The Impact of the COVID-19 Pandemic on School SBIRT Programs: Issues and Solutions

The Conrad N. Hilton Foundation Youth Substance Use Prevention and Early Intervention Strategic Initiative:

2020 CONVENING PROCEEDINGS

Abt ASSOCIATES

CONRAD N. Hilton FOUNDATION

Overview

The COVID-19 pandemic has had a disproportionate impact on students with substance use and mental health concerns. Emerging research suggests the pandemic may have a lasting impact on the mental wellbeing of young people. On one hand, youth living in safe home environments may experience benefits during this era of remote learning. For example, because many youth are spending more time with family members and getting more sleep, their mental wellbeing may be improving. Some youth of color have reported protection against the daily microaggressions faced at school prior to the pandemic. On the other hand, many students are experiencing heightened safety risks and other overlapping stressors at home and in their communities, stemming from significant increases in domestic violence, unemployment, and food insecurity. This period of uncertainty, social isolation, and increased safety

> *"COVID-19 did not create disparities; it exposed them."*
>
> Robert Rentería,
> Los Angeles Trust for Children's Health

concerns has likely exacerbated risks among students with existing substance use and mental health concerns, such as depression, anxiety, and suicidal thoughts and behaviors.[1] These differences in youth risk and resiliency reflect broader inequities that have existed for decades.

Convening Purpose and Objectives

Abt Associates facilitated a series of three hour-long discussions in the fall of 2020 to discuss the impact of the COVID-19 pandemic on Foundation-funded school-based SBIRT projects for the 2020-2021 academic year. The meeting objectives were to share insights about the impact of the pandemic on students' behavioral health, including mental and substance use disorders, and to identify strategies for overcoming SBIRT implementation

What is SBIRT?

Screening refers to the routine, universal administration of validated questions to identify potential risks related to alcohol and drug use, followed by positive reinforcement and anticipatory guidance for youth who screen as 'no' or 'low' risk.

Brief intervention includes one or more short, motivational conversations, typically incorporating feedback, advice, and goal setting around decreasing 'moderate' risk related to substance use. This step is intended to prevent progression to more serious levels of use.

Referral to treatment describes the process of connecting individuals with more high risk substance use to appropriate assessment, treatment, and/or additional services based on their level of need. SBIRT has emerged as a critical strategy for targeting the large but often overlooked population of adolescents that have initiated substance use but have not yet experienced adverse consequences that are attributed to high risk use.

challenges caused by the pandemic. This summary report outlines grantees' key insights and recommendations from the discussions.

Participants

Fourteen participants joined, representing eight SBIRT projects. Participants included representatives from: Reclaiming Futures; Seattle Children's Research Institute; Children's Hospital Los Angeles; The Los Angeles Trust for Children's Health; the California Community Foundation; C4 Innovations; Community Catalyst; the CDC Foundation; the Montana Health Care Foundation; and the National School-Based Health Alliance. Representatives of the Hilton Foundation also attended.

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[1] Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. Pediatrics, 146(1).

Key Themes

Schools play a critical role in addressing the behavioral health needs of youth through routine screening, brief interventions, and linkage to appropriate substance use and mental health treatment and resources. During the discussions, participants provided diverse perspectives on youth SBIRT implementation and the multitude of strategies used to identify, engage, and provide services to youth in school SBIRT programs, including school-based health centers, throughout the COVID-19 pandemic. Several key insights and recommendations emerged from the discussion.

◉ INSIGHT

New and existing partnerships between schools, community-based organizations, healthcare providers, and parents and caregivers play a critical role in reaching youth and maximizing engagement in prevention interventions. In response to the COVID pandemic, schools, community-based organizations, and healthcare providers have worked together to reach and support students and their families. Many participants highlighted the benefits of building upon existing partnerships and community-based networks to support schools in filling service gaps and expand access to needed services. However, the shift to remote learning has also highlighted existing barriers to partnership, including increased liability concerns and challenges with bringing external providers into schools.

RECOMMENDATIONS

- **Share information between schools and partnering organizations to reach more students and provide resources to vulnerable youth.** Several participants reported forming new partnerships with community-based organizations, allowing for shared resources and access to populations that were not previously reached. Community organizations have also been critical in mobilizing to meet the needs of underserved youth. Some organizations have been able to create in-person, physically distanced hubs with computers and other resources for youth to congregate safely. Many community organizations also reach into specific sectors of communities through cultural connections, creating comfortable, accessible environments for youth in need of safe spaces.

> *"When partnered with community organizations, schools can serve as an important public health bridge for students and families."*
>
> – Evan Elkin, Reclaiming Futures

- **When appropriate, engage parents and caregivers as partners in supporting students to strengthen interventions.** As the pandemic intensified, attendees noted increasing interest from parents focused on youth behavioral health. Engaging parents and caregivers by increasing their awareness of tools and resources for youth creates an opportunity for positive collaboration. However, while parent engagement can be beneficial, grantees noted the importance of being mindful of differing state consent and confidentiality laws and how they facilitate youth access to behavioral health services.

> A school district in Washington state held an online series of educational sessions for parents covering social-emotional learning related topics, information on supporting their children during COVID, and details about SBIRT. These sessions increased caregiver engagement and allowed staff to meet parents' needs.

RECOMMENDATIONS

- **Build a sense of community lost in the transition to remote learning by creating inclusive, equitable spaces for youth.** Without daily in-person interactions with their peers, which provided students with opportunities to casually engage with one another and socialize, youth mental health has suffered. To help replicate this missing sense of community, schools and community-based organizations have developed unique solutions accessible by all students. Examples include virtual meeting spaces, online social and emotional support groups, and outdoor physically distanced activities.

- Develop new tools and adapt existing interventions and protocols to increase student engagement and allow for broader screening and intervention than what was possible prior to the pandemic. Many grantee participants rapidly revised existing screening

> Cahaba Medical Care—one of the National School Based Health Alliance's training and implementation partners in Alabama—developed a new partnership with sports coaches as teachers became less available referral sources. These coaches supported athletes' engagement with school-based health centers and the SBIRT process.

tools and developed newer tools in order to adapt to the current environment. These tools incorporate up-to-date, direct access to mental and substance use disorders resources and broadly screen for student wellbeing, before engaging youth in specific substance use conversations. Additionally, some behavioral health clinicians have begun providing lower-level treatment within school-based health centers to reach more students.

- Maximize a program's social media presence and engage youth in community events to help reach students who would not otherwise be identified for services. By developing new materials for social media and online engagement—including Zoom webinars,

Instagram posts and livestreams to share information on topics such as health disparities—some grantees have reached new populations and have created a more accessible, informal way to connect and discuss topics related to SBIRT. Other events, such as virtual

> The Best Starts for Kids Program provided an interactive virtual presentation on managing emotions during distance learning, led students in developing a self-care plan, and connected them with resources for support.

parent information nights and drive-through open house, help reach and families who may have been unaware of school-related SBIRT efforts.

- Prevent virtual burnout and increase student involvement through dynamic events and meetings. Because many aspects of school have become virtual—including art classes and club activities—grantees raised concerns with student burnout. Although many students enjoyed the time-saving aspect of virtual treatment at the beginning of the pandemic, managing so much online content can be

> A Connecticut-based art therapist continued hosting sessions on Zoom, mailing art supplies to participants to reduce access barriers.

challenging and a barrier to engagement. Grantees shared that creating virtual experiences that mirror physical interactions has been critical for student engagement. These methods include question-driven conversations and the use of breakout rooms for small group discussions and skill building.
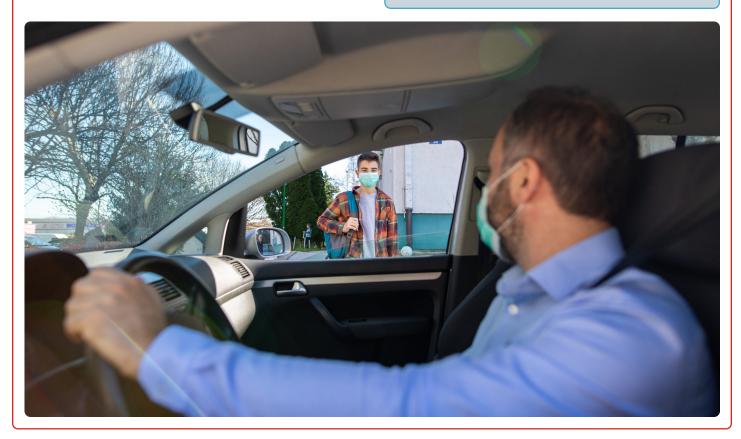
Adaptability and flexibility are critical when identifying and meeting youth needs in this uncertain time. The rapidly evolving circumstances surrounding many students' and families' lives requires youth-serving programs and communities to adapt quickly and creatively. Despite the disruption and devastation caused by the current global health crisis, innovative, long-needed solutions have emerged in its wake, particularly those targeted towards vulnerable populations.

RECOMMENDATIONS

- **Invest in telehealth to help meet the needs of broader populations.** The COVID-19 pandemic has pushed several developments forward in behavioral health provision. A field that previously relied on in-person screening and treatment adapted rapidly to create new pathways to access youth, including through telehealth. Grantees emphasized that telehealth services were lacking prior to the pandemic and often were not reimbursable. In spite of some continuing challenges with varied state laws on confidentiality and consent, access to technology, and identifying at-risk youth virtually, telehealth has opened doors for innovative screening and treatment services.

- **Create safe, accessible spaces for students to open paths to reach previously underserved youth.** Grantees highlighted how the shift to virtual services have shed light on the disparities affecting students' access to private, safe spaces to receive treatment. Many grantees described the rapid development of unconventional but effective new spaces for youth, including conducting telehealth calls from the outdoors or students' cars and in-person, physically distanced meetups in parking lots or parks. These innovative solutions emphasize the adaptability many grantees have embraced in safely meeting students' needs in this environment.

> Some schools involved in the Best Starts for Kids Program have conducted home visits to check in with students and families who were not engaged in remote learning or connected with school staff and resources.
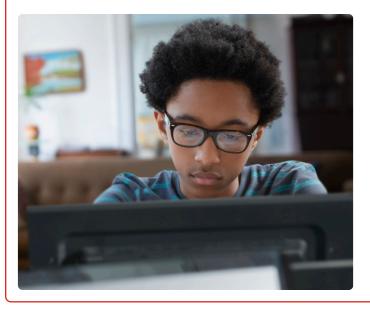
RECOMMENDATIONS

- **Share program data with school, local, and state officials to help elevate youth substance use and mental health issues to the forefront of policy decisions.** Grantees noted that the COVID-19 crisis has pushed student substance use and mental health challenges to the backburner, particularly when making funding decisions. Several methods, including: engaging in direct meetings with stakeholders and decision makers; social media and campaign messaging; and working directly with youth to elevate their experiences to decision makers have created traction to increase funding for SBIRT-related programs. No-cost policy solutions have been effective in some states, but funding continues to be a challenge with several states struggling with budget constrictions.

- **Emphasize the connection between the pandemic and youth behavioral health concerns such as substance use, anxiety, self-harm, and suicide to generate more understanding around the importance of SBIRT programs.** As we continue to live through the rapidly-evolving COVID-19 pandemic, some

grantees shared the benefits of linking the potential impacts of COVID to behavioral health concerns to gain traction with local leaders. Programs like SBIRT must be elevated in schools and other youth-serving organizations as young people face behavioral health concerns as a result of the ongoing pandemic.

Examples of No-Cost Policy Options to Support Student's Behavioral Health Needs

- Changing school discipline policy to limit or eliminate suspension and/or expulsion for drug use, possession, and/or behaviors consistent with mental health diagnosis.

- Mandating that schools allow mobile crisis teams to enter schools when students are experiencing a behavioral health crisis, and requiring that schools contact behavioral health crisis teams in such situations before contacting or instead of contacting school or community police.

- Establishing permanent school-based behavioral health advisory groups made up of diverse stakeholders (state agencies, community partners, school behavioral health experts, school administrators, parents, and students) to create guidance and make recommendations to inform policy and practice. When engaging young people, be mindful of avoiding tokenization and ensuring meaningful collaboration. To learn more, see C4 Innovations' tip sheet.

- Include behavioral health metrics in school quality reports or state-level data collection.

- Benchmarking Multi-Tiered System of Supports implementation.

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Summary

These convenings shed light on the novel, adaptable approaches school SBIRT programs have taken to rapidly react to the COVID-19 pandemic and the needs of students, families, and communities. New solutions— including remote services, adapted screening tools, and social media outreach– have helped expand many school-based programs' reach, but access barriers remain and have a disproportionate impact on populations of youth in under-resourced communities. New and existing partnerships between schools, community organizations, and parents have helped mediate some of these challenges by working to address students' needs in many areas, including resource provision like food and electronics. However, the cacophony of challenges students have faced this year, ranging from the current pandemic to racial injustice and political uncertainty, build upon existing mental health needs and raise concerns about students who might not be reached through virtual screening, intervention, and treatment. Existing racial disparities in access to basic resources and safety have been highlighted by the ongoing pandemic and call for better preparedness when responding to future crises. Until adequate infrastructure is in place to address the behavioral health needs of all youth, these inequities will persist. While grantees continue to work to develop innovative solutions and meet issues as they arise, the pandemic has created a unique opportunity to leverage the multifaceted role schools play in students' lives and elevate school-based health services to better meet the needs of all youth moving forward.

Guiding Questions for the Series of Meetings

1. Can you share any strategies for recruiting and engaging the following groups in a virtual environment?

    a. Schools and school-based health centers (staff and administrators)

    b. Students

    c. Parents/caregivers

2. Have you been able to adapt your protocols to provide virtual/remote SBIRT services? How?

3. Have you modified your data collection efforts? What modifications have you made and have these changed your goals?

4. Have you encountered challenges protecting student privacy and confidentiality?

5. Are you conducting virtual screenings and interventions? Has this been effective? How are you measuring success?

6. Can you share any strategies for providing referrals to treatment and other supports during ongoing quarantine? Have you been able to maintain connections with local service providers/partners?

7. In addition to substance use, do you have any insights to share for identifying and addressing other student concerns, e.g., social isolation, mental health, food and housing insecurity, safety?

8. Have you, or the providers you work with, noticed a difference in the needs of youth, their symptoms or challenges during this time? Have you learned anything about how the COVID-19 pandemic is impacting the youth your project is engaging?

9. How are you leveraging emerging data and research findings regarding the impact of the pandemic on youth mental health?

    a. What are you seeing in your community?

    b. Have you learned anything about how the COVID-19 pandemic is impacting the youth your project is engaging?

    c. Do you have additional insights to share for identifying and addressing student concerns and needs, e.g., social isolation, mental health, food and housing insecurity, safety?

    d. Are you engaging community partners or stakeholders that previously were not involved in this work?