



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Closed Captioning Transcript

SMH Curriculum Always and Now Learning Series: Session 1

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Hello, everyone.

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Thank you for being here with us today for our MH TTC school mental health curriculum always and now Learning Series.

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We'll get started momentarily.

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I do want to remind everyone that all attendees are muted. And today's session is being recorded.

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In the meantime, we do have a slide on the screen to help you get comfortable with the zoom webinar interface. I'm sure many of us have been using zoom recently.

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But just in case, let me walk you through some of these zoom features that you see on your screen there. We do have the chat box open.

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Please use the chat box to ask any questions or make any requests for help, regarding audio or tech issues, all comments that are made in the chat box are open for public viewing.

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We do invite you to enter your name and where you're calling from.

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We're excited to have so many of you with us today.

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You'll also see that we do have the q amp a pod available.

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The q amp a pod is only for sharing resource links and asking questions for our speakers. So if you have content related questions, please use the q amp a pod.

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If you just like to say hello to your fellow participants, you can go ahead and use the chat box. If you have any audio or tech issues, please enter those in the chat box and we have one of our team members, help you.

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We do also have captions available for today.

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Those of you who would like to enable the closed captioning feature. Please look at the bottom of your screen on the zoom platform, and you'll see an icon that says cc live transcript.

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If you click on that you'll see that subtitles will show up on your screen.

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You also have the option for having a view of a full transcript on the side of your screen.

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If you'd like to have those captions show up on the side of your screen just go ahead and select that CC button.

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We have so many with us today. Thank you so much again for joining us. Those of you who just joined us, please get comfortable. We are about to get started in a few seconds.

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We do have the chat box open if you want to say hello.

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We have the q amp a pod.

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If you want to ask questions of our speakers throughout the presentation, please use the q amp a pod.

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Key we'll go ahead and get started. Thank you so much again everyone for being with us today I am Jessica Gonzales. I'm the school mental health coordinator with the mental health technology transfer center network coordinating office, and I'm excited

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to moderate today's session.

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Thank you for joining us for session one of our eight part Learning Series and HTC school mental health curriculum, always and now we have a few housekeeping items to go over before we officially begin.

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I know that we're all still adjusting to working from home but I'm sure that many of you have become very comfortable with our zoom video trainings, but in any case I do want to share a few reminders regarding the logistics of today's meeting to ensure

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the best audio quality for the duration of this meeting we have muted mics for all participants, except for the speakers.

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If you have audio or technical issues during the session, the chat box is open for you to communicate with our team, so they may assist you.

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If you have a link to resources that you'd like to share with other attendees, or if you have questions for our presenters. Please enter those in the q amp a pod.

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We have team members who are monitoring the q amp a pod and they will ensure that your questions are answered as much as possible and we also will have a q amp a portion in our session later today and we'll try to get through as many questions as possible.

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We have made every attempt to make today's presentation secure. If we do need to end the presentation unexpectedly we will follow up using your registration information.

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A reminder to everyone, we are going to be sending this presentation, access to this presentation that recording the slide deck, any resources that are mentioned via a follow up email within the next few days.

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We also will give you access to a certificate of completion.

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We will have the session recording and slide deck posted on our website within a few days.

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And one last reminder that we do have captions available for today's session, if you look down on your screen on the platform of zoom we do have cc live transcript icon.

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If you select that icon, you'll see that you'll have an option to enable the captions on your screen.

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And if you don't already please follow us on social media. it's just another way to stay in touch with us.

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So again, welcome to everyone who has joined us we have over 600 attendees today.

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So a lot of you. Thank you so much for spending your next hour with us. If you are new to us. This is an eight part series, that is a collaborative effort of the mental health technology transfer centers, also known as MHTT sees.

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We are a network funded by the Substance Abuse and Mental Health Services Administration, and our network includes 10 regional centers and national American Indian and Alaska Native center, and National Hispanic and Latino Center and the network coordinating

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office, our collaborative network supports resource development and dissemination training and technical assistance and workforce development for the mental health field.

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After today's session we suggest that you visit our website and find your regional center to keep in touch with us for many more resources and training opportunities.

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Really quick disclaimer this presentation was prepared for the MH TTC network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration SAMHSA.

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The opinions expressed in this learning session, are the views of our moderator and panelists and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

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As part of receiving stamps of funding we are required to submit data related to the quality of this event. At the end of today's training we ask that you please take a moment to complete a very brief survey about today's session.

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All attendees will be automatically redirected to the survey when closing the webinar window when this event ends.

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Okay, thank you for your attention, not introduction, I think that we can go ahead and get started.

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So as many of you know, this eight part training series uses the National School mental health curriculum guidance and best practices for states districts and schools.

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The curriculum was developed by our network, in partnership with the National Center for school mental health in 2019.

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The curriculum is intended to help states districts and schools advance comprehensive school mental health and engage in a planning process for implementation, and includes a trainer and participant manual eight sets of slide decks for each module in

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the curriculum, representing the core features of comprehensive school mental health. And we also have additional resources available to you within the curriculum, today's live session will consist of a discussion with a small panel of education and mental

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health leaders who will provide an always and now application of the curriculum. We really want to let it be known that the National School mental health curriculum is a great resource to utilize in normal school settings, but also in the current context

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with the covert 19 pandemic and its impact on provision of school mental health services. So our panelists today will share with us their experience using the curriculum and innovative ideas for implementation and the current context.

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Now we really hope everyone watched the precession video for the first module of the curriculum that we are focusing on today foundations of comprehensive school mental health.

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This is a request that was made upon registration for this Learning Series to help everyone familiarize themselves with the curriculum material.

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If you did not have a chance to watch the precession video or if you could use a refresher, you're in luck. We are excited to have Dr. Sharon Hoover with us today to provide a recap of the module and serve as one of our panelists for the second part of

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our session, Sharon is one of our subject matter experts from the National Center for school mental health, who partnered with our network in the development of the National School mental health curriculum.

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So she really knows the material inside and out. A Sharon is a licensed clinical psychologist and professor at the University of Maryland School of Medicine.

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She is also the CO Director of the National Center for school mental health, and currently leads the efforts of the National Center for school mental health to support states districts and schools, and the adoption of national performance standards for

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quality, and sustainability of comprehensive school mental health systems.

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Thank you so much for being with us today Sharon, I'll go ahead and pass it off to you. Great, thank you so much Jessica and I am so heartened to see so many people engaging with us today knowing how busy everybody is and how many demands and layers of

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demands are on folks right now so I just want to thank everybody for joining us and we hope to partner with you today and hope that this time is meaningful for all of you.

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And for us, so as Jessica said my role for the next few minutes is really just to give some highlights of this first module which is called foundations of comprehensive school mental health, and I am the CO Director of the National Center for school mental

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health along with Dr. Nancy lever who's joining me today as well. And we really have the privilege of working with the entire mental health technology transfer center network the regional centers the specialty centers, the National Coordinating office

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to develop this, and just want to give a thank you to the HTC network all of the school mental health leads and really to the field who has given us input along the way.

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So for a few minutes, I'm just going to share some of the highlights but just do want to remind folks that there are four modules, we're just going to be giving you a snapshot and so there's modules that you can turn to in the workbook form as well as

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the video form that was shared as part of the registration process for today.

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So, module one of this eight part series, as I said is called foundations of comprehensive school mental health, and it really provides an overview of what the curriculum entails but also give us a bit of a background as to what is comprehensive school

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mental health, how do we define that. And what are some of the core features of comprehensive school mental health, so I'm going to touch on those. Next slide.

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So you can see here these are the eight modules that make up the curriculum, we start with foundations which we're going to do today and then aligned with the rest of this webinar series are the modules that you see here so we go from teaming to needs

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assessment and resource mapping screening mental health promotion for all or tier one early intervention and treatment or tiers two and three funding and sustainability and then finally impact.

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So we talked about the curriculum really targeting states districts, schools, but you'll see here and in the beginning of the foundations module. The, the primary intended audience for this training was district teams really district teams that can influence

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develop and oversee school mental health systems at the school district and building levels of course it has been used and continues to be used by state leaders, by leaders of school buildings, but district teams are the intended audience for this curriculum.

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And you can see here some of those that may make up a district team so it can be school district leaders like your Superintendent school board members school administrators district mental health directors or student services support supervisors community

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Behavioral Health Partners youth family advocates and consumers. So there are many folks who can make up a district team and certainly we encourage district teams but also school and state and other teams to access and use this curriculum for your school

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mental health quality improvement process. Next slide.

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So each of these eight modules aligns with our national performance domains and indicators of comprehensive school mental health system quality so this is a space that are Center has been working in for a number of years now, and we were charged by our

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federal thunder. The US Department of Health and Human Services and specifically herself, the Health Resources and Services Administration to develop these national performance indicators of best practice quality for school mental health and we've been

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doing this as part of the National Quality initiative on school health services, which we do in partnership with the school based health Alliance. These indicators were developed through an iterative process led by our national center for school mental

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health. And all of these domains and indicators are part of what's called the National School Mental Health Quality Assessment, which can be completed by teams as you engage with the National School mental health curriculum that we'll be talking about

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today. So the quality assessment provides district and school teams a framework for assessing the quality of your school mental health system, and then engaging in strategic quality improvement.

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And many of the quality indicators include best practice guidelines that can be used, essentially to self assess how well you are implementing those best practice, best practice indicators.

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And they can also be used to guide strategic quality improvement. You can see here that quality indicators throughout the curriculum are noted by a tab in the upper left corner of the slides within each module so when you see quality indicator, you know,

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this is something that the school Mental Health Quality Assessment also assesses. Alright, next slide.

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The school health assessment and performance evaluation or shape system is a public access free web platform that offers schools district state so workplace and targeted resources to support their school Mental Health Quality Improvement was designed

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by our Center in partnership with the field to increase quality and sustainability of comprehensive school mental health systems. And this is where you can find that school Mental Health Quality Assessment, both district and school versions and soon to

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be coming with supportive to have original image TTC centers, we actually will have the ability for entities for regions for any entity to create their own cluster of schools and assess their, they're in school Mental Health Quality.

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Also I'm shape. You can find several features to support school and district teams, including school and district profiles quality assessment was targeted resources.

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You can see here what one of the assessment reports look like so. As you actually complete the school or district quality assessment. You then get these individualized reports that let you know the areas that you're doing well the areas that you might

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need some improvement shape also hosts district and state dashboards to provide leaders the opportunity to view the landscape of school mental health within schools across their area.

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We also have guides and resources that correspond to each of the domains and indicators so as you explore shape if you haven't done so already, or even if you've just gotten partway and you want to go a little bit deeper into the resource repository to

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help you through that quality improvement process.

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Alright so I'm just going to give you a couple of highlights now that you'll find on the next slide, you can see here how we define comprehensive school mental health systems and this definition really has been developed and it's shared now in partnership

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with many of our federal partners. So comprehensive school mental health systems provide a full array of supports and services that promote positive school climate social emotional learning mental health and well being while reducing the prevalence and

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severity of mental illness.

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Comprehensive School mental health systems are built on a strong foundation of district and school professionals, including administrators educators specialized instructional support personnel including our school psychologists will social workers school

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counselors school nurses and other school health professionals in strategic partnership with students, families and community health and behavioral health partners.

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And these systems also assess and address the social and environmental factors that impact health and mental health.

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In fact, the foundations module as you can see on this next slide the core features are described and we go into some detail in this module so you can see here some of those core features include this strong foundation of educators and student instructional

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support personnel that are adequately staffed and supported and trained collaboration and teaming across all partners in this work, multi tiered systems of support evidence informed services and supports cultural responsiveness and equity and data driven

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decision making and again within this foundation module we go into some detail on the next slide you'll see an example of one of the reflections in this module we have these throughout all of the curriculum modules.

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And this is the time where we asked districts to sit back and really reflect on how the content of this module fits with their system so in this case for example after we go through in some detail, these foundational or core features we asked, which core

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features is your district doing very well is that throughout the district or just select schools, which do you wish were more consistently present. How do you think families or your students would respond to which core features are going well, or need

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improvement. And so we have our districts engage in this reflection process.

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Later in the module as you can see in the next slide, we described the value of comprehensive school mental health. On the next slide we show just one example of how school mental health matters what the impact is and we go into greater detail in this

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module in terms of things like access but also the impact on psychosocial and academic outcomes. The fact that that much of the data is indicating that youth are more likely not only to engage in mental health services if they're offered in schools but

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also to follow through.

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And then each of the modules as you can see on the next slide has specific examples from across the nation here's one district example we also have state examples.

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This is a district example of how they have defined comprehensive school mental health systems what they are foundational framework is, you may have guests from the White House, but this is a model that comes out of Boston we love to see how our comprehensive

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school mental health systems are are illustrated by some of our districts and states and you can see here that in Boston Public Schools who has a well established behavioral health system.

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They describe this within, I think they call it their, their lighthouse three tiered model of service delivery and they have a really exemplary model of school community partnerships to do this work and we go into some detail in the module.

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The next example on the next slide is one of our state examples of a framework for comprehensive school mental health, we go into some detail in this module about what led Wisconsin to establish this really beautiful framework and you can say, see that

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they've put their own spin on it in terms of their illustration but again you see here some of these core features of a multi tiered system some of the foundational elements, and we try to provide some detail and resources so that folks can go and access

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kind of other examples of how this is being done.

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And then finally on the next slide. As we close out each module, we encourage the district teams that are with us, or again if it state teams or our local school building teams.

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We then really engage in a process of trying to understand how the content fits with that districts understanding and implementation in this case of the core features of comprehensive school mental health.

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And then from there we move into strategic planning so we have our team's data specific goal related to comprehensive school mental health, and then three potential action steps to move this goal forward and we give some examples of that.

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And so within the actual curriculum you'll find not only all of the content that you see here, and more. But you'll see some strategic planning guides guidance documents that we've been using and many districts have now been using in a self facilitated

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manner.

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So that's it for the highlights. And I'm going to pass it back now to Jessica.

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Thank you so much. Sharon that was a lovely recap that you provided for us I know that there are several attendees who mentioned in the chat box that they were not able to access the precession video, we do have the precession videos available on our

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website. We will have our chat box monitor Enter again the link to where the precession videos for every single one of our modules and for the remaining learning sessions, can be accessed.

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So, now we are just so excited to introduce to you our two panelists who will be joining Sharon for our next portion of our session today. We have pa from California.

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And then we also have Dana, from Pennsylvania. p is good arrow is a mental health leader and social work professional, with over 30 years of experience in mental health and health programs for the Los Angeles Unified School District, as executive director

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of the Student Health and Human Services Division she directs the services of over 2000 School mental health and health professionals.

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We also have Dana Milla Kovac, a mental health and trauma specialist in her current role she is focused on strengthening schools by applying neuro psychological research to mental health integration in schools, and improving mental health services for

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children across Pennsylvania.

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Thank you both so much for being here with us today. Let's go ahead and get started.

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So our first question that we have for our panelists, what is your experience utilizing this curriculum in your state. We do have a few prompts on the screen there.

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We just really are curious to know how this curriculum has been helpful. What are some positive outcomes or successful results that have come out of your effort through implementation of the curriculum.

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I think I'd like to have Dana start us off today if you don't mind Dana.

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Absolutely Jessica thank you I'm so excited to be here. So thank you for letting us share experience from Pennsylvania.

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It's interesting for me I like I come from a school so I was a school psychologist and an administrator for a long time and then I came to the Department of Education for Pennsylvania, and the curriculum was developed right before I came and so the person

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who hired me actually brought it and said, I want you to look at this we just went to training about it and I and this is your first assignment and I was a little overwhelmed and then I started reading it because I think when we think curriculum like

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we immediately think we're like a teaching, but it really is a framework, and it was so beneficial as I started working with developing connections with other state agencies and developing that common language about when we're talking about comprehensive

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mental health and schools, what do we mean how do we all come to talk about the same thing so we're not having different conversations when we think we're talking about the same thing and we're not.

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And so the common language was really helpful, and then having a database decision making.

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platform that was free was really helpful when we talk to schools about doing something else I'm really changing the conversation of how do we support mental health in schools.

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From a data point of view so that we're not saying okay we're not just talking data with reading or math or attendance we're talking, your mental health data as well and how do we frame this to help support our, our students and our staff.

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This was really helpful because I had many conversations with some of my districts where they would say things like, I already know exactly what I need to work on like we know exactly what the shape system will show.

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I know what our strategic plan goal needs to be. And I would say, you know, I understand that, but I'm new so give me a break and we'll just do this and let's see what we get.

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So I can learn, and it never was what they thought it was going to be, we really get so involved in developing our systems that we don't always think about it from an objective point of view, and the shape was really helpful in having that conversation,

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and then reframing the conversations around what do we do to help our schools.

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And I think that was like the most helpful part of it is really having that framework for conversations. And when I look at positive outcomes like, there's so many that I can think of with my with my districts just the planning and the teaming that they've

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developed and the relationships and the community engagement and and really the focus on student engagement and parent engagement. But I think at a state level.

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The biggest positive outcome I've seen is that when I started, I felt like I was in like this little siloed bubble.

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And I don't feel that way anymore like we have an entire state team and when a district struggles or we're having a conversation, whether it's directly related to this curriculum or it's around truancy or it's around telehealth, there's now a whole state

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team that deals with comprehensive mental health, that I can reach out to and we can all work together to support our schools. And that has been a huge positive that has come from really focusing on and implementing this framework.

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Thank you so much, Tina pa Did you have anything that you'd like to add.

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I am so inspired to know that there are social workers, and professionals of all kinds across the United States, doing this work and as I see everybody checking in from different corners of the United States.

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I'm truly inspired.

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Dana it resonates with me it feels that always that you are the unique person doing school mental health work, and then you realize that there's a village, and I think that if anything, allowing the opportunity for us to talk to one another, learn from

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one another.

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I think I have an opportunity to tell you that I started as a social worker intern in 1987 and in Los Angeles, we were a small little mental health school mental health unit, I think there was less than 40 of us we all fit in a room.

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And since then, I have changed two different roles as a psychiatric social worker, and then as administrator and to them and executive director of a division that oversees school mental health but also nurses and and whole array of professionals that

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are working together.

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So, in my lifetime, I've seen tremendous gains in our profession. And I think what is helpful about this curriculum is looking back I wish I would have had it when I started this was this was not available and every module that you mentioned Sharon, just

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speaks to the volumes of how far our profession has come.

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We didn't have the language the comprehensive curriculum language we didn't have the framework and I believe that because of the nature of our work, we're constantly putting out fires and somebody else is telling us what we have to respond to.

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and until you have a curriculum, and you have the modules and you have the opportunity to have these dialogues and just the thought, Okay, how do we begin screening for example, or how do we do the next module.

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It allows us to be purposeful and it allows us to say today I'm doing this and I may not have time to do something else because generally we're guided to put out fires all day so I'm in Los Angeles, almost 10 years ago I want to say we started at school

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mental health, doing a strategic planning effort, which really allowed us to go to internal stakeholders and external stakeholders and begin formulating, what are we going and how are we going to get there, and had we had this curriculum, it would have

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bypassed, a lot of the conversations because we would have at least had a framework of what kind of questions to ask and evaluate where our strength or weakness.

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So, for one thing I just want to just highlight how important it is that we work across the nation together to really fold this effort, because it today.

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School mental health and LA Unified is more than 500 psychiatric social workers, and I must tell you that we're growing, and we're growing because we have been strategic we have the data driven we have been.

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Most importantly, as we talk about the curriculum, we really emphasize that tier one, how do we teach in the classroom and that was a big shift for RPSW right we were used to individual, we will use two groups, but then we had to consult with our teachers

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how do you do classroom management.

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We were able to work with our partners at UCLA, and we brought in focus, which is a curriculum that was used for military children to train about resilience to talk a little bit about trauma history goal setting and we invited teachers to sit in the back

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of the room, and just let us work with the children. And that was something that was so powerful because teachers learned a lot about their students that they didn't have time through during the day with epidemic agenda.

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And every instructional minute working, but then they heard, this is what happened, they did a trauma. History of when they move when they lost their dog whether their father was incarcerated and teachers were like well how all of this is in my room,

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I'm trying to teach and until they really partnered with a school mental health professional.

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And now our task is to partner with other disciplines so we all work in the classroom together. We could really start seeing how do we start to become really addressing the needs of all children by training, all adults to be part of this work, because

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there's room for school mental health professionals to really address that clinical piece, and also that second tier, that we really have to shift our services so that they really become universal.

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And I guess the other positive outcome, I think we all need to be very grateful for that has happened, despite this very difficult time Coburn 19, and the racial reckoning that our country's going through has been so difficult but at the same time in

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California today there's a lot of legislative conversations at the state and I guess at the federal level to we're excited to see, but together with this information of what is best practices.

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What does the curriculum look like What does comprehensive look like.

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I think we can advocate for finally getting the funding that we need to do this work and not as a side dish I say it's really, it's got to be part of the main day for teachers are all professionals, but especially for children, and I'm excited to see

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that there's there's movement in that, at the same time I just want to call out, I think that they're talking about grants, and we really need to get to the point where it's an allocation and entitlement for all populations because we can't compete with

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each other for a small piece of the pie. This really needs to be funded at a large level so we we do all tiers of comprehensive services and we really support and begin the recovery that we have to do in all of our communities.

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So I thank you Sharon because I want to call up our history.

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We were part of the team that develops the bits. When we started talking about trauma in schools, even our social worker said, Oh no not in my case load, and then we started talking about how do you screen for trauma, and we started with all different

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kinds of screeners some of the screener for three hours along two hours long and we said, it has to be school friendly. So, we, we tried all kinds of screenwriters Sharon and I and then we actually tried to do groups in schools and it's like how do you

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do groups and, you know, 20 years later, look at that, it's just one more tool that we have in our professional repertoire and I just feel that this is the time where more of that work is going to be elevated we're going to learn from each other, and

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really do things that at one point, 30 years ago could have seemed impossible, but I think by having these, these conversations and having you bringing for the curriculum, we can really start learning from each other and and really learn how to implement,

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best practices so thank you.

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Thank you so much Pia and Dana for your honest feedback and perspectives on utilizing the curriculum and your state's appear did call out teaming and screening and the importance of those two core features of comprehensive school mental health and I do

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just want to alert, our attendees today that we do have to learning sessions, totally focused on teaming and screening, as part of our curriculum in this series so please do sign up for our learning sessions over the next couple of months that will be

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focused on on these topics.

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For our next question.

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We want to know how this curriculum or framework can be useful for very well established school mental health systems versus one that is just starting out, and I think this is a great question for sharing.

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Do you mind answering this Latina jump in and I'll try I'll send to weave in a couple of responses to some of the questions that have come into the q amp a box. I'll start with one of them which is the term curriculum, I think it can be a little bit confusing because when we

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because when we hear curriculum and perhaps Jessica, or Dana already alluded to this, we may think of something that is geared toward the classroom geared toward the students.

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And so the question came in, you know, what do we mean by curriculum, and perhaps it was not the right choice of terms but it really what this really is is a guide for state, district and school leadership to assess and improve their school mental health

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system. So this is not a curriculum that is classroom facing so we just want to clarify that at the outset, but to speak to this question of kind of how can this curriculum or framework be used for very well established versus one that's just starting

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out, the curriculum was intended to do just that to meet a system where it is at. We recognize that every system is really in a different place.

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And I can tell you that, you know, for the thousands of schools and districts that have already gone through this school Mental Health Quality Assessment, none of them no matter how well established has been at the top rating for every one of these domains

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and indicators so I think we would all probably argue that all systems have some areas where they can improve. And so, and then there are some you know when we look where they are feeling that you know they really are emerging and all of these areas.

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And so to speak to kind of both ends of that spectrum. For those really well established systems and I have to say you know P is leading a system that really has helped inform all of the work of this curriculum because it's been along for so it's been

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around for so long, has developed many of these best practices, and yet I think people would likely still argue that there's some areas for improvement.

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And so, even those well established systems can use this curriculum and can use the quality assessment to see where they can make some improvements where they can tweak it's also a tool for getting establishing some consensus among all the partners at

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the table so your district leadership may think we're doing really well in terms of our tears two and three supports and then if you bring your families, your young people your students to the table, they may say no, we're really not and here's some areas

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to improve so that's another way I think the curriculum can be helpful, even in our well established systems for those who are just starting out, establishing a comprehensive school mental health system can feel quite overwhelming.

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And so I think one of the beauties of having an established framework and some common language is that you can find a place to start. So, when you you know Dana spoke to in her state and within the state team, it was helpful to bring everybody together

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identify a common language and to think about what is one step that we can take together and that's really what the quality assessment does you get your reports, but then it asks you to drill down into some specific areas that you want to target for improvement.

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So I'd argue that the curriculum and shape and a quality assessment really were very intentionally designed with different degrees of implementation of a system in mind.

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Thank you so much, Sharon, Dana Pia, would you like to add anything to this question here. I know we have a question in the chat box. If someone could speak to specific samples.

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For those not as established school mental health systems, and how we could use this curriculum.

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What I can tell you is that this works especially being in a host setting and educational setting.

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We, we really have to juggle what the district is calling us to do, and bringing forward a framework that has a North Star. I see this as a roadmap that you continuously have to visit and explore and see where do you want, at the end of the day or the

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end of that school year or the end of five years to be, because, again, as I say, the district may have a specific ultimate goal, but you really have to be intentional and is it that you're going to focus on data, the data that a school site may focus

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on may just be, we just mentioned chronic attendance, we may be just be looking at chronic attendance ban. What we started doing is started screening for trauma, and we decided to, let's overlay the chronic attendance with trauma exposure and there happens

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to be a very good correlation between those students that have high trauma exposure and high chronic attendance. So again, how do we just focus on the data that the school saying let's focus on the chronic attendance and just look at attendance alone,

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isolated. It just takes away from the whole child right so we're bringing the whole child, all the different issues because we know and when I started 1987, I knew from day one that attendance was not about attendance, but really being intentional and

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seeing what part of the framework, you will focus so that we could really get experience, and bring that knowledge to educational, And I think that's the, the other piece you really want to strive to be part of the instructional team, because I think

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the instructional team always has priorities and you need to learn from those priorities again look at the framework and see where can you best see the fit and be able to analyze.

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I think without that, it really becomes truly you don't see the fruit of your labor and you don't see the progress unless you make that time to be intentional.

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I love the fact that PS set our roadmap because I think when you're looking at a school district or a school building that starting out, and you're trying to figure out where to go, I think you know pa talked earlier about.

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One of the things has definitely come out of coded and the racial unrest across the United States is you can't deny that mental health needs addressed in schools and that it absolutely has to be integrated in, but that can also be overwhelming for districts

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for schools for states where you say all the sudden now oh my gosh we have to address this, what do we do, and when you're starting out, it gives you the data to say okay as Sharon said, you're going to have some positives and you're going to have some

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we're doing really well at this and then some other areas where we really have to work on. And it allows you to systematically pick.

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You know when we worked with districts, we had a long conversation about what is your capacity to make change where is your school board where is your administrator, like where are your administrators Where are your educational teams.

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Not all of our districts who are starting out using this went with all of their needs like their strategic plan wasn't based on okay we're going to make three goals, completely around where we're having the most struggle.

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Some of them, you know i think you know one in particular the biggest need in that district was communication and so we picked the highest areas that they were doing the best that and that's where we started out with our planning because it really was

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strategic and their roadmap is, let's give it more positives let's really start helping out everyone feel like we're making changes, get the community and really up that positive view of the school and why mental health matters, and then we can start

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working on the areas that are more needs.

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But if we only focused on the needs we were going to continue to have a district and a community that felt like we're not making any progress we're not going anywhere.

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So it really is a strategic decision on where do you start and what do you pick and not kind of eating the whole thing. You know the whole pie lunch you're taking like one piece and another piece and another piece.

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Thank you so much, Tina NPR and Sharon.

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I want to touch on the current context and I know PS spoke to this a little bit already with cover 19 the pandemic. And what we've had to face the impact on school mental health services during this very difficult time.

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What has changed in your school or your district or your state related to comprehensive school mental health services. Now because of the pandemic.

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What have you had to adopt or change or learn to do differently.

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Jessica and I think of this like I immediately think of our Student Assistance Program and so our Student Assistance Program is required in all of our store all of our schools and has liaisons with drug and alcohol and mental health throughout the state

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and so it was in person on completely and it's a it's a referral system to allow us to get screenings and additional help our students who are are having any struggles that impact their academics, and it is an interagency collaboration between the Department

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of Education. Human Services and our drug and alcohol programs and so when we think about that, everything was in person and when school shut down last year, the first thing that happened was, teams immediately start going we don't have any SAP or you

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know our liaisons were not prepared to do telehealth there weren't telehealth rules out there yet, we weren't sure what to do. And we spent the summer really thinking about how do we change that and and that is something that we would have had to do anyway

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but because of the relationships that we have, because we're using this framework and we already have a state team around this framework, the conversations went quicker and so we really been able to move more to a tele health model we've been able to

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really think about, okay, I can't drive and support you now, when we're doing things in schools. So, now, how do we use virtual platforms, how can I be present in your school to be a consultant when I can't be in your school, and just changing to that

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whole telehealth focus with our mental health directly for students with our support for our district administrators, really has been a big change and initially we were ready to rip your hair out but I think, as the year goes on, we have the whole team

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and our district teams have seen that just the change with the pandemic has allowed us to be more integrated across the state that our districts now can do you know we have open houses and they'll all pop on and they learn from each other, where there

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hundreds of miles apart and they wouldn't have done that before they would have had to take an entire day off and those weren't things that we thought about before the pandemic and now it's like natural for us to just do virtual networking and they all

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are really open and interactive and and very willing to discuss their challenges and their strengths and so that has been something that, that we really have kind of flipped but has been really positive for us.

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I agree with Dana, I think our world turned upside down so sadly, that it just made us forced us into reinventing our services and, as we've known them across all levels.

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And so within 24 hours.

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We were able to join in partnership with Amazon, connect and we started a mental health hotline and we added basic needs. And then we started looking at our clinic services becoming telehealth So, everything had to go virtual.

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As you may know, Los Angeles numbers are really high still and so we still have stayed home orders. And so even though at times staff started going out to voluntarily two sites we really have had to be restrained to do telehealth.

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And so all of our services I think we've learned so much and I have to be really honest I was not a proponent of telehealth and I see that I see the stream.

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I see some of the areas where while we will for sure, include. We've had parent meetings with hundred thousands of parents, and we can do it multilingual there's instantaneous translation interpretation so I think we're definitely seeing games also in

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our clinic services where I've been able to engage parents, especially dad in treatment that we usually have a really hard time with.

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But I want to mention, where there's a tremendous opportunity again if you really have this commitment and being purposeful. I personally have convened every week for a few months, mental health, and partners in special education that division of instruction

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newcomers, all of those of us that do this type of work.

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We meet Monday mornings to tick in this is what's happening in special ed which is very similar that's happening in in our division and so just having that moment to speak and plan and coordinate that with a district, this size it's so big.

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What happens in the north may not be what's happening in the south.

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And I just want to share I did put the website for our main services we are developing a resource guide for parents and another one for educators.

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And the biggest challenge has been to combine our language. So how to teach our advisors restorative justice.

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Practice advisors, how does special ed teachers with inclusion activities. Everybody has their very own language. And in the social emotional team, and the division of instruction.

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So we're really spending time putting all this language together and we've been able to do this virtually to hopefully tell parents and tell every school that, again, there's many different paths, we related to Los Angeles and our traffic you can get

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to your office many different ways. and many of you end up in your office, but you can take shortcuts but the whole path is towards a North Star and I think that's where there's a parallel process to this curriculum as well because that is what I see

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in the school district well is this empty SS or is this PB is it How is this about community building, and all of those pieces come together when you're looking at whole child and really having an opportunity to break down our own internal and unilateral

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barriers, I believe, They've been there because of funding, and someone gets funding to do one thing and they stay in their own lane and. But, but this whole multi disciplinary approach is really critical.

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I was asked to give an example I want to give a very detailed example because I think it's important to know that right and and psychiatric emergency so we're not.

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Okay, before the pandemic. When you look at our suicide rates and our mental health crisis. We really had a crisis I think across the nation. And what we ended up doing is really focusing on training teachers but also working with our school police department,

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and what we decided to do two years ago is to have a team of one social worker with a police officer ride. First, the school calls the watch commanders office, and they write out and do an assessment because our Department of Mental Health sometimes had

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such a lack of responding to a school site, a family had to wait till 10 o'clock at night 11 o'clock at night for an assessment. So we really wanted to address the need during the school time.

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And what happened was is that we really got really important assessment, and we really strive to keep that child with a good safety plan in the community and really the goal was not to hospitalized a child, if the right framework was there and looking

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at data of suicide prevention our district has a way to document what schools have high suicidal behavior, and they basically say, when you have these numbers it's because you have a team that's looking at suicide and it's talking to children and we're

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assessing high numbers of response don't mean that there's a problem there. In fact, it means, let's look at those schools that are not referring and those schools that don't have teams and making sure that we have teams that understand that the answer

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is not to hospitalized, but really create a community and response and responsive opportunity so that everybody shares the responsibility of keeping children safe.

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And I think that is an example of how to use data in a way that is responsive to the community's needs and how to use a team approach and realize that this is very hard work but we have to set parameters so that we can address emergencies in a way that

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have an opportunity for recovery and for that child to continue in the school when it's possible

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said a lot, a lot of very great information. Thank you so much for your insight Pia and Dana, both of you have just been so wonderful I'm so glad that you were available to serve on our panel today, we have been getting a lot of questions from our attendees

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in the chat box and in the q amp a pod. And I know that Dana and PA and Sharon have been doing their best to answer as many questions as possible. Throughout the panel.

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With that said, we do have just one more question for the panel and then I'm hoping we can get to one or two questions as possible in the q amp a pod.

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So let's go ahead and move forward with this last question. What has been your experience in adapting this curriculum to diverse populations in your school district state what considerations Do you think we need to be aware of.

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I think Jessica i'm gonna i'm going to give it like an elevator speech real short version of this because I know we're short on time but I think what has been really vital in doing this and the considerations when we think about adapting it is that you

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have to be aware of the community that you're working with that you're not going to be able to put this into play in every single district the exact same way.

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And in some districts, the framework isn't even going to be implemented the same way in multiple buildings that you know sometimes they're so diverse communities within an individual school district and.

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And I know he is in a very large school district so you know make sure that she has time to talk about that but I think it's really being aware of going into this with a team approach with a community building approach with a parent and student engagement

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approach that you think about how do I engage the community the school, make sure that people are heard and that it really does come from a strength based view of developing a team and not from our preconceived notion of this is what I want the school

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to accomplish so that you can all be on the same page and make progress forward.

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I just want to validate why this is such an important roadmap because it gives you a framework, and then you check, and your balances your community so it may look different and it should look different and and that's exactly what we try to do in the

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district we have a central very small central team and these are the best practice right this is the roadmap, but really learning, and each, we have six local districts and within six local districts there's 44 community of schools.

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So you want to learn from what's working in one area.

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And what were some difficulties and it's there's there's absolutely opportunity to learn from one another and holding this framework as the backbone to decision making is really critical.

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And again, having this common language where we're all talking about the continuum and comprehensive, those are really critical words because you're not stagnant in one area and and again having that conversation so that you can adapt and learn from the

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diverse population. Sometimes we learn.

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You know, once we set a target we learned that it could be a data glitch, you know it has nothing to do with soap so then we go back and and we're having a lot of conversations about engaging our foster youth in our homeless, you.

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And this is really important concept so that we're constantly learning how to do this better especially in this changing environment and and really, as we see the light and see the light at the end of the tunnel what we start recovery we don't know what

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that recovery will look like. So it's really important to have these conversations and adapt to the different needs of the population.

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Thank you so much pn Dana. That was amazing. I know that we are running out of time we have four minutes left and I just really wish that we had more time to answer more of the questions that we've been getting in the q amp a pod for Dana and Pia, I do

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want everyone to know that we will be looking through the questions that we were not able to respond to today selecting a few of those and then putting together a document with some responses for you all sharing those on our website, and then a follow

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up email to everyone who attended today.

00:59:06.000 --> 00:59:19.000

Dina Pia and Sharon, we really appreciate you sharing your expertise and your insight with us today. It seems like your perspectives of resonated with many of our attendees and just really hoping that this information has been helpful to our audience

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who has yet to utilize the HTC National School mental health curriculum.

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I really want to share with you all the opportunity to participate in optional regional breakout sessions. So this is coming up next, it's an optional regional breakout session that is intended for participants to have an informal, but moderated discussion

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regarding content from today's live session contextualize for your specific region. So if you'd like to participate in this optional 30 minute breakout discussion for your specific region, those sessions are taking place immediately following this live

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session so they'll start in about three minutes, you can gain access to the breakout session for your region by clicking on the link in the chat box.

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You will see that the link takes you to a document that lists, our 10 breakout sessions, taking place simultaneously, one for each of our regions.

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We have our MH TTC school mental health leads leading those breakout sessions so if you have any questions regarding the content from today's panel discussion, you can take those questions to your regional breakout and have a moderated discussion with

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with other participants that will be joining those breakout sessions. So again, the link is available in the chat box. You just need to go to that document you click on the zoom link that's provided for your specific region, once we wrap up here today.

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Again, a quick reminder that we'd love for you to connect with the MH TTC in your region if you want more information about local, state and regional school Mental Health Training and Technical Assistance activities, including assistance with the National

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School mental health curriculum.

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We also want to remind you that we are still continuing our Learning Series. Today we just kicked off our first session but it's been our pleasure bringing this to all of you that the presentation and the slides and the recording will be sent to everyone

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in a follow up email over the next few days. We are also making these materials available on our MH TTC website. This is just the first learning session of eight in the MH TTC school mental health curriculum always and now series, we have our next live

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national session on February 23 at the same time as today and we will focus on teaming. The teaming module of the school mental health curriculum.

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So information on how to register for the remaining sessions if you have not already will be available in a follow up email coming your way in the next few days.

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Again, if you're new to the curriculum, you can access the curriculum for free on our website. The curriculum includes a trainer and participant manual slide decks for each module and additional resources.

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Last but not least, please do take a moment to complete a brief survey about today's training, you will be redirected to our survey upon closing the zoom webinar window will be sending the link for our survey and our follow up email as well.