CYBHWG School-based Behavioral Health and Suicide Prevention (SBBHSP) subgroup

Date: December 2nd, 2022
Time: 9am-12pm

Leads: Representative My-Linh Thai, Lee Collyer

Members					
☐	Representative My-Linh Thai, Co-Chair (41st Legislative District)	☐	Logan Endres (Washington State School Directors' Association (WSSDA))	☒	Jill Patnode (Kaiser Permanente)
☒	Lee Collyer, Co-Chair (Office of the Superintendent of Public Instruction)	☐	Kristina Faltin (Parent/Family)	☐	Pearle Peterson (Youth/Young Adult)
☒	Elizabeth Allen (Tacoma Pierce County Health Department)	☐	Lydia Felix (Youth/Young Adult)	☒	Elise Petosa (WA Association of School Social Workers)
☐	Anna Ashe (Parent/Family)	☒	Avreayl Jacobson (King County Behavioral Health and Recovery)	☐	Kelcey Schmitz (UW SMART Center) [Alternate: Eric Bruns]
☐	Rachel Axtelle (South Kitsap School District)	☒	Jeannie Larberg (Whole Child Sumner-Bonny Lake School District)	☒	Katherine Seibel (Committee for Children)
☐	Tawni Barlow (Medical Lake School District)	☒	Sandy Lennon (WA School-based Health Alliance)	☒	Michelle Sorensen (Richland School District/Washington Association of School Social Workers)
☒	Dr. Avanti Bergquist (WA State Council of Child and Adolescent Psychiatry)	☒	Gwen Loosmore (Advocate)	☒	Courtney Sund (Highland School District)
☐	Donna Bottineau (Parent/Family)	☐	Catherine MacCallum-Ceballos (Vancouver Public Schools)	☐	Cibeles Tomaskin (Parent/Family)
☒	Harry Brown (Mercer Island Youth & Family Services (Forefront) [Alternate: Derek Franklin]	☒	Ashley Mangum (Mary Bridge/Kids Mental Health Pierce County)	☒	Megan Veith (Building Changes)
☒	Prudence Chilufya (Washington Association of Community Health)	☒	Cassie Mulivrana (Washington State Association of School Psychologists)	☒	Erin Wick (AESD) [Alternate: Mick Miller]
☒	Jerri Clark (Washington PAVE)	☒	Joe Neigel (Monroe School District)	☐	Andy Wissel (Washington School Counselors Association (WSCA))
☒	David Crump (Spokane Public Schools)	☒	Jeannie Nist (Communities in Schools of Washington State Network)	☒	Larry Wright (Forefront Suicide Prevention, UW-School of Social Work); **Alternate: Megan Reibel**

Meeting notes

OSPI Attendance & Truancy Overview
Krissy Johnson, Assistant Director of Attendance & Engagement
[see page 10 for accompanying slide deck]

OSPI Attendance Guiding Principles:

- Attendance and engagement are the foundation.
- Absences are not just a student in their seat.
- Absences are a signal that families may need more help
- Absences can show inequities,

- Attendance are signals that may tell us when a student or family might need more support

Differentiating Terms:

- Chronic absence: Student missing 10% or more of their schools days, excused or unexcused
- Truancy: 7 <u>unexcused</u> absences in a moth or 15 unexcused absences in a year

Research on Chronic absence:

- Students with chronic absences P-2 are less likely to be reading at grade level by 3rd grade
- Students reading behind grade level by 3rd grade – 4 times more likely than proficient readers **not** to graduate
- Student that is chronically absent in any 2 years from 8th-10th grade has 50% chance of **not** finishing high school

National Chronic Absentee Data:

- Students have been disengaged at unprecedented levels through the pandemic

WA State Report card 20-21 Data:

- Significant disparities in percent of students that are chronically absent by race/ethnicity and other demographic programs
- American Indian/Alaska Native students, Native Hawaiian/Other Pacific Islander students, English Language Learners, low income students, migrant students and student experiencing homeless experience the widest disparities

Attendance & Behavioral Health:

- Attendance follow up should include unique strategies to help indicate behavioral health needs
- Underlying attendance factors include anxiety, experiencing homelessness, lack of clean clothes, social dynamics
- Need to be able to access and analyze. Trying to support schools and districts. To help analyze data reports in team structures.

Truancy to Reengagement:

- We are working through a huge shift. We have had an over reliance on courts. We have made moves to help move forward in understanding better approaches to truancy outside of the courts. This fell to the back burner due to covid. We are getting back to supporting schools to get back on track.

Discussion:

<u>Comment</u>: When framing students experiencing homelessness, it's important not to call them 'missing' students – they are still there, they may just not have the resources, means, logistical support they need to attend school regularly; It is important that we help them back to school.

<u>Question</u>: What data support is OSPI providing?

- Working to help answer questions from schools about Skyward data
- Response: there is an important distinction between pulling data reports and providing support for what to do with those data reports
- The ESSER project is working to engage districts to provide this quite of support to districts around using data

<u>Comment</u>: Seeing disturbing new trend of schools telling students with disabilities to stay home because the schools can't staff their IEP; family is very displeased, hoping that OSPI is working toward capturing this data

- How is that data being captured? Likely as excused absences due to family choice?

- OSPI: Staffing issues causing this scenario is likely often related to behavioral health – likely the type of student that need 1:1 supports to keep the rest of the students/staff in class safe
- Likely this type of action might not be documented by the school in data at all? Better data needs to be developed to track this.
- (in chat) There needs to be a way to capture data about whether student is home by family choice or school choice--off books exclusionary discipline, basically
- OSPI: These type of absences are very important for us to know. Right now, we only know excused and unexcused.
- OSPI: Currently this is most often handled at the building level, often an oversight issue.
- (in chat): It's like exclusionary discipline to prevent an incident

What can chronic absence tell us about a student or a school? (audience responses in chat):
- Anxiety
- Lack of belonging
- Need to take care of someone at home
- Support needed that is not being provided
- Student has not been properly identified as a student with a disability or served in ways that meet their needs
- A student may have caregiving responsibility at home that conflicts with school
- Students experiencing homelessness aren't being identified and are having trouble accessing school
- Possible safety concerns
- Unhealthy school climate
- Unaddressed behavioral health needs
- Lack of clean clothes-embarrassed to attend
- Social dynamics
- School lacks resources to adequately assist
- Underlying learning disorder
- Unmitigated bullying
- "off books" exclusionary discipline is another cause of poor attendance

Comment: One of the challenges with effective truancy prevention is state funding. In my district of 7,000 students, we are apportioned $5,700 for attendance intervention (Becca).
Comment: Its amazing how much so many instances of truancy are health related – how do the two systems (school and health care) work together better?
- Did work in past – couldn't believe home much oral health concerns caused truancy
- Goal for school to check in with families when a student isn't attending school to see if they need extra supports
- (in chat): A student I met missed almost a whole year of school due to inflammatory bowl syndrome, the school's bathrooms were almost all closed due to vandalism

Responding to Trauma in the Classroom
Joe Neigel, Director of Prevention Services, Monroe School District

[see page 38 for accompanying slide deck]

Monroe Community Coalition Overview:

- Acknowledging context advocating for consistency in school-based behavioral health services across the state.
- Collaboration with the community to ensure that we corporate and communicate. Showing the bringing together of community resources and supports for the school. All the work is data informed. Paying attention to what our students are telling us as well as data analysis.
- Working to address root causes.
- Since 2013, the coalition has been awarded more than $2.6 million in grant funding and resources for our schools and community.
- We review and revise how we address student problems.
- We want to reach as many people as we can by building a system that addressing needs across all three tiers of need.
- Working with families to help them succeed through crisis.
- Both physical and mental health play into attendance impacts.

Since 2018, youth in Monroe have reported unprecedented levels of protection:

- Alcohol use rates are lowest rate ever recorded.
- With multi-tier supports we are getting reports of substance use that are the lowest we've even recorded in our district.
- Seeing similarly significant positive results in smoking/vaping use and prescription painkiller use, number of students in abusive relationships, and prevalence of physical fighting, and rate of teacher praise for hard work
- Higher participation from the community.

System Barriers:

1. We prioritize achievement over the whole child (leads to disengagement from students) – we forgot that **learning must be unlocked**
    a. Interventions that do not contribute directly to academic supports are not prioritized.
    b. As a system: we prioritize achievement over the whole child - RE Krissy's slide deck: disengagement we're seeing started pre-pandemic, has only grown since

    c. Common core is negatively impacting student mental health without additional supports to support student wellbeing needs.
        i. WA entered full implementation of Common Core in 2014
        ii. Data shows a steady decline in students' reported enjoyment of school since 2014
        iii. Increase in making a plan to die by suicide until we reached the pandemic
        iv. While the pandemic highlighted vast mental health need, less students reported making a plan to die by suicide
    d. Tiered services allow us to unlock Maslow's hierarchy
2. The state's funding prototype assumes readiness to learn
3. Wage disparities have set us on a collision course – **behavioral health investments are perceived as taking away jobs**

      a. There is often a lack of clarity around job roles when it comes to behavioral health. Instead of looking at support between roles, the conversation on workforce often comes down the wage differences between school-based providers and community-based providers.

4. Educators lack training in effective classroom management practices – **Defiance or function of behavior?**

5. Professional mobility is a risk factor for student wellbeing

      a. Need to reframe the conversation – To move the system toward equity, we must move away from buzz words & explicitly frame our whole child data within the context of basic education

WA Healthy Youth Survey ACES Data:

- The more ACES students are exposed to the more students are impacted adversely.

- Looking at how to frame ACES data to advocate within the educational context

- Data in Monroe shows that ACEs overlay essentially directly onto increase in substance use, anxiety, suicidality, risky sexual behavioral

- Need to educate teachers on how to recognize trauma.

- If you use ACES data – be sure to ask why our system doesn't support these kids? And how can we change the system to better support them?

Discussion/Comments:

- The movie, Road to Nowhere, supports evidence of achievement over whole child

- I'm wondering how a press for Universal Design for Learning might impact these topics. One thing I see is a serious reluctance for teachers to accept alternative formats or modified work--for example, a video project in place of a term paper to meet different learning needs and strengths. It feels like UDL could improve student success, student engagement, and teacher morale all with this big shift in how classrooms and curricula are designed.

- I would love to see the slide comparing trauma behaviors to those other diagnoses as part of OSPI guidance for the FBA/BIP process, which overuses behavioral carrots/sticks to "fix" behavior instead of addressing unmet needs

Engaging Students Using a Wellness Screening
Margaret Soukup, School-based SBIRT Manager, King County, DCHS
Dr. Cari McCarty, Research Professor, University of Washington
[see page 113 for accompanying slide deck]

Start with why:

- **WHY**: To promote mental health/wellness and advocate for student support based on individual needs

- **HOW**: Schools can help support the psychosocial needs of their students through developing connections with school and community supports and services.

- **WHAT**: Through screening, brief intervention, and referrals.

School-based Screening, Brief Intervention, and Referral to Services (SBIRT):

- **Screening** is self-directed universal intervention, schools can train anyone to administer the screening program

- **Brief Intervention:** school interventionist connects with students use Motivational Interviewing

- **Referral**: students with identified need for support may be referred to resources

Screening:

- SBIRT(s) screening recommendation is a rolling screening a couple classrooms at a time.

- You can opt in or out.
- Full-school screen all at once is NOT their recommendation – recommending a rolling screening in a handful of classrooms at a time

Check Yourself-SB Overview:

- Add for high school around disorder eating and depression
- Students get personal feedback. Some immediate feedback goes back to students based on responses.
  - I.e. information about harmful effects of marijuana on teen health for students that indicate they use marijuana
- Takes about 20 minutes for the screening per classroom. Sorting/triaging meeting takes about 45 minutes on average – identifying students, assigning to staff, notes/background info

SBIRT Risk Categorization:

- Tier 3 – Immediate brief intervention, usually before the end of the day
- Tier 2 – Brief Intervention, follow up within 2 weeks
- Tier 1 – No concerns, a lot of school will follow up if they have the capacity; all students receive personalized feedback as part of Check Yourself
- The schools can look at their own data. They can see where they need to put in support.

SBIRT Brief intervention – Motivational Interviewing

- Could be one meeting, could be multiple meetings.
- Students are the experts in their own lives – support their choice, even if it doesn't align with our goals, values, and culture.
- The referral can be just a connection. Student following through is more likely if the referrals are in the school. Early intervention is important.

Project Status:

- In the 5th year of the project.
- Over 25,000 students were screening in years 1-4
- most middle schools, small group of high schools
- Year 2 full implementation, year 3 was disrupted by COVID, year 4 full implementation again

Results so far:

- Middle school in first 4 years, 50% of the students were screened into Tier 1
- 33% were in Tier 2 - most common concerns were anxiety, bullying, and depression.
- Low substance use, overall. Includes intention to use
- 17% were in Tier 3 - most common indicated self-harm and suicidal ideation at 9% and 7%, respectively.
- Tier 2 and 3 Students receiving a referral:
  - 44% of gender diverse students
  - 37% of female students
  - 29% of male students
  - No differences by race/ethnicity
- Overall, 60% of youth given a referral were reported as connected with that referral
- High schools included last year. HS screeners identified a lot more yellow flags.
  - Higher rates of anxiety and depression, also high rates of substance use.
  - Started asking about eating disorders. 15% screening in with eating disorders. 5% of high schools indicated they had relationship issues. (dangerous)

Impact of Brief Intervention:

- Middle schoolers were asked how the interaction with interventionist went.
- They were made to feel comfortable. More communication towards the students' goals.
- Connecting with adults at school improved after intervention. Went from 51-71%. Show improvement with connection with adults after intervention.
- 82%of student indicated they were interesting in changing use of substances after intervention.
- Counselors have been seeing students they would not normally see. Students that are experiencing internalized symptoms are reaching out due to knowing there was follow up.
- (in chat): Another experience we had was increased parent involvement as part of our follow up to screening.

Questions/Comments:

- Guiding principle of this group – if you screen, you have to intervene, how do you think about schools that don't have the resources to intervene?
  - Having staff in school trained in motivational interviewing is crucial – most common need is **not** therapy, it's early check in interventions
  - Interventionists don't have to have mental health training
  - The grant in King County pays for staff to be embedded in district
  - Rural schools are having a problem, however, the grant is helping even though it is not perfect, but it can help train the staff that is there.
  - Helping parents understand their students. It helps students open up to conversation and vise versa.
  - Early intervention and talking about it is helping students. Mental health conversation is easier. The substance abuse conversation is a little harder due to the students feeling like they will be in trouble. Counselors are saying they are finally able to do the job they were hired to do.
  - (in chat): In SW WA, the Trusted Adult Program is another model for non-professional supporters

Pilot Program in Spokane Public Schools:

- In talking with students in Spokane, they like about a 2 week follow up just to check in – it's been a really positive way to build trust and comfort with students
  - Doing an opt-out approach in Spokane
- What does the structure look like in Spokane?
  - Identify one classroom to screen at a time, that way if a school counselor identifies a concern through a screener, they had the capacity to follow up with appropriate staff on the concern to offer support for the student
  - We are doing this 1 middle school and high school 1 class at a time, first thing in the morning. Whole team involved to address tier 2 and 3 needs. So they can help that day.
  - One positive result of the pandemic has been that talking about mental health is become more acceptable. The two week follow up has helped students feel more connected and seen. It has been going well.
- What size is the team?
  - We identify one classroom, the school counselor, the dean of students or vice principal and 2 health professionals, plus mental health therapist

Resources:

Article recently published in the Journal of Adolescent Health about this SB SBIRT model, showing students increased school connection after receiving a brief intervention

- https://www.sciencedirect.com/science/article/pii/S1054139X22004670/pdfft?md5=04691c3bb104ed999571376957683667&pid=1-s2.0-S1054139X22004670-main.pdf

Youth & Family Member Recruitment + CYBHWG Update
Christian Stark & Lee Collyer, OSPI

Discussion on Youth/Family Recruitment:
- We could have an email thread for family committee members to have the opportunity to provide thoughts/feedback for sharing in meetings.

Discussion on CYBHWG Recommendation Process:
- I did struggle a bit with the post-its approach to brainstorming -- my breakout room struggled a bit to decide how to post our ideas and where, and I think we bogged down in the logistics. I also wasn't really sure about what we were being tasked with during that initial process and felt a little hesitant about posting throughout … perhaps there is a way to increase the clarify around the initial brainstorming request and technology? BTW, I do appreciate how Christian/your team condensed things for us into categories in a document we could look at independently. Happy to discuss further. Ultimately, this method worked, and the recommendations are very powerful

~~Breakout Discussion~~
~~Christian Stark & Lee Collyer, OSPI~~
*Removed to allow more time for discussion

Public Comment
No Public Comment provided.

Attendees:
Staff:
Kerry Bloomquist, OSPI
Rachel Burke, HCA
Casey Caronna, OSPI
Jaimee Kidder, OSPI
Nate Lewis, HCA
Enos Mbajah, HCA
Jason McGill, HCA
Maria McKelvey-Hemphill, OSPI
Jenna Millett, OSPI
RJ Monton, OSPI
Mandy Paradise, OSPI
Todd Slettvet, HCA
Christian Stark, OSPI
Alexandra Toney, OSPI
Cindi Wiek, HCA

Public Participants:
Maame Bassaw

Dr. Phyllis Cavens
Sydney Doherty
Nick Klein
Clarissa Lacerda
Misty Lanegan
Michelle Mitchell
Meredith Piehowski
Daniel Smith
Chelsea Stone, Community Health Plan of WA
Renee Tinder
Rebecca Vaux
Jessica Vavrus
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OSPI Attendance & Truancy Overview

Krissy Johnson, Assistant Director of Attendance & Engagement

Student Engagement & Support

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OSPI Attendance Guiding Principles

- Attendance and engagement are foundational to student learning; they are a **stepping-stone** towards mastery
- Absences tells us when a student has **not accessed or had the opportunity to engage in instruction;** not just a measure of a student in their seat
- Absences are a **signal** that can reflect **inequities** that are caused by or perpetuated by our **systems;** and, therefore, is a critical indicator for school improvement
- Absences are a **signal** that may tell us when a student or family might need more **support;** sometimes, in rare cases, absences can signal a **safety** concern
- As such a signal, absences are a critical **early warning indicator & screening tool**, along with course performance and behavior
- Absences are an opportunity to get **curious** about why students aren't attending, and respond proactively & supportively
- **Students** and **families** are our best partners to understand the barriers to attendance and how to increase attendance and engagement

Positive Conditions for Learning Lead to Students Being Engaged and Attending Regularly

Physical and Emotional Health and Safety

Adult and Student Well-Being and Emotional Competence

Belonging, Connection, and Support

Academic Challenge and Engagement

Relationships are Essential to Positive Conditions for Learning

AIR
AMERICAN INSTITUTES FOR RESEARCH

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www.attendanceworks.org
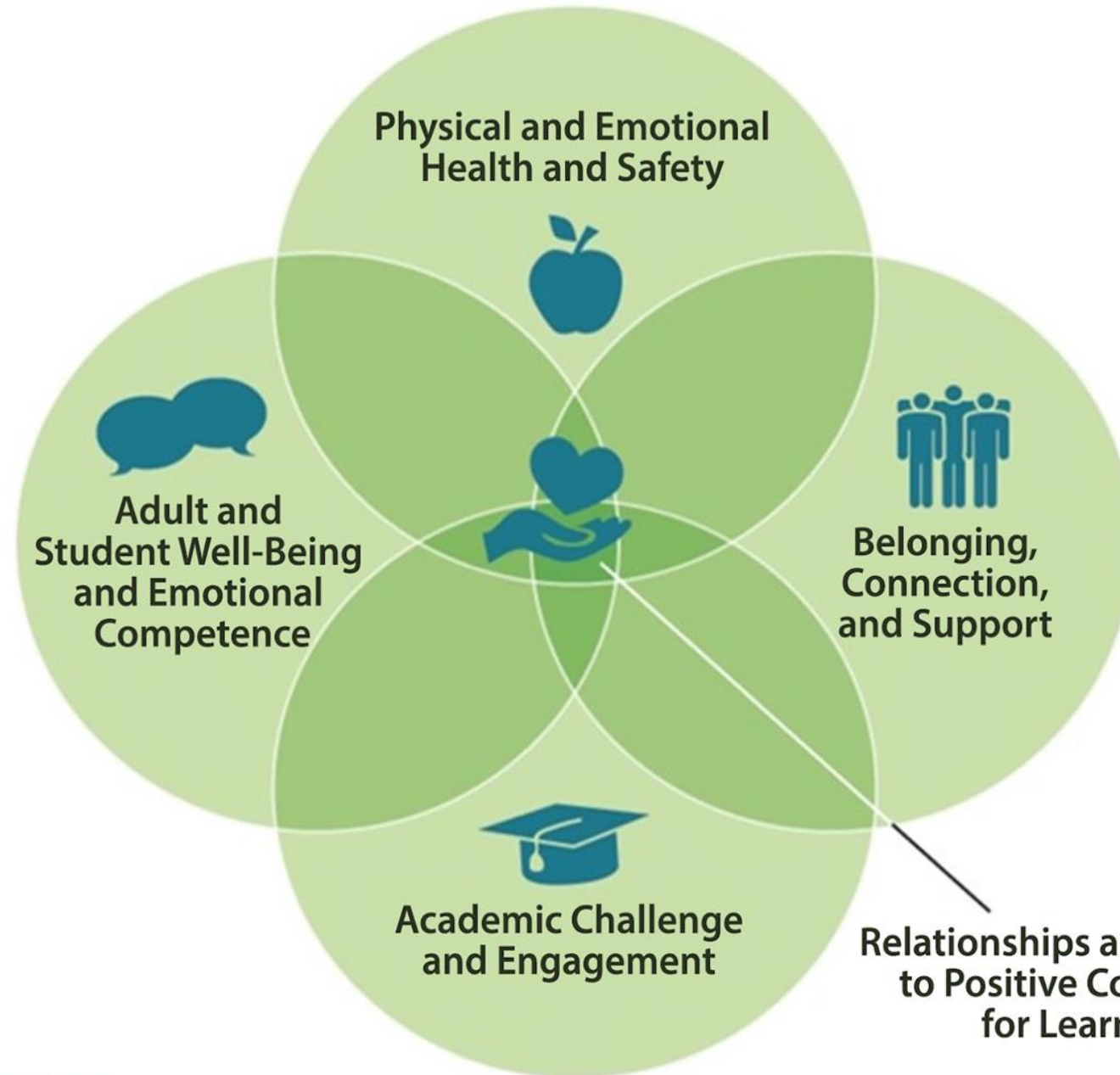
OSPI measures Chronic Absence and reports the inverse on Report Card as: "**Regular Attendance**"

Excused + **Unexcused** = **Chronic Absenteeism**

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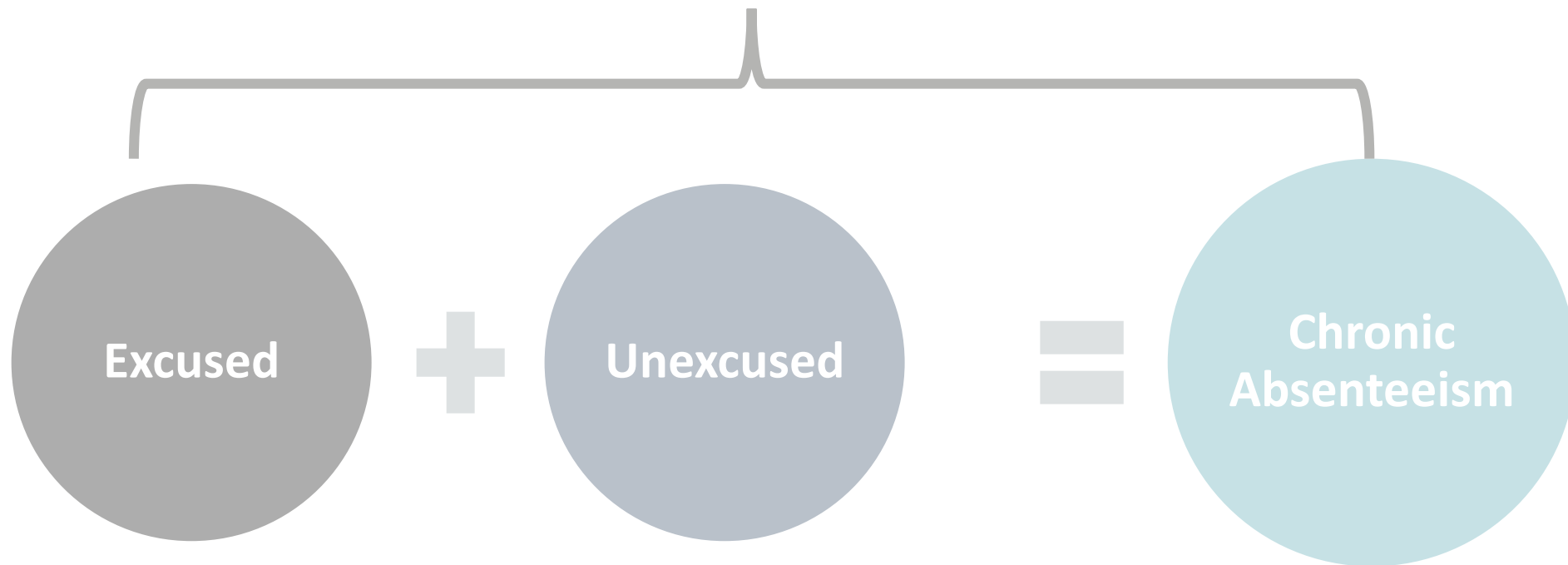
Differentiating Terms

Chronic Absence

A student missing 10% or more of their school days, excused and unexcused

Truancy

Unexcused absences

7 unexcused absences in a month or 15 unexcused absences in a year

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Chronic Absence:

Research Highlights

Attendance in the Early Grades: Why it Matters for Reading

Utah Data Alliance – Chronic Absenteeism Research Brief

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Students that are chronically absent in preschool, kindergarten and 1st grade are **much less likely** to read at grade level by 3rd grade.

Students who can't read at grade level by the end of 3rd grade are **four times more likely** than proficient readers to not graduate.

A student that is chronically absent in any two years between 8th and 12th grade has **a 50% chance** of not finishing high school.

Chronic Absence linked to Not Graduating from High School

Proportion of Students Dropping Out by Number of Years the Student was Chronically Absent from 8th-12th Grades
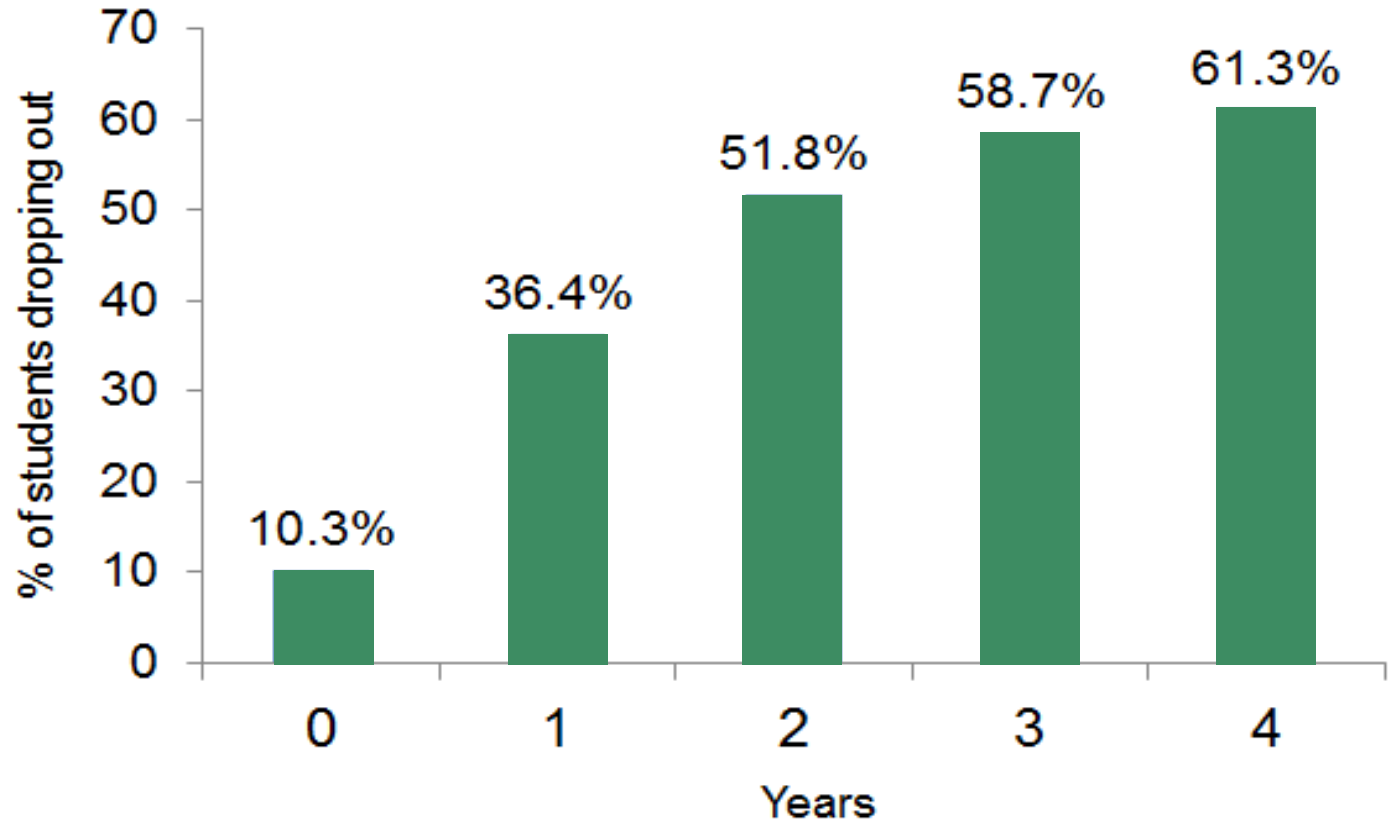
Utah Data Alliance – Chronic Absenteeism Research Brief

National Chronic Absence Data 2021

Throughout the pandemic, students have been disconnected or disengaged from their education at unprecedented levels.

Absences from school increased in Washington State and nation-wide during SY 2021.

The US Department of Education recently published national data from 2020-21 which shows $10.1 million students were chronically absent.

Washington Regular Attendance by Race/Ethnicity 2019-20 to 2020-21

OSPI's Washington State Report Card

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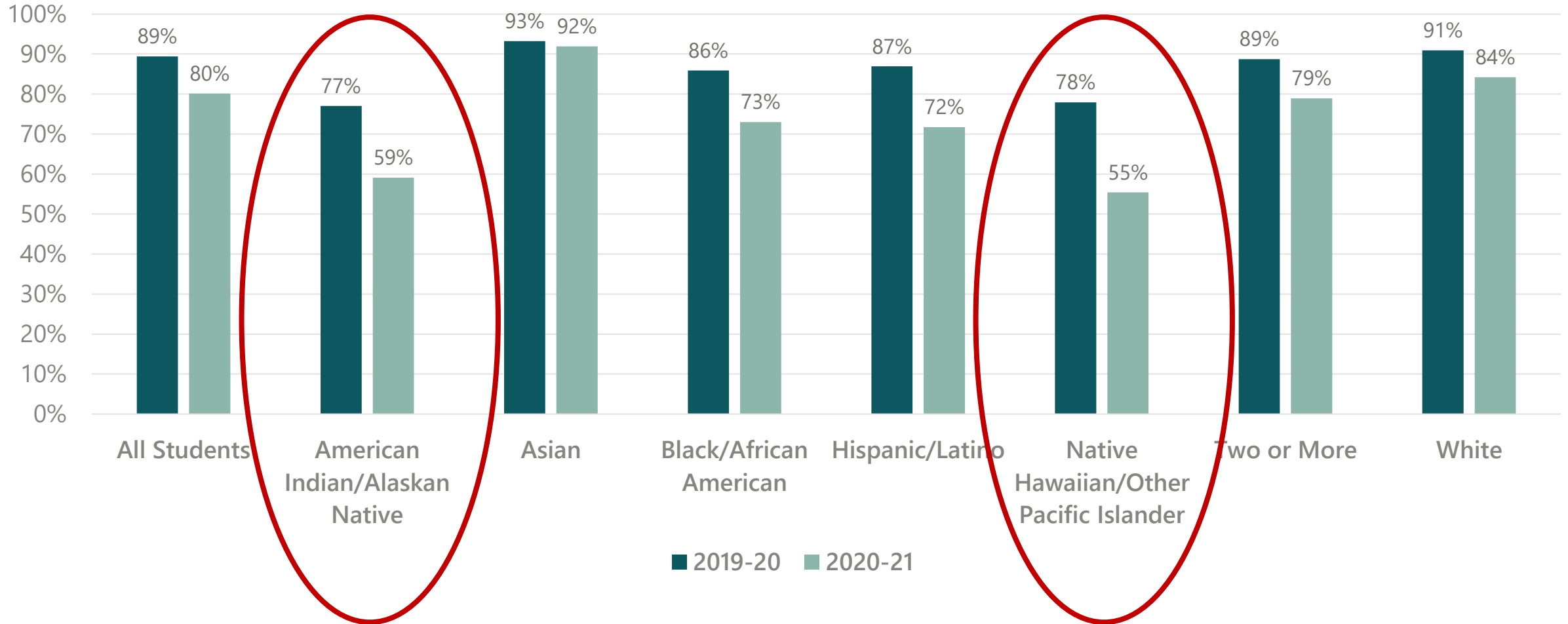
Washington Regular Attendance by Program or Characteristic 2019-20 to 2020-21

OSPI's Washington State Report Card

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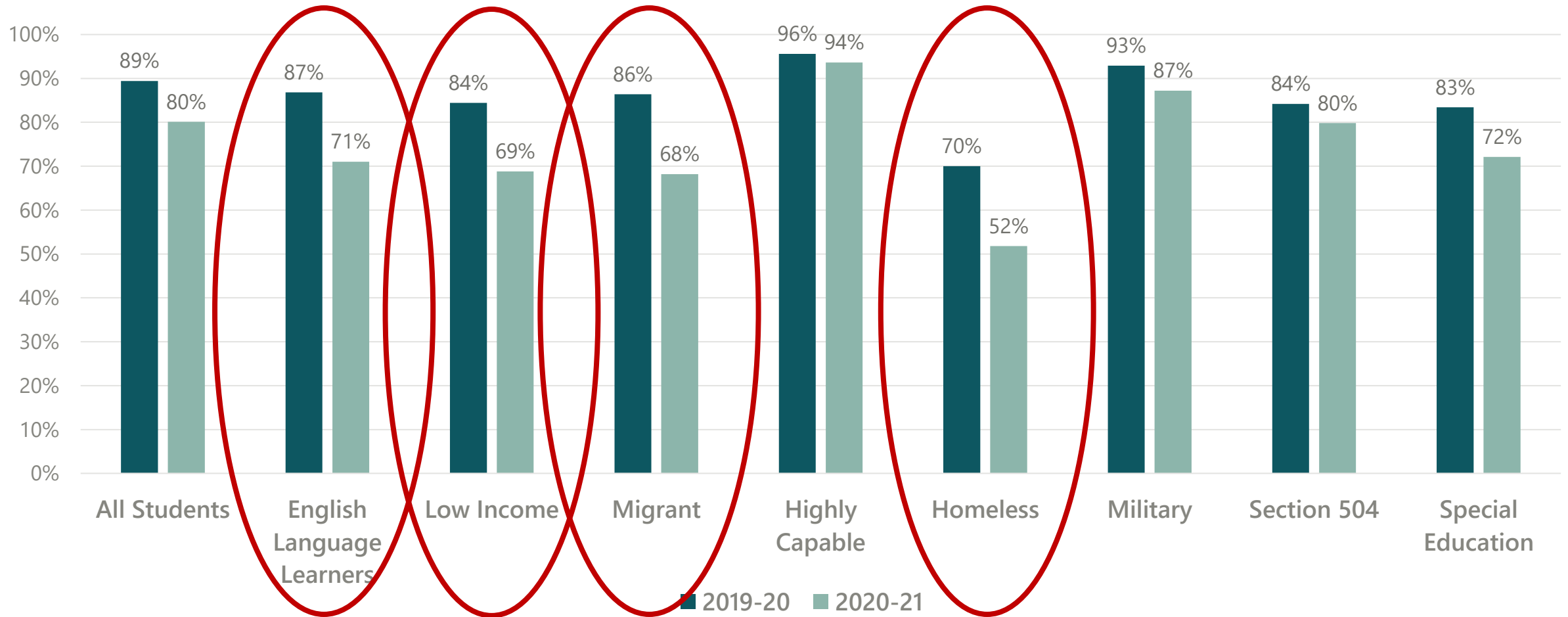
Attendance

SEL/Behavioral Health

Washington MTSS

Team-Driven Shared Leadership

Evidence-Based Practices

Data-Based Decision Making

Continuum of Supports

Family, Student, and Community Engagement
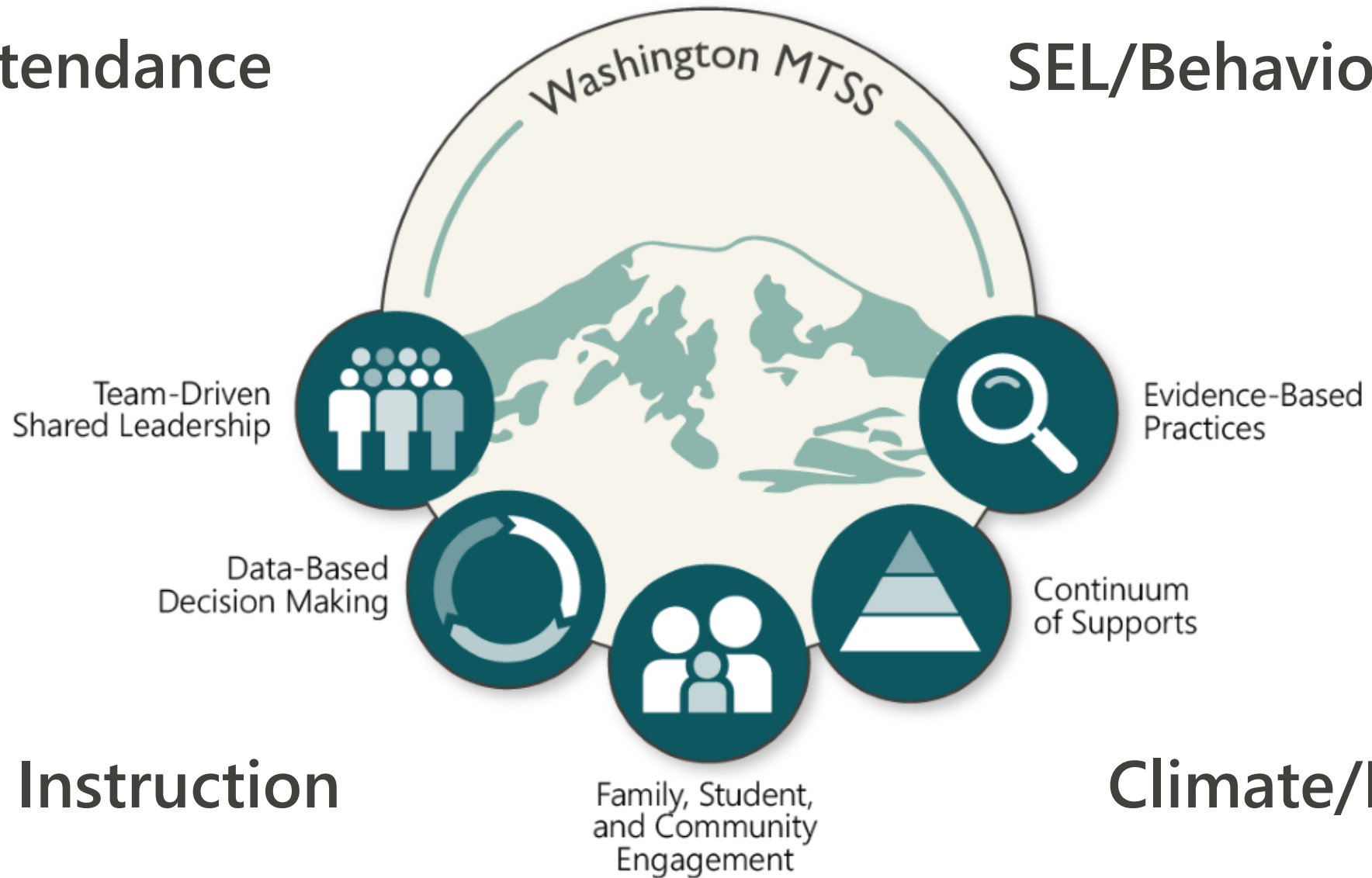
Core Instruction

Climate/Behavior

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What can chronic absence tell us about a student or a school?

- Yes, and….
- We don't know until we explore the root causes
- To do that we need to access and analyze group level attendance data
- Engage students and families in gathering more information

So how do we do this?

Teams that look at attendance data, ideally other early warning indicators

Data reports (by group and individual)

Analyzing Data to understand root causes of absences

Develop/enhance **Interventions**

Establis/enhance **Community Partners**

Tier 2: Students with At-risk Attendance

- Personalized early outreach
- Group skill building (attendance advisory)
- Action plan addresses barriers and increases engagement
- Check in/Check Out
- Nudge letters

Tier 3: Students that are Chronically Absent

- Coordinated school and interagency response
- Home visitors, graduation & family support specialists providing one on one support
- Check & Connect
- Community Engagement Boards

Tier 1: All Students

- Define and teach regular attendance
- Celebrate regular and improved attendance
- Awareness efforts that educate parents about impact of absences
- Proactive & positive messaging for each absences
- Address common barriers to attendance like transportation
- Engaging school climate & positive relationships with students and families

Tiered interventions are supported by the other MTSS structures:

Teams

Data

Leadership

Progress monitoring

Family & student engagement

A Note about Truancy...

- WA Truancy Laws put in place after the murder of a young woman named Becca Hedman

- Historical approach to truancy has been punitive; over-reliance on courts

- Significant strides have been made to reduce interaction with court; and enhance early intervention

- A powerful aspect of monitoring attendance is that an unexcused absence sometimes tells us something that excused doesn't

- We hear that monitoring, tracking and responding to absences fell to the back burner amidst the overwhelm of the pandemic

- Hope is to support schools to rebuild those systems and refocus in a supportive manner

Mental Health Absence Rule Change

House Bill 1834 (2021-22)

OSPI was required to:

- Categorize, in rule, a student absence from school due to a mental health reason, as an excused absence due to illness, health condition, or medical appointment

- Develop the rule, and guidance to implement the rule, in consultation with a student advisory group and the GATE Advisory

- Have the rule in place for the 2022-23 school year

Adopted Rule Language (WAC 392-401-020) Effective August 1, 2022

Absences due to the following reasons must be excused:

(a) Physical health or mental health symptoms, illness, health condition or medical appointment for the student or person for whom the student is legally responsible. Examples of symptoms, illness, health conditions or medical appointments include, but are not limited to, medical, counseling, mental health wellness, dental, optometry, pregnancy, and behavioral health treatment (which can include in-patient or out-patient treatment for chemical dependency or mental health);

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What is the purpose for the rule change?

Creates consistency in excusing mental health related absences across the state to reduce a punitive approach

Makes clear that mental health is as significant as physical

Continue to address stigma surrounding mental health

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Covered in Guidance

Background and Purpose:

- Mental health and reengagement purpose
- OSPI Attendance background
- House Bill 1834 background

Core Components:

- Definitions for Assessing Mental Health Absences
- Systems and Strategies for Addressing Mental Health Absences: Action Steps for Districts and Schools
- Action Steps for School Districts
- Possible Thresholds for Responding to Excessive Excused Absence

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System Gaps/Opportunities

Truancy to Reengagement

- Opportunity to resource different agencies and districts to enhance their preventative, early intervention, and later intervention with the goal to reduce engagement with the court

Closing Holes in the Safety Net

Many districts continue to withdraw students without the resources or plan to conduct outreach and attempt to reengage students

Many districts and schools are still re-establishing their early warning systems, including responding to truancy (legal requirements)

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High Leverage Current Projects

ESSER Attendance & Reengagement Project

Building Capacity to Reengage Students & Keep the Engaged

Goals

- **Build equitable systems** to keep students engaged

- **Reconnect youth & families** that have disconnected from education or are at-risk of disengaging

How We're Doing This

- **Investing in district, ESD, community & Tribal capacity** to directly support students (direct service staffing)

- **Enhance ESD capacity** to support districts to build systemic responses to attendance & reengagement

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Re-envisioning Truancy Project

Engaging youth, families, and partners to understand:

- How do partners perceive and experience these policies and practices?

- What resources, supports and policy changes will help ensure that school attendance and truancy systems centralize the needs and experiences of youth and families and emphasize school reengagement rather than punishment?
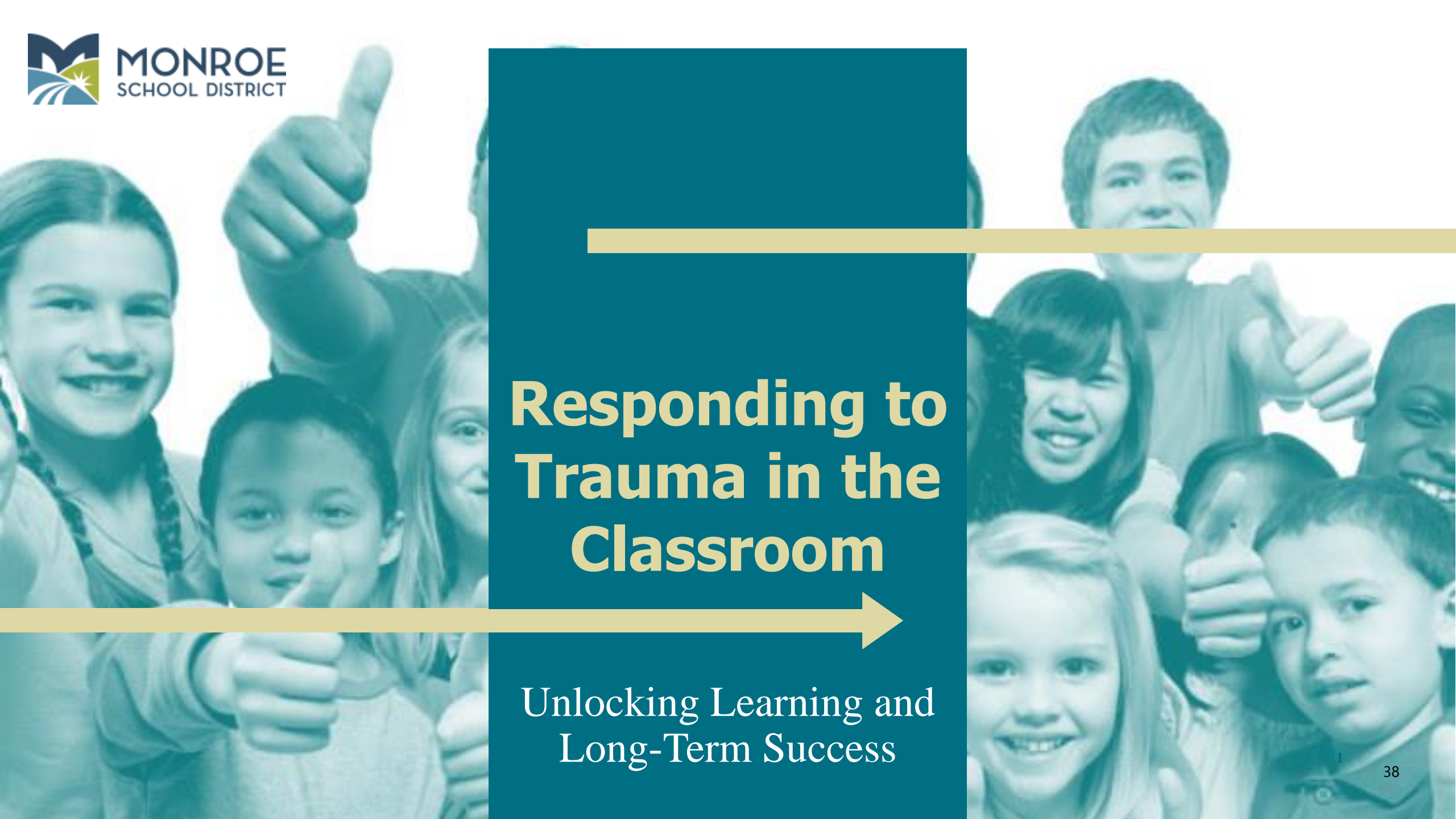
Discussion

What would you add?

What questions or reflections do you have?

What resonated? Did you experience any cognitive dissonance?

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Responding to Trauma in the Classroom

Unlocking Learning and Long-Term Success

Acknowledging our Context

Community Prevention & Wellness Initiative
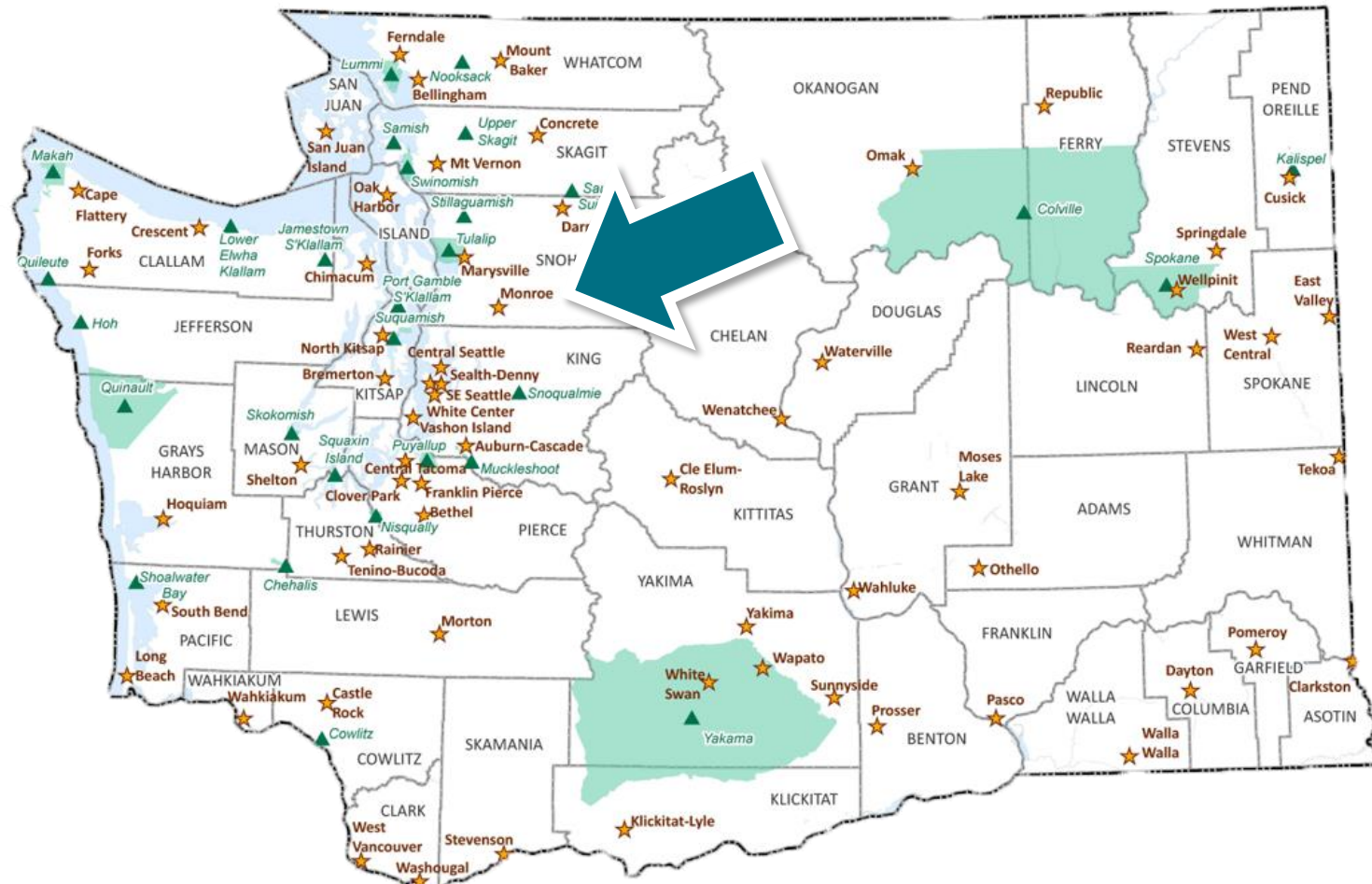
- Nearly 100 Communities
- 100+ schools
- All 39 counties

A Collaboration of Neighbors and Professionals

Moms & Dads	Grandparents	Youth
Law Enforcement	Business	Healthcare
Media	Schools	Government
Mental Health Treatment	Substance Use Treatment	Faith Community
Volunteer Groups	Family Serving Agencies	More

Our Coalition is a formal arrangement for cooperation and collaboration between groups and sectors within our community.

Community Decision-Making

- **Community-based model** for delivering effective prevention strategies and activities.

- **Data-informed**, community-level decision making approach to identify and respond to root social and emotional causes of problem behaviors.

Partners for Healthy Communities

Community prevention and wellness initiative

Washington State Department of Social & Health Services
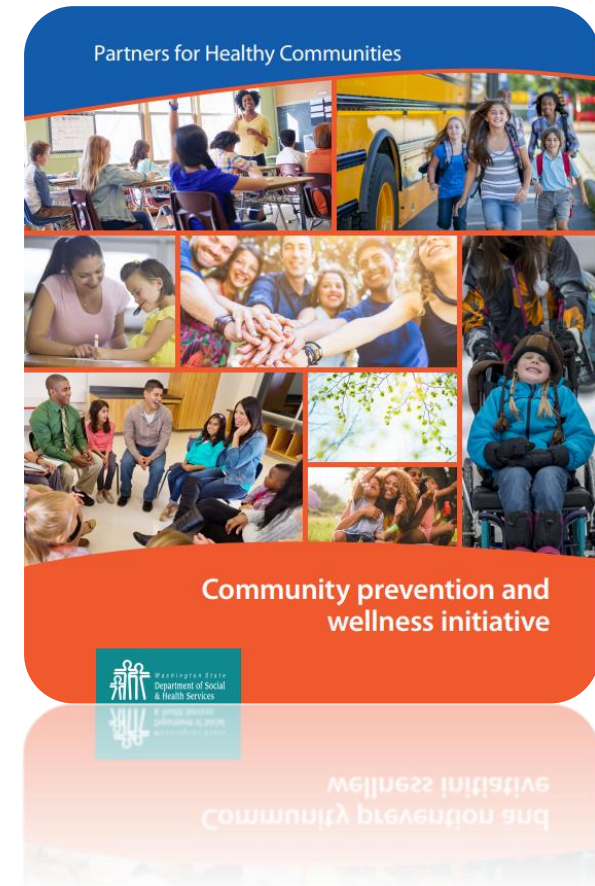
Focus on the Fire, Not the Smoke

- **The Coalition analyzes** HYS and other data to find out what makes our kids vulnerable to substance use and mental health issues like depression and suicide.

- Our strategic plan addresses science-identified **root causes** rather than symptoms.

- We proactively fund **multi-tiered** *evidence-based* **programs**, strategies and personnel to improve outcomes for youth.

PLANNING FRAMEWORK

Capacity Building
Sustainability and Cultural Competency
Evaluation
Implementation
Planning
Assessment
Getting Started

COMMUNITY PREVENTION AND WELLNESS INITIATIVE
STRATEGIC PLAN 2019
Monroe Community Coalition
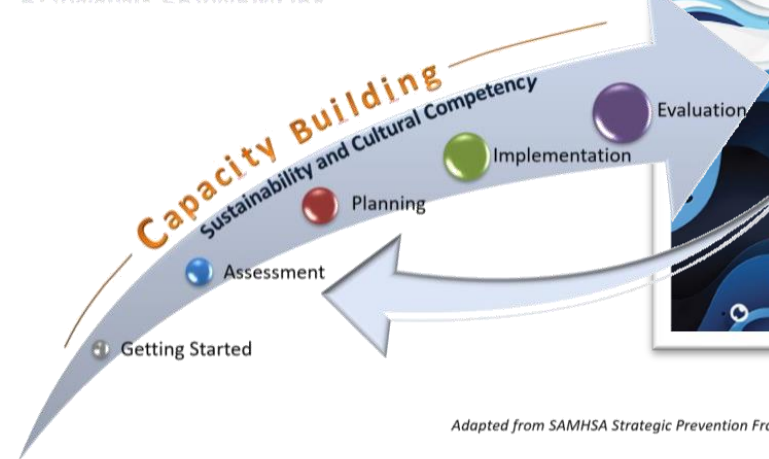
Adapted from SAMHSA Strategic Prevention Framework

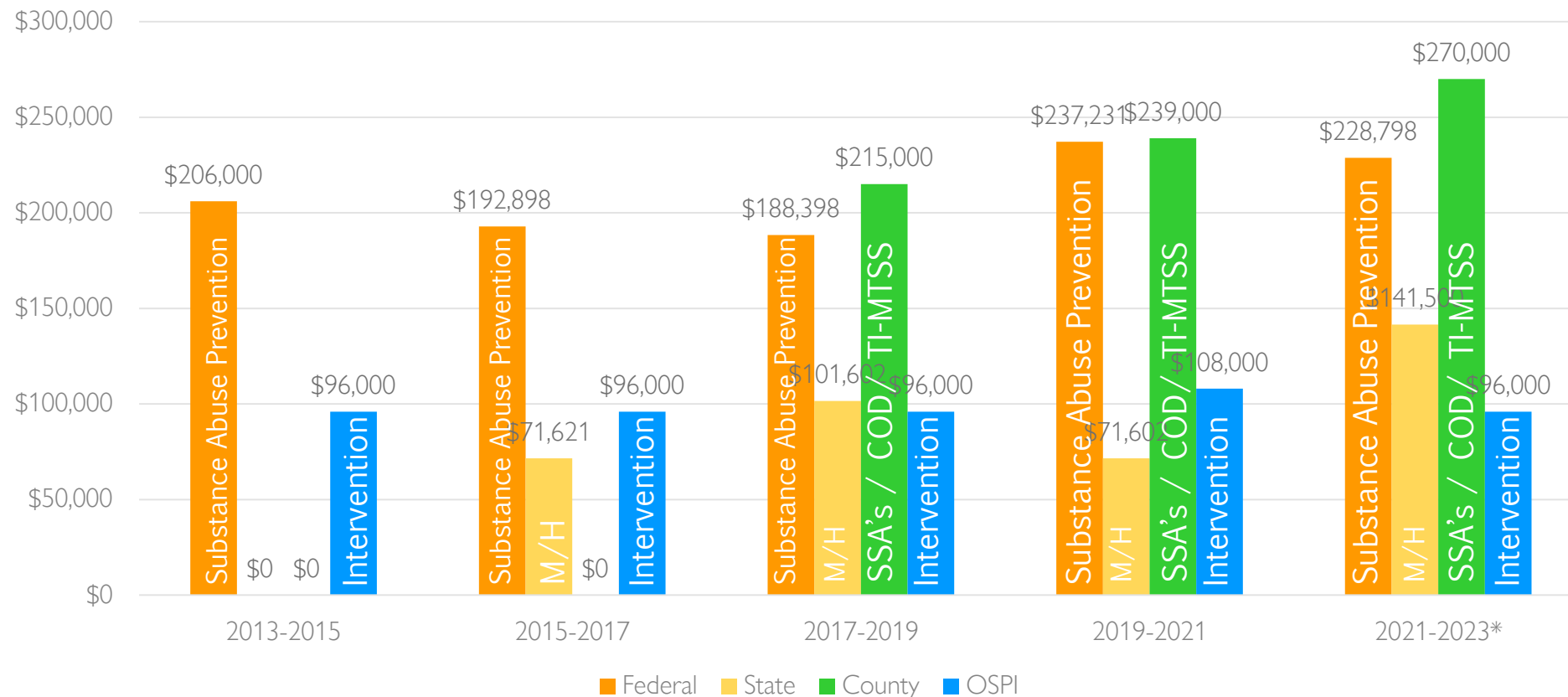| Domains	Risk Factors Measured on Healthy Youth Survey	Adolescent Problem Behaviors						Protective Factors
	Risk factors are characteristics that lead to increases in problem behaviors like alcohol and other drug use, juvenile crime, teen pregnancy, school dropout, and violence. The following factors have been shown to increase the likelihood that youth may develop these problematic behaviors that impact health and success.	Substance Abuse	Depression & Anxiety	Juvenile Crime	Teen Pregnancy	School Dropout	Violence	Protective factors significantly reduce the potential for involvement in these problematic behaviors. Research clearly shows the more protective factors present in a young person's life, the lower their risk of developing or suffering from any of these behaviors.
Community	Availability of Drugs* (10th)	✓					✓	• Opportunities for prosocial community involvement* (8th & 10th) • Recognition for prosocial community involvement
	Availability of Firearms* (10th)			✓			✓	
	Community Laws & Norms Favorable to Drug Use, Firearms & Crime	✓		✓			✓	
	Low Neighborhood Attachment & Community Disorganization	✓		✓			✓	
Family	Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓	• Bonding to family with healthy beliefs and clear standards • Attachment to family with healthy beliefs and clear standards • Opportunities for prosocial family involvement* (8th) • Recognition for prosocial family involvement
	Family Management Problems	✓	✓	✓	✓	✓	✓	
	Family Conflict	✓	✓	✓	✓	✓	✓	
	Favorable Parental Attitudes Toward Drug Use	✓		✓			✓	
School	Academic Failure* (10th)	✓	✓	✓	✓	✓	✓	• Bonding and attachment to school • Opportunities for prosocial school involvement* (10th) • Recognition for prosocial school involvement* (10th)
	Lack of Commitment to School* (8th)	✓		✓	✓	✓	✓	
Individual	Friends Use of Drugs* (8th & 10th)	✓		✓	✓	✓	✓	• Bonding to peers with healthy beliefs and clear standards • Attachment to peers with healthy beliefs and clear standards • Opportunities for prosocial involvement • Increase social skills
	Favorable Attitudes Toward Drug Use* (10th)	✓		✓	✓	✓		
	Early Initiation of Drug Use* (8th)	✓		✓	✓	✓	✓	
	Gang Involvement* (10th)	✓		✓			✓	

Leveraging Resources

Since 2013, the Monroe Community Coalition has been awarded more than $2.6 million in grant funding and resources for our schools and community.

A Bottom-Up Approach

Public Health Model

Versus

Medical Model

Tier III / Indicated: Very Few Students
Personnel — For students not responsive to Tier II services. 1:1 work with Specialist Staff or community referrals.

Check & Connect
Project Success Groups
Coping & Support Training

Tier II / Selective: Some Students
For students not responsive to Tier 1. Group work and supports for students from high-risk populations.

Second Step | PAX Good Behavior Game
LifeSkills Training | SPORT | Project Success
Sources of Strength | Signs of Suicide
ACES and TIP Training | Youth Mental Health First Aid Training
Parenting Wisely | Awareness Campaigns | School Counseling

Tier I / Universal: All Students
Whole-school or grade-level evidence-based prevention and intervention programs, activities and practices designed to support all students.

School District Policy | Multi-Tiered Systems of Support
Behavioral Health Advocacy | Municipal Policy

Environmental: Population-level
Efforts to influence community conditions, standards, systems and policies

Tier III Personnel

Director of Prevention Services x1

School Counselors x14

Student Support Advocates x4

School Social Worker x1

Behavioral Health Specialist x1

Co-Occurring Disorders Therapist x1

Student Assistance Professional x1

Attendance Outreach Specialist x1

Homeless & Foster Care Liaison x1

Family Liaisons x2

Since 2018, youth in Monroe have reported unprecedented levels of protection.

Regular Alcohol Use: Lowest Rate Ever Recorded	**Regular Marijuana Use:** Lowest Rate Ever Recorded	**Smoking & Vaping:** Lowest Rates Since 2014	**Rx & Prescription Painkiller Use:** Lowest Rate Ever Recorded
Abusive Relationships: Lowest Rate Ever Recorded	**Teachers Praise for Hard Work:** Highest Rate Ever Recorded		**Physical Fighting:** Lowest Rate Ever Recorded

Our Goals this Morning

Consider systemic barriers hindering school-based behavioral health implementation

- A look at systemic challenges impacting universal implementation school-based behavioral health strategies.

Discover how WAH-ACES Data allows for explicit conversations with educational decision-makers

- Advocates for trauma-informed practice and investing in school-based behavioral health need to make a clear case about unlocking learning.
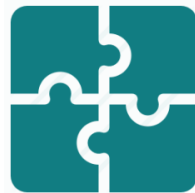
Learn about Monroe School District's behavioral health strategy

- Monroe has leveraged funding and resources for tiered behavioral health investments, but the work really begins with workforce training.

Common Barriers

Systemic Barrier #1

We Prioritize Achievement Over the Whole Child

Standardizing disengagement?
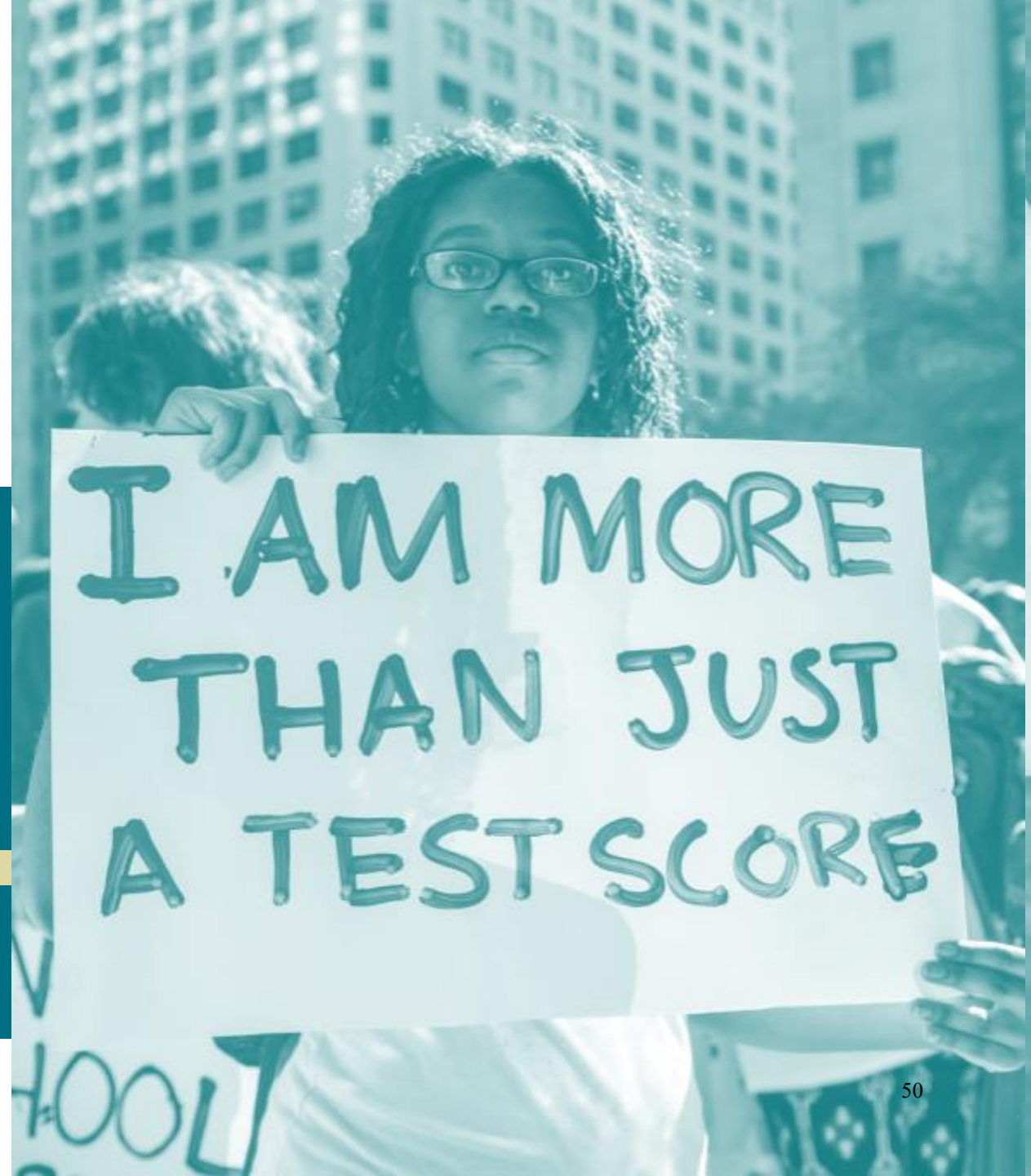
Prioritizing Tests Underserves the Whole Child

10th Grade Engaged Learning & Mental Health Since Full Common Core Implementation
Washington State Health Youth Survey 2010 -2021

Interventions that compete with classroom time, or that are not perceived as explicitly academic in nature, tend to be dismissed.
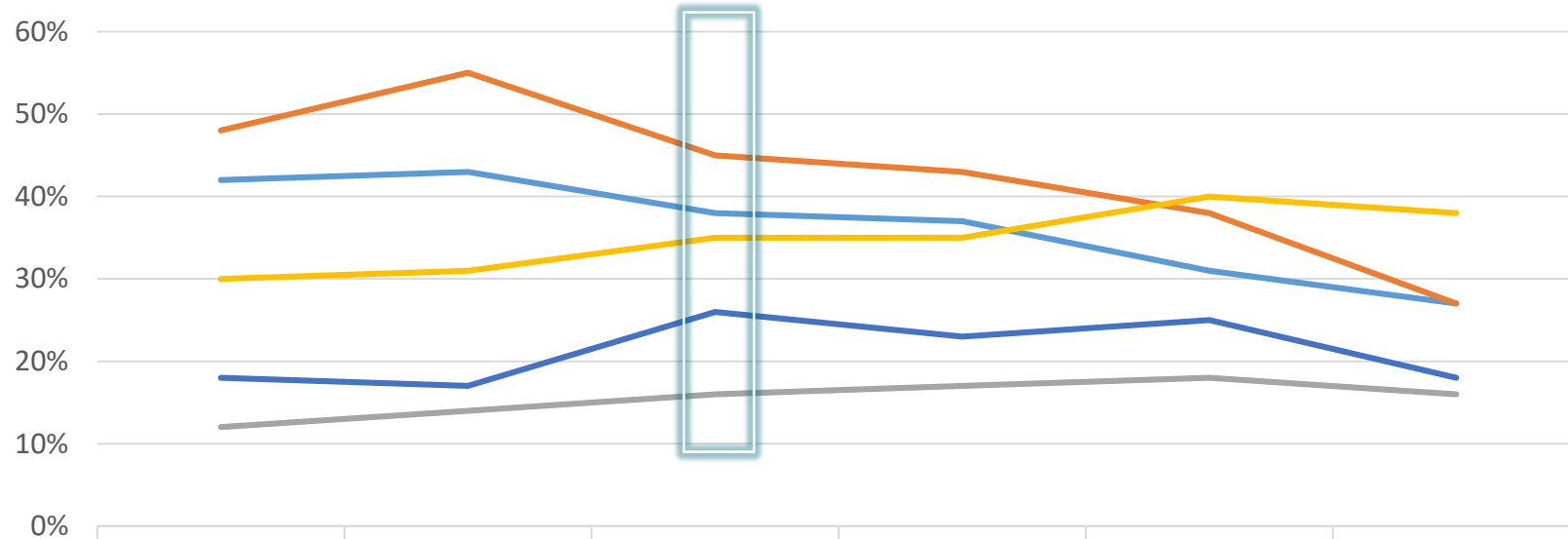
	2010	2012	2014	2016	2018	2021
Enjoying School	42%	43%	38%	37%	31%	27%
Importance of School Work for Later in Life	48%	55%	45%	43%	38%	27%
Plan for Suicide	12%	14%	16%	17%	18%	16%
Depression	30%	31%	35%	35%	40%	38%
Abuse	18%	17%	26%	23%	25%	18%

Ready to Learn?

Contexts beyond school – like health, social-emotional wellbeing, family, and neighborhood – can account for up to two-thirds of the variance in student achievement.

Substance Abuse and Mental Health Services Administration Social-Ecological Model of Youth Development

We Forget that...

Learning Must Be Unlocked

Desire to become all that one can become

Self-expressions of creativity

Primary focus of education

Respect, achievement, mastery

Friendship, belonging to group

Stability, freedom from fear

Food, shelter, sleep, warmth
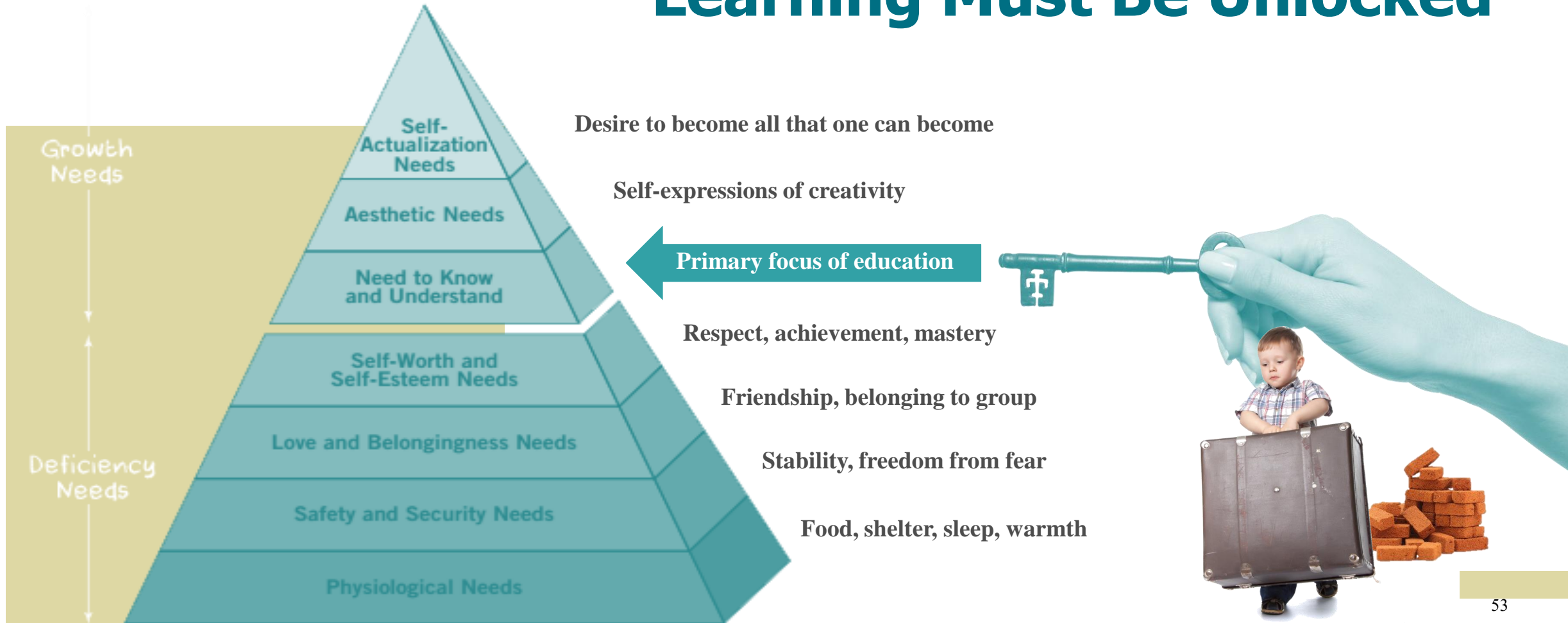
Systemic Barrier #2

The Funding Prototype Assumes Readiness to Learn

We're off target.

Behavioral
Health

SEL Skills | SEL Skills

Instruction | Instruction | Instruction | Instruction | Instruction | Instruction
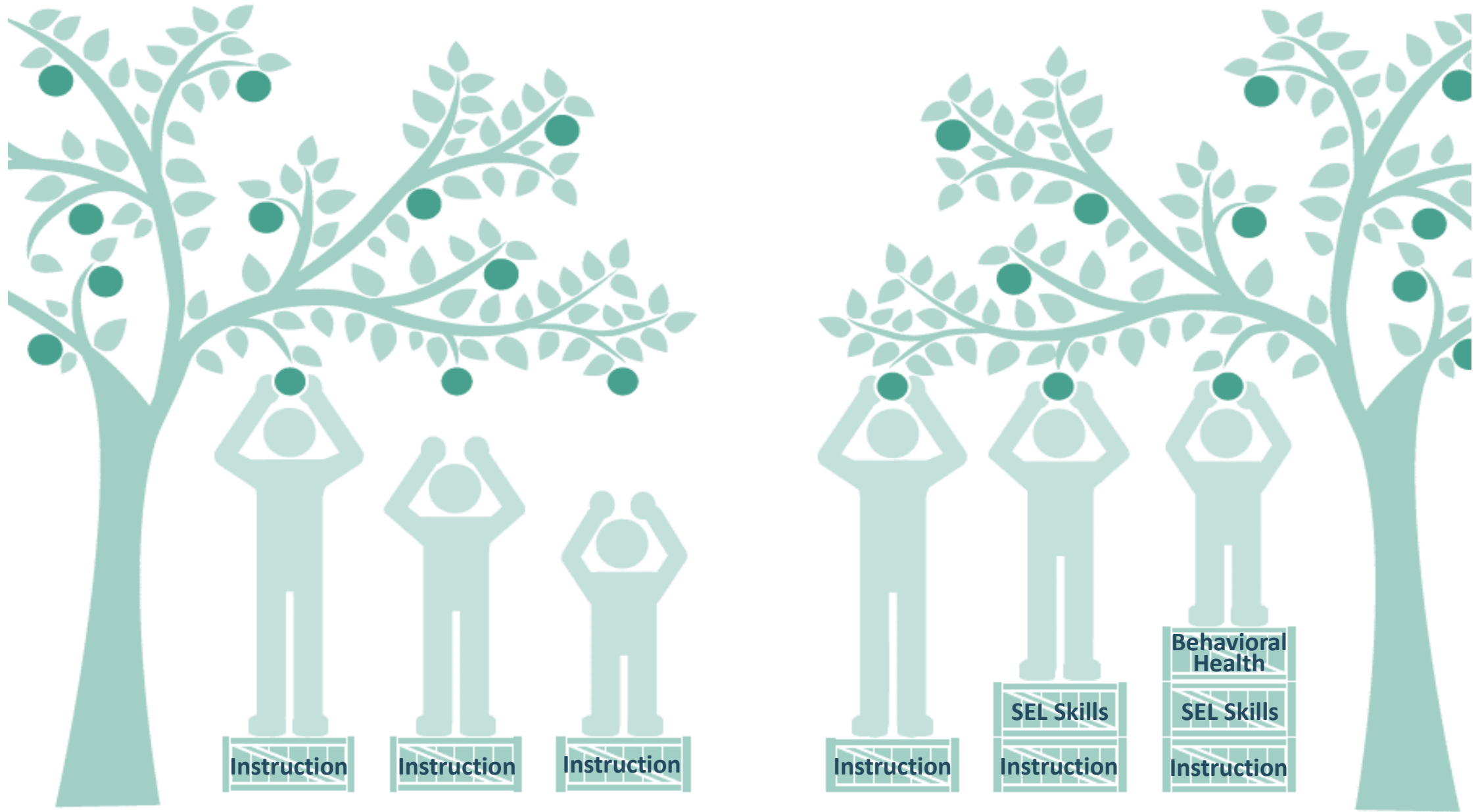
Equality doesn't mean **Equity**

55

Is This Equity?

RCW 28A.150.220 establishes the proportion of state funding that the legislature deems necessary to support school districts in offering basic education.

The current funding prototype does not support educational equity for vulnerable students and families.
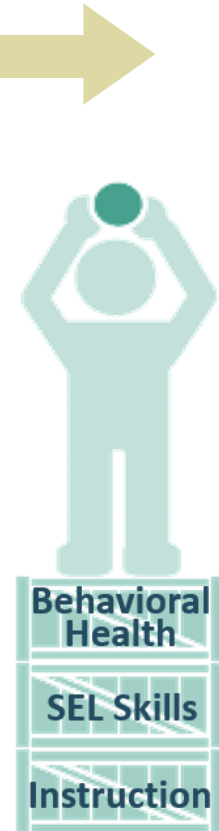
Health & Social Services	Elementary School per 400	Middle School per 432	High School per 600
School Counselors	.493	1.216	2.539
Psychologists	.017	.002	.007
Social Worker	.042	.006	.015
School Nurses	.076	.060	.096

Behavioral Health

SEL Skills

Instruction

Systemic Barrier #3

Wage Disparities have Set Us on a Collision Course

Behavioral health investments are perceived as taking away jobs.

School Counselor salary in Washington

Average salary ⑦
$73,500/yr
Based on 703 income tax records

$26,000 — $113,500

Average salary by age ⑦

Age:	
56+	$96K
46-55	$85K
36-45	$78K
26-35	$66K
18-25	$39K

$26,000 — $113,500

190 Days
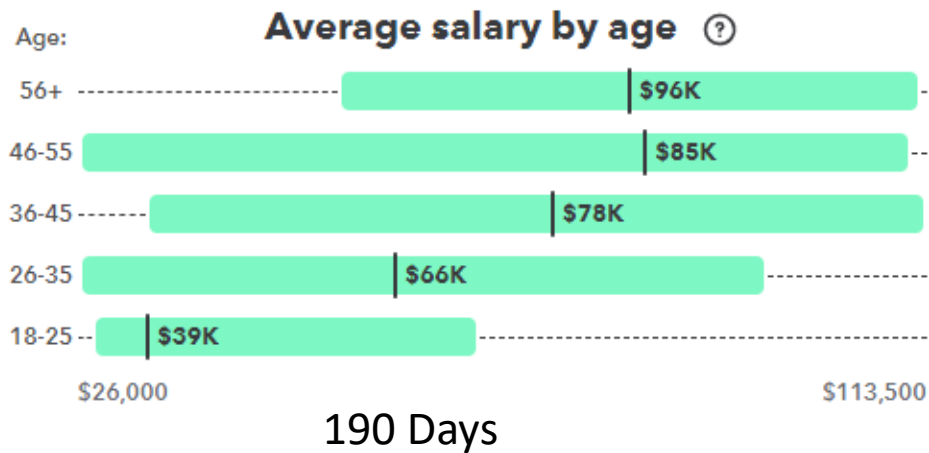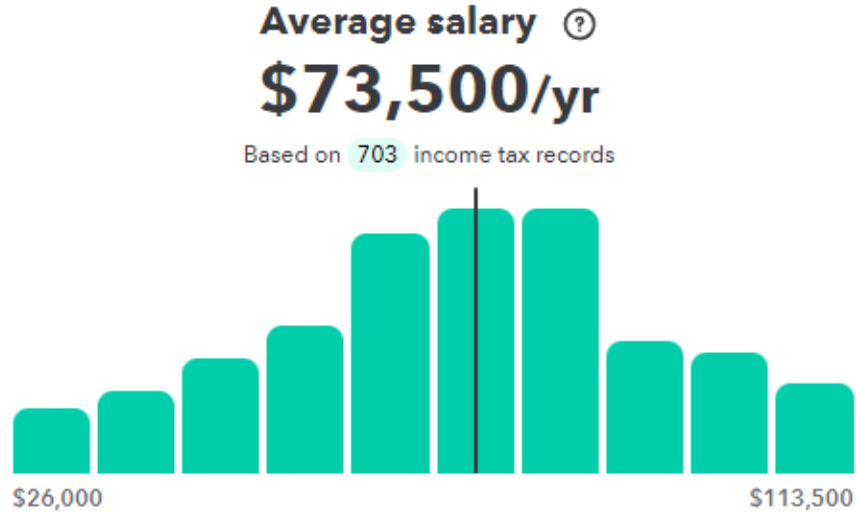
Mental Health Counselor salary in Washington

Average salary ⑦
$50,500/yr
Based on 327 income tax records

$21,000 — $83,000

Average salary by age ⑦

Age:	
56+	$58K
46-55	$56K
36-45	$51K
26-35	$49K
18-25	$38K

$21,000 — $83,000

260 Days
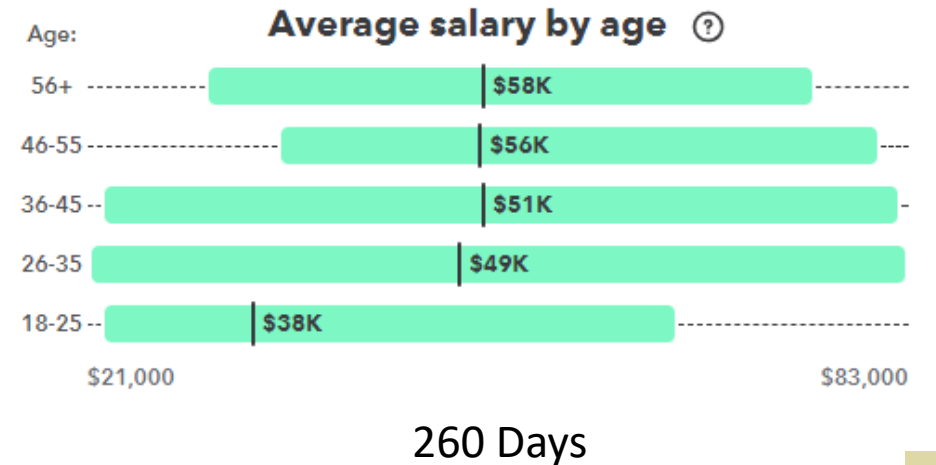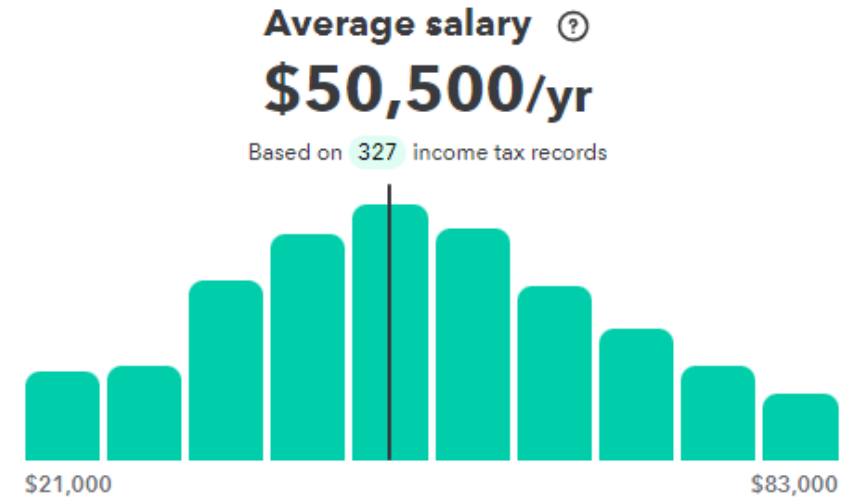
School Social Worker salary in Washington

Average salary ?

$69,500/yr

Based on 52 income tax records

$41,000 — $102,500

Average salary by age ?

Age:	
56+	
46-55	
36-45	$68K
26-35	$64K
18-25	

$41,000 — $102,500
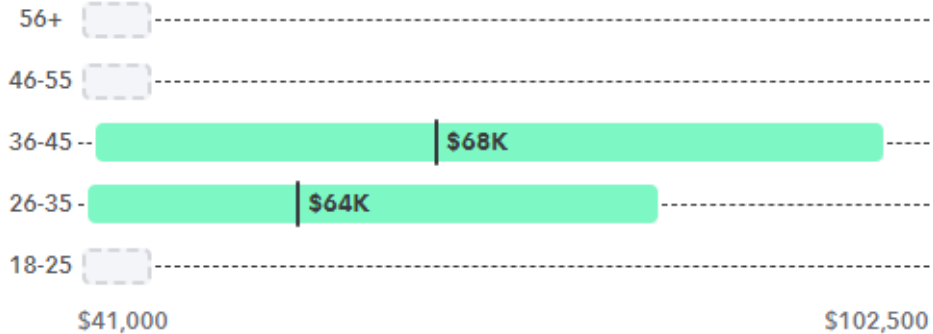
180 Days

Clinical Social Worker salary in Washington

Average salary ?

$61,500/yr

Based on 159 income tax records

$23,000 — $99,500

Average salary by age ?

Age:	
56+	$61K
46-55	$69K
36-45	$61K
26-35	$61K
18-25	

$23,000 — $99,500

260 Days

Based on past year income tax returns: https://mint.intuit.com/salary/

59
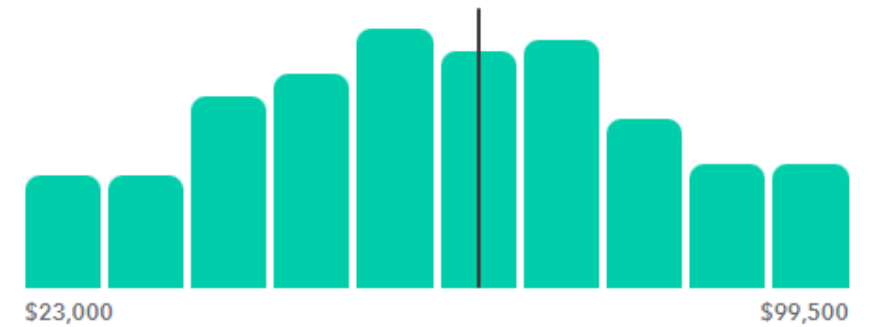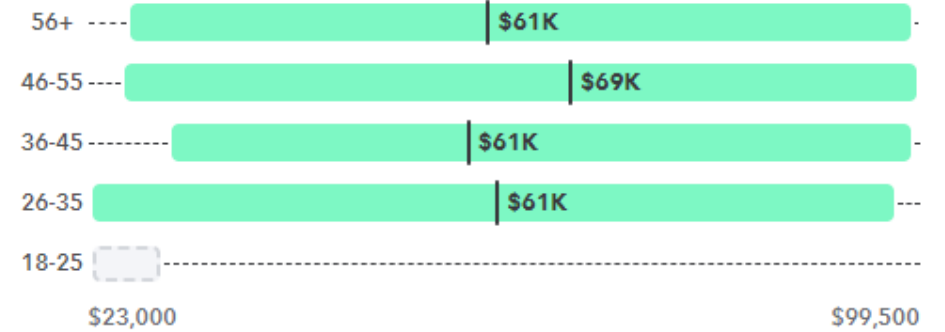
Substance Abuse Counselor salary in Washington

Average salary ⑦

$40,500/yr

Based on 76 income tax records

$23,000 $58,000

Average salary by age ⑦

Age:	
56+	
46-55	$42K
36-45	$43K
26-35	$40K
18-25	

$23,000 $58,000
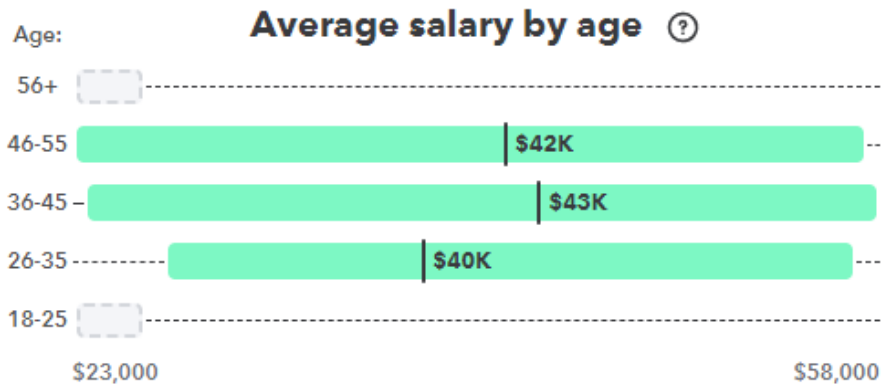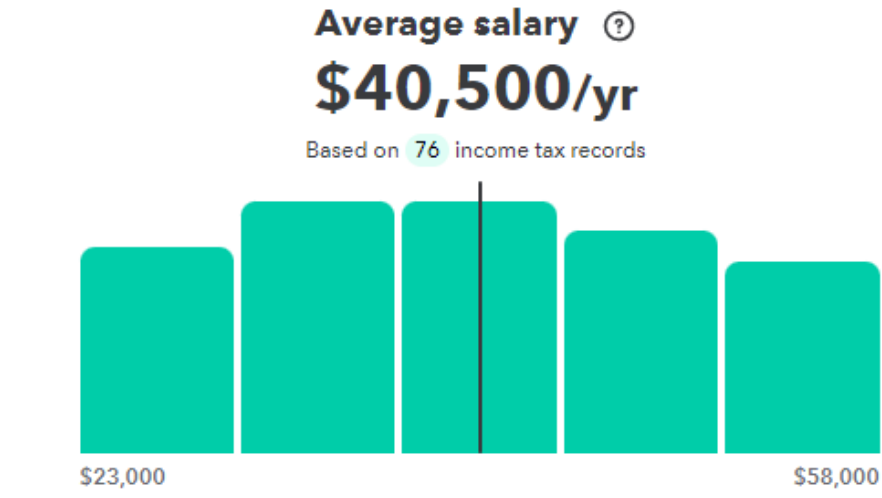
260 Days

Case Manager salary in Washington

Average salary ⑦

$43,500/yr

Based on 915 income tax records

$22,000 $69,500

Average salary by age ⑦

Age:	
56+	$50K
46-55	$46K
36-45	$47K
26-35	$43K
18-25	$37K

$22,000 $69,500
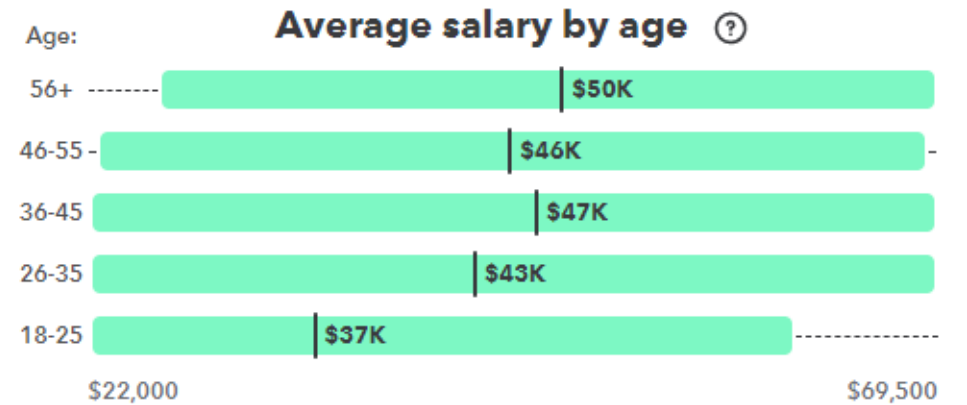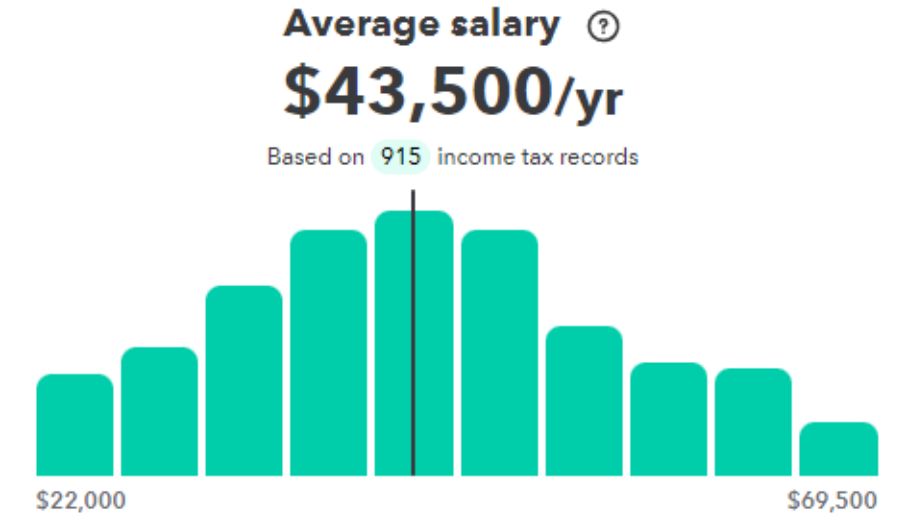
260 Days

Average hourly wage for a School Counselor in Washington State (190 days)

$23.47	$36.43	$49.79
BOTTOM 20%	MEDIAN	TOP 20%
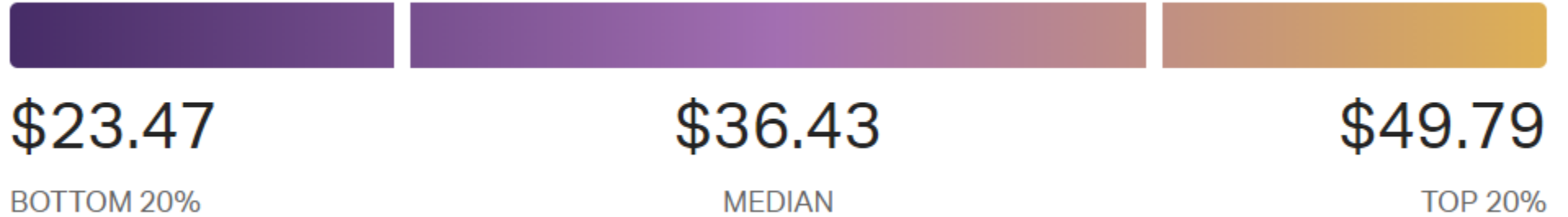
Average hourly wage for a Mental Health counselor in Washington State

$14.35	$17.14	$27.44
BOTTOM 20%	MEDIAN	TOP 20%
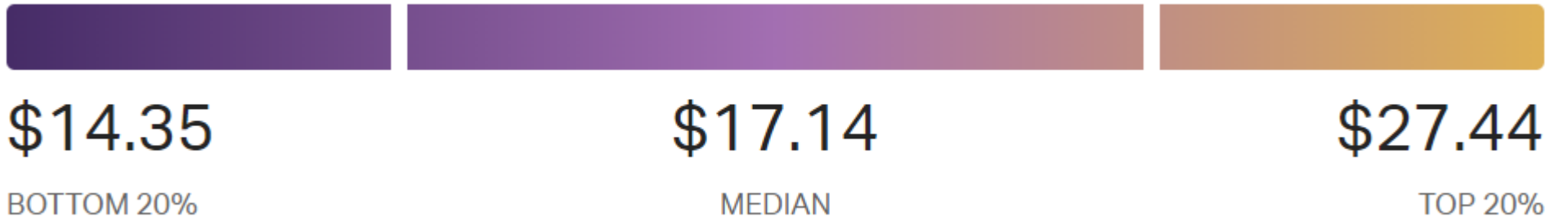
Average hourly wage for a Substance Abuse Counselor in Washington State

$12.43	$17.89	$26.18
BOTTOM 20%	MEDIAN	TOP 20%
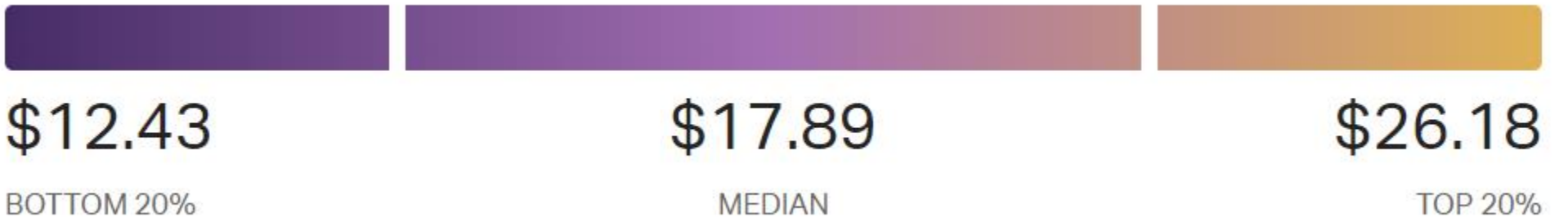
Systemic Barrier #4

Educators lack training in effective classroom management practices

Defiance or function of behavior?

Nationally, Teachers are Seeking Help

Teachers and Discipline

How prepared do you think most teachers are today to handle discipline issues in the classroom?

No Opinion 2.02%

Very Prepared 7.07%

Very Unprepared 18.18%

Prepared 36.36%

Unprepared 36.36%
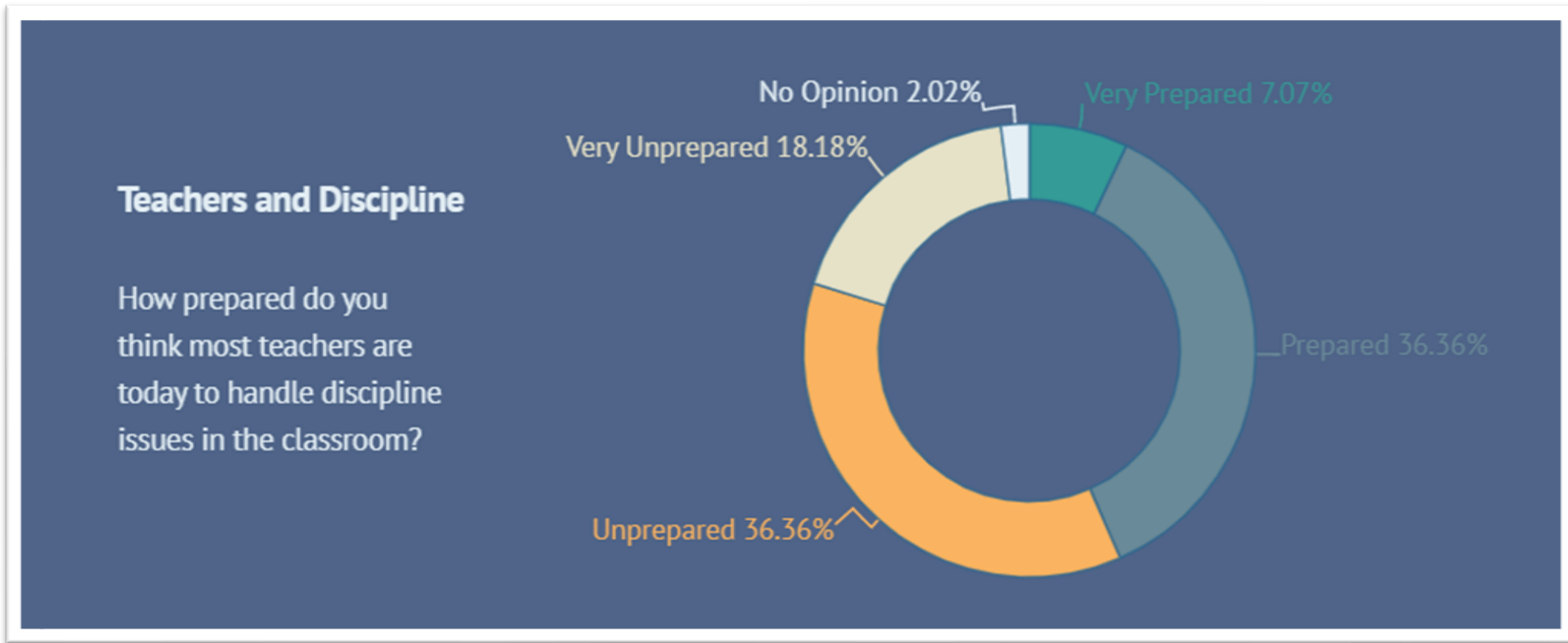
Discipline Solutions

How effective do you think each of the following potential solutions would be in addressing discipline issues in schools?
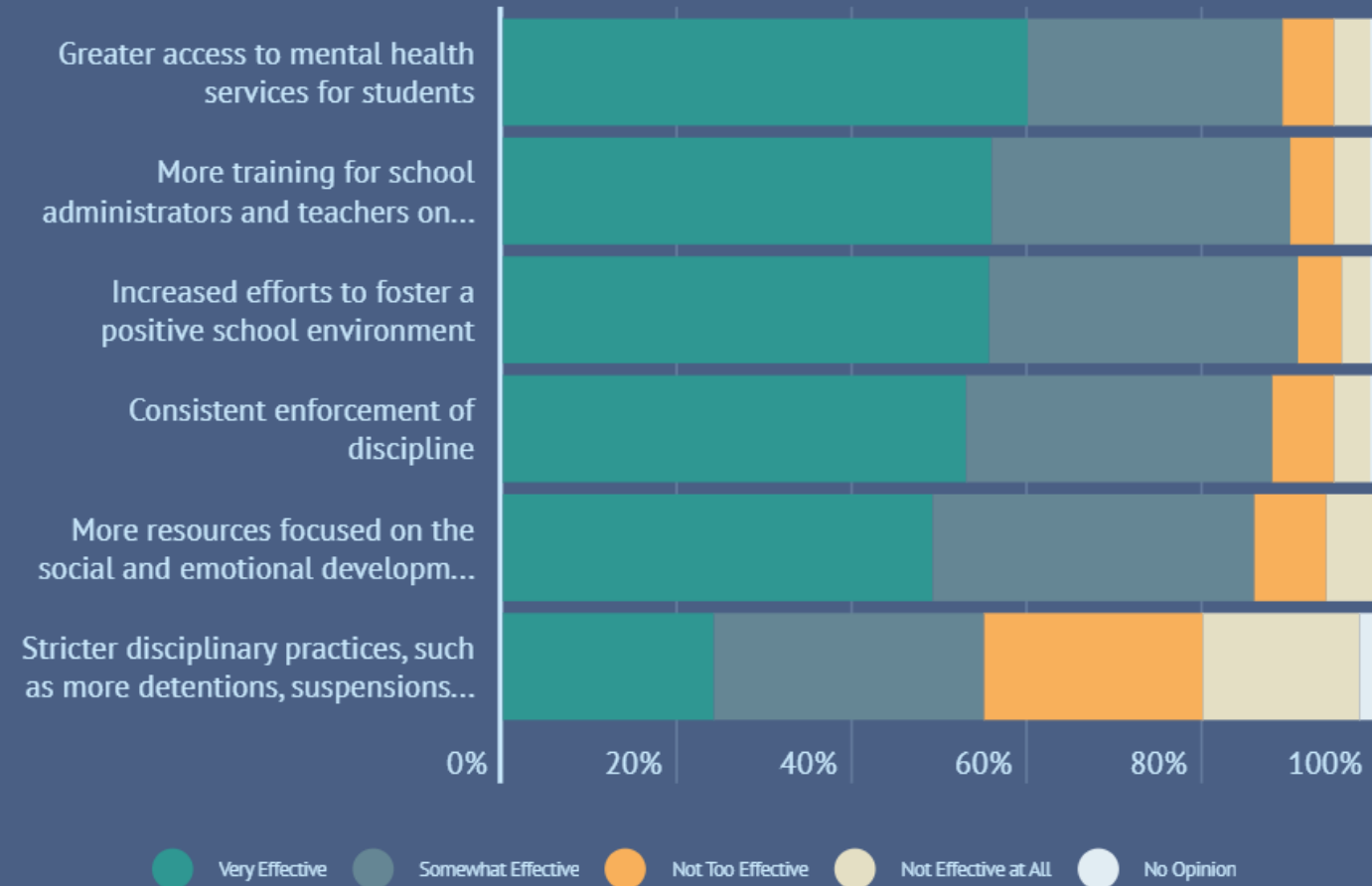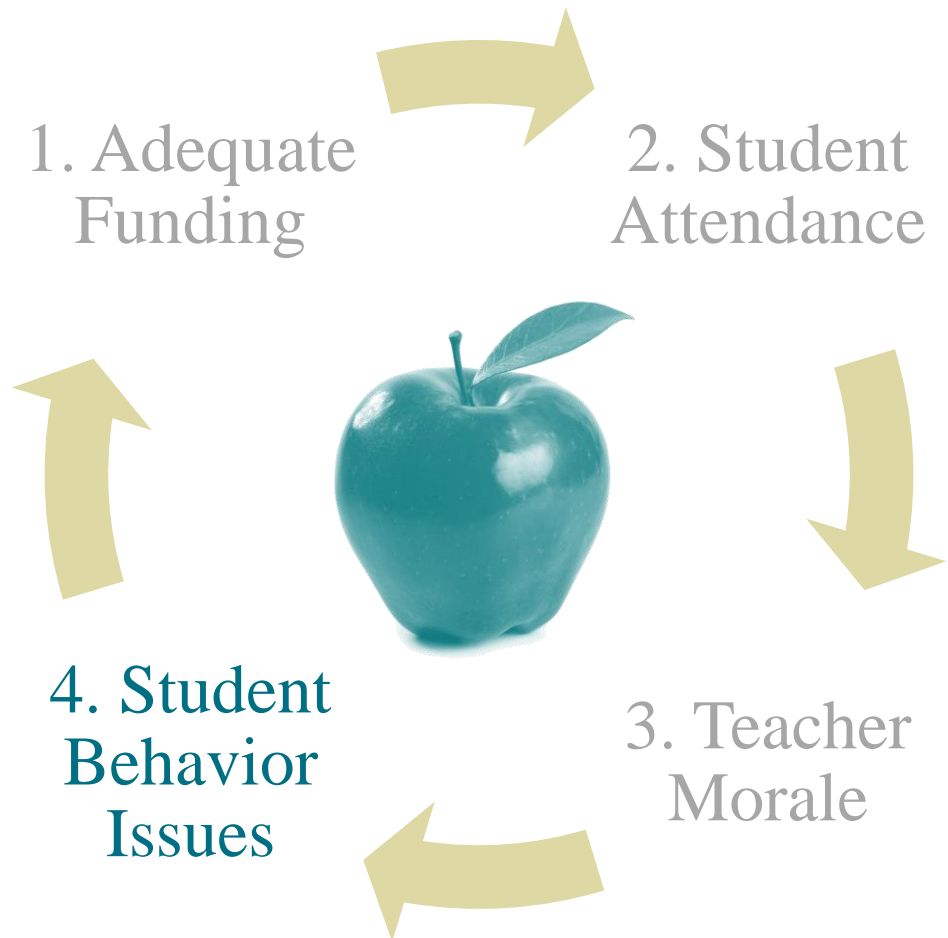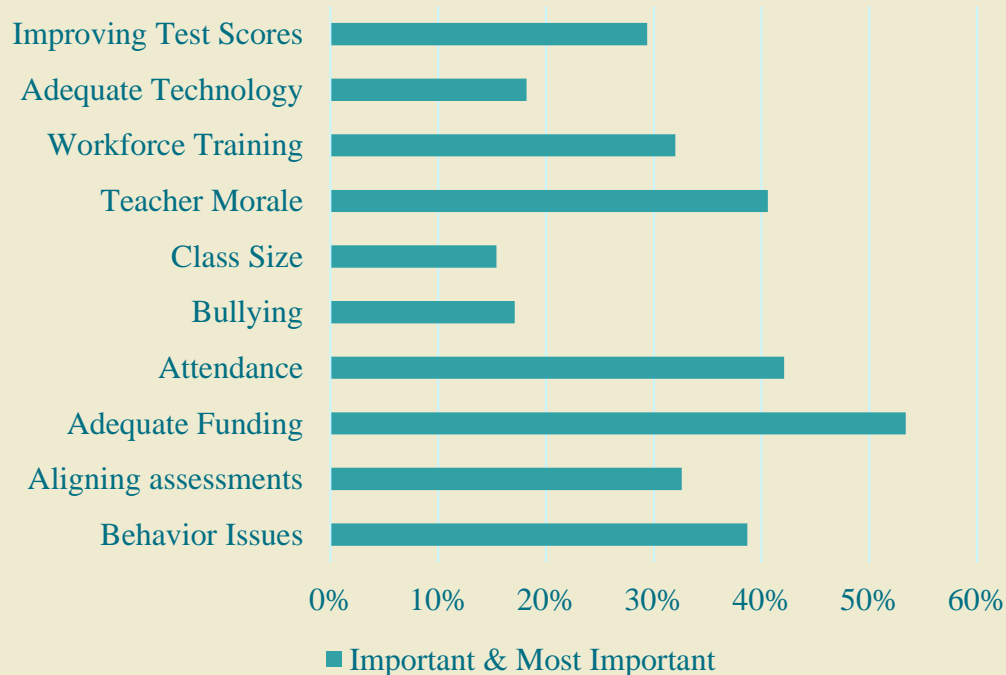
Systemic Barrier #5

Professional Mobility is a Risk Factor for Student Wellbeing

Everything is temporary.

High Rates of Professional Mobility Harms Initiative Stability

Principal Jim Sporleder achieved incredible outcomes after adopting a trauma informed approach at Lincoln High School in Walla Walla. Did you know those achievements (a 90% decrease in suspensions, 75% decrease in fights, five-fold increase in graduation rates) were all but lost shortly after he retired in 2015?

Student Exclusion/Suspension Rates
Lincoln High School, Walla Walla
OSPI Report Card 2014-2020
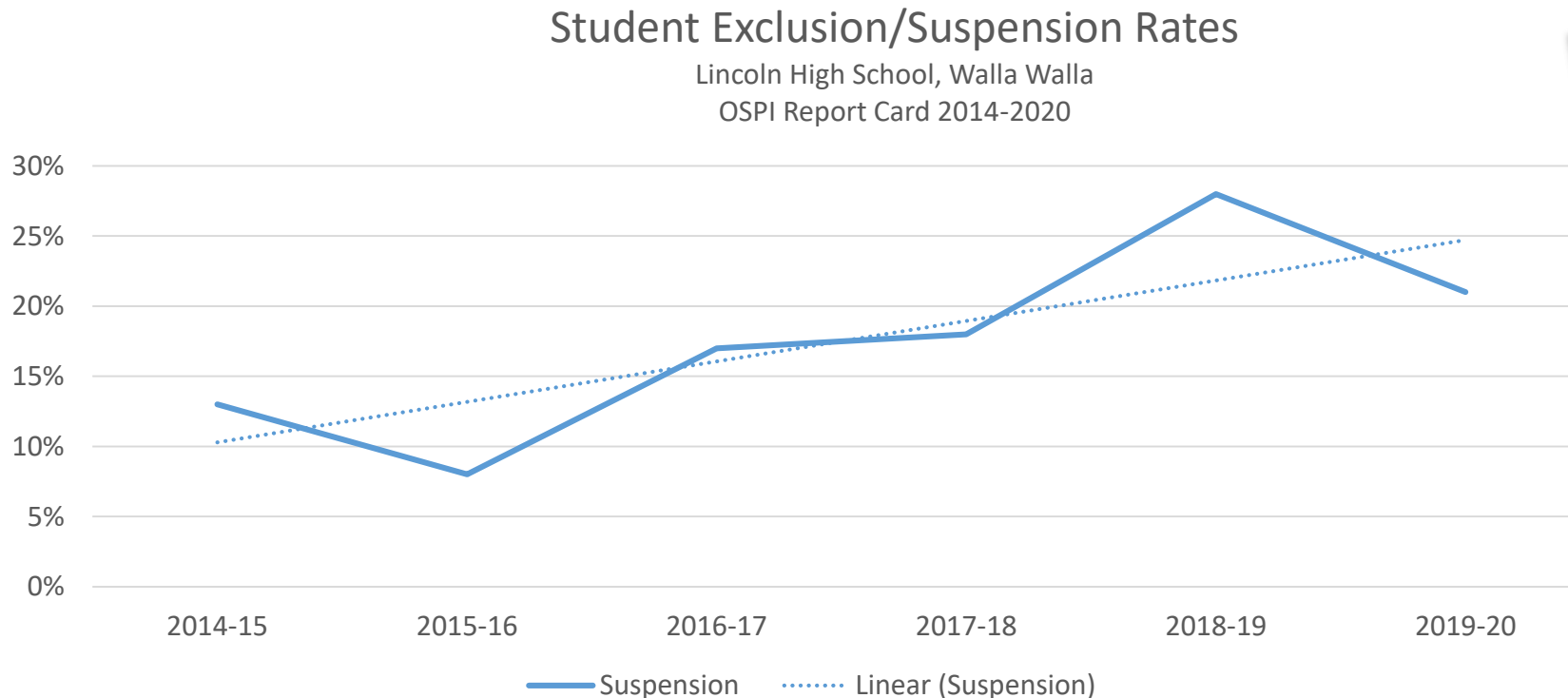
Reframing the Conversation

To move the system toward equity, we must move away from buzz words & explicitly frame our whole child data within the context of basic education.

Washington State Healthy Youth Survey - 10th Grade
WAH-ACES Score and...

WHY?

The new Washington HYS ACE index (WAH-ACEs) is based on decades of research about how childhood trauma exposure amplifies risk to short and long-term health and wellbeing.

	Alcohol Use	Marijuana Use	Vaping	Depression	Anxiety - On Edge	Anxiety - Worry	Contempla ting Suicide	Made a Plan to Attempt Suicide	Attempted Suicide	No Hope	Ever Had Sex
0 ACES	4.8%	2.4%	0.7%	18.6%	59.6%	41.8%	6.6%	4.7%	1.7%	3.6%	5.1%
1 ACES	8.4%	5.2%	2.7%	32.5%	68.2%	51.7%	13.4%	11.5%	2.9%	7.4%	11.7%
2 ACES	14.4%	11.0%	3.2%	49.3%	74.9%	62.6%	26.3%	21.9%	7.8%	11.3%	19.3%
3 ACES	16.9%	14.0%	4.5%	62.1%	86.1%	77.8%	42.1%	31.8%	16.2%	10.6%	23.4%
4+ ACES	23.2%	23.3%	16.9%	80.5%	92.5%	88.0%	62.3%	50.7%	38.3%	20.4%	37.7%

0 ACES   1 ACES   2 ACES   3 ACES   4+ ACES

Monroe School District 8th Grade WAH -ACEs Scores	
0 ACEs	42.1%
1 ACEs	28.7%
2 ACEs	12.8%
3 ACEs	7.3%
4 or More ACEs	9.1%

Washington State 8th Grade WAH -ACEs Scores	
0 ACEs	44.3%
1 ACEs	21.6%
2 ACEs	13.5%
3 ACEs	8.2%
4 or More ACEs	12.4%

Monroe School District 10th Grade WAH-ACEs Scores	
0 ACEs	36.7%
1 ACEs	28.1%
2 ACEs	14.4%
3 ACEs	7.9%
4 or More ACEs	12.9%

Washington State 10th Grade WAH-ACEs Scores	
0 ACEs	42.9%
1 ACEs	23.4%
2 ACEs	13.3%
3 ACEs	9.0%
4 or More ACEs	11.4%

70

MONROE SCHOOL DISTRICT

Trauma Impacts Learning

Mitigating the impact of trauma reduces the most common risk factors for school dropout.

- This includes low school engagement, poor follow-through, highly externalizing behaviors, high rates of discipline referrals and grade repetition.

	Grades - mostly C's, D's & F's	Absent for any reason for 3+ days	5 or less hours of sleep on school nights	Use of Illicit substances on school property	Use of marijuana on school property	Vaping on school property	Long-term emotional problems or learning disabilities	Believe staff never try to stop bullying	Missed school due to feeling unsafe	Received sexting messages
0 ACES	18.3%	18.8%	9.5%	4.4%	0.7%	0.7%	7.9%	9.2%	2.1%	7.0%
1 ACES	26.7%	27.0%	15.8%	7.0%	1.3%	1.3%	13.0%	16.0%	4.7%	13.3%
2 ACES	31.7%	32.5%	16.9%	12.2%	1.7%	4.3%	18.1%	17.7%	9.7%	25.9%
3 ACES	34.3%	34.8%	20.4%	13.3%	2.9%	5.8%	33.8%	23.8%	14.9%	31.0%
4+ ACES	43.5%	42.2%	34.3%	24.2%	9.0%	13.8%	45.9%	38.6%	33.8%	54.1%

Educational Impact

Students who have experienced trauma are at exceptional risk for impairment.

- ▼ IQ
- ▼ Memory
- ▼ Attention
- ▼ Verbal Ability
- ▼ Attendance

- ▲ Internalizing Problems
- ▲ Behavioral Problems
- ▲ Discipline
- ▲ Grade Repetition
- ▲ Dropout

Maynard, B. et al. "Effects of Trauma Informed Approaches in Schools." *Campbell Collaboration* (2017)
https://www.campbellcollaboration.org/library/download/996_d1823e2b7d9ce4a86b5d3eb10ebbe836.html

ACES Amplify the Most Predictive Risk Factors for School Drop Out...

Low School Engagement

ACE	%
0 ACE	25%
1 ACE	33%
2 ACE	44%
3+ ACEs	48%
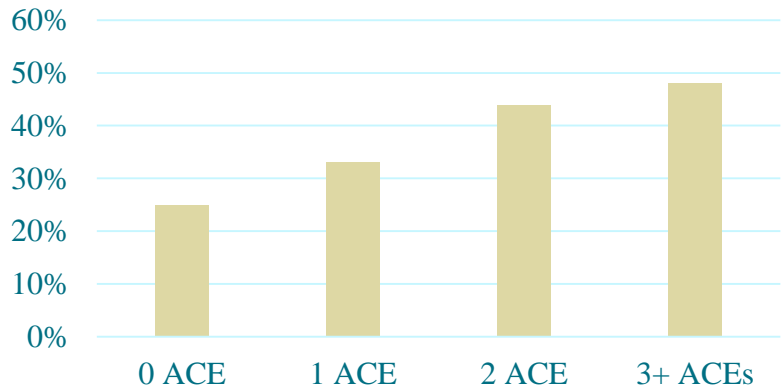
Contacted Home Due to Problems

ACE	%
0 ACE	27%
1 ACE	36%
2 ACE	44%
3+ ACEs	49%

Highly Externalizing Behavior

ACE	%
0 ACE	18%
1 ACE	26%
2 ACE	33%
3+ ACEs	38%
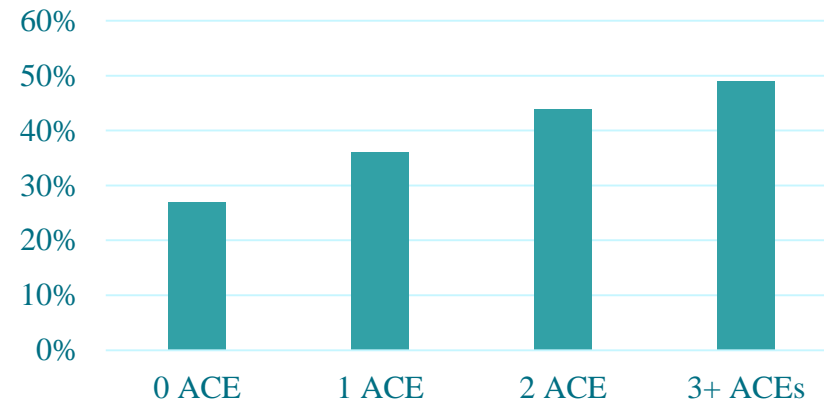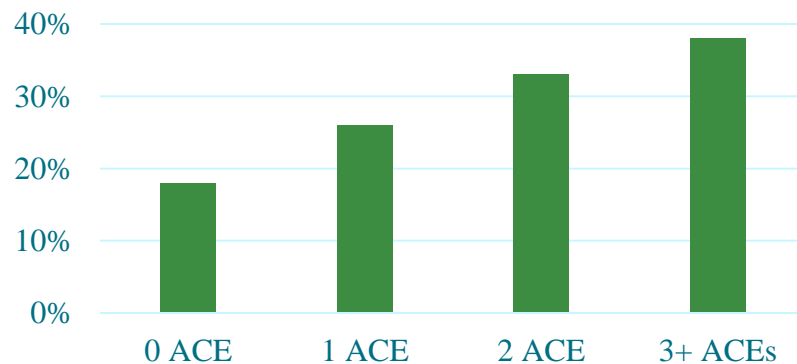
Does Not Finish Tasks Started

ACE	%
0 ACE	27%
1 ACE	36%
2 ACE	44%
3+ ACEs	49%

MONROE SCHOOL DISTRICT

73
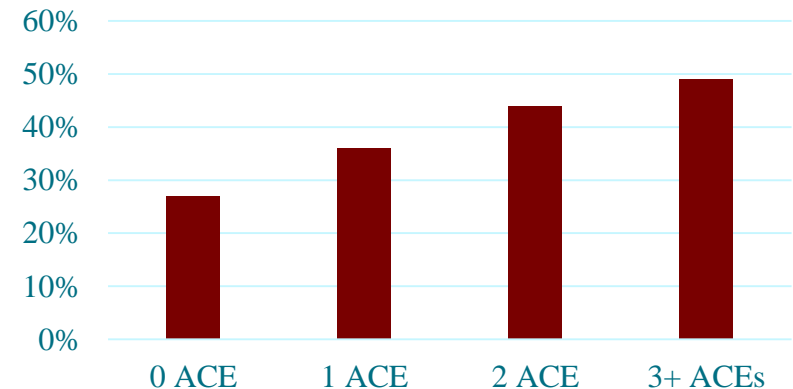
...Including Grade Repetition
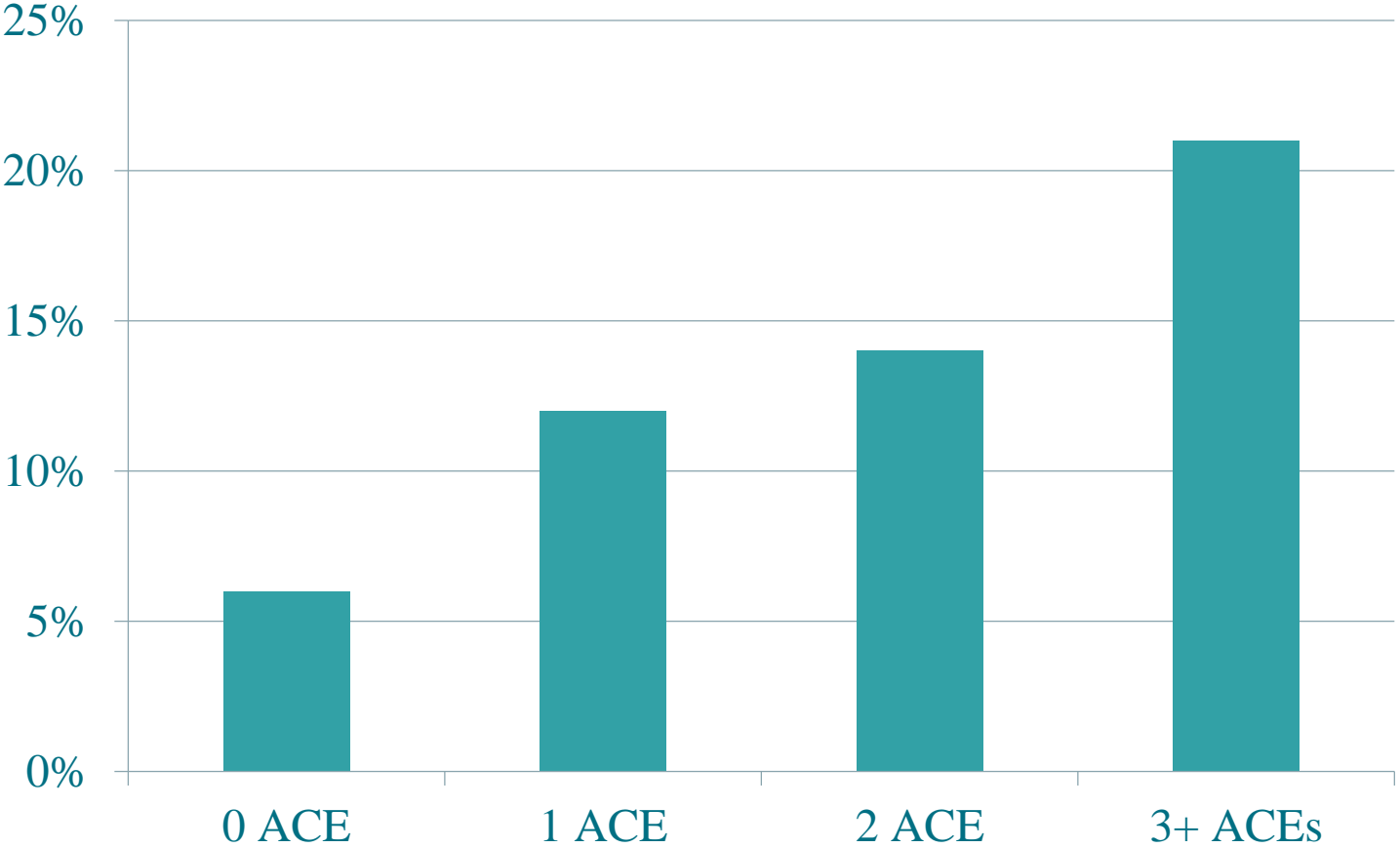
Bar chart showing percentage by number of ACEs:
- 0 ACE: ~6%
- 1 ACE: ~12%
- 2 ACE: ~14%
- 3+ ACEs: ~21%

Washington State Healthy Youth Survey - 10th Grade
WAH-ACES Score and...

	Alcohol Use	Marijuana Use	Vaping	Depression	Anxiety - On Edge	Anxiety - Worry	Contempla ting Suicide	Made a Plan to Attempt Suicide	Attempted Suicide	No Hope	Ever Had Sex
◼ 0 ACES	4.8%	2.4%	0.7%	18.6%	59.6%	41.8%	6.6%	4.7%	1.7%	3.6%	5.1%
◼ 1 ACES	8.4%	5.2%	2.7%	32.5%	68.2%	51.7%	13.4%	11.5%	2.9%	7.4%	11.7%
◼ 2 ACES	14.4%	11.0%	3.2%	49.3%	74.9%	62.6%	26.3%	21.9%	7.8%	11.3%	19.3%
◼ 3 ACES	16.9%	14.0%	4.5%	62.1%	86.1%	77.8%	42.1%	31.8%	16.2%	10.6%	23.4%
◼ 4+ ACES	23.2%	23.3%	16.9%	80.5%	92.5%	88.0%	62.3%	50.7%	38.3%	20.4%	37.7%

◼ 0 ACES   ◼ 1 ACES   ◼ 2 ACES   ◼ 3 ACES   ◼ 4+ ACES
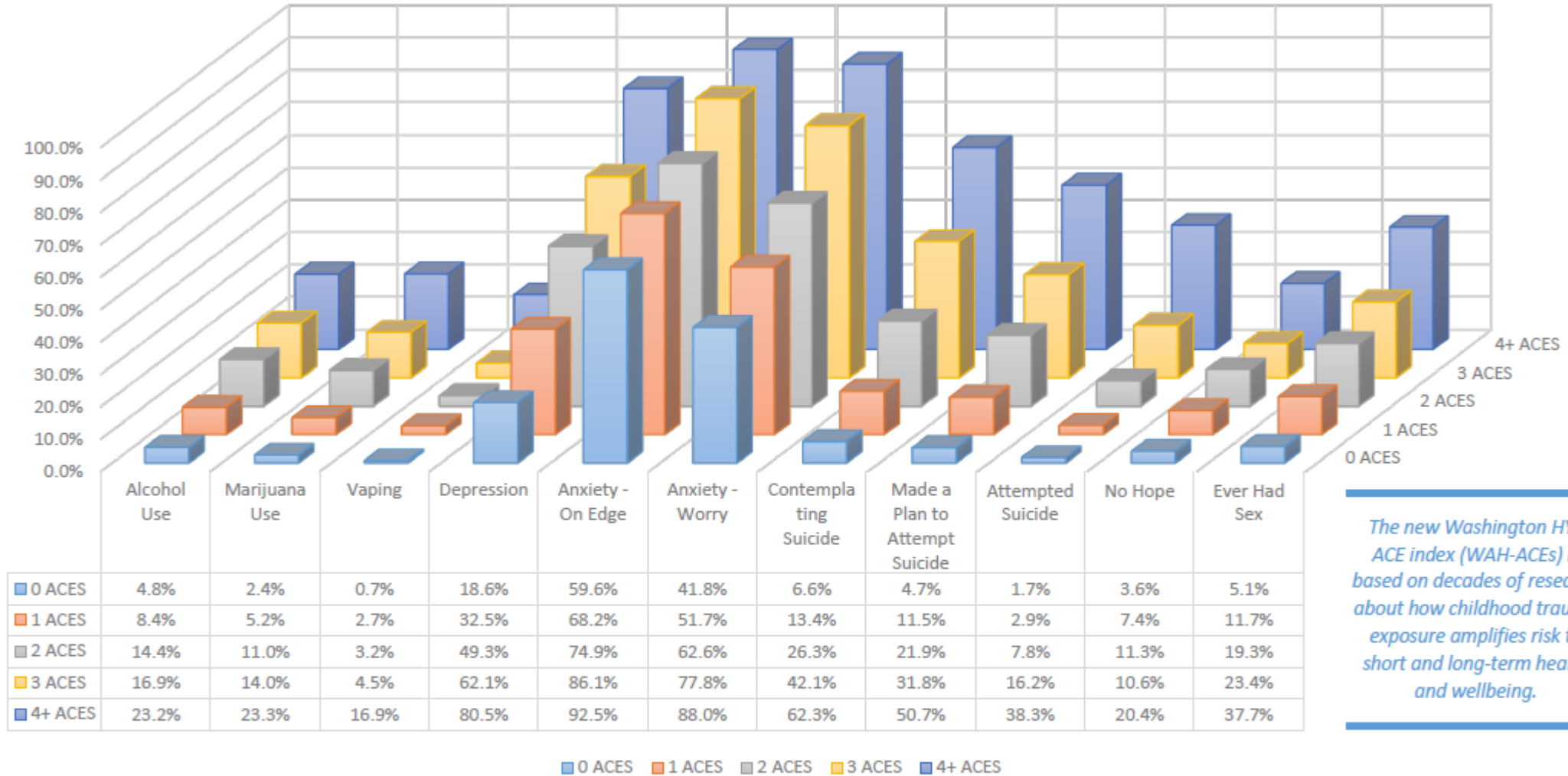
The new Washington HYS ACE index (WAH-ACEs) is based on decades of research about how childhood trauma exposure amplifies risk to short and long-term health and wellbeing.

Monroe School District 8th Grade WAH -ACEs Scores

0 ACEs	42.1%
1 ACEs	28.7%
2 ACEs	12.8%
3 ACEs	7.3%
4 or More ACEs	9.1%

Washington State 8th Grade WAH -ACEs Scores

0 ACEs	44.3%
1 ACEs	21.6%
2 ACEs	13.5%
3 ACEs	8.2%
4 or More ACEs	12.4%

Monroe School District 10th Grade WAH-ACEs Scores

0 ACEs	36.7%
1 ACEs	28.1%
2 ACEs	14.4%
3 ACEs	7.9%
4 or More ACEs	12.9%

Washington State 10th Grade WAH-ACEs Scores

0 ACEs	42.9%
1 ACEs	23.4%
2 ACEs	13.3%
3 ACEs	9.0%
4 or More ACEs	11.4%

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Unaddressed Trauma Impacts School Climate and Student Success

Washington State Healthy Youth Survey - 10th Grade
WAH-ACES Score and...

	Grades - mostly C's, D's & F's	Absent for any reason for 3+ days	5 or less hours of sleep on school nights	Use of Illicit substances on school property	Use of marijuana on school property	Vaping on school property	Long-term emotional problems or learning disabilities	Believe staff never try to stop bullying	Missed school due to feeling unsafe	Received sexting messages
0 ACES	18.3%	18.8%	9.5%	4.4%	0.7%	0.7%	7.9%	9.2%	2.1%	7.0%
1 ACES	26.7%	27.0%	15.8%	7.0%	1.3%	1.3%	13.0%	16.0%	4.7%	13.3%
2 ACES	31.7%	32.5%	16.9%	12.2%	1.7%	4.3%	18.1%	17.7%	9.7%	25.9%
3 ACES	34.3%	34.8%	20.4%	13.3%	2.9%	5.8%	33.8%	23.8%	14.9%	31.0%
4+ ACES	43.5%	42.2%	34.3%	24.2%	9.0%	13.8%	45.9%	38.6%	33.8%	54.1%

ACE Exposure Predicts Need for Costly Behavioral & Academic Intervention

Zero ACEs

3%

97%

- No Services
- Special Services Required

1-3 ACEs

21%

79%

- No Services
- Special Services Required

4+ ACEs

49%

51%

- No Services
- Special Services Required
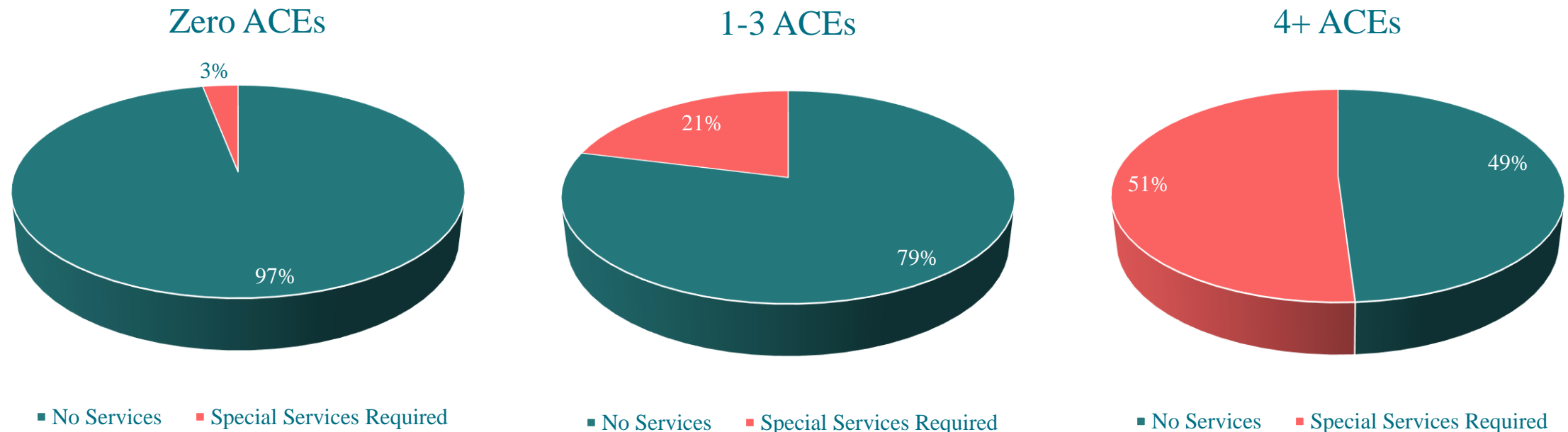
*Burke, Nadine J. et al. "The Impact of Adverse Childhood Experiences on an Urban Pediatric Population." *Child abuse & neglect* 35.6 (2011): 408–413.

MONROE
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Equip Educators to Recognize Trauma

Is it Defiance or Communication?

Even reframing the data isn't enough. We need to equip the workforce to recognize and respond to trauma and behavioral health in the classroom.

Characteristics of Traumatic Stress

Traumatic stress responses manifest differently across age groups.

Preschool Children

- Fear being separated from their parent/caregiver
- Cry or scream a lot
- Eat poorly or lose weight
- Have nightmares

Elementary School Children

- Become anxious or fearful
- Feel guilt or shame
- Have a hard time concentrating
- Have difficulty sleeping

Middle and High School Children

- Feel depressed or alone
- Develop eating disorders or self-harming behaviors
- Begin abusing alcohol or drugs
- Become involved in risky sexual behavior

MONROE SCHOOL DISTRICT

Traumatic Stress in the Classroom

When behavior is used for communication, not just for the sake of being naughty, how should we respond?

Teachers See these Traits Daily

- **Hypervigilance** – On edge, always scanning for threats.
- **Display of ADHD-like symptoms**, including an inability to stay on task or follow directions, but meds don't work.
- **Difficulty identifying feelings** or communicating needs.
- **Early onset** of sexualized behaviors and activity.
- **More impulsive, aggressive** and disruptive behaviors, including those leading to exclusion, suspension or expulsion.
- **Difficulty** with transitions.

CATECHOLAMINE PRODUCTION IMPACTS ADHD SYMPTOMS

LOW CATECHOLAMINE PRODUCTION RESULTS IN DISTRACTED AND IMPULSIVE BEHAVIORS

HIGH CATECHOLAMINE PRODUCTION IMPACTS SOMATIC SYMPTOMS
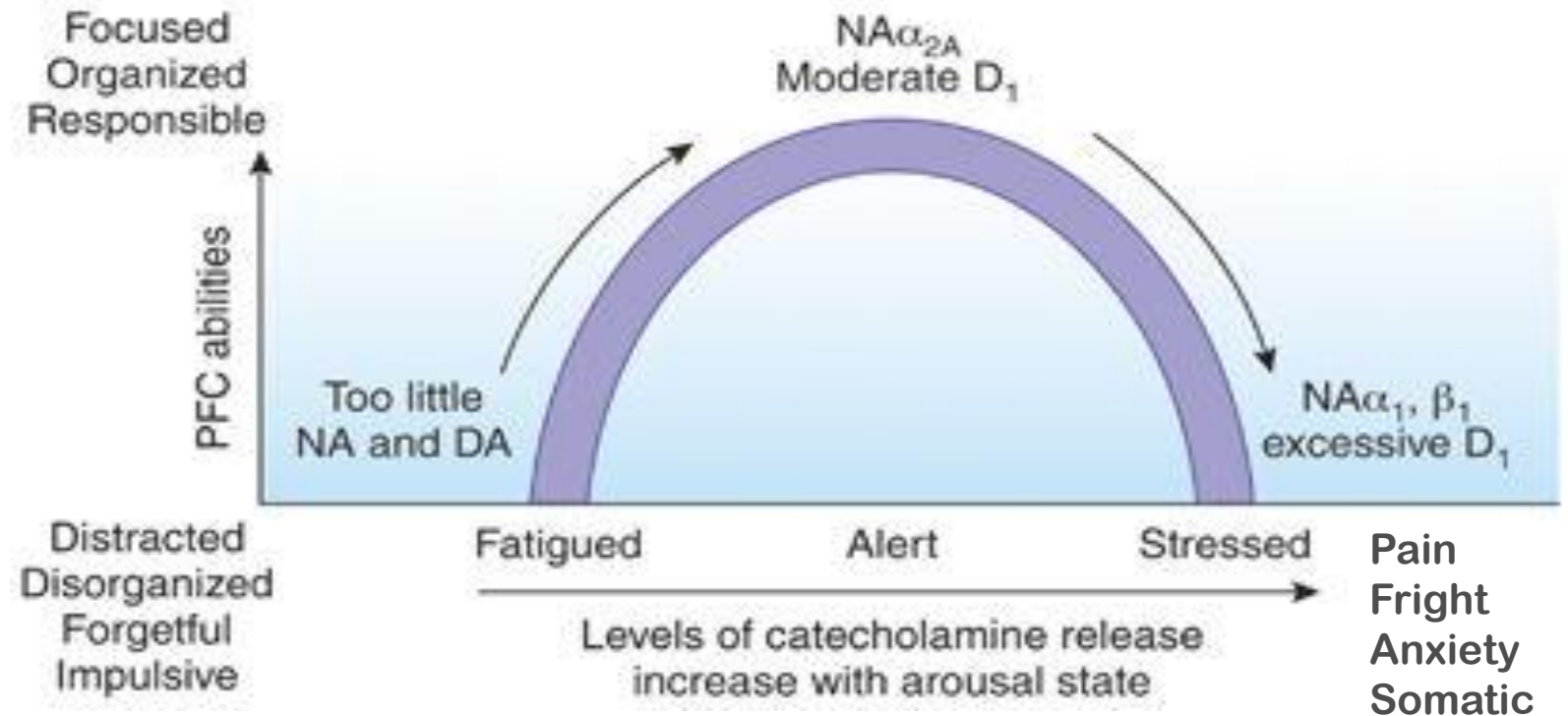
Behavior or Misbehavior?

- Trying to go to the health room all the time
- Fidgeting, doodling, and not paying attention
- Tantrums and meltdowns
- Anger, frustration and aggressiveness toward peers and teachers
- Attendance problems
- Other behaviors to diminish fear including property destruction

Anxiety

Anxiety locks up the brain, making school hard for anxious kids. – Ken Schuster, PsyD

What is Anxiety?

Anxiety is your body's natural response to stress.

It's a feeling of fear or apprehension about what's to come. Types of anxiety include:

- Trouble concentrating
- Excessive worry and intrusive thoughts.
- Having a sense of impending danger, panic or doom.
- Having an increased heart rate
- Fatigue

Some students in Monroe experience severe ongoing anxiety that interferes with daily activities.

What it looks like in the classroom

- Complains about upset stomach or headaches
- Frequent trips to the Nurse
- Fidgeting, doodling, and not paying attention
- Tantrums, meltdowns & crying
- Anger, frustration and aggressiveness
- Attendance problems
- Other behaviors to diminish fear including property destruction

Behavior or Misbehavior?

- Snapping at teacher or peers
- Looking and acting sleepy everyday
- Not paying attention to the lesson
- Not doing or turning in homework
- Resisting activities with peers

Depression

Depression can interfere with all aspects of a child's life, resulting in absences from school, trouble socializing with peers, and, in some cases, thoughts of suicide.

What is Depression?

Depression afflicts young people with chronic feelings of sadness or worthlessness—the defining characteristic of the disorder is that it robs a person of the capacity for pleasure.

Students with depression don't recover when events change; their dark mood and lack of interest in things they used to enjoy will persist. Symptoms include:

- Agitation, anger and rebelliousness
- Sadness and withdrawing from usual activities
- Loss of appetite
- Disrupted sleep patterns

Some students in Monroe experience severe ongoing depression that interferes with daily activities.

What it looks like in the classroom

- Snapping at teacher or peers
- Looking and acting sleepy everyday
- Not paying attention to the lesson
- Not doing or turning in homework
- Resisting activities with peers
- Low grades
- Expressions of worthlessness
- Attendance problems

Behavior or Misbehavior?

- Can't sit still or runs out of classroom
- Blurts out answers without raising hand
- Doesn't finish homework or loses it
- Daydreams during instruction
- Has difficulty following instructions
- Distracts peers

ADHD

Observing kids carefully is especially important when they are too young or unskilled to be able to articulate what they are feeling.

What is ADHD?

ADHD is one of the first things that's suspected when a child's behavior in class, or performance on schoolwork, is problematic.

There are three kinds of behavior involved in ADHD:

- Inattention
- Hyperactivity
- Impulsivity

All young children occasionally have trouble paying attention to teachers and parents, staying in their seats, and waiting their turn. Kids should only be diagnosed with ADHD if their behavior is much more extreme in these areas than other kids their age.

What it looks like in the classroom

- Can't sit still and runs out of classroom
- Blurts out answers without raising hand
- Doesn't finish homework or loses it (as well as coats, back packs, glasses, more)
- Daydreams during instruction
- Has difficulty following instructions
- Distracts peers

How Do We Interpret Classroom Behavior?

Symptom	Trauma Disorders	Depression	ADHD	Anxiety	Autism Spectrum
Anger/Irritability	X	X			X
Difficulty Concentrating	X	X	X	X	X
Recklessness/Impulsivity	X		X		X
Trouble Sleeping	X	X		X	X
Social Problems	X	X	X	X	X
Lack of Interests	X	X			X
Agitation/Restlessness	X	X	X	X	X
Difficulty Relaxing	X				X

Inspired by: Lauren Ashbaugh & Continua Consulting, LLC 2018

Classroom Management Matters

*To be effective educators we must **learn** effective techniques for managing behavior…*

…especially when we don't understand what the behavior is communicating.

Monroe's Toolbox Series for New Teachers

- The Impact of Adverse Childhood Experiences in the Classroom

- Enhancing Practice with Evidence-based Prevention Kernels

- Essential Reinforcement, Recognition and Bonding Strategies

- Using Effective Communication & De-escalation strategies

- Selecting Appropriate Classroom Interventions

- Self-Care is Student-Care, Part 1

- Self-Care is Student-Care, Part 2

- Greetings, Meetings and Orientation to Space Time

- Attachment, Self-Regulation and Competency

- Quiet Time Strategies and Practice Integration Review

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SEL & Behavioral Health Programs

Unlocking Learning in Monroe School District

A Bottom-Up Approach

MONROE SCHOOL DISTRICT

Public Health Model

Versus

Medical Model

Tier III / Indicated: Very Few Students

Personnel — For students not responsive to Tier II services. 1:1 work with Specialist Staff or community referrals.

Check & Connect
Project Success Groups
Coping & Support Training

Tier II / Selective: Some Students

For students not responsive to Tier 1. Group work and supports for students from high-risk populations.

Second Step | PAX Good Behavior Game
LifeSkills Training | SPORT | Project Success
Sources of Strength | Signs of Suicide
ACES and TIP Training | Youth Mental Health First Aid Training
Parenting Wisely | Awareness Campaigns | School Counseling

Tier I / Universal: All Students

Whole-school or grade-level evidence-based prevention and intervention programs, activities and practices designed to support all students.

School District Policy | Multi-Tiered Systems of Support
Behavioral Health Advocacy | Municipal Policy

Environmental: Population-level

Efforts to influence community conditions, standards, systems and policies

Tier III Personnel

Director of Prevention Services x1

School Counselors x14

Student Support Advocates x4

School Social Worker x1

Behavioral Health Specialist x1

Co-Occurring Disorders Therapist x1

Student Assistance Professional x1

Attendance Outreach Specialist x1

Homeless & Foster Care Liaison x1

Family Liaisons x2

SEL Personnel

Academic counseling and time-limited behavioral support.

Tier 1 & 2

School Resource

Available during school hours

School Counselors

Comprehensive School Counseling Program

School Counselors in our comprehensive school counseling program play a vital role in the education team.

They help students to make the most of their educational opportunities by addressing issues such as conflicting class schedules and developing social emotional skills.

They also address more serious issues on a time limited basis, such as substance abuse, suicidality or mental health challenges. Services include:

- Monitor credit completion toward graduation.
- Facilitating teacher/parent communication
- Providing guidance with college selection and support the college application process
- Educating students about other educational opportunities as appropriate
- Providing counseling/mediation and referral to other supports and services
- Provide classroom and small group SEL and suicide prevention education

![Monroe School District logo]

SEL Personnel

Crisis prevention, support and stabilization.

Tier 3

Districtwide Resource

Available during school hours & on call for crisis

Behavioral Health Specialist

Behavioral Health Team

The Behavioral Health Specialist is a Licensed Mental Health Counselor who responds to buildings across the district to support students in crisis.

She is a vital consultant to parents, principals and teachers alike and operates across tiers at all sites in Monroe School District.

- Provides mental health observation and consultation to building teams looking to support suffering students.

- Develops suicide prevention, intervention and postvention strategies and plans, including implementation of the evidence-based Signs of Suicide and Sources of Strength programs.

- Creates student safety plans, serves on the Student Threat Assessment Team and leads the Crisis Response Team.

- Provides therapy to students experiencing grief, suicidality, or non-suicidal self-injury.

- Is a nationally certified clinical supervisor with the capacity to expand mental health resources in the district through an fellowship program.

SEL Personnel

Long-term individualized therapy for Medicaid eligible students.

Tier 3

MHS

Available during school hours on Tuesdays, year round

Mental Health Counselor

Behavioral Health Team

Our Mental Health Counselor is a Licensed Mental Health Clinician provided to MHS at no cost to the District through a Memorandum of Understanding with Sea Mar Behavioral Health.

Our Mental Health Therapist is skilled at treating anxiety disorders, mood disorders, eating disorders and personality disorders, although he does not exclusively see students with mental health diagnoses.

- Resolves conflicts with parents, paramours and others in a student's life.
- Develops skills for coping with stress and major life changes, such as divorce, the death of a loved one or a break-up.
- Helps with recovery from trauma, abuse or witnessing domestic violence at home.
- Guides students through anxiety and its consequences, including getting to sleep and staying asleep.
- Provides service year-round, not just during the school term.

SEL Personnel

Long-term case management and wraparound support.

Tier 3

MHS, LILHS, PPMS, HRMS, FWE

Available during school hours and at parent's convenience

Student Support Advocate

Behavioral Health Team

Student Support Advocates are social work case managers who coordinate care for students and families, ensuring they get connected to resources needed to be stable and successful.

The SSA process begins with assessment and goal setting to match students with needed school and community services, advocacy within school and community systems, and will monitor clients as they work with other resource providers. The SSA's duties include:

- Establish goals with students that address their immediate and long-term needs.
- Connecting students with services, such as financial assistance, counseling or health care.
- Assisting students in developing plans for addressing their short- and long-term goals - both in and outside of school.
- Monitoring and advocating for students to make sure that they are being served, and engaging in the supportive services they need.
- Coordinating service from multiple providers to reduce duplication of effort.

Co-Occurring Disorders Therapist

SEL Personnel

Co-Occurring mental health and substance use disorder treatment.

Tier 3

MHS, PPMS, HRMS

Available during school hours.

Behavioral Health Team

The District's Co-Occurring Disorders Therapist holds dual licensure as a mental health clinician and a chemical dependency professional, serving students suffering with simultaneous addiction and mental health challenges, or mood dysregulation.

The COD Therapist implements the Integrated Cognitive Therapies program with close technical assistance from our partner agency, Therapeutic Human Services. ICTP is a research-based promising practice, providing:

- A comprehensive diagnostic assessment.
- 16 individually tailored 1:1 sessions designed to meet the student where they are at in their journey toward recovery.
- Using coordinated evidence-based practices, including:
  - Motivational Enhancement Therapy;
  - Cognitive Behavioral Therapy; and,
  - Contingency Management strategies

![Monroe School District logo]

SEL Personnel

Substance Use Disorder prevention, intervention and referral.

All tiers

MHS

Available during school hours.

Student Assistance Professional

Behavioral Health Team

The District partners with Northwest ESD #189 and the Monroe Community Coalition to provide access to a Student Assistance Professional at Monroe High School.

The SAP provides early alcohol and other drug prevention and intervention services to students and their families, assists in referrals to in-house and external treatment providers, and strengthens the transition back to school for students who have had problems with alcohol and other drug abuse. As part of the evidence-based Project Success program, the SAP provides:

- Screening for high-risk behaviors.
- Consultation for parents and school staff.
- Referrals to community service and resources providers
- School-wide prevention activities.
- Professional consultation and small group counseling services.
- Informational workshops for parents, school staff, and community members.
- Individualized counseling sessions.

Family Liaisons

SEL Personnel

Family engagement and outreach with short-term resource brokerage and referral.

All tiers

All schools

Available during school hours and at school sponsored events.

Parent and Family Engagement

Family Liaisons work to include families in activities that promote child development, learning and wellness. They are the face of Monroe School District's outreach efforts to families in the community.

The Liaisons provide a central location for parents to learn about school programs, events, activities, and community offerings at The Parent Hub, including access to local experts as guest speakers. The Family Liaisons provide:

- Planning and coordination of The Parent Hub.
- Coordination of The Connections Team, a parent leadership initiative.
- Social hosting at school events and activities.
- Assistance to schools supporting challenging or disengaged families and students.
- Translation services.
- Culturally relevant outreach to Latinx, Native American, and other historically marginalized families.

![Monroe School District logo]

SEL Personnel

Determines eligibility for homeless and transitional services.

Tier 3

All schools

Available during school hours.

McKinney Vento Liaison

Parent and Family Engagement

The District's McKinney Vento Liaison supports students who qualify as homeless under federal McKinney-Vento legislation. The MKV Liaison works to eliminate barriers to students' academic success and extra-curricular participation.

The Liaison also ensures homeless students have school supplies and provides access to tutoring or participation in extended day or summer school classes. MKV Liaison services include:

- **Removing barriers** to student participation in activities, sports or clubs by paying required fees.

- **Coordination of transportation** services to maintain students in their school of origin.

- **Ensuring unaccompanied youth are enrolled** in school and have opportunities to meet the same challenging academic standards as other students.

- **Providing referral** to internal and external service and resources providers for healthcare, food, clothing and more.

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SEL Personnel

Determines eligibility for Foster Care Education Program.

Tier 3

All schools

Available during school hours.

Foster Care Liaison

Parent and Family Engagement

The District's Foster Care Education Program Liaison supports students who are under the placement authority of the Washington State Division of Children Youth and Family Services. The Foster Liaison works to eliminate barriers to students' academic success and extra-curricular participation.

The Liaison also ensures foster students have school supplies and provide access to tutoring or participation in extended day or summer school classes. Liaison services include:

- **Removing barriers** to student participation in activities, sports or clubs by paying required fees.

- **Coordination of transportation** services to maintain students in their school of origin.

- **Ensuring unaccompanied youth are enrolled** in school and have opportunities to meet the same challenging academic standards as other students.

- **Providing referral** to internal and external service and resources providers for healthcare, food, clothing and more.

Becca Outreach Specialist

![Monroe School District logo]

SEL Personnel

Prevents attendance issues from escalating to court involvement, but works within the court system to ensure attendance if necessary.

Tier 2 & 3

All schools

Available before, during and after school hours.

Behavioral Health Team

Washington State law requires youth from age 8 to 18 to attend school. The Becca Bill established a means for school districts to compel youth to attend school by requiring them to file petitions with the juvenile court after a set number of unexcused absences.

Monroe School District's Becca Outreach Specialist focuses on engaging youth and families in order to discover root causes of truant behavior. She then works collaboratively with the student and family to develop internal motivation to graduate from school in partnership with the community and juvenile courts. The Becca Outreach Specialist:

- **Communicates with parents** about excessive absences from school.
- **Meets with families** to discuss the Becca process and trajectory.
- **Assesses root causes** of truant behavior with the multi-domain Washington Assessment for the Risks and Needs of Students (WARNS)
- **Works closely** with Student Support Advocates to identify goals and resources to help the family.
- **Coordinates** the Community Truancy Board.
- **Partners with juvenile courts** to mandate attendance when necessary.

Five Goals of SEL

- **Self-awareness:** The ability to accurately *recognize* one's emotions and thoughts and their influence on behavior.

- **Self-management:** The ability to *regulate* one's emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.

- **Social awareness:** The ability to *take the perspective of and empathize* with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.

- **Relationship skills:** The ability to *establish and maintain healthy and rewarding relationships* with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.

- **Responsible decision-making:** The ability to *make constructive and respectful choices* about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.

Second Step

Tier 1: Schoolwide SEL & Bullying Prevention

- Second Step is one of the world's most rigorously evaluated and effective social-emotional learning programs.

- The program uses age-appropriate lessons, songs, fun games, and other engaging activities that develop social-emotional skills. Children learn how to make friends, manage their emotions, solve problems, and deal with peer pressure.

- Second Step is proven to:
    - Increase positive social behavior
    - Reduce conduct problems
    - Reduce emotional distress
    - Improve social and emotional skill performance

PAX Good Behavior Game

Tier 1: Schoolwide SEL & Classroom Management

- PAX Good Behavior Game is a set of classroom strategies that help students learn important self-management skills while collaborating to make their classroom a peaceful and productive learning environment.

- Although PAX is not a classroom management program – it is an environmental strategy – it makes managing classrooms much easier.

- **Evidence-based outcomes –** PAX has no adverse impacts on students. It is proven to:
  - Decrease disruptive and disorderly behaviors in class and on campus
  - Increase daily teaching time
  - Decrease need for special education services
  - Decrease office discipline referrals, suspensions and expulsions
  - Decrease alcohol, tobacco and other drug initiation over the child's lifetime
  - Decrease development of mental health disorders, including depression, anxiety and suicidality
  - Decrease teacher stress levels

Parenting Wisely

Tier 1: In-person and online support for parents

- Parenting Wisely is an evidence-based parenting skills program that can be delivered in a group setting or individually online – in English or Spanish.

- In either setting, parents view a video scenario of common household behavioral challenge and are then provided a choice of three solutions. The program then shows typical errors parents make and highlights new skills that will help them establish routines and resolve problems.

- **Evidence-based outcomes**
  - Reduction in child problem behaviors
  - Improvement in family relationships
  - Decrease in teen and maternal depression
  - Reduction in preteen and teen drug and alcohol abuse
  - Reduction in preteen and teen violent behavior
  - Improvements in parenting self-efficacy and parenting satisfaction
  - Improvements in parenting knowledge
  - Reduction in use of physical punishment
  - Improvement in frequency of family activities and meetings

Botvin's LifeSkills Training Program

Schoolwide SEL & Bullying Prevention

- An SEL, violence and substance abuse prevention program proven to reduce the risk factors for addiction, delinquency and more.

- Program targets 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.

Botvin LifeSkills®Training

Evidence-Based Prevention Programs for Schools, Families, and Communities

Project Success & SPORT

Project Success

A comprehensive substance abuse prevention program at Monroe High School that provides a full range of substance abuse prevention services, including classroom education and intervention counseling.

SPORT Prevention Plus Wellness

A secondary school single-session substance abuse prevention program that increases fitness, physical activity, healthy eating, getting adequate sleep and stress control. SPORT is one of only a handful of programs with strong marijuana prevention and cost/benefit outcomes.

Suicide Prevention Programs

Sources of Strength

A student-driven year-long suicide prevention initiative that builds protective factors through activities and supportive social networks. The program focuses on connecting students in distress to trusted adults.

Signs of Suicide

The only youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual suicide attempts.

Coping and Support Training (CAST)

A small-group counseling program for at-risk middle and high school students that reduces suicide and substance abuse risk factors while increasing coping skills, self-control and family support.

Training & Environmental Strategies

Youth Mental Health First Aid Training

YMHFA equips caring adults with the knowledge they need to recognize and support youth experiencing a mental health crisis.

Trauma-informed Practice and Classroom Management Training

Ongoing training about trauma's impact on the classroom, campus and community paired with simple evidence-based strategies *anybody* – Educator, Para, or Parent – can use to make a difference.

THANK YOU!

Joe Neigel

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Email:
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Website:
www.monroe.wednet.edu

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Engaging Students Using a Wellness Screening Tool

Margaret Soukup, MFT – SBIRT Manager, King County WA Division of Behavioral Health

Cari McCarty, PhD – Research Professor, Seattle Children's Research Institute, UW
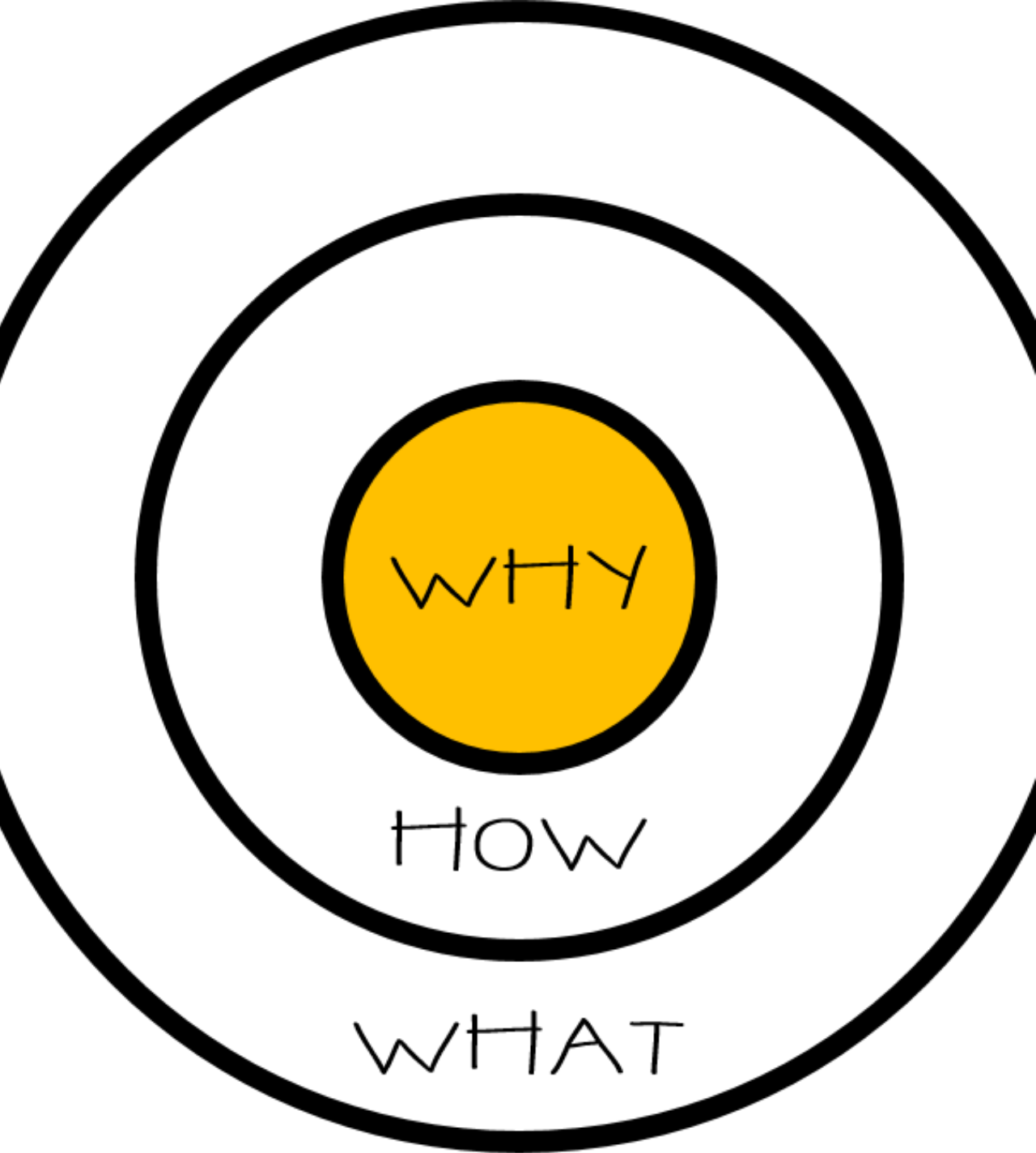
Start with why...

- WHY: To promote mental health / wellness and advocate for student support based on each student's unique needs

- HOW: Schools can help support the psychosocial needs of their students through developing connections with school and community supports and services.

- WHAT: Through screening, brief intervention and referrals.

School-based Screening, Brief Intervention, and Referral To services (SBIRT)

Screen + **Intervene** + **Refer**

Screening:

Self Directed Universal screening using the *Check Yourself-SB* Tool.

Brief Intervention:

School interventionist connects with students, (and their caregivers when needed) using Motivational Interviewing.

Referral:

Students with identified need for support may referred to resources.

SBIRT:
The Screening
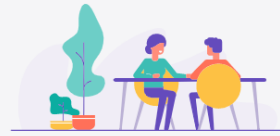
S: Screening

Check Yourself-SB Overview

Select a category

About Me	My Health & Safety	My Stress & Coping
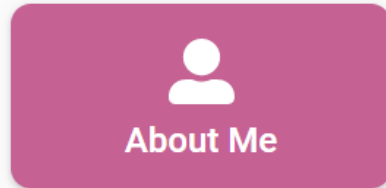
- Age & grade
- Goals
- Race/ethnicity, language
- Gender
- Romantic attraction
- Supports

- Experiences at home
- Bullying and safety at school
- Sleep
- Getting along with others
- Substance use and intention to use
- Somatic symptoms (aches & pains)
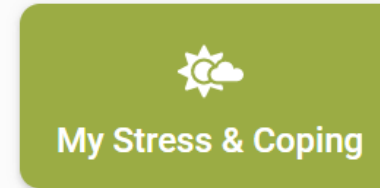
- Coping skills & protective factors
- Anxiety symptoms
- Depression symptoms
- Self-harm & suicidal ideation
- Connection to adults at school

Check Yourself-SB Feedback

Key components of feedback:

- Education
- Comparisons to peer behavior
- Risks and benefits
- Tips for behavior change

You said that you did not use any substances in the past year.

Smart choice!

Coming up: More information about drinking, vaping and smoking

Marijuana can have harmful effects on teen health

🧠 Memory

Marijuana can make it hard to learn and remember things.

🧠 Mental health

It can increase worry, fear and risk for psychosis (losing touch with reality) especially in teens.

🫁 Health risk

Marijuana smoke can damage the lungs just like tobacco smoke.

Adolescents who are not engaging in risk behaviors receive positive reinforcement.

The Time

- Average of 20 **mins** per classroom: including computer set up, instruction, screening, personalized info, debrief

- Sorting / Triaging meeting has been taking us about 45 **mins** on average
  - Identifying Students
  - Assigning to Staff
  - Notes/Background Info

Triage or Sorting

SB-SBIRT Risk Categorization

SB-SBIRT uses a tiered follow-up structure that prioritizes students who endorse risk factors. The below algorithm was used to categorize students as Tier 1, Tier 2, or Tier 3 based on the risk factors endorsed. All students received personalized feedback and answered questions about protective factors and relevant context such as goals, home life, and coping strategies.

Levels	Tier 1	Tier 2 Flags – Brief Intervention	Tier 3 Flags – Immediate Brief Intervention
Version 2.0 (used through June 2022)	No concerns	Depression (PHQ-2) Anxiety (GAD-2) Substance Use Intent (Grades 6-8) Substance Use Relationship concerns (Grades 9-12) Disordered eating habits (Grades 9-12) Bullying (without safety risk) Frequent aches and pains Feels angry, worried or sad on most days Wants to speak with a counselor (next few days)	Self-harm Suicidal Ideation Suicide attempt (ever) Bullying with current safety risk Wants to speak to a counselor ASAP Unsure where will be sleeping (Grades 9-12)

TIER 3

Immediate safety concerns endorsed at screening
BI with student (≤1 day of screening). Caregiver engagement and referral to services/supports as needed.

TIER 2

Risks to health and well-being endorsed at screening
BI with student (timing not specified). Caregiver engagement and referral to services/supports as needed.

TIER 1

No risks endorsed at screening
School-wide or group activities focusing on prevention and health promotion. All students receive personalized feedback as part of Check Yourself.

SB-SBIRT Foundation

Community Engagement
Communication with caregivers, families, and community-based organizations to share information about SB-SBIRT.

SB:SBIRT & Multitiered Systems of Support

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SBIRT:
The Brief Intervention

An Infusion of Motivational Interviewing

- Be curious of young person's thoughts, ideas and solutions. They are the expert in their own life.

- Explore if there's something better they wish for in their life, and if so, help strengthen their own motives, sense of importance and confidence.

- Support their choice, even if it doesn't align with our goals, values and culture.

SBI**RT**: Referral To…

Building a Resource List

- **Consider all the various subjects that Check Yourself addresses:**
- Food, Housing,
- Financial
- Substance Use
- Mental Health
- Student Interests: Clubs, Groups, Sports
- Academic Supports

SO... WHAT HAPPENED?!?

Year 1:
2,246 (9%)

Year 2:
8,059 (32%)

Year 3:
4,861 (19%)

Year 4:
9,843 (39%)

Over **25,000** Students were Screened in Years 1-4 (n = 25,009)
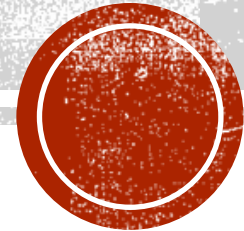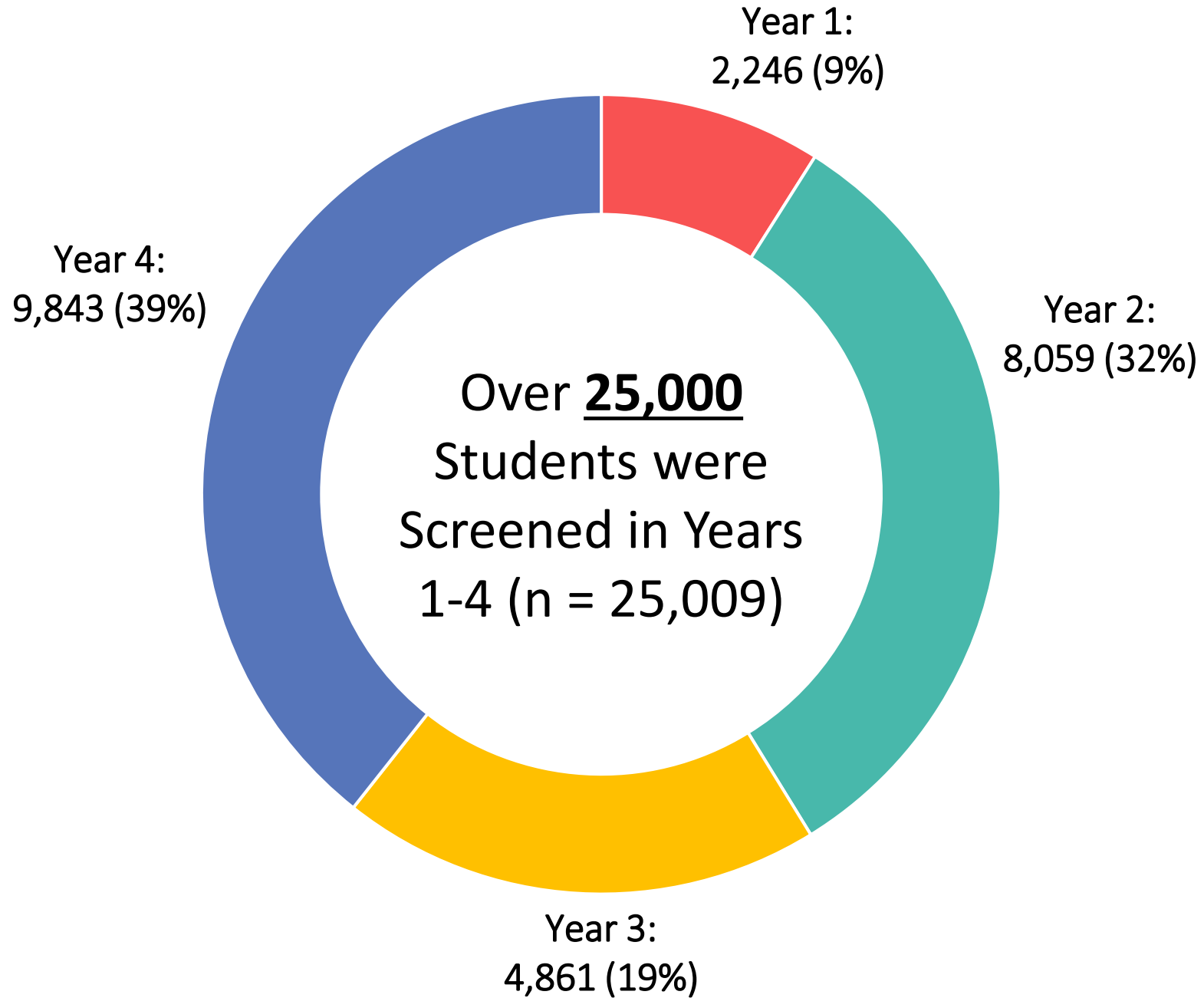
Demographics of Students Participating in SB-SBIRT

Student Races/Ethnicities (N = 25,009)

- American Indian/Alaska Native, Non-Hispanic: 1%
- Asian, non-Hispanic 15%
- Unknown: 1%
- Black/African American, non-Hispanic: 7%
- Middle Eastern/North African, non-Hispanic:...
- Hispanic/Latinx: 20%
- Native Hawaiian/Pacific Islander, Non-Hispanic: 2%
- White, non-Hispanic: 42%
- Multiracial: 10%
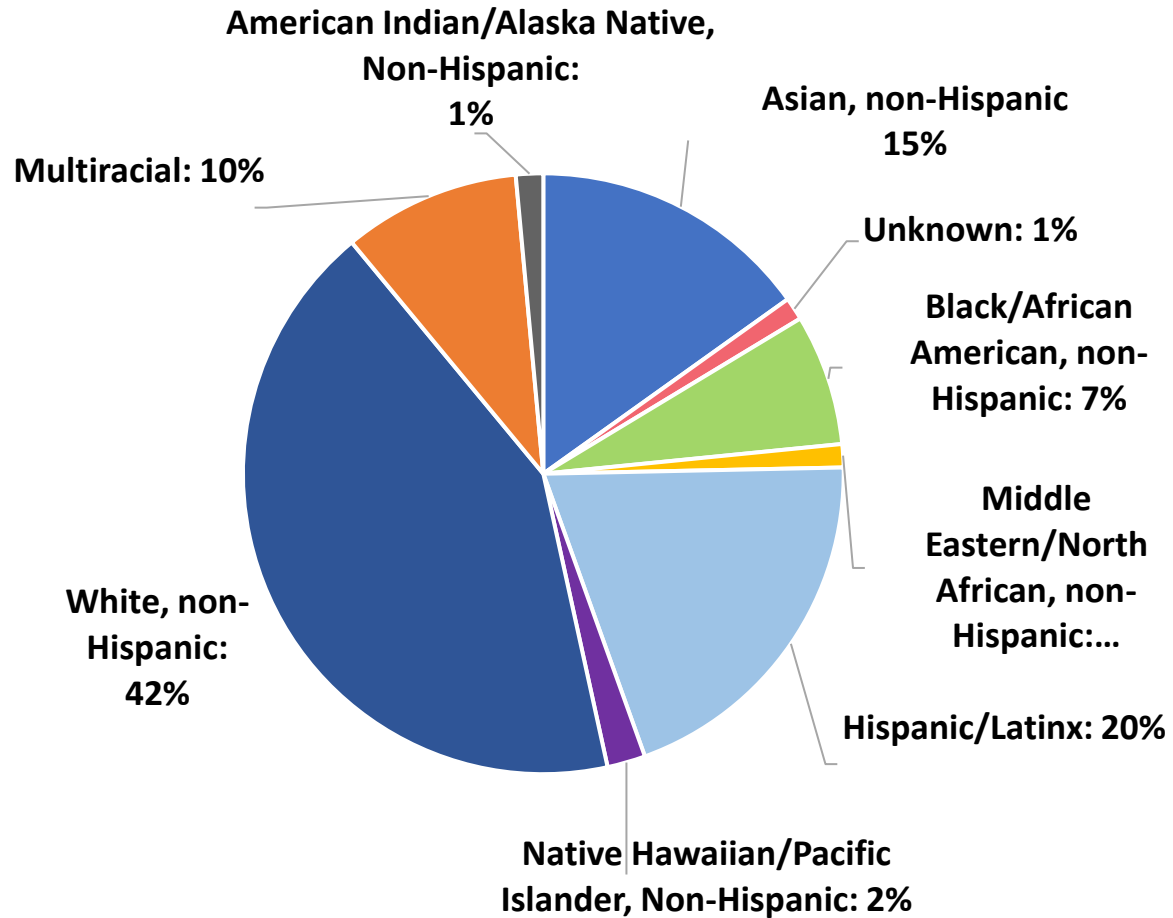
Student Gender Identities (N = 24,419):

Male	12,229 (50%)
Female	11,115 (46%)
Nonbinary	320 (1.3%)
Transgender	113 (0.5%)
Questioning	370 (1.5%)
Something else fits better	335 (1.4%)

Percentage do not include 537 students who were not asked or did not wish to answer

Distribution of Middle School Student Risk Factors Endorsed During Screening

Middle School Students Who Endorsed Risk Factors During Screening Years 1-4 (N = 24,175)

Risk Factor	Percent
Speak with a counselor (ASAP)	2.0%
Bullying- safety at risk	2.9%
Suicide Attempt	2.6%
Suicidal Ideation	7.4%
Self-harm	9.0%
Anxiety symptoms	18%
Depressive symptoms	15%
Bullying	17%
Feel angry, worried, or sad on most days	14%
Speak with a counselor (next few weeks)	6%
Frequent aches and pains	4.8%
E-cigarette use	2.3%
Intention to use e-cigarettes	3.5%
Tobacco use	0.4%
Intention to use tobacco	0.9%
Marijuana use	1.5%
Intention to use marijuana	3.6%
Alcohol use	2.0%
Intention to use alcohol	3.9%

Pie chart:
- 33% (n = 8,032)
- 17% (n = 4,073)
- 50% (n = 12,065)

Tier 1 = No risk behaviors reported (all green)
Tier 2 = At least 1 yellow flag (no red flags)
Tier 3 = At least 1 red flag

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Year 2 Equity Analyses

How does risk vary across gender?

	Gender Diverse	Females	Males
Screened into Tiers 2 or 3	79%	46%	42%
Depression	46%	18%	10%
Anxiety	44%	22%	11%
Self-Harm	37%	12%	9%
Suicidal Ideation	34%	12%	7%

Were there racial/ethnic and gender differences in receipt of SB-SBIRT program components?

Students in Tiers 2/3 Who Received Brief Intervention

95% of students screened into Tiers 2 and 3 received Brief Intervention in Year 2

93% of Gender Diverse Students

96% of Female Students

94% of Male Students

No differences by race/ethnicity

Tier 2 and 3 Students Receiving a Referral

44% of Gender Diverse Students

37% of Female Students

29% of Male Students

No differences by race/ethnicity

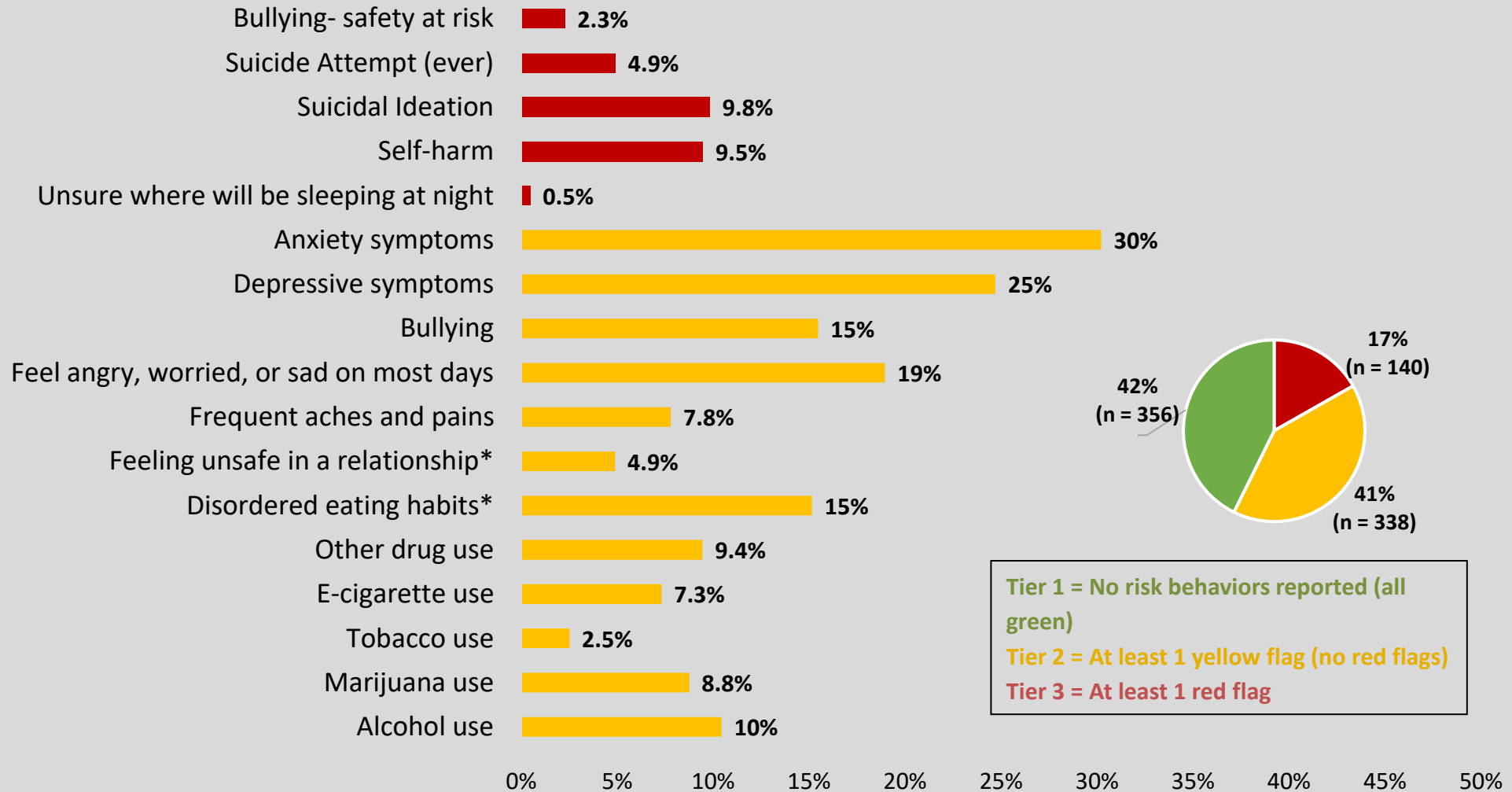# Connected with a Referral

Overall, 60% of youth given a referral were reported as connected with that referral

No gender differences

No race differences

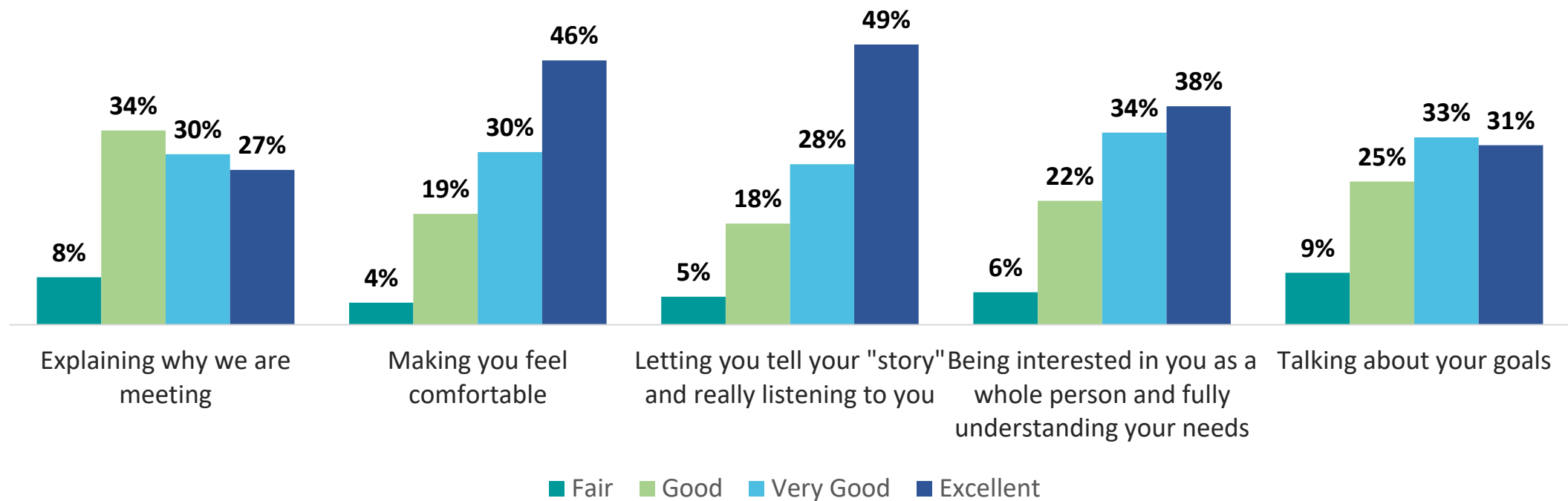# Distribution of High School Student Risk Factors Endorsed During Screening

High School Students Who Endorsed Risk Factors During Screening Year 4 (N = 834)

Risk Factor	Percentage
Bullying- safety at risk	2.3%
Suicide Attempt (ever)	4.9%
Suicidal Ideation	9.8%
Self-harm	9.5%
Unsure where will be sleeping at night	0.5%
Anxiety symptoms	30%
Depressive symptoms	25%
Bullying	15%
Feel angry, worried, or sad on most days	19%
Frequent aches and pains	7.8%
Feeling unsafe in a relationship*	4.9%
Disordered eating habits*	15%
Other drug use	9.4%
E-cigarette use	7.3%
Tobacco use	2.5%
Marijuana use	8.8%
Alcohol use	10%

Pie chart:
- 17% (n = 140)
- 41% (n = 338)
- 42% (n = 356)

Tier 1 = No risk behaviors reported (all green)
Tier 2 = At least 1 yellow flag (no red flags)
Tier 3 = At least 1 red flag

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Youth Report of SB-SBIRT Experience

93% of students felt their interactions during BI were "good", "very good" or "excellent" across all categories

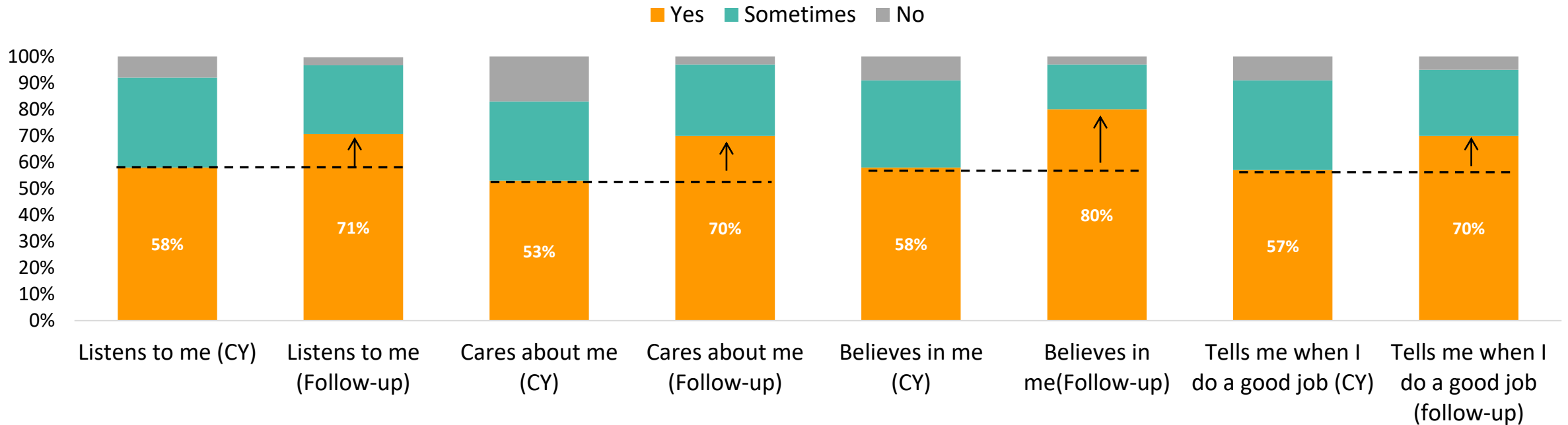## Student Ratings of Interactions During Brief Intervention (n=389)

Legend: Fair | Good | Very Good | Excellent

Category	Fair	Good	Very Good	Excellent
Explaining why we are meeting	8%	34%	30%	27%
Making you feel comfortable	4%	19%	30%	46%
Letting you tell your "story" and really listening to you	5%	18%	28%	49%
Being interested in you as a whole person and fully understanding your needs	6%	22%	34%	38%
Talking about your goals	9%	25%	33%	31%

Youth Connection with Adults at School is Shown to Improve after Brief Intervention (n = 389)

49% of youth reported higher school connection after participating in SB-SBIRT.

30% reported the highest possible score for school connection at baseline.

Change in Youth Responses to School Connection Scale Questions, Baseline to Follow-up

Legend: ■ Yes ■ Sometimes ■ No

Category	Yes
Listens to me (CY)	58%
Listens to me (Follow-up)	71%
Cares about me (CY)	53%
Cares about me (Follow-up)	70%
Believes in me (CY)	58%
Believes in me (Follow-up)	80%
Tells me when I do a good job (CY)	57%
Tells me when I do a good job (follow-up)	70%

Data Source: Youth Post-BI Survey (n = 389)

Post-BI Feedback from Youth who Endorsed Substance Use

389
- Students completed a survey after participating in Brief Intervention
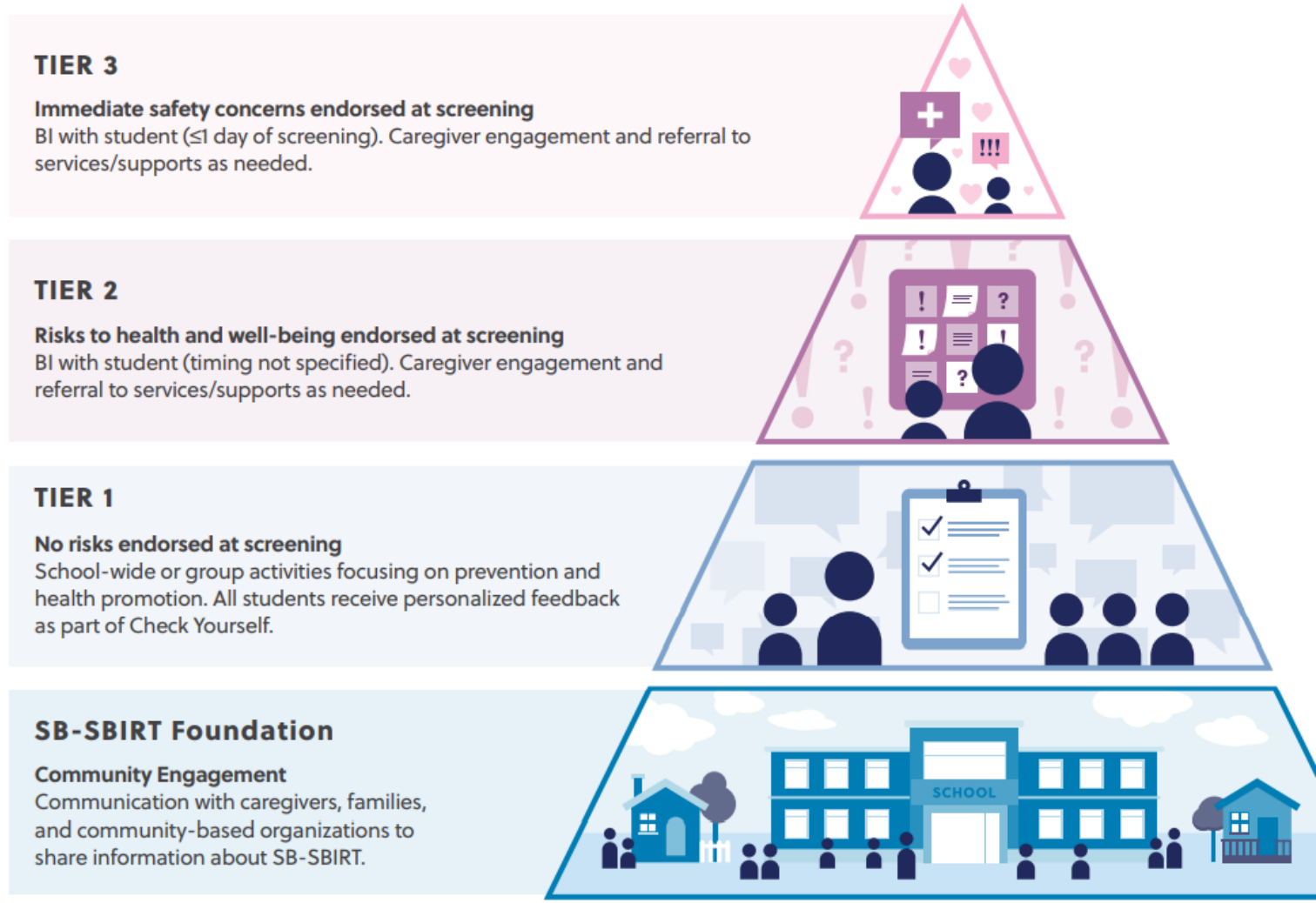
25
- Students who completed the survey endorsed substance use at screening

Of those students:
- 21 reported e-cigarette use
- 15 reported alcohol use
- 6 reported marijuana/cannabis use
- 3 reported tobacco/cigarettes

- **82%** of students indicated they were 'very interested' or 'somewhat interested' in changing their substance use behaviors after brief intervention

- During Brief Intervention, students discussed the substance they indicated using with the interventionists, and most discussed other substances with the interventionist too, even if they did not indicate use in the past year.

Data Source: Youth Post-BI Survey (n=389)

SB:SBIRT & Multitiered Systems of Support

SBIRT Story from Narrative Report

"I have had several students say that completing the screener felt like an easy way to let others know about challenges they were experienced with mental health that students would have found difficult to come and talk to a counselor about them on their own. (i.e., if it wasn't for the screen, they would not have said anything). Two of those students had Suicide Ideation, one had contemplated jumping off a high-story hotel balcony as she was sitting on it. That student can now manage those thoughts/feelings and has just connected to a counselor at the agency.

Another lived with her dad only who took care of basic living necessities but was very hands off about anything else in her life, so that student had learned to ignore her problems, or deal with everything on her own. I meet regularly with this student at the school as she declines outside counseling."

School-based SBIRT implementation resources

Implementation playbook

Brief intervention practitioner guide

An effective training process grounded in motivational interviewing

Ongoing coaching and support

Support in the effective use of the data produced by Check Yourself

Questions?