

## **Hill View Montessori Charter Public School Policy**

Name of Policy: Screening, Brief Intervention, & Referral to Treatment (SBIRT)

First Read: November 10, 2016

Board Vote: Approved: November 10, 2016

### **Screening, Brief Intervention, & Referral to Treatment**

#### **I. PURPOSE**

To keep all students physically and mentally healthy by identifying students who are currently using substances or at risk for substance use. SBIRT provides these students with a brief intervention, the option to receive follow-up counseling, and referral for evaluation and treatment as needed. Students who are not using substances will be given positive reinforcement for making healthy choices by the screening team.

#### **II. BACKGROUND**

Substance use during adolescence is associated with various negative outcomes including problems in school, unintentional injuries, emergency room visits, arrests, violence, and other risky behaviors, such as unprotected sex.<sup>1</sup> The younger a person is when he/she first uses alcohol or drugs, the greater the likelihood that he/she will become dependent and/or addicted as an adult. Additionally, heavy alcohol and marijuana use in adolescence may result in long lasting functional and structural changes in the brain affecting memory and learning functions, decreasing motivation, and increasing the risk of serious mental illness.<sup>2</sup>

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is a comprehensive, integrated, public health approach to prevent and/or delay onset of substance use and to identify early on, the small percentage of students thought to be a risk of developing a substance use disorder. By screening Hill View Montessori students, trained staff will have the opportunity to reinforce students' healthy choice not to use substances and provide brief interventions and/or referrals, if needed, for students who are at risk of substance use disorders.

#### **III. GOAL**

The goal of implementing the SBIRT tool at Hill View Montessori Charter Public School is to keep students mentally and physically healthy by preventing the start of substance use and to provide appropriate prevention, intervention and referrals as quickly as possible to those students who are currently using substances. Following the procedures outlined in this protocol, this screening tool will be kept confidential on an individual basis for 8th grade students at HVMCP Middle School to identify students at risk before substance use escalates. Students who are not using substances will have their healthy choices reinforced by the screening team. Students found to be currently using substances, or at risk for future substance use, will be given a brief intervention, and/or receive follow up counseling, and/or referred for evaluation and treatment as needed.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. 2015 Underage Drinking. [www.SAMHSA.org](http://www.SAMHSA.org)

<sup>2</sup> National Institute on Drug Abuse. 2015 Drug Facts: Marijuana. [www.drugabuse.gov](http://www.drugabuse.gov)

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## IV. ACTION PLAN

May 2016 the SBIRT Team completed training from Massachusetts Department of Public Health.

December 2016 - letters will be sent home to parents explaining SBIRT screening and parental consent is obtained.

January 2017 - Screen 8th grade students at HVMCPS.

January 2017 - Follow up counseling and referrals as needed, complete data collection, share data results with the SBIRT team, the Administrative Team (HVMCPS Executive Director and Educational Program Director) and the Massachusetts Department of Public Health

## V. SBIRT PROTOCOL

This protocol is a step-by-step guide for school staff to identify risky behavior patterns and reduce exposure to, and negative consequences of, substance use. It has been developed for implementation in the middle school setting for alcohol, tobacco, marijuana, and other drug screening, brief advice and intervention. Throughout the process, it is beneficial to use consistent tools that have been found to be reliable and valid, thus this protocol has been adapted from the following materials: Core SBIRT principals The National Institute on Alcohol Abuse and Alcoholism Alcohol (NIAAA) Screening and Brief Intervention for Youth The MDPH Bureau of Substance Abuse Services Adolescent Screening, Brief Intervention, and Referral to Treatment for Alcohol and Other Drug Use. The screening will be completed by members of the HVMCPS SBIRT Team who volunteer to participate in this project. The screening is proposed to take place in the fall 2016 and winter 2017 (December, January).

## VI. ETHICAL CONSIDERATIONS

There are various ethical considerations to take into account when screening minors for alcohol and substance use in the school setting. First, due to the sensitive nature of the screening, parents will be notified of the screening and be allowed to opt out for their child to participate in the screening. Second, processes must be in place to protect student confidentiality and include mechanisms for when such confidentiality will be broken to protect the health and safety of the student.

Confidentiality plays an important role in adolescent health care and it is important to give students assurance of confidentiality especially with a sensitive topic such as substance use. Studies show that adolescents are more willing to seek health care when they have been assured that their information is confidential. This is especially important for adolescents with risky behaviors, who will often forego care if they are not assured of the confidential nature of the information they provide.

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The screening team will use the following procedures in combination with their professional judgment to ensure students are comfortable with the confidential nature of the screening and determine when student confidentiality should be broken to involve parents/guardians.

The screening will occur one-on-one, in privacy. The screening team will explain the confidentiality to the student, for example, "I will be asking you, and other 8th grade students here at the HVMCPS, some personal questions so that we can help you make the healthiest decisions possible. Everything we say here will be confidential; in other words, it will stay between you and me, but within certain limits. The exception is, if we determine that you are being hurt in any way, or are a danger to yourself or others, we may need to tell others (including your parent(s)/guardian) to ensure your safety."

The HVMCPS SBIRT Team will meet to discuss the screening progress, specifically any students identified as high risk. This will give the screening team the opportunity to discuss the student's individual situation and strategies for follow-up counseling or referral to treatment. If a student shows signs of acute risk, has not demonstrated a commitment to abstain from using alcohol or drugs, the screener doubts the sincerity of the commitment made by the student, or the student reports substance use during a follow-up counseling session, the screening team will review the case and notify the parent(s)/guardian to involve them in referral for evaluation and/or treatment. Whenever possible, the screener will discuss with the student why it is necessary to contact their parent(s)/guardian and ask permission to break their confidentiality to involve their parent/guardian in further discussions and/or to facilitate a referral to treatment.

It is also important to note that under **Massachusetts Law (M.G.L. c.112, s.12E)**, drug dependent minors 12 years or older may consent to medical treatment related to their drug dependency. However, the minor would first have to receive the diagnosis of dependency from two physicians before being referred to treatment. The probability that this will be the first time these students are screened for alcohol and substance use, indicates that the likelihood that a student has received a diagnosis of dependency from two physicians is limited.

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. However, not all health information belongs in the student health record. While it is an 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

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documentation in the student record. In addition, health professionals may have an ethical and legal duty to protect certain

medical information which 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, information of the types covered by the statutes (and other sensitive material) may 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, 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 leader. Federal and state 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.

### VII. TRACKING SBIRT PROGRESS

The screening team will hold regular meetings to review protocol, continue SBIRT training, discuss the screening process and high risk cases, track screening progress, and report back to the Principal, Nurse Leader, Superintendent and MDPH in the spring of the 2016-17 school year. (Detailed screening notes and information will be documented by the screening team and stored in a locked, personal, confidential file separate from the student's school record and accessible only by the Nurse Leader.) This will provide complete confidentiality for the screening process. The ethical considerations for this process are discussed in more detail in Section VI: Ethical Considerations.

Screening information will be tracked on the SBIRT tracking spreadsheet. This information will be confidential, not associated to student names, and limited to documenting the number of students screened, number of students who received positive reinforcement and the number of students who were referred for additional evaluation and/or treatment.

### **Screening Implementation: Using the CRAFFT Screening Tool**

A paper screening tool will be utilized and the screening will be performed in a private area. A Mental Health Professional or School Nurse will review the answers with the student. The student will retain their screen at the conclusion of the session. Each student will be given a color picture comparing the

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brain scan of a teenager of a nondrinker and one who has used alcohol. The other side of that picture will contain helpful information and resources for teens regarding substance use effects and treatment.

Screening using the CRAFFT tool begins with the provider asking the adolescent to answer the following questions honestly:

During the last 12 months did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? If the student answers “no” to all three questions, the screener only needs to answer the first question on the CRAFFT tool.

If the student answers “no” to all three questions, the screener only needs to answer the first question on the CRAFFT tool. If the student answers “yes” to any 1 or more of the first 3 questions, then the screener asks all 6 CRAFFT questions:

C = Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R = Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A = Do you ever use alcohol or drugs while you are by yourself, or ALONE? 4

F = Do you ever FORGET things you did while using alcohol or drugs?

F = Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T = Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Each question is scored 1 point. Those students who report no use and score a “0” on the CRAFFT will receive praise and encouragement from the screener. A student who reports use but scores a 0 or 1 on the CRAFFT will receive brief advice on the health risks of use and encouragement to stop. This would be done immediately, or if becomes too time intensive, through a brief follow-up meeting with the SBIRT Team Member later that day or the next day. A score of 2 or greater is a positive screen and will result in a referral to the student's school counselor for further assessment of risk, and/or

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counseling, and if needed a referral to outside services. Following consent of the student, the child's parents will also be notified via phone call of a positive screen (exceptions to breach of confidentiality without consent is if the student reports they are in harm or if they reveal to be a danger to themselves or others).

### **Screening Evaluation**

Aggregate data will be collected, in partnership with the MA DPH, utilizing a DPH developed data collection tool. The tool will enable the measurement of responses for each of the indicators, as well as basic demographic data, positive screens and referrals to treatment.