent youth substance use is to talk with your child about your family’s values and expectations regarding substance use. Research shows that parents’ influence is the #1 reason young people decide not to drink alcohol. Together, schools and parents CAN make a difference for the youth in Natick.

Sincerely,

Nurse Leader Principal
Dear Families,

This year we are initiating a screening program in grades <insert grade(s) chosen> related to the use of alcohol, marijuana and other substances. The goal of this program is to let the students know that we are available to reinforce healthy decisions and to assist them in obtaining support if needed for substance use related problems.

28% of teenager reported in a national survey that drugs, alcohol, and tobacco are the most important issues they are facing.\(^1\) Nearly nine out of ten students reported that their classmates use drugs, drink, and smoke during the school day.\(^1\) Recent research has also shown our brains are not fully developed during adolescence and substance use in the early years substantially alters brain functioning for a lifetime.\(^2\)

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program screening process will be incorporated into our annual state mandated screening program. This year we will screen all <insert grade levels> graders. All screenings will be conducted confidentially by our school nurse in private one-on-one sessions. We will utilize the CRAFFT II screening tool, the most commonly used substance use screening tool for adolescents in Massachusetts. <A copy of the screening tool is enclosed for your review>.

Students who are not using substances will have their healthy choices reinforced by the screener. The screener will provide brief feedback to any student who reports using substances, or who is at risk for future substance use. If needed, we will refer students to our counseling staff for further evaluation. This program focuses on harm prevention and does not generate disciplinary action. Results of the screening will not be included in your student’s school record.

As with any school screening, you have the right to opt your child out of this screening. Please contact <name and contact information> if you have any questions about this program or if you wish to opt your child out of this screening. Additionally, screening is voluntary and students may choose not to answer any or all of the screening questions. Screening will be conducted in <insert date of when screenings will be conducted>.

\(^1\) National Center for Addiction and Substance Abuse at Columbia University, 2012.
\(^2\) Adolescent Brain Development and Drugs, PMC 2012, Jul 18. Ken C Winters and Amelia Arria
We encourage all parents/guardians to talk with their child about substance use. For ideas on how to begin these conversations, please see the enclosed reference sheet. Together, schools and parents/guardians CAN make a difference for our youth.

Sincerely,

School Nurse   Nurse Leader

Please see the back of this paper for helpful links.
Helpful Links

“7 Ways to Protect Your Teen From Alcohol and Other Drugs”

Underage Drinking Prevention Parent Resources from SAMHSA
http://www.samhsa.gov/underage-drinking/parent-resources

Marijuana Talk Kit
http://www.drugfree.org/MJTalkKit/

MDPH Bureau of Substance Abuse Services Information and Education Helpline
Call: 1-800-327-5050 or visit: http://helpline-online.com/
School SBIRT Implementation Planning Template

This template may be used by school SBIRT teams to guide the implementation planning process.
Goal:

List the goal of your School SBIRT Implementation plan. These may be developed in collaboration with DESE SMART goals* that emphasize goals that are Specific, Measurable, Action-oriented, Realistic and Tracked.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Initial Planning:

1. Who will oversee SBIRT implementation? Include position at school.

   (Name, position)

2. When do you plan to begin conducting SBIRT?

3. Which grade and school(s) will be screened?

4. Who will be in charge of data collection?

   (Name, position)

5. How will screening results be documented?

6. How will staff be trained? When?
IMPLEMENTATION:

1. Which staff position(s) will be responsible for conducting screening?
   - # School Nurses
   - # School Counselors
   - # School Social Workers
   - # Physical Education Teachers
   - # Health Education Teachers
   - # Other, List: ________________________________

2. How will you ensure privacy and confidentiality for students?
   ________________________________________________
   ________________________________________________

3. What will parents and students be told about privacy and confidentiality?
   ________________________________________________
   ________________________________________________

4. How will school staff and teachers be informed of this screening?
   ________________________________________________
   ________________________________________________

5. How will parents be informed of this screening? (i.e. letter home to parents, school bulletin via email, faculty meeting, School Committee Meeting)
   ________________________________________________
   ________________________________________________

6. How will students be informed of this screening?
   ________________________________________________
   ________________________________________________

7. When will the screening be performed (i.e., during Health Education or Physical Activity class, other mandated screenings, scheduled visit with counselor, etc)?
   ________________________________________________
   ________________________________________________
8. What hand-outs do you have for students? Parents?

9. What in-school referral resources are currently available?

10. What outside community resources / agencies have been contacted in case further referral is needed

11. Who will do/make outside referrals and follow up, including parent/guardian notification, if needed?

12. Who is the contact with these individuals/ agencies?

13. How will follow-up, technical assistance and training of additional school staff be instituted?

14. What barriers do you anticipate for implementation?

15. How might you overcome them?
ACKNOWLEDGEMENTS

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