RELEASED ON 09.01.2021

School-Based Screening, Brief Intervention and Referral to Treatment: An Implementation Playbook

AUTHORS

- **Carolyn A. McCarty, PhD**
  Principal Investigator,
  Seattle Children's
  Research Institute
- **Evan Elkin, MA**
  Executive Director
  Reclaiming Futures
- **Margaret Soukup, MFT**
  King County
  School-Based SBIRT Manager

CONTRIBUTING CO-AUTHORS

- **Katherine Katzman, MPH**
- **Maria Mullaney, MPH**
- **Delaney Knottnerus, MSW**

FOR MORE INFORMATION, PLEASE CONTACT:

- **Evan Elkin, MA**
  Executive Director
  Reclaiming Futures
  eelkin@pdx.edu
  503-725-8914

ACKNOWLEDGMENTS

Seattle Children's HOSPITAL • RESEARCH • FOUNDATION

Hilton CONRAD N. HILTON FOUNDATION

RECLAIMING FUTURES
Public Health, Justice, Equity

King County Best Starts for KIDS

tick it.

Public Health Seattle & King County

King County MIDD Supporting behavioral health and recovery

King County
Department of Community and Human Services

Table of Contents

Introduction

In 2019, the National Academies of Sciences, Engineering, and Medicine issued a call to action to prioritize the growing mental, emotional, and behavioral needs of children and youth in the United States.[1] Healthy social, emotional, and behavioral development is vital for creating a foundation to thrive in adulthood; yet, in the United States 1 in 5 youth ages 13 to 18 have or will develop a serious mental illness in their lifetime.[2] Suicide is the third leading cause of death in youth ages 10 to 24[3] and from 2009 to 2018 suicide rates increased among youth ages 14 to 18 by over 60%.[4] Research has found substantial co-occurrence of depression with other harmful behaviors like substance use, antisocial behavior, and eating disorders,[5] and yet only half of adolescents with depression are identified and diagnosed before becoming adults.[6] Even after being identified, close to 50% of youth ages 8 to 15 with mental illness didn't receive services in the previous year.[7] Unfortunately, the COVID-19 pandemic appears to be increasing rates of anxiety and depression among youth who are impacted by the stress and loneliness of school closures, the isolation from peers, and long periods of time at home.[8]

Technology plays an increasingly central role in the lives of youth. Adolescents are processing and filtering more information than ever before through cell phones that give them ready access to endless amounts of information (internet, social media, video content, etc.). Electronic (cyber) aggression can cause major stress for youth and has emerged as a public health problem, with 15% of high school students reporting having been cyber-bullied.[9] Being a target of electronic aggression has been associated with a higher risk for misusing alcohol or substances, receiving a school detention or suspension, skipping school, experiencing in-person victimization or emotional distress, and feeling unsafe at school.[10]

Youth spend a large majority of their time in school, making schools an ideal location to support youth. Schools are uniquely invested in the health, education, and overall well-being of youth and can be a critical partner in addressing youth mental health and substance use. Over the past few decades, schools have evolved from being focused solely on the academic attainment of children to a place where education of the whole child is taking precedence.[11] The 2021 Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention names schools specifically as a key setting for suicide prevention as part of a broad-based public health response.[12] Middle school is a key time for support and addressing mental health needs as it is a time of transition and rapid psychosocial and physical development. With a national average of 482 students per school counselor,[13] most of these professionals do not have the capacity to meet with all students who may benefit from intervention or referral to services.

> *"We cannot always build the future for our youth, but we can build our youth for the future."*
>
> *— Franklin D. Roosevelt*

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a public health approach to identifying and addressing substance use and related risks. The SBIRT framework can be used to screen for all levels of substance use risk, and it has more recently demonstrated success when utilized with mental health concerns more broadly.[14,15] School-based SBIRT offers early prevention for students prior to the development of a substance use disorder, including those who are early initiators.[16] The limited research that has been conducted on this topic has mostly taken place in high school settings, and often in school-based health centers, which are convenient settings for intervention but are not available in most U.S. schools.[17] School-based SBIRT in high schools has shown feasibility and promise in reducing intention to use substances,[18] frequency of drinking to intoxication, and drug use,[19] yet more research is needed especially to understand the impacts of SBIRT on academic outcomes and school systems. One study surveyed middle school and high school students who had experience with school-based

substance use focused SBIRT and found the majority of respondents felt positively about substance use screening in schools, and that speaking to an adult about drugs or alcohol was valuable regardless of their use of substances in the past year.[20]

A growing body of research substantiates the benefits of universal school-wide mental health screening in schools as part of a multi-tiered system of support (MTSS) framework used in many schools, which provides a continuum of care to promote emotional and behavioral health based upon students' needs.[21–25]

Universal screening for mental health reduces dependence on reactive identification systems that rely on teacher referrals or the occurrence of externalizing behaviors[26] and reduces the chances that a youth in need will be missed.[27] Research has established a link between student-level academic success and social-emotional health that is bi-directional; change in one area can predict change in the other.[28]

An expanded version of school-based SBIRT that incorporates screening for substance use with mental health symptoms as well as strengths and protective factors in the context of a multi-tiered system of support (MTSS) framework[40] has the potential to address students' needs holistically, and to engage a broader system of resources and support including school staff and caregivers.

School-wide mental health interventions as part of a comprehensive system of support can enhance opportunities for academic engagement and reduce barriers to learning, thereby improving academic outcomes.[29,30]

School climate and culture also play a role in student achievement and behavioral outcomes.[31–33] School connectedness describes a feeling of belonging or the extent to which a student feels cared for by the school.[34] A student's perceived school connectedness is a protective factor for student emotional health, and it is associated with less violence and substance use[35] as well as higher academic achievement, better attendance, and increased social and emotional well-being.[36–38] The transition between elementary and middle school can often be a stressful and disorienting time for adolescents. School policies and practices promoting safety and encouraging and enabling connectedness are important during the first years of middle school and can be protective for student mental and emotional well-being.[39]

SCHOOL-BASED SBIRT MODEL

Best Starts for Kids (BSK) is an initiative to improve the health and well-being of King County residents by investing in promotion, prevention, and early intervention for children, youth, families, and communities. The BSK portfolio includes the implementation of a school-based SBIRT (SB-SBIRT) model in middle schools, with the potential to reach up to 35,000 students each year. The SB-SBIRT intervention model has been adapted by Reclaiming Futures in collaboration with partners at the King County Department of Community and Human Services, Behavioral Health and Recovery Division and is novel in its application to middle school students.

SB-SBIRT consists of: Screening for substance use, mental health symptoms, bullying, and strengths; Brief Intervention based on Motivational Interviewing that involves semi-structured 15-20 minute sessions with both the youth alone and together with their caregiver; and Referral To assessment and/or other community based services and supports, including counseling, mentoring, and youth leadership opportunities. King County launched SB-SBIRT in 2018 across 12 school districts in King County. Seattle Children's Research Institute conducted a Process Evaluation of SB-SBIRT in 2018-2019 and is currently conducting an Impact Evaluation of the program (results expected in early 2023).

SB-SBIRT differs from traditional SBIRT in clinical settings in several ways. First, the screening tool used in SB-SBIRT identifies not only substance use but also protective factors, social-emotional symptoms, and goals as indicated by the student. Additionally, SB-SBIRT is not always implemented by a clinician: School staff such as school counselors, nurses, or prevention interventionists can be trained and receive continuous professional development to support the process. Finally, in SB-SBIRT, Referral To means connection to services or resources that are broader than referral to substance use treatment. The conversation with the student during a brief intervention informs what referrals/resources are relevant or would help the student achieve their goals. This can include connection with extracurricular activities, a study group, counseling, mentoring, a support group or other activities that promote student wellness.

A description of the SB-SBIRT theory of change can be found in the diagram on the next page. The primary drivers that contribute to achieving the program's aim include systems-level changes as well as student-level changes catalyzed by the interventions (secondary drivers) of the program. We recognize that some key assumptions need to be in place for this process to yield the intended results.

Key Driver Diagram

GLOBAL AIM

To build on school, family, and community supports to enable young people to grow into healthy, happy, and thriving adults.

PLAYS

- **PLAY 1** Assess SB-SBIRT alignment with current systems/processes
- **PLAY 2** Identify a screening strategy and relevant tool
- **PLAY 3** Plan for confidentiality and legal considerations
- **PLAY 4** Identify and train SB-SBIRT response teams
- **PLAY 5** Develop a school-wide communication plan and timeline
- **PLAY 6** Develop SB-SBIRT response tools: protocols, workflows, and resource lists
- **PLAY 7** Implement SB-SBIRT key tasks/considerations
- **PLAY 8** Develop data tracking and performance measures
- **PLAY 9** Utilize data-driven quality improvement strategies

LEGEND

Specific Aim

Primary Drivers

Secondary Drivers *(interventions)*

KEY ASSUMPTIONS

Schools can help support the psychosocial needs of their students through developing connections with school and community supports and services.

To promote mental health/wellness and advocate for student support based on each student's unique needs

SYSTEMS-LEVEL CHANGE

A clear, coordinated, and integrated system of Tier 1, Tier 2, and Tier 3 emotional/behavioral supports within SB-SBIRT schools

Strategic partnerships between districts, schools, and community-based organizations (CBOs) that result in equitable policies and systems to promote student well-being

- Integrate SB-SBIRT into existing systems of support — PLAY 1
- Foster support from district leadership and school staff — PLAY 2, PLAY 3, PLAY 5
- Train and develop SB-SBIRT response teams — PLAY 4, PLAY 6
- Utilize data-based decision making to adjust supports for student needs — PLAY 9

STUDENT-LEVEL CHANGE:

Increase the connectedness between students, caregivers/trusted adults, and school staff by recognizing and promoting student strengths and protective factors

Address unmet social, emotional, and mental health needs of youth

Decrease youth health risk behaviors including delaying the onset of substance use or reducing the prevalence of use

- Raise awareness about SB-SBIRT with students, parents, community organizations, and stakeholders — PLAY 6
- Conduct screening and Brief Intervention with youth to reinforce their strengths and identify needs — PLAY 6, PLAY 8
- Provide youth with referrals and follow-up as needed. Engage with caregivers/trusted adults to provide support — PLAY 6

IMPACT

If we achieve our specific aim we anticipate that it will also have positive impacts to youth academic performance including improving attendance and grades and decreasing the frequency of disciplinary actions (suspensions, expulsions, behavioral referrals).

A Note on Trauma

Many children and youth experience life events that affect their access to learning and threaten their overall well-being.[41] According to data collected through the National Survey of Children's Health, almost half of children and youth (46%) in the U.S. (ages birth to 17) have experienced one or more traumatic events in their lives.[42] Clearly there is a need to screen and respond to trauma as part of how to best serve youth in schools; however, there is limited research to date on age-appropriate trauma screening in schools.[43] As a result, trauma screening was not included as part of this particular school-based SBIRT model. Even without trauma screening, school-based SBIRT can and should be implemented using trauma-informed strategies or in parallel with other school-based trauma interventions.[44] This includes, but is not limited to, training school-based SBIRT teams to deliver brief intervention and partnering with students and families using a trauma-informed lens.

Purpose of the SB-SBIRT Playbook

The School-Based SBIRT Playbook is a collection of actions and considerations (called "Plays") to assist a school district or school with implementing the SB-SBIRT model. The Plays were developed based on the experience of implementing SB-SBIRT across 12 school districts in King County. They are meant to be adapted based on the unique context of each district and school.

The Playbook is organized into two main sections based on their intended audience:

- Section I: School District Leaders: Creating a Foundation for Success (Plays 1-3)
- Section II: School Support Team: Implementing SB-SBIRT (Plays 4-10)

Although the Playbook's layout may seem like implementation is linear, the process will reveal that the Plays are intertwined and interdependent. Users are encouraged to consider what best fits the structure, experience, and culture of their district or school.

Each Play is described using an outline that includes: a) a contextual overview, b) a summary of the purpose, c) definitions to clarify relevant terminology, d) team members, e) indicators of progress, f) a recommended approach, and g) key implementation factors to keep in mind. The Appendices include practical and previously tested examples that are ready for districts or schools to adapt to their setting.

Play 1: Assess SB-SBIRT Alignment With Existing School Systems of Support

↑ Table of Contents
→ Next Play

Overview

Very often school districts employ tiered models of support. These can include Response to Intervention (RTI), Positive Behavioral Interventions and Supports (PBIS), Multi-tiered System of Support (MTSS), Comprehensive Integrated Three-tiered Model of Prevention (Ci3T), or some combination of the above. In planning to implement SB-SBIRT, school districts should consider how SB-SBIRT enhances and integrates with their existing model of support for students. Resources like the Interconnected Systems Framework (ISF) are helpful to guide the process.

This Play is not meant to define or describe the different tiered models of support or to replace resources like the ISF—rather, it is meant to facilitate reflection and suggestions for coordination. District leaders are encouraged to determine the best fit for their context and setting.

PURPOSE OF PLAY 1

To reflect on and map out how SB-SBIRT will interact with the district's existing tiered framework of support.

DEFINITION

Systems of support refers to a framework or model that is designed to help districts or schools address student behavioral or academic challenges. For this example, we will refer to MTSS, a framework that grew out of the integration of the RTI and PBIS frameworks. Districts and schools can be certain that, with forethought and planning, they can integrate SB-SBIRT with any existing model of support they use.

TEAM MEMBERS

A multidisciplinary team that could include:

- School district leaders
- A school building administrator
- A lead counselor or behavioral health specialist
- An MTSS team leader (where relevant)
- Leaders in initiatives focused on trauma-informed and restorative practices (where relevant)

INDICATORS OF PROGRESS

District leaders and SBIRT team members can recognize and understand how SB-SBIRT interacts within existing systems of support.

Recommended Approach

SB-SBIRT was designed to align with an existing MTSS framework. The MTSS framework uses universal screening to help identify student challenges early and provide tiered interventions that can be tailored to student needs.

Screening tools used for SB-SBIRT generally incorporate a tiered approach based on the risk factors endorsed by students. After a student completes the screening tool, they are then placed into a "tier." SB-SBIRT interventionists at the school conduct brief intervention (15-20 minute) sessions with youth using Motivational Interviewing strategies to assess strengths, facilitate goal setting, provide referrals, and then follow up as needed. In addition to the SB-SBIRT interventions described below, the program includes training and technical assistance to support schools with communication strategies and implementation, data collection, and reporting.

TIER 3

Immediate safety concerns endorsed at screening
BI with student (≤1 day of screening). Caregiver engagement and referral to services/supports as needed.

TIER 2

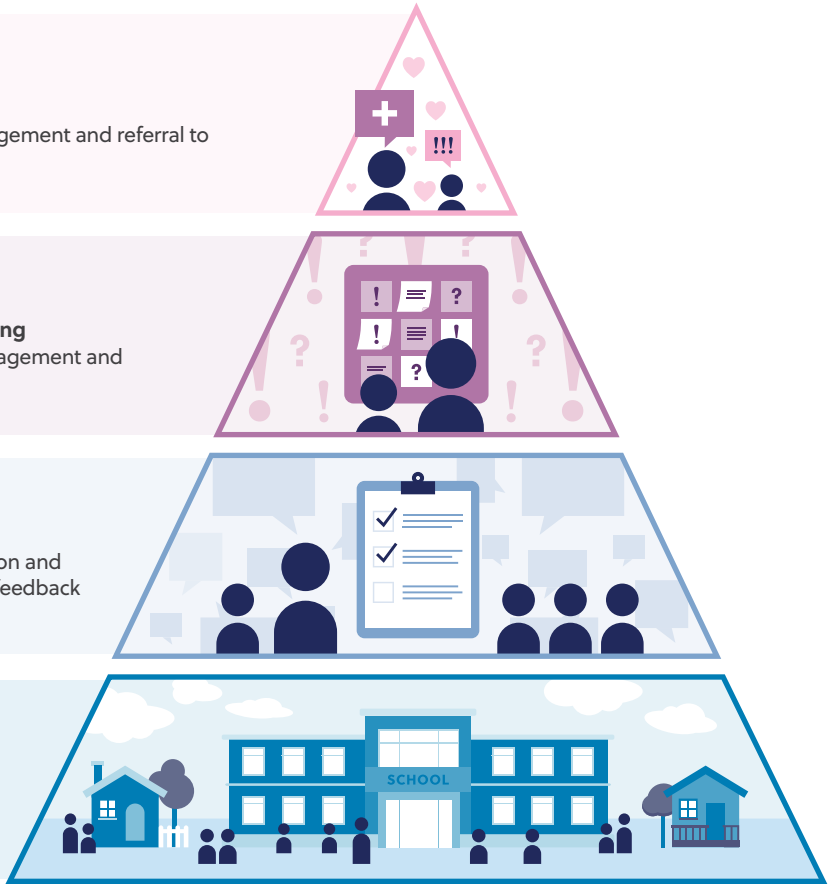
Risks to health and well-being endorsed at screening
BI with student (timing not specified). Caregiver engagement and referral to services/supports as needed.

TIER 1

No risks endorsed at screening
School-wide or group activities focusing on prevention and health promotion. All students receive personalized feedback as part of Check Yourself.

SB-SBIRT Foundation

Community Engagement
Communication with caregivers, families, and community-based organizations to share information about SB-SBIRT.



Consider the following questions to integrate SB-SBIRT with the core elements of MTSS.[45]

Coordinate implementation with a representative leadership team:

- » What teams exist? How well are they working? Are there established roles and responsibilities for teams? Is there overlap?
- » To implement SB-SBIRT would a new team need to be developed or an existing team enhanced?

- **Use data to guide all team decisions:**
  - » What data is currently used to determine interventions and supports for students? How well is the current process working?
  - » How would universal screening data inform the current process of placing students into tiers?

- **Establish formal processes for team-based selection and implementation of evidence-based practices across tiers:**
  - » What evidence-based practices are implemented by the district? How does the district select and implement new practices?
  - » How would SB-SBIRT change or integrate with these processes?

- **Ensure early access through use of comprehensive screening:**
  - » Is universal screening already occurring? What tool(s) are used?
  - » Would universal screening through SB-SBIRT be used along with or replace existing screening practices?

- **Establish a rigorous progress-monitoring system for both fidelity and effectiveness of all interventions:**
  - » Do teams have experience using the School-wide PBIS Tiered Fidelity Inventory?
  - » How is progress and effectiveness of interventions currently being assessed, and how can SB-SBIRT fit into that process or enhance it?

- **Invest in team-based professional development and ongoing coaching at both the systems and practices level:**
  - » How are teams currently prepared? How well is the existing training and development process working to prepare teams with Motivational Interviewing, suicide risk assessment and response, and family engagement?
  - » Are there existing training systems and ongoing professional development opportunities that SB-SBIRT could fit into?

Partnerships

School-based SBIRT is reliant on partnerships to provide supports from partner agencies and community-based organizations (CBOs) to students. A careful review of existing partnerships is important before and throughout the implementation of SB-SBIRT. As part of this process, it may be helpful to get feedback from team members and stakeholders (students, community partners, families/caregivers) on how well these arrangements and partnerships are working to support youth.

- **The following questions can help clarify the review process:**
  - » What partnerships exist?
  - » How well do existing partnerships meet the needs of students? What is missing?
  - » Are there existing partnerships to serve the needs of students and families from different language and cultural groups?
  - » In adding SB-SBIRT what contracts or working agreements would need to change? What services or supports would need to be added?
  - » How are partnerships developing?

- **The three main types of partnerships are best described as follows:**
  - » **Cooperative:** CBOs and school partners operate autonomously from one another. Program goals are primarily established by the primary awardee (CBO or school), though they may share one or more goals with the partner organization.
  - » **Collaborative:** CBOs and school partners share goals and communicate about progress on a regular or semi-regular basis. The school and the partner organization(s) maintain ultimate decision-making authority over their own activities.
  - » **Integrated:** The CBO partner(s) play(s) a major role in site planning processes and share data, resources, and decision-making authority with the school.

Some school districts have found the Interconnected Systems Framework (ISF) to be a helpful and more structured approach to understanding how education and mental health systems and staff can merge.[46] The ISF provides a strategic framework that guides districts or schools to have a single, coordinated system for delivery, to recognize mental health is for everyone, to understand that access is not enough, and to align with MTSS in implementing school mental health.[47]

KEEP IN MIND

School-based SBIRT is novel in that a student-administered screening tool places students into tiers based on information provided directly from the student rather than from the assessment of a teacher or administrator. Student screening can help with identifying internalizing behaviors (which are often not seen in the classroom) and remove the biases created by selected screening. It is common for schools to screen annually, but other frequencies of screening can be considered as a way of reassessing some or all students over time. It is helpful for districts or schools to consider how they will reassess student tier placement over time.

CORRESPONDING APPENDICES

- Check Yourself Tiers Table

Play 2: Identify a Screening Strategy and Relevant Tool

Overview

A critical element of school-based SBIRT is identifying students who could potentially benefit from a short one-on-one conversation—referred to in the context of SBIRT as a brief intervention. Several tools may be available for surveying students to discern risky behaviors, social-emotional symptoms, protective factors, and strengths. Interventionists can use this screening information to initiate a discussion with students to learn more about how they are doing, what strengths and social supports they have, and what their current stressors and needs are.

TEAM MEMBERS

School district leaders in consultation with school administration and counseling leads

INDICATORS OF PROGRESS

A screening strategy and appropriate screening tool are agreed upon.

PURPOSE OF PLAY 2

To choose a screening strategy and a screening tool that will meet the needs identified by school stakeholders.

DEFINITIONS

A strategy for surveying students can involve one or both of two screening processes: universal or indicated. Factors such as the screening and response capacity at the school level should be considered when determining which process will be best.

Universal screening involves selecting an entire population to take the screening tool. To be truly universal, the whole population of a school would be screened, most commonly on a rolling basis, in waves of manageable subpopulations (e.g., one grade or classroom at a time). The goal is to survey all students in order to connect with those who may need additional support but have no outwardly observable trouble or problem behaviors.

Indicated screening involves selecting students based on identified concerns or behaviors. An example could be that a school decides to screen students who have five or more absences, low grades, or disciplinary interactions with the school administration. This could also be a place for schools to trial screening before attempting to implement the process universally.

Universal screening is a public health best practice. This creates a foundation of social-emotional learning (SEL) tiered support and removes bias that leads to student inequities found in indicated screening methods. A school may choose to implement a combination of universal and indicated screening. On a case-by-case basis, students may benefit from participating in SBIRT outside of the scheduled universal screening to receive the support they may need.

Screening is not the same as assessment, which involves further defining a problem, making a diagnosis in some cases, and making a treatment recommendation. When screening is followed with brief intervention, it can function more like an assessment, but a common outcome of SB-SBIRT is to refer a student for further assessment.

A screening tool refers to a means to identify a student's behaviors as well as their strengths and protective factors.

Recommended Approach

Districts need to determine the screening approach that is the best fit for their setting. For example, one school district may use SB-SBIRT as their needs assessment for new sixth graders as a way of getting to know them, their needs, and connecting them with the school. Another may use their SEL program to help set the stage for screening for SB-SBIRT during health classes with the goal of reducing stigma about mental health and encouraging honesty in responses.

KEEP IN MIND

Start small to ascertain how a student body responds to the screening questions and to ensure that proper protocols and resources are in place. Many schools have had success starting with one classroom a week and scaling up as appropriate.

CORRESPONDING APPENDICES

- Check Yourself School-Based Screening Tool
- Check Yourself Tiers Table

"... as counselors, we want to meet every kid's needs that we can, and so [universal screening is] going to open it up a little more."

– School counselor

Play 3: Plan for Confidentiality, Caregiver Permission, and Legal Considerations

Overview

Protecting student confidentiality and providing proper caregiver notification are critical to maintaining the integrity of school-based SBIRT. School districts should strategically consider and map out fundamental legal considerations regarding students' education records, caregiver rights, and mechanisms to share student information for reporting and evaluation activities prior to implementation.

PURPOSE OF PLAY 3

To proactively determine what the parameters of confidentiality will be, how caregivers will provide permission to participate, and how the screening results will be considered with regard to students' education records.

DEFINITIONS

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of students' education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

A Data Sharing Agreement (DSA) refers to a legal document between a school district and a third party. A DSA is relevant for school districts that intend to share protected student information, most likely for reporting and evaluation activities.

The Protection of Pupil Rights Amendment (PPRA) affords caregivers of elementary and secondary students certain rights regarding the conduct of surveys, collection and use of information for marketing purposes, and certain physical exams.

TEAM MEMBERS

School district leaders, evaluation department, and district legal counsel

INDICATORS OF PROGRESS

- Legal counsel reviewed the DSA and it is fully executed (if there is an evaluation).
- The interpretation of FERPA has clarified whether the SB-SBIRT screen is considered a part of a student's educational record.
- The caregiver notification process is defined based on a district's interpretation of PPRA. This applies to the use of opt-in or opt-out procedures for caregiver permission.

Recommended Approach

District administration, in consultation with legal counsel, should review students' files and documents that pertain to their education records in a school district. Districts should consult with their legal team to get specific FERPA direction and to determine local protocols. Deciding this prior to implementation will allow staff to move forward with a clear understanding of how to inform caregivers and students so they can fully consider if they want to participate in SB-SBIRT screening.

- **Since students have several "files" at the district level, it should be helpful for districts to consider the following:**
  - » Will the SB-BIRT screening results be part of the educational record?
  - » Will the screening results be part of the counseling record?
  - » Will caregivers (parents or other legal guardians) be able to access the screening results?
    - If so, under what circumstances?
  - » Which staff will be able to download and export files from the screening platform (if relevant)?
    - Does that change the status of the "record" if downloaded and by whom?
  - » Will staff print information from an electronic platform?
    - If so, does that change the status of the "record"?
    - Where will those printed results be kept?
  - » How long will the district keep the screening records of the students?
  - » Where will screening digital files be stored? What measures will be put in place to protect student's privacy and answers?
  - » Students may need an identification number (proxy or dark ID) for an electronic platform.
    - Is there a number already in the district records that is student specific?
    - If so, would students be able to identify this number?
    - Or should the district generate numbers for the students that are not associated with them in any way?

- **When it comes to engagement with the SB-SBIRT model, districts can offer two ways that students are enrolled in SB-SBIRT with their caregivers' permission:**
  - » ***Opt-in enrollment process:*** Caregivers are giving their active consent (in relevant languages) to have youth surveyed through a digital or physical form that the caregiver returns to the school.
  - » ***Opt-out enrollment process:*** Caregivers are giving their passive consent (in relevant languages) to have youth surveyed through a digital or physical form. Transparent communication should be in place to ensure that caregivers are informed that SB-SBIRT is voluntary and to communicate that even if the caregiver provides passive consent, youth can still opt-out.

    Note: If a district chooses the opt-out process, providing additional email notice to "opt-out" prior to actual screening allows another opportunity to ensure caregivers received proper notification.

There are advantages and disadvantages to the opt-in and opt-out processes. Districts should refer to their legal counsel's interpretation of PPRA.

The following table presents considerations when deciding whether to choose the opt-in or the opt-out enrollment process.

OPT-IN	OPT-OUT
Pro: There is higher certainty that caregivers support youth participation by actively opting in.	**Pro:** If the goal is universal screening, using an opt-out procedure results in significantly more students participating.
Pro: Caregivers who do return the form may be more fully informed about the program.	**Pro:** This process involves less paperwork, so it's simpler and easier for busy caregivers.
Con: Caregivers may be in favor of youth participation, but may miss the communication, forget, or become too busy to return the form.	**Con:** It is possible that some caregivers do not pay attention to the communication, and their students participate without their awareness.

KEEP IN MIND

It is important to make sure that all documents and procedures are reviewed by legal counsel before beginning SB-SBIRT.

CORRESPONDING APPENDICES

- Example of a Data Sharing Agreement
- FERPA
- PPRA
- Example of Opt-In Language
- Example of Opt-Out Language

Play 4: Identify and Train SBIRT Teams

Overview

The SBIRT team refers to the group of school-based staff and community-based partners who are directly responsible for the implementation of SB-SBIRT, including the administration of the screening, reviewing student responses to determine which students would benefit from a brief intervention, and meeting with students to conduct the brief intervention and make referrals. District and school administration should offer the school staff and counseling team resources and support to demonstrate buy-in for the implementation of SB-SBIRT.

PURPOSE OF PLAY 4

To identify who will be on the SBIRT team, including each member's roles and responsibilities, and to provide information, including customized training where appropriate, for all staff who will be involved in the SB-SBIRT implementation.

DEFINITION

Establishing an SBIRT team refers to the process of identifying all school-based staff and community partners who will play a direct role in the actual implementation of SB-SBIRT from screening to referral.

A broader range of personnel will be indirectly involved with SB-SBIRT, including school-based staff and faculty who may be involved in the administration and proctoring of the screening process; teachers whose classrooms may be used for screening or from whose classes students may be invited to participate in screening; school staff involved in scheduling; school-based counselors who may be involved in responding to emergent situations that arise from the screening process; and community partners who may receive referrals that result from the SB-SBIRT process.

TEAM MEMBERS

- School district leaders and school administrators involved in planning
- Anyone who will be involved in the screening process on the day of screening, including school staff, counselors, community agencies/ partners, nurses, and therapists.

INDICATORS OF PROGRESS

- SBIRT team members have been identified and roles are defined. SBIRT team members feel ready to Implement an initial small-scale pilot such as screening one classroom.
- SBIRT team size has been determined based on predicted prevalence rates and size of student cohort being screened.
- District and school administration demonstrate buy-in for the implementation of SB-SBIRT by offering resources and support to the staff and counselors.

Recommended Approach

The SBIRT team consists of staff who facilitate the administration of the screening process with students; one or more counselors tasked with reviewing the results of the screening to determine which students would receive a brief-intervention and how soon; and one or more counselors who are available and prepared to meet with students to provide the brief intervention.

If possible, it may be helpful for schools to determine the SBIRT team size needed by referring to results from an annual school-wide survey to project anticipated prevalence of issues like anxiety, depression, substance use or acute suicidality. For example, results from a large sample of students participating in SB-SBIRT in 2019, showed that on average in a class size of 30 students, there were 5 students (or 16%) requiring an immediate follow-up and an average of 5 additional students requiring less urgent follow-up in the days or weeks following the screening. Based on those percentages, this school should anticipate enough counselors on hand to see approximately 5 youth before the end of the school day. Over time each school will begin to use its own prevalence rates to determine team size needed on the day of screening.

School staff who will participate in the screening and brief intervention process can include school counselors, prevention specialists, and school nurses. If permissions and contracts are in place, schools may consider including external partners such as community health agencies, therapists, and peer mentors.

- **When selecting the team of adults, it may help to consider the following factors:**
  - » Who do the students turn to for support in the school?
  - » Where do students go when they need support within the school? Which adults are in that space?
  - » Paying attention to diversity in the staff to align with the student body makeup can be helpful in garnering student trust.

- **Preparing the support team to implement the model should include:**
  - » Providing screening tool training—determine who will access the results of the screening. How will the summary of responses be accessed and handled?
  - » Coordinating with the IT department regarding necessary procedures to administer a screening tool using Wi-Fi (if electronic screening is used).
  - » Developing interventionist confidence by providing foundational and ongoing training (see SB-SBIRT Interventionist Guide).
  - » Establishing expectations for documentation and tracking of students following brief intervention.

KEEP IN MIND

Each district and school has its own unique resources (including staff) to draw upon to make SB-SBIRT most relevant to their community and successful in accomplishing their goals.

CORRESPONDING APPENDICES

- Sample Workflow for SB-SBIRT
- SB-SBIRT Interventionist Guide
- Fidelity Inventory

"Having somebody who is not tied to the building has been huge. That's almost the biggest part. The fact that she comes into the building is really cool too because then it's not like this "oh, we have to get in the car with mom and dad, where's this place at, it's unfamiliar," they come into a familiar office and she's there. That to me has just been huge. I haven't been able to talk to parents too much about it, but I can say from students' reactions I think it's been huge."

– Administrator

Play 5: Develop a School-Wide Communication Plan and Timeline

Overview

Thorough planning of the communication channels and plans prior to implementation is invaluable and sets the standards of how and when communication takes place. This ensures all stakeholders are informed and aware of SB-SBIRT purpose and approach. This includes communication goals, objectives, and staff roles.

PURPOSE OF PLAY 5

To develop an implementation and communication plan that includes caregiver permission processes, staff involvement, and student awareness of SB-SBIRT and that is appropriately timed during the school year.

DEFINITION

A communication plan refers to school and district mechanisms for informing caregivers, staff, and students about the SB-SBIRT program prior to implementation.

TEAM MEMBERS

District lead, school administrator, communication staff, SBIRT team

INDICATORS OF PROGRESS

A school-wide communication plan and timeline has been developed and shared with school leaders, staff, and other stakeholders. Caregivers and students are aware of what SB-SBIRT is, why it is being implemented, and when it will be conducted.

Recommended Approach

Creating a strong foundation of stakeholder awareness and engagement before implementation begins is critical and sets the program up for success. This allows families time to make thoughtful decisions regarding their child's participation. Communication mechanisms should include avenues for caregivers and students to ask questions directly to project staff working on SB-SBIRT within the district and school.

DEVELOPING A COMMUNICATION PLAN

Creating clear communication will help families and the surrounding community understand how the SB-SBIRT overall framework, goals, and processes can enhance the district's existing social-emotional learning structure and initiatives around wellness.

- **Communication tasks that districts and schools should consider completing prior to implementing the SB-SBIRT model include the following:**
  - » Draft caregiver and student notification language and processes so that the school community members will clearly know when screenings will be taking place and when their students may participate.

- » Develop a tactical plan and key messages about SB-SBIRT: What needs to be communicated?
- » Update the district website with information about SB-SBIRT and how it will be implemented in that specific district and community. If there is already a page on the district website regarding student services, mental health, and substance use resources, adding information about SB-SBIRT may be helpful.
- » Leverage the local media. The leaders of the SB-SBIRT process in the community could participate in interviews that would result in articles and news coverage about this new program that will help schools and communities respond to early signs of mental health symptoms and substance use within schools, using a strength based, self-administered screening process and brief intervention model.

TIMING OF SCREENING AND INTERNAL COMMUNICATION

Schools should decide when to screen, being mindful of testing, breaks from school, and holidays to allow for proper time to follow up with students after they have been screened. Once screening dates have been decided, program staff should consult their legal office to determine when they will notify caregivers and students and how they will be notified. Along with deferral law that dictates caregiver notification requirements, districts often have School Board Policies that are specific to this topic.

Communication about SB-SBIRT can be done through the mail, e-mail, presentations after and during school, newsletters, updating school specific websites and social media pages. It is important to know how families receive communications from the school and use as many routes as possible to make sure all families who may be impacted are being reached and in the language that is most appropriate.

Before Screening

Given the importance of establishing trust and transparency when implementing a universal and/or indicated screening tool, districts and schools may find it beneficial to:

- **Prepare and host caregiver/community presentations about SB-SBIRT (ideally within established events and not as a stand-alone gathering).**
- **Use the language drafted to notify the school community when screenings will be taking place and when students may participate, which will often be school by school.**

- **Track who is participating and opting in or opting out of the SBIRT process at the school level.**
- **Create and provide presentations to staff and school employees.**
- **Teachers who will be involved in the screening process will want to understand the current risk and protective factor trends that the students are experiencing.**
  - » This information will assist all staff with answering any questions about SB-SBIRT that may come from stakeholders in their community.

After Screening

Once the screening has been completed, it may be useful for districts and schools to:

- **Discuss trends in student screening responses in staff meetings with an emphasis on how prevention and intervention efforts at the school or in the district can be informed by the data.**
- **Follow up to let caregivers know that screening has been completed and what to expect for next steps. Some districts have done this through sending postcards; other districts have used email and provided a list of questions caregivers could use to start a conversation about the program with their students.**
- **Students should be made aware of possible next steps after the screening tool is complete. For example, if they are called to the counseling office, it should be made clear that they are not in trouble.**

Providing as much clarity and transparency around next steps is crucial to SB-SBIRT implementation.

KEEP IN MIND

Timely and transparent communication about the rationale and plans for SB-SBIRT to the local school community, including caregivers and students, is critical to success.

Getting feedback and engaging community members ensures buy-in.

CORRESPONDING APPENDICES

- Example Communication Plan

Play 6: Develop SBIRT Team Tools: Protocols, Workflows, and Resource Lists

Overview

Documenting protocols and workflows for the SBIRT team prior to and following screening is another key part of preparing for the SB-SBIRT implementation. Well-equipped SBIRT team members will be knowledgeable about available resources they can make referrals to and the appropriate processes to make the referral connection successful.

PURPOSE OF PLAY 6

To clearly plan and document the steps before and after screening to prepare the SBIRT team for the implementation of SB-SBIRT.

DEFINITIONS

The protocols refer to a district's procedures for handling student safety and managing crises.

The workflows refer to a school's processes for responding to students' needs based on their screening results.

Resource lists refer to a compilation of additional sources of support within the school and broader community that students and families can be referred to after brief intervention.

TEAM MEMBERS

SBIRT team

INDICATORS OF PROGRESS

Relevant SB-SBIRT tools including protocols, workflows, and resource lists are documented for, available to, and understood by all SBIRT team members.

Recommended Approach

SB-SBIRT has many steps and procedures that should be clearly outlined for staff before starting implementation. It is important to establish or review relevant district protocols that deal with student safety and crisis responses. Well-defined workflows will help all participating staff understand their roles and the tasks that need to be completed each step of the way. It can be useful for the SBIRT team to consider delineating procedures sequentially: before, during, and after screening.

Before Screening:

- **Review relevant district protocols that deal with student crisis and safety responses. It is especially important for staff to know and follow protocols on addressing the following:**
  - » Suicide ideation or intent
  - » Self-harm behaviors

- **Ensure workflows are in place for follow-up to various screening responses, including when students report harassment, bullying, or abuse from either caregivers or other adults in the community. Some school districts contract with community mental health organizations to provide risk or threat assessments.**

During Screening:

- **Develop a proctor script that establishes consistency across schools and staff for whoever will be administering the screening tool to students, in either a classroom or one-on-one setting.**

- **Ensure the script provides clear language around consenting to take the screening tool, who will have access to students' responses, who will be following up with the student if necessary, and how caregivers will be notified around the results (if at all).**

After Screening:

- **Provide resources to share with students if they wish to follow up or have additional questions (e.g., school counselors, a mental health provider if one is available on campus, and local and national crisis hotline and text lines).**

- **Determine how best to contact students (e.g., sending a follow-up email to students or handing out a resource card).**

DEVELOPING A RESOURCE LIST

Given the screening questions and topics presented in the SB-SBIRT process, it is important to consider what resources and referrals may be necessary for students. For example, the Check Yourself tool asks a variety of questions regarding what students experience at home. Students may endorse experiences like "not knowing where we will sleep" and "skipping or missing meals," which may indicate a need for additional supports such as food pantries and housing connections. Districts and schools should plan accordingly and have resources available to match the needs students may indicate on the survey.

- **When planning what resources and referrals sources students might need, relevant questions to consider include the following:**
  - » If the screening tool asks about race or ethnicity, gender, or sexuality, are there local cultural centers and agencies that serve specific populations?
  - » What local organizations help with clothing, food, housing and rent assistance, medical treatment, and reproductive health?
  - » Has the school district established any partnerships with local agencies that offer mental health and substance use disorder treatment?
    - If so, what is their process for intakes? How long does it take to get an appointment? What insurance plans do they take? What is the general cost families might expect?
    - If not, are there other available agencies?
    - Gathering this information beforehand will help families make informed choices about the best care and prevent frustration and long waiting times.

- **If the screening tool asks students about goals, interests, and hobbies, what clubs, activities, and recreational options are available that could help students build strengths-based connections?**

KEEP IN MIND

It is important to ensure that SB-SBIRT protocols are aligned with any existing district practices, particularly suicide response procedures.

CORRESPONDING APPENDICES

- Sample Workflow for SB-SBIRT
- Example Resource Card
- Resource Mapping

Play 7: Implement SB-SBIRT Screening

Overview

Screening provides a means to identify a student who could benefit from receiving brief intervention. Screening responses represent a starting point for a conversation with the student but are not diagnostic.

This Play describes the screening process using the Check Yourself tool. Other screening tools are available to school districts for implementing a similar process as applicable to their unique context.

PURPOSE OF PLAY 7

To share the best practices for universal screening in schools as part of SB-SBIRT implementation.

DEFINITIONS

Tiering refers to determining whether and how quickly a student needs follow-up. The administered screening tool uses three tiers for follow-up.

Tier 3 includes students who have marked a response that indicates their safety may be at risk (e.g., "recent suicidal thoughts or self-harm," "feeling threatened right now") and that immediate follow-up is needed (ideally within 24 hours).

Tier 2 includes students who have marked responses that indicate they may benefit from a brief intervention (e.g., endorsed depressive or anxiety symptoms, substance use). Follow-up for Tier 2 is typically within 2 weeks.

Tier 1 includes students who did not mark any responses that typically indicate concern. In the SB-SBIRT model, Tier 1 students are not necessarily followed up with at all.

Some districts, based on their resources and workflows, have chosen to follow up with all students (either individually or in groups) to hear their feedback on the process or to raise issues that may be relevant to the whole school population.

TEAM MEMBERS

SB-SBIRT support team (may include school counselors, nurses, an SBIRT coordinator, teachers, school administrators, and community-based agency partners).

INDICATORS OF PROGRESS

- Screening was implemented as planned.
- Students who indicated safety concerns were met with in a timely manner aligning with pre-established district protocols. The SBIRT team to student need ratio was sufficient to follow-up.

Recommended Approach

Before Screening

The SB-SBIRT support team may find it helpful to take the following precautions:

- **Identify the classroom(s) or students to screen.**
- **Notify students that the screening is happening and allow students to ask questions.**
- **Determine if there are any students within those classes who might need additional supports in taking the screening tool due to differences in physical or cognitive abilities.**
- **Print any rosters or lists of ID numbers that might be helpful to have during screening to mark students who are absent or choose to opt out.**
- **Establish where staff will be meeting individually with students for the brief intervention post screening.**
- **Confirm with the teacher whose classroom is being screened that there will be enough class time, and request possible help with answering student questions and administration.**
- **Coordinate with district IT if using electronic tools to make sure they will work on whatever devices students are using and that relevant privacy settings are in place.**

ESTABLISH SCREENING METHODS

Students can be screened using school laptops, computers in a lab or library, tablets, or pencil and paper—whatever the district or school makes available. Some electronic screening platforms can send links directly to students through their email.

ESTABLISH UNIQUE IDS

SB-SBIRT cannot be done anonymously. Students will need an ID number to identify them for brief intervention follow-up and it is recommended not to have identifiable data associated with the screening results. Schools may want to consider using a number that is unknown to the students but known within the district system. Other alternatives include lunch numbers or pre-established student ID numbers. However, if students are aware of other students' numbers, there is a chance they could potentially input a number for someone else during the screening process.

During Screening

Staff proctoring a screening in a classroom should plan to do the following:

- **Send the link to the screening tool in real time (not before or after class) to make sure that the triage team is available.**
- **Inform students that the screening tool is voluntary and explain how they can opt out of participating.**
- **Explain who can see their answers and what follow-up will look like.**
- **Provide information regarding confidentiality, as applicable to district policies and procedures.**
- **Explain the purpose of the screening tool and why it is being done at the school.**
- **Remind students to keep their eyes on their own screens. Consider the setup of the screening space to ensure confidentiality.**

After Screening

After students have completed the screening survey, the SB-SBIRT support team should gather during the same school day to determine tiering and address any emergent student needs.

If the screening tool contains any open-ended questions or text boxes, staff should be committed to routinely checking to see if any student has written something that needs to be addressed or followed up on without delay.

Some electronic screening tools can be accessed via a web link that can be turned on or off. As soon as a screening has concluded, staff should manually turn the link off to prevent any students from taking the survey again or taking the survey if they are not physically in the school building.

Using the established tiering criteria to respond to students' needs, staff can assign someone who has the capacity and availability to follow up using the brief intervention model outlined in Play 8. It also may be useful to schedule a meeting for staff to debrief the screening process and meetings with students to ensure everyone is aligning with established district processes on confidentiality, caregiver notification, and following up with safety concerns.

KEEP IN MIND

The time of day, week, and class can have an impact on the student experience and staff availability to respond when screening. Be mindful of alternative schedules and building events such as assemblies or testing.

Throughout this process it is important for staff to honor and respect students' confidentiality and their screening responses. Only staff working directly with students should be able to see identifiable student data.

Make sure response protocol and follow-up expectations are clear to the SB-SBIRT support team and the students who are participating in the SB-SBIRT process.

CORRESPONDING APPENDICES

- Example Proctor Scripts

Play 8: Implement SB-SBIRT Brief Intervention and Referral To

Overview

Brief intervention, or BI, refers to the one-on-one conversation(s) a student has with an interventionist or other school staff following screening. The youth-centered BI is designed to highlight strengths, goals, and social supports as well as to explore a student's specific needs and make referrals for further support, positive youth development activities, or treatment when needed.

Conducting a brief intervention is aimed at enhancing the likelihood of youth feeling engaged and motivated to follow up in cases where a referral for further assessment or treatment is indicated. The use of the principles of Motivational Interviewing has gained wide acceptance in the field of adolescent mental health and generated positive outcomes as the foundation of the BI in SBIRT implementations with youth.[48]

The vast majority of students will not need a treatment referral, so the Referral To element of SB-SBIRT can be vital to many students because it connects them to other types of beneficial resources and supports. BI is not treatment, but rather a semi-structured conversation that applies the principles of Motivational Interviewing to reach consensus with a student on a set of positive action steps based on their screening responses.

In many instances, it can be productive to include the caregiver in separate BI conversations or to meet with student and caregiver together to support any referrals that may come out of the SBIRT process.

PURPOSE OF PLAY 8

To share the basic intention behind the SB-SBIRT brief intervention approach and an overview of its core elements.

DEFINITION

The brief intervention is a collaborative conversation between a student and an interventionist that is intended to clarify screening responses and motivate the student to engage a range of supports and resources, which may include treatment as needed.

TEAM MEMBERS

SBIRT team members who are designated to conduct brief intervention follow-up meetings with students and are often referred to as SBIRT interventionists

INDICATORS OF PROGRESS

- SBIRT team members have reviewed the SB-SBIRT Interventionist Guide, have attended an SBIRT training, and understand their school's protocols for responding to urgent situations.
- SBIRT team members feel confident in their abilities to use the elements of the SB-SBIRT approach and the corresponding principles of Motivational Interviewing to conduct brief intervention conversations with youth, caregivers, and youth and caregivers together.

Recommended Approach

The SB-SBIRT brief intervention approach consists of elements or steps that will help guide interventionists through one or more short one-on-one meetings with students who have completed the screening survey.

- **During the first meeting with a student, interventionists should use the Motivational Interviewing processes of engaging, expressing empathy, and focusing. Further guidance regarding the initial interaction includes the following recommendations:**
  - » Begin with clarifying the student's strengths and establishing current moods and any current supports or support requests.
  - » Discuss the student's survey responses to explore any concerns about emotional well-being or safety and, when necessary, make a referral for further assessment, support, or treatment.
  - » Be prepared to present a full range of other types of resources and positive youth development activities that might benefit the student.

The SB-SBIRT Interventionist Guide presents in detail the various elements for helping interventionists lead collaborative one-on-one conversations with a student, with a caregiver, and with a student and caregiver together. What follows are condensed descriptions of how each of these elements can be used to facilitate the SB-SBIRT brief intervention.

STUDENT BRIEF INTERVENTION ELEMENTS

- **Student Element 1:** Explore the student's screening responses in a collaborative and non-judgmental manner, with an emphasis on a balanced reflection on strengths and on any possible needs or difficulties.

- **Student Element 2:** Explore the student's goals and values and the ways that any strengths, needs, or difficulties might impact those goals. For example, discuss how a student's athletic or academic goals might be impacted by substance use if they reported use on the screening tool.

- **Student Element 3:** Enhance the student's motivation to seek support or treatment or to engage in other positive activities by discussing their readiness and reinforcing any signs of willingness to follow through and make positive changes.

- **Student Element 4:** Engage the youth in a practical planning exercise for any next steps or referrals that emerge from the brief intervention.

- **Student Element 5:** Discuss with the student the pros and cons of including a caregiver in their plans to get treatment or other supports.

CAREGIVER BRIEF INTERVENTION ELEMENTS

- **Caregiver Element 1:** Review and answer questions about SBIRT while emphasizing the importance of their role in supporting their child's positive goals, including getting treatment if that is on the table.

- **Caregiver Element 2:** Discuss adolescent development and parenting challenges with the caregiver—not as an expert, but in order to show support for them and enhance their empathy for their child—especially in cases where extra support or treatment are needed.

- **Caregiver Element 3:** Practice cultural humility by eliciting cultural and familial norms with regard to seeking help for emotional well-being issues and household rules around alcohol and other substances.

- **Caregiver Element 4:** Prepare the caregiver for a possible meeting together with the student. This is particularly important if a treatment referral for the student is indicated and supportive planning is needed.

YOUTH & CAREGIVER ELEMENTS

- **Youth and Caregiver Element 1 & 2:** Set an agenda, clarify the purpose of the meeting, and set some ground rules for a productive conversation. Remember to recognize positive efforts and moments of positive support and understanding between caregiver and youth.

- **Youth and Caregiver Element 3 & 4:** Help student and caregiver find common ground on a shared goal and plan of action related to the youth's well-being (e.g., a treatment referral) and discuss how caregivers can be supportive of the effort.

KEEP IN MIND

- The brief intervention is not therapy or treatment, but when the BI is being done by a school counselor, a transition to a longer-term counseling arrangement with the student is one Referral To option.
- The SB-SBIRT brief intervention is based on principles of Motivational Interviewing, so additional training or other resources like readings, workshops, and webinars on Motivational Interviewing are excellent ways to build brief intervention skills.
- Remote screening and BI—where the student and the interventionist are not physically present in a traditional classroom environment—can also be successfully implemented with additional considerations based on a school's needs.

CORRESPONDING APPENDICES

- Remote Implementation Considerations
- SB-SBIRT Interventionist Guide
- SB-SBIRT Implementation Guide
- Example Elements Checklist

> *"I totally support it. I think mental health needs to be a more frequently talked about thing and I don't think people need to be as scared about it. I was glad when this program had the opportunity."*
>
> *– Caregiver*

Play 9: Develop Data Tracking and Performance Measures

Overview

Collecting program data is an important way to monitor progress and collect information to understand how implementation is going and what could be improved. Tracking program data and performance measures can help to identify areas that may need improvement and to determine whether school based SBIRT is achieving its goals or objectives. Collecting data about the program can also be a way to measure program success and share outcomes with participants and key stakeholders. Data tracking and data collection systems should be developed early, ideally at the same time as implementation planning.

PURPOSE OF PLAY 9

To recommend key data processes for ongoing tracking and quality improvement and suggest measures that can be used to track program performance.

DEFINITION

Performance measures are specific, measurable indicators of program performance that can be tracked periodically over time—at least annually.

TEAM MEMBERS

SBIRT team, district and school administrators

INDICATORS OF PROGRESS

- Key performance measures are defined, analyzed, and tracked by the SBIRT team at least annually.
- A performance measurement plan is developed.

Recommended Approach

When developing performance measures, it is important to gather input from a wide range of stakeholders to ensure the measures are relevant to other leaders, community members, and school staff. The performance measures are meant to help assess program performance at the school level. At a minimum this includes:

- **The % of students or classrooms that participated in screening against target (e.g., % of students screened in a grade)**
- **The % of Tier 2 and Tier 3 students that received brief intervention**

Other key performance measures that schools could consider tracking include:

- **The % of students who received brief intervention**
- **The % of students who received a referral**
- **The % of students who connected with a referral**
- **The % of students who opt out of participating in SB-SBIRT or the % of students who are opted out or not opted in by their caregivers**

Once performance measures are finalized, a performance measurement plan can be developed that will include the following:

- **A summary of each performance measure**
- **Any sub-groups to be analyzed for each measure (for example, will data be broken down by school or by student demographics?)**
- **A summary of the methods planned to collect the data for each measure**
- **How frequently the data for each measure will be analyzed**
- **Who will report the data for each measure (for example, is the data reported by the students or by the interventionists conducting BI?)**
- **For measures that will be reported as a percentage, a description of the numerator and denominator that will be used for each may be needed to ensure consistency in how these measures are reported.**

Developing this plan can help to identify the data needed to track in order to analyze and report performance measures and can help drive development of data tracking systems.

While information captured in the screening component of SB-SBIRT will be available from the screening tool used by the program, a separate data tracking system will need to be developed to track information about steps that happen after screening (BI, caregiver engagement, and referrals). This data will usually be reported by the interventionists who conduct BI, so it is important to consider the process interventionists will follow to document this information and how data tracking will fit into their overall workflow. A sample data tracking plan for capturing information about BI, caregiver engagement, and referrals is included in the appendix below.

KEEP IN MIND

Data systems require maintenance to ensure that the data is accurate. This includes ensuring team members are consistently maintaining data tracking (e.g., monthly records review) as well as removing erroneous records or out-of-date information from data collection mechanisms. Appointing a member of the team to serve as the data and Quality Assurance lead can be an effective strategy to centralize data cleaning and review and maintain ongoing data quality.

CORRESPONDING APPENDICES

- SB-SBIRT Report Example
- Example Performance Measurement Plan

Play 10: Utilize Data-Driven Strategies for Decision Making and Sharing Successes

Overview

Using data to inform program improvement (quality improvement) is a key component to program success. Sharing data and program progress with leaders, community members, school staff, and students can also help to make an impact on the environment in which the program operates. Data-driven strategies can be used to inform resource allocation, enhance the development of whole school prevention programming, improve program implementation, and ensure that the program is serving its intended population.

PURPOSE OF PLAY 10

To recommend ways that you can use the data you have been tracking to help make decisions that improve the program.

DEFINITION

Quality improvement consists of systematic and continuous actions that lead to measurable improvement in program performance or outcomes, usually based on data or information about program progress and performance.

TEAM MEMBERS

SBIRT team

INDICATORS OF PROGRESS

- SBIRT team reviews performance measures and uses this data for decision making at least annually.
- Performance measures are shared with district and school administrators and community partners at least annually.
- If data indicates issues with implementation, an action plan is developed to address the issues.

Recommended Approach

Program data must be accessible to the intended audience to be useful for decision making. When planning to share data with different audiences, consider what kinds of information will be the most relevant and interesting to each group and what data may be needed to help guide group decision making.

Sharing data in multiple formats frequently can be a useful strategy for ensuring that the information you share is accessible to all key stakeholders and timely. For example, a detailed PowerPoint presentation may be the best format to share program progress and results to a school board, but a one-page data summary handout may be more accessible and useful when sharing data with school staff briefly in a meeting. See the appendix for an example of a data summary showing key school-based SBIRT program measures and progress. Program data can also be considered in conjunction with other relevant outcome data (e.g., discipline, attendance, and academic data) to guide decision making at the school level.

Data analysis can be completed using a variety of programs and methods. Microsoft Excel can be a useful and widely accessible tool for creating data summaries and visuals (graphs or charts). If screening is conducted using an electronic screening tool, there may be an option to export all data directly into an Excel file. If a paper screening tool is used, additional data entry may be needed before data analysis can be completed.

EXAMPLES OF HOW DATA CAN BE USED TO INFORM DECISION MAKING AND IMPACT THE COMMUNITY:

- **Presenting data about student mental health outcomes back to students to help drive conversations and destigmatize mental health**
- **Presenting program data to caregivers at information nights**
- **Using student screening data to develop additional support around specific topics (e.g., anxiety) or inform SEL curriculum development**
- **Sharing SBIRT data with the school student support team to inform decision making about support for specific students**

CONSIDERING PROGRAM EQUITY

One of the ways districts and schools can use program data to drive improvement is to understand program equity. Disaggregating performance measures by student demographics (gender, grade, race/ethnicity, language) can help to understand how well SB-SBIRT serves all students and to identify groups of students that may not be participating in program components or are not being served as well by the program. Quantitative data alone may not provide the entire context needed to understand equity; however, this can be a good start to incorporating an equity lens in implementation and program improvement. In order to disaggregate data on BI and referrals by student demographics, it is critical to link student screening responses with data on receipt of BI and referrals. This can be done using the unique IDs assigned to all students during screening.

KEEP IN MIND

It is important to share and celebrate successes as well as to identify areas for improvement. Sharing successes and highlighting what is working well with caregivers and the community can provide interventionists with great opportunities to grow professionally and can be a useful way to educate and create buy-in for school-based SBIRT.

CORRESPONDING APPENDICES

- SB-SBIRT Data Summary Example

"I think kids are now starting to feel like they have another access point to a professional other than just a school counselor, school nurse, myself or student support that they can talk to confidentially. It's just been a wonderful support. I can tell kids are really starting to want to connect with [our SBIRT coordinator] and trust her."

– Administrator

"You know, there are actually quite a few kids that... With counseling and everything else that they are more open to coming in and seeking out help. If it's not from [the counselors], it's, you know... coming in and talking with a nurse... because these kids are already coming in to us with no real solid connections to the building. They've built those connections now."

– School counselor

School-Based SBIRT Fidelity

Introduction

The School-Based SBIRT Fidelity Inventory is a self-administered assessment designed to be filled out by multiple participants familiar with the work of implementing the SB-SBIRT model. We modeled our fidelity inventory after the SWPBIS Tiered Fidelity Inventory (TFI)—a tool widely used by school districts across the country to self-assess their implementation of the core features of school-wide positive behavioral interventions and supports (SWPBIS).

In recognition of the alignment of school-based SBIRT with SWPBIS activities and the familiarity of the SWPBIS TFI to participating schools, we developed a School-Based SBIRT Fidelity Inventory that can be used with or independently from the SWPBIS TFI. The authors want to gratefully acknowledge that the SWPBIS TFI structure, terms, and ideology were adapted to fit the SB-SBIRT context. We chose to model our tool after this inventory because of its clarity of structure, not because we are advocating that schools implement PBIS.

PURPOSE OF THE FIDELITY INVENTORY

To provide a framework that districts and schools implementing the SB-SBIRT model will find helpful for understanding how well each of the model's key elements has been implemented and for identifying areas of improvement that could affect the interventions' efficacy.

DEFINITION

Fidelity is a way to measure how closely implementation of the program matches or is faithful to the intent of the model.

INTENDED PARTICIPANTS

- SBIRT teams
- SBIRT coordinators
- Counselors
- District and school administrators

How to Use the Fidelity Inventory

The following table lists all the components of SB-SBIRT implementation on the left. Stakeholders familiar with SB-SBIRT should reflect and assess implementation progress for their school or district. Select the appropriate score on the right using the following criteria: 0 = Not implemented; 1 = Partially implemented; 2 = Fully implemented

This may be completed individually or with the full SWPBIS Tiered Fidelity Inventory.

COMPONENTS	SCORING CRITERIA
Play 1: Assess SB-SBIRT Alignment With Existing School Systems of Support	
Assess SB-SBIRT Alignment: School districts have identified existing models of support for students (PBIS, RTI, MTSS, Ci3T, or some combination of these) and considered how SB-SBIRT enhances and integrates into their existing model.	**0** = District leaders and SBIRT team members have not identified existing models of support or do not have existing systems of support. **1** = District leaders and SBIRT team members have identified systems of support but are unclear on how SB-SBIRT can interact and support the identified system. **2** = District leaders and SBIRT team members recognize and understand how SB-SBIRT interacts within existing systems of support.
Play 2: Identify a Screening Strategy and Relevant Tool	
Screening Strategy: School district leaders, administration, and counseling leads have chosen a screening strategy (including whom to screen) and a screening tool that are a best fit for their setting, and they have a rationale for selecting their screening population.	**0** = A screening tool and strategy have not been determined. **1** = A screening tool has been determined, but the screening strategy and rationale for screening are not clear. **2** = An appropriate screening tool and screening strategy that meet the needs of the school population have been determined by school stakeholders, and the rationale for screening is clear.

COMPONENTS	SCORING CRITERIA
Play 3: Plan for Confidentiality, Caregiver Permission, and Legal Considerations	
Privacy and Legal Considerations: School district leaders and administration have mapped out the parameters of confidentiality, the caregiver notification process, and the fundamental legal considerations regarding student education records.	**0** = School district leaders and administration have not determined the parameters of confidentiality, how caregivers will provide permission, or procedures for how to store, share, and report screening result information. **1** = School district leaders and administration have determined some but not all aspects of confidentiality, how caregivers will provide permission, and procedures for how to store, share, and report screening result information. **2** = With legal counsel, school district leaders and administration have clearly defined the parameters of confidentiality, how caregivers will be notified and provide permission, and how screening results will be stored, shared, and reported.
Play 4: Identify and Train SBIRT Teams	
Team Composition and Support: The SBIRT team includes those individuals who will participate in the screening and brief intervention process. At a minimum, this should include a school administrator, a coordinator, and a data quality assurance lead (one individual could play more than one role). Team members could also include school staff (counselors, school nurses) as well as external partners (community health agencies, therapists, and peer mentors). District and school administration demonstrate buy-in for the implementation of SB-SBIRT by offering resources and support to the staff and counselors.	**0** = SBIRT team does not exist or does not include a school administrator, a coordinator, or a data quality assurance lead. District and school administration do not offer resources or support for SBIRT implementation. **1** = SBIRT team exists but does not include all identified roles. District and school administration offer little to no support for SBIRT implementation. **2** = SBIRT team exists with all identified roles represented (a school administrator, a coordinator, and a data quality assurance lead). District and school administration offer resources and full support for SBIRT implementation.
Play 5: Develop a School-Wide Communication Plan and Timeline	
Communication: The SBIRT team has a plan to engage staff and relevant external partners in understanding the purpose and process of SB-SBIRT. The plan includes developing buy-in among staff who are not on the SBIRT team but need to participate to make implementation successful (e.g., teachers whose class time will be used to screen and/or excuse students to participate in BI, school nurses or other services providers, and school administrators). The plan also includes ways to inform students and caregivers on what SB-SBIRT is, why it is being implemented, and when it will be conducted.	**0** = There is no plan to engage staff, relevant external partners, caregivers, and youth prior to implementation. **1** = The SBIRT team has a plan to engage some (at least 3 of the 5 groups) but not all the stakeholder groups. **2** = The SBIRT team has a school-wide communication plan to engage school leaders, staff, youth, caregivers, and external partners relevant to implementation prior to initiating the process.

COMPONENTS	SCORING CRITERIA
Play 6: Develop SBIRT Team Tools: Protocols, Workflows, and Resource Lists	
Developing Response Protocols: The SBIRT team has developed and documented clear workflows for student follow-up. Establish clear crisis and safety protocols for students who endorse suicidal ideation, self-harm, or other elements of safety risk. Ensure that all SBIRT team members have a copy of the protocols and understand how to follow them.	**0** = The SBIRT team does not have a documented workflow for student follow-up. **1** = The SBIRT team has a documented workflow for student follow-up, but team members are unsure of how to implement it when needed. **2** = The SBIRT team has documented workflows for student follow-up, including a clear crisis and safety protocol. All SBIRT team members have a copy and feel prepared to implement them.
Developing and Maintaining a Resource List: The SBIRT team has a list of resources currently available to students that they can use to make referrals. This list includes both community-based referrals (e.g., agencies that offer mental health and substance use treatment and organizations that help meet clothing, food, housing, and medical needs) and school-specific resources (e.g., mentoring programs, support groups, clubs). Consider how well these referrals meet the needs of all students (e.g., do they serve various specific populations, offer telehealth appointments, require insurance) and how available they are (e.g., is there a waitlist, are they accepting new patients).	**0** = The SBIRT team does not have a district resource list that includes both community-based and school-specific available supports. **1** = The SBIRT team referral/resource list includes both community-based and school-specific resources but has not been updated in the past year OR is limited in information or availability of resources. **2** = The SBIRT team has a comprehensive resource list that is updated at least annually and includes all relevant information about the population(s) served, availability of services, and process for providing student access.
Play 7: Implement SB-SBIRT Screening	
Implement SB-SBIRT Screening: The SBIRT team implemented SB-SBIRT as planned, triaging students into established tiers to determine which students need follow-up, and how quickly based on screening tool results. The SBIRT team to student ratio was sufficient for timely follow-up.	**0** = The SBIRT team has not initiated SB-SBIRT screening. **1** = Screening was conducted, but the SBIRT team did not feel confident in triaging students OR the SBIRT team to student ratio was not sufficient for student follow-up. **2** = Screening was implemented as planned and students were triaged efficiently with a sufficient SBIRT team to student ratio for follow-up.

COMPONENTS	SCORING CRITERIA
Play 8: Implement SB-SBIRT Brief Intervention and Referral To	
Brief Intervention Critical Features: SBIRT team members have attended an SBIRT training and understand their school's protocols for responding to urgent situations. SBIRT team members feel confident in their abilities to conduct brief intervention conversations with youth, caregivers, and youth and caregivers together using the established approach.	**0** = SBIRT team members who conduct BI have not had an initial training on SB-SBIRT. **1** = Some but not all SBIRT team members who conduct BI have participated in training OR all team members participated in initial training but remain uncertain on how to utilize the elements of student and caregiver BI. **2** = All SBIRT team members are trained and confident in their abilities to conduct BI using the elements of the SB-SBIRT approach
Play 9: Develop Data Tracking and Performance Measures	
Data Systems Maintenance: The SBIRT team maintains accurate data systems to inform aggregate performance measures of the program. This includes developing and consistently maintaining data tracking (e.g., monthly records review) as well as removing erroneous records or out-of-date information. A data system has been developed to track information about BI and referrals.	**0** = No quantifiable data is utilized. **1** = School-level aggregate data is available but is not consistently cleaned or maintained (i.e., the data set includes erroneous records or out-of-date information). **2** = School-level aggregate data is reliable and maintained consistently so that performance measures of the program are accurate.
Performance Measures: The SBIRT team tracks measures that meaningfully assess program performance at the school level. At a minimum this includes the proportion of students or classrooms that participated in screening against target (e.g., % of students screened in a grade) and the proportion of Tier 2 and Tier 3 students that received BI. Disaggregating performance measures by student demographics can also give the team needed information about how well SB-SBIRT is serving all students.	**0** = Performance measures are not defined. **1** = Key performance measures are defined but not analyzed or tracked by the SBIRT team annually. **2** = Key performance measures are defined, analyzed, and tracked by the SBIRT team at least annually.

COMPONENTS	SCORING CRITERIA
Play 10: Utilize Data-Driven Quality Improvement Strategies	
Data-Based Decision Making: The SBIRT team reviews and uses performance measures data as well as any other relevant outcome data (e.g., discipline, attendance, and academic data) at least annually for decision making.	**0** = No process for data-based decision making exists. **1** = SBIRT team reviews performance measures but it does not inform decision making or improvements to implementation. **2** = SBIRT team reviews performance measures and uses it for decision making at least annually. If data indicates issues with implementation, an action plan is developed.
Fidelity Data: The SBIRT team reviews and tracks SB-SBIRT fidelity tool at least annually in usable format.	**0** = No SB-SBIRT fidelity tool data is collected. **1** = SB-SBIRT fidelity tool data is collected informally or less often than annually. **2** = SB-SBIRT fidelity tool data is collected and used for decision making annually.
Stakeholder Input: The SBIRT team documents school-level performance measures and fidelity data at least annually and shares it with stakeholders (staff, families, CBOs, and community members) in a digestible format. The team asks for stakeholder input on what they see in the data and how the program can be improved.	**0** = No evaluation takes place OR evaluation findings are not shared with any stakeholders. **1** = Evaluation findings are shared with some but not all groups of stakeholders. **2** = Evaluation findings are shared with all groups of stakeholders.

Fidelity Inventory Scoring & Action Planning Form

Use the scores from the Fidelity Inventory to complete an action plan. Scores are calculated by adding the subtotal scores for each subscale and dividing by the total possible number of points (28). No weighting is included in the calculation.

	COMPONENTS	SCORE	ACTION	WHO	WHEN
Subscale: Pre-Implementation					
Play 1	Assess SBIRT Alignment				
Play 2	Screening Strategy				
Play 3	Privacy and Legal Considerations				
	Subtotal:	___/6 (___%)			
Subscale: Teams					
Play 4	Team Composition and Support				
	Subtotal:	___/2 (___%)			
Subscale: Implementation					
Play 5	Communication Plan				
Play 6	Developing Response Protocols				
	Developing and Maintaining Resource Lists				
Play 7	Implement SB-SBIRT Screening				
Play 8	Brief Intervention Critical Features				
	Subtotal:	___/10 (___%)			
Subscale: Evaluation					
Play 9	Data Systems Maintenance				
	Performance Measures				
Play 10	Data-Based Decision Making				
	Fidelity Data				
	Stakeholder Input				
	Subtotal:	___/10 (___%)			
	TOTAL SCORE:				

It is recommended to monitor progress over time and note features/subscales where there has been improvement or where they have remained the same. Reflection with the SBIRT team on scores over time may help the team to notice patterns and overcome barriers to progress.

References

1. National Academies of Sciences, E., & Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda. Washington, DC: The National Academies Press. https://doi.org/10.17226/25201

2. The National Alliance on Mental Illness [NAMI]. (2016). Mental health facts children and teens [Infographic]. NAMI. https://www.nami.org/nami/media/nami-media/infographics/children-mh-facts-nami.pdf

3. The National Alliance on Mental Illness [NAMI]. (2016). Mental health facts children and teens [Infographic]. NAMI. https://www.nami.org/nami/media/nami-media/infographics/children-mh-facts-nami.pdf

4. Center for Disease Control [CDC]. (2020). Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control. Retrieved from https://www.cdc.gov/injury/wisqars/index.html

5. Boles, S., Biglan, A., & Smolkowski, K. (2006). Relationships among negative and positive behaviors in adolescence. Journal of Adolescence, 29(1),33-52.

6. Zuckerbrot, R. A., Cheung, A., Jensen, P. S., Stein, R. E. K., Laraque, D., & GROUP, G.-P. S. (2018). Guidelines for adolescent depression in primary care (GLAD-PC): Part I. practice, preparation, identification, assessment, and initial management. American Academy of Pediatrics, Volume 141(3), 1-21.

7. The National Alliance on Mental Illness [NAMI]. (1999). Mental health fact in America [Infographic]. NAMI. https://www.nami.org/nami/media/nami-media/infographics/generalmhfacts.pdf

8. Nearchou, F., Flinn, C., Niland, R., Subramaniam, S. S., & Hennessy, E. (2020). Exploring the impact of COVID-19 on mental health outcomes in children and adolescents: A systematic review. International Journal of Environmental Research and Public Health, 17(22). doi:10.3390/ijerph17228479

9. Musu, L., Zhang, A., Wang, K., Zhang, J., and Oudekerk, B.A. (2019). Indicators of School Crime and Safety: 2018 (NCES 2019-047/NCJ 252571). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Washington, DC.

10. Ybarra, M. L., Diener-West, M., & Leaf, P. J. (2007). Examining the overlap in internet harassment and school bullying: Implications for school intervention. Journal of Adolescent Health, 41(6), 542-550. doi:10.1016/j.jadohealth.2007.09.004

11. Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. Administration and Policy in Mental Health, 37(1-2), 40-47. doi:10.1007/s10488-010-0299-7

12. Adams, J. M., Turner, R. W., Clancy, C. M., & Dahlen, B. V. (2021). The Surgeon General's call to action: To implement the national strategy for suicide prevention. Retrieved from https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf

13. National Association for College Admission [NACA]. (2018). State by state student to counselor ratio report. Retrieved from https://www.nacacnet.org/globalassets/documents/publications/research/ratioreportdr3.pdf

14. Substance Abuse and Mental Health Services Administration [SAMHSA]. (2011). Evidence supporting the effectiveness of an SBIRT. Retrieved from https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

15. Schaeffer, A. M., & Jolles, D. (2019). Not missing the opportunity: Improving depression screening and follow-up in a multicultural community. The Joint Commission Journal on Quality and Patient Safety, 45(1), 31-39. doi:10.1016/j.jcjq.2018.06.002

16. Mitchell, S. G., Gryczynski, J., O'Grady, K. E., & Schwartz, R. P. (2013). SBIRT for adolescent drug and alcohol use: Current status and future directions. Journal of Substance Abuse Treatment, 44(5), 463-472. doi:10.1016/j.jsat.2012.11.005

17. Snyder, T. D., de Brey, C., & Dillow, S. A. (2016). Digest of education statistics. Retrieved from https://nces.ed.gov/pubs2016/2016014.pdf

18. Maslowsky, J., Whelan Capell, J., Moberg, D. P., & Brown, R. L. (2017). Universal school-based implementation of screening brief intervention and referral to treatment to reduce and prevent alcohol, marijuana, tobacco, and other drug use: Process and feasibility. Substance Abuse: Research and Treatment, 11, 1-10. doi:10.1177/117822181774666

19. Mitchell, S. G., Gryczynski, J., Gonzales, A., Moseley, A., Peterson, T., O'Grady, K. E., & Schwartz, R. P. (2012). Screening, brief intervention, and referral to treatment (SBIRT) for substance use in a school-based program: Services and outcomes. American Journal on Addiction, 21, S5-S13. doi:10.1111/j.1521-0391.2012.00299.x

20. N., Levy, S., Wisk, L. E., & Weitzman, E. R. (2020). Student experience of school screening, brief intervention, and referral to treatment. Journal of School Health, 90(6), 431-438. doi:10.1111/josh.12890

21. Averill, O. H., & Rinaldi, C. (2013). Research Brief: Multi-tier system of supports (MTSS) Urban Special Education Leadership Collaborative: From RTI and PBIS to MTS. 1-6.

22. Splett, J. W., Trainor, K. M., Raborn, A., Halliday-Boykins, C. A., Garzona, M. E., Dongo, M. D., & Weist, M. D. (2018). Comparison of universal mental health screening to students already receiving intervention in a multitiered system of support. Behavioral Disorders, 43(3), 344-356. doi:10.1177/0198742918761339

23. Dowdy, E., Furlong, M., Raines, T., Bovery, B., Kauffman, B., Kamphaus, R. W., . . . Murdock, J. (2014). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. Journal of Educational and Psychological Consultation, 25(2-3), 178-197. doi:10.1080/10474412.2014.929951

24. Essex, M. J., Kraemer, H. C., Slattery, M. J., Burk, L. R., Boyce, W. T., Woodward, H. R., & Kupfer, D. J. (2009). Screening for childhood mental health problems: Outcomes and early identification. Journal of Child Psychology and Psychiatry, 50(5), 562-570. doi:10.1111/j.1469-7610.2008.02015.x

25. Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., . . . Hoover, S. (2018). Improving multitiered systems of support for students with "internalizing" emotional/behavioral problems. Journal of Positive Behavior Interventions, 20(3), 172-184. doi:10.1177/1098300717753832

26. Splett, J. W., Trainor, K. M., Raborn, A., Halliday-Boykins, C. A., Garzona, M. E., Dongo, M. D., & Weist, M. D. (2018). Comparison of universal mental health screening to students already receiving intervention in a multitiered system of support. Behavioral Disorders, 43(3), 344-356. doi:10.1177/0198742918761339

27. Dowdy, E., Furlong, M., Raines, T., Bovery, B., Kauffman, B., Kamphaus, R. W., . . . Murdock, J. (2014). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. Journal of Educational and Psychological Consultation, 25(2-3), 178-197. doi:10.1080/10474412.2014.929951

28. Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2013). The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions. School Mental Health, 6(2), 84-98. doi:10.1007/s12310-013-9116-2

29. Splett, J. W., Trainor, K. M., Raborn, A., Halliday-Boykins, C. A., Garzona, M. E., Dongo, M. D., & Weist, M. D. (2018). Comparison of universal mental health screening to students already receiving intervention in a multitiered system of support. Behavioral Disorders, 43(3), 344-356. doi:10.1177/0198742918761339

30. Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child Development, 82(1), 405-432. doi:10.1111/j.1467-8624.2010.01564.x

31. Suldo, S. M., Gormley, M. J., DuPaul, G. J., & Anderson-Butcher, D. (2013). The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions. School Mental Health, 6(2), 84-98. doi:10.1007/s12310-013-9116-2

32. Doll, B., Spies, R., & Champion, A. (2012). Contributions of ecological school mental health services to students' academic success. Journal of Educational and Psychological Consultation, 22(1-2), 44-61. doi:10.1080/10474412.2011.649642

33. Haynes, N. M., Emmons, C., & Ben-Avie, M. (1997). School climate as a factor in student adjustment and achievement. Journal of Educational and Psychological Consultation, 8(3), 321-329. doi:10.1207/s1532768xjepc0803_4

34. McNeely, C. A., Nonnemaker, J. M., & Blum, R. W. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. Journal of School Health, 72(4), 138-147.

35. Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., . . . Udry, J. R. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Association, 278(10), 823-832.

36. Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. Journal of Adolescent Health, 40(4), 9-18. doi:10.1016/j.jadohealth.2006.10.013

37. Kuperminc, G. P., Leadbeater, B. J., & Blatt, S. J. (2001). School social climate and individual differences in vulnerability to psychopathology among middle school students. Journal of School Psychology, 39(2), 141–159.

38. McNeely, C., Nonnemaker, J., & Blum, J. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. Journal of School Health, 72(4), 138–147. doi:10.1111/j.1746-1561.2002.tb06533.x

39. Lester, L., & Cross, D. (2015). The relationship between school climate and mental and emotional wellbeing over the transition from primary to secondary school. Psychology of Well Being, 5(1), 9. doi:10.1186/s13612-015-0037-8

40. Averill, O. H., & Rinaldi, C. (2013). Research Brief: Multi-tier system of supports (MTSS) Urban Special Education Leadership Collaborative: From RTI and PBIS to MTS. 1-6.

41. Santiago, C. D., Raviv, T., & Jaycox, L. H. (2018). Creating healing school commu¬nities: School-based interventions for stu-dents exposed to trauma. Concise Guides on Trauma Care Series. APA Books. Available from: American Psychological Association. 750 First Street NE, Washington, DC 20002.

42. Child and Adolescent Health Measurement Initiative [CAHMI]. (2017). National Survey of Children's Health (NSCH) Data Query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved from CAHMI. https://www.cahmi.org

43. Eklund, K., & Rossen, E. (2016). Guidance for trauma screening in schools. Retrieved from https://www.pacesconnection.com

44. Support for students exposed to trauma. (2014). Retrieved from https://ssetprogram.org

45. Sugai, G. & Horner, R. (2009). Responsiveness-to-Intervention and School-Wide Positive Behavior Supports: Integration of Multi-Tiered System Approaches. Exceptionality. 17. 223-237. 10.1080/09362830903235375.

46. Barrett, S., Eber, L. & Weist, M. (2013). Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support. Center for Positive Behavioral Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press. Retrieved from: https://assets-global.website-files.com/5d3725188825e071f1670246/5d76c6a8344faab50085275_final-monograph.pdf

47. Eber, L., Barrett, S., Perales, K., Pearsall, J., Pohlman, K., Putnam, R., Splett, J., & Weist, M.D.(2019). Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.

48. Adolescent screening brief intervention referral to treatment (SBIRT) in schools and juvenile justice settings. (2019). Retrieved from Reclaiming Futures:

Appendices

PLAY 1

Check Yourself Tiers Table

PLAY 2

Check Yourself School-Based Screening Tool

Check Yourself Tiers Table

PLAY 3

Example of a Data Sharing Agreement

FERPA

PPRA

Example of Opt-In Language

Example of Opt-Out Language

PLAY 4

Sample Workflow for SB-SBIRT

SB-SBIRT Interventionist Guide

Fidelity Inventory

PLAY 5

Example Communication Plan

PLAY 6

Sample Workflow for SB-SBIRT

Example Resource Card

Resource Mapping

PLAY 7

Example Proctor Scripts

PLAY 8

Remote Implementation Considerations

SB-SBIRT Interventionist Guide

SB-SBIRT Implementation Guide

Example Elements Checklist

PLAY 9

SB-SBIRT Report Example

Example Performance Measurement Plan

PLAY 10

SB-SBIRT Data Summary Example