



Monroe Community Coalition

Making a difference for community and kids.



Coalition Chairs.....Tom McIntyre & Kerry Boone
Coalition Leadership Team...Mary Myers, Pastor Michael Hanford,
Cheri Matyas, Chris Jury, Erin Wood
Coalition Staff.....Joe Neigel, Stephanie Phillips



October, 2020

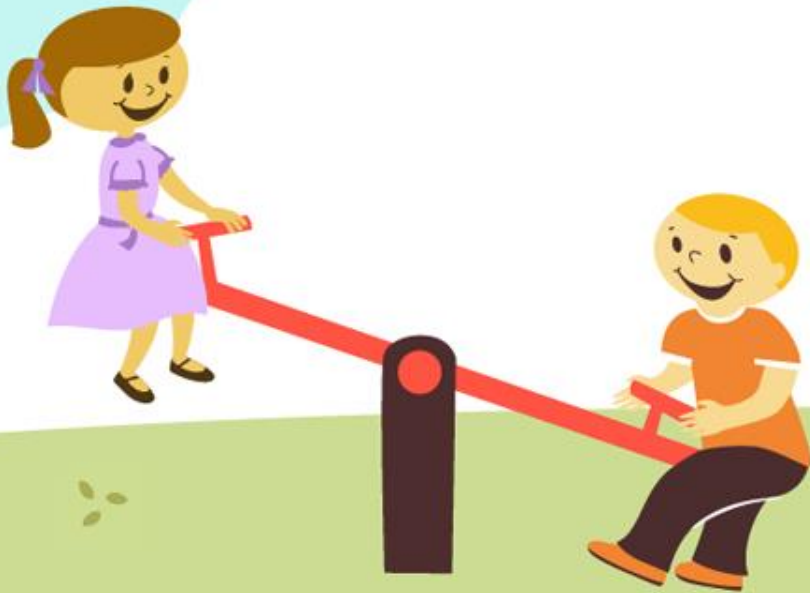
Who's in the room tonight?



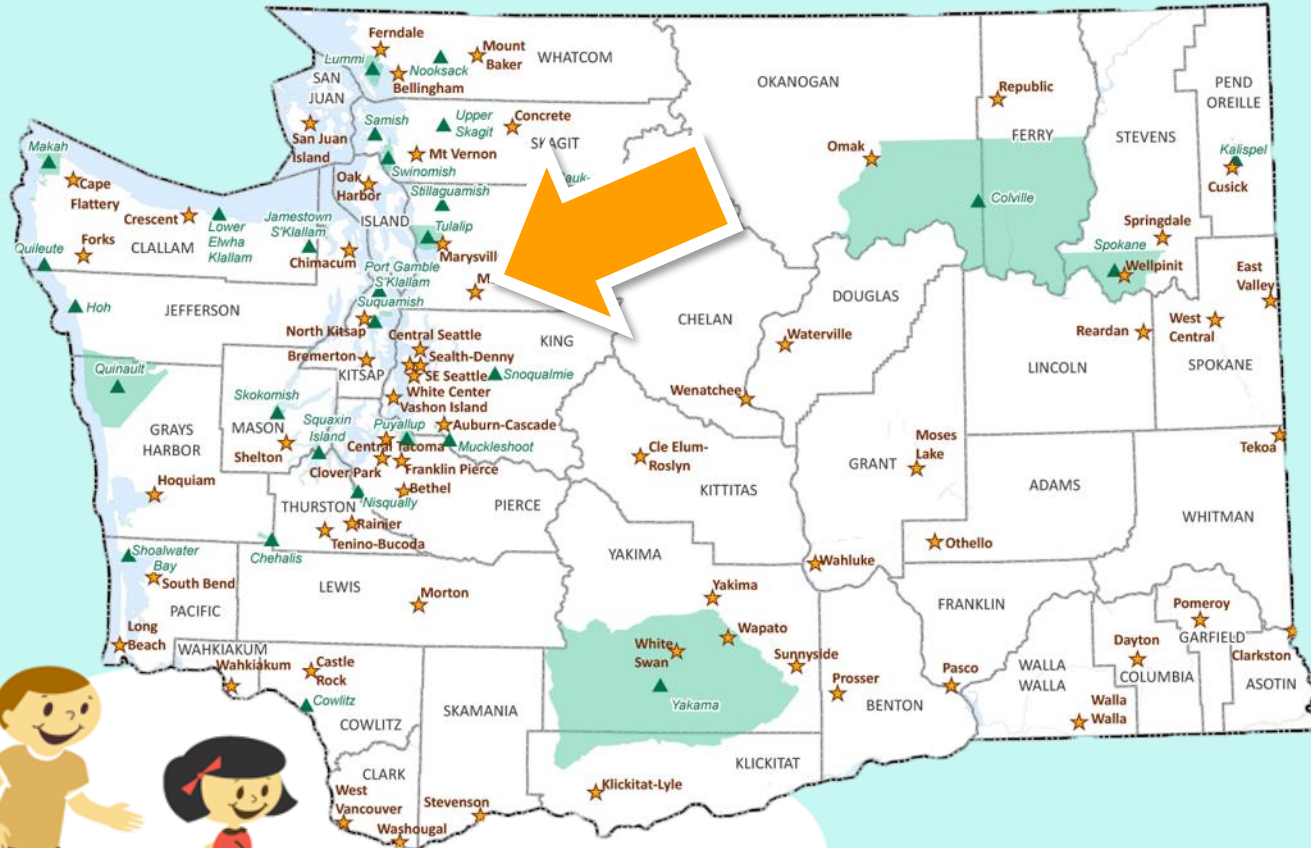
Community Prevention & Wellness

You Can't Do It Alone

Substance Use and Mental Health are challenges too large for any one person or agency to address on their own.



Community Prevention & Wellness Initiative

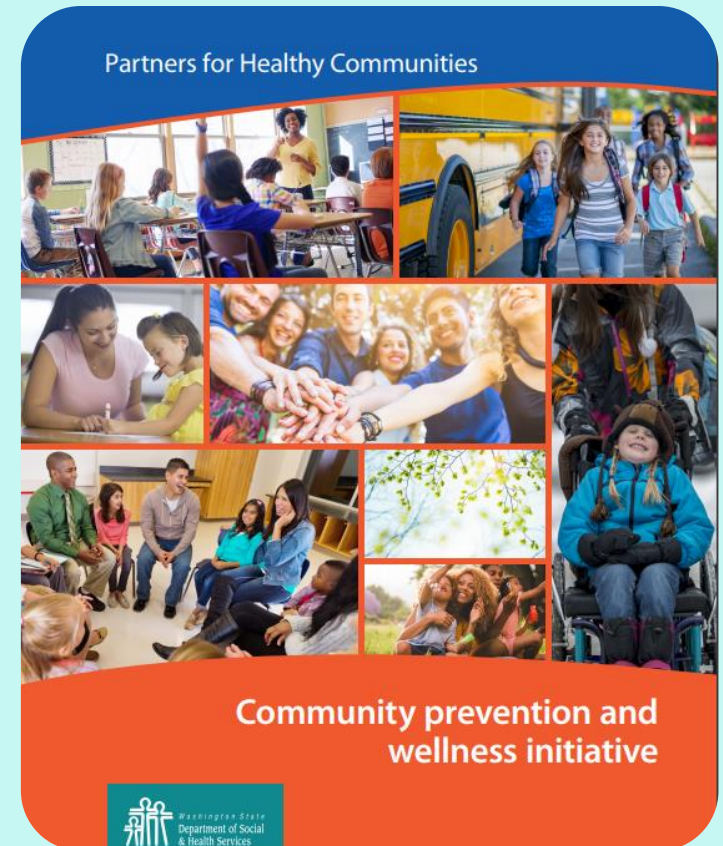


- 82 sites
- 95 schools
- All 39 counties



Community Prevention & Wellness Initiative

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





BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY



Girl Scouts.



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 local network of neighbors and experts.

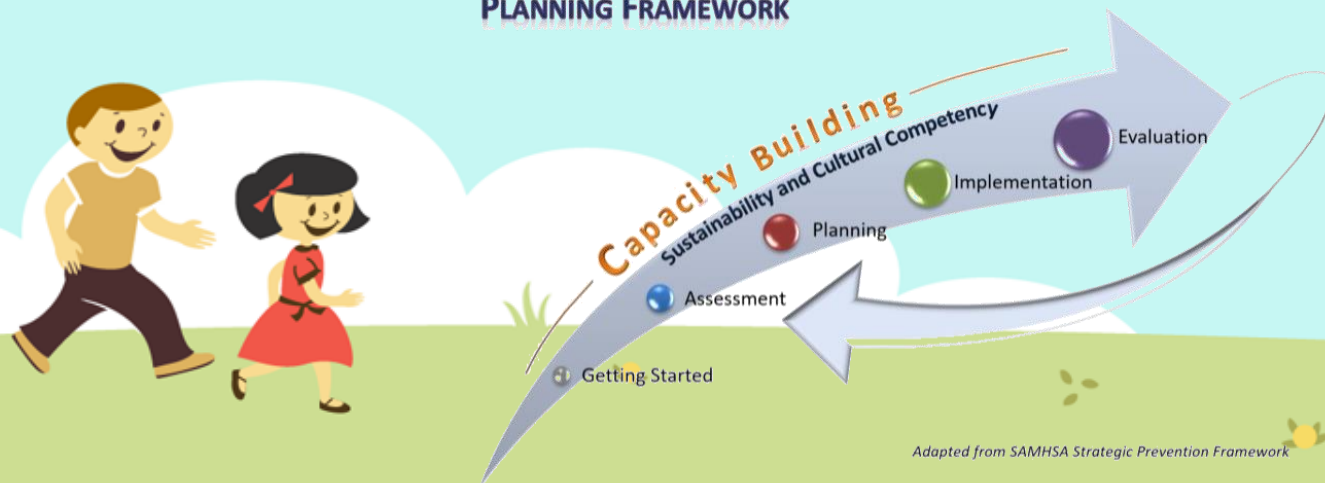


Focus on the Fire, Not the Smoke!

- 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

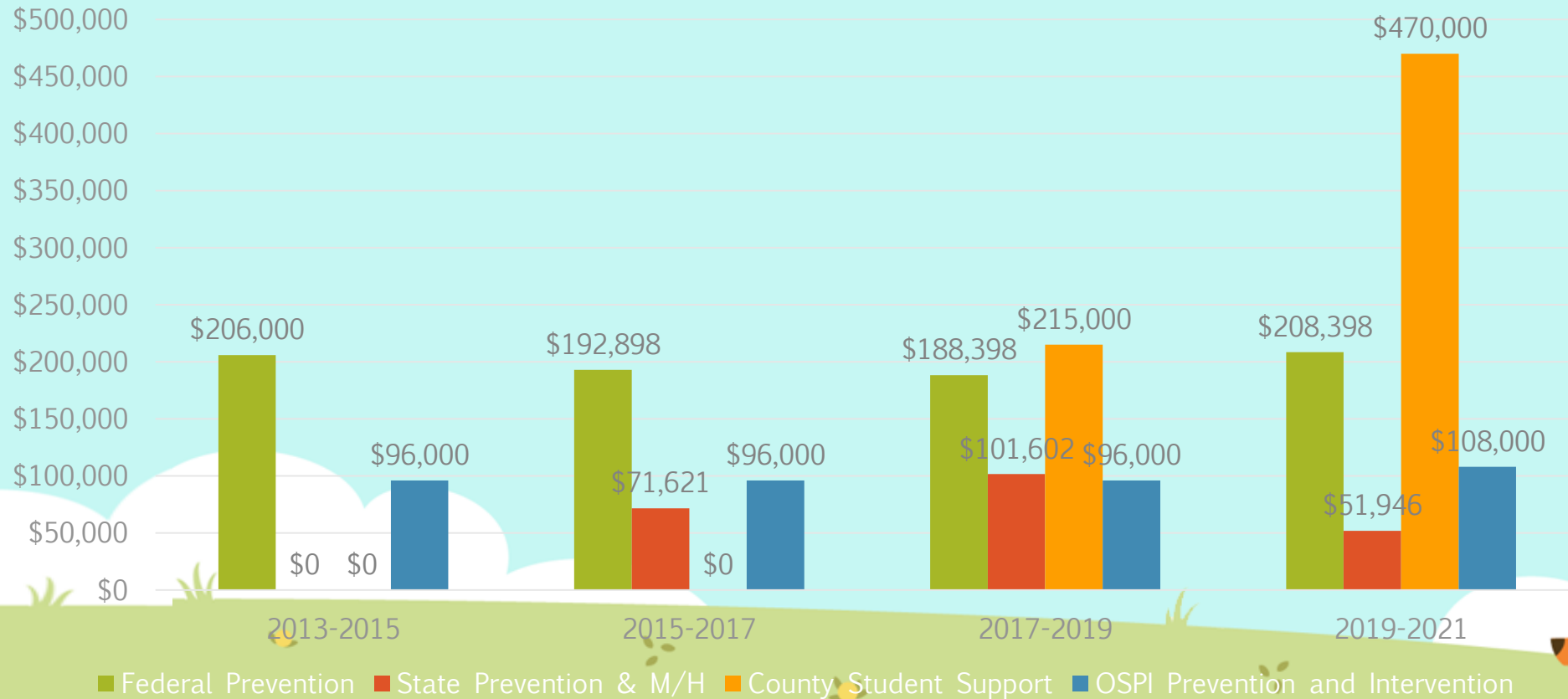


Community Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression Anxiety
Availability of Drugs	↑	↑			↑	
Availability of Firearms						
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime						
Media Portrayals of Violence						
Transitions and Mobility				x		x
Low Neighborhood Attachment and Community Disorganization	x	x			x	
Extreme Economic Deprivation	x	x	x	x	x	
Family Risk Factors						
Family History of the Problem Behavior	x	x	x	x	x	x
Family Management Problems	x	x	x	x	x	x
Family Conflict	x	x	x	x	x	x
Favorable Parental Attitudes and Involvement in the Problem Behavior	x	x			x	
School Factors						
Academic Failure Beginning in Late Elementary School	x	x	x	x	x	x
Lack of Commitment to School	x	x	x	x	x	
Peer/Individual Factors						
Early and Persistent Antisocial Behavior	x	x	x	x	x	
Rebelliousness	x	x		x	x	
Friends Who Engage in the Problem Behavior	x	x	x	x	x	
Favorable Attitudes Toward the Problem Behavior	x	x	x	x	x	
Early Initiation of the Problem Behavior	x	x	x	x	x	
Constitutional Factors	x	x			x	x



Leveraging Resources

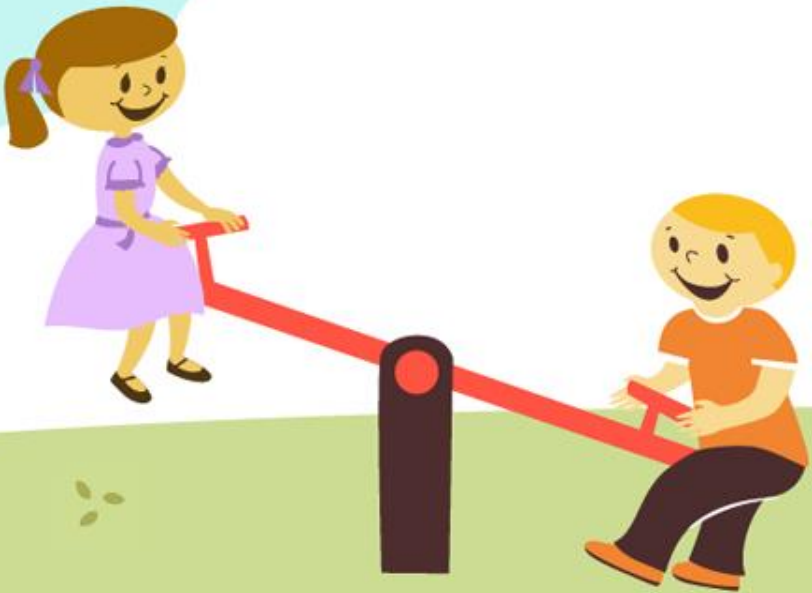
Since 2013, the Monroe Community Coalition has been awarded \$2.1 million in grant funding and resources for our schools and community.



A Bottom-Up Approach

Reach Youth Where
They're At.

Multi-tiered primary prevention in schools and
community.



Integration with the School District

- **Mandate**

School Board Commitment #2: Equitable Access – *We will provide ALL students with the time, support and instruction needed to meet high standards. We believe in meeting every student at every level to help them achieve new heights.*

- **Goal**

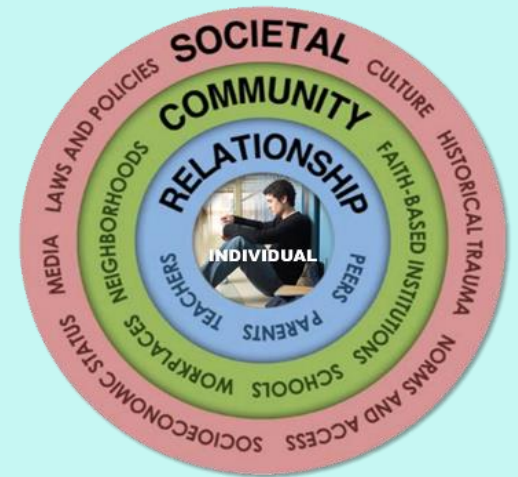
Systematically address the behavioral health needs of students in Monroe School District to increase their readiness to learn.

- **Principles**

- Do no harm
- Prioritize evidence-based strategies
- Provide training to staff & community
- Shift from compliance-based strategies to youth development focused strategies
- Acknowledge the whole child
- Engage the family and teachers
- Identify and replace counterproductive strategies and practices

- **Domains of non-academic support that produce academic gains**

- Substance Abuse
- Bullying and Bystander Behavior
- Mental Health
- Trauma-informed Practices
- Suicide Prevention
- Strengths Based Education



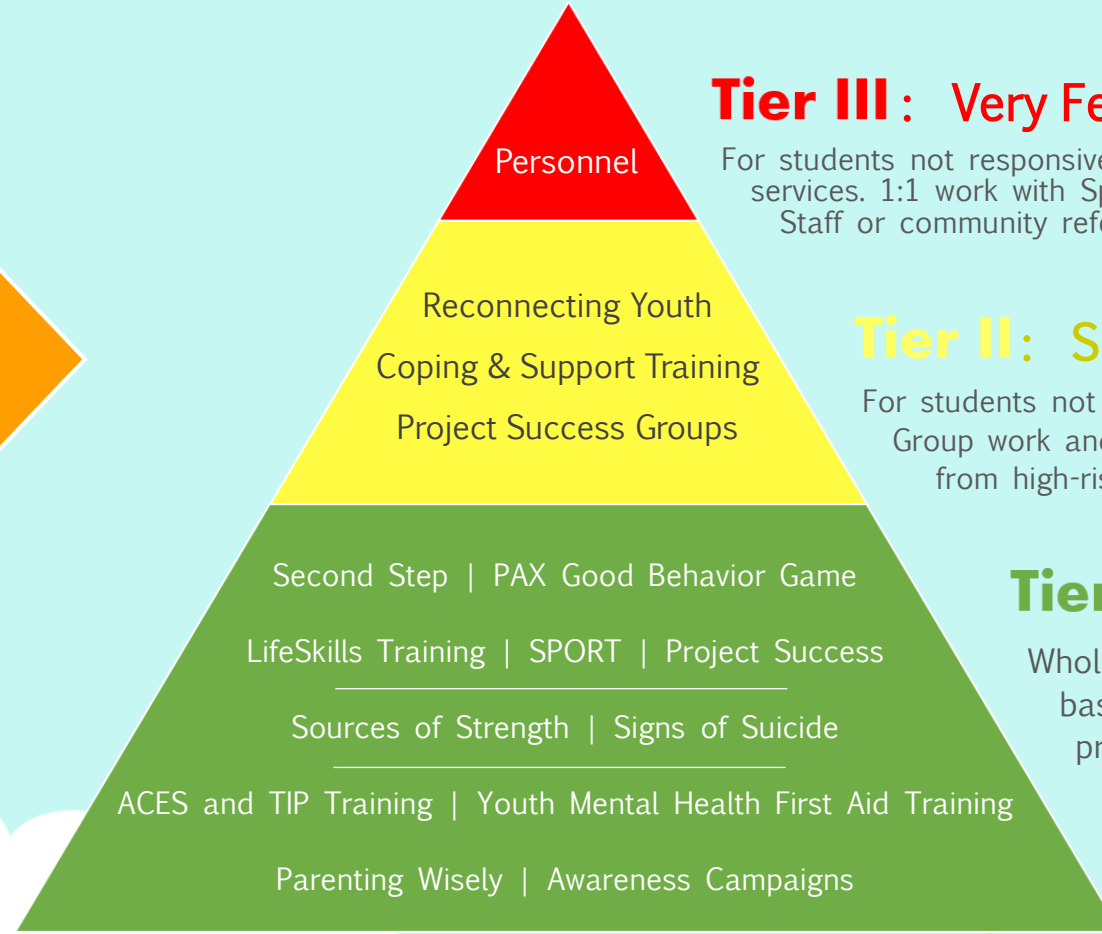
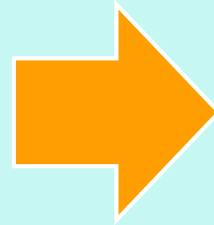
A Bottom-Up Approach

Public Health Model



Versus

Medical Model



Tier III: Very Few Students

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

Tier II: Some Students

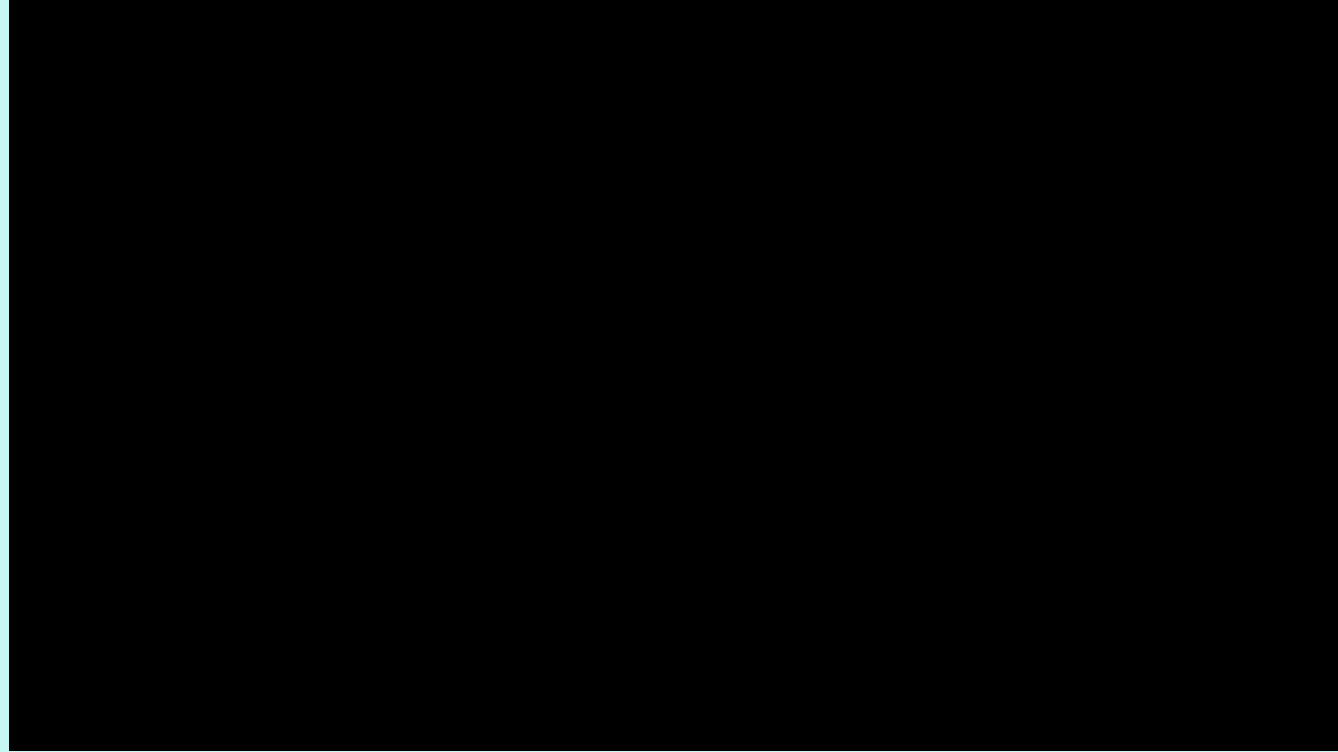
For students not responsive to Tier 1. Group work and supports for students from high-risk populations.

Tier I: All Students

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



You are Not Alone...



Student Support Personnel



Academic counseling and time-limited behavioral support.

All tiers

All schools

Available during school hours.

School Counselors

Specialty: 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:

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



Student Support Personnel



Crisis prevention, support and stabilization.

Tier 3

Districtwide Resources

Available during school hours and on-call for crisis.

Behavioral Health Specialist

Specialty: Suicide and Non-Suicidal Self-Injury


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 brief, stabilizing therapy** to students experiencing grief, suicidality, or non-suicidal self-injury.



Student Support Personnel



*Long-term individualized therapy for
Medicaid eligible students.*

Tier 3

MHS & PPMS

Available during school hours on
Fridays, year-round.

Mental Health Counselor

Specialty: Long-term Mental Health Counseling


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.



Student Support Personnel



Long-term case management and wrap-around support.

Tier 3

MHS, LILHS, PPMS, HRMS, FWE

Available during school hours and at parent or student's convenience.

Student Support Advocate

Specialty: Case Management


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:

- **Assess student needs** to determine root causes of challenges.
- **Develop goals with students** that address their immediate and long-term needs – both in and outside of school.
- **Connect students with services**, such as financial assistance, counseling or health care.
- **Monitor success and advocate for students** to make sure that they are being served, and engaging in the supportive services they need.
- **Coordinate service** from multiple providers to reduce duplication of effort.



Student Support Personnel



*Co-occurring mental health and
substance use disorder treatment.*

Tier 3

MHS, LILHS, PPMS, HRMS

Available during school hours year-
round.

Co-Occurring Disorders Therapist

Specialty: Dual-diagnosis Substance Use and M/H

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**



Student Support Personnel



Substance Use Disorder prevention, intervention and referral.

All tiers

MHS, LILHS, PPMS, HRMS

Available during school hours year-round.

Student Assistance Professional

Specialty: Substance Abuse Prevention & Intervention

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**
- **Informational workshops** for parents, school staff, and community members.
- **Individualized counseling** and small group services.



Student Support Personnel



Family engagement, outreach and support.

All tiers

All Schools


Available during school hours and at school-sponsored events.

Family Liaisons

Specialty: 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.
 - **Spanish Translation services.**
 - **Culturally relevant outreach** to Latinx, Native American, and other historically marginalized families.
- 

McKinney Vento & Foster Care Liaison

Homeless and Foster Engagement

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

The Liaison also ensures her students have school supplies and provides 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 school enrollment** and equitable opportunity 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.

Student Support Personnel



Family engagement, outreach and support.

All tiers

All Schools

Available during school hours and at school-sponsored events.



Student Support Personnel



Family and student attendance outreach and support.

Tier 3

All Schools

Available during school hours.

Becca Outreach Specialist

Specialty: Truancy and School Engagement

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:

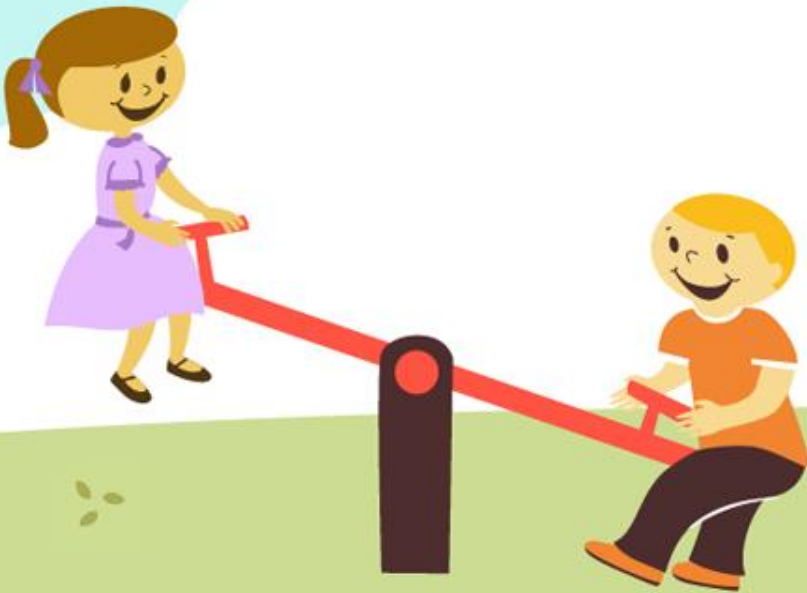
- **Communicates with parents** about excessive absences from school.
- **Meets with families** to discuss the Becca process and trajectory.
- **Assesses root causes** of truant behavior with the multi-domain Washington Assessment for the Risks and Needs of Students (WARNS)
- **Works closely with Student 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.



Following the Evidence

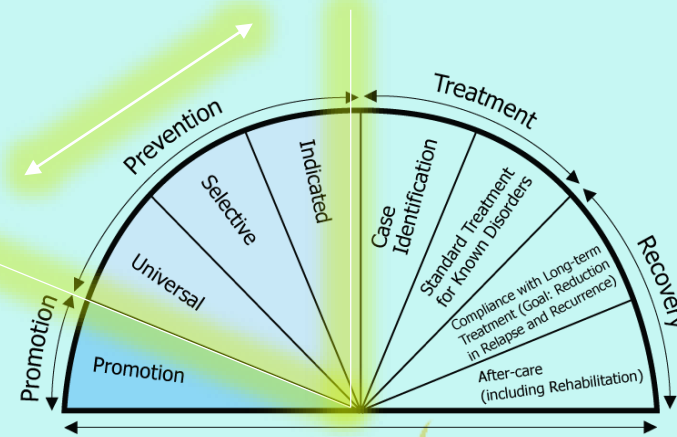
Best Intentions can Work Against Our Best Interests

Common school-based strategies increase risk for vulnerable students.



Working Against Our Best Interests

- This part of the conversation may challenge you.
- It will ask you to reconsider traditional ideas about what works.
- Avoid red flag rationale:
 - “If it helps just one...”
 - “It worked for me...”
 - “This is the way we’ve always done it...”



Fear Arousal Strategies



- When exaggerated dangers, grotesque images, false information or distant consequences are delivered, teens tend to disbelieve the message and discredit the messenger.
- Researchers point out that fear arousal often backfires when youth have access to contrary information and experience.



J. Beck, 1998; Golub and Johnson, 2001

One Time School Assemblies or Events



- Stand-alone assemblies, events, and gruesome displays create temporary emotional arousal but do not impact behavior or intention to use drugs.
- Students sheltered from explicit media, or who have suffered a tragedy similar to the recreated display, may be re-traumatized.

Every
15
Minutes



Personal Testimony



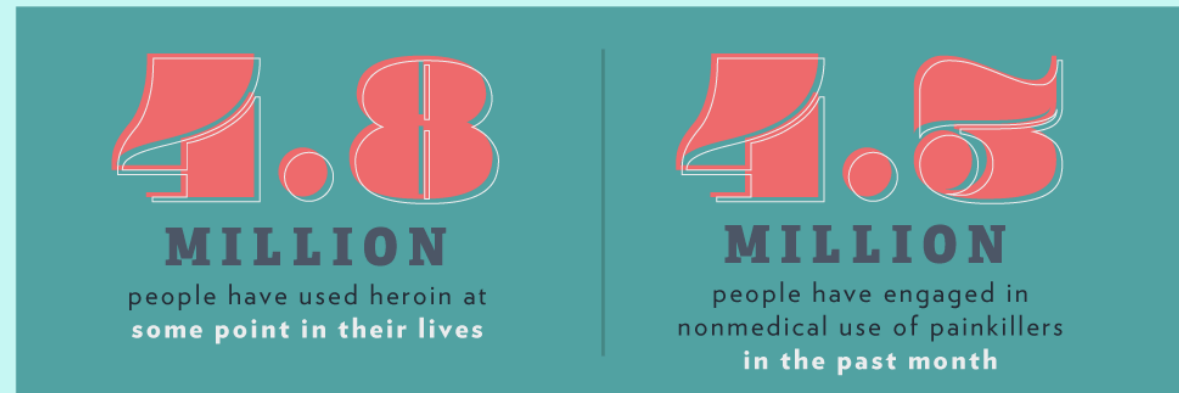
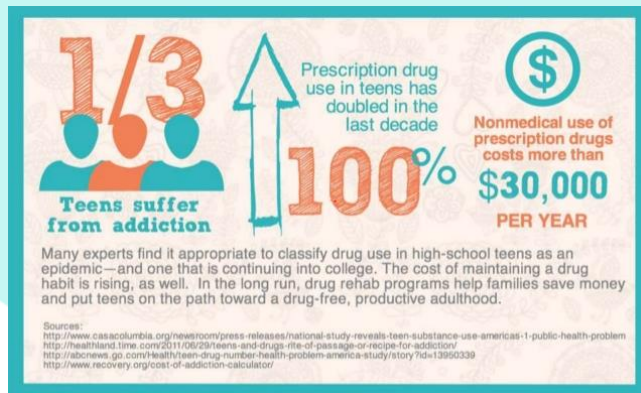
- Even if their story is powerful, testimony normalizes drug use by reinforcing the incorrect norm that “everybody uses.”
- Young people see the positive attention the speaker gets, will learn that this person was able to stop using alcohol or other drugs, and the prevention message backfires.



Reinforcing Sensationalized Norms



- Many well-intended communities and agencies try to create a community-wide response to youth substance abuse by sensationalizing information about high rates of use.
- These messages normalize the perception that everybody uses and actually undermines healthy responses to pressure to use.



Perkins, H. 2002



Use of Impairment Props

- Unstructured role play and the use of impairment props (like fatal vision drunk goggles) can actually result in peer reinforcement of anti-social behavior. In fact, there is zero evidence that impairment goggles decrease drunk driving and no research supports their use with youth in the 10-17 age group at all!



Knowledge Only Strategies

- Curricula that only provide information about the consequences of substance use do not produce measurable and long-lasting changes in behavior or attitudes. This approach is considered among the least effective educational strategies.



Drug Fact Sheets

- Fact sheets and posters that describe reasons for use, methods of use, street names, and potential benefits of use are ineffective at best and may increase experimentation in children who are at risk.
- There is significant data to demonstrate that fact sheets in the hands of middle school students show them how to defy adults and enhance peer reputation by engaging in risky behaviors.









A poster with a black background. At the top, it says "Tiny, little pill..." in white cursive. Below that is a close-up of a mouth with a white pill on the tongue. At the bottom, it says "Big enough to kill." in white cursive. Below the mouth, there is a small image of a hand holding several pills. To the right of the hand is a list of drugs with corresponding images of the pills: Aleve (blue and white), Percocet (pink and white), Ecstasy (white), Oxycodone (white), Vicodin (white), and Sweet Tart Candy (red). At the bottom of the poster, it says "THE NEW TREND IN TEEN DRUG ABUSE... INFORMATION FOR PARENTS & CAREGIVERS" in red and white. At the very bottom, there is a small image of a dog and the text "xy, oxycotton, percs, vics".



Embry, 2009; Tobler, 1986





													
	Alcohol	Cocaine/Crack	Cough Medicine/DXM	Ecstasy/MDMA	Heroin	Inhalants	Marijuana	Methamphetamine	Prescription Pain Relievers	Prescription Sedatives and/or Tranquilizers	Prescription Stimulants	Steroids	Tobacco
Street Names / Commercial	Booze	Big C, Blow, Bump, Coke, Nose Candy, Rock, Snow	Dex, Red Devils, Robo, Triple C, Tussin, Skittles, Syrup	Adam, Bean, E, Roll, X, XTC	Big H, Black Tar, Dope, Junk, Skunk, Smack	Whippets, Bagging, Huffing, Poppers, Snappers, Dusting	Blunt, Boom, Dope, Grass, Hash, Herb, Mary Jane, Pot, Reefer, Skunk, Weed	Ice, Chalk, Crank, Crystal, Fire, Glass, Meth, Speed	Codeine, OxyContin (Oxy, O.C.), Percocet (Percs), Vicodin (Vike, Vitamin V)	Mebaral, Quaaludes, Xanax, Valium	Adderall, Dexedrine, Ritalin	Juice, Roids, Stackers, Pumpers, Gym Candy	Cancer Sticks, Chew, Cigarettes, Dip, Fags, Smokes
Looks Like	Liquid (types include beer, wine, liquor)	White crystalline powder, chips, chunks or white rocks	Liquid, pills, powder, gel caps	Branded tablets (Playboy bunnies, Nike swoosh)	White to dark brown powder or tar-like substance	Paint thinners, glues, nail polish remover, whipped cream aerosol, air conditioner fluid (Freon) and more	A green or gray mixture of dried, shredded flowers and leaves of the hemp plant	White or slightly yellow crystal-like powder, large rock-like chunks	Tablets and capsules	Multi-colored tablets and capsules; some can be in liquid form	Tablets and capsules	Tablet, liquid or skin application	Brown, cut up leaves
How It's Used/Abused	Alcohol is drunk	Cocaine can be snorted or injected; crack can be smoked	Swallowed	Swallowed	Injected, smoked, freebased or snorted	Inhaled through nose or mouth	Smoked, brewed into tea or mixed into foods	Swallowed, injected, snorted or smoked	Swallowed or injected	Swallowed or injected	Swallowed, injected or snorted	Swallowed, applied to skin or injected	Smoked or chewed
What Teens Have Heard	Makes a boring night fun	Keeps you amped up; you'll be the life of the party	Causes a trippy high with various plateaus	Enhances the senses and you'll love everyone	Full-on euphoria, but super risky	A cheap, 20-minute high	Relaxing, not dangerous and often easier to get than alcohol	Can keep you going for days	A free high, straight from the medicine cabinet	A great release of tension	Keeps you attentive and focused	Will guarantee a spot on the starting lineup	An oral fixation and appetite suppressant
Dangerous Because	Impairs reasoning, clouds judgement. Long-term heavy drinking can lead to alcoholism and liver and heart disease	Can cause heart attacks, strokes and seizures. In rare cases, sudden death on the first use	Can cause abdominal pain, extreme nausea, liver damage	Can cause severe dehydration, liver and heart failure and even death	Chronic heroin users risk death by overdose	Chronic exposure can produce significant damage to the heart, lungs, liver and kidneys. Can induce death	Can cause memory and learning problems, hallucinations, delusions and depersonalization	Chronic long-term use, or high dosages, can cause psychotic behavior (including paranoia, delusions, hallucinations, violent behavior, insomnia and strokes)	A large single dose can cause severe respiratory depression that can lead to death	Slows down the brain's activity and when a user stops taking them, there can be a rebound effect, possibly leading to seizures and other harmful consequences	Taking high doses may result in dangerously high body temperatures and an irregular heartbeat. Potential for heart attacks or lethal seizures	Boys can develop breasts, girls can develop facial hair and a deepened voice. Can cause heart attacks and strokes	Cigarette smoking harms every organ in the body and causes coronary heart disease, and stroke, as well as many forms of cancer
Teen Usage (Grades 9-12)	1 in 2 teens drank alcohol in the last year	1 in 10 teens has abused cocaine or crack in their lifetime	1 in 7 teens has abused cough medicine in their lifetime	1 in 8 teens has abused Ecstasy in their lifetime	1 in 20 teens has abused heroin in their lifetime	1 in 6 teens has abused inhalants in their lifetime	Nearly 1 in 2 teens has abused marijuana in their lifetime	1 in 12 teens has abused methamphetamine in their lifetime	1 in 7 teens has abused prescription pain relievers in their lifetime	1 in 13 12th graders has abused sedatives and/or tranquilizers in their lifetime	1 in 8 teens has abused Ritalin or Adderall in their lifetime	1 in 15 teens has abused steroids in their lifetime	1 in 5 teens smoked cigarettes in the last 30 days
Signs of Abuse	Slurred speech, lack of coordination, nausea, vomiting, hangovers	Nervous behavior, restlessness, bloody noses, high energy	Slurred speech, loss of coordination, disorientation, vomiting	Teeth clenching, chills, sweating, dehydration, anxiety, unusual displays of affection	Track marks on arms, slowed and slurred speech, vomiting	Missing household products, a drunk, dazed or dizzy appearance	Slowed thinking and reaction time, impaired coordination, paranoia	Nervous physical activity, scabs and open sores, decreased appetite, inability to sleep	Medicine bottles present without illness, Rx bottles missing, disrupted eating and sleeping patterns	Slurred speech, shallow breathing, sluggishness, disorientation, lack of coordination	Lack of appetite, increased alertness, attention span and energy	Rapid growth of muscles, opposite sex characteristics and extreme irritability	Smell on clothes and hair, yellowing of teeth and fingers that hold cigarettes
Important to Know	Being a child of an alcoholic places children at greater risk for developing alcohol problems	Cocaine is one of the most powerfully addictive drugs	The "high" from cough medicine is caused by ingesting a large amount of dextromethorphan (DXM), a common active ingredient	Can be addictive. A popular club drug because of its stimulant properties which allow users to dance for long periods of time	Heroin overdose is a particular risk on the street, where the purity of the drug cannot be accurately known	More than 1000 common products are potential inhalants that can kill on the first use or any time thereafter	Contrary to popular belief, marijuana can be addictive	Meth has a high potential for abuse and addiction, putting children at risk, increasing crime and causing environmental harm	Abusing prescription painkillers is just as dangerous, addictive and deadly as using heroin	Using prescription sedatives and tranquilizers with alcohol can slow both the heart and respiration and possibly lead to death	Many teens abuse this prescribed medication to help them cram for exams or suppress their appetite	Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height	Secondhand smoke contributes to more than 35,000 deaths related to cardiovascular disease

Well meaning, but counterproductive



Myth Busting



- Myth-busting is common across all types of health communication.
- “Illusion of Truth” effect shows people are more likely to recall myths as fact upon follow-up.
- Simple, factual statements increase knowledge retention over myth-busting techniques which reinforce incorrect norms.

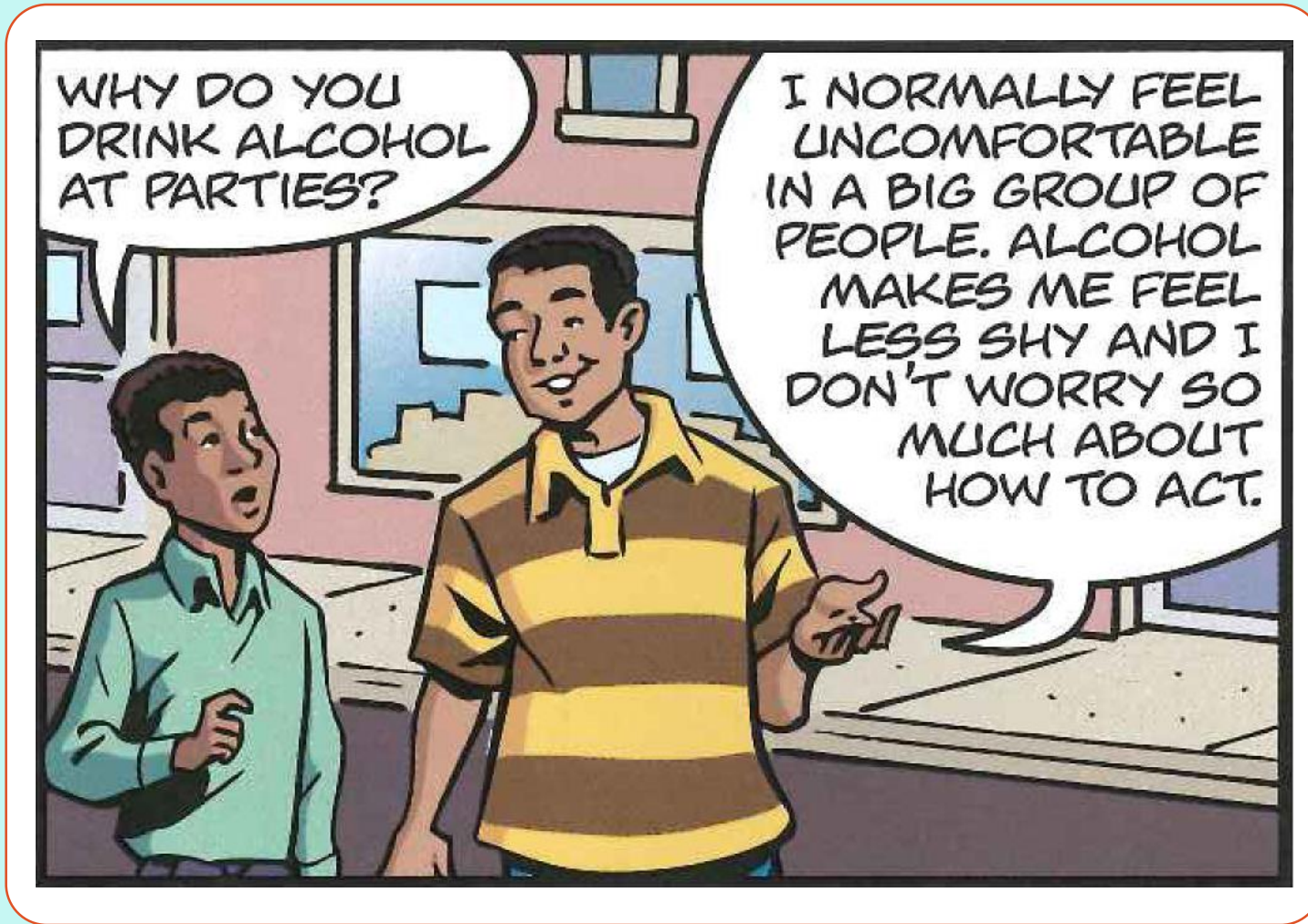
Myth

Drinking is a good way to loosen up at parties.

FACT

Drinking is a dumb way to loosen up. It can make you act silly, say things you shouldn't say, and do things you wouldn't normally do (like get into fights or have sex).





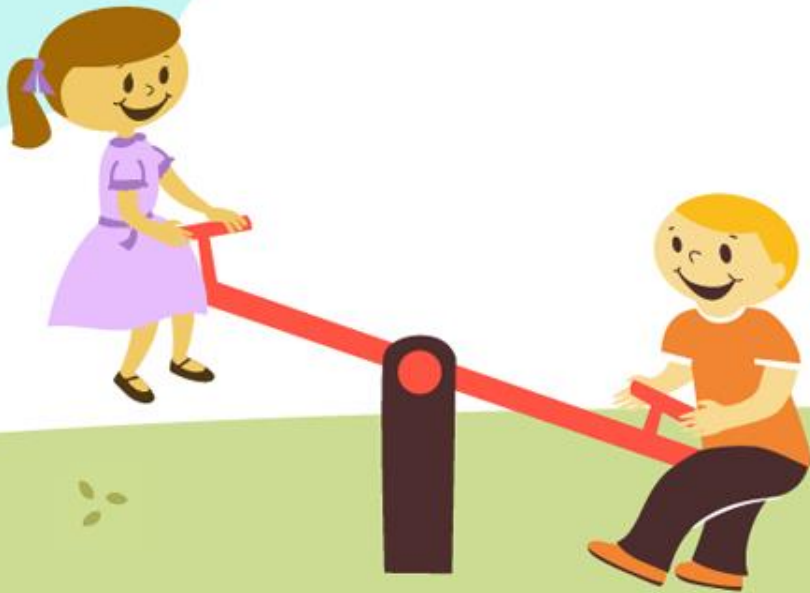
Well meaning, but counterproductive



Implementation Fidelity is Key

Use What Works!

Implementing evidence-based programs with fidelity



D.A.R.E. to Keep Kids Off of Drugs

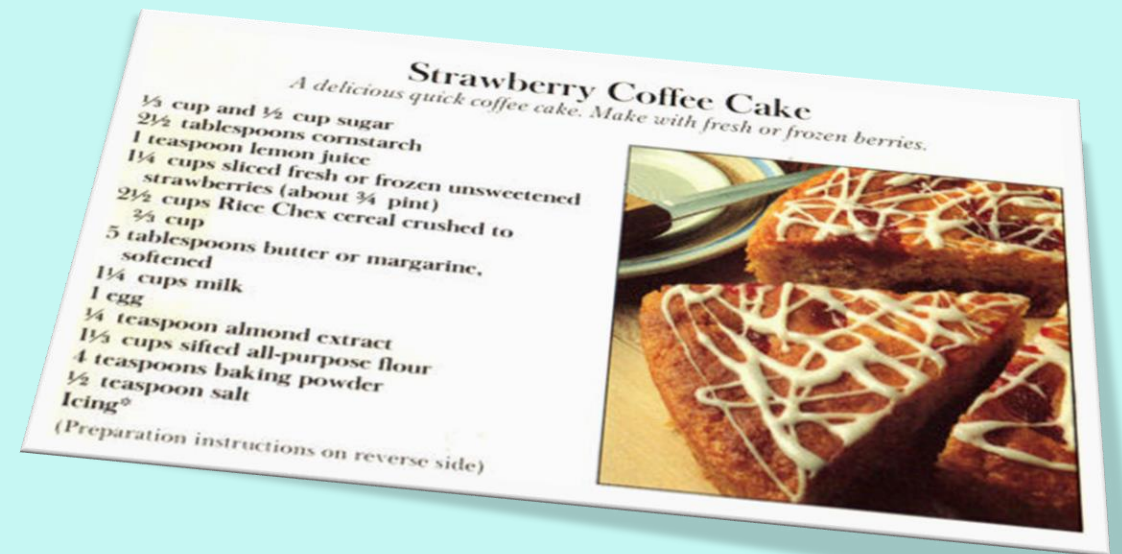


- Evidence-based means a strategy or program has been tested and shown to do good across different settings and demographics, while also causing zero unintended harm.
- At its peak, DARE was practiced in 75% of American schools and in 52 countries at an annual cost of \$1.3 billion.
- At least 8 studies have concluded that DARE had **no effectiveness in preventing drug use** among elementary, middle or high school students in general, and actually **increased the likelihood of substance use and criminal justice involvement** among vulnerable student populations.



Fidelity is Key

- The key to obtaining the outcomes associated with an evidence-based practice is implementation fidelity.
- Program fidelity simply means you implement a strategy the way it was intended by its developers. You follow the recipe as written.
- Unplanned adaptations may render your evidence-based program inert.



PAX Good Behavior Game

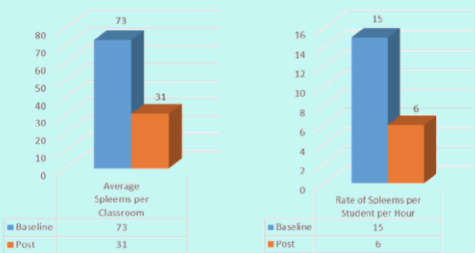


- PAX Good Behavior Game is a set of classroom strategies that help students learn self-management skills while collaborating to make their classroom a peaceful and productive learning environment.
- Although PAX is not a classroom management program – it is an evidence-based environmental strategy – 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
 - 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
 - Increase graduation and college admission rates

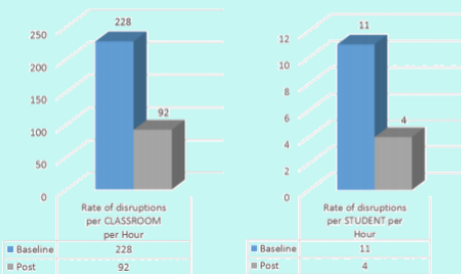


PAX Reduces Distracting and Disruptive Behavior

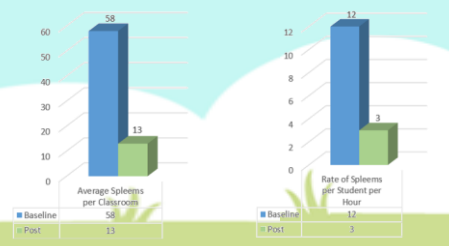
Rate of Change in Disruptive & Distracting Behaviors
15 Minute Secret Observation - Maltby Elementary, Eight Week PAX Game Pilot



Rate of Change in Disruptive & Distracting Behaviors
15 Minute Secret Observation - Maltby Elementary - 2016/2017



Rate of Change in Disruptive & Distracting Classroom Behavior (Spleems)
15 Minute Secret Observation - Maltby Elementary School 2017/2018



Distracting and Disrupting Classroom Behavior
15 Minute Secret Observation
Maltby Elementary School, 2018/2019



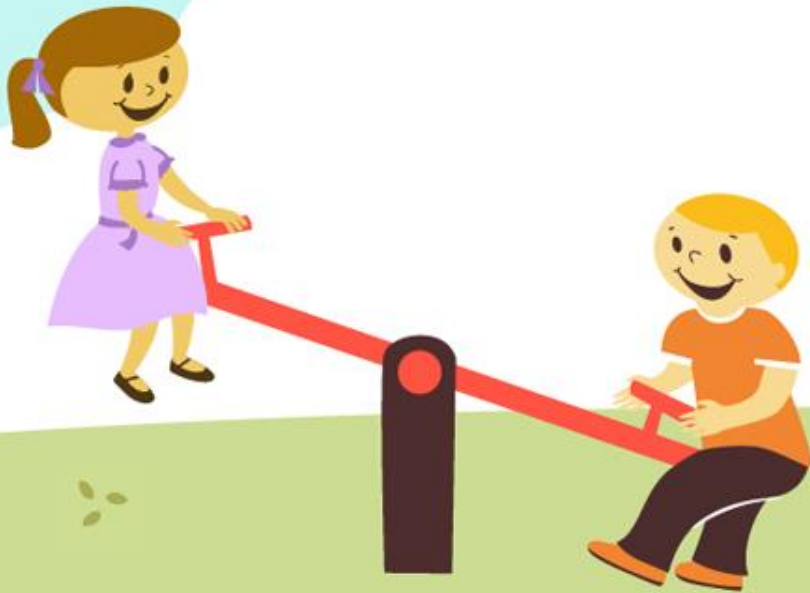
■ Baseline ■ Post



The Results

Prevention Works!

Changing population level outcomes.



CPWI Closes the Achievement Gap

School Outcomes	Cohort 1		
	T1	T2	Improved?
4-Year On-time Graduation Rate	76%	83%	👍
4-Year Dropout Rate	14%	10%	👍
5-Year On-time Graduation Rate	78%	85%	👍
5-Year Dropout Rate	19%	12%	👍

👍 Improvement in outcomes (percent change of 5% or more)

School Outcomes	Cohort 1		
	T1	T2	Closed Gap?
Adjusted 4-Year Cohort Graduation Rate			Yes
Adjusted 4-Year Cohort Dropout Rate			Yes
Adjusted 5-Year Cohort Graduation Rate			Yes
Adjusted 5-Year Cohort Dropout Rate			Yes

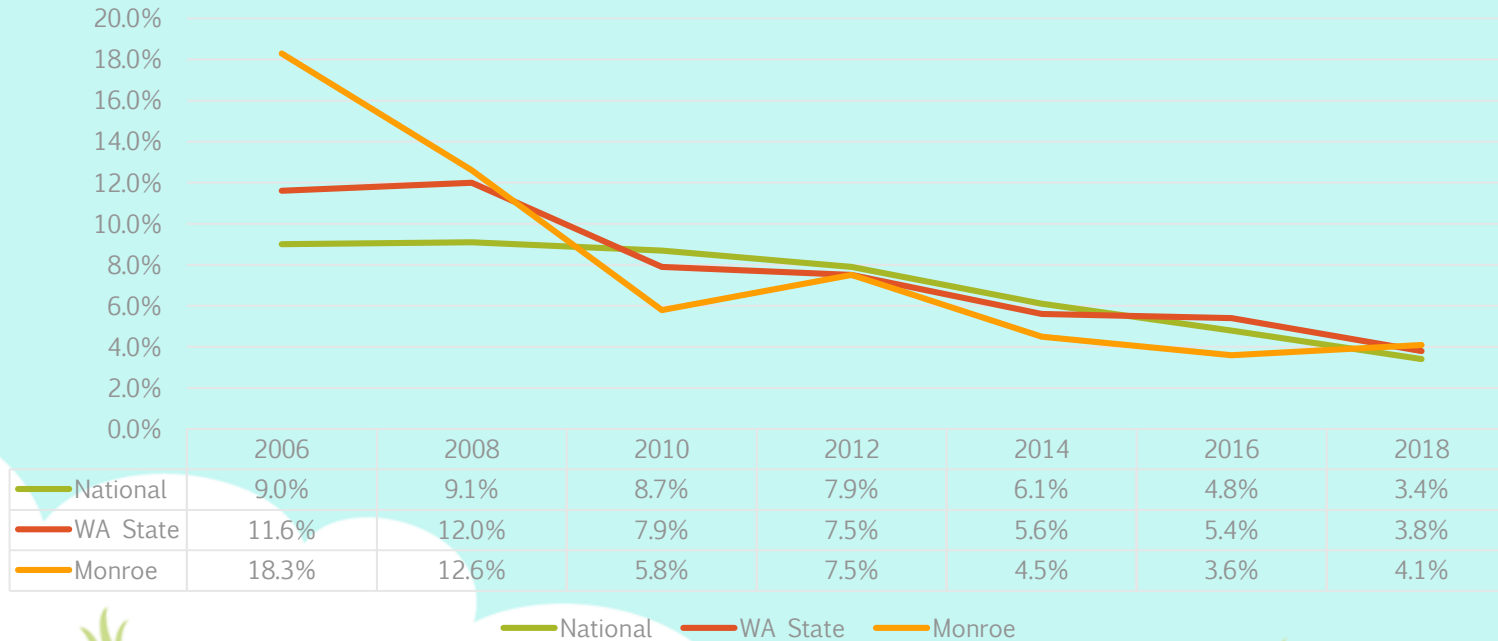
- 👎 CPWI communities were at significantly higher risk than other similar Washington communities for poor school outcomes ($p < .05$).
- 👍 CPWI communities closed existing gap in level of risk following CPWI implementation ($p < .05$).



Restoring the Community

- CPWI has helped Monroe and communities around the State to bring opioid and other youth substance use rates within national norms.

Grade 12 Current Use of a Pain Killer to Get High.
National, State, Local Samples.
Monitoring the Future & Healthy Youth Survey, 2006-2018



A Healthy Monroe!

Adults to turn to for help : Highest rate ever recorded.

Attempted suicide: 2nd lowest rate ever; lowest since 2006!

Current alcohol use: Lowest rate ever recorded.

Binge drinking: Second lowest rate ever recorded.

Marijuana: Second lowest rate ever recorded.

Pain Killer use: Tied for lowest rate ever.



Rx use (Not Prescribed): 6th year of decline.



Questions?

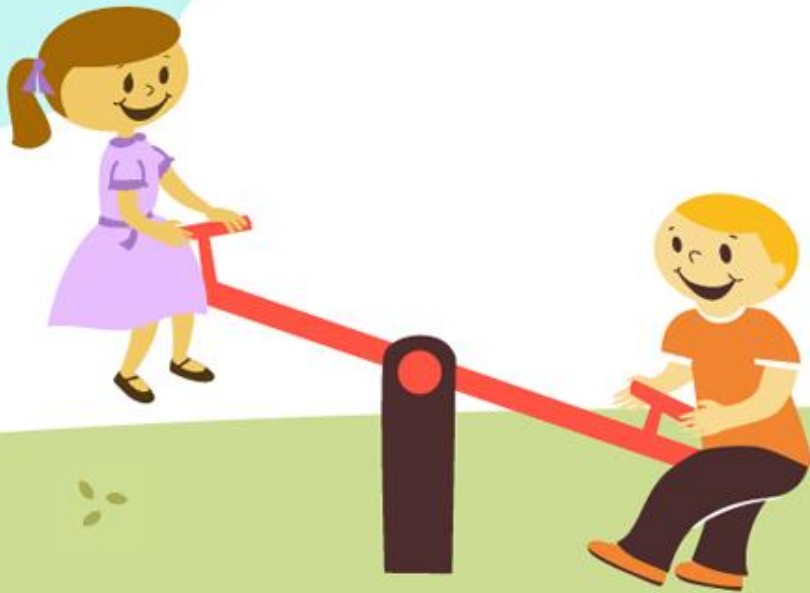


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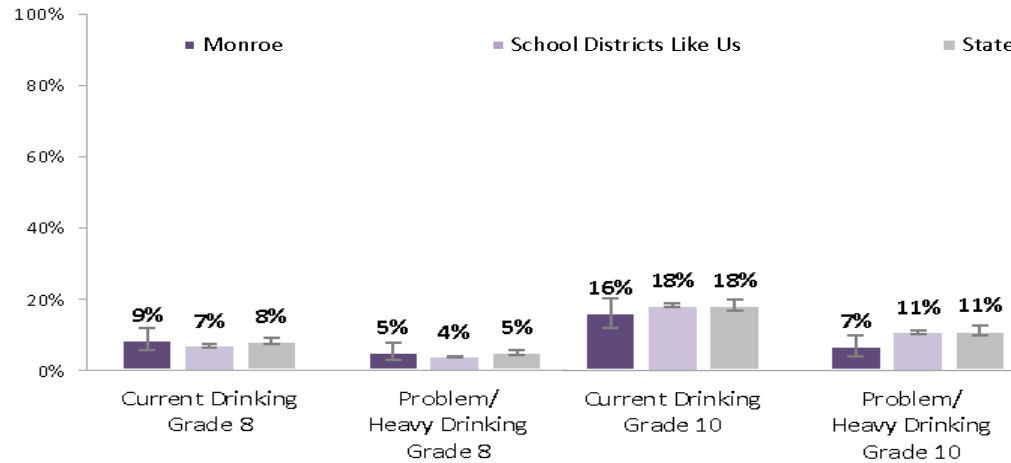
Consumption Measures

Healthy Youth Survey

Moving in the right direction!



Alcohol



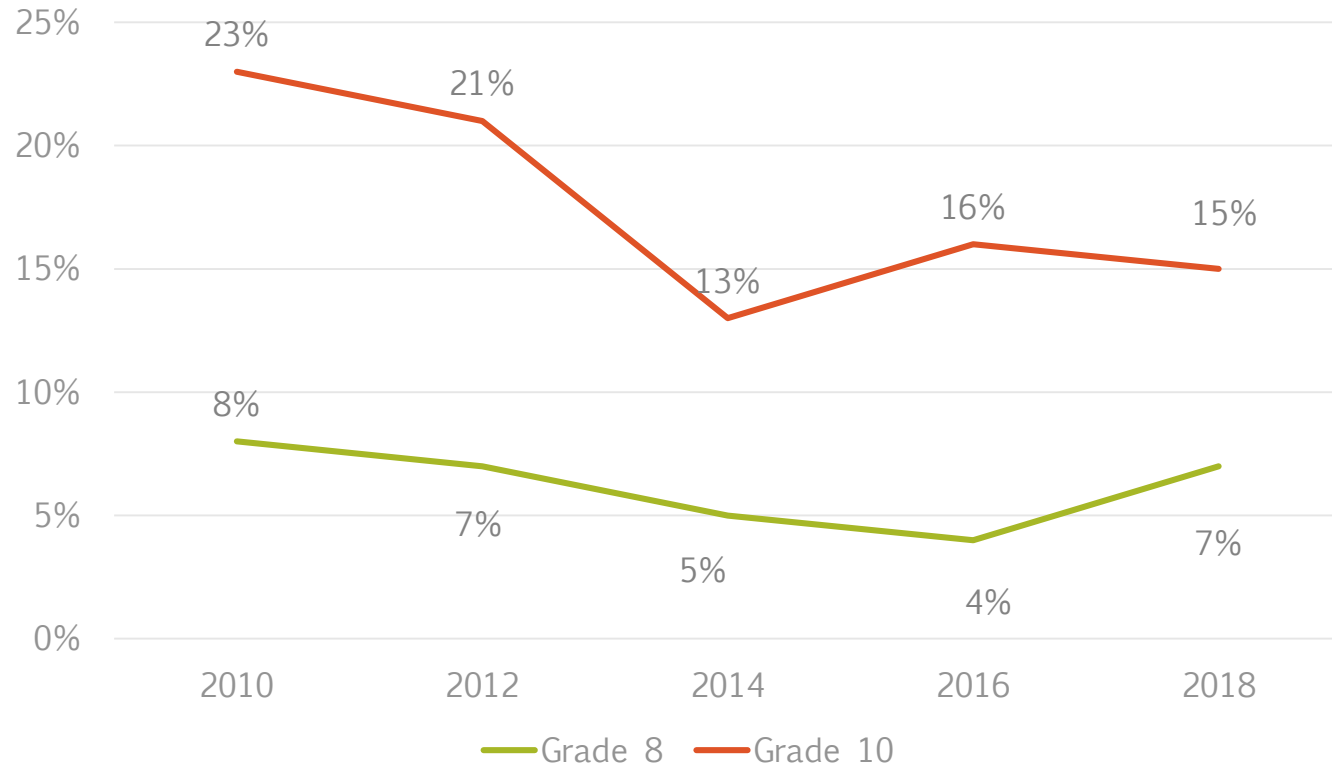
HYS Measures of Youth Substance Use	GRADE	Monroe		School Districts Like Us		State	
		2016	2018	2016	2018	2016	2018
Current Drinking. During the past 30 days, on how many days did you: Drink a glass, can or bottle of beer? (District results: Drink any days)	8	11%	9%	6% ^b	7%	8%	8%
	10	25%	16% ^a	18% ^b	18%	20%	18%
Problem/Heavy Drinking. (District results: 3-5 days drinking in the past 30 days and/or 1 binge past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binge past 2 weeks)	8	5%	5%	4%	4%	5%	5%
	10	15%	7% ^a	11%	11% ^b	13%	11% ^c

- Underage drinking is **sharply declining** in Monroe!
- Change in 10th grade rates are statistically significant compared to district's like us and the State.
- At 16%, 10th Grade regular drinking rates are the lowest ever recorded!**
- 10th Grade binge drinking is the second lowest rate ever recorded.



Marijuana

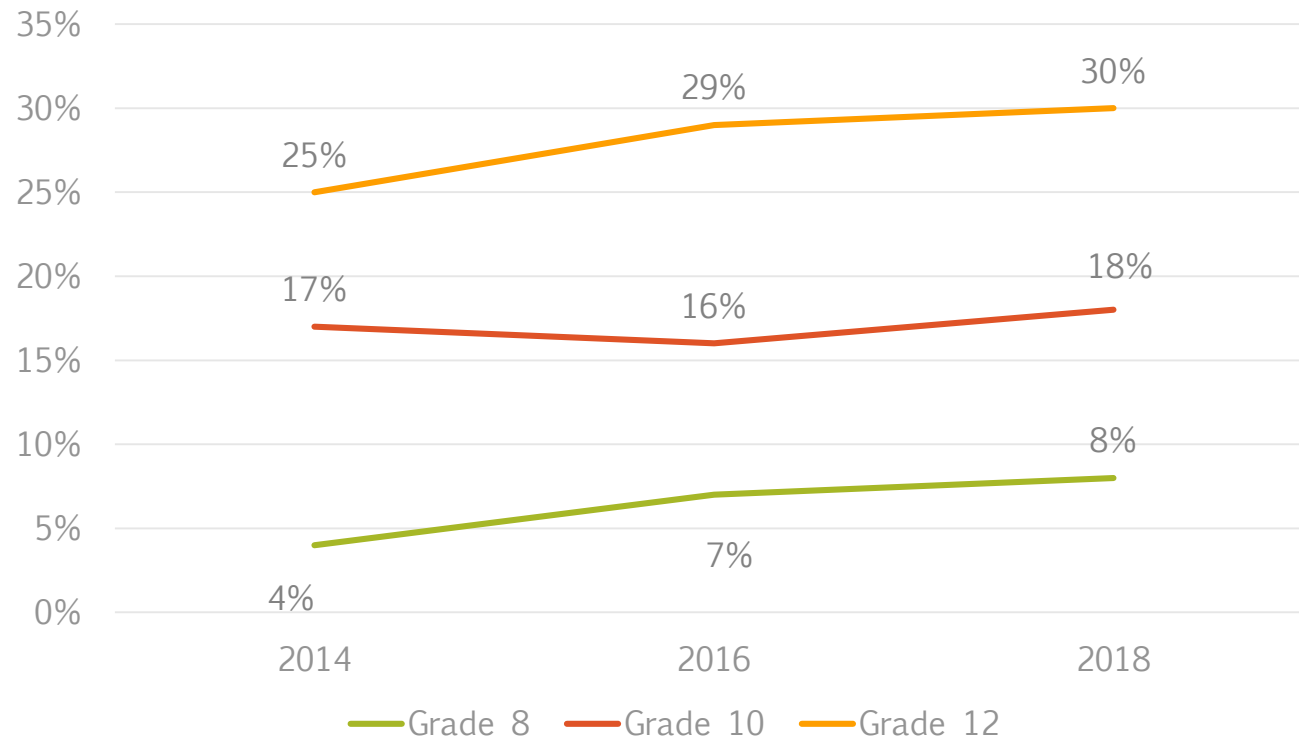
Current Marijuana Use Trend, HYS 2018



- **Marijuana use rates remain historically low for our students.**
- After eight years of steady decline, 8th grade marijuana use rates increased to 7%, but not statistically significant.
- 10th grade marijuana current use rates = 15%.



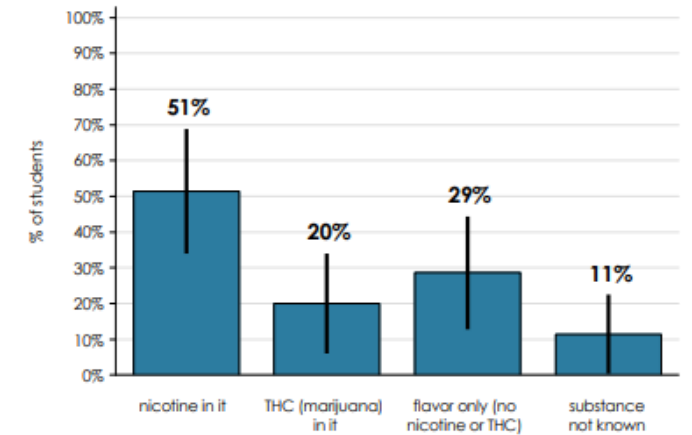
Current Vaping, HYS 2018



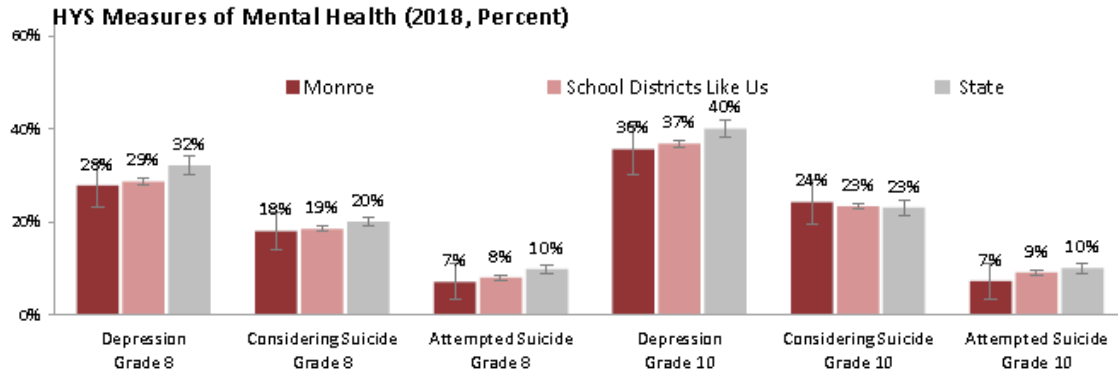
Vaping

- Rates are holding steady, but increased awareness and security measures leading to more student interventions.

Reported substance "vaped" among current (30-day) vapor product users, Grade 10



Mental Health



HYS Measures of Mental Health	GRADE	Monroe		School Districts Like Us		State	
		2016	2018	2016	2018	2016	2018
Depression. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (District results: "Yes")	8	29%	28%	25%	29%	28%	32%
	10	35%	36%	33%	37%	34%	40%
Considering Suicide. During the past 12 months, did you ever seriously consider attempting suicide? (District results: "Yes")	8	16%	18%	15%	19%	17%	20%
	10	23%	24%	20%	23%	21%	23%
Attempted Suicide. During the past 12 months, how many times did you actually attempt suicide? (District results: Any suicide attempts)	8	8%	7%	7%	8%	8%	10%
	10	17%	7% ^a	9% ^b	9%	10% ^c	10%

- Depression affects about **1 in 3** students within the Monroe School District.
- Our rates have held steady while State rates grew in 2018.
- **We have reduced 10th Grade attempted suicide rates to just 7%, from a high 17% in 2016.**



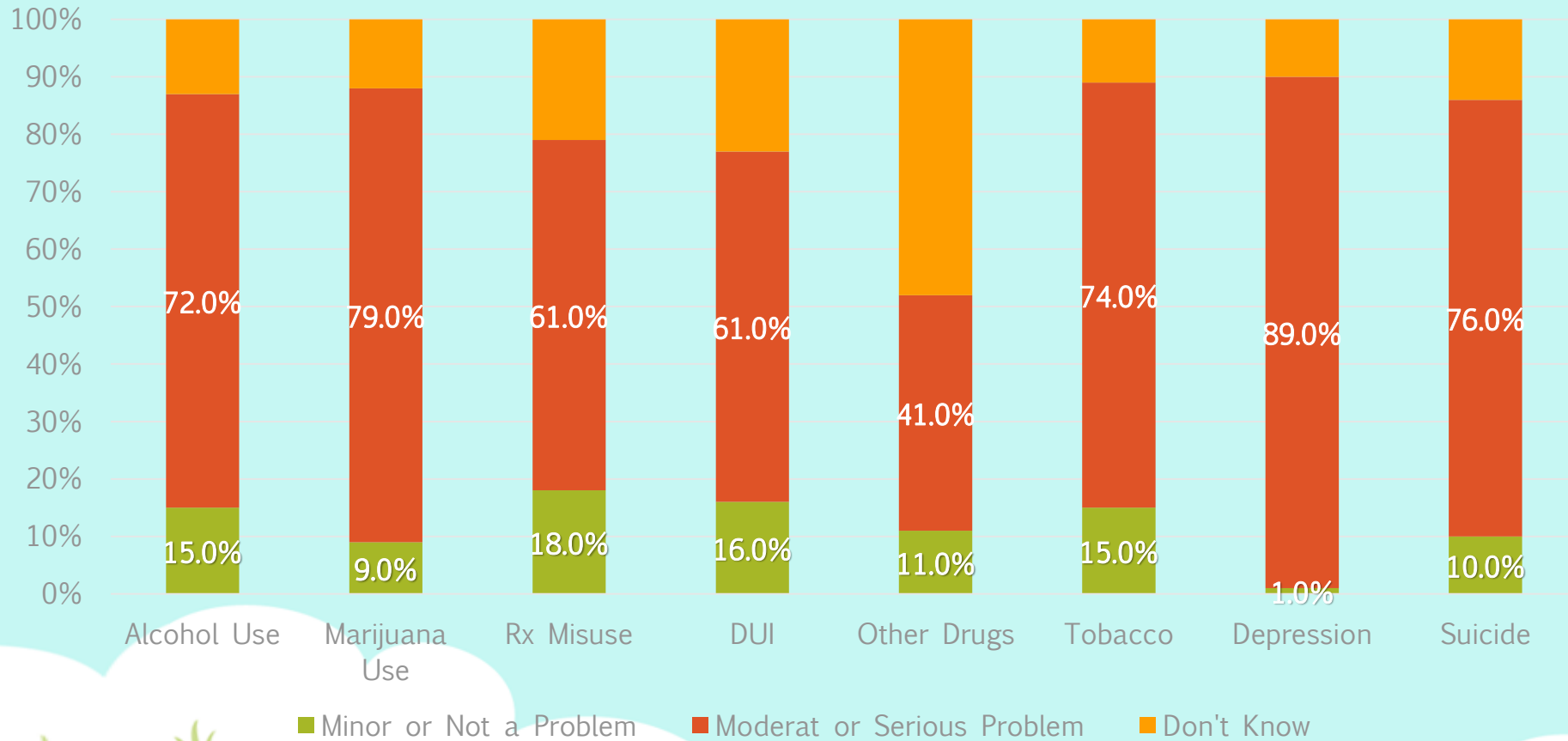
Community Survey Summary

- Adults in Monroe believe:
 - Depression and Suicide are the two biggest challenges facing youth, followed by Marijuana and Tobacco use.
 - Drinking and prescription drug misuse are more harmful than marijuana use.
 - Overwhelmingly perceive youth drinking as wrong, but believe the community is more permissive than they are.
 - Community believes alcohol and marijuana are very easy to get, but don't favor restricting alcohol availability at public events as a means of limiting access or changing community norms.
 - Favor enforcement of current law and enacting civil nuisance fines for properties on which underage drinking parties occur.



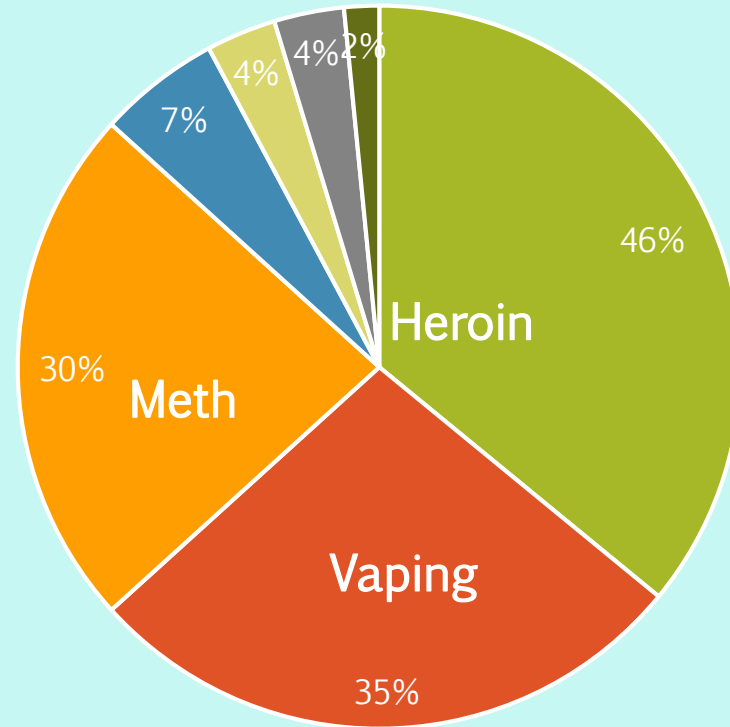
Severity of Problems Facing Youth in Monroe

Adult Perception of Problems Facing Youth in Monroe, 2019



Other Drugs not Identified in the Survey

Percent of Respondents Naming Specific Drugs, n=69

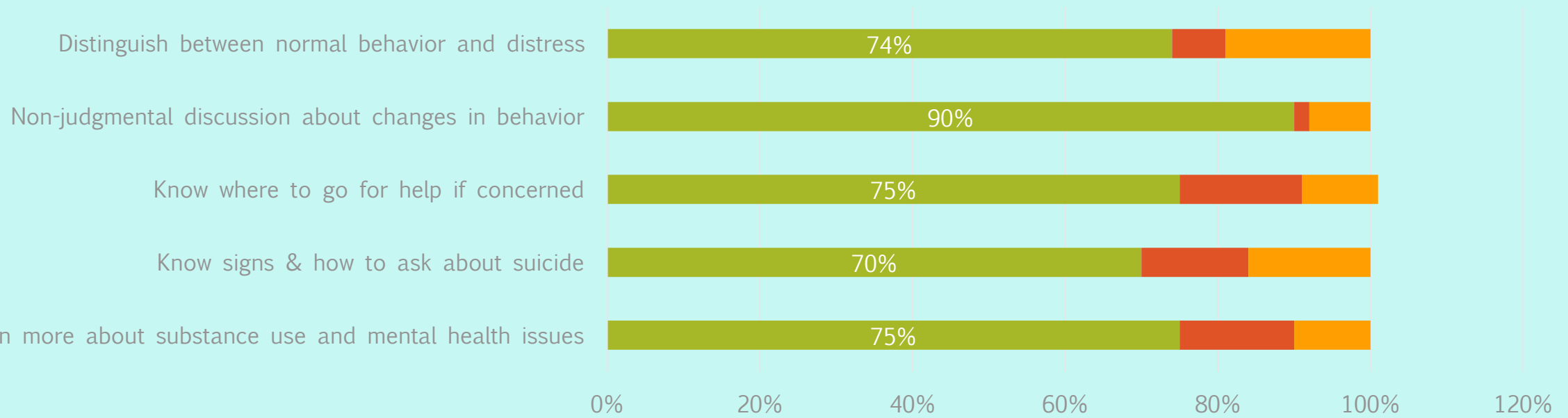


■ Heroin ■ Vaping ■ Meth ■ Cocaine ■ Mushrooms/Acid ■ Ecstasy ■ Inhalants



Readiness to Support Loved Ones Experiencing Mental Health Challenges

Readiness to Support Loved Ones Experiencing Mental Health Issues



	I want to learn more about substance use and mental health issues	Know signs & how to ask about suicide	Know where to go for help if concerned	Non-judgmental discussion about changes in behavior	Distinguish between normal behavior and distress
TRUE	75%	70%	75%	90%	74%
FALSE	15%	14%	16%	2%	7%
Don't Know	10%	16%	10%	8%	19%

■ TRUE ■ FALSE ■ Don't Know

