

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

December 19, 2018

Tim Duffey: Good afternoon, everyone, and welcome to today's webinar, "The Opioid Crisis and K-12 Schools: Supporting Students at School." This event is hosted by the US Department of Education, Office of Elementary and Secondary Education, and the Office of Safe and Healthy Students along with the National Center on Safe Supportive Learning Environments. My name is Tim Duffey, training specialist of the center, and I will serve as moderator for today's event. Before I introduce our first speaker, I want to point out just a few technical details for you for today's event.

Near the conclusion of today's webinar, we'll provide an opportunity to address your question. In preparation for that, you may enter your questions at any time by typing them into the Participant Chat pod where you've been providing your name and where you're calling in from. So, it's just at the right of the presentation screen. Because we may not have time to answer all questions submitted, the National Center on Safe Supportive Learning Environments will prepare a document that includes the presenter's responses to all questions raised during today's webinar, whether we cover them during the question-and-answer period or not. If you wish to receive this document and have it sent to you, just email nccsle@air.org, and that email address is right here on the screen, and one will be sent to you when it's publicly available. That composite question-and-answer document will also be archived at NCCSLE's website along with the archived webinar once that document is completed.

Please note the downloadable resource or file pod down on the lower-right corner. There are six items there. They will also be archived along with this webinar on our website as well. In that Downloads pod, you will find the presentation slides, presenter biographies, and valuable resources supporting this webinar. As we go through the webinar slides today, periodically you'll notice citation numbers listed on the bottom-right corner of several slides. These numbers correspond to a list of references included at the end of the presentation. To learn more about information presented on a particular slide, please consult this reference list.

Finally, at the conclusion of today's session, we will display a brief four-question feedback form similar to what you see on the screen here now. So, we'll invite you to take just a few minutes at the conclusion to provide us with feedback to let us know how this event met your needs and to help us better meet your needs in the future.

At this time, I'd like to introduce Frank Brogan, Assistant Secretary of the Office of Elementary and Secondary Education. Mr. Brogan began his career as a fifth grade teacher and has since served as a dean of students, assistant principal, principal, superintendent of schools, a Florida commissioner of education, lieutenant-governor of the State of Florida, president of Florida Atlantic University, chancellor of Florida Public Universities, and most recently chancellor of Pennsylvania's Public Universities before being named Assistant Secretary for the Office of Elementary and Secondary Education this June. As you can tell, he holds a deep knowledge of the education field at all levels. I'll now turn the floor over to the Assistant Secretary to welcome you to the webinar and offer opening remarks.

Frank Brogan: Well, Tim, thank you very much, and good afternoon, ladies and gentlemen. Thank you all for joining this webinar today. Let me first be a bit redundant in thanking all of the good people who helped to coordinate not only this webinar today, but this is actually the second of a three-part series and I would be remiss if I didn't do a bit of a commercial message and suggest that while you're binge-watching over the holidays, you could actually go back to the archival material and refer back to the National Center for Safe and Supportive Learning Environments, NCSSE, and secure not only a copy of this webinar, once complete, but also the first one, and that would give you the opportunity to rethink ones you're thinking in this perhaps by seeing it in the appropriate order if you weren't able to join everybody for the first webinar. So, again, welcome to everyone. Thanks to all who put in a lot of time and effort to make this whole webinar series available. We hope you'll be a permanent part of this process and stay with us through the third portion of the webinar series, which we'll talk about later on today.

I want to also let you know that after 40 years in and around education, as Tim mentioned, not only have I seen some incredible and wonderful things evolve in front of me, most typically teaching and learning at all levels in an extraordinary way, totally changing for the better the lives of every student that came into contact with that opportunity, but because of that, and many of you on this call can identify with

it, I've also had to witness some extraordinary and very sad circumstances that our students found themselves in for a variety of reasons, whether it was living at the hands of abuse, whether it was facing their own personal demons. It is extraordinary how many of our young people come to school each and every day trying to overcome first and foremost the baggage that they carry with them or that which they have added to their collection over time so that they can be in an environment where they can focus on the thing that matters most, which is the learning experience. By virtue of that fact, as I have been dealing with the issue of the opioid crisis, and I serve not only on the White House's group that meets with agency leadership on a weekly basis and have the pleasure of being involved in that group but also work here in the Office of Elementary and Secondary Education with our good people, many of whom were assigned tasks that surround safe and healthy students, the issue that we all know about, and it is hard for me to believe that the people of this country would be surprised to hear the word "opioid" these days since it is being used quite significantly and is associated always with the words that are qualifiers that follow it such as "tragedy," such as "crisis," but what people know about opioid and opioid crisis is relative, and by virtue of that fact, those of us who work in obviously very close proximity with our students each and every day need to learn more and more and more.

That's one of the reasons this three-part series was created. The first part indeed was a general topic vendor on the issue of opioids so that people could learn more about it and its tragic impact, but now we're beginning, and will today, to fine-tune that conversation and the audience it is directed to, to make certain that ultimately the people who do work with students, around students each and every day, feel better equipped that when a student is identified who is fighting their own particular demon or perhaps living in a situation or around a situation that is having a negative impact on them because of the addiction of others, family members, friends, et cetera, that will be able to help people acquire, if you will, somewhat a toolkit of places that they can go, people that they can talk to, strategies that they might employ. I think with the great agenda that you're going to have available to you today, that will become clearer and clearer to you through the remainder of this webinar and on into the third in the series.

If you missed that first webinar, as I mentioned, it's archived and available, and I hope you can find time to go back and review it. During that webinar, Jason Botel, who was then the Office of Elementary and Secondary Education's Principal Deputy

Assistant Secretary, reviewed federal activities throughout 2017 and '18 in an attempt to help people understand what was going on as we combat the crisis. On that webinar, we also heard from three presenters. They addressed issues such as ways opioid misuse affect students and families as well as sharing their perspective on national, state, and local policies and practices to help address the opioid crisis in our schools. Polling from the first webinar actually showed majority of participants were specialized instructional support personnel with personal interest in addressing the critical issue. We designed today's session to focus specifically on educators and support personnel as a result of this, and also plan to focus on ways that, as mentioned, they can be active agents in their classrooms, schools, and communities to support students impacted actually by the crisis as it continues to unfold.

A few comments about our efforts to address the crisis. As we know, opioid crisis has been a high priority for this administration - for the President, the President's team - since day one. The good news is it is a bipartisan issue in terms of interest, and even members of Congress have taken a great interest because obviously the opioid crisis is impacting significantly across the country, their own constituents and constituencies, and therefore they are deeply involved in it. Then specifically, in our case here in the Department of Education, we have a secretary who has made this appropriately a huge issue for the Department of Education. We get the chance to scan a national level. We want to make sure that we're addressing this in an attempt to help the people on the ground, in the field, all over the country as school students pour in to America's schools each and every day.

So, in terms of today, we're going to be talking about prevention, use and abuse even for our children and youth who continue to find ways to access the issue, improve access to treatment and recovery services, promote use of overdose-reversing drugs to improve response and save lives, strengthen our understanding of the epidemic through better public health monitoring, provide support for cutting-edge research on pain and addiction, advance better practices for pain management, and raise awareness to the issue along with strategic strategies that are aimed to protecting communities throughout our nation, especially including, in this case, our schools. In my role, I've participated, as I mentioned, in weekly White House meetings to coordinate efforts across federal agencies. I've had weekly meetings here, as I mentioned, with the Office of Safe and Healthy Students within the Office of Elementary and Secondary Education to coordinate edgework, our work here in the Department of Education and ultimately help coordinate that with the people all

across the country to help better educate students, educators, and their families about the dangers of opioid misuse, and about ways to prevent and overcome opioid addiction, to support state and local education agency to prevent and reduce opioid misuse in schools across communities around our country, and to promote strategies for schools and partners to help protect our children and youth at school, at home, and in their own communities.

Unfortunately, this issue is not new to me personally and I would venture to say, as I mentioned before, not new to many people on this call. Many of you on this call and webinar have probably had great and long experiential opportunities in the world of education, and then like me, sadly, you've also had those experiences over time that have been the sad ones, the ones that have given you that wake-up call as to what our young people carry with them each and every day. No doubt many of you who have joined today's webinar have had similar experiences in your experience over years, but even for those who are new to the issue, the importance of it to you and to those you serve is equal in terms of what we've got to do to better work with our young people, and that also would include teachers, administrators, and others who have direct responsibility for those young people each and every day.

Students living in the care of a parent or guardian struggling with opioid addiction miss more days of school. We know that. Another devastating effect is the increase in displaced and orphaned children who are now living with elderly grandparents or entering the foster care system as a residual. We know that. Schools have to be prepared to support students who bring this trauma with them to school each and every day for a variety of reasons. As educators, we have a fundamental role to play in combating the crisis. In addition to prevention of opioid and other illicit drug abuse by students, school staff also must deal with students whose parents, siblings, and friends, as I've mentioned earlier, are grappling with substance abuse. We can overcome this crisis. I really believe that those who are engaged in these conversations, back to the White House, back to Congress, back to the Department of Education, and right down to where each and every one of you are located today, the genius of America is we Americans love to believe that we've never met a crisis that we could not overcome, and it'll happen because dedicated individuals like you work together to make changes needed, develop strategies, leverage collective resources, and ensure that every student has a safe, positive school climate in which to learn and grow. This includes having at least one adult, and this is something I've

always believed. Every student on every campus should have at least one adult that they can trust and feel they might go to if they need additional support.

One way we're working with states to combat the scourge is through Fiscal Year '18 School Climate Transformation Grants; I'll call them SCTG 04. Those SCTGs will help states develop ways to build the capacity of schools to implement evidence-based approaches for improving behavioral outcomes for all students. As many of you on the webinar know, the issue of evidence-based research looking for evidence-based outcomes is more important than it's been ever, and by virtue of that fact, as people grapple for different ways to approach this issue and work with their students, their schools, their families in different ways, it'll be comforting to know that many of those ways are going to be inventoried, available, and take comfort in the knowledge that they are being done in other places with a track record of success so that as people go towards those opportunities, they will know that that success is already an integral part of where they're being practiced and help raise their awareness but also their comfort level that they might too want to move in that same direction as they help the children in their charge.

Our department intentionally did not prescribe which opioid abuse prevention and mitigation strategies should be used, and that's my point. It really is about creating a menu of opportunities as evidence-based as possible so that people in their unique area of the country and in their unique area of school district might be able to find their way to work with their students to assure a better, safer environment as it relates to the scourge of opioid addiction. We'll also help prepare them for that worst-case scenario when they learn that a student is using, or worse, if there was a student who was hurt or even possibly passes away from a possible overdose. This type of tragic event will require support to the whole school community, and some of you perhaps have experienced tragedies such as these in recent years.

Here's a snapshot of what some grantees have proposed. Kentucky, for example, is focusing on nine geographic regions with the greatest risk providing support to recognize students at risk in making referrals using the Too Good for Drugs Program. Rhode Island is using multilayered behavioral frameworks to decrease risk factors and increase protective [Audio Gap] factors. Colorado is incorporating evidence-based prevention strategies in the menu of options available through their LEA. Massachusetts is creating an academy that includes training for identification [Audio Gap] and at risk and school-based prevention strategies.

Before I wrap up, I want to put up a plugin for one last resource that I'm a little fond of and it's close to home. In collaboration with the Readiness and Emergency Management for Schools - we call it REMS, R-E-M-S - TA, Technical Assistance centers, we produced a comprehensive factsheet for schools and their partners that focus on prevention strategies and provide information and tools for addressing opioids before, during, and after a possible incident. Ultimately, this administration believes that if we can reach children and young adults before they ever start down the path toward abuse, we really do have a real chance to turn the tide on opioid addiction in America. Today's webinar is designed specifically to ensure that pre-K through 12th grade classroom educators are knowledgeable and well equipped to contribute to this effort. Our expert presenters will help us explore two difficult multilayered questions: How do I know who needs help, and how do I help them?

In conclusion, I'm going to turn it back over to Tim, and I want to close by thanking you again for your vital work. On behalf of children, youth, and families, thank you for your commitment to supporting America's students and for joining us today to learn more about how educators can best tackle the opioid crisis and support students impacted by community, family, peer, or even personal opioid use. Our department team and I look forward to hearing from you, learning with you, and joining in future efforts with you. Together we can prevent and reduce opioid misuse and support each and every student who is impacted by this crisis.

Tim, thank you for the great honor and opportunity to address this very large group on this second webinar. We do hope you'll do a little binge-watching over the holidays on the two webinars together and look forward to you joining the third one that is scheduled. Thanks again, Tim, and I'll turn it back over to you.

Tim Duffey:

Thank you, Mr. Brogan, for those important opening remarks on behalf of the Department of Education. They certainly reflect the commitment on the part of the department to play a leading role in support of all of America's educators in addressing this opioid crisis, so thank you again for that.

I just want to mention that I have been attending to some of the participant chats during the presentation and see that some of you have been experiencing audio difficulties. That was not happening for me, so we know that if this is being recorded

without that issue being present, that means that to follow up on Frank's comments that if you wish to return to our archived version, which we will post to our website, the audio will be solid there and you'll be able to hear through without those issues. We're sorry for that difficulty. We are working on it behind the scene.

As part of the department's leadership response to the opioid crisis, the webpage now displayed has been created as a repository for essential resources to support your local efforts to address the crisis. We'll place the website link into the chat pod so you can copy it for future reference as well. It should be there now. Then we've created a short factsheet of information found on this landing page, which is one of the resources available for download in the download pod in the lower-right corner. So, you'll also find that information there.

It's been my pleasure to work with a great lineup of subject matter experts for today's webinar. I'll provide more brief biographical information on each presenter when we reach their segment of the webinar, but as a quick overview, the flow of the event will happen as we see on screen now with this agenda. We've concluded section one with the Assistant Secretary's opening remarks. Next off, we'll have a brief period where I'll do some polling of those of you who are attending and recap a little more about the April 26th webinar that the Assistant Secretary referenced earlier. Following that, there will be information from a state perspective with Mary Ann Gapinski from the Massachusetts Department of Public Health. Following Mary Ann, Dr. Jeff Hawkins from Kentucky Valley Educational Cooperative will speak from a district perspective. Again, near the end of the session, we will have opportunity for some questions and answers and have your opportunity to provide us with feedback.

Before I introduce the next speaker, I'd like to use two polling questions to help you as participants learn about who else is joining the event today and to help our presenters know what points to emphasize over the course of the presentation. Let's begin with our first polling question, and so Shanna will pull that in now. There you go. So, you can use both of these at one time here. The top one, the polling question asks, "Which of the following best describes your current role?" For anyone who is only connected by audio and doesn't see the screen, we have options there that go from state education agency to federal grantee to various roles within the school system. We also have parent, community stakeholder. If you're not seeing that full list, scroll down. There's also student and other, and then we invite you to type your

association into the chat box, and we see some folks coming in and out, school board members, yet they - great, thank you for doing that. So, keep responding to that one.

The second question in the lower part of the screen, “Which of the following best describes your primary reason for participating in this webinar today?” Is it because you have a leadership responsibility at either a state or a local level? Those are the first two options. If you’re part of a team that’s addressing the opioid crisis at either state or local level, those are the next two options. If you have a personal interest in addressing this crisis, that’s the next option, and then there’s also a chance for Other. I invite you again to contribute to that. I’m going to give just a bit longer for responses to roll in, and I can let you know - again, if you’re not able to see what’s onscreen, I’ll report to you that as far as role, the largest percentage at about 25% to 26% is specialized instructional support personnel, people like school counselor, school nurse, school psychologist, social workers, those folks, followed by - nearly a tie between the education agency staff and local education agency staff. Those are the lead participants in today, and the reasons for participating are pretty evenly split across all of those options that are offered. Many of you are part of teams that are addressing this issue locally, and many also with a personal interest. That’s great. Thank you very much. We’ll close those, close and move on. That’s very helpful information for us to get an idea of why you’re with us today. Thank you for doing that.

As the Assistant Secretary Brogan referred to the first webinar in this series that was conducted on April 26th of this year, and one of the speakers during that event was Dr. Wilson Compton, Deputy Director of the National Institute on Drug Abuse or NIDA. I just want to give you, as a bit of context for today’s conversation, a brief overview of three slides from Dr. Compton’s content that was provided that day as grounding for what we’re talking about here today.

On this slide, Dr. Compton shared information from the National Center on Health Statistics which paints a pretty dramatic picture of the increase in death rates by county across this country from drug poisoning. You’ll see that in 1999, as represented on the left side of the screen, that very few counties reported the higher levels of death rates which are indicated by the red gauge in the graphic. When you compare that with 2016, on the right side of the screen, you’ll see there are significant pockets in much of the country that is dramatically affected by these

death rates, and the data point up here at the top indicates that the bulk of those are coming from opioid death. That was one major emphasis point that he made in his content.

Another was, with reference in this slide where Dr. Compton went on to describe how the spread of the epidemic, which began with over-prescription of opioid medications, was then led to misuse. Those prescriptions are indicated by the blue line, and you'll see that in 1999, those were leading the charts for death. Those patterns of addiction to those prescription medications then led to an increase in heroin use, and you see that chart take off and take up more - mostly, they go in here around 2010. Then around 2013, the emergence of various types of fentanyl drugs dramatically changed the scene across the country. They are higher potency and represent greater profitability in the black market than heroin does, and that's a piece of how they have found their way into the fabric of our society. The national news recently has emphasized the point as represented by the 2016 data which shows that fentanyl has surpassed heroin and prescription drugs as the leading cause of opioid death, as reflected here.

The third slide that I'll use as context for today of Dr. Compton's information as reflected in this chart from an annual survey of students. The major point Dr. Compton highlighted here is that while prescriptions are a notable source of their - so student prescription is a notable source of abuse amongst students. Buying from or being given medications from friends or relatives, when added together, far outweigh those of their own prescribed medication, and together, these all represent a very significant portion of the issue for students with whom you may be working in schools.

It was important for him to allow us to reflect on this information and think about how that might represent itself in our settings. I encourage you to access the full archived webinars that I mentioned several times on our website and take full advantage of the content that has been posted there.

We know, in light of all of those data points, that likely what's on the mind of nearly every educator who's aware of this information is you go right to the individual level and you want to know, "How do I help? How do I know who needs help?" Today's webinar will help address this question. I also want to refer you to the tip sheet that's in the download pod. On that tip sheet, we talk about two ways in which young

people may be impacted and may be impacted by family members' or peers' use or they maybe be impacted as a result of their own use. Part one of that tip sheet then gives you information about warning signs of things that you may look for, according to developmental stage, that may be an indication that they're being impacted by someone's opioid use. That tip sheet, we encourage you to keep at hand and have it available for reference, so put it on a clipboard or your backpack or whatever, desk drawer, however you might be able to keep this available for yourself as a reference point. We'll return to that document later on as well.

With that context in mind then, let's move to today's presenters. To give us an idea of how one state has addressed the opioid crisis, I'm happy to introduce Mary Ann Gapinski. Mary Ann is the Director of School Health Services in the Massachusetts Department of Public Health. She currently serves as the statewide director of the Screening, Brief Intervention and Referral to Treatment - or SBIRT - in Schools coordinator, a statewide effort in Massachusetts to provide a systemic approach to prevention, intervention, and treatment of the students impacted by opioid and other substance abuse, and she'll describe that in significant detail with us today. You can review more about her bio in the resource pod, the presenters' bio download, and get more information about her background and experience. With that, let me turn it over to you, Mary Ann, to take us away.

Mary Ann Gapinski: Thank you, Tim, and thank you to your entire team for supporting this presentation and especially the work that we're doing in our state in the area of the opioid use prevention in our youth. It's really an honor to be a part of this webinar today. I'm here to talk about what you've defined as SBIRT in Schools, which is Screening, Brief Intervention, and Referral to Treatment. I'm going to talk a little bit about and use Phil Walker's introduction of the multi-tiered prevention. This is discussed more thoroughly in the April webinar as well so I won't go in into details, but we know that this approach thrives on a systemic three-tiered multi-support prevention model that has been used in multiple interventions in multiple settings.

In this particular case, we're looking at the lower tier, the first tiers of lower - low-risk and really want to address the prevention level before we get to and before our students get too risky in unhealthy alcohol and drug use. That's what we're here to identify today. In addition, what this means for us in Massachusetts is using both an education and screening modality for Tier 1. In Tier 2, as we will discuss, we're using

in-school services. In Tier 3, we'll be using community services that are needed and talk about those additional support for students who need more intensive services.

Using the verbal screening for substance use known as SBIRT - again, just a reminder that stands for Screening, Brief intervention and Referral to Treatment - it provides for this multi-tiered approach at all three levels. At the Tier 1 level, it's both education, and for that, we use the Botvin LifeSkills curriculum across all grade settings. We also provide this training at no cost to help education faculty across the state. This is through our Department of Public Health, and this funding is available, as I said, at no cost to all school districts for their health education. Also at Tier 1, which I'm going to be talking about in detail, is the screening that we're doing using an evidence-based screening tool that many of you probably know as the CRAFFT 2. This is a tool that scores the usage of alcohol, marijuana, prescriptions and other drugs as well as vaping based upon the frequency of use. That's what determines the level of risk. For students that report no or minimal use of substances, a brief intervention is then applied, which we use in terms of motivational interviewing which reinforces for those that have no use the positive decision-making and the good choices that they are making already. This is oftentimes - what we're getting feedback from our students - the first time that somebody has ever told them that they're making good choices, that they're doing something well.

For those students who report beginning use or identify as being part of risky use in general, then we move to the Tier 2 level and provide a brief intervention, and then generally this is at the school level or school services and follow-up is done. This motivational interviewing again is to promote change in students' behavior, and has been very effective at the Tier 2 level. For students who need Tier 3, who've been identified as needing more intensive counseling, this generally requires a referral to treatment for those that report these higher levels of usage. That is also done at the time of the screening.

I want to talk about how these efforts began here in Massachusetts because if any of you were thinking about this, I warn you that it began here on a very small scale and piloted in just 10 school districts. At that time, we were very deliberate in our efforts to ensure fidelity to the model and to the sustainability of this program. These efforts included many meetings with desperate teens in the individual school district, providing intensive training and ongoing technical assistance and consultation as needed throughout the state to all of these pilot sites. Then in March of 2016,

Governor Baker signed what is known as the STEP Act here in Massachusetts, an act relative to substance use, treatment, education and prevention. Included in this legislation was a mandate for an annual verbal screening to be done in two grade levels across the state, one in middle school and one in high school. It required that parents be notified that we use an approved screening tool - again, this CRAFFT 2 - and that the reporting of aggregate de-identified data be sent to the Department of Public Health. Other highlights of this law include the protections of confidentiality of the student as well as the rights of parents to be informed of this information. The consent to disclose this information obtained during the screening process was very carefully defined and very carefully monitored across the state.

We had to quickly gear up our efforts to provide this training to school health staff statewide. We created school planning teams, developed an expanded curriculum for trainings, and use those districts where we had been piloting it in as our experienced voices from the field to help other districts statewide develop and implement their SBIRT screening program. This has been known now as SBIRT in Schools. This training included use of both the existing materials we had and we developed additional materials that we found helpful, videos, materials for students, staff, and parents. These trainings were provided both regionally and locally to all school districts.

From January of 2016 on, we've been receiving funding from the state that has remained critical to this effort. This has provided some planning grants to schools, and even our local district attorneys have added to this funding because they were so supportive of these efforts. We've just received funding from the state for three years now, and of course extensive support from the Department of Public Health too. This funding has helped to support all the startup cost one might anticipate in a statewide effort: again, the development of training curriculum based upon web materials, the cost of training sites, travel costs, the contracted trainers that we located, development of the reporting forms, the coordination of related logistics, the registration, and again, multiple materials for parents', students' and schools' faculty use. It wasn't inexpensive.

Just some words of wisdom based upon our experience. To do this, you need time on your side. Without the pilot programs already in existence in the state, this would've taken much longer than the two-plus years we have already spent rolling out this initiative statewide. It was essential that we worked closely with our state

Department of Elementary and Secondary Education to talk about how this would be operationalized at the local school level. It was really essential also that we understand the roles and responsibilities of the individuals we were asking to provide the screening. This primarily included school nurses and school counselors. We needed to ensure that there was adequate treatment resource that's available to students who were identified as needing more intensive support. All this collaboration has had a major positive impact on the interpersonal and interprofessional relationship among our agencies and amongst school professionals. It has been noted by school staff that this is one of the major outcomes of this initiative is the development of this relationship and the understanding of the role that each of them has in not only this program but in other programs across their school district.

Some other things we learned is that communicating with stakeholders can never be minimized, especially to students and parents about the purpose of this screening. This was an early indicator of our success. When communication wasn't done correctly or in a timely manner, that's when resistance was met. It was necessary to explain the primary purpose of the screening was and remains prevention, and it wasn't intended to target any student or groups of students, and it most definitely wasn't intended to get any student in trouble. Those were the messages that we had to get across over and over again. Confidentiality, consent, and even what verbal screening meant was all essential to our communication process with the stakeholders across the state who often - when we talked about drug screening, a lot of people thought we meant drug testing, which was of course against everything that we wanted to stand for.

While I don't have a final report yet because this is still in our planning stages or preliminary stages, I am able to give you some of the tentative data on the results of our effort thus far. In the two years of implementation - that is, SY '17 and SY '18 - we've been able to conduct over 56 introductory trainings statewide with over 3,700 participants. Ninety percent of our school districts impacted by this mandate have been represented at these trainings. What's more exciting is that the number of students screened last year was over 91,000 students. That means 91,000 students had a conversation about prevention of substance use in our initial year. Most of these students were in seventh and ninth grade, and this is a reminder that we just required one middle school and one high school grade. I should note that the CRAFFT screening tool that we used is the only evidenced-based tool that can be used and

available for a student that is as young as the age of 12, which is why grade seven and not lower grades were selected for this program even though it's intended to be a prevention model.

This is what we have found thus far, a quick look at our preliminary results, and this demonstrates what we're hoping for, that for most of our students, 90%, that this is a prevention screening, that we are able to meet them and their needs at Tier 1. Approximately 8% of the students were identified at Tier 2 as being at risk and less than 2% of these age groups of students required intensive support after the screenings. A reminder again that the majority of these students are middle schoolers so we really do hope that this remains a prevention model and that we weren't seeing higher numbers in the risk category. Because this is promoted as a health screening to our students and our parents, the school nurse was the most frequent screening professional, followed by school counselors and social workers across the state in schools.

This is the most exciting slide that I have available because I'm happy to report that in addition to these preventions, interventions, this screening provides a unique one-on-one conversation that has helped to improve relationships and impact student connectedness, as noted by our post screening evaluations that we've done with the students. They've been able to sit with hopefully a trusted adult in the school; someone that cares for them that they now know has expressed this interest in them. It has also helped to address other individual student concerns that the assistant secretary identified that these students carry with them every day, the anxiety, the depression, and other issues that school professionals are able to address and help with their students, everything from identifying students that are being raised both formally and informally by grandparents, issues that are going on at home that they might not have had an opportunity to talk with about it, especially around substance use that is occurring in their home with their family. It has also assisted student assistance teams in these schools to identify other schoolwide issues that are presented by students during these conversations, such as issues related to self-harm, especially cutting, disordered eating among our students, just to name a few, that these teens were then able to pull back and do some policy and curriculum development around further prevention.

Our school staff has reported back to us through our evaluations that this program has been one of the most rewarding efforts in their careers, not only for them having

the time to talk with all students on an individual basis but also because of that interprofessional collaboration amongst school staff, that they were really working together as teams for the health and safety of their students. Just a reminder that oftentimes, this is the first and one and only communication a student may have with a trusted adult in the school that occurs around these issues.

For further information in all of our materials that are further defined and all of our PowerPoints that we used in trainings, I refer you to the website that's listed here, our masbirt.org/schools website, which contains all of these programs and then offers that strong additional technical assistance and consultation to our school districts. I can't help but mention our School Health Institute for Education and Leadership Development, that we are partners with the Boston University, known as the SHIELD Program there. They have provided logistical support for this and additional trainings. If you have those questions or want to refer for more information, please look at those sites. Obviously, I am available to address some of your further concerns too. In the meantime, I thank you for the opportunity to share this initiative and to address this opioid crisis for our students as we've done here in Massachusetts.

Tim Duffey:

Thank you very much, Mary Ann, for that great overview of a very systemic statewide process for prevention and intervention, and in the most extreme cases, treatment of students who are impacted by opioid use. We know that all efforts begin with individual actions of committed education staff members who watch for the warning signs and then take appropriate action, and so I'm going to refer back again to the tip sheet that's included in the download where Part 2 of that talks about some ways in which we can be of support. There are six basic tips. There's a lot more information in the tip sheet about it that rounds these out. I just again want to draw your attention to that resource being available in the download pod.

By the way, there've been a few folks mentioning that in terms of accessing the download, how does that work? If you click on any of them that you want to have, and then at the very bottom, click the Download File box, then they will be downloaded to your - if it doesn't happen on the first click, you have to then click - get them highlighted and then choose to download file. Okay. Next up, we have a school district perspective on the crisis, and joining us today is Dr. Jeff Hawkins, the executive director of Kentucky Valley Educational Cooperative. The cooperative serves 22 districts in Eastern Kentucky, a rural area that has been deeply impacted

by the opioid crisis. Dr. Hawkins serves on several state and national advisory committees and has represented rural educators at White House events on multiple occasions. Please review his more complete biography in the resource pod to learn about the many outstanding efforts of the collaborative and the things that are being achieved in their catchment area. For now, I want to give you optimal time for his important content, so I will not go into further detail about his bio, you can check that out again through the download pod. Jeff, take it away.

Jeff Hawkins:

Thank you, Tim. Thank you to everyone who is helping to elevate this conversation across the country, and especially for us educators. I'm going to try to, first off, establish the context of who we are and where we are. We are an educational service agency located in eastern Kentucky. We are an incredibly rural area, for our definition of rurality. We know that there are different kinds of rural all over the country. If we went back to one of the maps that was shown earlier, we are in that corner of eastern Kentucky bordering on West Virginia, Southwest Virginia and Tennessee that is with that bright red, so this issue is a primary concern to us. We really focus our efforts on building human capital among educators and learners and community members in our region. Part of our mission is to reframe the education and community there that have been... Kentucky, so that we move from hopelessness to hopefulness. It's important for me to say here that as we establish the context of the work we do, we have a very holistic approach to what we do in schools and that is manifested in the approach that we take toward helping to overcome the opioid epidemic that we have in front of us.

There are three big drivers to the vision that we have and the work that we do. The first of them is agency, and it is important for us to make sure that students, community members, and professionals in school understand that they have a level of control and autonomy and power to be able to interact with and create a solution for situations that matter. We try to focus on autonomy mastery and purpose to help folks understand that they have an ability to provide control. We also must focus on hope, we do understand that hope is not a strategy, but hope is the ground for believing that something good may happen, that there is a better way forward and a better day tomorrow. The third of those is trust. We have to be able to trust in ourselves and our neighbors and our colleagues that we have the confidence in our ability to accomplish something of importance as we go forward on all fronts and all levels.

Part of what we try to do is transform learning and leadership within our schools and within our communities, and we aim that at students and adults. To do that, we know that we have to make a lot of different connections and we have to focus on building relationships. One of the first things that we try to do in all of our work is focus on the passion that people have to move forward and to be the best version of themselves that they can be, whether they're a student or an educator in the classroom. We also connect strongly to purpose so that our learning opportunities and the way that we teach is focused on an outcome that is not a construct but is a real-world model. We focus on place because where we are is very important to whom we are and how we're going to move forward and how we build the assets that we have, rather than focus on those things we do not. We also try to focus on persistence and understand that sometimes failure is the best way to learn, but we have to work with students and community members to keep them focused on the ultimate goal that they have in front of them. We build pathways so that educators and students and community members will know what the continuum looks like and how they can get to where it is that they need to go to solve whatever the problem may be that they're choosing to work on. That's connected to a product so that we know that we have something tangible that you can see, touch, feel and experience. We do all of that in a personalized system, so that we can create real-world solutions in the pervasive challenges in an authentic context. We believe that everyone is a learner, that every learner is a leader and that every leader is a maker. It's important to us that everyone have the opportunity to contribute something that's larger than themselves.

We focus on locally designed solutions and action research and those locally driven solutions should be transparent and they should be based on a thorough needs assessment. The examination of relevant research and scholarship and then driven by the good minds and hard work of resident, students and educators. We try to invest in people, not in programs because that is what we believe will be sustainable over time.

A few of the things that we do, all of these are related to how we address the opioid crisis in our region. The first of those is listed on the slide in front of you, is learning innovation grant. Every year, we offer a competitive application to educators across the region to try something in their classroom or in their school that will stretch the boundaries of what good learning may look like. To-date, we've awarded 600 of those. We do about 100 - 120 a year, and expect to continue that into the future.

The STARS initiative is Student's Transforming Appalachia with Real Solutions. We work with teams of students across our region to look at what the needs are within their community and within their school that they can contribute to and assist in. Sometimes, those take on the role of smoking cessation within the community, being able to place students as non-voting members of local boards, it depends on the community and what is unique to them.

The Building it Forward initiative or the Tiny House initiative is a program that we put in place several years ago that enables students who are working in vocational and technical schools to have the resources necessary to construct a tiny home. Those students design, draft and build tiny houses within their vo-tech schools, those are then put up for auction and the money, based on the return of those tiny homes, goes back into that program so that that program can be continued or built forward. Up to now, we have sold tiny homes - had been purchased from coast to coast. One of the students built tiny homes in California and another is in Maryland and different points in between. Lately, we have had a greater interest in working within our own community - I'll mention more about that in a few minutes. We create and host a regional students' senate that promote student voice and choice. Those students, a junior and a senior from each of our districts, work together collaboratively online. Each month, they come together to talk about their own experience, where they are in their district and to work on common work that is going forward across the region.

Last year, we began to offer community challenge grants that are available in every district. They are led by students and their educator; they include collaboration among multiple community entities to solve real-world problems that exist in that community. Each year, we host two FIRE summits; FIRE is an acronym for Forging Innovation in Rural Education. Those are conducted twice a year and showcase the innovation that are taking place across the region, in classrooms in schools that are led by students and by educators, then slide stream nationally. I think last year, we had 16,000 or 18,000 people join a stream day and it's live streamed on theholler.org. That is a play space social learning network for our region that we created so that we could help to spread the story about innovation. It serves as a learning management system, a way to communicate, a pivot point for people to come together and talk about specific topics that are relevant to them.

The Health Alliance initiative, I'll speak about a bit more detail, but we have a suite of programs that we employ so that we can really focus on health and wellness in our region. In the place where we are, we have significant healthcare challenges; we have high levels of diabetes, obesity, heart disease, use of tobacco, use of drugs - both prescription and non-prescription, a shorter term of life in folks in other places with somewhat limited access to healthcare and medicine. It is very important to us that we have wraparound approach to the work that we employ, to be able to ensure that students are healthy and that they're well, and that they're coming from an environment where good habits are practiced.

There are large percentages of our student population who do not live with either natural parent. They live with grandparents or they may be in foster care or they live with a sibling or unfortunate as it is, really limited to having to be on their own and are homeless and move from family member to family member. The project prevents work that we do, which was funded by the USDE, has allowed us to create a program that we call Ripple Effects. That program enables us to personalize the access of students through technology to address non-academic barriers, the school success. It provides a 24/7 access to students, so that they can log on and be able to have some immediate response to develop strategies and coping techniques for nearly 400 cases of trauma that they may experience. That has been modified so that it fits the cultural climate where we are and that is an entry point for students to be able to begin to seek help on their own. It also has a provision that if those students choose, they can begin to find resources within their community for more personalized supports. In a rural community, it is sometimes problematic that students or their caregivers, don't want that student to seek support or counseling from someone in the community because the folks know each other. This online work allows us the opportunity to connect that student immediately and upfront.

The telemedicine work we do is aimed at placing telemedicine clinics in all of our schools. We are not only rural, many of our communities are also remote and they are miles away from healthcare providers. What we have been able to do is to begin to work with partners to place telemedicine clinics in our schools so that students and community members can come into the school and access the telemedicine clinic and be able to speak immediately through technology to a healthcare provider, and determine how they need to advance that. We also do innovation grants that are aimed at health and wellness and those are important because they deal with obesity, and all the other health and wellness topics that come up.

The last one there is - now, we are in our third year of really trying to focus in on the opioid epidemic in our region. Three years ago, we collaborated with folks from MIT to post a regional opioid hackathon. For those folks who are no familiar with the term “hackathon,” it’s really trying to come up with a whole bunch of solutions in a relatively short period of time that are based on research and scholarship and the ability of folks to figure out how they make that solution fit their unique plight and the perspective that they have. What we have done is continue that work with students to engage them in being able to problem solve and figure out what they need to do to help again to tackle this very pervasive problem.

The slide now talks about the opioid abuse situation, unique to where we are and identifies that back in July for the four counties in our area, we’re in the top 10 counties across America with the highest opioid abuse, hospitalization rates in the nation. The problem is relevant to us. There are four examples of hackathon projects that we listed out for this presentation. The first is, protecting first responders to the opioid crisis. We’re very proud of all of the kids and the teams that responded to these but these happened to one...and we thought we could make that the marker to this, three or four of them. That particular project won the Samsung Solve for Tomorrow challenge this past year and it really focused on - initially, it was really focused on law enforcement in that community coming to the school and saying, “We have a problem with needle drops in our community. Is there any way that you can help us figure out how we might be able to solve this?” The kids came up with - the first thing was a way to pick needles up without having to touch them. They used a 3D printer and created a sleeve that you’d just slap down over the needle, needle would be put in the evidence bag or a clear container. They developed an app so that they were able to let folks in that community know where these sights were, went directly to law enforcement and the health department.

The Empty Chair project won the Appalachian Regional Commission Humanitarian award this year. The Empty Chair is really about how we’re missing so many members of our community, either physically or mentally and the loss that we’re having, by them not being present with us. Yours, Mine, and Ours was a project that students wanted to catalogue the impact of the opioid crisis on them personally. In that hospital in Magoffin County, they sent a request out for anyone who wanted to anonymously write down how the opioid epidemic was affecting them personally. Twenty-five percent of the student population responded with narrative stories

about the loss of life or parents who lost employment. They themselves were no longer are able to live with parents.

The fourth is CHHAR, Community Homes for Homelessness. That has become a transitional housing community so that students who are building tiny houses now can sell those to local communities, and in this case, a transitional housing community in partnership with one of our counties and the county government there. At this point, I'm going to ask Shanna if she might play a brief video that captures some of the stories that those kids can say better than I can. [Video Presentation]

That's the video. Some folks may have had difficulty in hearing and I apologize, but if you would like to go to www.theholler.org, you can see that and other videos about incredible things students are doing. I would end this conversation - I'm over my time so I'm going to be really brief, but we also believe that in order to accomplish the work that we have in front of us, we have to create thousands of levers within our region. We cannot build one that would be strong enough to move us in the direction that we need to go. That's what we aim to do and that's what we attempt to do, is to holistically focus on how we grow the region.

The last thing I would mention would be part of the team coming up in March, I believe, an Appalachian Studies Conference where we will work with additional partners including UK Rural Health and others to talk about the issue of how to hack the opioid crisis. It's been a pleasure and I'm going to mute my phone and be quiet.

Tim Duffey:

Thank you so much, Jeff and Mary Ann, again as well, for your great information. I'm looking very mindful of the clock here and noticing that we have just a couple of minutes left, let's see if we can do two questions to ask before we adjourn and everyone else who's asked questions, we will address them. Here's what we'll do, they're being collected and we will route them by the presenters, they will respond to them in written form and they'll be made available on our website with the archived webinar by mid to late January with end of the year cycle here, I would think maybe perhaps toward the end of January. Do watch for them there or again you can use the email address that's on your screen now ncssle@air.org and let us know you want that sent to you by email and we're happy to do that as well.

MaryAnn, there were a number of questions that had to do about how to access SBIRT kinds of resources in various places, parts of the country. Perhaps, you have a tip for

people about some either compiled literature list or review of - especially use of SBIRT with adolescents and/or is that something they could be provided in our question and answer document?

Mary Ann Gapinski: I can definitely provide it, it'd probably be easier in our question and answer document. However, I would refer individuals to the program where the research was done on use of the CRAFFT at Boston Children's Hospital; the program is called CeASAR, which stands for Center for Adolescent Substance Abuse Research. I'll be happy to provide that website in our Q&A.

Tim Duffey: Excellent. Thank you. Jeff, there's a question from Catherine, asking about the employment and unemployment situation in the four counties that were hit hardest by the opioid crisis for you. Could you speak to that briefly?

Jeff Hawkins: Sure. In those counties, the average unemployment is probably 12% to 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. It's up there, 12% - 15%.

Tim Duffey: Great. Thank you for that. I do realize again that we're missing a lot of the questions that have come in from all of you as participants. We've captured them, we will address them and either get them to you by email, if you let us know that's how you want them or come back to the NCSSLE website in later January and all of this information will be archived there. Again, I want to thank our presenters for your excellent information today, you're doing great work in addressing this issue. Thank you to all the participants for being on with us today and hopeful that this information was helpful to you. There is a list of resources here at the end of the slide presentation, so you could be able to access that through the download of the slide or again at the website. Then, Shoshana is going to put up the four reviews or evaluation questions for your next session so just take a moment and help us with that if you can. Stay tuned - we will email or announce rather the third webinar in this series as soon as we know the details of that in the same ways - channels that we utilized previously, but again you can send a message to ncssle@air.org and let us know that you want to be informed of that we'll make sure that you are.

In closing, I want to thank you all again for your participation and we wish you a happy end of 2018, a great 2019 and happy holidays to all of you. Thank you very much.

- End of Recording -