

Breakout Group 1

Attendees: Lennie (Broward County, FL), Myrna Brutti (LA Unified, CA), Mike Cobarrubias and George (Montebello Unified, CA), Sandy Crawford (Alton Community Unit, IL)

TAS facilitators: Beth Freeman and Nancy Kelly

How have you addressed the following challenges?

✘ Time for staff participation, district wide training

- ✘ LA Unified: We are a large district, did not do district wide trainings, wellness facilitators did needs assessment for each school, then provided the information to principal and school staff.
- ✘ Montebello: District wide hasn't happened due to the size of districts, we are rolling out area by area (3 areas), the assigned Risk Reduction Specialists help the schools do an assessment, provide trainings and obtain resources needed for each, have reached ½ the district with this strategy. Summer training included "Bridge to Prevention Academies" for school staff, and cross training by inviting community partners, other community partners provided training workshops on various topics, CEU's for teachers with some of the courses.
- ✘ Broward County – We educated school staff through trainings held on early release day or to a specific staff training; tag into meetings that are already scheduled, asked to be on the agenda; negotiation with the SD professional development for availability, shared available MH resources.

✘ 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 Unified – 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 which makes it difficult to plan during first year of grant.
- ✘ Montebello – we went to key groups (psychologists, counselors) to front load information and all the MH issues we were anticipating, had a kickoff to introduce risk reduction, introduced the 40 Developmental Assets at district-wide in-service day at the 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 Substance Abuse community data; there was a limited stipend associated with the staff attending the voluntary academies; community staff and district staff attended (cross training), used non profits and advocacy organizations to provide 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 tolls 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, have space in the main building, teachers come in to find out information, and spread the word to others this way. What are the types 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, and exploring roles to bring the partners into the school, and learning roles of the various partners and delivery of services.

Breakout Group 2

How have you addressed the following challenges?

✘ Stigma?

Montebello: Working with indigent population due to lack of seeking MH services, talking with community partners to exploring their roles and how they can provide services in the schools, delivery of services, etc.

Alton: We have partnered with Children MH Partnership and the county MH board – a family coalition, using the parent to parent approach to address MH issues is non threatening;

Montebello: Cultural competency is important to address, community partners are instrumental in assisting us, we are using our faith based partners to funnel information through them to our various populations; we also worked with the behavioral health commissions to join their MH “add” campaign, developed placards to address various MH concerns for both adults and youth, used texting language, showed it’s OK to be sad or depressed, used images of youth in different situations and provided resources, we used the hotline “211”; in this way we raised awareness of symptoms, resources and services.

✘ **What to look for as a MH issue?**

Montebello –we engaged MH partners from 9 agencies, each went to the schools and introduced themselves, gave preview on MH issues, educational information on what to look for in a MH issue, discussed what does depression look like – signs and symptoms of youth, it was an opportunity to engage staff and then MH professionals could come back and give another presentation around a MH topic/issue, these worked great for us.

✘ **How to work with students with MH needs?** How do you deal with the issue of a teacher’s referral and desire for a “quick fix” for the student once referred? This is time consuming for the professional, how do you clarify the time needed to help the child? Confidentiality issues with sharing information between MH and teacher.

✘ **Beth:** Yes, a quick fix is not possible, the MH professional will provide an assessment and treatment plan, will work with the student and parent, the parent will need to sign a release of information so that the MH professional will not breach confidentiality, information on a “need to know” basis, not specific information, but information that is needed for the teacher to know how to work with the student in the classroom, strategies that will assist the teacher and the student. The MH professional can also provide workshops or handouts for teachers on classroom strategies on a specific MH issue.