Good afternoon, everyone. Welcome to our 29th, Lessons from the Field webinar, Transforming Youth Together: Understanding the Connection between Substance Use, Mental Health and Student Learning. This is the second part of the webinar series, and this webinar focuses on implementing evidence based prevention programs. We're happy to have you here and on behalf of the US department of education, we're pleased that you have joined us here today. In fact, we have approximately 1,148 of you registered for this event, so we expect that more people will be joining us shortly. This webinar is part of our Lessons from the Field series developed in response to the pandemic. The Lessons from the Field webinars highlight effective tools, techniques, strategies that have been employed by everyday practitioners to address hot topics from the pandemic and other hot issues that are on educators minds. Throughout the series, we have addressed high priority topics facing America's educators.

You can access recordings from this webinar series on the website that's now being placed in the chat. Thank you for being here to consider approaches to help transform young people through substance use and mental health supports in the schools. If you have additional strategies to share, please contact us at Bestpracticesclearinghouse@ed.gov. That website has also gone into the chat. We'll post that address frequently throughout our time together. And please make note of it and let us know what you're doing to create safer school
environments. Our work continues to strengthen as we all work together to share best practices and effective strategies. My name is Cindy Carraway-Wilson, and I’m a training specialist for 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 and Secondary Education.

To learn more about NCSSLE and to access a wide range of resources that address school climate and conditions for learning, we encourage you to visit our website. To give you a sense of what the website looks like and the content it contains, here we share an image of our homepage on the right hand side, along with some of our most popular products on the left. We also share the latest resources and events coming out of the field via social media, so please do follow us. Please note that all of the materials you see today, including the slides, reference resources and a recorded version of the webinar will be available on the event webpage within the website. In fact, some items, including the slides and speaker bios, have already been posted to the site. So please also note that you can see the previous Lessons from the Field sessions by visiting the webinar series webpage, which is also listed here and will be posted in chat.

Before we review our agenda, we wanted to let you know a little bit about who is in the room with you today. So in order to do that, we provide this slide. You can see from the slide that we have a variety of people who are connected with schools in some way, attending the webinar, including parents and other family members, and some students who are with us today. You also will notice that many of you selected other. The other category includes people who have identified as CASA volunteers, coalition members, community based organizations, including help organizations and parent resource centers. Some congressional staff are with us today, many consultants and counselors, advocates, federal employees, family support professionals, and many, many others. And we welcome all of you to the webinar today and appreciate your attendance.

Now I’d like to briefly review the agenda. We’re currently in that number one slot and almost finished going over the logistics. In just a moment, we’ll be getting a welcome from the Department of Education. From there, we’re going to move into three mini presentations that will review three specific models that we brought with it today. While we know there are many models and many best practices out there, we’re highlighting just three today. And there’ll be presentations from the federal perspective about the model, followed by practitioner program descriptions. After those many presentations, we’re going to go into a panel discussion. The panel discussion is an opportunity to hear from more of our practitioners about implementation. Then we’re going to go into closing remarks for folks who may need to leave early. And after the closing remarks, we’re going to have 15 minutes of live Q and A where we will be taking questions that were given to us through the Q and A box or through registration. So we encourage you to stay for that extra 15, so you can hear some of the questions that were asked by your colleagues.
Now I'd like to briefly show you this slide, which signifies or demonstrates the broad breadth that we have in our presenters today. We have our welcome coming in, in just a moment, from Mr. Adam Schott, from the Department of Ed. And after that, we'll move into those many presentations that I mentioned with these six subject matter experts. You will also have the opportunity to hear from another person from our panel who we'll introduce in a moment. Rather than spending time here, we encourage you to go and click the link to see the full bio for all of our speakers. You can also visit the event webpage later on and select the bio to see who all was speaking with you today. Now it's my pleasure to introduce Mr. Adam Schott, Deputy Assistant Secretary for Policies and Programs from the Office of Elementary and Secondary Education, who will provide our opening remarks.

Adam Schott: Thank you, Cindy. Good afternoon and thank you all for joining the second webinar in our three part series around reducing student substance use and better supporting student's mental health needs. I'm Adam Schott, Deputy Assistant Secretary in the Office of Elementary and Secondary Education here at the US Department of Education. It's my pleasure to join the webinar today, to listen and to learn with all of you from experts who have successfully implemented three types of evidence-based prevention programs, Student Assistance Programs, Drug-Free Communities programs and school based health centers. Designing, establishing, and sustaining an effective prevention program takes time. It requires strategic direction, and it means the supportive partners committed to the initiative for the long term. It's in this same spirit of collaboration that the department is pleased to be partnering with the Office of National Drug Control Policy on this webinar series, alongside our other federal agency partners who are sharing their expertise.

These webinars are intended to build on one another, so if you're joining us for the first time, I invite you after today's webinar to view the recording of the first webinar from August 24th, which focused on what the data tell us. We are pleased to have ongoing support from our agency's leadership. If you've not already done so, I'd invite you to view the pre-recorded messages from both Secretary Cardona and Director Gupta from the Office of National Drug Control Policy. Thank you again for joining us today and for the commitment you make every day to support students across the country. With that, I'll pass it back to Cindy.

Cindy Carraway-Wilson: And thank you, Mr. Schott, for those welcoming words, we appreciate that. And we want to echo the invitation to please view the previous webinar and to join us for the third one of the series. Now I'd like to introduce Mr. Robert Vincent from the Substance Abuse and Mental Health Services Administration. Robert?

Robert Vincent: Thank you, Cindy. And it is my pleasure to join each of you today. And I just want to thank my colleagues at the US Department of Education, the Office of National Drug Control Policy for really showing great leadership in this area. Today is a great day for children, and so I have the pleasure of introducing Student Assistance Programs and talking about that aspect of it. Assessing, as a
former K-12 administrator, assessing what's right for your school and your community includes an awful lot of strategies for selecting and implementing programs, and it's deep intrinsic work. Student Assistance Programs really have their roots in the mid '70s. And from the '70s to present, they've evolved into really comprehensive school based frameworks designed to really look at K-12 students, primarily, in what many of the educators would know as tier one and tier two services. Historically, students assistance programs have focused on students who are involved in substance misuse and mental illness, but it's also, as we think about these last few years, there's been a few things that have sort of been illuminated.

And those kinds of things really are talking about more coordinated state and federal programs. And today's webinar is an example of all of that. Working across systems and linking all of the systems together to solve our children's needs is probably more important today than ever before. Let me just briefly talk a little bit about the components that would comprise of a Student Assistance Program. Generally speaking, the research is born out that Student Assistance Programs are usually more effective or as effective as possible when we cover a few areas here. Are there good school board policies? This is something that Adam had brought up earlier about how we all work together. Have we done good staff development? Do we have programs and people in both our schools and communities and parents who are aware? Have we established some internal referral processes that are formal? Have we developed problem solving teams and thought about case management in ways that really respond to the needs of the child?

And prior to developing or implementing direct services to children, do we know what the known evidence of that intervention is going to look like and what its effect is? And to think deeply about that? A couple of the other things that are pretty significant, schools are not islands, they're within communities, so cooperation and collaboration across the systems is incredibly important. And also integration to all of those school based programs so that everybody who is a part of it, it's what I often refer to as another facet on the diamond. And then of course lastly, doing some evaluation. Now with that, it is also my pleasure to introduce my dear friend, who I've had an opportunity to watch the Ohio journey and introduce Emily Eckert, who's the Assistant Director for Prevention and Behavioral Health and School Climate and Safety in the Office of Whole Child Supports at Ohio Department of Education. With that, I give you Emily Eckert.

Emily Eckert:

Thanks so much, Rob. Again, I'm Emily Eckert and I'm with the Ohio Department of Education. Today, I'm going to give a brief overview of what I'll be sharing about today. First is collaboration, as that is essential to start this conversation with a discussion of collaboration. Next, I'll talk about the Ohio School Wellness Initiative. And I'll conclude with talking about what Student Assistance Programs look like in our state. First, collaboration is key, and I will say this three more times in the next minute, because it's very important that we start with this. No matter where you're starting, hearing that collaboration is key is a must, no
matter where you are working or where you are starting. And you'll need contributors from mental health and education both, as they both bring different perspectives. In 2020 through the governor's emergency education relief funds, the Ohio Departments of Education and Mental Health and Addiction Services requested $7 million dollars to support capacity development, connection to community resources and implementation for Ohio schools.

The department provided grant funds to Miami University of Ohio, Center for School Based Mental Health programs to develop, train and coach districts and schools with a Student Assistance Program aligned to Ohio's full child framework and PBIS framework. And later in the panel, you will see Deb Robison with me, and she will be a part of the panel as she's part of Miami University's team. So she will have a lot of insight to bring to the table as what this looks like in the school. So through the funding described previously with the Ohio School Wellness Initiative, there are three critical components identified through this project. And the first is implementing an Ohio model of the Student Assistance Program or a SAP that is based on SAMHSA guidance aligns with Ohio's school's existing structures, such as PBIS and includes the following components. Education, prevention, early identification, evidence-based intervention, referral processes, guided support services for K-12 students who may be exhibiting a range of substance use, mental health or behavioral risk factors that may interfere with their educational success.

The second is strengthening tier two and tier three supports within that SAP model. And third, promoting mental wellness among school administrators and staff. This program is currently in the pilot phase, however the resources developed through this initiative will be available to all Ohio schools upon the completion of our pilot in the coming months. So today, although these three are part of the entire initiative, we are just going to focus on number one and talk about the Student Assistance Program. Our work in the Ohio School Wellness Initiative, it was divided into three phases, exploration, implementation, and sustainability. And so next I'm going to highlight briefly, key activities from each phase.

So first, the exploration phase. We began with a needs assessment to survey our pilot schools, to identify student and staff wellness needs with an emphasis on the impact of the pandemic and potential solutions. The data that emerged from this needs assessment along with additional information helped guide our priorities. We also audited existing resources, services, coaching and training, leveraged existing practices and partners and identified gaps and needs. So let's take a look at the needs assessment. Miami University surveyed schools to understand what areas of concern were, specifically as an impact of the pandemic. And the data that you see here cannot be interpreted for all schools across our state, but they are based on staff reports from 115 buildings.

One of the questions on the needs assessment asked how needs changed since COVID-19 and on this graph, red indicates an increase in need for that area. As
you can see, almost all schools indicated increases in moderate and severe depression and significant anxiety. Most schools noticed increases in social isolation and trauma exposure, and there was concerning increase with suicidal ideation and attempts. Impacts on behavior problems are more variable, as some schools found decreases and many other reported increases. For substance, use more than half of schools noted that use remained, but 35% did report increases. In implementation phase, project staff worked with pilot schools across the state to implement SAP and staff wellness models. And we will talk more about the implementation phase in just a bit, but it is important to note that the project leveraged an already existing regional mental health network, which allows much of the training and coaching and technical assistance from our regional teams and our regional affiliates and learning communities to continue.

And also evaluation is a key part of that process in order to make informed decisions. So let's take a look at the map in Ohio with our pilot schools. And this is very important to note here in this session today, we are working with 69 pilot schools, and it's important to note that in Ohio, we have many different district typologies. So what you see here in the blue dots on the map are everything from rural to small town to suburban, to very large urban districts. All of the regions are represented on this map and it goes to show that SAP is adaptable and applicable to any school, as all of our regions have very different needs. Ohio is also a local control state, so decisions about schools are often made locally, which highlights the adaptability of this program even more.

And moving into the sustainability phase. In order to make the project effective and sustainable, data was collected early on to hear about the challenges and barriers. So for example, staff availability and time were noted. So a pacing guide was developed to look at knowing when to do things and making sure that people were on track. And tools and resources are wonderful, but we all know that in order for a plan to sustain, coaching and technical assistance and ongoing support are also very important. So building that infrastructure through learning communities was also a very important need. And then to continue with fidelity, making sure that outcomes are consistently evaluated as well.

So now that we've shared an overview of Ohio's project, let's dig a little bit deeper into how we're implementing SAP specifically. And in Ohio, a manual's being created as part of this project and in its final stages, and it includes everything from the definition of a Student Assistance Program, through specific processes. Who you need at the table. And it talks about SAP being a comprehensive framework, designed to provide a variety of services for students exhibiting risk factors or barriers to learning that interfere with their success at school. SAP's relied on an interdisciplinary group of professionals who collaborate to provide a range of coordinated and evidence informed supports for students in grade six through 12. Students best suited for involvement in student assistance services are those that are experiencing issues with substance use or misuse and mental illness. Although any student benefits from a SAP, given the focus on prevention and education through this process. And
Student Assistance Programs are led by a team and rely heavily on student and family involvement as well.

There are three main SAP service delivery models. First, the school based services model uses internally based services in a comprise of specialists, such as mental health and addiction specialists or others employed by the school district to deliver prevention services and intervention services on a full or part-time basis. Community based providers are externally based contractual services and may involve services within the building or externally through referrals or core team models, our third type of the service delivery model. And this approach consists of an onsite school team comprised of administrators, teachers, counselors, and it uses a systems approach. Regardless of which service delivery model is selected, the six SAP principles are involved and the three tiers of a multi-tiered system of support and a strong foundation are necessary.

So the SAP principles are early identification, evidence-based intervention, referral, guided support services, building awareness and prevention. And as you can see here, they're all within the three tiers. Tier one, for all students. Tier two, for specific groups of students that through screening or early identification may have risk for mental health or substance use needs. And then tier three is more intensive individualized interventions. The student assistance team are the individuals who plan and coordinate these efforts. So you see here the different roles that may be represented on this graph, and they will gather referrals, information, develop strategies, to remove barriers to learning, link students to interventions. And having clear roles and processes within each of these roles identified on this image are very crucial, but these are also interconnected in many ways too.

The SAP process model. SAP includes a process and included here is how we tailored this to fit Ohio needs and it includes the full continuum of SAP services. And also making sure to align this with other initiatives. So looking at all of the initiatives that you have in the building, and we know that there are many initiatives already happening and they're all focused on student success, and we believe that SAP can help MTSS and PBIS become more effective with an emphasis on tier two and tier three, for example. And when aligning this work, it's critical to think about whether separate teams or integrated teams should lead the effort. There is a great table that I've not only used with this initiative, but also in other teaming pieces, looking at the working smarter table from the interconnected systems framework installation guide. And this is also used connected systems framework installation guide. And this is also used with PBIS, for example. So looking here, using a resource such as that, you can see where what you're already doing, may fit into a SAP initiative. And here's a quote about one of our pilot schools that their SAP coordinator just really saw it as another piece of the MTS puzzle. And it's always trying to find ways to make the other side of their already existing IAT interventions. And this does not happen overnight. You have to start somewhere. So, starting somewhere and thinking about making sure to move through those phases and complete those steps
along the way. But it’s really about starting somewhere. Start with that exploration phase. See, what's there, see what you have and where you can go with that.

And finally, the last two sections I want to share, are just some initial feedback from our pilot schools. And the first one talked about improved collaboration and how the feedback from their group of SAP professionals has been phenomenal. And they feel like they're being truly effective as professionals and that they have high levels of communication and coordination between members of the team. And finally, around the referral process. That it’s a nice systematic process to quickly identify and plug in when someone needs more individualized support. And as an assistant principal, they were grateful to be a pilot school and that they can feel it in the building. And now, I have the pleasure of turning this over back to Cindy to introduce our next presenter.

Cindy Carraway-Wilson: Thank you so much, Emily. You definitely hit the target of talking about collaboration a lot. So thank you for continuing that message. Now, I’d like to welcome miss Karen Voetsch, who is coming to us from the Drug-Free Community Support Group from the Center for Disease Control and Prevention. Karen?

Karen Voetsch: Thank you so much, Cindy. And thanks everyone for joining today. I wanted to start out my presentation, just talking about the trends in US drug overdose deaths, and particularly among young people. Almost 80,000 people, age five to 24 years of age have died from a drug overdose since 1999. And that includes over 27,500 people from 2015 to 2020. And this is really reflective of the overdose epidemic in the United States, which started in the late nineties as related to prescription opioid misuse, and then evolved around 2010 to 2013 with heroin overdose deaths. And then now has spiked considerably related to synthetic opioids or mainly illicitly manufactured fentanyl. And historically, the risk of overdose has increased as substance use increases. But the drug marketplace is much more complicated. And you see a picture here of kind of a small picture. This is from the Drug Enforcement Agency's website of counterfeit pills that are often laced with and contain fentanyl, that has lethal doses of fentanyl.

And this particularly impacts young people. So, you see down at the bottom here, that drug overdose deaths for people age 15 to 19, almost doubled from 2019 to 2020. And for ages 20 to 24, the overdose deaths increased one and a half fold. So it’s critically important that we not only raise awareness related to this issue, but also focus on some of those fundamental and underlying issues such as mental health to reduce the risk of substance use in youth and later on. So, we know that when we address kind of the risk and protective factors, that influence a young person, that their likelihood of experiencing poor mental health and also using substances decreases. So on the left hand side are risk factors, and at different levels, individual, family, school, and community. So, on the left side are some of these risk factors.
Some are genetic, some may be emotional. Emotional distress or aggressiveness. It's substance use in the family, lack of school connectedness or a poor control over school drug use in the school environment. Lower socioeconomic status or lack of community norms and laws that are favorable to alcohol and substance use prevention. On the right hand side, are some of those protective factors. Resiliency, self-efficacy at the individual level, attachment to family with clear communication and rules, and attachment and also connectedness to the school environment, and norms in the community that drug use is not acceptable. And that enforcement and support of laws and policies that restrict access and availability of substances, in addition to providing a supportive community environment for youth participation. So, it's important when we think about our comprehensive strategies for youth mental health and substance use prevention, that we're taking into account how we strengthen those protective factors, but how also we address those risk factors.

So, the Drug-free Community Support Program is the nation's leading effort to mobilize communities, to prevent youth substance use. It is directed and funded by the White House Office of National Drug Control Policy. And we at CDC, provide the day to day management of the many grants to community based coalitions that are working very much related to some of the efforts that I will describe to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. So what do DFC coalitions actually do? And we like to say that the solutions are in the community. So, DFC funded coalitions engage multiple sectors of the community, including schools to assess their needs and assets prioritize efforts and employ a variety of environmental strategies to prevent youth substance use. And again, these strategies really aim to address those factors that I mentioned in terms of enhancing protective factors and addressing those risk factors. And DFC coalitions actively engage their schools and youth in their communities and focus on the health and mental wellbeing of students at the local level.

And some of the DFC strategies, we looked across our DFC coalitions to see what they're doing in the schools. What are some of the most common activities? So, they deliver evidence based training. Some of these are life skills trainings, or other trainings that are bringing awareness to the substance use issues in their communities. And also, investing in training for parents as well. Providing safe and drugs free spaces, not only within the school environment, but also outside of the school environment. Increasing youth engagement. Almost 70% of our DFC coalitions actually support youth led coalitions, where youth are really kind of at the table helping to make decisions in collaboration with that adult led coalition to ensure that their strategies are relevant to the young people at the local level. Connecting students to the community. This is a wonderful thing that our DFC coalitions do.

So, not only are they working in the schools or working in collaboration with the schools, but they're bringing those students out into the community, making sure they're trained to communicate to their local decision makers, participating in community needs, assessments and other strategies in order to promote
health and wellness among young people. Referring to services, DFC coalitions work very hard with their schools to figure out ways in which to refer those students that may be caught using substances to services that may help them in lieu of suspension or expulsion. And promoting a healthy school environment, whether that be a tobacco-free environment, whether that be a safe and supportive environment are some of the many strategies that our DFC coalitions focus on.

And I think this is reflective of many of the things that we at CDC and our other school health programs promote. You see here, the whole child model, and you're going to see many models from our federal partners. But this has the child at the center and also has a link between the community and the school. And there are 10 components that foster a healthy child. And you can click on the link at our Healthy School's website to learn more about this, what we call the WSCC model. And finally, I wanted also to mention promoting safe and supportive environments, and this is something that is really critical and so important for our young people, especially coming out of COVID 19. And I wanted to draw your attention to school connectedness, because this is what we say is the belief held by students and adults and peers that the school really care about their learning and about them as individuals.

And there are ways in which that school connectedness can be promoted by training classroom management, by providing mentorship programs and addressing and providing safe spaces for those youth who may be at risk. And you can click on the link on this slide to learn more about those strategies. And if you want to learn more, if you want to learn about if there's a Drug-free Communities Coalition in your state or in your community, you can learn more about the DFC program. And also, about the other CDC programs that promote youth and mental health, in addition to school health. So, I want to thank you for joining me today. I'd like to introduce Sharlene Johnson, who is the executive director of the Upriver Youth Leadership Council in Idaho. And she is going to give, I think, a great picture of what the DFC program looks like at the local level and how she's been able to really make great strides with the school and with the youth in a frontier community in Idaho. Sharlene?

**Sharlene Johnson:**

Thanks Karen. I'm super happy to be here today. So, I've been in the prevention field for about 13 years. I got my start as a coalition director. Then I worked at public health as a prevention specialist and then I was poached by the governor's office of drug policy. And now, I'm back doing my passion, which is actually coalition leadership in my community. So as Karen said, we're a small frontier community in north central Idaho, not to be confused with Ohio and Iowa, which does happen quite a bit. There's lots of memes about it. We're located on the Nez Perce Tribal Indian Reservation, which is the land of the Nimi'ipu. For the past five years, we have served the population of Kamiah, which is about 1200 people in the city limits and 3,300 people for our service area. Recently, we have taken on a neighboring community, which is seven miles away and they have a little bit less population, but we also serve their school district.
Most of what I talk about today will be about Kamiah because that's where our history is. 96% of our public school students receive free and reduced lunches. We have a vast membership base and we would be nothing without our partners. I need to stress that. Our partners include the schools, law enforcement, healthcare workers, city, state, and tribal government officials, the media, youth, churches, business, and parents. We believe here that it truly does take a village to raise a healthy child. We provide a variety of services to all the youth, all of their families and our community at large. We have a huge youth advisory board, which is comprised of youth ages seventh through 12th grade, and they play a vital role in the work we do here. And as I go through my presentation, I would like you to keep it in the back of your mind that they've done a huge portion of the work to do the accomplishments that we have. We do use the acronyms UILC. So if I say, UILC, that is what I'm talking about.

And then YAB is our Youth Advisory Board. We have a strong strategic planning component that includes the strategic prevention framework model, the CADCA's seven strategies for community change and the six CSAP prevention strategies. They all do overlap, but they're enmeshed in everything that we do. We've seen great success in reducing our youth use rates. I'll talk about that a little bit later on. And at the same time, we're mitigating the risk and protective factors that lead to the use. For this presentation, I was specifically asked to talk about the role of education and how we partner with them. So, I tried to pull out the stuff that we do with our education partners, but everything we do, we do in unison with all of our partners to provide a safe and healthy community for our youth. So, I'm going to run through some of these strategies. So, for the information dissemination portion, we offer assemblies.

So our school has a very strapped budget and we struggle to pass bond levies. So, they are not able to offer a lot of the extras that bigger schools can. So, we offer assemblies for them. We do staff in-service presentations. We host Red Ribbon Week and we do report card inserts. It's important to remember that these are not standalone projects either. We have a comprehensive action plan. And so, these are part of the comprehensive action plan, I've just pulled out the educational pieces. So we've brought in speakers, like I said before. We've had national speakers like Chris Herren. We bring in the Missoula Children's Theater twice a year, and then we've had author, Jarrett Krosoczka come. He wrote a book called, Hey Kiddo. During COVID, I was able to watch lots of webinars like everybody and Ohio was hosting one, a coalition in Ohio with Jarrett. And so, I sat through. He is an author who wrote a graphic novel about his childhood.

He was raised by his grandparents because of addiction in his parents and he wanted to be an author. And so, it's kind of an autobiography written as a graphic novel. I happen to have a student, one of my YAB members, who was in the very same situation and he wanted to be an author. So I was like, "Okay, how am I going to get him to read this book so that he can see that he can succeed at what he wants to do?" So, I bought the book and I sat it on my desk trying to figure out, "How am I going to get him to read this book?" And he walks through and he says, "Hey, can I read that?" I'm like, "Absolutely." So he
read it, he came back and talked to me and he said, "We have to bring this guy to town. I want to meet him." And so, that's what we did. So, that was part of his senior project, was working to bring Jarrett Krosoczka to town.

So he came, he presented in both Kamiah and Kooskia to all K through 12th graders. We provided a copy of the, Hey Kiddo book to the seventh through 12th grades. He's also the author of the Lunch Lady Diaries. And so, the little kids got a copy of that. Some of the staff in-services we do, we've done drug trends training for all staff. We've done ACEs training. And every year we offer DITEP, which is the Drug Identification for Educational Professionals. And then the school, also allows us to create report card inserts to maximize our reach. So, when we're getting ready to do Strengthening Families, when we want to get out some statistics from the Pride Survey we do every year. Anything that we have going on, we're able to create a flyer and they'll let us stuff it into the report cards.

So, some of the prevention education we do, we partner on senior projects. We offer Botvin LifeSkills curriculum to all students. We do the Strengthening Families Program and we do the HOSA Program. I'm going to talk a little bit about each of them. So in Idaho, you have to have a senior project to graduate. In Kamiah, you have to get a certificate during that. So you pick a profession you think you want to go into, you research it, and then you do a practicum. I've had several senior projects that focus on behavioral health, addiction science. I even had one kid, I'm going to show pictures of it, who is changing a physical design, where we had a lot of drug use in an abandoned area. So Botvin LifeSkills, I'm going to talk a little bit about how we made that happen, but it is an adopted curriculum in our school.

We offer Second Step K2. And then every third through 12th grader, receives the Botvin LifeSkills curriculum. Our facilitators go in, and it allows our teachers a prep time, which they don't get normally because of our strapped budget. And Strengthening Families, we offer twice a year. We offer the younger age group and the older age group, we feed them dinner. So, the school partners with us on that. So, their lunchroom helps us to create... Because feeding dinner is a strong component of this program. The families sit down as a family in the beginning, before they go into the lessons. And so, the school helps us with that. They provide the facility for us and then they help us to recruit the families as well. And then HOSA, if you're not familiar, is the Health Occupation Students of America. They have to pick a project every year and then they present it locally at the state level. And then at the national level, if they win at the regional level. And so, some of the projects we've partnered on with that included addiction, science and vaping presentations.

And then they practice their presentations at our community lunch-and-learns if they're applicable to what we do. So, this is one of the senior projects. You can see the photo up at the top is what it looked like before the kids have gone in there and they have painted it. And the cement is coming up. The young man that was in charge of the senior project, learned how to present to city council,
present to the tribal council, how to write grants, how to advertise. And so, you'll see down in the bottom, that is currently under construction. That is what it's going to look like when it's done. It was a super successful project and I'm so proud of him. And then this is another one. So, this young man came to me and he wanted to do a mock DUI crash, which I know sometimes we all frown upon it. However, he's got a personal story.

His father was missing from his life because he killed somebody in a DUI crash. All of his peers, well, not all of them. A majority of his peers were drinking and driving and he thought it was a very serious issue. And he wanted to impress on them all, the importance of not drinking and driving. So he took this on. Also in Idaho, we have a Provisional Prevention Specialist certificate for people that don't have their CPS yet. So, as part of his senior project, he had to get the PPS certificate. It involved four police departments, the local fire department, and the county coroner. It was a community wide event. It was the first one we'd ever done here. He also got lessons on how to give interviews. He was on TV, he was on the news and it had great impact. So, we offer a lot of support to our school. So, one of the things we implemented, was an open house. They were worried about parent engagement, parent and teacher engagement. Students weren't engaged in school.

So, we started an open house. At the beginning of every year, we partnered with the tribe ourselves and the school and their Title 1 program. The tribe does the barbecue. We provide backpacks for every student, that's filled with all the school supplies they need. And then we have a speaker come in. To get the backpack, they have to actually go in and meet the teacher. And so, that's how the parents actually get to meet the teacher. We have about 85% of our student population and their families attend this. And then, we work fun stuff in. We have bounce houses and then the IT coordinator is there to sign people up for Power School, which is how you keep track of grades and attendance for your child. We had many latchkey students. So, we began an afterschool program for the K through sixth grade. We offer a free snack and hot dinner every school day, tutoring and homework support and academic enrichment activities every day.

Most importantly, we're offering the kids a safe place to be after school. The school supplies the facility for this program, as well as helps with the recruitment and retention of the students. Similarly, we have a teen center, which is for the seventh through 12th grade. It offers all the same academic supports, enrichment activities, and meals like the K-6 program. But we also add in the basic life skills, theater, art, physical activities, and other cultural activities that our school cannot support financially. And we've also partnered to improve the atmosphere of the school. We had a huge wildfire here. It wiped out 75 homes. We can never pass a levee. Our kids needed a boost to their morale and school spirit. So, we brightened up the bathrooms by placing stall wraps on the doors with positive, inspirational quotes. And then our elementary teacher came to us and said, "I have this big dirt patch out in front of the school. I would like you to make me a kindness wall."
So, for the next year, our kids spent all their extra hours painting rocks. And so, you can see what the stalls look like. And then you can see the path that they made out in front of the school to make it look a little bit brighter. So, we also partner to reduce barriers and enhance access to services. So, we did not have any counselors. We had a counselor for the tribal enrollees, and then we had a school counselor who was super overwhelmed, because she was a counselor for K through 12. They needed a counselor. We were able to get a grant to have another counselor. We spent a year trying to find one. We could not. So, we secured a contract for Telemental Health and now we have free counseling for all of our youth and their families in Kamiah and in Kooskia. We live in a food desert, so we partnered with the school. We have a community garden that's right across the street from the school, we have a community garden that's right across the street from the school. The teachers use that for science classes as well.

A current project we're working on is trying to get them a school resource officer. And then policy change, that I think is the main one that they wanted me to talk about. So for the Botvin LifeSkills, we had to have the curriculum adopted by the school. So we went before the school board. We had the 30 day parents and community could come in and look at it. We had to go through the three readings, but now it's enmeshed in the curriculum so it's sustainable, our after school programs. For our Pride survey we also had to follow the same policy change that we did with Botvin LifeSkills. We had to go... But now we offer the Pride survey for sixth through 12th students every year. And that is what we use to drive what we do. So I'm running out of time, and I forgot all my slides. And so it's working. What we do is working. This is some of the reductions we've seen.

You can read those. While you read those, I wanted real quick talk about the athletic testing policy. So we did have an athletic testing policy at our school. Our kids were telling us that it was a joke that it needed... It wasn't enforced equally. So they went to the superintendent. They made a presentation to him. He said, "Come to the school board." They made a presentation to the school board that then we worked with them to strengthen the policy. And before that, about 20% of our athletes were testing positive for marijuana. By the end of the year, we were at 0%. So when you look at all of our stats right here, sadly, they did take a turn for the worst because of COVID. We're still crunching all those numbers, but we'll regroup and we'll get busy again. And it truly does take a village and we couldn't do this work alone. Our partners and our education system are a huge part of what we do. Thank you.

**Cindy Carraway-Wilson:** Sharlene, thank you so much for that motivational piece of work. And you really ran through those slides and we were still able to see all those great results that you had, and that village concept. Again, it's all about collaboration and working together. Now I'd love to introduce Ms. Andrea Wells, the senior advisor for the Office of Policy and Program Development for HRSA, Health Resources and Services Administration. Andrea.
Andrea Wells: Thank you, Cindy. And thank you to my Office of National Drug Control Policy colleagues for hosting this webinar today and giving us the opportunity to talk with all of you. I'm pleased to provide an overview of the Health Center Program, and later to turn it over to Yvette who comes today from one of our health centers in Connecticut. So I come to you today from the Health Resources and Services Administration, or HRSA for short, which administer the Health Center Program. A bit about health centers. Health centers improve the health of the nation's underserved communities and populations by ensuring access to comprehensive, culturally competent, quality primary healthcare services. There are more than 1,400 health centers that operate over 14,000 service delivery sites in every state, US territory and the District of Columbia.

So with that, it's likely that there's a health center in or near your community. Health centers provide primary medical care, oral health and behavioral health to those medically underserved areas and populations, such as those who are experiencing homelessness, ag workers and residents of public housing among others. Health centers also play a critical role in providing access to primary healthcare for our nation's children.

You'll see a few stats on this slide so I wanted to highlight a few, that one in nine children in the US accesses their primary healthcare through HRSA-funded health center. Health centers have played a vital role during the COVID pandemic in ensuring equitable access to testing, treatment and vaccination services, including providing over a million COVID vaccines to children and youth. Health centers also have a long history of providing care in school-based settings as shown in this slide. And we'll hear more about that a bit later.

And so with that snapshot of our program, I'll share some fundamentals about how health centers work. I know there's a lot on this slide, so I wanted to speak to each of them a little bit further. The health center model of care is grounded in statutory requirements that health centers adhere to, but more importantly, perhaps, build upon in ways that best meet the unique circumstances and needs of the communities and populations that they serve. Again, they serve high-need areas and that might have concentrations of poverty, low-income, areas that are rural or geographically isolated, or populations facing those historical barriers to care.

They also provide comprehensive primary care and those enabling services to facilitate access. They're required to collaborate with other health centers and other community providers. They're independent organizations that operate under the direction of patient-majority governing boards. They provide services regardless of patient's ability to pay and they charge on a sliding fee scale. They also meet many, many administrative clinical and financial operations requirements, which help to ensure that they achieve the mission of providing access to those high quality services.

You'll see here in this slide that health centers are serving communities by meeting them where they're at. Health centers are negotiating the right balance.
between being in person and providing virtual care, assessing children and families needs outside of the medical visit by connecting them with necessary social supports, also hosting activities and events throughout partnerships with community-based organizations, including operating at school-based sites again.

And then you see, I highlighted here our behavioral health services. And I wanted to mention with the recent national events involving gun violence, we know that many health centers and school-based sites have really stepped up to provide the necessary behavioral health services to support the needs of their own and the surrounding communities. And I just wanted to thank them for their commitment to filling such a critical need. In this next slide, I wanted to provide a little bit because of the content of today's webinar, a high level summary of the behavioral health services provided by our health centers in this last calendar year. So we've had over 15,000 mental health providers with more than 15 million visits. And that includes both those visits that happened in person and virtually, and then 2,300 substance use disorder providers with 1.7 million visits.

And finally, I really wanted to highlight our department's commitment to partnering with the Department of Education to develop and align resources to ensure that children have the physical and behavioral health services and supports they need to build resilience and thrive. And on this slide, you'll see there are some hyperlinks at the bottom, and one of which is a very thorough listing of resources for health and social services provided and just a whole bunch of resources. I really can't encourage you enough to go look. It's just very, very thorough. It's about 25 pages. So I will warn you, there's a lot to go through, but it's really nice to have it all in one place. And so with that, I'll turn things over to Yvette who is going to really breathe life into some of the content that I shared with you really briefly. So I will hand it over to Yvette Highsmith-Francis, who is the regional vice president of Community Health Center Inc., located in Connecticut. Yvette, over to you.

Yvette Highsmith-Francis: Thank you so much, Andrea, and really appreciate the introduction and also the opportunity to represent Community Health Center Inc., which is one of the 1400 health centers across the country that is serving our most vulnerable residents. Community Health Center Inc. is a statewide federally-qualified health center located in Connecticut. We provide access to comprehensive primary care for all ages, with brick and mortar locations in 15 different cities or towns across the state. And we're also delivering care in close to 180 schools across the state. And we'll really focus in on that level of care in this conversation today. And according to the most recent report from the Uniform Data System, or UDS as we call it, data shows that of Connecticut residents who received their care from a federally-qualified health center, one in four of those individuals was seen at Community Health Center Inc.

And the foundational premise of Community Health Center Inc. since our founding in 1972, is that healthcare is a right and not a privilege. And to ensure equity and access, we have a commitment to delivering care wherever our
patients are, be it in one of our primary care locations, in one of the homeless and domestic violence shelters that we serve, or for our children in schools. Sometimes it's hard to conceptualize what health services are like in a school setting, so we've developed a brief video that I'd like to share with you.

Video:

Hi, I'm Mandy Sullivan. I'm a school-based health center provider, and I want to give you a quick overview of our school-based health center services. Community Health Center is a statewide federally-qualified health center committed to ensuring that all Connecticut residents have access to quality, comprehensive healthcare. For school-aged children that care is best delivered in schools where children spend most of their time. Having health services in schools is so important because we know healthy students are better learners. Students can be seen before, during and after school, in person and by telehealth. Students can be seen regardless of insurance status. CHC delivers some form of health services in close to 200 schools across the state, in both public and technical schools. Our school health services include medical, dental, and behavioral health. You can find which services are offered at your child's school by going to our website, sbhc1.com.

Yvette Highsmith-Francis: And so I give a thanks to our virtual school-based tour guide there, Mandy Sullivan, who is one of our behavioral health clinicians who is working at the very first school-based health center that we opened in 1993 in an elementary school that asked us to respond to the high needs of families and the children in those schools. By delivering school health services, we remove the barriers of transportation or managing schedules and the myriad of other challenges that families encounter if they have to take children out of school for routine health services.

So our process, traditionally the approach to school health is a comprehensive center that's driven by medical services and also offers behavioral health and dental. And while that is the ideal model, we realize that that may not work for every district or every school. So our approach has been to meet the community where they are and to offer an al a carte approach, if you will. With this approach, our growth and ability to respond to the needs of schools and families has been exponential because we don't require everyone to carve out a health suite to support medical, dental and behavioral health. But if a school district wants us to deliver behavioral health services independently, we meet them there with that. If they want us to offer the mobile dental services individually, we will meet them with that, or if they want the pairing of behavioral health and mobile dental.

And that allows us to begin to provide care and to engage families and students in care in the school, and then have the opportunity to grow and expand from there as necessary or appropriate. And we're always invited into a community. We pride ourselves on being both a guest and a part of the school culture simultaneously. We are accountable to the school leadership and the board of education, and all of our providers are licensed and credentialed.
And as Andrea referenced earlier, our school-based services are also a support to the school and the larger community in those unfortunate instances where tragedies occur. We are in Connecticut, and our team was a part of the community response to the Newtown tragedy. And when there are experiences with school faculty or young people, we are able to be a part of that response as well. We conducted some training and support to a local Boys & Girls Club when there was an unfortunate death of a teenager who was exposed to fentanyl, and we provided that grief counseling and support, but also the substance use awareness to that community as well.

This slide reflects our growth. And this also shows... I think the important thing of this is the awareness of school districts regarding the value of providing access to health services in schools and having a competent, committed partner. We grew from one elementary school in 1993 to 180 schools in 36 school districts across the state last year providing care to 17,000 children in schools. And these schools are in both urban and rural areas across the state and span in size from being in one of the largest high schools in the state that has over 2,000 students to some of the smallest elementary schools in the rural corners of the state of Connecticut with a few hundred students.

And each school has a unique set of key stakeholders. That includes our Community Health Center Inc. team, school leaders and faculty, but most importantly, the students who are always at the center of all that we do. We have worked diligently to make enrollment in our services both efficient and equitable. So we have an online enrollment process that is smartphone friendly, does not require access to a laptop or a tablet even. It allows us to collect all relevant information on the student, as well as obtain parental consent for both the child to be enrolled in school-based health, but also to get any healthcare services without their parent being present. And with the setup, you can go to our website and see, it allows there's a dropdown for families so that they can identify what services are available in their child's school.

And while we are not the child's primary care provider, we are a key part of their primary care team. Our providers communicate with the child's PCP with parental consent, and we offer a range of services that are responsive to supporting the child's social and emotional health. We also make the COVID-19 vaccine available in all of our locations that offer medical services. Our goal is to support the school and the family in keeping the child in school and the academic setting as often as possible and as healthy as possible.

And speaking of COVID-19 and the pandemic, the ability to offer telehealth services has been a game changer for the children and families that we serve. Being in New England, we frequently have school closures due to inclement weather. And now with telehealth, when a school building closes, that does not have to impact negatively a student's ability to see their school health provider. We are able to provide access to the medical and behavioral health providers via Zoom, and to do that with ease. And so we really appreciate the pandemic for again, allowing some equity around telehealth.
So school health services are proven beneficial in the health and wellness of a child and in their academic performance. And it’s not just common sense, but extensive research and evaluation has proven that healthy children make better learners. And again, addressing a child’s needs holistically and having access to seeing how that child shows up in the school environment provides a different level of insight, thereby allowing us to be responsive in a way that really meets the needs of that child. Prevention, education, and improving health literacy are all a part of this model. And again, the research has been done to highlight the impact of school health services on the child's academic performance, the child's own health and wellness, and the impact on the broader community.

So when it comes to substance use and behavioral health-related issues, as we’ve heard throughout this session, prevention and awareness are key as well as access to treatment and services. A benefit of school health services is that we can engage students early on and throughout the duration of their school career. In many of our communities, we are in all schools so that a child can enroll as a kindergartner and access care through high school graduation. Our teams have incorporated best practices from SAMHSA, or the Substance Abuse Mental Health Services Administration. And we roll out activities to engage students in learning more about issues pertaining to substance use and mental health.

And also a big part of being in the schools is screening. Screening is key. You don't know what you don't ask. And all of our medical providers implement the CRAFFT screening tool. This is a tool for students aged 12 to 21, and it’s designed to identify substance use, substance related riding and driving risk, as well as substance use disorder. It serves as a basis for early intervention and patient-centered counseling. It’s also brief, making it easier to incorporate into a busy practice setting. And there's a self-administered as well as a clinician-administered version. And the latest version also includes questions related to tobacco and nicotine use.

And lastly, I’d like to wrap up sharing with you one of our programs that I am so excited about. It’s our newest offering in school health. And it’s our Peer2Peer Hope Squad. This initiative is in partnership with one of our high schools, and we will train juniors and seniors in mental health first aid for teens. This is an evidence-based curriculum that teaches teens how to identify, understand, and respond to the signs of mental health and substance use challenges among their friends and peers. As a mom of four, I know that when they hit that age, they're more concerned about their peers and talking with their peers than any other adult in their life. And so we want to tap into that with this program.

It will also include two licensed behavioral health clinicians who will provide the mental health first aid training, and will also be available for those warm handoff connections to counseling for teens who are identified as needing that level of support. As Karen and others noted earlier, these early intervention services can be an alternative to disciplinary measures in schools that often compound the issues that our youth are contending with and can really change
a student’s trajectory for success in a school setting. We are really grateful to be a trusted partner in providing much-needed access to care and services for our young people in schools. Thank you.

Cindy Carraway-Wilson: Yvette, thank you so very much for your presentation and all that great information about the school-based health services. Again, everybody's been getting great icons. Now I’d like to invite our panelists, including Ms. Deb Robison, who is the project administrator for the Centers for School-based Mental Health Programs at Miami University in Ohio. She's the person that Emily mentioned. And Charlene's going to also come back on with us. We have a few questions for you to respond to today. If we can get some brief responses to these questions. I'd like to begin with you, Deb. And the first question is now that we've heard about all the models and the examples, what are some important initial steps or decision points that schools or people in the school should make when they’re going to start a program?

Deb Robison: Sure. I would say, just start. That is the main thing. I think we get really kind of fenced in around, should we do this? Should we do that? Do we have all of our ducks in a row? Have we figured everything out? And you won't. They'll always be a piece kind of dangling out there. So our recommendation in our schools that have done the best in the student assistance program, they just start. And then they're nimble and they change and they improve, and they add things in as they're able to do that.

Cindy Carraway-Wilson: Excellent. So just get the ball rolling and adjust as you need to. Excellent, thank you. Yvette, would you like to add to that?

Yvette Highsmith-Francis: I would say have the conversation. One of the things that we have found or are finding and particularly with school based health is that school superintendents or board of education leaders are just not thinking beyond their traditional scope. And so reach out and have the conversation about developing school health services. And if you are positioned to be able to offer that a la carte approach as we do at CHC, please do. And we are happy to serve as a resource in how to do that.

Cindy Carraway-Wilson: Excellent. Thank you. And thank you for offering yourself up for a resource. And Sharlene, do you have anything that you'd like to add to that first steps that people take?

Sharlene Johnson: I would say start small, and then make sure to look at your data and your action plan and make sure what you're doing is going to hit the actual target you're wanting to hit. A lot of times people, hey, let's do this, let's do that, let's do this. But it's not necessarily aligned up to hit what you're trying to change.

Cindy Carraway-Wilson: Excellent. Excellent. Thank you so much for that. And also thank you for referring back to the data. That was our first webinar of the series, be aware of what the data tells us. Now that we've heard a bit about some of the outcomes
and achievements. Let's go ahead and hear a little bit about how you become an effective program or maybe even move from being effective to being exceptional. Sharlene, would you like to begin here?

**Sharlene Johnson:** So I would say that you need to actually use the models, the CIFF model, the CSAP, the CADCA, all the strategies. And once you do all your documents, don’t just put them on a shelf and ignore them. You actually have to use them, and then be willing to adapt if something’s not working. If you’re evaluating and it’s not working, be able to adapt and make change.

**Cindy Carraway-Wilson:** Excellent. You’re echoing a bit of what Deb said, being nimble. Just go and then be nimble, be ready to change and able to change. Thank you. And Deb, that brings us around to you. Would you like to respond to this question?

**Deb Robison:** I think it’s about being intentional, coming to this work every day with the idea that this is what we’re going to accomplish, using those tools like Sharlene said, using those tools. And in our case, we use things like fidelity checklist and pacing guides that kind of just help you keep moving and help you stay on track. So I think being intentional and staying focused.

**Cindy Carraway-Wilson:** Excellent. Thank you. And Yvette, what would you add to this?

**Yvette Highsmith-Francis:** I would say we are always striving to be exceptional. We say we're always striving to be world class, but one of the things very similar is we develop what we call playbooks that allow us to scale and to have a model that we’re able to communicate with school districts on. We're not reinventing the wheel every time we’re in a different community. And leveraging those partnerships, one of our key partners is the School-based Health Alliance, which is a national organization that really provides lots of framework and evidence-based practice and support around delivering school health services.

**Cindy Carraway-Wilson:** Wonderful. That term collaboration's come up this whole time together so that's really important. Thank you. Another question that I have for all of you is if you could think of one challenge that you experienced, can you tell us what that challenge was in your implementation? And briefly describe how you overcame that. And Yvette, I’d like to start with you this time.

**Yvette Highsmith-Francis:** Sure. So I would say a challenge is financial resources. And we receive some funding from HRSA, but we don’t get distinct funding for all of our school based health centers. And so we have had to really develop a business model to really have an entrepreneurial spirit to be able to offer these services without that undergirding of funding. And so we've overcome it in that way, but it also, it makes us visit driven and it prevents us from doing some of the classroom work or some of the consultative work with school districts that aren’t reimbursable that are beneficial. And so I would say having access to funding is really important. And we are excited to think that there is a stream that may be coming from the federal government that will help us do some of the work that
is really needed to support school faculty and teachers around this early intervention identification work. That's so critical for young people.

**Cindy Carraway-Wilson:** Thank you. And again, you're foreshadowing the next webinar in this series, which is going to be talking about that funding. So thank you. Sharlene, what would you add to that? A challenge and how you overcame it?

**Sharlene Johnson:** I think getting past the, what's in it for me. Everybody has their own mission, but you have to bring your commonalities to the table to work together. We all know that sober kids learn better so that's got to be the focus.

**Cindy Carraway-Wilson:** Excellent. Excellent. So getting that, what's in it for me and answering that question effectively for folks. Fabulous, thank you. And Deb, what would you add?

**Deb Robison:** What we have heard from schools is time. Time is always a challenge when you're trying to implement something like a student assistance program and the energy to stay on top of that. And I think that one of the things that we've come to is with the help of the state, we've introduced having a full-time behavioral health and wellness coordinator in several pilot buildings. And the idea then is that it kind of takes away that barrier of time and energy when you have one person whose whole job it is to focus on SAP, bringing in resources, making those community connections, because we can't do it alone. Schools can't do it alone. So having all of those people at the table, but having one person whose whole job it is to make that happen. And so that's something that we're really interested in growing and expanding.

**Cindy Carraway-Wilson:** Excellent. Thank you. We're going to pause here for just a moment. I do want to do a formal thank you to everyone. So we're bringing those slides back up just in case some folks may need to close out a little early. We do still have, we're going to have all of our speakers come back, and we have a few minutes to do some questions and answers that came in. But for now, we'd like to just pause and do our thank you, and we appreciate all of you who attended and are still here. We hope that you can hang out with us for another 10 minutes to do some Q and A. But we want to remind folks that you can go to the NCSSLE website and the Best Practices Clearinghouse to gain information. On the NCSSLE website, you can also get the recording for this webinar. We've had some plugs already for the third part of this series, which is around leveraging federal funding, which is taking place September 21st.

And we also happen to have another Lessons from the Field webinar next week, September 14th, which is called Partners in Prevention. And it's around engaging campus community to prevent gender-based violence. And we hope that we can see all of you at both of those webinars. We also want to bring up for you, the feedback form. The link for this is going into the chat box now, and we really appreciate the feedback. It helps to feed topic areas that we focus on for upcoming Lessons from the Field Webinars, and your responses here are shared with the presenters and with the Department of Ed and in this case also
ONDCP and others to really inform the work that happens. It comes from you to you. This is what Lessons from the Field is. So the link will stay in the chat box, and we'll post it in there a few more times.

And now I'd like to welcome, as you're gathering that link and beginning that form, I would like to welcome all of our speakers to come back on camera so that we can go through some of these questions that we have that have come in through the Q and A and through our registration. So we'll have everybody come back on. And the first question actually is for you, Deb. There's a question that was brought in by a participant and that participant asked, what considerations would you suggest for supporting children with disabilities, especially given the unique individual differences that each young person has?

**Deb Robison:** I think the idea of a student assistance program really, really addresses this so well because the idea of a student assistance program can be very individual. And so bringing a student to the team for the team to look at all of those data points around the student, all of their attendance, their behavior, their academics, their social, emotional, their health and wellness. When you have all of those players at the table and all of those eyes on one individual student, I think then those students can get the help that they need in the right time, the right dose, the right level of service versus a blanket service that says all fifth graders will receive this, or all eighth graders will receive that.

**Cindy Carraway-Wilson:** Excellent. Thank you. Does anybody else have anything you want to add to that question briefly? Okay. It sounds like you gave some good coverage there, Deb. All right, the next question. I'd like to hand this one off to Robert. Robert, in what ways can we specifically empower families to support their students at home in connection with all the approaches that we've discussed today?

**Robert Vincent:** Well, I just want to start by saying from my particular view on this, I think you have to start with the families. Remember that parents and caregivers are dropping the most precious thing they have in their life off to the school for care, feeding, and handling. So that's a really important job. It's a lot of pressure for schools every day. That being said, schools have done wonderful jobs over the years. And as we think about the evidence-based practices, one of the techniques that I think is probably not widely as utilized as it could be, is motivational interviewing. Those techniques apply quite well and are easily transferable to conversations with parents and caregivers. Remember, we're the guide on the side. In many cases, unless it's a crisis, we're making suggestions and recommendations, and then ultimately parents will decide the disposition of how they handle that.

**Cindy Carraway-Wilson:** Wonderful. Thank you. Now you got a lot of nods when you started, so I want to invite other speakers. Does anyone want to add to that? Ways to empower families?

**Emily Eckert:** I'd love to piggyback off of that. So one of the things that we recognized early on in the process when I mentioned the student assistance program manual for
Ohio that we're doing, is when we're looking at the process and when you're walking through, as soon as something is noticed that there might be a need, informing the family right away and talking with the family. So not just informing, but involving them and bringing them in to be a part of that process and looking at ways to engage the family in that, so that they're not hearing about it at step two or step three, when there might be a very clear, or there might be a lot of information that we're missing, or there might be other pieces of things that are working for them. And having that involvement and buy-in early on and just hearing and valuing what they have to say and understanding the context is very important as a step one. And also even before anything is noticed, making sure that families are aware of a student assistance program in school as well, too, as a resource and as an option.

Cindy Carraway-Wilson: Wonderful. Thank you. Deb, I did see you come off mute. Did you have something you wanted to add or did Emily cover that?

Deb Robison: I think Emily covered it.

Cindy Carraway-Wilson: Okay. Excellent. Thank you. All right. I'd like to go ahead into another question. This one is for you, Sharlene. How do we prepare teachers, providers, and administrators of educational systems to support prevention efforts?

Sharlene Johnson: If I had to say it in one word, I'd say slowly. We all know that teachers are already overwhelmed with and they're being asked to do more and more. And so, instead of saying, you need to do this, you need to do this. We like to come up alongside of them and say, how can we help you? We arm them with the data. We teach them about the prevention science. One way that we did that is in November, we do appreciation cookies. And I know it sounds kind of lame, but it's a cookie and we put a bag tag on it. And it says 78% of our students report that you've talked to them about alcohol and drugs. And the science shows that if you talk to kids, if a kid has an adult, so they see that they're already doing it, they just don't know that they're doing it.

Cindy Carraway-Wilson: That's wonderful. The appreciation cookie's a great idea. Excellent. Thank you. Does anybody else want to add to that? How you might prepare the teachers, providers, administrators?

Robert Vincent: Can I build a friendly amendment off of something that Emily said?

Cindy Carraway-Wilson: Please.

Robert Vincent: One of the things that can be done that I've observed in many states is something called the principals meeting, which we used to call it principals breakfast. And it's building a little on Sharlene's sort of idea, but in part of it's to build that awareness and to share their data, especially if you have building level data so that they actually have an understanding of what's happening in their building. Unfortunately, lots of school administrators get overwhelmed with the
day to day routine of all of the constellation of activities that happen for them every day. So this is kind of a gift for them and their staff. And it is again to use Sharlene's word, it's that guide on the side sort of notion. We're just here to assist and provide information.

Cindy Carraway-Wilson: Excellent. Thank you. Thank you. I'd like to send this one out to Yvette. Yvette, how can we de-stigmatize mental health, mental health conversations in predominantly Latina Latino populations?

Yvette Highsmith-Francis: That is a great question. And I think one of the most important things we can do is make behavioral health services accessible and have them embedded in. That's one of the beauties of offering services in a school is because it becomes a part of that school culture. It's not a, oh, you have this issue, you need to go there, a strange place, a place that's difficult to navigate. And so having them accessible, available, and I think being intentional as Deb stated earlier and really ensuring that we are staffing with individuals who are culturally humble and who can relate to the community that they're providing the care too. And also starting with the family, as everyone has said, we start with the family. We don't pick the family up along the way.

And so ensuring that there's clarity and understanding. One of the reasons that we took feedback from our community and our enrollment form making it electronic so that folks could do it on a smartphone. Our enrollment just increased exponentially because we weren't dependent on a paper in a backpack getting home to a parent or guardian. But it also is in multiple languages, and it allows families to be able to respond to the question in their language of choice. So I think there's a host of things, but one of the primary is just making it accessible and readily available.

Cindy Carraway-Wilson: And I love the fact that you make it part of the culture, the school culture versus an identified population that we're focusing in on, yes. Thank you. I'd like to send this one out to Karen. What are some suggestions you might have to help school raise awareness around that fake pills issue that you brought up, so that we can support students in the process of making good decisions if they're considering drugs experimentation?

Karen Voetsch: Well, thanks for that and for that important question. I think that schools in particular have always been a partner that people go to when they want to reach kids, and they want to raise awareness among young people. So I certainly think partnering with the schools to bring attention to this issue is an important step. Now I think that there is always... Perhaps the what's hard sometimes is to try to get into the schools in order to bring the information. And so I think really establishing those partnerships from the get go raising awareness, not only within the schools, but in that community context is also really important. So many of our communities have websites, local newsletters, things like that, where we want to bring attention to an issue. My point here is don't depend on the schools alone. They're an important resource, but you can partner with them to bring attention to a larger issue that may be impacting young people.
And just because it's not maybe impacting maybe the young people in that community right now, it could be something that's coming down the pike in the future. And we really want to draw attention to those issues. And really making sure that it's framed from a standpoint of, we want to get the information out there to protect our young people, make sure they're informed, make sure they're aware, make sure that you as parents and decision makers are aware. And so I think the collective nature of that work with the foundation of having your community and school partners at the table would be a good first step. I think a step to try to embed it in the curriculum as a first step. Sometimes you might get a closed door in the face. But when you think about bringing some partners together to draw attention to an issue that you see forthcoming and having that be not only school leaders, but community leaders at the table, I think is a good first step.

Cindy Carraway-Wilson: Wonderful. Thank you so much. I would love to keep asking questions. We've got several more left. However, we are one minute over. So I want to give all of you a hand. And I want to thank you again for the valuable information that you shared with us today. I also want to thank the 321 people who are still online with us. That's wonderful. We appreciate all of you being here and all the questions that you've given. Please be sure to join us for the next webinar and have a fabulous rest of the day.