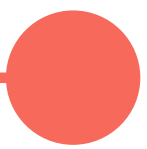




# RMC Research

# Portfolio

2020





# Our Approach

## We are creative service providers.

Our commitment to delivering custom products that are both beautiful and functional has earned the Portland office of RMC Research a reputation for **design that bridges the gap between between scientific research and decisive action**. The secret to our success is our client-centered approach (plus mad skills and hard work).

For too long research and evaluation findings were presented in exhausting detail with indecipherable tables and charts. Things have changed. In the age of #TLDR (Too Long, Didn't Read) clients expect visually appealing products that tell the story in the data with simple language and effective illustration.

We value collaboration, innovative thinking, practical planning, and a good sense of humor. Understanding our clients' objectives is the key to cultivating a shared purpose and producing useful materials for diverse audiences. We design solutions that energize the flow of information and reflect each client's identity and values.

## What sets us apart is our triple-threat expertise in content development, graphic design, and data communication.

And because we are as comfortable using Microsoft Word, PowerPoint, and Excel as Adobe Illustrator, Photoshop, and InDesign, we can meet the needs of our clients using the software they prefer.

Versatile.  
Resourceful.  
Passionate.  
Productive.

That's us.

## The Design Team



**Koko Wadeson**  
kwadeson@rmcres.com

Koko designs products that convey the notable, illustrate the cryptic, attract new business, increase web traffic, guide the lost, and foment change.

Yes is the answer (probably).



**Corynn Del Core**  
cdelcore@rmcres.com

Corynn is determined to use her design super powers for good, tirelessly finding elegant solutions to complex problems.

Stay bold.



# Design & Data Visualization

We employ fundamental concept development, layout and design, typography, and color theory principles to optimize the relationship between the message and the medium to engage and inform.

The scientific nature of research and evaluation requires the application of rigorous, standards-based methods to display qualitative and quantitative data effectively and accurately.

The core principle is to present data in a way that stakeholders can understand and act on regardless of their numeracy and literacy levels or grasp of the science behind the research.

## Additional Expertise

- data collection instruments
- geospatial mapping
- hand-drawn illustration
- newsletters
- technical editing
- templates



# Contents



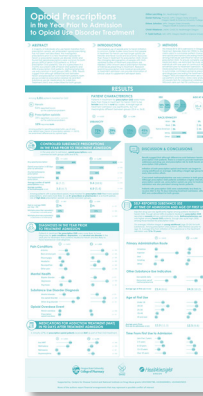
Reports  
& Briefs



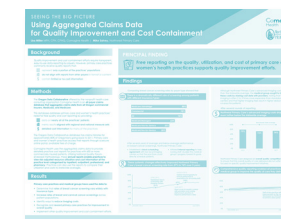
Presentations  
& Support Materials



Branding  
& Custom Products



Data Visualizations  
& Infographics



Conference Posters  
& Handouts



Social Media  
& Internet Content



# Reports & Briefs

The data have been collected and analyzed and it's time to present the findings in a report people actually want to read. Your audience might include your client, private or government organizations, or the public. You need an accessible report that credibly delivers complex information and inspires action.





# LitCamp RESEARCH 2018

RESEARCH & VALIDATION

Schenectady City School District in New York partnered with **Scholastic Education** and **RMC Research** to evaluate **LitCamp**, the literacy component of its Summer Enrichment Program.

Prepared for **Scholastic Inc.**  
557 Broadway  
New York, NY 10012

## 7 STRENGTHS

- Teachers reported that LitCamp developed students' social-emotional skills around:
  - 80% BEGINNING
  - 86% CONFIDENCE
  - 82% FRIENDSHIP
  - 80% KINDNESS
  - 74% CONFIDENCE
  - 74% COURAGE
  - 78% HOPE
- Teachers rated LitCamp as **effective** at developing students' abilities to:
  - 84% READ INDEPENDENTLY
  - 80% READ ALOUD
  - 82% CHOOSE BOOKS
- Students **increased reading variety** and **resilience** after participating in LitCamp.
  - 86% of LitCamp students reported having the **courage to read books that might be hard to read**.
  - 94% of LitCamp students reported reading **different kinds of books**.
- LitCamp English learners and Grades 1 and 3 experienced slightly **greater assessment gains\*** than comparison students.
  - It's fun because you get to pick what you want to read!
  - If characters in a book come to a dilemma it is easier for my 10-year-old to read and understand and then approach me with questions.

\*As measured by the AIMWeb® Oral Reading Fluency subtest

## EXECUTIVE SUMMARY

LitCamp is a summer literacy and enrichment program for students who have completed kindergarten through Grade 8. LitCamp aims to promote students' social-emotional skills around what the program refers to as "the 7 strengths"—belonging, curiosity, friendship, kindness, confidence, courage, and hope—by incorporating these concepts into reading and writing lessons and combining them with engaging group activities.

Scholastic Education Research & Validation partnered with RMC Research to conduct a third-party evaluation of the LitCamp program as it was implemented in summer 2018 by a school district in the Northeast. The district provided 2 hours of LitCamp instruction daily to students in kindergarten through Grade 6 as the literacy component of its districtwide Summer Enrichment Program.

### EVALUATION OVERVIEW

The evaluation aimed to answer the following questions:

- How did students' reading knowledge change as a result of their exposure to LitCamp?
- How did students' reading behaviors and attitudes toward reading change as a result of their exposure to LitCamp?
- How did teachers perceive the program?
- What did LitCamp implementation look like in practice?

Additionally, the evaluation examined more in depth the effects LitCamp had on a small subsample of students and their families.

RMC Research collected and analyzed district reading achievement data shared by the district for students who participated in the districtwide Summer Enrichment Program who received 2 hours of LitCamp instruction in kindergarten through Grade 6 (n=884), hereafter referred to as "LitCamp students" and a comparison group of students (n=266) who were not enrolled in the Summer Enrichment Program. RMC Research also collected quantitative data through student and teacher surveys and qualitative data through teacher focus groups, classroom observations, and family interviews. Findings presented in this report reflect the analysis of data from the final targeted sample.

Findings show that although LitCamp students did not differ significantly from comparison students on reading achievement scores, overall student performance increased over the summer. LitCamp students might have also engaged in summer literacy activities that were not captured in the assessment, but the study did not collect these data.

### ATTITUDES

Data to assess change in students' behaviors and attitudes toward reading and writing were collected through teacher surveys and focus groups. Findings showed that LitCamp students reported reading different kinds of books more often than at the beginning of LitCamp.

81% of LitCamp students reported reading different kinds of books more often than at the beginning of LitCamp.

94% of LitCamp students reported reading different kinds of books more often than at the beginning of LitCamp.

n=52

Several factors in addition to participation in other summer learning opportunities may explain the general increase in scores from spring to fall, including the fidelity of administration of the assessment in the fall as well as the use of raw scores for analyses.

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## APPENDIX A EVALUATION METHODOLOGY

Scholastic Education Research & Validation partnered with RMC Research to conduct a third-party evaluation of LitCamp in a district in the Northeast during summer 2018. Four sites participated in the evaluation, implementing LitCamp as the primary literacy component for approximately 2 hours per day as part of the district's 4-week Summer Enrichment Program that ran from Monday through Friday for 10 hours per day. LitCamp served approximately 971 students who spanned 7 grade levels (kindergarten through Grade 6).

### Evaluation Questions

The evaluation used a mixed-methods design that involved quantitative data collected through student and teacher surveys and district reading achievement data and qualitative data collected through interviews, focus groups, and observations. Exhibit A1 presents the evaluation questions and the data sources and analyses used to answer each question.

Focus	Evaluation Question	Data Sources
1. How did students' reading knowledge change as a result of their exposure to LitCamp?	<ul style="list-style-type: none"> <li>Student demographics</li> <li>Student assessment scores</li> </ul>	Analysis of covariance models were used to assess change in student assessment outcomes, controlling for pre-LitCamp scores and student demographic characteristics.
2. How did students' reading behaviors and attitudes toward reading change as a result of their exposure to LitCamp?	<ul style="list-style-type: none"> <li>Student demographics</li> <li>Student survey</li> <li>Teacher surveys</li> <li>Teacher focus groups</li> <li>Student and parent interviews</li> </ul>	Analysis of covariance models were used to assess change in student outcomes, controlling for pre-LitCamp scores and student demographic characteristics. Descriptive analyses were used to assess teachers' perceptions of change in students' attitudes and reading behaviors. Focus group and interview data were analyzed qualitatively and synthesized across teachers or family members to provide more in-depth information around the effect of LitCamp on students.
3. How did teachers perceive the program?	<ul style="list-style-type: none"> <li>Teacher survey</li> <li>Teacher focus groups</li> </ul>	Descriptive analyses were used to assess teachers' perceptions of the program and change in students' attitudes and reading behaviors. Teacher focus group data were analyzed qualitatively to pull out key themes and contextual background.
4. What did LitCamp implementation look like in practice?	<ul style="list-style-type: none"> <li>Teacher survey</li> <li>Classroom observations</li> <li>Teacher focus groups</li> </ul>	Classroom observation notes and teacher focus group data were analyzed qualitatively to pull out key themes and contextual background.

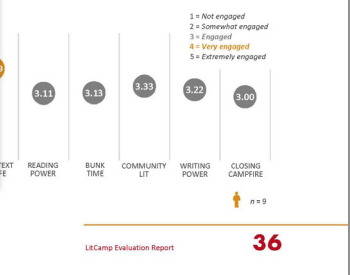
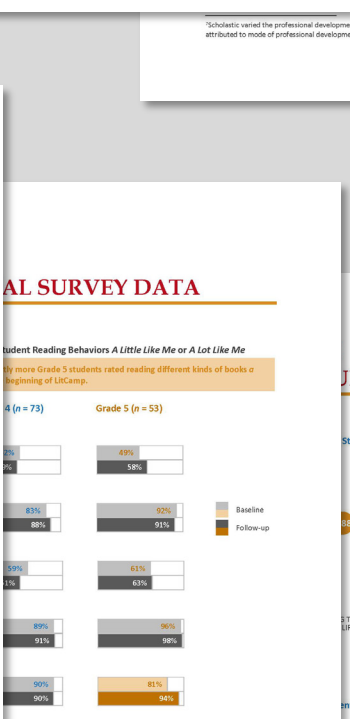
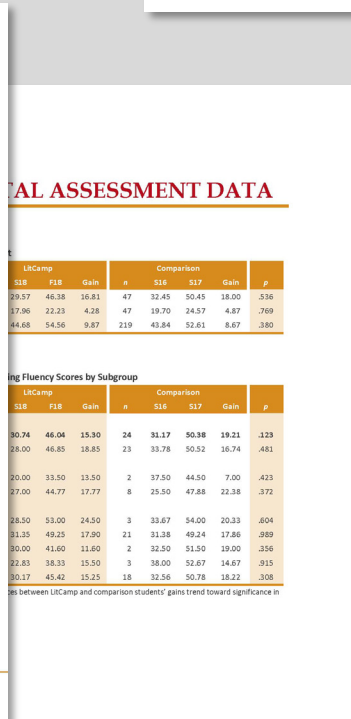
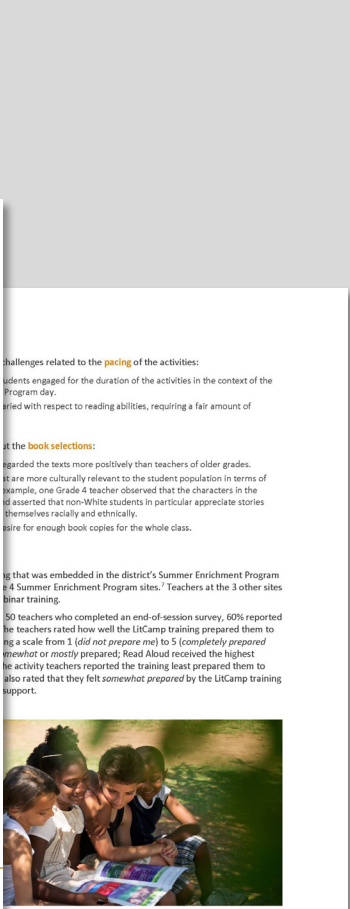
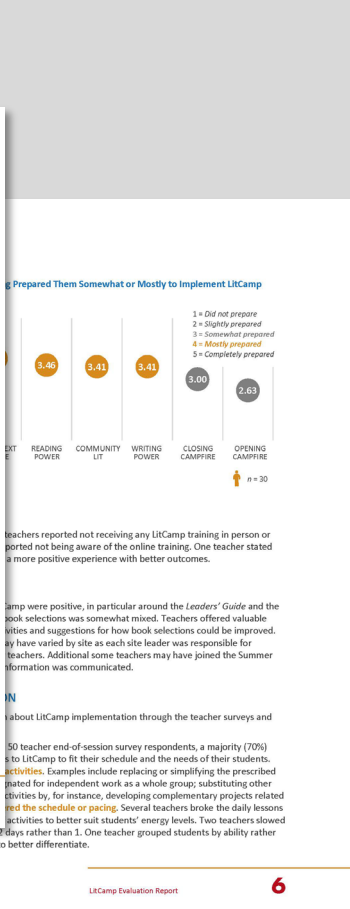
## READING ASSESSMENT DATA

LITCAMP	F18			Gain			Comparison		
	SR	FR	Gain	n	SR	FR	Gain	n	p
20.57	46.38	35.81	47	32.45	50.45	18.00	536		
17.96	22.23	4.28	47	19.70	24.57	4.87	769		
44.68	54.56	9.87	219	43.84	52.61	8.67	380		

### Reading Fluency Scores by Subgroup

LITCAMP	F18			Gain			Comparison		
	SR	FR	Gain	n	SR	FR	Gain	n	p
30.74	46.04	15.30	24	33.17	50.38	17.21	123		
28.00	46.85	18.85	23	33.78	50.52	16.74	481		
20.00	33.50	13.50	2	37.50	44.50	7.00	423		
27.00	44.77	17.77	8	25.50	47.88	22.38	372		
28.50	53.00	24.50	3	33.67	54.00	20.33	604		
31.25	49.25	17.90	21	31.38	49.24	17.86	889		
30.00	41.00	11.00	3	32.50	51.50	19.00	356		
32.83	38.33	15.50	3	38.00	52.67	14.67	913		
30.17	45.42	15.25	18	32.56	50.78	18.22	308		

Significance between LitCamp and comparison students' gains trend toward significance in the following areas:



# Evaluation Report + Infographic



# Idaho SPF SABG Grant Program Annual Aggregate Statewide Evaluation Report



August 2018

2018 Fiscal Year



Prepared by  
**RMC Research Corporation**  
111 SW Columbia Street, Suite 1030  
Portland, OR 97201



Prepared for  
**Idaho Office of Drug Policy**  
PO Box 83720  
Boise, ID 83720

## SPF SIG Evaluation

### Overview

The evaluation of the 16 SPF SIG-funded community coalitions' implementation of SPF is structured around common questions regarding community-level infrastructure, resources and capacity, coalition activities, program implementation, program outcomes, and local facilitators and barriers to program implementation. The goal of the evaluation is to provide information on implementation of the SPF SIG grant across all 16 SPF SIG-funded communities and the grant's effects on Idaho's priority areas (i.e., prescription drug misuse, alcohol health outcomes, and marijuana use). The evaluation questions described in this section are answered in aggregate across all communities in this report, which provides an overview of the progress of the SPF program in Idaho.

### Evaluation Questions

Exhibit 2 outlines the evaluation questions for the SPF SIG evaluation and accompanying data sources. Evaluation questions relate to the effects of SPF SIG in 3 areas: (a) infrastructure and capacity, (b) strategy implementation, and (c) substance use outcomes.

Exhibit 2. SPF Cross-Site Evaluation Questions

SPF SIG Evaluation Questions	Data Sources
<b>Infrastructure and Capacity</b>	
1. Did SPF communities show change over time in capacity and infrastructure?	<ul style="list-style-type: none"> <li>Coalition Surveys</li> <li>SPF Community Infrastructure Assessment</li> <li>SPF Provider Spreadsheet</li> </ul>
<b>Intervention Implementation</b>	
2. Which types of substance abuse prevention programs and strategies did SPF grantees implement?	SPF Provider Spreadsheet
3. Who was served or reached by SPF strategies and what were their characteristics?	SPF Provider Spreadsheet
4. What implementation successes and challenges did coalitions experience?	<ul style="list-style-type: none"> <li>SPF Provider Spreadsheet</li> <li>SPF Community Infrastructure Assessment</li> </ul>
<b>Community-Level Outcomes and Outputs</b>	
5. Did implementation of the SPF SIG lead to community-level improvements in alcohol use and prescription drug misuse outcomes among youth?	Community-level data from the Idaho Healthy Youth Survey
6. Did implementation of the SPF SIG lead to community-level improvements in marijuana use outcomes among youth?	Community-level data from the Idaho Healthy Youth Survey
7. What were the outputs of SPF strategies?	SPF Provider Spreadsheet

### Methods

The SPF SIG evaluation utilized existing implementation data collected from SPF grantees by ODP, surveys administered by RMC to coalition directors and members, and local community outcome data from the Idaho Healthy Youth Survey.

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Exhibit 8. Change in SPF Coalition Kaizen Consensus Scores Over Time

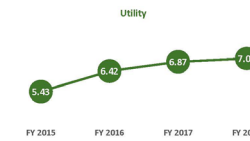
Consensus scores reported in FY2018 were significantly greater than consensus scores reported in FY2015.



Exhibit 9 shows the mean scores for coalition members' perceptions of utility over time. For utility scores, posthoc comparisons using the Bonferroni test indicated that the mean score for FY2015 was significantly different than the mean score for FY2017 and FY2018. In addition, the mean score for FY2016, FY2017, and FY2018, were not significantly different. Overall, there was a gradual, upward trend in utility scores over time.

Exhibit 9. Change in SPF Coalition Kaizen Utility Scores Over Time

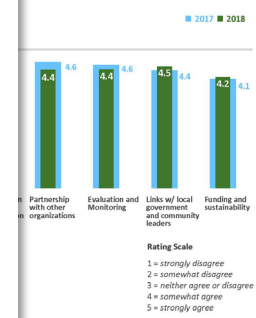
Utility scores reported in FY2018 were significantly greater than utility scores in FY2015.



Idaho SPF SABG Grant Program Annual Aggregate Statewide Evaluation Report

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Coalition Infrastructure Scale Mean Scores  
Infrastructure did not change significantly from 2017 to 2018.



Mean scales for coalition members compared to coalition directors, coalition members gave high ratings to their coalitions' infrastructure scales were the Coalition Structure and Membership scales for which members rated most items somewhat agree. Lower on the Effectiveness in Planning and Implementation members rated their coalitions significantly lower than action plans and target dates are developed for each task annually events, and our coalition has the necessary level.

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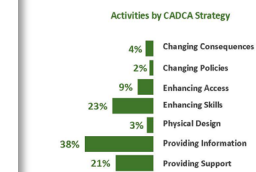
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Coalition questions pertaining to community-level intervention

Intervention programs and strategies did SPF grantees

implemented 546 activities representing 154 distinct interventions. By SPF grantees were categorized within the Institute of that the activity was delivered broadly to the entire rather than delivered only to a subset of students based on sites directly serve a group of participants and universal programs and environmental strategies. Grantees implemented Drug Coalitions of America (CADCA) strategy; the most common, which involves educational presentations or are designed to address alcohol use (57%) or prescription marijuana use (8%; percentages are out of the total list, n = 105. Priority was missing for 49 out of 154

Category and CADCA Strategy  
within the IOM category Universal Direct and



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Director and Member Ratings of Coalition Infrastructure and Capacity  
Directors' ratings on the Effectiveness in Planning and Implementation scale were an coalition directors' ratings.



When asked about the types of capacity-building activities related to organizational structure, data sustainability that SPF grantees implemented at least once since receiving the SPF grant, whether the coalitions had ever done the activities from the start of funding (blue bars) and whether they had ever done the activities from the start of funding (green bars). With one exception, at least half of all coalitions had implemented at least once by spring 2018. Fourteen of the 23 activities had been implemented more of the coalitions. The least commonly implemented capacity-building activities were: data infrastructure category; fewer than half had worked to create or enhance a use community, program, or participant data and only half had worked to developing data provided by the state. Under the project sustainability category, only half of coalitions had worked to implement local level laws, policies, or regulations to guarantee the intervention intervention activities or outcomes. The median number of capacity-building activities through spring 2018 to improve organizational structure was 9 (out of 10), 5 (out of 6) infrastructure, and 5 (out of 6) to ensure sustainability.

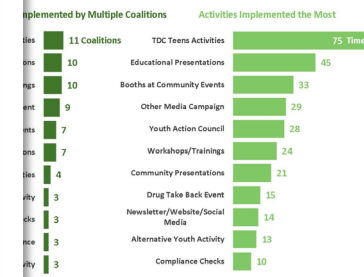
Activities that had marked increases from spring 2017 to spring 2018, though only significant increase. Among the ensuring sustainability activities, "leveraged additional funding sources or in-kind resources" significantly increased from 50% in spring 2018. Among the improving organizational structure activities, 3 increased by more than a third from spring 2017 to spring 2018: improved cultural competence, coordinated or developed data collection or management information systems or both, and secured additional funding.

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Most Commonly Implemented by SPF grantees

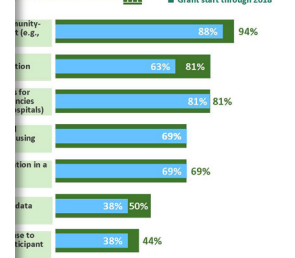
related to media campaigns were implemented by the most coalitions; TDC teens implemented the largest number of times.



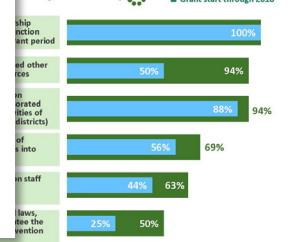
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Improve Data Infrastructure



Ensure Project Sustainability

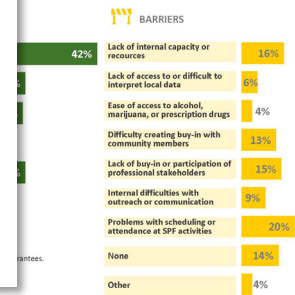


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Barriers did coalitions experience?

Coalitions fell into 3 categories: planned or conducted SPF activities or strategies consistently ranked within the top 3 categories for the priority area capacity (see Exhibit 14). Coalitions fell into 3 categories: problems with scheduling or of internal capacity or resources (16%), and lack of buy-in or participation of professional stakeholders (15%). The categories that consistently ranked within the top 3 categories of reported barriers across 3 of 4 priority areas were: problems with scheduling or attendance at SPF activities, lack of buy-in or participation of professional staff with community members (see Exhibit 14).

Barriers that were planned or conducted SPF activities or strategies, whereas the problems with scheduling or attendance at SPF activities.



Percentages are out of 380 barriers for all SPF grantees.

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# Portland Children's Levy Community Engagement



investing in our future

## Portland Children's Levy COMMUNITY ENGAGEMENT Executive Summary

April 2019

Prepared by  
Kheoshi Owens  
CEO Empress Rules Equity Consulting  
With contributions from  
Afrita Davis, Danise Elijah, Nikia Solbjor,  
Emma Cisneros, Sumiko Taylor-Hill,  
and RMC Research

### REPORT GOALS

Present perspectives of diverse stakeholders on the services that are most effective and needed for children—especially children affected by historical inequities.

Identify community-based solutions to improve outcomes for children and families.

**“[We need] services that are delivered, measured, and overseen by individuals from marginalized populations and that are representative of the faces and identities being served. [We need] services that aim to call out individual and institutional bias, identify systemic oppression, and reshape positions of power to welcome more diverse leaders. [We need] continuing education requirements for White-identifying persons to understand their privilege and the ways in which their holding [it] withdraws all of the air from the room of those that continue to be unseen and unheard by virtue of their identity.”**

Every person deserves to be seen, heard, and validated. Empress Rules, a firm that works with organizations to create inclusive environments, collaborated with a skilled set of racial equity facilitators, translators, and community engagement specialists to collect input from diverse members of the Portland community on how Portland Children's Levy funding should be allocated over the next 5 years. Because Portlanders themselves are the experts on what the community needs to lead healthy and vibrant lives, we conducted an interest questionnaire, a survey, and 8 focus groups to gather perspectives on the most needed services and community solutions for children and families.

Community Engagement Evaluation 1

### PROGRAM AREA

**AFTER SCHOOL**  
Having children complete their assignments during after-school programming allows families more time for bonding and relaxation in the home.

Students need academic support and tutoring to stay on track to graduation. Community members desired greater support for high-quality after-school programs with low teacher-student ratios that promote science, technology, engineering, and mathematics (STEM) education and offer opportunities for creative development such as singing, acting, and storytelling. Parents also noted a need for more physical activity programming, and several youth focus group participants advocated for life skills training (e.g., food preparation, money management, career exploration and training). Communities need culturally responsive after-school programs that support the development of positive relationships and healthy behaviors. Noting that one child's behavior can challenge a whole class, one community member cited the importance of providing social-emotional support and identifying learning disabilities early. A Spanish-speaking focus group participant stated that some teachers do not understand cultures other than their own and asserted that after-school programs tend to cater to White students. Others echoed this desire for culturally relevant after-school programming, suggesting offerings such as East African cooking classes and sports popular in immigrant communities.

### PROGRAM AREA

**MENTORING**  
Children's happiness and exercise are the key to making children grow up healthily.

Community members described a need for more experienced mentors with training on dealing with children's past trauma. Providers described a need for mentors who have a shared identity or experience with youth (e.g., racial, ethnic, religious, LGBTQ). Others suggested mentoring programs that support academic achievement, physical activity, relationship building, and social-emotional development.



Community Engagement Evaluation 4

### Community-Based Solutions to Improve Outcomes

Providers have an idea of what they are doing within.

### Collecting Community Input

The project team used 3 methods to collect community input over 4 months:  
**Interest Questionnaire**  
500 community members completed the questionnaire, providing information about their interests, experiences, and demographics.  
**Surveys**  
500 community members including parents, foster parents, service providers, and others provided information about most needed services.  
**Focus Groups**  
85 community members participated in 8 focus groups including 2 for youth, 1 for community members impacted by disabilities, 1 for community members impacted by foster care, 1 for immigrants and refugees, 2 for Spanish speakers, and 1 for service providers.

### LEVY-WIDE FINDINGS

Across all program areas, community members expressed a desire for access to high-quality programming with flexible hours of operation, low- or no-cost food, transportation to and from programming, and centralized access to services and supports. Community members also described a need for more culturally responsive services. They requested, for example, more service providers and teachers who are people of color and represent the races and ethnicities—and speak the languages—of the communities they serve. Community members described a need for professional development for service providers and teachers, including trainings on cultural humility, unconscious bias, and the impact of trauma and racial injustice on children.



Community Engagement Evaluation 2

### Programs to Support Immigrant Families

Immigrant families need to have programs to understand domestic violence. It looks like, child abuse is not out from groups, not gonna be not.

### PROGRAM AREA

**CHILD ABUSE PREVENTION AND INTERVENTION**  
Youth focus group participants cited a need for classes that educate parents about the impact of abuse on children's development and effective strategies for managing children's behavior. Several immigrant parents noted that physical punishment is viewed differently in other cultures, and recent immigrants require education on U.S. laws regarding abuse. Providers also requested training to recognize signs of abuse suggesting, in one provider's words, "Rather than mandatory reporting, have mandatory *inquiry*." Community members described a need for wraparound services to assist parents struggling with substance abuse, mental health issues, and domestic violence. In addition to addiction treatment and mental health services, families need housing, food, financial assistance, and medical care.

### PROGRAM AREA

**FOSTER CARE**  
Several foster parents stated a need for culturally responsive foster care policies—such as ensuring that children are placed with foster parents from the same racial and ethnic background—and mechanisms to ensure that foster children remain connected to their biological families. Other community members observed that safe visiting locations for parents and children are needed, and incarcerated parents need support to stay connected with their children. Foster children also require consistent relationships with supportive adults who are not related and contact with other foster children. Foster parents and providers emphasized the importance of educating foster parents about the impact of past trauma on children and providing guidance on creating a safe, structured environment and managing difficult behaviors. Additionally, foster parents mentioned needing access to mental health resources for foster children.



Community Engagement Evaluation 5

### Quality of Care is our Challenge.

### Need more in the home.

### PROGRAM AREA

#### EARLY CHILDHOOD

Community members described a need for culturally responsive early childhood services such as bicultural and bilingual home visits, child care, and Levy-funded programs. Providers suggested centralizing information about culture-specific service needs. Youth whose parents are immigrants described parents afraid to engage with state agencies because of attitudes toward immigrants in the current political climate.

One Spanish-speaking parent observed that finding quality child care is "our biggest challenge." Community members need more affordable options that meet the state of Oregon's teacher-student ratio requirements, last the entire work day, and have caring staff. Programs that promote early literacy, English as a second language, speech therapy, and occupational therapy should also be supported. To ensure kindergarten readiness, providers suggested that schools engage with families before their children start school.

Parents are tired and overworked and need intensive support ranging from assistance with transportation to child care and after-school activities to support groups that link parents with services and parenting classes. Providers suggested that home visiting programs could also provide support to families.

Community members described systemic barriers that prevent equitable access to early childhood services. Effective dissemination of information about services is needed—one immigrant suggested engaging bicultural community ambassadors to inform members about available services. Providers reported a need for more professional support such as union representation and support groups. Providers also asserted that indirect service providers such as judges, family law professionals, and child protective services staff need to be educated about the impact of racism and trauma on children's development and mental health.



Community Engagement Evaluation 3

### Children can't have healthy food and be the most motivated.

### Programs to Support Immigrant Families

### Programs to Support Immigrant Families

### PROGRAM AREA

#### HUNGER RELIEF

Community members described a general need for access to fresh, culturally relevant, nutritious food that meets dietary restrictions. Families especially desire fresh, perishable food (e.g., meat, eggs, dairy, vegetables). Although community members value food banks, food is often expired and inedible. Transportation is a barrier to accessing food banks and could be mitigated with: mobile food banks or food trucks that brings food to specific locations each month; food banks located at convenient places such as schools and Levy-funded programs; and transportation stipends. Parents and youth expressed a desire for food-related education such as meal preparation classes, budgeting classes, and smart shopping classes. School-based food programs are essential to hunger relief for children, however food offered at school meals is often of poor quality. Parent and youth focus group participants described shame about accessing food resources, especially resources that require releasing personal information (e.g., income). One provider suggested that programs could normalize access to food banks through advertising at libraries, schools, social service offices, and county health clinics. One Spanish-speaking focus group participant said that when schools send food home with all children, stigma of receiving the food is reduced. In general, parents also stated that information about food resources could be better disseminated.

### CONCLUSION

Our work highlights the strength of diverse perspectives and the commonalities that we share as people. The Portland Children's Levy has been a kind response to historical inequities that have tremendously impacted people of color and people who face physical and economic challenges. We hope that these community perspectives are helpful in allocating the next 5 years of Levy funding.



Community Engagement Evaluation 6

# Narrative Report



# Data Visualizations & Infographics

Research shows that visual representations of data help people understand and relate to the story in the numbers. Whether your audience is numbers-savvy researchers or hurried policymakers, you need persuasive graphics that convey quantitative and qualitative information quickly and clearly.

# Opioid Prescriptions in the Year Prior to Admission to Opioid Use Disorder Treatment

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## ABSTRACT

A majority of individuals who use heroin transition from prescription opioids, yet antecedent opioid prescribing has not been well described. We investigated prescriptions prior to a new treatment episode for heroin or prescription opioid use disorder (OUD) and found that opioid prescriptions were common for both groups (60% of heroin OUD patients vs. 81% of prescription OUD patients). Use of 4+ prescribers in 6 months occurred in 22% of heroin OUD patients and 35% of prescription OUD patients. Methamphetamine use was common in both groups (38% vs. 30%). Results suggest that although differences exist between heroin and prescription OUD treatment patients, both groups evidence prescription-related risk and illicit substance use risk. Medications for Addiction Treatment (MAT) was underutilized for both groups.

## INTRODUCTION

Nonmedical use of opioids prior to heroin initiation is common. Earlier studies have found that people in treatment for heroin use had longer opioid use histories and fewer social and economic resources than those in treatment for prescription OUD. Given the changing demographics of people with OUD, updated studies of treatment populations are needed. Little is known about prescription histories of individuals presenting to treatment. Research examining prescription and medical records prior to treatment admission can provide information of clinical value to supplement self-report data.

## METHODS

We linked 2015-2016 admissions in Oregon's Treatment Episodes Data Set (TEDS) to Medicaid claims data to summarize patient characteristics and opioid prescriptions preceding treatment among individuals admitted for heroin and prescription OUD. To ensure complete capture of Medicaid data, we restricted the study sample to individuals with one year of continuous Medicaid enrollment prior to treatment admission. We used Medicaid pharmacy and medical encounter claims to summarize controlled substance prescriptions and diagnoses preceding the treatment episode. Oregon TEDS provided information about substance use patterns and history. Data were analyzed using chi-square tests for categorical variables and the Wilcoxon rank sum test for continuous variables.

## RESULTS

Among 3,151 patients treated for OUD

**Heroin**  
 51% reported heroin as the substance problem

**Prescription opioids**  
 38% reported prescription opioids as the substance problem

11% reported both

Among patients reporting problematic use of only one opioid type (heroin or prescription opioid; n = 2,813), we examined differences by opioid type.

### PATIENT CHARACTERISTICS

Patients in treatment for **prescription OUD** were more likely than those in treatment for heroin OUD to be **female** and live in **rural** zip codes. Average age at treatment admission was significantly, but not meaningfully different between groups (35.4 vs. 36.8).

### SEX

n = 1,633

n = 1,200

72% Urban

29% Rural

55% Urban

45% Rural

### AGE AT ADMISSION

35.4 years

36.8 years

### RACE/ETHNICITY

Asian 0%

Black 3%

Native American 2%

White 59%

Other 36%

## CONTROLLED SUBSTANCE PRESCRIPTIONS IN THE YEAR PRIOR TO TREATMENT ADMISSION

In the year prior to admission, **opioid prescriptions** were common for both groups (60% and 81%).

Any opioid prescription

Opioid prescription in 60 days prior to admission

Any benzodiazepine prescription

Any buprenorphine prescription

Average number of opioid prescriptions M (SD)

Average number of benzodiazepine M (SD)

Among patients with a prescribed opioid, those treated for **prescription OUD** filled more opioid prescriptions, and were more likely to use **4+ prescribers or pharmacies** in a 6-month period. Use of **high dose** prescription opioids was similar between groups.

Had an average MME per day > 90

Multiple prescriber episode(s) 2+ prescribers in a 6-month period

Multiple pharmacy episode(s) 2+ pharmacies in a 6-month period

## DIAGNOSES IN THE YEAR PRIOR TO TREATMENT ADMISSION

Patients in treatment for **prescription OUD** were more likely to have diagnoses for **pain conditions**, **depression**, and **alcohol use disorder** in the year prior to treatment than patients treated for heroin and less likely to have received an OUD diagnosis.

### Pain Conditions

Arthritis

Back cervical pain

Fibromyalgia

Headache

Neuropathies

Other pain

### Mental Health

Bipolar disorder

Depression

Psychoses

### Substance Use Disorder Diagnosis

Alcohol disorder

Any opioid disorder

Other drug disorder

### Opioid Overdose Event

Heroin overdose

Prescription opioid overdose

## MEDICATIONS FOR ADDICTION TREATMENT (MAT) IN 90 DAYS AFTER TREATMENT ADMISSION

A minority (27%) of **prescription opioid patients** received MAT as part of their OUD treatment.

Any MAT

Methadone

Naltrexone

Buprenorphine

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**Title:** Opioid prescriptions in the year prior to admission to opioid use disorder treatment

## Abstract

A majority of individuals who use heroin transition from prescription opioids, yet antecedent opioid prescribing has not been well described. We investigated patterns of opioid prescriptions prior to a new treatment episode for heroin or prescription opioid use disorder (OUD) and found that opioid prescriptions were common for both groups (60% of heroin patients v 81% prescription OUD patients). Use of 4+ prescribers in 6 months occurred in 22% of heroin patients and 35% of prescription OUD patients. Concurrent methamphetamine use was common in both groups (38% v 30%). Results suggest that although differences exist between heroin and prescription OUD treatment patients, both groups evidence prescription-related risk and illicit substance use risk.

## Introduction

Nonmedical use of opioids prior to heroin initiation is common and well documented. Earlier studies have found that people in treatment for heroin use had longer opioid use histories and fewer social and economic resources than those in treatment for prescription OUD. Given the changing demographics of people with opioid use disorder, updated studies of treatment populations are needed. Little is known about prescription histories of individuals presenting to treatment. Research examining prescription and medical records prior to treatment admission can provide information of clinical value to supplement self-report data.

## Methods

We linked 2015-2016 admissions in Oregon's Treatment Episodes Data Set (TEDS) to Medicaid claims data to summarize patient characteristics and opioid prescriptions preceding treatment among individuals admitted for heroin and prescription OUD. To ensure complete capture of Medicaid data, we restricted the study sample to individuals with one year of continuous Medicaid enrollment prior to treatment admission. We used Medicaid pharmacy and medical encounter claims to summarize controlled substance prescriptions and diagnoses preceding the treatment episode. Oregon TEDS provided information about substance use patterns and history. Data were analyzed using chi-square tests for categorical variables and the Wilcoxon rank sum test for continuous variables.

## Results

Among 3,151 patients treated for OUD, 51% reported heroin as the substance problem, 38% reported prescription opioids as the substance problem, and 11% reported both. Among patients reporting problematic use of only one opioid type (heroin or prescription opioid; n=2813), we examined differences by opioid type.

## Patient Characteristics

Patients in treatment for prescription OUD were more likely than those in treatment for heroin to be **female** and live in **rural** zip codes. Average age at treatment admission was significantly, but not meaningfully different between groups (35.4 v 36.8).

	Heroin	Rx opioids	Test statistic	p
<b>N</b>	1613	1200		
<b>Sex</b>			$\chi^2 = 31.13$	<.001
Male	50%	40%		
Female	50%	61%		
<b>Race</b>				

57%		NS
3%		
0%		
3%		
37%		
55%	$\chi^2 = 80.81$	<.001
45%		
36.8 (11.2)	U = 869460	<.001

have diagnoses for **pain conditions** and **depression** than

Rx opioids	Test statistic	p
1200		
38%	$\chi^2 = 71.61$	<.001
51%	$\chi^2 = 143.51$	<.001
8%	$\chi^2 = 20.12$	<.001
26%	$\chi^2 = 72.47$	<.001
14%	$\chi^2 = 25.54$	<.001
42%	$\chi^2 = 124.81$	<.001
14%	$\chi^2 = 5.15$	.02
51%	$\chi^2 = 81.83$	<.001
7%		NS
20%	$\chi^2 = 6.23$	.01
43%	$\chi^2 = 78.69$	<.001
41%		NS
0%	$\chi^2 = 35.69$	<.001
3%		NS

## Age of First Use

ated for heroin, though almost 23% of patients treated for route. **Methamphetamine use** was higher among heroin or prescription OUD.

On average, initiation began in **young adulthood** (age 23-24) for both substances. Among prescription OUD patients, 28% initiated use prior to age 18. Average time from initiation of the substance to the treatment admission was **12 to 13 years**.

	Heroin	Rx opioids	Test statistic	p-value
<b>N</b>	1613	1200		
<b>Primary administration route</b>				
Inhalation	4%	9%	$\chi^2 = 1801.05$	<.001

	Heroin	Rx opioids	Test statistic	p
<b>N</b>	967	974		
Had an average MME per day >90	7%	5%		NS
Multiple prescriber episode(s)**	22%	35%	$\chi^2 = 38.67$	<.001
Multiple pharmacy episode(s)***	11%	16%	$\chi^2 = 8.59$	.003

\*\*≥4 prescribers in a 6-month period  
 \*\*\*≥4 pharmacies in a 6-month period

## Medication-Assisted Treatment in 90 Days After Treatment Admission

A minority (27%) of prescription opioid patients received **MAT** as part of their OUD treatment.

7%		
77%		
6%		
1%		
48%	$\chi^2 = 72.33$	<.001
30%	$\chi^2 = 17.21$	<.001
24.3 (10.2)		NS
28%	$\chi^2 = 29.67$	<.001
31%		
25%		
10%		
5%		
12.5 (9.8)	U = 871000	<.001
8%	$\chi^2 = 66.81$	<.001
15%		
25%		
22%		
30%		

## Treatment Admission

mon for both groups (60% and 81%).

Rx opioids	Test statistic	p
1200		
81%	$\chi^2 = 144.80$	<.001
9.4 (10.5)	U = 355330	<.001
42%	$\chi^2 = 103.22$	<.001
28%	$\chi^2 = 80.04$	<.001
4.9 (5.4)	U = 32224	<.001
10%		NS

scription OUD filled more opioid prescriptions, and were more likely to use **4+ prescribers or pharmacies** in a 6-month period. Use of **high dose** prescription opioids was similar between groups.



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None of the authors report financial arrangements that may represent a possible conflict of interest

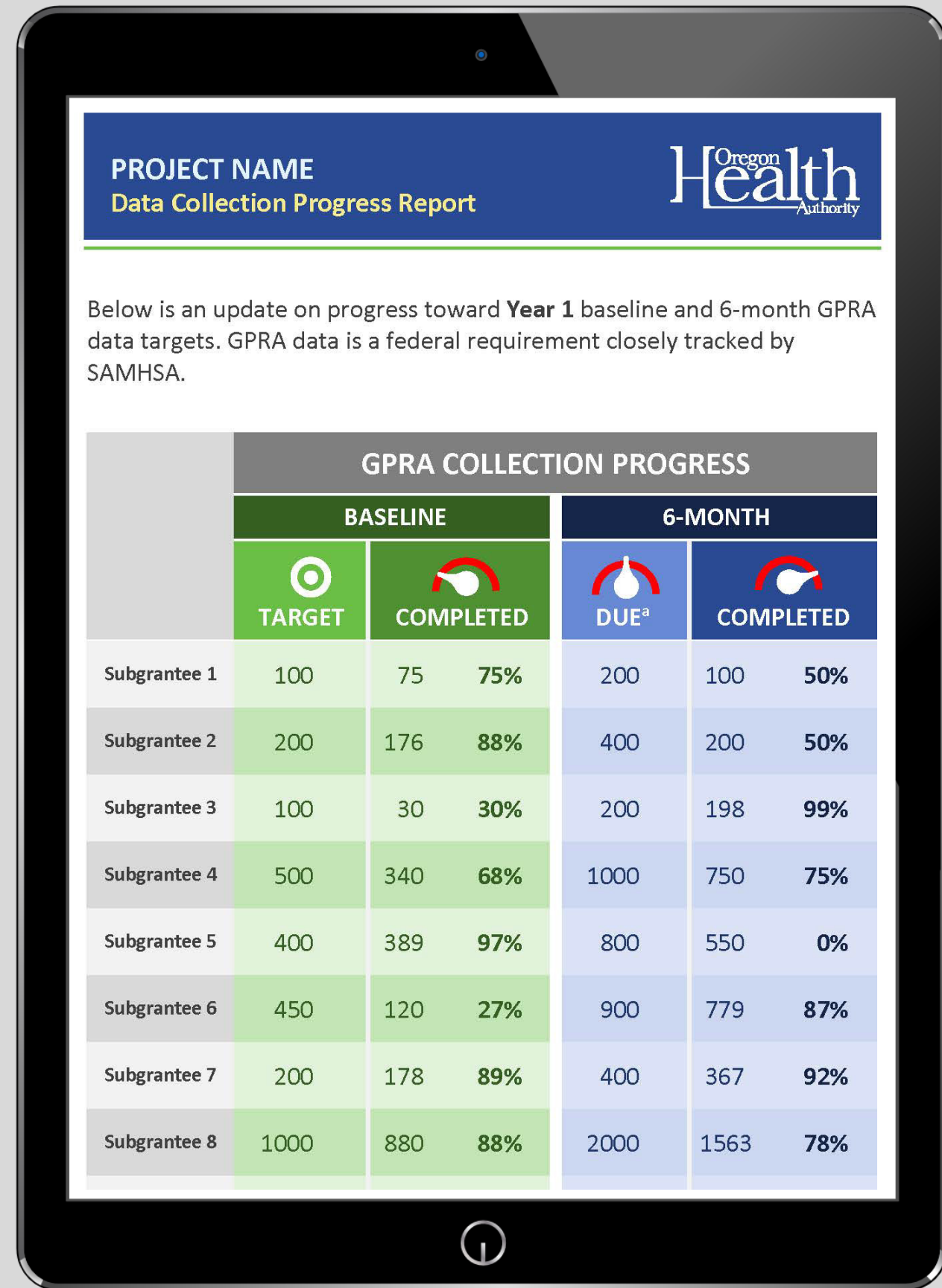
Before + After (3' x 6' poster)





	PROJECT GPRA PROGRESS					
	BASELINE			6-MONTH		
	TARGET	COMPLETED	DUE	TARGET	COMPLETED	DUE
Site 1	188	89	47%	57	42	74%
Site 2	180	104	58%	45	17	38%
Site 3	150	9	6%	3	1	33%

RMC Research is available to support your efforts to collect GPRA data. Please feel free to contact us at [email@email.com](mailto:email@email.com).



**PROJECT NAME**  
**Data Collection Progress Report**

Oregon Health Authority

Below is an update on progress toward **Year 1** baseline and 6-month GPRA data targets. GPRA data is a federal requirement closely tracked by SAMHSA.

	GPRA COLLECTION PROGRESS					
	BASELINE			6-MONTH		
	TARGET	COMPLETED	DUE <sup>a</sup>	TARGET	COMPLETED	DUE <sup>a</sup>
Subgrantee 1	100	75	75%	200	100	50%
Subgrantee 2	200	176	88%	400	200	50%
Subgrantee 3	100	30	30%	200	198	99%
Subgrantee 4	500	340	68%	1000	750	75%
Subgrantee 5	400	389	97%	800	550	0%
Subgrantee 6	450	120	27%	900	779	87%
Subgrantee 7	200	178	89%	400	367	92%
Subgrantee 8	1000	880	88%	2000	1563	78%

Data Collection Progress Visualization

# SUBSTANCE USE

in IDAHO

DATA BOOK



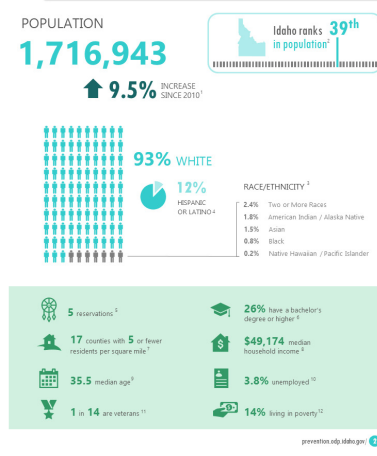
**Idaho Office of Drug Policy**  
prevention.odp.idaho.gov/

## ABOUT THIS DATA BOOK

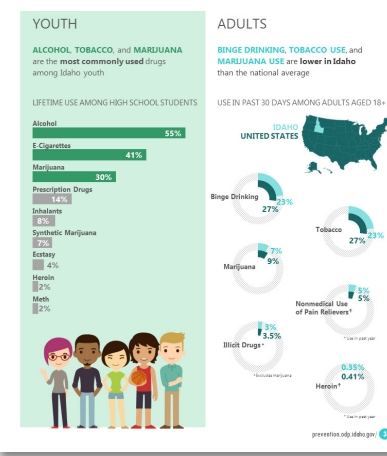
- Idaho Demographics
- Overview of Substance Use in Idaho
- Alcohol | Youth Use
- Alcohol | Youth Consequences
- Alcohol | Adult Use
- Alcohol | Adult Consequences
- Tobacco
- Marijuana
- Prescription Drugs
- Other Illicit Drugs
- Data Source References

This booklet provides an overview of substance use among youth and adults in Idaho to help guide substance use policy and prevention efforts in the state. The information presented is the most up-to-date data drawn from numerous national and state-level sources of substance consumption and substance-related consequences data such as the Idaho Youth Risk Behavior Survey, the National Survey on Drug Use and Health, the Idaho Transportation Department, the Idaho State Police Statistical Analysis Center, and the Idaho Bureau of Vital Records and Health Statistics. This data book is a product of the Idaho State Epidemiology Workgroup and the Idaho Office of Drug Policy. For more detail regarding recent substance use trends, visit [prevention.odp.idaho.gov/](http://prevention.odp.idaho.gov/) to download the Idaho Substance Abuse Prevention Needs Assessment.

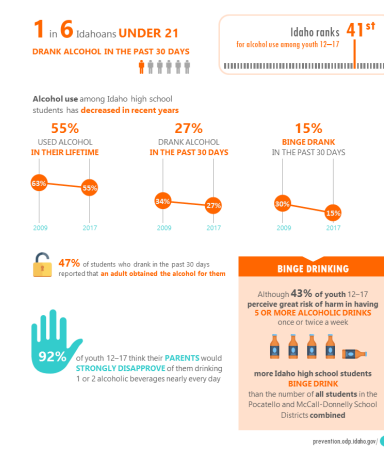
## IDAHO | DEMOGRAPHICS



## SUBSTANCE USE | OVERVIEW



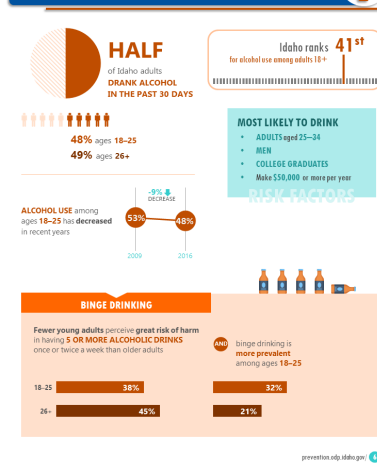
## ALCOHOL | YOUTH CONSEQUENCES



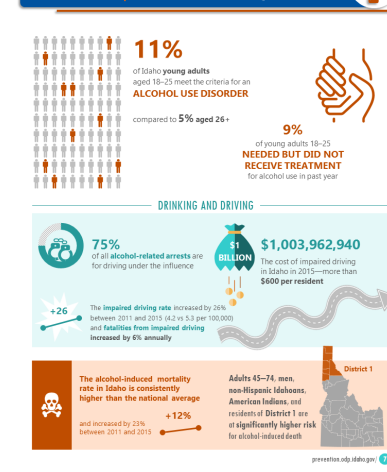
## ALCOHOL | YOUTH CONSEQUENCES



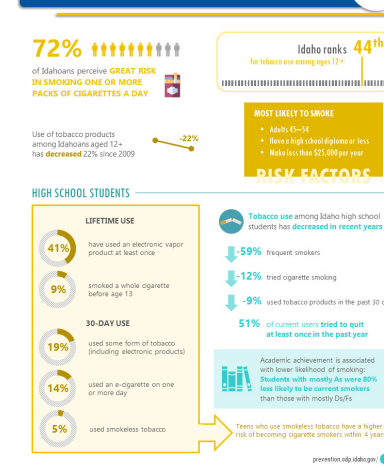
## ALCOHOL | ADULT CONSEQUENCES



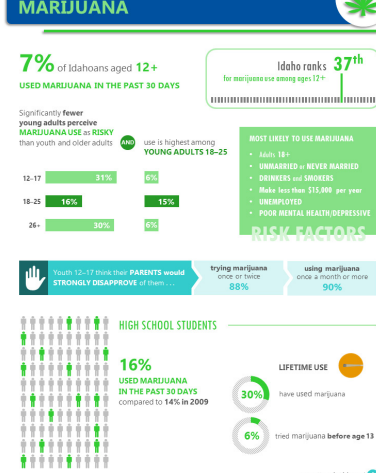
## ALCOHOL | ADULT CONSEQUENCES



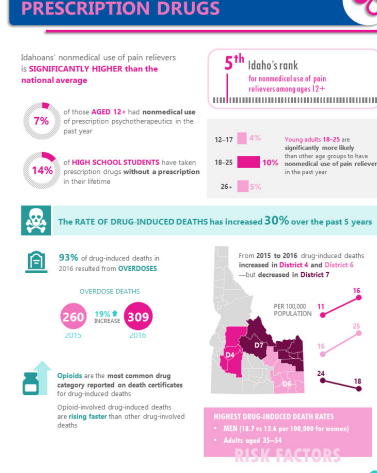
## TOBACCO



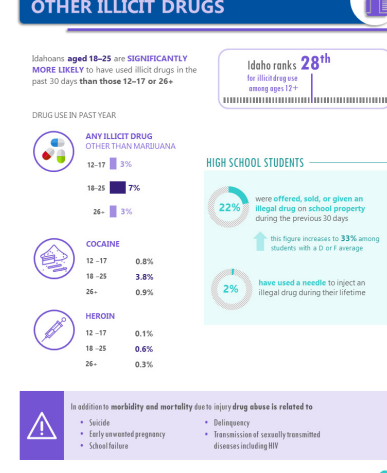
## MARIJUANA



## PRESCRIPTION DRUGS



## OTHER ILLICIT DRUGS



The Idaho Office of Drug Policy envisions an Idaho free from the devastating social, health, and economic consequences of substance abuse.

**IDAHO PREVENTION RESOURCES**

[prevention.odp.idaho.gov/](http://prevention.odp.idaho.gov/)

[www.drugfreeidaho.org/](http://www.drugfreeidaho.org/)

[DrugFreeIdaho.org](http://DrugFreeIdaho.org) is a non-profit 501(c)(3) organization that works to create a drug free Idaho with safe, healthy, vibrant and successful communities.

[idaho4parents.org](http://idaho4parents.org)

[idaho4parents.org](http://idaho4parents.org) is a public health campaign that provides information to parents about the dangers of underage drinking and how to keep their children drug free.

[lockyourmedidaho.org](http://lockyourmedidaho.org)

[lockyourmedidaho.org](http://lockyourmedidaho.org) is a statewide Idaho public health campaign to reduce access to youth and individuals seeking to abuse prescription medications.

[idahohealthproject.org](http://idahohealthproject.org)

The Idaho Health Project is a large-scale prevention program aimed at reducing teen use through public-service messaging, education, and community outreach.

[communitycoalitionofidaho.org](http://communitycoalitionofidaho.org)

Community Coalition of Idaho is a non-profit organization that was created in 2009 to strengthen statewide efforts for substance abuse prevention in Idaho.

**Idaho Office of Drug Policy**  
prevention.odp.idaho.gov/



# Presentations & Support Materials

When it's time to stand and deliver the last thing you want is to put any stakeholders to sleep. Your audience deserves an informative and enjoyable experience. You need a visually engaging slide deck that is expertly crafted to support your presentation and summary handouts to send the message home.

Check Your Learning

»» Opioid Use Disorder

Opioids can be categorized as

Module 1 provides you

# PROJECT DOVE

Improving Maternal and Neonatal Health Through Safer Opioid Prescribing

MODULE 1

Potential Team Members

Open-Ended Questions

Module 2 provides you

# PROJECT DOVE

Improving Maternal and Neonatal Health Through Safer Opioid Prescribing

MODULE 2

Learning Objectives

»» To manage pain in childbirth use:

»» Onset of NAS Presentation

Module 3 provides you

# PROJECT DOVE

Improving Maternal and Neonatal Health Through Safer Opioid Prescribing

MODULE 3

## Opioids in Pregnancy

### Improving Maternal and Neonatal Health in Rhode Island

In Rhode Island Neonatal Abstinence Syndrome (NAS) rates have doubled since 2005, increasing from 4.4 per 1,000 live births in 2005 to 9.2 per 1,000 live births in 2014.

Project Dove is a 3-module, case-based course that includes evidence-based best practice recommendations, simulated patient videos, and downloadable clinical support tools.

Target audience: Physicians, nurses, and midwives who provide care to pregnant patients and women of childbearing age.

To access the Project Dove course visit [www.brown-cme.com/opioids-pregnancy](http://www.brown-cme.com/opioids-pregnancy)

**About the Program**

**Module 1**  
Understanding Opioid Issues in Pregnancy

- Opioid prescribing in pregnancy
- Identifying opioid use disorder
- Legal considerations
- Pharmacological treatment for opioid use disorder in pregnancy
- Three patient cases are introduced

**Module 2**  
Discussing Concerns, Developing a Treatment Plan

- Videos demonstrating initial visits for the 3 patient cases
- Information on discussing clinician and patient concerns and developing treatment plans for each case

**Module 3**  
Treatment Plan Adjustment and Perinatal Care

- Videos demonstrating follow-up visits for the 3 patient cases
- Information on treatment plan and medication adjustment
- Pain management during childbirth
- NAS assessment and treatment

**Resource Documents for Download:**

- Patient-provider interaction videos
- Screening and monitoring tools
- Clinical support tools and provider checklists
- Patient educational handouts

Accreditation & CME Credit Information

## Staying Focused Now That Baby Is Here

No doubt you've done great work during your pregnancy to keep yourself and your baby as healthy as possible. A lot of moms make positive changes during pregnancy, like eating healthier, not drinking alcohol, quitting cigarettes, and getting plenty of rest.

**Once the baby is here, maintaining the healthy changes you've made can be difficult.**

Having a new child is exciting but can be stressful. Because you're in a situation that might make it harder for you to stick to your decisions, it's crucial to plan ahead and think about things you can do to help yourself stay focused.

**What things do you think would help you stay focused?**

You might consider finding a new mother support group that you can go to with your baby, or you might prefer a support group just for moms so you can have some time with other adults.

Many new moms experience **postpartum depression** after the birth of their baby. Even though the name includes the word *depression*, the symptoms are not limited to feeling sad. You might feel more irritable, have mood swings, experience changes to your appetite, or have a hard time bonding with your baby.

**If you're not feeling like yourself, talk to your provider to figure out what's going on.**

## What to Expect When Your Baby Has Withdrawal

Neonatal Abstinence Syndrome (NAS) is a way to explain what happens when a baby exposed to substances as a fetus experiences withdrawal after birth.

**Which drugs cause NAS?**

If you are pregnant and using certain medications or drugs, your unborn baby may develop dependence and eventually may need medicine to function after birth.

It's important for you to tell your nurse and the baby's doctors about all drugs used during your pregnancy. This will help the health care team:

- Treat your baby with the correct medicines
- Avoid medications your baby does not need
- Give your baby the best possible care

**What to expect?**

Some signs you may see as your baby goes through withdrawal:

- Shaking
- High pitched, excessive crying
- Stuffy nose or sneezing
- Fever
- Difficulty breathing, sleeping, or feeding
- Vomiting, diarrhea, and dehydration

Your baby will need extra care after he or she is born, and may need to stay at the hospital after you are discharged.

All babies need the same care, but your baby will need extra:

- Swaddling
- Rocking
- Frequent feedings and burping

Your baby may need to receive medicine for his or her symptoms and supportive treatment such as:

- Extra bonding and holding
- Providing a quiet, dimly-lighted environment with little stimulation

**DURING THE HOSPITAL STAY**

Baby's Health	In Hospital	Why	After Discharge
Mild symptoms, no need for medication	3-7 days	Kept for observation	Parents watch for mild symptoms at home
Medications needed	7+ days	Treated for withdrawal and weaned off medications	
Multiple drug exposure and medication needed	Depends on signs and symptoms		

**BABY MAY GO HOME WHEN:**

- Gaining weight steadily
- Eating enough food to grow
- No longer showing significant signs of withdrawal

**If you are ready for treatment call the Rhode Island Helpline (401) 942-STOP (7867)**

24 hours a day, 7 days a week, English and Spanish or visit <http://preventoverdoseri.org>

## Making Decisions

When we become pregnant, we think about substances like medications, illicit drugs, nicotine, and alcohol and ask ourselves:

**Is this okay for me and for my baby?**

## What to Expect at the Hospital

If you have used certain medications or drugs during your pregnancy, this brochure will help you prepare for your delivery

RHODE ISLAND'S HOPE AND RECOVERY SUPPORT LINE  
(401) 942-STOP  
(401) 942-7867

PROJECT DOVE

GET IN TOUCH

name \_\_\_\_\_

contact \_\_\_\_\_

VISIT [www.brown-cme.com/opioids-pregnancy](http://www.brown-cme.com/opioids-pregnancy)

Identity Development + Educational Modules (excerpt) + Support Materials



# INDIVIDUAL AND SCHOOL-LEVEL INFLUENCES ON DISCIPLINE OFFENSES FOR AGGRESSION IN GRADES 1-6

## An Event History Analysis

Emma Espel, PhD  
RMC Research Corporation

Julie Dmitrieva, PhD  
University of Denver

## Background

### Probability of Aggression in Elementary School

Key findings from one study of elementary students:

- Aggression was stable in Grades 1-3, doubled in Grades 4-5, and increased tenfold in Grades 6-7.
- Probability of removal due to aggression was higher for Black students, students who qualified for free or reduced-price lunch, boys, students who started Grade 1 older than age 6, had a high average classroom aggression.

(Petras, Masyn, Buckley, Lalongo, & Kellam, 2011)

Most studies focus on youth aged 10 to 24.  
(David-Ferdon et al. 2016)

The Oregon context reflects national patterns of the school-to-prison pipeline related to disciplinary actions.

The majority of all youth admitted to OYA in 2011 had been expelled or suspended 2 or more times since Grade 1.  
(Beam, 2016)



## Methods

### Aim

To explore individual- and school-level root causes of early aggression and school removal in Oregon

### Research Questions

- What trajectory characterizes the risk for disciplinary actions for school violence in elementary grades?
- What are the potential individual- and school- level risk factors contribute to the risk for disciplinary actions in elementary grades?

### The Impact of Transitions to Middle School on Student Discipline: Interrupted Time Series Analysis

Julie Dmitrieva, Ph.D., Head, University of Denver  
Emma Espel, Ph.D., RMC Research

Expulsion and suspension rates doubled from 1994 to 2009. Despite concerted efforts suggesting these rates of disciplinary actions on suspended and expelled students to support reentry, outcomes are still mixed. The National Institute of Justice (NIJ) funded the National Study of the Juvenile Justice System.

Students are also more likely to be referred for disciplinary action if they are:

- Black™ or Hispanic™
- Economically disadvantaged™
- Identified as having lower achievement™
- Identified as having lower attendance™
- Identified as having lower social skills™
- Identified as having lower self-regulation™
- Identified as having lower academic skills™
- Identified as having lower cognitive skills™
- Identified as having lower emotional skills™
- Identified as having lower behavioral skills™
- Identified as having lower social skills™
- Identified as having lower self-regulation™
- Identified as having lower academic skills™
- Identified as having lower cognitive skills™
- Identified as having lower emotional skills™
- Identified as having lower behavioral skills™

When a student's discipline record is disrupted by a transition to middle school, the greatest predictor of the number of disciplinary actions and suspensions is the student's discipline record in elementary school. In particular, students in middle schools are more likely to be referred for disciplinary actions than elementary school students in the same district.

### MEASURES & ANALYSIS

The data analyzed for this study include student demographics, assessment scores from the state reading and mathematics assessments in Grades 3-6, disciplinary referrals, and school configuration. The study also includes school configuration, other school factors, and individual student risk factors. The study aims to identify the effects of school transitions and school configuration on the trajectory of disciplinary referrals with the following research questions:

- How do transitions to middle school affect the trajectory of disciplinary referrals?
- How do school configurations affect the trajectory of disciplinary referrals?
- How do individual and school-level risk factors affect the trajectory of disciplinary referrals?
- How do school configurations affect the trajectory of disciplinary referrals?
- How do school configurations affect the trajectory of disciplinary referrals?
- How do school configurations affect the trajectory of disciplinary referrals?

Specifically, we tested the following alternative model of change:

When a student is exposed to the following risk factors, the trajectory of disciplinary referrals is expected to change:

- Transition to middle school
- Transition to middle school
- Transition to middle school
- Transition to middle school
- Transition to middle school
- Transition to middle school

### FINDINGS

#### Adolescent Offending

Adolescent offending follows different trajectories depending on students' school configuration.

The average number of offenses per student was greatest among youth attending schools with a 6-5-6-6 configuration.

Boys: [Line graph showing increasing offenses from Grade 1 to 6]

Girls: [Line graph showing increasing offenses from Grade 1 to 6]

Analysis explored the role of individual and school factors in explaining these trajectories in total offending. Results were in the expected direction:

- The greatest increase in offending was observed for students on the 6-5-6-6 school configuration trajectory who were boys.
- Among boys, youth from the 6-5-6-6 school configuration trajectory had the greatest increase in offending between Grade 5 and Grade 6.
- In the more diverse schools compared to schools with lower socioeconomic diversity, the effect of student-level socioeconomic disadvantage was lower in schools with greater proportion of students receiving free or reduced-price lunch.
- Similar differences were observed in trajectories of violent and status offending and disciplinary actions.

The Grade 5 to Grade 6 jump in offending that was observed for students on the 6-5-6-6 school configuration trajectory was greater among students receiving free or reduced-price lunch. In addition, the increase in offending that was observed for students on the 6-5-6-6 school configuration trajectory was higher among for students receiving free or reduced-price lunch. Schools with lower rates of disciplinary actions per 100 students.

### CONCLUSIONS

Transition from elementary to middle school is associated with elevated rates for student offending and school disciplinary actions.

This risk appears to be associated with the experience of transitioning into a middle school or exposure to offending in a school that includes older grades (e.g., K-12 school configuration).

The increase in offending identified in the elementary to middle school transition is especially high in schools with lower rates of disciplinary actions.

Individual and school-level risk factors (socioeconomic disadvantage, disadvantage) contribute to elevated rates of offending during the elementary to middle school transition.

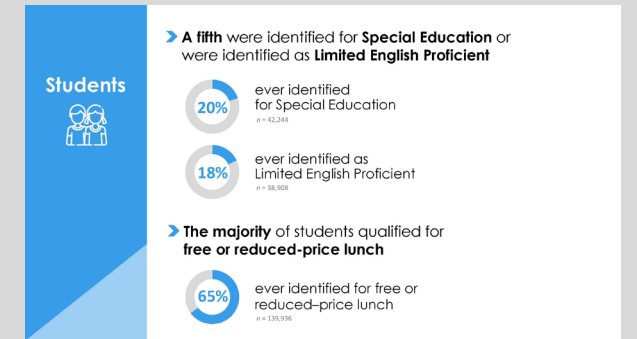
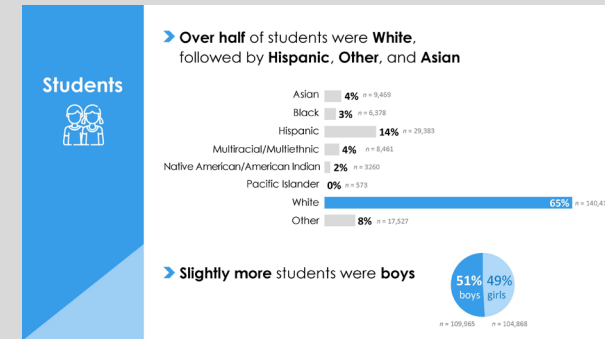
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### Sample

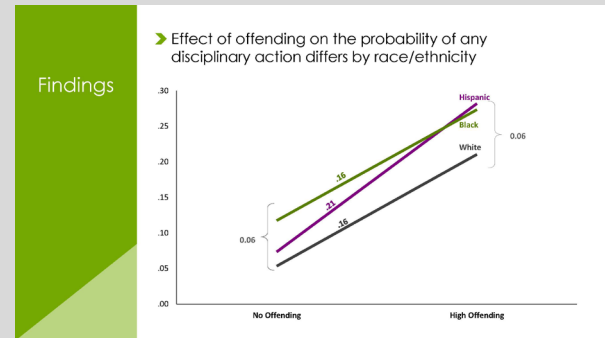
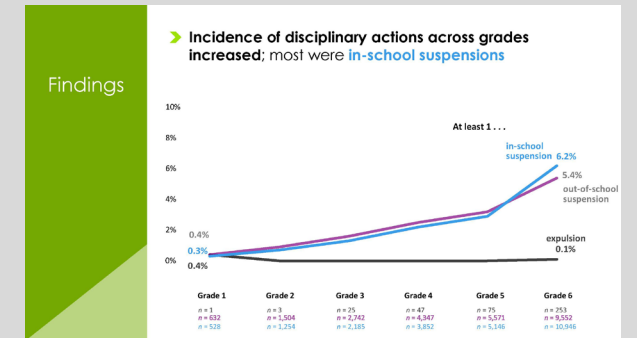
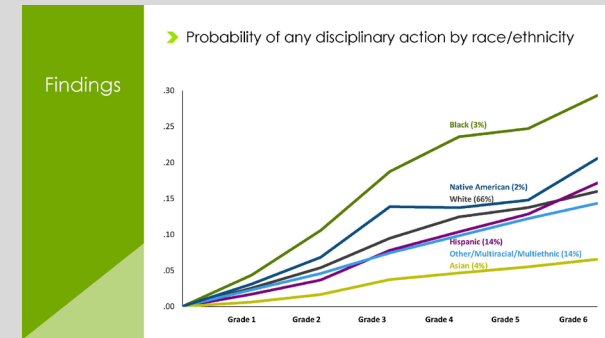
N = 1,050,453 observations  
N = 172,998-177,108 students per year  
N = 233 schools

### The sample comprised 4 cohorts of students followed from Grade 1 through Grade 6 (2004-2005 to 2012-2013)

Year	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Year Total
2004-2005	42,925						42,925
2005-2006	43,300	43,376					86,676
2006-2007	43,684	43,400	43,553				130,637
2007-2008	43,279	43,805	43,707	43,790			174,581
2008-2009	43,451	43,799	44,121	44,145			175,516
2009-2010	43,585	43,976	44,087	44,087	44,617		176,265
2010-2011			43,904	44,173	44,512		132,589
2011-2012				43,685	43,751		87,436
2012-2013					44,228		44,228
<b>Grade Total</b>	<b>172,988</b>	<b>174,032</b>	<b>174,644</b>	<b>175,791</b>	<b>175,890</b>	<b>177,108</b>	<b>1,050,453</b>



## Findings



As expected, risk for disciplinary action increases across the elementary grades—particularly for suspensions.

Risk for disciplinary action is higher for students:

- Who qualify for free or reduced-price lunch.
- Are Black, Native American, or Hispanic.
- Have a prior history of offending behavior.

## QUESTIONS?

Emma Espel, PhD  
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RMC Research Corporation  
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Julie Dmitrieva, PhD  
Associate Professor of Psychology  
University of Denver

# Conference Posters & Handouts

Professional conferences are great opportunities to connect with peers and market your services to potential clients. But if you go big without going bold, you might as well go home. You need an eye-catching showcase of your work that impresses your audience for maximum effect.



## SEEING THE BIG PICTURE

# Using Aggregated Claims Data for Quality Improvement and Cost Containment

Lisa Miller MPH, CPH, CPHQ, Comagine Health | Mike Salvey, Northwest Primary Care

Comagine  
Health



## Background

Quality improvement and cost containment efforts require transparent, easy-to-use data reporting by payers. However, primary care practices commonly receive quality reports that:

- represent only a portion of the practices' populations
- do not align with reports from other payers in format or content
- contain limited or no cost information

## Methods

The **Oregon Data Collaborative** offered by the nonprofit health care consulting organization Comagine Health is an **all payer claims database that aggregates claims data from all Oregon commercial insurers, Medicaid, and Medicare.**

This database addresses primary care and women's health practices' need for free quality and cost reporting by providing:

- data on nearly all of the practices' patients
- metric results aligned with regional and national measure sets
- detailed cost information for many of the practices

The Oregon Data Collaborative database has claims histories for approximately 80% of Oregonians going back to 2011. Primary care and women's health practices access their reports through a secure online portal, available free of charge.

Comagine Health uses the aggregated claims data to provide detailed practice cost reports for practices with 600 or more commercially insured patients. Utilizing National Quality Forum-endorsed methodology, these **annual reports enable practices to view risk-adjusted resource utilization and cost information at the practice level categorized by inpatient, outpatient, professional, and pharmacy.** Practices can also use the reports to compare their utilization and costs to statewide averages.

## Results

Primary care practices and medical groups have used the data to:

- Determine that rates of breast cancer screening vary widely with insurance type.
- Increase rates of breast and cervical cancer screenings across patient populations.
- Identify ways to reduce imaging costs.
- Recognize and reward primary care practices for improvement in overall quality.
- Implement other quality improvement and cost containment efforts.

## PRINCIPAL FINDING

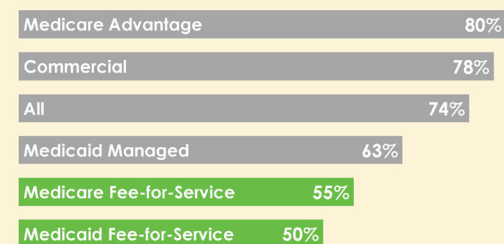


Free reporting on the quality, utilization, and cost of primary care and women's health practices supports quality improvement efforts.

## Findings

Comparing breast cancer screening rates by payer type showed that

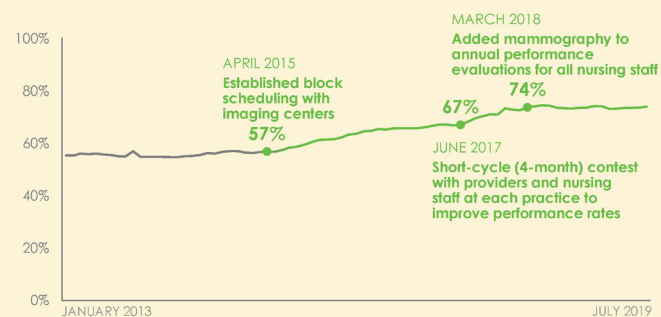
There is a dramatically different rate of screening among patients with different insurance types



After several years of average and below-average performance on breast cancer screenings, Northwest Primary Care:

- Established a **block scheduling agreement** with two local imaging centers so that the practices could directly schedule patients.
- Initiated **internal reporting** to help nursing staff visualize the medical group's progress toward its goals.

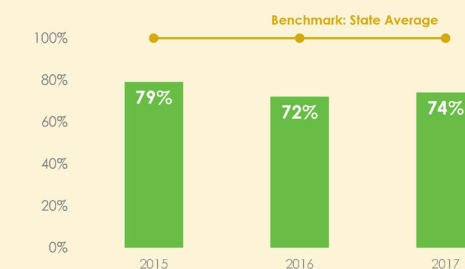
These systemic changes effectively improved Northwest Primary Care's breast cancer screening rate from 57% to 74% over 3 years



Although Northwest Primary Care's advanced imaging costs were lower than the statewide average, the **medical group sought to further reduce these costs by sharing cost data with providers**, noting that hospital-based imaging is often 2 to 3 times more expensive than standalone imaging centers and that higher imaging fees result in higher deductibles and co-pays for patients.

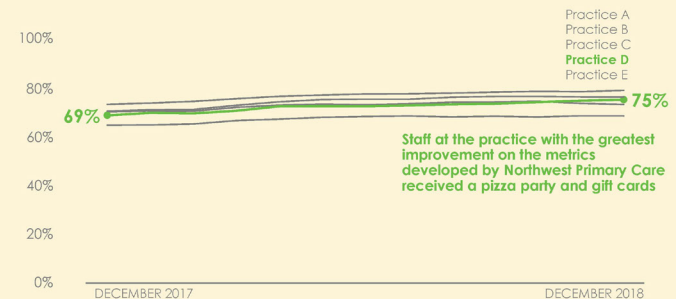
After several rounds of reporting

Northwest Primary Care's advanced imaging costs dropped even further below the statewide average



Northwest Primary Care designed an **overall quality competition for its 5 practices** to ensure that the overall quality of care delivered did not suffer while they focused on specific quality improvement initiatives.

Comprehensive quality reporting enabled all practices in the medical group to improve the quality of care they deliver





# Oregon Prescription Drug Monitoring Program (PDMP)

## Use and Prescribing Patterns

Sara Hallvik, MPH · Gillian Leichtling, BA · Christi Hildebran, LMSW



### Objective

#### This Oregon-based study

- Characterized how clinicians use the Oregon Prescription Drug Monitoring Program (PDMP)
- Described differences in prescribing between PDMP users and nonusers
- Contributed to gaps in understanding of opioid prescribing patterns

### Methods

- In this mixed methods study we conducted focus groups with 35 clinicians from a variety of specialties and conducted telephone interviews with 33 clinicians identified as frequent PDMP users by our Oregon clinician survey.
- Interviews focused on use of the PDMP and influence of the PDMP on clinical decisions.
- Quantitative analyses used a 3-year dataset linking records from the Oregon PDMP, Oregon death records, and statewide hospital discharge data. Analyses examined opioid initiation; risky prescribing patterns according to PDMP use, prescriber continuity, and prescriber specialty; and spinal fusion surgery outcomes related to opioids.

### Background

The impact of PDMPs on opioid prescribing patterns and health-related outcomes is unclear. Other evaluations have compared states or compared prescribing rates before and after PDMP implementation; a within-state comparison by PDMP registration and use was needed.

In addition, considerable attention has focused on high-risk patients receiving opioids and on risky chronic opioid prescribing. Less attention has focused on high-risk initial opioid prescribing patterns for opioid naïve patients.

Two specific areas with knowledge gaps pertained to opioid prescribing by prescriber type and patient opioid use following spinal fusion surgery.

Supported by grant R01 DA031208 (PI: Richard A. Deyo, MD, MPH) from the National Institute on Drug Abuse



### Opioid Prescribing Findings



#### What is the impact of first-month prescribing on long-term use?

**5%** of opioid-naïve patients initiating opioid therapy became long-term users

The likelihood of long-term use increased rapidly with higher doses and higher numbers of opioid fills in the initial month

Likelihood of becoming long-term opioid users

**16x** more likely: patients prescribed high doses vs. patients prescribed the minimal dose

**2x** more likely: patients with 2 fills vs. patients with 1 fill

**2x** more likely: patients with a long-acting (extended release) opioid prescription vs. patients with short-acting opioids

**Conclusion** | Clinicians should use low initial dose and avoid or exercise caution with refills



#### What is the influence of prescriber continuity on safety?

Greater opioid prescriber continuity was associated with fewer risky prescriptions and patient hospitalizations.

**Conclusion** | Prescriber continuity should be considered in efforts to reduce opioid-related harms



#### Does spinal fusion surgery reduce long-term opioid use?

Spinal fusion surgery for chronic back pain did not reduce the likelihood of long-term opioid use, and opioid-naïve patients undergoing surgery had a substantial risk of initiating long-term use.

**Conclusion** | Patients should be well informed and have realistic expectations regarding opioid use when considering surgery



#### Where do patients get high-risk prescriptions?

Patients prescribed an opioid by nurse practitioners and naturopathic doctors were more likely to have high-risk opioid prescriptions and opioid-related hospitalization and mortality compared to patients prescribed an opioid by medical clinicians (MD/DO/PA). These differences appear largely due to differences in patient mix rather than discipline-specific prescribing practices.

**Conclusion** | Nurse practitioners and naturopathic doctors should receive training in pain management and PDMP use



### PDMP Use Findings



#### How do clinicians use and communicate PDMP findings?

Qualitative findings indicated wide variation in terms of **when** clinicians chose to access the PDMP, **what** they communicated to patients about PDMP patient profiles, and **how** they communicated that information.

##### PDMP Use

varied from consistent monitoring to checking the PDMP only on suspicion of patient opioid misuse

##### Communication about PDMP profiles

ranged from explicit discussion, to questioning patients without disclosing access to the PDMP, to avoiding discussion about possible opioid misuse

Policies that normalized use of the PDMP with all patients appeared to facilitate difficult conversations

**Conclusion** | Best practice guidance and policies on using the PDMP and communicating with patients are needed



#### What is the impact of PDMP use on prescribing?

Quantitative results indicated that after the Oregon PDMP was launched, risky opioid prescribing **decreased** among both PDMP users and nonusers

Frequent PDMP users did not demonstrate greater declines than infrequent users. At baseline frequent PDMP users wrote fewer high-risk opioid prescriptions than infrequent users, and this finding persisted at follow-up with few significant differences between groups.

**Conclusion** | Factors other than PDMP use may have had greater influence on prescribing trends. Refinements in PDMP policies, practices, and training may be needed to increase PDMP impact

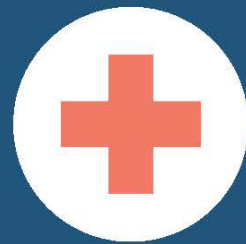


# Branding & Custom Deliverables

Even when you're not selling something, managing how the world sees your organization or project is critical. Effective branding reflects your character and objectives. You need a distinct visual identity that resonates with your target audience and inspires confidence.



Do you or someone  
you know take  
pain medication?



## NALOXONE SAVE LIVES

Pain medications (opioids)  
can carry **serious risks**.

**NALOXONE** is a medicine you can give to  
someone who is **too sleepy or can't be  
woken up due to opioids**

### Opioids Include:

- Hydrocodone (Vicodin®, Norco®, Lortab®)
- Oxycodone (OxyContin®, Percocet®)
- Codeine (Tylenl #3®)
- Hydromorphone (Dilaudid®)
- Morphine (MS Contin®)
- Oxymorphone (Opana®)
- Fentanyl (Duragesic®)
- Buprenorphine (Suboxone®)
- Methadone
- Heroin

**Talk to Your Pharmacist  
About Getting Naloxone**



Branding Update + Promotional Poster + Stickers



**RESPOND TO PREVENT**

### Prescriber Communication Strategy

**S**ubjective Information

**The Prescription**

- Has missing or unreadable information
- Appears altered or irregular
- Is from outside the surrounding area

**The Patient**

- Is paying cash
- Has physical presentation of withdrawal
- Refuses to show identification

**Action Item** → Consult with patient

**O**bjective Information **PDMP**

**S**afety Triggers

- Opioid dosage significantly higher than necessary
- Combination of medications poses risk
- Combination of contradicting medications
- Prescriptions have been filled too frequently
- Patient is seeing multiple prescribers/pharmacies

**Action Item** → Fax reports & notes to prescriber

**A**ssessment of Situation

**Come to the conversation with recommendations as part of the healthcare team**

- "Based on the information I have access to..."
- "I recommend..."

**Action Item** → Create a plan for follow-up

**P**lan or Recommendation

**With the prescriber, decide on a plan:**

- Cancel or fill prescription?
- Refer patient back to prescriber?

**Action Item** → Communicate plan to patient

**RESPOND TO PREVENT**

## BUPRENORPHINE In Community Pharmacies

**DESTIGMATIZING Opioid Use Disorder (OUD)**

- OUD is a chronic, treatable illness
- Buprenorphine is one of the most effective treatments for OUD and opioid withdrawal

**Words Are Important**

Use language that does not reduce individuals to their disease with terms such as addict, junkie, disabled, or diabetic. Your patients are people with a substance use disorder, people who are struggling with addiction.

**RESPOND TO PREVENT**

## GUIDE FOR PHARMACISTS Dispensing Naloxone to Patients

The high number of opioid overdoses is a public health crisis in the US. The rescue medication naloxone can help people survive an overdose. Pharmacies can help by providing naloxone by request, under a standing order or collaborative practice agreement.

Studies show that increasing access to naloxone can reduce overdose death by 35-50%

**PROVIDE NALOXONE To Reduce Overdose**

Opioids create the possibility of an overdose emergency. Anyone can learn to recognize and respond to overdose with naloxone. Provide naloxone to:

- Patients taking opioid medications at high daily doses (>50 morphine milligram equivalent or more) or for 28 days or more
- Patients taking opioid medications along with benzodiazepines
- Anyone who asks for it

Other circumstances can affect risk. For more information, visit [Prevent-Protect.org](http://Prevent-Protect.org)

**YOUR ROLE**

<b>Pharmacy Technician</b>	<b>Pharmacist</b>
Fill and process insurance or provide cash price to patient. Get pharmacist for verification and counseling.	Counsel patient on overdose prevention and steps of overdose response.

**Types of NALOXONE**

For more information on naloxone, see page 2 of this handout

- MULTI-STEP NASAL SPRAY
- INTRAMUSCULAR INJECTION
- SINGLE-STEP NASAL SPRAY
- AUTO-INJECTOR

**HOW TO RESPOND To An Overdose**

If someone is not breathing or you think they may have overdosed →

- Check for response to yelling or shaking
- Call 911
- If no reaction in 3 minutes, give another naloxone dose
- Give chest compressions and/or rescue breaths if you know how to do them. Follow 911 dispatcher instructions
- Stay with the person for at least 3 hours or until help arrives

**RESOURCES**

Learn to Cope | Support group for families coping with addiction | [learn2cope.org](http://learn2cope.org)

I'm the Evidence | Faces and voices of overdose prevention with naloxone | [facebook.com/NaloxoneWorks](https://www.facebook.com/NaloxoneWorks)

Buprenorphine Locator | Buprenorphine effectively treats opioid addiction | [samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator](http://samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator)

SAMHSA's National Helpline | Treatment referrals | 1.800.662.HELP (4357)

American Heart Association | Training on performing chest compressions | [heart.org](http://heart.org)

Crisis Text Line | Free, 24/7 text support from Crisis counselors | Text CONNECT to 741741

**RESPOND TO PREVENT**

## Opioid Screening and Harm Reduction Algorithm

**Step 1 Initial Screening**

**Indicators of Potential Risk for Opioid Overdose**

- Daily dose of 50 MME per day or more
- High dose after a period of abstinence
- Prescribed buprenorphine or naltrexone
- Prescribed an opioid and sedative / benzodiazepine

**Offer Naloxone**

Refer to Guide for Pharmacists Dispensing Naloxone to Patients

**Step 2 Consult the PDMP**

**Additional Indicators of Potential Risk for Opioid Overdose**

- History of repeated attempts to fill opioid prescriptions early
- History of naltrexone or buprenorphine prescription fills
- History of receiving an opioid and sedative/benzodiazepine across multiple prescribers or pharmacies
- History of receiving overlapping opioid prescriptions across multiple prescribers or pharmacies

**Recommended Consultation Steps**

- Discuss opioid risks and safety recommendations with the patient
- Share safety concerns with the patient in a non-judgmental tone
- Ask permission to give information or advice
- Educate patient on benefits of naloxone
- Communicate your plan or recommendation to the prescriber
- Remember both the patient and prescriber should be included in fill decisions

**Refer to Prescriber Communication Strategy Checklist**

**RESPOND TO PREVENT**

## SAVE A LIFE. GET NALOXONE.

**Naloxone stops an overdose** cause by opioid pain medication, fentanyl, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

**To get naloxone, present this card to the pharmacy staff**

Most insurances will cover at least one of these options, or you can pay cash. All products contain at least 2 doses.

<p><b>A</b></p> <p></p> <p><b>MULTI-STEP NASAL SPRAY</b></p> <p><b>DIRECTIONS</b> Spray 1 mL (half of the syringe) into each nostril.</p> <p><b>BRAND NAME</b> No brand name/ Generic</p> <p><b>CASH PRICE</b> 💎💎</p>	<p><b>B</b></p> <p></p> <p><b>INTRAMUSCULAR INJECTION</b></p> <p><b>DIRECTIONS</b> Inject 1 mL in shoulder or thigh.</p> <p><b>BRAND NAME</b> No brand name/ Generic</p> <p><b>CASH PRICE</b> 💎💎</p>	<p><b>C</b></p> <p></p> <p><b>SINGLE-STEP NASAL SPRAY</b></p> <p><b>DIRECTIONS</b> Spray full dose into one nostril.</p> <p><b>BRAND NAME</b> Narcan®</p> <p><b>CASH PRICE</b> 💎💎💎</p>	<p><b>D</b></p> <p></p> <p><b>AUTO-INJECTOR</b></p> <p><b>DIRECTIONS</b> Use as directed by voice-prompt. Press black side firmly on outer thigh.</p> <p><b>BRAND NAME</b> Evzio®</p> <p><b>CASH PRICE</b> 💎💎💎💎</p>
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**For all products, repeat naloxone administration after 2 or 3 minutes if there is no response**

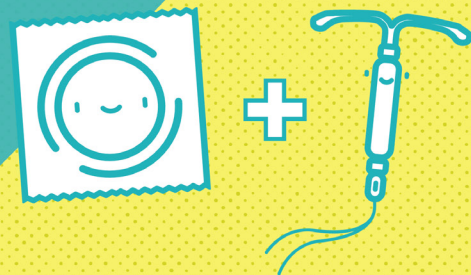
For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [Prevent-Protect.org](http://Prevent-Protect.org)

# Informational Handouts + Cards



# it takes 2! (methods)

reduce the risk  
of STIs and  
pregnancy



**Condoms + contraception together**  
reduce the risk of pregnancy  
and sexually transmitted infections.  
Make an appointment at your  
Student Health Center to learn more.

**CLEVELAND HIGH SCHOOL  
STUDENT HEALTH CENTER**

**OPEN MONDAY-FRIDAY  
503.988.3350**

Paid for by the SAY Wellness Grant funded by  
the Centers for Disease Control Department of Adolescent School Health



# the most common STI symptom is NO symptom!

know your status



**Visit your Student Health Center**  
for confidential sexually transmitted  
infection testing and treatment.  
All services are provided at no cost.

**CLEVELAND HIGH SCHOOL  
STUDENT HEALTH CENTER**

**OPEN MONDAY-FRIDAY  
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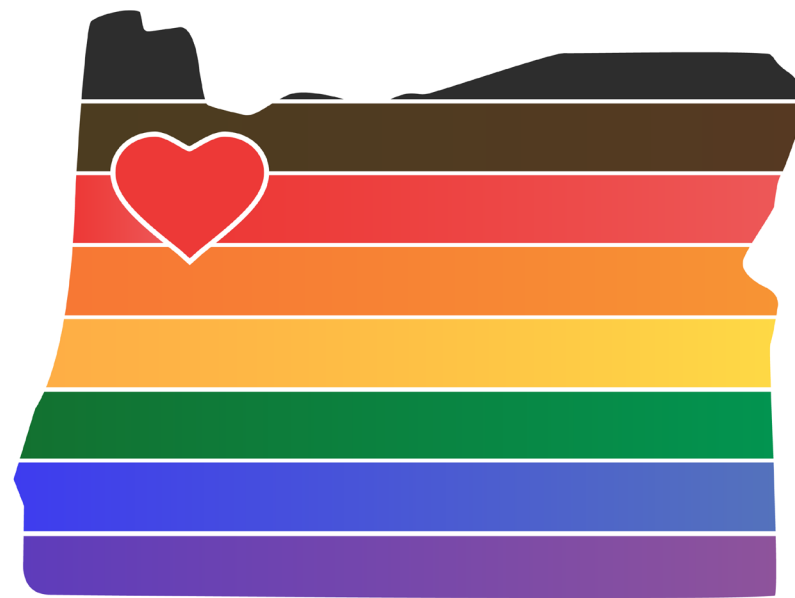
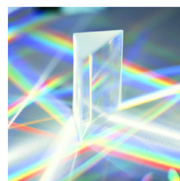
### Option 1 | Prism

An abstract representation of the rainbow light refracted by a prism, partially inspired by the classic rainbow flag designed by San Francisco artist Gilbert Baker in 1978. Here's a brief quote from Baker about why he chose a rainbow design to represent the LGBTQ+ community:

“A rainbow fit us. It is from nature. It connects us to all the colors — all the colors of sexuality, all the diversity in our community.”

Gilbert Baker

concept



### Option 2 | Pride

A nod to the 8-stripe flag unveiled at Philadelphia's Pride celebration in 2017. The flag was created to better represent the experiences of queer people of color and to acknowledge systems of oppression. A quote from Amber Hikes, executive director of the Mayor's Office of LGBT Affairs for the City of Philadelphia:

“This eight-stripe flag is not a replacement for the six-stripe flag. It is a way to symbolize, to highlight, and to stand in solidarity with these other identities.”

Amber Hikes

concept



### Option 3 | Identities

A representation of the complex and diverse identities and experiences within the LGBTQ+ spectrum. However we identify, we can choose to move through the world with pride and celebrate each other.

“We are not what other people say we are, we are who we know ourselves to be and we are what we love.”

Laverne Cox

concept




# Social Media & Internet Content

Skeptics who thought the internet was a passing fad were wrong. Using digital platforms to connect, collect data, and share information is the norm now. You need messaging crafted for the technical specifications and culture of today's communication channels.



TV Survey

This is what your Page looks like to a visitor. [Switch back to your view](#) to manage this Page.



Followed by 23 people

[Follow](#) [Like](#) [Share](#) [...](#)

**Videos**  
No videos to show

**Photos**

**About**  
TV SHOW  
The TV Survey collects information from people across the nation to find out what they think about a new television show.  
<https://rmcresearchcorporation.com/portlandor/>

**Community** [See All](#)  
Invite your friends to like this Page  
19 people like this  
23 people follow this

**TV Survey**  
23 followers  
The TV Survey collects information from people across the nation to find out what they think about a ne...

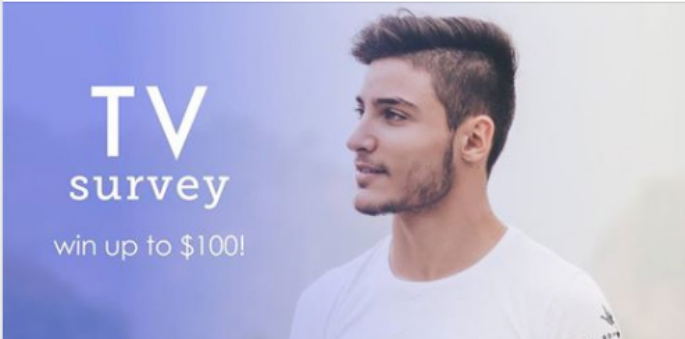
**Home**  
Videos  
Posts  
About  
Community  
Photos  
[Create a Page](#)

Carrier 1:20 PM 100%

Search

What's on your mind?

**TV Survey** Sponsored · [...](#)  
Have you taken the TV survey yet? [...](#)  
We need your input! Complete this quick survey about an upcoming TV show and enter to win a \$100 gift card:  
<https://www.surveymonkey.com/r/S9SPSJ3...> [See More](#)



[Learn More](#)

85 562 Comments 311 Shares

[Like](#) [Comment](#) [Share](#)

Facebook Page + Data Collection Ads





TV survey

\* 6. Please select the image that makes you most interested in watching the show.

a.

b.

c.

TV survey

\* 9. Please select the image that makes you most interested in watching the show.

a.

b.

c.

d.

Prev Next



### 2019 NATIONAL BLUE RIBBON SCHOOLS

362 schools recognized in 46 states plus DC and DoDEA

312 PUBLIC SCHOOLS 50 NON-PUBLIC SCHOOLS

46% with 40% or more disadvantaged students

**SCHOOL LEVEL**

- PRE-K-12: 3%
- ELEMENTARY: 74%
- MIDDLE: 8%
- HIGH: 15%

**GEOGRAPHIC LOCALE**

- SUBURBAN: 48%
- RURAL OR SMALL CITY/TOWN: 28%
- URBAN OR LARGE CENTRAL CITY: 23%

**SCHOOL TYPE**

- TITLE I: 30%
- CHOICE: 11%
- MAGNET: 6%
- CHARTER: 6%

**AFFILIATION**

- CATHOLIC: 76%
- CHRISTIAN: 18%
- INDEPENDENT: 4%

**WHAT DRIVES NATIONAL BLUE RIBBON SCHOOLS TO THE TOP?**

Review of the KEY DRIVERS reported by 2016 applicants revealed that regardless of school's public or non-public status, size, level, locale, percentage of disadvantaged students, or diversity 65% attributed their success to STUDENT SUPPORTS or INSTRUCTION

- 34% STUDENT SUPPORTS (e.g., whole-child, educational, school culture, family engagement)
- 31% INSTRUCTION (e.g., data-driven instruction, student-specific instructional support, project-based instruction)
- 23% SCHOOL STRUCTURE (e.g., collaborative culture, strong leadership, effective teachers, partnerships)
- 12% CURRICULUM (e.g., ELA, STEM, college and career readiness)

Within each KEY DRIVER, some practices stood out as especially strong

**1 STUDENT SUPPORTS**

**WHOLE CHILD EDUCATION**

*Oak Grove School, Green Oaks, IL*  
Social Emotional Learning instruction provides students, families, and staff with dedicated time focused on empathy, compassion, and creating a positive environment.

*Anna Reynolds Elementary School, Newington, CT*  
Promoting positive citizenship and school climate are reinforced by using a kindness "bucket filling" strategy.

*Springfield Estates Elementary School, Springfield, VA*  
Deliberate teaching of social and emotional skills and values during daily Morning Meeting strengthens student-teacher connections individually, culturally, and developmentally.

**SCHOOL CULTURE**

*York Suburban Senior High School, York, PA*  
High standards and expectations are never put forth without a plan to support and encourage students. Teachers talk about growth as much as achievement.

*Devaney Elementary School, Lakewood, CO*  
A growth mindset framework encourages teachers to model resilience, showing students that through perseverance, mastery of learning will occur.

*New Mexico School for the Arts, Santa Fe, NM*  
In Ninth Grade Academy freshmen learn how problem-solving, perseverance, endurance, and collaboration apply to their academic classes as well as their art studies.

**2 INSTRUCTION**

**DATA-DRIVEN INSTRUCTION**

*Thornhill Elementary School, Oakland, CA*  
Creating, implementing, and analyzing Focal Student Plans in reading allows teachers to identify proficiency levels and develop instruction and intervention plans.

*Pickering Valley Elementary School, Chester Springs, PA*  
Applying an 8-step cycle for using data drives building centered goals, grade level goals, small-group goals, and individual student goals.

*Mesa Elementary School, Clovis, NM*  
Analyzing data at the classroom and grade level allows teachers to reflect on their own teaching, resulting in more effective instruction.

**INSTRUCTIONAL SUPPORT**

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Students have daily access to Academic Support Centers that utilize a peer tutoring model.

*St. Francis of Assisi Catholic School, Louisville, KY*  
Teachers and parent volunteers help students lacking strong family support complete assignments.

*Rosemeade Elementary School, Carrollton, TX*  
Daily "Readrunner" time involves students in differentiated instructional groups for remediation or enrichment.

**3 SCHOOL STRUCTURE**

**COLLABORATIVE CULTURE**

*Edison Computech 7-8 School, Fresno, CA*  
Facilitating consensus-based management, the campus is interconnected through team committees and utilizes proposals and simple voting to ensure ownership, accountability and buy-in across stakeholders.

*St. Joseph Catholic School, Marietta, GA*  
Constant collegial communication provides faculty the opportunity to improve instructional practice and the flexibility to introduce new, creative, and exciting programs.

**STRONG LEADERSHIP/EFFECTIVE TEACHERS**

*Bald Creek Elementary School, Burnsville, NC*  
A 9-year turnaround has changed the school philosophy, vision, personnel, curriculum, instruction, student expectations, technology, parent involvement, and the facility.

*Avonelles Public Charter School, Mansura, LA*  
The application process for new teachers includes an interview to determine if they will love a child enough to invest their time and talents to make a difference and inspire a student to reach their potential.

**4 CURRICULUM**

**ENGLISH LANGUAGE ARTS**

*Barrington High School, Barrington, RI*  
A writing program's emphasis on integrating text-based evidence into informational and argumentative writing assignments has improved students' ability to read, comprehend, and write about complex texts across all core subjects.

*Big Apple Academy, Brooklyn, NY*  
Students performance in ELA has improved due to a signature Vocabulary Acquisition Program that includes vocabulary blocks, activities, and weekly/monthly assessments.

**COLLEGE AND CAREER READINESS**

*Southern Columbia Area High School, Catawissa, PA*  
Although small, the school's partnerships with local universities and community colleges have enabled it to enhance the curriculum and offer post-secondary credit.

*Gwinnett School of Mathematics, Science, and Technology, Lawrenceville, GA*  
A required 4-year internship experience includes a rigorous career day, a job readiness workshop, semester and yearlong internships, and student presentations.

An official website of the United States government [Here's how you know](#)

## National Blue Ribbon Schools Program

EXCELLENCE IN EDUCATION SINCE 1982

About Us | Award Recipients | Awards Ceremony | School Practices | Media Use

# Award Winners

### 2019 NATIONAL BLUE RIBBON SCHOOLS

362 schools recognized in 46 states plus DC and DoDEA

312 PUBLIC SCHOOLS 50 NON-PUBLIC SCHOOLS

46% with 40% or more disadvantaged students

**SCHOOL LEVEL**

- PRE-K-12: 3%
- ELEMENTARY: 74%
- MIDDLE: 8%
- HIGH: 15%

**GEOGRAPHIC LOCALE**

- SUBURBAN: 48%
- RURAL OR SMALL CITY/TOWN: 28%
- URBAN OR LARGE CENTRAL CITY: 23%

**SCHOOL TYPE**

- TITLE I: 30%
- CHOICE: 11%
- MAGNET: 6%
- CHARTER: 6%

**AFFILIATION**

- CATHOLIC: 76%
- CHRISTIAN: 18%
- INDEPENDENT: 4%

**1 STUDENT SUPPORTS**

**WHOLE CHILD EDUCATION**

*Oak Grove School, Green Oaks, IL*  
Social Emotional Learning instruction provides students, families, and staff with dedicated time focused on empathy, compassion, and creating a positive environment.

*Anna Reynolds Elementary School, Newington, CT*  
Promoting positive citizenship and school climate are reinforced by using a kindness "bucket filling" strategy.

*Springfield Estates Elementary School, Springfield, VA*  
Deliberate teaching of social and emotional skills and values during daily Morning Meeting strengthens student-teacher connections individually, culturally, and developmentally.

**SCHOOL CULTURE**

*York Suburban Senior High School, York, PA*  
High standards and expectations are never put forth without a plan to support and encourage students. Teachers talk about growth as much as achievement.

*Devaney Elementary School, Lakewood, CO*  
A growth mindset framework encourages teachers to model resilience, showing students that through perseverance, mastery of learning will occur.

*New Mexico School for the Arts, Santa Fe, NM*  
In Ninth Grade Academy freshmen learn how problem-solving, perseverance, endurance, and collaboration apply to their academic classes as well as their art studies.

**2 INSTRUCTION**

**DATA-DRIVEN INSTRUCTION**

*Thornhill Elementary School, Oakland, CA*  
Creating, implementing, and analyzing Focal Student Plans in reading allows teachers to identify proficiency levels and develop instruction and intervention plans.

*Pickering Valley Elementary School, Chester Springs, PA*  
Applying an 8-step cycle for using data drives building centered goals, grade level goals, small-group goals, and individual student goals.

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Carrier 1:20 PM 100%

Search

**National Blue Ribbon**  
@NatiBlueRibbon

**Awardees relate the most significant impact of receiving the 2017 recognition**

10:46 AM - 21 May 2018

**Awardees** relate the most significant impact of receiving the 2017 recognition

Winning the National Blue Ribbon based on the criteria set by the U.S. Department of Education, the highest award of its kind and the national honor of excellence in education.

Receiving the award was a remarkable accomplishment for our school. It was a testament to the hard work and dedication of our staff and students. We are proud to be recognized as one of the top schools in the nation.

Receiving the award was a testament to the hard work and dedication of our staff and students. We are proud to be recognized as one of the top schools in the nation.

nationalblueribbon.com...  
4.2 / 5.0 stars - 123 ratings

**ATTENDEES describe what they found most valuable about the 2017 ceremony**

I was motivated by the engaging speakers and inspired to be with the highly respected group of educators at this conference. Thank you for recognizing the hard work we do on a daily basis.

I found the affirmation of educators and education to be so uplifting. It was wonderful to see and feel the positive energy.

The ceremony and experience provided our school team an opportunity to connect with colleagues outside of our district that supported improved practice.

The awards ceremony was amazing and very moving.

We met so many exceptional and innovative leaders and teachers. Sharing ideas and strategies with one another has inspired us to take our school to greater levels of achievement.

It felt like I discovered a treasure trove of education secrets sharing successes with each other!

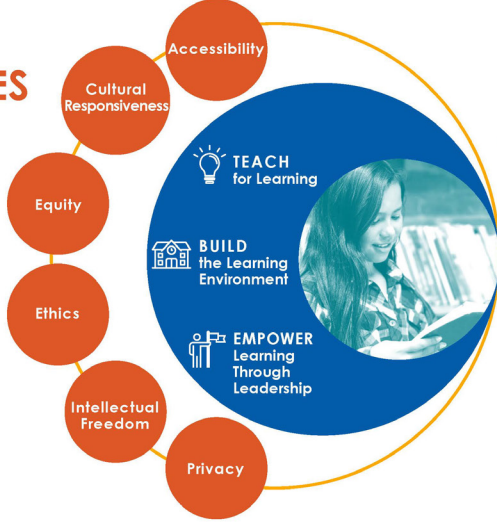
Sydney Chaffee's presentation was touching and spot on for an audience of educators passionate about being heroes for their students and school community.

# Infographic Web + Twitter Content



# New York State Education Department SCHOOL LIBRARY PROGRAM RUBRIC

## 6 VALUES



frame the rubric's  
**3 DOMAINS**

centered on each  
**unique learner**

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### PREFACE

School libraries foster learning, empowerment and achievement for all students. The School Library Program Rubric is designed to support the work of school librarians and their colleagues in creating a school library program that is effective, equitable and sustainable. The rubric is designed to be used by school librarians, administrators, parents, and the community to assess and improve school library programs. The rubric is designed to be used by school librarians, administrators, parents, and the community to assess and improve school library programs. The rubric is designed to be used by school librarians, administrators, parents, and the community to assess and improve school library programs.

### 6 FOUNDATIONAL VALUES



### HOW TO USE THIS RUBRIC

The rubric contains several key components. At the top level, the rubric is organized into three domains. Each domain is further divided into specific elements and indicators. The rubric is designed to be used by school librarians, administrators, parents, and the community to assess and improve school library programs. The rubric is designed to be used by school librarians, administrators, parents, and the community to assess and improve school library programs.

#### TEACH FOR LEARNING | Instruction

Instructional Design	Collaborative Planning and Teaching	Assessment for Learning	Multiple Literacies
<p><b>Disaligned</b></p> <p>Instructional design is not aligned with the standards and best practices for instruction. Instructional design is not aligned with the standards and best practices for instruction.</p>	<p><b>Disaligned</b></p> <p>Collaborative planning and teaching is not aligned with the standards and best practices for collaborative planning and teaching. Collaborative planning and teaching is not aligned with the standards and best practices for collaborative planning and teaching.</p>	<p><b>Disaligned</b></p> <p>Assessment for learning is not aligned with the standards and best practices for assessment for learning. Assessment for learning is not aligned with the standards and best practices for assessment for learning.</p>	<p><b>Disaligned</b></p> <p>Multiple literacies are not aligned with the standards and best practices for multiple literacies. Multiple literacies are not aligned with the standards and best practices for multiple literacies.</p>

Collaborative Planning and Teaching	Assessment for Learning	Multiple Literacies	Digital Citizenship and Social Responsibility
<p><b>Disaligned</b></p> <p>Collaborative planning and teaching is not aligned with the standards and best practices for collaborative planning and teaching. Collaborative planning and teaching is not aligned with the standards and best practices for collaborative planning and teaching.</p>	<p><b>Disaligned</b></p> <p>Assessment for learning is not aligned with the standards and best practices for assessment for learning. Assessment for learning is not aligned with the standards and best practices for assessment for learning.</p>	<p><b>Disaligned</b></p> <p>Multiple literacies are not aligned with the standards and best practices for multiple literacies. Multiple literacies are not aligned with the standards and best practices for multiple literacies.</p>	<p><b>Disaligned</b></p> <p>Digital citizenship and social responsibility are not aligned with the standards and best practices for digital citizenship and social responsibility. Digital citizenship and social responsibility are not aligned with the standards and best practices for digital citizenship and social responsibility.</p>

#### BUILD THE LEARNING ENVIRONMENT | Personnel

Staffing	Professional Development	Budget Resources and Materials	Instructional Technology
<p><b>Disaligned</b></p> <p>Staffing is not aligned with the standards and best practices for staffing. Staffing is not aligned with the standards and best practices for staffing.</p>	<p><b>Disaligned</b></p> <p>Professional development is not aligned with the standards and best practices for professional development. Professional development is not aligned with the standards and best practices for professional development.</p>	<p><b>Disaligned</b></p> <p>Budget resources and materials are not aligned with the standards and best practices for budget resources and materials. Budget resources and materials are not aligned with the standards and best practices for budget resources and materials.</p>	<p><b>Disaligned</b></p> <p>Instructional technology is not aligned with the standards and best practices for instructional technology. Instructional technology is not aligned with the standards and best practices for instructional technology.</p>

Equitable Access Resource Sharing	Climate Conductive to Learning
<p><b>Disaligned</b></p> <p>Equitable access resource sharing is not aligned with the standards and best practices for equitable access resource sharing. Equitable access resource sharing is not aligned with the standards and best practices for equitable access resource sharing.</p>	<p><b>Disaligned</b></p> <p>Climate conducive to learning is not aligned with the standards and best practices for climate conducive to learning. Climate conducive to learning is not aligned with the standards and best practices for climate conducive to learning.</p>

#### EMPOWER LEARNING THROUGH LEADERSHIP | Leadership

Instructional Leadership	Administrative Support	Program Policies and Planning	Evaluation and Evidence-Based Practice Reporting
<p><b>Disaligned</b></p> <p>Instructional leadership is not aligned with the standards and best practices for instructional leadership. Instructional leadership is not aligned with the standards and best practices for instructional leadership.</p>	<p><b>Disaligned</b></p> <p>Administrative support is not aligned with the standards and best practices for administrative support. Administrative support is not aligned with the standards and best practices for administrative support.</p>	<p><b>Disaligned</b></p> <p>Program policies and planning are not aligned with the standards and best practices for program policies and planning. Program policies and planning are not aligned with the standards and best practices for program policies and planning.</p>	<p><b>Disaligned</b></p> <p>Evaluation and evidence-based practice reporting are not aligned with the standards and best practices for evaluation and evidence-based practice reporting. Evaluation and evidence-based practice reporting are not aligned with the standards and best practices for evaluation and evidence-based practice reporting.</p>

Administrative Support	Program Policies and Planning	Evaluation and Evidence-Based Practice Reporting
<p><b>Disaligned</b></p> <p>Administrative support is not aligned with the standards and best practices for administrative support. Administrative support is not aligned with the standards and best practices for administrative support.</p>	<p><b>Disaligned</b></p> <p>Program policies and planning are not aligned with the standards and best practices for program policies and planning. Program policies and planning are not aligned with the standards and best practices for program policies and planning.</p>	<p><b>Disaligned</b></p> <p>Evaluation and evidence-based practice reporting are not aligned with the standards and best practices for evaluation and evidence-based practice reporting. Evaluation and evidence-based practice reporting are not aligned with the standards and best practices for evaluation and evidence-based practice reporting.</p>

### GLOSSARY OF TERMS

**Accessibility** (A) The extent to which individuals with disabilities have equal access to and use of information resources, services, and programs. Accessibility is the extent to which individuals with disabilities have equal access to and use of information resources, services, and programs.

**Cultural Responsiveness** (C) The extent to which individuals from diverse backgrounds and cultures are able to access and use information resources, services, and programs. Cultural responsiveness is the extent to which individuals from diverse backgrounds and cultures are able to access and use information resources, services, and programs.

**Equity** (E) The extent to which individuals from all backgrounds and cultures are able to access and use information resources, services, and programs. Equity is the extent to which individuals from all backgrounds and cultures are able to access and use information resources, services, and programs.

**Ethics** (E) The extent to which individuals are able to access and use information resources, services, and programs in a responsible and ethical manner. Ethics is the extent to which individuals are able to access and use information resources, services, and programs in a responsible and ethical manner.

**Intellectual Freedom** (I) The extent to which individuals are able to access and use information resources, services, and programs without censorship or restriction. Intellectual freedom is the extent to which individuals are able to access and use information resources, services, and programs without censorship or restriction.

**Privacy** (P) The extent to which individuals are able to access and use information resources, services, and programs in a secure and confidential manner. Privacy is the extent to which individuals are able to access and use information resources, services, and programs in a secure and confidential manner.

**Global community** (G) The people or nations of the world, considered as being connected by modern communication and transport systems. Global community is the people or nations of the world, considered as being connected by modern communication and transport systems.

**Information literacy** (I) The ability to access, analyze, evaluate, and use information resources, services, and programs in a responsible and ethical manner. Information literacy is the ability to access, analyze, evaluate, and use information resources, services, and programs in a responsible and ethical manner.

**Instructional leadership** (I) The extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner. Instructional leadership is the extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner.

**Professional development** (P) The extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner. Professional development is the extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner.

**Program policies and planning** (P) The extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner. Program policies and planning is the extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner.

**Evaluation and evidence-based practice reporting** (E) The extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner. Evaluation and evidence-based practice reporting is the extent to which school librarians are able to access and use information resources, services, and programs in a responsible and ethical manner.

### SUPPLEMENTAL RESOURCES

**LITERATURE OF EVIDENCE**

**INTERNATIONAL NEEDS AND TRENDS**

**ACTION PLANNING TEMPLATE**

**HOW TO USE THIS RUBRIC**

### SCHOOL LIBRARY PROGRAM RUBRIC | ACTION PLANNING TEMPLATE

**PRIORITIZING RECOMMENDATIONS**

**TEACH FOR LEARNING**

Use this template to prioritize the goals and recommendations you have selected to improve the teaching and learning elements and increase student learning and achievement. You are encouraged to discuss the following questions before completing this action planning template with a combination of short- and long-term goals for the Teach for Learning domain.

**Questions for planning short-term and long-term goals and prioritizing those goals:**

- How is your School Library Program effective in the essential elements of the Teach for Learning domain? Cite evidence from the completed rubric.
- What conditions prevent your School Library Program from reaching the next performance category for any essential element in Teach for Learning? Can these conditions be overcome by the school librarian and/or administrator?
- Which essential elements in Teach for Learning are of most concern or priority to you? Why?
- What steps and supports could be taken to help your School Library Program be more effective in Teach for Learning?

Priority	Goal	Timeline for Achievement	Person Responsible for Achievement
1	ST Example—Description of goal	Timeframe	Name(s)
2	LT Example—Description of goal	Timeframe	Name(s)
3			

### EMPOWER LEARNING THROUGH LEADERSHIP

**LEADERSHIP**

Use this template to prioritize the goals and recommendations you have selected to improve the teaching and learning elements and increase student learning and achievement. You are encouraged to discuss the following questions before completing this action planning template with a combination of short- and long-term goals for the Empower Learning Through Leadership domain.

**Questions for planning short-term and long-term goals and prioritizing those goals:**

- How is your School Library Program effective in the essential elements of the Empower Learning Through Leadership domain? Cite evidence from the completed rubric.
- What conditions prevent your School Library Program from reaching the next performance category for any essential element in Empower Learning Through Leadership? Can these conditions be overcome by the school librarian and/or administrator?
- Which essential elements in Empower Learning Through Leadership are of most concern or priority to you? Why?
- What steps and supports could be taken to help your School Library Program be more effective in Empower Learning Through Leadership?

Priority	Goal	Timeline for Achievement	Person Responsible for Achievement
1	LT Example—Description of goal	Timeframe	Name(s)
2	ST Example—Description of goal	Timeframe	Name(s)
3			

# Online Data Collection Form (excerpt) + Handouts



# Let's Talk

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