



Screening, Brief Intervention, and Referral to Treatment for Adolescents

December 9, 2021



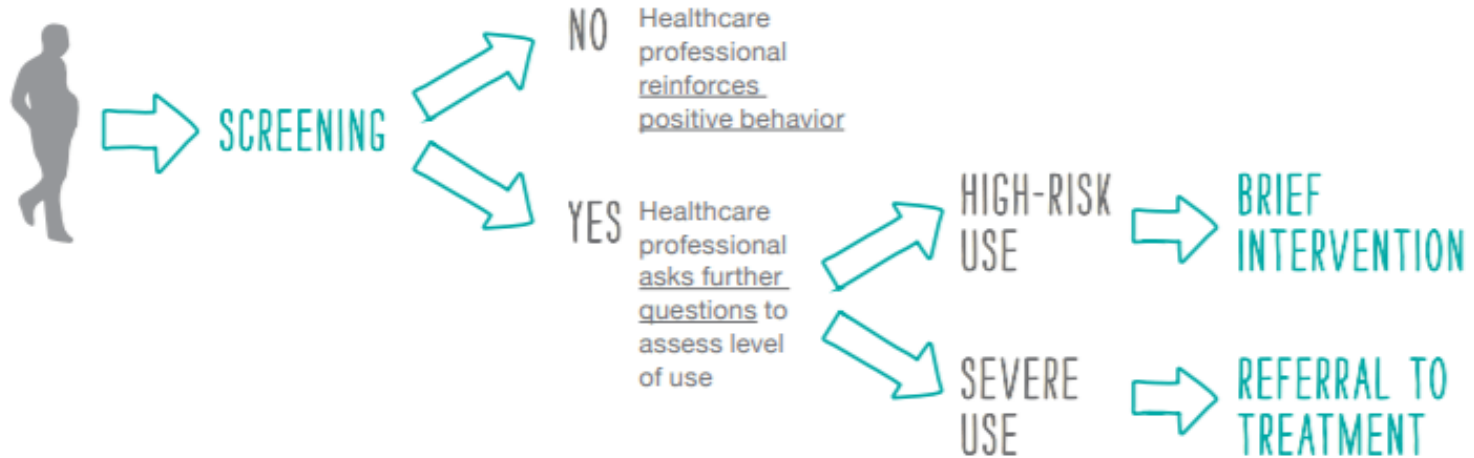
About the Campaign

THE CHILDREN'S MENTAL HEALTH CAMPAIGN is a large statewide network that advocates for policy, systems, and practice solutions and shared responsibility among government and institutions to ensure that all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way.

THE CMHC EXECUTIVE COMMITTEE consists of six partner organizations:

- Massachusetts Society for the Prevention of Cruelty to Children
- Boston Children's Hospital
- Parent/Professional Advocacy League
- Health Care For All
- Health Law Advocates
- Massachusetts Association for Mental Health

What is CRIRT?



Why SBIRT?

Young people want to talk about substance use.

Young people are truthful when asked.

Screening is cost-effective.

Screening tools can guide the conversation.

Universal screening has universal benefits.



History of SBIRT in Massachusetts Schools

- SBIRT started in Massachusetts schools in 2012, supported by community coalitions and school nurse leaders.
- In 2016, eight districts were piloting SBIRT, supported by the Department of Public Health's School Health Services Division, the Bureau of Substance Use Services, and the Massachusetts SBIRT Training and Technical Assistance Program. Capacity and resources allowed for the addition of ~3 new pilot districts/year.
- The Children's Mental Health Campaign advocated for \$40,000 in the FY16 state budget to support 7 additional pilot districts. By late 2015 more than 110 districts applied for those resources.
- March 2016: the Substance Use Treatment, Education, and Prevention (STEP) Act is signed into law, requiring districts to screen in two grade levels.
- July 2016: The FY17 state budget includes \$1.1M for SBIRT implementation, followed by \$1.3M in FY18. After that, MA was able to successfully transition to maintenance funding, about \$700,000 annually.



School SBIRT in Statute

- Screenings are to be conducted in two grade levels to be determined by districts in consultation with the Department of Public Health and the Department of Elementary and Secondary Education
- Screenings must be universal at the chosen grade level – students may not be singled out
- Parents/Guardians, or the student, may opt out
- Screenings may include questions regarding tobacco use
- Verbal screenings are conducted with tools approved by DPH
- Screening results are confidential except in cases of immediate medical emergency or a disclosure is otherwise required by state law



Considerations for Adolescent SBIRT

- Team: superintendent, school nurses, counseling staff, local prevention staff, community providers.
- Consistency: via policy and school/district specific protocols.
- Planning for referrals: seek out & meet with referral resources ahead of time.
- Caregivers: notification, education and opt-out process.
- Gather feedback from students about screening processes.



Opportunities for Expansion

The Massachusetts school SBIRT mandate has become a national model. There are numerous ways we can build on its success:

- Add mental health screening
- Screen at the end of 12th grade
- Second screen reimbursement for SBIRT in pediatric primary care with a positive pre-screen
- Look to additional settings, including youth serving organizations the like Y's and Boys & Girls Clubs, Access Centers, Family Resource Centers
- Build out additional supports: tier II interventions in schools, school behavioral health technical assistance center, Project AMP/ACRA, social marketing to adolescents



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www.childrensmentalhealthcampaign.org

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