

SBIRT in Schools Implementation Guide



Acknowledgement

This Implementation Guide is a collaboration between Nell Geiger, LPC, SAC at Bordentown Regional High School, Daniel Meara, author, editor and addiction policy expert, and New Jersey Citizen Action Education Fund. We also thank Salvation and Social Justice for their partnership, and the administrators, staff, faculty, students and parents of Bordentown Regional High School for their support and participation in the SBIRT pilot program.



The purpose of this guide is to offer a blueprint for districts to follow for the successful implementation of SBIRT in schools. The guide will highlight how to identify necessary stakeholders to engage; provide helpful examples and resources; discuss funding opportunities currently open to schools as well as those on the horizon; and offer communications strategies to use when making the case to school personnel and, vitally, parents.

The case study detailed within this guide will help exemplify the step-by-step implementation, from conception through conclusion, of the successful school based SBIRT program, administered as a pilot at Bordentown Regional High School.

Table of Contents

Introduction.....	4
Implementing SBIRT in NJ Schools.....	5
Bordentown Regional High School Pilot Program.....	6
Beyond Zero Tolerance Disciplinary Policies.....	8
Stakeholder and Student Engagement/Recruitment.....	9
Selecting a Screening Instrument.....	10
Team Members and Roles.....	13
Establishing SBIRT Procedures.....	15
The SBIRT Process Explained.....	18
Bordentown Regional High School Pilot Screening Results.....	21
Resources: Teen Mental Health and Substance Use.....	22
Strategies for Universal Screening.....	23
Financing School-based SBIRT.....	24
Appendices.....	25

APPENDIX A: Sample Letter to Parents

APPENDIX B: Sample Screening Tools (CRAFT and RAAPS)

APPENDIX C: Useful Links to Beyond Zero Tolerance Disciplinary Policies

APPENDIX D: Referral Types and Sample Scripts

APPENDIX E: SBIRT Stakeholders and Team

APPENDIX F: SBIRT Planning Checklist

APPENDIX G: Sample Consent to Disclose Confidential Information

APPENDIX H: SBIRT Introductory Script

APPENDIX I: ReACT Examples to Positive/Negative Screening

APPENDIX J: Brief Negotiated Interview Worksheet

APPENDIX K: Confidentiality

APPENDIX L: Referral Resources

Appendix M: Sample Parental Consent Form

Introduction

Youth drug use and mental health problems were already increasing at alarming rates before February 2020. With the outbreak of the coronavirus, these issues have reached epidemic levels. The high level of uncertainty, the disruption of school, and a host of other day-to-day activities created mental health and substance use issues in a growing number of adolescents in the past few years.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a lifeline for this troubling trend that threatens so many young lives. The three elements of this process collectively identify and provide help to at-risk youth, based on the severity of the issue.

Using SBIRT universally in school settings is an effective way to reach students broadly and preventatively, in order to ensure no child is missed nor punished, when issues of mental health or substance misuse are prevalent.

Beyond offering the opportunity to reach students in public schools, SBIRT programs can help fulfill the NJ Department of Education's requirement for public schools to provide mental health awareness and prevention programs, a law that was first implemented during the 2020-21 school year. It requires age-appropriate programs for students in grades K-12 to address mental health and substance use issues, in response to an increase in both adolescent suicide and suicide attempts and increased drug use.

As the focus on student mental health continues to grow at the Federal, State, and local levels, more and more schools are looking for programs like SBIRT, which will provide necessary support to students.

For more details and to better understand this method, you may refer to the section, [The SBIRT Process Explained](#).

Implementing SBIRT in NJ Schools

Establishing a school based SBIRT program requires community education and outreach, as well as staff training and resources. Throughout the upcoming sections you will learn the who, what, when, where and how to administer a successful school-based SBIRT program.

It is important to note that vital to any program's success is upholding strict confidentiality of the student's sessions and follow up as well as full commitment from each administering school to replace its zero tolerance and other punitive policies with restorative approaches like SBIRT when addressing mental health and substance misuse issues.



Bordentown Regional High School Pilot Program

NJ Citizen Action Education Fund and Bordentown Regional School District established a community partnership to pursue a collaborative effort to pilot a Mental Health and Substance Use Screening Program using the SBIRT process. Community partnerships are essential to schools during this climate to provide cost effective and accessible resources to schools whose mental health services are in dire need of support.

In the Fall of 2020, Bordentown Regional High School began its SBIRT pilot program to assess, address, and improve the mental health and wellbeing of its students. The district decided to have all students in the freshmen class take part in a brief (ten minute) screening focusing on adolescent mental health and substance use, and reinforce healthy choices to enhance health, safety, and success in school.

First, the high school boosted engagement in the program by encouraging all ninth-grade students to participate. Next, with the support of Bordentown Regional Middle School's Principal, permission forms explaining the SBIRT initiative were sent out during the Spring session of the students' eighth grade year. Parents and guardians were informed that those who choose to opt out of the SBIRT screening project could do so at any time.

NOTE: It is important to outline this in the letter to parents and should be communicated to students before conducting SBIRT. The letter to parents should also include resources for talking to teens about substance use and mental health issues, as well as the screening tools and materials used for the verbal screening process. Schools must ensure a delivery method that will reach parents in the district. Some schools can use principal newsletters, first day packets, and other effective methods of communication. See APPENDIX A: Sample Letter to Parents.

Bordentown Regional High School Pilot Program

The pilot enrolled 100 students, for whom parental/guardian consent had been given to participate in the SBIRT program, of the total 203 student freshman class. The screening tool used in the Bordentown pilot was derived from custom questions drawn from Rapid Adolescent Prevention Screening (RAAPS) and CRAFFT II (Car, Relax, Alone, Forget, Friends, Trouble) and facilitated in both printed and digital formats.

See APPENDIX B: Sample Screening Tools (CRAFFT and RAAPS).

The questionnaire asked teens about their substance use, mental health challenges, and bullying issues. All screenings were facilitated by the Substance Awareness Coordinators (SAC) Counselor, and other trained school personnel, within the counselor offices and health classes. The students' screening responses were all kept confidential.

Those students whose responses indicated a mental health and/or substance use problem were recommended for counseling and were referred to agencies in the Burlington/Mercer County area.

SAC Counselor, Nell Geiger, credits the program's success in no small part to the Bordentown School District Administration and School Board.

I would not have been able to proceed with this project without a supportive Principal, Robert Walder, Superintendent, and an enlightened Board of Education.

~Nell Geiger, LPC, SAC

Beyond Zero Tolerance Disciplinary Policies

It is important to have a school discipline policy that is aligned with a public health approach to student substance use. SBIRT as a restorative and supportive tool can be used as a comprehensive school health and wellness approach to ensuring students with a range of needs receive a screening to initiate conversation, support life skill building and access any additional educational resources to empower good decision making. Some sessions through the brief intervention process may include: Decision Making and Problem Solving; Stress Reduction and Coping Skills; Personal Asset Inventory and Resiliency Skills.

For students who have violated school behavioral policy, including substance use policies, SBIRT can be offered as an intervention alternative to help prevent punitive consequences. This is the approach Bordentown adopted.

See [APPENDIX C: Beyond Zero Tolerance Disciplinary Policies](#) for more information.



Stakeholder and Student Engagement and Recruitment

The success of the SBIRT program depends on close collaboration between team members, good communication with students, families, and key stakeholders, careful attention to protecting student privacy and confidentiality, and fidelity to protocols.

Planning and implementing a successful SBIRT program requires that school teams make connections with key community stakeholders to support their efforts because each stakeholder brings an important perspective in preventing and reducing substance use behaviors in adolescents.

To ensure the widest participation, it is important to encourage the engagement of parents and the students. Communication and education about SBIRT should be done early and should continue throughout the process. Engagement with students should also continue as many students who participate in SBIRT become a referral to the NJ Student Assistance Program or counselor within a school.

Additionally, educating the school staff and obtaining community support is essential to a successful school-based SBIRT program. It is critical to educate and inform school administrators, school board members, school staff, parents/guardians, and other community members about the benefits of SBIRT, how it will be implemented to help and protect both students and schools, and what resources will be used or needed.

Holding public forums outlining how SBIRT addresses adolescent mental health and substance use issues, while also highlighting the connection of SBIRT to preventative health care, will help win support for its adoption. While many in the community know of the growing devastation that mental health issues and substance use issues present in adolescents, they will further be heartened to learn that SBIRT affords an evidence-based model with the capacity to discover and interrupt these issues early on, well before they have life-altering consequences.

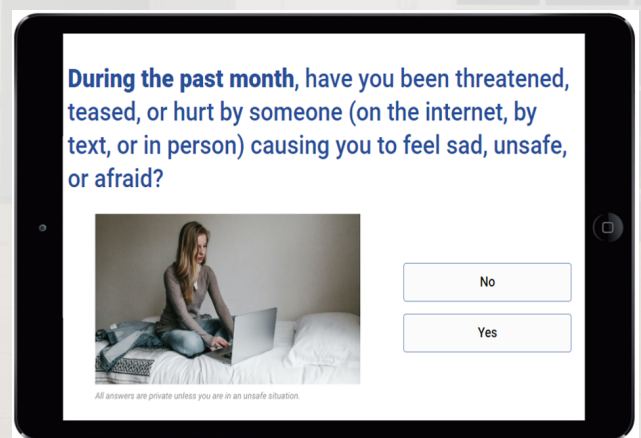
For more detail on Bordentown's engagement and recruitment process see, the [Bordentown Regional High School Pilot Program](#) section above.

Selecting a Screening Instrument


Screening, the first component of SBIRT, uses a self-reporting questionnaire administered to students. This can be facilitated by any number of school personnel or appropriately trained graduate school interns. The second component, Brief Intervention, can be conducted by school nurses, social workers who work for or are contracted with the district, or by Student Assistant Counselors. And the final component, Referral to Treatment, can be performed by the school counselor (for more information see [APPENDIX D: Referral Types and Sample Scripts](#)).

There are several questionnaires that identify at risk-behaviors in youth (or adults) with mental health and/or substance use issues. These screenings create the opportunity for students to acknowledge a problem and to have the issue discovered in its early stages. To promote honest self-reporting, it is critical that the students understand the goal is to help, not punish. And, as stated above, it is also crucial that the findings be kept confidential; this is as important for the parents as it is to students.

Questionnaires can be selected to meet the local issues within the school district. Bordentown elected to create and utilize a hybrid survey comprised of both substance use and mental health questions designed to elicit responses that identify and bring any potential issues to light. The substance use questions were taken from an established screening tool: [RAAPS](#). Mental health questions were incorporated into the survey along with the questions used from RAAPS.



During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) causing you to feel sad, unsafe, or afraid?



No
Yes

All answers are private unless you are in an unsafe situation.

Sample RAAPS online screening

Selecting a Screening Instrument

In partnership with Possibilities for Change, Bordentown customized a hybrid screening tool which included both substance use and mental health questions using the CRAFFT and RAAPS models.

CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) is an evidence-based substance abuse tool for adolescents ages 12 to 21 years old. It is a series of 6 questions to identify at risk teen substance abuse.

The Rapid Adolescent Prevention Screening© (RAAPS) is a validated risk screening and brief intervention system developed especially for the needs of students and the professionals who work with them. Administered electronically and confidentially, RAAPS provides an opportunity for students to share some of the issues and challenges they may face at home, with their peers, or in school—in a private, non-judgmental context. It also allows schools to provide interventions for these issues both to students, as well as school wide.

- RAAPS provides a confidential and reliable screening for identifying risk factors that can derail a student's health, wellbeing, and educational success.
- RAAPS offers the foundation of population information needed to engage school personnel and youth in developing corrective strategies for managing the barriers they face and for promoting health and learning for all youth, school wide.

Through RAAPS technology you gain easy, immediate access to risk data—at both the individual and population level. This data can be used to highlight need, identify highest risk students, show effectiveness, justify or apply for grant funding and to tailor your programs and funding to your population.

For an example of the customized screening tool used by Bordentown, see APPENDIX B: Sample Screening Tools (CRAFFT and RAAPS).

Sample Screening Results

This diagram acts as a flow chart illustrating how students move through the three components of SBIRT. Students whose responses indicate some mental health and/or substance use receive a brief intervention by the school nurse, social worker or student assistance counselor, and if warranted after the intervention, referral to treatment. In most cases, the brief intervention will be sufficient , with some follow-up. Students with responses who show no issues receive positive reinforcement for their decision not to use substances.

NAME, Student

Identifier: 1234

Sex at Birth: Male
Phone: 201-234-5678
Race: A
Grade: 8

Flags: ✖ 2 ⚠ 3 ✔ 1 Account: E

All tallies ✔ Protective Factor ⚠

Flag	Tally
—	Risk
✖	Mental Health
—	Substance Use

Mental Health

Feeling sad, down, or lonely is a normal part of life. However, sometimes you may need a little help to feel better. **Depression is more than sometimes feeling down or sad.** It often lasts for weeks, months or even longer. If you feel sad for longer than two weeks, tell an adult you trust.

Here are some ways to help you begin to feel more like yourself:

- Talk with a mental health care professional.
- Exercise regularly.
- Journal to help you express your feelings.
- Talk with a trusted adult or friend.
- Go out and do activities you enjoy.
- Sometimes medications are needed to help you feel better.

Don't get discouraged — it takes time to work through depressed feelings, but you can get through it. Remember that you are not alone. There are people out there who care about you and want to help!

Resources:

- <http://bit.ly/ok2talk>
- <http://bit.ly/teens-health-depression>
- <http://bit.ly/depression-help-guide>
- National Suicide Prevention Lifeline: 800-SUICIDE (784-2433) (24/7)

Tally Interpretation

4/9

Email: ellen@school.edu
Language: English
Insurance: UnitedHealthcare

Time in: 0:52 Notes: 0 notes

Tally Interpretation
4/9
3/4
1/4

Flagged

Flag	Survey Questions	Respondent Response
⚠	During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) causing you to feel sad, unsafe, or afraid?	yes Edit
⚠	In the past 3 months, have you drunk more than a few sips of alcohol (beer, wine coolers, liquor, other)?	yes Edit
⚠	During the past month, did you often feel sad or down as though you had nothing to look forward to?	yes Edit

Sample RAAPS completed survey report

Team Members and Roles

There are many different SBIRT team models being administered across the State as there is no one size fits all approach with relation to a program's implementation. The SBIRT model is quite flexible, which is most beneficial to the school environment.

The most successful approach in administering a program is the Team Approach. The team includes not only school staff and administrators, but parents, students and members of the community. For more information see [APPENDIX E: SBIRT Stakeholders and Team.](#)

Regardless of the model or number of staff involved, training, along with strong communication systems and procedures, should be in place to ensure students receive the appropriate support and services.

Support from the school principal and the district superintendent are, of course, pivotal. Members of the team will help educate those key players about the benefits of SBIRT and explain how a school district can utilize SBIRT to meet its specific needs and trends. Additionally, SBIRT will help ensure districts meet the mandate for providing students with mental health/substance use programs.

Essential to the successful implementation of SBIRT, is having a team whose members are dedicated, determined, and trusted by students and parents alike. This group should comprise:

- a program coordinator (student assistance counselor in districts that have one; school nurse or social worker for those that do not) is responsible for oversight of the SBIRT initiative
- a second counselor will help facilitate initial screens and brief interventions
- a member of the administration (preferably the principal) to approve the project overview
- support staff, a role which can be filled by intern(s), can assist with any administrative duties

Upon district approval, members of this team will both help make the case of having SBIRT in the community and be instrumental to its application.

Team Members and Roles

Ensuring as close to full participation as possible in the SBIRT Program is important. The Bordentown Pilot enlisted the assistance of the Middle School Principal to write a letter to parents/guardians of all eighth graders. The letter, sent the Spring before their children would be ninth graders, announced that the students will have the opportunity to participate in the SBIRT program. The letter outlined how all student responses would be kept strictly confidential, allaying any concerns parents/guardians might have. This proactive step bore fruit in promoting broad student participation and the likelihood of creating support for and sustaining an SBIRT program in the district.

Following is a **Pre-Planning Checklist** for the SBIRT Team to follow:

- Establish an SBIRT planning Team and a Team Leader
- Develop a system of communication
- Plan a timeline for conducting SBIRT
- Conduct a review of current processes and procedures
- Review relevant school policies and procedures regarding substance use
- Review school policy of mental health procedures and crisis situations
- Identify internal and external resources



Establishing SBIRT Procedures

Once the SBIRT Team is assembled and the pre-planning is completed, the next step is to establish SBIRT Operational Procedures. Below are the suggested steps.

- Identify which grade(s) will go through SBIRT. It is important that the screening be implemented universally to the participating student cohort, i.e. the entire ninth grade. Surveying for at-risk behavior should not be limited only to those students showing outward signs of substance use or emotional issues because adolescents who are troubled or depressed often suffer in silence. For more details, please see the section Strategies for Universal Screenings.
- Identify the time of year to conduct SBIRT and if you will conduct SBIRT at one time or on a rolling basis.
- Identify how you will keep track of which students have been screened. This list needs to be separate from any student screening responses.
- Identify which personnel will be involved in directly conducting SBIRT. Most schools use a team of school health professionals including school nurses, school guidance, and school adjustment counselors. You might also consider other members of your school community, as appropriate. Being thoughtful about who screens students is important. The goal is to have screeners with whom students feel safe talking about substance use and mental health issues.
- Identify how you will pair students with those conducting SBIRT. Some schools decide to let this be random, and others create lists ahead of time to match particular students with suitable SBIRT staff.
- Identify which personnel will be involved in referrals, and identify processes for referrals or warm hand-offs.
- Identify the location to conduct SBIRT. Ensure that any location used includes considerations of student privacy and confidentiality. Some schools use private offices for each student, some use larger rooms with adequate visual separation and noise control.

Establishing SBIRT Procedures

- Establish a process for data collection. You might use a computer or tablet for each screener to directly input data, or print out the data collection tool and manually write in appropriate data to compile electronically after SBIRT is completed.
- Determine what educational materials or information will be shared with students.
- Develop scripts for calling parents when necessary (i.e., in case of immediate threat of harm).
- Identify and address student language preferences and population-specific barriers to SBIRT completion.
- Gather any materials needed to support SBIRT, such as binders for the screening team. These binders might include:
 - Copy of the introduction script
 - Copy of the RAAPS/ CRAFFT+N (in English as well as other languages)
 - Educational materials for students
 - Consent forms to disclose information
 - Scripts for calling parents
 - Referral resources
- Ensure SBIRT team members have participated in training
- Plan for ongoing training of current and new personnel, as needed.
- Review confidentiality policies and procedures and revise as needed.
- Ensure parents/guardians and students have been informed of the policies.
- Ensure school personnel have been informed of the policies.
- Establish a process to obtain written consent to disclose information.

A sample consent form is available in the [APPENDIX G: Sample Consent to Disclose Confidential Information](#).

Establishing SBIRT Procedures

- Inform students and parents before conducting SBIRT

1. Send a parent/guardian letter outlining the SBIRT process before the start of the school year (see [APPENDIX A: Sample Letter to Parents](#) for an example). Information about opting out must be included in this letter. Also, consider how you might communicate with parents/guardians in other ways, like automated phone calls, emails, and on your website.
2. Educate students about the SBIRT program. Consider using an assembly or announcement for the specific grade(s) going through SBIRT. Students do not need as much advance notice as parents, but they should be aware that SBIRT will be incorporated as part of their routine health screenings.

For more information and an example of an SBIRT checklist, see [APPENDIX F: SBIRT Planning Checklist](#).



The SBIRT Process Explained

Confidentiality

An essential element of a successful SBIRT initiative is confidentiality. Parents must know that anything their children confide about at-risk behavior will be kept in confidence. Students, of course, will only divulge that they are depressed or using drugs if they trust the person with whom they are sharing this information and know that it will not produce a punitive response.

See [Appendix K: Confidentiality](#) for more information on the Consent to Disclose Confidential Information: (42 CFR Part 2) Confidentiality Law

Following is a description of each stage of the SBIRT process and supporting resources for reference.

Review SBIRT with the student: The first step in the screening of every student is to provide a verbal introduction for the session. An approved script should be used to ensure accuracy and consistency. The screening team members should always have a copy of the script available when they introduce the screening to students. A copy of this script is provided in [APPENDIX H: SBIRT Introductory Script](#).

Utilize CRAFFT or a custom screening instrument: Students are asked the same questions on the screening instrument. A custom questionnaire incorporating both Substance abuse and mental health questions can be found in [APPENDIX B: Sample Screening Tools \(CRAFFT and RAAPS\)](#).

The SBIRT Process Explained

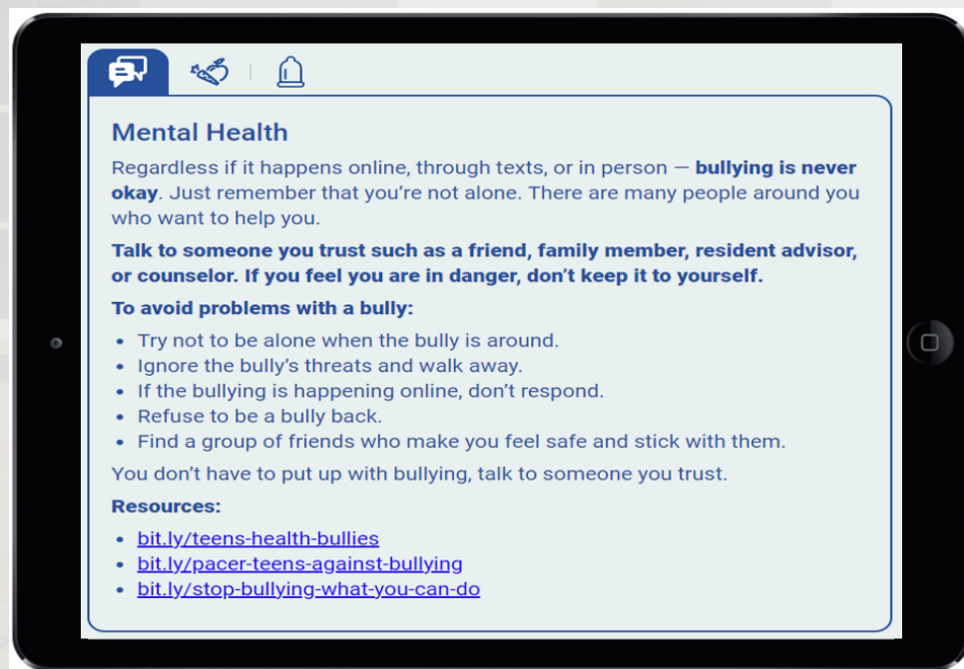
Brief Intervention: The brief intervention portion of SBIRT is a short, goal-oriented conversation that asks simple, "Yes/No" questions. Once the screening is completed, there are two scenarios for the brief intervention: ReACT and the Brief Negotiated Interview.

- **ReACT for Students who Screen Negative for Substance Use:** When a student has a negative screening, answered "No" to the screening questions, they will receive positive reinforcement for making healthy decisions. This is offered during a brief one-on-one conversation. The goal is to support the continuation of safe choices around health, safety, and success in school, and plan for any future challenges. This conversation is delivered using a three-step model known as ReACT [Reinforce, Educate, and Anticipate Challenges of Tomorrow] (adapted from MASBIRT TTA content)], which is a structured guide. An example of ReACT with sample scripts is available in APPENDIX I: ReACT Examples to Positive/Negative Screening.
- **Brief Negotiated Interview (BNI) for Students who Screen Positive:** When a student screens positive, responded "Yes" to some of the questions, they will receive a brief intervention in the form of the BNI. This is offered during a one-on-one conversation that uses motivational interviewing strategies. The BNI is delivered using a structured conversation that explores behavior change in a respectful, non-judgmental manner. The BNI is intentionally designed to elicit reasons for change and action steps from the student. An example of the BNI with scripts is found in APPENDIX J: Brief Negotiated Interview Worksheet.

The SBIRT Process Explained

- **Referral to Treatment:** Some students may need a follow-up conversation to increase awareness and further build motivation to change risky behaviors related to substance use or mental health challenges. Students may be referred to in-school health professionals (i.e., school SAC or guidance counselors, school psychologists, or school nurses). If the screening and/or subsequent assessment indicate that the student needs support beyond what the school can offer, an external referral may be warranted. If the student indicates immediate threat of harm to themselves or others, which constitutes a medical emergency, an outside referral or 911 call may be required.

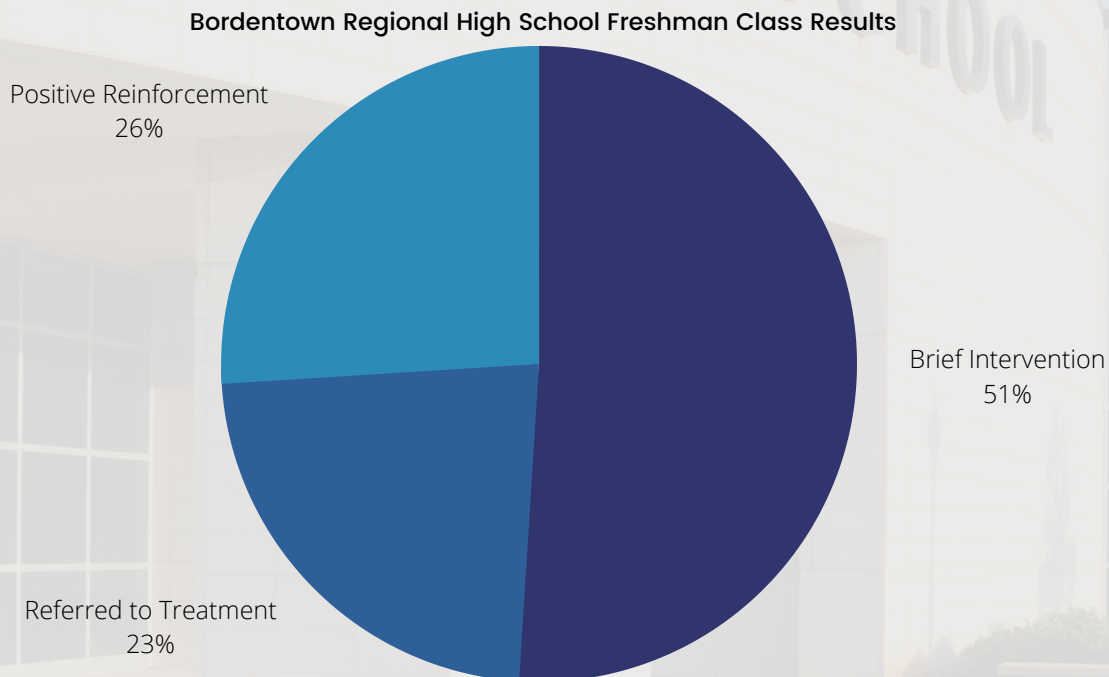
See APPENDIX D: Referral Types and Sample Scripts for more information on referral types and sample scripts on how you might talk with the student about that referral.



Sample RAAPS Brief Intervention

Bordentown Regional High School Screening Results

Of the 100 Bordentown students who were screened, just over half (51) received a brief-intervention and slightly under a quarter (23) were referred for further counseling services. All responses were kept confidential, except if a parent or guardian requested the information during a screening such as an immediate medical emergency or when a disclosure was required by State Law. Schools may not disclose any information obtained in a screening in a way that identifies the student to any other person without the prior written consent of the student, parent, or guardian.



*Bordentown's referrals were higher than average due to the COVID effect and most of the 23 students were referred for continued counseling.

**Nationally, referrals to treatment are typically representative of about 3% to 4% of the screened population according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

To view an **SBIRT Simulation** of a brief intervention between a student and SAC Counselor, click here: <https://vimeo.com/531006963>

Resources: Teen Mental Health and Substance Use

Mental health and substance use educational materials should be delivered to students to reinforce healthy decisions and to inform of potential risks of using alcohol and other drugs. Fact sheets on these topics are available from many sources, see below.

The National Institute on Drug Abuse (NIDA) <https://nida.nih.gov/>

SAMHSA <https://www.samhsa.gov/find-help/national-helpline>

Centers for Disease Control CDC

<https://www.cdc.gov/mentalhealth/index.htm>

NJ State 2nd Floor 1-888-654-6735 www.2ndfloor.org

REACH NJ 1-844-732-2465 [Substance Abuse Resources](#)

Hampton Behavioral Health 1-800-603-6767 [Access for Mental Health and Substance Abuse Disorder](#) [Westhampton Office](#) [650 Rancocas Road Westampton, New Jersey](#) www.hamptonhospital.com

Penn Medicine Princeton House Access [1-\(888\) 437-1610](http://1-(888)-437-1610)

<https://www.princetonhcs.org/care-services/princeton-house-behavioral-health>

988 Suicide & Crisis Lifeline [988 Suicide & Crisis Lifeline](#) | [SAMHSA](#)



Strategies for Universal Screening

As the example of the Bordentown School District's Pilot Program illustrates, it is critical that the SBIRT screening be implemented universally to the participating cohort, i.e., the entire ninth grade.

It is important to note that surveying for at-risk behavior should not be limited to those students showing outward signs of substance use or emotional issues because adolescents who are troubled or depressed often suffer in silence and put up a front of being fine. And it also follows that students will do everything possible to keep any indication of substance use away from teachers or school administrators for fear of punishment. SBIRT identifies youth who are not outwardly showing signs of being depressed or using alcohol or other drugs. When a student's survey answers reveal a problem, the response is not punitive but ameliorative.

Youth deep into substance use or with mental health issues, in most cases, want to confide in someone that they are in a bad spot. However, they hesitate either because of stigma or fear of repercussions. If left unaddressed, mental health and/or substance use issues will worsen until they become life-threatening. With a tool like SBIRT, it need not get to this point.

A common refrain of adolescents with these problems is that they wish someone had asked if they were having a difficult time in their life. Universal screens give the opportunity for adolescents to indicate they want help; without that opportunity, their troubled condition will go undetected and worsen, often leading to tragic consequences.

Financing School-Based SBIRT

The benefit of SBIRT is that it can be utilized as a cost-effective tool with the resources already in place within a school district. The staff training costs are minimal.

However, staffing resources may be an issue for some schools and there could be challenges to providing sustainable funding for schools to run SBIRT programs. Over the past few years, there have been a growing number of options available to defray the costs covered by New Jersey schools that implement SBIRT programs. Key funding opportunities the state could implement are:

- Using opioid prevention funds
- Allocating cannabis tax revenues
- Appropriating American Rescue Plan Act COVID funds to fund local education authority's school-based SBIRT training and personnel costs.
- Reimbursing Schools - SBIRT is a service that could potentially be reimbursable under Medicaid if New Jersey were to expand school-based Medicaid as 24 other states have done or are in the process of doing. This would expand reimbursement for school-based health services significantly, by allowing schools to bill for services delivered to any Medicaid enrolled student, not just those with Individualized Education Plans, as was previously the case.
- Using budgets that include Social Emotional Learning (SEL) funding.
- Using Municipal Alliance program funding.

SBIRT would complement the recently enacted State and Federal initiatives created to address student mental health and substance issues such as:

- Establishment of a mental health task force in the Department of Education.
- Establishment of the Mental Health Screenings In School Grant Program pilot within the Department of Education.
- Requirement of passive (opt-out) parental consent for screenings.
- Dedication of ARP ESSER funds to establish a grant to LEAs (Local Education Agency) to support the hiring of staff, including counselors, to address students' and educators' mental health and social emotional needs.

The above provides funding opportunities for schools or additional access points for connecting SBIRT to district programs.

Appendix A: Sample Letter to Parents

Dear Parents/Guardians:

In the Fall, our high school will be meeting with incoming freshmen to facilitate a **one-on-one conversation** between each student, the SAC Counselor, and other health educators in a brief (ten minute) **questionnaire**. SBIRT stands for Screening, Brief Intervention, and Referral to Treatment and is a **health and wellness program** that focuses on concerns regarding adolescence mental health while reinforcing healthy choices to enhance health, safety, and success in school.

The project's goal is to increase the capacity of student services to effectively and efficiently address a range of behavioral health concerns (e.g., alcohol/drug use, mental health), which promotes school engagement with students and improves learning outcomes.

We will use the RAAPS/CRAFFT II screening tool, which is a widely used screening tool, to evaluate the health and wellness of youth. All screenings will be confidential sessions between the student and the SBIRT-trained counselor, health educator and/or nurse. You can view the CRAFFT tool and other resources here: www.masbirt.org/schools where this tool is utilized in all schools in Massachusetts.

Any conversation related to this program will be kept CONFIDENTIAL:

- What your child says **will not be shared** with any other person without written consent of the student and parent/guardian, except in cases of immediate medical emergency or when disclosure is otherwise required by state law.
- **No written record of the results** of this verbal substance use/mental health preventative screening will be kept with identifiable information to any individual student.
- Screening results **will not** be put with any other information that identifies any child.
- Screening results **will not** be included in your child's school record.

Please click on the link below to permit your child to participate.

[Sample consent form can be viewed in [Appendix M: Sample Parental Consent Form](#)]

Any questions or comments can be addressed to the facilitator.

We appreciate your support.

Sincerely,

Principal or Superintendent of Schools

Appendix B: Sample Screening Tools (CRAFT & RAAPS)

RAAPS

Rapid Adolescent
Prevention Screening

CONFIDENTIAL - ADOLESCENT HEALTH RAAPS-MHSU

Name: _____ Sex: _____ Grade: _____ Insurance: _____
Birthdate: _____ Ethnicity/Race: _____ Reg #: _____

Health Risk Profile: Confidential	Your answers will only be seen by the center staff		Office Use Only
1. During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) causing you to feel sad, unsafe, or afraid?	No	Yes	
2. In the past 3 months, have you used any form of nicotine including vaping (e-cigarettes, Juul, RUII, Suorin, Blu, hookah, vape pens), smoking (cigarettes, cigars, black and mild) or chewing tobacco (dip, chew, snus)?	No	Yes	
3. In the past 3 months, have you drunk more than a few sips of alcohol (beer, wine, coolers, liquor, other)?	No	Yes	
4. In the past 3 months, have you used marijuana (weed, pot, cannabis, THC, in any form such as vaping, smoking, edibles, drinks, pills, oil, or any other type)?	No	Yes	
5. In the past 3 months, have you taken a prescription medication (Xanax, OxyContin, Norco, Vicodin, Adderall, Ritalin, Xanax, other) without a prescription, taken more than the prescribed amount or continued to take it after you no longer needed it?	No	Yes	
6. During the past month, did you often feel sad or down so much you had nothing to look forward to?	No	Yes	
7. Do you have any serious problems or worries at home or at school?	No	Yes	
8. In the past 12 months, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself?	No	Yes	
9. Do you have at least one adult in your life that you can talk to about any problems or worries?	Yes	No	

For Office Use Only

Evaluation: _____	Date: _____	At Risk: _____	No current risk: _____
Provider Signature: _____		Referred to: _____	
©2006 The Regents of the University of Michigan, Version 9 (2021)		www.possibilitiesforchange.org	
		RAAPS-MHSU	

RAAPS Screening Tool

Appendix C: Beyond Zero Tolerance Disciplinary Policies



NJ schools provide prevention education and early intervention services through the NJ Association of Student Assistance Counselors:

https://www.njsba.org/wp-content/uploads/2017/05/ASAP-NJ_SAC_brochure.pdf

Youth Substance Misuse and Academic Performance: The Case for Intervention:

https://www.communitycatalyst.org/resources/tools/sbirt-resources/pdf/Link-Between-SUD-Academic-Achievement_CC_2019.pdf

Dignity in Schools: Model Policy on Drugs and Alcohol:

https://dignityinschools.org/toolkit_resources/3-7-f-model-policy-on-drugs-and-alcohol/?toolkits=model-code

Appendix D: Referral Types and Sample Scripts

Referral Type	Concepts	Sample Script
Follow-up with SBIRT screener	<p>A follow-up between the original screener and student to continue the conversation and provide for further assessment of risk. The student is agreeing to a follow-up or future conversation that may include a scheduled appointment. There is no consent form indicated for this because there are no screening results documented or shared with another individual.</p>	<p>"I am wondering if it would be okay to follow up with you in [a few days, weeks] to see how you are doing with your plan. What do you think about that?"</p> <p>"Great! I look forward to seeing you then."</p>
In-school referral (to another school professional)	<p>Two types:</p> <p>Referral: The student will have given written consent on the MDPH-approved form to approve disclosure of screening results to another school professional. The consent for disclosure</p>	<p>Referral: "You have been very open to having this conversation with me so far, and I wonder if it could be helpful to continue talking about this in the future to explore what you want to do. Ms. M is very knowledgeable about these things and is available to meet with students.</p>
	<p>form (which includes no results) would</p> <p>allow you to share the information verbally with the receiving professional, preferably with the student present if the student wants to be included in the conversation.</p> <p>Warm hand-off: Some students may agree to follow up with another school professional that is readily available and the screener does not need to disclose screening results. In this case a warm hand-off, or another method of connecting the student directly with support from another school professional, may not require a consent form if no results or disclosure of information is given.</p>	<p>Would it be ok if I told Mrs. M what we talked about today so she could follow up with you directly?"</p> <p>"Great! I'll need you to just give me written permission to share the information." (Student will need to sign the consent form.)</p> <p>Warm hand-off: "Mrs. M is actually very knowledgeable about helping students think through their options regarding substance use. If you think it could be helpful, you can share with her what we have talked about today. What do you think? Would it be okay if I called her to see if she is available to check in with you briefly today?"</p>

Appendix D: Referral Types and Sample Scripts

<p>Out-of-School Referral</p>	<p>Some students may need outside referrals if the student's needs are beyond what the school can provide. In these cases, effort should be made to elicit support from the parent/guardian prior to engaging with outside referrals, when parental involvement is in the best interest of the student. Most of the time, out-of-school referrals are a stepwise process.</p> <p>Community Referral: Based on SBIRT screening results, students may need to be referred to outside individuals or agencies for further assessment, evaluation, or treatment. Typically, these referrals will happen after an initial referral for further assessment within the school. Outside referrals can include a range of individuals and agencies, including the student's primary care provider (PCP). The</p>	<p>Calling parent: "Is it okay if I share my thoughts with you? It seems like you could benefit from some support around your substance use, and I think it could be helpful to get your parent (or guardian) involved. I would like to call your family and help you begin the conversation. What do you think? Would you like to stay with me while I call?" (Always offer to have the student in the room when calling parents.)</p> <p>Direct Community Referral: "We have a substance use counselor in the school/community and they have a lot of experience helping teens with substance use and are available to talk with</p>
	<p>school professional will need written consent from the student to disclose any screening results to outside referrals, except in the case of immediate medical emergency.</p> <p>Emergent: During SBIRT screening, though rare, there are instances when there is an obligation of disclosure of screening results due to immediate medical emergency or otherwise indicated by law. In these cases, parents/guardians or 911 may be called.</p>	<p>you. Would you be willing to give me consent to talk with them about what you have shared today so they can reach out to you and offer more ideas?"</p> <p>Emergent: "Remember in the beginning when I said there might be reasons why I need to share this information with others? Well, given what you have told me, I'm concerned about you and need to take steps to make sure you are safe. I have some thoughts on what we need to do right now." (Share thoughts and be clear with plan.)</p>

Appendix E: SBIRT Stakeholders and Team

Stakeholder	Roles	Possible Actions
Student Parent/Guardians	Students and their families should be educated about the goals and process of SBIRT in Schools.	Families should: <ul style="list-style-type: none"> • Review the letter sent home about screening process and review materials provided • Review opt out procedure and contact information • Review educational materials about substance use in adolescence • Discuss SBIRT with their children prior to screening
Administration	Administrators are important leaders and facilitators of the SBIRT program. They are responsible for ensuring the program is implemented and that it meets all regulatory requirements.	<ul style="list-style-type: none"> • Establish a multidisciplinary SBIRT team • Support the role of the School SBIRT Coordinator • Notify school staff of screening process • Collaborate with community stakeholders
SBIRT Coordinator	The SBIRT Coordinator oversees the development of SBIRT policies and procedures and ensuring that the process is being conducted with fidelity. The SBIRT Coordinator is commonly the district nurse leader who has been given the time, resources, and authority to manage the program.	<ul style="list-style-type: none"> • Consult planning checklist • Collaborate with stakeholders • Manage day-to-day aspects of screening, such as: notification of the screening dates to families, students, staff; coordinating the screening process; managing data; ensuring current screening materials
School Nurse	The school nurse is a health resource/health educator, who collaborates with all stakeholders. In some cases, the nurse may also need to provide emergency treatment for substance use in the school until emergency medical services arrive. These responsibilities are always performed in collaboration with other members of the School Assistance Team.	<ul style="list-style-type: none"> • Attend SBIRT training • Conduct individual screenings and assess for comorbid medical conditions • Provide on-site counseling, including motivational interviewing or substance use counseling • Collaborate with physicians, parents/guardians • Provide brief interventions and refer as needed

Appendix E: SBIRT Stakeholders and Team

Behavioral Health Team (School Social Workers, School Adjustment Counselors, Guidance Counselors, School Psychologists, School Substance Use Counselors, Health Educators)	Trained, licensed school professionals often conduct SBIRT. The role of counselors, and behavioral and psychological professionals in the substance-use screening program may vary in each district. Such specialists may be district or school employees, or may provide services on a contractual basis. For many school districts, providing intensive substance use treatment services may not be possible or warranted.	<ul style="list-style-type: none"> • Attend SBIRT training and assist with verbal screening • Provide assessment, referral, and follow-up to outside resources, as needed, for at risk students • Collaborate with school nurses, school personnel, and mental health professionals for ongoing support of students • Deliver substance use prevention education workshops relevant to adolescent substance use and misuse for parents and school personnel • Provide crisis intervention and referral as needed
School Assistance Team (SAT)	The SAT provides the necessary link between school instructional functions and its guidance, counseling, and health service delivery programs. Its primary goal is prevention and early intervention. Policies must be developed for the SAT consistent with MGL and FERPA regulations that govern public school health records.	<ul style="list-style-type: none"> • The SAT provides opportunities for prevention, helps identify schoolwide issues, as well as individual concerns, refers students to community resources, provides ongoing case management, and recommends policy and program changes to improve the school's climate and educational support services
Community Agencies	These groups may include: community coalitions, health and human service groups, faith-based organizations, youth groups, civic organizations, law enforcement, local healthcare providers, mental health care providers, and parent organizations.	<ul style="list-style-type: none"> • Many community organizations can provide education, funding, or resources to support at-risk students and their families identified through verbal substance use screening in schools
Athletic Director (ADs)	ADs are responsible for ensuring that the school's athletic policies meet regulatory requirements. Athletic personnel should understand the purpose and nature of confidential verbal substance use screening program.	<ul style="list-style-type: none"> • Review current athletic policies, and support student healthy behaviors

Appendix F: SBIRT Planning Checklist

This document can be used as a checklist to document your school's plan for conducting SBIRT each year.

School Year:

Person Completing Form:

Step 1: Formative Planning

- SBIRT Team Coordinator
- SBIRT planning team members and roles in school:
- Other key stakeholders:
- Method of communication with planning team:
- Projected timeline for conducting SBIRT:
- Internal referral resources:
- External referral resources:
- Notes from process review or prior year's debrief meeting:
- Notes from relevant data related to adolescent substance use: Other tasks:
- Review school policies and procedures related to SBIRT and substance use

Step 2: Process and Implementation Planning

SBIRT procedures:

- Grade:
- Date(s) to conduct SBIRT:
- Location(s) to conduct SBIRT:
- Process for keeping track of students who complete SBIRT:
- Names of staff involved in conducting SBIRT (screening students):
- Process for pairing students with staff, if any:
- Names of personnel involved in referrals or warm hand-offs:
- Process for data collection:
- Educational materials to be used with students:
- Languages needed for SBIRT materials:
- Other supportive materials needed for students:
- Method and date(s) to inform students and parents ahead of SBIRT implementation: Other tasks:
- Develop scripts for calling parents when necessary
- Ensure SBIRT team members have participated in training as required by MDPH

Step 3: Refinement and Sustainability

- Date and time of SBIRT debrief meeting (after SBIRT is conducted):
- Plan for surveying stakeholders, if any:

Suggested items to have on hand while screening students:

- Laptop/computer for recording de-identified results
- Introductory screening statement to read to students
- Screening tools in appropriate languages
- REACT and BNI conversation guides for reference
- Fact sheets for educational use
- Readiness ruler
- Copies of consent form
- List of current in-school and community resources with contact information

Appendix G: Sample Consent to Disclose Confidential Information

I, _____, give permission
(Name of Student, Parent, or Guardian)

for _____
(Name/Role of School Professional making disclosure)

to share information with _____
(Name of person or organization to which disclosure is to be made)

about:

(Nature and amount of information to be disclosed; as limited as possible)

This consent expires automatically if any of the following occur:

(Specify the date, event, or condition upon which this consent expires)

I have been given a copy of this form.

Dated: _____

(Signature of Student, Parent, or Guardian)

(Relationship to Student)

Appendix H: SBIRT Introductory Script

Introduce screening:

I would like to ask a few health screening questions about mental health, and substance use that we are asking all students in your grade.

Address confidentiality:

There is no written record of this screening that includes information that specifically identifies you. Anything you tell me will be kept as confidential as possible. One reason why this information would not be kept confidential is if something you say indicates that there is an immediate risk to your safety or someone else's safety. Additionally, you, your parents, or your guardian could request the information we discussed today. In any case, we would figure out next steps for support together. Do you understand?

Ask permission to ask questions:

Is it okay to ask you these questions?

Appendix I: ReACT Examples to Positive/Negative Screening

Responding to Negative Screens for students who report no substance use in the past 12 months.

Step	Concepts	Sample Script
Reinforce	<ul style="list-style-type: none"> - Acknowledge and affirm healthy decisions. - Be genuine and specific about what <u>the</u> student is doing well. - Encourage continued abstinence by using open ended questions to ask about the student's reasons for choosing to refrain from using substances. 	<p>"You've decided not to use alcohol, tobacco, nicotine, and other drugs, which is one way to protect your health and safety. Tell me what helps you make those choices?"</p> <p><u>Then reflect back the student's response.</u></p> <p>"So, you don't use because it could interfere with your ability to make it onto the soccer team."</p>
Educate	<ul style="list-style-type: none"> - Share information about the health and safety risks of substance use during adolescent years. - Maintain a conversational tone and select 1-2 talking points based on the interests and activities of the individual student. - Always ask permission before providing information. 	<p>Elicit: "What do you know about the risks of substance use?"</p> <p>"Would it be okay if I share some additional information with you?"</p> <p>Provide: Share 1-2 factual and relevant <u>points related to substance use.</u></p> <p>Elicit: "What are your thoughts about that?"</p>
Anticipate Challenges of Tomorrow	<ul style="list-style-type: none"> - Use open-ended questions that exploring future barriers to remaining substance free. - Briefly ask about potential solutions or alternatives to those barriers. - Thank the student. 	<p>"What situations could make it difficult for you to continue to avoid alcohol, tobacco, nicotine, and other drug use?"</p> <p>How might you handle that?"</p> <p>"What would you do if you were in a situation where you were offered alcohol, tobacco, nicotine, or other drugs?"</p> <p>"Thank you for being open to speaking with me today!"</p>

Appendix J: Brief Negotiated Interview Worksheet

Steps	Concepts	Sample Script	
Build Rapport	<ul style="list-style-type: none"> - Establish a connection. - Set the tone for an open, noncritical conversation. - Get to know a little bit about the student. 	<p>"I'd like to learn a little more about you..."</p> <p>What are important things/hopes/goals in your life now?"</p> <p>OR "What is a typical day like for you?"</p> <p>"How does your use of [X] fit in?"</p>	
Explore Pros & Cons	<p>Explore context of substance use.</p> <ul style="list-style-type: none"> - Help student examine his or her ambivalence by asking pros and cons. - Use a double-sided reflection to evoke reasons for change from the student. 	<p>"What do you like about using [X]?"</p> <p>"What do you like less about using [X]?"</p> <p>Explore any problems mentioned in CRAFFT+N:</p> <p>"You mentioned..."</p> <p>Can you tell me a little more about that?"</p> <p>"So, on the one hand you said [pros], and on the other hand you said [cons]. What do you <u>make of that?</u>"</p>	
Provide Feedback	<ul style="list-style-type: none"> - Share information about the health and safety risks of substance use during adolescent years. - Maintain a conversational tone and select 1-2 talking points based on the interests and activities of the individual student. - Always ask permission before providing information. 	<p>Elicit: "What do you know about the risks of using [X]?"</p> <p>"Would it be okay if I share some additional information with you?"</p> <p>Provide: Share 1-2 factual and relevant points related to substance use.</p> <p>Elicit: "What are your thoughts about that?"</p>	

Appendix J: Brief Negotiated Interview Worksheet

Use Readiness Ruler	<ul style="list-style-type: none"> - Assess readiness for change using Readiness Ruler. - Use the follow up question to evoke more change talk from the student. - Use reflective listening skills to reinforce student's reasons for change. 	<p>"On a scale of 1-10, how ready are you to change any aspect of your [X] use?"</p> <p>"Why did you choose a [X] and not a lower number like a 1 or 2?" If 1: "What would need to happen for you to consider making a change in your use?"</p> <p>Reflect back student's reasons for change.</p>	
Negotiate Action Plan	<ul style="list-style-type: none"> - Develop an action plan in partnership with the student. - Elicit student ideas first. - Provide ideas using ElicitProvide-Elicit format, if necessary. - Assess confidence using Confidence Ruler. - Use follow up questions to elicit action steps and explore challenges. - Summarize plan and any follow up. - Thank the student. 	<p>"Given our discussion so far, what might you do?"</p> <p>When making any suggestions, including suggestions about referrals, use the Elicit Provide-Elicit format.</p> <p>"On a scale of 1-10, how confident are you that you could meet this goal? Why not a lower number? What might help you to get to a higher number? What helped you succeed with changes in the past? What obstacles do you anticipate?"</p> <p>Summarize plan, including any steps towards change.</p> <p>"Thank you for being open to speaking with me today!"</p>	

Appendix K: Confidentiality

N.J.A.C. 6A:16, Programs to Support Student Development

<https://www.nj.gov/education/code/current/title6a/chap16.pdf>

Confidentiality of Student Alcohol and Other Drug Information

6A:16-3.2 Confidentiality of student alcohol and other drug information (a) Each district board of education shall assure compliance with the following confidentiality requirements consistent with the implementation of 20 U.S.C. § 1232g, the Family Educational Rights and Privacy Act, and 34 CFR Part 99: 1. Confidentiality of substance use disorder patient records, pursuant to 42 CFR Part 2; and 2. Confidentiality of information provided by an elementary or secondary school student while participating in a school-based drug and alcohol counseling program that indicates the student's parent or other person residing in the student's 33 household is dependent upon or illegally using substances pursuant to N.J.S.A. 18A:40A-7.1 and 7.2.

The School Counselor and Confidentiality

School counselors recognize their primary obligation regarding confidentiality is to the student but balance that obligation with an understanding of the family or guardians' legal and inherent rights to be the guiding voice in their children's lives (ASCA, 2016).

ASCA, American School Counselors Association and its members affirm their belief in the student's right to be treated with respect and dignity (ASCA, 2016, A.1.a). It is the school counselors' responsibility to fully respect the right to privacy of those with whom they enter a counseling relationship and to provide an atmosphere of trust and confidence (Lazovsky, 2008; ASCA, A.2.).

A school counselor, who is in a counseling relationship with a student, has an ethical and legal obligation to keep information contained within that relationship. Confidentiality is the ethical and legal term ascribed to the information communicated within the counseling relationship, and it must be maintained unless keeping that information confidential leads to foreseeable harm. "Serious and foreseeable harm is different for each minor in the school setting and is determined by students' developmental and chronological age, the setting, parental rights and the nature of harm" (ASCA, 2016, A.2.e)

Appendix K: Confidentiality

Exceptions to confidentiality exist, and students should be informed when situations arise in which school counselors have a responsibility to disclose information obtained in counseling relationships to others to protect students, themselves or other individuals. Privileged communication between a school counselor and a student is a legal term granting protection to information shared in a counseling relationship only if said privilege is granted by Federal or State statute. If privilege applies it can provide additional safeguards to confidential information.

The role of the school counselor regarding confidentiality is:

- To support the students' right to privacy and protect confidential information received from students, the family, guardians and staff members
- To explain the meaning and limits of confidentiality to students in developmentally appropriate terms
- To provide appropriate disclosure and informed consent regarding the counseling relationship and confidentiality
- To inform students and the family of the limits to confidentiality when:
 - the student poses a danger to self or others
 - there is a court-ordered disclosure
- To consult with other professionals, such as colleagues, supervisors, treatment teams and other support personnel, in support of the student privileged communication is not granted by state laws and local guidelines (e.g., school board policies) the student participates in group counseling substance use and treatment are concerns (CFR 42, Part 2; 2017)
- To keep personal notes separate from educational records and not disclose their contents except when privacy exceptions exist
- To seek guidance from supervisors and appropriate legal advice when their records are subpoenaed
- To communicate highly sensitive student information via face-to-face contact or phone call and not by e-mail or inserting into the educational record
- To request to a court of law that a student's anonymity be used if records are subpoenaed

Appendix K: Confidentiality

- To be aware of Federal, State and local security standards related to electronic communication, software programs and stored data
- To advocate for security-level protocols within student information systems allowing only certain staff members access to confidential information
- To assert their belief that information shared by students is confidential and should not be revealed without the student's consent
- To adhere to all school board policy and Federal and State laws protecting student records, health information and special services (i.e., HIPAA, FERPA, IDEA)

Summary

The counseling relationship between students and their school counselor requires an atmosphere of trust and confidence. Students must trust the school counselor to be able to enter into a meaningful and honest dialogue with the school counselor (Iyer & Baxter-MacGregor, 2010). However, students should be informed that exceptions to confidentiality exist in which school counselors must inform others of information they obtained in the counseling relationship to prevent serious and foreseeable harm to students themselves or others and if it is legally required.

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Iyer, N. N., & Baxter-MacGregor, J. (2010). Ethical dilemmas for the school counselor: Balancing student confidentiality and parents' right to know. NERA Conference Proceedings 2010. Paper 15. Retrieved from https://opencommons.uconn.edu/nera_2010/15/?utm_source=digitalcommons.uconn.edu%2Fnera_2010%2F15&utm_source=digitalcommons.uconn.edu%2Fnera_2010%2F15&utm_source=digitalcommons.uconn.edu%2Fnera_2010%2F15

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Appendix K: Confidentiality

Resources

Akos, P., & Pizzolato, S. (2017). Defining the school counseling relationship: Confidentiality revisited. *Journal of Ethics in Mental Health*, 10, 1-1.

Cottone, R. R., & Tarvydas, V. M. (2016). *Ethics and Decision Making in Counseling and Psychotherapy*, 4th edition. New York: Springer Publishing Company.

Hicks, J. F., Noble, N., Berry, S., Talbert, S., Crews, C., Li, J., & Castillo, Y. (2014). An ethics challenge for school counselors: Part 2. *Journal of School Counseling*, 12(1). Retrieved from: <https://eric.ed.gov/?id=EJ1034758>.
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Online Resources

Confidentiality of Substance Use Disorder Patient Records, Rule CFR 42, Part 2 (2017). Retrieved from <https://www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol1/xml/CFR-2017-title42-vol1-part2.xml>

U.S. Department of Education. (2017). Individuals with Disabilities Act. Retrieved from <https://sites.ed.gov/idea/>

U.S. Department of Education Family Policy Compliance Office. (2015). Family Educational Rights and Privacy Act (FERPA). Retrieved from <https://www2.ed.gov/policy/gen/guid/fpc/ferpa/index.html>

U.S. Department of Health and Human Services (2017). Your rights under HIPAA. Retrieved from <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Appendix L: Referral Resources

References:

Youth At Risk: [Youth-At-Risk-report.pdf](#)

Massachusetts Screening, Brief Intervention and Referral to Treatment – Training & Technical Assistance Resources: www.masbirt.org/schools.

SBIRT in Schools: [Orange Card – School SBIRT, V4 Color – 3.16.22.pub \(masbirt.org\)](#)

Centers for Disease Control and Prevention (CDC).

Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults:

https://www.cdc.gov/tobacco/basic_information/ecigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.

SBIRT in Schools Resource Kit:

<https://cme.bu.edu/sites/default/files/SBIRT%20in%20Schools%20Toolkit--FINAL-8-30-21.pdf>

CDC Marijuana and Public Health:

www.cdc.gov/marijuana/healtheffects.html

<https://www.cdc.gov/marijuana/data-statistics.htm>

Knight, J.R., Sherritt, L., Shrier, L.A., Harris, S.K., Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatric Adolescent Med, 156, 607-14.

Levy, S., Sherritt, L., Harris, S.K., Gates, E.C., Holder, D.W., Kulig, J.W., Knight, J.R. (2004). Test-retest reliability of adolescents' self-report of substance use. Alcohol Clin Exp Res, 28, 1236-41.

National Institute on Drug Abuse for Teens (NIDA) Alcohol:

<https://teens.drugabuse.gov/drug-facts/alcohol>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol's Effects on the Body:

<https://www.niaaa.nih.gov/alcohol-health/alphabets-effects-body>


Substance Abuse and Mental Health Administration (SAMHSA). The Consequences of Underage Drinking available at <https://www.samhsa.gov/underage-drinking/parent-resources/consequencesunderage-drinking>

US Department of Health and Human Services (2016) E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Available at:

https://www.cdc.gov/tobacco/data_statistics/sgr/e

Appendix M: Sample Parental Consent Form

SBIRT Consent for Parents



*** Required**

Email *

Your email

Please check one of the following: *

☐ I give my child permission to participate in screening

☐ I do not want my child to participate in screening

Students Name *

Your answer

Submit

Clear form

Never submit passwords through Google Forms.

This form was created inside of Bordentown Regional School District. [Report Abuse](#)

Google Forms

HIGH School

75 Raritan Aveune, Suite 200
Highland Park, NJ 08904

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