



SAFER SCHOOLS AND CAMPUSES **BEST PRACTICES CLEARINGHOUSE**

Lessons from the Field - Strategies for Preventing Substance Use Within Multi- Tiered System of Supports During the COVID-19 Pandemic

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Transcript

Tim Duffey:

Good afternoon and welcome everyone to today's Lessons from the Field webinar, Strategies for Preventing Substance Use Within Multi-Tiered System of Supports During the COVID-19 Pandemic. On behalf of the US Department of Education, we're pleased to have you joining us today. In fact, some 600 people have registered for today's event, so it's likely that additional people will be joining as we kick off here today. Thanks to all of you who are already online with us. My name is Tim Duffey. I'm the Training Specialist at the National Center on Safe Supportive Learning Environments or NCSSE and I am facilitating today's webinar. NCSSE is funded by the Office of Safe and Supportive Schools, within the Office of Elementary and Secondary Education.

Our aim at the center is to build the capacity of state education agencies, districts and schools to make school climate improvements, foster school safety and maintain supportive, engaging and healthy learning environments to support the academic enrichment and success of all students. To learn more about NCSSE and to access a range of resources that address, school climate and conditions for learning, we encourage you to visit our newly designed website. To give you a sense of the content on the website, and what it includes, here we share some of our most popular products on the left of the screen, and an image of our homepage on the right.

Please note that all materials that you will see today, including the slides, reference, resources and the archived version of the recording will be available on the event web page within this website. In fact, some items including the slides and bios of today's speakers have already been posted there. Please also

note, you can access previous Lessons from the Field sessions by visiting the webinar series webpage, which is also listed here in the tan box, on the left side of the screen, and we'll move on for a quick overview of our agenda. So we're wrapping up section one, the introduction and logistics and following that, we'll kick off today's brief presentations by the CDC, SAMHSA and the Department of Education to give you some updates from their perspectives and information that relates to the topics of today.

Following those brief presentations, there will be a panel discussion, including all of the federal speakers that we just mentioned and several practitioners from the field to address common questions that have been offered to us related to student substance use and misuse, and following that, we will wrap up and close for today. With that, I'll turn you over to our first speaker, which is Ruth Ryder. Ruth serves as the Deputy Assistant Secretary in the Office of Elementary and Secondary Education at the US Department of Education. As Ruth introduces the other speakers today, please know that bios for all speakers are archived on the event webpage listed on this slide and shared in the chat box. With that, Ruth, I'll turn it over to you.

Ruth Ryder:

Thanks, Tim and welcome to today's webinar. On behalf of Secretary Cardona, I extend greetings to each of you today as we gather to explore ways to strengthen our support of students as we continue to emerge from the COVID-19 pandemic. We are keenly aware of the challenges that educators, parents, caretakers and students have faced throughout the pandemic. We are also aware that critical lessons have been learned to inform practice as we return to in person instruction this fall. To showcase effective practices in response to the pandemic, the department established the Safer Schools and Campuses Best Practices Clearinghouse, whose web address will be posted in the chat box now for your access.

Through the Clearinghouse, the Department will continue to provide resources for communities, schools, educators and families as we work together to support the needs of all students, particularly students with disabilities, and those who have been impacted the greatest by the pandemic. As an extension of the Clearinghouse, this Lessons from the Field webinar series has been part of our effort to share federal updates and highlight the effective tools, techniques and strategies employed by everyday practitioners to address the challenges of the pandemic and strengthen the resilience of students and the education system. Today's session is another opportunity for us to continue that journey by exploring strategies for addressing substance use prevention, and responding to students' substance misuse.

To help us explore this topic, we're joined today by several speakers with significant experience to address this issue. First, you'll hear from Marci Hertz, senior behavior scientists at the CDC. Marci's work is housed at the Division of Adolescent and School Health. Following Marci's comments, we'll hear from Rob Vincent, Associate Administrator for Alcohol Prevention and Treatment Policy at the Center for Substance Abuse Prevention within SAMHSA. We'll then be

joined by my colleague from the Department of Education, Office of Special Education Programs, Renee Bradley. Renee is a deputy division director in the Office of Special Education Programs.

Following these brief presentations, I will facilitate a panel discussion of all speakers, including practitioners, Erin Wick from Education Service District 113 in Washington State. Elizabeth Suddath from the Oklahoma Department of Education, and Matt Wicks from the Office for Leading and Learning in the Pasco County Schools in Florida. As Tim mentioned, full bios for today's presenters are available on the event website for today's webinar, as noted at the bottom of the screen and currently being posted to the chat. So without further delay, let's start by hearing from Marci Hertz. Marci.

Marci Hertz:

Great. Thank you so much, Ruth and thank you so much to my colleagues at the Department of Education for inviting me to be with you this afternoon. As Ruth said, I'm a behavioral scientist in CDC, in our Division of Adolescent and School Health. We're a little different than the rest of CDC because we directly fund local education agencies, as opposed to local or state health departments, my role has focused on promoting mental health and wellbeing and preventing substance use within school populations. So as you'll see on the next slide, I'm going to set the stage a little bit and talk about where COVID was, where we were before COVID in terms of mental health and substance use.

I'll move to describing a little bit about what we know thus far, about the impacts of COVID on mental health and substance use and then talk a little bit about what schools can do to promote mental wellbeing and prevent substance use. So on the next slide, we have data from the nationally representative, Youth Risk Behavior Survey that's administered to young people in grades nine through 12. This is from our data trends report, which summarizes findings from 2009 to 2019. As you can see before COVID, we were encouraged by the data related to high risk substance use where we saw improvements from 2009 to 2019. The questions regarding opioid use were just added in 2017, which is why you don't see the trend there.

However, prior to the COVID 19 pandemic, we were exceedingly concerned about youth mental health. Of all the indicators tracked in the YRBS, only injured in a suicide attempt that had to be treated by a doctor or nurse did not deteriorate over that 10 year time span but all of those others, as noted by the red stop sign, deteriorated from 2009 to 2019. I'm going to delve on the next slide a little bit more to two of those indicators in the interest of time, but the full data is online at that YRBS link at the bottom of this slide. So you can see here, fewer students have ever used illicit drugs from 2009 to 2019. We decrease from 20% in 2009 to 15% in 2019, and 14% of students in 2019 indicated they had misused prescription drugs.

Again, this question was just added in 2017 and there was no statistically significant change from 2017 to 2019. In terms of mental health, as I indicated previously, unfortunately, we saw worsening of youth mental health during this

10 year time period, with 37% of respondents in 2019 before COVID, indicating that they felt very sad or hopeless in the two weeks prior to the survey and 16% having made a suicide plan. So in terms of the impact of COVID on substance use and mental health, I think we're going to learn a lot over the coming months and years, what the true impact is, but I'm going to summarize on this next slide, here are some of the research findings related to that.

In the interest in time and ensuring that we get to the excellent presentations that follow me, I'm just going to discuss the purple boxes here. So if we start with a purple box on with this, excuse me, sad face, this is from a longitudinal survey of Australian adolescents that was in the field before COVID-19 and continue to survey students throughout the pandemic. They found increases in depressive symptoms and anxiety, but they found that these symptoms were predicted really by three different factors. One was COVID related worries, the second one was online learning difficulties and the third one was conflict with parents. Then if you move to that other purple box on the screen here, the increase in emergency department visits for suspected suicide, this is a CDC report that looked at emergency department visits during a few month period in 2021.

Compare that to the same time period in 2019 and they found a 51% increase in emergency department visits for suspected suicide among girls. There was also an increase among boys of 3.7%. So in terms of increases related to substance use as a result of the pandemic, I'm just highlighting two studies here, one of Canadian youth ages 16 to 18. They found no difference in the percentage of youth who said they were using substances, but among those who did use, they found an increase in frequency and increase in the number of days that they use, particularly alcohol and cannabis use for girls. Then they found 42% of those who use substances said they use with their parents.

This was primarily driven by alcohol use, 93% said they had used alcohol with their parents, including over 25%, who said they binge drink, that is drinking five or more drinks in a row with their parents. Then, you can see here on the same slide, the Adolescent Brain Cognitive Development Study, which is a longitudinal study among US youth, and that was already in the field prior to the pandemic and this is a survey of young people, ages 10 to 14. They found fewer youth during the pandemic reported using alcohol, but more reported misusing nicotine or misusing prescription drugs and I particularly want to note here, this bottom point that youth in households who lost income during COVID, were significantly more likely to use any substance than those who did not lose income during the course of the pandemic.

So, in terms of potential explanations, I'm asked this a lot, why do you think this is? There are a lot of potential explanations and the honest answer is that we don't fully know yet, but we have some hypotheses. So in the next slide, I present information about adverse childhood experiences and this is data from a nationally representative survey on children's health administered by my colleagues at HRSA. This is data from 2017, 2018 and they found that over 33%

of children and adolescents had experienced at least one adverse childhood experience. You see here, the percentage of each on the slide and 14% had experienced two or more ACEs. Those in households below the federal poverty level and those children who were black youth were more likely to experience two or more of those ACEs.

So why should you care about ACEs? ACEs, unfortunately, have a long lasting impact on behavior, so what you see here on this slide is ACE score, which essentially just means the number of ACEs experienced and then later adult physical and mental health outcomes and behaviors. The size of the circle notes the percentage of people who are likely to have that. So you'll see here as the ACE score increases, so too just the size of the circle, and what I've circled in red circles, the green circles here are likelihood of suicide attempts and then the purple circle is substance use, and actually the yellow circles are substance use. I'm sorry, alcohol use, the yellow circles are alcohol use.

So unfortunately, as the number of ACEs increases, so too just the likelihood of experiencing these adverse events. In terms of education outcomes, there's been research from that same survey I just mentioned, the National Survey of Children's Health that suggests even one ACE increases the likelihood of chronic absenteeism and that youth who've experienced four or more ACEs are less likely to be engaged in school and are more likely to repeat a grade. So what can schools do? You're going to hear some excellent suggestions from my presenters afterwards, so I've just chosen to highlight one particular strategy or approach here and that is school connectedness.

Just hot off the press, not on this slide because I just found out earlier today that it was released in the Journal of Adolescent Health, we found that during COVID, those who engaged in virtual learning, not surprisingly, felt less connected to their schools, but those who were connected to their schools, who did feel like they belonged at their school, that their teachers and staff cared about them as people, not just in terms of their grades or test scores, that thought the rules were fair, that those students who said they felt all of those things were less likely to express depression or anxiety or mentally unhealthy days.

That's consistent with the research that we show on the slide here, which shows that youth who feel connected are less likely to experience emotional distress, some of those negative mental health outcomes, misuse prescription drugs or use illicit drugs. So that's the one thing I just wanted you to take away, is the free strategy of trying to promote school connectedness in conjunction with many of the other strategies that you'll hear from the other presenters. So if you have any questions, I'm happy to answer them afterwards and there's contact information on the slide, and I think in the resources section, we've provided a link to some of the CDC resources. Thank you so much. Thank you to all the participants for all the work you do every day. Thank you.

Ruth Ryder: Thank you so much, Marci, for that really valuable information. All of us at the Department of Education are really so appreciative of the continued efforts of the CDC and our strong partnership that we have in working with you. Your discussion on the impact of COVID, on substance use and mental health is a vivid reminder of the support that you are providing. I'd like to now turn it over to Rob Vincent, who is going to share some thoughts and updates from SAMHSA's perspective. Rob.

Rob Vincent: Thank you very much, Ruth and on behalf of our Assistant Secretary, Dr. Delphin-Rittmon and all the staff at SAMHSA, we are certainly pleased to participate today. As you can see by the next slide, if you will, the realities of youth today, it's quite a different composition but what's kind of important and I would just highlight a couple of things here, are the 73 million children between 2019 and '22. In 2019, there's about 22% of our youth, of our nation's population, but about half of those were children of color and majority of those were children under five. To Marci's point, when we look at poverty as a risk factor and some of the other aspects of that, this actually only increases some of the challenges that children are facing.

This is all pre-COVID at this point. I shouldn't say more importantly, but of the 651,000 children who are victims, you can see where this sort of compounds and as we move on to our next slide, as we sort of take a deeper dive into sort of the substance use side of this equation, alcohol still is used more widely than tobacco, marijuana or all of the drugs by our nation's young people under the age of 21. One of the things that is sort of occurring as we're in the middle of the pandemic, is loosening of the laws both for home delivery, online delivery and the relaxation across the nation in various ways. Now, when we think about that, as well, in particular, we don't know what the outcomes are going to be of that just yet.

At the same time, I would just remind people that we're also seeing some lessening of marijuana laws across states. All of that starts to have an impact. Alcohol and family related problems is about one in four children in the US or in every home and the injury, when we think of alcohol as a leading contributor to deaths in particular, it's about 3500 children. So if we can take a look at our ... sort of the next slide here a little bit, there's really a great need and opportunity to expand our efforts to prevent, intervene and treat substance use and mental health in school based settings. This opportunity exists I think, more so today than ever before and integrated programs are needed more than ever before.

The cost, access and the quality chasm of adolescent substance use treatment disorder, both for mental health and substance abuse really begs us to rethink a few things. Why schools and existing school based programs might want to address this? I think Marci made an excellent case for that as we go forward, and I think for many of you, you would notice that the new NSDUH data was released just yesterday and of course, we won't be able to share all of that just yet with you, but as we sort of continue to look at feasibility effectiveness, both cost effectiveness, both of doing prevention and treatment in school based

settings, we know that in doing so that we can actually shave off about 27 years if we can catch these young men and women before the age of 15.

If we can look at sort of a concept that is not necessarily new, one of the things that we have collectively been doing here at SAMHSA, but others as well, is really sort of rethinking on this idea of student assistance. What that might mean, both from a preventative ... prevention services that would be environmental prevention as well as prevention and intervention services, as well as therapeutic services for both mental health and substance abuse, and follow on support services. Largely, there is about three different kinds of models that exist, internal, external, and then what is often referred to it as core team, care team or collaboration models.

There are a number of states, some of which are represented here today, that are very much in the process of doing so. If we can look a little bit at the multi-tiered systems of support for a minute ... and I don't want to dwell too much on this but my colleague, Erin Wick will pick up on this particular piece, but I just want to note, a lot of our efforts have been focused on tier one and tier two, which we certainly need to be upstream as far as we can, but I think there's also an opportunity to rethink how we deliver in tier three. Some of my other colleagues will talk about that a little bit more, but I think this gives rise to some of our school based mental health services across the nation.

School based treatment, as well as some of the early intervention programs that are widely available. As you think about that, if we can take a look at considerations for implementation, there's a few things I would just invite you to consider a little bit, how's this integrated with your other school initiatives? The level of commitment on behalf of the school. Your selection of a service delivery model will become quite important depending on how things are funded within your state and the partners that are needed to carry off that. There are certainly confidentiality issues that you need to think about it, if you're providing therapeutic services, if you're adding that component piece in there.

You also want to be thinking about quality implementation and sometimes, it's easy to sort of want to skip a few things and shortcut that but that doesn't necessarily help. Lastly, I will just sort of move into sort of adolescent development phase of this because sometimes people are attempting to lay over adult programming with adolescents, and the research really bears out that that just doesn't work. Now, if we could look at a little bit of some strategies that you may want to be thinking about, that are coming out of the SAMHSA block grant, and this is the SAMHSA block grant for substance abuse prevention. It's a little different on the mental health side.

There are six key strategies that you can look at and one of those, I'll just lean in on problem identification and referral and you'll see clearly that student assistance programs is highlighted there, as well as employee assistance programs, which in the case of COVID, many professionals may be needing a

little assistance there. So let me just point you to a couple of resources, if I may. There's the Administrator's Guide and we'll talk much more about that and then lastly, if you will advance one more time, there is a discussion starter, which is a nine minute video that would help you be able to actually think through and implement some things there. With that, I'd like to say thank you very much for your time and we can talk more later.

Ruth Ryder:

Thank you so much, Rob, for that important information. I really appreciate you grounding us in the realities of today's students and reminder of the value of quality student assistance programs, to assist school staff and supporting students impacted by substance misuse. Next, I'd like to have Renee Bradley, my colleague here at the Department of Education join us for a few minutes. Renee will share information on the role of multi-tiered systems of support and the role they can play in supporting substance use prevention. Renee.

Renee Bradley:

Thanks, Ruth and Robert, thanks for the great setup and the PowerPoint on the MTSS. So I have a very few minutes with you. So I am going to provide a very quick overview of how implementing MTSS and I'm going to focus on that from our work with the PBIS, Positive Behavioral Interventions and Supports framework may be useful in addressing substance use prevention and intervention for substance misuse. So there is emerging evidence that multi-tiered frameworks, so that's ... and Robert gave a great slide, what we do for all, what we do for some and what we do for a few who need our most support, that these multi-tiered frameworks when implemented with fidelity, that means we do them well and Robert also talked about that is associated with reduced rates of substance use in high school.

So, I'm going to spend a few minutes and what I've laid out on these two PowerPoints, is just a very quick overview, but there are some resources that you can go too for further information. I want to focus on why I think that's happening, why we're seeing this reduction and really some of the specific framework practices that you might want to look at implementing. So number one is these frameworks focus primarily on creating and maintaining positive, safe, predictable learning environments. They may use a couple of different adjectives in there, but most of them are focused on positive, safe, predictable learning environments. This is very important because it works at reducing risk factors that kids bring to school with them, and those may be exposure to trauma, housing or food insecurities, other poverty conditions.

There are a host of risk factors that our kids bring to school, and then promoting more protective factors and Marci, I loved your slide and I love when our slides kind of match with each other as we go through, but the most important of those protective factors is this feeling of belonging and connection in a school that its children connected to other children and children connected to the adults, the teachers and the providers in that environment and specific to today's topic, students that feel more connected to their environment are more likely to access an adult in times of stress or trauma, and more likely to ask an adult for help or assistance. The second factor here is that these frameworks

provide a structure for organizing supports and practices. So that helps the adults in that environment know and understand what to do. It allows us to differentiate based on student need, not every kid needs the exact same thing.

Not every school needs the exact same thing. So that differentiation is a built-in to our frameworks. It also allows us to customize based on needs. So all kids, all students, all teachers need exposure to prevention. Teachers need to know signs, warning signs, but not all schools and communities are the same and don't need the same thing. So the practices that are invested in, in a given school or program should be determined by the needs of that individual context. This structure of all, some few, allows for this customizing to fit the context of the need and we are finding that it's much easier if you already have this tiered framework in place, and then you have your practices that align with the tiers, it's much easier to add additional practices and be successful with that.

New Jersey comes to mind as a quick example here. They credit to their existing use of frameworks and practices as providing a pathway for them to navigate returning after the pandemic and they said it was much easier, they couldn't imagine going in and trying to invent from scratch. They were able to just go in and supplement the different levels of their framework. Another great example of combining the more kind of PBIS type framework with a more kind of mental health perspective is the integrated systems framework that several states are also engaged in. So on the next slide, you'll see that use of data is also a kind of consistent characteristics across these framework and it should be part of what we do every day, and these are making sure that we're including, like Marci showed earlier, what are different screeners of early indicators.

Especially when we're talking about the topic today, is data allows our decision making to look at a concern over time and look at patterns instead of basing decisions on single incidences, which in, in this case of substance use prevention or misuse, we don't want to just base our decisions, school decisions on single issues. Then the last one that I would bring up for your consideration is when you have ... implementing a framework allows, because part of that structure already focuses on teaming, collaboration, engagement of stakeholders. So it's more easy ... it's easier for you to add expertise, like when Robert talked about how do we supplement tier three. Often the services and supports that a student or family needs at that level, they are not typically found in a school setting.

So, how do we really kind of bring in community resources to help us there? Then, not only folding in community resources, but our family engagement as well. I know I did that super-fast, but why don't you just highlight some information here today looking at frameworks and how that can help in providing services in this area. I will also call attention to the new social-emotional behavioral supports document that the Department issued last week and there was a link on the flyer and I'm sure we can put the link in the chat as well, that looks at several recommendations to integrate mental health, which I

think would also be useful in integrating more practices and services to look at substance use and misuse. I left a couple of other resources in addition to the ones that were on your flyer, that may be worth your time to look at, especially now when it's so important to focus our resources on time, on things that we know work. So thank you very much and I'm looking forward to hearing from our practitioners.

Ruth Ryder: Thank you so much, Renee. Your comments remind us of the critical nature of multi-tiered systems of support, especially when addressing complex issues, like substance use and misuse and your reminder and Marci's reminder about the importance of connectedness I think is so important for all of us to be thinking about as we address these issues. Before moving to our panel discussion, I'd like to provide a brief opportunity for each of our practitioners to introduce themselves and give you a bit of background on their work settings. So let's begin with Erin Wick, Director of Behavioral Health and Student Support for ESD 113 in Washington State. I'm turning it over to you, Erin.

Erin Wick: Good afternoon. I'm Erin Wick, Senior Director at Capital Region ESD 113 in Washington State. There are 90 ESDs in Washington state, so we're one. We provide comprehensive student support services throughout our 44 school districts to approximately 73,000 students. Part of our model that we've been deploying for over 20 years is a student assistance programs. Over the last, I would say eight to 10 years, we've really tried to create a multi-tiered system of behavioral health supports that can be adapted into the school systems. So we provide prevention, intervention, treatment and recovery supports. We are a licensed mental health and substance abuse treatment provider, so we provide those services embedded in school buildings so that there is access to care when kids need that.

Our hope is that there's no wrong door for a student to get to us. When we have a multi-tiered system, working within a school framework, we're able to really link to that as the specialty service for behavioral health to have really great outcomes for kids.

Ruth Ryder: Thank you so much, Erin. That was really great context regarding the work that you're doing in your Student Assistance Program. Helpful background as we move to the panel discussion in just a minute. We're going to hear next now from Elizabeth Suddath. As a reminder, Elizabeth serves as the executive director of prevention services in the Oklahoma Department of Education. Over to you, Elizabeth.

Elizabeth Suddath: Thank you so much, and good afternoon, everyone. Yes, my name is Elizabeth Suddath. I'm the Executive Director of Prevention Services and School Climate Transformation at the Oklahoma State Department of Education. Here on the next slide, you'll be able to see a little bit of the work that we have done within our team, our school climate transformation team, so we are housed within the Office of Student Support at the State Department of Education and Student Support is an entire division of people in teams who are leading to support the

whole child. So everything really non-academically that helps support students, so we can see those student outcomes. So our school climate transformation team is made up of five individuals and that is really where a lot of this work is happening around prevention and intervention in the multi-tiered system of support.

So, you can see some of the numbers here on the screen of, in just the last three years of implementing this school climate transformation grant, the impact that we've been able to have across the state. So we did receive this grant in 2018 and in Oklahoma just to give you a little bit of context, we have over 500 districts. So this grant, we are able to provide support to all of those districts through statewide trainings. We have done a number of statewide trainings, as well as technical assistance, documents, workbooks for schools, and we did implemented and developed a new NTSS for social-emotional behavioral framework for schools to utilize. We also offer through that team, one on one coaching support and that one on one TA as well.

Ruth Ryder:

Thank you, Elizabeth. Appreciate that great overview of the work that's underway in Oklahoma, in the three years since you've been implementing the School Climate Transformation Grant. We'll hear more from you shortly as we move into the panel discussion. Next, I'd like to invite Matt Wicks to join me on camera. Matt serves as the supervisor of athletics, PE, health and driver's education in Pasco County Schools in Florida. Matt, let's hear a bit about your work.

Matt Wicks:

All right, so just a little bit about what Pasco County does more from a grassroots, I'm in charge of the educational portion in Pasco County for mental health and substance abuse. We service about 96 schools about 80,000 students in Pasco County. We're just north of Tampa, but some of the things we do as regarding mental health education, we provide modules for students to go through in our online learning platform for in-person students and virtual students, so they have the same course. We also provide 24/7 support, phone support for students and teachers regarding the curriculum, in anytime they're going through that. We also ... this curriculum was really developed by our mental health team here at the district office. I mean, we have mental health teams, district mental health teams and mental health teams at each school site that service those kids that are in need. We do have some required instruction in the state of Florida that is a state mandate. So we have different comprehensive health education pieces that we're required to teach throughout the state of Florida.

We also have a required sixth grade health course that all of our sixth graders must go through. So they get some of that comprehensive health education as well. Then, obviously, at the K through five level, we have that mental health team that works closely with our administration in identifying those mental health needs. As far as substance abuse goes, we do provide a lot of different themed days and things like that. We're actually in the middle of that right now, with Red Ribbon Week. We do some integrated lessons that we've developed

through the classroom teachers and our school counselors, go into classrooms and do lessons. Then we do offer PBIS majority of all ... all of our elementary schools, all of our middle schools and a few high schools.

So, in that six through 12 implementation, like I said, we do have a required health course that all sixth graders must take, and in the state of Florida, there's a required graduation course called HOPE, which is Health, Opportunity through Physical Education, which does address mental health and substance abuse. Like I said, we do offer that PBIS and then we have modules built-in. So those students that aren't in those required courses, and those other grade levels do get that required instruction. In the state of Florida, mental health is a five hour per year required instruction and in substance abuse, there's various topics that we must work on, and obviously things that we must go over with those students. So there's a ... I kind of want to give you a grassroots look at what we do in Pasco County. I appreciate the time.

Ruth Ryder:

Thank you, Matt for that description of an impressive array of activities that you're carrying out. Your experience is going to really enrich our panel discussion. I want to thank again all of our speakers for the information they've provided so far, and we're ready to move to our panel discussion to address the questions that we've received from the field, related to students substance use and misuse and the role of multi-tiered systems of support. I invite all the speakers to join me on camera for this segment of the webinar. Welcome to you all. So I'm going to start with the first question, which is what notable changes are you seeing in terms of substance use among today's K-12 students that seem to be a result of the COVID-19 pandemic? If we could start with Erin.

Erin Wick:

Yeah, one of the things that we started to notice at the end of last school year was that our referrals are significantly down. So we're not receiving referrals as frequently as we were previously. We believe most of that is because of the remote learning environment, it was really hard to identify the students who may have been identified when they were in front of a staff member physically. The other thing that we're seeing this year, on a fairly regular basis is the acuity of the students that are seeking care and that we're getting, are much more intense. So our students aren't getting that early intervention that historically maybe would have kept them in a lower level of care and now, we're seeing a much higher level of care needed to get these kids the supports that they need.

Ruth Ryder:

Thanks, Erin. Matt, would you like to add to that?

Matt Wicks:

Yeah, so I pulled some data from our health team at the district office here, and what they were telling me really is that we've seen about a ... last year just alone, we did 600 universal screeners on students within our district and they said about 50% of those didn't warrant certain services, but about 28% warranted those tier three supports within schools and some community based services as well. They also said this year, we've seen just a little bit of an uptick. We were in school last year, so we had the brick and mortar option for students, so we did necessarily see some of those things. We're back 100% now, with still

having that virtual option as well, but they said the first quarter, they have seen just a little bit of an uptick in referrals.

Ruth Ryder: Thanks, Matt. Rob, would you want to add SAMHSA's perspective on this?

Rob Vincent: Well, I think there's a couple of things that we're seeing, at least from the 100,000 foot level and of particular note is sort of the loosening and the restrictions of home delivery, as children are sort of ... have been sequestered in homes for a while, this has become a great concern, as we think about that and the numbers are sort of ... I would just caveat everything that the numbers this year in the NSDUH data, because the methodology changed, it wasn't an in-person survey this year but the numbers are up and the numbers are up in a way that causes us concern. So I won't go into a lot of detail of that right now, but what we are seeing is we've had two decades of reductions, and now we're seeing our numbers tick up. This last survey is a little bit alarming. I think the social isolation that has come with a lot of the online learning is also causing an awful lot of issues that create new problems that I don't think we realize yet, so thank you.

Ruth Ryder: Thanks for that perspective, Rob. Let's move on to the next question. What are the most successful strategies you have seen employed to create a system wide substance abuse prevention strategy, and Elizabeth, could you start us off on that?

Elizabeth Suddath: Yes, thank you so much, and the thing I love most about that question is the word system that is in there. I think a lot of times when schools think about prevention programs, they think about one time programs or an activity here or there or a training that's done just a couple of times, but what we know if we really want to see schools move the needle on some of these topics, it has to be an entire system embedded in. So what we do, and I mentioned some of those one on one coaching and those individual districts that we work with, the very first thing that we do with all of them, is really look at the root cause. What is our why? What is really happening for students here? For a lot of times here in Oklahoma, we have a very high prevalence of ACE scores. We have a very high prevalence of ACEs in students.

So, we start with every single school with that trauma informed training. Every time we start off with trauma informed trainings, I have a line of educators, most of the time with tears in their eyes looking at me and saying, "This is it. This is our why. These are our students." So as soon as we get them with that why and understanding student need and really going through that trauma informed perspective, we start ... they always ask me, what's next? What do we do now? MTSS is that what's next for so many schools. So we start them through the process of looking at their systems, their data and their practices. So looking at their systems, we utilize that school team structure to look at their data. We've actually developed a workbook that works through the Strategic Prevention Framework.

So, we have schools really start digging deep into that data, what is our student need? So once we identify student need through surveys, a lot of times focus groups gets us that really key student level data that we need, because students are the experts, right? They know what's going on, so we have to ask students, what is going on for you? What is happening around you with your peers. So once we get that level of information, then we really start looking at what initiatives do we have school wide? One thing that I do know, one thing that is very clear in working with educators this year is they have initiative fatigue. We can imagine going back into the school year after what we all went through for the last 18 months that we can't just throw any more programs.

So, we start in looking at what programs exist in the school and how does this align to what the students are saying are their needs? So we're implementing substance abuse prevention programs. We're looking at do other programs and other initiatives we have really align with what the students are telling us? Then we have schools walk through the planning section in which we've embedded the social ecological model. So again, this model, if you are familiar with it, looks at schools as a whole of what are we doing all the way from that individual level, to that school wide level, to community involvement all the way to our policies. So we have to make sure we're looking at that comprehensive approach, and we're really looking at school systems as a whole, when it comes to some of those school based prevention services.

Ruth Ryder: Thank you so much, Elizabeth, for that great explanation of your system. I love the way you emphasize the really comprehensive approach that you have. Rob, would you want to add to that?

Rob Vincent: Sure, I just want to echo some of what Elizabeth said there, about the comprehensive nature and the need for that, but I'm going to punctuate a little further, there's much more around maybe the tier three, and the need for how we start thinking about full integration of both behavioral health services in schools. That's not to add more work to Elizabeth's point and to Matt's point, not to add more work on behalf of our teachers. If anything, we need to take some of that load off on the behavioral health side of the equation. So some of the things that are working really well that we're seeing are school based mental health programs are doing exceptional work, and you've seen an increase in those funding to come out. I'm a big advocate really on the student assistance side so that it's more comprehensive that we get full prevention, full early intervention, and full treatment services where appropriate.

Sometimes that's an external resource, sometimes that's an internal resource. There are a number of ways to do that, but I want to say one thing that Elizabeth really picked up on, that I think sometimes people miss, there's an importance if you choose to do that about having good solid policies and having appropriately prepped all the district staff and how to use those people, how to integrate them in the school, that it's not a competition, it's about how we work together to resolve issues and sometimes when we have outside sources come in, sometimes people can, it can get a little different periodically. So it's just

important to talk all of that through and to thought that through before you execute, and then I'll put one last plug in, early identification referral, but more importantly, not passive referral.

So, when you find those tier three kids, sometimes it's easy to say, "Well just go to XYZ, here's three agencies go find one." This is really an important role for some of what Matt, Elizabeth and Erin do in terms of giving that warm handoff and identifying the appropriate matching service. Sometimes that looks a lot different as we look at tier three. So I'll leave it at that and thank you, everybody.

Ruth Ryder: Thanks, Rob. I'm going to move to kind of a lightning round question because we're running out of time here and this is about funding. Everybody wants to know what funding is available. So what available funding can bolster schools' efforts to provide a broad range of substance use prevention and intervention mechanisms? Let's start with Erin.

Erin Wick: I think that more funding isn't always better and really the alignment of funding in the first place to really see what the system needs and how to really accentuate on that is critical. I think that then you can actually effectively build out what funding and partners you need to bring in those additional supports.

Ruth Ryder: Thanks, Erin. Elizabeth.

Elizabeth Suddath: I think that's a perfect answer as well. I'm really looking at that alignment. Again, what do we have? What can we take away? What is not serving towards our mission to end our outcomes? A lot of our schools we do put out guidance around using Title IV Part A funds. So how do we utilize some of those title fundings, as well as ESSER funds are another great way to look at when we're looking at really purchasing programs or some of those other programs that we might need to have in place but I echo what Erin said, I think as long as you're looking at that alignment of funds, then you're in the right place.

Ruth Ryder: Thanks and Matt,

Matt Wicks: I've done a lot of things in our school district with no money. So, when we do get these federal money, and we get state and local money, it's a blessing to get that, right? We put those to good work, and we purchase social workers and school psychologists and things like that, but I'm grassroots and I feel like the best prevention is that quality health education and when we can provide that quality health education to our students. I mean, give them those resources, and let them know how to reach out to their folks at their school and then have those folks at the school trained to interact with those students, I think back to the match.

Ruth Ryder: That is a great ending to our panel. Thank you so much, quality health education. Thank you all for a really interesting discussion on what's been done

and can continue to be done to support the health and wellbeing of all students. You each made really important points and shared really helpful examples, and I know the audience will find them helpful as they address their own student substance use and misuse and mental health concerns in the aftermath of the pandemic. To close this out today, I'm going to turn things back over to Tim, and thank you so much to our panelists.

Tim Duffey:

Thank you, Ruth. Welcome back, everybody. So as we close, we're posting a link for your feedback that's on screen right now, so you can access it there or it will be ... Daniel is posting it in the chat as well. I really encourage everyone who attended today to just take a few minutes and provide us some feedback on today's session and also to share with us topics and formats that you would like to see us use in this webinar series moving forward, we do anticipate in the coming academic year that we will continue to offer these lessons from the field webinars. So please do let us know what would be most helpful for you, for us to offer. In addition, please remember to visit our website where today's presentation will be posted, and colleagues can listen to an archived version of this session.

You can also see all of the slides that the speaker shared along with links to all of the resources that were mentioned during today's session as well. As a reminder, we will be capturing all questions posted to the chat box, so that we can be sure that we make that information available to the Department of Education for consideration and upcoming events, in this Lessons from the Field webinar series. So with that, I really want to thank each of our presenters today for the excellent information that was shared, and thank each of you who attended, over 300 people were on as the numbers that I was seeing at least and for your active engagement in today's session. We will leave the Zoom room open here for about five more minutes so that you can click on the feedback link and to go to the survey or to provide any additional questions in the Q and A pod that you would like for us to capture before you leave for the day.

So again, we greatly appreciate your time, your persistence in the field of education and thank you for all you do to provide students with safe, supportive learning environments. I hope we'll see you again in one of our future webinars, and I hope you have a great rest of your day. Thank you everyone.