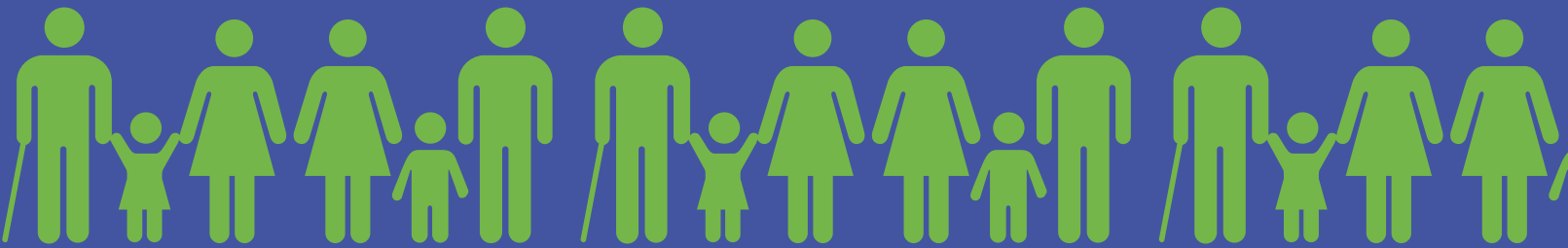


SCHOOL SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT (SBIRT)

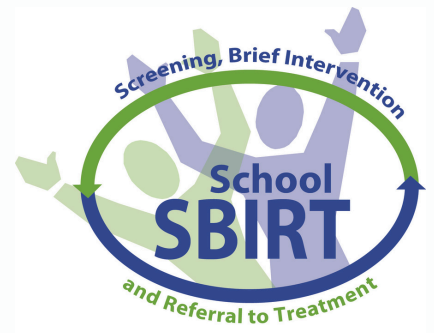


2024-2025 IMPLEMENTATION REPORT

Written by:

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Healthy Schools Center (WISH)

Partnership and funding provided by the
Wisconsin Department of Public Instruction
and the Wisconsin Department of Health
Services



Introduction

Since 2014, the WISH Center has partnered with Wisconsin schools to support the implementation of school-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) through training and ongoing implementation support. This report highlights student outcomes and the experiences of schools participating in the statewide project.



“Evidence-based SBIRT (Screening, Brief Intervention, Referral to Treatment) services in Wisconsin schools would not exist without the planning, coordination, training, and technical assistance provided by the capable WISH Center staff. SBIRT allows student services personnel to proactively address student behavioral health challenges—such as mental health and risky substance use—to help students get back on track for learning. At this point, the WISH Center’s School SBIRT Implementation Project has involved over half of Wisconsin school districts which underscores remarkable reach. Four statewide evaluations of SBIRT (involving a total of 954 student participants) consistently show positive student outcomes which points to the effectiveness of the WISH Center’s work. Addressing student behavioral health challenges has been a priority in Wisconsin, and the WISH Center has been instrumental in making it happen.”

-Scott Caldwell, SBIRT Consultant,
Wisconsin Department of Health Services



SBIRT is an efficient, evidence-based, and comprehensive service for addressing selected behavioral health concerns among middle and high school students. Although originally designed as a universal prevention approach (Tier 1), SBIRT is readily adapted for delivery by existing student services staff as a targeted (Tier 2) or intensive (Tier 3) intervention. SBIRT delivery is based on the practice of Motivational Interviewing. Funding and partnership for this project is provided by the Wisconsin Department of Public Instruction and the Wisconsin Department of Health Services.

School Screening, Brief Intervention, Referral to Treatment (SBIRT) 2024-2025 Implementation Report

Executive Summary

Overview

School-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) continues to demonstrate strong outcomes as an early intervention for student substance use, mental health, and behavioral concerns.

Key Outcomes

- 46% reduction in student target behaviors (TLFB)
- Significant decreases in symptoms across all GAIN-SS domains
- 79% follow-up rate, indicating strong student engagement
- 63 students referred for additional services
- 59% of referred students connected to care

What This Means

- SBIRT effectively reduces substance use and behavioral concerns
- Students with the highest needs are appropriately identified and referred
- The model supports early intervention before problems escalate
- SBIRT serves as a practical alternative to suspension, keeping students in school

Implementation Strengths

- Delivered by existing school staff (feasible and sustainable)
- Works across multiple referral sources (administration, counselors, social workers)
- Adaptable for behavioral health, substance use, and school-related concerns

SBIRT is a brief, effective, and scalable school-based intervention that improves student outcomes and connects students to needed supports. Strengthening student engagement and follow-up will further enhance impact.

Project Overview



Application and Selection for the Project



SBIRT Training



Implement with 1 new student per month



Community of Practice (COP)



Record Data in Dashboard



Implementation Support

Each year, school districts apply to participate in the School SBIRT Implementation Project. The application process is designed to ensure that district teams demonstrate readiness to integrate SBIRT into their existing intervention systems and a commitment to meeting project requirements. Following completion of either a two-day initial training or a booster training for returning participants, school teams used the SBIRT Data Dashboard to systematically document implementation processes, student screenings, brief interventions, and referrals. The findings described in this report are based on the aggregated dataset.

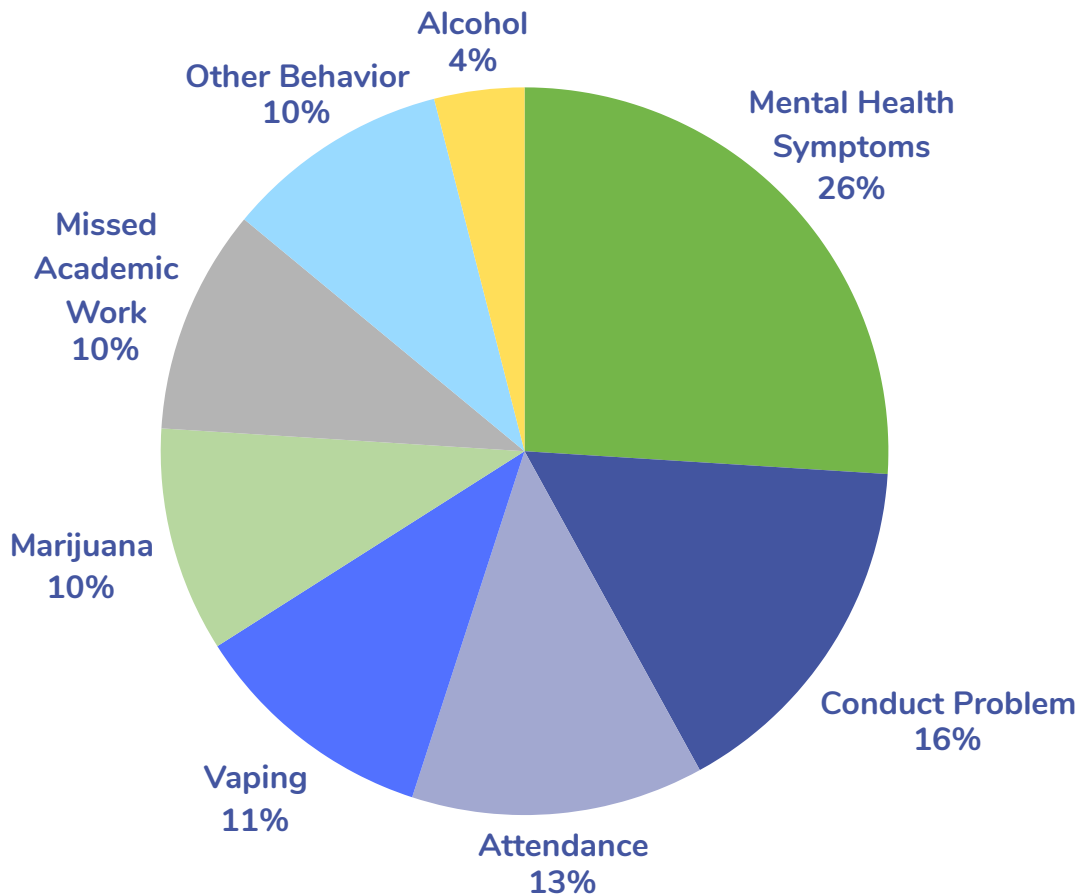
During the 2024-2025 school year:

- **77** new practitioners completed initial training
- **32** returning practitioners completed booster training
- **239** students completed initial screening
- **189** students completed both initial and follow-up screening
- **63** students were referred for additional services
- **37** students (59%) followed through on the referral

The following summarizes aggregate data from the 2024–2025 SBIRT cohort. Data were collected from 20 school districts throughout Wisconsin and include 239 students who completed the initial GAIN-SS screening.

Student Change Targets

Percentage of Students who Selected Each Behavior as a Change Target

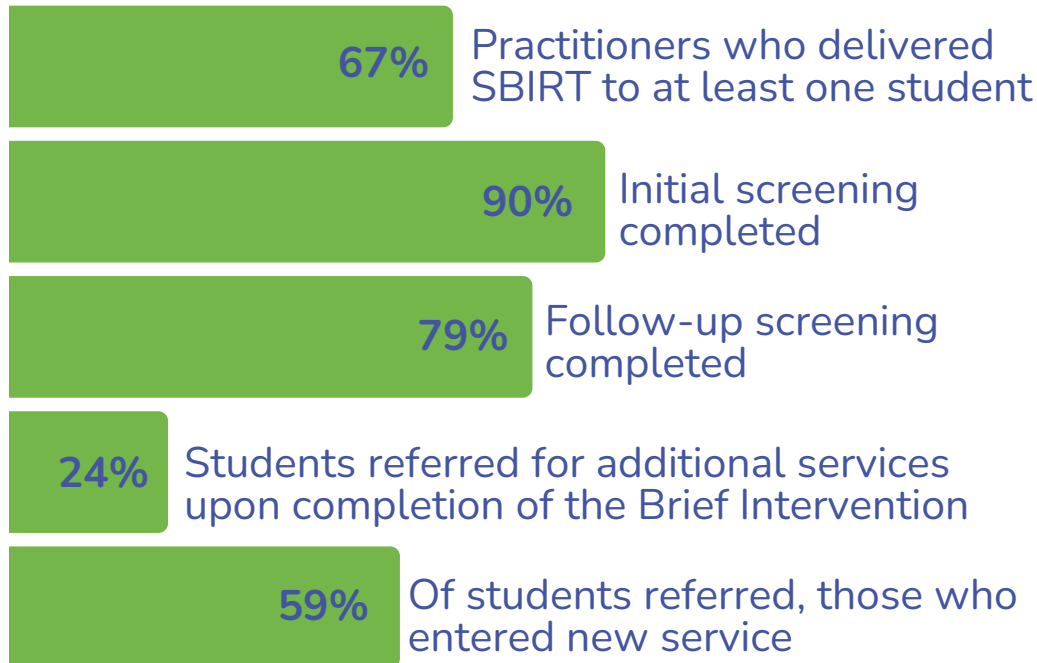


Referral Sources

School Administration-Principal, Assistant Principal, or Dean	26%
School Counselor	16%
Social Worker	13%
Code Violation-In-school suspension or Out-of-school suspension	11%
Other	10%
Student Self-Referred	10%
Parent	10%
School Psychologist	4%
Teacher	2%

Most SBIRT referrals came from school administration, school counselors, and social workers, highlighting the key role of school leadership and student support staff in identifying students who may benefit from the intervention.

Implementation Process Measures



Sessions

The average number of Brief Intervention sessions provided per student.



Practitioner Self-Assessment

52% of practitioners completed the self-assessment with an average score of 3.9 out of 5.



Vaping Violations

27% of students receiving School SBIRT services were referred due to a vaping violation.



Alternative to Suspension

29 students utilized SBIRT as an alternative to suspension or citation for vaping.

Brief Intervention Outcomes

The Brief Intervention significantly reduced frequency of the student change target.

Brief Intervention (BI) outcomes were examined for the 189 students (79% of total) who completed both initial and follow up screening. While 239 students completed the initial GAIN-SS, this analysis focuses only on those with follow-up data. Students showed, on average, reduced frequency of the change target and fewer problem symptoms from initial to follow up screening.

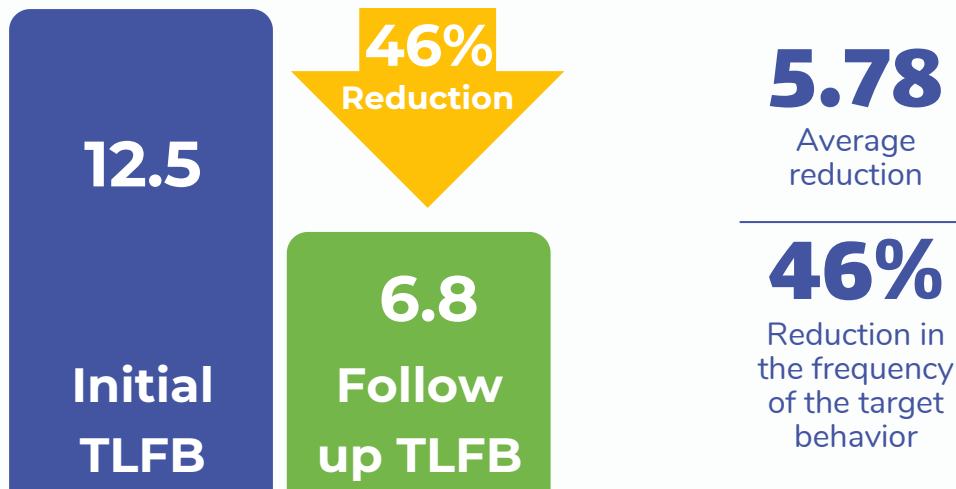
The Brief Intervention (BI) significantly reduced student problem symptoms across all domains.

GAIN-SS Domain (0-5 scale)	Initial Screening (past 30 day) Average # of Symptoms	Follow Up Screening (past 30 day) Average # of Symptoms	Significant Difference
Internalizing	1.84	1.34	Yes, $p < .001$
Externalizing	1.85	1.40	Yes, $p < .001$
Alcohol/Drug	0.62	0.41	Yes, $p = .007$
Crime/Violence	0.33	0.23	Yes, $p = .040$

Paired comparisons of initial and follow-up GAIN-SS scores indicate statistically significant reductions across all domains, including internalizing ($p < .001$), externalizing ($p < .001$), alcohol/drug ($p = .007$), and crime/violence symptoms ($p = .040$).

Brief Intervention Outcomes

The Brief Intervention (BI) reduced frequency of the student change target behavior as measured by the Timeline Follow Back Calendar (TLFB).



A total of 164 students had both initial and follow-up TLFB entries. Students reported a substantial reduction in the frequency of the targeted behaviors during the past 30 days.

- **Initial mean:** 12.5 days/times
- **Follow-up mean:** 6.8 days/times
- **Average reduction:** 5.78 days/times
- **Percent reduction:** 46%
- **Statistical significance:** $p < .001$
- **Effect size:** $d = 0.80$ (large)

On average, students reduced the frequency of the target behavior from 12.5 days to 6.8 days in the past 30 days, a decrease of approximately 46%, meaning the behavior occurred nearly **half as often at follow-up**.

Summary of Overall Student Improvement

Across screening (GAIN-SS) and behavior frequency (TLFB) measures, students demonstrated statistically significant improvements following participation in School SBIRT. These consistent gains across domains highlight SBIRT as an effective, brief, school-based intervention for early substance use, mental health, and related risk behaviors.

Referral to Treatment

A referral is considered a **success** because it connects students to timely support; and early intervention is critical for effectively addressing mental health needs and improving outcomes.

Following completion of BI, 63 students were referred for additional services. Students referred for additional services had higher levels of need, indicating appropriate identification. Most students (n = 37, 59% of total referred) followed through on the referral to enter the new service.



Most students who were referred for additional services entered the new service

Summary

- Students who participated in SBIRT showed significant reductions in behavioral health symptoms across all GAIN-SS domains.
- Students reduced the frequency of target behaviors by 46%, demonstrating meaningful behavior change in a short intervention period.
- Nearly 80% of students completed follow-up screening, indicating strong implementation and student engagement.
- Students referred for additional services had higher levels of need, suggesting appropriate identification and triage.
- More than half (59%) of referred students successfully connected to services, reinforcing SBIRT's role in linking students to care.
- SBIRT was effectively used as an alternative to suspension, helping keep students engaged in school while addressing underlying issues.
- The model was successfully implemented by existing school staff, demonstrating feasibility within typical school systems.

A sincere thank you to the practitioners who implemented School SBIRT, served students, and shared the data and feedback that comprised this report.

*This document was drafted by the author and refined for clarity using AI assistance.

Wisconsin School Experiences in the SBIRT Implementation Project

We asked practitioners to share the story of their SBIRT work during the 2024-2025 school year. Watch the short video below to hear their thoughts. Video created by Jenny Holle, WISH Center, Statewide Coordinator. Watch on [Youtube](#).



Quotes from School SBIRT School Leads:

“

SBIRT assisted in creating a structured and goal focused process...for identified students.

”

“

SBIRT shows students that they are in the driver's seat for change and there's someone who is willing to sit in the passenger seat while they drive.

”

- *“It was great to have a common, go-to intervention across our secondary schools.”*
- *“SBIRT has helped our school counseling program be more student centered and student driven. Instead of me trying to “fix” student problems, I helped them realize and understand their own power over their lives.”*

Using SBIRT for Vaping Intervention

Why Use SBIRT as an Alternative to Suspension?

- Addresses the root causes of vaping and nicotine use (e.g., stress, peer pressure, addiction)
- Keeps students in school, improving academic outcomes
- Builds trusting adult-student relationships
- Demonstrated impact: data from WISH Center's implementation shows reduced vaping and behavioral issues through SBIRT

How was SBIRT used as an Alternative to Suspension?

School-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) was implemented across multiple Wisconsin school districts to address student substance use, behavioral concerns, and related mental health needs. Of the 239 students included in this report, 73 were referred due to a vaping violation. A total of 49 students engaged in the intervention, while a smaller number declined or were not ready to participate. SBIRT was used as an alternative to suspension or citation for 29 of these students. An additional three students, not referred for vaping, selected vaping as a target behavior for change.

Was SBIRT effective as an Alternative to Suspension?

- **Substance use reduction:** Among students who completed follow-up measures, the GAIN-SS scores generally decreased from initial to follow-up, indicating fewer symptoms related to internalizing, externalizing, alcohol/drug use, and conduct/violence behaviors.
- **Behavior frequency:** Targeted behaviors such as vaping, marijuana use, missed work, and conduct violations generally decreased following SBIRT sessions. For example:
 - Students reported reduced days of vaping or marijuana use in the 30 days after intervention compared to baseline.
 - Students with conduct or mental health targets often demonstrated improved engagement or reduced unwanted behaviors.
- **Referral success:** Several students were successfully referred to additional services when needed.

Vaping Intervention Summary

When students were referred for a vaping violation, SBIRT empowered students to identify their intervention targets leading to meaningful improvements in substance use and behavioral concerns. The strongest outcomes were among those who were actively engaged. Continued implementation with a focus on engagement and follow-up can further improve outcomes and provide early support for students.



We were able to collaborate with our administration to offer support for students who returned from suspensions for vaping-related offenses.

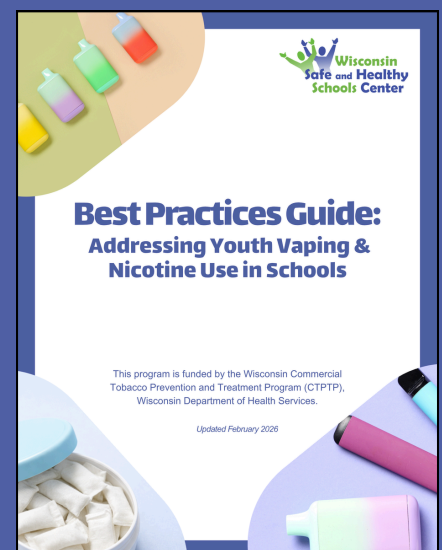
*~School SBIRT + Vaping Cohort
School Lead*



Target behaviors selected by the students referred for vaping:

- Vaping 37%
- Marijuana 12%
- Mental Health 11%
- Missed Academic Work 10%
- Conduct Issues 8%
- Attendance 3%
- Other target behaviors 10%

Note: Percentages may not total 100% due to missing data; outcomes reflect students with both pre- and post-data.



For more information see [the Best Practices Guide: Addressing Youth Vaping & Nicotine Use in Schools](#)

