



Welcome to Today's Webinar!

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

This event will begin at 3:00 p.m. EST.



Chat Pod

If you have a question for the presenters, please type it in the Chat Pod, or e-mail ncssle@air.org during the webinar.

Feedback Form

At the end of the presentation, a series of questions will appear. Please provide feedback on this event so that we can better provide the resources you need. All answers are completely anonymous and are not visible to other participants.

For assistance during the webinar, please contact the National Center on Safe Supportive Learning Environments at ncssle@air.org.



Opening Remarks

Frank Brogan, Assistant Secretary of the Office of Elementary and Secondary Education, U.S. Department of Education





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National Center on Safe Supportive Learning Environments



Safe Supportive Learning

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The Opioid Crisis and K-12 Schools: Impact and Response



Event Date: April 26, 2018 - 03:00pm to 04:15pm EDT

This webinar was hosted by the U. S. Department of Education (Department), Office of Elementary and Secondary Education, Office of Safe and Healthy Students with the support of its National Center on Safe Supportive Learning Environments. It provided details on how the opioid crisis affects students and families along with insights into practices and policies that can help address the opioid crisis in schools.

It was designed for State-, district-, and building-level administrators, teachers, and specialized instructional support personnel interested in effective support of students and families impacted by the opioid crisis.

The webinar includes national, State, and local perspectives.

UPCOMING EVENTS

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

December 19, 2018

[All events »](#)

LATEST NEWS

A Conversation About Mental Health And
School Safety

December 18, 2018

Mental Health Pilot Program At Schools
Showing Success

December 17, 2018

[All news »](#)



U.S. Department of Education



[Student Loans](#)

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Combating the Opioid Crisis: Schools, Students, Families

In October 2017, President Donald J. Trump declared the opioid crisis a national public health emergency. The U.S. Department of Education (the Department) is joining other Federal agencies in combating the opioid crisis that is killing Americans at unprecedented rates and plaguing families and communities. While the causes of opioid misuse are complex and determined by multiple factors, the goals of prevention and recovery focus on reducing risk and promoting factors that increase resiliency. Schools play an important role in reaching these goals.

The Department is taking a two pronged approach to addressing the opioid crisis: 1) Helping to educate students, families and educators about the dangers of opioid misuse and about ways to prevent and overcome opioid addiction and; 2) Supporting State and local education agency efforts to prevent and reduce opioid misuse.

How Do I Find...?

- [Student loans, forgiveness](#)
- [College accreditation](#)
- [Every Student Succeeds Act \(ESSA\)](#)
- [FERPA](#)
- [FAFSA](#)
- [1098-E Tax Form](#)
- [More...](#)

Information About...

- [Transforming Teaching](#)
- [Family and Community Engagement](#)
- [Early Learning](#)



What are opioids, how are they having an impact and what is the Federal government doing?

- Opioids are natural or synthetic chemicals that reduce feelings of pain.
- Opioids are a class of drugs that include pain relievers available legally by prescription such as oxycodone, hydrocodone (Vicodin), codeine and morphine, as well as heroin and synthetic opioids such as fentanyl.
- **Anyone** who takes prescription opioids can become addicted to them or develop tolerance of physical dependence.
- In 2016, more Americans died due to opioid overdoses than car crashes. From cities and suburbs to rural America, opioid addiction and overdose is "the crisis next door".

Resources

- [Opioids.gov](#) illustrates the magnitude of the opioid crisis and actions the Trump Administration is taking to address it.
- Data on youth drug use is available at the [National Institute on Drug Abuse Opioid page](#).
- [CDC's Opioid Overdose Page](#) provides comprehensive information about opioids and their risks, as well as information about how to protect against opioid misuse, addiction and overdose.



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Opening Remarks

Frank Brogan Assistant Secretary of the Office of Elementary and Secondary Education, U.S. Department of Education

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Audience Polling & Recap of April 26, 2018 Webinar

Tim Duffey, Training Specialist, National Center on Safe Supportive Learning Environments

3

A State Perspective

Mary Ann Gapinski, Director, School Health Services, Massachusetts Department of Public Health

4

A District Perspective

Dr. Jeff Hawkins, Executive Director, Kentucky Valley Educational Cooperative

5

Question and Answer Session & Evaluation

Polling Question #1



Which of the following best describes your role? (Choose all that apply.)

- State education agency (SEA) staff
- Local education agency (LEA) staff
- Federal grantee (e.g., Elementary & Secondary School Counseling, Project Prevent, Promoting Student Resilience)
- School administrator
- Classroom teacher
- Specialized instructional support personnel (e.g., school counselor, school nurse, school psychologist, social worker, substance-abuse prevention specialist)
- Community stakeholder
- Parent
- Student
- Other (Please share your role in the Chat Box.)

Polling Question #2

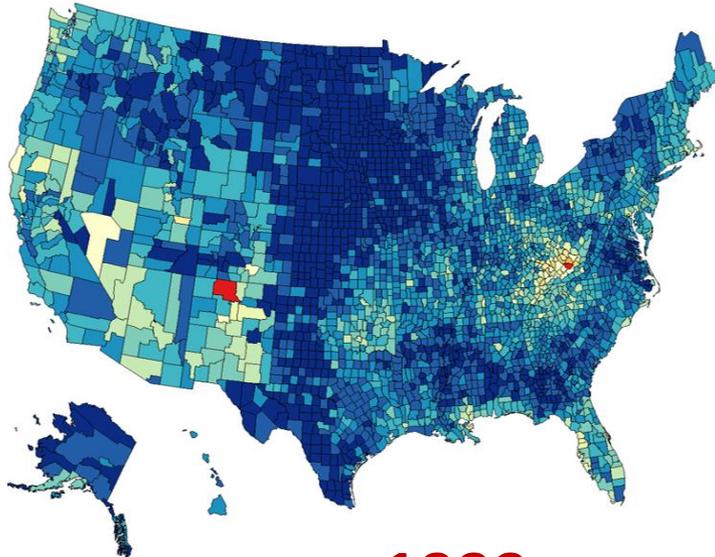


Which of the following best describes your primary reason for participating in this webinar?

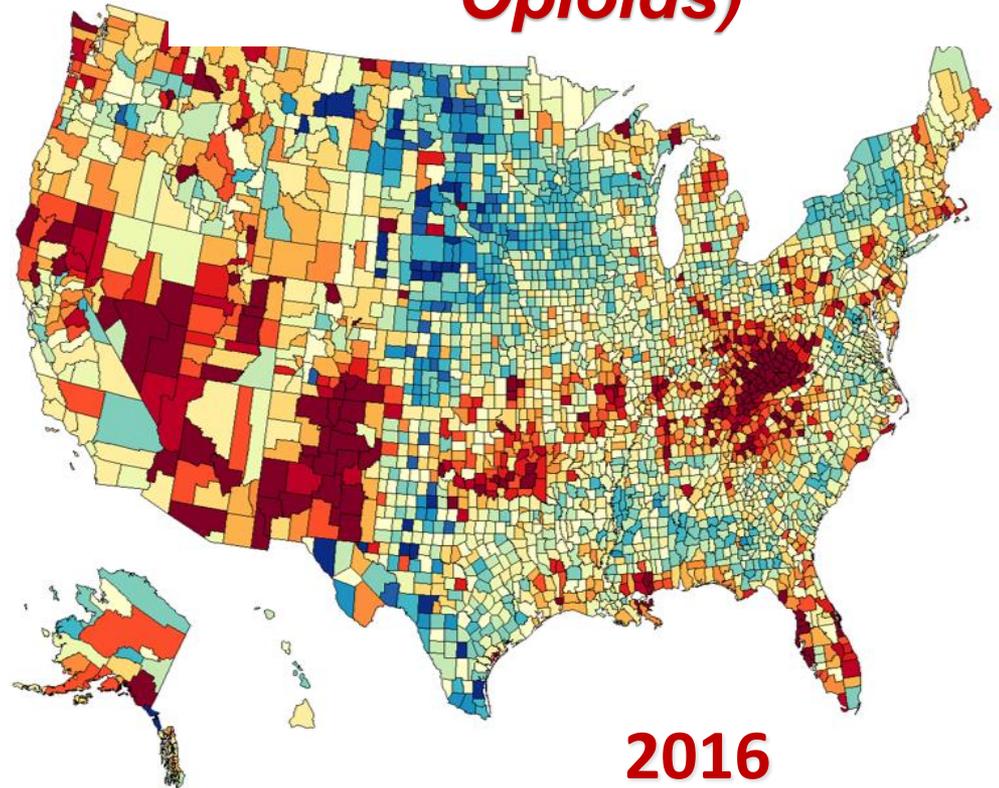
- I have leadership responsibility to address the opioid crisis within a State education agency (SEA).
- I have leadership responsibility to address the opioid crisis within a local education agency (LEA).
- I am part of a team addressing the opioid crisis within a State education agency (SEA).
- I am part of a team addressing the opioid crisis within a local education agency (LEA).
- I have a personal interest in addressing the opioid crisis.
- Other (Please share in the Chat Box.)

Virtually All Counties in U.S. Have Increased Drug Overdoses: Estimated Age-adjusted Death Rates per 100,000 for Drug Poisoning by County

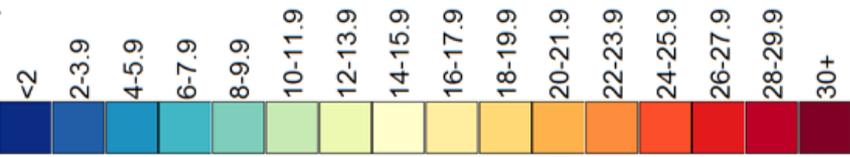
63,362 Deaths in 2016
(42,249 from
Prescription and Illicit
***Opioids*)**



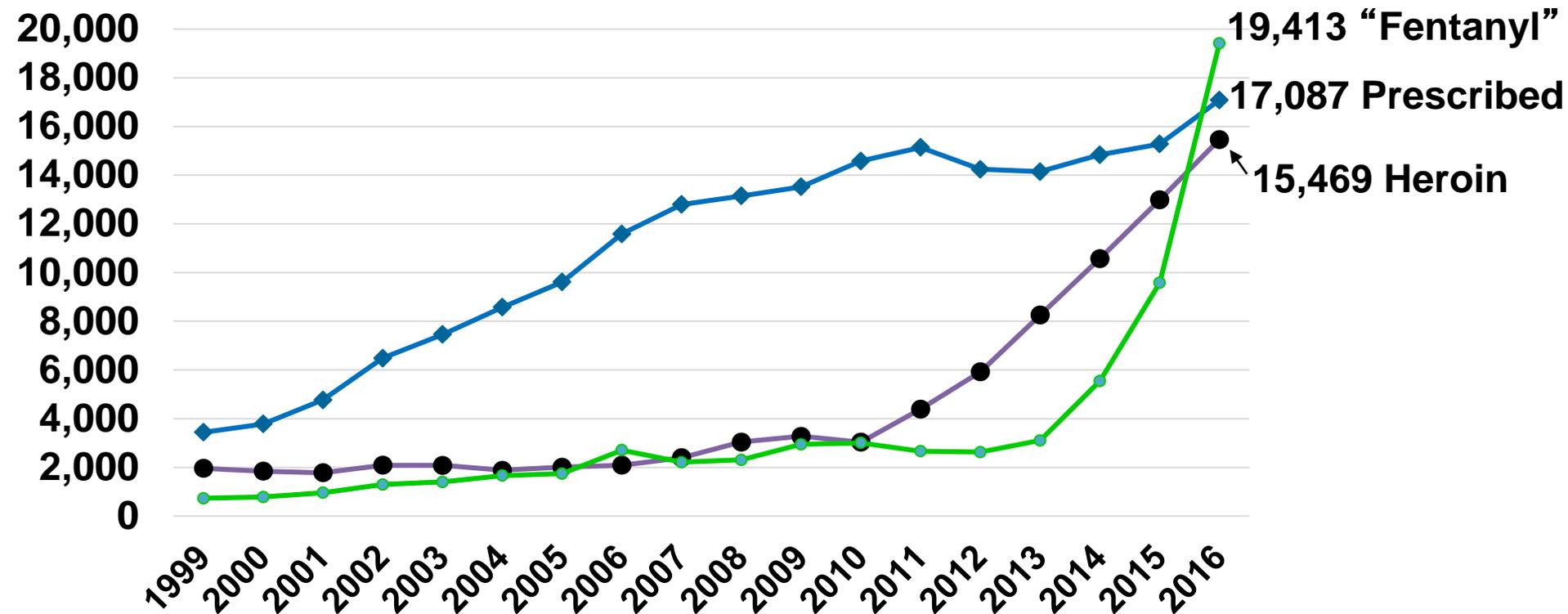
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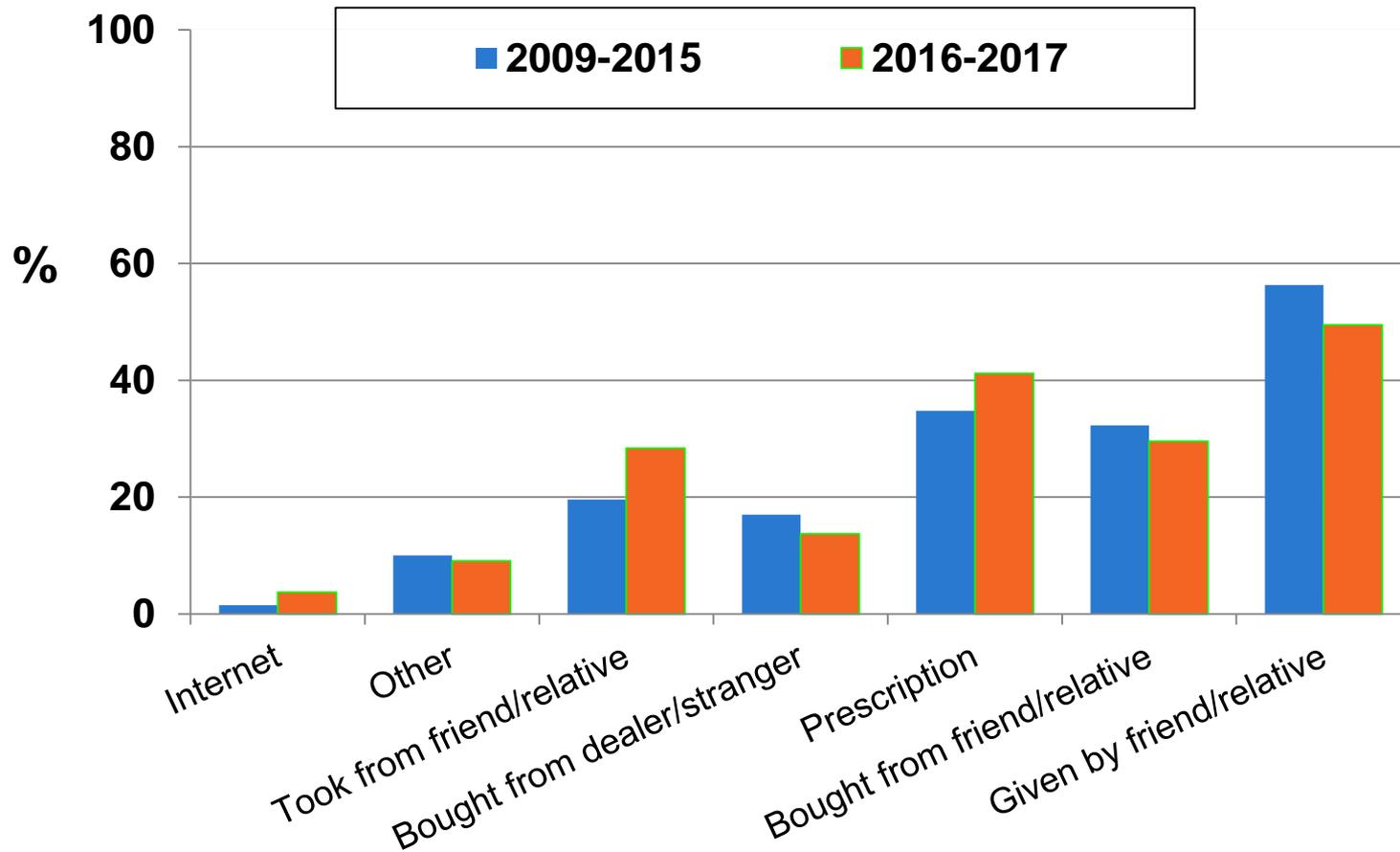
2016



Evolution of Opioid Overdose Deaths: *Analgesics* → *Heroin* → *Fentanyl*



Source of Prescription Narcotics Among Those Who Used in the Past Year, 12th Grade*



*Categories not mutually exclusive



How do you know who needs help?



- Family members and/or peers are using
- The student is using

Tips on How You Can Know Who Needs Help



Toddler/pre-school	Elementary	Middle school	High school
Mental/motor deficits	Poor mental/motor development	Anxiety	Mood and personality changes (sullen, withdrawn, angry)
Cognitive delays	Memory and perception problems; speech and language problems	Depression	Depression; unable to focus; more frequent health problems
Hyperactivity	Developmental delays	Secretive behaviors, difficulty sleeping, or changes in physical appearance or poor hygiene	Hyperactive; unusually elated; increased hygiene issues; endless excuses
Behavior disorders	Reduced decision-making abilities and behavior regulation	Disruptive behavior	Behavioral changes; changing relationships with family or friends
Aggressiveness	Impaired self-regulation	Rapid changes in mood or hostile outbursts	Problems with police
Poor social engagement	Poor response to stressful situations	Changes in peer group or failing to introduce peers to parents	Unhealthy peer/dating relationships; engaging in unprotected sex
Failure to thrive	Impaired school performance	Decline in academic performance; school avoidance	Disengagement from school; dropping out;

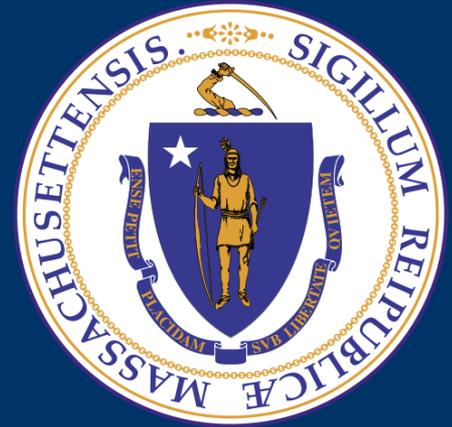


A State Perspective

Mary Ann Gapinski, Director, School Health Services, Massachusetts Department of Public Health



MA Statewide SBIRT Initiative: SBIRT in Schools



Early Identification and Intervention Preventing Adolescent Substance Use Problems



Mary Ann Gapinski
Massachusetts Department of Public Health
Director of School Health Services

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December 2018

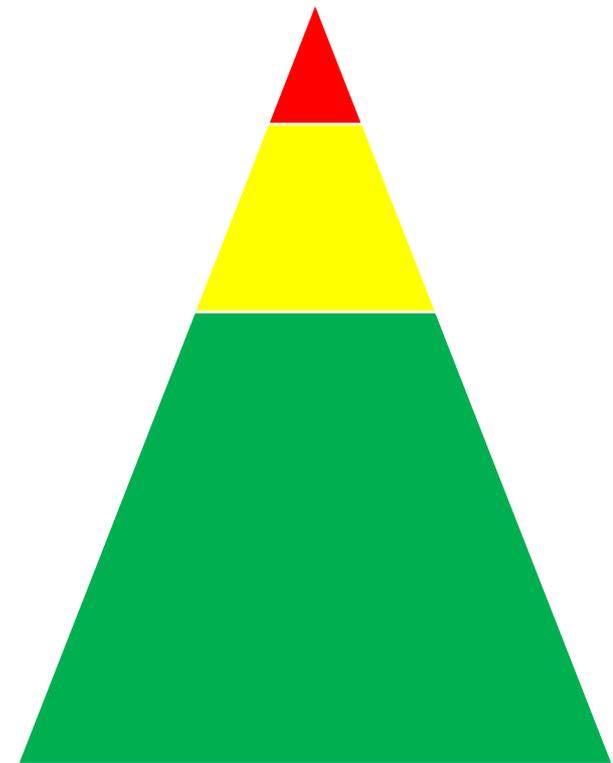


Three-tiered Approach to Opiate Use Prevention

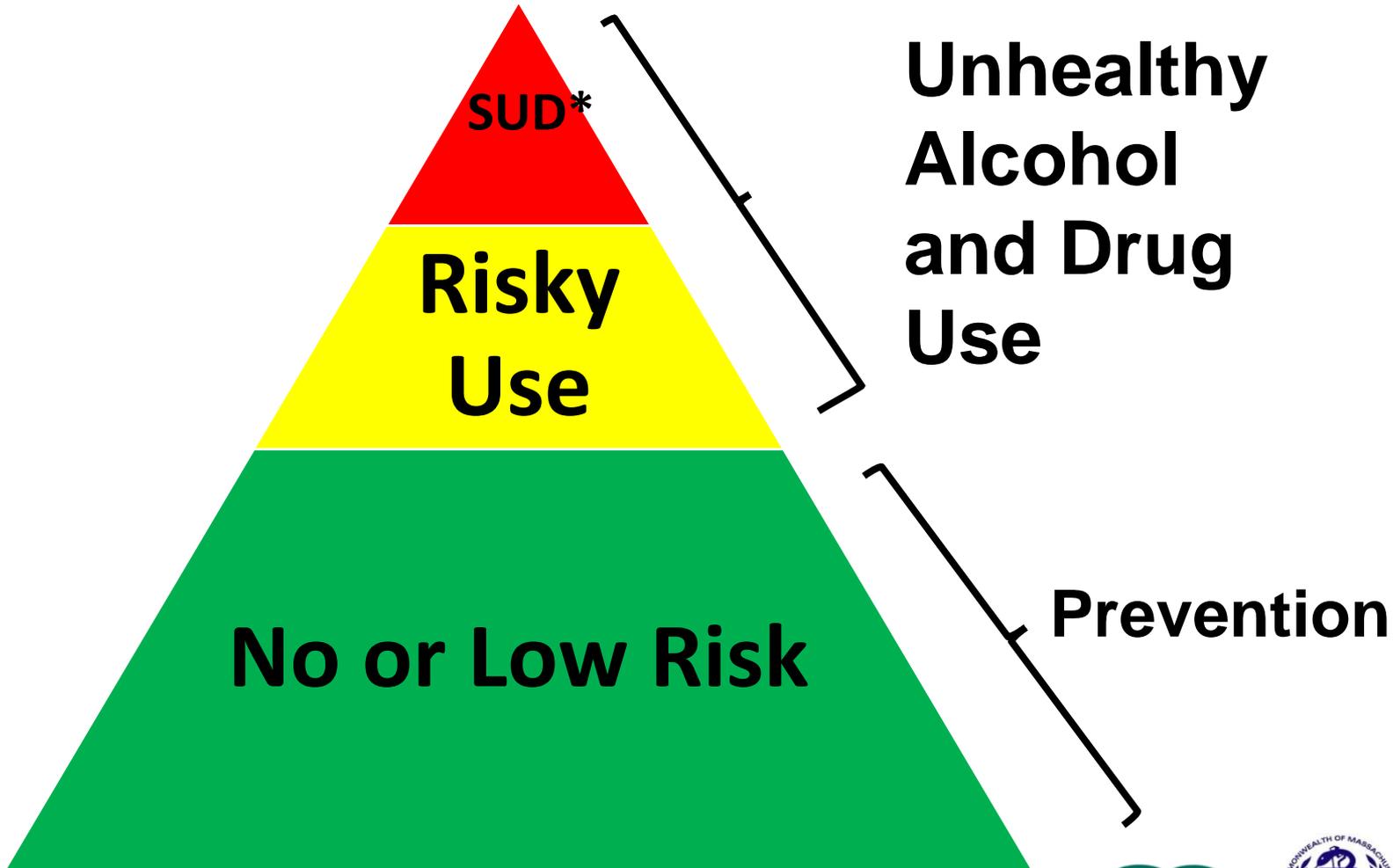


Hill Walker's introduction of multi-tiered prevention, drawn from community mental health

- **Tertiary Prevention:**
 - Individualized, intensive, few
- **Secondary Prevention:**
 - Standardized, targeted, some
- **Primary Prevention:**
 - Evidence-based, efficient, ALL



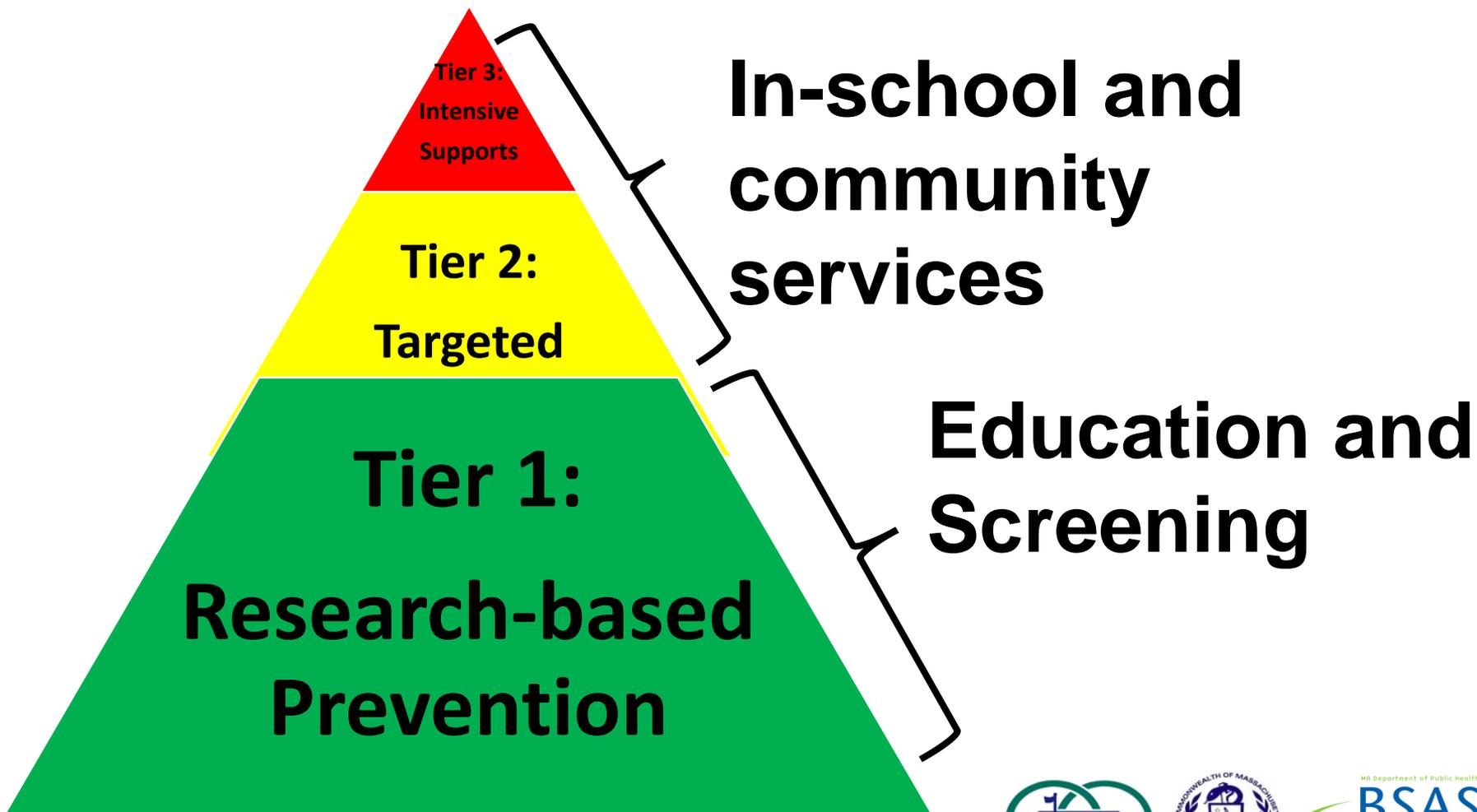
Substance Use Prevention



*Substance Use Disorder



Multi-Tiered Support for Students



SBIRT: MA Multi-Tiered Support Services



**Screening,
Brief Intervention,
and
Referral to
Treatment**

**Referral
to
Treatment**

**Motivational
Interviewing**

**Screening in Middle Schools and High
Schools: CRAFFT**

and

**Botvin Life Skills Curriculum across ALL Grade
Levels**



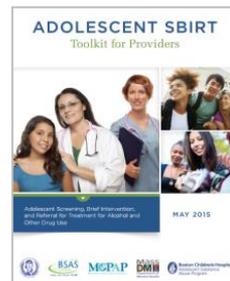
SBIRT Efforts in MA *before* Mandate



- 2006-2015 - SAMHSA-funded MASBIRT project included:
 - 6 pediatric clinics
 - 32 School Based Health Centers
 - Pilot in 10 School Health Offices by School Nurse



- SBIRT in Schools Pilots included:
 - School meetings
 - Implementation planning and team building
 - Team trainings at each school
 - Boosters with each school team before screening
 - Debrief and nurse responses



Mandate Highlights Summary March 2016



- Annual screenings for SUD at two grade levels:
 - one at middle school;
 - one at high school level in all public schools.
- Pupil or parent/guardian may opt out at any time
- Schools must:
 - Notify parents or guardians prior to the start of the school year;
 - Use only approved verbal screening tools (CRAFFT II);
 - Report de-identified results to DPH not later than 90 days after screening completion.



Mandate Highlights Summary March 2016



- “Any statement, response or disclosure made by a pupil during a verbal substance use disorder screening shall be considered confidential information and shall not be disclosed by a person receiving the statement, response or disclosure to any other person without the prior written consent of the pupil, parent or guardian, except in cases of immediate medical emergency or a disclosure is otherwise required by state law.”
- Consent must be documented on a DPH approved form; not subject to discovery or subpoena in any civil, criminal, legislative or administrative proceeding. “No record of any statement, response or disclosure shall be made in any form, written, electronic or otherwise, that includes information identifying the pupil.”

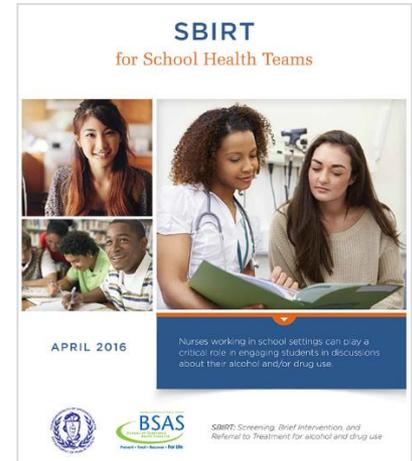


Lessons Learned:

An existing infrastructure has been critical



- Planning team
- Curriculum
- Experienced trainers
- School nurse champions ‘Voices from the Field’
- Web presence with printable forms and other materials, videos and links to materials for youth, parents and teams
- Existing registration processes for school trainings/meetings
- Aggregate data collection processes in place



Lessons Learned: Funding is critical



- January 2016 - Pre-mandate supplemental funding
 - Used for school planning grants through an application process
 - 104 districts participated - one middle or high school from each (5 funded by DAs)
- July 2016 – June 2019 – Three years of anticipated funding
- In-kind DPH staff time (extensive still) and resources from two DPH Bureaus throughout



Critical functions funding pays for:



- Regional Training Sites to accommodate large numbers
- Statewide travel costs
- Contract Trainers, schedulers, coordination, CNE's, CEUs
- Form development and translations into 12+ languages
- Coordination of local Essentials Trainings - very time consuming
- Web presence: More videos and written materials
- Reprinting of youth and parent prevention materials; contribution for material fulfillment vendor services
- Development of 'evergreen materials'
 - Online training modules for large numbers of new staff each year starting next school year



Caveats



- Time: two years needed to train staff from 344 school districts & ramp up for normalized future annual screenings
- Knowledge of school operations and school nurse responsibilities is necessary
- Nurses/counselors have different roles cultures, and concerns
- Schools need to know about local treatment resources and have a central number to call for consultation
- Additional agencies, bureaus, groups and vendors add more complexity – but collaboration has added value!





- Communicate early and often
- Town and state politics:
 - Be prepared to report regularly on training progress
 - Open part of training to administrators
- Athletics: Coaches may want screening results to cut AOD users from teams
- Media: Information may be misrepresented/misunderstood (e.g. drug testing)
 - All need to deliver clear, consistent messages
- Other people/groups may try to join you in the schools
- Continue to expect changes!



SBIRT Training for School Staff FY18



- 56 SBIRT Introductory trainings provided statewide
- 3791 participants
- 336 / 344 districts represented



Preliminary Statewide SBIRT Data FY18 (Second Year of Mandate)



Number of students screened: 91,000

Grade Level	Percent of students screened
7	42.17%
8	6.75%
9	38.66%
10	10.86%
Other or not recorded	1.56%
	100.00%



Preliminary Statewide SBIRT Data FY18 (Second Year of Mandate)



Percent of students screened and screening results

Percent of students who reported no use	90.9%
Percent of students provided brief intervention	7.9%
Percent of students referred for treatment:	1.2%



Preliminary Statewide SBIRT Data FY18 (Second Year of Mandate)



Staff Administering SBIRT	Number of screens completed	Percent
Nurse	45,923	50.4%
Counselor	30,940	33.9%
Social worker	5,296	5.8%
Psychologist	2,575	2.8%
Teacher	2,032	2.2%
Other	4,421	4.8%



Additional Outcomes Reported



- Relationship Building: Connectedness
- Identification of other student concerns
- School-wide culture issues addressed
- Staff found it worthwhile and gratifying





- MASBIRT Training and Technical Assistance
www.masbirt.org/schools



- School Health Institute for Education and Leadership Development
<http://bucme.org/node/1045>





How do you help?

Tips on What Can Be Done



- Find out what kinds of resources are available in your school or district, so you know where to turn to get help for a student.
- Talk with school counselors, nurses, and/or administrators to find out how best to support students for whom you are concerned.
- Learn to recognize the signs of opioid, alcohol, and substance abuse so you can refer students appropriately.
- Integrate basic alcohol and drug prevention skill-building into everyday teaching.
- Help students learn coping and stress management skills.
- Talk with students about opioid, alcohol, and substance abuse.



A District Perspective

Dr. Jeff Hawkins, Executive Director, Kentucky Valley Educational Cooperative





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Dr. Dessie Bowling, Associate Director –
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www.theholler.org

Who We Are:

- 22 Rural Public School Districts
- Bordering West Virginia, Virginia and Tennessee
- Geographic area larger than Connecticut
- More than 50,000 students
- More than 3,000 educators

Our Mission

KVEC's mission is to build the human capital of educators, learners and community members to work together to solve the often pervasive challenges that exist in our rural region.

Our Vision

Reframe the education and community narrative in Appalachian Kentucky.

Three “Drivers” of KVEC Vision

Agency – the level of control, autonomy and power that a person experiences in a situation that matters. (Ownership, self-direction, choice)

Agency in 3 parts:

Autonomy – the desire to direct our own lives.

Mastery – the urge to get better at something that matters.

Purpose – the yearning to do what we do in the service of something larger than ourselves.

Hope – the grounds for believing that something good may happen.

Trust – (in self and others) confidence in ability to accomplish something of importance.

Transformative Learning and Leadership Model

for students and adults

Connecting:

passion,

purpose,

place,

persistence,

pathway, and

product

in a personalized system

to create real-world solutions to pervasive challenges in an authentic context.

Every Learner a Leader, Every Leader a Maker

Locally Designed Solutions and Action Research

Locally driven innovation informed by: (1) a transparent and thorough needs assessment, (2) examination of relevant research and scholarship, and (3) driven by the good minds and hard work of residents.

Investing in People – NOT Programs

Learning Innovation Grants – over 600 awarded to teachers and classrooms to date

S.T.A.R.S. (Students Transforming Appalachia with Real Solutions) – Over 80 awarded to regional teams of students

Building it Forward (Tiny House Initiative) – Seed money leading to a sustainable model

Regional Student Senate – promoting student voice and choice and supporting student initiated efforts

Locally Designed Solutions and Action Research, Continued

Community Challenge Grant – available in every district and designed to include collaboration among multiple community entities

FIRE Summits (Forging Innovation in Rural Education) - twice a year events that showcase innovation and problem solving – livestreamed nationally

www.theholler.org – place-based social learning network for central Appalachia

Health-a-lachia Initiative (Project Prevent, Tele-medicine, Innovation Grants, Opioid Hack-a-thon)

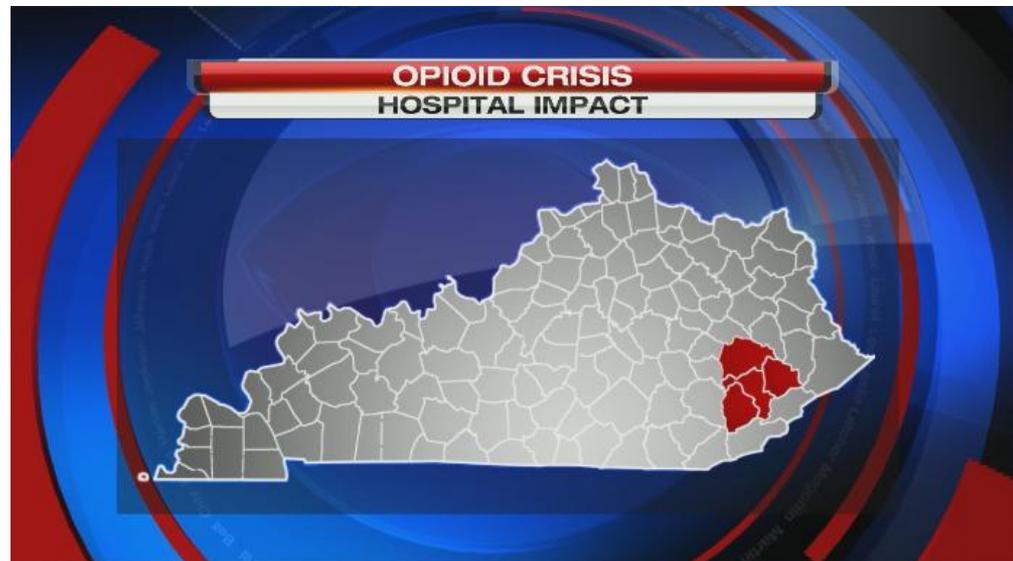
Opioid abuse study shows east Kentucky tops nation: two counties ranked #1 and #2; two others in top 10

(July 10, 2018 - WYMT)

A staggering study showing four Eastern Kentucky counties topping the list of highest opioid abuse hospitalization rates in the nation.

Perry, Leslie, Knott, and Breathitt counties are in the top ten of counties across America.

Perry and Leslie are one and two, with Perry leading by six percent.



Four examples of Opioid “Hack-a-thon” Projects

Protecting First Responders to the Opioid Crisis – Samsung Solve for Tomorrow *National Winner 2018*

The Empty Chair Project – Appalachian Regional Commission *Humanitarian Award 2018*

YMO Stories “Yours, Mine and Ours” – Appalachian Renaissance *Horizon Award Winner 2018*

CHHAR – Community Homes for Homelessness and Addiction Recovery – Appalachian Innovation Collaborative *Futures Award 2019*

For additional details on these projects, go to www.theholler.org

“RISE HIGHER” Action Planning *Model*

*The challenge of improvement is so complex that likely only **simple plans** will work.*

Simple is not the same as simplistic.

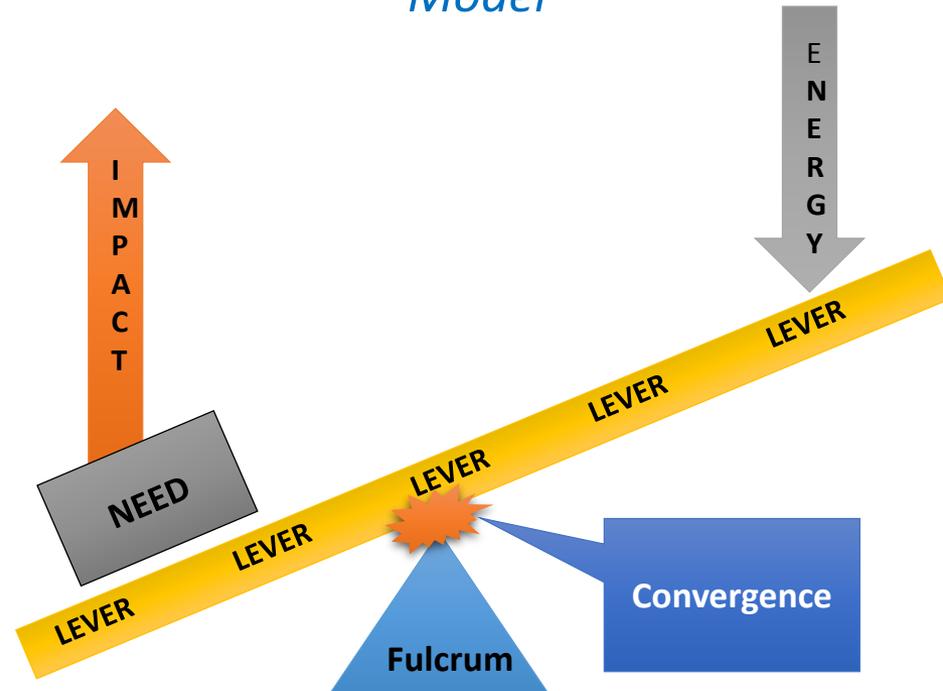
A simplistic plan might be a dummed-down plan, removing complexity by removing sophistication.

Simple is the opposite.

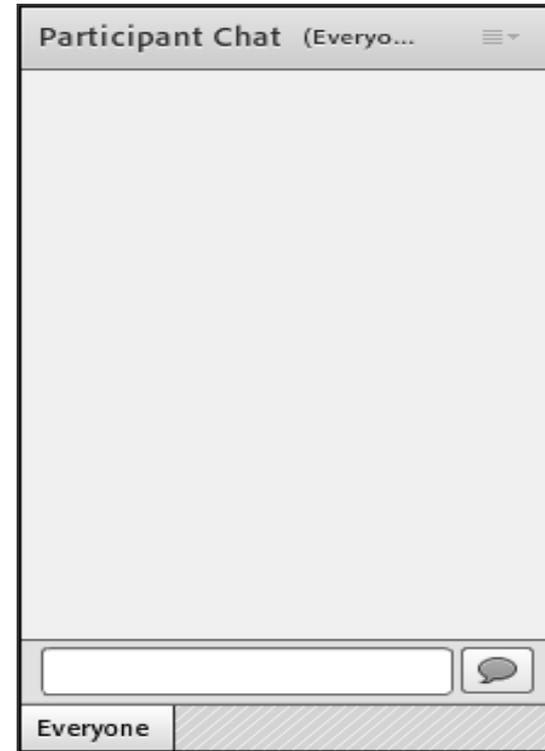
A simple plan removes distractions.

Only what matters remains.

Levers and Fulcrums Model



Questions?



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5. Massachusetts General Law Chapter 71; Section 96, Section 96: Substance use prevention and abuse education policies for public schools, <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section96>
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7. Rossen, L.M., Bastian, B., Warner, M., Khan, D. & Chong, Y. (2017). Drug poisoning mortality: United States, 1999–2016. National Center for Health Statistics. Retrieved from: <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>