

SBIRT in Schools Frequently Asked Questions:

What does SBIRT mean?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. The evidence-based CRAFFT II screening tool is utilized for the Screening; the Brief Intervention is provided through motivational interviewing and the Referral to Treatment is dependent on resources available in the school and community.

Why conduct SBIRT in our students?

The purpose of SBIRT is to promote prevention and identify early risk for substance use in our adolescents and to take appropriate actions as soon as possible if a problem is identified. Neuroscience tells us that the developing adolescent brain is at particular risk for addiction, so intervening early, before a substance use disorder develops, is key to the life-long health of our students. The SBIRT screening process reinforces healthy choices being made by students, identifies those who need intervention and education before they get into trouble, and provides for referral for those who need additional support or treatment. SBIRT screenings are performed like other health screenings in schools setting (i.e., vision, hearing, BMI) with respect to identifying a health condition as soon as possible so as to enable all children to obtain the fullest benefit of their educational opportunities.

What does a “verbal screening of public school students” mean?

The SBIRT protocol developed by the MA Department of Public Health (DPH) for use by school health personnel is a structured, evidence-based conversation that promotes prevention and identifies early risk for substance use among adolescents. It is a UNIVERSAL screening of ALL students in a selected grade level. It is not a targeted screen for selected students, nor is it intended to get anyone “in trouble”. It is neither “drug testing” nor is it a treatment program for students who may be addicted to substances.

What will student screenings look like?

Using the CRAFFT II screening tool in a private setting, all students will be asked three to four simple questions about their substance use. With once per year screening in selected grades, most students (between 75-85%) will screen negative. If there is a positive response to one of the CRAFFT II questions, additional questions will be asked. A full screening that includes assessment for consequences and severity of use and brief intervention (i.e., brief motivational counseling) for students that screen positive (15-25%) may take between 5-15 minutes. Some school districts have used a team approach, which has different staff responsible for the various SBIRT components, while other schools have integrated evidence-based SBIRT practices into routine health screening protocols conducted by nursing staff.

What are schools and/or school personnel required to do?

School districts involved in the SBIRT in Schools project must follow DPH protocols, create approved action plans and attend scheduled DPH-approved trainings. Trainings should be attended by all members of school teams that may include school nurses, school counselors, social workers, psychological staff, health educators and/or athletic staff. Leadership from local school committees, parent organizations and/or community coalitions are welcomed and encouraged to attend the informational sessions being offered statewide.

Who will perform the screenings?

This health screening, as other health screenings in a school setting (i.e., vision, hearing, BMI) should be completed under the direction of a properly trained school nurse. The school nurse should be aware of other health conditions (such as diabetes, asthma, seizure disorders, depression, anxiety) that may increase the risk of substance use in a student. Other properly trained school health personnel, such as school counselors, social workers, psychological staff, and health educators, can perform the SBIRT screening or provide follow-up as necessary to the initial screen.

What kinds of records are kept?

Anonymous, aggregate data is collected at the time of the screening. These de-identified screening results will be reported to DPH and include only data consisting of age and gender demographics along with individual Yes/No responses to pre-screen and CRAFFT II questions when appropriate. No individual identifying information is to be collected, documented in any form (written, electronic or otherwise) or reported to any state agency.

Any information on brief intervention or referral for further assessment or treatment will be kept only in the screener's personal notes rather than in the school records. Permission for disclosure of any information in these notes can only be granted by the student through a DPH-approved consent form, or in an emergency situation.

What professional development will be required?

An initial training on implementation planning must be attended by all those who are members of the SBIRT planning team in their district (two hours in length). An additional four hour training in using the validated screening tools are required of all school health personnel who will be directly involved in the screening process. Ongoing technical assistance, including "refresher trainings" will be provided throughout the state as districts begin the implementation process.

What are the conditions necessary for a student to undergo a verbal screening?

Individual students are NOT targeted or selected for this screening; students who will be verbally screened using the SBIRT protocol will be determined by grade level. All students will be screened in this selected grade unless parents choose to opt their student out of the screening (by written notification) or if the student chooses not to participate in the screening.