

School-Based SBIRT Frequency Asked Questions

Source: King County

How does King County ensure that participating districts inform parents the nature of these questions?

This is a new initiative and King County is working in collaboration with school districts and their existing policies, procedures and communication processes to raise awareness about the School-Based SBIRT initiative. Each district will be working within the policies and communication practices they have in place to notify parents regarding any survey or screen.

Are parents and students allowed to opt out of this screening?

Yes. King County views this screen as optional and intends for parents and students to have the ability to opt out. Districts communicate to parents within their policies and procedures regarding this option. A student can opt out anytime.

Why does the survey not allow a student to skip a question?

Currently, students can opt-out of taking the screen or stop responding at any time. The first question on the screen also asks students to indicate their consent, so if they do not elect to consent, then the survey ends. The screen does not allow a student to skip a question, but often “prefer not to answer” is an option they can select.

What is the process for parents and students to provide feedback on the screen?

King County is partnering with districts to come up with strategies to collect feedback from parents, students and counselors. This information will be compiled and synthesized before making any adjustments to the screen in collaboration with the UW/Seattle Children’s Research Institute and Tickit Health.

Is the data collected anonymous?

The primary goal of this screening tool is to help prevent substance use and promote mental health for our children. As a result, the individuals who would be directly working with the child must be able to know who needs help. But it is important to know that only the direct providers (e.g. a counselor, interventionist, school nurse) working with the student will have access to identifiable information.

Who sees the data collected?

As noted above, only those working directly with the student to provide support and prevent harm will see any identifiable responses. The referral will be based upon the conversation with the student if they were identified as needing a follow-up based on the screen. King County is a HIPPA-covered entity by virtue of being a health care provider and any access to data is HIPPA protected. (See the previous question/answer.)

How are concerns identified?

Questions are identified for follow-up by Tier. **Tier 2** indicates the need for a scheduled follow-up and **Tier 3** indicates the need for immediate follow-up with the student. If there is any indication (either from the screen or from the follow-up conversation) of a student's intent to harm themselves or others, staff will follow existing policies and, as they already do, contact the parent. The information below provides examples of what types of response fall under each Tier:

Tier 2

Reported using substances (other than e-cigs/cigs) in the past school year
Reported somatic symptoms (frequent pains and aches)
Depression symptoms (PHQ-2 +)
Anxiety symptoms (GAD-2 +)
Wants to speak with a counselor confidentially in the next few weeks
Reports intention to use marijuana or alcohol in the next year
Reports 1 out of 3 symptoms from trauma and wants to speak with a counselor in the next few weeks.

Tier 3

Endorses self-harm or suicidal thoughts
Reports at least 2 out of 3 symptoms from trauma
Reports 1 out of 3 symptoms from trauma and wants to speak with a counselor about it right away
Feels harassed/threatened in some way in the past year
Wants to speak with a counselor confidentially asap

Is the information collected considered part of a school record?

The school districts, which are subject to FERPA, determine whether FERPA applies to particular records.

What is the history of the screen?

Questions were developed from standardized and evidence-based tools (e.g. PHQ-2, GAD-2), as well as questions taken from the Healthy Youth Survey. A number of questions were also taken from the original Check Yourself screen created by Seattle Children's Research Institute for ongoing use in Seattle Children's Hospital clinics.

Check Yourself was originally developed by Dr. Cari McCarty and Dr. Laura Richardson from Seattle Children's Hospital and the University of Washington with Tickit Health. Over the last five years, the screen has been refined using qualitative and user-design studies. Check Yourself has been used with adolescents in primary care settings, in school-based health clinics, and in the Emergency Department at Seattle Children's as part of the research program, and is now being implemented with partners across the United States through a grant from the Conrad N. Hilton Foundation.