

The Zoom Interface

The screenshot shows the Zoom Webinar interface with several key elements and annotations:

- Header:** "Zoom Webinar" and "You are viewing David Terry's screen" with a "View Options" dropdown.
- Session View:** "Click here to maximize your session view" and "Enter Full Screen" button.
- Content Area:** TTC Technology Transfer Centers logo, "Thank you for joining us today!", and "You will not be on video during today's session".
- Q&A Window:** "Question and Answer" window with "All questions (1)" and "My questions (1)" tabs. A test question "This is a test question!" is shown. Annotations explain that users can switch between questions and use the Q&A feature to ask questions of the host and presenters.
- Chat Window:** "Zoom Webinar Chat" window. Annotations explain that the chat feature allows users to talk with other people in the webinar and that the "To" field indicates who will receive the message.
- Audio Settings:** "Select a Speaker" menu with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...". A callout says "Click Here to adjust your audio settings".
- Bottom Bar:** "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", and "Leave" button.

All attendees are muted. Today's session will be recorded.

NJ Comprehensive School-Based Mental Health Webinar Series

Session 6: Suicide and Substance Use Risk, Assessment and Prevention

Maureen Brogan, LPC, ACS, DRCC

Alicia Lukachko, DrPH, MSW, LSW

Beth Norcia, Superintendent

Maple Shade School District

March 24, 2022

Future Sessions:

Session 7: Funding	Tuesday, April 12, 2022; 3-4:15 pm
Session 8: System Partners	Wednesday, May 25, 2022; 3-4:15 pm
Session 9: Staff Self-care	Thursday, June 9, 2022; 3-4:15 pm

NJ School-Based Technical Assistance Calls

Tuesday, March 29, 2022

- 9:00- 10:00 am
- 10:00- 11:00 am



About Us

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support schoolteachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities



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We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

Disclaimer

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question is visible to all participants.

Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.

Our Presenters



Maureen Brogan, LPC, ACS, DRCC
Statewide Program Manager
Traumatic Loss Coalitions for Youth
Rutgers University Behavioral Health Care



Alicia Lukachko, DrPH, MSW, LSW
Sr. Training and Consultation Specialist
Northeast and Caribbean MHTTC



Beth Norcia
Superintendent
Maple Shade School District

Suicide Risk, Assessment, Prevention & Intervention

Importance of Suicide Risk and Assessment

- 39% increase in ED visits for suspected suicide attempts among youth aged 12-17 years.
 - The increase for females aged 12-17 years was 51%
 - The increase for males aged 12-17 years was 4 %
- Suicide is the second leading cause of death among youth ages 10-19 per the Center for Disease Control and **yet it is preventable.**



Suicide Risk Factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Health

- Mental health conditions
 - Depression
 - Substance use problems
 - Conduct disorder
 - Anxiety disorders
 - And others...
- Serious physical health conditions
- Traumatic brain injury

Environmental

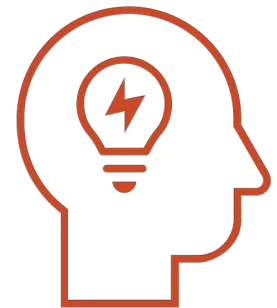
- Access to lethal means
- Prolonged stress
- Stressful life events
- Exposure to another's suicide

Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Suicide Risk Protective Factors

- Access to mental health care, and being proactive about mental health
- Feeling connected to family, peers and community support
- Problem-solving and coping skills
- Limited access to lethal means
- Cultural and religious beliefs



Warning Signs – what to look out for

Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Student talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain



Warning Signs – Behaviors



Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Education as Prevention



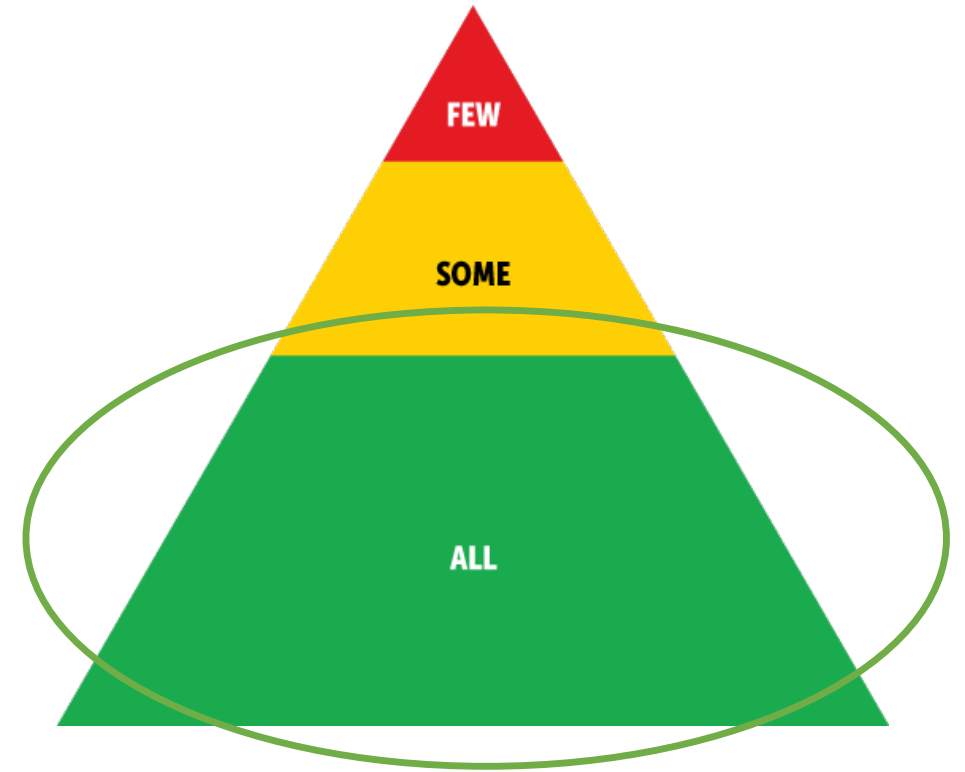
- Enhancing the ability of everyone in the school and home environment to recognize the risk factors and warning signs of suicide can help increase the likelihood of help-seeking and timely intervention
- Resources to train faculty, staff and families in suicide prevention.

Suicide Prevention Trainings

Program	Length	Teaches
Question, Persuade, Refer (QPR) Gatekeeper training 🔗	1-2 hours	Warning signs of suicide How to offer hope, get help and connect to services
Applied Suicide Intervention Skills Training (ASIST) 🔗	2 days	Recognition of signs of suicide Skilled intervention Development of safety plan
Youth Mental Health First Aid (YMHFA) 🔗	8 hours	Common mental health challenges for youth Signs and symptoms Five-step action plan

Tier 1 Supports – Universal Screening

- Universal screening of all students can be used to help identify students in need of additional supports and, potentially, mental health services.
- Used to identify students who are experiencing mental health challenges that may be related to suicide.
- Screenings are not intended to be diagnostic.
- They can be conducted at varying points throughout the school year.



Suicide Risk Assessments

- Further screening of all students who are identified as at risk of suicide critical.
- Suicide risk assessment tools can be administered when there is suspicion that a student may be at risk. If you are concerned about a student's potential suicide risk, do not hesitate to ask direct questions about their thoughts and behaviors.

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)		Past Month
RISK ASSESSMENT VERSION		YES NO
Ask questions that are in bold and underlined.		
Ask Questions 1 and 2		
1) Wish to be Dead: <i>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</i> Have you wished you were dead or wished you could go to sleep and not wake up? If yes, please explain:		
2) Non-Specific Active Suicidal Thoughts: <i>General non-specific thoughts of wanting to end one's life/die by suicide without general thoughts of methods, intent, or plan.</i> Have you had any actual thoughts of killing yourself? If yes, please explain:		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Active Suicidal Ideation with Any Methods/Mean (Not Plan) without Intent to Act: <i>Person endorses thoughts of suicide and has thought of at least one method, e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i> Have you been thinking about (how) you might do this? If yes, how? (means) If yes, do you have access to the methods/means?		
4) Active Suicidal Ideation with Some Intent to Act, without Specific Plan: <i>Active suicidal thoughts of killing oneself and reports having some intent to act on such thoughts, e.g. "I have the thoughts but I definitely will not do anything about them."</i> Have you had these thoughts and had some intention of acting on them? If yes, please explain:		
5) Active Suicidal Ideation with Specific Plan and Intent: <i>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</i> Have you started to work out or worked out the details of how to kill yourself? If yes, do you intend to carry out the plan? If yes, do you have a timeframe (when)? If yes, do you have a location (where)?		
6a) Preparatory Acts or Behavior: <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any; held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i> Have you done anything, started to do anything, or prepared to do anything to end your life? If yes, please explain:		Lifetime
6b) If yes, ask: Was this within the past 3 months?		Past 3 Months

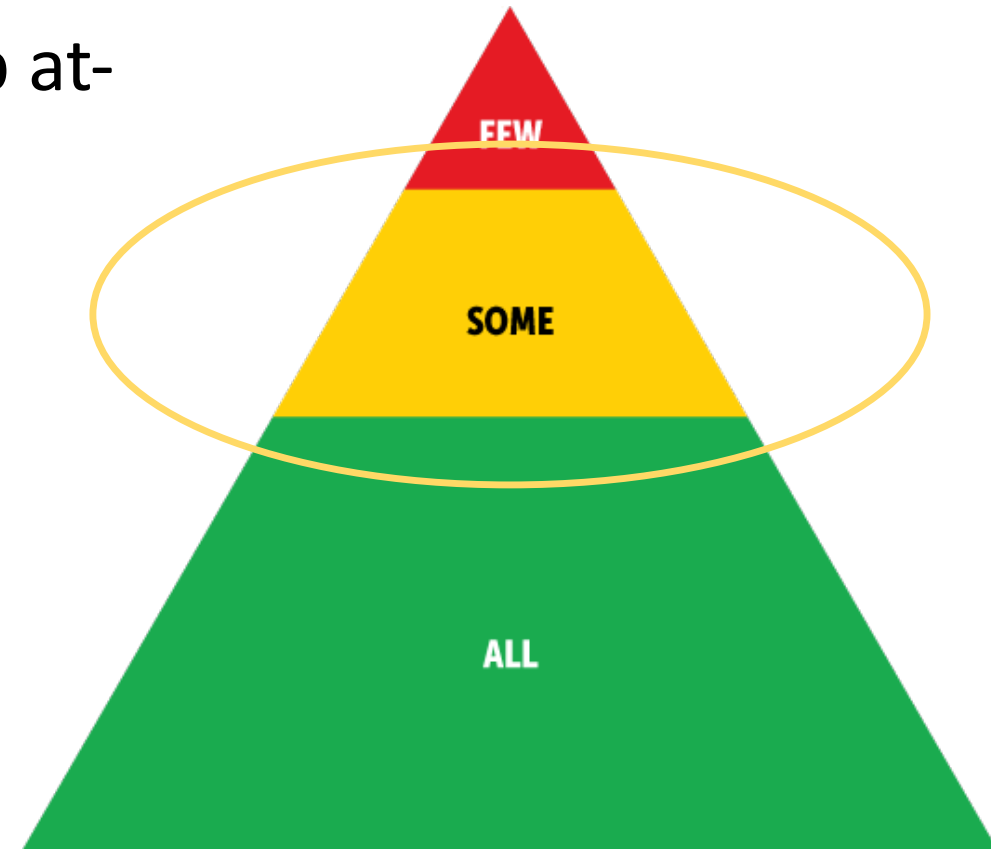
*It is **not** true that asking about suicide will make someone suicidal; in fact, it can help reduce distress.*

School Based Interventions

Tier 2 group-based interventions can help at-risk students build targeted skills.

Two programs to consider are:

- Coping and Support Training (CAST)
- Reconnecting Youth: A Peer Group Approach to Building Life Skills.



Immediate Risk Protocols

If a student attempts suicide or you see warning signs of suicide (review warning signs), such as a student saying they want to hurt or kill themselves or are taking actions to prepare to kill themselves, you should act immediately according to your district policies and regulations.



You should not leave the student alone after an immediate risk is determined

Return to School Protocols

- When a student has been out of school because of a suicide attempt or mental health crisis, a plan must be in place for their return
- Re-entry after a mental health crisis should include:
 - 1) identification of a staff member to facilitate the student's return and serve as a point of contact;
 - 2) a meeting with the family; and
 - 3) the development of an individualized re-entry plan. If the student was hospitalized, it is also helpful to collaborate with the hospital treatment team (with the family's agreement)
- Student Voice is imperative. They should drive the plan.

Teaming for Suicide Risk & Assessment



Multiple important collaborators are needed for an effective school-based suicide prevention program. They include:

- Administrators,
- Teachers,
- Counseling department staff,
- Parents and students.

Community and Family Engagement



- Community members, students and families can all play a role in suicide prevention for our youth.
- They can help bolster protective factors, like:
 - connection to caring adults and peers and
 - development of coping skills, and
 - watch for risk factors

Cultural Considerations

Demonstrate	Demonstrate understanding and respect for student and family culture(s).
Create	Create services that build on cultural strengths and protective factors.
Engage	Engage families in all aspects of suicide prevention, intervention and response.
Respect	Respect the student's religious and spiritual beliefs, allowing for the involvement of spiritual leaders when appropriate.
Incorporate	Incorporate how cultures display or conceal distress into suicide prevention education.
Be	Be sensitive to cultural stigma related to mental health, suicide, help-seeking and mental health services.

Substance Use Risk, Assessment, Prevention & Intervention



In the Chat.... What substance use prevention programs are being conducted in your schools? (e.g. The Strengthening Families Program)

Let's take a Poll... Do the substance prevention programs offered in your school or district include a parenting or family-focused component?

Substance Use: Background and Significance

- Estimated one in seven Americans will develop a substance use disorder (SUD) in their lifetime.
- Early substance use, especially before age 14, is associated with significantly higher risk of developing an SUD in later life.



Jordan & Andersen, 2014; Kessler et al., 2005

Impacts of Youth Substance Use



- Poor school performance and disengagement
- Interpersonal problems
- Evidence of disruptions in cognitive functioning and neurodevelopment
- Commonly co-occurs with risk-taking behaviors and mental health disorders

NIDA, 2021; NIMH 2021

Signs and Symptoms of Youth Substance Use

Impaired judgement, disinhibition, incoherence

Lack of motivation

Withdrawal from usual routines, activities

Frequently tired, depressed or hostile

Change in peer group

Decline in hygiene

Decline in academic performance

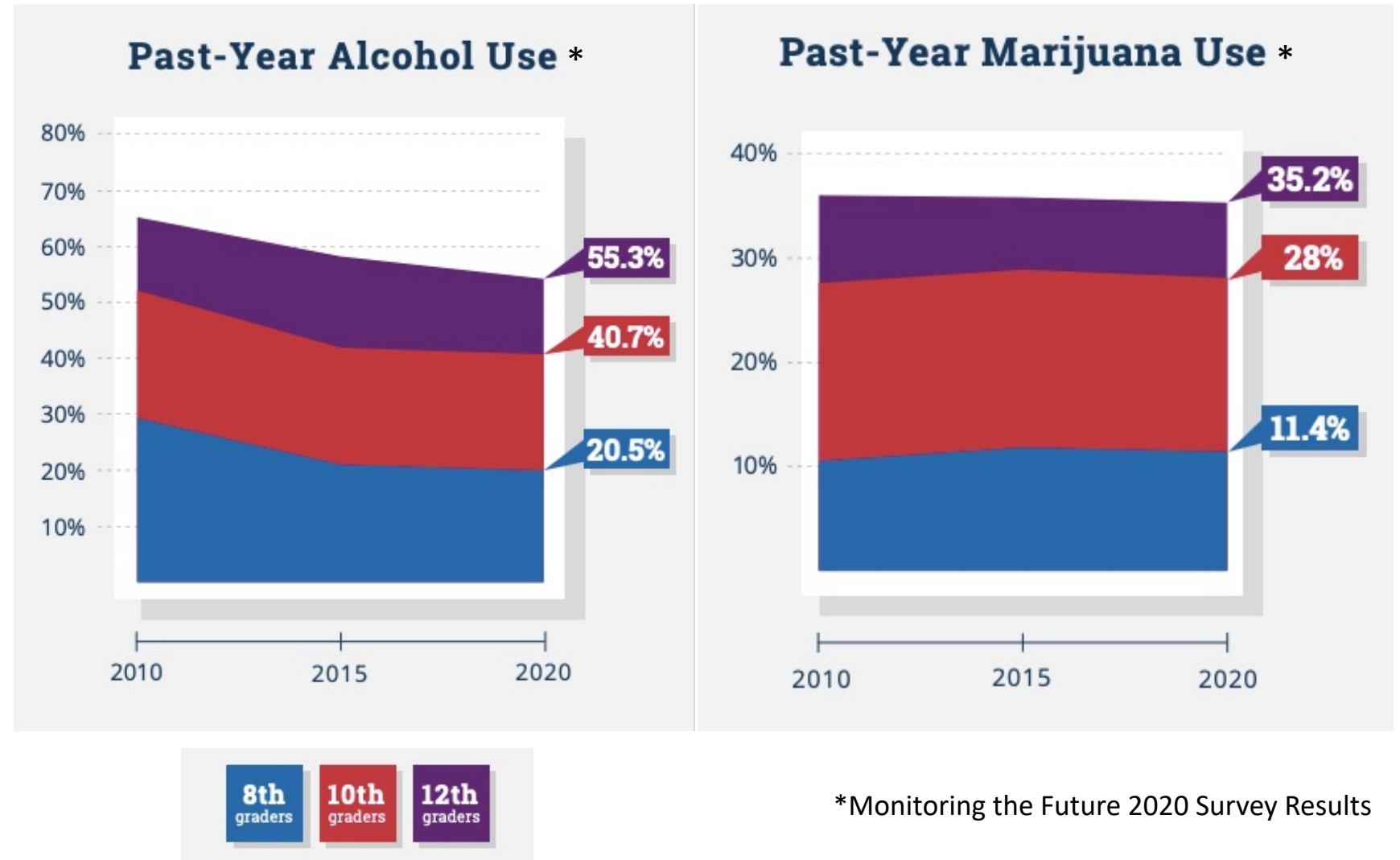
Changes in eating or sleeping

Deterioration of relationships with loved ones



Adolescent Substance Use: National Trends

- Alcohol and marijuana among most widely used substances by adolescents
- Between 2010-2020, slowing declines in past-year alcohol use and overall marijuana use remaining relatively steady



Adolescent Brain Development & Substance Use



Neurodevelopmental changes in adolescence increase reward sensitivity and risk-taking behavior, which in turn increase the likelihood of initiating substance use.

Gray & Squeglia, 2018; Hamidullah et al., 2020

Risk Factors for Youth Substance Use

Individual

- Poor self-regulation
- Poor executive functioning
- Externalizing problems
- School failure

Peer

- Peer rejection and isolation
- Peer drug use among adolescents

Family/Community

- Poor family functioning and conflict
- Inconsistent discipline and low involvement
- Parent SUD
- Trauma

Protective Factors for Youth Substance Use

Individual

- Good self-regulation skills
- Strong executive functioning
- Academic competence

Peer

- Effective interpersonal skills
- Positive peer relationships

Family/Community

- Positive family functioning
- Consistent and supportive parenting
- School/Community Engagement

Substance Use Prevention & Intervention



Key Evidence-Based Components

Effective prevention programs strengthen protective factors and reduce risk factors.

Interactive, multicomponent programs have been shown to be most effective.

Early intervention, with attention to major school transitions, is key.

Programs should be long-term, including repeated sessions with “boosters” for reinforcement of knowledge and skills.



Elementary School

At the **elementary school level**, most successful programs enhance:

- Academic success, particularly in areas of reading
- Self-control
- Social problem solving
- Emotional awareness
- Communication



National Institute on Drug Abuse, 2014

Middle and High School

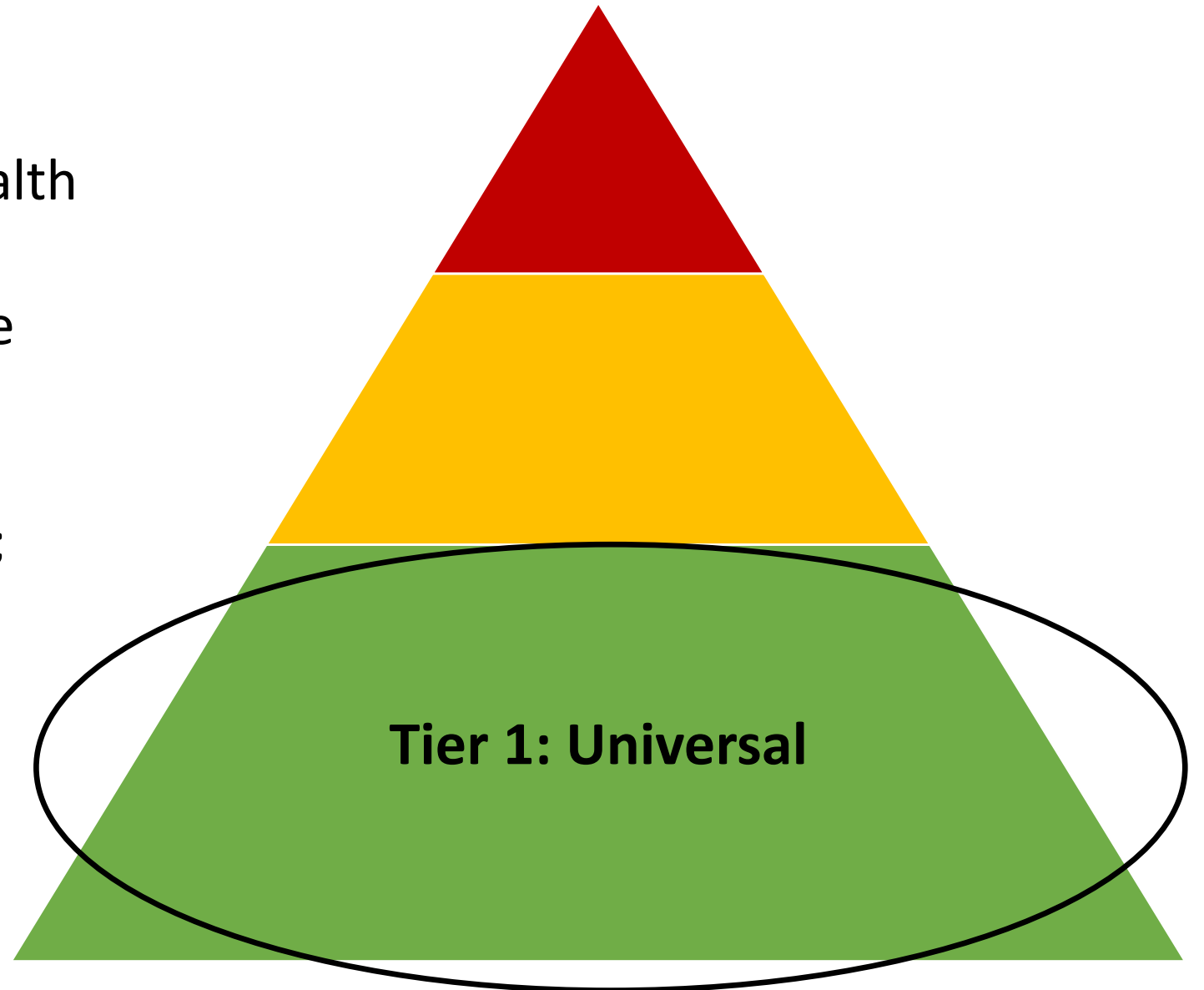


At the **middle and high school levels**, programs should also enhance:

- Academic supports & study skills
- Communication skills
- Healthy peer relationships
- Assertiveness and self-efficacy skills
- Anti-drug attitudes & refusal skills

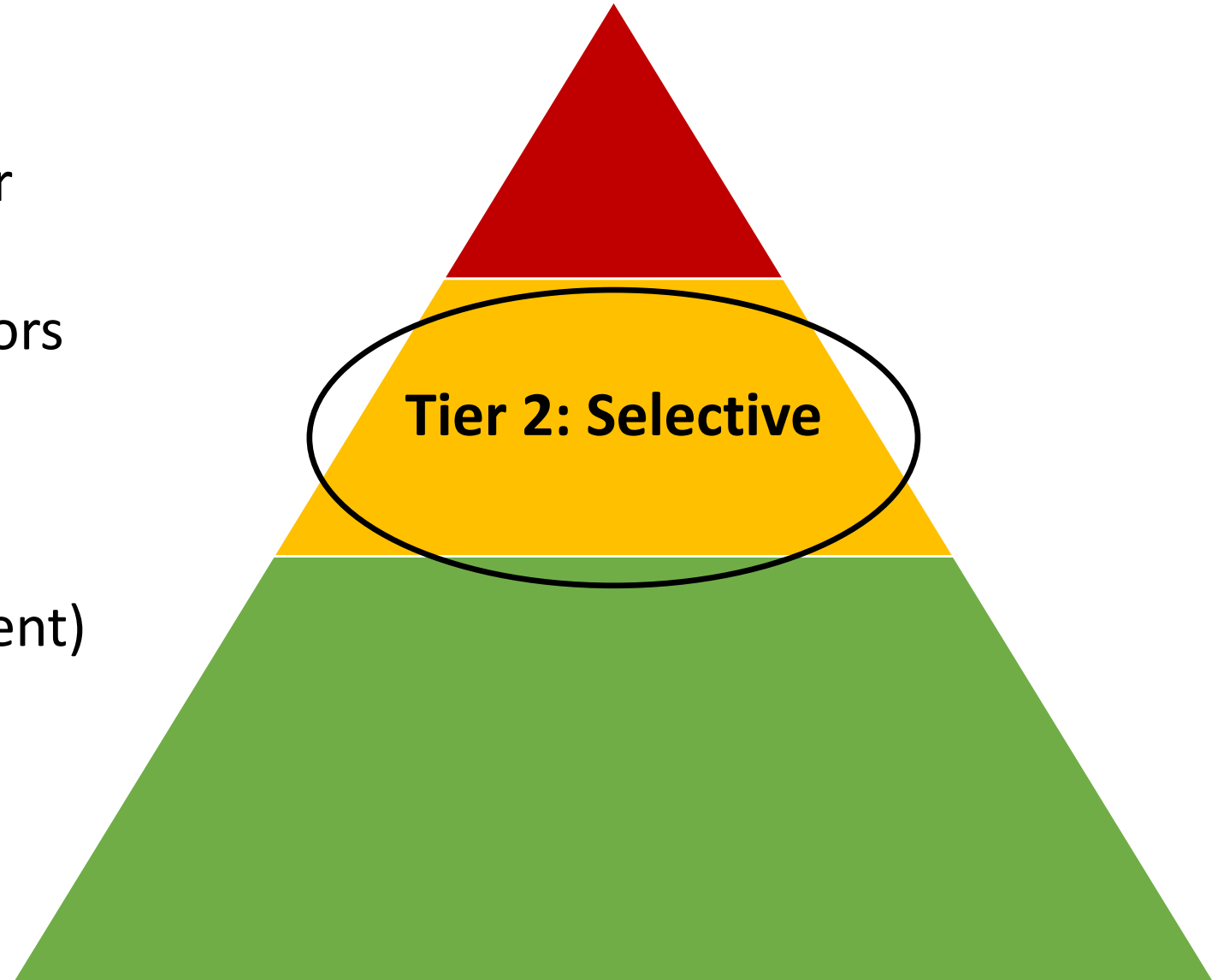
MTSS Framework for Substance Use Prevention

- Primary prevention and health promotion
- Focus on risk and protective factors
- All students
- *Life Skills Training Program; Project STAR*



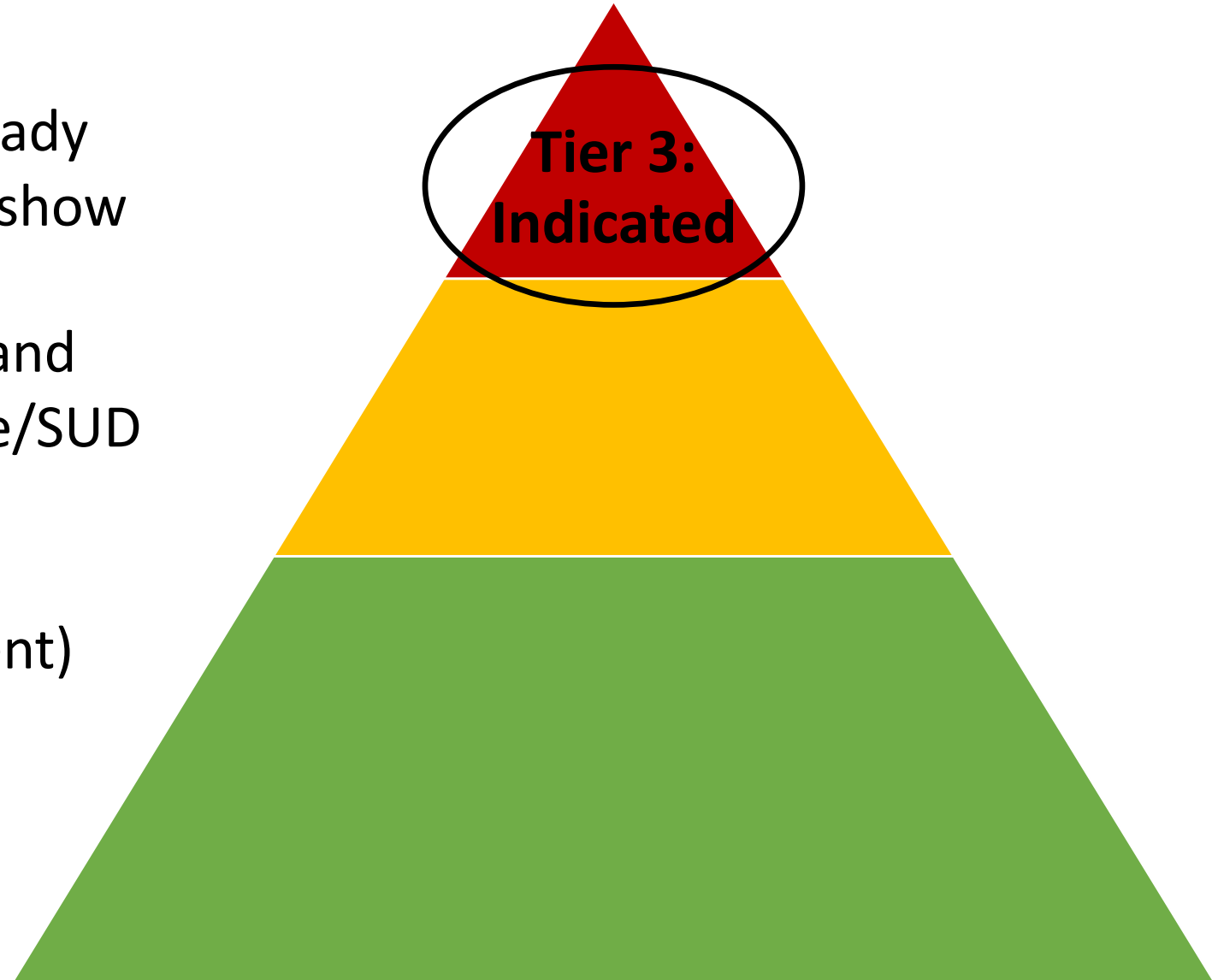
MTSS Framework for Substance Use Prevention

- Targets students at higher risk for substance use
- Focus on risk and protective factors
- May be identified by:
 - Universal screeners and psychological assessments
 - Referral (school, parent, student)
- *Strengthening Families Program*



MTSS Framework for Substance Use Prevention

- Supports students who have already initiated substance use and may show signs of early onset SUD
- Goal of mitigating ongoing risks and prevent worsening substance use/SUD
- May be identified by:
 - Substance use screening tools
 - Referral (school, parent, student)
- Individual and group counseling
- *Project Towards No Drug Abuse*



Screening and Assessment

Universal Screening & Psychological Assessments:

- Used to identify students with risk factors for substance use
- Strengths and Difficulties Questionnaire (SDQ)
- Behavior Assessment System for Children (BASC)
- BASC-3 Behavioral and Emotional Screening System (BESS)

Substance Use Screening Tools:

- Used to identify students at risk for SUD and assess severity of substance use
- Screening to Brief Intervention (S2BI)
- CRAFFT 2.1
- Brief Screener for Alcohol, Tobacco and Other Drugs (BSTAD)
- SBIRT for Screening Brief Intervention, and Referral to Treatment

New Jersey State Regulatory Groundwork



“Each district board of education shall establish a comprehensive program of prevention, intervention, referral for evaluation, referral for treatment, and continuity of care for student alcohol, tobacco, and other drug abuse in the school district's public elementary and secondary schools, in accordance with 18A:40A-3, 10, and 15.” N.J. Admin. Code § 6A:16-3.1

Comprehensive Programming: Key Requirements

Prevention

Intervention & Referral

Continuity of Care

Inservice Trainings

Student Assistance Coordinators

Parent/Caregiver Educational Programs

Teaming



Coordinated efforts to ensure that students receive needed supports may include:

- Student Assistance Counselor
- Intervention & Referral Services Team
- Section 504 Committee
- Child Study Team
- Resiliency Teams: School Resource Teams

Cultural Considerations

- Culture plays a central role in varying rates of adolescent substance use, risk and protective factors, stigma, and treatment seeking.
- Engagement is critical to positive program outcomes and culturally sensitive substance use prevention programs enhance program success.



Cultural Considerations



Culturally responsive programs include:

- Utilization of universal screening and assessment, continual monitoring of fidelity and intervention.
- Ongoing professional development, attending to cultural factors and potential disparities in access, delivery and outcomes.
- Active and ongoing engagement of diverse community members.



Reflection Questions

1. How does your school address suicide throughout the year and not just when there is a crisis?
2. What trainings can be provided to teachers and staff to enhance their understanding of suicide and prevention strategies?
3. What policies and regulations are in place to support students transitioning back to school after a suicide attempt, mental health crisis, or hospitalization?
4. What community agencies and resources have you identified to support students with substance use concerns?
5. To what extent are parents engaged in training programs related to substance use and their role in working with the school district to support their child?
6. What cultural influences, specific to your school community, have you identified that may impact suicide and substance use prevention efforts?



Suicide Risk & Assessment
Maple Shade School District
New Jersey District Exemplar

It is okay, not to be okay



School/District Background

4 Schools- one Pre K-1 building , one 2nd-4th building, one 5th-6th building, one 7th-12th building= 2300 students

Diverse population both economically and by race and ethnicity- 20 % African American, 20 % Hispanic, 4 % Asian, 5% Mixed Race and 50 % White. Pre-pandemic F and R lunch population was almost 50 %. SE population is 21 % and ELL Population is 5 %.

Located in Burlington County

Total staff- approximately 450



School Mental Health Program Background

Where we started.....

In 2018: increased numbers in Suicidal ideations, cutting, & self-harm

- A. Following policy, sending out to crisis
- B. 'Band aids'/Triaging by counselors
- C. Out of the Darkness walks



Did you know....

1 and 5 teens experience some type of mental health challenge by the time they are 18.



Suicide and Substance Use Risk Assessment Programs

Spring of 2018

Youth Mental Health first aid



YOUTH
MENTAL
HEALTH
FIRST AID®

Partnership New Jersey Health Initiatives--Robert Wood Johnson Foundation

Partnership Mental Health Association of New Jersey.

Each of the select regional school districts will provide eight (8) MHFA trainings over a two-year period within their region. The participants and the sites for the trainings can fit within the strategic plans of the school systems, partnerships with local and regional communities, and agencies that are grantees of NJ Health Initiatives.



Did you know.....

Many mental health disorders first present during adolescence.

Mental Health Education 2018-2020

- 5 trainers- 2 social workers, nurse, school counselor, police chaplain
- Mental Health First Aid USA and Mental Health Association of New Jersey ran trainings
- 3 school districts -one in each region
Conducted 8 trainings, (at least 2 per person) over the course of two years
- They trained school educational assistants, teachers, nurses from the county, parent groups, community members and School administrators
- Benefit- We had a lot more adults that knew the strategies, the language, the process and the correct way to help.



Did you know....

Suicide affects young people from all ages, races, genders, and socioeconomic groups, although some groups seem to have higher rates than others.

Spring and Summer 2019



Researchers from Johns Hopkins were interested in evaluating teen Mental Health First Aid training offered through high schools in the United States.

This evidence-based training teaches teenagers the skills they need to recognize and help their friends with mental health and substance use problems and crisis and how to get the help of an adult quickly.



Trained 4 adults all with the Youth Mental Health Training:

2 from Maple Shade High School, 2 from the Mental Health Association in Orlando, Florida



Did you know...

<https://www.today.com/health/mental-health-first-aid-inside-lady-gaga-backed-program-teens-t154454>

Winter 2019 -2020

- Held 8 student trainings with 4 trained instructors
- Visit from Governor Murphy and DOE staff

[What does Maple Shade High School have in common with Lady](#)

[Office of the Governor | Governor Murphy Announces New Initiatives to Support Youth Mental Health](#)



Where we are now: 2021-2022 school year

2nd pilot of Teen mental Health

- 10th graders

Care Solace

- Care Solace connects students, staff and their families to mental health care. At no cost to families Care Solace will quickly and confidently find available mental health and substance use providers matched to the families needs.

County-wide Stigma free schools

- Passed resolution to be 'stigma free' and holding first county wide mental health activities during May

Therapy dogs /wellness activities

- We have therapy dogs visit often (one in house) as well as yoga strategies and other meditation techniques used.

Literature/lessons

- We have selected literature at each grade level that focus on SEL and inclusion as well as develop lessons.

Contracted with Counselor agencies

- THRIVE: for additional support to our full-time school counselors

Summer programs for SEL

- Targeted specific grades and specific students



Main Goals of Teen Mental Health First Aid

- Teens will learn the skills they need to help their friends experiencing a mental health challenge and how to encourage their friends to reach out to a trusted adult.
- Teens will receive a manual to use during the course and take home after the last session. There are resources for further information in the manual.
- Teens who complete the training will receive a certificate of completion
- Recognize early warning signs that a friend is developing a mental health challenge.
- Recognize warning signs that a friend may be experiencing a mental health crisis, particularly suicide.



Main Goals of Teen Mental Health First Aid Continued

- Describe how to talk to a friend about mental health and how to seek help.
- Explain when and how to get a responsible adult involved.
- Discuss where to find appropriate and helpful resources about mental health challenges and professional help.
- Apply the TMHFA Action Plan to help a friend experiencing a mental health challenge or crisis.



Challenges/Hurdles Experienced



\$ - We were funded through a grant to the Mental Health Association of New Jersey by New Jersey Health Initiatives, the statewide grantmaking program of the Robert Wood Johnson Foundation for the training. Born This Way Foundation covered the training materials.

Time- We pulled students at different periods during the day for their classes, but this meant students missed academic time. We stood behind the concept that if kids are not okay, they are not at their potential. We want them at their best which means addressing needs in their mental health.

Buy-in- Not every family or student believes in mental health education/strategies or social emotional learning.

Successes/Testimonials

"The whole Teen Mental Health discussions have really helped me get a better understanding on speaking to people on how they're feeling. I check up on all my friends every once in a while to see how they're doing emotionally, mentally, and physically. The discussions also help me stay intact with how I'm feeling and make me feel motivated to talk to someone about whatever it is I struggle with."

Leah L. 10th grader

"I have thought a lot about what I learned during the program. I've also thought back to some of the times where I feel like I could have handled someone else's problems better and I feel as if I've learned how to do better in the future. I am confident now that I can help a friend that is ever in need thanks to the program."

David E. 10th grader

"I would say that the courses help students understand what to do in case their friend needs their help or even a professional's help. The courses stress what we should be doing to help a friend through a mental health crisis but not what we should be doing for ourselves. I think it is very important to learn how to help friends, but I also think that it would be more useful if we also learned a bit more about how to help ourselves in regards to the social aspects of mental illnesses."

Makenna B. 10th grader

Successes/Testimonials

"The Teen Mental Health training gave me a new way to look at my own mental health as well as teaching me how to offer my friends help as well. Although the training is teaching us how to help a friend who may have a mental health challenge, I am finding out things I can do to help myself get through my own challenges."

Jenna W. 10th Grader

"Teen Mental Health has made me feel more prepared to handle stressful situations and help my friends when in need. I would recommend it for any sophomore class in the future."

Jewell 10th Grader

"I think teen mental health is a very important class in this day and age where technology is prevalent, and bullying can happen in one's home. I also think it's a good class to take because it's really nice to be able to assess the situation and know if your friend is having a mental health crisis and to better be able to help them."

Sal R. 10th Grader



Maple Shade Lessons Learned

- That even the smallest step makes a big difference
- Remember *The Tale of the Starfish*
<https://www.thestarfishchange.org/starfish-tale>
- People are willing to help, you just need to ask them

Resources

The School Health Assessment and Performance Evaluation (SHAPE) System

<https://www.theshapesystem.com/>

Screening to Brief Intervention (S2Bi)

<https://nida.nih.gov/ast/s2bi/#/>

The Columbia Lighthouse Project

<https://cssrs.columbia.edu/about-the-project/about-the-lighthouse-project/>

Youth Mental Health First Aid

<https://www.mentalhealthfirstaid.org/>

Preventing Suicide: A Toolkit for High School Students

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma12-4669.pdf

Preventing Drug Use Among Children and Adolescents

https://nida.nih.gov/sites/default/files/preventingdruguse_2_1.pdf

Keeping Our Students Safe, Healthy & In School: Alcohol, Tobacco, and Other Drug Abuse
New Jersey Department of Education

<https://www.state.nj.us/education/students/safety/behavior/atd/>

Question and Answer



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a 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. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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