MDPH SBIRT Protocol for school nurses and other school staff to prevent and provide early identification of students at risk for substance use related problems.

INTRODUCTION

Because school nurses and counselors are uniquely positioned to discuss substance use among young people, it is recommended that schools allow for opportunities for appropriately trained staff to reinforce prevention, screen for substance use, provide counseling and make referrals as necessary to all adolescents, including students in upper elementary grades. Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) focuses on prevention, early detection, risk assessment, brief counseling and referral intervention that can be utilized in the school setting. Use of a validated screening tool will enable school nurses and counselors to detect risk for substance use-related problems and to address them at an early stage in adolescents.

The screening tool selected by the Massachusetts Department of Public Health is empirically based and developed through primary research. This tool can be incorporated easily into student discussions as part of a universal grade level screening.

WHY DO THIS SCREENING?

The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking (2007) has reported that screening for substance use among adolescents, combined with appropriate intervention and follow-up, can help to reduce substance use related harm during adolescence. Substance use among young people is common; it’s risky and can result in other unintended issues and problems. It may result in long-lasting functional and structural changes in the brain. It’s a marker for other unhealthy behaviors; for many young people it is the first risky behavior tried. SBIRT can alert school nurses and other school staff to students who may need attention for other risky behaviors and related mental health concerns.

The purpose of the screening should be made clear: to provide an opportunity for a structured conversation that supports students in making healthy choices and to provide appropriate intervention and referrals as determined necessary - not to get anyone in trouble. As trusted healthcare providers in the school, the school nurse and other school counseling staff are in the position to identify early substance use related risks and problems in students and to intervene as appropriate. The brevity, the ease of use, and the predictive strength of the screening tool will assist trained school staff to promote healthy behaviors, identify substance use, and to provide appropriate counseling and referral as necessary to prevent harm at the earliest possible stages among students. It should be utilized as a routine and universal screening tool in the school setting.

ROLE OF SCHOOL PERSONNEL IN SCREENING, INTERVENTION AND REFERRAL

Student Assistance Teams

A Student Assistance Team (SAT; or similar school-based crisis teams or programs) provides the necessary link between a school’s instructional functions and its guidance, counseling, and health service delivery programs. An SAT has the following functions: providing opportunities for prevention, identifying and referring students, providing ongoing case management, and recommending policy and program changes to improve the school’s climate and educational and support services. Its primary goal is prevention and early intervention. Policies must be developed for SATs and should include provisions
for parent/guardian notification, consistent with Massachusetts General Law and FERPA regulations that govern public school health records.

**Role of the School Nurse**

The school nurse plays a pivotal role in the screening, intervention, and referral for substance use in multiple ways:

- prevention education (for both individuals and groups);
- risk assessment (individual screening);
- health assessment especially for any co-morbidities (overall health status including both physical and mental health issues);
- counseling (e.g., motivational interviewing);
- collaboration with parents/guardians, and other school support team members;
- referrals as needed (in-school or outside resources); and
- implementation of universal screening programs such as SBIRT.

In some cases the nurse may need to provide emergency treatment for substance use in the school until the emergency medical services arrive. In addition, the school nurse is a health resource/health educator, working with the student and parent/guardian to assist in accessing appropriate treatment programs. These responsibilities are always performed in collaboration with other members of the SAT.

**Role of the School Counseling and Psychological Services Staff**

In some school districts, a substance abuse specialist or school counselor may be part of the SAT. Such specialists may be district or school employees, or may provide services on a contract basis. If a substance abuse specialist or school counselor is available on-site, he or she may perform tasks, such as providing:

- assessment and referral follow-up;
- on-site substance abuse counseling;
- delivery of a substance abuse prevention curriculum;
- consultation to teachers and other appropriate school personnel;
- crisis intervention and referral, as needed;
- educational workshops relevant to substance abuse for parents and school personnel; and
- provide a follow-up to students identified as moderate to high risk as a result of a universal screening program such as SBIRT.

For many school districts, providing intensive substance abuse counseling services may not be possible. However, recent research indicates that brief interventions can be effective for youth with moderate...
substance abuse problems, and such limited interventions may be within the scope and resources of school counselors.

**TO ESTABLISH THE SBIRT PROCESS IN YOUR SCHOOL:**

- Administrative support, including that of the school physician, of the use of any substance use screening tool is essential to establish, monitor and evaluate its proper use in the appropriate school setting.
- A "team" (which should include both school nursing and school counseling personnel) approach should be used to implement use of this tool and to provide appropriate interventions and referrals for any student identified as being at risk.
- School staff involved in the use of this screening tool must be properly trained in its use and the guidelines carefully adhered to. Fidelity to the screening protocol must be maintained.
- Sufficient community resources for follow-up services should be established prior to the use of any screening tool in the screening.
- All participating school teams should meet with regional and local treatment youth and young adult resources prior to implementation of any screening.
- Parents should be informed, utilizing the usual methods of communication, that implementation of this screening is part of all routine school health screenings for students; students are not "pre-selected" or identified for this screening.
- The school system should determine the populations of students to be screened in the middle and high schools. Community data should be used to determine the grade levels to be screened. Based on this data, implementation of this screening should be done at the grade level prior to the grade where increased high risk substance use behavior is noted in the community.
- Individual student co-morbidities, such as chronic illnesses (e.g., diabetes, asthma, seizure disorders, etc.) and mental health concerns (e.g., depression, anxiety disorders, stress, etc.) should be addressed by the school nurse as increased risk factors in substance use.
- A definitive period of time when these screenings will be conducted should be pre-determined.
- A protocol for follow-up and in-school referral for those students who are identified at risk should be established. These students must be monitored with a follow-up within two weeks.
- If a student does not return for follow-up as scheduled, or refuses further follow-up, it may be necessary to inform the student’s parents or guardians so an appropriate referral can be made.
- It should be determined how and when, breaking confidentiality will occur in order to facilitate a referral or additional treatment beyond the school system's resources for students who screen positive for high risk or may be escalating in the use of substances or other risk behaviors.

**ADDITIONAL CONSIDERATIONS:**

- **PLEASE NOTE:** THE PURPOSE OF SBIRT SHOULD BE MADE CLEAR: TO KEEP ALL STUDENTS HEALTHY AND TO PROVIDE APPROPRIATE PREVENTION, INTERVENTION AND REFERRALS AS DETERMINED NECESSARY - NOT TO GET ANYONE IN TROUBLE.
- Screenings must be done in privacy and results kept confidential.
- Sufficient time and staffing should be allotted for the screening to occur.
- The school system’s confidentiality policy should be reviewed with all students, parents and guardians. Students should understand that conversations will remain confidential unless the
risk of harm to themselves or others is a concern. It is recommended that the district’s policy concerning notification of parents/guardians of other high risk behaviors be observed.

- It should be explained to students, parents and guardians that all students in a defined population will be screened (universal screening), not just selected students. Universal screening demonstrates to students that adults care about their health and are concerned about the risks they may be taking. Discussing these concerns with every student who is encountered in the school nurse's office helps make sure that no one “falls through the cracks” and that those who are not using are encouraged in the smart and healthy choices they are making.

- The American Academy of Family Physicians (AAFP) advises that "a reasonable effort to encourage the student to include parents or legal guardians in all health-related decisions be made". If, however, parent involvement would not be considered beneficial to the student, the American Medical Association (AMA) advises that "parental consent or notification should not be a barrier to care" (AMA, Policy H-60.965).

- Individual students’ physical and/or cognitive disabilities and/or cultural sensitivities should be considered in implementing this screening.

- In addition to universal screenings, nurses may screen students who are referred to them because they display indicators of high risk behaviors (i.e., sleeping in class, tardiness, absenteeism, etc.).

- Consideration must be given to the report of any substance use related behaviors or associated risks of significant injury, as well as the presence and seriousness of any co-morbid conditions (such as depression, risk of suicide, poorly controlled insulin diabetes) when determining appropriateness to break confidentiality.

CONFIDENTIALITY OF STUDENT HEALTH INFORMATION

School health records are temporary records governed by the Massachusetts Department of Education’s record regulations: Student Records, 603 CMR 23.00. Maintaining and accessing school health records must also adhere to the federal Family Educational Rights and Privacy Act of 1974 (FERPA). In addition, certain transactions may have Health Insurance Portability and Accountability Act (HIPAA) implications.

Not all health information belongs in the student health record. While it is appropriate practice for a nurse or other health professional to document observable facts with respect to a health condition, health needs, treatment plan, and the care provided, some information is not sufficiently related to the educational progress of a student to be appropriate for documentation in the student record. In addition, health professionals may have an ethical and legal duty to protect certain medical information which they possess. Placement of medical information in the school record, where persons other than the school nurse may see it, may violate this duty.

Given these statutes concerning confidentiality, it is recommended that information of the types covered by the statutes (and other sensitive material) be placed in a nurse's personal files and regarded as confidential. According to Department of Elementary and Secondary Education regulations, 603 CMR 23.04, information maintained in the personal files of a school employee, if not accessible to or revealed to school personnel or third parties, is not considered part of the school record. Such information may be shared with the student, parent, or a temporary substitute of the maker of the record but otherwise should be released only with proper consent or court order. Such records should be kept in a separate locked file, accessible only to the nurse or the nurse's substitute. Federal regulations provide that once information in a nurse’s personal files is
disclosed to a third party, it must afterwards be included as part of the student’s health record and will subsequently be subject to all the provisions of 603 CMR 23.00

RESOURCES

State and Federal Laws that Govern Minor Rights to Confidentiality of Information Shared with Health Care Providers:

Laws/Regulations Concerning Drug and Alcohol-Related Treatment

Under Massachusetts law (M.G.L. c.112, s.12E), drug-dependent minors may consent to medical treatment related to their drug dependency. The law states:

“A minor twelve years of age or older who is found to be drug dependent by two or more physicians may give his consent to the furnishing of hospital and medical care related to the diagnosis or treatment of such drug dependency. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent or legal guardian of such minor shall not be necessary to authorize hospital and medical care related to such drug dependency and, notwithstanding any provision of section fifty-four of chapter one hundred and twenty-three to the contrary, such parent or legal guardian shall not be liable for the payment of any care rendered pursuant to this section. Records shall be kept of such care. The provisions of this section shall not apply to methadone maintenance therapy.”

In instances such as drug overdose, M.G.L. c.112, s.12F, which governs emergency treatment of minors, also applies. Section 12F states:

“No physician, dentist or hospital shall be held liable for damages for failure to obtain consent of a parent, legal guardian, or other person having custody or control of a minor child, or of the spouse of a patient, to emergency examination and treatment, including blood transfusions, when delay in treatment will endanger the life, limb, or mental well-being of the patient.”

It is important to note that under M.G.L. c.111B, s.10, the consent of the minor and a parent may be needed for some substance treatment programs.

Federal medical privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) allow adolescent health care providers to “honor their ethical obligations to maintain confidentiality consistent with other laws”. For example, HIPAA only allows parents to have access to the medical records of a minor child if that access does not conflict with a State or other confidentiality law.

Additionally, federally funded treatment centers are subject to the Code of Federal Regulations (42 CFR Part 2), which protect the confidentiality of records on and drug use of minor patients. These records cannot be shared with anyone - including a parent or legal guardian - without written consent of the minor patient.