The Role of PBIS in Addressing the Opioid Crisis

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LACONIA SCHOOL DISTRICT (NH)

Keywords: Substance Abuse/Addiction Community High School
Agenda

- Overview of the Opioid Crisis
- Impact of the Opioid Crisis on Schools
- Leveraging the PBIS Framework to Address Substance Misuse
- Recommendations for School-based Prevention and Intervention
- Exemplar: Laconia School District
Opioid Prescribing Practices

Annual opioid\(^a\) prescribing rates overall and for high dosage prescriptions\(^b\) (≥ 90 MME/day)\(^c\) — United States, 2006–2017

Source: IQVIA™ Transactional Data Warehouse.

\(^a\)Opioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® and Belbuca® (buprenorphine), were identified using the National Drug Code.

\(^b\)High dosage prescriptions were defined as opioid prescriptions resulting in a daily dosage of ≥ 90 morphine milligram equivalents.

\(^c\)Temporal trends from 2006 to 2017 were evaluated by applying joinpoint regression methodology. This modeling approach simultaneously identified statistically significant trends as well as shifts in trends that occurred within a time series. A maximum of two joinpoints was allowed. Different dash types correspond to year groupings as determined by joinpoint regression.
Average days of supply per opioid prescription — United States, 2006–2017

Source: IQVIA™ Transactional Data Warehouse.

- Opioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® and Belbuca® (buprenorphine), were identified using the National Drug Code.

- Temporal trends from 2006 to 2017 were evaluated by applying joinpoint regression methodology. This modeling approach simultaneously identified statistically significant trends as well as shifts in trends that occurred within a time series. A maximum of two joinpoints was allowed. Different dash types correspond to year groupings as determined by joinpoint regression.
Opioid Prescribing Practices

Percent of persons who had at least one prescription filled for an opioid\textsuperscript{a} by age group—United States, 2017

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>1.7</td>
</tr>
<tr>
<td>15–19</td>
<td>10.4</td>
</tr>
<tr>
<td>20–24</td>
<td>13.0</td>
</tr>
<tr>
<td>25–34</td>
<td>17.3</td>
</tr>
<tr>
<td>35–44</td>
<td>20.5</td>
</tr>
<tr>
<td>45–54</td>
<td>23.1</td>
</tr>
<tr>
<td>55–64</td>
<td>26.3</td>
</tr>
<tr>
<td>≥ 65</td>
<td>26.8</td>
</tr>
<tr>
<td>All ages</td>
<td>17.4</td>
</tr>
</tbody>
</table>

Source: IQVIA\textsuperscript{TM} Total Patient Tracker, 2017 Enhanced.

\textsuperscript{a}Opioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans\textsuperscript{®} and Belbuca\textsuperscript{®} (buprenorphine), were identified using the National Drug Code.
Self-reported prevalence of illicit drug use in the past year by age group, persons 12+ years old — United States, 2016

<table>
<thead>
<tr>
<th>Drug</th>
<th>12-17</th>
<th>18-25</th>
<th>26-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>12.0</td>
<td>33.0</td>
<td>14.7</td>
<td>22.3</td>
<td>10.3</td>
<td>9.1</td>
<td>10.5</td>
<td>7.1</td>
<td>3.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>12.0</td>
<td>33.0</td>
<td>14.7</td>
<td>22.3</td>
<td>10.3</td>
<td>9.1</td>
<td>10.5</td>
<td>7.1</td>
<td>3.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.5</td>
<td>5.6</td>
<td>0.5</td>
<td>5.6</td>
<td>0.5</td>
<td>5.6</td>
<td>0.5</td>
<td>5.6</td>
<td>0.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1</td>
<td>0.7</td>
<td>0.9</td>
<td>0.5</td>
<td>0.4</td>
<td>0.2</td>
<td>1.2</td>
<td>1.4</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.1</td>
<td>0.7</td>
<td>0.8</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>


*aMarijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.

*bLow precision for age 65+, no estimate reported.

*Percents are rounded to the nearest tenth. Because of the rounding, some percents equal to 0.0 are displayed. These prevalence estimates are rounded down from < 0.05 percent and do not represent an absence of persons displaying a particular characteristic.

Self-reported prevalence of prescription drug misuse\textsuperscript{a} in the past year by age group, persons 12+ years old — United States, 2016

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\end{figure}


\textsuperscript{a}Misuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one’s own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.
Nonfatal Overdose Hospitalizations and (ED) Visits

Age-adjusted rates of drug poisoning-related hospitalizations\(^a\) by selected substances and age group — United States, 2015

<table>
<thead>
<tr>
<th>Substance</th>
<th>0–14</th>
<th>15–19</th>
<th>20–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55–64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>All drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All opioid(^b)</td>
<td>15.4</td>
<td>103.5</td>
<td>116.3</td>
<td>114.6</td>
<td>119.4</td>
<td>127.5</td>
<td>114.6</td>
<td>119.4</td>
</tr>
<tr>
<td>Heroin (^c)</td>
<td>2.3</td>
<td>12.3</td>
<td>13.2</td>
<td>7.8</td>
<td>5.9</td>
<td>4.0</td>
<td>0.6</td>
<td>0.1</td>
</tr>
<tr>
<td>Methadone</td>
<td>0.8</td>
<td>9.1</td>
<td>24.2</td>
<td>29.5</td>
<td>28.0</td>
<td>36.3</td>
<td>28.7</td>
<td>42.4</td>
</tr>
<tr>
<td>Other opioids (^d)</td>
<td>28.2</td>
<td>35.7</td>
<td>26.8</td>
<td>18.6</td>
<td>15.6</td>
<td>11.5</td>
<td>6.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2015, Agency for Healthcare Research and Quality. Data are from 2015, when HCUP transitioned from using ICD-9-CM to ICD-10-CM/PCM diagnosis codes and should not be compared with other years. Results may have been affected by the transition; please see the Surveillance Report technical notes for a discussion of transition.

\(^a\)In-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and gender were excluded. Numbers subject to rounding error.

\(^b\)For the first three quarters of 2015, includes ICD-9-CM principal diagnosis code of 965.00, 965.01, 965.02, 965.09 or external cause of injury E850.0, E850.1, E850.2; for the fourth quarter of 2015, includes ICD-10-CM/PCS contributing causes T40.0, T40.1, T40.2, T40.3, T40.6, T40.69.

\(^c\)Because the relative standard error was > 30% or the standard error = 0 for age group 0–14, the value of the estimate was considered unreliable and was not reported.

\(^d\)For the first three quarters of 2015, includes ICD-9-CM principal diagnosis code of 965.00, 965.09 or external cause of injury E850.2; for the fourth quarter of 2015.
Nonfatal Overdose Hospitalizations and (ED) Visits

Age-adjusted rates of all opioid poisoning-related emergency department visits by region — United States, 2015

Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2015, Agency for Healthcare Research and Quality. Data are from 2015, when HCUP transitioned from using ICD-9-CM to ICD-10-CM/PCM diagnosis codes and should not be compared with other years. Results may have been affected by the transition; please see the Surveillance Report technical notes for a discussion of transition.

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bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and gender were excluded. Numbers subject to rounding error.

77.9 per 100,000 population
56.0 per 100,000 population
32.8 per 100,000 population
27.6 per 100,000 population
Age-adjusted rates\textsuperscript{a} of drug overdose deaths by drug or drug class and year — United States, 1999–2016

Source: National Vital Statistics System, Mortality File, CDC WONDER.
\textsuperscript{a}Rate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2016, 15% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.
\textsuperscript{b}Drug overdose deaths that involve synthetic opioids other than methadone (T40.4).
\textsuperscript{c}Drug overdose deaths that involve natural and semi-synthetic opioids (T40.2) or methadone (T40.3).
\textsuperscript{d}Drug overdose deaths that involve psychostimulants with abuse potential (T43.6).
For a detailed description of data sources, definitions, and statistical analyses, as well as an in-depth presentation of results, please refer to:


Published August 31, 2018.

For more information, see: [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

For more information, contact
CDC  1-800-CDC-INFO

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Definition of Prescription Drug Misuse

Substance misuse refers to the use of a substance for a purpose that is not consistent with legal or medical guidelines.

Substance misuse is not a diagnosed disease like substance abuse and dependence, but a problematic pattern of drug use.

For prescription opioids, drug misuse includes the use of controlled drugs, as classified by the federal government, either:

- without a prescription,
- for a reason other than the condition for which they were prescribed, or
- using at a higher quantity, more frequently, or for longer duration than prescribed.
Impact of the Opioid Crisis on Schools

Students require substance misuse supports

For students who report high risk opioid use:

• Many report their initial exposure to non-medical prescription opioid use early in the middle school years (ages 10-12)
• Demonstrate greatest risk for heroin use late in high school
• Peer use can influence individual risks
Impact of the Opioid Crisis on Schools

Students need help coping with traumatic home experiences

Children of family members who use opioids and other substances are at higher risk for a range of problematic outcomes:

- Higher risk for developing opioid use disorder themselves
- Higher likelihood of encountering traumatic experiences
- Exposure to the child welfare system
Impact of the Opioid Crisis on Schools

Families need help coping as well

These problems can be wide-ranging, but they include situations like sudden loss of a family unique family structures:

- Shifting roles within the family can cause additional distress in addition to the loss
- New guardians, such as grandparents, may be renewed novices in parenting children of a different generation than their own
Institute of Medicine (IOM) Prevention Framework

**Primary Prevention**
- Universal interventions
  (targeting entire population)

**Secondary Prevention**
- Selected interventions
  (targeting demographic profiles)
- Indicated interventions
  (targeting individual characteristics)

**Tertiary-level Treatment**
PBIS as a Multi-Tiered System of Support Framework for Prevention and Intervention

**Tier One**
- Teach schoolwide positive behavior expectations and procedures
- Positive reinforcement for all students
- Consistent consequences for problem behaviors
- Effective procedures and supervision in non-classroom areas
- Effective instruction and classroom management

**Tier Two**
- Target social skills instruction
- Simple behavior plans
- Alternatives to suspension
- Increased academic support
- School-based mentors
- Classroom management support
- Non-cluessroom clubs

**Tier Three**
- Functional behavior assessment and individual behavior plans
- Parent collaboration and education
- Collaboration with student's physician or mental health professional
- Intensive academic support

PBS Leadership Team Meets Monthly
Recommendations

Teaming

Use an existing team
- PBIS/MTSS team
- Corresponding level of support

Provide resources to meet identified needs
Recommendations

**Data**

Use existing data sources for screening

Consider additional, substance misuse-specific screening tools

Monitor implementation fidelity for enacted programs

Resource: Publication forthcoming...
Recommendations

Social Emotional Learning (SEL)

Implement social-emotional skills instruction

- Self-management
- Regulation
- Goal-setting

Across all tiers

Resource: PBIS SEL Brief
Recommendations

Family Engagement

Involve families in prevention programs

Provide opportunities for caregivers
  ◦ Drug availability awareness
  ◦ Drug disposal
  ◦ Parental monitoring
  ◦ Afterschool activities

Resource: PBIS Family Engagement
Interconnected Systems Framework (ISF)

Blended behavioral health system
Coordinate services with school-community providers
Integrate data/services with mental health and substance abuse treatment providers

Resource: https://www.pbis.org/school/school-mental-health/interconnected-systems
Recommendations

Community-Academic Partnerships

School personnel, university researchers, & community stakeholders

◦ Data analysis
◦ Decision-making
◦ Technical assistance

This Photo by Unknown Author is licensed under CC BY-SA
Recommendations

Emergency Protocol

Have a protocol for dealing with drug overdose on campus
  ◦ First responder notification
  ◦ Opioid antagonists use

Resource: Opioid Overdose Toolkit: Five Essential Steps
Summary

- Substance misuse is a complex, multi-faceted problem for schools
- Use PBIS framework to structure responsive staffing and programs
- Leverage local resources to support efforts
- Teach relevant skills to aid in prevention
- Engage families early and often
Exemplar: Laconia School District

McKenzie Harrington-Bacote
Program Administrator
Office of School Wellness
Laconia School District
New Hampshire
MTSS-B
A SCHOOL DISTRICT APPROACH TO PREVENTION & INTERVENTION

McKenzie Harrington-Bacote
Office of School Wellness
Laconia School District, New Hampshire
District Population:
Approximately 2,000 pre-K through 12th grade students

Free/Reduced Lunch Rate: 60%

McKinney-Vento eligible: 5%

Schools:
3 Elementary Schools
1 Middle School
1 High School
1 Technical Center

2013-2014 Snapshot:
- Office Discipline Referrals: 8,060
- In-school suspensions: 743
- Out-of-school suspensions: 517
- Habitually Truant: 136
- Higher rate of students with disabilities vs. state average
- 60 open DCYF cases involving 103 children with 58 children in placement
- 30 open CHINS cases
- 83 open JJS cases with 25 children in placement
COMMUNITY RISK FACTORS

- Poverty
- Homelessness
- Drug/Alcohol Use/Misuse (more overdoses per capita than any state except WV)
- Domestic Violence
- Parental Abuse/Neglect
- Parental Incarceration
- DCYF involvement
- Absent Parent(s)
- Foster Grandparents
- JJS Involvement
- Transience
- No public transportation
RISK FACTOR RIPPLE

- Parent/Guardian Substance Abuse
- Generational
- Incarceration
- Child Service Systems Involvement
- Foster Care
- Poverty & Homelessness
- School Failure
- Neglect and/or Abuse
## LACONIA NARCAN AND OVERDOSE STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th># Narcan Administrations</th>
<th># Narcan Doses Used</th>
<th># Overdoses</th>
<th># Fatal Overdoses</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>54</td>
<td>88</td>
<td>86</td>
<td>10</td>
</tr>
<tr>
<td>2016</td>
<td>53</td>
<td>104</td>
<td>73</td>
<td>5</td>
</tr>
<tr>
<td>2017</td>
<td>109</td>
<td>230</td>
<td>146</td>
<td>8</td>
</tr>
<tr>
<td>2018</td>
<td>66</td>
<td>81</td>
<td>109</td>
<td>12</td>
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<tr>
<td>2015 YRBS Question</td>
<td>LHS</td>
<td>NH</td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever used ecstasy</td>
<td>6.9%</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever used cocaine</td>
<td>7.2%</td>
<td>4.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever came to school high on marijuana</td>
<td>20.2%</td>
<td>15.3%</td>
<td></td>
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<tr>
<td>% of students who ever used synthetic marijuana</td>
<td>16.7%</td>
<td>9.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who currently use marijuana</td>
<td>30.7%</td>
<td>22.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who currently use Rx drugs without a doctor’s Rx</td>
<td>7.4%</td>
<td>6.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever took Rx drugs without a doctor’s Rx</td>
<td>14.1%</td>
<td>13.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever used methamphetamines</td>
<td>2.6%</td>
<td>2.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who ever used heroin</td>
<td>3.0%</td>
<td>2.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who currently drink alcohol</td>
<td>35.9%</td>
<td>29.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of students who perceive easy or very easy access to Rx drugs without an Rx</td>
<td>34.3%</td>
<td>29.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MTSS FOR BEHAVIORAL HEALTH & WELLNESS

Positive Behavioral Interventions and Supports (PBIS)
* evidence-based, multi-tiered prevention framework that reinforces positive behaviors
* creates an environment that supports student learning

NH-specific model that blends research-based school mental health practices with the PBIS framework.

• Social-Emotional Learning (SEL)
• Interconnected Systems Framework (ISF)
• Student Assistance Program (SAP)
• Trauma-Sensitive Schools (TSS)
• Pyramid Model
INTEGRATION OF SUPPORTS & SERVICES

MTSS-B: Preschool – Graduation

SS/HS
SCTG
SOC
SPARK
NH/Charitable
AWARE
SAP
Project Grow
McKinney-Vento
Dropout Prevention
District and School-based Staff:

- One full-time Office of School Wellness Administrator
- Five full-time Social Workers
- Two part-time Master’s level Mental Health Clinicians
- One full-time Master’s level Licensed Alcohol and Drug Counselor (LADC)/Student Assistant Program (SAP) Counselor
- One part-time Training and Marketing Coordinator
- One part-time Families in Transition Coordinator
DIMENSIONS OF WELLNESS

Why Emotional Wellness Matters

When a person is emotionally well they exhibit:

• A positive attitude and optimistic outlook toward life
• High self-esteem and self-respect
• A balance between emotional states
• Ability to recognize and cope with normal life changes
• Ability to participate in positive inter-personal relationships

https://www.nhstudentwellness.org/wellnessdimensions.html
EMBEDDING MENTAL HEALTH & SUBSTANCE USE SUPPORTS IN MTSS

- Individualized Counseling and Therapy for Students
- Group Counseling and Small Group Prevention Education
- Preventative Education: Project SUCCESS, Botvin’s Lifeskills
- Parents meet individually with mental health clinician, LADC, and/or Social Worker
- Parent consent for students, Group Support for Parents
- Parent & Community Prevention Education

COMMUNITY  
FAMILIES  
STUDENTS
Botwin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

Developed by Dr. Gilbert J. Botvin, a leading prevention expert, Botwin LifeSkills Training is backed by over 30 scientific studies and is recognized as a Model or Exemplary program by an array of government agencies including the U.S. Department of Education and the Center for Substance Abuse Prevention.

See Results & Recognition

Rather than merely teaching information about the dangers of drug abuse, Botwin LifeSkills Training promotes healthy alternatives to risky behavior through activities designed to:

- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

https://www.lifeskillstraining.com/
SUBSTANCE USE PREVENTION TIER I FOR GRADES 6-12

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)

Project SUCCESS is considered a SAMHSA model program. It is modeled after the successful Westchester Student Assistance Program (WSAP) and Residential Student Assistance Program (RSAP). Both programs are highly effective, school-based substance abuse prevention and early intervention programs. Project SUCCESS is a program that prevents and reduces adolescent substance use and abuse. It works by placing highly trained professionals (Project SUCCESS counselors) in the schools to provide a full range of substance abuse prevention and early intervention services.

How Project SUCCESS works?

Project SUCCESS is a research-based program that builds on the findings of other successful prevention programs by using interventions that are effective in reducing risk factors and enhancing protective factors. Project SUCCESS counselors use the following intervention strategies: information dissemination, normative and prevention education, problem identification and referral, community based process and environmental approaches. In addition, resistance and social competency skills, such as communication, decision making, stress and anger management, problem solving, and resisting peer pressure are taught. The counselors primarily work with adolescents individually and in small groups; conduct large group prevention education discussions and programs; train and consult on prevention issues with school staff; coordinate the substance abuse services and policies of the school and referrals and follow-up with students and families needing substance abuse treatment or mental health services in the community.

Project SUCCESS Program Components

- Prevention Education Series – An eight-session Alcohol, Tobacco, and Other Drug prevention program conducted by the Project SUCCESS Counselor.
- Individual and Group Counseling – PROJECT SUCCESS Counselors conduct time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education Series and an individual assessment. There are seven different counseling groups for students to participate in.
- Parent Programs – PROJECT SUCCESS includes parents as collaborative partners in prevention through parent education programs.
- Referral - Students and parents who require treatment, more intensive counseling, or other services are referred to appropriate agencies or practitioners in the community by their PROJECT SUCCESS counselors.

http://www.sascorp.org/success.html
Mental Health Supports for Tier 1

Why Mindfulness is Needed in Education

The Impact of Toxic Stress on School Communities

Healthy stress is a natural part of life, including childhood. Children and adults alike need to be challenged in order to grow and develop. However, in the modern education system, healthy stress is frequently displaced by toxic stress. Toxic stress occurs when life’s demands consistently outpace our ability to cope with those demands.

STUDENTS
Toxic stress impairs attention, emotion and mood regulation, sleep, and learning readiness daily in American classrooms. Even more troubling, prolonged exposure to childhood toxic stress has lifelong impacts on mental and physical health.

https://www.mindfulschools.org/about-mindfulness/mindfulness-in-education/
BLENDING MINDFULNESS WITH BRAIN SCIENCE AT TIER I
WHAT ARE THE ZONES?

The Zones is a systematic, cognitive behavioral approach used to teach self-regulation by categorizing all the different ways we feel and states of alertness we experience into four concrete colored zones. The Zones framework provides strategies to teach students to become more aware of and independent in controlling their emotions and impulses, manage their sensory needs, and improve their ability to problem solve conflicts.

By addressing underlying deficits in emotional and sensory regulation, executive functioning, and social cognition, the framework is designed to help move students toward independent regulation. The Zones of Regulation incorporates Social Thinking® (www.socialthinking.com) concepts and numerous visuals to teach students to identify their feelings/level of alertness, understand how their behavior impacts those around them, and learn what tools they can use to manage their feelings and states.

THE FOUR ZONES: OUR FEELINGS & STATES DETERMINE OUR ZONE

The Red Zone is used to describe extremely heightened states of alertness and intense emotions. A person may be elated or experiencing anger, rage, explosive behavior, devastation, or terror when in the Red Zone.

The Yellow Zone is also used to describe a heightened state of alertness and elevated emotions. However, one has more control when they are in the Yellow Zone. A person may be experiencing stress, frustration, anxiety, excitement, stillness, the wiggles, or nervousness when in the Yellow Zone.

The Green Zone is used to describe a calm state of alertness. A person may be described as happy, focused, content, or ready to learn when in the Green Zone. This is the zone where optimal learning occurs.

The Blue Zone is used to describe low states of alertness and down feelings such as when one feels sad, tired, sick, or bored.
STAND UP SACHEMS

- Youth Led Substance Misuse Prevention at High School
- Grew out of Laconia’s Stand UP Laconia, grassroots Drug Free Community Organization
- Coordinate Events:
  - Sponsor fun, sober events such as Dances, Games, and Food events
  - Lead Parent Nights
  - Raise awareness through messaging on school walls and social media around dating violence, building healthy relationships, substance use prevention, suicide, and wellness
6 WAYS TO HELP REDUCE THE CHANCE THAT YOUR TEENAGE CHILD WILL DRINK, USE DRUGS OR ENGAGE IN OTHER RISKY BEHAVIORS

BUILD A WARM AND SUPPORTIVE RELATIONSHIP WITH YOUR CHILD

BE A GOOD ROLE MODEL WHEN IT COMES TO DRINKING, TAKING MEDICATION AND HANDLING STRESS

KNOW YOUR CHILD’S RISK LEVEL

KNOW YOUR CHILD’S FRIENDS

MONITOR, SUPERVISE AND SET BOUNDARIES
LICENCED
ALCOHOL &
DRUG
COUNSELOR

Newcomers Group

Children of
Alcoholics

Grief & Loss
TRAUMA-INFORMED SUPPORTS FOR TIER II

101 Brain Breaks & Brain Based Educational Activities

A trauma-informed curriculum adapted with permission from the work of Bruce D. Perry and the Child Trauma Academy.

https://shoplakeside.org/products/neurologic-curriculum-realizing-brain-potential
SOCIAL WORKERS & SCHOOL COUNSELORS TIER II

Grief & Loss
Coping Cat
Social Skills
Controlling Emotions
Check-in/Check-out
TIER III
MENTAL
HEALTH AND
SUBSTANCE
USE SUPPORTS

- Individual LADC Counseling, Mental Health Counseling, and Social Worker support for students and families to better access community resources and supports

- High Fidelity Wrap-around – Social Workers (Pre-K through graduation)
  https://iod.unh.edu/projects/new-hampshire-wraparound-practice-model

- RENEW – provided by certified staff (Social Worker, Behavior Specialists, Counselors, Teachers, Paraprofessionals)
Facilitated referrals link students & families to community mental health

Facilitated referral pathways, in which schools actively help remove barriers to services, increase the success rate of referrals to community mental health providers.
LACONIA COMMUNITY RESOURCE MAP

http://laconiaschoolwellness.weebly.com/community-resource-map.html
<table>
<thead>
<tr>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>TELEPHONE</th>
<th>WEBSITE</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand Up Laconia</td>
<td>Standing up to effectively and compassionately confront the causes and consequences of substance misuse by advocating for prevention, intervention, treatment, and recovery.</td>
<td>c/o Laconia High School 345 Union Avenue</td>
<td>Laconia</td>
<td></td>
<td><a href="http://www.standuplaconia.com/index.html">http://www.standuplaconia.com/index.html</a></td>
<td>Email: <a href="mailto:StandUpLaconia@gmail.com">StandUpLaconia@gmail.com</a></td>
</tr>
<tr>
<td>Navigating Recovery of the Lakes Region</td>
<td>Navigating Recovery of the Lakes Region is a grassroots collaborative organization creating a supportive, recovery informed community for those affected by addiction. Our recovery community center is focused on providing an open door for those seeking and/or embracing recovery as people begin and maintain the path for a free and productive life without alcohol or other drugs.</td>
<td>635 Main Street, Suite 303</td>
<td>Laconia</td>
<td>603-409-7228</td>
<td><a href="http://www.navigatingrecovery.org/">http://www.navigatingrecovery.org/</a></td>
<td></td>
</tr>
<tr>
<td>Laconia Recovery Court</td>
<td>Recovery Court is a 3-phase intervention program followed by a period of reduced supervision and recovery support. It is designed for adults who have pled guilty to non-violent offenses and who are being</td>
<td>Circuit Court – Laconia Division 26 Academy St</td>
<td>Laconia</td>
<td>1-855-212-1234</td>
<td><a href="http://mediad.publicbroadcasting.net/p/nhpr/files/recovery_court_handbook_11-28-12.pdf">http://mediad.publicbroadcasting.net/p/nhpr/files/recovery_court_handbook_11-28-12.pdf</a></td>
<td></td>
</tr>
</tbody>
</table>
Partnership between Laconia Police Department, The Family Resource Center of Central NH, and Laconia School District.

Members of the team reach out to families that have experienced trauma and offer supports and services to build protective factors and mitigate the negative effects of the traumatic experience.

Children can be connected to trauma-informed support at school and in the community, quality childcare programs, and recreational opportunities to promote their physical, developmental and emotional health. Parents can be connected to mental health care, substance use treatment, parent education, home visiting programs, social connections and concrete supports, as needed to build resiliency.
NATIONAL CONFERENCES
• PBIS/MTSS
• Trauma Sensitive Schools (TSS)
• Education for Homeless Children
• School Mental Health
• Wraparound
• SHAPE

ONSITE OR LOCAL PD
• Suicide Prevention, Intervention and Postvention
• Attachment Disorder
• TSS Classroom Strategies
• Strengthening Families
• Addiction
• MTSS-B
• YMHFA
• Diversity & Cultural Competence
POSITIVE IMPACTS TO DATE

✓ Over 40 middle and high school students receive individual LADC counseling onsite annually
✓ Students self-refer to LADC
✓ Approximately 20% of all students receive Tier II group interventions onsite provided by LADC, Social Workers, Counselors, School Psych
✓ Approximately 25 middle and high school students receive individual mental health counseling onsite annually
✓ Office Discipline Referrals have decreased by over 50% district-wide since 2013-2014
✓ Elimination of in-school suspension at high school
POSITIVE IMPACTS TO DATE

✓ All 4th graders receive LifeSkills in addition to DARE school-wide
✓ All middle and high school students receive Project SUCCESS as part of health curriculum
✓ All schools refer students and families to community supports, including mental health services and substance misuse services
✓ All schools conduct home visits to support our neediest families
✓ Prevention messaging happens on an ongoing basis
✓ District is implementing ACERT and H.E.A.R.T.
As MTSS-B fidelity goes up, problem behaviors (ODRs) go down

Overall MTSS-B Fidelity Score II ODRs per 100 students

Elementary School 1

Elementary School 2

Elementary School 3

Middle School

High School
<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students who ever used ecstasy</td>
<td>6.9%</td>
<td>4.7%</td>
</tr>
<tr>
<td>% of students who ever used synthetic marijuana</td>
<td>16.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>% of students who currently use marijuana</td>
<td>30.7%</td>
<td>27.5%</td>
</tr>
<tr>
<td>% of students who ever took Rx drugs without a doctor’s Rx</td>
<td>14.1%</td>
<td>13.5%</td>
</tr>
<tr>
<td>% of students who currently drink alcohol</td>
<td>35.9%</td>
<td>31.7%</td>
</tr>
<tr>
<td>% of students who perceive easy or very easy access to Rx drugs without an Rx</td>
<td>34.3%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>
Number of suspensions involving alcohol, tobacco, or other drugs

- Elm Street
- Pleasant Street
- Woodland Heights
- Laconia Middle
- Laconia High

Yearly counts from 2013-2019:
- Elm Street: 0, 0, 0, 0, 0, 0, 0, 0
- Pleasant Street: 0, 0, 0, 0, 0, 0, 0, 0
- Woodland Heights: 0, 0, 0, 0, 0, 0, 0, 0
- Laconia Middle: 0, 0, 0, 0, 0, 0, 0, 48
- Laconia High: 0, 0, 0, 0, 0, 0, 0, 0
School District Policy on Drug and Alcohol Education and Abuse Grade K-12

The _____ School District Board recognizes the right of each school to establish disciplinary procedures in accordance with RSA 193:13 and RSA 193-D through the development of administrative procedures which are approved by the Superintendent or his/her designee. Due process shall be afforded to any student involved in a proceeding, which may result in suspension, exclusion, or expulsion. Students expelled from school may be reinstated by the Board under the provisions of RSA 193:13. The Superintendent may modify expulsion requirements as provided in RSA 193:14, IV. This code is published so that every member of the school community – students, teachers, administrators and parents – can be familiar with the rules that define our relationships with each other. Strictly following these rules will allow all of us to be able to work together so that all students can have success.

The School Board of the _____ School District, recognizing the significance of problems related to drug and alcohol use by students and others established the following drug and alcohol policy guidelines.

1. The use and/or possession of non-prescribed, mind-altering, and/or illegal drugs and alcoholic beverages, and/or drug paraphernalia is prohibited on school premises and in connection with any school related
QUESTIONS?

Contact Information:
McKenzie Harrington-Bacote
Laconia School District, NH
Administrator, Office of School Wellness
mbacote@laconiaschools.org
http://laconiaschoolwellness.weebly.com/
Please Complete the Session Evaluation to Tell Us What You Thought of This Session

Three Ways to Complete Evaluation:

1) **Mobile App:** click on “session evaluation” under the session description.

2) **Online:** click on the link located next to the downloadable session materials posted at http://www.pbis.org/presentations/chicago-forum-19

3) **QR Code:** Scan the code here (or in your program book) and chose your session from the dropdown menu.