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Reaching the Hard to Reach:
Empowering Community Members to Think Differently & Embrace Teens with SUD & Mental Health Challenges in the Time of COVID

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Hello!

Your Webinar Host - Susan Halpin, M.Ed.

Education & Outreach Coordinator

Network of the National Library of Medicine

New England Region,

University of Massachusetts Medical School

Worcester, Massachusetts

Susan.Halpin@umassmed.edu
About the National Library of Medicine (NLM)
https://www.nlm.nih.gov/

Physical library is Bethesda, MD part of the NIH campus.

Largest biomedical library in the world

One of the federal government’s largest providers of digital content

The library is open to everyone

**NLM's Mission**

To advance the progress of medicine and improve public health by providing everyone equal access to biomedical & health information resources and data
Please Introduce Yourself

Use the Chat Box
Set the “Chat” to “All participants”

Your Name?

Where you are located?

What is 1 good thing that has been a result of COVID?
Opioid Addiction and Treatment
Overdose, Treatment, Prescribing, Pregnancy, Neonatal, Recovery, Data/Trends/Statistics

- Understanding Addiction
- Opioid Overdose
- Opioid Drugs
- Treating Opioid Addiction
- Opioid Prescribing
- Pregnancy, Opioid Use, and Neonatal Abstinence Syndrome
- Recovery
- Data, Trends, & Statistics
- Topic-related Searches of National Library of Medicine Resources
- Selection Guidelines
- Disclaimer

Understanding Addiction

- Definition of Addiction
- American Society of Addiction Medicine (ASAM)
Our Presenters

Stephanie Briody, Esq.
Co-Founder Behavioral Health Innovators

Michelle Muffett-Lipinski, M.Ed.
Co-Founder & Principal
Northshore Recovery High School,
Co-Founder Icanhelp.me
Co-Founder, Positive Alternatives Suspension
“REACHING THE HARD TO REACH”- EMPOWERING COMMUNITY MEMBERS TO THINK DIFFERENTLY AND EMBRACE TEENS WITH SUD AND MH CHALLENGES IN THE TIME OF COVID

Presented by: Stephanie J. Briody, Esq. CEO, Behavioral Health Innovators, Inc.

Michelle D. Muffett-Lipinski, M Ed Principal, Northshore Recovery High School/ Northshore Education Consortium
Vision:
To live in a world where there is acceptance of, and support for, youth struggling with mental health and substance use challenges, in order to empower them to live their best lives.

Mission:
Creating innovative, high impact solutions for individuals and loved ones who suffer from behavioral illnesses. Our specialties are in the area of solution design and development, advanced research, education, and consulting services. Our initial emphasis is focused on substance use disorder, anxiety and depression in youth, age 24 and under.
MICHELLE D. MUFFETT-LIPINSKI, M Ed

EDUCATION
Indiana University, Marketing 1984-1988
University of Massachusetts, BS Biology 1993-1995
Salem State University, M Ed Education Leadership 2002-2007

PROFESSIONAL EXPERIENCE
Northshore Recovery High School, Founder/Principal 2006-Present
Icanhelp, Non-Profit, Founder 2011-Present
State of New Mexico, ROSC, Advisor 2012-2014
City of Salem, MA, Evaluator/Advisor 2013-Present
Pharmacom/NADDI/KOL, Speaker 2007-Present
Salem State University, Instructor 1999-Present
Salem High School, Educator/Director, 21st Century Coordinator 1996-2006
North Shore Community College, Program Coordinator 1995-2002

TEACHING ACTIVITIES (Grades 9-12)
Director/Founder: Salem Alternative Education School 1999-2006
Founder/Trainer: Potential Connections, Non-Profit/Icanhelp 2011-Present

Current Massachusetts DESE Licenses:
General Science
Biology
Principal/Assistant
Superintendent/Assistant

HONORS
Eye on Education: Young Addicts Find Hope at Northshore Recovery High School (2018)
https://www.youtube.com/watch?v=8EOzTVz408M
High School Uses Unconventional Programs to Lead Students to the Path of Sobriety (2019)
School Desk Diaries: WGBH
PRE-COVID
Age of onset of types of disorders in children

- **Age 6** median age of onset of Anxiety Disorders
- **Age 11** median age of onset of ADHD and Behavior Disorders
- **Age 13** median age of onset of Mood Disorders
- **Age 15** median age of onset of Substance Use

Source: Child Mind Institute
Sounding the Alarm on Youth Public Health Crisis via Our Teen Infographic

**TEEN MENTAL HEALTH**

**A CAUSE FOR CONCERN**

Over the past 10 years, the United States has seen an alarming increase in:

- Anxiety
- Depression
- Suicide

And studies show... younger generations are being hit the hardest.

**A SNAPSHOT OF TEENAGE MENTAL HEALTH**
Being a teenager has changed.

Increases in these:
- Stress & Anxiety
- Social Media
- Loneliness
- Self-Harm

Decreases in these:
- Sleep
- Physical Activity
- Creative Pursuits
- Community

Teenagers are encountering increasing levels of pressure and stress. While healthy outlets have been decreased, they are relying on unhealthy coping methods.
A closer look at **TEEN STRESSORS**

- Post 9/11 Terrorism
- School Shootings
- Academic Pressure
- Unrealistic Expectations from Social Media
- Gender Identity
- Mounting College Debt
- Climate Change Worries
- Family Financial Insecurities
- Bullying
- Higher Level Parental Stress

Because teens are **on their phones and computers** on a near constant basis, they have **no time to escape these stressors**.
UNHEALTHY OUTLETS

SUBSTANCE MISUSE
- 90% of alcohol consumed by kids 12-20 is binged
- 4K teens 12-17 try drugs for the first time daily
- 1 in 5 teens abuse a prescription drug
- Teen marijuana use is at a 30-year high

SOCIAL MEDIA & SCREEN TIME
- U.S. teens average 8 ½ hours of screen time daily
- 45% of teens report being online nearly constantly
- 59% of teens have been a target of cyber bullying
- Heavy social media users (5+ hrs per day) have over double the rate of depressive symptoms as light users, with a stronger relationships for girls

SELF-HARM
- 1 in 10 boys and 1 in 4 girls self-harm
- Suicide plans, attempts, and deaths increased 71% among teens between 2008 and 2017

SMOKING
- 37% of high school seniors reported vaping in 2018
- 18% of eighth graders vaped in the last year
**RESILIENCE**

- School staff are seeing **lower levels of resilience** among students.
- More students aren’t equipped to **problem-solve** or **advocate** for themselves effectively.
- More and more students struggle to **recover** from **even minor setbacks**.

**TIME OUTDOORS**

- Most teenagers spend only **1 hour outside** per school day.
- **80% of teens** say they prefer to spend more time inside than outside.
- Studies show time **outdoors** and exercise can **reduce anxiety and depression**.
SOURCES

National Institute of Mental Health: nih.gov/health/statistics/major-depression.shtml
Youth Risk Behavior Surveillance System (YRBSS): cdc.gov/healthyyouth/data/yrbss/index.htm
Polaris Teen Center: polaristeen.com/articles/teen-mental-health-stats
Journal of Abnormal Psychology: ajph.aphapublications.org/doi/10.2105/AJPH.2018.304470
Monitoring the Future Study: drugabuse.gov/related-topics/trends-statistics/monitoring-future
American Academy of Pediatrics: pediatrics.aappublications.org/content/138/4/e20161372
American Academy of Pediatrics: pediatrics.aappublications.org/content/142/1/e20174085
American Recreation Coalition: funoutdoors.com/node/view/3885
alcohol.org: alcohol.org/teens/binge-drinking-facts
Partnership for Drug Free Kids: drugfree.org
UK Millennium Cohort Study: thelancet.com/journals/eclinm/article/PIIS2589-5370(18)30060-9/fulltext

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with support from Alkermes Inspiration Grants®

Visit bhinnov.org to See Other Content in our Peer Heroes Multimedia ToolKit
National YRBS 2017 Results

**Reporting Period Covered:** September 2016–December 2017. The Youth Risk Behavior Surveillance System (YRBSS) monitors categories of priority health-related behaviors among youth and young adults.

**Results (excerpted):** During the 30 days before the survey:

- 29.8% reported current alcohol use
- 19.8% reported current marijuana use
- 14.0% of students had taken prescription pain medicine without a doctor’s prescription or differently than how a doctor told them to use it one or more times during their life.

During the 12 months before the survey:

- 19.0% had been bullied on school property and
- 7.4% had attempted suicide.

**Nationwide:**

- 8.8% of high school students had smoked cigarettes and 13.2% had used an electronic vapor product on at least 1 day during the 30 days before the survey

The prevalence of most health-related behaviors varies by sex, race/ethnicity, and, particularly, sexual identity and sex of sexual contacts. Specifically, the prevalence of many health-risk behaviors is significantly higher among sexual minority students compared with nonsexual minority students.
Results from local Cape Cod school district

High School vaping use has rapidly risen above both state and national averages.

Teens’ use of marijuana has increased since 2016 and is above their peers in Massachusetts and the U.S.

Higher frequencies of teens who binge drink.

Percentage of our students who report having had sexual intercourse in their lifetime has increased by an alarming 43% in the past 3 years.

The number of teens who reported on the YRBS as having experienced unwanted sexual contact impacts a shocking number of our girls.

The number of teens who report being depressed is up nearly 50% since 2016.
Middle School Youth Risk Behavior Survey 2017

- No or Not Sure if they have one or more adult to talk with: 54 (2015) 78 (2017)
- Past year felt extremely worried or anxious, interfering with daily activities (for 2 weeks or more they were unable to access the things that made them happy):
  - 2015 total was 85
  - 2017 total was 168
“We have an epidemic on our hands.”
Director of Student Services, Cape Cod School District
Education around the staging of addiction – for youth by youth

In the language of youth, discrete everyday behaviors

Call out (and interrupt) risky behavior in early stages BEFORE becoming dependent

Youth can recognize where they are “On the RAMP”

What addiction really looks like if they continue – hear directly from their peers

How to get off the RAMP – connect to resources
The Invisible Line Concept – Part of RAMP®
RecoveryBuild Alternative Peer Group (APG)

...a place where teens come together with their peers to build a life in recovery that will sustain them as they integrate into the broader Recovery Community

(Basinger & Edens)

Learning so far:
• Not just SUD recovery, but teens also present with anxiety, eating disorders, substance impacted, more...
• Friends bringing friends
• “Intervention with teeth” – i.e. alternative to suspension
• Start out resisting, then want to come
Who is Eligible?

Teens 13-18 with a history of substance use.

Along with group counseling and Individual Support, we engage teens in fun social activities that support peer recovery by hosting virtual groups. These activities include collaborative art projects, pictionary, party games, and group discussions.

We encourage teens to support each-other, and provide them the tools to abstain from drug use and achieve recovery.
Recent Legislative Initiatives in MA
Working with Community Leaders/State Representatives

Mental Health ABC Act: Addressing Barriers to Care Senate Bill 2519: An Act Addressing Barriers to Care in Mental Health

- $10 million Behavioral Health Outreach, Access and Support Trust Fund
- Enforcing Mental Health Parity Laws
- Reforming Medical Necessity and Prior Authorization Requirements
- Reimbursing Mental Health Providers Equitably
- Reviewing the Role of Behavioral Health Managers
- Studying Access to Culturally Competent Care
- Standardizing Credentialing Forms
- Moving Licensing Boards under DPH
- Allowing Interim Licensure for Licensed Mental Health Counselors (LMHC)
- Creating a Psychiatric Mental Health Nurse Practitioner Fellowship Pilot Program
- Creating a Mental Health Workforce Pipeline
- Requiring Coverage for Same Day Care
- Ensuring Capacity in Emergency Departments
- Requiring Coverage for Psychiatric Emergency Service Programs
- Tracking and Analyzing Mental and Behavioral Health Expenditures
- Creating a Tele-behavioral Health Pilot Program
- Increasing Access to Care in Geographically Isolated Areas and to underserved populations
COVID
THE SECONDARY EFFECTS OF COVID

“A pandemic, unlike an earthquake or fire, is invisible, and that makes it all the more anxiety-inducing. You can’t see it, you can’t taste it, you just don’t know…. You look outside and it seems fine…” It’s sort of like running down a field to score a goal, and every 10 yards they move the goal….”

As the COVID-19 global pandemic continues, so does the nation’s opioid epidemic. The AMA is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs. More than 35 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder in counties and other areas within the state. This also includes new reports about the need for evidence-based harm reduction services, including sterile needle and syringe services and naloxone.

‘Cries for help’: Drug overdoses are soaring during the coronavirus pandemic

Suspected overdoses nationally jumped 18 percent in March, 29 percent in April and 42 percent in May, data from ambulance teams, hospitals and police shows.


July 1, 2020
One of the fallouts from the COVID pandemic is the impact isolation and “social distancing” has had on young people with mental illness and addiction.

Addiction treatment and mental health treatment centers are reporting an increase in depression, anxiety and substance use, self-harm and suicide.

As we do all we can to combat the COVID pandemic, we cannot ignore the likelihood that we will need to prepare for a surge in relapses, overdose deaths and suicides.

Programs like the ones we’re mentioning for teens fill the gap in services for teens struggling with substance use and addiction.
“Teens, Tweens and Quarantines”

Seeking connection- they want to see, touch their friends… social reward overrides risk.

Privacy is really important to teens…allow them to have their own space and set their own schedule in the house.

SURGE around mental health challenges is overwhelming… special needs students, students with anxiety, OCD, Depression, SUD, PTSD (defined as anything that is traumatic to you), hard for parents, too

Pre-existing MH problems… the mental health surge is already happening… IT WILL GO ON FOR YEARS!

“Pandemic” learning vs virtual learning- We don’t know the timeline of the virus… exhausting to live under this stress- it’s like a marathon …self-care is needed
WE ALL NEED CONNECTION

Staff support

Student Support

Discipline
Working with Staff and Students to Offer Support

Staff support:
- Provide Staff personal connections to one another and support from Admin. and Principal
- Post signs at their homes that they are loved and missed, bring cookies
- Engage them in reaching out to the students
- Work with the policy makers to support staff

Student Support:
- Visit them at home while maintaining social distancing and wearing masks
- Bring brownies and cookies
- Provide social emotional learning group support via Zoom
- Show them they are loved and supported
Living and Learning during COVID at the Northshore Recovery High School

● 36 of the most vulnerable students- [https://www.recoveryhighfilm.org](https://www.recoveryhighfilm.org)
● Principal and Staff out visiting students: 5 staff three vans, (wearing masks, standing 6 ft apart, using purell)- bring cookies, signs to post in their yards they they are loved and missed
● COVID precautions apply- spread students out across classrooms, use of chromebooks
● Remote learning continues- for some students it addresses their anxiety about going to school- e.g. they can play guitar through Zoom lessons
● Home environment for many is stressful adding to their SUD and MH problems.
● GOAL- Create social, emotional and recovery support in the 6.5 hours they are at school
Discipline and Suspension vs. Intervention

✔ Suspension doesn’t work
✔ No evidence that it changes behavior
✔ Lots of evidence that it can cause harm
✔ School to Prison Pipeline
✔ Lots of studies that correlate suspensions with dropout rates and arrest rates
✔ Equity and Disproportionality
✔ Certain subgroups are suspended more frequently
✔ Financial Expense (lifetime differences between dropouts and graduates in terms of income, taxes paid, government spending on health, crime, welfare, etc.)
✔ Recent NPR article estimates this at over $500,000 per student suspended

NPR Report on The Cost of High School NPR Report on the High Cost of School Suspensions:
https://www.npr.org/sections/ed/2016/06/02/480181488/high-school-suspensions-cost-the-country-35-billion-annually-report-estimates?fbclid=IwAR3SELE_NW6wYoYJQMILyWDkKbJLtMB1hPcKo9hWVvZqbCwYf4Wf1TK6pD4

NAACP Legal Defense and Education Fund “Locked out of the Classroom: How Implicit Bias Contributes to Disparities in School Discipline” 2017
Relapse Plan

When I am relapsing and my substance use is out of control, I will need others around me to show me I need help. I am incapable of doing this on my own since addiction is a chronic disease and my brain is unable to guide me to make good decisions.

What are some of the reasons I use?

How does it feel when I don’t use? Do you remember what it feels like to be sober?

What do you think of yourself right now?

Do you have any “safe” friends?

What will I get back if I quit using?

What will my future look like if I continue to use?

What will my future look like if I stop using today?

When do I need to be sectioned?
PASS PROGRAM

POSITIVE ALTERNATIVE TO SCHOOL SUSPENSION

What it is:

- A 3-10 day off-site program 8:30am-2:30pm offered voluntarily to students who’ve been suspended or are facing suspension from school. It qualifies as treatment, not suspension.

- Michelle Lipinski of Northshore Recovery High School started the program, collaborating with JRI, Beverly YMCA and 10 school districts in the Northshore, which share the cost of the program.

- School districts now have a place to send a student they believe may need some social/emotional support and would benefit from a therapeutic environment where they are also able to access their academics.

- 200 students per year attend PASS

What did you enjoy most about PASS?
Painting with everyone and getting to know the members of PASS was probably my favorite part. Everyone is very nice and accepting and didn’t bash me for my stupid mistakes.
Students facing suspension for vaping, smoking marijuana, or non-violent issues

Offered 2 options:
1) PASS for ½ # of days
   OR
2) Full suspension & sent home

Students screened: 88% had SUD or MH; of that 88%, only 1/3rd were already receiving outside services

One-on-one counseling, 37% referred for services
Support groups, coping skills, mindfulness, yoga, art, music
Homework help, tutoring

Students sent home where they sleep, vape/smoke, fall further behind in school – often alone

Twice as many days out of school

-Back to school
-100% said it was a positive alternative
-4.4/5 ready to go back
-94% - helped to keep up with schoolwork

PASS Program - How it Works

Twice as many days out of school

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PASS Program - How it Works

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RecoveryBuild APG - COVID Action Steps

- Telehealth for Counseling Sessions
- Outreach to students through their teachers, school counselors
- Treatment Centers are hanging on to them longer because there are few supports in the communities
- Will refer to programs like the APG program
- Recovery Peer Mentors lead fun, creative online activities
- Plan to meet outside standing 6 ft apart and go for hikes, play games, Scavenger hunts, etc.
- Schools anticipate there will be more student arrested for substance use due to increase in substance use during COVID
- CRA (Child Requiring Assistance) civil juvenile proceedings are not in session
- Attendance at the APG as a diversion program for Juvenile justice matters
House Party, Graphic Arts, Minecraft, Drawpile, skribll.io, Zoom Activities

EXPRESSIVE THERAPY

ARTS

GAMES
Let Your Students Create Their Own Culture

RecoveryBuild APG - THE 5 F’s

- No Fighting
- No Fixing (Using)
- No Fornication
- No Fires
- No Financing
ACT NOW!!!
DON’T WISH FOR IT, WORK FOR IT! DON’T ASK FOR PERMISSION, ASK FOR FORGIVENESS!

➢ BE WITH THE CHAOS

➢ CREATE PROGRAMS/ SOLUTIONS THAT SERVE YOUTH IN YOUR COMMUNITY

➢ RUN FOR OFFICE

➢ START A COMMITTEE

➢ SPEAK OUT AGAINST POLICIES THAT KEEP KIDS SICK

➢ CHANGE THE POLICIES THAT DISPROPORTIONATELY IMPACT STUDENTS OF COLOR

➢ STOP THE STIGMA AROUND MENTAL HEALTH AND SUBSTANCE USE
“People will forget what you said, they will forget what you did, but they will never forget how you made them feel”.

Maya Angelou
Thank you Stephanie and Michelle!

Any questions?

Please type your questions into the chat box
Contact Info for our Presenters

Stephanie Briody - stephanie@bhinnov.org
Michelle Lipinsky - mlipinski@nsedu.org
Evaluation Information


Enrollment Code (Needed to Claim CE Credit) - SUDMH820
How to Claim CE Credit

How to Claim CE Credit with a MLA Enrollment Code

At the end of the class, we shared a URL to the class evaluation. After you complete the evaluation, you will be asked if you want CE credit. If you say Yes, an enrollment code will display on the page along with a direct link to MEDLIB-ED, the Medical Library Association’s (MLA) clearinghouse for CE classes and credit. Follow the link to MEDLIB-ED, log in (or register if this is your first time), and claim your credit. Complete instructions are below. You don’t have to be a member of MLA to create an account and claim credit.

NNLM Training Evaluation Questionnaire

To obtain Continuing Education credit from the Medical Library Association for participating in PML Intro, follow the instructions below:

1. Go to www.medlib-ed.org
2. Login (if you do not have a current MLANET login, you will need to create one: Step-by-step instructions)
3. Click My Learning on the blue bar near the top of the page
4. Enter the enrollment code, click Redeem, then Claim
5. If you have questions or run into problems with MEDLIB-ED, please email MEDLIB-ED@email.mlaha.org

A code will appear. Copy and redeem on www.medlib-ed.org

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