



The School-Based Health Alliance is the national school-based health care advocacy, technical assistance, and training organization based in Washington DC. The Alliance works to improve the health of children and youth by advancing and advocating for school-based health care. As youth-friendly and accessible settings, school-based health centers (SBHCs) are uniquely positioned to deliver high quality, confidential services that equip children and adolescents with the information, tools, and support they need to be healthy and safe where they are, when they need it... in school.

Students are 21x more likely to visit a SBHC for behavioral health care than a community-based health center.¹⁰

SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT (SBIRT) IN SCHOOL-BASED HEALTH CENTERS

SBIRT: A Population Approach to Prevention & Early Intervention

- **S**creening a population to identify individuals who are using substances in risky or unhealthy ways
- **B**rief **I**ntervention using Motivational Interviewing techniques to support development of awareness and behavior change regarding substance use
- **R**eferral to **T**reatment for individuals who require more intensive care to meet substance use reduction or abstinence goals

Why SBIRT in SBHCs?

We have a responsibility to do everything we can to make sure our young people grow up to have healthy, strong futures. And one thing that stands in the way of that is drug and alcohol use. ***Drinking and substance misuse can negatively affect young people's school performance, future job prospects, and physical and mental health, damaging their lives well into adulthood.*** But together, this is something we can prevent from happening. It's our job to support policies and programs that prevent and reduce substance use among adolescents.⁴

School-based health centers (SBHCs) represent a shared commitment by schools and health care organizations to improve health care access for the nation's underserved communities. They provide primary care, and often behavioral health, oral health, and other wellness supports, in a setting that is familiar to youth – their schools. Data show that SBHCs serve as a critical health care access point for youth, overcoming traditional barriers to health care access, including cost, transportation and continuity of care.⁵ SBHCs lead to improved school performance, grade promotion, and high school completion, as well as improved health outcomes.⁶

The ease of access, comfort, and tailored care provided in young people's routine environment—school—make SBHCs a natural fit for youth substance use prevention efforts. SBIRT's brevity, efficiency, cost-consciousness, and ease of instruction to a broad range of school professionals and health providers makes it attractive for use in school settings, and SBHCs in particular. Emerging research demonstrates the feasibility and effectiveness of SBIRT in school settings, including lack of interference with academic activities; acceptance of the model by students, teachers, and school administrators; and lower levels of youth alcohol consumption after receiving brief interventions.^{7,8,9}

Most substance use starts in the teen or young adult years, at the height of brain development.¹

The earlier adolescents start using substances, the higher their risk of developing addiction later in life.^{2,3}

Recent research demonstrates that adding SBIRT to existing SBHC clinical practices strengthens preventive care and the implementation of clinical services for students.¹²

Students with access to behavioral health services at SBHCs report lower frequencies of cigarette, marijuana, and unauthorized prescription drug use.¹¹



SBIRT in SBHCs Implementation

The School-Based Health Alliance, with generous support from the Conrad N. Hilton Foundation, has been leading an effort to test the adaptation of SBIRT into school health care settings. From August 2017-December 2018, the Alliance supported nine SBHCs, led by four sponsor organizations, in implementing SBIRT. This brief shares highlights from that project implementation.

CONNECTICUT



Sponsor Agency:
Child and Family Agency of Southeastern Connecticut

Schools:
New London High School
Pawcatuck Middle School
Fitch High School

HAWAII



Sponsor Agency:
Waianae Coast Comprehensive Health Center

Schools:
Waianae High School
Waianae Intermediate School

MICHIGAN



Sponsor Agency:
Great Lakes Bay Health Centers

Schools:
Arthur Hill High School
Saginaw High School

Sponsor Agency:
Thunder Bay Community Health Service

Schools:
Cheboygan Intermediate School
Onaway Area Community Schools

Project Goals

1

SBHC Providers trained in SBIRT and how to effectively integrate it into clinic work flow

2

Adolescents are screened for both substance use and depression, provided brief interventions, and given referrals as needed

3

SBHC staff collaborate with youth leaders to ensure engagement and efficacy in SBIRT implementation

4

SBHCs work with school leadership to support alternatives to discipline policies

1

SBHC providers trained in SBIRT and how to effectively integrate it into clinic work flow.

During the fall of 2017, the Alliance conducted on-site SBIRT trainings and site visits to the nine SBHC implementation sites.

The site visits provided an opportunity to connect with SBHC staff directly, learn about their settings and clinical work flow, and identify potential barriers to SBIRT implementation. Training topics included basic SBIRT components, SBHC and school-specific elements, and *Teen Intervene* as a referral to treatment option within the SBHCs.

Teen Intervene is an easily administered, evidence-based program that can be utilized in a variety of settings by a range of youth-serving professionals, making it an effective tool for early treatment in SBHCs.¹³

Throughout 2018, the Alliance provided ongoing support to the SBHCs, including:

- Creating an online learning community platform to support SBHC teams in sharing progress and best practices.
- Convening monthly video-conference meetings and virtual trainings with site leads to troubleshoot challenges and support ongoing implementation.
- Holding an in-person Motivational Interviewing booster training for all SBHC Providers mid-way through implementation.
- Providing SBHC staff members with training and technical assistance activities on SBIRT implementation in school settings.
- Successfully supporting all nine SBHCs in modifying their Electronic Health Record (EHR) systems to document SBIRT services (e.g., clients screened for substance use and/or depression, clients' screening results, referrals made and follow-up provided based on screening results).

Initially, SBHC Providers were concerned about implementing SBIRT...

- Frequency of SBIRT screening
- Conducting the screenings and knowing how to respond
- Students' lack of trust for drug abuse prevention messages and programs
- Overall culture of substance use/acceptance
- Client confidentiality

By the end of the year, SBHC Providers described the many benefits of SBIRT...

- Ability to identify students at risk for substance use and depression
- Providing students with needed counseling or referrals
- SBIRT became part of the culture/language of the clinic and visits
- Services resulted in increased awareness of and reduction in substance use

2 Adolescents are screened for both substance use and depression, provided brief interventions, and given referrals as needed.

As part of the SBIRT in SBHCs project, providers in the nine participating SBHCs conducted substance use and depression screenings. Specifically, they:

- Conducted client substance use screenings using the CRAFFT, a short clinical assessment tool designed to screen for substance-related risks and problems in adolescents.¹⁴
- Conducted depression screening using the Patient Health Questionnaire (PHQ-2 and PHQ-9), which asks about the frequency of depressive symptoms.^{15,16}

SBHC Providers reported increased confidence in screening clients for substance use and depression and communicating their referral needs over time.

% SBHC Providers reporting they were “highly confident” in their ability to conduct the following SBIRT components (n=30 at Pre-Survey, n=21-22 at Post-Survey)					
Substance use	Pre	Post	Depression	Pre	Post
Screening adolescents	10%	77%	Screening adolescents	17%	82%
Interpreting screening results	3%	73%	Interpreting screening results	13%	81%
Communicating with other SBHC Providers about clients needing further assessment or intervention for substance use	17%	73%	Communicating with other SBHC providers about clients needing further assessment or intervention for depression	23%	77%

At the end of the project, 100% of SBIRT Coordinators reported that their SBHCs had fully implemented the following SBIRT in SBHCs components:

- SBHC Providers use Teen Intervene as a referral to treatment intervention to reduce clients’ substance use, when appropriate.
- SBHC staff are aware of and can refer clients to appropriate community support and treatment services.

“Students felt more able to openly discuss substance use and reported feeling more confident of how to access treatment if needed or desired in the future.” – SBHC Provider

“This has significantly impacted more awareness of substance use with our staff and the ability to provide more support for students and awareness that promotes prevention goals.”
– SBIRT Coordinator

From January 1 to December 31, 2018:

- 2,655 unduplicated primary care clients made 7,980 visits to the nine SBHCs.
- Most clients were screened at least once for: substance use with CRAFFT (75%) and depression with PHQ-2 (72%).

“SBIRT makes it easier to identify those who are using substances and we were able to see a reduction in patients substance use and/or total elimination of substance use. Rather than being suspended from school when getting caught with substances at school, students were able to stay in school, learn, and complete their school work.”
– SBHC Provider

3 SBHC staff collaborate with youth leaders to ensure engagement and efficacy in SBIRT implementation.

Youth voice and buy-in can improve the design and impacts of health interventions.

Success in this area seemed to be highly dependent on the degree to which individual sites had established youth engagement structures and practices prior to SBIRT implementation.

Highly functioning Youth Advisory Councils (YACs) already existed at SBHCs in Saginaw, Michigan prior to this project. Building on that foundation, the SBHCs were able to implement numerous student-led substance abuse prevention education activities, including school-wide prevention events and the development of youth-produced informational videos.

SBHCs in Waianae, Hawaii were already working to develop a health-focused native youth group, and collaborated with those students to develop culturally appropriate youth engagement strategies to “engage and empower the ‘ōpio (next generation).”

All sites were trained in youth engagement principles, and reported a desire to continue to improve their youth outreach around substance abuse.

SBIRT Coordinators ultimately reported higher levels of youth engagement efforts:

- 78% of SBIRT Coordinators reported that youth were actively involved in SBHC SBIRT implementation.
- 66% of SBIRT Coordinators reported that youth had defined roles and contributions to SBIRT project.



4

SBHCs work with school leadership to support alternatives to discipline policies.

Collaboration with school leadership is critical to the successful adoption of school health interventions.

During initial site visits, Alliance and SBHC staff met with administrators at every school to build rapport, discuss shared needs and concerns, and tailor processes to their individual school settings. This included providing them with information on alternatives to discipline practices and their benefits to schools, outreach resources explaining the program to the school community to help facilitate a clear understanding and positive reception of the SBIRT work, and collaborating to integrate SBIRT into their referral systems.

Employing SBIRT as an alternative to discipline in the school setting means reframing traditional “zero-tolerance” practices.

School and SBHC staff collaborated to divert initial/early substance use offenses to the SBHC for SBIRT, allowing for education, evaluation, and treatment versus “one size fits all” punishment. Alternatives to discipline practices create stronger relationships between youth and adults, utilize restorative processes honoring the unique experiences of individuals (including trauma and other social determinants of health), and view young people as resources and contributors to the process.

“This [SBIRT in SBHCs] program...has allowed the SBHC the opportunity to provide additional support to many underserved students. Our schools have been committed to working with the SBHC. I believe the additional support students receive with substance abuse and mentoring offers significant potential for furthering the improvement in the academic outcomes of our most at-risk student population... I have seen students struggle with numerous issues, from substance abuse to depression, and the impact this support has had in transforming their lives. One young lady in particular comes to mind, who struggled for years with substance abuse, became one of our turnaround achievement awardees and was the first in her family to graduate from high school and attend college.”
–School Administrator

SBIRT Coordinators ultimately reported many successes in working with school leadership.

SBIRT Coordinators reporting “full” or “partial” implementation of the following SBIRT policies/practices at their schools (n=9 at both Pre- and Post-Survey)	Pre	Post
Our school and SBHC staff collaboratively plan substance use prevention and intervention strategies	36%	100%
Our school has a written policy/protocol to refer students to the SBHC as an alternative to suspension or detention related to substance use offenses	27%	63%
Our school encourages youth engagement in planning SBHC services to address students’ substance use	45%	92%

“SBIRT gave [our school staff] a new resource for referring students with substance use offenses.”
– SBIRT Coordinator

“Our school doesn't have a written policy/ protocol, but in practice we DO refer students to the SBHC as an alternative to suspension or detention related to substance use offenses.”
– SBIRT Coordinator

“School and SBHC administrators collaboratively plan substance use prevention and intervention strategies.”
– SBIRT Coordinator

“[SBIRT] has heightened awareness of the ability for school officials to make referrals to our programs.”
– SBIRT Coordinator

Looking Forward

100% of SBIRT Coordinators reported that it was “very likely” that their SBHC would continue to implement SBIRT following project conclusion. Nearly all SBHC Providers (92%) reported that they would continue to use SBIRT for the remainder of the current school year and the coming year.

“I would like to see this concept (SBIRT) implemented in more schools. This program speaks volumes for the concept of SBHCs. It may take a village to raise a child but it takes a school to support the student who will leave us with an education, good health both physically and mentally to become the person that they were destined to become.”
– SBIRT Coordinator

“We want to expand screening across all our SBHCs. The hope is to at least provide education on the risks of substance use to persuade students to make healthy choices.”
– SBHC Provider

Nationwide, many school-based health professionals continue to expand the implementation of school-based SBIRT. The Alliance is beginning its next phase of SBIRT-in-SBHCs work, with a focus on:

1. Increased training for the SBHC field, using new models and leveraging technology to serve more providers and centers while also creating legacy training tools.
2. Development of a national school-based SBIRT learning collaborative to share tools and resources, increase partnerships and publication, collectively agree on best practices to share with the field, and promote the development of clear outcome measures.
3. Creation of a comprehensive web-based toolkit for sites to pursue implementation on their own, that draws from lessons learned through the Alliance’s implementation experiences, as well as those of the national school-based SBIRT learning collaborative.

The process of training school-based health providers in SBIRT and testing the feasibility of the approach across a variety of sites around the country has afforded the Alliance the expertise to confront implementation challenges, as well as identify keys to success. Through our own projects and as a partner/convenor on numerous other projects, we continue to promote and refine the SBIRT in schools model.

**CONNECT
WITH US!**

For more information or to become involved in the National School-Based SBIRT Learning Community, please visit <https://www.sbh4all.org/> or email info@sbh4all.org.



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