

Franklin Public Schools

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To: Sara Ahern, Superintendent of Schools
From: Peter Light, Assistant Superintendent of Schools
Date: April 13, 2018
RE: Screening, Brief Intervention and Referral to Treatment (SBIRT) Implementation Plan

A subcommittee of the Franklin Public School's Substance Abuse Task Force met during the 2017-18 school year to plan the implementation of SBIRT screenings for the 2018-19 school year. This serves to provide information relative to background, progress to date, and plans to implement the screening process during the 2018-19 school year.

I. Background

In March 2016, Massachusetts enacted the 2016 MASS. ACTS c. 52, entitled "An Act Relative to Substance Abuse, Treatment, Education and Prevention" Subsequent to the passing of this act, the District worked to comply with the requirements of this law by developing and implementing Policy JICH "Alcohol, Tobacco and Drug Use Prohibited by Students." Additionally, the District developed a <u>substance abuse information page</u> on its website that provides information to families and the community regarding school and district policies as well as resources to help families connect with substance abuse-related services.

An additional component of the 2016 law required the District to implement a verbal screening process for substance abuse disorders in at least two grade levels, subject to appropriation. While there was no appropriation for this requirement when the law was originally passed, in July 2017, the Massachusetts General Court appropriated funding to the Department of Public Health (DPH) in order to implement this program. Because the funding was appropriated to DPH and not school districts or municipalities, there was debate among stakeholders as to whether or not this appropriation would trigger the requirement to implement the screening program. After discussions throughout the summer and fall among the state, the Department of Elementary and Secondary Education (DESE), and the Massachusetts Association of School Committees, DESE issued guidance to school districts on January 26, 2018.

Due to the timing of this guidance and the limited availability of training workshops for screeners, it was deemed not feasible for the District to implement these screenings during the

2017-18 school year. However, the District has taken steps to plan for implementation of the required verbal screenings beginning fall and winter of the 2018-19 school year.

II. Implementation Plan

Through discussions with the District's Substance Abuse Task Force along with middle and high school administration, and based on recommendations from DPH and DESE, the District has determined to implement the <u>CRAFFT II Verbal Screening Tool</u> for all students in grades 8 and 10 beginning Fall 2018. Implementation plans were developed by teams of administrators at the respective middle and high schools and reflect feedback received from staff regarding the process. Specific implementation plans are detailed below:

Screening

Grade 8:

Screening of students in 8th Grade will be conducted by the school nurses at each middle school. Family communications, with opt-out information will be sent to families prior to the start of the school year by school administrators.

The Registered Nurses (RN) at each middle school will conduct verbal screenings of all 8th grade students beginning the week of September 11, 2018 and culminating December 21, 2018. In order to screen all students within the time period, nurses will need to screen an average of eight to twelve students per week. Based on feedback from districts that have implemented this tool, we have estimated that screenings will take approximately five minutes per student, on average, during the first year of implementation. Training documents seem to indicate that over time, the duration of the screening process will be reduced to approximately two to three minutes per student.

Grade 10:

Screening of students in 10th grade will be conducted by a six-person team that includes four high school adjustment counselors, one psychologist, and one school nurse. Screening of 10th grade students will take place during the week of January 7, 2019. Screening will be conducted each morning throughout the week in order that counselors will have time to see students for other appointments during the afternoon. Similar to the the middle school screening process, the screening interview is anticipated to last approximately five minutes per student.

All Students:

During the screening process, students are greeted and then asked a series of five questions. If students respond positively to any of the first four questions, they are asked an additional series of five questions. Students who screen positive, defined as two or more "yes" responses to questions, during the process will be referred to guidance counselors for a Brief Intervention interview.

Brief Intervention

Students who screen positive during the initial screening by school nurses will be referred to guidance counselors in order to continue to assess the degree to which students require support and assistance. Buring the "Brief Intervention" interview, counselors utilize a <u>Motivational Interview</u> technique to engage students in discussions about substance abuse and change behavior.

Based on the counselor's assessments, a student may be provided access to school-based supports. Alternatively, if a counselor or nurse determines that there is immediate risk to the health and welfare of a student, they may determine to break confidentiality and families will be notified and provided referrals to counseling services or treatment programs. Confidentiality is discussed in greater length in Section III of this memorandum.

Referral to Treatment

Should a school-based counselor determine that a student requires supports beyond those available in the schools, and that there is an immediate risk to the health and welfare of a student, the counselor will contact families and assist them in making referrals to appropriate counseling or treatment programs. In cases where a counselor does not have information that there is an immediate risk to a student's health and welfare, but believes that a student would benefit from a referral to treatment, the counselor may work with the student to obtain consent to disclose the protected information to providers and families as part of the referral process.

Beginning in July 2018, the District will be partnering with the <u>Interface Program at William</u> <u>James College</u> to provide referrals to counseling services, including counseling for substance abuse related issues. The district currently publishes information on its website regarding <u>treatment programs for students</u> who require more acute care and also maintains a strong partnership with the SAFE Coalition who can also assist families in identifying appropriate treatment programs.

III. Considerations

Parental Notification and Opt-out:

The District is required to notify parents of SBIRT screenings prior to conducting the screening with students. The District is developing a parent letter that will be used for students in grades eight and ten which will be sent home prior to the start of the 2018-19 school year.

Pursuant to Massachusetts General Laws Ch. 71 §97 (b) "A pupil or the pupil's parent or guardian may opt out of the screening by written notification at any time prior to or during the screening." Should a family wish to have a student opt-out of the verbal screening process, they may do so by notifying the school in writing of their intention to opt-out. Should a student wish to opt out of the screening process, they may do so in writing or verbally at any time before or during the screening process.

Confidentiality:

Pursuant to Massachusetts General Laws Ch. 71 §97 (c) "Schools may not make a record of any statement, response, or disclosure by a student in the verbal screening that identifies the student. Except in cases of immediate medical emergency or when a disclosure is otherwise required by state law, schools must keep confidential any student responses to the verbal screening and may not disclose any information obtained in a screening to any other person without the prior written consent of the student, parent or guardian"

The District requested clarification of the issue around confidentiality from legal counsel. The District's legal counsel referenced the DPH SBIRT Manual when clarifying what might constitute an "immediate medical emergency" or "required by law." Specifically, counsel cited language from the DPH SBIRT Manual in clarifying language from the law: *"When adolescents screen positive, nurses may uncover information during a further conversation that presents a safety risk (e.g., injection drug use, illegal behaviors, ingestion of potentially fatal amounts of alcohol), and which they decide warrants breaking confidentiality and potentially making a referral to treatment. When appropriate to bring in parents, it is recommended that nurses tell the adolescent as soon as possible and review with the adolescent the exact information they intend to disclose. Determining what constitutes a safety risk is a matter of the clinical judgment based on all available information."*

It is important for families to understand that school staff function under this law while they are conducting SBIRT screenings and as such information shared with families in regards to student responses is governed by this law. It is important to note that school staff do not traditionally operate with such broad confidentiality procedures. It is also important to note that school staff who conduct the screening remain as mandated reporters to the

Department of Children and Families should information shared by students during the screening process cause the screener to suspect abuse or neglect of a student.

It is also important to note that school staff who conduct SBIRT screenings will be operating under different confidentiality guidelines than families have come to expect (FERPA for all staff and in limited cases for nurses, HIPAA). This may lead to conflict between schools and families in that during the course of conducting screenings, students may disclose information about risky behaviors to school personnel, which under most circumstances would be disclosed to parents or guardians, but due to the laws supporting the implementation of SBIRT, will not be disclosed. As such, it will be critical for parental notifications to emphasize that the screening process is confidential.

Data Collection and Dissemination:

The District will comply with Massachusetts General Laws Ch. 71 §97 in that "De-identified screening results shall be reported to the department of public health, in a manner to be determined by the department of public health, not later than 90 days after completion of the screening."

During the screening process, screeners will record *non-identifiable* responses to screening questions on forms approved by and provided by the Department of Public Health (DPH) for subsequent transmission to DPH upon completion of the screening process. District staff who conduct screenings will not record student names during the screening process, but will maintain a separate record of students who have completed the process in order to ensure all students in grades eight and ten have completed the process.

<u>Special Thanks</u>

It is important to recognize that this implementation plan was created with significant support from members of the Substance Abuse Task Force, and the Franklin Public Schools Administration. I would like to specifically thank several individuals for their important contributions to the planning process:

William Klements, Deputy Principal, Franklin High School Kristin Letendre, K-12 Director of Health and Physical Education Heather McVay, 6-12 Director of Guidance, Franklin Public Schools Rebecca Motte, Principal, Horace Mann Middle School Nancy Whitehouse, Nursing Coordinator Brian Wildeman, Principal, Remington Middle School Beth Wittcoff, Principal, Annie Sullivan Middle School