Lessons from the Field: How Schools and Districts Are Meeting the Social-Emotional and Mental Health Needs of Students and Staff

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Transcript

Tim Duffy: Welcome to today's webinar, "Lessons from the Field: How Schools and Districts Are Meeting the Social-Emotional and Mental Health Needs of Students and Staff." Good afternoon, everyone, and thank you for joining today's webinar. On behalf of the U.S. Department of Education, I would like to welcome you to today's event. Over 2,000 people have registered for today's webinar. So, additional people are likely to be joining us as we kick off here today. Thanks to all of you who are already logged in with us.

My name is Tim Duffy, training specialist for the National Center on Safe Supportive Learning Environments or NCSSLE, and I will be moderating today's webinar. NCSSLE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education at the Department of Education. On this slide, you see an image of our center's website on the left side, along with some of our key products on the right side, and we invite you to visit this site after today's session. All materials that you will see today and the archived version of the recording for this event will be made available at this website. The address is listed

at the top of the screen here, but also will be posted into the chat for your convenience.

Before introducing today's first speaker, we'd like to use two polling questions here to get a better sense of who has joined us today and what form of instruction you're seeing in your communities these days. So, the first polling question asks about your role, and we included teacher, school staff, school administrator, school agency staff, family/community engagement staff, or other. We invite you if you are a specialized instructional support personnel person such as a school counselor, school psychologist, school nurse, or school social worker to choose the school staff option. Again, if you are in some other category, please let us know about that. Then scroll down to the second question, and it asks what form of instruction you're seeing in your community schools now. Is it in-person? A hybrid approach? Is it fully virtual? Or if it's not applicable to you, it could be your last option there.

So, folks, results are rolling in. Thank you. We have a great response rate. We're closing in on 600 out of 800 and some. I'll give just another few seconds here for additional responses. Also, a lot of detail coming in on the chat. Thanks for providing that for us. All right. So, we'll end that poll now. It looks like the odds are in favor for role is other, and that's why the chat is so busy with a number of you writing in. There are 200 of you coming in there. Then followed by education agency staff and school staff as the next highest options. As far as the way in which content is being delivered, it looks like the hybrid approach wins the day again. In many of our events in this series, that has been the lead method being employed by schools. Okay, great. Thanks for that information, folks. That's really helpful. It helps to give our presenters an opportunity to know who's on board with us today and what your realities are, locally. So, thanks for that.

Next, let's take a look at what we'll be doing for today. So, we have this agenda for you to take a look at. We're wrapping up with the introduction and logistics. I'll be passing it over shortly to a representative from the Department of Education who will lead you through the bulk of the rest of the agenda. The second agenda item

here will be a presentation by the Centers for Disease Control and Prevention, discussing the importance of schools in promoting adolescent mental health. It's followed by a session from the Substance Abuse and Mental Health Services Administration on school-based mental health programs. Following that, those federal agency staff members will be joined by practitioners from the field for a panel discussion, which is really the bulk of today's time. That will be followed by some questions from those of you as registrants for today's session, and then we'll wrap up and close for today. So, that's where we're headed in the remainder of our time with you. So, this is a 75-minute event today.

With that, I would like to introduce to you the first speaker, Ruth Ryder. Ruth is the Deputy Assistant Secretary for the Office of Elementary and Secondary Education at the U.S. Department of Education. As Ruth introduces the other speakers today, please know that the bios for all the speakers will be archived on the event webpage, which is listed on this slide and will be shared in the chat box. So, with that, I'd turn it over to you, Ruth.

Ruth Ryder: Thanks, Tim, and welcome, everyone. I have enjoyed watching the chat with people from Massachusetts to Hawaii, from Puerto Rico to Arizona, and everywhere in between. So, thank you all so much for joining us. On behalf of the Department of Education and particularly our Secretary Miguel Cardona, I want to thank you for joining us today. We recognize that May is Mental Health Awareness Month, and therefore, this is the perfect topic for this month. All of us at the department are keenly aware of the challenges educators, parents, caretakers, and students have faced throughout the COVID-19 pandemic. Our resilience has been tested, and critical lessons have been learned that can inform practice as we return to in-person instruction more completely in the fall.

Part of our efforts to showcase effective practice is the establishment of the Best Practices Clearinghouse whose web address will be posted in the chat box for your access. Through the Clearinghouse, the department will continue to provide resources for communities, schools, educators, and families as we work together to

reopen our schools and sustain those schools that have been open for in-person learning and support the needs of all students, particularly historically underserved students and those who have been impacted greatest by the pandemic. We encourage you to consider submitting your best practices to the Best Practices Clearinghouse, and you can do that by sending your best practices to bestpracticesclearinghouse@ed.gov.

As an extension of the Clearinghouse, this Lessons from the Field webinar series has been part of our effort to highlight the effective tools, techniques, and strategies employed by everyday practitioners to address the challenges of the pandemic and strengthen the resilience of the education system. Secretary Cardona is particularly interested in us sharing Lessons from the Field so that we can be learning from each other. Today's session is another opportunity for us to continue that journey by exploring resources and strategies for supporting students' and staff members' social-emotional and mental health needs, particularly after the trauma of the past year plus.

To help us explore this topic, we're joined today by several subject matter experts. First, you'll hear from Dr. Kathleen Ethier, Director of the Division of Adolescent and School Health or DASH at the Centers for Disease Control and Prevention. After Kathleen, you'll hear from Dr. Anita Everett, Director of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration or SAMHSA. Following their overview of federal support for student mental health, we'll explore this topic further through the panel discussion. At that time, Drs. Ethier and Everett will be joined by Ethan White and Peggy Zherdev, representatives from the Boys and Girls Club of Malibu, and Jennifer Donahue from the San Francisco Unified School District. They will be discussing innovative approaches that they are using to support students' social-emotional and mental health.

So, let's begin with Dr. Kathleen Ethier. Dr. Ethier has served in numerous capacities at the CDC since joining the organization in 1999. Her special focus has been the development of social context level interventions for adolescents and the role of

parents, schools, health care providers, and communities in promoting adolescent health. Dr. Ethier will share important information from the CDC on the role of schools in supporting mental health. Dr. Ethier?

Dr. Kathleen Ethier: Thank you so much, and I'm so happy to be here with you today. We're going to spend a little bit of time. I'm going to talk about some data and also about the role of schools, which I'm sure many of you on the call today already know the importance of schools in promoting adolescent mental health.

We've been recognizing for a while, even prior to the COVID-19 pandemic, the key indicators of mental health have been moving in the wrong direction for many adolescents. These data collected every two years through CDC's Youth Risk Behavior Survey serves as a valuable pre-COVID snapshot of adolescent health. From these data, we see that the proportion of students who experienced persistent feelings of sadness or hopelessness, which is defined as feeling so sad or hopeless for at least two weeks in the past year that students weren't able to continue their usual activities, increased between 2009 and 2019, and in 2019, more than 1/3 of students indicated that they've experienced those feelings over the past year. We're also seeing increases in suicidal thoughts and in the proportion of students who had attempted suicide. Unfortunately, from the existing literature on trauma and studies published to date on the mental health impacts of the pandemic, we expect that COVID-19 pandemic and the disruptions it has caused in the lives of adolescents will exacerbate that already poor mental health we see among our nation's youth.

Although we're still collecting data to show the full impact COVID is having on adolescent mental health, we have seen that children receiving any virtual instructions are at increased risk for poor mental health and their families are experiencing more stress. While the data can be stark and concerns related to the pandemic are significant, we know that schools play a critical role in buffering the impact of COVID-19 by promoting protective factors like increasing school and family connectedness, or the sense of being cared for or supported and belonging.

We've seen that schools are creatively adapting to meet the academic and social-emotional needs of students and their families to help mitigate the impact of the pandemic.

In the Division of Adolescent and School Health at the CDC, we take a really unique systemic approach to school-based primary prevention of health risk behaviors and experiences. We fund school districts to hire a health and wellness coordinator whose responsibility it is to help schools implement three strategies that you can see along the right-hand side: quality health education, linkage to health services, and safer and more supportive school environments. The coordinator helps the district choose a quality health ed curriculum and get it implemented, helps schools set up referral systems to get youths to youth-friendly sources of care, and to implement sets of activities that increase the supportiveness and safety of school environments. Those can include things like efforts to increase school connectedness and parent engagement.

When we've looked at the impact of the school-based approach across all of the school districts we fund, we see that students and schools that implement that approach were less likely than students in those schools that did not implement the approach to report sexual risk behaviors and to miss school because of feeling unsafe, to have been forced to have sex, and to use marijuana. We also see that the more activities the school implements to enhance safe and supportive environments like implementing mentoring and service-learning programs, and improving classroom management, the greater the positive impact on adolescent health risks and behaviors.

Interestingly, when we look at the impact of strategies designed to support LGBTQ youths, we see improved mental health outcomes not only for the LGBTQ youths in our schools, but also for students who identify as heterosexual. For instance, in schools with Gay-Straight Alliances, heterosexual and students who identify as lesbian, gay, or bisexual were less likely to report suicidal thoughts and behaviors. In schools that encouraged staff to attend professional development on LGBTQ-

focused issues, heterosexual students were less likely to report persistent feelings of sadness or hopelessness, and LGBT students were less likely to attempt suicide. Increasing the sum of these types of policies and practices decreased the likelihood that students who identify as lesbian, gay, or bisexual attempted suicide.

Based on the positive outcomes we've seen in schools implementing this approach and increasing the need to promote protective factors, and build resilience and wellbeing in adolescents, we're putting additional resources into our funded school districts to apply this model more specifically to mental health. We're also continuing to explore the impact of the pandemic on mental health and delving further into how to best support school districts on social-emotional learning. It's been a difficult year for all of us, but particularly for our schools and our students. I know I'm preaching to the choir when I say that now is the time to invest in our youth, and together we can provide students with the support that they need to thrive. Thank you so much for having me, and I'm looking forward to participating in the rest of our conversation today.

Ruth Ryder: Thank you, Kathleen for that important overview of the work of CDC to address student mental health. I particularly appreciated the focus on adolescents, which I think is a particularly challenging group for many to be working with, and they have had a particularly traumatic time over the last year. We really in the Department of Education appreciate our long-term collaboration in helping students tackle this critical issue.

Next, we'll hear from Dr. Anita Everett as the Director of the Center for Mental Health Services at SAMHSA. She provides executive leadership for federal efforts to improve the nation's mental health services systems. Dr. Everett has received numerous accolades for her advocacy and work to address health care reform and will be sharing lessons learned from the agency's work in school-based mental health programming. Dr. Everett?

Dr. Anita Everett: Thank you very much, and I want to share my gratitude with the Department of Education for inviting me to come and talk. SAMHSA, the agency that I work for, Substance Abuse and Mental Health Services Administration, is an agency within the Health and Human Services Department or HHS. So, thank you very much.

We also have some surveys that we do that look at the general health of the population. Much of our work at SAMHSA is focused on substance use and substance use surveillance, as well as some mental health parameters. So, one that I was able to find that in our National Survey on Drug Use and Health, which includes children between the ages of 12 and 17, and looks at major depressive episodes. So, this would be kids who are a little further along the path than what we just showed from the CDC's YRBS path. It shows, again in a consistent kind of way with what we just heard, a concerning increase in statistics that are going the wrong way for youth. What you see there in the green pentagons is reports of major depressive episode in the last year, and then in the gray, major depressive episode coupled with a disability associated with that.

So, if you think of a typical classroom of about 25 kids, what I think we're suggesting between these two groups of statistics is that maybe 1/3 of them, maybe as many as 10 in that class, if these numbers are distributed equally, would have features of depression, and maybe as many as three to four would have had a major depression in the last year, and two or so of those would have had serious impairment related to that enduring impairment. So, what I want you to know is not to be scared about kids with mental illness, but to know that it's very common, and it's not the exception. It's the rule. It's an expectation that, of a population of kids, a certain number of them will have this depression and other associated mental illnesses.

Our survey tool also looks at perceived risk associated with substance use, and of the things that's interesting that it could be involved in thinking about mental illness or risk for mental illnesses is the drop in the perception of the dangers associated with marijuana use, which is quite one thing when you're an adult and you're thinking about that and quite another thing when you're a child with a vulnerable

brain and thinking that things that can be toxic to growing brains may not be harmful. So, that's another sort of statistic.

What I brought to talk with you about today is a program that we have called AWARE. It's a grant program that SAMHSA administers. AWARE stands for Advancing Wellness and Resilience in Education, and AWARE is a program that now has been in most states. At least 34 of the 50 states have had an AWARE grant. AWARE is a program that has been around for six or seven years. Before that, the program was called Safe Schools/Healthy Students, if that's a language that's familiar to anyone. The AWARE grant builds on a multitier system. It has a universal prevention-oriented intervention center designed for all the students in a particular body, and it focuses on cultivation of a culture of positive behavioral support style. It has a middle layer, which is for kids at risk. It supports the idea of processes that identify kids at risk, and it supports of notion of developing special interventions for those kids. Then the top tier or the least in terms of number but most in terms of impairment or risk for impairment is kids that have actually crossed into the threshold of diagnosis and in need of specialized treatment. So, that multitier system is what we support through that AWARE grant, and the AWARE grant is structured so that now a state education authority focuses with two or more local education authorities in that particular state.

So, the function of the grant is, as it's written there, to build or expand the capacity of state educational agencies in partnership with state mental health agencies overseeing the school-aged youth and with local education agencies. It works with local education agencies. Its goal is to increase awareness of mental health issues, provide training for school personnel, and connect school-aged youth who may have behavioral issues and their families to needed services, and to increase partnerships and collaborations between state and local systems to promote the healthy development of school-aged youth and prevent youth violence.

Some of the outcomes that we've had. So, just this last fiscal year for us, 2020, SAMHSA distributed 83 million dollars in Project AWARE funding to 46 different

grantees. These are some of our outcomes. From the duration of the program between the years 2016 to 2020, we've trained over 56,000 people in the mental health field or related workforce. We've ensured that over half a million school-aged youth have had access to and were referred to specialty mental health treatment services, 198 policy changes were made in the grantees and that has primarily been at the local school level, and 819 organizations entered into formal written agreements to improve mental health-related practices. The style of our grants is to cause a force multiplication wherever we can. So, we're working with one school system, but one school system that can spread across to other school systems.

Another series of grants that we had. So, AWARE is sort of our main grant, but we also have grants that are designed to respond to disasters. Many of our grant responses relate to hurricanes or tornadoes and things like that. This one grantee that we're going to highlight a little bit later, and Ethan is going to tell you a little bit about his program, was actually developed and had its origins in a response to a disaster in Southern California, but it was very focused on schools. So, with the onset of COVID-19 shelter-in-place orders, the Boys and Girls Club of Malibu began offering a virtual project-based social-emotional learning course entitled Empowered Voices using a design thinking methodology. What you'll see in the video clip that we're going to introduce a little bit later is the way that one program in one area, particularly during COVID, can sort of force multiple across different areas and create influence to the good on a national level, and these are the kinds of interventions that we love to fund. They've developed four modules that are divided into eight-week sessions, and the modules can actually result in a credit for the kids in high school and then also in the local community college that they work with.

So, I want to thank you very much. Thank you again to the Department of Education for including us. My heart and my gratitude is out to all that are involved in the educational enterprise. I am a mother myself, and you don't have to think very hard to understand that our children are the future of all of us. It's very important that

we set children up for a strong social-emotional learning, strong problem-solving skills in a very effective way. We need that, and we need all of you to be involved. I'm very grateful for your talent and what you do in your chosen professions, the ways that you work with kids, and also for attending the session today. Thank you.

Ruth Ryder: Thank you so much, Anita. I really appreciated you sharing the work of SAMHSA to address mental health and particularly through the efforts of Project AWARE. I know that many of our School Climate Transformation grantees in states and LEAs are collaborating with Project AWARE grantees. So, a good opportunity to extend the work of the different programs together. Your comments really cue us up nicely for the next segment of the webinar where we'll be joined by the Malibu Boys and Girls Club to speak to their creative approach to supporting student health and to participate in a panel discussion focusing on some key discussion points in which I know that we're all going to be interested. So, I am going to turn it over now to Ethan White, the Data and Development Strategist from the Boys and Girls Club of Malibu to join us. Then after that, we will have our panel conversation. Ethan?

Ethan White: Thank you, Ruth. Much appreciation to everybody before, and thank you so much, Dr. Everett. That was a fantastic introduction. We appreciate it. I really can't speak highly enough of our partnership with SAMHSA and how they really came at a critical time for us. It was in response to the Woolsey Fire in 2018, which was a particularly hard year in California, and it seems like since then we've just had continued disaster.

So, in April of 2020, the Boys and Girls Club of Malibu received a discretionary grant from the Substance Abuse and Mental Health Services Administration. The grant is titled "Assessing and Addressing Woolsey Fire Related Trauma in Malibu Public Schools: Mitigating the Inequitable Impact of Disaster across our Socio-Economic Spectrum." So, our grant was really tailored towards assessing this collective community-wide trauma and the needs of the community and specifically the youth in the schools, and how do we respond to those in the schools in a long-term way. I will emphasize the importance of the long-term, because it's an 18-month grant

with potentially a one year no-cost extension, and we need all of that time because the recovery takes a long time.

So, this is the first time SAMHSA awarded long-term mental health grant for school-based services, and as such, it was looking to our grant cohort and the outcome it generated to validated models for service response and service implementation in response to national disasters, which it feels like we keep experiencing, COVID being the most recent and the most ubiquitous. So, we feel like, our program, although we had this kind of year ahead start in development, it was in place just in time to be relevant in the COVID world. So, we wrote the proposal pre-COVID, and we got the award one week after shelter-in-place orders took effect. So, on the bright side, our implementation had to change, but it was native to this new world, and it took advantage of some of the features of this new world, mainly everybody being online all the time. There we've discovered something that was really powerful and I think the most special thing about our program, and it also speaks to the potential scalability and potential national implementation.

In our initial pilot, we had groups from four to five different Boys and Girls Clubs come together in the same course. LA is big and big enough that it's different cultures in Malibu versus Long Beach versus San Gabriel Valley. So, we immediately understood the potential of that model in expanding it to be national. There's no reason, if everybody is comfortable with virtual school and almost this college-style online-style course, that we can't have kids from Guam in the same class as kids from Florida and kids from Malibu. In the experience with SAMHSA, they've been so instrumental in guiding it, but we've also had all these meetings with our fellow grantees that also received grants in response to natural disasters in 2018. The learning that has taken place in that environment has really helped to frame the questions that we're trying to investigate and the answers that we're trying to develop through this program. So, I have a short three-minute video that's going to give you kind of a brief overview of the course. [Video Presentation]

Initially, you can see from the video one major takeaway is it destigmatizes mental health. If we can embed social-emotional learning and mental health content in our normal curriculum, it provides enough awareness that it helps to destigmatize mental health, and that's one of the major takeaways we want people to understand. Another one that seems to be of interest across school districts, ours in particular, is it provides professional development in project-based learning, specifically in applying the design thinking methodology, which we described as empathy-first methodology. A human-centric design approach to add structure to the project-based learning, and with the templates and going through the course, the feedback that we're getting from teachers is that, "Ah, now I understand what project-based learning is and how to do it." Whereas, prior, some of the feedback was that, "We know the district wants to do this, but it's ambiguous a little bit about specifically how to do it." So, this program inserts a little more structure to that design thinking process.

Another highlight in our model, we are a Boys and Girls Club. So, we are a partnership between the Boys and Girls Club and the school district, but to make that partnership, what was critical for us was the grant funding from SAMHSA because we were able to go to the school district with the resources, and we've developed this course in the pandemic because we were already responding to the population most in need because Boys and Girls Clubs disproportionately serve minorities and the economically disadvantaged. So, we were very aware of the need, and we have been since the fire because we've been responding to the same population since 2018. What that does is it gives us a way to access those most in need very effectively because they're already at the club. So, now they're all doing this program, but the funding from SAMHSA made it possible for us to form the relationship with the district because we came to the district and said, "Hey, we have the resources to do this program for the mental health needs of the kids." This becomes our tier one intervention. So, we view the course as a tier one intervention, and in some cases, we can avoid tier two and three because we are providing so much psychoeducation around collective trauma.

So, the other thing is we believe this really addresses equity and inclusion in a very blunt way by bringing these geographically disparate youths together in the same course and creating a common language. There's been a lot of talk in our community around how do we share the same language around collective trauma so that parents, educators, and students call all be speaking about the same thing, and we believe that helps to destigmatize as well.

As far as moving on, I have two more slides, but I don't think we have time because we'll turn it over to the Q and A, but the last point I would make is that we're doing this. We are doing a summer pilot with 10 different clubs in boys and girls in the Greater LA area, and we are trying to make a plan for a national implementation through Boys and Girls Club of America, but also with any districts that want to participate. We got a request last week from a district in Connecticut, and there's no reason that we can't participate in the same course together. So, they're going to help us develop the middle school version. Ours is targeted towards ninth through 12th grade because we're offering dual credit through the local community college. It's three units of sociology credit under the title of "Social Problems" through Santa Monica Community College, but we're also offering credit through our local district.

Really the last point is we want to make an invitation to people who want to participate in this program because there's no reason that we can't, and we feel it could be incredibly powerful to bring our kids together in the same class. I feel like it addresses some equity and inclusion issues, and the division in our country because it creates that platform for the students to have the discussion. We just have this vision of the kids in Guam and the kids in Florida and California all in the same course. In response to our natural disaster, there are typhoons, hurricanes, and fires, and they all share that collective trauma, in addition to the pandemic.

I'm sorry. One last point, I promise. The scalable model is 20 students per cohort, 160 students per teacher of record, which would be like a college-style seminar course, then Boys and Girls Club program staff or local teachers work with the cohorts of 20, and they attend the weekly seminar for the 160 together. Then they

work on their project-based learning, and they can do groups across geographic regions. Okay. Sorry, I believe I'm out of time. So, let's move on. Thank you.

Ruth Ryder: Thank you so much, Ethan. That was really exciting, and I've been watching the chat. I think you're going to have a lot of people reaching out to you to become engaged with the work. Also, Tim posted the link to the video in the chat, and I see it was just posted again. So, a very exciting project, and you're getting a lot of love from the chat. People want to know if you can come to Canada to work with them. So, it's certainly a very engaging model.

Before we go on to our Q and A session, we're going to turn it over to Jennifer Donahue who is the Program Administrator for School Health Programs in San Francisco Unified School District. Welcome. Jennifer, if you could share a few words about the work that you're doing, we'd love to hear from you.

Jennifer Donahue: Sure, of course. Thank you. My name is Jennifer Donahue. My pronouns are she and her, and I'm here on Ohlone land. I'm calling from San Francisco, California. As I said, I work in School Health Programs within our division, which is the Student, Family, and Community Support Department within the San Francisco Unified School District. I'm really honored to be here to share the lessons and stories of the work that social workers, nurses, counselors, community health outreach workers have done over this year to support students and families. I also want to give a shout-out. Today is May 12th. It's National School Nurse Appreciation Day. So, all the school nurses on this call, so much love and appreciation to you for all the work that you do to support our young people and especially within the school year.

I just wanted to provide a little bit of context for our work in San Francisco Unified School District. So, we're really aligned with the mission of San Francisco Unified to provide each and every student quality instruction and equitable support required to thrive in the 21st century, and that our department, our division works primarily in service of students and families. San Francisco is unique in that we have site support assigned directly to schools, and that's really through the generous support

of our voters in San Francisco, the Public Education Enrichment Fund, which provides funding to support librarians, music, and also social workers and nurses. So, at our elementary, middle school, and K-8 level, we have a school worker, school district nurse. We often have an AmeriCorps member and also grade-level counselors on the team supporting students. At our high school levels, we have a wellness program where we have a wellness coordinator or school social worker, a school district nurse, community health outreach worker, and we also partner with community-based agencies to bring mental health therapists on site. Then also at our high schools we have grade-level counselors. In addition to those team members, we also have interns, mental health interns from universities and also Foster Youth Services interns that are supporting students.

Just to show a picture or give you a little history of what it has been like for this year. So, like most districts, in early March, our school buildings closed, and we pivoted to distance learning. So, that meant all students and staff were at home, on Zoom. So, we found ourselves that our staff didn't have district phones or district phone numbers. So, it was impossible for families to reach our staff, and also students didn't have computer or technology necessarily at home. So, we really spent those first weeks making sure that we were able to get staff access to an app so that families could actually reach or the staff could actually reach them on their phones, and training staff also on being able to use the technology and deploying, in partnership with our Department of Technology, laptops and hotspots to get students online. Then also creating a protocol too for how we provide teleservices through distance learning because it really wasn't a practice that we had before.

So, we were in distance learning throughout the year, and then in April, we saw our youngest students return to the building. So, now we're in hybrid learning. Some middle and high school students have returned to buildings for a hub model. Just this week, our seniors are returning to buildings, but primarily throughout the school year, we've been providing teleservices to students. So, when I talk about some of the practices and things that we've done, that's the context in which we've

provided it, and I look forward to sharing more in our discussion about some of the ways that our programs have been able to reach students and families.

Ruth Ryder: Thank you, Jennifer. We appreciate hearing from you the work that you're doing in San Francisco, and thank you for acknowledging the school nurses. I think we have really realized this year how incredibly important they are. We always knew they were important, but during this challenging time they've been so important.

I would like to invite all of our panelists to turn their videos on, and we'll move into the question and answer section of our webinar today. I have been, again, watching the chat, and I noticed that we have someone from Pakistan who has joined us. So, welcome. It's exciting. We're a worldwide event, an international event. So, I'm going to start with a question for Dr. Ethier, and the question is what kinds of innovation from the field have you seen over the course of the last year in offering support for student wellbeing and managing stress and anxiety?

Dr. Kathleen Ethier: Thanks so much for that question. We've seen so many amazing things over the course of the last year, and we know how hard districts are working. We have districts all over the country who are moving so much of their work online. For instance, in Philadelphia, the School District of Philadelphia launched a COVID-19 adolescent and mental health training academy to provide school staff with tools that they need to support students, regardless of whether they were in-person or virtually and setting those systems up. Another district that we work with in Orange County, Orange County Public Schools implemented student-led social-emotional learning clubs in their secondary schools. So, we're finding new ways to get students together.

There was a question that came up in the chat early on, and I wanted to answer it because it was about how do we move from trauma to healing. One of the things we know is that connectedness is really one of the main ways. Social isolation is at the root of so much of the trauma that happened this last year. So, reconnecting students to each other and to important adults is really key, and that's going to be

the way that we're going to get the bulk of kids kind of back and moving forward. It's to make those connections. So, we've seen so many districts that we work with work on maintaining that connection. Kind of back to what Jennifer said, finding kids and their families and making sure that they have technology in order to connect, making all of those transitions. I hope that what that means is that, as we bring students back in schools and they're able to reconnect in physical space, that we have those innovations as backups, that we have kind of learned new ways to establish those connections so that moving forward we can utilize all of those innovations because I think that there have been so many this year. In the midst of how difficult this has been, it has really pushed people and schools in particular into figuring out how to best support students.

Ruth Ryder: Thank you, Kathleen. Ethan, did you have anything you might want to add to that?

Ethan White: Sure. I'm happy to. I apologize. All of my additions would be in reference to our particular program, but I would second. The use of technology has been, I think, transformative, and I think we would be missing an opportunity if we don't figure out ways to include that in the future of our education and especially in addressing mental health, and equity and inclusion.

To address a question in the chat, what I was saying is the kids in Guam and the kids in Malibu should be in the same class. There was a misunderstanding in there. With the innovation that's happening and our kids' native abilities with technology, there can be worldwide classes. I think it would be great for the world. So, those are the innovations that we're seeing and that we're leveraging, but that's because that's where our research and that's what our programs are very focused on.

The other thing I would bring up is the partnerships with community-based organizations, and it might be because I would like to see more of that, but leveraging these community-based organizations to participate because what we've seen from the Woolsey Fire disaster and what we've been talking about in SAMHSA is resilience is a net. There's no individual resilience. If we really start talking about

resilience, it's the networks we have to lean on. If you see it in the immediate aftermath of a disaster or the long-term response, it's who do you have to lean on? So, we're trying to measure social connectedness across a variety of groups to address as a proxy for measuring resilience. So, social connectedness to your Boys and Girls Club or to your school or to your faith-based organization, whatever networks they are, but I think we need to do that at the organizational level too. So, I would advocate for schools and community-based organizations to works together, and we've been navigating the bureaucracies and the red tape involved, and I can say, in our experience, that's what takes a long time to get through. So, when there's an initiative saying, "Okay. Now there's funding available. A program should be available next month," it's just not likely. I don't know how we can respond that fast. So, it's long-term approach in creating these resiliency nets. So, I hope that answered the question.

Ruth Ryder: Yes, I think that was great. I really appreciated Dr. Ethier. You were talking about connectedness. I think we've really realized during the pandemic how critically important connectedness is. Ethan, your comments about partnerships with community-based organizations, I just think we can't emphasize that enough. We have such a great resource there from the education school side that we should be taking advantage of, all working together, and really doing what we can to emphasize the need for that connectedness. So, thank you. Thank you both for those answers.

I'm going to move on to the next question. How can schools, districts, and practitioners provide counseling services to students in the time of COVID? Jennifer, I wonder if you could start us off on that one.

Jennifer Donahue: Sure. Thank you so much for just a chance to share about that. I think that it really is remembering to meet students where they're at and really be able to look at the full picture of what's happening with students. We really saw that we had to shift from an idea of a therapeutic session and really change the model of the way we were connecting with young people. Having shorter check-in times that our health and

mental health providers are connecting with kids, kids reported that they were really tired of Zoom by the end of the day or the middle of the day because they spent so much time in their classes. So, we had to get creative in using G Chat or using the phone or other ways to try to connect with students that were outside of the regular model.

I think also in our district, we created family wellness checks, which were just an intention time that four times during the course of the year we connected with families. So, it really was connecting with each and every family in our district. So, we created a script for teachers to use. We created some tools to track and to log the connection with families, and then it really was engaging in a connection conversation to say, "How are you doing? How are things going during this time?" We know it's difficult, and we really wanted to get a picture of how our kids in our school are doing. We see them differently because usually they're in the building with us all day long and we get to see them, but that's just not the case in Zoom. We often found, especially in our middle and high school kids, that kids would be in the class, but they would have their cameras off. So, it's really hard for even teachers to assess or figure out how kids were doing.

So, with our family wellness checks, we were able to make those connections. We connected to over 82% of our families at four times throughout the school year. Then from those initial conversations, we were able to make referrals to our health and social worker teams to connect to additional services that families might need or also identify crises or other stressors that were happening in families and also help kids get connected to services.

Then I think the other way was we really focused on creating spaces for healing and connection, and I've heard a number of people talk about this. We had a really great LGBTQ group that we had for students, but kids were like, "I'm so sick of Zoom. I can't do it anymore." We created a drop-in space where young people could come and be connected. We also created a central group that was anyone from around the district, right? Because we weren't limited by bus lines and buildings. Anybody

could log into it. So, kids could connect from different places. Also in our mentoring programs where students were matched with individual adults too, we used that as a way to build that connection with students.

Also, I think that people were just really creative in the ways that they reached out to students. We also partnered with our city Department of Public Health to get training and learn more about strategies that staff could use. They hadn't done counseling sessions online before, right? So, how do you use a Whiteboard? How do you use a Kahoot? How do you use these different resources in the session? Then I think people have said this before, but one of the things that we often said was like, "What do we want to take from this experience?" What have we learned that we say, "Wow, this works in connecting with young people"? After we go back to buildings and into our new place, what do we bring with us that we've learned? We hope that some of these ways with connecting with students continue.

Ruth Ryder: Thank you so much, Jennifer. Peggy, I wonder if you might have something to add on this one. How can schools and districts provide counseling services to students in the time of COVID?

Peggy Zherdev: I think one of the most important things that I know Ethan has already mentioned is the collaboration with our school district. Things take time to mobilize. There was a response that had to happen with the students returning back to home, while our agency or our organization was able to rapidly respond in a sense that we were able to maintain our wellness center open. We used mostly all the CDC requirements for in-person. We were following all of those guidelines in order to be able to have, like Jennifer mentioned, that face time because they're so tired of Zoom that they had the Zoom fatigue, and I think that was actually one. So, the collaboration came from everyone from the top, from the superintendent through all the way to the local school librarian. Everyone was given that information so that we could kind of all keep our eyes and ears open for where the children might need the support. I know Jennifer mentioned this already. We're meeting them where they're at and finding out what's going on. Our community happens to be a smaller community within the

LA County, relative to us. So, we're able to mobilize to provide support for a child who is struggling because his mom is in the hospital. We're able to mobilize quickly and respond in a very flexible manner where we are able to do a home visit if necessary. So, that's how we've been able to provide those services.

Again, going back to the SAMHSA grant, I'm actually one of the personnel that was able to come on board during this time. I started a new job because of that grant funding. So, I couldn't imagine without that collaboration with the school district what this would look like. It would be very challenging.

Ruth Ryder: Thank you, Peggy. It's so great to hear about this collaboration between the community-based organizations and the school district. Anita, would you like to jump in here?

Dr. Anita Everett: Yes, just a quick one. One of the things that has happened across the mental health field because of COVID is a loosening of the ability to use telemedicine and telehealth. So, we've seen among our grantees actually a number of really creative ways to bring mental health providers into school systems through iPads and things like that that were not possible before, and many of us are hoping that a lot of that flexibility is sustained. We know there's a national shortage of child providers and child psychiatrists in particular. So, this has been a way to get a lot of access to kids that otherwise wouldn't have had it. In most of the parties involved, it's a lot easier than having to take the kid out of school, go drive, make an appointment, see the appointment. You all know all the myriad of problems that go along with that.

The other thing I wanted to just quickly sort of touch on, one of the questions earlier in the panel was about why do we think things are getting worse, and we don't know the answer with our kids why do we think these statistics are going in the wrong direction. One sort of common element among this generation is technology, and what I love about Ethan's program and programs like that that use technology for the good is it teaches kids other things to do with technology rather than the sort of isolative way that the kids send chats, texts, and things like that to each

other, and it could get negative and be very stress-inducing, we know, for the kids. So, teaching them or modeling sort of effective use, "Oh, that's pretty cool. I can talk with a kid in Detroit, and they're having the same problem that I'm having or they're seeing the same kind of things. Who would have thought?" I'm hopeful it is a really good way to teach them sort of technology to the good, expand their horizons on how to use technology.

Ruth Ryder: I do agree with you. I think one of the pluses, I think, we're going to see coming out of this is looking at more productive ways of using technology, and I think the telehealth, telecounseling are really advantages. In watching the video than Ethan shared with those kids, several of them talked about stigma, therapy stigma. That's a way to get around that. So, thank you for sharing that.

We have lots of questions, and we're seeing lots of great questions coming in the chat. We are keeping track of those, and we will use them to help us think about future webinars. So, if we don't respond to your question that comes in through the chat, it's not lost. We are keeping track of those. The next question I want to ask is how can practitioners prioritize providing mental health support and social-emotional learning to students that have been hit hardest by COVID? I have seen some chats that have come through about indigenous children and youth, and children who are living in poverty, English learners, and children with disabilities, and so on. Does somebody want to jump in on that? I'm happy to call on someone, but if anybody wants to start?

Jennifer Donahue: Sure, yes. I think it's such a great question and I think also being in schools that really the conversation started with thinking about learning laws. I think as educators we're all thinking about what kind of happened this time with young people. So, we really partnered with other folks in our department to shares this message of just like how important it was at this point to really create space and time for healing, for connection for young people, for parents, and for teachers and staff too, right? Not just our kids, but all of us too. Also, we really heard a strong message from parents that they wanted to see how is social-emotional learning and

time for students to talk about their social-emotional health, how was that showing up in the school day too. So, that was great and inspiring to hear that also parents are asking those questions because they're with their babies all day long, and they see how it's going and also just how hard it is too. So, we were really fortunate that we have a health education team, and they were able to partner with our curriculum instruction team that we shared. At all of our elementary, middle, and high school levels, we shared a recommended structure of how curriculum would be delivered.

So, for our elementary team, three days a week, there was 30 minutes of community building that was built into the standard district schedule. Then the health team created lessons and PowerPoint slides that were both student-facing and also PowerPoint slides for teachers. So, they were really easy to use that were about social-emotional learning. So, they worked with our school social workers, nurses, and the health team to push out that curriculum. So, really three days a week our students were involved in lessons where they were talking about how are things going, how their feelings are, what their experience is like. Then always having that place too that if students shared things, to be able to refer to the social worker at the school site.

We also have partnered really closely with UCLA, with Audra Langley, to be able to provide CBITS, Cognitive Behavioral Intervention for Trauma in Schools, and Bounce Back groups. We were able to make some changes to the curriculum in partnership with Dr. Langley for the Bounce Back to deliver some Bounce Back curriculum to young people, which that was a feat to be able to get kids in groups and online, but our practitioners really said that it really made a difference for those young people to be able to come together and really a skill-building curriculum that helped them develop, really identify those skills of resiliency, and to help things get better for them too, especially for young people that might have been impacted by stress or trauma too.

We saw that in the rollout of a lot of resources such as access to community hubs, which were spaces that young people could go to in the community to participate in distance learning, that we really prioritize our underserved students. Also, in the summer, in our launch of summer programming, that priority registration was given to students that live in public housing, that are experiencing housing insecurity, and students within the foster care system too. So, we made really intentional policy decisions about making sure that there was space and resources to support those students.

Ruth Ryder: Thank you so much, Jennifer. I know we're running up on our time here. I had on other question, and I'm actually going to ask it to all of the attendees that are putting things in the chat. Some of us here who are on the call are policymakers at the federal level, and the question is what kind of supports does that field need from policymakers to continue to do this work? So, if you could enter things in? Ethan, Peggy, Jennifer, if you guys want to jump in on that really quickly? Because I think Tim is going to come in, in just a minute, and tell us it's time to sign off. So, please jump in.

Ethan White: Yes. I'm happy to jump in. What we feel what was so valuable to us was the community-based organization receiving the resource because it makes it easier for us to make a partnership. Because even though we've been implementing this program for a year and doing what is considered great work, our district is not coming to us saying, "We have ESSER funds available." Do you know what I mean? So, in our experience, it's easier for the community-based organization to receive the funds to make the relationships or to make the partnerships, and that's a place where policymakers could help.

The other thing is a national strategy because if everything gets broken down by local education agencies - and this is just the problem we're running into because we're trying to say, "Well, this is a national approach, something that could be scalable," but you can't figure out how to go and fund it piece by piece and bureaucracy by bureaucracy. Whereas, if there was some sort of national program

to say, “Hey, an agency like any large national agency could fund something, some sort of national implementation or make funds available for that sort of thing.” That’s particular to our case, but I think it would benefit all community-based organizations in trying to build out their programs and create sustainability.

The other thing is making stuff long-term because if it’s six-month turnaround, you can’t build a program and deliver it and then it disappears. So, that’s the other thing so that we can build resilience towards - because there’s going to be another disaster. We all know that for sure. I mean, those of us in the fire in California know that for sure. There’s definitely another one this year, in addition to COVID. So, that would be great.

Ruth Ryder: Thank you so much. I see Tim has appeared. So, I think that that’s our signal. I just want to say my thanks to the panelists. I thought this was a really great conversation. I did want to acknowledge that Jennifer talked about the mental health needs of staff, our school personnel, and our community-based organization personnel, which I think is so important. Tim, over to you.

Tim Duffy: Thank you, Ruth, and your request for ideas from our participants is paying off. There’s a host of them rolling into the chat, as you may have noticed. So, let me extend my thank you too to Ruth, Kathleen, Anita, Ethan, Peggy, and Jennifer, to all of you for excellent information that you shared today.

We have just a few things left to close us out in our closing moments. The first is that we do have one final lightning poll we’d like you to be a part of. Due to the time constraints, we will ask you to take this one really quickly. If we can get that poll added to the screen? There we go. So, we’d like to know from all of you who participated today. Which of these topics you feel there’s additional information that might be needed on from your perspectives? So, we ask about effective communication strategies that build trust and allow you to reach various sub-groups. So, it’s kind of related to that last question that was raised. Resources available to strengthen family and community outreach, resources for families and

community members on mitigation strategies, reducing anxiety among caregivers and community members. That's the next option. Trauma-sensitive responses to families and community members, or Other. If you choose that one, please just type your response into the chat box. So, I see people are weighing in on those. That's great. We'll give you just another couple of seconds. We've got a few other details before we close for the day. So, if you are waiting to vote, do that now. Okay. Claire, I think we'll need to close that in the interest of time. We'll record that information and take that forward to our additional planning.

Okay. So, next, we're going to provide the opportunity for all of you to provide us some feedback on today's event. So, if we can go back to the slide, there is a link to a feedback form there that we would invite you all to take just a minute to give us some additional input about how we can improve events like this in the future. I also want to remind you that the slides from today's speakers along with any links related to references that they've made will be available on the NCSSLE website, which has been added to the chat periodically throughout the day, and we can do that one last time here too. Remember that all the questions that were raised today in the chat box are securely captured, and we will be making sure that those are shared with the CDC, the SAMHSA, and with the Department of Education to inform our upcoming events in this series. This link on screen here will get you to the survey, and it's being posted in the chat as well. So, please do provide us that feedback.

So, with that, my sincere thanks for today's presenters and for all of you who have joined us as participants today. We're near 1,200 people. I think that was one of the peaks I saw. So, good participation from all of you. The chat was robust throughout. So, thank you for participating meaningfully in today's session. We really do greatly appreciate your time today, and thanks to all of you for all that you do to provide students with safe, supportive learnings environments on a daily basis. Thanks to all and have a wonderful rest of your afternoon.