



# Integrating Substance Use Prevention and Intervention into a Multi-Tiered System of Support

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## Acknowledgements

John Seeley

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Midwest PBIS Network





## Current Reality

- Let's start with a deep breath
- Let's acknowledge how we are feeling
- Let's put into context this work



## How is PBIS as a MTSS Continually Relevant in a constantly changing educational landscape? For Example...

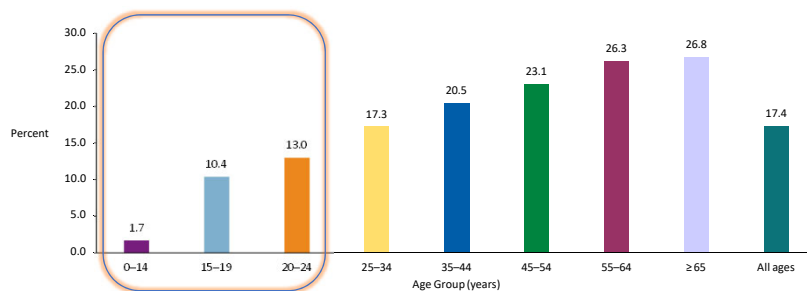
- ✓ Vouchers
- ✓ Racism
- ✓ Flexible Seating
- ✓ MTSS
- ✓ Strength-based
- ✓ Bullying
- ✓ 1:1 Computing
- ✓ School to Prison Pipeline
- ✓ Metal Detectors
- ✓ School Safety
- ✓ Global Pandemic
- ✓ Equity
- ✓ Suspension & Expulsion
- ✓ Classroom Technology
- ✓ Staff Wellness
- ✓ Restorative Practices
- ✓ Poverty
- ✓ Trauma
- ✓ Remote Learning
- ✓ Mental Health
- ✓ Class Size
- ✓ Facemasks
- ✓ Harassment
- ✓ Free Speech
- ✓ Texting
- ✓ Restraint and Seclusion
- ✓ Politics
- ✓ Obesity
- ✓ ESSA
- ✓ Restorative Justice
- ✓ ACEs
- ✓ No Child Left Behind
- ✓ Vaping
- ✓ Funding
- ✓ Staff Turnover
- ✓ Standardized Testing
- ✓ Social Emotional Learning
- ✓ Zero-tolerance policies
- ✓ Rti
- ✓ Common Core
- ✓ Standards based grading
- ✓ Family Engagement
- ✓ School Resource Officers
- ✓ Segregation
- ✓ Community Schools
- ✓ Poverty
- ✓ Flipped Classrooms
- ✓ 6' Apart

## Problem of Practice:

- Substance Misuse Prevention
- Responding to Substance Use and Abuse

## Opioid Prescribing Practices

Percent of persons who had at least one prescription filled for an opioid<sup>a</sup> by age group— United States, 2017



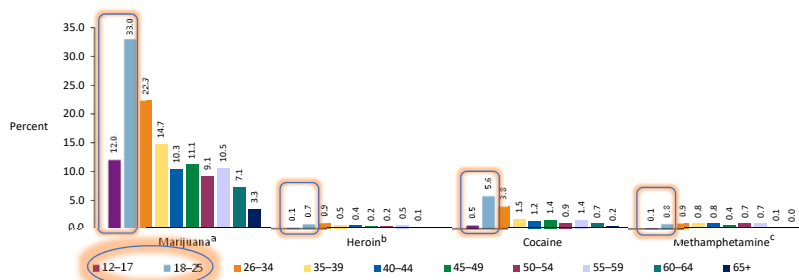
Source: IQVIA™ Total Patient Tracker, 2017 Enhanced.

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

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States.

## Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of illicit drug use in the past year by age group, persons 12+ years old — United States, 2016

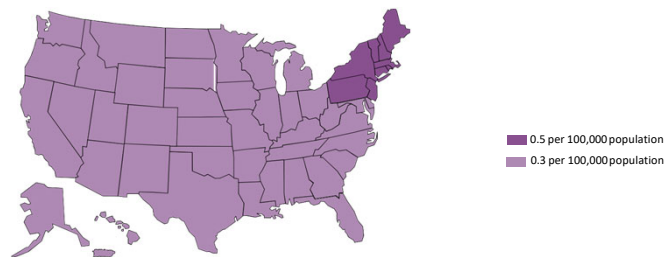


Source: 2016 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration, Rockville, MD.  
<sup>a</sup>Marijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.  
<sup>b</sup>Low precision for age 65+, no estimate reported.  
<sup>c</sup>Percents are rounded to the nearest tenth. Because of the rounding, some percents equal to 0.0 are displayed. These prevalence estimates are rounded down from < 0.05 percent and do not represent an absence of persons displaying a particular characteristic.

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States

## Self-reported prevalence of heroin use in the past year by region, persons 12+ years old — United States, 2016

Self-reported prevalence of heroin use in the past year by region, persons 12+ years old — United States, 2016

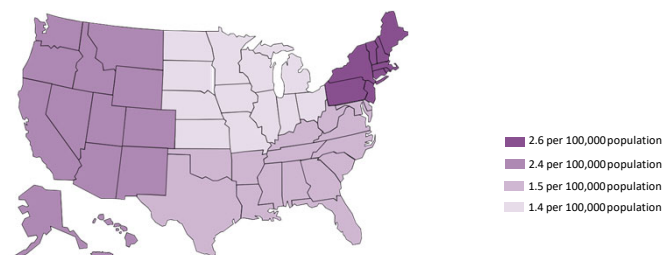


Source: 2016 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, Rockville, MD.



## Drug Use, Misuse, Substance Use Disorder, and Treatment

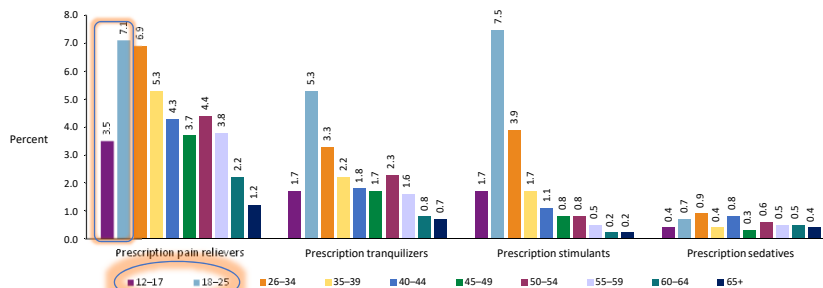
Self-reported prevalence of cocaine use in the past year by region, persons 12+ years old— United States, 2016



Source: 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. Rockville, MD.

## Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of prescription drug misuse<sup>a</sup> in the past year by age group, persons 12+ years old — United States, 2016

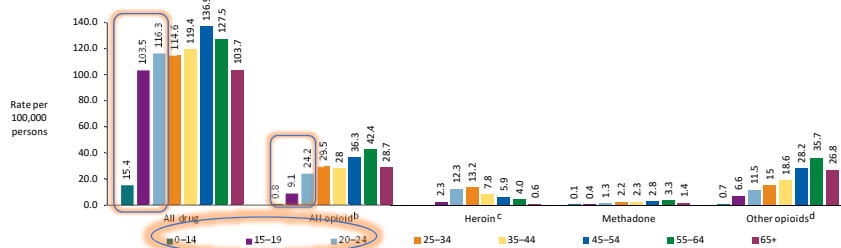


Source: 2016 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. Rockville, MD.  
<sup>a</sup>Misuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States

## Nonfatal Overdose Hospitalizations and (ED) Visits

Age-adjusted rates of drug poisoning-related hospitalizations<sup>a</sup> by selected substances and age group — United States, 2015



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

<sup>a</sup>In-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and gender were excluded. Numbers subject to rounding error.

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

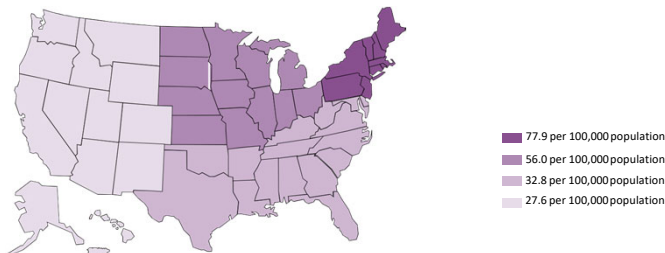
<sup>c</sup>Because the relative standard error was > 30% or the standard error = 0 for age group 0-14, the value of the estimate was considered unreliable and was not reported.

<sup>d</sup>For the first three quarters of 2015, includes ICD-9-CM principal diagnosis code of 965.00, 965.09 or external cause of injury E850.2; for the fourth quarter of 2015.

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States

## Nonfatal Overdose Hospitalizations and (ED) Visits

Age-adjusted rates of all opioid<sup>a</sup> poisoning-related emergency department visits<sup>b</sup> by region — United States, 2015



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

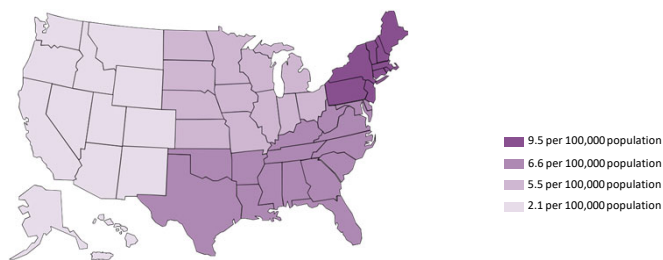
<sup>a</sup>For the first three quarters of 2015, includes ICD-9-CM principal diagnosis code of 965.00, 965.01, 965.02, 965.09 or external cause of injury E850.0, E850.1, E850.2; for the fourth quarter of 2015, includes ICD-10-CM/PCS contributing causes T40.0, T40.1, T40.2, T40.3, T40.6, T40.69.

<sup>b</sup>Persons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and gender were excluded. Numbers subject to rounding error.

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States

## Nonfatal Overdose Hospitalizations and (ED) Visits

Age-adjusted rates of cocaine poisoning-related hospitalizations<sup>a</sup> by region — United States, 2015



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2015, Agency for Healthcare Research and Quality. Data are from 2015, when HCUP transitioned from using ICD-9-CM to ICD-10-CM/PCM diagnosis codes and should not be compared with other years. Results may have been affected by the transition; please see the Surveillance Report technical notes for a discussion of transition.  
<sup>a</sup>In-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and gender were excluded. Numbers subject to rounding error.

**For a detailed description of data sources, definitions, and statistical analyses, as well as an in-depth presentation of results, please refer to:**

Centers for Disease Control and Prevention. 2018 Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report.  
 U.S. Department of Health and Human Services. [www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf](http://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf)  
 Published August 31, 2018.

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

For more information, contact  
 CDC 1-800-CDC-INFO  
 TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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



## Impact of the Opioid Crisis on Schools

### Students require substance misuse supports

For students who report high risk opioid use:

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



## Impact of the Opioid Crisis on Schools

### Students need help coping with traumatic home experiences

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

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





## Impact of the Opioid Crisis on Schools

Families need help coping as well

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

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



Addressing the concern in school systems:

## Institute of Medicine (IOM) Prevention Framework

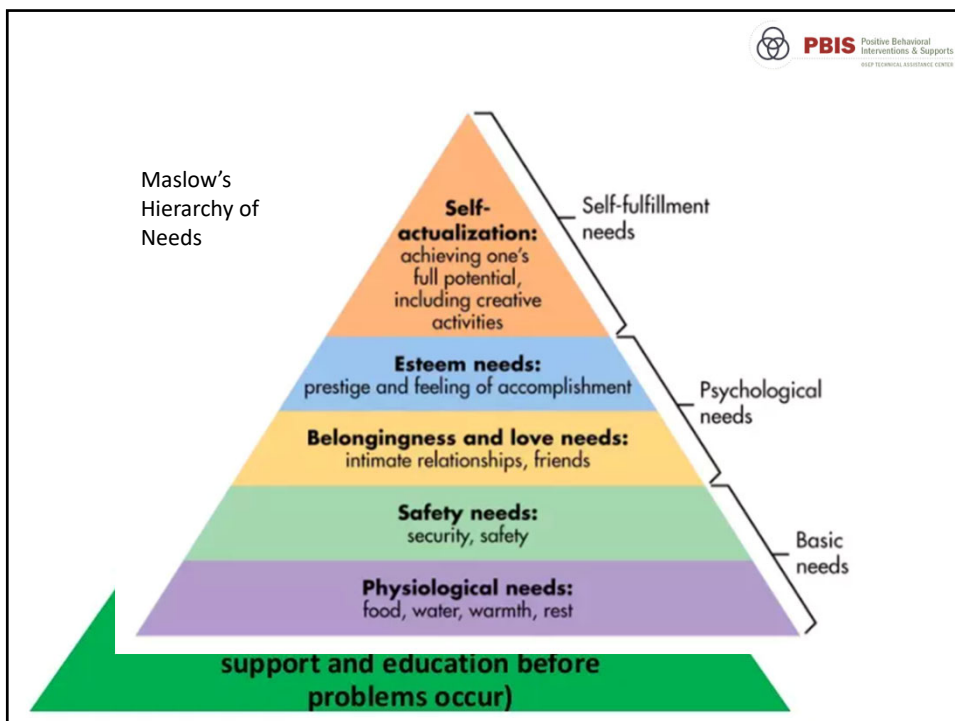
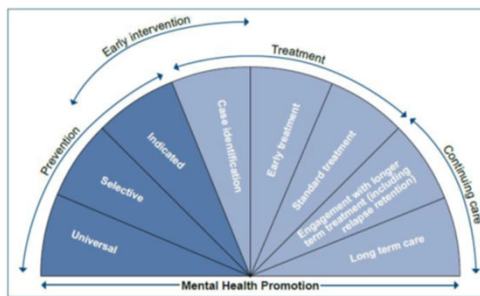
➤ **Primary Prevention**

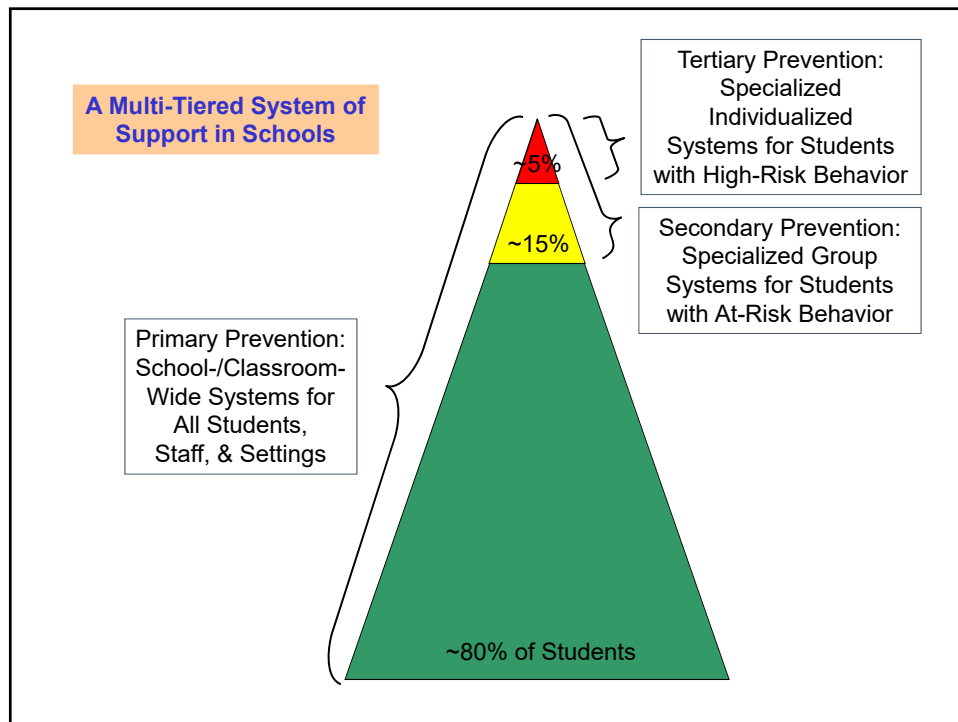
- Universal interventions
  - (targeting entire population)

➤ **Secondary Prevention**

- Selected interventions
  - (targeting demographic profiles)
- Indicated interventions
  - (targeting individual characteristics)


➤ **Tertiary-level Treatment**






Literature on *why* a MTSS should be used to install practices:

- MTSS is essential to accurate, durable, and scalable implementation (Chafouleas, 2016)
- MTSS represents a service delivery framework grounded in the public health model of prevention and consists of providing a continuum of evidence-based practices and making data-driven decisions (Cook, 2015)
- MTSS provides a framework to more efficiently support students identified with needs (Splett, 2018)




## Teaching Social Competencies within a PBIS Framework

Susan Barrett, Mid-Atlantic PBIS Network  
Lucille Eber, Midwest PBIS Network  
Kent McIntosh, University of Oregon  
Kelly Perales, Midwest PBIS Network  
Natalie Romer, University of South Florida



## Integrating a PBIS Framework within a PBIS Framework

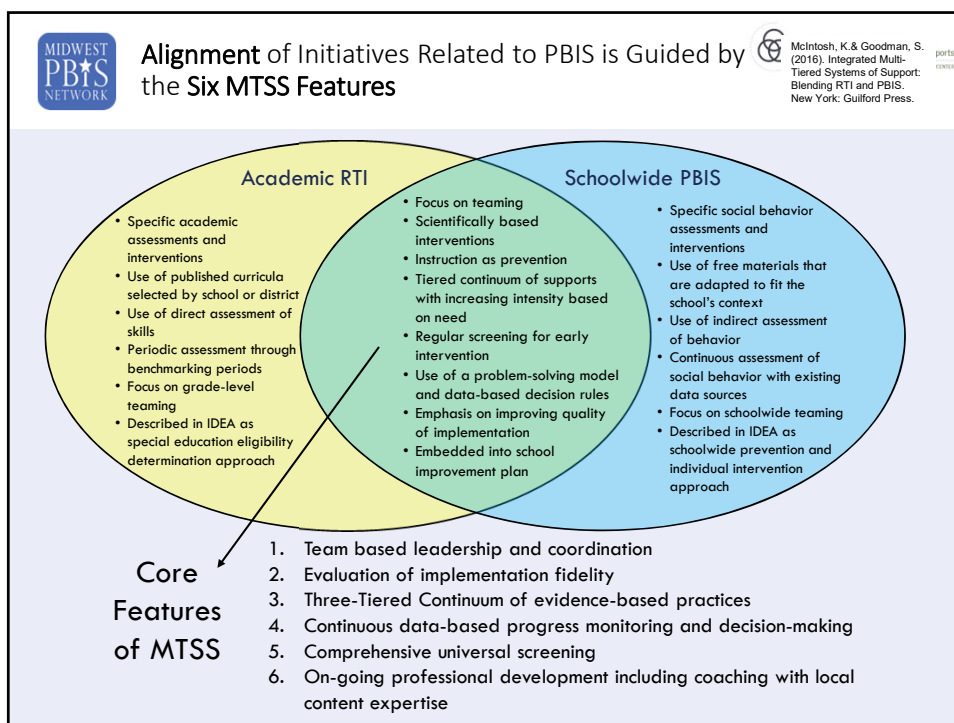
Lucille Eber, Midwest PBIS Network  
Susan Barrett, Old Dominion University  
Nicholas Scheel, University of Oregon  
Ami Flammini, Midwest PBIS Network  
Katie Pohlman, Midwest PBIS Network




## Using the PBIS Framework to Address the Opioid Crisis in Schools

SEAN C. AUSTIN, CAMILLE C. GIOFFI, SLOAN STORIE, KATHERINE W. BROMLEY, DANA COHEN LISSMAN, JONATHAN L. ROCHELLE, PAUL MENG, & JOHN R. SEELEY

January 2020



 **PBIS** Positive Behavioral Interventions & Supports  
RISD TECHNICAL ASSISTANCE CENTER

## Experimental Research on SWPBIS

Bradshaw, C.P., Koth, C.M., ... & Leaf, P.J. (2009). Altering school climate through school-wide Positive Behavioral Intervention and Supports: A randomized effectiveness trial. *Prevention Science, 10*(2), 100-115

Bradshaw, C.P., Koth, C.M., ... & Leaf, P.J. (2009). Altering school climate through school-wide Positive Behavioral Intervention and Supports: A randomized effectiveness trial. *Prevention Science, 10*(2), 100-115

Bradshaw, C. P. (2012). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 14*(1), 4-11

Bradshaw, C. P. (2013). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 15*(1), 4-11

Bradshaw, C.P. (2014). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 16*(1), 4-11

Bradshaw, C.P. (2015). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 17*(1), 4-11

Bradshaw, C.P. (2016). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 18*(1), 4-11

Horner, R., ... (2010). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 12*(1), 4-11

Horner, R. ... (2011). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 13*(1), 4-11

Ross, S. W. ... (2012). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 14*(1), 4-11

Waasdorp, M. ... (2013). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 15*(1), 4-11

Bradshaw, C. P. ... (2014). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 16*(1), 4-11


Bradshaw, C. P. ... (2015). Positive Behavioral Interventions and Supports in Schools. *Journal of Positive Behavioral Interventions, 17*(1), 4-11

Freeman, J., Simonsen, B., McCoach D.B., Sugai, G., Lombardi, A., & Horner, ( submitted) Implementation Effects of School-wide Positive Behavior Interventions and Supports on Academic, Attendance, and Behavior Outcomes in High Schools.

**SWPBIS Experimentally Related to:**


1. Reduction in **problem behavior**
2. Increased **academic performance**
3. Increased **attendance**
4. Improved perception of **safety**
5. Reduction in **bullying behaviors**
6. Improved **organizational efficiency**
7. Reduction in **staff turnover**
8. Increased perception of **teacher efficacy**
9. Improved **Social Emotional competence**

## Outcomes associated with Implementation




**Improved Student Outcomes**

- academic performance  
(Horner et al., 2009)
- social-emotional competence  
(Bradshaw, Waasdorp, & Leaf, 2012)
- social & academic outcomes for SWD  
(Lavelle, 2017; Toan, Horner, Viscusi, & Swain-Brookway, 2012)
- reduced bullying behaviors  
(Pena & Horner, 2010; Waasdorp, Bradshaw, & Leaf, 2012)
- decreased rates of student-reported drug/alcohol abuse  
(Reynolds, Kittimon, McIntosh, & Houston, 2013; Bradshaw et al., 2012)



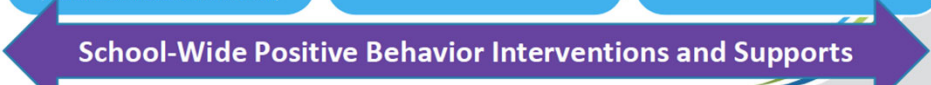
**Reduced Exclusionary Discipline**

- office discipline referrals  
(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Horner et al., 2009)
- suspensions  
(Bradshaw, Mitchell, & Leaf, 2010)
- restraint and seclusion  
(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)



**Improved Teacher Outcomes**

- perception of teacher efficacy  
(Kahn & Mcintosh, 2012; Ross, Romer, & Horner, 2012)
- school organizational health and school climate  
(Bradshaw, Koth, Beeson, Iselango, & Leaf, 2008; Bradshaw, Koth, Thomson, & Leaf, 2009)
- perception of school safety  
(Horner et al., 2009)



School-Wide Positive Behavior Interventions and Supports

(George, H. 2018)

## Expansion of traditional PBIS

PBIS + SMH/SEB = ISF

Interconnected Systems Framework (ISF)

Want more: [www.midwestpbis.org/interconnected-systems-framework](http://www.midwestpbis.org/interconnected-systems-framework)



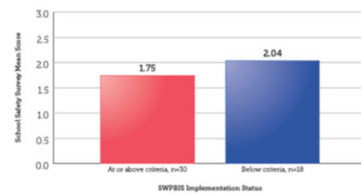
### **An Interconnected System Framework Applies MTSS Features to all SEB Interventions**

- 1) **Effective teams** that include community mental health providers
- 2) **Data**-based decision making that include school data beyond ODRs and community data
- 3) Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making
- 4) **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- 5) Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- 6) Ongoing **coaching** at both the systems & practices level for both school and community employed professionals

## Recommendations



- First things first...
  - PBIS provides students a positive, predictable, and safe environment.
  - PBIS implementation is associated with reduced rates of substance use in high schools
    - (Bastable, Kittelman, McIntosh, & Hoselton, 2015)
    - <https://www.pbis.org/resource/d-o-high-schools-implementing-swpbis-have-lower-rates-of-illegal-drug-and-alcohol-use>
  - Provides a structure for successful integration and adaptation



## Recommendations



- Interconnected Systems Framework (ISF)
  - A single system of delivery
  - All students need access to mental health support
  - Student impact defines success
  - Core features of Multi-tiered
  - Integrate services for mental health and substance abuse
- **Resource:** <https://www.pbis.org/topics/mental-healthsocial-emotional-well-being>



## Recommendations

- Integrated Team Process
  - Use an existing team
    - District and Community Leadership Team (DCLT)
    - Expand or merge teams with similar goals
    - Corresponding level of support
  - Include staff and community partners with substance abuse expertise (e.g., Licensed Alcohol Drug Abuse Counselor; Certified Alcohol and Drug Abuse Counselor)
  - Address barriers to improving an integrated effort
  - Review and provide resources to:
    - meet identified needs
    - have capacity to implement with fidelity
    - fit with the school and community contexts



## Recommendations

### Expanded Use of Data

- School data on substance use (e.g., discipline data, staff surveys, student surveys)
- Relevant community data sources on substance misuse and abuse
- Regional prevalence and trends on substance use from Center for Disease Control
- Incorporate substance use data with other mental health indicators
- Identify needs and monitor progress







## Example:



### School A

School-Community Data indicates:

- 85% attendance rate
- 22% of students with discipline infractions because of substances
- 20% of students in small group or individual intervention with a clinician
- 30% of students were in elevated range on universal screener
- Crisis calls were made for 5% of students last year

### School B

School-Community Data indicates:

- 97% attendance rate
- 3% of students with discipline infractions because of substances
- 4% of students in individual intervention with a clinician
- 12% of students were in elevated range on universal screener
- Crisis calls were made for 2% of students last year

## Apply the MTSS logic



- School A installs intervention at Tier 1 to address substance misuse and SEB needs
- School B boosts efforts of SEB at Tier 1; adds small group intervention at Tier 2
- Progress monitor for both fidelity and impact

## Recommendations



- Family Engagement
  - Involve families in prevention and treatment services
  - Provide opportunities for caregivers
    - Drug availability awareness
    - Drug disposal
    - Parental monitoring
    - Afterschool activities
- Resources:
  - PBIS
    - <https://www.pbis.org/resource/aligning-and-integrating-family-engagement-in-pbis>

## Recommendations



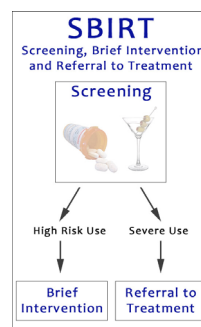
**OPERATION  
PREVENTION**

- DOE Factsheet & Operation Prevention
- DOE Opioid Crisis Factsheet & Resources:
  - Schools
  - Students
  - Families<https://www2.ed.gov/documents/opioids/site.pdf>
- Operation Prevention School-based Curriculum
  - Classroom resources
  - Parent toolkit<https://www.operationprevention.com/#about>

## Recommendations

### Screening

- Use existing data sources for screening
- Consider additional, substance misuse-specific screening tools
  - Screening, Brief Intervention, Referral to Treatment (SBIRT)
  - Drug Use Disorders Identification Test (DUDIT)
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Adolescent Drug Involvement Scale (ADIS)
  - Car, Relax, Alone, Friends, Trouble (CRAFTT; [craftt.org](http://craftt.org))



## Recommendations

### Tracking Fidelity & Impact

- Fidelity Assessment Tools:
  - PBIS District Systems Fidelity Inventory (DSFI)
  - PBIS Tiered Fidelity Inventory (TFI)
  - ISF Implementation Inventory (ISF-II)
- Assess effectiveness of behavioral health and substance use interventions
- Examine data trends over time to determine ongoing needs of students



## Recommendations


- Professional Development
  - School-wide practices (routines and procedures)
  - Effective behavioral health integration
  - Mental health awareness (MHFA)
  - Behavioral health and wellness
  - Community-academic partnerships



## Recommendations

- Emergency Protocol
  - Have a protocol for dealing with drug overdose on campus
    - First responder notification
    - Opioid antagonists use
  - Resource:
    - [https://www.integration.samhsa.gov/opioid\\_toolkit\\_firstresponders.pdf](https://www.integration.samhsa.gov/opioid_toolkit_firstresponders.pdf)





# Resources for returning to school


Updated March 2020





## Getting Back to School after Disruptions: Resources for Making Your School Year Safer, More Predictable, and More Positive

Kent McIntosh, Brandi Simonson, Rob Horner, Jessica Swain-Bradway, Heather George, & Tim Lewis

It goes without saying that students need to feel safe and have supportive relationships for their social, emotional, and academic learning to be optimized. Students experiencing trauma, such as from public health crises, weather disasters, or other upsetting events, may have been exposed to unpredictable schedules, inconsistent supervision, or food insecurity and desperately need school to be their safest, most predictable, and most positive setting, especially if they have been displaced or are without utilities or basic comforts.

Multi-tiered Systems of Supports (MTSS), such as PBIS, are ideal frameworks for implementing strategies to support students coming back to school and to prevent and address further challenges. A tiered approach focuses on attending to the whole school environment to help the vast majority of students be successful and providing a continuum of support for those who need more.

With this in mind, we recommend the following six strategies for school teams to ensure a safe, predictable, and positive school year. These strategies are beneficial for all students if the school has been closed, as well as for individual students returning from extended time away from school.

**Re-teach, remind, and acknowledge positive school-wide expectations** (see <https://www.pbis.org/pbis/tier-1>). Yes, you may have taught your school-wide expectations at the start of the year, but students coming back to school after an unplanned absence have been in different environments, with different expectations for their behavior. Hence, a strong focus on re-teaching and modeling expected school behaviors will help to re-establish and maintain a school culture where students can expect to see prosocial behavior from their peers and the adults in the building. It is often useful for us to keep in mind that students may have been practicing different behaviors while away from school and will benefit from re-teaching and opportunities to practice rather than exclusion.

## RETURNING TO SCHOOL DURING AND AFTER CRISIS:

### A Guide to Supporting States, Districts, Schools, Educators, and Students through a Multi-Tiered Systems of Support Framework during the 2020-2021 School Year

CENTER ON POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS  
STATE IMPLEMENTATION AND SCALING UP OF EVIDENCE-BASED PRACTICES CENTER  
NATIONAL INTEGRATED MULTI-TIERED SYSTEMS OF SUPPORT RESEARCH NETWORK  
NATIONAL CENTER ON IMPROVING LITERACY  
LEAD FOR LITERACY CENTER

## Recommendations



- Re-teach, remind, and acknowledge positive school-wide expectations
- Re-teach classroom routines
- Focus on the positive, and avoid punitive approaches
- Get to know your students – again
- Look for signs that students might need more help
- Re-engage families as partners in their child’s education
- Back to basics: do what works and do it well

## Summary



- Substance misuse is a complex, multi-faceted problem for schools
- Use MTSS to structure responsive staffing and programs
- Leverage local resources to support efforts
- Teach relevant skills to aid in substance use prevention
- Engage families early and often



Thank you!

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