- Lessons from the Field -

Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning

Part 2: Implementing Evidence-Based Prevention Programs

SEPTEMBER 7, 2022
3:00 - 4:30 PM ET
To access information and archived materials from previous Lessons from the Field webinars, go to: https://safesupportivelearning.ed.gov/lessons-field-webinar-series
Logistics

Zoom Control Panel

Technical Issues

For assistance during the webinar, please contact Shoshana Rabinovsky at srabinovsky@air.org.

This webinar is being recorded and will be archived at the following location: https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-transforming-youth-together-understanding-connection-between-part-2

The content of this presentation does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.
Select the option that best describes your role.

N = 1,148

- **33%** Other
- **24%** Specialized instructional support personnel, including school counselors, school nurses, school psychologists, social workers, and substance-abuse prevention specialists
- **12%** Community stakeholder
- **11%** State education agency (SEA) staff
- **6%** Local education agency (LEA) staff, including superintendents, assistant superintendents, directors of special education
- **6%** School Administrator
- **4%** Classroom teacher/staff
- **2%** Special education personnel
- **1%** Parent/Family member
- **1%** Student
Agenda

1. Introduction and Logistics
2. U.S. Department of Education Welcome
3. Overview of Three Program Models with Practitioner Program Descriptions
4. Panel Discussion
5. Closing Remarks
6. Optional Live Q/A
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Schott</td>
<td>Deputy Assistant Secretary for Policy and Programs, Office of Elementary and Secondary Education, U.S. Department of Education</td>
</tr>
<tr>
<td>Robert Vincent</td>
<td>Associate Administrator, Alcohol Prevention and Treatment Policy, Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
</tr>
<tr>
<td>Emily Eckert</td>
<td>Assistant Director, Office of Whole Child Supports, Ohio Department of Education, OH</td>
</tr>
<tr>
<td>Karen Voetsch</td>
<td>Branch Chief for the Drug-Free Communities Program, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC)</td>
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<tr>
<td>Sharlene Johnson</td>
<td>Executive Director, Upriver Youth Leadership, ID</td>
</tr>
<tr>
<td>Andrea Wells</td>
<td>Senior Advisor, Office of Policy and Program Development, Health Resources and Services Administration’s Bureau of Primary Health Care (HRSA/BPHC)</td>
</tr>
<tr>
<td>Yvette Highsmith-Francis</td>
<td>Regional Vice President, Community Health Center, Inc. (CHCI), CT</td>
</tr>
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</table>

Bios for the speakers are archived at the following location: [https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-transforming-youth-together-understanding-connection-between-part-2](https://safesupportivelearning.ed.gov/events/webinar/lessons-field-webinar-transforming-youth-together-understanding-connection-between-part-2)
Adam Schott

DEPUTY ASSISTANT SECRETARY FOR POLICY AND PROGRAMS,
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION, U.S.
DEPARTMENT OF EDUCATION
Implementing School-Based Behavioral Health and Student Assistance

Robert Vincent, MS.Ed.
Associate Administrator for Alcohol Prevention and Treatment Policy
Substance Abuse and Mental Health Services Administration
What is Student Assistance?

Student Assistance Programs have their humble beginnings rooted in Employee Assistance Programs that started in the middle of 1970.

- Comprehensive, school-based framework designed to provide a variety of services for K-12 students who exhibit a range of risk factors that interfere with their educational success.

- Students best suited for involvement in student assistance services are those who are experiencing issues with substance use or misuse and/or mental illness.

Source: Substance Abuse and Mental Health Services Administration: Student Assistance: A Guide for School Administrators, Rockville, MD.
For student-assistance services to be as effective as possible, researchers have identified several program components that are critical to providing necessary services and reducing barriers to learning:

- School board policy
- Staff development
- Program awareness
- Internal referral process
- Problem-solving team and case management
- Direct services to students
- Cooperation and collaboration
- Integration with other school-based programs
- Program evaluation and improvement

Addressing Wellness in Ohio’s Schools

Emily Eckert, LPCC-S
Ohio Department of Education
Overview

Collaboration

Ohio School Wellness Initiative

Student Assistance Programs in Ohio
Collaboration is Key

Ohio Department of Education
Ohio Department of Mental Health and Addiction Services
Miami University of Ohio
Ohio School Wellness Initiative

Three Critical Components

• Implementing an Ohio Model of a Student Assistance Program (SAP)
• Strengthening Tier II (early intervention) and Tier III
• Promoting mental wellness among school administrators and staff
Three Phases

Exploration

Implementation

Sustainability
Exploration Phase

- Conduct needs assessment
- Audit existing resources, services, coaching and training
- Leverage existing practices and partners
- Identify gaps and needs
How Have Needs Changed Since COVID-19?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Decreased</th>
<th>Remained the Same</th>
<th>Increased</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Suicidal ideation attempts</td>
<td>8</td>
<td>58</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>Moderate/severe depression</td>
<td>17</td>
<td>80</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Significant Anxiety</td>
<td>12</td>
<td>84</td>
<td>12</td>
<td>4</td>
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<tr>
<td>Social Isolation</td>
<td>22</td>
<td>75</td>
<td>22</td>
<td>4</td>
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<tr>
<td>Trauma Exposure/PTSD</td>
<td>38</td>
<td>57</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>Disordered Eating</td>
<td>67</td>
<td>15</td>
<td>67</td>
<td>18</td>
</tr>
<tr>
<td>Substance Use</td>
<td>1</td>
<td>35</td>
<td>1</td>
<td>13</td>
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<tr>
<td>Substance Abuse</td>
<td>62</td>
<td>25</td>
<td>62</td>
<td>13</td>
</tr>
<tr>
<td>Attention/Hyperactivity</td>
<td>56</td>
<td>37</td>
<td>56</td>
<td>7</td>
</tr>
<tr>
<td>Behavior Problems</td>
<td>8</td>
<td>48</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Self-Harm</td>
<td>44</td>
<td>47</td>
<td>44</td>
<td>10</td>
</tr>
<tr>
<td>Grief/Loss</td>
<td>44</td>
<td>51</td>
<td>44</td>
<td>5</td>
</tr>
</tbody>
</table>

This data is from Miami University’s School Wellness Initiative.

115 schools responded to a survey, and the results in this chart only represent the responses from those buildings.

This chart cannot be interpreted for all schools across Ohio.
<table>
<thead>
<tr>
<th>Implementation Phase</th>
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</thead>
<tbody>
<tr>
<td>Pilot schools</td>
</tr>
<tr>
<td>Regional model</td>
</tr>
<tr>
<td>Tools, resources, and supports</td>
</tr>
<tr>
<td>Action planning and team approaches</td>
</tr>
<tr>
<td>Process and outcome evaluations</td>
</tr>
</tbody>
</table>
Ohio Pilot Schools

69 Pilot Schools
Sustainability Phase

- Tools and resources
- Training, coaching, and technical assistance
- Learning Communities
- Capacity for continued fidelity and outcome evaluation
**What are Student Assistance Programs?**

<table>
<thead>
<tr>
<th>School-based framework</th>
<th>Cross-disciplinary approach</th>
<th>Addresses barriers to learning</th>
<th>Evidence-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility</td>
<td>Prevention, intervention, and referral</td>
<td>Family &amp; community involvement</td>
<td>Continuum of supports</td>
</tr>
</tbody>
</table>
SAP Service Delivery Model

School-Employed Providers
- Internally based.
- Cost-efficient, simplified.

Community-Based Providers
- Externally based.
- Contractual, specialists.

Core Team Models
- Administrators, psychologists, counselors, teachers, key personnel.
- Systems approach.
Ohio SAP Model
Student Assistance Team (SAT)

Ohio School Wellness Initiative; Virginia SAP Manual; PA SAP and PBIS Integration
SAP Process Model

1) Build Awareness
Build awareness for warning signs and resilience model, referral process, and SAP services

2) Early Identification/Screening
Implement universal screening or systematic early identification process to identify students who would benefit from SAP services

3) Referral Processes
Design and implement internal systematic referral process to manage referrals, screen for services, and refer to intervention and services

4) Evidence-based Intervention
Implement evidence-based intervention based on the level of need

5) Guided Support Services
Deliver or refer for guided support services and implement systematic case management. Monitor progress and functioning during and after services

Prevention Occurs Throughout the Process
Prevention services (e.g., universal programming, brief intervention) and strategies (e.g., education, environmental, information dissemination strategies)
Alignment with Other Initiatives

See Working Smarter Table (Barrett et al., 2019) for a worksheet on aligning team structures
Alignment with Other Initiatives

Aligning Teaming Structures: Working Smarter, Not Harder

Purpose: of this tool is to provide (a) an overall picture of existing teams within the school and (b) determine need for merging teams.

Instruction: Use the Working Smarter worksheet to complete the next two steps:
- **Step 1:** Identify Current Teams (discipline, instruction, climate, school improvement, parent support, etc.) and Initiatives (Second Step, Character Counts, Spirit Committee, etc.)
- **Step 2:** Complete the Working Smarter Table
- **Step 3:** Based on your results, what committees or initiatives can you eliminate; combine; provide more support? How can you infuse PBIS into your current committees/teams?

<table>
<thead>
<tr>
<th>Initiative/Committee/Team</th>
<th>Purpose and Strategic Goal Supported</th>
<th>Measurable Outcome(s) - Data Based</th>
<th>Target Group</th>
<th>Staff Involved</th>
<th>Overlap? Modify? Eliminate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

“Their SAP coordinator really saw it as just another piece of their MTSS puzzle and is trying to find ways to make it the other side of their already existing IAT (Academic Focused) interventions…”
Roadmap to Implementation: Start Somewhere

1. Explore
2. Install
3. Initial Implementation
4. Full Implementation
Initial Feedback

“Our psychs, school navigator, counselors, and admin meet once per week to do SAP and care coordination work….and the feedback from that group has been phenomenal - they all have articulated that it is first time that they feel like they are being truly effective as professionals due to the high level of communication and coordination between the members of the team.”
Initial Feedback

Referral Process

“Work through systematic process to quickly identify who we can quickly plug into something and who needs more individualized support. Assistant principal grateful to be a pilot school ‘you can feel it in that building’.”
Preventing Youth Substance Use and Promoting Mental Health in Schools

Drug-Free Community Support Program & CDC

Karen Voetsch, MPH

Branch Chief for the Drug-Free Communities Program
National Center for Injury Prevention and Control
CDC Division of Overdose Prevention
Centers for Disease Control and Prevention (CDC)

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Almost 80,000 people aged 5-24 years old have died from a drug overdose since 1999, (including over 27,500 from 2015-2020).

Counterfeit pills often contain fentanyl and are more lethal than ever before.

Drug overdose deaths for people aged 15-19 almost doubled from 2019 to 2020.
## Risk & Protective Factors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Level</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic factors; initiating substance use early; low risk perception of use; perception that drug use among classmates is high; emotional distress or aggressiveness; psychiatric disorders</td>
<td></td>
<td>Resiliency; self-efficacy; spirituality; interpersonal skills, including social, emotional, and cognitive skills; and treatment of underlying psychiatric disorders</td>
</tr>
<tr>
<td>Substance use in the family; family conflict, abuse, or neglect; parents who favorably view or approve of substance use; Lack of family connectedness</td>
<td></td>
<td>Attachment to family; safe, stable, nurturing relationships; positive behavior is recognized; clear rules &amp; communication</td>
</tr>
<tr>
<td>Lack of school connectedness; poor control over school drug use and other risky behaviors; Lack of safe &amp; supportive school environment.</td>
<td></td>
<td>Attachment &amp; connectedness to school; safe &amp; supportive environment; clear standards &amp; rules; school norms that support help seeking and prevent substance use &amp; violence.</td>
</tr>
<tr>
<td>Lower socioeconomic status, economic stressors; availability and costs of drugs and alcohol; community norms/laws favorable toward alcohol and drugs; lack of community connectedness and supports</td>
<td></td>
<td>Norms in the community that drug use &amp; violence are not acceptable; opportunity for fulfilling extracurricular activities and youth participation; enforcement of laws/policies that restrict access &amp; availability of substances.</td>
</tr>
</tbody>
</table>

Source: Adapted from Volkow et al., 2018, Prevention and Treatment of Opioid Misuse and Addiction. A Review. JAMA Psychiatry
The Drug-Free Communities (DFC) Support Program is the Nation’s leading effort to mobilize communities to prevent youth substance use. Directed by the White House Office of National Drug Control Policy (ONDCP), the DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use.

Local problems require local solutions.
What do DFC Coalitions Do?

The Solutions Are in the Community

• Recognizing that local problems require solutions, DFC-funded coalitions engage multiple sectors of the community to assess their needs and assets; prioritize efforts; and employ a variety of environmental strategies to prevent youth substance use.

• Strategies aim to address the factors in a community that increase the risk of substance use and promote the factors that minimize the risk of substance use.

• DFCs actively engage the schools and youth in their communities, focusing on the health and mental well-being of students.
DFC Strategies in Schools

- Delivering Evidence-Based Training
- Providing Safe & Drug-Free Spaces
- Increasing Youth Engagement
- Connecting Students to the Community
- Referring to Services
- Promoting a Healthy School Environment
Healthy students are better learners.

https://www.cdc.gov/healthyschools/wssc/index.htm
Promoting Safe & Supportive Environments

Schools, families, and communities can work together to build a safe environment for youth at school and at home. Activities to improve school environments should aim to promote three protective factors:

• **School connectedness**, which is the belief held by students that adults and peers in the school care about their learning and about them as individuals

• **Parental monitoring**, which refers to parental knowledge of adolescents’ companions, whereabouts, and activities, as well as enforcement of rules, particularly about friends and dating

• Parent-adolescent **communication**

Learn more

Drug-Free Communities Support Program:
• https://www.cdc.gov/drugoverdose/drug-free-communities/index.html

CDC Programs:
• Division of Overdose Prevention: https://www.cdc.gov/drugoverdose/index.html
• Division of Violence Prevention: https://www.cdc.gov/violenceprevention/index.html
• Division of Adolescent and School Health: https://www.cdc.gov/healthyyouth/index.htm
• CDC’s Healthy Schools Program: https://www.cdc.gov/healthyschools/index.htm
Transforming Youth Together: It Takes a Village

Sharlene Johnson, CPS, CPM, BSW
Executive Director
Upriver Youth Leadership Council
Kamiah, Idaho
Who is Upriver Youth Leadership Council? (Acronym UYLC)

- Small Frontier Community in North Central Idaho
- Nez Perce Tribe Reservation, Land of the Niimiipuu
- 1200 City Limits
  2400 Outlying Area
  3600 Total Population Base
- 96% of school youth are Free/Reduced Lunch
- Provide a variety of services to youth of all ages, families, and the community at large.
- Nothing without our partners: School, LE, Healthcare, City, State and Tribal Govt, Media, Youth, Churches, Business, Parents
Strategic Planning

ROLE OF COALITIONS IN BEHAVIORAL HEALTH

BUILDING ON CADCA’S SEVEN STRATEGIES FOR COMMUNITY CHANGE:

- Providing Information
- Enhancing Skills
- Providing Support
- Enhancing Access/Reducing Barriers
- Changing Consequences (Incentives/Disincentives)
- Physical Design
- Modifying/Changing Policies

The Six CSAP Prevention Strategies

1. Information dissemination
2. Prevention education skills training
3. Alternative activities
4. Community-based process
5. Environmental/social policy
6. Problem identification and referral

Source: National CAPT Substance Abuse Prevention Specialist Training Manual, June 2009
Assemblies

Staff In-service presentations

Red Ribbon Week

Report Card Inserts

Information Dissemination
Prevention Education

- Senior Projects
- Botvin Life Skills Curriculum
- Strengthening Families Program
- HOSA
Senior Project
Senior Project

- Personal story
- Other senior projects
- Involved 4 police departments, local fire department, county coroner
- Community event
- News coverage

Mock DUI crash tells sober story of drunk driving; shed light 'on a serious issue'

By Jake Johnson, Intern / The Clearwater Progress  Mar. 29, 2021

A mock DUI car crash, with actors portraying accident victims and local firefighters showing how a situation like this would play out, was held near the Kalamazoo High School parking lot.

KALAMAZOO — Robert Whitney, 18, a senior at Kalamazoo High School, coordinated a mock DUI car crash for his senior project last Thursday, March 18. It purveyed the all-too-common story of...
Providing Support

- Open House
- K-6 After School Programming
- Teen Center 7-12th
- Bathroom Stalls and Kindness Path
- Alternative Activities
Reducing Barriers and Enhancing Access

- Free Counseling for Youth and Families
- After School Programs
- Community Garden
- School Resource Officer
Policy Work

- Botvin Life Skills
- Athletic Drug Testing
- PRIDE Survey
It is Working!

Stats in reducing youth substance use (2017-2020):

- Middle school youth reporting past 30-day of alcohol use decreased by 50% (9% to 4.5%)
- High school youth reporting past 30-day use of alcohol decreased by 28% (32% to 23%)
- High school youth reporting past 30-day use of tobacco decreased 79% (21% to 5%)
- High school youth reporting past 30-day use of marijuana decreased 50% (16% to 5%)
- Middle school youth reporting past 30-day misuse of prescription drugs decreased 39% (5% to 3%)
- High school youth reporting past 30-day misuse of prescription drugs decreased 83% (13% to 2%)

It Takes a Village!
Sharlene Johnson
upriverylclc@gmail.com
Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning

Part 2: Implementing Evidence-Based Prevention Programs

September 7, 2022

Andrea Wells
Senior Advisor, Office of Policy and Program Development
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)
Health Center Program

- Over **1,400** health centers operate **more than 14,000** service delivery sites in every U.S. state, U.S. territory, and the District of Columbia.
- In 2021, health centers served over **30 million** patients.
- Health centers provide **patient-centered, comprehensive, integrated care** by offering a range of services:
  - Primary medical, oral, and mental health services
  - Substance use disorder and medication-assisted treatment (MAT) services
  - Enabling services such as case management, health education, and transportation

Source: Uniform Data System, 2021
Health centers play a critical role in providing access to comprehensive, quality primary health care for our nation’s children.

1 in 9 children and youth served in the U.S.

1M+ COVID-19 vaccines administered to children < 17

- 560 health centers (41%) operate 1 or more school-based sites
- 767,000 students served via school-based sites
- 3,200+ school-based sites
- 10,700 school-based COVID-19 vaccination clinics

Source: Uniform Data System, 2021 and Health Center COVID-19 Surveys
Serve High Need Areas
- Must serve a high need community or population (e.g., HPSA, MUA/P)

Patient Directed
- Private non-profit or public agency that is governed by a patient-majority community board

Comprehensive
- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)

No One is Turned Away
- Services are available to all, with fees adjusted based upon ability to pay

Collaborative
- Collaborate with other community providers to maximize resources and efficiencies in service delivery

Accountable
- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.
Facilitating Equitable Access to Care

Health centers serve communities by meeting them where they are.

- School-based Services
- Community Partnerships & Events
- Community Sites
- Mobile Units
- Health Centers
- In-person & Virtual Care
- Medical Services
- Behavioral Services
- Oral Services
- Enabling Services
Behavioral Health and Telehealth

✓ 95% of health centers offered mental health services via telehealth
✓ 64% of health centers offered SUD services via telehealth.

Substance Use Disorder
1.7 million visits*
2,300 providers

Mental Health
15.1 million visits*
15,200 providers

Source: Uniform Data System 2021, Table 5
* Includes both in-person and virtual visits.
U.S. Department of Health and Human Services (HHS) and the U.S Department of Education (ED) Partnership

HSS and ED have partnered to coordinate and align resources.

Dear Governors:

The COVID-19 pandemic caused the Nation’s children and youth to face unprecedented challenges and further exacerbated preexisting inequities. Childcare centers, schools, after-school programs, and recreational activities closed, disconnecting nearly 60 million children and youth from essential resources and supports. Many families faced job loss, economic hardship, and food insecurity.

Our Nation’s children have been particularly impacted by the COVID-19 pandemic, including significant impacts on their mental health. As of June 2021, approximately 140,000 children have lost a parent or grandparent caregiver to COVID-19. Youth reports of psychological

Resources for School-based Health Centers:

- “Learn the Signs: Act Early.” Resources for Early Care and Education
- Mental Health Resources to Support Response and Recovery During COVID-19
- CDC’s Early Care and Education Portal
- Public Health, Medical, and Mental Health Annex

Link to list of resources: https://www.hhs.gov/sites/default/files/school-based-health-services-resources.pdf
Thank You!

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Health Center Program Support

877-464-4772, 8 a.m. to 8 p.m. ET, Monday - Friday (except federal holidays)

bphc.hrsa.gov

Sign up for the Primary Health Care Digest
Connect with HRSA

Learn more about our agency at:
www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Yvette Highsmith-Francis

VICE-PRESIDENT
COMMUNITY HEALTH CENTER, INC. EASTERN REGION, CT
Welcome to Community Health Center, Inc.

School-Based Health Care
The Beginning

Since 1993!
The Mission

To promote and enhance the overall health of youth, wherever they are

- Particularly in the uninsured and underinsured populations

and

- To assure their access to comprehensive primary and preventive healthcare.
Our Process

We **ALWAYS** are:

- Invited into a school by a community
- Services provided only when parents/guardian enroll their children and give written consent for care
- Partners with school nurses, coaches, counselors, and classroom teachers
- Accountable to Board of Education and/or school administration and their staff
- Qualified health providers
- Dependent on a community’s request: multidisciplinary team, pair, or individual
Our Growth over Time

Number of Fixed Sites

Years

1993-1999
1999-2000
2001-2005
2006-2010
2011-2015
2016-2020
2020-2022

67
Online Enrollment Available at
www.sbhc1.com

Keeping kids healthy wherever they are

Now, more than ever, we are here for you and your family. Whether your student is learning in school or virtually, we can help. Enroll below:

- **Start Here**
- **Enroll a Student**
- **Physical Form**
- **Flu Shot Form**
- **Who We Are**
## In-School Services Provided to Students Who Enroll

### Medical Care:
- Diagnosis and Treatment
- Physical Exams
- Chronic Disease Management
- Immunizations
- Rx
- Health Education
- Referral
- Lab

### Behavioral Health:
- Crisis Intervention
- Individual Counseling
- Group Counseling
- Family Counseling
- Referral for Psychiatry

### Oral Health:
- Screenings
- Exams
- Cleanings
- X-Rays
- Sealants
- Referrals
- Oral Health Education
- Restorative Care

### TELEHEALTH
- Waiting room feature – providers able to “admit” or “decline”
- Also able to put a participant back in the waiting room mid-session
More than Your Average Health Care

Self-esteem  Consultation
Promotion/Education and Prevention to Schools
Parenting Support Effective Communication
TRAUMA Anger Management
Crisis  PEER RELATIONSHIPS Preventative Measures
Response Team Nutrition for Asthma
Mindfulness Education
Substance Abuse ART AND PLAY THERAPY
Education and DOMESTIC VIOLENCE
Prevention Behavior Modification Conflict Resolution
## Research-Based Outcomes

<table>
<thead>
<tr>
<th>Academic</th>
<th>Self</th>
<th>Community</th>
</tr>
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</table>
| - Improves health status  
- Reduces absenteeism  
- Decreases discipline referrals  
- Increases parental involvement  
- Improves readiness to learn  
- Increases the link between the school and the family | - Increases understanding of health issues  
- Increases positive health and safety behaviors  
- Increases the ability to communicate about and advocate for their personal health care needs | - Reduces emergency room use  
- Attributes to a reduction in Medicaid expenditures  
- Assists families with insurance eligibility and navigation of system |

- Increases understanding of health issues  
- Reduces emergency room use  
- Attributes to a reduction in Medicaid expenditures  
- Assists families with insurance eligibility and navigation of system
Prevention is Key

Keeping kids healthy, wherever they are!
Raising Awareness

Heroin Use is Part of a Larger Substance Abuse Problem

People who are addicted to...

- Alcohol
- Marijuana
- Cocaine
- Heroin

...are 2x more likely than non-users.

- Alcohol
- Marijuana
- Cocaine
- Heroin

...are 3x more likely than non-users.

- Alcohol
- Marijuana
- Cocaine
- Heroin

...are 15x more likely than non-users.

- Alcohol
- Marijuana
- Cocaine
- Heroin

...are 40x more likely than non-users.

Heroin is a highly addictive opioid drug with a high risk of overdose and death.
Screening Tools

The CRAFT 2.1+N Interview

To be voluntarily answered by the client.

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

**Part A**

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none.
2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or ‘synthetic marijuana’ (like ‘K2’, ‘Spice’)? Say “0” if none.
3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you will huff, vape, or inhale)? Say “0” if none.
4. Use a vaping device containing nicotine and/or flavors, or use any tobacco products? Say “0” if none.

Each yes answer needs to be addressed.

**Part B**

If the patient answered...

- “0” for all questions in **Part A**, then STOP.
- “1” or more for Q. 1, 2, or 3, then STOP.
- “1” or more for Q. 4, then STOP.
- “1” or more for Q. 5, then STOP.

Two or more YES answers in **Part B** suggests a serious problem that needs further assessment. See Page 3 for further instructions.
Peer2Peer Hope Squad
Thank you!

Yvette Highsmith-Francis
Regional Vice President
Community Health Center, Inc.
Yvette@chc1.com 203-213-0458
www.chc1.com
Meet Our Panelists

Deb Robison
Project Administrator, Center for School-Based Mental Health Programs, Miami University, OH

Sharlene Johnson
Executive Director, Upriver Youth Leadership Council, ID

Yvette Highsmith-Francis
Regional Vice President, Community Health Center, Inc, CT
Thank You!

Should you have any questions, please contact us at NCSSLE@air.org or 800-258-8413. We are happy to help!

NCSSLE Website
https://safesupportivelearning.ed.gov

Best Practices Clearinghouse
https://bestpracticesclearinghouse.ed.gov/

Next Lessons from the Field Webinars
- **September 14, 2022**: Partners in Prevention: Engaging the Campus Community to Prevent Gender-Based Violence
- **September 21, 2022**: Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning – Part 3 (leveraging federal funding)
Feedback Form

Thank you for attending the webinar, Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning - Part 2: Implementing Best Practices, on September 7, 2022. To best serve you, we would greatly appreciate receiving your feedback on the webinar.

1. Prior to the webinar, how knowledgeable were you about the webinar’s topic?
   - [ ] Not At All Knowledgeable
   - [ ] Somewhat Knowledgeable
   - [ ] Very Knowledgeable

2. Overall this webinar was a good use of my time.
   - [ ] Strongly Disagree
   - [ ] Somewhat Disagree
   - [ ] Somewhat Agree
   - [ ] Strongly Agree

[HTTPS://WWW.SURVEYMONKEY.COM/R/LFTF_SESSION29]
Questions and Answers