Executive Summary

Introduction

In 2015 King County voters approved the groundbreaking *Best Starts for Kids* (*BSK*) levy which funds initiatives to support the health and well-being of King County communities, families, and children. As part of the *BSK* investment in the health of young people ages 5-24 and with additional funding through a local behavioral health sales tax, Mental Illness and Drug Dependency (MIDD), which supports programs providing equitable opportunities for health, wellness, connection and recovery, King County's Department of Community and Human Services implemented a school-based SBIRT (SB-SBIRT) model in 42 middle schools starting in September 2018. Screening, Brief Intervention, and Referral (SBIRT) is a public health model for identifying and addressing substance use and related risks. School-based SBIRT is a novel approach which expands on SBIRT to broadly support the health and well-being of middle school students.

Goals & Objectives

Seattle Children's Research Institute conducted a process evaluation of the SB-SBIRT program during the first year of implementation (September 2018 – December 2019). The evaluation goal was to explore how the program supports care coordination in middle schools and to understand the experiences of participating youth, interventionists, and school staff. The evaluation plan was developed in collaboration with the SB-SBIRT program team and stakeholders from participating school districts. The evaluation addressed three main questions:

1) **Was the program implemented as intended?**
2) **How well did we do and how can the program be improved?**
3) **Is school-based SBIRT an appropriate model for youth in middle school settings?**

Methods

The process evaluation included quantitative and qualitative data collection from all participating schools as well as more in-depth activities with a sub-set of 15 participating middle schools.

Evaluation Question 1: To understand whether the SB-SBIRT program was implemented as intended, we analyzed screening data , SB-SBIRT Interventionist reports, and grantee Narrative Reports to understand the reach of the program, who received services, and to assess implementation processes including any associated drivers or barriers.

Evaluation Question 2: To understand this question we interviewed caregivers of participating students, SB-SBIRT interventionists and school administrative staff to understand their experience and collect feedback on how the program could be improved. In addition, we facilitated conversations to reflect on the data collected during the first year of implementation with the SB-SBIRT program team and participating school districts to provide further context and input on our findings.

Evaluation Question 3: To assess whether SB-SBIRT is the most appropriate model of care for middle school students we collected surveys-with students who participated in Brief Intervention to assess satisfaction and key measures following participation in SB-SBIRT. Focus group discussions were conducted with students who participated in screening to help us understand the program from their perspective.

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Evaluation Limitations

The process evaluation was limited by several factors which impact the generalizability of the findings. First, many participating middle schools have multiple initiatives operating at once making it challenging to isolate the impact of SB-SBIRT specifically. Also, the phased roll-out of the program during this initial year negatively impacted the ability of some districts to participate in evaluation activities, particularly reporting on what happened during Brief Intervention. Since assessment of some evaluation measures required linking of separate data sets for screening and brief intervention this limited the sample size for our analysis.

There were several limitations to the methods used with the 15 middle schools who volunteered to participate in additional evaluation activities. First, the number of surveys collected from students was fewer than planned (65) and limited our ability to analyze change in substance use since reported use was very low (6%) among those surveyed. In addition, due to small sample sizes and the voluntary nature of our data collection qualitative results are not generalizable to all youth, caregivers, and schools in King County.

Evaluation Strengths

This process evaluation has several strengths. The evaluation plan and methods were formed in consultation with many different stakeholders from participating school districts and the King County program team. There were frequent opportunities for reflection on the data collected with SB-SBIRT interventionists and district stakeholders.

Data collected for this evaluation included a wide range of voices and experiences. Programmatic data from all 42 participating schools was included in this evaluation. The subset of schools that contributed additional data were demographically and geographically diverse. We analyzed both quantitative and qualitative data which provided additional context and insight into the experience of participating students and schools. The evaluation included data from a diverse set of stakeholders, including SB-SBIRT interventionists, school counselors, school administrators, parents of participating students, and students who participated in screening as well as those who received Brief Intervention. This allowed us to triangulate our findings and to consider the experiences of all groups involved.

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Conclusions & Findings

The following is a summary of our findings by evaluation question.

Evaluation Question 1: Was the program implemented as intended?

During the initial implementation year 141 school staff were trained on the SB-SBIRT program. Across 12 participating school districts 2,614 middle school students were screened 37% of whom received brief intervention and 15% of whom received a referral to a resource. Bullying (25%) and recent symptoms of trauma (23%) were the most common risk factors identified at screening. The most frequently reported barriers to screening were when parents did not provide permission for their student to participate or when the student required translation of the tool which is only available in English.

Evaluation Question 2: How well did we do and how can the program be improved?

Training and support provided by the SB-SBIRT program was effective. Among SB-SBIRT interventionists, 77% reported increased proficiency across all program-identified competencies. Interventionist feedback suggests that training methods and content be adaptable to their level of previous experience and availability to join training opportunities.

SB-SBIRT screening helped to identify 326 students with risk factors that were not previously known to school staff. Among youth with identified risk factors, 67% received BI. This year 86% of students who endorsed suicidal ideation received BI within 1 day of screening. Referral connection was high (62%) but varied significantly across school districts and referral types.

Evaluation Question 3: Is school-based SBIRT an appropriate model for youth in middle school settings?

Overall, most students felt that their interactions with the screening process and SB-SBIRT interventionists were very positive. Half of youth survey respondents reported higher connection with adults at school after SB-SBIRT. Students in focus groups indicated that having a personal connection or a relationship with the interventionist is important for them to feel comfortable sharing personal information and for motivating behavior change. Parents and school staff were supportive of the SB-SBIRT program as a means of identifying student needs and providing support.