



Pacific Southwest (HHS Region 9)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Welcome to Today's Webinar

Trauma Informed Suicide Prevention: Leading School District, County & State Systems: Part 1: Policy

- Please post your organization, role, and location into the “Comments” chat box.
- If you have questions during the session, please post them in the “Questions” chat box. If you have comments, please post them in the “Comments” chat box. We will do our best to address them during the session, but if we are unable to we will provide follow-up after the session.
- A copy of today’s presentation and handouts can be downloaded from the pod located directly below the list of attendees. Links were also included in the reminder email that was sent out before the session.
- All phone/audio lines will be muted during today’s session.
- This session is being recorded. The recording will be available in 7-10 days and can be accessed here. https://mhttcnetwork.org/centers/global-mhttc/products-resources-catalog?center=35&product_type=26
- At the conclusion of the webinar a feedback form will appear on your screen. Please take a few minutes to provide us with your thoughts as this is a very important part of our funding.
- If you have technical issues, please email joshel@cars-rp.org.



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MHTTC

Mental Health Technology Transfer Center Network

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Trauma Informed Suicide Prevention: Leading School District, County & State Systems: Part 1: Policy



No-Cost Three-Part Webinar Series

TODAY! **Part 1: A Comprehensive Approach to Suicide Prevention and Policy**

Tuesday, December 1 | 6-8 p.m. ET / 3-5 p.m. PT / 1-3 p.m. HT

**Part 2: Trauma Informed Approaches to Suicide Prevention:
What Every School Leader Wants to Know**

Monday, December 7 | 6-8 p.m. ET / 3-5 p.m. PT / 1-3 p.m. HT

Part 3: Setting the Stage: Collaboration and Risk Assessment

Monday, December 14 | 6-8 p.m. ET / 3-5 p.m. PT / 1-3 p.m. HT

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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

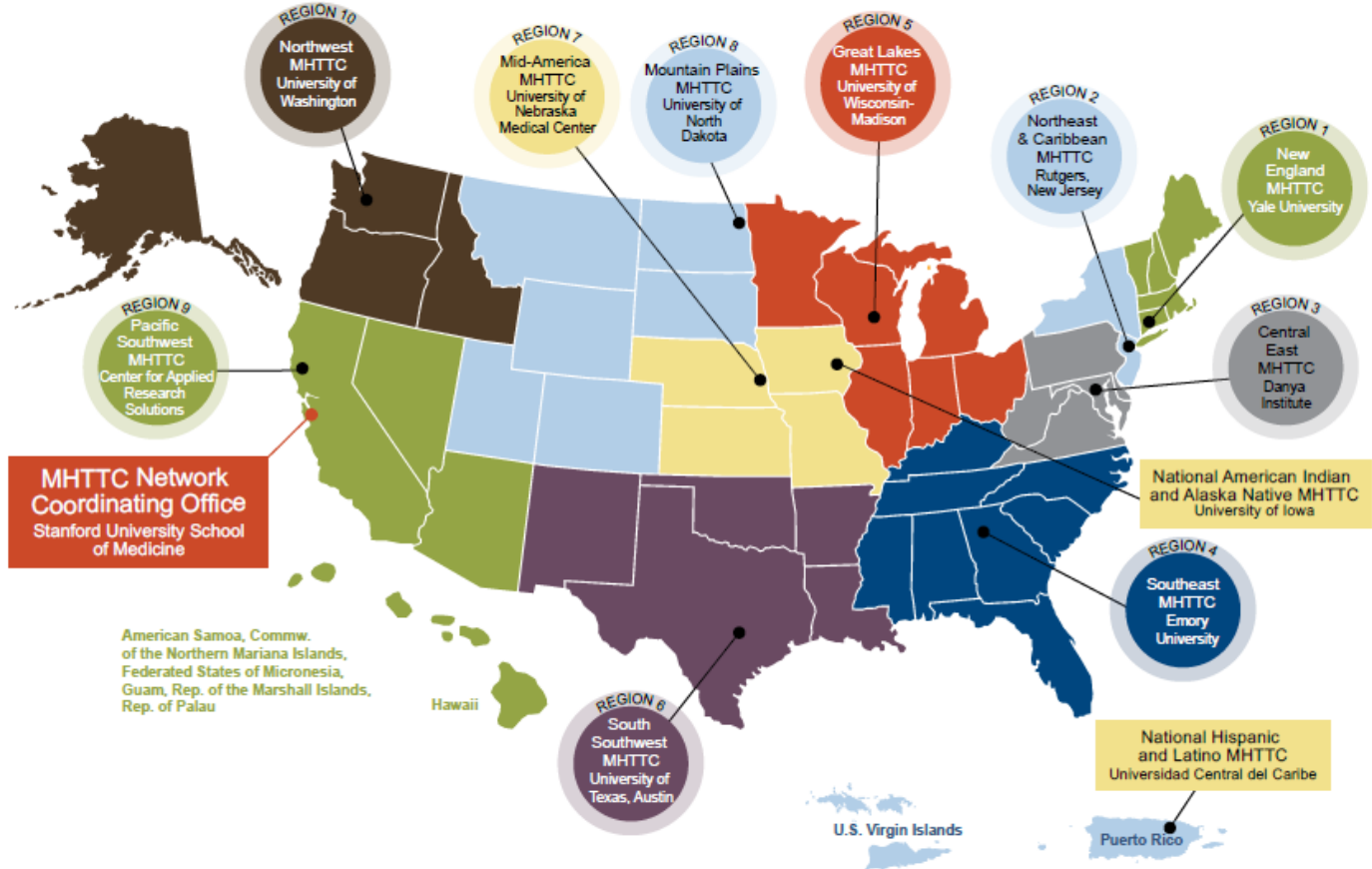


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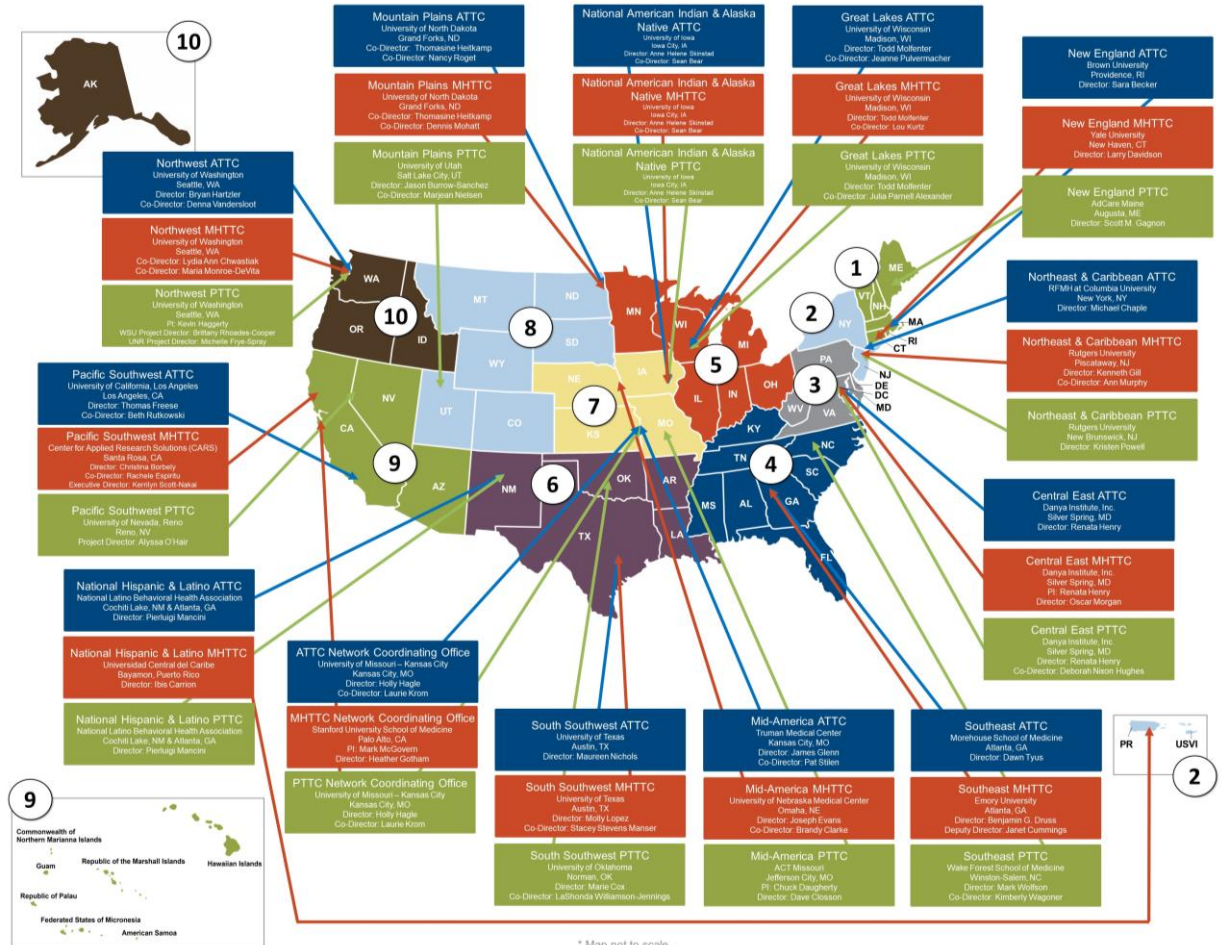
MHTTC Network



Technology Transfer Centers

Mental Health Technology Transfer Centers (MHTTC)
Prevention Technology Transfer Centers (PTTC)
Addiction Technology Transfer Centers (ATTC)

Funded by Substance Abuse and Mental Health Services Administration (SAMHSA)



* Map not to scale.



Pacific Southwest (HHS Region 9)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Our Role

We offer a collaborative MHTTC model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care.

Our Goal

To promote evidence-based, culturally appropriate mental health prevention, treatment, and recovery strategies so that providers and practitioners can start, strengthen, and sustain them effectively.

Services Available

No-cost training, technical assistance, and resources



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

AGENDA

01

Review the prevalence of suicide, national data

02

Review the components of the Suicide Prevention Model Policy: ***Prevention, Intervention and Postvention*** from a Trauma Informed Perspective

03

Provide the Implementation Planning Tool (IPT)

04

Connecting with and understanding IGen/GenZ in suicide prevention

OBJECTIVES

01

Understand suicide prevention policy, the prevalence and impact of traumatic stress and its relation to suicide, and resources available to schools;

02

Understand your role as a school leader in providing trauma informed practices in prevention, intervention and postvention including conducting a risk assessment; and,

03

Learn how to effectively collaborate with school-based staff and community partners for effective implementation and providing follow up support to students and families.

Today's Presenters



Angela J. Castellanos, PPSC, LCSW, serves as a School Mental Health Training Specialist. Angela Castellanos is an experienced mental health consultant and administrator with 25+ years of diverse and progressive expertise in the mental health care industry and school settings. As a licensed clinical social worker, she specializes in administering school mental health programs, mentoring industry professionals (local, state, and federal), developing and teaching best practices in the area of Trauma, Suicide Prevention, Crisis Response and Recovery and School Mental Health.



Heidi Cisneros, PPSC, MSW, has served in various leadership roles establishing new policy and practices in systems impacting student mental health and suicide prevention and intervention. For over 25 years, she has provided trainings on suicide and mental health trends, connecting with GenZ, school safety, school-based services, and crisis response on a local and national level. She has transformed programs and established cutting edge practices in the development of effective suicide prevention campaigns, threat management, new school based- mental health systems and community-school partnerships. Currently she serves as a Student Safety Advocate, specializing in prevention and response to child sexual assault for Alliance of Schools for Cooperative Insurance Programs (ASCIP).



Tina Rocha, PPSC, MSW, has been involved in serving students and families throughout Orange County through her leadership in crisis response and mental health programs. Ms. Rocha has an extensive background in providing countywide school-based crisis response services, training and consultation. Through her efforts in the non-profit sector, Ms. Rocha led county contracted prevention and early intervention mental health services. Ms. Rocha has recently transitioned to developing school based mental health services with an emphasis on suicide prevention, intervention and postvention supports such as Re-entry Systems and expanded mental health collaboratives with community, hospital, and county partners.



Who is here today?

- Take care of yourself!
- If you haven't already entered your organization, role, and location into the Comments Chat Box please let us know you are here by doing so.

POLL

What is your comfort level in implementing a District Wide Suicide Prevention Policy ?

- 4 - Very Comfortable with implementing
- 3 - Somewhat Comfortable
- 2 - Hardly know the basics
- 1 - What exactly am I here for?

Please answer in the polling question that will appear.

Implementation Planning Tool (IPT)

Policy	Strategy Actions to achieve the goal of preventing suicide	District Resources Consider different departments, positions, roles, shared resources & funding	Approach Ways to advance strategy (district-wide and site-based)	Advance Next Steps: Trauma informed procedures and policies (short and long term)
Prevention Goal: Training, Awareness	Develop Board Policy A. Policy B. Procedures			
	Create protective Environments			
	Identification and mobilization of school and community-based resources			
	Promote Connectedness Outreach Activities			
	Teach Coping Skills Student/Family Empowerment			
Intervention: Goal Crisis Plan	Identify and support students at risk (assessments)			
	Lessen the harm, prevent future risk Crisis Support			
Postvention: Goal Stabilize	Supportive Re-Entry Processes			
	Crisis Response			

What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



What is Trauma Informed?

Trauma-informed describes an approach that recognizes the pervasiveness and **impact of trauma** on survivors, staff, organizations, and communities, and ensures that this understanding is incorporated into every aspect of an organization's administration, culture, environment, and service delivery. A trauma-informed organization actively **works to decrease retraumatization and support resilience, healing, and well-being**. Additionally, trauma-informed organizations recognize ongoing and historical experiences of discrimination and oppression and are committed to changing the conditions that contribute to the existence of abuse and violence in people's lives.



A Trauma-Informed Program, Organization or System

Realizes

Realizes
widespread
impact of trauma
and understands
potential paths
for recovery

Recognizes

Recognizes
signs and
symptoms of
trauma in clients,
families, staff and
others involved
with the system

Responds

Responds by
fully integrating
knowledge about
trauma into
policies,
procedures and
practices

Resists

Seeks to actively
Resist
Re-traumatization

**What do we know
about suicide?**

POLL

TRUE OR FALSE

Does asking someone if they are thinking about suicide put the idea into their head?

Please answer in the polling question that will appear.



TRUE OR FALSE

If someone wants to die by suicide, they will find a way, no matter what we do to limit their access to lethal means.

Please answer in the polling question that will appear.



POLL

POLL

NAME AT LEAST 3 WARNING SIGNS

Pain isn't always obvious, but most suicidal people show signs that indicate that they are thinking about suicide.

Please answer in the polling question that will appear.



POLL

What does AFSP stand for?

Please answer in the polling question that will appear.



To learn more about finding the words to have a conversation about suicide visit www.SuicidelsPreventable.org

Fast Facts

- Suicide is the 10th leading cause of death in the U.S. and the 2nd leading cause of death for individuals ages 10-34
- 1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year
- Each day an estimated 18-22 veterans die by suicide
- The rate of suicide is highest in middle age white men

Fast Facts

- On average there are 129 suicides per day in the U.S.
- Firearms account for 50% of suicide deaths
- LGBTQ youth seriously contemplate suicide at almost three times the rate of heterosexual youth and LGBTQ youth are 4 times more likely to have attempted suicide than straight youth
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.

What You Need to Know

Updated Policies Lead to Updated Terminology

- ~~Committed suicide~~ **Death by suicide:** death caused by self-directed injury with intent to die. (“**completed**” vs. “successful”)
- ~~Failed attempt~~ **Attempted death by suicide:** non-fatal, self-directed injurious behavior (which may or may not result in injury) committed with intent to die.
- Suicidal ideation: thinking about, planning, or talking about self injurious behavior with the intent to die.
- Suicidal ideation assessment: critical questions to ask a student who may be at risk for death by suicide or suicidal ideation.
- Walk or Talk Referral: protocol for reporting warning signs or “at risk” behavior face to face or verbally without utilizing electronics or leaving messages. This promotes immediate and appropriate responses.

Suicide Prevention Policy: MODEL POLICY



<https://afsp.org/model-school-policy-on-suicide-prevention>

California AB 2246

Strategic Planning

- Shall involve school employed mental health professionals, local agencies, law enforcement, community organizations for implementation and evaluation.
- Create suicide prevention task force with school leader as chair and point of contact for district
- Appoint staff liaison for each school
- Review and revise policy annually

A District's Journey – Year One

- **We Care Task Force** - School Police, County Mental Health Provider, non-profits, School Counselors, School Psychologists, Health Services etc.
- Combination of policy and outreach “low hanging fruit”
- Design themes, logo
- Identify vetted resources
- Foster site ownership of activities
- We Care and Rainbow Coalition Clubs support, GSA's



We Care 3 Year Plan (Sample)

Year One

- Establish a We Care Task Force with representatives from all areas of support in the district: mental health, school counseling, school psychologists, health services, school police, special education, school admin, parents and community partners
- Write new BP and AR for suicide prevention
- We Care Video featuring students
- Plan coordinated campaign roll out activities for Year 2
- T-shirts and SWAG
- We Care Fridays- schools develop their own activities and events!



We Care 3 Year Plan (Sample)

Year Two

- We Care signage in all restrooms
- Comprehensive Training – Outreach
 - All students grade 5th-12th
 - Training at school staff meetings
- September Outreach Campaign –Suicide Prevention Day-Week
- We Care Art Contest
- Parent SI Prevention Training
- Development of LGBT & Transgender friendly logos
- Student led We Care Clubs Interventions, re-entry supports and protocols



We Care 3 Year Plan (Sample)

Year Three

- We Care info in all school agenda books
- We Care info/resources Parent/Student Handbook
- Hotline on all ID Cards for students (Per legislation)
- Adoption and training of Columbia Assessment for Ideation
- Training for Classified Office and Nutrition Staff
- Training for all support personnel on Re-entry meetings post-hospitalization
- Expand September and February Outreach- Spring prep
- Establish district-wide We Care Day



Prevention

- Safe messaging about suicide prevention
- Suicide prevention training & education
 - Training students
 - Training staff
- Specialized staff training
 - Assessment of risk
- Parents/guardians & caregiver participation & education

Core Training

- Common myths about suicide
- Protective factors
- Risk factors & warning signs of youth suicide
- Appropriate ways to interact with at risk youth
- Procedures for responding to suicide risk
- Procedures for responding in aftermath of suicide
- Resources
- Emphasis on immediate referrals & supervision

Myths VS. Facts

MYTH: People who talk about suicide don't do it/don't seek help.

FACT: The vast majority of people who attempt suicide communicate about it and/or seek help: "You'll be sorry when I'm gone" or "I can't see any way out"

(Smith, M., Segal, J., & Robinson, L., 2012; Ainsworth, 2011)

MYTH: Someone set on taking their own life cannot be stopped.

FACT: Suicidal ideation is accompanied by deep ambivalence. People thinking about death usually don't want to die so much as to end the pain.

MYTH: Risk ends when person/circumstances begins to improve.

FACT: Death by suicide frequently occurs when a person seems to be "improving" due to the return of energy and motivation required to follow through with ideation.

Implementation Planning Tool (IPT)

Reflect

In regard to the National Policy, how does the content presented reflect in or align with your District/School's Suicide Prevention Policy?

Write

Write your responses on the Implementation Planning Tool.

Implement

Write at least one action item in this area you/your team will follow-up within the next week.



BREAK

Prevention Specialized Staff Training

- Training school employed mental health professionals in suicide risk assessment
- Ensuring school district assessors have on going training
- Maintaining appropriate scope of work for different roles i.e administrators and teachers do not complete risk assessments
- All team members have specific and critical roles, each role is critical to effective implementation

Staff

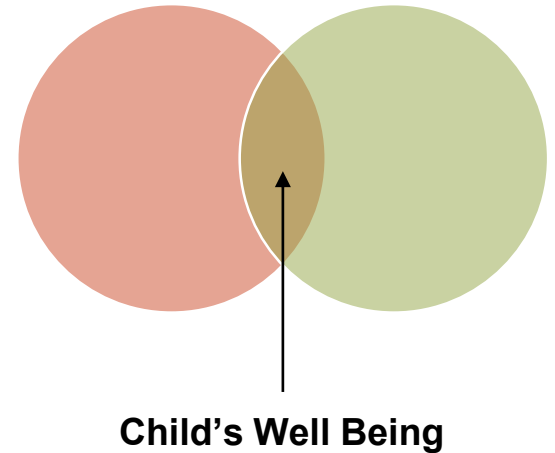
- Youth Mental Health First Aid (YMHFA)
 - teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.
 - is an 8-hour interactive training for youth-serving adults without a mental health background.
<https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth>
 - Free YMHFA Training available through the CDE
<http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- Question, Persuade Refer (QPR)
 - is a gatekeeper training that can be learned online.
 - Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
 - <http://www.qprinstitute.com>

EDUCATORS

Becoming Partners in Suicide Prevention

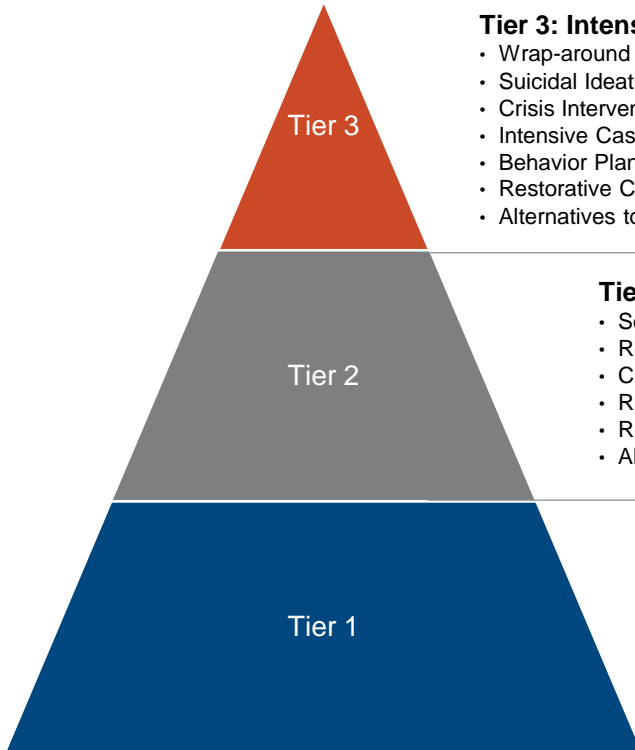
How do we motivate and encourage teaching staff?

- Help them understand processes and liabilities
- Emphasize timelines and immediacy of referrals
- Clarify liability stays with them until they call appropriate support personnel
- Emphasize they are not “risk assessors”
- If they do not follow through with due diligence, their credential and personal assets are at-risk/liable
- Most educators are relieved when they understand the role of support personnel



Buy-in with Alignment

PBIS, RP and Mental Health



Tier 3: Intensive - Few Students Also Receive

- Wrap-around Services: Individual, family counseling and therapy
- Suicidal Ideation Assessments
- Crisis Intervention
- Intensive Case Management
- Behavior Plans, Intensive Social Skills Training
- Restorative Conferencing
- Alternatives to Out of School Suspension and Expulsion

Tier 2: Targeted Supports: Some Students Also Receive

- Social Skills Groups, Self-Management, Mentoring
- Referral and Case Management
- Check-in, Check out (CICO)
- Restorative Questions, Impromptu Conversations, Small Circles
- Restorative Circles: Arts & Healing, Joven Noble, Xinachtli
- Alternatives to Out of School Suspension

Tier 1: Universal Supports: Every Student Receives

- Parent Engagement, Community and Parent Liaisons
- PBIS Universal Framework: School-wide & Classroom Expectations, Reinforcement System, Office Discipline Referral System
- Classroom Management Strategies & Active Supervision
- Trauma-informed Schools
- Mental Health Awareness – We Care Campaign
- Classroom Circles, Community Building Circles
- Community partnerships and support

Implementation Planning Tool (IPT) #2

Reflect

Based on the content presented, reflect upon areas of your district's strengths and challenges as you move forward in development of your District/School's Suicide Prevention Policy?

Write

Write your responses on the Implementation Planning Tool.

Implement

Write at least one action item in this area you/your team will follow-up within the next week.



STRETCH BREAK

Engaging IGen or GenZ Students

“Life Centers around technology, yet they are the most disconnected.”

- Born 1997-2015, 7-23 years old
- Essentially “Early Elementary- College Years.”
- Pragmatic, hopeful, want to solve public issues
- Anything they need is a click away, knowledge, food, friends?!
 - 45% say social media makes them feel judged and 40% report feeling bad about themselves because of social media.
 - More comfortable in their bedroom than a car or party
 - 62% of Gen Z’s are stressed out by rising suicide rates and mental health problems and far less concerned about age-old teenage problems like unplanned pregnancy and binge-drinking.
 - Physically safer than past generation but not emotionally safer
 - Most racially diverse generation, most inclusive, nonconformity is a strong value
 - Seek meaningful interactions yet they are in the midst of the worst mental health crisis

Engaging IGen or GenZ Students

“Life Centers around technology, yet they are the most disconnected.”

- Reduce stigma surrounding personal and national mental health crisis
- Encourage students to start their own “We Care” Clubs- this generation of students are more open to talking about mental health than past generations
- Increase awareness of warning signs and where to reach out for help, encourage student ownership and initiative
- Encourage reaching out for help both digitally and in-person, promote connection
- Campaign materials need to be affirmative and hopeful to be effective and encourage openness

PREVENTION

SAFE MESSAGING

National Action Alliance for Suicide Prevention Framework for Successful Messaging

<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

Toolkit: Making Headlines: A Guide to Engaging the Media in Suicide Prevention

<http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>

How to Use Social Media for Suicide Prevention

<http://resource-center.yourvoicecounts.org/content/how-use-social-media>

Training Resources for Students

Elementary

- Social Emotional Prevention Curriculum
 - Coping and Support Strategies
 - Good Behavior Game
- The Hope Squad
- Kindness Project

Secondary

- Sources of Strength
- Signs of Suicide
- Depression Screening
- ACT (Acknowledge, Care, Tell)

QPR

- Gatekeeper training
- QPR (Question, Persuade, Refer)

SafeTALK

- Gatekeeper training
- TALK (Tell, Ask, Listen, Keep safe)

Prevention

Including Parents/Guardians

Access to training that emphasizes:

- Risk factors/warning signs
- Protective factors
- How to respond and communicate with their child
- Services available through the school
- Emphasis on reducing stigma and other obstacles to accessing mental health services

Intervention

- Collaboration/Supervision
 - Suicide Prevention Liaisons (Crisis Team!)
 - Spells out process for assessment first then parent notification if appropriate
 - Referral process disseminated to staff & parents
 - Parent notification and involvement
-
- Involving protective services
 - Action plans for in/out school suicide attempts
 - Interventions for low, moderate-high risk
 - Local resources & Law enforcement
 - Re-entry planning
 - Safety planning

Postvention

Suicide and the grief that follows a death by suicide are very complex and no one person, no one thing is ever to blame, yet so many will feel responsible and carry such burdens infinitely.

Postvention

- Crisis team!
 - Confirm death with appropriate authorities or parent/guardian
 - Triage staff & notify in person or phone
 - Reaching out to the family
 - Communications/Notifications
 - Psychological triage & screening
-
- Identify students at risk
 - All staff meeting/roles of the educator
 - Memorials
 - Media & social media
 - Safe messaging
 - Long term postvention (Ongoing support for siblings and referred; anniversary, birthday, graduation planning)

A District's Journey

- 1) Certify support personnel in CISM or other crisis response modalities
 - Ensures responders will be trained and ready to respond immediately
- 2) Complete Memorandum of Understandings and trainings with community partners for crisis support “to be ready upon request”
 - When and if crisis impacts school-wide community or support personnel, community partners can be strong level of support
- 3) Student activities to express grief: car wash, poems, letter campaigns to family
 - Need to channel grief into positive expressions and detour maladaptive or self-destructive behaviors and school memorials

A District's Journey

- Develop teacher specific protocols (short, clear and concise)
- Develop protocols for responders (detailed)
- Reentry processes to reduce reoccurrences of ideation
- Tier 3 Intervention Groups
 - The students participate in random safety check-ins and consistently meet with Counselor Lead to establish the club and address underlying social-emotional needs.

Implementation Planning Tool (IPT) #3

Reflect

In regard to the National Policy, how does the content presented reflect in or align with your District/School's Suicide Prevention Policy?

Write

Write your responses on the Implementation Planning.

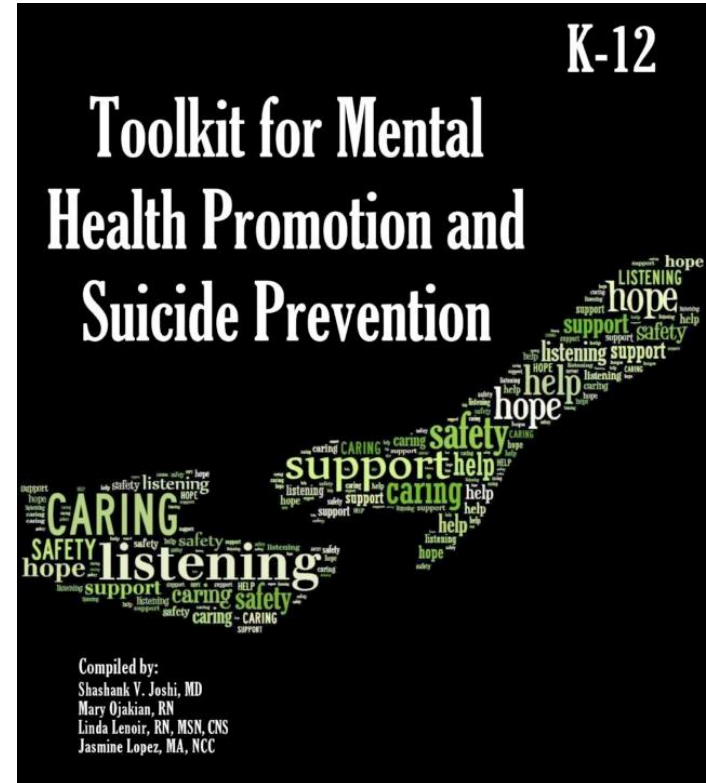
Implement

Write at least one action item in this area you/your team will follow-up within the next week.

RESOURCES

Toolkit for Mental Health Promotion and Suicide Prevention

<http://lspaconline.org/resources/Documents/HEARDToolkit.pdf>



RESOURCES

Toolkit for Mental Health Promotion and Suicide Prevention

SPRC/AFSP

[After a Suicide: A Toolkit for Schools](#)

SAMHSA

[Preventing Suicide: A Toolkit for High Schools](#)





Hotlines

RESOURCES

We have enjoyed our time with you, how else can we assist you?
Review, elaborate, provide more examples?



Good Job

The video will show on your individual computer. Please make sure your speakers are turned on. Once you finish watching the video, come back to the webinar room and raise your hand in the webinar room.

DOUBLE-CLICK the button or link below to start the video.



<https://www.youtube.com/watch?v=ighFo0i0nrA>

References



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[Guide: Creating Trauma-Informed Policies: A Practice Guide For School & Mental Health Leadership](#), January 31, 2019, Pacific Southwest MHTTC



Centers for Disease Control and Prevention

Diagnoses of HIV infection in the United States and dependent areas, 2018. HIV Surveillance Report 2018 (Preliminary) 2019;30. Published November 2019. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-preliminary-vol-30.pdf> Accessed March 25, 2020.

<https://www.cdc.gov/healthyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>



Suicide Prevention Resource Center

<https://www.sprc.org/sites/default/files/migrate/library/glossary.pdf>



National Alliance on Mental Illness

<https://nami.org>



**AMERICAN FOUNDATION FOR
Suicide Prevention**

<https://afsp.org/chapter/afsp-greater-los-angeles>



<https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide>



**What is one
action YOU will
take as a result
of this webinar?**

**Please use the
“Comments” chat box.**

Thank You & Upcoming
Distance Learning
Opportunities

Upcoming
Distance
Learning
Opportunities

**Join us for the remainder
of the webinar series!**

**Trauma Informed Suicide Prevention:
Leading School District,
County, and State Systems**

**Part II: Trauma Informed Approaches to Suicide Prevention:
What Every School Leader Wants to Know**

December 7 | [Register Here](#)

Part III: Setting the Stage: Collaboration and Risk Assessment

December 14 | [Register Here](#)

*All sessions will be held from
3:00 pm – 5:00 pm Pacific Time | 6:00 pm – 8:00 pm Eastern Time*

[View the Flyer](#)

Upcoming
Distance
Learning
Opportunities

Check out our regularly scheduled Office Hours and Wellness Wednesdays!

School Mental Health Wellness Wednesdays

Every 2nd Wednesday of each month | 2:00 – 3:00 pm PT

[Register Here](#)

Office Hours

Every 4th Monday of each month | 3:00 – 4:00 pm PT

[Register Here](#)

Upcoming
Distance
Learning
Opportunities

Interconnected Systems Framework: Systems (Structures & Leadership) and Practices (Services & Supports) For This Moment

Led by Susan Barrett, MA, and University of Southern California trauma informed specialists Steve Hydon, Pamela Vona, and Vivien Villaverde, we invite you to explore the ISF framework by examining systems change (structures and leadership) and the practices (services and supports) needed to ensure student support equity.

Dec 3 | Jan 12 | Jan 19 | Jan 21 | Jan 26

[Register Here](#)

School Crisis Recovery and Renewal Foundational Module Series

Dec 3 | Dec 10 | Dec 17 | Jan 14 | Jan 21 | Jan 28 at 12:00 pm PT

[Register Here](#)

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no cost learning opportunities**
by accessing [our monthly event forecast.](#)

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The recording of this webinar will be made available in the Pacific Southwest Products & Resources Catalog on our website. To view this and all previously recorded webinars that are currently available go to the link below. Check back often as new additions are always being added.

<https://mhttcnetwork.org/centers/global-mhttc/products-resources-catalog?center=35>

**Please allow 7-10 business days for all recordings to be made available.*

Certificate of Completion

A Certificate of Completion will automatically be emailed to all online participants. If you joined through the phone only, please email Joanne Oshel at joshel@cars-rp.org to report your participation.

**Please allow 7-10 business days for certificates to be issued.*

Optional Continuing Education Hours for Mental Health Professionals

Optional Continuing Education Hours (CEHs) are available for a processing fee of \$25 payable to the Center for Applied Research Solutions (CARS) following the event. **2.0 CEHs are available** for ASW, BRN, LCSW, LEP, LMFT, LPCC, and/or PPS as required by the California Association of Marriage and Family Therapists (CAMFT) and CA Board of Registered Nurses. CARS is an approved provider for: CA Board of Registered Nurses #16303 and CAMFT #131736.

To purchase optional CEHs, please complete the survey after the event. You will be directed to the appropriate link and payment form where you may pay online via PayPal or by credit card. For questions regarding CEHs, please email Livia Rojas at pacificsouthwest@mhttcnetwork.org.

**Please allow 1-2 weeks for CEH certificates to be issued via email following payment.*

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Thank you for attending!

We need to hear from you to keep bringing you these FREE resources!

The feedback form will appear on your screen when the webinar ends, and is also included in the follow-up email sent immediately following the webinar.

Your completion of the survey is very important part of our quality control and to our future funding for this project as it allows us to continue to provide you with resources and training, such as this webinar, at no-cost. If you could please take a few minutes to let us know your thoughts it would be greatly appreciated.

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