

REALTIME FILE

PHI

Mental Health First Aid in Schools: Connecting Public Health,  
Policy & Equity in COVID-19  
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>> Jeff: Welcome to Mental Health First Aid in Schools  
connecting public health, policy and equity in COVID-19. My  
name is Jeff Bornstein and I will be running this  
Dialogue4Health web forum with my colleague, Murlean Tucker.  
This event is brought to you by the Public Health Institute and  
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We also encourage you to tweet us during and after the event using #COVIDmentalhealth. And there will be an evaluation that will pop up after the event concludes where you can provide input on which topics you would like this series to cover next.

Now with all that, it's time to meet the moderator of today's event. Next slide.

We would like you to meet the president and chief executive officer for the Public Health Institute, Dr. Mary Pittman. Welcome, Mary. You have the microphone.

>> Mary: Thank you so much, Jeff. Welcome everyone to today's really important web forum. Today, PHI and IMPAQ are presenting the second web forum in our series equity and COVID-19, bridging the gap between public health and policy. The series is a continuation of work that PHI and IMPAQ have been doing to connect research, policy and practice to address factors that are exacerbating COVID's inequities.

We are excited to see so many of you have joined us today and through this web forum series, we aim to share actionable interventions and highlight partnerships across sectors. Including public, nonprofit, private, and academic institutions. On the screen, you will see examples of our past events which can be found on the IMPAQ and Dialogue4Health websites.

[Muted]

>> Jeff: Mary, somehow the mic is muted.  
>> Mary: Ok. I'm sorry. Can you hear me now?  
>> Jeff: Yes.

>> Mary: I'd like to go over some of the learning objectives that we have identified to frame today's session. The goals of today's discussion on mental health in the schools include recognizing the benefits of Mental Health First Aid, especially during the pandemic, and with the challenges of distance learning.

Understanding the best practices and policy levers for Mental Health First Aid, recognizing how Mental Health First Aid can help reduce mental health inequities, identifying how youth and teen Mental Health First Aid will help schools in the post COVID return to schools.

And, understanding how Mental Health First Aid programs in schools can be sustained. An issue that's really critical.

The current state of mental health during the pandemic is something that we will be reviewing through each of the panelists' comments to better understand the needs and uses for Mental Health First Aid, we need to understand that in the United States, youth mental health challenges have increased over the past decade and are being made worse by this year's pandemic.

Youth often have limited access to mental health services and reports show significant levels of unhappiness, even greater than the general population, due to the pandemic. Youth of color are also more likely to be more impacted by mental health challenges especially during the pandemic and are less likely to have access to mental health services. And we can't underscore the role that schools play in providing mental health services especially for underserved populations both during and outside of the pandemic.

But I think we know that mental health services for youth and young adults are hard to come by to begin with. So how can Mental Health First Aid help?

The framework for Mental Health First Aid follows the ALGEE approach outlined here. When school personnel are trained in Mental Health First Aid, they can assist young people through mental health challenges and recognize when to connect them to mental health resources. That's not something that they always train teachers when they are going through their teacher training program. But Mental Health First Aid can help. In

underserved areas, Mental Health First Aid can reach students who may not otherwise have access to mental health interventions.

And during the pandemic, it's particularly important that Mental Health First Aid in Schools, not only helps improve mental health literacy and community awareness of mental health issues, but it also extends the support that students can access in a low-cost and high-impact way.

Let's take a moment now to put up a poll because you have heard a little bit of the outline of what we are trying to do today. Let's now use the poll to -- use the poll to help figure out who's here today. We will use the answers to drive our discussion. A reminder, if you have a question please put it in the Q and A session.

And also, if you have any other learning goals today, also enter those in the Q and A.

So let's pull up the results and see who we have joining us today.

40% are interested in the principles and uses of MHFA. 36% how to implement a new initiative in their community organization. And 18% how to improve my existing program. 40% believe that more information may be useful. And we will be giving you the slides and you will be getting a resource list at the end of this meeting.

And the recording should be available in about a week.

So let's go on to introduce the panelists.

For today's discussion on Mental Health First Aid in Schools, we've convened experts and providers in the field from California, Maryland and Kentucky to share perspectives on the Mental Health First Aid programming and the role that it can play in students' mental health during and beyond the COVID-19 pandemic. Brooke Briggance holds two positions. Both as the program director for the Cypress resilience project and deputy director for the future of the FACES coalition. Her background

is in health, direct impact programming for youth and families and public education and nonprofit work. She also has a background in community engagement which she leverages to support all of her work in the Cypress resilience project.

Cypress provides mental health trainings aimed to decrease stigma and increase accessibility to mental health services. At FACES, Brooke supports career discovery programs for over 1800 students across California, Colorado, Michigan, and New Mexico.

Dr. Kimberly Kendziora is the managing researcher at the American Institutes for Research where she focuses on school and community based initiatives that support students' social and emotional development. Dr. Kendziora first held the implementation evaluation program and she contributes to other studies on school mental health for the Department of Education in New York City schools. Dr. Kendziora's research interests include mental health and services for children with complex multi system needs.

Our third panelist today, miss JeriKay Wynn, is currently a school counselor at Corbin elementary school in Corbyn, Kentucky. She previously served as a coordinator at the family resource and youth services center within the independent school district. As the coordinator, she developed partnerships to reduce academic barriers and promote partnerships for successful transitions to school and adult life. She is trained in tramper form answers, youth Mental Health First Aid and is working as an educational specialist degree in school counseling.

Let's start our discussion now with a question for each of our panelists about each of our panelists, about what this year has been like for the communities you serve. The school year is about to go on pause for winter break and this is a good time for us all to reflect on the lessons learned from 2020 and the impact of the programs we run and study. So could you all briefly share what was the greatest impact your Mental Health First Aid program or the programs you studied have on mental health in the school? And, let's start with Brooke.

>> Brooke: Thank you, Mary. You know, Cypress resilience project and FACES have been actively training in youth Mental Health First Aid. We have also been able to get certified now as instructors in teen Mental Health First Aid which, for us, has been put on hold with in-person instruction not being

available to us. We have been excited to hear that the national council is coming out with a virtual version of teen Mental Health First Aid that we are hoping to see in the start of 2021.

Obviously, young people that we work with are in -- they are managing toxic stress, managing all of the issues with social isolation and distance learning and also all of the other secondary impacts. Right? The civil unrest we have seen related to racial injustices, the economic downturns, and in some places natural disasters. So displacement with wildfires and things like that.

So you know I think everyone on this line knows that the situation was serious before and is dire now. The other thing I want to highlight is I am actually getting an awful lot of requests from schools and school districts to help support the adults who are supporting young people. So there's a lot of vicarious Trumbull being experienced by teachers and staff. Think we can agree we can provide as many services as we want with young people but if we surround them with traumatized adults that's also an issue. I'm getting lots of requests from principals and school districts to come in with trauma training for the adults as well. I think whatever we do moving forward is going to have to be a holistic approach.

>> Mary: Really great point, Brooke. JeriKay, let's go to you next and then we can talk a bit about the studies she's working on.

>> JeriKay: Hi, so here in our district and across the state, we are seeing a lot of our cases, our COVID cases are actually on an uptick right now so we have the majority of our school districts are strictly virtual learning.

So we are seeing a lot of burnout. When it comes to this. We've got a lot of our kids who are used to being in sports right now are not being able to use that as an outlet for their mental wellness. We are seeing a lot of kids whose parents are working out of the home still so they are being asked to be self-reliant. And independent a lot younger than what we used to. We had one of my administrator said it perfectly yesterday. We are asking 12, 13, 14-year-olds to do things that normally preCOVID we wouldn't have asked of 18 or 19-year-olds to do. But we are also seeing a lot of recognizing the prevalence of mental health now especially in our school system, which I think is wonderful. It's always been there. As we know. But I am seeing a lot more -- you see a lot more of the lightbulbs

clicking with a lot of our educators these days. They are experiencing it for their kids that they have in their schools. They are experiencing it from their own families. Experiencing it for themselves also. So like Brooke said, it's not just our students right now, it's our teachers, our staff, our administrators, our superintendents. I don't know how they are doing it. And staying completely sane, honestly. So --

>> Mary: I think you just highlighted another item. I keep trying to find silver linings to this COVID experience that we are all going through and maybe greater awareness of the mental health needs of young people can be added to that list.

Kim, let me turn it to you to respond to that question.

>> Kimberly: Sure. In terms of what's happening, I think all of this is in the context as Brooke and JeriKay have noted, that the prevalence of mental health disorder among young people has been going up over the past decade, even before this horrible year. And you know there hasn't been a definitive study to document to what extent things have increased. But I think the great promise of mental health awareness training programs like Mental Health First Aid, gatekeeper programs, is that not only does it serve its intended purpose of identifying this kids with the signs and symptoms of mental health problems and getting them the help that they need, but it also has a tremendous effect on reducing the stigma around mental health disorders and concerns. And increases the ease with which adults in the system are able to talk about it and to understand mental health disorders. As health issues. And not intentionally belligerent behaviors and can help get kids appropriate services and supports in a much less stigmatized way.

>> Mary: I'm going to take one of the questions from the chat if you don't mind because I think it's relevant to the comments you've just made, instead of waiting until the end. And this person asked for suggestions for reaching students and discussing trauma and mental health as they work remotely. This person said I work primarily with refugee and immigrants, parents don't speak English and students are responsible for day care, cooking while they are trying to learn from home.

Any specific strategies you might offer to this person?

JeriKay or Brooke? You want to start? Al-Jazeera I'll let you take this one, Brooke.

>> Brooke: Well, you know, wearing one of my hats at Public Health Institute, I work on health workforce issues, right, and

we are trying to build pipeline into mental health and behavior health. I think that's one of the issues we have is that as we destigmatize care in high-need populations we lack a multi-lingual multi-cultural workforce to accept them when they arrive. If I am in one of these tiny populations and there's Mental Health First Aid at my school and I'm a first-gen student and I speak Cantonese and I want a Cantonese therapist that might be hard to find. One of the things that's great about Mental Health First Aid is that as we continue to destigmatize accessing care in some of these multi-cultural multilingual populations it will drive a workforce conversation and let us know that we need more people in mental and behavioral health who don't look like me and sound like me. I am sort of the quintessential white, middle aged English speaking woman, sort of the penultimate example of behavioral health specialist. We need more folks who are representative of the communities to enter into these professions so that we can provide care for those populations.

Right now, that is very difficult to find, you know, multi-cultural or culturally humble practices in mental and behavioral health. I think that's a good thing, a good conversation for us to continue to drive to serve those populations you are working with.

>> Mary: We had a few people in the chat say they are interested in becoming trained and we will put a resource list up at the end and we will reinforce that opportunity.

Let's move on. Kim, have you seen the implementation of Mental Health First Aid affect mental health agencies' awareness and outcomes? And how do you think this will or won't be influenced by the post pandemic period?

Thanks, Mary.

>> Kimberly: I think what we have seen in Mental Health First Aid, I mean this was a big push. A number of years ago. A lot, the substance abuse and mental health services administration in the Department of Health and Human Services has really provided a lot of discretionary support to communities, grant programs where communities can apply for funds. There's a new opportunity that just opened last week. Proposals are due in February. To get community support to get people trained, train trainers, get this program out there. We have seen from my evaluation and from others that Mental Health First Aid can make

a difference for agencies. We don't know yet really if it makes a difference at the community level, but we know it's very powerful in terms of producing changes and lasting changes, even, in knowledge and attitudes. It can increase referral rates. We know that Mental Health First Aid, it tends to differentially strangely in school settings anyway be delivered already to some people who have mental health background but we know it has its most powerful effects among adults in the system who do not have that background. So I think that it's -- Mental Health First Aid and programs like it are enormously promising. Both for agencies and for kids.

>> Mary: Are you hearing anything about, you know, policies changing to incorporate this?

>> Kimberly: I think federally the policies are there. Think you know where we need the movement to really happen is much more at the state and local levels where folks are getting trained. Where referral pathways are identified and reaffirmed in memorandums of understandings, where schools have places to refer kids for the support that they need.

>> Mary: So it sounds like at the grassroots level there's an opportunity to do some advocacy.

Brooke, from your experience can you share some of the successful strategies for implementing MHFA both, you know, prepandemic and now in a virtual setting?

>> Brooke: Yeah, um, thanks, Mary, one of the things that I am really excited about is teen Mental Health First Aid because teen Mental Health First Aid is really a cultural -- and the reason I say that is because there are a couple of requirements for training teenagers to become certified in teen Mental Health First Aid that are game changers and I think lend themselves to sustainable practice. One of them is that you are required to have 20% of the adults on-site trained in youth Mental Health First Aid first, right? So we know that there would need to be an embedded process there on a rolling basis to ensure that adults are consistently getting trained in youth Mental Health First Aid. The other is that you are training an entire class at a time. So all of the sophomores, all of the juniors, all of the seniors. And that really, again, because of the F.T.E. required means that it would make much more sense to have embedded trainers in the district dedicated F.T.E. to establish that teen Mental Health First Aid and youth Mental Health First Aid are built into the master schedules, the scopes and sequence, say, of maybe a health class that sophomores are

taking or the regular professional development schedule for teachers. And so I think there's a lot of opportunity using the lever of teen Mental Health First Aid to ensure its sustainability. Here in California, we have seen the California Department of Education offer districts trainings in youth Mental Health First Aid. That's been really successful. But I think if we start to look toward teen Mental Health First Aid as a way to advocate for sustainable and dedicated F.T.E. within district structures we are going to be really successful.

>> Mary: JeriKay, can you respond from the Corbin Independent Schools perspective how using MFHA to address youth and adolescent mental health outcomes? And we had a question in the chat that you might want to comment also related to particularly when you are taking a look at trying to reach the adults as well. The question was, you know, are we seeing an addressing domestic violence and child abuse through this programming?

>> JeriKay: Well, thank you. From our district standpoint with Mental Health First Aid, we were actually very fortunate about five years ago to receive a grant to be able to train I think I was one of five original employees that were trained in youth Mental Health First Aid. To be trainers. Since then, we have had at least half a dozen in our district also trained. And again, our administration, our board of education, they understand and they see the prevalence and they understand the need. So we actually get a lot of time during our teachers' professional development schedule to administer and facilitate youth Mental Health First Aid to all of our staff members, all of our teachers, not just teachers, but our custodians, our cafeteria staff, bus drivers, anybody and everybody who is going to come in contact, instructional monitors, with a student at any point in the day has the opportunity to train on youth Mental Health First Aid.

And the majority of them take advantage of that opportunity. And since then, we have seen -- it's almost -- I wouldn't say it's a complete 180 turnaround, but the teachers being able to see kind of like what we were talking about before where, you know, an issue, a behavioral issue may not just be acting out or may not just be oh, he's being a 10-year-old boy, there's something behind it, and they are able, with this training, they are able to see that and they are able to recognize that hey, that might be -- that looks kind of like this particular mental health issue.

And we are also very fortunate to be able to have one of our mental health organizations, our local organizations embedded in our schools also. So teachers, staff, anybody who comes in contact with a student who might need those types of services, they have them right at their fingertips. And so -- like I said, we are very fortunate, a very fortunate district when it comes to all of our wonderful mental health opportunities and services.

>> Mary: Sounds like a huge commitment on the part of the school district. And really following through at all levels.

>> JeriKay: Yes.

>> Mary: Let me switch us for a second to talk about in the states and communities where you live and we just heard a little bit from you, JeriKay, about how you -- when you have implemented MHFA, what are some of the policies that we still need to address to promote the growth and expansion? And what are some of the strategies for working with policy makers? We had some questions in the chat from people who are trained, but they want to know how do I get this started in my school district? What recommendations would you make?

Kim, have you picked up any of that from your research?

>> Kimberly: I think honestly, it sounds like JeriKay's district was one of the ones that benefited. I think the first cohorts of programs started in 2014, 2015. There's federal support available to get this training into communities. But it's also the case that you don't have to have the federal support. These federal grants are not huge. It's 125,000 a year. And that's helpful but, in the scope of what most school districts spend in a year, it's also not very much. So it's not heavy, heavy lift to get this training out there. I think what's important is to get it in place, get some trainers in who can train local staff, and then it's not just one and done. I think what educators have learned about professional development over the years is that professional development is most effective when it's embedded and ongoing, there's coaching, there's a culture of discussion around this. It's not just oh, we've done our eight hours Mental Health First Aid. We're good. It becomes part of an ongoing conversation. It becomes something that coaches talk about. It becomes -- counselors are not these people who are just sort of signature on the outside looking in. They are much more integrated with what schools are doing. I think that those are really the local policies that matter in terms of getting this intervention where it needs to be.

>> Mary: Brooke, I know you started on a shoestring. Any insights from your initial efforts?

>> Brooke: Yeah, I mean I think to echo what Kim is saying is that it makes a lot of sense to have embedded trainers in a district and to, you know, JeriKay is benefiting from, you know, a district administration that's prioritizing mental health, prioritizing embedding this in professional development hours and things like that. The other sort of unsung heroes I think, you know in this country, we have increased our partnerships with community based organizations. Community based organizations that come into the classroom that are on-site providing other types of services. You know, pipeline programs like the program I run, FACES for the future. We offer internships and things like that. And so, that's another area that we can look to to support campuses and districts who may struggle with their own internal issues right now.

I mean gosh, how many different competing priorities do schools have right now? Even for professional development hours for teachers, a lot of that that we have seen during COVID has been thinking about pedagogical techniques for online learning and stuff like that. I think that if a district is having a difficult time currently achieving the goal of embedding some of these things, let's look to our community based organization partners and see if we can support them as well and perhaps in the interim while the district is working on a more sustainable policy initiative internally, they could be responding to the COVID needs more immediately and with a little more facility.

>> Mary: JeriKay, let me pick up on a request he that came from the chat and I think relates to this. Working with partners and asks whether at Corbin, have you had any linkage with some of the health care providers in the community and, with their outpatient services or other mental health services and do you theme as a partner, an adjunct, an ally?

>> JeriKay: Yes, we definitely see our health care providers as allies, as partners in all of this.

We have started out when we got our original Mental Health First Aid trainers, we stuck mainly close to home within our district getting as many people employed through Corbin trained as we could. Afterwards, we started branching out to more of our community based organizations and our community members. We actually have a college relatively close in the next town over that provides a lot of that health care education. So we partnered a lot with them getting interns who are ready to start

field work. We have trained quite a few of them. And like I said we also partner with our -- we have quite a few, I'm trying to think how many, we have at least three or four different mental health organizations locally that we partner with also. I just -- one more thought popped up. When Kim was talking I thought about it a second ago.

We also have going back to circling back to how to -- their policies and funding. We also partner with AmeriCorps and American health alliance and health 360. We have had Mental Health First Aid Corps workers -- that's a mouthful, we have had several of them in the past few years and that's their main -- that's their main focus is getting community members trained in youth Mental Health First Aid. I think for each worker, their cap is, they have to have at least 150 participants that they train throughout a calendar year. We currently have two of those workers. So by the end of August, end of September, within the community, the two of them shall have trained approximately 300 community members and that's just, again, in one calendar year. So there are -- there are so many options out there. If you are working in the school district who may not have the staff or the time to commit to being trained and then going out and training, there are all kinds of wonderful partners out there.

>> Mary: Great. Thank you.

Brooke, what do you think? Has distance learning hindered or perhaps promoted the expansion of MHFA training? There are two sides to that coin.

>> Brooke: There really, really are. On the one hand, I have been virtually training in Mental Health First Aid now for as long as I have been able to and I am training people from all across the country and that's really exciting. We know we still need more instructors in MHFA. We don't want travel to be a hindrance. So now we can all pop on and be together and that's a really good thing.

And it can be difficult. And so, you know, particularly I am, again, very excited about teen Mental Health First Aid and the virtual option for that. You know, excited to see what that will look like in 2021. But, you know, we know that there are definitely issues, even when I am training people in Mental Health First Aid, during COVID, you know, they may come there with a professional hat on, but ultimately because so many of us are managing toxic stress, ourselves, they end up talking about

their own family, their own friends, themselves, and that can be difficult. I did a training yesterday and I always stay on a little late and check in with folks and make sure everyone's leaving ok and there were three or four folks who stayed on and were telling me personal stories or I'm worried about my neighbor, what can I do. So you know that's hard to do on Zoom. That's a tricky thing. It's hard to monitor when you are training people virtually, hard to monitor their own well-being. So there was one lady who was crying during a certain section, she had some lived experience. And I couldn't see her because she had her camera off. And so that's really different for me as a trainer. You know. Normally I would be able to see her and check in and, you know, how are you doing at lunchtime or whatever. But I can't do that now. So there are pros and cons. I do think ultimately, though, as we start to open up again, how exciting that we are going to have in-person and virtual options. Because we know that for instance in rural communities, there may be not enough instructors to go around. And you know I could jump in and do a virtual training for folks. I think ultimately it will be a really good thing that we have both options available to us. Right now it comes with some pros and cons.

>> Mary: Sure. Sure. I think you just raised a really important question. With all the Zooms we do, asking someone how you are doing is usually, you know, a very brief moving into a discussion but if you take a pause and really listen and let people say that, it's so true with teens, as we have learned over the years.

>> Brooke: And it's a little bit like summer camp so when you are with me in a virtual session, we are together for about six hours. And so, we get to know each other real well and we are talking about hard things. Right? We are talking about panic attack and suicide and substance use and so that's going to bring things up for people even if they are there with their professional hat on, if they have some lived experience. So on the one hand, like it's great because we are bonding and we are connecting. And I really miss being able to do that in person, too.

>> Mary: Absolutely. So I want to move onto some questions about funding challenges and strategies. I think everybody on this call is probably interested in, you know, what kind of data do you need to support funding requests? And how do you see organizations getting the data, especially during the pandemic? And JeriKay, let's start with you. Can you share some resources

you have been able to successfully access to implement these programs? And what might help folks that are wanting to get started?

>> JeriKay: This might have been a good time to mention health 360 and --

>> Mary: Well, mention it again.

>> JeriKay: Again, healthy moms alliance with Americore, that, there's a link in the resources at the end of the presentation that -- that can get you all that information how to apply for that. It's really easy. A lot, and we have spoken about federal grants and this and that. A lot of it is really straightforward. Your data, if your school district or your state has a specific data system they use like in Kentucky we use infinite campus. Everything that you could ever want to know about our youth in our district is in Infinite Campus from grades to attendance to behavior to just if they move around a lot. Anything. Anything you need to find can be found right in the data system like that many

If you are not sure, if you are not part of a public school district or private school district or in education, I would say start with your school administration, start with your school counselors, if there are any community programs kind of like our family youth services that are the kind of like the liaison between community and school, start with them. It will take a little bit of time, but definitely worth it. Definitely worth it in the end.

>> Mary: Great. Thank you. Kim, I know you have examined the financial approaches in New York City schools. To fund their school mental health services. Could you share some of those lessons?

>> Kimberly: Sure. I just want to acknowledge that my colleagues, Beth Freeman and Frank Wrighter who are at the American institutes of research with me, are the real mental health finance experts. I am sort of the research analyst who had the pleasure of working with them. But I just want to -- I mean there are things. One thing that schools can do is really work to promote enrollment in Medicaid and other private third-party payers. That's not something that counselors should be -- but if the district can have administrative push to get families who are eligible enrolled in Medicaid, I mean it's just -- the under-- schools feel like, you know, as part of their mission, they need to see kids when issues arise, and they do. Will but they can also bill for that. And putting those structures in place so that that can happen is hugely important.

And the other thing is, there are various title funds under the Every Student Success Act that can be leveraged to support school mental health as well. It's getting a little beyond the focus of today's session to do that but I just want to point out that if you look at the slides afterward, there are some resources listed. And I also, just on top of what JeriKay was just saying, school data systems are enormous -- can be an enormously powerful filter to identify kids who might be at risk. So if you are worried about screening everybody and checking in with everybody, you can reduce that burden to some extent by very quickly identifying kids who are chronically absent, kids who have very quickly changed, kids with behavioral referrals, of course, suspensions, expulsions, but kids whose grades have been dropping. There's lots you can do. Even apart from -- the, just the complexities of school mental health finance.

>> Mary: I'm going to build on a question from the chat. Brooke, I'll start with you and then anybody who wants to add in. The question was -- are there any Mental Health First Aid efforts linked with restorative justice programs and whether there's any support in the districts or among educators to link to that strategy?

>> Brooke: Yeah, I've definitely seen that done before. I don't know how prevalent that is. One of the things that I think is always a concern for probably all of us on this Zoom is when districts are feeling a lot of financial pressure, a lot of times the first things that get cut are those supportive services, things like restorative justice practice and programs and things like that. Resource officers, counselors, mental health providers, et cetera, a lot of times we see districts working really hard to sort of, quote, keep the cuts from the classroom. In fact, preCOVID, that's why we saw a lot of walk-outs and strikes across the country in different districts, teachers decrying services that they needed to do their jobs adequately. So you know I definitely think that issues like ensuring that restorative justice programs are fully funded, operational, aligned with Mental Health First Aid strategies is really important. I have seen it done but not as consistently as I think we could.

>> Mary: Sounds like there's an opportunity there. And also, you know, I hear you all making a call for the kind of research that Kim and her colleagues have done to give us the data, to give us the evidence. So at the end we will be sharing resources and I think that, you know, having some guides in

terms of what do you need to do to get up and started and to sustain your funding.

I know we are getting kind of close to the end so, are there any other variations that you want to share, Brooke, by, you are working in several different states and communities and I think that gives you kind of a unique ability to see how are the communities specific needs driving how it gets implemented? Couple of observations?

>> Brooke: Yeah, I mean so we work with populations, that's our mission. Our practice. We see lots of issues, things we have already discussed here today. The other sort of hidden problem is connectivity. We have a digital divide in this country and so we have a lot of young people who are trying to access virtual trainings or trying to access cool school, but are doing it, you know, on hotspots and through their phone. I think it was a 60% of community college students right now are taking classes on their phones in our country and so we have a huge digital divide so if we are going to offer these things virtually, that's been something I've seen that's pretty consistent regardless of which state I'm operating in.

And then of course there are unique needs. Right? And we have seen those change based on COVID surges. So you know maybe in California we were doing a lot more work and then you know it was kind of slow and quiet in New Mexico and then it was over to New Mexico to respond to increased stress there. I feel like we have been hopping around a lot based on, almost following COVID, where it goes we go, but I do think there are some things that are consistent. Economic stress for the students we work with, issues around social justice, and obviously populations disproportionately impacted by COVID. So, you know, those things are things consistent for the populations we serve regardless of state.

>> Mary: I want to point out that there was a comment from Colorado that was shared privately and we are going to put it up in the chat talking about their experience. And if people have any other questions. But, you know, I am going to -- we are getting kind of short of time so I am going to ask you to respond kind of quickly to the next couple of questions. Kim, based on your work in leading the national Mental Health First Aid implementation, what do you see as the main youth mental health policy or research opportunities that we should be focusing on in 2021? New administration coming in, let's get a

focus.

>> Kimberly: Thank you, Mary. I think what we really need to wrap our heads around is what is happening, there hasn't been a big epidemiological study yet. We don't know what's happening to rates of mental health. We all feel like it's spiraling but we don't know that for sure. Think we need hard data around this. And think that there's a tremendous research opportunity. As hopefully we start to emerge from this relatively more isolated pattern of interacting, to I think we just need basic epidemiological data and that will help inform what we can do about it.

>> Mary: Well I know one statistic that I think is pretty consistent across the country and has been for a few years are the number of teen suicides. JeriKay, have you been experiencing that in Kentucky? And is that an issue that has come up in your Mental Health First Aid?

>> JeriKay: That actually, yes, unfortunately we have experienced that. Recently our district wrote a proposal for a federal grant, the mental health services professional demonstration grant. So many big terms. And that was one of our -- that was one of our main targets was that Kentucky -- the suicide rate within youth in Kentucky is actually higher than the national average of suicide rates. And we have seen unfortunate things in the last few years so I mean that's always -- that's always right up at the forefront and I think it's another reason why our district and our administrators are so on board and so concerned and willing to do whatever they can to make sure that our kids have what they need. Because they can slip through the cracks so easily if we aren't paying enough attention.

>> Mary: Absolutely. Brooke, we all learn from stories. Could you end with a story that you think illustrates the impact of youth and teen Mental Health First Aid programs?

>> Brooke: Yeah. I mean I think that for me, it's not one story, but you know the young people that I work with, they know how to reach me. In fact, my joke is always -- I'm sheltered in place, you guys, I'm not going anywhere. You can reach out. Right? After a training. And what I love to hear, I get these e-mails or text messages, miss B., I just helped my sister with a panic attack. Or miss B., I wanted to let you know I'm going to talk to a therapist. Miss B., I want you it know -- so it's not one story. Think what happens is, when you are an instructor over time, you know, it's really exciting because you can see tangible impact, people building skills, people using those skills, and they reach out very often to let us know. And

that's really exciting. I had a young person reach out recently. They were able to stop their cousin's suicide and they did a three-way call with the national suicide prevention hotline because they had been taught how to do that and that was to hear the pride and the joy in that young person's voice, telling me I think my cousin's alive because I got trained, that's really really exciting.

>> Mary: Thank you for sharing that.

Our time is almost up and I would like to just highlight if you could put the key takeaway slide up and I want to particularly thank the panelists for your ability to kind of respond on the fly. I tried to take questions as we were going along instead of holding them all until the end and you did a great job.

So you know, our discussion has I think been very rich today. We will be sharing our slides following today's event, but these are some of the takeaways that I thought about before the event and I have more to add to it. One is the proper training that's necessary for school personnel. And expanding the accesses, reducing not only stigma and health disparities but some of the stories, including that last one, the confidence level and the pride and the sense of agency that we give to these young people. And as the policies vary widely, community leaders should be advocating for policies to be able to bring us to their school district. And then the adaptation to the virtual setting to meet the students' needs, obviously we have a digital divide. But as Brooke said, you know, cell phone, everybody has a cell phone just about. And you know, at a minimum, that's one way we can connect, but we should be advocating for a broader, you know, virtual approach. And continuing that post pandemic.

And then the comprehensive school-based mental health services that are really still needed to truly improve our mental health equity. This is a great program, but you can't underestimate how it's needed to fit into a broader comprehensive program.

So if we could go to the next slide, we have shared a number of resources throughout the day and there may be a few others that we add in. Based on today's conversation. We hope everyone on today's web forum learned something useful that will help you and your communities during and after the pandemic. In the slide appendix we have also shared some resources on this slide and on the next slide. And again, we will be sending these out to you. I do want to highlight that Kim mentioned that there is

an open call for proposals right now with Samsa so you might want to take a look at that right away and you will be getting this, as I said, very shortly. But you may want to make note of these particular resources. So if we could go to the next slide, please.

There are a lot of people who worked to bring today's web forum together. I want to particularly thank the excellent panelists who took time to prepare and spend time with us all today to share their insights. I want to thank you. Also to the support team who made this event possible, the technology team, and all of the backup team at PHI, IMPAQ and air. And once the web forum ends, please share your feedback with us. There's a pop-up survey and continue to stay tuned for upcoming events. Thank you all for joining us today.