Closed Captioning Transcript
SMH Curriculum Always and Now Learning Series: Session 4

Hi everybody, thanks for joining us. we're excited to have you here with us today.

As we get settled into our fourth session over mental health school mental health curriculum series always in now.

We're going to start at the top of the hour so as you get settled. Please review this slide about how we will be using tech for today's session.

And feel free to introduce yourselves in the chat, you can put in your name where you're from.

And then we'll use the chat today for any issues that you might be having about audio or tech issues, and then we'll use our q amp a pod for questions for our panelists so as you get started, we'll review all the housekeeping together so we're just really

happy that you're here and again, feel free to introduce yourselves and the chat box.

Thanks everybody again for being here and welcome to today's session on screening of our mental health school curriculum mental MH etc school mental health curriculum always and now Learning Series.

We're going to start at the top of the hour just a few minutes.

You're all muted, and today's session is being recorded and the slide should help you understand how we're using the tech for today that will put any questions or requests for help on audio or tech issues in my chat box and then questions or resources

for our panelists will go into q amp a pod and we will get to our questions at the end of our panel presentation. Now, so I have captions available for anyone that would like to enable or disable them click on the CCE icon at the bottom of the zoom platform,

and select an hour for options to display the captions.

So thanks again for being with us and we're going to get started really soon.

Welcome everyone, thanks so much for being with us here today for fourth session of the image to disease called mental health card gum always in that learning series are so happy to have you with us today we're going to get started in just one moment.

Okay. Where do we get started now everyone thanks so much for being here for you're interested in MH TTC school mental health curriculum always announced during the series.

This is session for screening.

Hopefully you've seen this slide and you're comfortable with zoom at this point and how we're using it today is that you're all muted. And if you have any questions about the tech or the audio or need help with anything will also be putting links for

how you'll access your certificate and I will follow up with you after all of that will go into the chat, and we're we welcome you to introduce yourselves, put your name where you're from in the time as well.

And for the, for questions and resources, those will go in the q amp a pod. And those will be the questions that will get to with the energy for our panelists.

them. Click on sec icon at the bottom of your zoom platform and select the arrow for options to display or hide those captions. So I'm Stephanie Winfield on the school mental health leader with a mountain planes me she etc.

And I'm so excited to be able to moderate today's session with you. Thanks so much for joining this session for over eight part series, we are halfway through of this school mental health curriculum always announced a few housekeeping items are going

to launch a poll for you momentarily and we'd love to hear a little bit more about you and learn from you as well. So please complete that as I go over these housekeeping items.

So, as I'm sure many of you are now familiar with the zoom. We just want to review a few things so that you're comfortable with how we're using it today as I've already said to for best audio quality for today, we've needed all the mics and all the participants

except for speakers. If you have any audio and technical issues during the session the chat box is open for you to communicate with our team so they can assist you.

Do you have a link to resources you'd like to share with the other attendees or questions for our presenters. Please enter those in the q amp a pod. We have team members who are monitoring the q amp a pod and they'll ensure that 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've scheduled ample time for Q amp a with our guests our panelists towards the end of the meeting, but feel free to enter your question at any time.

We've made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly will follow up using your registration information, you'll receive an email following the presentation on how to access the system ticket for

attendance for today, as well as information the recording and the slide deck, then they'll be posted on our website within a few days, and reminder for the captions are available for those who would like to disable or enable them with the CC button at

the bottom of your zoom.

And please follow us on social media for you don't.

So, RRMAC HTC network mental health Technology Transfer Center also known as the CDC is where networks funded by the Substance Abuse and Mental Health Services Administration, Samsung, and we included 10 regional centers and national American Indian Alaska

Native Center, the National Hispanic and Latino center and network coordinating office, our collaborative efforts include support resource development dissemination training and technical assistance and workforce development for the mental health.

And if you have not already connected with your regional center we suggest that you find them and be in touch with them and learn all the other opportunities that they have

a disclaimer that this presentation was prepared for that and he to see NETWORK UNDER cooperative agreement from the Substance Abuse and Mental Health Services Administration Samsung, and the opinions expressed in this session, or the views of our moderators

and panelists and do not reflect the official position of the Department of Health and Human Services or

part of receiving our funding from SAMHSA was they were were required to submit data related to the quality of our events and so we very much ask that you complete this really brief evaluation at the end of our session today, when you pop out of your

browser window the evaluation will show up and it'll just take you a few minutes and it means a lot to us so we really do appreciate you taking the time to do that.

And don't forget to join our regional breakout sessions at the end of this live session.

These sessions are intended to provide an opportunity for you our participants to ask questions about the context will cover today and gives you time to discuss and apply today's learning and an informal moderated discussion with our staff contextualize

for your specific region.

So at the end of towards the end of our session today you'll see the links for your regional session, and it's 30 minutes that we hope that you'll join us and our speakers will be joining those sessions today as well.

So thanks for your attention, we're gonna get started with our content.

It looks like about half of us a little more than half were able to watch the video, and we provide that video so that you have a better idea of what we're going to be talking about today, and we're lucky also that will get an overview of that for those

who didn't have the opportunity. And it looks like our mastery of screaming is kind of in the middle we have a majority of people who feel they have some experience.

And then we're kind of all all across the board pretty evenly displayed so hopefully this overview and then our session today will will help you all feel a little bit more informed and prepared.

So,

as you know, this is an eight part series and we are at number four and midway through uses the National School mental health curriculum guidance and best practices for state districts and schools, the curriculum was developed by our network in partnership

with the National Center for school mental health in 2008.

And it's intended to help states districts and schools advanced comprehensive school mental health and engage in a planning process for implementation, and includes a trainer which has been module manual.

Eight sets of slide decks for each module representing the core features of comprehensive school mental health as well as many, many additional resources, today's live session will consist of a discussion with a small panel of educators and mental health

leaders who will provide an always in now application of the curriculum.

While we know that this school mental health curriculum is a great resources to utilize in schools, settings all the time, we know that it's especially relevant in the current contacts with that coven 19 pandemic and its impact on the provision of school

mental health services and education in general. So our panelists will share with us their experience using the curriculum and then the innovative ideas for implementing implementing in this current context.

So we hope that you did watch the pre session video we know about half of you did.

That said, the light, the video is really to help everyone familiarize themselves with the particular material but if you didn't have the opportunity to watch it, you are in luck because we have to Obama camp with us today will serve as one of our panelists

panelists and give us an overview of the session.

So Dr Bonnie camp is an assistant professor and core faculty at the National Center for school mental health within the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine, and she has extensive experience in the

school mental health research policy and political practice at the local and state levels. So I'm excited to pass it on to you, Jill thanks so much for being with us today.

Absolutely. Thank you Stephanie Hi everyone, thank you to all of you for being here today. It was really exciting to see folks from across the country as you put your information in the chat from Florida, Texas to Seattle and and main and across the United

States so I'm pleased to share an overview and show some of the materials that are in module four of the National School mental health curriculum, which focuses on screening and so I'm going to walk you through what's included in the curriculum and everything

you need to know to begin to think about how to engage your community, all the way down to the specifics about every step of what you need to do when you're thinking about school mental health screening and example from districts and as you can see on

this is our agenda that walks through what is included in the curriculum.

So one of the first things we do in the curriculum is define what we mean by school mental health screening and a critical piece here is that this is to identify students at risk for mental health concerns, and that this is not just for students who are

already displaying mental health concerns but really to think about how are we doing this in a systematic way to make sure we're identifying any students that may be at risk.

And within the curriculum, a really critical slide here is a number of bullet points and beyond the bullet points included in the curriculum are more details about making the case for screening and thinking about screening so I can imagine that many of

the folks here that are attending this session, already are strong supporters of screening and this is something that perhaps you're doing in your school community, or you want to bring here school community, but we know that there are a number of folks

who have concerns about it and that we want to be really intentional about it and so there's a number of resources here around just why it's so critical that we're screening for mental health concerns and doing this, excuse me in a data driven way so

a number of resources why it's always important that we're thinking about mental health screening, and I want to share some additional thoughts for this now why it's so critical that we're screening for mental health concerns.

In response to covet and so I want to take a little bit of time to look at these numbers, we know that mental health concerns have increased. and so really we can't not screen.

When we look at these numbers, we see that every other student is reporting moderate to extreme concerns about mental health.

And, and so we know that we can't serve that many students through tier three and we really need to be using a data driven approach to prioritize students who are at the highest risk.

So if we look further down these statistics we see that 25% of high school students are saying that they know someone who has had suicidal thoughts. And so we know that that risk is high and that I hear many folks and school districts and I'm sure folks

are shaking their heads as well that that they don't have enough clinicians or that they want to be thoughtful around how to make sure they can provide services for youth who are most at risk.

And if we're not screaming. Then we may be missing some of those students and we may not be prioritizing the students that need these, these resources, the most.

And so this is just additional information for you can make the case to bring this back to your school community and to really be thinking about how can I make this happen.

And so within the curriculum, you'll see that there are screaming quality indicators, and also screaming, best practices.

And then, within the curriculum probably the most, and one of the most important things that we'll talk about is that, you know, we know there's this important need, and this great need to do mental health screening, but it's very critical that this does

not mean starting by screening the entire district tomorrow, or next week or next month or next year and that school districts and you'll hear from our panelists today that have had the most success, and have done this in a way that has really supported

students without risk is by starting small and thinking about one student in one school piloting your process, and there are many resources within the curriculum that really talk through that and talk through how to do that and share examples of how districts

have done that.

So, the curriculum walks through a screening action step process and include very specific examples and tips from the field for each of these steps. And I'll go through each of these steps today and just show you an example of some of the things that's

included in the curriculum, we won't spend time today sort of going through each detail, but just a sample so you can see, wherever you are in your, in your process whether you're starting at this building a foundation stage, or you're really already

to the point where you're thinking about selecting a measure. There's a wealth of information within the curriculum to help you at every step of the process.

So these next two slides that I'm going to talk about are probably your two most important steps in your screening process and spending a good amount of time on building a foundation and generating engagement and support is really critical to making sure

that you're having a successful screening process. And so you really want to think about engaging all members of the school community you can start this by thinking about focus groups and thinking about questions about the benefits of screening challenges

and concerns related to screening, that your school community brings up think through consent and privacy considerations and thoughts you may have for screening and presentation, scoring and referral, and you also want to think, you know, really closely,

about how your screaming goals fit with other initiatives in your district, and how this is critical to the goals of your Superintendent of your school community, and what you're prioritizing for your district and making sure that screaming is helping

to support that. And, and helping to support students.

So this is this second critical slide is that when we're thinking about building our foundation and engaging our school community that we're thinking about engaging all members of our school community, and that we're being really intentional about thinking

and making sure that we have representation from all voices that we're thinking about how do we be culturally sensitive and really intentional in our screening processes, and that starts by the at the very beginning of making sure that when we're talking

about screening and what this might mean that we're receiving input from all families represented in our school community. So there's great resources in the curriculum, talking through those key important steps and I encourage you as you're getting started

in this work and continuing in screening to really make sure you're being thoughtful around those two pieces.

And then another piece that's really critical is thinking about data as a way to build a foundation. So we've seen districts that as they seek support for school mental health screening, but it can be helpful to turn to data.

So for example one school district use data from their screening pilot to demonstrate the value of screening and again this is important information that you can get from the curriculum for you to think about how this might work in your school district

to help to make the case and to really help you to see you know sort of why this is supportive and help others in your school community to see why this is a critical step.

And so, throughout the curriculum we go through each of these action steps, I'll move more quickly through these next slides but I just want to show you some of the additional resources that are included, for, for example on the next slide, there's additional

resources around clarifying goals.

And on the next slide you'll see some examples around, identifying resources and logistics we have a specific slide around staffing, and then also one around thinking about logistics for data infrastructure.

Moving on to thinking about selecting an appropriate screening tool their resources and everything within the curriculum is free to all the resources will point to our free, free resource here around selecting and appropriate screening tool.

There's a quite a bit of discussion and resources and the curriculum around speaking about consent and the sense procedures. And as you can see here there's a table around that we also have samples of consent and the sense that other school districts

have used and and given permission for us to share, and other just logistics around students ascent, and consent procedures.

You'll also see that there are a number of resources around developing your administration processes, and importantly developing false prophecies so making sure that you're being really thoughtful around, if there is a student that's identify high risk,

have you make sure you have resources in place and staffing in place to do follow up, also points to the school Mental Health Quality guide which is another great resource that's within the curriculum that has additional tools and suggestions and tips

from the field around school mental health screening.

And can we know that that this can be a big undertaking we hear from school districts across the country, that there are barriers related to screening and so there are additional strategies here and things to think about and we are thrilled that will

be able to hear from our panelists about how they've also addressed barriers and use the curriculum and resources within to think through and to be addressing.

And of course, real district examples. This is an example of a district that was able to start small, with screening, a few students in one school. And over the course of the school year through an iterative process was able to expand to implementation,

to a large scale online screening and a high school. And again, sort of talking through this, you know, both in the very specifics of things you can use and then also sharing how other districts have been able to do this.

And then there's a list of resources within the curriculum for you to be able to access additional resources around screaming.

And so before I turn it back over to our destiny and our panelists, I just want to highlight some of these key takeaways that are included in the curriculum.

And as we're thinking about mental health screening always but especially now.

We know that mental health community is critical for efficient resource allocation. So with this high level of mental health concerns, we can't afford to not treat screen students, we know that we need to prioritize our resources and make sure we're being

preventative when we're thinking about mental health crisis incidents.

And when we're thinking about key action steps. We don't have to start with screening the entire district, we want to start small.

Work with a stakeholder or stakeholder group that's inclusive and start to develop our process.

And I just want to thank everyone for joining us today encourage you to dive into the curriculum, there are a number of resources in there for wherever you are in step and glad to turn it back over to Stephanie, and to hear from our panelists who are

doing this practice in their districts. Thanks so much, everyone.

Thanks so much, Joe, we really appreciate that. Overview. There's so much to this module there's, you gave us a really good overview, but we encourage you to dig into this module and see for yourselves how much, how many resources and how much great information

is in there. So I'm really excited to enter a panel presentation and introduce our panelists for today. We have Todd Wester who's the Director of Curriculum and multi tiered systems of support and school based mental health and behavioral health and Livingston

Montana public schools. and he's also a member of the Montana student wellness advisory committee.

And we have Joanie spelled who's a professor of psychology at the University of Florida. Dr seltzer research focuses on the prevention and intervention of emotional, behavioral concerns for youth and schools.

So thanks so much both of you for being with us, and we invite you each to tell us a little bit more about yourselves your roles and your work on school mental health screening how it plays out in your work so Todd if you would like to go first.

Thanks so much.

Yeah, thank you. Well, You know I have this title in our school district I'm the director of school based mental and behavioral health.

That's something that's very new to Montana districts, but something that we acknowledged was necessary because we had a large influx of students with struggling with mental health issues.

And we needed.

We needed some people to be on that work. So I'm one of those people.

I have been lucky to be part of the MH TTC project from early on and to get to experience the rollout of the school mental health curriculum, so look forward to sharing with you.

Is that like Stephanie said my name is Johnny splat and I'm an assistant professor of school psychology at the University of Florida, and I come to this work more on the practice side actually so in my early career was lucky enough to kind of work alongside

support and learn alongside a couple of districts in the southeast, who were, you know, on the front edges of screening and trying to figure out how to do it and the advantages of doing it in their school districts, and that really just led to a lot of

kind of implementation type of research questions for me so have launched into more on.

I'm working alongside school districts to, to not only support them but also kind of evaluate how some of these implementation decisions play out how do they overcome these challenges on what works best on how can they be most efficient and that and so

How can they be most efficient and that and so have tried to kind of share the those things that they've learned working and not working. So I'm happy to be here.

Part of that today.

Happy to have you both with us today. So I'd love for you to share some of the challenges that you've encountered around the screening. So I've taught go first.

Yeah, thanks Stephanie. So, Jill hit the nail on the head. It's important to start small and that's been very difficult for me personally and for us to do as a community.

It was remarkably difficult not to one go too fast with deployment of the screening program, and to not want to mandate that every student take the screening, rather than allow parents to opt in at first.

You know we followed the steps of the module to a tee. But the more that a group of us became aware of the benefit and the purpose of screening.

The more we began to feel as if life literally hangs in the balance, and that we may lose students that we could have saved while we, you know, slowly build trust in our community around the screening project.

It's really hard, it's been difficult for all of us who feel like we really want to see this.

You know fully operating and want to see all of our 700 grades six through 12 students being screened, you know, starting tomorrow.

But the alternative to moving slowly is to move too fast and lose Community Trust and potentially to be unable to revisit the idea for a long time, we've seen projects in our community fail in that way in the past.

And so even though it's a little languishing it's really important to really start with that one student and move slowly.

You know, and even though we've done, health and academic screenings for years we were brand new to the concept of social and emotional screening and so we really had to do the who, what, when, where, why, and how.

And I think the, why is the biggest question that I face from members of our community who are unfamiliar with our screening program, you know, even in a community where it's fairly well known that we have high rates of Youth Risk Behavior and anxiety

depression and suicidality.

Still, there are a lot of people who wonder if it's really the proper privilege and responsibility of the district to do mental health screening.

And a lot of that stems from a strong sense in the community among many that there is an energetic risk that is that, asking questions around, depression, anxiety and suicidality will actually cause it.

But, you know, we're having some success with helping our community to understand that, while screening can detect suicide anxiety and depression, it, it's not so likely to cause it.

And so we've, we've had some success again by moving slowly in helping families to understand and to know a little bit more about what we know about the, the eyepatch running after genetic risk.

You know, there are a lot of families who worry that screening is going to inevitably lead to sorting and tracking. And that is, you know, my child. Through this screening will be grouped with a group of students and then sort of track that way through

school, we really work hard to dispel that notion in all of our screening, that really the reason that we're screening and so that we can get kids to help they need as rapidly as we can get it so that we can catch them up or help them to improve in whatever

ways they need to, and so that we can kind of customize the treatment for each student.

We had some questions around who should do the work of first leading the project seeing it through to fruition you really need somebody I think to do that and it's hard to find that person on limited resources in the school district.

But we were lucky that we were able to take a little my time for me to be able to do that.

And you also will have the question of who needs to be involved in the development of the screening program and how you get them there.

We've been lucky in that, because of our community wide data we do have a lot of professionals in the schools, mental health healthcare philanthropic partners are several families and students and state agencies who have been willing to join a committee

to do this work to identify the screener.

Then who's going to administer the screener is one of the most critical questions I think and it's hard to figure that out, everybody's time is already booked solid typically in a school system.

The way our solution so far has been to have our school nurses do this so that it looks something like a typical health screen to our families, and also because our nurses have a good sense of how to do, health screening.

And so many, many more challenges we face but I think those are some of the top ones that you'll encounter as you as you embark on a screening project.

Yeah, and I think that um one thing I was going to add on top of that was thinking around, a lot of times challenges, I get from districts is around funding, and then having, you know, financial means adopting a screener with so many of them costing money,

and so there's definitely the tendency I see among six tricks of trying to go towards a free something that's free or very low cost and, and I certainly have some districts that have had some examples with that but it also and some positive examples of

good work from that. And also I always use kind of the metaphor of like you get what you pay for. And, and, you know, I believe that with my haircuts, I pay a little bit more than my partner does my male partner for his haircut, you get what you pay for

kind of thing. So it sometimes is worth putting some money into and I also the district's I've seen go towards a free measure that is free they end up putting personnel resources so it takes a lot more a heavier load on their IT people on on their legal

team and figuring out who has access and did rights and responsibility and making sure that that's layered into the system.

So I generally find districts you're either going to put the resources into buying so you have money to pay for the screen or you're going to put it into ft.

So either way it's going to cost something, and to adopt and implement is just kind of where your resources are available to you know and free.

Thank you both so much for that one I bet that our participants can relate to many of the, the struggles that you've mentioned and obstacles and so now I love for you both to share a little bit about the positive outcomes and successful results that have

come from your screening efforts.

Todd How about you, well on this side.

You're yeah on this side, it just, it just feels so good to have the screening under way.

You know there's that. I think a great sense of anticipation.

And, you know, there's some nervousness around getting the thing launched. But once we once we started working with our social emotional learning screener, you know in some ways that wasn't that different from doing academic screenings or from doing health

screenings was he was kind of like a hybrid.

In that, you know, there's sort of a health component and we're building it as a health screener, but also it's informing what our social emotional learning programming is going to be and how effective it is.

So, you know, once we once we got it started it. It felt familiar It felt good, and you know the the dialogue started happening around okay what adjustments we need to make here or there in terms of scheduling or outreach to families or things like that

but it didn't end up being so different from what we are used to doing.

And you know the greatest benefit of course is in discovering those students that we would not have otherwise known about who are struggling with suicidality also anxiety and depression and connecting those students and their families with treatment.

You know, we've all said I guess our mantra has been if we discover even one student who we didn't know was imminently suicidal and we connect them with life saving treatment.

It's worth everything that we did a really serendipitous thing has happened, we, we had a couple of researchers land in Paradise Valley, which is very near Livingston Montana, who have a strong background in research and youth suicidality.

And one of these people had formed a group that was developing electronic patient reported outcome surveys, essentially take validated screeners but put them in a branching survey electronic format.

And that has given us a small Montana district and opportunity to work with some people who really know a lot about this, and to kind of both contribute to a project in which we're trying to develop a screener that could work in schools statewide and

across the nation that you know fits what schools need, but also that meets the science of screening in the social and emotional realm. So that's been a really fantastic thing to be part of.

We've been lucky to have them at the outset work with us pro bono, but they're working to try to develop a cost effective solution for for schools. It's very fun to be part of that project and it feels productive.

And we've gotten some good press here recently and local and statewide news our Yellowstone public radio station carried a spot. Just last week, and I only mentioned that because every bit of that that we get seems to make it seem more mainstream, what

we're doing. And, you know, I think it reduces the stigma around screening for social emotional issues. and you know we're not getting any crossing my fingers but we're not getting any bad press so far we've gotten you know really some good attention.

Johnny. Yeah.

We have some preliminary positive outcomes, I think I can share and in a randomized trial we did show an increase in its preliminary getting ready to be submitted for peer review and increase in elementary school students receiving, social, emotional,

behavioral interventions and schools that did screening versus those relying on you know more traditional typical teacher or a parent referral practices.

So definitely have some, some preliminary evidence supporting and kind of the hypothesize rationale and really driving this movement towards screening which I'm glad to see and.

Um, and I think we've also, you know, in that trial and in some of my other work really tried to kind of think about how can we even more enhance and increase that that linkage.

Um, it's probably it's good and it's better than teacher referral but probably still not 100% and an adequate and so really working and some additional work we're doing now of trying to use, and I can talk.

Yeah, I'm probably linked about it. I'll be brief, but I'm trying to use you know screening more as a needs assessment at a system level so moving beyond that kind of individual work and move, use it as a needs assessment to inform kind of how we allocate

resources and the service delivery model and what services we're offering, where to whom. So seeing what the needs are, at what grade levels and what student populations can really help align.

You know the services we had and build capacity there to better meet me so that we're ready for whatever is identified, once we do screening.

Thank you and thanks for bringing it back to why we actually do this I think we sometimes lose sight of that piece of it. So, to do this to support the students and if we if we have one student then it's made a huge difference for that students.

So tell us a little bit about what has changed and how your school does screening now because of the pandemic and while you've had to adapt to change our learning to do differently so top will have you take this one.

Yeah, well you know the one thing I want to relate to everybody is that we look across Montana.

Generally speaking, we can say that I'm not sure we've lost a student in Montana to coven.

But I do know that we've lost numerous students in the span of coven to suicide.

And so, you know, for us, maintaining the perspective, around I mean we're putting a tremendous amount of time, effort and in person power into the coven effort coven prevention, and you know screening and, you know, contact tracing and doing all those

kinds of things and it's taking a lot of our people's time including our nurses. But, you know, the conversations I've had with our nurses are around, you know, we know that that's essential work we have to do.

And yet, really making sure that we're screening as many students as we can with our with our merit screener is probably going to end the end, be more life saving and more impactful.

So, so we just I guess we haven't done as lost focus on getting our social emotional screening project going and and you know functioning well, but coven cost a lot of delay.

We've had to you know we've had days where we'd have a couple of coven positive cases in the schools and the nurses would spend their entire day on contact tracing and wouldn't be able to run the, the Sal screener.

But, But we we've just persevered, and we've continued to reschedule and spread things out as we needed to and plod along and get it done.

We did develop a plan to, if we weren't going to be on site at all, to be able to implement the screening remotely. and because it's an electronic patient reported outcomes survey.

This is something that that students could take remotely from home from a cell phone or a computer.

We still do have that option and we have some students who are fully online, we haven't.

We haven't tried that out yet but we will probably in the coming weeks, have a couple of students who are fully online students take the survey from home.

But, you know, I think really the main thing is just coming back around to trying to keep our perspective around what the threats are two kids and where we need to apply our efforts and this is certainly one of the areas where we need to we feel like

we need to make sure we get it done.

Thanks, there's a lot of agreement to your statement in the chat about comparing Kobe, and efforts were running around screaming on Kobe versus the efforts on screening and suicides a lot of agreement, and I'd love to encourage everyone to put questions

in the q&a box as we're getting ready to wrap up our this part of our presentation and move into the q amp a so we'd love to hear what questions you have for today endzone.

So, last question.

What are some recommendations you would make for schools who are just starting out or in the initial phase of utilizing the screening module for the school mental health curriculum.

So again, we'll start with Todd and then we'll have journey.

Yeah, well I just reiterate again start small and carry a big committee. You know the starting with just a few. And, you know, little pilot projects that grow gradually to something bigger and just trying to, you know, win little and went off and.

That was excellent advice that I got from Jill and we have followed it, and it's been very helpful, and just having, I mean, I have a core committee that's about 15 people but we have really a large stakeholder committee of something on the order of 50

people statewide who are working with us on this project. And, you know, that really helps because you have a lot of people out there talking to other colleagues and and families, and making this seem you know like something that's mainstream and something

to do.

You know, and just move slowly move a little and then reflect and revise and move again. I think that's always good advice in implementing anything new, but especially important with this work, follow those steps of the curriculum, and it was really helpful

for our committee to watch that virtual learning session for module four, and in study the examples that were in that session, there were a couple of really great pieces of advice that we got from districts that are featured in that.

Don't be afraid to look for resources in the community or reach out to people that have been through development of a screening program I'll put my hand up as one who's happy to share but you, I was surprised how many people I was able to find within

our community who had some fairly deep experience in the realm of social emotional well being screening suicidality, and those folks have just been fantastic partners in this work, one small thing I would urge considering would be using DocuSign for your,

or a similar electronic signing service for your consent or a cent forms.

These days it's getting hard to get back paper consent forms, it seems like we felt like we had a pretty good response to sending these out via DocuSign.

So let's suggest that if in your state there's a state team that you can be a part of that has been so helpful to me to be a member of this Montana student wellness Advisory Committee because there were, it seems like there's a person like me and every

committee in every community in Montana, who's trying to do the same kind of work.

And then as you prepare your communications to your community. I would strongly suggest vetting them with your whole team.

You know, for me that included taking my press releases and my parent letters to our school board to our school administrators, and to all members of our local committee and our statewide committee.

And really I had the stamp of approval of all those folks before I went ahead and hit the send button and sent it to our, our local newspaper and sent those communications out to parents.

I bet Johnny has some really great ideas as well.

Yeah, I just picked up on maybe again piggybacking on something you said earlier was like starting small and I would add to that is, is start small with existing systems that you have in place so don't make a new committee that's dedicated just to screening

I think my experience is that further stigmatizes, the issue it's like highlights to people that this is something new that they shouldn't be possibly be concerned about.

But if it's integrated into existing, you know, school advisory committee or school wellness committee.

Then I think it, it sends the message that this is typical practice that we're, we're integrating with all the other screenings that we do and that we care about this whole child approach it doesn't isolate it.

building levels like once you start implementing screening. Don't make a new team have a district that, you know, created a whole new team just for screening data when they already had a problem solving team that was used to looking at discipline data

and academic data, and lots of other data they already had that so they could have integrated the screening data into that and and not created a new team that really created a lot of a lot of interest, amongst their school personnel who didn't really

want another team meeting to attend.

another team meeting to attend. And, and then the other short real briefing is just, um, I think Todd said this but clarifying your goals from the very beginning, and using that to drive everything you do, and clarifying your goals with your stakeholders

so if you're having issues of suicidality then your goals are preventing that and that's kind of the screening system that you need to implement. If your community is more.

There's a higher concern about pro social behaviors and social emotional well being, then that might steer you to a different approach.

So that first step is group.

And I think I'll hand it back over I think we have questions, right. Thank you both so much. I really appreciate your experiences, you're sharing you're experiencing experiences with us and your expertise and I think you shared so many little tidbits

that people really appreciate it I know I was jotting down things.

So hopefully we all can learn from your experiences. So we do have some questions that have been coming in we encourage you to continue adding those as we move into our q amp a, and I am excited to pass it off to my colleague PG Wagner who has a school

mental health lead at the region two and HTC who has been monitoring the chat box and so I'm going to pass it over to you now. Okay.

Thank you Stephanie.

So, we have a couple questions.

The first one is a two part question so I'm going to give it to you in parts, as you mentioned individual screening, would you comment on two questions.

So the first question is, what do you have to individually screen elementary students for suicidality fourth and fifth grade, that's the first part. The second part is some districts are reluctant to allow their counselors to say suicidality is low to

high risk using the Columbia suicide scale. What are your thoughts on addressing this.

And I was looking at that one earlier and trying to think, I can't think of a tool off the top of my head that I know for sure is norms for fourth and fifth grade.

And Joe.

That might be one better to email me and let me look at a couple of resources before I answer at the top of my head is that okay.

Sure.

And, and I'm happy to do a little digging, right now, so I'll do a little research on, so the shape system has a whole library where you can search tools that shape this in that time but I'll also just go there now and check it out while Todd and other

folks are answering this and other questions.

I love that question, because we don't have a screener that we've identified for fourth and fifth grade and yet we understand that, you know, only to a certain extent, can you use depression and anxiety, as sort of proxy screeners for suicidality you

actually have to be able to ask the direct questions about seasonality so I'm also interested in that answer.

So the second part of that question was some districts are reluctant to allow their counselors to say suicidality is low to high risk using the Columbia suicide scale.

What are your thoughts and addressing that.

I'm also going to default to Todd on that one.

Well, so the person that I know who knows the most about this is dr john Christ.

He and his team have done extensive work with the people who created the Columbia suicide severity rating scale to create this the pro version of him.

And, you know, in everything that he has presented us and some pretty strong research suggests that the Columbia is very accurate with respect to those, you know those risk levels.

And so, we are, we are doing our triage in that way.

So, a strong positive is getting, you know, immediate help from the Crisis Response Team, but the softer positives are, you know, they're being referred within days to, you know, to other help.

Okay. So another question is, can you speak to the difference between an SEO screener and in mental health screen or are we using these anonymously.

It's a great, great question. It kind of makes me think of a Venn diagram so I definitely think that there's overlap and we're using and some participants anonymously but they're also probably unique differences.

So, when I think when I use and and muscle literature thinks mental health screening we're really thinking about mental health risk around like internalizing problems depression, anxiety, specifically and predictive validity for that, and externalising

problems like conduct and opposition behavior and social behaviors those kind of disruption impulsivity those things more of like symptom ology would find in the DSM, whereas social emotional might be more aligned with my castle collaborative, academic,

social emotional learning competencies right around like self regulation self management, and typically an SEO screener also most of them have like a pro social domain, on or also have some sort of pure problems domain and so there's a lot of like shared

variants, amongst those different kind of constructs or behaviors right and we see a lot of overlap, and then self regulation might be low for a student who's also low with impulsivity right and they see a connection there it's just I think a lot of districts

And we see a connection there it's just I think a lot of districts who really do not view themselves as in a mental health role or don't have a ton of mental health resources, feel better, to be quite honest about a social emotional screener with some

pro social behaviors that that is in their domain there's a direct connection of those skills to academic performance and and so it is more in their lane and more acceptable to their community.

Now that's excellent. Learning a ton from you Joanie in our school system, you know, I've over simplified this thing. But what we've tried to do is we've used social and emotional.

Maybe a little bit euphemistically so that we're not saying we're screening for suicidality, that's a that's a harsher thing for the community to hear than that we're screening for, you know, social, emotional, but really what we've tried to get in the

habit of is talking about all of it is just a health screener.

You know, it's, it, it has mental health is health, in our view and so we're trying to say whenever we can remember to that this is a new health screener versus that it's either mental health screening, or social emotional learning screener.

Okay, another question that popped up in the chat box is how often should we be screening for suicide,

though, and I don't know that there is empirical evidence to support any of screening frequency I'm not sure Todd how, what is your schedule screen look like.

I don't think you shared.

Yeah, Johnny that's what we found to what we have tried to do rather than say how frequently is have some target times. So we know from our data that October and February, are typically our most difficult months for suicidality and so we're trying to

screen in September and January. We've had some delays we're still screening. Now, because of the coven noise but in an ideal year, we would screen and in September in January.

And I love how you use some of your existing data that was kind of something Joe you talked about right and and previewing the modules of like how you can use some existing data to help you kind of narrow down your targets and think about like how you're

going to plan your screening and poke approach.

And the domain of more like social emotional screeners and mental health screeners the general recommendation is twice a year, I've seen some that suggest three times a year.

And I think it depends on in a younger population, you probably only need two times a year because you're just not going to have as much new elevated risk the risk is fairly stable in middle school we start seeing it become less stable.

So you might want to do three times a year.

But I definitely suggest that like at least twice because if nothing else that second time point can give you kind of a post test evaluation. That gives you data to plan for your next school year to align your resources do that program planning I've had

districts use that last time point to leverage for grant applications or other resources in the community with the United Way and, and the like.

So we have one more question in the q amp a, and I think it's more asking your thoughts on this is screening is definitely a hot topic and legislation right now as an LCS w i am biased.

However, when we discuss the various risk levels on the Columbia it's simply speaks to why the screaming ought to be done by a train and perhaps more importantly inexperienced mental health professional.

Any thoughts.

I definitely think when we're talking about suicidal suicidality if that's what we're screening for.

Absolutely.

You know, I think that's part of the value of where Todd, and said they put it in with school nurses is that it provides that immediate connection to a mental health professional and can follow up, and then it puts them in their domain where they've been

trying to address it.

I think when we're talking more social emotional screeners and broader screeners on it.

You know, we can have a more generalist kind of approach to collecting the data with making sure that there's mental health professionals on the team interpreting it, that there's mental health professionals, reviewing it immediately for any like indicated

items that are immediate follow up.

But then, that they're also on the team reviewing the entire data.

I really like.

Okay, go ahead. Todd I'll follow up after you continue. Well just briefly I you know, I appreciate that comment from own agree.

You know, what we knew was that we couldn't. We didn't have the person power to do the east, or the to do the Columbia with every single students in grades six through 12, but we wanted that that level of specificity.

So, by using the electronic version and then having our school nurses but also we have a clinical psychologist who is co located in our high school. And that person if there is a diagnosis to be made.

That's the person who's going to dig deeper and use that data to make that diagnosis. So that was an important point and thank you.

Okay. A similar thing that you know it's really part of that follow up process and we've seen districts who, you know, have this happening across

a free period for students where they have teachers who are administering or practicing but what happens is there's a script that everyone reads and then there is a, you know, very coordinated follow up process so if a student asked the question if there

are these, you know types of risk indicators that a teacher observes, you know, these are the people who are on call to come and to support that. And so that's allowed them to expand their, their capacity and to make sure that the mental health staff

are doing just that you know that they are the ones who are there to make sure that they're identifying any of those, you know those risk. Risk factors and, and while I have the mic I'll follow up and just say did some more digging and I probably have

some more conversation in the chat about this specific screeners for suicidality in elementary students and and agree that there there is not a ton that's specifically for that for that group.

But that as Todd had mentioned that those depression screeners that do have some specific questions specifically the PHQ nine is norm.

Across Ages and has some specific questions about suicidality, as, as a you know a first step in a screening process to look at suicidality for for that age group and great it looks like Cami through in an additional resource fair and and it's critical

to you know as I think Todd mentioned to be leaning on this community of folks who are dedicated to this work and as everyone attic, you just really highlighted this work of saving lives.

Thank you all so much that was really helpful.

The comments in the chat are are are saying that this information is really useful and needed and so appreciate, Jill Joanie Todd all of your responses and your expertise that you shared with us today, we are just about out of time for today so I wanted

to remind you that coming up next we have our regional breakout center sessions. And these are intended to provide an opportunity for you to ask questions about the content we've discovered today to apply it to a regional context and our speakers are

going to join us in their regional centers as well today so you can learn a little bit more from them.

I think the links were just posted in here in the chat for you, so please click on that link and find your regional breakout session, and we just want to thank you so much for joining us here today and I'm going to pass it off to PJ to close us out.

Thanks again, everyone.

Thank you Stephanie and thank you to all our speakers to our attendees for more information about your local, state and regional school Mental Health Training and Technical Assistance activities, including the National School mental health curriculum

access your ma TT center on our website.

And then we are at the top of the hour.

Next slide.

Ricky.

So we thank you for joining us today it has been our pleasure bringing this session to you, like Stephanie said we are a session for we have four more.

So these are the dates, and the topics that we will be covering over the next several weeks, a reminder that our next session will be April 13 information on how to register for the remaining sessions will be included in the follow up email coming your

way in the next few days.

Next slide. And so please access the National School mental health curriculum trainer and participant manual slide decks for each module and additional resources on the MHTT website.

And lastly, we ask that you please take a moment to complete a brief survey after today's training, the survey should automatically pop up in your browser window upon closing Today's webinar will also be sending the survey link in the follow up email

to everyone who attended today. And a reminder that our funding to be able to provide these trainings to free is connected to the survey so we please ask you to complete them again thank you for joining us.

Thank you for our speakers, I encourage you to join our regional breakout session, and please take care of yourselves and have a lovely rest of your day.

Bye Bye everybody.