Veritas Prep Charter School
Screening Brief Intervention and Referral to Treatment (SBIRT) Protocol

Introduction

Like many states across the country, Massachusetts is facing a growing epidemic of opioid addiction, and the Commonwealth is taking action to address it. In March 2016, Bill #4056, “An Act relative to substance use, treatment, education, and prevention,” was signed into Massachusetts general law. To address this amendment and substance abuse concerns in our adolescents, the Massachusetts Department of Public Health (MADPH), the Bureau of Substance Abuse Services (BSAS), and the Department of Elementary and Secondary Education (ESE) approved a mandated screening known as Screening, Brief Intervention, and Referral To Treatment (SBIRT). The SBIRT protocol focus on early detection, risk assessment, and brief counseling and referral intervention that can be utilized in the school setting. This protocol will enable school nurses and counselor to detect substance use-related problems in adolescents before they start or to address them at an early stage.

Student Population/Needs assessment

The majority of adolescents have used alcohol or another drug by the time they have reached the 12th grade. Alcohol is the most commonly used drug among adolescents1 and is responsible for more mortality and morbidity in this age group than all other drugs combined.2 Use typically begins during early adolescence, with initiation peaking during grades 7 through 9. Early initiation of regular substance use is a predictor of addiction later in life. Additionally, youths who received grades of D or below last semester were more likely than those with higher grades to have used cigarettes, alcohol, or illicit drugs during the past month.3

Schools play an important role in preventing substance use among students and educating students about the dangers of substance abuse. Because school nurses and counselors are uniquely positioned to influence substance use among young people, it is recommended that schools allow for opportunities for appropriately trained staff to screen for substance use, to provide counseling and to make referrals to treatment as necessary. The adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) using CRAFFT tool is empirically based and developed through primary research and is compiled of a series of six questions that can quickly evaluate adolescents for high-risk alcohol and/or drug use simultaneously, and can assess whether a longer conversation about use, frequency and related consequences is warranted. Based on this research and in response to Bill #4056, the 8th grade population will have the SBIRT screening conducted yearly at Veritas Prep Charter School.

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3 http://www.samhsa.gov/data/2k2/academics/academics.pdf
Implementation Plan

1. Obtain training for school nursing and/or counseling staff on SBIRT implementation.
   a. Training created by MA Department of Public Heal (DPH) and the Bureau of Substance Abuse Services. Current offering held through the Boston University-School Health Institute for Education & Leadership Development (SHIELD) program http://bueme.org/node/1045
   b. Refer to the “SBIRT Implementation Guidelines and Recommendation” by the joint efforts of Massachusetts Department of Public Health, Bureau of Community and Health Prevention, School Health Services and Bureau of Substance Abuse Services, along with Massachusetts Department of Elementary and Secondary Education.

2. Collaborate with administration, counselors support staff, and teachers to create a plan for SBIRT implementation. Rollout protocol, including educating students, their families, and staff, is developed by the team.
   a. The SBIRT screening shall be done in conjunction with other mandated screenings required for the student’s grade level.

3. Prior to SBIRT being implemented, parents of students in the grade to be screened will receive notification of opt-out letter explained the SBIRT screening. (see page 6 & 7)

4. Prior to the screening, each student will be informed of the purpose of the screening and that he or she can opt out at any time.
   a. Students will be informed that their answers are confidential, unless the nurse deems that they are an immediate danger to themselves or others.
   b. Students may receive a follow up appointment with either the nurse or the school adjustment counselor.

5. Unidentifiable aggregate data screening results shall be reported to the Massachusetts Department of Public Health, in a manner to be determined by the DPH reporting, not later the 90 days after completion of the screening.
   a. Results of the screening will not be included in the student’s school record. Will be kept confidential unless there is deemed to be risk for immediate harm for the student or is otherwise required by state law.
   b. Results of individual positive screens will be recorded on the nurse’s worksheet, which will remain in her personal records and not in the individual student health record, to maintain confidentiality.
   c. The paper screens will be handed back to the student after the session, and the reverse side of the screen will contain helpful information and resources for teens regarding substance use effects and treatment.

Using the CRAFFT Screening Tool

The tool used to conduct screening in this setting, the CRAFFT, is empirically based and developed through primary research and is the most frequently used substance abuse screening tool in Massachusetts. The CRAFFT II is a series of questions that can quickly screen adolescents for high-risk alcohol and/or drug use simultaneously, and can assess whether a longer conversation about use, frequency and related consequences is warranted. Use of a paper screen tool (attached), given to students as they enter the private screening area will be taken
independently or through verbal questioning. The student will have their screen handed back after the session, along with additional information and resources for teens regarding substance use effects and treatment (page 5).

1. Students who are not using substances will have their healthy choices reinforced by the screener.
2. The screener will provide brief feedback to any student who reports using substances, or is at risk for future substance use.
3. When needed, the student will be referred to the guidance department for further evaluation.
   a. Each question is scored 1 point. A student who reports use, but scores a 0 or 1 on the CRAFFT questions, receives brief motivational interviewing on the health risks of use and encouragement to stop.
   b. A score of 2 or greater is considered a positive screen and will result in a referral to the school adjustment counselor for further assessment of risk, counseling, and if appropriate, the following:
4. Student consent needs to be attained for any in-school referrals for a student by the screener
5. Follow-up on referrals is required
6. If deemed necessary for an outside referral, written consent will be obtained per the approved forms by the Department of Public Health (M.G.L. Chapter 71, Section 97c) (page 8 & 9) by the student and the parent/guardian.

Evaluation

Aggregate data on SBIRT screening will be provided to the MA DPH on the MA DPH developed data collection tool. The tool will include basic demographic data, positive screens results, and referrals to treatment.

Approved: [Signature] Date: 1/31/18
(Veritas Prep Charter School Medical Director)
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?

2. Use any marijuana (for example, pot, weed, or hash) or *synthetic marijuana* (for example "K2" or "Spice")?

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)?

4. Use anything else to get high? (for example, other illegal drugs, over-the-counter medications, and things that you sniff or "huff")?

*If no days of use, ask the CAR question only, then STOP.*

*If any days of use, ASK ALL CRAFFT ?s BELOW.*

**PART B: CRAFFT QUESTIONS**

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

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

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions*

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The Effects of Heavy Drinking on the Teen Brain

15 Year-old Non-Drinker
15 Year-old Heavy Drinker

Functional MRI scans of two teens while they took a working memory test. The images show that the heavy drinker isn’t using those brain areas normally used to complete a memory test, while the non-drinker is. Researchers suggest that in school, heavy drinkers may not be activating those regions of the brain required to remember a lesson.

Which brain do you choose?
• Research shows that alcohol abuse during the teenage years negatively impacts the memory center of the brain (the hippocampus).
• The use of drugs and alcohol may also disrupt the development of the adolescent brain in unhealthy ways, making it harder for teens to cope with social situations and the normal pressures of life.
• Moreover, the brain’s reward circuits (the dopamine system) get thrown out of whack when under the influence. This causes a teen to feel in a funk when not using drugs or alcohol – and going back for more only makes things worse.

*The human brain is not fully developed until 25 years old.


Need Additional Information or Help:

<table>
<thead>
<tr>
<th>In School:</th>
<th>Out of School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance Counselors</td>
<td>Your Pediatrician or Primary Care Doctor</td>
</tr>
<tr>
<td>Adjustment Counselors</td>
<td>Mental Health Counselor or Therapist</td>
</tr>
<tr>
<td>School Nurse</td>
<td>Social Workers</td>
</tr>
</tbody>
</table>

Online & Contact resources:
Central Intake and Care Coordination: 1-617-661-3991 http://www.healthrecovery.org/
National Institute on Drug Abuse (NIDA) for Teens: http://teens.drugabuse.gov/
Teen Safe: http://teen-safe.org/
Massachusetts Substance Abuse Information and Education Helpline: 1-800-327-5050
www.helpline-online.com
Dear Parents and Guardians:

In March 2016, Bill #4056, “An Act relative to substance use, treatment, education, and prevention,” was signed into Massachusetts general law. To address this amendment and substance abuse concerns in our adolescents, the Screening, Brief Intervention, and Referral To Treatment (SBIRT) screening will be conducted for our 8th grade students at Veritas Prep Charter School to focus on prevention, risk assessment, and early detection. The SBIRT model of screening is a verbal conversation that utilizes motivational interviewing techniques and the CRAFFT tool conducted by trained school nurses. The CRAFFT tool is empirically based and developed through primary research and is compiled of a series of six questions that can quickly evaluate adolescents for high-risk alcohol and/or drug use simultaneously, and can assess whether a longer conversation about use, frequency and related consequences is warranted.

Student screening sessions will be brief and conducted confidentially in private by the school nurse. 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 counseling department for further evaluation. Results of the screening will not be included in your student’s school record and will be kept confidential unless there is deemed to be risk for immediate harm for the student or is otherwise required by the law. Unidentifiable aggregate data screening results shall be reported to the Massachusetts Department of Public Health, in a manner to be determined by the Department of Public Health, not later than 90 days after the completion of the screening.

As with any school screening, you have the right to opt your child out of this screening. Parents/guardians can exclude their child from the SBIRT screening by submitting a written request to the school nurse. Please contact Kimberly Ravizza, Veritas School Nurse, by the second week of January, if you wish to exclude your child from this screening. Additionally, screening is voluntary and students may choose not to answer any or all the screening questions.

Sincerely,
Kimberly Ravizza, BSN, RN
Veritas Preparatory Charter School Nurse
413-539-0055 ext 104
DETECCIÓN, BREVE INTERVENCIÓN, REFERRAL AL TRATAMIENTO (SBIRT)
Notificación y Derecho De Exclusión

Estimados padres y guardianes:

En marzo de 2016, Bill #4056, "un acto relativo al uso de sustancias, tratamiento, educación y prevención", fue firmado en la ley general de Massachusetts. Para abordar esta enmienda y el uso indebido de abuso de sustancias en nuestros adolescentes, se llevará a cabo la evaluación, intervención breve y remisión al tratamiento (SBIRT) para nuestros estudiantes de octavo grado en la escuela charter de Veritas Prep para centrarse en la prevención, la evaluación de riesgo y detección precoz. El modelo SBIRT de screening es una conversación verbal que utiliza técnicas de entrevistas de motivación y la herramienta CRAFFT conducida por enfermeras escolares entrenadas. La herramienta CRAFFT se basa empíricamente y se desarrolla a través de la investigación primaria y se compila una serie de seis preguntas que pueden evaluar rápidamente a los adolescentes para el consumo de alcohol y/o drogas de alto riesgo al mismo tiempo, y pueden evaluar si una conversación más larga sobre el uso, la frecuencia y las consecuencias relacionadas se justifican.

Las sesiones de selección de los estudiantes serán breves y se realizarán confidencialmente en privado por la enfermera de la escuela. Los estudiantes que no estén usando sustancias tendrán sus opciones saludables reforzadas por el discriminador. El discriminador proporcionará breves comentarios a cualquier estudiante que reporte el uso de sustancias, o está en riesgo de uso futuro de sustancias. Si es necesario, el estudiante será referido a nuestra consejera para una evaluación adicional. Los resultados de la investigación no serán incluidos en el expediente escolar de su estudiante y será mantenidos confidenciales a menos que se considere que hay riesgo de daño inmediato para el estudiante o que la ley lo exija de otra manera. Los resultados de la detección de datos agregados no identificables se reportarán al Departamento de salud pública de Massachusetts, de manera que sea determinado por el Departamento de salud pública, no más tarde de 90 días después de la finalización de la investigación.

Al igual que con cualquier examen escolar, usted tiene el derecho de optar a su hijo fuera de este examen. Los padres/guardianes avienen excluir a su hijo del examen de SBIRT envie una solicitud escrita a la enfermera de la escuela. Por favor comuníquese con Kimberly Ravizza, enfermera de la escuela Veritas, por la segunda semana de enero, si desea excluir a su hijo de esta proyección. Además, el cribado es voluntario y los estudiantes pueden optar por no contestar ninguna o todas las preguntas del examen.

Sinceramente,
Kimberly Ravizza, BSN, RN
Enfermera de Veritas Prep
413-539-0055 ext 104
SBIRT in Schools
Consent to Disclose Confidential Information

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 97 (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

MDPH form 2016
SBIRT in Schools
Consent for the Release of Confidential Information

I, ________________________, authorize ________________________ to disclose to ________________________ the following information:

(Name of student) (Name and Role of School Professional making disclosure) (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

MDPH form 2016
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<thead>
<tr>
<th>Provider</th>
<th>Services</th>
<th>Location</th>
<th>Phone #</th>
<th>Referrals</th>
<th>Hours</th>
<th>Mass. Health</th>
<th>Bus Line Access</th>
<th>Other Languages</th>
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<tbody>
<tr>
<td>Gandara</td>
<td>Group Therapy and Counseling for 18 years and older</td>
<td>85 St. George Rd., Springfield, MA 01104</td>
<td>413-732-2120</td>
<td>Open referral, Walk-ins</td>
<td>Yes</td>
<td>PVTA</td>
<td>Use &quot;google maps transit&quot; for available bus lines</td>
<td>Spanish</td>
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<td></td>
<td>Outpatient Care for Children and Families</td>
<td>2155 Main St., Springfield, MA 01104</td>
<td>413-735-0395</td>
<td>Open referral, Walk-ins</td>
<td>M-F 8am-6pm</td>
<td>Yes</td>
<td>PVTA</td>
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<td>BHN Child Guidance Clinic</td>
<td>Outpatient Care for Children and Families</td>
<td>110 Maple St., Springfield, MA 01105</td>
<td>(413-304-7418) 413-733-1423</td>
<td>Open referral</td>
<td>M-Th 8am-8pm, F 8am-5pm</td>
<td>Yes</td>
<td>PVTA</td>
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<td>BHN Carlson Recovery Center</td>
<td>Detox, Outpatient Services</td>
<td>471 Chestnut St., Springfield, MA 01107</td>
<td>413-733-1431 413-733-1423 (M-F 8am-5pm)</td>
<td>Self referral</td>
<td>M-F 8:30am-6pm</td>
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<td>Phoenix Residential</td>
<td>Detox</td>
<td>5 MacIsom Ave., Springfield, MA 01105</td>
<td>(866-705-2807) 844-354-2913</td>
<td>Self referral</td>
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<td>Liberty Preparatory Academy</td>
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<td>37 Alderman St., Springfield, MA 01108</td>
<td>413-750-2484</td>
<td>In-school referral School schedule</td>
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<td>CHD Outpatient Clinic</td>
<td>Outpatient Counseling, Group Therapy</td>
<td>367 Pine St., Springfield, MA 01105</td>
<td>413-737-1428 1-844-CHD-HELP</td>
<td>Open referral, Walk-ins</td>
<td>M-Th 9am-7pm, F 9am-5pm, Sat 9am-2pm</td>
<td>Yes</td>
<td>PVTA</td>
<td>Spanish, Arabic, Somali, and more</td>
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<td>Personal PCP</td>
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