EVALUATION REPORT:
Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs

SBIRT Model

Screen ➔ Brief Assessment

Low risk ➔ Intermediate risk ➔ High risk

Reassure and reinforce ➔ Intervene ➔ Refer

Follow-up and support

June 2013

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- Jefferson County – Opportunities, Inc. - Kris Feggestad
- Milwaukee County – Franklin Area Parents & Students United - Kathy Hahn
- Milwaukee County – West Allis/West Milwaukee Community Coalition - Tammy Molter, Susan Stuckert and Duncan Shrout
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Executive Summary

“We were familiar with SBIRT for a number of years and had repeatedly talked about implementing the program here in Washington County but we were uncertain about where, how and what type of a response we might get from potential partners. The Wisconsin Partnership Program (WPP) planning grant that Alliance for Wisconsin Youth received provided us with direction, resources and motivation to reach out to potential partners. We were overwhelmed with the positive response we received from these partners and are excited about the future of SBIRT in Washington County. Without the WPP planning grant and the support we received from the coalition, we would still be only talking about SBIRT.”  
Mary Simon, Executive Director, Council on AODA of Washington County

The Alliance for Wisconsin Youth-Southeast (AWY-SE) received a $50,000 Development Grant from the Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health covering the period April 2012 – March 2013. The purpose of the grant was to allow the members of the regional Alliance to plan for implementation of an evidence-based alcohol, tobacco and drug screening tool called Screening, Brief Intervention, and Referral to Treatment (SBIRT) with high school students. The long-term goal of the project was to prevent youth from experiencing the adverse consequences of substance use. Within the one-year scope of the project, the short-term goals were to educate members of AWY-SE about SBIRT and lay the groundwork for future implementation of SBIRT in community-based settings throughout the region. The evaluation of the grant found that AWY-SE was highly successful in meeting its objectives, based on pre- and post-tests of members of AWY-SE members and community partners, as well as a review of meeting minutes and interviews with key participants.

Coalition members increased their understanding of the SBIRT process, utility and benefits. Information on SBIRT was disseminated to AWY-SE members through one half-day training on SBIRT, as well as updates provided at monthly meetings.

- On the post-test 100% of coalition members agreed/strongly agreed that they had a clear understanding of what SBIRT is and the benefits of adopting SBIRT as a prevention strategy in their service area. Only 67% agreed/strongly agreed on the pre-test.

Coalition members developed informal plans for recruiting interested community partners and identified possible settings and tools that best suited local needs. Coalition members brainstormed ideas on the best ways to present SBIRT to their community partners during monthly conference calls. They also discussed various SBIRT questionnaires, ultimately choosing CRAFFT, a tool recommended by Dr. Richard Brown, the project’s academic partner.
• Post-test results showed 86% of coalition members were confident their local coalition could successfully develop a strategy to implement SBIRT locally for high school students. Only 73% agreed/strongly agreed on the pre-test that they could develop a strategy.

Community partners demonstrated an increased understanding of SBIRT, its utility, and benefits in the context of their needs. A power point presentation on SBIRT was delivered to community partners in Milwaukee, Ozaukee, Racine, Washington and Waukesha Counties.

• On the post-test 92% of community partners agreed/strongly agreed that they had a clear understanding of what SBIRT is and the benefits of adopting SBIRT as a prevention strategy in their service area. Only 11% agreed/strongly agreed on the pre-test.

Community partners identified the setting, tool and protocol best suited to their local needs. Each coalition decided when and how they would present SBIRT to their community partners. Then, the coalitions and their community partners decided what setting was most appropriate to implement SBIRT in their community. For instance, one county decided to work with the county human services department rather than with a school district. Some communities decided SBIRT was not something they were prepared to undertake. Some communities wanted to move forward immediately (Hartford and Kewaskum).

Community partners representing rural, suburban and urban communities made a decision to participate in future implementation of SBIRT. Implementation agreements and letters of commitment were secured from the following six AWY-SE members and seven community partners.

<table>
<thead>
<tr>
<th>AWY-SE Member</th>
<th>Community Partner</th>
<th>Type of Community</th>
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<tbody>
<tr>
<td>Jefferson County Delinquency Prevention Council</td>
<td>Jefferson County Human Services Department</td>
<td>Rural</td>
</tr>
<tr>
<td>Prevention Network of Washington County</td>
<td>Hartford Union High School</td>
<td>Suburban</td>
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<tr>
<td>Prevention Network of Washington County</td>
<td>Kewaskum Community Schools</td>
<td>Rural</td>
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<tr>
<td>Racine County Youth Coalition</td>
<td>Racine Unified School District</td>
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<tr>
<td>Waukesha County Drug Free Community Coalition</td>
<td>School District of Waukesha</td>
<td>Urban</td>
</tr>
<tr>
<td>Waukesha County Prevention Network</td>
<td>Community Health Improvement Planning Process (CHIPP)</td>
<td>Suburban</td>
</tr>
<tr>
<td>West Allis/West Milwaukee Community Coalition</td>
<td>West Allis/West Milwaukee School District</td>
<td>Suburban/Urban</td>
</tr>
</tbody>
</table>
One AWY-SE member leveraged more funding to extend the scope of this planning grant and piloted SBIRT in two high schools. The Prevention Network of Washington County coalition partnered with two school districts that were very eager to start implementing SBIRT. Hartford and Kewaskum school districts piloted SBIRT in spring of 2013. In support of this pilot, some grant funds were re-allocated to pay for staff training in Motivational Interviewing and for the development of a prototype online SBIRT screening tool based on the CRAFFT questionnaire. The Prevention Network leveraged additional funding from their local United Way and used other coalition funding to make the pilot possible. As a result, approximately five hundred 9th grade students were screened in Kewaskum and Hartford school districts in spring 2013. Lessons learned at these pilot sites will be valuable as AWY-SE moves toward additional pilots in other communities, as well as full implementation in the future.
Description of Participants

The Alliance for Wisconsin Youth has been addressing substance use and abuse in Wisconsin since 1999. AWY-SE includes 13 member coalitions from the following eight Southeastern Wisconsin counties: Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha (which collectively contain 40% of Wisconsin’s population). The only AWY-SE county which did not participate in the grant was Kenosha.

AWY-SE partnered with Dr. Richard Brown, UW Medical School faculty member and Clinical Director of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL), which has had federal funding since 2007 to implement SBIRT in primary care settings. Through WIPHL, over 117,000 primary care patients in Wisconsin have been the beneficiaries of SBIRT.

Dr. Candace Peterson served as the project’s external evaluator for the first ten months of the project, but resigned when she took a new job. From that point, Senait Tesfai-Barker, who at the time was serving as a University of Wisconsin School of Medicine and Public Health TRIUMPH intern placed at the Planning Council, took over the task of compiling the data previously collected by Dr. Peterson and writing the evaluation report.

Bill Herd of Jewish Family Services acted as the grant’s fiscal sponsor for a portion of the project period and Julie Whelan Capell of the Planning Council for Health and Human Services, Inc. provided facilitation and planning services (the Planning Council took over as fiscal sponsor for the last three months of the project).
Description of Program

The Alliance for Wisconsin Youth-Southeast (AWY-SE) received a $50,000 Development Grant from the Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health covering the period April 2012 – March 2013. The purpose of the grant was to allow the members of the Alliance to plan for regional implementation of an evidence-based alcohol, tobacco and drug screening tool called Screening, Brief Intervention, and Referral to Treatment (SBIRT) with high school students. As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

The “Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs” project was believed to be important because of Wisconsin’s culture of excessive alcohol use. Wisconsin consistently ranks among the top states in the nation for rate of current alcohol use among both youth and adults. In its 2013 “Burden of Excessive Alcohol Use in Wisconsin” report, the UW Population Health Institute estimated that excessive alcohol consumption in the state contributed to at least 60,221 arrests, 5,751 motor vehicle crashes and 1,529 deaths.\(^1\)

Use of other drugs by Wisconsinites is also troubling. Seven percent of state youth ages 12 to 17 and sixteen percent of young adults ages 18 to 25 say they use marijuana.\(^2\) And use of other drugs is at five percent and ten percent for those two age groups respectively statewide.\(^3\)

The long-term goal of the project was to prevent youth from suffering the adverse consequences of substance use. The project’s short-term outcome objectives were to:

- Increase AWY-SE coalition members’ understanding of the SBIRT process, utility and benefits;
- Help AWY-SE recruit partners, identify barriers to implementation and strategize solutions; and
- Secure SBIRT implementation agreements from a minimum of six communities, representing rural, suburban and urban settings where SBIRT will be implemented in school districts and/or community organizations in the next phase (implementation) of the project.

Over the course of the grant period, there was one half-day SBIRT training, eleven SBIRT phone conferences and four AWY-SE meetings at which SBIRT was on the agenda.

\(^1\) Black PD, Paltzer J. The Burden of Excessive Alcohol Use in Wisconsin. University of Wisconsin Population Health Institute, March 2013.


\(^3\) Ibid.
About thirty-five individuals attended an initial half-day SBIRT training led by Dr. Brown in May 2012, including twelve AWY-SE coalition members. Topics presented and discussed in the training included:

- Goals of the project and data on adolescent drug and alcohol use in Wisconsin;
- Data supporting the use of SBIRT in clinics and hospitals;
- A review of previous SBIRT implementation in schools across the United States; and
- The CRAFFT questionnaire and effectiveness of motivational interviewing.

This training was reinforced at each of the four regular AWY-SE meetings held throughout the grant period (August 2012, October 2012, December 2012 and February 2013). Dr. Brown and Dr. Peterson attended each of these meetings, either in person or via phone, in order to answer questions and provide feedback.

Monthly phone calls with the project’s academic advisor, evaluator and project facilitator allowed the group to get ongoing support, continue to learn about SBIRT, choose an SBIRT tool, discuss barriers to implementation, and brainstorm solutions. Dr. Richard Brown, the academic partner, called school systems around the country that implemented SBIRT, presenting their feedback and lessons learned during the phone calls. There was time for questions and concerns to be addressed during every conference call. Coalition members also gave monthly reports on their efforts and plans to recruit interested community members. Minutes of the calls were uploaded to the AWY-SE website (http://atoda-sewisconsin.wikispaces.com/SBIRT) and reflected the topics on the agenda for each call, such as:

- How to present the SBIRT concept to community partners;
- What resources do coalitions need in order to present SBIRT to community partners;
- The benefits of SBIRT for schools;
- Logistics of administering SBIRT in schools;
- How other school districts are using SBIRT;
- Confidentiality and SBIRT;
- How referral to treatment works;
- How CRAFFT data will be used;
- Online Screening Tool feedback;
- Motivational Interviewing training debrief; and
- Getting a commitment from your community partner.

The project facilitator was available to make in-person SBIRT presentations in each local community as needed (screen shots are included in the appendix). Six such presentations were made (one in Ozaukee County, three in Milwaukee County, and two in Waukesha County).
Each AWY-SE member coalition was then responsible for approaching partners within their respective communities to recruit sites for possible future SBIRT implementation. An SBIRT information sheet template was created by the project manager to assist coalitions in bringing SBIRT to the attention of local community officials (see sample in the appendix).

One AWY-SE member agency found that interest in SBIRT was so high in its community that they went beyond the scope of the planning grant and actually piloted SBIRT in two high schools. As a result, the Prevention Network of Washington County screened approximately five hundred 9th grade students at Kewaskum and Hartford school districts in spring 2013. In support of their pilot, some grant funds were re-allocated to pay for staff training in Motivational Interviewing and for the development of a prototype online SBIRT screening tool based on the CRAFFT questionnaire. The Prevention Network also leveraged additional funding from their local United Way and used some of their own coalition funds to make the pilots possible.
Major Findings
This evaluation found that AWY-SE was successful in meeting its objectives. Pre- and post-tests of members of AWY-SE members and community partners show substantial increases in understanding of the SBIRT process both generally and its application in community settings. In general, community members started out knowing less about SBIRT than did AWY-SE coalitions, but both groups evidenced large knowledge gains between pre- and post-tests. Not only were all participants much more knowledgeable about SBIRT at the end of the grant period, but the project was also successful in obtaining commitments from seven community partners (representing urban, suburban and rural communities) to go forward with SBIRT pilot projects in the future. Significantly, one AWY-SE member coalition was able to leverage additional funding in order to fully pilot SBIRT in two high schools, going beyond the original scope of the grant. More detailed information about the evaluation methodology is included in the appendix.

Did all coalition members understand SBIRT process, utility and benefits?
The results of pre- and post-surveys demonstrated large increases in AWY-SE coalition members’ understanding of SBIRT, its benefits, how and why it is used, the problems that can be addressed with SBIRT, and how SBIRT can address those problems.

- On the post-test 100% of coalition members agreed/strongly agreed they had a clear understanding of their own role and responsibilities in the SBIRT grant efforts. Only 58% agreed/strongly agreed on the pre-test.
- On the post-test 100% of coalition members agreed/strongly agreed that they had a clear understanding of what SBIRT was and the benefits of adopting SBIRT as a prevention strategy in their service area. Only 67% agreed/strongly agreed on the pre-test.
- On the post-test 100% of coalition members agreed/strongly agreed they had a clear understanding of how and why SBIRT is used. Only 67% agreed/strongly agreed on the pre-test.
- On the post-test 100% of coalition members agreed/strongly agreed that they had a clear understanding of the problems - and the scope of the problems - being addressed with SBIRT. Only 58% agreed/strongly agreed on the pre-test.
- On the post-test 100% of coalition members agreed/strongly agreed that they had a clear understanding of how SBIRT implantation works to address these problems. Only 50% agreed/strongly agreed on the pre-test.
Did coalition members develop a plan for recruiting interested community/county partners and identify possible settings, tools, and protocols, best suited to local needs?

The results of pre- and post-surveys demonstrated an increase in AWY-SE coalition members’ confidence that they could develop a strategy to implement it locally.

- Post-test results showed 86% of coalition members were confident their local coalition could successfully develop a strategy to implement SBIRT locally for high school students. Only 73% agreed/strongly agreed on the pre-test that they could develop a strategy.

According to the phone call minutes, during the first few monthly SBIRT conference calls, various SBIRT questionnaires were evaluated and discussed. The CRAFFT, SPORT and other questionnaires were reviewed. After reviewing the evidence behind the use of each questionnaire with adolescent populations, the CRAFFT questionnaire was chosen to be used as the screening tool for all sites. This was also the screening tool recommended by Dr. Richard Brown, the project’s academic advisor and subject matter expert.

Below is each AWY-SE member’s progress toward recruiting community partners during the grant period:

- **Delinquency Prevention Council of Jefferson County**: The Council thought that the schools would be a great fit for SBIRT. There was discussion around whether it would be better to present the idea to school staff or to the superintendents. In the end, the Council found that the County Human Services Department was most interested in working on SBIRT.

- **Ozaukee County ATOD Prevention Consortium**: SBIRT was presented at a coalition meeting that included school district representatives. Members seemed interested in learning more about SBIRT at the time, but over the course of the grant period, other providers (local hospitals) offered screening services to the schools (for a fee, not universal screening) and interest in the AWY-SE project faded.

- **Franklin Area Parents and Students United**: This very young coalition decided to support but not participate in implementation at this time. Although they are excited about the possibilities of the SBIRT project, they felt they did not have the capacity to support it in Franklin at this time.

- **Racine County Youth Coalition**: Presented the SBIRT information to their partner, the Racine Unified School District and had a coalition staff member attend the Motivational Interviewing training in January 2013.

- **West Allis/West Milwaukee Community Coalition**: The project coordinator made an SBIRT presentation to school district and community partners. The school district was
eager to implement a project that addresses alcohol and drug use in its high schools and requested more information on the validity of the CRAFFT tool.

- **Prevention Network of Washington County:** This agency has been interested in SBIRT for some time, but did not have the resources to support it. Using the resources of the AWY-SE planning grant, agency staff approached two local school districts about the concept and were pleasantly surprised to find both school districts were very interested in implementing SBIRT. The reason for the interest was that these school systems had not had much prevention programming in the past, and some recent incidents had brought the issue of drinking to the forefront. The level of interest at these districts was so high in fact, that they decided to go ahead and pilot SBIRT at two local high schools. The districts identified lack of staff time as a barrier, so it was decided that Prevention Network staff would get trained and administer the screening. Two agency staff were invited by Dr. Brown to attend a Motivational Interview training he was organizing in January 2013. Confidentiality was another concern expressed by school staff, so it was determined that an online screening tool would be developed. This tool could be accessed using Prevention Network laptops, so as to keep the data out of the school system’s purview. Computerized screening, including face-to-face follow-up with each student, took place in Hartford and Kewaskum high schools in spring 2013. More than 400 high school students were screened. A more complete analysis of the data from these screenings is included as Appendix K.

- **Waukesha Drug Free Community Coalition:** Reported that good connections with schools continued even as school personnel have moved or changed roles. The Coalition presented and explained SBIRT at meetings of both the Waukesha and Elmbrook school systems and school member representatives seemed interested in learning more about SBIRT. As the grant period continued, Elmbrook remained interested but decided they wanted to see another similarly sized school district pilot SBIRT before they would attempt to do so. The Waukesha School District, on the other hand, decided to commit to piloting SBIRT should AWY-SE secure funding for such a pilot.

- **Waukesha County Prevention Network:** Indicated continued interest in SBIRT. They would be interested in being a referral source for youth who need treatment. Barriers to implementation in the past have included a lack of available staff and resources.” The Network was working to find possible SBIRT partners including the 16th Street Community Center’s newly opened Waukesha unit and the public health department.
Did community partners understand SBIRT, its utility, and benefits in the context of their needs?

Survey results demonstrated that community partners started out knowing much less about SBIRT than did AWY-SE coalition members. Predictably, the community members showed a much greater increase in their knowledge of SBIRT from pre- to post-test than did AWY-SE members.

- On the post-test 75% of community partners agreed/strongly agreed they had a clear understanding of their own role and responsibilities in the SBIRT grant efforts. Only 0.6% agreed/strongly agreed on the pre-test.
- On the post-test 92% of community partners agreed/strongly agreed that they had a clear understanding of what SBIRT was and the benefits of adopting SBIRT as a prevention strategy in their service area. Only 11% agreed/strongly agreed on the pre-test.
- On the post-test 92% of community members agreed/strongly agreed they had a clear understanding of how and why SBIRT is used. Only 11% agreed/strongly agreed on the pre-test.
- On the post-test 83% of community members agreed/strongly agreed that they had a clear understanding of the problems and the scope of the problems - being addressed with SBIRT. Only 22% agreed/strongly agreed on the pre-test.
- On the post-test 67% of community members agreed/strongly agreed that they had a clear understanding of how SBIRT implementation works to address these problems. Only 0.6% agreed/strongly agreed on the pre-test.

Did community partners identify the setting, tool and protocol best suited to their local needs?

According to the minutes of the SBIRT phone calls, coalitions worked with their community partners to determine the setting and protocols most appropriate to implement SBIRT in the local community. As explained above, different communities were at different levels of readiness, with some communities opting out completely (Franklin, Ozaukee, Elmbrook), others committing to continued discussions and piloting should AWY-SE secure funding for such a project (Jefferson, Racine, West Allis/West Milwaukee, Waukesha) and others moving forward immediately with a pilot using their own funding and leveraging AWY-SE grant funds (Kewaskum and Hartford).

As a part of the project, some of the barriers to school/community use of SBIRT that were documented included:
1) **Lack of staff time to implement a universal screening tool;**

2) **Lack of school finances to pay for implementation of a universal screening tool; and**

3) **Concerns about bringing outside staff into the schools to do the screening.**

The first two barriers can be mitigated by the ability of AWY-SE to bring the staff and resources of the local coalitions into the schools. By pursuing additional dollars from outside the school system (such as grants from WPP, United Way and other donors) the local coalitions can support the SBIRT process without requiring schools to pay anything. Grant funds can pay for staff training in SBIRT and Motivational Interviewing. Since the screening is a short-term project, most schools approached so far do not seem to mind allowing non-school staff to administer the CRAFFT, however, schools that are unwilling to allow outside staff to do the screening can opt to have their own staff trained.

“We have not spent a great deal of time on this but we have been interested in SBIRT for years. The problem is, of course, we have no ‘extra’ staff or resources. We have a couple of possible interested partners in the free clinics and public health.” County/community partner

4) **Concerns about bringing outside staff into the schools to do the screening.**

The sixty-hour Motivational Interviewing training (20 hours of pre-homework and an entire week of in-person training) recommended by Dr. Brown was seen by several coalitions and schools as a barrier to SBIRT implementation. Most community partners felt the time commitment was too burdensome and made it not feasible to attend the training. School staff balked at the length of time and said they could never afford to have a school guidance counselor attend such a long training, particularly if no continuing education units were offered.

The AWY-SE staff who attended the training (held in January 2013) reported that it was a wonderful opportunity, the teachers were very highly qualified and it was very intense. They felt there was some content (such as the history of Motivational Interviewing) that would not be necessary for everyone doing SBIRT screening. They suggested that perhaps AWY-SE could have someone complete a “train the trainer” to facilitate the local training of additional screeners as needed.

Some AWY-SE member coalitions were interested in perhaps adding a mental health screening along with the SBIRT screening; this could possibly be accommodated. Additional screenings, such as depression or bullying, could be considered on a case-by-case basis.
Over the course of the grant period, the project manager became aware of an alternate Motivational Interviewing training being offered by the Wisconsin Department of Public Instruction (DPI) which is only 2 days long, and which also offers CEUs. AWY-SE has been building connections with DPI to possibly tap into that training and other DPI resources.

5) **Concerns about confidentiality.**

Concerns about confidentiality were addressed at several project meetings. Dr. Brown recommended that the AWY-SE coalition members only screen youth 14 years of age or older, because Wisconsin state law is that anyone 14 years of age or older can have confidentiality regarding health care settings (it is not certain that using SBIRT within a school would be considered a health care setting). Parents do have access to the records for their children under age 18. Kewaskum and Hartford, the schools that piloted SBIRT within the grant period, preferred to have the CRAFFT tool reside on laptops owned by the Prevention Network staff who came in to do the screening. That way, the data obtained would never be on the school’s computers and the students could be assured that the screeners would not disclose their information to school officials without the students’ permission.

6) **Questions about how to handle students whose parents do not want them to be screened.**

To implement SBIRT in a school setting, schools will need a way to allow parents to either opt out or opt in to the screen. This is likely something that will have to be decided at each school or community setting interested in implementing SBIRT. The issue is that SBIRT must individually identify students in order to provide the necessary follow-up, and it is asking about potentially illegal activity. Baltimore, one of the few school systems in the country in which SBIRT screening has been tried, used an opt-out method. In Kewaskum and Hartford, the schools decided to provide parents with an opt-out letter (see appendix for sample).

7) **Concerns about the validity of the CRAFFT tool.**

A few of the school guidance counselors asked about the validity of the CRAFFT tool itself. The CRAFFT test is a behavioral health assessment tool that is recommended by the American Academy of Pediatrics' Committee on Substance Abuse. The test is designed for use with adolescents under the age of 21. The CRAFFT assessment tool has been extensively researched and shown to be the most developmentally appropriate screening tool to assess the risk of substance use disorders in adolescents. Project intern Senait Tesfai-Barker researched the validity of the CRAFFT and put together a one-page report that can be handed out to schools (included in the appendix).
8) Questions about whether the screening can be done entirely online rather than face-to-face.

According to Dr. Brown, some studies document some decrease in substance use in young people with computer interventions, but most experts feel online plus face-to-face is most effective. It is not very likely that a person who is told by a computer to seek treatment will do so on his or her own. Sources contacted at the Baltimore public schools, which have tried universal SBIRT screening, said that getting the student to complete the follow-through for treatment was the hardest part of the project.

9) Concerns about how to pay for treatment options for students who are screened and found to need referral to treatment.

The AWY-SE members learned, over the course of this grant, that an SBIRT screening process, if implemented universally (as suggested) for all students in a school, or all students in a particular grade in a school, will typically uncover only a handful of students who are at extremely high risk of substance abuse. In most cases, students will either be at no risk or moderate risk. These students can typically be referred to the school guidance counselors for follow-up, which will not cost anything.

The few students who are found to be at high risk should probably be referred to an outside agency for further screening before entering into any treatment. In such a case, the students’ confidentiality needs to be maintained. In a school setting, however, the screener should be trained to suggest to any student who is found to be at high risk that his or her parents be brought into the discussion of what to do next. In many cases, the student agrees and the parents immediately become a part of the referral to treatment process.

Every county in the region covered by this grant has within it a community agency that handles all the assessments for county residents convicted of Operating While Intoxicated (OWI) or other violations such as reckless driving, possession, etc. Students can often be referred to this agency for an assessment. Usually a fee (approximately $100 per referral) is imposed for these screenings, but this fee is often covered by the insurance of the student’s parents. In the case of a student who does not have insurance coverage, AWY-SE hopes to use grant funds to cover the cost of the assessment. Since most of these agencies also participate in the AWY-SE members’ own coalitions, it is also possible that a reduction in these fees can be arranged between the partners. Alternatively, schools might be able to refer students through their own insurance to their own providers, but that would make it more difficult to do a project evaluation if the students are going to many different providers for treatment.
problem is that there are not a lot of inpatient/residential treatment programs for youth.

One participating agency felt it might be easier to get assessments paid if the SBIRT screening were done in a health care setting, rather than in a school setting.

“There’s a big difference between implementing in a school and implementing in a health care setting. Health care providers can get reimbursed for screening. That means SBIRT can be implemented a lot faster and without money issues in these settings. Primary health care settings allow access to all health care seekers – could focus on pediatric patients.”

County/Community partner

Did county/community partners make a decision to participate in implementation of SBIRT?
The project met its stated goal of securing agreements from a minimum of six communities, representing rural, suburban and urban settings, that will pilot SBIRT in school districts and/or community settings in next phase of the project. Letters of commitment (a sample can be seen in the appendix) were secured from seven communities:

1) Jefferson County Delinquency Prevention Council and the Jefferson County Department of Human Services: The Council is composed of high school students, young adults, school district staff, organizations, agencies and community members throughout Jefferson County. The Council is co-chaired by a retired guidance counselor of 25 years and the Youth Services supervisor of Jefferson County Human Services. (Rural community)

2) The Prevention Network of Washington County and Hartford Union High School: With the assistance of The Council on AODA and the Prevention Network of Washington County, Hartford Union High School has already begun implementing SBIRT and has committed to continue working on SBIRT. (Suburban community)

3) The Prevention Network of Washington County and Kewaskum School District: With the assistance of The Council on AODA and the Prevention Network of Washington County, Kewaskum School District has already begun implementing SBIRT and has committed to continue working on SBIRT. (Rural community).

4) Racine County Youth Coalition (RCYC): With the assistance of Focus on Community, RCYC is planning to partner with Racine Unified School District (RUSD) to pilot SBIRT. (Urban community).

5) Waukesha County Prevention Network (WCPN): The Community Health Improvement Planning Process (CHIPP) steering committee identified alcohol and other drug abuse (AODA) as one of the top three public health concerns of Waukesha County. The CHIPP
Steering Committee has announced that they will be implementing SBIRT in at least one primary health care clinic or voluntary health organization in Waukesha County over the next two years. (Suburban community)

6) **Waukesha County Drug Free Community Coalition**: This coalition will be working with the Waukesha School District on SBIRT (Urban community)

7) **West Allis/West Milwaukee Community Coalition**: Partnered with the West Allis/West Milwaukee School District, the community coalition has commitment to implementing SBIRT in their local high schools. (Suburban/Urban Community)
Additional Findings

During the grant period, the Prevention Network of Washington County coalition found two school districts that were very eager to start implementing SBIRT in their schools. Leveraging WPP grant funding with additional support from the United Way and the Prevention Network itself, Hartford and Kewaskum school districts were able to pilot SBIRT in spring of 2013.

Logistics for administering SBIRT in Harford and Kewaskum:

1. Parents were sent a letter discussing SBIRT and giving them the option for their child to “opt out” of the screening.
2. The United Way gave an $8,000 grant to create a computer software program that could administer the CRAFFT questionnaire (screen shots are included in the appendix). This proved to be very successful. Students initially completed the survey independently. Then the questionnaire was reviewed with the student by a trained evaluator.
3. All 9th grade students were screened. This grade level was chosen due to the fact that all 9th graders are required to take health class. This allowed the screeners to remove each student one by one for 20 minutes to be evaluated.
4. Students who were found to need referrals were encouraged to discuss this with their parents. If they agreed, their parents were contacted by the counselor and the students were referred. If the student declined, the school social worker continued to meet with the student and encouraged them to discuss it with their parents.
5. More than 400 students were screened in Washington County in spring 2013.

Recommendations/ Lessons Learned:

1. It is crucial to build relationships with the school district/administrators to build trust and have the schools invested in the program.
2. Due to the time commitment, intensity, and duration of the course on Motivational Interviewing, it will likely be prohibitive for school counselors/teachers to attend.
3. The screening has so far identified some students who could be at risk that were not previously on the school’s radar.
4. Screeners were surprised by the number of students who reported they had used marijuana but had never drunk alcohol. Results could help target future programs.

“School superintendents listen to other school superintendents. So if the early adapters (Hartford, Kewaskum) get some screening done in spring 2013, they could be helpful in convincing other superintendents.” County/community partner
Appendix A: Evaluation Methodology

Candace Peterson served as the project’s external evaluator for the first ten months of the project, but resigned when she took a new job. From that point, Senait Tesfai-Barker, who at the time was serving as a University of Wisconsin School of Medicine and Public Health TRIUMPH intern placed at the Planning Council, took over the task of compiling the data previously collected by Dr. Peterson and writing the evaluation report.

The evaluation protocol was developed by Dr. Peterson as were the pre-post surveys. Pre-tests were administered by Dr. Peterson to coalition members to assess their understanding of SBIRT at the beginning of the half-day training in April 2012. Pre-tests were also administered by the project manager, Julie Whelan Capell, before each power point presentation made to community groups. Post-tests were administered by Ms. Whelan Capell in February and March 2013 near the end of the SBIRT planning year.

Data from the pre- and post-tests was compiled by Ms. Tesfai-Barker. Results for AWY-SE coalition members (n = 9) were analyzed separately from those of community members (n=13). More pre-tests were collected in each group than post-tests, due to the fact that both coalition staff and community members left their positions over the course of the project year and several could not be located to complete a post-test.

Ms. Tesfai also reviewed meeting minutes to assist in evaluating the outcomes of the project. Finally, she interviewed Julie Whelan Capell and Ronna Taylor (staff at the Prevention Network of Washington County) to gain further insights into the details of program implementation.
### Appendix B: Program Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Participation</th>
<th>Outputs – Impact</th>
<th>Long</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWY-SE membership, 10 organizations representing 8 counties</td>
<td>- Orient coalition members to SBIRT through half-day training</td>
<td>- All% of AWY-SE coalition members understand SBIRT process, utility and benefits</td>
<td>Pilot project implemented with SBIRT tools and protocols in a minimum of 8 community settings in Southeastern WI</td>
<td>Reduce tobacco use, risky drinking, drug use and related health, social and educational consequences among teens</td>
</tr>
<tr>
<td>Dr. Rich Brown, leading SBIRT expert in State</td>
<td>- Coalition members provide each other with technical assistance related to SBIRT application to meet their needs</td>
<td>- Coalition members develop a plan for recruiting interested community/county partners</td>
<td>- County/community partners understand SBIRT, its utility, and benefits in the context of their needs</td>
<td></td>
</tr>
<tr>
<td>Planning Council for Health and Human Services, noted experts in project facilitation and evaluation</td>
<td>- Coalition members work in community settings to educate about and advocate adoption of SBIRT in the county</td>
<td>- County/community partners identify the setting, tool and protocol best suited to their local needs</td>
<td>- County/community partners make a decision to participate in implementation of SBIRT</td>
<td></td>
</tr>
<tr>
<td>Project Evaluator: Candace Peterson, PhD. UW Population Health Institute</td>
<td>- Coalition members work with county/community partners to identify barriers to participation (ex: legal, confidentiality issues) and means to overcome these (Dr. Brown will contact colleagues across the country for advice)</td>
<td></td>
<td>Implementation agreements are secured from a minimum of six communities, representing rural, suburban and urban settings where SBIRT will be implemented in school districts and/or community organizations in next phase (implementation) of the project</td>
<td></td>
</tr>
<tr>
<td>Many options of SBIRT protocols and tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Assumptions
The 10 organizations representing 8 counties that comprise AWY-SE want to implement SBIRT to screen high school aged youth

#### External Factors
DPI efforts to reduce AODA/ATOD usage:
[http://dpi.state.wi.us/fscp/tr-m-commuity.html](http://dpi.state.wi.us/fscp/tr-m-commuity.html)
Appendix C: Participant Survey

Alliance for Wisconsin Youth - Southeast (AWY-SE)

SBIRT Planning for Teens in Southeastern Wisconsin - Local Coalitions

This survey can help our group inventory its current understanding of:

- The Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs grant, and
- SBIRT (screening, brief intervention, and referral to treatment) and its use in reducing tobacco use, risky drinking, drug use and related health, social and educational consequences among teens in southeastern Wisconsin. The survey should take 5 minutes or less to complete.

We will collect survey responses, then combine all responses before information about survey results are shared with anyone. Since your answers will be grouped with the responses of others, your answers will not be associated with your name.

Name: ______________________________   Organization/agency: _________________________

Your coalition’s name: ____________________________________

County or counties your coalition serves:________________________________________________

Please check one answer for each question.

How long have you been involved with your local substance abuse coalition?

___less than a year   ___ one to two years   ___ two to four years   ___ more than four years

How long have you been involved with alcohol/drug prevention initiatives in general?

___less than a year   ___ one to five years   ___ six to ten years   ___ more than ten years

How would you characterize your current level of involvement with your local coalition’s efforts on substance abuse prevention?

___Very involved (for example, attend most coalition meetings, and are also involved in coalition efforts outside of meetings).

___Involved (for example, attend many coalition meetings, and are somewhat involved in coalition efforts outside of meetings).

___Somewhat involved (for example, attend some coalition meetings, and have little to no involvement in coalition efforts outside of meetings).

___Not very involved (for example, attend coalition meetings only occasionally, and not involved in coalition efforts outside of meetings).
**Instructions:**

1. Read each item carefully.
2. Check the box that indicates how much you agree or disagree with the statement.
3. Please write any comments at the bottom of the page.

<table>
<thead>
<tr>
<th>Statements about this collaborative group effort for SBIRT in southeast Wisconsin (answer by checking one box only for each question).</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a clear understanding of what we are trying to accomplish, and of the project goals for the AWY-SE Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs grant.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. I have a clear understanding of my own local role and responsibilities in these SBIRT grant efforts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I have a clear understanding of what SBIRT is, and the benefits of adopting SBIRT as a prevention strategy in my service area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I have a clear understanding of how and why SBIRT is used.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have a clear understanding of the problems - and the scope of the problems - we are focused on addressing with SBIRT.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Systematically administered screening and intervention is a recommended strategy for addressing risky substance use.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I have a clear understanding of how SBIRT implementation works to address these problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The preferred SBIRT strategy is to screen everyone.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The largest SBIRT benefit is obtained through early identification and intervention for at-risk and mild to moderate problem drinkers and users.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have a clear understanding of how an SBIRT approach differs from more traditional approaches to discussing alcohol or tobacco use with teens.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The SBIRT approach relies strongly on motivational interviewing, and requires little training or support for the individual delivering the services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I have a good grasp of the potential behaviors we could potentially screen for with SBIRT.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I have a good understanding of where SBIRT could be delivered in my service area (for purposes of this grant), and by whom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I have a high level of interest in and motivation to work with my coalition to advocate for and implement SBIRT locally for high school teens.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I am confident our local coalition can successfully develop a strategy to implement SBIRT locally for high school students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please write any comments below. Thanks for completing this survey!*
Appendix D: SBIRT Info sheet for schools

Keeping Our Youth Alcohol & Drug Free:
A Community-School Partnership

The Problem

[insert here some statistics about youth drug & alcohol use in your school system/community]

The Solution: Screening, Brief Intervention & Referral to Treatment (SBIRT)

The [insert name of your coalition here] is exploring the possibility of using SBIRT to reduce drug and alcohol use by youth in [insert name of community here]. SBIRT is an evidence-based practice that involves the following steps:

- (S) **Screening** quickly assesses for the presence of risky substance use, follows positive screens with further assessment of problem use, and identifies the appropriate level of treatment.
- (BI) **Brief Intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- (RT) **Referral to Treatment** provides those identified as needing more extensive treatment with access to specialty care.

Who should be screened?

[insert name of your coalition here] has secured grant funding to work with [insert name of school district here] to determine the best age group to involve in a pilot screening. Ideally, all youth in one entire grade (7th – 12th) would participate in the screening.

What will be done with the data collected?

The data collected will be kept confidential, but [what happens if the kid needs referral to treatment??]

Which school staff need to be involved? How much staff time will be needed?

Our grant funding allows us to explore various implementation options and choose the one that is right for our situation. Some examples we can look to for inspiration include schools in New Mexico, New York and North Carolina which are already administering SBIRT via in-school medical clinics. Baltimore is delivering SBIRT in several high schools without clinics, using guidance counselors at one-on-one meetings where the student is already coming in to discuss something else.

How will the program cost be covered? What is the timeframe for this project?

[Insert name of your coalition here] has received grant funding from the Wisconsin Partnership Program of the University of Wisconsin School of Medicine and Public Health for the planning phase of this project. Through this grant, we have access to academic experts on SBIRT and other supports. If [insert name of school district here] decides to partner on this project, we will seek grants for a pilot in 2013 – 2015.

Why should our school participate?

Schools are one of the best places to reach youth with a broad prevention message. By participating in a pilot project, [insert name of school district here] will be providing a service to its community. Studies show that for current drinkers, SBIRT reduces the teens who drink alcohol in the next 3 months by 38%. For current abstainers, SBIRT reduces the teens who initiate drinking alcohol in the next 12 months by 44%. Additionally, the results of this pilot could impact policies on alcohol screening at school districts across the state and beyond.

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4 SK Harris et al, Pediatrics 2012, published online on May 7, 2012
What tool will be used to do the screening?

Together with other drug abuse prevention coalitions in southeastern Wisconsin, [insert name of your coalition here] has chosen the CRAFFT tool. The CRAFFT has been adopted by both the State of Massachusetts and the State of Colorado for use with their adolescent populations, due to the fact that it has been proven to work “equally well for alcohol and drugs, for boys and girls, for younger and older adolescents, and for youth from diverse racial/ethnic backgrounds.”

The CRAFFT typically includes the following six questions:

- **Car** - Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?
- **Relax** - Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- **Alone** - Do you ever use alcohol or drugs by yourself, alone?
- **Forget** - Do you ever forget things you did while using alcohol or drugs?
- **Family/Friends** - Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- **Trouble** - Have you ever gotten in trouble while you were using alcohol or drugs?

---

Appendix E: CRAFFT Validity Sheet for Schools

The CRAFFT test is a behavioral health assessment tool that is recommended by the American Academy of Pediatrics’ Committee on Substance Abuse. The test is designed for use with adolescents under the age of 21. The CRAFFT assessment tool has been extensively researched and shown to be the most developmentally appropriate screening tool to assess the risk of substance use disorders in adolescents.6

A study completed at Boston Children’s Hospital evaluated the validity of the CRAFFT test. The participants were from a large hospital based adolescent clinic. Five hundred and thirty eight adolescents were screened using the CRAFFT test which was demonstrated to have reasonable sensitivity and specificity scores. The sensitivity gives the proportion of individuals who are at risk and have a positive test result and the specificity gives the proportion of individuals who are not at risk and have a negative test result. With a test score ≥2, the CRAFFT test had an overall sensitivity of 76 percent and specificity of 94 percent for identifying any problematic use.7 In diagnosing abuse or dependence, the sensitivity and specificity was 80 and 86 percent, respectively. The study also showed that the validity did not change significantly by sex, age or race/ethnicity.

The CRAFFT test has some advantages over other brief assessment tools. Although CRAFFT is designed to be a screening tool, the score correlates with the severity of risk for the adolescent which can better guide treatment. The CRAFFT test is also the only adolescent screening test that includes a question on drinking and driving.8 With motor vehicle accidents being the leading cause of death among adolescents, and of those deaths 31 percent of drivers were drinking, it is important to include such a question when evaluating students for risk.9

The use of the CRAFFT test in schools has also been assessed. In one study 3,974 high school students from 16 high schools in the Dayton, Ohio area participated in the Dayton Area Drug Survey (DADS).10 CRAFFT was one of the components of the survey given its reliability and validity in clinical settings. The study showed that higher CRAFFT scores correlated with higher number of drugs currently and ever used by students (p <.0001). The authors concluded that using CRAFFT alone can provide schools with an inexpensive way to accurately estimate problematic drug and alcohol use within a school district.

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6 Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians. Committee on Substance Abuse. Pediatrics 2011;128;e1330
8 Ibid.
Appendix F: SBIRT Power Point for Schools

Keeping Our Youth Alcohol & Drug Free

Outline
1. The players
2. The problem
3. The solution: SBIRT
4. Next steps

What is AWY?
- 1999
- Funded by drug offense citations in each county
- 5 Regional Prevention Centers—Southeastern, Northern, Northeastern, Southern and Western

About AWY Southeast Region
- Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha Counties
- Jewish Family Services
- The Planning Council for Health and Human Services

SBIRT
S Screening
BI Brief Intervention
RT Referral to Treatment

AWY-SE SBIRT Grant
- April 1, 2012 – March 31, 2013 = $50,000
- Wisconsin Partnership Program (University of Wisconsin School of Medicine & Public Health)
- April 2014 - Possible $300,000 implementation grant

6/2/2013
Grant Staff: Academic Partner

Richard L. Brown, MD, MPH
Professor of Family Medicine
Director, MPH in Public Health
School of Medicine and Public Health
University of Wisconsin

Grant Staff: Project Evaluator

Candace Peterson, PhD
Evaluators
UM Population Health Sciences

Grant Staff: Project Coordinator

Julie Whelan Copeland, MS, CPH
Director of Planning and Development
Planning Council for Health and Human Services

Project Objectives

- Increase AY-SE coalitions' understanding of SBIRT
- Help AY-SE coalitions to recruit partners
- Identify barriers to implementation and strategize solutions
- Secure commitment from 6 AY-SE coalitions to pilot SBIRT in next phase

Outline

1. The players
2. The problem
3. The solution: SBIRT
4. Next steps

Cigarette Smoking
- Wisconsin - Last Month - 2021 -

[Graph showing cigarette smoking rates by gender and age group]
Outline

1. The players
2. The problem
3. The solution: SBIRT
4. Next steps
SBIRT Model

- Screen
- Brief Assessment
- Low risk
- Intermediate risk
- High risk
- Reassure and reinforce
- Intervene
- Refer
- Follow-up and support

Continuum of Substance Use

- Low risk
- High risk
- Mid problems
- Severe problems
- Abstinence
- Heavy Use
- Loss of control
- Cravings
- Preoccupation

CRAFFT

- Car
- Forget
- Relax
- Family/Friends
- Alone
- Trouble

All questions are Yes/No

CRAFFT Validity

- Study of 14 to 18 yr olds
- Hospital-based clinic
- Diagnostic classifications strongly correlated with CRAFFT scores

Screening Questions

In the past 12 months, have you...
- drunk any alcohol - more than a few sips?
- smoked any marijuana?
- used any other substance to get high?
Screening Questions

If positive
Full CRAFFT

If negative
Car question only

Car
Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?

Relax
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

Alone
Do you ever use alcohol or drugs by yourself, alone?

Forget
Do you ever forget things you did while using alcohol or drugs?

Family/Friends
Do your family or friends ever tell you that you should cut down on your drinking or drug use?

Trouble
Have you ever gotten in trouble while you were using alcohol or drugs?

Risk Stratification and Response

<table>
<thead>
<tr>
<th>Level</th>
<th>Teen’s Responses</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Opening questions: No praise, encouragement</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>CRAFFT score of 0 or 1</td>
<td>Brief advice</td>
</tr>
<tr>
<td>High</td>
<td>CRAFFT score of ≥2</td>
<td>Motivational enhancement</td>
</tr>
</tbody>
</table>

Interpretation of the CRAFFT

<table>
<thead>
<tr>
<th>Number of Positive Responses</th>
<th>Probability of Abuse or Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>4</td>
<td>60%</td>
</tr>
<tr>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>6</td>
<td>100%</td>
</tr>
</tbody>
</table>

“Usual” Approach

Motivational Interviewing

- Familiarity
- Collaborative
- Emotional
- Information-based
- More likely to engage in treatment
- More likely to stick to behavior change
- Requires little training & support
- More difficult to deliver
- Requires ample training & support
Effectiveness of SBIRT for Teens

- 9 New England pediatric practices - ages 12 to 18
- Impacts of computer-facilitated screening and intervention:
  - For current drinkers: Teens who drank alcohol in the next 3 months
  - For current abstainers: Teens who initiated drinking alcohol in the next 12 months

Outline

1. The players
2. The problem
3. The solution: SBIRT
4. Next steps

Criteria for Selecting Interventions

1. Fit with local diagnosis
2. Capacity to implement
3. Evidence of effectiveness
4. Part of a comprehensive plan

DFC Requires Environmental Strategies

Universal screening creates awareness about the number-one preventable health issue—substance abuse. SBIRT provides the tools, counseling and coaching, to understand the potential negative health consequences of substance abuse.

National Institute on Alcohol Abuse and Alcoholism Recommendations

1. Establish a community coalition
2. Enhance enforcement of the drinking age
3. Restrict alcohol outlet density
4. Increase alcohol prices through excise taxes
5. Promote responsible beverage service
6. Provide alcohol expectancy education
7. Systematize screening and intervention

Healthiest Wisconsin 2020 Focus Areas

> Alcohol & Drug Use
  - Change underlying attitudes & knowledge
  - Reduce risky and unhealthy alcohol & drug use
> Crosscutting Objectives
  - Prepare youth & families to protect their health and the health of their communities
  - Evaluate the effectiveness & impact of health programs
Project Objectives by March 31, 2013

- Increase AWY-SE coalitions’ understanding of SBIRT
- Help AWY-SE coalitions to recruit partners
- Identify barriers to implementation and strategize solutions
- Secure commitment from 8 AWY-SE coalitions to pilot SBIRT in next phase

SBIRT Planning Questions for Coalitions

- What behavioral topics does our coalition want to address?
- Who can we partner with to deliver SBIRT?
- What age group do we want to target?
- What barriers would challenge implementation?
- Does our coalition want to pilot SBIRT in our community?

Questions?

http://zdota-sewiscowens.wespaces.com/SBIRT

Questions?

Planning Council
Julie Whelan Capell, MS, CPH
414-224-3066
whelanjcapell@wiphi.org

Alliance for Wisconsin Youth
Appendix G: Sample Parental Opt-Out Letter for Schools

INFORMATION LETTER FOR DRUG AND ALCOHOL SCREENING

Dear Parent or Guardian:

Research shows that an adolescent’s brain continues to develop until they reach their early 20’s. Research also demonstrates that using alcohol or drugs impacts on this brain development and affects a student’s ability to learn. For this reason, SCHOOL DISTRICT along with the Council on Alcohol and Other Drug Abuse of Washington County will offer drug and alcohol screenings for all tenth grade students.

We will utilize a protocol entitled SBIRT (Screening, Brief Intervention, Referral to Treatment) that has been implemented throughout the United States. Many youth who have participated in SBIRT nationally have either continued to delay their use of alcohol and other drugs or decreased their substance use. Students will be asked to complete a short survey about drugs and alcohol. All results of the survey will be kept strictly confidential and will not be provided to any school personnel. The survey results will be discussed with your student by trained staff of the Council on Alcohol and Other Drug Abuse. If your child’s results indicate a potential concern about drug or alcohol use, they will be referred to the guidance counselor or another professional for further discussion.

SBIRT is not designed to punish a student for their choices but, instead, provide positive reinforcement and motivation to make healthy decisions regarding their use of alcohol and drugs. It will also provide the opportunity to proactively identify and assist students who may be experimenting with drugs and/or alcohol to ensure that they do not fall behind in their school performance.

If you do NOT wish your child to participate in this screening, please complete the enclosed form and return it to... If we do not hear from you, we will assume your child has permission to participate in this program. If you would like to view the questions your child will be asked please contact...

Parental Non-Consent Slip

I, __________________________, do NOT give permission for __________________________ to participate in the Screening, Brief Intervention, Referral to Treatment program for alcohol and other drugs.

Parent Signature: _______________________________________________________________
Appendix H: Online Screening Tool (Draft)

AWY/UW Teen Screening and Intervention Program

User ID: admin
Password: ****

Login  Logout  Exit

Good morning Administrator!

Please enter or select the name of the Substance Abuse Coalition you are working for:
Washington County

Please enter or select the name of the school where you are delivering services:
Germantown

Student Interview  Post Interview Reports
Welcome.

Please press here to begin.

All the information you provide will be kept absolutely confidential!

We might ask you to participate in a similar survey in the future.
Please enter the following information so we can track your data anonymously over time.

1. Enter the first two letters of your mother's maiden name. 
   If your mother's maiden name is Smith, enter sm.
   If you're not sure, please enter xx.

2. Your birthdate, without the month and year.
   If your birthdate is February 4, 1998, choose 04.
   If you're not sure, enter 00 (zero).

3. The last two characters of your student ID.
All the information you provide will be kept absolutely confidential!

General information about you.

1. What grade are you in?  

2. What is your gender?  

3. How old are you?  

   Please choose "I prefer not to say" if your response might reveal your identity.

All the information you provide will be kept absolutely confidential!

In the past 12 months . . .

1. ... have you smoked or chewed tobacco? □ Yes  □ No  

2. ... have you had more than a few sips of alcohol? □ Yes  □ No  

3. ... have you smoked any marijuana? □ Yes  □ No  

4. ... have you used any other substance to get high? □ Yes  □ No

Next
All the information you provide will be kept absolutely confidential!

1. How old were you when you first smoked or chewed tobacco?

2. How many days per week do you typically smoke or chew tobacco?

3. How old were you when you first started smoking or chewing tobacco daily or almost daily?

4. On a typical day when you smoke, how many cigarettes do you smoke?

5. On a typical week, how many tins of tobacco do you use?

All the information you provide will be kept absolutely confidential!

1. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, alone?

4. Do you ever forget things you did while using alcohol or drugs?

5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into trouble while you were using alcohol or drugs?
At this point, the program tells the student to notify the health educator that they are done with the CRAFFT. The program automatically generates a report that the educator uses to do the motivational interview with the student.
[After the interview, the student is directed back to the computer to take the evaluation below – this is for purposes of the WPP grant, and would not need to be administered in a school district that was not a part of the WPP grant]

## Evaluation Questions

Please indicate your level of agreement with each of the following statements.

I was comfortable talking with the health educator.

<table>
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<tr>
<th>Strongly disagree</th>
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<th>Strongly agree</th>
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I trust that the information I gave today will remain confidential.

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<th>Strongly disagree</th>
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As a result of talking to with the health educator, I intend to do something different about smoking or chewing tobacco.

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As a result of talking to with the health educator, I intend to do something different about drinking alcohol.

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As a result of talking to with the health educator, I intend to do something different about using drugs.

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How could this prevention program be better? ____________________________

DONE
Appendix I: Template for Memoranda of Understanding for Coalitions

Dear XXX:

The [insert coalition name here] is pleased to submit this letter of commitment to the Planning Council for Health and Human Services for its “Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs” project. The project’s goal, to pilot Screening, Brief Intervention and Referral to Treatment (SBIRT) for high school students throughout southeastern Wisconsin, aligns with our coalition’s mission and priorities. We have been active participants in the development/planning phase of this project and now commit ourselves to be a pilot site during the project’s next phase.

[In a paragraph or two, describe:
  • your coalition’s efforts during the pilot project,
  • The school district/community organization you will be partnering with on the SBIRT pilot
  • Whether the pilot site represents an urban, suburban or rural setting.]

[Insert coalition name here] agrees to fully participate in a pilot phase of this project by:

• Endorsing and supporting the project goals;
• Participating in project meetings and other activities;
• Designating local individuals to participate in a week-long Motivational Interviewing training (if appropriate);
• Working with [insert school district/community organization name here] and the project’s academic partner to pilot SBIRT with local high-school aged students;
• Participating in project evaluation activities; and
• Debriefing our local SBIRT pilot experience to extract lessons learned;

Thank you for your consideration of this request. If you have any questions please do not hesitate to contact me at the information provided below.

Sincerely,

Agency Head or Coalition Contact Name
Title
Phone & Email Address


Dear XXX:

The [insert school district name here] is pleased to submit this letter of commitment to the Planning Council for Health and Human Services for its “Connecting Regionally to Prevent Youth Abuse of Alcohol, Tobacco and Other Drugs” project. The project’s goal, to pilot Screening, Brief Intervention and Referral to Treatment (SBIRT) for high school students throughout southeastern Wisconsin, aligns with our school district’s mission and priorities. We have been active participants in the development/planning phase of this project and now commit ourselves to be a pilot site during the project’s next phase.

[In a paragraph or two, describe:

• your school district’s efforts during the pilot project,
• The coalition you will be partnering with on the SBIRT pilot
• Whether the pilot site represents an urban, suburban or rural setting.]

[insert school district name here] agrees to fully participate in a pilot phase of this project by:

• Endorsing and supporting the project goals;
• Participating in project meetings and other activities;
• Designating local individuals to participate in a week-long Motivational Interviewing training (if appropriate);
• Working with [insert coalition name here] and the project’s academic partner to pilot SBIRT with local high-school aged students;
• Participating in project evaluation activities; and
• Debriefing our local SBIRT pilot experience to extract lessons learned.

Thank you for your consideration of this request. If you have any questions please do not hesitate to contact me at the information provided below.

Sincerely,

[School District Representative]
[Title]
[Phone & Email Address]
Appendix K: Results of Pilot SBIRT Screenings

One of the coalitions involved in the grant, the Prevention Network of Washington County, found two school districts that wanted to pilot SBIRT screenings in Spring 2013. The schools that participated in the pilot screenings were Kewaskum High School and Hartford Union High School. The project’s academic partner, Dr. Richard Brown, assisted by Programmer and Database Designer Steve Baillies, created an online version of the CRAFFT tool to be used at these pilot sites. Staff of the Prevention Network, previously trained by Dr. Brown on Motivational Interviewing, administered the tool at the schools in spring of 2013.

Both schools were reportedly very pleased to have participated in the project. The Prevention Network staff who conducted the training said that the schools were very interested in knowing which substances the students were using and will use this information to create programming during the upcoming school year. They also said school staff were somewhat surprised at the high marijuana use reported by the students. A few cases of at-risk students were uncovered who were not students the school staff had previously been concerned about, thus demonstrating the value of screening all the students in one entire grade in each school.

Kewaskum High School:

- 135 tenth grade students were screened, of whom 63.7% (86 students) were deemed at no risk, 28.1% (38 students) were deemed low-risk, 6.7% (9 students) were deemed at moderate risk, and 1.5% (2 students) were deemed high risk.

- The most frequently reported risky behavior was binge drinking, reported by 25 of the students screened. Twenty students reported tobacco use, 14 reported marijuana use, four reported prescription drug abuse, 4 reported other drug use, one reported heroin use and one reported injecting drugs. Thirty-five students (25.9%) answered “Yes” to the question “Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?”

- All students received one-on-one motivational interviewing immediately after being screened. Some students scoring a 1 or 2 were engaged in conversations about change plans.

- All students scoring three or higher were engaged in a conversation about changing their behaviors or seeking additional help. As a result of these motivational interviews, several students agreed to reduce or completely stop their alcohol use, others agreed to reduce cigarette use, several agreed to meet with school guidance one-on-one to follow up, several agreed to attend a group to learn more about alcohol/drug use with high school guidance, and several requested follow up with staff of the agency doing the screenings.
Hartford Union High School

- 291 ninth grade students were screened, of whom 64.3% (187 students) were deemed at no risk, 28.9% (84 students) were deemed low-risk, 4.1% (12 students) were deemed at moderate risk, and 2.7% (8 students) were deemed high risk.
- The most frequently reported risky behavior was binge drinking, reported by 55 of the students screened. Thirty-three students reported tobacco use, 27 reported marijuana use (of whom 13 also reported using alcohol), four reported prescription drug abuse, 4 reported other drug use and one reported injecting drugs.
- All students received one-on-one motivational interviewing immediately after being screened. Sixty out of the seventy students who scored “1” on their CRAFFT had answered “Yes” to the question “Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?” Due to the age of the students being interviewed, the person driving was usually a parent, older sibling or other relative. With the interviewer, the students brainstormed ways to avoid riding with an impaired driver. Some agreed to talk with that person, before getting in the situation, about their concerns about them being impaired and driving. Some agreed to talk to the other parent about their concern about the impaired driver’s ability to drive safely.
- Students scoring three or higher were engaged in a conversation about changing their behaviors or seeking additional help. As a result of these motivational interviews, several students agreed to remember the binge drinking guidelines and drink a safer amount if they are going to drink; a few realized the risk drinking had on their athletics and agreed to cut back or stop altogether; a few set up a plan to try to quit smoking with the help of the health educator; marijuana users brainstormed reasons why they are using and other ways to several agreed to meet with school guidance one-on-one to follow up.