

National Center on Safe Supportive Learning Environments



The Opioid Crisis and K-12 Schools: Supporting Students at School

QUESTION AND ANSWER SUMMARY

On Wednesday, December 19, 2018 the U.S. Department of Education, Office of Safe and Healthy Students (OSHS) and the National Center on Safe Supportive Learning Environments (NCSSLE) hosted a webinar to (1) discuss how the opioid crisis is impacting our schools and students and (2) provide insight into strategies that can support students impacted by the crisis.

During this webinar, **Frank Brogan**, Assistant Secretary, Office of Elementary and Secondary Education, U.S. Department of Education, provided opening remarks; **Mary Ann Gapinski**, Director, School Health Services, Massachusetts Department of Public Health, described the state's effort to bring Screening, Brief Intervention, and Referral to Treatment (SBIRT) to MA schools and the impact they've seen as a result; and **Jeff Hawkins**, Executive Director, Kentucky Valley Educational Cooperative, presented information on the Cooperative's efforts to empower and engage staff and students in rural schools as change agents in addressing the opioid crisis. The event was designed to provide building-level administrators, teachers, and specialized instructional support personnel with information on how they can effectively support students impacted by the opioid crisis.

A compilation of the questions raised by webinar participants and the answers provided by presenters, both during and subsequent to the event, follows.

1. What are good sources of funding to staff social workers fulltime?

Mary Ann Gapinski: In Massachusetts, we are fortunate to be able to tap into state and federal resources provided to combat the Opiate epidemic for this program, including funding for school staff. In addition, with the expansion of Center for Medicaid Services (CMS) federal funding for school health programs, funding may be available through Medicaid billing for SBIRT in your state to hire additional staff.

2. What are some tips on accessing "qualified resources"?

Mary Ann Gapinski: This refers to the provision of services by qualified, licensed health care providers in the school setting. The resources mentioned in question 1 may be possibilities for accessing this support.

3. Have you faced any problems from parents about surveying their children as part of SBIRT/screening?

Mary Ann Gapinski: When the program is explained, including the level of confidentiality for whatever the student discloses during the screening, parents' concerns are often negated. On the contrary, I have received emails thanking our program staff for providing this screening in schools because parents often feel so ill-prepared to deal with the opioid crisis on their own.

4. Botvin's Life Skills has only one curriculum for high school (10 classes in 9th or 10th grade). Are districts doing anything else in high schools for tier one prevention efforts?

Mary Ann Gapinski: That is the curriculum we are providing here in MA for our high school students. I cannot speak to others.

5. How did you connect with community providers for the referrals? Did they provide any interventions in schools?

Mary Ann Gapinski: We utilized the network of community substance use prevention coalitions for this work. We met with this group several times along the process of implementation to keep them updated on the needs and resources with which they might be able to assist schools during the implementation of SBIRT. Their assistance and support were invaluable.

6. Can you elaborate on the debate around drug screening and drug testing?

Mary Ann Gapinski: SBIRT is neither...this is a prevention and early detection of risk screening program (much like screening all students for difficulties related to vision). We are not "screening" or "testing" students for drug use which should ONLY be done in a clinical treatment program and not in a school setting. This is a health screening, not a diagnostic tool.

7. This survey and prevention model should not be used for schools to call Child Protective Services. Have you had any problems with that?

Mary Ann Gapinski: None. We are clear that what is disclosed in this screening must be dealt with confidentially. If a risk to the student is disclosed during the screening, other means to address any family issues are used to assist the student while it is determined whether additional supports from any child service program would benefit the student and their family.

8. What is your Student Assistance Team? Who is included and what are their different roles in the team?

Mary Ann Gapinski: These teams are often referred to Student Support teams, Student Crisis teams, and other such titles in the school setting. These are teams comprised of school staff members, including administrative, teaching, and support staff such as nurses and counselors who meet as a team to discuss students with identified needs.

9. Can you share the reports that present with your outcome data?

Mary Ann Gapinski: The data collection tool is available at www.masbirt.org/schools/
Scroll down to:

Administrative Data Forms

[DPH Data Collection Form \(single screener\)](#)

[DPH Data Collection Form \(multiple screeners\)](#)

10. Is there a SBIRT resource in New Hampshire?

Mary Ann Gapinski: Not that I am aware of.

11. Has anyone compiled or found a literature list or review related to Adolescent SBIRT? I often hear that SBIRT is only an evidence-based program for adults, not youth.

Mary Ann Gapinski: I would refer individuals to the program at Boston Children's Hospital where the research was done on use of the CRAFFT. The program is called CeASAR, which stands for Center for Adolescence Substance Abuse Research. More information is available at: <http://www.childrenshospital.org/research/centers-departmental-programs/center-for-adolescent-substance-abuse-research>

Most of the work in this area has been related to SBIRT screening for students in the primary care setting. Boston Children's Hospital is doing additional research related to use of SBIRT as a universal screening for adolescents. Please see their website for more information at: <http://www.childrenshospital.org/centers-and-services/programs/adolescent-substance-abuse-program/research>

12. Can you speak to the tool that school nurses would use to screen for risk in MA?

Mary Ann Gapinski: We utilize the CRAFFT screening tool. Please the information related to this tool at: www.crafft.org

13. Can you talk about how professional staff are coached or how they develop their referral processes related to screening and tiered supports?

Mary Ann Gapinski: Extensive training is available through our School Health Institute

for Education and Leadership Development (SHIELD) program at Boston University. This training is comprised of three separate workshops available to ALL school personnel:

- **SBIRT in Schools: Introduction to Verbal Substance Use Screening (6 hours)** This six-hour workshop provides information on conducting verbal substance use screenings according to Massachusetts law and approved practice standards. Learners are introduced to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Schools program. This training is required for school nurses seeking DESE license and for all other school health personnel who will be involved in the screening process. This workshop is for school professionals who have not yet attended an Introduction to SBIRT Workshop.

The training includes:

- An administrative overview of the SBIRT mandated screening program,
 - An introduction to the CRAFFT II screening tool and instructions on how to use the tool, and
 - Motivational Interviewing skills to use immediately by the screener while discussing verbal screening results with students.
- **SBIRT in Schools: Implementation Essentials (3 hours)** This SBIRT skill building workshop is designed for school health personnel who will be directly involved in implementing SBIRT in their schools. Participants will enhance their skills in conducting Brief Negotiated Interviews (BNI) using Motivational Interviewing (MI) concepts, conducting healthy behavior reinforcement conversations, and performing referrals during the SBIRT process. Challenges identified in a school district's implementation planning will be discussed and solutions developed. For districts/individuals who have not implemented SBIRT previously.

Prerequisite: Participants must have attended a six-hour Introduction to SBIRT Workshop to register for this course.

- **SBIRT in Schools: Mastering SBIRT (3 hours)** Mastering SBIRT Workshop is a newly developed three-hour skills training to increase confidence and skills in responding to the CRAFFT-II screening results using Motivational Interviewing (MI) techniques. The training includes discussion and practice of the REACT model for reinforcement of healthy decisions (negative CRAFFT screening) and the Brief Negotiated Interview model to be used for discussion with those students who screen positive for substance use. Discussion about referral, consent and confidentiality as well as a closer look about how to talk to teens about substances will be included. For

districts/individuals who have implemented SBIRT previously.

Prerequisite: Participants must have attended a six-hour Introduction to SBIRT Workshop to register for this course.

14. What funding model do you use to support the tiered model presented (universal screening, with supports and referral).

Mary Ann Gapinski: It is a combination of both state and local funding. (See response to Question #1.)

15. Are you working with your SAMSHA single designated agency to get funding for school-based SBIRT (either with Treatment or Prevention dollars) or do you have block-grant dollars?

Mary Ann Gapinski: We are not using any block-grant funding for this at the present time. It is a combination of state and local funding to implement this program in our schools.

16. What is the employment/unemployment situation in the 4 counties hit the hardest?

Jeff Hawkins: In those counties, the average unemployment is probably 12-15%. It fluctuates pretty often, but it's now twice the national average. Part of the reason for that is because the coal industry has basically evaporated and those were coal producing counties.

The most recent data available is for November 2018 and comes from the Workforce Intelligence Branch – the average for unemployment for the state of Kentucky is 3.5%. The average for the 4 counties in our region of KY that have been hit the hardest is 6.2%.

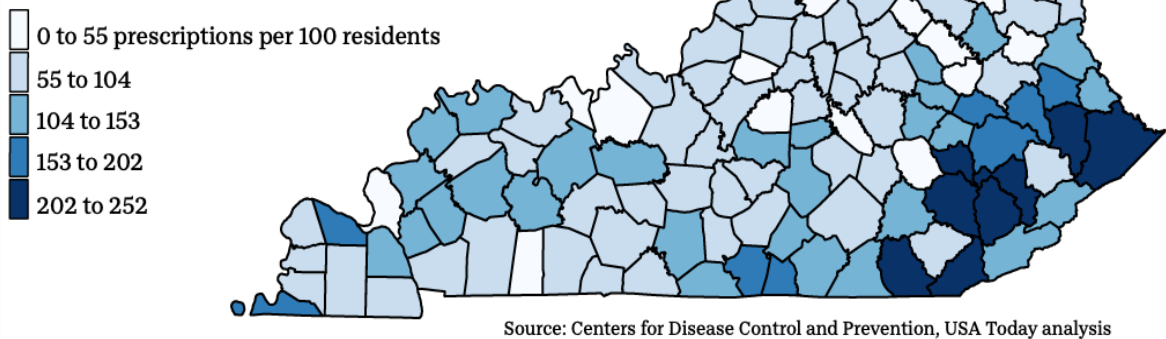
Additional data for our rural region of KY is included in the chart below:

| | KVEC Region | Kentucky | Difference +/- |
|-----------------------------|--------------|--------------|----------------|
| Population Change 2000-2017 | Loss = 11.2% | Gain = 10.4% | |
| Poverty Rate | 31.3% | 18.3% | 13% |
| Unemployment Rate | 5.6% | 3.5 % | 2.1% |
| Labor Participation | 40.3% | 59.4% | 19.1% |
| Disability Rate | 40.4% | 17.3% | 23.1% |

According to the Kentucky Energy and Environment Cabinet’s quarter coal report July to September 2018 (<http://energy.ky.gov>) there were **14,301 coal jobs** in Eastern Kentucky in the **third quarter of 2011**. That number dropped to **3,851 coal jobs** in the **third quarter of 2018** - a net loss of **10,450 jobs** in the eastern Kentucky coal fields during that eight-year period.

Eastern Kentucky counties account for the highest opioid prescribing rates in the commonwealth

Three counties in the region rank among the United States’ ten most-prescribing counties.



17. Are there similar resources available for marijuana issues? For us in Southern California, marijuana vaping is a huge problem that is exploding at schools right now.

Mary Ann Gapinski: We have actually changed the CRAFFT screening tool (with permission of the Dr. Knights, the developer of the CRAFFT – see: <http://crafft.org/use-the-crafft/> to reflect the increase of vaping as a means to “get high.”

Jeff Hawkins: Our focus is on empowering students to choose the challenges they feel are the most important for them to address. To date, their work in the area of health and wellness have focused on:

- Accessible drinking water,
- Opioid Addiction,
- Obesity,
- Tobacco use,
- Cancer rates, and
- Diabetes.