

## Breakout Group 1

Attendees Lennie (Broward County FL), Myrna (LA Unified CA), Mike and George (Montebello CA)

### How have you addressed the following challenges?

- ✘ Time for staff participation, district wide training
  - ✘ LA Unified- We are a large district, needs assessment and then provided the information to principal; communicated by building via wellness coordinator and principals.
  - ✘ LA/Broward - District wide hasn't happened due to the size of districts
  - ✘ Broward County - Broke district down by areas, risk reduction specialists help schools do assessments and educating schools about their trainings, reached about half the district, held prevention conferences/academies during the summer; educated them about resources available
- ✘ Planning logistics, communication to staff, coordination
  - ✘ Broward County – depends on the school, could be an early release day staff in-service, sometimes get coverage for peer counselors and do a training with them at a central location
  - ✘ LA – attach your trainings to already established meetings in order to get on the agenda, we come in late because the training schedule was completed the year before
  - ✘ Montebello – we were able to go to key groups, counselors etc, to front load information, also had a kickoff to introduce risk reduction, introduced the 40 assets; it was held at our initial beginning of the year, we have two calendars a modified and traditional, we were able to get all staff district wide.
- ✘ Obtaining MH / ATOD personnel for training
  - ✘ Broward County – Bridge to Prevention Academies; had folks from the community come in to speak, one person spoke of current community data; there was a limited stipend associated with the staff attending the voluntary academies; community staff and district staff attended (cross training)
  - ✘ Broward County – pleasantly surprised at how many of the community partners that wanted to be involved so that they could get their information out
  - ✘ LA – What types of hands on activities/tools are available that the staff can take back to their classrooms to use? Teachers get overwhelmed and where it is good to hear theory it is better to have hands on tools to leave the meeting and use.

- ✘ Beth – that is a great question and there will be just those type resources that will be available to you at the end of this webinar.
- ✘ LA – We have Wellness Centers, sort of 1 stop shopping for MH services. What are the type of resources that you can suggest we have in our Wellness Centers? Especially to get parents engaged and reduce stigma, etc.
- ✘ Montebello – We are trying to reach indigent population, we have been brainstorming ideas around other roles that case managers, other community staff could take part in.
- ✘ Roles, responsibilities of school staff
- ✘ Determining roles, responsibilities of SSSH partner staff (MH & ATOD)
- ✘ Consistency in MH training

## **Breakout Group 2**

### **How have you addressed the following challenges?**

- ✘ Recognizing need to address MH issues at school:
- ✘ Stigma?
- ✘ What to look for as a MH issue?
- ✘ When to seek help from MH professionals?
- ✘ How to work with students w/MH needs?
- ✘ Resources to address MH issues

## **Breakout Group 3**

### **How have you addressed the following challenges?**

- ✘ Recognizing MH Crisis
- ✘ When and how to initiate a MH referral?
- ✘ Suicide assessment
- ✘ Understanding how drugs/alcohol are often used for self-medication to cover up MH issues