- Lessons from the Field -

Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health, and Student Learning

Part 1: What the Data Tells Us

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Transcript

Cindy Carraway-Wilson: Good afternoon, everyone. And welcome to our webinar, Transforming Youth Together: Understanding the Connection Between Substance Use, Mental Health, and Student Learning. This is Part 1: What the Data Tells Us, and we're pleased to have this webinar as part of our Lessons from the Field Webinar Series. This webinar is the first of a three-part series exploring the connections between substance use, mental health, and student learning. On behalf of the US Department of Education and the Office of National Drug Control Policy, we're pleased to have you join us today.

And in fact, we have over 1,600 people registered for this event so we expect more to be joining us shortly. Thank you to all of you who logged on early to be with us. This webinar, as I said, is part of our Lessons from the Field Webinar Series, which was developed in response to the pandemic to bring forward the lessons from the field that highlight effective tools, techniques, and strategies employed by everyday staff to support students in achieving academically. Throughout this series, we've addressed a variety of high priority topics facing America's educators.

You can access the recordings for these webinars and the whole series at the website that's now being shared in chat. Thank you for being here to consider approaches to help transform young people by providing quality programming and supports in the school around substance use and mental health supports. If you have additional strategies to share, please contact us at BestPracticesClearinghouse@edu.gov. This web address is also being placed in

the chat. Please make note of it and let us know what you have experienced in the field to create safer and healthier school environments.

Our work together is strong when we can all benefit from their effective strategies. And we hope to hear from many of you follow today's session. My name is Cindy Carraway-Wilson, and I'm a training specialist at the National Center on Safe Supportive Learning Environments, or NCSSLE. NCSSLE is funded by the Office of Safe and Supportive Schools within the Office of Elementary & Secondary Education. To learn more about NCSSLE, we have this slide here, which shows the range of resources that we have available to you to address school climate and conditions for learning.

We encourage you to visit our website and to give you a sense of what that website looks like, this slide contains a snapshot of our homepage on the right hand side. And on the left is the list of products and resources that we have that are quite popular right now, and you've may visit here to download and view at any time. We also invite you to share, to join us on social media and to follow us and to share those links with your colleagues. Please note that all materials that you see today including the slides, all the reference resources and the recorded version of this webinar will be available on the event webpage within this site. Please note that some items, including the slides and the speaker bios have already been posted to the site.

Please also note that you can access previous lessons from the field webinar by visiting that webinar series webpage listed here, and also post it in the chat. Now I'd like to tell you a little bit about who's in the room with you. Right now, we have 699 people and counting joining us, but we did get responses from everybody who registered when we asked you to describe what your role is. You can see from the slide that the majority of you selected that other category.

And for this particular webinar, some of the most popular roles that we described in the other category included therapists of various types, including substance use and abuse support therapists, as well as folks working in mental health. We also had many coalition members and coordinators joining us, community prevention specialists, staff members from community-based organizations, staff and coalition members from the drug-free community groups, many federal employees, prevention specialists, and many, many more folks coming in to join us.

We also have several students and parents and grandparents with us today, and we want to welcome all of you here today. You can see from the chart that there's a distribution of other school personnel that are in this room with us so that we can all share what we're learning together. I'd like to briefly review the agenda. We're currently in that number one spot, reviewing our introduction and logistics. In just a moment, the US Department of Education will provide us a welcome.

Then we're going to move into some context setting and some presentations that speak to us about what the data on youth substance use and mental health

tells us and how we can use that data to inform student support systems. From there, we'll move into a panel discussion and end with closing remarks. At the end of this webinar, we will also be doing a live Q&A. So if you have the time, please do stick around for the end. Today, we bring together a variety of speakers from federal and community partners who are focused on addressing issues of substance use and mental health in our schools and what we can do to support learning.

In just a moment, we will hear from Mr. Bryan Williams from the US Department of Education, Office of Safe & Supportive Schools, who will provide that welcoming and some opening statements. Our subject matter experts include Dr. Ruben Baler, Health Scientist Administrator from the National Institutes for Health's Institute on Drug Abuse, who will share information on brain development. Pardon me. So in addition to that, he will be sharing some information with us about what we can do to support student development.

Following him, Then we'll see Dr. Martha Okafor, the Senior Advisor from the Office of Early Childhood Development and the assistant secretary from the US Department of Health and Human Services, in the Administration for Children and Families. She will share information on early childhood development and what school personnel can do to support mental health and avoid substance use.

Next, we will hear from Kathleen Ethier, the Director of the Division of Adolescent and School Health, Centers for Disease Control and Prevention, who will share information on the CDC's Adolescent Behavior and Experiences Survey, along with the importance of students feeling connected at school. Our presentations will round out with the presentation from Mr. Robert Vincent, the Associate Administrator of Alcohol Prevention and Treatment Policy at the Substance Abuse and Mental Health Services Administration. He will provide some information about the reality of comorbidity of substance abuse and mental health challenges.

And we'll also discuss school-based supports and services that support achievement and connection in school. From there, we will hear from Ms. Denise Delorie, who will share a story about what it looks like in real life when one coalition works with a student and a school to help meet a student's need that ultimately shifts school approaches to addressing students' needs around substance use and mental health. At that point, we will then be getting our whole group together for a panel discussion. I do want to remind you that you can click the link listed on this slide to get the full bios. Now I'd like to introduce Mr. Bryan Williams, the Director of the Office of Safe and Supportive Schools. Bryan?

| Bryan Williams: | Thanks, Cindy. And good afternoon, everyone. Thank you so much for joining us today for the first of a three-part webinar series designed to help us better understand the connection between substance use, mental health, and student learning. As Cindy mentioned, my name is Bryan Williams and I am the Director of the Office of Safe and Supportive Schools in the US Department of Education. |

Our office supports programs and activities that support safe and supportive learning environments and address health, safety, and the wellbeing of all students. This of course includes mental health, social and emotional wellbeing, and substance use prevention.

This webinar series was developed together with our partners at the Office of National Drug Control Policy to continue our efforts to support schools and communities working to improve student mental health, prevent substance misuse, and improve student academic outcomes. You will be hearing from a variety of experts from across the federal government, as well as from practitioners from the field, as Cindy mentioned, just like many of you are, who are working with students every day across the country.

The webinars in this series are designed to work together, so we strongly encourage you to register for all three if you can. If have not already done so, after today's session, I invite you to watch the special pre-recorded presentations from Education Secretary Miguel Cardona and Dr. Raul Gupta, the Director of the Office of National Drug Control Policy. Both of our agencies recognize the essential role that educators have in creating safe and supportive learning environments, where every student feels welcome, supported, connected, and valued.

As we start this school year, we recognize that this is an especially busy time for all of you. So I want to, again thank you for taking the timeline of your busy schedules today to join us. And with that, I'm going to turn it back over to Cindy. Thank you for your attention.

Cindy Carraway-Wilson: Thank you, Mr. Williams, for that nice welcome and for those kind words and for your ongoing support of our Listen to the Field work. Now, I would like to introduce Dr. Ruben Baler from the NIDA, who will be giving us our first presentation around child development. Dr. Baler?

Ruben Baler: Well, thank you very much. Good afternoon everyone, and thank you very much for inviting me to take part of this webinar. It's a real honor to be joining you all. Now, this is going to be a very brief presentation focused on brain development. So, I will not go into detail the epidemiological findings, but I do want to start off by highlighting in broad strokes a major shift that took place in the past 25 years or so in terms of the threats to the wellbeing of American youth.

Now at the beginning of the millennium, the things that really worried us were binge drinking, drunken driving, substance use, teenage pregnancy, and smoking. These threats have all been trending down, sometimes quite dramatically. There are many hiccups along the way of course, nicotine vaping is surging again, middle and high schoolers perception of risk vis-a-vis marijuana keeps dropping, when marijuana's average potency keeps breaking records. But in general, these trends are very good news.

Unfortunately, we are seeing a parallel and dramatic worsening of adolescents' mental health, and this is taking the form of disturbing increases in the

prevalence of anxiety, depression, compulsive behaviors, self-harm, and even suicide. Now, when I think about this shifting landscape on the possible reasons behind it, I keep coming back to an explanation where evolution plays a central role. You see, evolution is a key driver of change, and through billions of years of tiny changes, it has transformed single cells into highly complex organisms, like the vast majority of us.

But for our particular purposes in the here and now, biological evolution is all but frozen. Meanwhile, environmental evolution, think about the means we use to communicate with each other for example, keep changing faster and faster. Now this differential rate of change, it creates a tension between conditions in the modern world and biological processes that were designed and exclusively fine-tuned for a very different environment.

Unfortunately, illness and distress are common ways for this tension to be released. Now, one of the best examples that I can give you of this disconnect between biological evolution and environmental evolution is the fact that we have evolved to seek the fattiest meat, the sweetest fruits, and the most high-energy foods. Why? Because the next famine or starvation was always around the corner and we never knew how long it would last. But today, in today's world, this is what's around every corner.

And the consequences of this particular disconnect between biology and environment is the fact that we are about to reach half of the US population being obese by 2030, according to the best projections that we have. So this is just one example of the consequences of that disconnect. So what about brain development? This is another exquisitely crafted throughout evolution that really designed the brain to evolve and to develop and to adapt to a very specific environment. It behooves us to really think the ways in which this disconnect between biology and environment, this increasing disconnect that we see in the modern world can really impact the healthy trajectories of brain development.

Let's say between childhood three, five years of age, until the young adult of 20, 22 years of age. But what is brain development? We talk a lot about brain development and how key this vulnerability window really is, but we don't have a clear understanding in educational circles of what that entails and why we should really care deeply about this process. So one of my goals in this very brief presentation is to give you some foundation about what brain development is. I think that the best metaphor that I can use to briefly give you in a nugget what brain development is really to compare that to brain programming.

So what would brain programming of a young brain entail? What does that mean? There are basically two foundational processes, two pillars of brain development as brain programming. One has to do with short range connections. They involve gray matter, or the neurons, the cells in the brain. And this process has been compared to the pruning of a hedge, shaping the circuitry and the networks within the brain by taking away and adding specific neurons based on experience, and the second pillar of brain programming is the

building of long range connections like laying down the cables or information highways that connect different parts of the brain with other parts of the brain for higher cognitive functions. So quickly on the brain on the first pillar of brain development, this short range connectivity, a young child is born with a lot of neurons, a lot of connections in the brain. There's a lot of matter in that young brain, but very little information content.

What life does, life experience is basically through a process of adding some neurons, but mostly pruning connections and pruning synapses, those very dense networks of cells become less dense and less dense as life goes on. And together with that, there is increase in information content, so the process is very similar. We can think of it as a young brain being like a block of marble. There is a lot of matter in the form of cells and connectivity, but very little information. And through an experience guided life process, this block of marble is being shaped into hopefully a beautiful sculpture as a function of the experiences that young person go through.

But the process of pruning synaptic and neural pruning is completely goal neutral, it doesn't care about the actual quality of experiences. If those qualities, if that life experience is crappy, we can expect the sculpture, the final shape architecture of the brain to similarly be of a very low quality. Moving onto the second pillar of brain development, these information highways, this processes that happen at much longer distance. This is an actual map of the brain, is a tensor diffusion imaging of the actual cables that transmit information from one region of the brain to another.

And if we zoom into one of those cables, one of those nerve fibers, and we cut across, this is what we find. We'll find this black vessel in the center, surrounded by hundreds of axons. And if we zoom in, those axons will be shown here in blue. This is actually the material, the axon that transmits the electrochemical signal from one neuron to another and around it, we can see the screening material, which is the myelin, which allows the signal to travel unimpaired, insulates the signal so it can travel fast from one point A to point B.

This is a very similar architecture that we have in the copper wires in our home. We have the signaling, the signal traveling through the copper, whereas the rubber, the black rubber insulates that signal so the signal can travel unperturbed. The reason I'm pointing this out is because during adolescence, there is a very active process of maturation in this cabling, in these cables that are being laid down under the neighborhood of this brain and this myelination, this heavy insulation of these bundles and these growths of these bundles, this addition of more and more fibers leads to a 3,000 increase in the bandwidth during adolescence.

This leads to a brain that is increasingly efficient at processing information and operating at higher efficiency in executive function. So if we sum up these two processes of brain programming as brain developing, we come to the world with these circuits that are largely unprogrammed and through a ping-pong of activity, input and output here represented by a baby poking on his mother's

eye on and off, on and off, this ping-pong, this behavioral ping-pong, this constant repeated input and output reshapes, constantly reshapes the circuits and the networks and the connectivity within the individual circuits and throughout the brain.

And the goal of this ongoing process that is led and guided by experience is basically to fall. Once it's to optimize connectivity so we can handle more and more information, and the second one is to increase the bandwidth, so we can process information more and more efficiently. Now, if I'm allowed quickly to push this metaphor of brain development as brain programming a little further, I invite you to think of this keyboard as the keyboard that an adolescent person is using constantly on a second-by-second to program and to write the lines of code that will become his or her behavioral routines. Now, this is the keyboard that we are programming our brain. So if this is the keyboard, every toxic influence that a young person is exposed to, whether it be malnutrition, bullying, drug use, physical abuse, emotional neglect, sleep deficiency, fear of missing out, chronic pain, and hundreds if not thousands of more toxic influences that happen to us on a minute-by-minute basis would be like scrambling the letters on the keyboard that we use to program our brains during adolescence.

Now, it makes sense to think that the effects of keyboard scrambling will be time dependent. If we scramble the letters of the keyboard that we use to program our brains when the program is largely written, let's say when you're 22, 25 years of age, you can expect the type of error message that will look something like this, an error has occurred, please try again later. Think of a 22-year-old that just became drunk after drinking two or three beers. That effect, that intoxicating effect will pass in a few hours will be transient or temporary, but if you scramble the letters of your keyboard with any of these toxic influences before the program is finished, you can expect to receive the error message that is fundamentally different, and that error will read something like this, "An error has occurred, try reinstalling the program."

Now this is easier said than done when we are talking about behavioral routines, behavioral problems. And this is precisely the reason why adolescence is peak time for clinical onset of most mental illnesses, where we talk about ADHD, conduct anxiety disorders, mood disorders, schizophrenia, substance use, or any mental illness. The peak onset of these disorders really concentrates very densely within this key window of vulnerability when the brain is actively being developed, actively being programmed. And just to end up with a vivid example of how these toxic influences can really derail the trajectories, I could pick any number of examples, but because of my scientific background, I worked on sleep, the molecular biology of sleep.

And I like to leave you with this example of an environmental factor that can really derail brain development trajectories, and that has to do with sleep hygiene. The fact is that we are waking up our young kids at ungodly hours of the morning, so they can pick up a bus sometimes at 6:00, 7:00 AM in the morning. And not only that, but we are also curtailing the dusk hours by going to

bed, these young people with these blue light emitting devices that inhibit melatonin production and can shorten the time, can lengthen the time that it takes for them to fall asleep.

So the outset of these is that at night, that according to evolutionary constraints, should be a nine-hour dark phase becomes a six hours or less dark phase. Now, a paper came out of the ABCD Study just this month or last month, looking at the effects of sleep duration on neurocognitive development in early adolescence, and it concluded after looking at more than 8,000 children aged 9-10, and following them for two years, longitudinal study that insufficient sleep can modulate brain development profiles, leading to compromised cognitive functions and more behavioral problems in early adolescence.

This is no surprise to those of us who's been following epidemiological data for many, many years, have been telling us exactly this. If you look at kids that sleep less than eight hours in blue here compared to kids that sleep more than eight hours in red, these kids who sleep less than eight hours have increased prevalence of smoking, drinking, marijuana, being sexually active, feeling sad or hopeless, or having suicidal thoughts. Not only that, but if you look at the racial disparities or inequities in a performance or outcomes in school, there is a case, an argument can be made that racial disparities in nocturnal sleep could be a very powerful contributor to those long-term inequities since Black kids, unfortunately, more so sleep long term inequity, since black kids, unfortunately, also sleepless than white kids, both on weekdays and weekends. So I just want to leave you with this final message. For those of us who really care about brain development and childhood outcomes, I think we need to be more mindful of all the ways in which biology and environment are disconnected, in which many of our environments do a real profound disservice to the healthy trajectories that the brains of our young people have evolved to progress through. And I think it behooves us to be more respectful of those evolutionary constraints. I thank you very much for your attention, and I'll leave you with my email in case you want to contact me after this webinar is over.

Cindy Carraway-Wilson: Thank you so much for your presentation, Dr. Baler, that was incredibly helpful. And the information, particularly about sleep, is important given the schedules that we're all under, especially our young people. Now, I'd like to welcome to the floor Dr. Martha Okafor, who's going to be speaking to us about early childhood and the development that happens there, and what we can do to support that. Dr. Okafor?

Martha Okafor: Thank you, Cindy. And thank you everyone for being here. I will follow up by actually starting to frame the early childhood as a period from prenatal to five years old for the purpose of my presentation. I will also like to actually mention the importance of preconception, that is before a child is conceived, and I'll think about it from three months before pregnancy. This is very important, because major influences on a child's early child development are two things, the genes and the environment. I'll focus on the environment for the purpose of this presentation. The environment actually meant the context in which a child is born, or in which a child grows up at the early stage of their lives, or the

context when they get older, where they go to school, where they play and other things.

So brain development and brain growth is very rapid during conception than any other time because as Dr Baler said, that's when the neurons are being produced. And these neurons are being produced more in conception to form connections and functions in the fetus. So for all of you listening, just remember, especially the parents, that fetuses use nutrients and stress and your language and your voice and your tone, even while in the womb to shape the brains and the body. They are those coverings that we see.

I would like to talk about prenatal. The prenatal phase is a moment when we need to be very conscious, because if a mother smokes, drinks alcohol, or a mother uses other drugs during her pregnancy, these substances can actually enter into the body of the developing features and affect the child's body and brain as risk factors. Also poor nutrition of the mother during pregnancy affects the child's brain. Having said this, I'll move to talk about the phase of that early childhood after the child is born.

So as we move into when the child is born, it's important for us to think about two things. That every child born is coming in with a brain that is both vulnerable and competent. And you might be wondering why those two. I will mention quickly the vulnerability of the child depends on the relationship that the child actually forms with the adult that enables the child to feel secure. That child depends on the adult to know how to live, to be safe, to learn, to self-regulate language, and other socialization. The competency is that that child is born with the competency to actually be curious, to get motivated, to want to explore, to seek meaning, to imitate the adult as well as interpret what the adult is saying. And that is why they learn so quickly.

The family environment is the primary context that actually plays direct role in the child development and the child socialization. This is done through relationship building. And a safe, secure, reliable relationship between adult and a child is what lays down the baby's emotional base. These are the foundational block which we have called the brain architecture, upon which a child could think about certain things as the child relates with the adults.

The babies, or whether you're a caregiver or a parent, you should know that the babies are sensitive to whether you are responsive to their needs, and whether you are accurately reading their cues, and whether you understand the level of stimulation their brain needs. Those cues can come in the form of crying. If a child is crying, does that child need food? Is the child saying I'm wet? Or is the child saying I need to be held? Regardless of any of these cues that the child expresses through their behavior, the ability of the adults or the parents to be caring reduces the stressor that that child is experiencing.

Stressor comes in different ways, especially with the pandemic, where we have a lot of parents and adults going through loss, divorce, and other things that are happening. But I want you to know that as adults in the life of children, that you

can actually be a buffer to protect that child from those stressors sending the negative cues to the brain that will actually affect that child emotional pathways. Think about this, that the babies are constantly interpreting the tone of your voice, whether you held them, whether you're smiling or singing, and they are thinking about, am I listened to or not? Is she understanding my emotions or not? Am I allowed to explore or not? These are the questions in the child's mind. And for us as adults, the most important thing is to know that most parents, especially parents of younger children, are reporting to actually feel isolated and need someone to reach out to, to understand questions or how to navigate parenting.

This is also where the early care setting providers come in. For people working in childcare or Head Start, is it important for you to know that a secure relationship with that child can buffer some of the stressors that we talked about. A parent who is homeless can actually provide a protective factor to a child by loving and caring that child, than a parent who is in a stable home, but exposed to toxic stress of violent relationship and the child's emotion being blunted by neglect.

These are the important things that we want to talk about. And I think I will lead to the next thing, the next critical element that we all need to take as something that you can hold onto. Just know that children want to feel respected, and that respect could come in the responsiveness of the adult to their cries, or their seeking to attach to the adult. That seeking could be like playing with the adults or tugging on you.

Those things, they need to feel respected. Children, even as early as 0-5, want to feel accepted. Acceptance could be in how you make the climate to make the child to feel part of that environment, which means thinking about how to make your activities to be culturally and linguistically responsive to that child will be critical. Every child want to feel important when they call on adults, that we listen and we respond. And if we cannot, that we immediately respond as soon as possible when we say, wait a minute, I will be there. Because the child is looking at your cues and learning from that to shape their own response, and also to develop their pathway as adults. The fourth one is a child want to feel included, and that is where all of us should be mindful about making sure all children are included to engage at their optimal level, especially children with disability. Every child want to feel secure. There is nothing as good as a hug and they smile for any child.

So what I want to show you are some of the key examples of what we are doing at ACF to really address this, because one is developing the skills for parents and early care learners and teachers and community members. Another one is really developing what is needed for the child. Example is psychological first aid that we just created for children 0-11 years old. And this is something that will enable parents and adults and community members to know how to really create hope, comfort, connections, and successful climate environment for a child to feel safe and secure in their learning and development. The other one is the Dear Colleague letter we sent out on emotional, how to develop

emotionally healthy and safe child, and that has already gone out to all our grantees. And the last one is the link to our office of Head Start, where you could see a lot of resources on mental health and wellness.

With this, I'll end my presentation by reminding everyone to know that every child, every child is born wired with the ability to succeed and thrive. What actually could make that child to achieved that is you and me. Those that are in the child's life as reliable, responsive, and caring adults, children must be taught by us to think, and not tell them what to think, by us creating that engaging and safe climate for them to learn. Thank you.

Cindy Carraway-Wilson: Thank you, Dr. Okafor. I appreciate that presentation from the early childhood perspective, and the reminder that while young people have a grounding in their early caregivers, that as they mature through the school setting, that each and every one of us who have access to children through schools and neighborhoods have an opportunity to engage them around those elements of comfort, connection, success, safety, and hope, to promote that development and help them help avoid substance use and achieve at school. Now I'd like to go ahead and welcome to the front here, Dr. Kathy Ethier, the Director of Adolescent and School Health at the Center for Disease Control and Prevention.

Kathleen Ethier: Good afternoon, thank you so much for having me. And I think some of what I'm going to be sharing this afternoon really builds on the last two speakers. So today we're going to walk through our recent data on adolescent mental health and substance use during the pandemic, so data that was collected in 2021. And then we're going to talk about effective school-based strategies for promoting adolescent health and wellbeing in light of these data.

So prior to the COVID 19 pandemic, we knew from our youth risk behavior survey data, which was collected, it's been collected for about 30 years. But when we look at 2009 to 2019 data, we were seeing that key indicators of adolescent mental health were moving in the wrong direction. And although substance use was decreasing overall among adolescents, it was still much too common. So for instance, one in three students reported current alcohol use, and one in five reported current marijuana use in 2019.

We also knew that the pandemic had increased risk factors for poor mental health and substance use, including social isolation, trauma, and stress. So following nationwide school closures due to the pandemic, CDC developed an online survey called the Adolescent Behaviors and Experiences Survey, which is really modeled on the youth risk behavior survey to reach adolescents who were in school, but potentially outside of school buildings, and assess the impact of the pandemic on their health and wellbeing. And these data really provided us a nationally representative look at adolescent mental health and substance use during the pandemic.

So what we saw in that data was that substance use was really still too common during the pandemic, with one in five high school students reporting alcohol use in the 30 days before the survey, more than one in 10 reporting marijuana use

in the 30 days prior to the survey, and about one in 10 also reporting having ever used illicit drugs, including cocaine, inhalants, heroin, methamphetamines, ecstasy, or hallucinogens. We also saw that about one in 20 reported misusing opioids in the 30 days prior to the survey.

And in terms of mental health, the data from the ABES survey really confirmed for us what we had already been seeing, which was that adolescents are truly experiencing a mental health crisis. And when we look at the key indicators of adolescent mental health in this survey data, we see that more than one in three high school students reported poor mental health during the pandemic, nearly half of those of students surveyed felt so sad or hopeless that they were not able to engage in their regular activities for at least two weeks in the prior year. And those are really markers for depressive symptoms. We saw that 20% seriously considered attempting suicide, and that one in 10 students had attempted suicide in the previous year.

But on a positive note, and I think this really builds on some of what Dr. Okafor was discussing, we really saw the power of school connectedness. So what we call school connectedness, which is really the feeling that students have that adults and peers at their school care about them, care about their wellbeing, care about their success. When we look at the impact of school connectedness on mental health, we really see that students who didn't feel close to other people at school, which is the darker blue color, had higher levels of poor mental health and suicide related behaviors compared to those that did feel close to other people at school. So for instance, 6% of students who felt close to people at school reported attempting suicide in the past year, compared to 12% of students that didn't feel close to people at school who attempted suicide in the past year. And so those differences between students who had that sense of school connectedness and students who did not is incredibly powerful, and really speaks to the importance of this protective factor.

And so we really have been able to see over a wide variety of research the positive impact of school connectedness. So the benefits of school connectedness are so incredibly significant, and really extend beyond mental health. So in addition to protecting against suicidality and promoting mental health, school connectedness protects young people from risks related to substance use, the experience of violence, violence perpetration and sexual behavior. It also prevents youth from the co-occurrence of these risks, meaning that students who feel connected at school are less likely to experience multiple risks across these areas. So given this protection, promoting school connectedness is particularly important all the time, but also in following the pandemic, when experiences of poor mental health and substance use among young people are far too common during a key developmental time.

So how can schools promote this important protective factor? Well, schools, there's a whole wide variety of things that schools can do to help individual students feel more connected. But we have done research on these four sets of activities that schools can engage in, that we then see that lead to improvements in sexual risk behavior, substance use, experience of violence

and experience of mental health and suicidality. And so we've been using these four sets of activities to work with schools to really implement, because we know that they work and lead to positive health and wellbeing.

So schools can increase connectedness by training school staff on classroom management. And I think we have lots of people who work in schools on this webinar today, and you all know that when you are in a well-managed classroom, you know that students feel safer. And when you are in a chaotic classroom, that's where a lot of really negative things can happen. So having students feel valued and heard, but also having structure and behavioral supports in place.

The second and third sets of activities are really about youth development program., and two particular kinds of youth development programs that very much build off of what we know about social emotional learning. And those are service learning programs that are programs that work from the school, but get young people involved in service learning in their communities, and then mentoring programs to really bring important community members and parents into schools to provide mentoring.

The fourth set of activities that are incredibly important are policies and practices that are really designed to support LGBTQ youth, like having clubs like GSAs that create welcoming and empowering spaces, identifying safe spaces where LGBTQ youth are supported, instituting anti-harassment policies and providing professional development on creating inclusive environments. And we know that when schools do those policies and practices, not only does that work to improve the mental health and wellbeing of LGBTQ students, but what we've seen in our research is that at a population level in a school, having those policies and practices in place actually leads to better outcomes among young people who identify as heterosexual. And so while these supports are important for the most vulnerable youth, they also have a school wide impact and really create a more safer and supportive environment for all students.

Earlier this week, we released data from our 2020 school health profile survey, which assesses health related policies and practices at schools at a national, state, and local level. And these data really provide a valuable insight into how hard schools have been working, especially during the pandemic, to keep students connected and to provide opportunities for increasing connectedness. And so while that data just came out, so I don't have it on slides, but I can tell you that 70% of middle school and high school health teachers have recent classroom management, 78% of middle and high schools connected students to either service learning or mentoring programs. It's really wonderful.

However, only 44% of middle and high schools have a GSA or similar club, and only 30% of middle and high schools report training staff on how to support LGBTQ students. So this really highlights for us the opportunities to make schools more inclusive and supportive, not only for LGBTQ students, but as we know for the entire student body. By implementing these strategies, schools can create environments where you feel included, feel that they belong, and really

can thrive. And in doing so, they are not only leading to better health and wellbeing during adolescence, but also into adulthood as well.

So thank you so much. Appreciate you including me in this really wonderful webinar, and looking forward to questions later in the webinar.

Cindy Carraway-Wilson: And thank you, doctor, for your presentation. I just love all this focus on connection and belonging. We know that from a youth development perspective, it's so essential for development. Now I'd like to welcome Mr. Robert Vincent, the Associate Administrator of Alcohol Prevention and Treatment Policy at the Substance Abuse and Mental Health Services Administration. Robert?

Robert Vincent: Thank you, Cindy. And thank you and welcome to everybody out there today to really support the investment in our nation's youth. And I just want to start off a little bit today by thinking about, as each of you are assessing what's right for your school and community, to really include strategies for selecting and implementing prevention and intervention programs that really lean into the implementation science and run across the spectrum. So, let me just talk a little bit today about finding a way forward for each of us. And really what I'm talking about here in this sense, is that prevention often serves as the front door to engaging parents, caregivers, schools, and communities around behavioral health services. It's really important that we think broadly around this notion of implementation science and the use of evidence-based policies, programs, and practices as we think about adaptation, fidelity, community engagement, all of the aspects along that continuum. I also want to lean in a little bit to this idea about acting early in the risk trajectory across the lifespan and really all along the continuum as we think about it.

This really serves to help us work upstream and serve all age groups. It's pretty clear at this point with the science that the earlier we intervene, generally before 15, the more likely we will prevent and reduce substance use disorders. And in doing that, we can reduce the substance use career by decades. So, I want you to just think about it. If we take, on average, 27 years off the substance using career of somebody by intervening before 15, think about all of the things that all of my colleagues have just talked about, and how that changes the life course, the potential, and the success of our children more broadly. Working across these systems in the lifespan, when we link mental health promotion and substance use prevention to other key service organizations and connect them to the community, and there are a variety of things that we can do that help, as we think about school-based mental health, school-based behavioral health.

You'll hear me talking about it as Student Assistance. What I mean when I say Student Assistance is all of those. So, things like screening identification and referral early. Early's better. Warm handoffs, where it's appropriate, if there's suicidal ideation, or if we're working in mental health promotions spaces. Parent training, things like one of the things we do here at SAMHSA, parent night out. This is about helping parents get informed and being prepared and taking

action. Broad-based school prevention programs that really affect the environment. Things like Student Assistance, as I spoke earlier, but also connecting into your community and being that warm invitation to really create community awareness of what's going on in the school, but also being aware in the school as well.

So, moving us forward just a little bit, if I may, you heard me talk about, as we might think about working in the school and finding our way forward, I want to talk about what exists today in our system. Excuse me. Adolescents today that are entering treatment really are more likely to have multiple comorbid conditions. It's some factor of either physical, mental, or substance use related or other things. And all of these factors really do impact the course of treatment. More broadly research shows that the prevention and interventions really have a positive, long lasting effect, both environmental and at the individual level. And I just want to go back too for a minute. I don't want to lean too far into it, but it's important that we think about early in that conversation. And sometimes one of the things that we don't often think about and why certainly a lot of us think about schools in particular as good locations for a lot of this work is because even though a lot of our adolescents with substance use disorders are more likely to drop out of school, 90% of them are still in school.

So, this becomes an important function in terms of what we do. So, let me just turn to a little bit of some of the work that we've been doing both at SAMHSA, but my two sister agencies here today, both U.S. Department of ED and the Office of National Drug Control Policy, as well as ACF and NIDA, are all part of the ICCPUD. And one of the things we've been doing over the last few years is really this notion of alignment of our public health messaging with early interventions. And that work really is translated through our campaign collectively, Talk. They Hear You. And you heard me speak too about how do we help parents and caregivers really get informed, be prepared. And when I say take action, we're really talking about having these conversations.

There are a little more than 400 products and publications, PSAs, et cetera, as well as some podcast information, but more importantly, or I shouldn't say more importantly, equally as important, skill building and early interventions that are under development. Our Screen for Success is coming out on behalf of the ICCPUD. The Student Assistance Guide for Administrators, which is a deep dive into school-based programming and helping administrators make some decisions around what's really appropriate for you and your school, some curriculum to support some of that other work as well.

Now, let me just talk about Student Assistance. And as I said earlier, what I'm really talking about is whether that's a school-based mental health system or a service or a provider who's come in and it's co-located; whether that's a school-based health center that's co-located; or traditional Student Assistance programs like in Pennsylvania, Ohio, or Washington. There's a number of them around the United States. The point here is really that we've been doing a lot of this work since 1970, and it's continued to evolve. The more comprehensive that it is, the better it serves. And we'll talk more about that. But I also want you

to think about prioritization of students. And you're going to hear me use the term, I'm going to call them priority students. I don't like the term "at risk" so much. Really, children who are experiencing some of the things that Ruben and others have spoken about.

Those children really are suited really well for this, especially if they're early initiation of substance use and mental health, and there's a whole webinar series that can walk you through some of those decision points. When we're thinking comprehensively, what we're really talking about is thinking about the whole school environment. What kind of school board policies do you have? Have we properly done staff development on the efforts that we're talking about? Are people aware that those exist, both in the community and the school? Are parents and caregivers aware? Do we have formal internal referral processes that protect the children? In some cases, if it's a co-located service, some of those things will be covered by HIPAA or privacy statutes. If it's regular school business an your operating in more of a core team model, then that's the school's regular business. But also establishing some problem solving teams and case management, meaning we've done something with you, but we should really follow up and make sure what that looks like.

What types of direct services are you going to provide to students? What's available in your resources? Whether you're a rural community, an urban community, or sometimes an urban desert. Sometimes we have urban centers that really just don't have a lot of resources, surprisingly enough, in different sections or sectors of that community. How do you cooperate and collaborate both internally within the school, or are we having those kinds of critical conversations, as well as with our community partners? And lastly, islands don't really survive. How do we integrate this so that it becomes institutionalized? And in saying that, how are we evaluating our work? What are we doing in that realm to make it so that we know what we're doing and why it's working or not working and making changes accordingly? So, when we think about some of the benefits of school-based behavioral health and Student Assistance, really we're talking about promoting the positive, social, emotional, and behavioral functioning through a variety of strategies.

And all of these strategies do some of the things that some of my colleagues, Kathleen and others, have spoke to. Improving school and family connections, offering skill building to students in core competencies such as problem solving, positive coping skills. Building behavioral self-management, self-control, often what is referred to as self-regulation. Improving relationship skills. And as Ruben really pointed out with our evolving brain, but more importantly, our evolving environment, this becomes pretty critical. And then understanding what responsible decision making starts to look like and talks about. And all of this, really, the research is pretty clear on social-emotional learning and behavioral functioning, and all of these things really do impact academic outcomes. So, the goal of the school is to educate great children and help them grow successfully. All of these things are detractors from that. So, some other benefits to this is also, it helps students in areas related to academic achievement, assisting with organizational skills, really completing missing assignments.

And those are all indicators that there may be a problem as you're thinking about that and keeping track of that for teachers and faculty. And how do you add those extra supports? Whether it's direct tutoring or other kinds of things. So, let me shift us slightly to, so what does it look like in a school in terms of some of the just basic functioning? So, whether it's a prevention specialist or a licensed clinical professional, that could be substance use or mental health interacting with school administrators, teachers, nurses, counselors, school support, and other linked community providers. And these people aren't replacing those roles. It's a 'yes and' in terms of working with them. They're just specialists in their particular discipline. And that group should really be accessing or have access to the range of promotion prevention treatment continuum activities. And that's going to take a little bit of work as you think about deploying something like this.

And of course you want to think broadly. K-12. This gets back to my colleague at ACF and really thinking about even prenatal, frankly, but what are those supports that do that? All of these efforts really help to mitigating and intervening early in the course of all of this work. So, one of the key things that I like to lean in a little bit, and it's one of the gaps that I think is a little problematic in our system, is identification and referral. And some of that is a problem that we don't have enough resources, especially in the behavioral health space. As U.S. Department of ED and the administration roll out some of the new efforts around mental health, and not just mental health awareness but also mental health services, it's going to take us to think more deeply about that and really vulnerable children who are identified, whether it's by teachers, administrators, or an interdisciplinary team. And how they're referred and how we handle that.

And where's that referral going to, and how are we managing that information and data? But also a self-referral component. Really, the best referrals you get is when the culture and the climate of the school changes in such a way that children feel comfortable and confident about going to a trusted adult to have these sort of conversations that are more concerning. Students receive notification in creating that environment that's rich in that space. All of those things become pretty significant and important. So, let me take us to the elephant in the room sometimes and how we might create a sense of inclusion, influence and community in our schools. But the elephant in the room oftentimes is really stigma. And it's all of these sectors. Everybody has a role in stigma and reducing it. It disproportionately influences health outcomes and mental wellness for our children.

School-based behavioral health programs and Student Assistance programs, often working with our community coalitions and partners, have really a good demonstrated track record of working across these to reduce stigma and changing that culture. And so I would invite you to think about them deeply in that. There's no single program practice or policy that's going to solve any one of these pieces. It takes all of these working in concert. But through collaboration, each sector with its partners, including law enforcement,

clinicians, family, parents can change this equation significantly and reduce stigma and make it a more inviting and healthful environment for our children.

So, just to finish up, when we think about achievement outcomes that are valued by families in schools when implementing these kinds of programs and thinking about the best practices, there's a number of studies that show improved student behavior, increased student attendance, in some cases reintegration in schools for kids who have dropped out, increased assignment completion, meaning they're actually getting more out of your good teaching, higher grades in academic achievement, higher ranks in school graduation, increased self-control, self-efficacy and social competence. All of these are essential ingredients when we think about raising children to really reach their potential. And with that, I'll turn it back to you, Cindy. Thank you.

Cindy Carraway-Wilson: Thank you, Rob, for that wonderful presentation. Again, with the emphasis on the comorbidity that happens and how we can really provide in-school supports to address both mental health and substance use issues, as well as that connectedness piece. Next I'd like to bring to the front Ms. Denise Delorie, who will share a story about her community and how she and her coalition helped to use data to support students and make changes at school. Denise.

Denise Delorie: Hi everybody. Thank you for having me. I think my short presentation will bring together everything that everyone just talked about is what we did in our community. As a drug free community, one of our goals was to reach students in schools and develop student action teams. And in our local high school, five years ago as we started to put a student action team together, we were doing training on ACEs, resiliency, trauma, mental health. And as the group started to come together, they decided a student action team just didn't quite fit for them for their name. And they came up with the name of GRIT. And I kept asking myself, "what's GRIT stand for?" And it was Gaining Resiliency In Teens, because they took charge of being the voice in the school for what was happening in the school. They wanted to share what was happening on substance abuse and mental health.

They wanted to provide supports to the school, the community, to people in the area. This group of students, a very diverse group. We had athletes. We had those who were in the computer world. We had LGBTQ kids. And as the year went on, the first year we got GRIT together, in came this young man, Randy. And everybody was like, "Oh goodness, what are we going to do with Randy joining us? This is going to be interesting." Because Randy's one of those kids that didn't quite belong, got in a little bit of trouble, had some things happen in his life. And everyone talked, but never, ever knew really Randy's story. So, as the GRIT group was working with the school to look at policies on suspension and how the school would react to having students be part of the suspension practices and what they were going to work on, Randy got in a little trouble.

Randy used substances and got caught. And of course the school policy immediately was he was suspended. But Randy had gotten very close to the GRIT group and had made friends, really for the first time in high school, and

really felt like he belonged to this group. And the entire GRIT group was like, "We want to support Randy in what's happening." So, they actually reached out and asked if the principal of the high school, the school counselor, some teachers and themselves could sit and hear Randy and listened to Randy's story about why he used substances, what was going on in his life, it makes me choke up thinking about it, and just how he fit in with this group finally, finding a group of students that he felt he belonged with, that he could talk to and be honest with. And as we got everyone together, we sat and we listened.

And it wasn't four minutes into the conversation and I have to tell you, there was not a dry eye in the room as Randy shared his story of his life and his use of substances as a means of protection for himself, for his existence, for surviving. And that GRIT was the only group he ever felt where he belonged and that he didn't need to use substances to fit in, to be one of them, to be part of them. And as Randy told his story, the principal turned and looked at me as he sobbed and said, "We need to do some changes in our policies. We need to get to know our kids a little better." Now, Randy was a junior at this time and the school being there, this was his third year in the school, and nobody really knew him. Nobody really knew about him or his story and what was happening.

So, as his story unfolded, it gave the school the opportunity to really look at, what are we doing to our kids, who we are just literally throwing away by suspending them immediately, by not listening to them, by not looking at them differently and bringing them to the table and hearing them, really hearing them in their story and what's happened in their life. Randy did not get suspended, but he was asked to join a group and he voluntarily went for counseling and support. And the one thing the school did say is that what they were going to take away from him was the GRIT group. And I have to tell you, I have never seen kids get in an uproar so quickly to support Randy and said, "So, you weren't going to suspend him, but you're going to take away the one component in school that he feels he belongs to."

And with a little bit of influence from some community members who were part and supported the GRIT group, Randy got to stay and be part of GRIT. And when he graduated, he asked if he could speak at graduation. And I'll tell you what. 200 people absolutely sobbing as he told his story that he knew that it was the GRIT group and those other students and that support staff, if they weren't there, he did not believe he would be in school or that he may not even be alive. He knew that without that connectiveness, as you put it, school connectiveness, without that in his life, he didn't think he'd be where he is. I asked Randy to join us today. He is in college. He was moving in this week. He is doing fabulous.

The one thing our high school did for him, which I thought was amazing, is they reached out to the college and said, "Could you make sure that there are programs and supports to wrap around this young man to help him? Because he's our success story. He's our one that we know about that we want to make sure makes it." And in our high school now we call it Randy's Rule. And it is a rule of thumb now that when students have been caught using, whether it's tobacco, alcohol, any substances, instead of an automatic suspension, they now

have the GRIT group, which has continued, they're in year six now at our high school, and the school counselor and others actually have a sit-down with that student along with administrators to hear them and listen to them and then look at, what is the best program support that this individual might need? Yes, it takes time. Yes, it's a lot of work to do this. We have community members, part of our Drug free Community Coalition, that assist in this. And we have found that we're not losing kids.

Our dropout rate has gone down. Our data is showing that kids are responding. We have more students who are interested in joining GRIT and being part of this whole process to make change in their school, in their school environment. So, when you think of the idea that one person can make a difference, sure can. But also can the group as a whole. So, Randy's Rule lives very strong in our one school district. And we are now using that as a jumping spot to our other three high schools in our catchment area. And they're looking at that process to do the same within their schools. So, being in the community and watching this unfold, for me it really shows that it does take a community to make a difference, but it really does take one or two people to just hear and listen our youth and be there for them and we can make a change. So, for us here in central Maine, we thank Randy all the time because he really opened the door for change for all the time, because he really opened the door for change for so many other kids behind him. And I know we're really short on time, so I want to turn it back over to the group and answer questions.

Cindy Carraway-Wilson: Thank you so much Denise, that story gave me goosebumps and made me misty. So if I sound a little gravely, it's that misty that's coming in. Thank you for sharing that for us. So I'd like to invite all of our presenters back on and we are aware that we're running short on time. By way of reminder, I want to tell all of you in our audience that we will be covering questions from the group and the rest of our panel discussion in the 15 minutes after the closing, which is what was our plan. But before we close out officially for those who do need to leave, I'd like us as a group to jump to our question about what next. We heard a lot of things for educators to consider and I'm interested in hearing a little bit more about some specific concrete approaches that folks can do today, tomorrow, next week, with young people in their schools. I'd like to start with you, Ruben, if you want to respond to that question.

Ruben Baler: Yeah, well perhaps it came through loud and clear for my presentation and I'm very attuned to the profound impact of sleep deficit on the brain. It is something direct that we can all do. I have two adolescents, I went through two adolescents at home and fortunately enough, I was a sleep scientist. So I was able to tweak scientifically, on a scientific base, my kids' jet lag, sort of the academic jet lag by modulating their sleep times, using melatonin when needed and being as tough as nails in terms of setting the dates, the nocturnal faces and when to sleep, when to wake up. So I think that this is absolutely critical for brain health, it's foundational. And anything we can do to lobby schools to change their times, or if that fails, to modulate and modify the times at home, it would have a very profound implication, disproportionate with the amount of effort that it would take to actually affect these changes.

Cindy Carraway-Wilson: Excellent, thank you. So talking to students, their families, communities, and our folks in schools about sleep and the need for that and maybe taking on that European approach right, with that mid-afternoon nap, wouldn't that be nice? All right, Denise, I'd love to hear from you.

Denise Delorie: For me, it's for schools, don't be afraid to look at your community partners. For our schools, they did not know of all the amazing resources that were out there and when we received our drug-free community grant and had all of these resources at our fingertips, as we went into the schools and shared with them, again, schools are asked to do so much and they're so busy and they're all there to do their specific jobs that really, how do they know about what else is out there and available to them? And there is so many resources.

Allow your community partners to bring those in and share them with you and be part of that environment of change to allow them into the schools as to what to offer and how to offer things. And sometimes we bring a little bit of money with us, which schools really are very happy when you can say we have a little bit of money to help you implement this or do this program or this project. So allow your community partners in. I think you'll be pleasantly surprised in the change that can happen.

Cindy Carraway-Wilson: Wonderful. Thank you, Denise. We are actually out of time. So I'm going to come back to Robert, Kathleen, and Martha with the same question just after I do the official closing for those folks who do need to leave for the next part of their day. So I do want to do an official thank you to everybody. We had over 850 people come into the room to join us today. We had over 1,600 people registered who we know are going to see the video online and we're happy that all of you are here and we love the icons and the responses and questions.

I do want to let folks know that this was part one of this webinar series. Part two is currently scheduled for September 7th and we'll focus on best practices from the field. And we'll provide some highlights about mental health and drug prevention programs that are taking place in schools. The last one, third one, is scheduled for September 21st and will focus on securing and utilizing federal funding to support mental health and drug prevention program activities in the school setting and how else you can use other funding like Denise just mentioned. That was a great inroad for that third webinar. Denise, thank you. We also have another Lessons from the Field Webinar scheduled for September 14th that will be focusing on preventing sexual violence in higher education campuses. That will be followed by a focus on preventing sexual violence in K through 12 schools shortly after that.

So we appreciate your time today and that you came in to visit us today and to participate in this webinar. We hope that you take a few moments to complete the survey. The link will be going into the chat in just a moment. Your feedback is really valuable to us and we sincerely use your feedback to guide us in the development of future resources, including the webinars and the lessons from the field. So please do take the time to go ahead and complete that for us, if you can. That would be wonderful. We also will make sure that all of the questions

that were submitted at registration and in the Q&A box that we haven't gotten to are sent along to our presenters and to the department of education so that we can really work to shape our ongoing resources for you.

As I said just a moment ago, we will be going into a live Q&A now so that we can hear a little bit more from the presenters and we welcome those of you who can stay to hang out with us and hear some more and one of your questions might be the one selected to bring in front of our presenters as well. What I'd like to start with, however, is to go back to Martha, Kathleen, and Rob with that question. If you had anything to add about concrete things that folks can do right now to support young people around mental health and substance use. And if you don't have anything to add, that's okay, we can move on. Kathleen? Oh, I'm sorry. Go ahead, Martha, sorry.

Kathleen Ethier: Oh, no. Martha, go ahead.

Martha Okafor: Okay. So I just wanted to say that is important for us to think about the early childhood because that's the architectural foundation of the brain and how we develop and strengthen that child could enable the child to do most of what we are talking about at school age. So for teachers and for early care providers, look at the parents as your untapped resource. The parents as your partner is your best because there are so many parents, some of them need to be developed, some of them need to be supported, but once you have a parent who knows how to regulate their own emotions and be emotionally well, that parent will be your best partner in supporting their child to be emotionally well and enable that child to learn optimally. So look at the parents as your key partner, untapped resource that you can actually leverage and develop for the child's benefit and for your learning goals as well. Thank you.

Cindy Carraway-Wilson: Thank you, Martha. You got lots of hearts and thumbs up on that one. I think a lot of folks have been thinking on that parent side, and I know that we have parents and other family members in this webinar today, so thank you for that. Kathleen, for sure over to you now.

Kathleen Ethier: Sure. I think Martha's exactly right and for individual children, that relationship between the school staff, teachers, and parents is incredibly important. I think they're also, given that 95% of children and youth are in school for six hours a day, there's ways that we can shape that school environment that then makes a difference for all students in a school. So there's those individual kind of relationships, those individual approaches, and then there's how do we create an entire school that is geared around supporting children and young people.

And so I would say there are some programs that take more effort, but if you had to choose the things that every school could do, I would focus on classroom and school management. So making sure that schools are places that both support and engage children and youth but also protect them and keep them safe and prevent them from experiencing trauma as we know lots of children do in school. And then the other thing I would say is to make schools less toxic for the most vulnerable youth, like LGBTQ youth, like youth of color. I didn't get to

mention that we found in our survey that students who experience racism are less likely to feel a sense of school connectedness. So we need to create school environments that are not toxic for youth of color, are not toxic for LGBTQ youth, because we know that when you do that, you create a school environment for all students that helps them feel safe and supportive.

Cindy Carraway-Wilson: Excellent. And we know that for young people who might not fit into those categories, when they see that kind of support happening, it makes them feel confident that no matter who they are, they will also be supported.

Kathleen Ethier: Exactly, yeah. Yeah.

Cindy Carraway-Wilson: Thank you so much for that. And bouncing over to you, Robert, do you have anything to add to that question?

Robert Vincent: Sure. I'm going to build off a yes, yes, and a yes to all of my colleagues who went before me. So do all of that and then I'm going to fill in the gaps on one other thing that sometimes gets overlooked or sometimes people want to do. I'm going to speak to two different audiences here. So I'm a former K-12 administrator, so to my K-12 administrator fellows, men and women who are in the thick of it every day and probably drinking from the fire hose and feeling completely overwhelmed in the last two, three years or more, I know contextual data matters and this gets to where Kathleen and Martha and Ruben all really put a kind of point on.

So having data, whether it's your state Healthy Youth Survey data or the Age or YRBS or any number of, each state does a version of this. That's kind of important and it's something sometimes when you're completely overwhelmed to go, "I just can't do it." But the value of that data in terms of identifying where the issues and the problems are and what approaches you might do become really critical to my community partners.

And by the way, I just want to acknowledge, I know as a school, anytime you put yourself out there with data, it's a risk. People make economic choices, all of that stuff is in the mix. So to my community colleagues, the thing that you can best do is not be critical. So when we come into schools and we say your school's a drug school or this or that, not helpful because it's a trusted relationship. What is important to do is exactly what Denise said: come in alongside with suggestions for change or partnerships to do things in ways that say, listen, we get it. In modern living, it would be sort of abnormal today for a child not to be exposed to substances of some type in some way. So the question is, how do you approach that? How do you build those skills?

If you look at those soundbites today, CBD cures all. But coming in and not being critical but being a true partner changes the context of that and then I think schools are likely to open those doors and do things differently when it's not an attack on one side or the other. So those are my only two suggestions, those are immediate things that both sides can do that are I think helpful.

Cindy Carraway-Wilson: Wonderful. Thank you so much for that, Robert. I'd like to go ahead into another question. During your presentations, almost all of you touched on the importance of relationships. So I'm wondering, can you please share some strategies that you've seen that work well to build relationships? Martha, I'd like to start with you on that question.

Martha Okafor: Thank you. I believe, and based on my research and personal experiences, that what starts the relationship is listening. That people want to feel listened to and people want to feel understood and people want to feel like you care enough. So in all this relationship, even if you don't have resources to give people, your presence. Your presence and your empathy for people can actually go a long way. There is a lot of isolation that people are experiencing so just being present and connecting with people go a long way.

The second thing I would say is social connectedness, we've talked about it. How do you even do that with parents? You can begin to have parent social group. Parents support group is one easy way of allowing parents to learn from their peers, to share their sufferings, collective suffering and grow so they know they're not alone and they could also learn from their peers faster than any teacher or any faculty or anybody can give to them. So empower the parents and put them in supportive group. That can also go with kids. Thank you.

Cindy Carraway-Wilson: Thank you so much, Martha. And Denise, we'll bounce back to you. Or excuse me, let me go to Kathleen first. Sorry about that, Denise. Kathleen, would you like to speak some of that?

Kathleen Ethier: Sure. I mean, I think relationship is at the heart of connectedness, right? And so I think as humans, connection and relationship is essential to our being, we are social beings. And we know that social isolation, the reverse of that is at the heart of most of the negative outcomes across the lifespan that we see. And so I think as Martha's mentioning a number of different ways to create those relationships, I think that's what really this is all about is creating that scaffolding of relationship and connection for young people starting in some ways before they are born, as Martha was mentioning, but all the way through their lives. And I don't think it stops. I mean, I think we are really concerned about children and adolescents because we know that we carry forward all of those experiences and all of stress and trauma and our brain development and all of those things that happen, we carry into adulthood and so it's those abilities to form connection that we create and we help children create and adolescents create that really carry us forward.

So it is absolutely at the heart. I think we've talked about a variety of different ways, both at the individual level, at the community level, at the school level, all through our conversations today that are really about that, that are really about helping build those connections for children and young people. And so really it's the heart of what we're trying to do. And I think even Denise's story was about a young person who was disconnected and then once they were then connected and they had those relationships, that's what enabled them to then move forward. So I think that relationship building and those connections can also

ameliorate for young people who haven't had that good start a way, a path forward. So I just think that's really at the heart of everything.

Cindy Carraway-Wilson: Excellent. Thank you so much, Kathleen. And Denise, if we could just briefly bounce back to you, can you briefly speak a little bit more about the GRIT program because you did tie that directly to that feeling of connectedness and belonging and there's lots of questions coming in from our audience about it. We just want a little bit more detail.

Denise Delorie: Yeah. I've got about seven emails already. Our GRIT group, it started when we were working with our high school, we were doing training for staff and students on ACEs and trauma and resiliency and we were trying to put together our student action team to look at how do we address substance use or misuse in the school. And we didn't want to go about it in the typical way of don't use substances, don't use tobacco. We wanted to give the students resilience skills. We wanted to build them up and support them and look at it in a way where, how do we give these kids the feeling that they can say no? That they feel strong enough to say, "I don't want to use substances. I want to be part of something bigger."

So we gave them that opportunity to be part of something within their school, where they had a voice to say, "No, we don't want to use substances. We don't want to use tobacco. We want to look at policy. We want to make change in our school." And these kids did amazing things in the school. And we did a lot of training. We brought people in from different organizations from around the state and even some national on learning about how to be resilient, how to work as a group, leadership skills. So we did a lot of that with the students and then they started being the ones who said, "All right, we want to take charge of how our school looks at substance abuse. We want to be the ones to do the signage. We want to be the ones to talk to the students. We want to put on some skits for the younger kids so that they don't get into substances."

And it just bloomed and this original group of 12, we now have 38 in our GRIT group, just decided that this is something they could grab hold of and that they could take charge of and they were empowered. And by giving them the empowerment and allowing them the flexibility to look at how they could make change within their school, it just opened so many doors for these students that they thought would never be open for them. They never thought they were heard. They never thought anyone would listen.

When it came to doing their suspension policy change, they really thought no one would listen to them. And when they were asked to come to the table, I'll tell you what, I've never seen kids light up. "They want to hear us? They want to talk? They're going to listen to us? Really?" It was just such a moment for everybody. The staff that have been the advisors for the group, they were just in amazement, the growth they saw in these students over the couple of years. And then we asked the GRIT group if they would go to our middle school and share with them what they were doing so as the kids came to the high school,

they would know about GRIT and want to be part of this group and that has worked fantastic.

So now we have kind of like a, we call it the mini-GRIT at the middle school of kids who are looking at stuff on that level. And it was honestly just sitting with students and giving them the opportunity to share how they wanted to make the change. And the first thing they changed was their name. "We're not student action team, what does that mean?" It doesn't describe them. It didn't give them an identity. GRIT gave them an identity. And of course everyone's like, "What does GRIT mean?"

And they're very proud. "We're gaining resiliency in teams. This is what we're doing and this is how we're doing it." And it's theirs. We're just there along for the ride now. It's theirs and it's just a wonderful opportunity to watch these students that, mmm, you really wondered without this, where would they be? What would've happened? Where would their life have gone? And I'll tell you, it fills my cup when I get to work with these students and see the change in their life. And you're right, Martha, it's communication, it's communication, it's listening and giving them the opportunity to speak. Because I'll tell you, we've got some pretty smart young people out there with some very creative ways of making change for our world.

Cindy Carraway-Wilson: Excellent, Denise, thank you. That was a great example of positive development using the critical period of social and peer learning from brain development, from the communication side, the relationship. You covered everything in that description. That was wonderful. And we are over time. I hate to end here because we can keep on talking forever, but I do want to be respectful of the time that everyone has committed to be with us today. And I want to thank each and every one of you for being here today, for sharing so openly all of your expertise, your experiences with us. We appreciate you. You can see all those icons floating up the side of our screen now, people love you. And I also want to thank those of you in the audience who hung out with us for this extra 15 minutes, 19 minutes now, to hear a little bit more for our experts. Thank you all for being here today.