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Well, we do have a packed agenda, and you want to make sure we have time for all of our panelists to share so I see that it's one minute after the hour and I'm going to go ahead and get us started.

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Thank you for continuing to introduce yourself.

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On the next slide we do want to begin with this disclaimer

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that the views and opinions and content expressed in this presentation, do not necessarily reflect the views, opinions or policies of the Office of Behavioral Health Equity, the Substance Abuse and Mental Health Services Administration or the US Department of Health and Human Services.

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So welcome, welcome to the National Network to Eliminate Disparities and Behavioral Health or the NNED as we fondly call it. This is a virtual round table that is the first of a three-part series entitled community-based organizations, build pathways to behavioral health equity for communities of color.

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Today, we will be focusing on how community-based organizations have been adapting to the behavioral health needs of underserved and racially and ethnically diverse youth.

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My name is Rachele Espiritu and I'm the project director for the NNED's National Facilitation Center, and I'm joined today by our amazing NNED team, Alice Choi, Chyenne Mallinson, Alina Taniuchi, and Annie VanDan.

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Who have been amazing supporters in the planning of this and will be supporting the virtual aspect of this roundtable. For those of you who are new to the NNED, the NNED is a national network of diverse racial, ethnic, cultural, gender and sexual minority community organizations that strive for behavioral

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health equity for all families, individuals and communities. We currently have over 4,900 members, which includes 1,200 partner organizations or community-based organizations across the US territories, the US and the sovereign tribal nations within this

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geographic area.

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The NNED highlights and shares new programs or interventions to build the capacity of its members and participate and participants and one way that we do this is through our virtual round tables like the one today.

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Just wanted to note, we're really excited that we're getting close to 5000 so if you have other friends or colleagues that you want to encourage to join, please do so. Before we just start our discussion today and let me highlight a few logistics for

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you. Please note that all participants are unmuted. But we do encourage you to share your perspectives and comments and questions through the chat box.

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Sorry through the chat. If you have specific questions, it will help us if you put those questions in the Q&A box.

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They can be technical issues or questions for the panelists this just helps us track them because questions can get lost in the chat as you can see, we've got a lot of people introducing themselves which please continue to do that.

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So, if you do have a question please use the Q&A to help us.

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I do also want to share that we are including closed captioning for today's discussion and that is at the bottom of your screen you will see an icon called Live Transcript.

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You can click on that and have the live transcript show on the bottom of your screen, or you can also have it show on the side of your Zoom screen as well.

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This virtual round table is being recorded and shared via Facebook Live on the NNED's Facebook page, and the recording the slides and the related resources, including those that will be mentioned on the virtual round table today will be available for viewing

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later and information on how to access the recording and those resources will be sent to all the registrants within a few days.

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So, I believe the Facebook Live session should be posted in the chat now also just want to note that if there are any breaches to the security of this event we will immediately and the session.

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So, our agenda today is that we are going to begin with a welcome from Dr. Mary Roary who is the new director of the Substance Abuse and Mental Health Services Administration's Office of Behavioral Health Equity, who will set the stage for today's discussion

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will then welcome our panelists from all across the nation to engage in an interactive dialogue.

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And we will ask our panelists along the way to respond to your questions that come up in the Q&A.

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Today's roundtable is going to provide the opportunity to do several things. First, to understand the national context of the behavioral health issues that underserved and racially and ethnically diverse youth are currently facing.

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We will also identify innovative approaches that community-based organizations are taking to meet the needs of youth where they are. We also learn about unique CBO partnerships to address the behavioral health needs of diverse youth.

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And finally, we will learn how CEOs are increasing their staff capacity.

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The social emotional skills and self-care for their staff to quickly adapt and respond to crises.

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So, with that, I'd like to now welcome Dr. Mary Roary, director of SAMHSA's Office of Behavioral Health Equity to give some opening remarks.

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Good afternoon, all my heart is heavy.

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And my thoughts and prayers for a more sound behaviorally healthy place is all my heart.

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So, let's all stop for a moment and pause and honor our recent loss to the entire Asian community.

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In this moment.

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I want us to not think about anything else.

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But them.

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So, we're going to us.

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Thank you.

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Now, thank you all for honoring too much is wrong right now.

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But let's shift our focus to what is right. Right now, which is all of you, you will gain many takeaways from today. But here's mine.

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We are here to celebrate you and to share with you what OBHE is up to, and how we can continue to work closely on behavioral health and equity issues across the lifespan.

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We got this.

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Now, I'm supposed to talk about data.

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Right. So next slide please.

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Before I jump into this busy yet very important slide. You all can read it when you get an opportunity. Here's what I want to talk to you about the importance of data collection.

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Okay. You need a baseline. You need follow up, you need monitoring for trends and evaluation by outcomes in course corrections.

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Without data.

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We can't move policy, without policy. We can't get the resources that we need to make a difference, out there, you're out there.

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Now, what I'm supposed to do.

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I'm supposed to tell you that on this first slide, is that there is a huge problem right past year major depressive episodes among youth 12 to 17 in the United States.

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According to gender, race, and ethnicity and age group, the rates are pretty high.

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And you can see that it's really high for females, right, you can see that the number seven, and the age group from 16 to 17 years of age. Here's what we don't see it could actually be higher, everybody doesn't report.

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Everybody that doesn't even take surveys or participate in research, you all are working very closely with.

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And so, it's important to gather it when we can, but it's most important to keep the work going. Never, ever, ever give up when this target population, and people hate when I say this, "but Mary children...."

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Oh, Mary children. You better believe it. They are our future. We're not going to always do what you see what we're doing here today, but in the future, we may want to retire and just mixer, and just learn how to play golf with knit, or whatever it is

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we want to do, but it won't be this forever. But if we don't invest now will suffer late. Next slide please.

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Here again we have the age group 18 to 25. In the United States, gender, race, ethnicity, data that's being used at SAMHSA, and collected on a regular basis.

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I will make sure I put in the chat link our website because I'm trying to drive everybody to the website, so we can increase the foot traffic.

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Here you see we have young adults ages 18 to 25 on the highest rates again here again is females. And also, there is the different age groups that you can see here that are most impacted as well.

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Also, the different nationalities.

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When we look at Native Americans, when we look at whites, but we look at black, the rates are high. They shouldn't be. This is our youth. And so that's the importance of showing you this data but without the data, we don't have a case.

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Here again, different set of data, capturing still that age group of 18 to 25 in the United States to data is 2019.

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I encourage you to pause again, think about this data in the context of COVID-19.

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What do you think it looks like? Think about this data in the context of civil unrest.

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What do you think this data would look like?

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I encourage you to think that it would be a lot worse, we're not capturing the here and now. One of the problems with data collection is, it has to go through a long, drawn-out process to be cleaned and evaluated, and sometimes not in real time, but it does

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give you a glimpse into the gaps that need to be filled.

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And here again. I'm the rates are pretty similar across the board between the gender and race and ethnicity.

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But we stay number one and just about everything and it's not different here on this slide as well so.

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Alright, so, Rachele, you're up. Thank you all for participating and taking out the time to be here today. Be mindful that you matter. And that you're here today, not for yourself, because there's other things you could be doing.

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It's bigger than you. And as long as you keep that at front and center, you'll be successful. Thank you so much for all that you do for people that look just like everybody that's on this screen.

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Thank you.

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Thank you, Dr. Roary and thank you for giving us that time and space to acknowledge the lives that have been lost in Atlanta, I know that we've all had heavy hearts and minds

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This past couple of days and it's important to remember why we're doing this work.

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So next we would like to invite to Tamara Manzer from Youth MOVE National to provide a national context of the behavioral health needs for youth.

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She will also share about Youth MOVE National's current projects, working with diverse youth.

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I'll turn it over to you.

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Thank you, Rachele.

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Hi everybody, I'm excited to be here again my name is Tamara, and I work with Youth MOVE National, MOVE stands for motivating others through voices of experience.

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And just a little bit about the organization so Youth MOVE National is a youth driven and chapter-based organization dedicated to improving services in systems by uniting the voices of individuals who have lived experience in various systems including

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mental health juvenile justice, education, and child welfare.

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We have a network of young leaders between the ages of 13 and 29.

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With more than 60 Youth move chapters across the country that are focusing on the individual needs of their community.

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And as Rochelle and Marion mentioned the pandemic has brought a lot of uncertainty into the lives of young people. It's also put a magnifying glass on the long-standing history of systemic racism, while at the same time, continuing to exacerbate the disparities

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of youth of color and black indigenous youth of color LGBTQ young people.

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So, I have some data as well.

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Youth MOVE National.

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We use our lived experience to advocate, because young people are less likely to have access to quality mental health and behavioral health support.

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So, we've been keeping a pulse on some national trends as well. In coordinated seen has disproportionately impacted young people about 60% of young people report feeling, an adverse reaction to the pandemic.

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And in 2020, there was a 31% increase in mental health emergency room visits by young people and then there was also a 37% increase of reports of anxiety and depression.

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So, with that young people are also recording an increase use of substances, as a way to cope with the pandemic and racial injustice, as well as considerations of suicide.

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So, we also know that LGBTQ2S+ and youth of color at a greater risk for experiencing an adverse response in this current climate.

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And even before the pandemic.

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The youth in color and LGBTQ young people were already at a deeper intersection of experiencing disparities.

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And in 2019 there was a report released by the black Congressional Caucus about the increase of black youth suicide because of the recent spikes amongst black young people.

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And so, during the pandemic youth of color continue to face significant disparities related to cope in 19, as well as racial trauma so micro aggressions racism, discrimination, we know that young people begin to experience racism as early as preschool.

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And we know that systems and services aren't always designed with racial considerations for intersection identity considerations in mind, and usually end up perpetuating racial violence or retry monetization.

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Simply by not addressing the needs of youth of color, and the root causes of issues that are impacting them

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youth of color also witnessing and experiencing racial violence, we you know we heard a little bit about the hate crimes and the murders of Black and Asian and other people of color.

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So, young people are experiencing this on a daily basis.

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And with that, we also know that, you know, access to care, is lacking for young people of color as well as LGBTQ youth.

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And so oftentimes young, young people of color, and LGBTQ youth are over-represented in juvenile justice in foster care systems, and they're facing many barriers, when it comes to access to, to mental health and behavioral services.

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As far as the social determinants of health go.

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Young people are in a very critical developmental period for their life. And so there continues to be racial and ethnic disparities related to economic stability, access to quality education, access to healthcare, housing, the environment, and so much

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more. So, we say all of this to say that youth of color and LGBTQ to us young people need adequate resources and support in this moment.

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So, here's what Youth MOVE National is doing about some of these issues. So, all of our projects, really empower youth voice to influence change. So, we're building the capacity of young people to engage in systems that work at all levels, and we're coaching

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others to understand what authentic youth involvement is.

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We're also working on a variety of projects that have a specific focus on equity and adjusting the disparities that youth of color and LGBTQ young people face.

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So, one of the major focuses is on building a youth peer movement. Many of our chapters have youth led peer support programs where young people can utilize their lived experience to support one another, as well as advocate for new ways to support the well

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being of young people.

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And so, we're also working to address disparities face by youth of color in the LGBTQ young people within the mental health system specifically.

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With that being said, we also are building the generation next so there are you know over 1.8 million young people in the country that are currently seeking and available, looking for employment, but they're not able to secure a job so we're working to

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establish a generation. Next workforce through leadership development and by connecting young people to employment and Career Readiness pathways.

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And then last but not least because we do a lot more than this. We're working to advance school mental health policies that are more equitable within the education system to better serve the needs of youth of color and LGBTQ, young people.

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So, I will pass it back over to Rachele. Thank you, everybody.

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Thank you to my just wanting to note there was a question about "how do clinics and providers get connected with organizations like Youth MOVE?" and, could you please post your website and any contact information in there for our participants that

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would be great.

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So, I'm going to go ahead and take this opportunity to introduce today's panelists.

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Alyssa Jojola is a program coordinator for the Proud Indigenous Youth Leaders Program at the Albuquerque Area Indian Health Board Inc. Her work includes creating awareness to help provide education in all dimensions of health like physical, spiritual environmental,

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social and mental health for students and families.

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Amara Ifeji is with a freshman at Northeastern University pursuing her bachelor's in science in politics philosophy and economics, with a concentration and environment and energy policy.

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She led her High School's water quality management team for racially and ethnically diverse communities. Feel female identifying and lower income students at the main Environmental Education Association, Amara advocates for intersection of climate justice

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solutions, equitable access to the outdoors and empowering youth to spark change in their communities.

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Julie Laurence is the senior Assistant Vice President at Life is Precious, Comunilife, New York, a holistic youth suicide prevention program, serving Latina teens dealing with depression and suicide through expressive arts, music, comprehensive case

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Management, family engagement and building connectedness. And Monica Martin is a bilingual, bicultural Human Services administrator clinical supervisor mental health clinician and social worker experienced and leading cross sector public private partnerships

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to promote and improve the well-being of children and families.

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So welcome all and thank you for lending your voices and perspectives today for this important conversation. We've heard a lot about data from our first two speakers and now I'm really excited to hear some of that comes to life in the experiences and

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programs that you're going to share with us. So first I'm going to invite you to share a little bit of background about what you do and the and the youth that you serve. So, we'll start with Amara.

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Thanks so much.

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thing my slides are a little further ahead.

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Sorry. No.

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Here I have a photo of me and some on youth. My in high school, as Rachele said I lead a water quality management group. And so, this was of course, to preserve our natural world but of course as well to get youth outdoors.

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And for social and emotional well-being in being outdoors and so through that experience I really found that I was passionate about education, especially in terms of providing powerful outdoor learning experiences, for the mental and social well being

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of youth. So, with the Maine Environmental Education Association, we had a Youth Network all changemakers with over 400 Youth across the state of Maine.

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And this network is youth who are 15 to 30 actually have upwards, a percent BIPOC youth in our network, which given main only has 7% BIPOC, we do serve great numbers of BIPOC youth through this work. Our staff is 75% BIPOC. We recognize

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that there is a lot of generational trauma around, engaging with the outdoors for BIPOC youth. And through our live experiences, we really hope to serve these youth by just noting, these generational traumas that the BIPOC community has and creating more

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more powerful and positive experiences in engaging with the outdoors for all youth in the state of Maine. So that's a little bit about my work with the Maine Environmental Education Association.

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Thank you, Amara and we'll go back to Alyssa, my apologies.

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Thank you so much and it's an honor to be here with you all this afternoon.

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So as Rachele said my name is Alyssa Jojola, I am the Program Coordinator for the Proud Indigenous Youth Leaders Program, and our program is based with at the Albuquerque Area Indian Health Board and we are underneath the community health, education and

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then to see program at the organization.

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So, our program pile for short, we currently are working with two separate school sites, and we work with all American Indian students and ser primarily students in middle school or those were 13 to 15 years old.

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So really our program consists mostly of an afterschool setting. So, we have weekly after school sessions.

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We also have multifamily night activities, and also have a yearly summer program that takes place.

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So really the foundation of our program, what we strive to do is really work on developing leadership skills with our students, encouraging and teaching and healthy coping strategies.

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We work on different types of life skill work with our students as well as our families. And as mentioned before we really strive to include lessons around all areas of health, physical health emotional health, and really try to focus and hone in on those

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mental health lessons and issues as you know, we face a lot of disparities in that area.

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And another thing that our program strives to do is to utilize trauma informed services to our program participants as well as different program partners, and we we've done this by partnering with different organizations in our area.

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And another organ, another organization that we'll talk about a little bit later on as well.

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Thank you, Alyssa.

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So now we'll move on to Julie.

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Hi everyone. Good afternoon. Thank you for having me today.

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I'm here to represent life is precious.

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In New York City where an afterschool suicide prevention program specifically designed for Latina teens.

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The reason for that is because 13 years ago when the CDC released some stats that they released the epidemic of teen suicide became really prevalent and the, the high rates of suicide ideation and feelings of loneliness and depression, but Latina teens

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was the highest. And so the CEO and founder of communal life, Dr Rossa Gill, really listened and heard that data and formed a focus group in the Bronx, because that's where it was, that was the borough that the rates were the highest and listen to our

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families listen to community partners and schools and professionals and life is precious was born of that. We're a non-clinical support program really building a community of support for young people who have a diagnosis of depression or suicide ideation,

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who are in therapy. And then what we do is really do wrapped around comprehensive case management to help the young teens and their families, kind of gain protective factors to alleviate some of the stressors, and to alleviate some suicide ideation.

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We really do that by a variety of ways through wellness activities through art and music groups, through bringing awareness to the community to D stigmatize mental health and the need for services.

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So it's really about building a supportive and loving community for the young people we work with. And as everyone's been, you know, noticing and saying that during this past year during coven, the rates have really increased in the mental health toll

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on teenagers. And so it's really important that we all pay attention to our teens and provide them with the safe and nurturing space where they can build community and connections with others.

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Thank you, Julie, and Monica.

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Good afternoon. It's such an honor to be with my fellow panelists and all the attendees today.

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Regards from Montgomery County Maryland a little bit about McHenry County and who we are, we are, as the map there on the top left corner of the slide reflects We are an inner suburban Washington DC, where the most populous county in the state of Maryland

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with over a million residents and ritually diverse county as well do too many waves of newcomers and immigration, that began in the late 80s and continues through today that map on the bottom left of your slide shows where the concentrations of our immigrant

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resident population come from so we have a lot of Central American residents here.

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A lot of Chinese from India, the Philippines North Korea Ethiopian as you can see just a smattering of countries across Latin America, Asia and West Africa.

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And so the majority of our residents are bypassed here in Montgomery County over 40% speak a language other than English at home, and 40% of our residents of that are adults are foreign born.

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When you look at the youth in our county, and in our school system, we have students from 157 countries speaking 150 languages. The majority at this point are Latinx over one and five are black and half of the children living in this county are either

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foreign born themselves or live with at least one parent who is foreign born. So, we move to the next slide.

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I am, I'm the sole member of the panel who is not employed by community-based organization but my career. Prior to joining local government here in Maryland and McHenry County was devoted to community-based nonprofit work, and I oversee a number of partnerships

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and initiatives with our school system, and amazing community-based organizations, organizations here in Montgomery County to provide mental health and related support and family support services to youth.

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And so a lot of the examples, you're going to be hearing me talk about later today are from our linkages to Learning Initiative, which has been around close to 30 years here in Montgomery County.

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And it exists primarily in elementary schools. So I'll be speaking about our, our youngest youth and their experiences with, with the pandemic with racial injustice and with our ongoing supports to make sure that they are developing their wellness and

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mental health as positively as they can moving forward so we're in 29 schools with high rates of poverty, a number of them with students that over 90% of the community is participating and free and reduced meals, and with rates over 60% of students who,

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whom English is a second language so working with a high immigrant community, again, mostly Latinx, but also West African and Ethiopian and black and African American, with a whole family model to cater to family centered, cultures, of course.

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on relationship building, establishing trust and utilizing that as a bridge to mental health care, and that's the main way that we counter stigma around mental health issues, as well as utilizing trauma informed and culturally specific practices, which

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we'll get to talk about more later in the presentation. Thank you.

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Yes we will. So thank you everyone for providing that brief overview of the important work that you do I think our participants can see that we're going to have a rich discussion around the different kinds of behavioral health impacts are seeing amongst

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our youth as well as the ways that you've been able to be innovative and response to those challenges.

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So as Dr Roary mentioned earlier, there are higher rates of major depressive episodes thoughts of suicide and substance use disorder in this past year and so our first question to our panelists, is to hear a little bit more about what you are seeing in

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terms of the behavioral health impacts among the youth that you serve. So I'll start off with Julie and then go to Alyssa and Monica.

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Thank you.

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A Life is precious. we've seen a devastating toll during coven 19 on the behavioral health needs of the young people we serve. We work in four boroughs in New York City, we're in the Bronx, when Upper Manhattan, Queens and Brooklyn, in some of the poorest

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neighborhoods in the city.

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And so we've seen this cumulative and collective grief and loss that our young people are dealing with on a daily basis.

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Many of our families are undocumented, and so have lost employment, the fear that of housing and security and food insecurity has been really a heavy, heavy toll on the young people we serve.

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And so some of the neighborhoods that we live in and that our young people come from had more trucks in front of hospitals during the early part of the pandemic.

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So really like the idea of loss and death has been prevalent, and we've seen an increase, like never before. Life is precious for hospitalization so the young people we serve with nine young people, hospitalized a total of 11 times for suicide ideation

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and gestures and attempts and have just seen an overall sort of despair and loneliness regarding the lack of going to impersonate school, everything is remote.

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And so it's been really tough for kids. So,

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the sort of community despair has been heavy, and we've really worked at building connections and community to counter act that.

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Thank you for sharing those experiences Julie, I think, Alyssa is also going to share some experiences in terms of what you're seeing in your community in which you work.

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Thank you Rachele.

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You're similar to some of the things that Julie have said, I would say, from reports for our program.

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Two of the biggest things that we have seen from our families in our students has been really those feelings of loneliness and grief.

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We do serve one urban school site, and one rural school site as well.

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But that being said many of our students come from the surrounding tribes that are surrounding the Albuquerque area.

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And in addition to, of course, not being in person in schools for now that it's been a year where we've all been doing this virtual setting, but throughout this time during the pandemic.

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A lot of our.

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a lot of the different tribes have gone to some more extreme measures just to try to contain the spread of COVID 19 so that would include going into lock down at the different tribes so only those who were living there within their communities were able

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to leave, or go and come in and out of their communities.

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And I believe that this was also.

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They were really discouraging. The children from from leaving the communities as well. So it's been really hard.

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We've also had a few cases of suicide ideation that resulted in hospitalization.

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But, you know, as Julie had said we've been really doing the best that we can. Within our program to maintain communication and partnerships with the schools that we work with, as well as building real tight to communicating with the different families

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This ball is building real tight to communicating with the different families that we work with as well to see what whatever it is we can do to help you do the best we can.

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Thank you, Melissa.

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Monica we'd like to hear from you about what you're seeing in McHenry County.

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So similarly right thing a lot of the same things that my panelists fellow panelists are seeing across the country. This isolation from, you know, not just school and other community spaces and rituals but mental health supports those that may not be

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traditional therapy supports but those that exists in the community that exists in in safe spaces in school buildings with teachers with certain students support personnel that being taken away for some of our youth especially for our LGBTQ youth for

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home home is not a safe place for them to be themselves has been devastating. And the reduced stability despite you know providers shifting to telehealth are doing as much as rich as they can in the community spaces that reduce the ability to be able

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to, you know, walk down the hall and just check in with one of those trusted adults that may have been outside of your home that might have been made a significant impact on you on your faith community.

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Again, the reduction and just overall safe spaces safe people to access that some of our youth do have has been quite, quite a loss, and with immigrant students in particular, some of my fellow panelists have said, you know, they've, they've

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been hit the hardest. Many of our low are of low socioeconomic status undocumented may not have health insurance.

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So less access to telehealth even you know pandemic certainly during the pandemic facing language and technology barriers to healthcare because became the main way to connect and provide that support and service, beyond just education, being excluded

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from a number of relief packages in terms of economic stress on their families.

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Having a high proportion of family members who work in essential jobs that put their families at higher risk of infection, as we know, and you know immigrant refugee youth in particular we now have a higher prevalence of symptoms of post-traumatic stress

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disorder, as well as pre and post migration trauma and stressors. So it's not surprising to us that the pandemic has intensified these symptoms. And for families have young children, again that balance of, you know, the stress of the economic fallout

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surpassing for the family, the fear the virus itself. And, really, surpassing any kind of prioritization of mental health and well-being. Again, has taken its toll with students who already have mental health conditions and we're connected to

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us in schools, the challenges and using telehealth with immigrant clients. And again, the less frequent access to technology literacy barriers, the lack of privacy in large or multifamily group homes.

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You know, it created and exacerbated the disparities that we already see, and that we tried to address more equitably excuse me in in schools and in the community.

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So, it created quite a gap that we've been trying to find some other ways to address.

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Thank you for sharing. I heard from each of you that and we can't underscore enough the impact that the isolation and the loneliness is having on the behavioral health needs of our young people.

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So, Amara as a, as a young person from a, an immigrant family. Why is behavioral health important to you and what are you seeing in regard to behavioral health amongst your peers or your classmates in college.

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Yeah, so I think the common narrative amongst immigrant communities is that, you know, this is the United States, it's a land of opportunity. And that is something I always heard when I was growing up and I was always taught that, you know, I should strive

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and work hard to make the most out of this opportunity of coming to the United States, but was it, but something that I wasn't necessarily advised on was you know how to cope with the pressures of this opportunity of being in the United States.

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This was also coupled with our growing up in a home with upwards of 14 people at one point and worrying about the economic needs of my family.

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But in worrying about so many of these different things going on in my home.

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I think that one thing, especially that I know in immigrant communities is that mental health is extremely stigmatized.

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And so, in my upbringing. I didn't really feel comfortable sharing you know these are the things that I am going through these are the things that are on my mind.

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But I was able to find solace on you know in the outdoors engaging in that space with peer support. Something that Tamara mentioned that Youth MOVE National is kind of centering their work around.

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But I also recognize that especially when it comes to peers, high school and college age students like myself that such support isn't as accessible.

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And I think that's why behavioral health is so important to me as an immigrant coming from an immigrant household because I've really seen the toll that a lack of behavioral health care has had on other bypass youth like my myself, including peers, classmates

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and friends, alike.

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I think that, you know, BIPOC youth don't really have to deal with us more personal worries and struggles then mentioned, but also have to deal with the structural inequities and trauma within our society.

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So, it is so incredibly important that there is really a de-stigmatization of accessing mental health services for pop immigrant youth to be able to, you know, come to terms with and cope with all of these different stressors.

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Yeah.

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Thank you for sharing that experience Amara, you're mentioning that youth of color have more difficulty in accessing behavioral health supports and actually that is a lead into the next question that we have for our panelists and so as you shared

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And so, as you've shared a bit about what some of the behavioral health issues or challenges are that that young people are facing. I'd like to ask our panelists now to share a little bit about some of the innovative approaches your organization has taken

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to meet diverse youth where they are and if you could speak to the culture and language and your response that would be helpful as well and I think of interest for our audience.

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So, I'll start first with Alyssa

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Yes, so initially, when we went into the lockdown It was kind of a quick scramble to try to figure out what they are then supposed to do because we were physically in person at our schools on a weekly basis.

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So initially we started off with sending out weekly challenges for the first month that we went.

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We went virtual.

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We have a text system set up so that we are able to send messages out to all of our families and students. So, for the first month it was just providing different opportunities and ideas for the families to participate in together and report back to us

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to just kind of keep participation for our program going.

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And then of course that finally led into us figuring out what we earn all now somewhat experts on using zoom for our online sessions, including our monthly family night sessions as well.

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So that was just something that we decided to carry on with through the summer for summer programming or summer programming looked a lot different. We put together a packet of different ideas and activities for students to do that we would follow on a

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weekly basis, during the summer, what would have been our summer program, and then have other activities for them to do with families in between those sessions that we did not.

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We did not see them online.

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And then of course, we weren't sure we were all hopeful that we would be coming into person again, you know come later fall. And once we realized that was not going to happen, we decided we needed to figure out more ways that we can meet the needs of us

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students and families.

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So that led us into creating a needs assessment, which the families could access online.

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We also made sure to mail out those needs assessments that we could be mailed back and returned to us to figure out just what is it that they needed to them need school supplies where they need of, you know, where their food needs that weren't being met.

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So that was something that had led us to doing a school supplies distribution come the fall when school started again, as well as doing a food box distribution, another month.

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And, yeah, like, like I mentioned, we've just continued to become a little bit more better experts at using zoom for our ongoing after school sessions and family night activities.

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So, I would say those are some of the major ways that we've been able to meet our families and students where they're at.

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Thank you, Julie, please tell us a little bit about what you've been doing it. Life is precious.

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Or we, you know, we really ramped up in the beginning our comprehensive case management services, recognizing that our families were really in need. So, we were able to find ways to get some financial support for families, and were able to provide gift

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cards for food. We were able to connect them with some really great food resources, school supplies like Alyssa mention, helping young people and their schools get connected with like laptops and tablets for them to really continue.

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And then really just like again really pushing the connection between the staff and the girls, and really making sure that their needs are being met. We at life is precious.

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Know that young people need the support of a whole family. In order to really succeed, especially to deal with mental health challenges so family involvement has always been a cornerstone of our work.

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But during this time, we really amped it up, and began weekly parent support groups all led in Spanish by our Senior Program Director, and really helped parents, identify their own needs and help them deal with, becoming the essential workers and their

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families right and learning about their own traditions and valuing those traditions and letting them kind of move past them on to their children, even during these really difficult times.

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And then really helping parents understand the mental health challenges that the young people were going through.

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It's really hard as a mom or as a dad, or as a grandmother to see your teenager, you know really contemplate and consider suicide and so helping them understand some risk factors and signs, has been really critical in healing the whole family.

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So, we've really like amped up family support.

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We amped up our case management and have been providing really amazing and robust programming and groups, really focusing on positive youth development, recognizing the strengths that the young people bring that they might not see themselves initially

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but really helping them, you know, explore new talents or new ideas.

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We spent a lot of time, helping them develop or hone in on their own critical lens about what was happening in society, especially over the summer with the murder of George Floyd and the be no Black Lives Matter protest really helping the young people

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we work with.

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See the structural racism and sexism and economic issues that they're dealing with art, a personal like there wasn't their own problem but really part of the bigger society and the systemic issue, helps people kind of move forward and understand the world

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they're living in better so we've also in the recently, the last few months created a Youth Ambassadors Program for some of the participants who are a little bit older, to really learn some more leadership skills and become peer mentors within life is

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precious. So, it's really about honing in on what's happening in the world and helping the young people make sense of it and make sense of their own challenges and develop skills and talents.

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Thank you for sharing those examples Julie. Thank you, Mr. I'd love to hear a little bit more about the outdoor learning and wellness, that you kind of alluded to earlier.

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Yeah.

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So, I think that you know ever definitely I think we've all spoken to our corporate banking has really highlighted, so many inequities. And we at the main Environmental Education Association really recognize that in our youth network as well.

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So, in taking action to help you in our network.

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First and foremost, at the beginning of the pandemic we raised in redistributed almost \$7,000 for those most deeply impacted by corporate 19, and this was upwards of 60% of individuals as well.

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We also hosted community calls, especially at the beginning of the pandemic It was really hard to engage with folks, and this created a sense of loneliness and isolation and so in trying to, I guess bridge that and having, you'd be able

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to connect with each other and support each other in these times we were able to host these community calls, as well as offer up more opportunities to serve with our organization through fellowships and doing community action projects were either paid

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for their work.

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One thing that be this pandemic is really highlighted is that there has been such a huge need for youth especially to have, you know, job opportunities to be able to pay for things like food and things of that sort.

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So, in providing these opportunities where you are able to work in a sector that they are passionate about that. I, we feel as though we were really able to allow our youth to have that opportunity, would be able to provide for themselves and their family.

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During this pandemic we also launched a mini grant for educators on to implement outdoor learning in their schools.

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These times are incredibly challenging, and I know personally the college student has been pretty difficult for me to learn in the, in the settings so I can't even imagine how you know someone who was in kindergarten or might feel just sitting

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in a classroom so confined to their six foot socially distance workspace. So, we really recognize a need for outdoor learning, and we're able to provide funding to one seventh of all main K through 12 Public Schools prioritizing those with more than, 50%

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free or reduced lunch rates, and really recognizing the inequities on when it comes to both coming from, you know, lower income backgrounds, being able to access our full outdoor learning initiatives.

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There's one thing that we're kind of working on as well, is some Colbert's safe environmental initiatives for our you to be able to engage in the outdoors as well.

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Heat, thank you for all of those helpful examples I think for participants to consider in their own communities.

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They do want to loop back to a question that was posed in the Q&A and, and maybe directed to lay around. If you've been seeing in your work in community, a connection between despair and children who, during covert and the domestic abuse and violence.

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Think you had mentioned at one point a little bit about that during a session where we had spoken.

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But, yes, we have seen an increase in young people talking about aggression and domestic violence within the home. We've had one family that moved into a domestic violence shelter.

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And during the parents support groups was actually able to talk about it with other parents, which kind of opened the door for others to also talk about their own experiences.

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And then, you know, just inherent is that in that is the challenges of really not like moving out of, out right now is very difficult.

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Finding space and shelters is very difficult. So, it's really been like a step by step, just helping individually, each person that presents those challenges and issues and then we've also been able to help some families go through, go to family therapy

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for the first time. So maybe the level of, it wasn't like maybe hi domestic violence but just tension and healthy unhealthy relationships, and so probably about four or five of our families have started family therapy during this time.

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But it is a very challenging experience and dire situation for many people.

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Yes, thank you.

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We're going to move us on to our next question we know that it's important in this work that we can't do it all alone, and so I know that you have each developed different kinds of partnerships to provide the best behavioral health support you can for diverse

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us.

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So, I'd like to start off with Alyssa asking you a little bit about what are some of those unique partnerships that have developed to address the behavioral health needs of the youth in your community.

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So, organization for our program rather we have several staff members who are certified with Mental Health First Aid trained.

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So, we work with other programs and program partners to provide ongoing trainings online to continue to be able to provide those to provide those trainings for, for our families, a majority of our parents and partners have gone through that training so

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we just continue to provide that as needed.

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Back in the summertime when we realized that we were kind of coming to a point where we were feeling a little bit overwhelmed with like having to set up curriculum and programming for online for the remainder of the year.

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So, one of the things that we decided to do was we kind of had a call out and since.

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Send invites to other programs and organizations within New Mexico that serve Native youth. So, we had a few online discussions we called it the New Mexico Native youth groups discussion and that was just an opportunity for us to come together and discuss

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any concerns and kind of exchange ideas and strategies that could potentially help one another, move forward with our online programming in the different areas that we work in.

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Another thing that had happened in the summer, we had our very first partnership with the National native children's Trauma Center.

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So, we provided two different trainings on really just trauma resilient practices for schools, kind of as an introductory training.

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And that actually that partnership has continued on and we are now preparing to launch our very first peer learning network with the National native children's Trauma Center, and that peer learning network is going to be on trauma resilient schools.

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So that is something that's new and exciting that for our program that will be happening this summer.

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Thank you all so there was a comment around how to, how to create these partnerships with school so it's nice to hear what you've been able to do.

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Monica, we'd like to I'd like to ask you a little bit about you mentioned that you're the only one who's not a community-based organization and yet you have deep partnerships with communities and your role, so I'd like to hear a little bit about what some

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of those partnerships of look like.

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Sure, well we were very fortunate to be in a position where we had some long-standing deep-rooted partnerships in place before the pandemic began, where we have again a coalition of private community-based organizations working with us that HHS provide

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some funding to but that is also then leverage through their resources and, and through their networks and their expertise to bring even, you know greater array of behavioral health and other related family supports again with really a whole family approach

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to schools and in connection to schools and it's the partnership is not just one a funding, it's not just one of providing the service, it's very much one of CO planning coordination joint policies and procedures, am in concert with the school

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system as well with our local school system. And so, since we have that in place with kind of collaboration at every level, at the school level with collaborative site teams at the management level with what we call linkages resource team with co-administrators

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from those different sectors and across our senior leadership across HHS and **mcps**, we were able to provide lots of broad flexibility and existing contracts and funding streams to really just, you know, tell and ask our providers to just do what makes

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sense on the ground right I mean that's what we all should be doing during a pandemic.

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But we had the right nest setup to kind of nurture that and so some of the unique partnerships that came out of that were.

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For example, having a one school shut down for example, we had one of our partners YMCA Youth and Family Services, which is a branch here in Montgomery County.

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They kind of retooled a summer art therapy program that they had their particular program that they had used for camp in the past, and they put it in place for a truly really quickly early into the pandemic.

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And they did it through a telehealth Model working very concretely with parents around the access to technology and the digital training if need be to access it, what have you.

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Just to have, you know, kids connect and have an outlet. And the beautiful thing that occurred is that it became kind of a family camp at home because again it was right during the shutdown when adults and parents who may be very often, we hadn't seen

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hardly at all because they were working two or three jobs, ran home with their kids, sending them therapeutic material sending them art materials having an art partner, and our therapists and staff work together to bring against some normalcy and joining

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together in their homes.

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We also, you know, we're looking at how do we continue to expand our infrastructure for providing mental health services to our community that most needs it.

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And in looking at even new emergency of preparations related to expanding our mental health workforce. We of course ran into barriers as we, I think all do all the time but especially right now during the pandemic, and even securing enough of you know

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bilingual, bicultural mental health providers to really do the clinical work for the youth that were in need and even willing and wanting to be engaged in treatment.

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And so, we had to come up with some alternative models and so we've been piloting a therapeutic recreation program that I cooperate those outdoor elements that are more talks about and some of the other programs in here at about today, but it is specifically

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in order to engage non license, diverse professionals to work directly under the supervision of a licensed professional, so that they have a continued guidance and training and oversight and support, but to engage with youth in face to face, socially

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distant outdoor interactions and with, and with families, and it's available to the youth or was saying, also, you know, I'm not interested in therapy.

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I don't want to go to therapy, but this is more interesting to them because they get out of the house, they get to do something that's, you know, fun, but it's also in general market and now to our youth who've suffered the most code related losses, who've had

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limited social interaction who are struggling with virtual learning so again working really closely with our school system. And these partners that are already in the community to identify those you can benefit from that.

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And, you know, providing some good mental health-oriented supports otherwise. Yeah.

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Thank you, Julie mentioned partnerships with schools we'd like to have our audience here a little bit about what you've been able to explore.

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Sure.

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Because we know the academic stress is a big risk factor for young people. We have pre pandemic really tried to be involved with the school staff with guidance counselors and social workers and teachers to really check in on our girls and kind of support

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their treatment and school and academic success.

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And so that's always been a big part of our work, but during this time, right, it seems like that has been even needed even more. So, we have been able to work closely with our local schools and provide mental health workshops for all students, boys and

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girls, we, our program is pretty gender responsive to girls' program, but our trainings really reach both boys and girls to D stigmatize mental health, and to help them identify risk factors that they might have to identify warning signs and to really

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help build resilience and to connect them with the right people in the schools where they can get support and services as well. So, we've been able to provide lots and lots of workshops for middle schools and high schools throughout the pandemic.

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And then also partnering with the parent coordinators of the schools and help run parent workshops to increase knowledge about mental health challenges of teenagers and to D stigmatize it as well.

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So, twofold working with the kids. And with the parents has been really important work.

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Yes, thank you, Julie, it's definitely a comprehensive approach.

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So, we know that you have all shifted quite a bit you've noted this in your responses, especially during co-op ed and meeting the needs of young people of color, and your staff have also had to adapt to the changes with social distancing and moving to

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digital spaces while also managing their own personal lives and families and so my next question is around how has your organization, and staff worked to kind of re-energize yourself and keep yourself going to ensure that self-care is really important,

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as we know, young people know when we're not showing up as our best selves, often so Julie I'm going to come back to you again to share a little bit about what the agency has done great your community life really spoke the executive team

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really spent a lot of time on this issue, and even just really encouraged all the programs and staff to recognize vicarious trauma.

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I think that's the first step to recognize that a lot of us have are going through traumatic experiences as well.

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And then to prioritize self-care. So as a whole the organization has.

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Initially we did a, an all-staff town hall meeting where our executive director, sort of, recognized this and talked about it, and appreciated staff and all the hard work they were doing and incorporated sort of two mental health covert related mental

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health days, extra days office that we have an extended sick, period.

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Leave for people who do get Corbett because we have had staff, become ill.

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And then really just making sure that all the programs and community life have consistent supportive and trauma informed supervision and staff meetings.

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So, it's really about, you know, building the community for young people and families is critical. But we really like my main goal has been building the community of staff and the support that we provide each other.

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And so that's been really I think helpful. During this time, and then also making sure that staff are getting trained by getting new information about covert about new ways of working remotely and so really making sure that all staff are developing skills

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and feeling valued and important and Kim. Thank you. Monica, I l'd love to hear a little bit from your perspective about how you've been working around this issue too, in terms of more from the systems perspective.

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Right. Sure, absolutely because all the organizations in our partnership. We're doing many of those things that Julie reference as well, anything we're already trauma informed organizations have certifications and being common form so again had set laid

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set laid the groundwork to then we look at that through the lens of the impact of the pandemic so systemically we looked at focusing on where we would fill in the gaps around self-care for maybe those individuals who may be at least have access to

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or for whom it's maybe least ingrained just systemically and so that ended up being folks more leadership roles. So, creating some other opportunities that our school system created but that we partnered with on doing check ins with school administrators

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and principals. Also, using that same platform and training and I have to continue thinking our school system for that to do check ins with the executive leadership of the organizations in our partnership, offering us based in place that was not within

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the organization but was within a peer group of partners to do that kind of reflection and have devoted time thinking about and responding to the, the issues of racial injustice that you know we have, we have suffered over the last year.

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And then you know the examples of other things that are happening on a regular basis, across HHS and other organizations on a, on a daily basis are also I think super important.

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Starting meetings with chickens just devoting to start just a culture of starting with chickens, all around you know everyone's here where they are right now in this moment.

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It's not something new. But, you know, I think initially that was pandemic response most people went to emergency response mode, and some of those

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customs or what have you, that may have been in place, it may have gotten lost for a little while. And if they weren't in place to super important to really create the space for them make that a new kind of part of the culture and really focusing

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on celebrating the wins.

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The good news.

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There's no such thing as a little when everything is a big one.

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Shout outs, whatever your organization you know wants to call it or name it whatever makes sense for your culture just making sure that's their people need to see the light in the midst of all of this, just like the youth that we serve.

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You know we're trying to facilitate that process for them.

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And then, you know, the other kind of HR flexibilities that you heard Julie talk about with flexible scheduling and encouraging use of leave and including mental health days as part of that those kinds of things.

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Thank you for sharing that. We did have a question from the audience that I wanted to pose to one of the panelists. So, the question is, what have you experienced around tension and expectations of immigrant's parents related to their children born here

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in this country or in this culture and how are you how are they trying to manage that to reduce the tension towards building a more cohesive family so curious if any of your providers are working with immigrant families around such issues.

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Can you repeat the question how parents are sat here? Yeah, what, what have you experienced around the tension and expectations of immigrant parents related to their children born in this country, how are they managing to reduce that tension towards building

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a more cohesive family.

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You know I think for a lot of the immigrant families that we work with.

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That was their pre pandemic to everything has been exacerbated. But the issue of mixed race by cultural identities being mixed documentation statuses those kinds of things being managed within, within a household, especially with in one for

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where again for by for example, you know, maybe parents are working a lot, they're not at home a lot.

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And youth are managing a lot of environments on their own. So, in the in the strongest and most united of families, it's still just an overall challenge to maintain your family identity right and to find practices and ways to ensure cohesiveness

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as you're talking about, and I, it makes me think of a time that I worked clinically with an adolescent and in therapy and his mother, who are very close emotionally bonded and just very strong unit.

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But language had become a rift, and this is not something you know that I think is going to be new to anybody watching today, so much that it became a clinical intervention for me to just throw the bilingual dictionary at one of them in a moment, because

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they didn't realize how much they had lost in translation with each of their preferred languages because the sons preferred languages English and, and the parents was Spanish, and so on the one hand, yes, I think some of those tensions increase, as many

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of us experience all of a sudden, we're with our families all the time, right we all experienced something related to that. And so, there was a new dynamic that nobody was there the whole family wasn't used to now in the home together, but at the same time

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I've seen a lot of positives, come out of that as well, because it's kind of its forced families to relate and to associate differently and for longer periods of times and entire spaces so there's a lot of stress and yes exacerbation of that and

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so that's, you know, again, the whole family approach is so critical to be dressing the whole family wants whenever you can, and therapy or treatment or support services, but it also has for some positives as well for some families, depending on them

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dynamic.

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Yes, and that. So, you did answer my next question which is a great Monica will lead into that section which is what some of the positives are that have emerged and so thank you for leading into that.

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I do want to just loop back to Mr. Because you've talked a little bit about the intersection of racial justice and environmental justice and want to hear a little bit about what some of those positive outcomes have been about from doing outdoor learning

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with racially and ethnically diverse youth, and what the impact has been on their behavioral health.

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Well, in terms of environmental and racial justice and how they're linked.

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One can't really talk about one without mentioning, there is, I mean it's a little context, environmental exploitation disproportionately takes place in lower income communities of color on and in these communities, insurance, base that health repercussions

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of this exploitation.

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Historically, there's a lot of generational trauma about engaging with the outdoors and the natural world, because of things like sundown towns, and how a lot of the violence that has been perpetuated against by far communities has taken place in upper

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spaces. So, with this in mind, a lot of the youth that we work with.

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Really on to this work that that fear that trauma of on this is not a place for me this is not a place that was.

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I'm supposed to engage because I was always taught, never to be in these spaces.

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But it's really through these experiences that you have been able to create positive ones around the outdoors.

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But also, they've been able to create more intentional spaces and be outdoors, intimate spaces where they have been able to share not only the things that are on their mind around engaging with the outdoors, but things that are on their mind, personally,

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that they are going through.

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There has been no such more intimate experience that I've had, then when we took some youth to a four H Center has for each on learning camp, and we were just outside, and we were sharing our gratitude.

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And at one point, we just had so many sharing what was on their hearts what was on their minds, things that they hadn't been able to open up to before.

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And so, these are really the positive. And really the reason why I work.

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Thank you for sharing that Tamara, Alyssa I know that you've talked a bit about more conversations that's been happening, what have you seen in the community around the positives.

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So, I would say that even just being able to create freedom and opportunities for us and to have these hard conversations with our students around different areas of in my environmental justice social justice.

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The different, you know, issues around systemic racism and really just allowing us to expand our content in what we do provide as far as programming for our students.

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We've been really lucky to be able to also.

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I guess that is one positive with the virtual learning spaces being able to, to have guest speakers come on and be able to provide more just more knowledge in those areas that have had a lot of experience in working with social justice work.

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So that has been a big positive for us is creating more room and space to have those conversations and learning experiences as well.

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Thank you. So, I do want to share my things and our team's thanks with our panelists, you are all doing amazing work to support our young people and it's so important and impactful during these difficult times.

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Before we do and I do want to share. We do have one more question for our panelists, but I'd like to ask Alina, to share a couple of resources with our audience.

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Sure. Thank you Rachele, I just wanted to quickly invite folks to join the national network to eliminate disparities and behavioral health and allows you to post stay connected with what's going on around or virtual tables and connect with resources,

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actually community-based organizations as well. Through partner central it's a really great resource to get connected with folks who are in working communities and doing really great work around.

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Behavioral Health Equity, and also just mentioned NNEDshare is also a great resource bank for folks, it has some really great ideas around actionable strategies that folks can take to improve behavioral health in their communities.

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So, that's also where resources from today's virtual round table that were mentioned the recording, slides and everything will be made available pretty soon.

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Great, thank you Alina, and sorry I missed a question in the Q&A, so I wanted to make sure I looped back to that there was a question around. If any of the panelists or even if Dr. Roary might answer this have ever recommended counseling or therapy for

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your own staff members and how you would do that?

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I'm happy to jump in. Oh, go right ahead.

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Go for it, Monica. You know, I was just going to say that if, if, if you're approaching any of your staff around health and wellness and self-care strategies and what have you.

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I mean that's as opposed to going straight to kind of therapy or counseling, even if it is your judge you know your opinion that that is what's needed in the situation that it's part of our job as supportive supervisors right and the trauma

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informed context to always be checking in around what we're seeing what we're observing what's happening that that we're noticing that concerns us for the, for the person on our team right and for their health and wellness and so I've always found that

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it's been kind of through a discussion that starts with health wellness self-care. what are you doing what's working, what's not working? Is there anything we can do here in the workplace to support that and taking, or and or taking the time that you

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need to find a way to support that that that typically if there is going to be a part of that package that that will come out as part of the discussion.

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Those are my two cents.

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Thank you.

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That's great. I actually have it on our weekly agenda. So, it's called work life balance. And so, I think you have to incorporate it in everything that you do.

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If you're not healthy how you supposed to make everybody else healthy, you got to take care of yourself.

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I also am a professor at Catholic University, and I teach counseling and I teach therapy, and I always tell counselors and therapists that the best counselor and best therapist.

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Go get counseling, go get therapists, go get therapy so that's what I would encourage it's a part of life, and we do better when we are better, right, and then we're hoping that it'll be, it'll spread like wildfire.

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Right, so I'm good communities good everybody's good right but if you don't feel good, it impacts the entire team morale. And we already are working now a lot more than we were.

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So, I tell people telework means mega work. People think because we're not commuting back and forth, but you still need to take time out for that mental health break, you need to get up and stretch, you need to engage in yoga, you need to try to get at

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least eight to 10 hours of sleep, all the things that we know we should be doing. Just try one of them.

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So, thank you. Thank you and thank you for the questions, so we do want to end with word of hope from our panelists who've been doing such amazing work in their communities.

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So, I'd like to ask Monica, Alyssa, Julie, Tamara, Amara to share a word of hope with our participants today. Monica?

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Never underestimate the impact of your work, therapists, often talk about, you might be planting seeds that you don't see you know what's going to come up with them until the future, not just therapist any teachers anybody those professions, but not only

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only are you literally saving lives because you are and you're not always going to know when you're curbing someone's trajectory towards suicidal ideation or self-harm, you're not always going to see it sometimes you're going to see it no it but you're

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not always going to not only doing that. But in doing the great work that you're doing, you are presenting a positive normative image of what it's like to care for yourself and what mental health and wellness means, and so beyond supporting youth.

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On to fulfilling whatever their passions and dreams are. You don't know how many you're actually inspiring to be behavioral health practitioners, as well.

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And we need by Park youth to enter this profession and expand our capacity to more culturally competently serve all of our youth. Thank you, Monica.

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Alyssa words of hope.

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For us it's always a reminder to our culture in our roots, you know, our families are stronger together, or communities are stronger together. We are being carried by the love and strength from our ancestors in your resilience and you're going to continue

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to be resilient, these hard times.

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Thank you, Julie.

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Yeah, I would say something similar the real despite like all the hurt and despair that we all kind of experience and go through and especially our young people, that there is sort of that light at the end of the tunnel that we are planting the seeds

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and so, to really like allow hope, and love to kind of guide instead of the darkness that we sometimes feel.

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Thank you.

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Tamara.

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Yeah, so I would say that young people are you know driving change and I'm really encourage folks to continue to support you to be the voices of change, and also support them with healing and joy and things that really interest them.

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Yeah, thank you.

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And Mr. I wanted to close with you as our young person and panelist on our panel today.

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Thank you so much. I just wanted to go back to something Monica said about really by providing these, this support, being able to inspire young folks to be behavioral health practitioner.

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There is really nothing more powerful than having someone who shares your lived experience and being able to relate to them and share what is on your mind and the things that you worry about and then all of that.

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So, I would say that. Thank you all, really for all the work that you do in being able to provide that opportunity for generations of diverse youth to come in, can we do want to thank our participants for contributing so actively to the conversation through

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your questions and your chat activity and the words of things and support that you're giving to our panelists today. We hope that you're able to take away nuggets of useful information to bring back to your own community.

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So, as we come to a close. Thank you again to our panelists include, including tomorrow with Youth MOVE National Dr. Mary Roary with obesity and the SAMHSA team members and to all of you participating.

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Whether you are already NNED members or hopefully plan to join today that would be great.

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This is the end of our virtual round table we do ask you to complete a survey that we will post in our chat and we thank you and hope that you have time for some of your well-being today and take care of yourself and then the important work that you do.

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Have a good day.