SBIRT in Schools
State mandate grew from small pilot

On March 14, 2016 Governor Baker signed opioid legislation that included a mandate to screen one grade in each Massachusetts middle and high school. This part of the legislation was in formed in part by preliminary conversations and a small pilot project that began five years earlier.

PILOT
Staff partners from the Massachusetts Department of Public Health (DPH) Bureaus of Substance Abuse Service (BSAS) and Community Health and Prevention (School Health Unit (SHU) developed a pilot to train school nurse teams to implement annual grade-level universal adolescent screenings for alcohol and drug use, build and support skills to engage students and intervene when risk or problems were found.

Trainers from BSAS vendor, MABSORT Training and Technical Assistance (TTA), were brought into the discussions, and helped draft and refine protocols. An initial concept and skills training was offered to school nurses through SHU’s newsletter. Self-selected schools that brought teams (nurse, administrator, adjustment counselor, and/or social worker) to the training were in the best position to implement the pilot. Support from community substance use coalitions played an important role supporting these initial programs.

Discussions that began in 2011 led to pilot programs in 3 school districts - Gloucester, Hudson and Northampton - in the 2012-2013 school year. SBIRT focused on prevention and risk.

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The stigma of drug ‘misuse’ keeps people from seeking treatment and keeps families feeling isolated. Words like “junkie,” “addict” and “druggie” can hurt, damaging self-image and standing in the way of recovery.

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Adults drank more alcohol in 2012–2013 than they did in 2001–2002, according to the most recent National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

NESARC–III is a cross-sectional survey sponsored, designed, and directed by the National Institute on Alcohol and Alcoholism (NIAAA) and is the largest study ever conducted on the co-occurrence of alcohol use, drug use, and related psychiatric conditions.

To assess how drinking patterns have changed over time, researchers compared the NESARC–III data with Wave 1 NESARC data. In both surveys, which had similar objectives and content areas, researchers assessed a large sample of U.S. adults through personal interviews conducted in participants’ homes.

Data analysis revealed that between 2001–2002 and 2012–2013:

- Past-year drinking prevalence increased from 65.4 percent to 72.7 percent;
- Prevalence of monthly binge drinking increased from 21.5 percent to 25.8 percent; and
- Overall frequency of drinking increased from 83.5 days per year to 87.9 days per year.

The authors of the study observed that these statistics, along with the increase in daily alcohol consumption, indicate “a wetter drinking climate.”

One particularly striking finding was that African Americans experienced disproportionate increases in past-year drinking prevalence (from 53.2 percent to 66.1 percent) and past-month binge drinking prevalence (from 19 percent to 27.7 percent), as well as average daily volume (from 0.751 ounces to 1.033 ounces), compared with Caucasians. The authors suggest this may indicate disparities in treatment availability and/or treatment seeking.

Another notable finding was that percent increases in prevalence and overall drinking frequency were about twice as high for women as for men, prior to adjustment for sociodemographic differences. Adjusting for these differences, women demonstrated larger increases than men in all consumption measures. According to the authors, this finding may contribute to evidence of a closing gender gap in heavy drinking.

UNIVERSAL PROTOCOL
It was agreed up front that universal screening should be done in a particular grade level, often to coincide with other routine screenings, such as vision, or hearing - protocols that also require confidentiality and private settings. The adolescent-focused CRAFFT Screening Tool would be used.

Suggested scripts were developed for responses to both negative and positive screens. Department of Children and Families staff was consulted about 51A reporting requirements – a concern raised by school-based social workers.

Students were to be told their responses were confidential unless their safety was at risk; then parents would be informed – a relatively standard of practice in schools and pediatric practices. School resources (counselors, social workers, etc.) would be the first line of referral. Several schools also had existing community treatment linkages.

Existing district and school policies on referrals were to be followed. Local treatment provider resources, including Central Intake, were made available for professionals and parents.

The project was intentionally kept small and the rollout slow. There was little evidence that universal SBIRT in a school setting was effective. Slow rollout was also a way to assure quality control, making certain the protocol was well understood and closely followed.

Trainings discuss all sorts of eventualities, but the major focus is on the use of validated questions and skill building to engage students in conversations about alcohol and drug use.

SBIRT in Schools
The pilot grew over the next several years and by mid-2016 ten school nurse teams had implemented annual screenings in both middle schools as well as high schools.

ADVOCACY
Early in 2015 the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) was awarded funding from the Hilton Foundation through Community Catalyst to advocate for SBIRT with adolescents. They learned about the pilot and determined that promoting legislation to mandate screenings in schools fit well with their advocacy mission.

A mandate to screen one grade in each middle and high school grade was included in the opioid bill that was passed and signed in March of this year.

SBIRT IN SCHOOLS
In anticipation of a legislative mandate, the DPH partnership expanded its effort and staffing. The team is providing 30 trainings for 105 school district teams of the 407 Massachusetts school districts.

Now that the legislation has been passed and signed, planning efforts are underway to triple the team’s efforts to provide initial and follow-up skills training programs to all public schools throughout the state.

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- Help with administrative aspects, such as data collection strategies, documentation protocols; 
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