

# School-Based Screening, Brief Intervention, and Referral to Treatment/Services

Screening, Brief Intervention, and Referral to Treatment/Services (SBIRT) is a public health approach to promoting social-emotional health and preventing or delaying substance use and related risks. Through a collaboration between Best Starts for Kids and the Mental Illness and Drug Dependency (MIDD) behavioral health sales tax fund, King County offers a school-based version of SBIRT to support the health and well-being of middle-school students. Currently, the program is available in 42 middle schools across 12 school districts in the county. This snapshot summarizes results from an evaluation of the School-Based SBIRT program during its first year of implementation (2018–2019 school year).

## The challenge

Provide better support for behavioral health to students and schools in King County.

King County launched School-Based SBIRT in 2018. Students who participate are screened electronically and then offered “brief intervention” to assess their strengths, help them set goals, and offer referrals and follow-up as needed.

Over the three-year implementation timeline (late 2018 through 2021), school districts across the county are expanding access to the program for their students. Best Starts for Kids partnered with Seattle Children’s Research Institute to assess three things: Was the program implemented as intended? Was the implementation successful, and how could it be improved? Is School-Based SBIRT an appropriate model for middle-school students?

42 middle schools within 12 King County school districts have made SBIRT available to their students



During this evaluation period, 2,614 students were screened, and 141 staff were trained as interventionists. The evaluation analyzed screening data and interventionist reports, caregiver and school staff interviews, and feedback solicited from students through surveys and focus groups. All 42 participating schools provided insight during the evaluation.

## What we learned

- Screening identified risk factors that were not previously known to school staff in two of every three students who received brief intervention.
- Bullying was the most common risk factor reported by students (25%).
- 95% of students who endorsed suicidal ideation received brief intervention, the majority within one day of screening.
- 37% of students screened received brief intervention, and 15% were referred to additional resources. Referral connection was high (62%) but varied significantly across school districts and referral types.
- Students indicated that having a personal connection with the interventionist helps them feel comfortable sharing information and motivates behavior change.
- Most students said that their interactions with the screening process and interventionists were very positive. One-half of student survey respondents said they felt more connected with adults at school after participating in School-Based SBIRT.
- Parents and school staff support School-Based SBIRT as a way to identify student needs and provide support.
- The most frequently reported barriers to screening were absence of parent permission and language barriers related to the screening tool (which was only available in English).
- 77% of interventionists reported increased proficiency across all competencies as a result of training. Interventionists asked that training be adaptable to their level of experience and their availability to participate.

## Acknowledgments

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### QUALITATIVE DATA SOURCES



#### FOCUS GROUPS

**3** sessions completed with  
**29** students



#### INTERVIEWS

**10** with interventionists  
**5** with caregivers  
**4** with school administrators

### QUANTITATIVE DATA SOURCES



#### SCHOOL-BASED TOOL

**2,614** students completed the  
Check Yourself tool



#### REPORTS

**1,097** reports on brief intervention  
and referral completed by  
interventionists  
**82** narrative reports completed by  
participating middle schools



#### SURVEYS

**65** follow-up surveys by students  
who received brief intervention  
**194** interventionist surveys  
(administered 3 times throughout year)  
**52** feedback surveys by caregivers

## What's next?

This evaluation will be followed by an impact evaluation that assesses student outcomes of School-Based SBIRT. Some of the limitations of the process evaluation, including small sample size and a lower than expected response to the student survey, will be addressed during the next steps in the evaluation. The evaluation plan will need to be responsive to the impact of COVID-19 on SB-SBIRT programs.