



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 2

Okay, great so we're five minutes out so I'm going to go ahead, mute myself, and I will start the webinar. Good luck everyone I think it's gonna be great.

Hello everyone welcome we're so excited to have you join us today I think most people start loading in for webinar.

All right, thank you again for joining us for our image TTC school mental health, always a now learning series, we're going to get started momentarily.

And while we're waiting you will notice there is a slide up that provides some reminders about the zoom system.

You should remember that all attendees are muted right now and today's session is being recorded. And, so please take a look at the slide that we have up, it's going to highlight some of the features of zoom, if you're not familiar with those in the webinar

mode.

If you would like to share information in the chat box you will find that chat pod there, please feel free to share where you're calling from and your name, we'd love to know who's in the audience.

In addition, we also have a q amp a pod, a question and answer pod available as well. This is going to be where you're going to share questions that you have our panelists.

Over the course of our webinar.

And if you have questions regarding audio and tech issues if you're struggling to hear. Please share those in the chat pod, we do have staff, you will be responding to those questions, and are here to help.

So welcome and settled back again we'll get started at the top of the hour.

Welcome again for those just joining you joining us it's great to see all of the names going into the chat box. We are so excited to have you join us today.

Again, we're here for the MH TTC school mental health, always a noun Learning Series. We're excited to have you here. You will notice that there are some information on the slide in front of you about the zoom interface.

And if you have any concerns around audio or tech issues, or just want to introduce yourself please put some information in the chat box.

If you would like to ask a question of our panelists, as we move forward in the session. You also have a question and answer pod available to you so that's going to be the place where you're going to share any questions that you have our panelists, we

will have some time at the end of our session for our panelists to respond to some of the questions that are put there so we invite you to do that.

You will also notice that for this jam session we have captions available for those who would like to enable or disable those captions, you can click on the CC icon on the bottom of the zoom platform, and select the arrow for options to either display

or hide those captions.

All right, we have hit the top of the hour so again thank you so much for joining us. And let's get going.

So, hello and welcome. My name is Molly Lopez, I am co director at the South southwest mental health technology transfer center, and I will be your moderator for today's session, we really appreciate you joining us for session to have this eight part

Learning Series. In HTC school mental health curriculum, always in now.

So we're going to put up a poll for our participants, while I go over a few housekeeping items. So please respond to that pole, those questions we really want to learn more about our audience.

So those housekeeping questions to ensure the best audio quality for the duration of our event. All attendees are going to be muted. But if you do have any audio or technical issues during the session, the chat box is open, please communicate with our

team so they can assist you.

If you have a link or resource you'd like to share with other attendees, or questions, please enter those into the question and answer pod. We have team members monitoring the q amp a pod as well.

And they will ensure that the facilitators receive your questions to open the q amp a pod hover your cursor over the zoom toolbar at the bottom of your window and click on the q amp a function.

We have scheduled ample time for Q amp a with our guests toward the end of the meeting, but please feel free to enter your questions at anytime.

We have made every attempt to make today's presentation secure, but if we need to end the presentation unexpectedly will follow up using your registration information, you'll receive an email following the presentation about how to access your certificate

of attendance.

the session recording and slide decks will be posted on our website within a few days.

And, again, a reminder that closed captions are available for today's session. If you prefer those you can click on the CC button at the bottom and you can either enable or disable them.

And if you don't already please follow us on social media, and stay in touch with us.

So again, welcome. If you're new to us, this eight part series is a collaborative effort of the mental health technology and transfer centers, also known as in HTC.

We're in a network funded by the Substance Abuse and Mental Health Services Administration or see upset.

The MH TTC network includes 10 regional centers, and national American Indian and Alaska Native Center, a National Hispanic and Latino center, and a network coordinating office, our collaborative network supports resource development and dissemination

training and technical assistance and workforce development for the mental health field.

After today's session we really suggest that you visit our website and find your regional center to keep in touch with us for more resources and training opportunities were always eager to hear from folks in our region to learn more about what might be

We're always eager to hear from folks in our region to learn more about what might be helpful.

A quick disclaimer this presentation was prepared for the HTC network under a cooperative agreement from SAMHSA, the opinions expressed in this learning session or the views of our moderator and panelists, and do not reflect the official position of the

the Department of Health and Human Services or CMC as part of receiving seems of funding we are required to submit data related to the quality of this event.

So 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. The survey should open automatically in the pop up on your browser window when you close today's webinar.

Another quick reminder as a part of this learning series we are hosting regional breakout sessions. Immediately following our panel presentation. These breakout sessions are intended to provide an opportunity for you or participants to engage in discussion

about the content will cover today to ask questions and share your experiences with other school mental health leaders from your region.

At the end of the webinar we will provide you with a link to access the 30 minute breakout discussion for your particular region, so please stay tuned.

Okay, let's get started.

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, the curriculum was developed by our network in partnership with the National Center

for school mental health in 2019. It's intended to help states districts and schools really advanced their comprehensive school mental health and engage in a planning process for implementation.

It includes a trainer and participant manual eight sets of slide decks. For each module representing the core features of a comprehensive school mental health system, as well as additional resources.

So today's live session will consist of a discussion with a small panel of education and mental health leaders who will provide really an always and now application to the curriculum.

We want to let it be known that the National School mental health curriculum is a great resource to utilize in kind of our normal school settings but it's also really important in the current context with the coven 19 pit pandemic, and its impact on the

the provision of school mental health services. So our panelists will share with us their experience using the curriculum and innovative ideas for really how to implement in our current context.

So let's pause a second and look at the results of our poll.

Alright so we can see that we do have the majority of our participants who are able to watch the pre recorded session for training today which is really great we're excited about that.

And we can see in our next question that we really have a range of experiences.

Many people consider themselves kind of early in the process of setting up teaming within their comprehensive school mental health system, but we also have a fair number of folks who feel like they're sort of in the middle and they've been doing this

a bit so I think that's wonderful. That's going to provide some really great context for our panelists, as well as support our discussion as we move into our regional breakouts.

For those of you who were not able to get a chance to watch the precession video or if you could just use a refresher, you're in luck. We're excited to have Dr.

Sam reefs with us today to provide a recap of the module and service one of our panelists for the second part of our session.

So I am excited to introduce Dr. Sam Reeves, and so excited that she is here today. She is a postdoctoral fellow with the National Center for school mental health.

Those of you who watch the video probably recognize her.

She is a house there at the University of Maryland School of Medicine. Her research interests really liked the intersection of mental health and education, and she often looks at how school and family factors influence student outcomes in underserved

communities. And she's a clinical community psychologist and really focuses on prevention work and how we can really strengthen those systems that children are in to promote well being.

So we're excited to welcome you Dr Reeves and I'm going to pass over to you for our TV module.

Hi everyone, I'm happy to be here and to do a quick recap of the highlights from the second don't. The second team a module. So the first one that they will happen last week was about the foundations of school mental health and they really went through

some of those key components and underlying features of comprehensive school mental health, and then this one focuses specifically on teaming, and then the next modules that happened throughout February and March will go through the other domains to give

you a deep dive and all of the components of school mental health.

Next slide.

So, the module really covers the definition, and the values and then goes through the 10 dome indicators of teaming practices and ends with some resources for strategic planning to really focus on being action oriented.

And the reason that we talk about this is that school mental health teams are really important and they are built of school and community stakeholders that are using data to focus their action plans to improve their services and best practices.

Next level.

Next, and these can be an array of teams, and they might look different depending on where you are in the country or your geographic region or whether you're a city or a rural area, but these are some of the names that have been used at schools to describe

their mental health teams and that could be your school climate team or your district Mental Health Leadership Team, but likely there are some people who are responsible for making sure your students have mental supports, and those are examples of teams

dedicated to mental health.

Next slide.

And the reason we do this is because we know that there's benefits and having diverse team members at the table and that we all bring an expertise and we can collaborate to support our students better if we work together, and an intimate interdisciplinary

way. So teaming is really important to refine our communication and structures and figure out ways that we can collaborate with the people in our school building, and sometimes outside of our school building depending on who is sitting at the table, and

it really helps us give a common vision and figure out what we're going to do with the resources that we have so that we can serve the most students in the most efficient way.

So teaming is really dedicated to getting your comprehensive school mental health systems, organized and on the same page and that everybody is working towards similar goals.

And there's a slightly different roles for teams at the district and school level. So our district teams which I believe are a lot of, who was here today are really important to shaping the policies and practices that are happening at the school level

so deciding what the expectations are for interventions being provided, what data needs to be collected and the ways will teams are expected to address student needs.

They also often are responsible for the training and coaching of school teams and. These may include members such as a director or supervisor of school mental health and behavioral health, parents and families can be on these teams as well.

Supervisors from your community partner agencies, but this is really dedicated to kind of setting the stage and the scope of what happens at the school level in the supports that you give to schools, as they are trying to meet the needs of their student

population.

Next slide.

And at the school level. This is like in the trenches right they've got to provide the services, they've got to figure out what's going to happen in their building, and they take those policies and practices set by the district and figure out how they

can implement them. And also it's a bi directional relationship too so they also give feedback to the district about whether or not these policies and practices can be implemented, and maybe help refine some of those goals so that everybody can be on

the same page and you feel like you can really make movement in these areas, and they're often related, because their functions are similar, but they're just at different levels, for example district mental teams may examine data and aggregate aggregate

to understand trends among groups of students, whereas at a school level you might disaggregate your data to be able to study like individualized plans and figure out where your kids need to move throughout your tiered system also districts might provide

the overall funding and coaching and support, whereas at a school level.

They are dedicated to the training and implementation occurring consistently throughout the building, but they're both really important and they work together to create these school mental teams and support their students.

Next slide.

So here are the 10 quality indicators that are covered in the training module. And I like to think of them as the who, at the top so whether our teams are multi disciplinary whether or not we have family and community partnerships, and then the middle,

check section is like the what, what are we hoping our teams do. We're hoping that they can address all the tears we're hoping that there's not a lot of duplication and people feeling frustrated because everybody's working on the same thing, and nobody

is communicating, and that we have really good structures in place for having these really important meetings, and then those bottom three right how are we going to do it, or teams are going to use data, they're going to use their partnerships to get

Our teams are going to use data, they're going to use their partnerships to get this work done. So that's generally how I like to think about the 10, best practices.

Next slide.

And then with the module does after that is goes through each of the best practices, and it goes through a deep dive of how you can do this and what resources are available.

Next slide.

So for example, around teaming if you are interested in expanding, who was at the table, then this might be an exercise that you do with your existing team, asking, who's there who's already doing this work.

Who else should we bring in so those might be an exercise that you can do with your existing team. If you are interested in expanding who was coming to the table is one of the resources that is discussed in the online module.

Next lemon.

Another example of a resource available, is how do you make an MMO you so the key components of it and it walks.

Everybody through what you should include what you might conclude, to give you some structure and a template to help you get moving in that area of this is what you decided that you were going to work on for improving your school mental health system.

And there's also information on there because we know that sometimes you need data, or you need an issue brief, or a white paper or something to bring to another meeting with others to show that the teaming is important so there's also resources in there

that really outline the importance of teaming to school mental health so you can be armed with some data and some resources, if you need them for sharing later.

And this one is a.

This woman's Health Quality guide and this allows a deep dive into teaming and really expands out on the best practices in little, small baby steps action steps that you can take and to improve your system and tiny way so it gives lots of examples from

the field, really good resources, again, to help you with planning into make progress on your action goals.

And the other thing that is included in each of the modules are helpful tips so we know that sometimes people listen to these webinars and hear these resources and they're like, ain't gonna happen so these are some helpful tips.

Scattered throughout the modules to help make move into show that it can be done that these are some of the steps that you can take to make movement on those bigger indicator domains

out and then there are some around like how do I how do I work with multi disciplinary teams and this might be helpful strategies for groups that are a bit more spread out.

We know that some of our world. People from rural areas there might be less of you and there might be a lot of distance between you and your nearest collaborator, so there might need to be small daily huddles or little debrief that or take 15 minutes.

So figuring out how you can structure your meetings and your run your teaming procedure so that they are conducive to your environment so there's a lot of flexibility and how these teams can be organized and Rhonda afresh.

Effectively, for your settings so there's some helpful tips in there about that too.

And we know that this can be a difficult one as well, of having clear ways to share data with community partners, or even getting information up to your district or state folks if you need to.

So there are also some helpful tips around how you can share data.

And the other thing that we work in throughout the module or district examples, just to show some highlights, where people have tried different procedures around screening and made some improvements so it just a shout out to your colleagues have when

work is really happening on the ground and what it looks like. And then the modules end with strategic planning so what are the next action steps that you are going to take in this teaming area, and just goes through a process of helping you outline your

goals and figure out who needs to be at the table to make those things happen and what are the next steps. So we really want to keep it action oriented, what are our plans for moving forward, and that is high level overview of what is included in the module

And that is a high level overview of what is included in the module so it goes through what why teaming is important, what the best practices are and likes to give you lots of resources and helpful tips to help in your action planning and moving your

teaming best practices forward. And I will shoot it back over to Molly.

Thank you so much Dr Reeves that was wonderful, and you covered a lot in a really quick amount of time we really appreciate you providing us that summary of the teaching module.

So now it's time in our program to shift to the next portion of our session and this is going to be our panel discussion.

So I have the privilege of introducing our panel. I invite them to come on cameras. Well thank you so much. So first I have Santoni Trotter and she's the manager of school based Behavioral Health Programs at the University of California San Francisco.

Be. I'm not going to do this right Benioff Children's Hospital in Oakland, California. She has over 20 years of experience providing behavioral health services to adolescents and families, and 15 years of practice in school based health centers.

This trotters work is centered in culturally responsive trauma and resiliency informed practices, we're so excited to have you here today.

We also have Dr. Lisa Thomas with us today as well. Dr. Thomas is a former elementary teacher and a school psychologist in Pennsylvania. She serves as the assistant director of the Center for effective schools where she provides training and consultation

to organizations on developing universal targeted and intensive behavioral and academic support systems within alternative education and public school settings.

So thank you both so much for being here today and we'll get started.

Thank you, Molly for that introduction and thank you Dr Reese for that overview, very comprehensive and so useful to set the tone for this conversation, and Molly, I just want to start with my preferred pronouns are she her hers and I'm here in Oakland

on lonely land, and my current role as you said as a program manager for a school based behavioral health services at UCSF Benioff Children's Hospital Oakland, and in Oakland and Alameda County, our school mental health teams are called cost teams so coordination

coordination of services teams and you'll hear me kind of referring to that. And Alameda County began implementing cost teams in 2005 and 2006. I first walked on to the campus of Castleman high school as a new school based mental health provider clinician

and so I've been sitting and being a part of teams for the past 14 almost 15 years and have the great honor and privilege to support a team of mental health clinicians at this time.

Our school based behavioral health team. We're located and embedded inside school based health center so we want to kind of give that information as well and our school based health centers are either, you know, located on the school campus or right next

door to the school campus and primarily funded and supported through our counties medical which were other people might be Medicare.

But Alameda County, really partners with organizations, and for their mental health services throughout the county and so that's mostly how we're funded in some village philanthropy so just want to share that and you know we're deep partner with partnership

with Oakland Unified School District majority of our referrals come from teachers, school providers students themselves. And I'm just really glad to be a part of this conversation, and to just share my experience from the, from the cost table and sitting

at you know many cost tables over the past many years. Thank you and I'll pass it to Lisa, Dr. Thomas.

Thank you so much Hi everyone, I'm Lisa, my preferred pronouns are she her, and I truly appreciate the opportunity to connect with you all to discuss my experiences with teaming I approach my work through a multi tiered system of support framework, whether

that's in my role serving as one of the state coordinators for Pennsylvania's positive behavior support network or through my training and consultation work with different school districts schools teams and other child serving organizations, cross disciplinary

teams are an essential part of the empty SS framework, and my role is to help schools build and sustain effective teams at the universal targeted and intensive levels of support to improve behavioral and social emotional outcomes for all students served,

and I try to keep this through training and coaching schools to implement efficient meetings and use data for decision making, so that we can have high fidelity teaming practices.

Thank you both so much. Clearly we have the right people here to kind of share with us today so we so appreciate you being here.

We're going to start off with a couple of questions that are kind of mirrors of each other. So tell us a little bit about some of the successes that you've seen happen as a result of a really good teaming practices but also some of the common barriers

that schools face. And, you know, schools that you've either worked with or worked in that they've experienced around teaming and then how do we how do we do better at that.

How do we overcome those barriers.

Thank you, Molly. Um, so many successes that we've witnessed and I want to start with kind of what what helps make a successful school team, and just remembering that relationship is at the foundation of all of our work.

You know, and we heal inside of relationship and so having a cost or a school behavior health team that really also centers relationship. So some of the best practices or even things like you know having an agenda but having a check in as part of that

agenda having a, you know, our district does optimistic closing but putting some structure in those mental health teams or school teams to center and build relationship.

Also, you know, during this time of covert 19, you know, our costumes.

Focus on mental health wellness and well being, but also have focused on, you know, providing groceries or technology and other needs, and really centering having all the needs for the students in the school come through our costs team.

Right. And so whether it's academic or mental health right now. Our team really has after school providers and administrators, all at the table.

One of our clinicians shared a story from a young person who we have the ability to work with young people in high school and kind of beyond up to age 21, and he was referred to the cos team, when he was in high school, because he had lost death of a

parent, and grades, changed and was having, you know just difficulty that is teachers noticed and he got me for to the team. And for many of our young people, even understanding grief and loss, and we work in eastern West Oakland many young people have

experienced, loss of a parent and loss and death and many different ways but helping that young person understand the experience of grief and loss and have therapists and center in, and really supporting around the family and helping the family extended

family understand their experiences and now that young person is in college and asked us therapist to share back with the school team, kind of his success and and how he felt really held by the school and the mental health providers so that's just one

small example, but I think having a universal referral system so sometimes in schools.

You know, you might have many different teams but really for us we keep kind of reminding teachers remind these goals. All the referrals go through cost, and we bring everybody at the table who needs to be there.

And then at that place we bring all the minds and different disciplines together to triage and assess what what where that referral goes to what that student needs.

I think another success or something that supports the success for costumes is having administrators be a part of your costume.

So whether it's a principal or vice principal really engaging leadership as part of your team and and helping them under it also gives them the chance to understand and know know their students and know what some of the challenges their students are having

and one of the things that's common for us this year as a result of our team is principals, asking us to go do trainings and presentations for teachers to just help expand, teachers, knowledge and awareness and really even build empathy, I mean we know

they have it, but to support, kind of a reminder of what students are going through during this time.

And that's been helpful.

I think one thing that I want to remind us of also in those costumes, is making sure that we're identifying and building upon students strengths and their resources, you know, it can be sometimes in the costume because students are referred to costume

or your mental health team because of the problems right, whether they're failing their classes or they're acting out and you know they're beating up on their peers or they're not showing up to class right you know they're they're referred to this team

because of problems. But we know that if a student is in school and they're showing up that their resources and strengths that they're drawing upon. And we want to make sure we're speaking to those as well.

During those costumes and building upon those strengths.

I think I'll just say to two other things and then pass it on to Dr. Thomas I think one thing is also our mental health teams have a wide variety of professionals and one.

Both strength and barriers that is really holding that each team professionals have different legal, ethical considerations and so just making sure that there's conversations about that and understanding around that.

And some pre planning around confidentiality and that team members may be able to share different amount of information.

So holding that.

And I think one last successful share is our cost team. We had a school that had had a death of two alumni members in December, and the following year we knew that the anniversary of those two young people was coming up, as well as December is a time

that students are going away from school. And it's a holiday time we know that it's a time where feelings of grief and loss can arise as mental health professionals.

And so our costume worked with students and teachers to have a day of healing before school was out, and that included a security guard who shared a song and the day of healing was asking people how do you deal with grief.

How do you cope we know that grief and loss is a big part of our community and an experience. And so how can we share with each other how we get through these hard times.

And that was coordinated by our costs team, seeing a need and we had student voice. We had the principal there. We had students sharing poem and teachers but everyone coming together to share that resilience, those resiliency practices and protective

practices. One success of our class team.

There are many barriers.

Maybe I'll have Dr. Thompson, Thomas speak and then I'll speak to some of those.

Right, thank you so much.

So many of my successes have stemmed from training and coaching teams to move from problem admiring to precise problem solving. So instead of saying the cafeteria is out of control.

I work with teams to support them and reviewing data and developing precise problem statements such as fifth graders are not lining up on the bell rings, with an average of four minutes and 20 seconds delay in transition from the cafeteria to the classroom,

between 1145 to 11:50am in the cafeteria. In order to avoid returning to classroom instruction, and by creating a more precise problem statement, we're able to have more effective, problem solving, and that helps us to create SMART goals such as reducing

the transition time from the cafeteria to the classroom by 50% by next month's meeting, and then develop meaningful solutions such as re teaching transition expectations and putting in an intern interdependent group contingency to encourage on peers and

students to work together to decrease transition time. And then of course we can document all of this on our meeting agenda and our action steps and hold each other accountable for following through and what we agreed upon.

and based on this work that I've done to train teens to move from problem admiring to problem solving, through developing those precise problems statements SMART goals and action plans, we have seen a significant reduction in exclusionary discipline such

as suspension and out of school placements, we've seen an increase in students social skills, a increase in the use of proactive strategies by staff, and thus decreasing the need for more students received more intensive services, particularly again being

placed out of school. we've seen an increase in students access to services as well as matching those services to students needs, and also an increase in the use of evidence based practices in terms of some of the barriers and solutions that I've seen

I would like to highlight three barriers and some potential solutions that comes directly from the curriculum we're talking about today. The first barrier I would like to highlight is administrator support, and I did see a comment about administrator

support in the chat box research by Kent McIntosh from the University of Oregon has found administrator support to be the single greatest enabler and predictor of implementation and sustainability of evidence based practices, and I truly have found this

to be relevant in my work administrator support and buying directly contributes to the success of teaming if the administrator just not regularly attend team meetings, does not prioritize the work of the team.

there's turnover and administration, it is very challenging for teams to make progress. As such, it's critical to engage your administrators and the training process as a trainer and coach.

I work to ensure that administrators, understand the training process and the type of support that's needed from them, to ensure effective teaming and implementation of evidence based practices.

In addition, I support the administrator and team and creating a shared vision and action plan that prioritises areas for improvement. And in your curriculum, there are some great resources, such as the multidisciplinary school mental health teams roles

and functions that includes identifying the administrator as an active team member. And I also appreciated the leading by convening blueprint. That is a great resource to share with administrators to help them understand how they can authentically engage

stakeholders on teams.

The second barrier I would like to highlight is team composition.

Too often teams only consist of administrators that oversee the staff, but don't directly work with the students served, and it's very important to have the right people at the table, meaning the team composition should represent the students being served

as well as represent the staff working with those students to ensure the teams' discussion and intervention implementation is culturally sensitive and has contextual fit.

And again, there's some those two great resources I just highlighted for administrators also apply when you're thinking about creating your team composition.

So looking at the multidisciplinary school mental health teams roles and functions, and the leading by convening blueprint, which highlights, who should be on teams and how can we authentically engage stakeholders including community members families

and students.

The third and final barrier I would like to highlight is having parallel teams. This often occurs when schools have multiple teams that talk about the same thing, but these things don't talk to each other.

So a school might have a climate team of behavior team a PBS team a pre referral team, a Student Assistance Program team a school mental health team. And we are working harder not smarter.

So what we want to do is encourage our schools to use the school mental health team alignment tool that's included in the curriculum, so that you can examine overlap and team membership.

The purpose of the team's responsibility and goals of the teams, and based on this analysis.

The schools are encouraged to align and integrate teams to prevent duplication, the shore efficiency in terms of our staff time and resources. And now I'm going to turn it back to sampling.

Thank you, Dr. Thomas I think one thing that I want to just add in terms of there is barriers is both barriers and opportunities so when you have multiple, multiple disciplines at the table.

One of the things that we can do is make sure that all the referrals don't go for treatment right for that tier three mental health provider and that's something that was happening for our team for a while where you know everyone gets referred to mental

health treatment and therapy. It may be that we need kind of a warm handoff or more need that there's some case management needs or it may be something that the after school coordinator could do or the ninth grade team person, family partner right and

so one of the things that we did, bringing together multiple disciplines at the table, and then really triage what referrals need to go directly to mental health treatment provider and making sure we're using those limited spaces for youth who do need

treatment, and then using other referrals where there might be another lower level of intervention and say want to share that as both a barrier an opportunity.

If you have multiple partners at the table.

Providers at the table, being very clear about who provides what services, and what referrals are appropriate for that provider.

I think in the in the worst version, right there can become kind of competition for referrals and for students at the cost table. And so we really want to be clear about you know what does this agents you know if you have multiple if we're lucky enough

to have multiple providers, at your table you know really clear about what the expertise in the scope of the work that each provider provides.

And I think holding.

You know, I think what other barrier can be kind of gossiping versus problem solving, or solution finding are referring, and that's just some you know kind of getting kind of deep into the problems of the students and sharing, rather than really haven't

kind of more of a again holistic and holding the respect and dignity for each student and this goes back to making sure that we're thinking about the strengths.

We're naming those we're paying attention to the challenges and referring them to need and that then we're following up on those referrals.

We're making sure that someone did get connected to services and if they didn't. Then with another level or another place to connect with that student so just wanted to share that. Thank you so much.

Thank you both so many wonderful pieces of guidance and advice, very helpful.

I'm going to actually move to this question because I know folks are very curious to kind of understand what what looks different, with teaming now.

During the pandemic. And how do you see kind of things changing perhaps even going forward into the future.

And how do you see kind of things changing perhaps even going forward into the future. I appreciate this question so much, you know one of the things as a school based providers and we think, you know, I think many of us know you know we want to bring health care services to students in schools

where they're at. And then when schools closed.

You know they're, you know, we all you know the in March last year, there was a lot of concerns like what are we going to do and for me I had such great confidence, and our ability to provide health care services to students and schools because school

based services are both location and partnerships with our schools, that's the two that's you know you can have a therapist in a school and they will never get it you know it is the location, you know, and the partnership and we had the partnership solid

and stable and so for our school based teams are our cost teams coordination services teams. They met more often. They met throughout the summer for some of our teams, a smaller group continued to meet to identify who those students who had vulnerabilities

who had mental health vulnerabilities that needed to be connected to services as well as might have needed connection to groceries or technologies or hotspots a lot of problem solving around getting technology to students so that they could do virtual

learning.

I think what we've seen via telehealth is actually for some young people, more inconsistent attendance and and and engaging and mental health services so we want to remember that that you know telehealth is here to stay.

And what I've noticed also for our costumes, they become a real support for the adults who are doing this work on campus you know and so there's the community has in some ways strengthened.

During this time, and you know we have our checking questions that we have are, you know, we go over referrals and we make sure the students are getting served but there is, it's really meeting a need for connection and collaboration that's happening.

So I think the pandemic has really been an opportunity for this coordination part of school based health services to really be as effective as possible and meeting the needs of students.

And so, I'll pause there

of the changes that I've seen occurred you the pandemic is that meetings have been put on hold or teams have shifted their focus to more of the immediate need like ramping teachers up to deliver remote or hybrid instruction, securing PP or school staff

and students, dealing with technology and material distribution, food start getting food to the students. I'm dealing with concerns related to equity in attendance.

And those immediate needs have kind of shifted focus, I think away from, you know, the action plans that we had in place previously in the kinds of discussion of work we were doing.

There's definitely been a much greater emphasis on attendance as our primary primary challenging behavior. And we've also really struggled with data sources.

None of the schools I work with have been doing universal screening data, we're not able to you know get the level of direct observation data that we were previously schools don't aren't writing the office discipline referrals so our data sources have

decreased significantly making it harder to engage in that precise problem solving, using database decision making, other challenges have been related to the providers on it being very difficult to provide group interventions over video conferencing when

you consider confidentiality, the environment not being conducive for group and also many of our counselors and other providers comfort level with running virtual groups on so I definitely think that there has been, you know, several challenges.

I think my pitch would be to encourage teams to, you know, revisit their purpose and mission of the team and continue with their regular meetings because the work that we do is so important.

And we want to make sure that we are able to support the students and continue to engage in that data based decision making discussion and action planning to have that change for our students to be proactive and preventative of have to support our students

our students from development of preventing them from developing significant mental health concerns but then also have this be able to mobilize those supports for students who are identified and demonstrating this mental health concerns.

Think know if I can add just two things one is, I think, if when students are virtual sometimes students don't have their camera on, and so it's been harder for teachers to refer in some cases, we have been successful in providing group therapies we're

actually running DB t groups, virtually via tele health and learning each time we're moving into kind of our next version, another iteration was starting groups at the beginning of March, but we have successfully run DVD groups, virtually, and we're learning

you know we're learning a lot kind of in this process, I think as we move towards return to the school buildings with Dr. Thomas is saying in terms of screening.

There's so many yes see bits I see that someone putting the scene in the, in the chat see this is a great modality to address trauma in schools.

But that we have ways that we're both providing screening University for students, as well as building the capacity of educators to build a trauma informed safe environments inside of their classroom.

You know, there's not going to be a therapist for every student who needs it, you know, we'll keep kind of building our beliefs of therapists and schools, but we also want to build the capacity by providing consultation to teachers and administrators

in schools.

So I think that in terms of recommendations going forward. Those are some my recommendations going forward.

Thank you so much for that it's, it's very heartening to hear about how those relationships is really strong relationships that were built through really strong teaming practices have carried through really and allowed those teams to continue during this

time in really effective ways to meet student needs as well as staff needs.

Throughout the pandemic thank you for that. We want to have an opportunity now to address some of the questions that have come up from our audience. And so, we thank you so much to our panelists we're not going to let you leave quite yet we want to welcome

and ask Sam to join us back again dr Reeves again as well. So I'm going to turn the podium over to Nadia Callan check. Who's going to lead us through some of the questions.

Hi there. Thanks so much and thank you, Molly.

I was just getting all the questions lined up and queued up.

So we'll start with Jillian's question Jillian was asking how do you recommend best incorporating administration and teaming process.

Sure, um I talked about how I feel administrator buying and support is critical. So I think it's important to in my role as a trainer and coach and consultant to meet with the administrator up front so that they understand what the you know the teaming

process is what their role is the roles of others how they can be supporters of the process. Sometimes I provide, you know, a document a document that they can reference and refer to.

I often will meet with administrator prior to doing the training, or the team or staff, so that they can feel like they have greater understanding of the content and they can become content experts and champions during a training or meeting with the team

or other stakeholders, so that they're there, it's not just me as a, you know, as a coach or consultant, delivering it that the administrator has a clear role in the process.

So I think it's just very important to build those relationships, as we said and be very intentional and building those relationships with administrators and carving out there was times to meet with them ahead of time and be really clear on what the role

is and what you're looking for from their support and how they can best you know be engaged in this process, understand what their priorities are, and help be that bridge between the ministry during the team to link the priorities of between them.

The only thing I would add to that is, um, you know, supporting that ministry that we have the same goals, right so attendance and academic in an academic achievement and graduation.

And that attending to the mental health and well being of students meets those schools. And I think, you know, we have a vice principal at each of our costume who sits on our student mental health teams, every week.

And as a part of those teams and so we know that administrators incredibly busy and it's, you know how to help them prioritize, but they are able to do it and I think when you align the goals and really find out who's in charge of social emotional health

and well being, you know who who's you know was is it as a principle is that the vice principals at someone else kind of in a leadership role of the school and have that person at your table, because you have the same goals, and that quarter nation really

does have it up stronger and more effective in meeting the needs of students and having them in their seat that seat time and moving towards graduation.

Thank you. Thank you, Sandra and Lisa.

We had another question from Chad that came in and he says, I work in a large district, we have established multidisciplinary leadership teams at schools but there's definitely a feeling that this is just one more thing, where it ends up being a work

list for mental health professionals to follow up with students and move on to the next. My question is about how to navigate local control barriers.

Right being one more thing I can't speak to the local I can't speak to the local control but I think in terms of it being.

One more thing we need to hold that we were before pre Kobe, we're already in a mental health crisis for adolescents, and that the, you know, number one, and for adolescents kind of have a mental health diagnosis, and you know untreated undiagnosed.

And if we're not addressing you know for children and adolescents, their mental health well being. We are doing a disservice.

And that if we come and addressing it in a coordinated intentional planned out way, is I think you know what Dr. Thomas and kind of were sharing that there are ways to do that.

That makes it an effective use of time, we know that anybody on a school campus.

Time is precious and there's so many things to do and we respect especially for, whether it's a teacher or administrator, you know, kind of the preciousness of time, and when we come together we can actually, it can be less time because we're coordinated

and working together, and to piggyback off a fan toy. This might also be a helpful. Time to implement some of those best practices or those worksheets or activities around coming up with a mission for your team taking stock of what teams you have and

who was on them. So you can have the information again in front of you of who's on it. Is it really repetitive, or is this a needed central team and be able to have that information for your local control boards, you can also invite them to be a partner

with you on these team they can be one of those other folks at the table to help bring them in and get them, everybody on the same page as a way to kind of communicate and centralize what's going on but having a mission having some idea idea of who and

what you're going to do for your team and practices might be helpful to bring to the table when you're talking to these local control agencies.

Thank you, Sam and Sam toy. And we I believe we have time for one more question. And this is from Matt, and just came in and register because widely divergent school visa v.

The rest of these resources and socio economic status costs are similar teams seem to have gotten their best start in schools in which the numbers of students who could benefit from cost teams don't seem so overwhelming suggestions for overwhelmed schools

at this stage of the journey.

Absolutely. So as I said I work in East and West Oakland.

Most of the students have been impacted by trauma and stress, and we we have, I mean we're fortunate to have six mental health providers at one school.

But even with that you know our referrals get filled up our clinicians get filled.

There, there is the overwhelm and I think that's where the coordination team or the mental health team really helps us come together with school staff come together with case managers or substance abuse providers, after school providers to really work

together to wrap around the needs of the school the whole community and the students and those students with highest needs. But also, you know, thinking together about preventative experts, or school wide efforts or universal efforts.

So I think, you know, just to speak the needs are, are in can be overwhelming. And so I really appreciate you acknowledging that. And I think that I know you know and have felt deeply through the coordination to do through this pandemic.

I think it can be hope generating for providers, the amount of effectiveness that we can be as a team. So I just want to speak to that because it can be when you're working on your own or or even with Amanda healthy right there's there's that we're talking

about kind of ice in the chat, a lot of trauma informed work but the effectiveness of the cost team. You know is what helps me be here 15 years later in school mental health services.

Absolutely, Sam.

I was also going to say celebrate your small wins, like little changes, little improvements in your system count we work with collaborative learning collaborative, the coin to help improve school mental health in a couple of states that were working with

with and we focus a lot on small tests of change in celebrating those small wins. So I know that it can seem like a big problem and an overwhelming amount of need, but the little things that you do to improve your team and practices or whatever other

domain you want to focus and do count, they are successes in the right direction, filling out a little form naming your mission, doing all of that is in service of this larger goal, it may not always feel like it or translate into giant changes in the

day to day but it helps instead of really solid foundation for your systems moving for. So I would say celebrate the small wins, as a place to start doing little tests of change and celebrating them right here that hope and healing and relationship building

shining through on all these answers.

And we have one more quick super quick question. And it is from Jenny, we're in a small community. How do you include community mental health providers in the process.

So,

I think, telehealth has certainly you know help to bridge that gap where it might have been more, you know, challenging previously. Now that we're all you know kind of more used to the tele health approach.

I think that that could be a great way to engage those community mental health providers.

There's a great tool in the curriculum for developing those memorandums of understanding, which are one of the important first steps to agree, engaging those community providers, I think, you know, just not being afraid to reach out how those conversations

and develop areas where you can find your, your shared areas that you work together and connection plan and support around, I think is a great first step.

Wonderful, thank you so much and thank you panelists for this question and answer session, I did want to make note that during the question and answer pod and chat box.

There has been requests for resources for secondary trauma, as well as trauma informed resources. So, we'll be compiling a list, you know with suggestions from our panelists as well.

And so, and we'll be getting that out after the webinar, so be on the lookout for that as well. Going to go ahead and turn it over back over to Molly Lopez, to close this out, Molly.

Thank you. Thank you, Nadia and thank you so much to our panelists.

And so please don't leave us coming up next our regional breakout sessions so these are those 30 minute opportunities for really diving deeper asking more questions about the topics that were discussed today and having conversations with participants

from across your region to participate in the breakout sessions, click on the link that is being provided in the chat box, and the link will take you to a document that lists are 10 breakout sessions so you'll find your region, and click for that.

Zoom link. We really hope you will join us for those discussions.

For information about your local, state and regional school Mental Health Training and Technical Assistance activities, make sure you reach out to your image TTC in your region, we'd really love to talk more about you, more with you.

Right.

And also we want to remind you that this is the second learning session in our eight session series on the school mental health curriculum, always and now, and we have our next session on March 9, it will be at the same time as today.

And we will focus on needs assessment and resource mapping module of the school not have curriculum. So information on how to register for the remaining sessions will be included in the follow up email that will be coming your way and the next few days.

For those of you who are wondering where you might find that school mental health curriculum, and it is available on our website, and you will have access to all of those resources that were shared today.

And so we hope you will look into that as well.

Lastly, we ask that you please take a moment to complete the brief survey about today's training, it should automatically pop up in your browser window when you close out today's webinar will also send out the survey link in our follow up email to everyone

who attended.

So, if you would like to hover over the little code there as well that's another way to get access to it. So please look out for it, and make sure you take a short opportunity to answer those questions again I want to thank so much our wonderful panel