

A Student-Centered Response to the Opioid Epidemic

Governors know that a comprehensive response to the opioid epidemic requires state-driven solutions that range from prevention to intensive treatment. Often overlooked is the impact of this epidemic on the lives of children who witness overdoses, suffer neglect, or experience other forms of trauma. Young people exposed to Adverse Childhood Experiences (ACEs), stressful or traumatic events, are more likely to develop substance use disorders as adults.

One way that governors can help is by supporting school-based efforts to provide students with trauma-informed care that focuses on building protective factors, like social-emotional skills and strong relationships with adults. Not only has this been shown to decrease drug and opioid use among students, it also promotes academic success and improves overall well-being. This brief includes recommendations to help governors support these efforts and integrate them into a response at the state-level.

1. Understand the Opioid Epidemic in Your State

Governors are in a unique position to ensure that state officials and school leaders understand the scope of the problem and have actionable data to address risk factors.

1.1 Form a task force or establish a work group to study the impact of the opioid epidemic on children and childhood trauma.

Most states have created a task force to address the opioid epidemic, iii but few have specifically focused on the needs of children. More than two thirds of children will report at least one traumatic event before the age of sixteen. In many states, the opioid epidemic is straining the child welfare system, as the number of children in foster care due to parental drug misuse or death increases. Governors need better information about how these statistics impact children and how they can align systems to better address their needs. Ensure that the work group is a multi-disciplinary team and that it considers testimony from a

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Pain in the Nation: Education Brief published by Trust for America's Health and Well Being Trust

Understanding Child Trauma published by the National Child Traumatic Stress Initiative

Risk and Protective Factors published by the Substance Abuse and Mental Heath Services Administration

Research Brief: Social and Emotional Learning published by Communities In Schools

The Developmental Relationships Framework published by Search Institute

wide-range of stakeholders, including from parents and students. Using the task force, study school staffing ratios, opportunities for training about how to deliver trauma-informed care, accessibility of afterschool programs, social-emotional development, and metrics to better understand impact of this crisis on children, among other things. The work group should produce a report with recommendations for specific actions.

1.2 Introduce legislation that would pilot a "handle with care" program in schools.

Experiencing trauma can have a negative impact on a child's ability to stay focused and behave while at school. The purpose of a "Handle with Care" program is to ensure that children who are exposed to trauma receive appropriate interventions at school the following day. The program enables law enforcement to confidentially notify schools when a child has been identified at the scene of a potentially traumatic event. This information alerts school professionals that a child may exhibit signs of trauma, like difficulty staying awake or focusing, so they can address the behavior with trauma-informed care rather than discipline.

In West Virginia, "Handle with Care" was an initiative piloted at Mary C. Snow West Side Elementary School. The program is now used across the state to help inform a school-based response to the opioid crisis. Police are trained to identify children at the scene, find out where they go to school or daycare, and send the confidential note to school staff. The notification simply says the child's name and "Handle with Care." Learn more: Handle with Care.

2. Improve Interagency Collaboration

Within their administration, governors have access to a multi-disciplinary team of experts that can help solve the complex challenges that children face, but agency silos often create barriers to effective collaboration and alignment.

2.1 Form or take advantage of an existing Children's Cabinet.

The opioid epidemic has spiked a demand for foster care and increased the number of children facing complex traumas who are involved with multiple systems. According to A Governors Guide to Children's Cabinets, a Children's Cabinet can bring together leaders from across agencies and disciplines to develop a well-coordinated response and build a long-term commitment to solving the issues that affect children. Cabinets typically focus on a few critical issues and can bring together state resources and expertise across agencies to solve the difficult challenges. A Children's Cabinet can provide a mechanism for agencies to agree on core values, set common benchmarks, increase transparency between agencies, and help agencies develop a common language. Some Cabinets provide a cross-department "Children's Budget" for the governor.

In Virginia, a Children's Cabinet was established by Former-Governor Terry McAuliffe in 2014. Governor Ralph Northam re-formed the Children's Cabinet with a Work Group on Trauma-Informed Care to develop inter-agency solutions to the challenge. Read: A Governor's Guide to Children's Cabinets published by the NGA Center for Best Practices.

2.2 Explore opportunities to coordinate and align federal funding streams.

Braiding funds across a range of sectors can facilitate collaboration and lead to a stronger, more targeted, and sustainable allocation of resources. Federal programs like Drug Free Communities and Now is the Time Project AWARE can provide an opportunity for states to improve outcomes with additional flexibility in the use of discretionary funds across multiple federal programs. In addition, the *Every Student Succeeds Act* (ESSA)^{viii} provides several opportunities for states and schools to braid education funds with other sources, such as the Corporation for National and Community Service, Temporary Assistance for Needy Families, or Medicaid. Finally, explore federal Pay for Success grants as an opportunity to combine funds from both public and private sources by incentivizing private investments.

2.3 Direct the state health and education agencies to review the state Medicaid plan and ensure that schools can seek reimbursement for care for all students.

For low-income students who face emotional, behavioral, and mental health challenges, cost can be a barrier to receiving appropriate care from a licensed professional. In 2014, the Centers for Medicare and Medicaid Services (CMS) issued a regulatory change^{ix} that allows states to use Medicaid funding to provide allowable services to all Medicaid-enrolled students in schools. But many states have provisions in their state Medicaid plans that are a barrier to expanding services to all Medicaid-enrolled students.^x Direct the State Medicaid Director to review the state Medicaid plan and related documents (e.g., provider manual, managed care contracts) and amend any provisions that block schools from seeking Medicaid reimbursement for all students. Explore other opportunities to expand Medicaid mental health services in schools.

In Louisiana, the State Medicaid Director submitted a state plan amendment to CMS removing a provision that required students to have an Individualized Education Plan in order to receive care at school. The change allows schools to bill Medicaid for all allowable services provided to Medicaid-eligible children. View the amendment: Louisiana Medicaid Plan Amendment

3. Support Trauma-informed Schools and Community Partnerships

Governors can take steps to ensure that school-based efforts to address trauma and prevent substance abuse are sustained and long-term. Governors can also use their platform to encourage schools to partner with youth-serving organizations, businesses and universities to provide young people with access to basic needs and opportunities for recreation, health, and learning.

3.1 Introduce legislation that would establish and fund integrated student supports as a strategy to help children living in distressed communities build the protective factors that prevent substance abuse.

Research indicates that social exclusion and isolation, experiencing trauma, and lack of opportunities for play, exploration, and exercise are all risk factors for opioid use and that the environmental stressors associated with living in poverty can further enhance the risk of substance abuse.^{xi} In communities that are acutely impacted by the opioid epidemic, schools can help prevent the spread of substance abuse by implementing integrated student supports. Integrated student supports is an evidence-based approach to connecting students and families with the academic, social, health, and wellness supports that can help students build the protective factors that prevent opioid abuse.^{xii} A school-based coordinator manages steps like the planning and integration of programming and resources, allowing teachers to teach and principals to focus on leading the school. The coordinator can also broker the services of existing clinics and prevention programs to children and families.

Washington, the legislature established a state-wide protocol for integrated student supports. This protocol defines the key components of integrated student supports and outlines essential practices linked to each component to ensure high-quality implementation. To view the protocol: Washington Integrated Student Supports Protocol published by the Washington State Office of Superintendent of Public Instruction.

3.2 Recognize the work of school-based professionals.

School-based professionals are often first responders in this crisis, working hard to mitigate the effects of trauma on the lives of children. They are critical advocates for youth, ensuring their basic and mental health needs are met. Use the State of the State Address and find other opportunities for recognition of their hard work, like Teacher of the Year awards.

3.3 Encourage local leaders to engage partners in the implementation of evidence-based prevention strategies.

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a list of evidence-based programs for all ages that can be used in school settings, such as LifeSkills Training and Project ALERT. Consider a framework like PROmoting School-community-university Partnerships to Enhance Resilience (PROSPER) to encourage effective cross-sector coordination in the implementation of these programs. Work with the state education agency to issue guidance about effective programs and the role of public-private partnerships in implementation and delivery.

In Indiana, Communities In Schools of Indiana partners with local drug coalitions, systems of care, and mental health agencies to bring additional resources into schools and build capacity. Their school-based coordinators utilize programs such as Second Steps, Guiding Good Choices, and Too Good For Drugs, as well as various other prevention activities to support students and their families.

Conclusion

Children impacted by the opioid epidemic deserve to feel supported at school. That means that states must work with schools to address childhood trauma and help young people build resilience by boosting protective factors. Governors can take these important steps to ensure that they implement effective solutions that consider the needs of children.

About Communities In Schools

Communities In Schools works inside public and charter schools full-time, building relationships with students to empower them to stay in school and succeed in life. Working directly in more than 2,300 schools in 25 states and the District of Columbia, Communities In Schools serves nearly 1.57 million students every year.

We work with school leaders to implement an evidence-based model of integrated student supports. Integrated student supports is a school-based approach to addressing the academic and non-academic barriers that keep students from reaching success in school and in life. We position a site coordinator in each school to assess the needs of students in that school. The site coordinator then identifies and connects students to resources that meet these needs.

Through strategic partnerships with local providers, our site coordinators bring together various community supports to provide integrated services benefiting an entire student body (Tier I). Simultaneously, site coordinators work with school leaders to identify a subset of the most at-risk students, who then receive targeted and/or individualized interventions (Tiers II & III) based on their identified needs.

Research shows that this approach can lead to decreases in grade retention and dropout, and increases in attendance, math achievement, and overall GPA. $^{\rm xiii}$

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