




**SBIRT Protocol:
for School Nurses and Other
School Staff to Identify
Students at Risk for Substance
Use Related Problems.**


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INTRODUCTION 

- The Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool focuses on early detection, risk assessment, brief counseling and referral intervention that can be utilized in the school setting.
- It can be incorporated into student discussions during routine visits to the school nurse's or school counselor's office or other urgent care visits to the health office.

WHY SBIRT? 

- EBT screening used to reduce substance use related harm during adolescence.
- Provides interventions for both **primary** and **secondary** prevention to keep all students healthy and to provide early identification of risk behaviors in young people.
- Helps to identify substance use related risks and problems in students and to intervene as appropriate.
- Alerts school staff to students who may need attention for other risky behaviors as well.
- Provides appropriate counseling and brief intervention.
- Identifies need for referral to prevent harm at the earliest possible stages among students.

• *NOT TO GET ANYONE IN TROUBLE!*

ROLE OF SCHOOL PERSONNEL IN SBIRT

● **Student Assistance Program/ Teams: prevention and early intervention program established to improve the school's climate and educational and support services.**

- Primary goal is early intervention by:
 - Identification;
 - Referral;
 - Ongoing case management;
 - Recommendations for policy and program changes

Role of the School Nurse:

- Prevention education (for both individuals and groups);
- Risk assessment (individual screening);
- Health assessment especially for co-morbidities (overall health status);
- Counseling (e.g., motivational interviewing);
- Collaboration with parents/guardians, and other school support team members;
- Referrals as needed (in-school or outside resources).

Medical Assessment / Treatment When Needed

Role of the School Counseling and Psychological Services Staff

- Follow-up to initial screenings;
- Assessment and referral follow-up;
- On-site substance abuse counseling;
- Delivery of a substance abuse prevention curriculum;
- Consultation to teachers and other appropriate school personnel;
- Crisis intervention and referral;
- Educational workshops relevant to substance abuse for parents and school personnel.

TO ESTABLISH THIS SBIRT TOOL IN YOUR SCHOOL:

- Administrative support
- A "team" approach
- Properly trained school staff
- Sufficient community resources for follow-up services
- Informed parents and students
- Determination of population of students to be screened
- Time period when these screenings determined
- Protocol for follow-up and in-school referral established

ADDITIONAL CONSIDERATIONS:

- Student does not return for follow-up as indicated
- Student refuses further follow-up
- Escalation of substance use behaviors
 - The purpose of the SBIRT tool should be made clear:
To keep all students healthy and to provide appropriate prevention, intervention and referrals as determined necessary – NOT TO GET ANYONE IN TROUBLE.

ADDITIONAL CONSIDERATIONS:

- All students in a selected population should be screened – do not single out or screen only selected students.
- Screening all students - not just selected students - shows concern for health and any risks they may be taking.
- Discussing these concerns with every student who is encountered in the school nurse's office ensures that no one falls through the cracks.
- Students not using are to be encouraged in the smart and healthy choices they are making.

PRIVACY AND CONFIDENTIALITY

- Screenings must be done in privacy and results kept confidential.
- Sufficient time should be allotted for the screening to occur.
- The school system's confidentiality policy should be reviewed with all students, parents and guardians;
- Students should understand that conversations will remain confidential unless the risk of harm to themselves or others is a concern.
- "A reasonable effort to encourage the student to include parents or legal guardians in all health-related decisions be made" (AAPF).
- "Parental consent or notification should not be a barrier to care" (AMA, Policy H-60.965).
- Consider when determining appropriateness to break confidentiality:
 - report of increased substance use;
 - associated risks of significant injury;
 - presence and seriousness of any co-morbid conditions (such as depression, risk of suicide, poorly controlled insulin diabetes).

DOCUMENTATION

For Screenings:

SAMPLE DATA FOR SCREENING												
DATE	TIME	NAME	GRADE	SEX	RACE	ETHNICITY	SCHOOL	SCREENING	RESULTS	DATE OF SCREENING	BY	DEPARTMENT

* The following codes are used:
 MSAA - Middle School Assessment Program
 SS - School System
 PP - Private Provider
 CSRS - Child Safety Services
 CC - Child Abuse
 O - Other

DOCUMENTATION

For Individual Students:

- Ethical and legal considerations to protect certain medical information
- School record versus personal files
- DESE 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'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

THANK YOU

- Follow-up of Pilot:
 - Recommendations
 - Feedback
 - Concerns
- TA available
- Conference Call

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