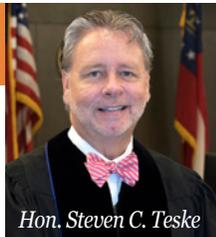


Snapshots of Mental and Behavioral Health Services for Children in Diverse Situations and Settings

LOCAL JUDGE HELPS SHAPE NATIONAL JUVENILE JUSTICE REFORMS

Interview of The Honorable Steven C. Teske, Chief Presiding Judge, Juvenile Court of Clayton County



Hon. Steven C. Teske

Juvenile Justice Reforms in Clayton County Include Focus on School-Justice Partnership

GPAD: Judge Teske, you were appointed a juvenile judge nearly 20 years ago, in 1999. In 2012 you published the book, *Reform Juvenile Justice Now: A Judge's Timely Advice for Drastic System Change* (Publisher:

Center for Sustainable Journalism). Today, you are frequently called a national thought leader on juvenile justice reform, and a passionate advocate for children. You are also credited with helping to create the Nation's first school-justice partnership. What led you down this juvenile justice reform path?

Teske: The path began to unfold not too long after I took the bench. As a new judge, I was given all the preliminary hearings. I noticed right away that there seemed to be an inordinate number of students coming in from the school system. In 2002 I asked our IT person to compile the total number of school-related issues. Based on a disaggregation of the data by offenses and racial/ethnicity, I found that 92 percent of the offenses were misdemeanors, and that black students were 12 times as likely to be referred to the courts than whites. The number of referrals to juvenile court increased 1,200 percent after School Resource Officers were hired. Seeing this data made me conclude that the system was broken and needed to be fixed. It's important to reform systems because you can have really good people in charge, but if the system that they are functioning in is broken, they will make broken decisions that will come across looking like they are mean and uncaring.

GPAD: Tell me about the school-justice partnership that you helped to create in collaboration with Clayton County School System.

Georgia Project AWARE Vision, Mission & Goals

What is Georgia Project AWARE?

Georgia Project AWARE is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded youth mental health initiative. AWARE stands for *Advancing Wellness and Resilience Education*.

Vision

School-aged youth in Georgia experience social and emotional wellness in educational settings through integrated systems of behavioral and mental health.

Mission

The mission of Project AWARE is to build and expand the capacity of school and community partnerships to coordinate and integrate systems of behavioral and mental health services

for Georgia's school-aged youth.

Goals

- To increase awareness of mental health issues among school-aged youth.
- To provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults
- To connect children, youth, and families who may have behavioral health issues with appropriate services.

Georgia Project AWARE Team

State Core Team: Rebecca Blanton, Project Director/Coordinator.

LEAs

Muscogee: Kenya Gilmore, GPA Manager/Coordinator; Courtney Lamar, Mental Health Coordinator; Connie Smith, Ad-

ministrative Assistant; Rhonda Patchin, Technical Assistant; and Michelle Pate, Technical Assistant.

Newton: Adrienne Boisson, Manager/Coordinator; Chris Williams, Assistant Coordinator; and Naran Houck-Butler, Mental Health Clinician; Cindy Leiva, Administrative Assistant.

Griffin-Spalding: Jason Byars, Manager/Coordinator; Debbie Crisp, Assistant Coordinator; Kelley Pettacio, Mental Health Clinician; and Rhonda Harris, Mental Health Clinician.

Evaluation Team (Georgia State University):

Drs. Joel Meyers, Kris Varjas & Ken Rice.

State Training Team (Georgia State University Center for Leadership in Disability):

Dr. Andy Roach, Dr. Emily Graybill, Dr. Catherine Perkins, Cirleen DeBlaere & Breanna Kell.

Upcoming Project AWARE State Management Team Meetings –

May 9, 2018. Meetings begin at 10 a.m. and are held at Georgia Department of Education, Twin Tower East.

Disclaimer: The views, policies, and opinions expressed in this newsletter are those of the authors and do not necessarily reflect those of the Georgia Department of Education. Any mention of products or resources should not be viewed as an endorsement.

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Teske: I began working with Clayton County School System on potential alternatives to handling juvenile delinquencies in 2002. The School System and Juvenile Court signed a Memorandum of Understanding that created a school-justice partnership. In the beginning we called it the School Referral Reduction Program (SRRP) and later changed it to the School-Justice Partnership. Our focus is on keeping students in school and out of court by decreasing the number of unnecessary suspensions, expulsions, and arrests for minor offenses. Our baseline year for tracking changes was set at 2002. Former Clayton County Schools Superintendent Luvenia Jackson, who was the Assistant Superintendent at the time, expressed an interest in exploring how the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI) model might be used by educators.

GPAD: Clayton County became an Annie E. Casey Juvenile Detention Alternatives Initiative (JDAI) site in 2003. What does this initiative involve?

Teske: The wisest thing I’ve ever done as a judge on the delinquency side was to embrace Annie E. Casey’s JDAI model. This model helped the

school district and court to make a solid commitment to work together to figure things out. I don’t think that we would have as many young people of color graduating and going to college if we had not firmed up our approach using JDAI strategies. What we have actually seen over time is that, as the graduation rate went up, the number of juvenile crimes went down. For example, the Average Daily Detention Population (ADDP) for juveniles was 72, and today it is 13. This was made possible with the help of the School-Justice Partnership, which reduced school based arrests by 93 percent. Together these detention alternative strategies have increased our graduation rates by 24 percent since 2004 under the “overall” reporting formula, and nearly 20 percent under the “adjusted four year” reporting formula.

GPAD: Please tell me more about the school-justice model that is currently being used in Clayton County.

Teske: Our model has three tiers. Tier 1 addresses minor offenses that may result in giving students a warning, or requiring the student to make an apology. At Tier 2, the student’s offense has caused property damage or visible non-serious physical injury and must involve the victim’s assistance in coming up with a solution. This is the level at which restorative justice practices are implemented.

GPAD: What exactly does restorative justice involve?

Teske: We have a Restorative Justice Unit in Clayton County. One of the goals of restorative justice is to educate juvenile offenders and involve them in repairing the harm they have caused. This gives them an opportunity to take responsibility for their behavior. Individuals who are the victims of crime are involved in helping determine the restorative actions or solutions that should be considered.

GPAD: What about Tier 3? Which students are seen at this tier?

Teske: Tier 3 involves students who are chronically disruptive and have gone through Tier 2 interventions with restorative justice, but it has not worked for them. The students at this level tend to be suffering from trauma of some sort and need something more clinical. The clinical interventions are provided through our System of Care, which we call SOC.

GPAD: What types of professionals provide Tier 3 interventions?

Teske: First, let me tell you about how we decided to create our SOC. In 2008 we looked at our data on Tier 2 students who were not responding to restorative justice practices. We found that 86 percent of those not responding had experienced serious trauma and had moved to the “deep end.” Meaning, they were most likely going to drop out of school without clinical interventions. The data told us that these students and their families needed interventions. Clayton County School System and several other public and private organizations were willing to contribute funds for Tier 3 interventions, but we needed a 501c3 non-profit mechanism through which to flow the funds. We, therefore, utilized the existing Clayton County Juvenile Justice Fund Foundation to house the SOC.

ABOUT JUDGE STEVEN TESKE

Judge Steven C. Teske is the Chief Judge of the Juvenile Court of Clayton County, GA. He was appointed juvenile court judge in 1999 and also serves as a Superior Court Judge by designation. Judge Teske has testified before Congress on four occasions and several state legislatures on detention reform and zero tolerance policies in schools.

The Governor has appointed him to the Children and Youth Coordinating Council, Governor’s Office for Children and Families, DJJ Judicial Advisory Council, JDAI (Juvenile Detention Alternatives Initiative) Statewide Steering Committee, Georgia Committee on Family Violence, and the Georgia Criminal Justice Reform Commission. He served two terms on the Federal Advisory Committee for Juvenile Justice and is the National Chair of the Coalition for Juvenile Justice. He is a member of the National Council of Juvenile and Family Court Judges and has served on the Board of Directors. He is the past president of the Georgia Council of Juvenile Court Judges and the Clayton County Bar Association.

He has written several articles on juvenile justice reform published in the Juvenile and Family Law Journal, Journal of Child and Adolescent Psychiatric Nursing, Juvenile Justice and Family Today, Family Court Review, and the Georgia Bar Journal. His book, Reform Juvenile Justice Now, is a collection of essays on juvenile justice issues.

Judge Teske is a Toll Fellow of the Council of State Governments and the 2018 recipient of the Juvenile Law Center Leadership Prize Award. He received his J.D., M.A., and B.I.S. degrees from Georgia State University in Atlanta, GA, and is an adjunct law professor at John Marshall Law School in Atlanta.

Public and private mental health providers deliver clinical services to our students.

GPAD: Sadly, as we speak today, the nation is anguished by the shootings that took place at a high school in Parkland, Florida. The gunman is reportedly a former student who was receiving mental health services following the death of his adoptive mother. As a juvenile judge, when did you realize that mental and behavioral health issues are a major part of the struggles of youth who show up in your courtroom?

Teske: I came to the bench from a background that immersed me in mental health issues. So by the time I took the bench, my mind had already been shaped to look at behavior as a symptom and try to find the cause so that it can be treated. For example, detention of juveniles is not a treatment. When I detain juveniles, it is because I am worried that if I let them go they might hurt someone. I've tried to learn from the education literature as well about how to identify youth with mental and behavioral health problems. It appears at times that we have a lot more children who are suffering from trauma. But I think what's happening is that we know more now about how trauma affects students' learning and behaviors and are more likely to identify these students.

GPAD: In reading your opinion blog posted July 12, 2016 on *Youth Today*, I got the sense that you believe that educators have an obligation to identify children at risk due to traumatic experiences from the day they walk into kindergarten. You wrote this: "Our systemic failure to respond to the needs of these very vulnerable children the moment they set foot into that kindergarten classroom later becomes OUR collective iceberg. We scramble to reduce crime, but become frustrated because our attempts are as futile as changing the course of the Titanic. Futile because we waited too long to fix the underlying determinants of their delinquent conduct in adolescence. When that conduct appears, most juvenile justice systems treat the symptoms and not the causes. We chip away at the iceberg we see above the water, but never touch the real dangers that are hidden below" (It Takes Zero Intelligence to Still Support Zero Tolerance in Schools. *Youth Today*). Is early identification and intervention an important part of juvenile justice reform?

Teske: Absolutely. Our SOC is an early warning and detection system that also provides evidence-based interventions. I have been communicating with officials in Broward County, FL because they sought our help in 2012 to create a school-justice partnership, which they did in 2013 and named it The Promise Program. This program identified students with needs such as mental health. I was told Douglas High School did not participate in the program. If there was a SOC-like mechanism in place at the high school in Parkland, Florida, the young man who allegedly killed 17 persons might have been prevented from

his actions. Who knows for sure? At least we know that the odds of him getting effective treatment would have been possible in our SOC.

GPAD: What is an example of an alternative that your court provides for students known to have had traumatic experiences?

Teske: I'm proud of the fact that I do not allow restraints to be placed on youth when they appear in my courtroom unless there is some evidence that they are going to be disruptive. I have to think about the trauma that they have likely experienced and avoid adding to it. I have to also think of the trauma that the family might experience seeing their youth placed in restraints unnecessarily.

Zero tolerance doesn't have to be harsh. What we need to be saying to kids is "We're going to figure out your problem and get you the appropriate help."

GPAD: Over the years, what has been the most consequential legislation passed by the Georgia General Assembly as it impacts the juvenile justice reforms you are implementing?

Teske: It would have to be the Juvenile Justice Reform Act of 2013, which led to sweeping changes in the juvenile justice code. This legislation empowered judges while also giving us guidance and tools relating to such issues as detention assessment at the front door; criteria for detaining students; and how to collaborate with community stakeholders. It has given us the authority to help move our communities forward on issues of juvenile justice. The legislation gives us permission to initiate

critical conversations in our communities about topics that need to be addressed in order to reform our systems.

GPAD: In your opinion, what are the remaining gaps between the juvenile justice and education systems in terms of meeting the needs of youth offenders?

Teske: Two bills working their way through the Georgia Legislature would get us halfway to where we need to be. House Bill 740 would prohibit out-of-school suspension or expulsion of prekindergarten to third grade children for more than five consecutive or cumulative days during the school year without first conducting screenings, assessments and reviews. Many children of poverty come to school with trauma and they are not ready to learn until they get help. If students get pushed out of schools, then education cannot be the great equalizer. There's also House Bill 763 that seeks to expand the functions of the attendance committee to include an emphasis on school climate. There are numerous pieces that need to come together to make up school climate — attendance, discipline, student health, family and community involvement, etc. House Bill 763 appears to bring many of the pieces together.

GPAD: What is the selling point for other juvenile justices to embrace reforms such as the ones you have helped to develop, given a climate of zero tolerance for even low-level offenses?

WHAT OTHERS ARE SAYING ABOUT THE CLAYTON COUNTY SCHOOL–JUSTICE PARTNERSHIP

**Benjamin Straker, Sr,
School Board Member, District 9,
Clayton County School System**

I can't sing the praises of Judge Teske's Justice Partnership with Clayton County Schools enough! I have to start with my personal story. Long before I became a school board member, I was a single dad. After a turbulent divorce, my son and I moved to Clayton County, and to say the least my child was angry. He lashed out at everyone and that eventually landed him in a brawl that would have had a huge negative impact on him and his future. Once referred to the Justice Program, we were able to get much-needed care and therapy that not only diverted a criminal record, but put us on a more positive path. My son still has a few hurdles to overcome, but I can proudly say that he is a full-time student and earning a degree in his passion! Once I became a board member, I was able to give my colleagues an inside view of what this program meant to parents who are in embattled situations with their children. This program can save lives! I am a proponent of the program and fought to have the program expanded to all three educational levels in our school system. The expansion thrives from the need to have these children start at younger ages getting the vital care that they need. Judge Teske's Justice Partnership is one of the most vital Wrap-Around-Services that we partner with, and I only hope to expand in the future.

**Judge Jay Corpening
New Hanover County, Wilmington, NC**
Our work on school-justice partnerships in North Carolina has been inspired by Judge Steve Teske, based on his work with Clayton County. In 2015, New Hanover County School System and the Juvenile Justice Department in Wilmington, NC, signed an Interagency Agreement to implement a school-justice partnership model. We've found that educators

never did really like having to abide by a zero tolerance approach. And, we also know that some juvenile judges went overboard in enforcing that approach. We wanted to move to an approach that involves disciplining with a learning component, rather than simply punishing students for unacceptable behaviors. We reduced referrals from the school system to juvenile justice by 40 percent in the first year of implementation. We're now looking at "stupid kid" stuff differently. We are more inclined to work with school personnel to find solutions, instead of punishing students in juvenile court. This change in mindset has positively affected our community. The North Carolina Legislature approved the statewide implementation of school-justice partnerships in 2017 as part of the state's budget bill - with bipartisan support. The model is based on Judge Teske's work in Clayton County. I call Steve the Father of School-Justice Partnerships. Whenever you read about the solid evidence for success of this model, or talk with experts, it all traces back to Steve Teske's early work in juvenile justice reforms.

**Judge Ramona Gonzalez
Presiding Judge, LaCrosse County
Circuit Court, LaCrosse, Wisconsin**
One of the greatest challenges to judges and school personnel across the country is how we as a society raise our children. They have easy access to things that cause them harm such as drugs, guns and information on the Internet. Some of our children get in trouble and the schools don't know what to do with them. Then they wind up in court and we [judges] don't always know what to do with them. That's a recipe for disaster. Often our court resources get strained because the children who we see need social services and the ones we need to see get lost in the system. Law enforcement, school, human resources, medical and other agency personnel were seeing the same thing when we decided to

work together about three years ago. We needed to find a way to address some of our students' social issues. Judge Teske got us there in two days when he introduced us to a school-justice partnership alternative. Sometimes it's hard to get law enforcement people to settle down long enough to listen. Judge Teske came talking the language of law enforcement people and educators. He got us to delineate the dangerous student behaviors that would require the involvement of juvenile justice and the annoying behaviors that would be managed by schools. Our school-resource partnership has been instrumental in shifting us toward working together for the common good, which is happy, healthy, well-educated children. It means we do our jobs better. The school-justice partnership will provide an excellent connection to a new initiative that we will be implementing for victim crimes called Linking Systems of Care. The initiative will focus on using a holistic approach to children's trauma. I like it that our school-justice partnership gets people thinking in a different way to solve problems. A great example is what our department of human resources did to augment our system of care. It provided the funds to place embedded social workers near high risk neighborhoods. These social workers connect with children and families through the school-justice partnership and through schools. Having access to these professionals is making quite a difference in addressing some of our students' social needs. Our school-justice partnership is implemented under a Memorandum of Agreement. Even though we have tweaked it, we have no plans to abandon it. Our chief of police now follows Judge Teske on Twitter. In fact, Judge Teske has a great Twitter following coming out of LaCrosse because we think highly of him and his work.

Resource: School-Justice Partnership National Resource Center: <https://www.schooljusticepartnership.org/>

Teske: Zero tolerance doesn't have to be harsh. What we need to be saying to kids is "We're going to figure out your problem and get you the appropriate help." If we lock up all the kids that the school and the community are mad at, then we won't find the kids who might really hurt us. We need an early warning and detection process for finding the

kids who might hurt us. School-justice partnerships can bring together the systems responsible for supporting children and families to make a difference in juvenile delinquency.

GPAD: What further changes would you like to initiate on behalf

of children and youth through the Clayton County School-Justice Partnership?

Teske: Right now, our Tier 3 SOC interventions are only available to middle and high school students. I would like to see us extend that down to the elementary grades as far as Pre-K. That would help us to address students' trauma earlier, and we will have fewer issues in middle school. I'm also interested in seeing Clayton County take a systems approach to helping families and their children, beginning at birth. This would involve extending our SOC to the birthing rooms at Southern Regional Hospital. We would put a system in place that identifies families and children at risk for such things as food and housing insecurities. We would seek to dispel fears that many of our parents have about DFCS that prevent them from accessing services they need and are available to them. In other words, we would tie these systems together and make them work for children and families, and not against them.

Follow Judge Teske on Twitter - @scteskelaw.

A MESSAGE FROM GEORGIA'S PROJECT AWARE DIRECTOR

Children & Youth with Mental Health Problems are of Concern to Many Georgia Agencies

By Rebecca Blanton, M.A.



Rebecca Blanton

Over the last four years, I have had an extraordinary perch from which to watch the galvanizing of resources and the engagement of state, local and federal agencies and organizations to expand and improve mental and behavioral health services for Georgia's children and youth. Little did I know at the time I became Director of Georgia Project AWARE, a SAMHSA-funded grant program, that children's mental health concerns would reach a national tipping point, resulting in common conversations about prevention and intervention. The not-so-big reveal is that many Georgia agencies, like the ones featured in this issue of GPAD, have been waving flags for decades trying to alert us to the growing number of children and families facing severe mental anguish. Some agencies have determined that their best efforts at providing mental and behavioral health services have not been effective, thereby leading them to revamp delivery systems. Others have partnered with national centers of excellence in search of evidence-based alternatives. All are concerned about children and youth mental health and want to make a difference. Regrettably, we were able to feature only a few of the multitude of agencies that have ownership of Georgia's mental and behavioral health systems. Our goal is to feature others in the remaining year and a half of Project AWARE. Thank you to all of our contributors.

REINTRODUCING GNETS SERVICES

The Transformation of GNETS: A Work in Progress

By Nakeba Rahming, Ed.S.
Deputy Superintendent of Federal Programs, Georgia Department of Education



Nakeba Rahming

The purpose of this article is, in part, to reintroduce the Georgia Network for Educational and Therapeutic Support (GNETS) Services to GPAD readers. Our GNETS services are unique in their configuration and reportedly have no comparison in the Nation. Based on the results of audits, program assessments, expert consultations, and reviews of relevant literature, the Georgia Department of Education is investing considerable resources in helping local school districts, fiscal agents, and other stakeholders transform this historical network.

New GNETS State Board of Education Rule Provides Clarifications

The statewide network of 24 GNETS emerged over a period of nearly 50 years, beginning in 1970 with a pilot designed to serve children 2 to 14 years of age. Today GNETS supports local school systems' continuum of services for students with disabilities, ages 5-21. GNETS provides comprehensive educational and therapeutic support services to students who might otherwise require residential or other more restrictive placements due to the severity of one or more of the characteristics of the disability category of emotional and behavioral disorders (EBD). The decision to provide children with GNETS services in their home school setting or at a GNETS site is made by a student's Individualized Education Program (IEP) Team.

On July 5, 2017, State Board of Education Rule 160-4-7-.15 went into effect, offering key clarifications on how GNETS fits into the continuum of services available to students with severe emotional and behavioral disorders. A series of statewide public hearings held to receive feedback on proposed changes preceded passage of the rule. At the heart of the rule is language that clarifies the following:

- The service age range is no longer 3-21, but 5-21. This provision affords younger children opportunities to grow educationally, socially, and emotionally in less restrictive Pre-K and Kindergarten classrooms. This also ensures that a comprehensive evaluation and support process occurs before consideration for services in a more restrictive setting.
- The severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavioral disorders (EBD) must be documented. The documentation must include prior extension of less restrictive services and data which indicate such services have not enabled the child to benefit educationally.

- Roles and responsibilities for serving children with emotional and behavioral disorders are clearly delineated for Local Education Agencies (LEAs), the Georgia Department of Education, and GNETS.
- LEA personnel must be actively involved in students' services when those services are provided by GNETS, including determining criteria for returning to their home schools. The language of the new rule makes clear that while services may be provided by GNETS, responsibility for providing students with a Free Appropriate Public Education (FAPE) rests, as it always has, with the LEA. The LEA plays an essential and continuing role on the IEP team, from determining goals, objectives and appropriate services for the individual student, to monitoring the progress and performance of that student while receiving GNETS services, and finally to participating in the decision that FAPE for that student will be provided in the home school.

Strategic Plan and Self-Assessment Heighten GNETS' Accountability

Changes in the State Board of Education GNETS Rule further reflect the heightened accountability that has been established over the last several years. Under the GNETS Strategic Plan developed in 2015 and updated in 2016, all GNETS are mandated to focus on seven components:

1. Program Leadership
2. Behavior Support and Therapeutic Services
3. Instructional and Academic Support
4. Program Funding and Fiscal Management
5. Integration of Services and Capacity Building
6. Program Accountability
7. Facilities Management and Safety.

These seven components are operationalized through goals and action items that are the basis of annual self-assessments by each GNETS leadership team. The self-assessment is completed mid-year and at the end of the year using a three-part rubric: Operational (2 points), Emerging (1 point), or Not Evident (0 point). Having points attached to each rating allows GNETS to generate scores that assist them in determining improvement priorities. All GNETS must develop improvement summary plans that are shared with school personnel, fiscal agents, parents, advocates, and other stakeholders as part of the accountability process.

Evidence-Based Practices are the Foundation of GNETS' Services

Embedded in the self-assessment rubric under Goal 2 (demonstrate highly reliable evidence-based behavior support and therapeutic services for all students at an operational level) is a sampling of the types of practices that form the foundation of services available at all GNETS.

Some of the evidence-based practices included under goal 2 are listed below:

Assessment Practices

- Social-emotional development assessments using network approved standardized tool
- Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP)
- Applied Behavior Analysis (ABA)

Intervention and Support Practices/Frameworks

- Positive Behavioral Interventions and Supports (PBIS)
- Trauma Informed Care (TIC) practices and environment
- Crisis interventions (e.g., Life Skills Crisis Intervention)
- Restraint methods (e.g., Mindset and CPI) and de-escalation strategies
- Social-emotional curricula
- Small groups and/or individual sessions
- Certified Registered Behavior Technicians
- Collaborative partnerships with community agencies to support integrated mental health and behavior-related educational services

Professional learning and technical assistance are provided to GNETS staff throughout the year to ensure that these practices are implemented with fidelity.

Personnel in the five GNETS Regions are collaborating with community agencies and LEAs to create a Parent University that will offer training in a variety of formats including face-to-face, virtual, and mobile.

Increasing Staff's and Parents' Awareness of Children's Social, Emotional & Behavioral Needs

When the IEP team of a student with significant emotional and behavioral disorders determines that the least restrictive environment for that student is placement in their home school, GNETS staff, LEA staff, and parents must know how to best support students' social, emotional and behavioral needs. In this regard, continuous training has been launched on a range of relevant topics. Personnel in the five GNETS Regions are collaborating with community agencies and LEAs to create a Parent University that will offer training in a variety of formats including face-to-face, virtual, and mobile.

GNETS Transformation Continues

GNETS has been given an infusion of new life through strategic planning, self-assessments, and policy development combined with harnessing evidence-based practices to meet the needs of students with significant emotional and behavioral disorders. The transformation continues as changes take root.

For more information on GNETS, please contact: Vickie Cleveland, Program Manager at vcleveland@doe.k12.ga.us

PRIORITIZING MENTAL HEALTH SCREENING IN YDCS

Georgia's Youth Detention Facilities Make Mental Health Screening a Priority; Among First in Nation to Install PBIS

By Christine Doyle, PhD., LSW
Director, Office of Behavioral Health, Georgia
Department of Juvenile Justice (DJJ)



About Georgia's Short- and Long-Term Youth Detention Facilities

The Georgia Department of Juvenile Justice (DJJ) has two different types of secure facilities. Regional Youth Detention Centers (RYDCs) are DJJ's short-term facilities that provide youth stabilization and supportive services while they are waiting to be adjudicated. Also, younger children are often diverted to RYDCs. When youth are ordered by the courts to be detained long-term, they are admitted to one of DJJ's seven secure Youth Development Campuses (YDCs). Youth up to age 21 may be admitted to YDCs as long as their offenses were committed before the age of 17. On any given day, the YDCs house an average of more than 400 youth. This number is down significantly due to the implementation of the state juvenile justice code reform of 2013. Some offenses committed by youth, such as truancy, are no longer treated as criminal.

Behavioral and Mental Health Services in YDCs

Screening and Assessment

DJJ's behavioral and mental health system of care is initiated for every child admitted to a short-term RYDC or long-term YDC within two hours of admission, with a screening. Youths who endorse a mental health item (i.e., provide a yes response) receive an assessment within 72 hours of screening by masters' level clinicians. Clinicians do not assign labels but, instead, focus on socio-psychological descriptions that relate to 14 mental health treatment domains. In long-term YDCs, every youth also receives a trauma screening. Following screening, referred youths are scheduled for comprehensive assessments by psychologists and psychiatrists. Of the youths screened for behavioral and mental health problems in short-term facilities, 46 percent typically wind up on mental health caseloads, while 70 percent of youths in long-term facilities demonstrate a need for mental health services. Most youths have multiple diagnoses that include disorders such as attention-deficit hyperactivity disorder (ADHD).

Evidence-based Mental Health Interventions

Comprehensive treatment plans are developed for those youth determined to require ongoing mental health services. Evidence-based mental health interventions that are delivered by Mental Health staff in DJJ facilities include:

FACTS & STATS ON MENTAL HEALTH PROBLEMS AMONG YOUTH IN THE NATION'S JUVENILE JUSTICE SYSTEM

- A high percentage of youth (65 to 70 percent) involved with the juvenile justice system have a diagnosable mental health disorder and nearly 30 percent of those experience severe mental health disorders (Skowryra & Coccozza, 2007).
- A large number of youth in the juvenile justice system have a history of trauma, emotional, and behavioral problems (Federal Advisory Committee on Juvenile Justice, 2006; Felitti et al., 1998; and Quim, Rutherford & Leone, 2001).
- Youth in contact with the juvenile justice system experience higher prevalence rates across various types of mental health disorders. Disruptive disorders, such as conduct disorders and substance use disorders, are most common (46.5 percent); followed by anxiety disorders (34.4 percent); and mood disorders (18.3 percent), such as depression (Shufelt & Coccozza, 2006).
- Most youth in the system meet the criteria for or are diagnosed with more than one mental health disorder (Shufelt & Coccozza, 2006).

Source: <https://youth.gov/youth-topics/juvenile-justice/youth-involved-juvenile-justice-system>.

- **Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS):** This is a group treatment model for youth who have experienced multiple traumatic events. SPARCS focuses on helping youth develop affect/emotional regulation skills, develop healthy self-soothing and self-control techniques, and address their physiological and psychological responses to trauma.
- **Trauma-Focused Cognitive behavioral Therapy (TF-CBT):** This is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a component-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.
- **Collaborative Assessment and Management of Suicidality (CAMS):** This approach to suicidality integrates a range of theoretical orientations (including psychodynamic, cognitive, behavioral, humanistic, existential and interpersonal notions) into a structured clinical format emphasizing the importance of the counselor and client working together to elucidate and understand the "functional" role of suicidal thoughts and behaviors in the patient's life.
- **A New Freedom:** New Freedom is a model that is based on evidence-based concepts of cognitive-behavioral therapy (CBT), motivational enhancement (MET), motivational interviewing (MI), trans-theoretical stages of change, the social learning model and key coping and problem solving skills for self-efficacy. New Freedom can be delivered through group and individual therapy.

Implementing a High Fidelity PBIS Framework in YDCs

Finally, in keeping with public school systems' multi-tiered approach to positive behavioral supports and interventions (PBIS) to which students return, the PBIS framework has been rolled-out in all DJJ facilities. Here's why we changed our behavior management approach in deference to PBIS:

- The previous token economy system was ineffective for many reasons.
- In support of strengthening the agency's mission of safety and security, we needed an approach that would lead to climate and culture changes.
- An evidence-based approach was essential.
- A focus on developing/reinforcing positive youth behavior rather than punishing negative behavior was desired.
- A system that would be data-driven and capable of being individualized by facility was needed to promote ownership
- Simply put, we wanted an approach that would yield results, including higher staff satisfaction and safer facilities.

In our view, PBIS is a stepping stone to successful reintegration of students back into school environments. We have a Statewide PBIS Administrator, Janette Nihles, and three Regional Facility Climate Specialists. These personnel form our DJJ Central Office PBIS Team and have oversight responsibility for consistent, pervasive implementation of PBIS in our 26 facilities. Prior to establishing a statewide PBIS Team, facilities had different approaches to PBIS, and less than 50 percent of the facilities were meeting fidelity at Tier 1 (universal, all youth, program-wide, culturally responsive systems of support). There was also little evidence of implementation at Tiers II (selected at-risk youth; classroom and small group supports) and III (targeted intensive, high risk youth; individual interventions). After two years of oversight, we are seeing some remarkable results, based on the administration of the Tiered Fidelity Inventory:

- 88 percent of facilities are meeting Tier I fidelity
- 54 percent are meeting Tier II fidelity
- 62 percent are meeting Tier III fidelity (only 13 of the 26 facilities were audited on Tier III and the others had no youth needing Tier III services at the time of the audit)

Our commitment to fidelity of implementation continues as we have become the first DJJ in the nation to install the PBIS framework in all facilities. We are also gratified to receive constant feedback from local school district educators that reintegrated youth understand and respond well to school-based PBIS interventions and supports.

For further information on DJJ's Behavioral Health Services contact Dr. Christy Doyle at ChristineDoyle@djj.state.ga.us. Questions about DJJ's PBIS framework may be directed to Janette Niles at janettenihles@djj.state.ga.us.

ACHIEVING PBIS EXCELLENCE

What Implementers of PBIS Can Learn From Starbucks Baristas

By Justin Hill, Director, Ed.S.
Program Manager, Georgia Positive Behavioral Interventions and Supports (PBIS) Program, Georgia Department of Education



On February 26, 2008 at 5:30 p.m. Starbucks closed all 7,000+ of their U.S. based stores for a mandatory three-hour retraining session for employees. Baristas were re-taught company expectations and the procedures involved in making their brand of coffee with fidelity. They practiced how to dispense espresso into shot glasses instead of cups and were shown how to inspect the color of each shot of espresso.

Why did Starbucks take such action? Observers reported that the "Starbucks Experience" and "Espresso Excellence" were suffering. Some claimed their market value losses were tied to a degraded fidelity of the "Starbucks Experience." Starbucks said the solution was not about "re-training" baristas, but more about emphasizing the importance of "love, compassion and commitment."

The Seattle-based company believed that if their employees internalized the expectations of "love, compassion and commitment" then it would translate into a better experience for their customers. As Simon Sinek would say, they were starting with "The Why."

The fear of a "watered down" brand is not exclusive to Starbucks. This is a concern of many brands, including Georgia PBIS. In Georgia we care about the "PBIS Experience" and "PBIS Excellence."

It is important to remember that PBIS is an evidence-based framework; has been identified by rigorous research; and has very specific fidelity measures that must be accomplished. The premise behind PBIS is that behavior is learned and can be taught through continual instruction and age-appropriate feedback of positive behavior.

Implementing PBIS means that a proactive problem-solving framework is installed and it is supported by ALL adults and students. When implemented with fidelity, PBIS schools are better able to:

- Maximize outcomes
- Minimize harm
- Increase efficiency
- Improve decision making and resource use

When a school tries to combine PBIS with strategies that seek to change behavior by way of public humiliation, harm or threats to the same, what has been adopted is a "watered down PBIS." With more than 1,000 Georgia schools trained, Georgia is considered a national leader for the

implementation of School-wide PBIS.

Let's re-commit to fidelity of PBIS implementation, not because we love bonus points, but because we "love" Georgia's students, are

"compassionate" about the whole child and "committed" to seeing ALL students in Georgia succeed. A watered-down version of PBIS is positive and supportive for some, but not ALL. *Un pour tous, tous pour un.* One for all, and all for one.

Questions or requests for information about Georgia's PBIS Program should be directed to Justin Hill at JuHill@doe.k12.ga.us.

NATIONAL MENTAL HEALTH YOUTH DATA (2017)

Data indicates a significant increase in the number of depressed youth across the country, annually.

Youth with at Least One Past Year Major Depressive Episode (MDE)
11.93% of youth (age 12-17) reported suffering from at least one major depressive episode (MDE) in the past year. Major Depression is marked by significant and pervasive feelings of sadness that are associated with suicidal thoughts and impair a young person's ability to concentrate or engage in normal activities.

Youth with Severe MDE
8.2% of youth (or 1.9 million youth) experienced severe depression. Depressive symptoms result in significant interference in school, home and in relationships.

Youth with MDE who Did Not Receive Mental Health Services
63.1% of youth with major depression do not receive any mental health treatment.

That means that 6 out of 10 young people who have depression and who are most at risk of suicidal thoughts, difficulty in school, and difficulty in relationships with others do not get the treatment needed to support them.

Source: *Mental Health in America - Youth Data, 2017.* Accessed at: <http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data>.

LEGISLATIVE UPDATES

Legislative Updates on Children's Mental Health in Georgia

Governor's Commission on Children's Mental Health Makes Eight Recommendations

On June 7, 2017, as a part of the state's continuing efforts to improve the care of Georgia's most vulnerable populations, Governor Nathan Deal signed an executive order creating the Commission on Children's Mental Health. The commission was tasked with developing recommendations on improving children's behavioral health services in Georgia, in order to address outstanding need, maximize recent improvements to the system, and ensure that Georgia's children grow up as healthy, productive members of society.

Over the course of two months, the commission conducted a thorough review of current programs and services, funding, and opportunities for improvement within the children's behavioral health system. Ultimately, the commission settled on eight recommendations to improve the delivery of children's behavioral health programs and services. These recommendations seek to strengthen high functioning pieces of the current system, close

GA House Bills Seek to Decrease Expulsion of Young Children and Improvement of School Climate

<p>HOUSE BILL 740 EXPULSION OF YOUNG CHILDREN</p>	<p>HOUSE BILL 763 SCHOOL CLIMATE</p>
<p>A BILL to be entitled an Act to amend Subpart 1A of Part 2 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to improved student learning environment and discipline in elementary and secondary education, so as to require local school systems to conduct certain screenings, assessments, and reviews prior to expelling or assigning a student in kindergarten through third grade to out-of-school suspension for five or more consecutive or cumulative days during a school year; to provide exceptions; to provide for a definition; to provide for related matters; to repeal conflicting laws; and for other purposes.</p> <p>Access Bill at: http://www.legis.ga.gov/legislation/en-US/Display/20172018/HB/740.</p>	<p>A BILL to be entitled an Act to amend Subpart 2 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to compulsory attendance for students in elementary and secondary education, so as to expand the student attendance protocol committees to school climate; to provide for recommendations; to provide for periodic review of recommendations; to provide for related matters; to repeal conflicting laws; and for other purposes.</p> <p>Access Bill at: http://www.legis.ga.gov/legislation/en-US/display/20172018/HB/763.</p>

critical gaps in care and access, and utilize early intervention and prevention strategies to intervene with two of the state’s current youth behavioral health crises.

The eight recommendations include:

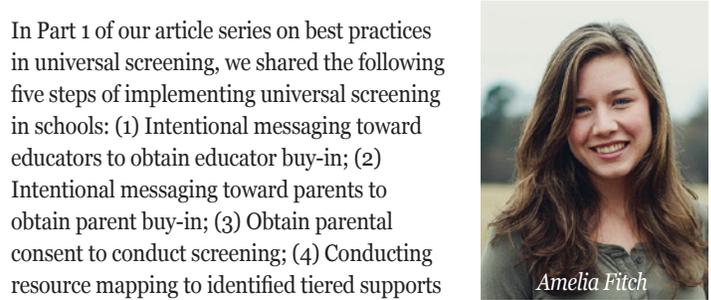
- **Recommendation A:** Increase access to behavioral health services for Georgia’s school-aged children by sustaining and expanding the Georgia Apex Program (GAP) for school-based mental health.
- **Recommendation B:** Fund Supported Employment/Supported Education programs for youth and emerging adults with severe mental illness.
- **Recommendation C:** Provide support for the development and implementation of additional levels of support within the behavioral health continuum of care for youth with the highest levels of need.
- **Recommendation D:** Strategically increase telemedicine infrastructure capacity for child-serving, community-based, behavioral health provider organizations in order to improve access to children’s behavioral health services.
- **Recommendation E:** Invest in coordinated training for priority areas of interest and concern for the child-serving workforce. This may include additional clinical training in evidence-based practices, including trauma-informed care, and may also include administrative practices that support the delivery of high quality behavioral health services across service settings.
- **Recommendation F:** Fund expanded provider training, fidelity monitoring, TA, and evaluation for evidence-based High Fidelity Wraparound (HFW).
- **Recommendation G:** Support multi-pronged early intervention and prevention approaches to combat the opioid crisis among Georgia’s youth and emerging adults.
- **Recommendation H:** Support a multi-pronged suicide prevention approach, including the expansion of prevention programming and expansion of Georgia Crisis and Access Line (GCAL) hours, to reduce rising suicide rates among Georgia’s youth and emerging adults.

Source: *The Commission on Children’s Mental Health Report, December 11, 2017. The report may be accessed at: https://gov.georgia.gov/sites/gov.georgia.gov/files/related_files/document/The%20Commission%20on%20Children%27s%20Mental%20Health%20FINAL%20120717.pdf.*

UNIVERSAL SCREENING IN GPA SCHOOL DISTRICTS

Best Practices in Universal Screening, Part 2

Dr. Emily Graybill
 Dr. Andrew Roach
 Dr. Brian Barger
 Amelia Fitch, &
 Preston Wood
 Georgia State University Center for Leadership
 on Disability

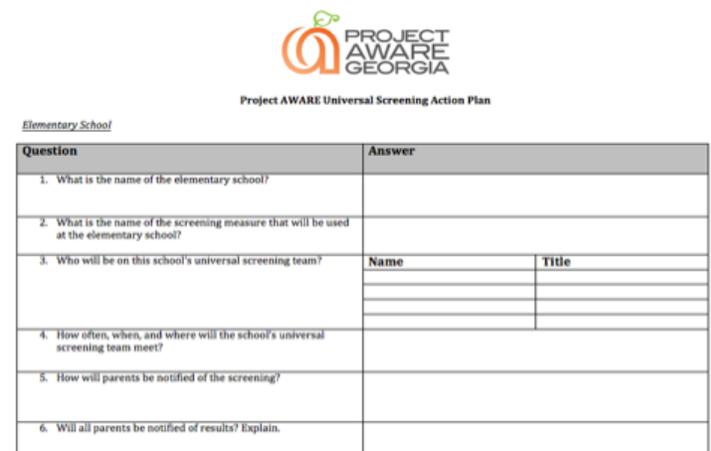


In Part 1 of our article series on best practices in universal screening, we shared the following five steps of implementing universal screening in schools: (1) Intentional messaging toward educators to obtain educator buy-in; (2) Intentional messaging toward parents to obtain parent buy-in; (3) Obtain parental consent to conduct screening; (4) Conducting resource mapping to identified tiered supports for social/emotional competence; and (5) Conducting a gap analysis to fill in gaps in tiered supports for social/emotional competence. This second part of our article series covers steps 6-8, from developing the screening action plan to collecting the screening data.

Step 6 – Develop a universal screening action plan

Educators are familiar with action plans. Within Georgia Project AWARE, we recommend that universal screening teams develop an action plan (see Figure 1) to set a timeline and to identify team roles and responsibilities. In larger school districts, universal screening may be rolled out in stages, with a handful of new schools adopting universal screening each year. Action plans completed by schools in the first few years of a district’s screening initiative may be shared as a resource to schools that are later to adopt universal screening.

Figure 1. Universal Screening Action Plan, Page 1 of 4



PROJECT AWARE GEORGIA
Project AWARE Universal Screening Action Plan

Elementary School

Question	Answer								
1. What is the name of the elementary school?									
2. What is the name of the screening measure that will be used at the elementary school?									
3. Who will be on this school’s universal screening team?	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Name	Title						
Name	Title								
4. How often, when, and where will the school’s universal screening team meet?									
5. How will parents be notified of the screening?									
6. Will all parents be notified of results? Explain.									

Step 7 – Selecting a Screener

Glover and Albers (2007) provide three-part guidance for selecting a universal screener. First, they note that universal screening should be Appropriate for Intended Use. The screening tool should match the needs and context of the school and should be compatible for the screening process identified for that individual school. Some behavioral screeners only measure externalizing behaviors. If a school is interested in collecting internalizing screening data, the screening tool should include an internalizing scale. Also, a screening instrument should be validated for screening purposes, which leads into the second part of Glover and Albers' (2007) screening guidance, which is that the identified screening measure has Technical Validity.

Under the umbrella of Technical Validity, we want to ensure the screening measure has adequate norms that are comparable to the population in our school district. If the screening measure was normed using a racially/ethnically homogenous sample and our school district is racially diverse, we should approach the tool with caution because behaviors, including those measured on universal screening measures, are contextual and influenced by the culture of the community. Also related to Technical Validity is the social acceptability of a screening measure. For example, staff buy-in is critical during the screening process so lengthy screening measures or screening measures that ask highly sensitive information may not be socially acceptable to staff and therefore buy-in may be low.

The third part of Glover and Albers' (2007) screening guidance is Usability/Practicality. Usability/Practicality has three criteria. First, the screening measure should be cost-effective and not require specialized training to administer or evaluate the results. Also, the screening process should not significantly interfere with instructional time or other required tasks. Second, the measure should be efficient to complete, score, analyze, and interpret. If interested in measuring externalizing and internalizing concerns, use scales from the same measure (i.e., avoid using scales from two separate screening measures). Finally, the universal screening data should directly connect to school and classroom interventions.

Through Project AWARE, the LEAs have used two universal screening measures, the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) student self-report form at the middle and high school level and the Student Risk Screening Scale, Internalizing/Externalizing (SRSS-IE; Lane et al., 2012) teacher report form at the elementary school level.

Step 8 – Train the Teachers on Administering/ Completing the Screener

The SRSS-IE (Lane et al., 2012) is completed by all elementary school lead teachers in the schools implementing universal screening. Teachers are trained on the purpose of universal screening and on how to complete the SRSS-IE form. The following tips are provided to teachers to ensure their screening data are valid.

1. Teachers are trained on what internalizing behaviors may “look like” in the classroom
2. Teachers are advised to complete the screening tool independently. Teachers are advised not to rely on information from students' past teachers to complete the screener.

The roll out of universal screening through Georgia Project AWARE has been nearly seamless. This success is attributed to the leadership demonstrated by the Georgia Project AWARE District Coordinators in ensuring that their schools are trained and prepared to implement screening and that their schools are trained and prepared to use the screening data to make decisions about supports needed by their students.

3. Teachers within the same grade are advised not to discuss students with each other while completing ratings
4. If teachers rate a student high on an item on the screening tool, the teacher is advised to have other documentation to support his/her rating. For example, if a teacher rates a student high on the “lie, sneak, cheat” item, that teacher should have other data supporting that the student frequently lies, sneaks, or cheats.

The Project AWARE screening process is designed so that teachers are only responsible for completing the screening form for their classrooms. The school- and district-level teams, in collaboration with the Center for Leadership in Disability at GSU, are responsible for cleaning the data, analyzing the data, and preparing the data reports. Part three of this three-part series on best practices in universal screening will cover the final two steps in the Project AWARE screening process, (9) Analyze the screening data and (10) Use the screening data to inform decision making.

Georgia Project AWARE and Universal Screening

All Georgia Project AWARE districts have been implementing universal screening for identification of mental health concerns for the past two years. All districts have been trained on the readiness process described in this article. In addition to the readiness steps described above, Georgia Project AWARE districts have been encouraged to select screening schools based on these two criteria: (1) PBIS schools with a high level of implementation fidelity and (2) schools in which the administrator has expressed explicit interest in and support for the universal screening process. The roll out of universal screening through Georgia Project AWARE has been nearly seamless. This success is attributed to the leadership demonstrated by the Georgia Project AWARE District Coordinators in ensuring that their schools are trained and prepared to implement screening and that their schools are trained and prepared to use the screening data to make decisions about supports needed by their students.

Please contact Emily Graybill at egraybill@gsu.edu for further information on Georgia Project AWARE's universal screening activities.

INTERAGENCY COLLABORATION

Providing Mental Health Services for Military-Connected Students: Interagency Collaboration Matters

By Tony Toliver, MS

Outreach Program Coordinator, Child and Family Behavioral Health Services, Martin Army Community Hospital

The Army has made enormous advances in holistic and comprehensive care for our military families. This is especially true when it comes to ensuring that our military-connected students and families needing behavioral or mental health services get exactly what they need. Such services are available on and off-post, but they may not be accessible in the community without someone helping to make the connection. That's a major part of my role as Outreach Program Coordinator at Ft. Benning: linking children and families to communities of practice.



Tony Toliver

Children's Behavioral Health Services are Relatively New to the Military Community

It has only been in the last ten to fifteen years that the Army began to offer behavioral health services to children. Before then, mental health services were provided almost exclusively to active duty service men and women. Over 2 million military-connected children have parents who have been deployed. (Please note that the term "military-connected" includes children of service people in the National Guard and Reserve.) There is a serious trend toward behavior or adjustment issues relating to children's separation from deployed parents. Statistically, military-connected children are more likely to have behavioral health issues. In addition to having to deal with the stress and anxiety of having their parents deployed, military-connected children often suffer transition problems due to frequent moves from one installation to another. Some children have behavioral health problems that arise when parents return from duty with PTSD (post-traumatic stress disorder).

School Behavioral Health Services on Post Provide an Efficient Delivery Model

There are five elementary schools and one middle school offering education for all children of military personnel living on post. Behavioral health services are provided by a Licensed Clinical Social Worker or Psychologist in the child's school environment. This delivery model is efficient in providing children access to care that their parents otherwise would have to find then transport them to. School behavioral health

services may include:

- Psychological/Psychosocial Evaluations
- Psychological/Developmental Screenings
- Individual/Family Therapies
- Behavioral Health Care Coordination
- Psychoeducational and Therapeutic Groups
- School/Classroom Observations

Participation in Effective Interagency Collaboration Leads to Strong Outreach

There are other components of our Child and Family Behavioral Health Services beyond the school behavioral health service delivery model. Outreach, which was mentioned earlier, includes collaboration with federal, state, and local partners to bridge service gaps for families and children. One of our most successful outreach efforts emerged from working with Muscogee County School System's Project AWARE and the Health Department's Project LAUNCH. As Outreach Coordinator, I served on the coordinating committee for these two federally-funded children's mental health grants. Doing so gave me the opportunity to work with community behavioral and mental health providers to develop plans to meet families' needs. I also became a member of Muscogee County's Multi-Agency Alliance for Children, which was sponsored by the Columbus Local Interagency Planning Team or LIPT. These interagency planning experiences led us at Ft. Benning to develop an Interagency Planning Team

for the base. Since then, our Interagency Planning Team has been connected to Muscogee County's LIPT, making it possible for us to ensure that when our families move away from the Base into the surrounding communities we can link them to the follow-on services that they may need. Having this linkage to the LIPT has resulted in our Child and Family Behavioral Health Services Program addressing some rather complex family issues through the collaborative offering of services.

Having this linkage to the LIPT has resulted in our Child and Family Behavioral Health Services Program addressing some rather complex family issues through the collaborative offering of services.

Advocating for our Military-Connected Students in Public Schools

When families choose to send their children off post to schools in the six Alabama and Georgia counties served by Ft. Benning, Military Transition Student Consultants are assigned to advocate for them. Provided under a grant program, these personnel are responsible for ten schools that have a large population of military-connected students. In their advocacy and consultant role, their goal is to improve student resiliency and well-being. Although this is not one of the Child and Family Behavioral Health Services, it is an example of the type of interagency collaboration that the Military seeks in order to ensure that children and families are cared for under the watchful eyes of community partners.

For additional information on collaboration between Ft. Benning's Child and Family Behavioral Health Services and Muscogee County's LIPT, contact Tony Toliver at tony.l.toliver3.civ@mail.mil.

SCHOOL-BASED HEALTH CENTERS PARTNERSHIP

Muscogee County School System Explores Implementation of School-Based Health Centers (SBHCs) Partnership

Dr. Veda Johnson and the Partners for Equity in Child and Adolescent Health, Department of Pediatrics, Emory University School of Medicine are working to expand School-Based Health Centers (SBHCs) throughout the state of Georgia. These clinics are in schools or on school grounds and offer comprehensive primary healthcare services including physical, mental, and, whenever possible, oral health for students, family members and school staff. Core staff routinely includes a pediatrician, nurse practitioner or physician assistant, social worker/ mental health counselor, school nurse, medical assistant and community outreach worker. There were only two SBHCs in Georgia from 1994 to 2009. These clinics remain at Whiteford Elementary and Coan Middle School in Atlanta. Now twenty counties in Georgia have comprehensive SBHCs and the School-Based Health Center Project goal is to add two centers each year.

This past Fall, the Georgia School-Based Health Alliance (<http://gasbha.org/>) convened a grantee workshop that included a tour of the HEALing Community Center's School-Based Health Clinic at Hollis Innovation Academy as part of the grand opening and ribbon cutting ceremony. Muscogee County School District's Chief Student Services Officer (CSSO), Dr. Angela Vickers, and the CEO of Valley Healthcare Systems in Columbus, Georgia participated in the workshop and tour as they explore a partnership to implement SBHCs in Muscogee County Schools. Plans for additional openings in 2017/2018 include a center at College Park Elementary (FHCGA), two centers in Dougherty County, Randolph and Turner Counties and a telehealth center in Gordon County. Proposed openings for 2018/2019 are in Floyd and Madison Counties. A Vision Center also opened in Albany January 2018.



Dr. Veda Johnson examining a student

The SBHC model that Dr. Johnson endorses is what she calls “a vehicle to maximize the educational achievement for children.” She states that “poverty is the greatest single threat to a child’s well-being, education is a pathway out of poverty and we promote SBHCs as a means to address the physical, emotional and dental (if possible) challenges that impede those children’s capacity to do well in school and in life.” School-Based Health Centers (SBHCs) have been



Sarah Lang (left), CEO Valley Healthcare & Dr. Angela Vickers (right), CSSO Muscogee County School

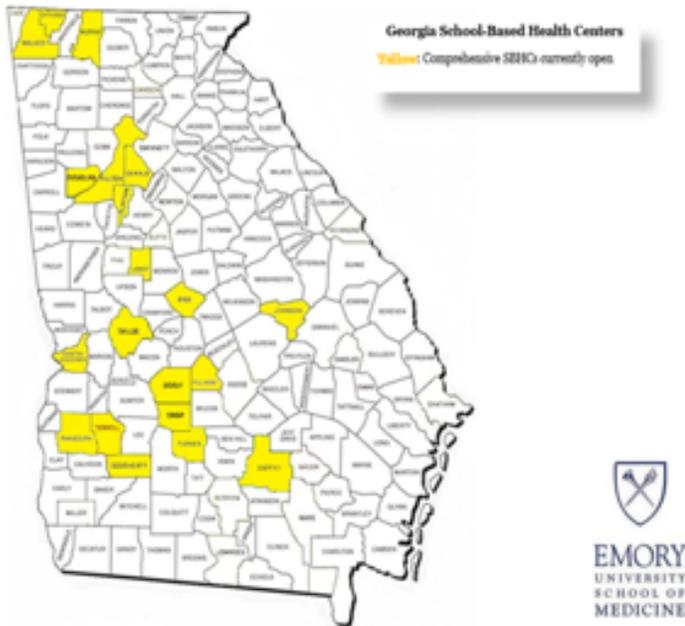
proven to be models of healthcare that significantly increase access to services and improve overall health of children and adolescents. In addition to increasing access to quality healthcare, SBHCs provide a sense of security to parents who rest assured in the knowledge that their child’s health care is covered at no or low cost; to school leaders who recognize that prompt attention to student illness means a faster return to the classroom; and to employers who appreciate that employee productivity is affected when they are unable to attend to their sick children. SBHCs also provide a savings to the public by reducing inappropriate emergency room usage among children and adolescents.

Although SBHCs may vary based on community need and resources, according to the National Assembly on School-Based Health Care, the basic tenets of SBHCs include that they:

- are located in schools or on school grounds and work within the school to become a part of the school;
 - provide a comprehensive range of services that address the physical and behavioral health needs of students;
 - employ a multidisciplinary team of providers to care for the students, i.e. nurse practitioners, nurses, social workers, physicians, etc.;
 - provide clinical services through a qualified health provider such as a hospital, health department, or medical practice;
 - require parents to sign written consents for their children to receive services; and
 - have an advisory board consisting of community representatives, parents, and youth to provide planning and oversight.
- Information for this article was provided by The Partners for Equity in Child and Adolescent Health, Department of Pediatrics, Emory University School of Medicine.

School districts interested in learning more about school-based health centers may visit <https://www.pediatrics.emory.edu/centers/PARTNERS> or contact: Ruth Ellis, MPH, JM, Program Director, 404.778.1402

PARTNERS for Equity in Child and Adolescent Health



LADY GAGA FOUNDATION SUPPORTS MENTAL HEALTH COURSE

Georgia State University Partners with Lady Gaga

Foundation Mission to Train in Mental Health First Aid Came to Atlanta

Youth Mental Health First Aid (YMHFA) training with 30 DeKalb County Schools staff this past fall coincided with a visit to Atlanta by Lady Gaga as part of her *Joanne World Tour*. This course reached maximum capacity and all participants received swag provided by Lady Gaga’s *Born This Way Foundation*. The goal of the foundation is to train 150,000 people in Mental Health First Aid by bringing courses to every U.S. stop of her *Joanne World Tour*. This Atlanta session was led by a YMHFA facilitator from Georgia Project AWARE/Georgia State University (Josephine Mhende) and a facilitator from Mental Health America (Julie Davis).

Georgia Project AWARE (Advancing Wellness and Resilience in Education) is a federal grant awarded to the Georgia Department of Education, through which Georgia State University’s Center for Leadership in Disability (CLD) is contracting to provide a range of training and technical assistance, including YMHFA training and evaluation. Project AWARE increases recognition of mental health issues among school-aged youth; provides training in YMHFA; and connects children, youth, and

families who may have behavioral health issues with appropriate services.

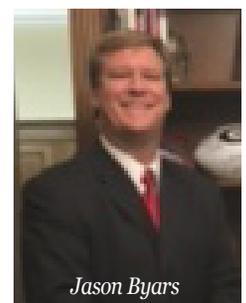
The Georgia Project AWARE YMHFA instructors have scheduled over 51 trainings in YMHFA since August 1, 2017 alone, and provided instruction to over 2,200 individuals since 2015. To meet growing demand, the Georgia Project AWARE instructors have partnered with Mental Health America to bring YMHFA to more areas in Georgia. Dr. Andrew Roach, Principal Investigator for YMHFA at CLD, shared how “rewarding [it is] to know that training participants find the content and tools helpful in their work with adolescents.” DeKalb County School District, in fact, has decided to train each of their 500+ support service staff in YMHFA over the next couple of years. These trainings, Dr. Roach continues, will “help community members respond more effectively to the needs of young people experiencing mental health challenges.”

TEACHING AND LEARNING SELF-REGULATION

The Missing Link to Academic Success: Self-Regulation

By Rhonda Harris, LSW
Mental Health Clinician

Jason Byars, EdS.
Director of PBIS and Project AWARE, Griffin Spalding School District



How many times a day do we think we are helping our students calm down? How is that working for you? Most importantly, how is it working for your students? Are you still seeing whining, begging, meltdowns and physical outbursts? Are you ready for change? Think self-regulation — what is it really and how can it help my students? Self-regulation is the missing link for academic success. It is all about the processes that occur that will allow students to regulate their own thoughts, feelings and actions. When we change our lens on how we see behavior and begin teaching our students strategies to calm themselves, we will be helping them build the capacity to put moments between the impulse and the action.

At Beaverbrook School in Griffin, Georgia, first grade teacher Katie Harris; the School Counselor, Jessica Thompson; and Project AWARE Clinician Rhonda Harris are working hard at teaching the class ways to calm themselves. This is happening through the development of a Safe Place, which is part of the Conscious Discipline framework. “The Safe Place represents a sacred space where children are instructed, encouraged and supported in attending to their own emotional upsets through self-regulating activities.” (Dr. Becky Bailey, *Conscious Discipline*)



Left: School Counselor, Jessica Thompson, leads self-regulation activity.

Students are learning about feelings and how feelings sometimes “get a hold of them.” When students feel sad or upset, they may choose to go to the safe place and work through those feelings. It is in the safe place where they can identify the feeling and use strategies that help them calm their body and their brain.

What do the students think? Here are some of their unedited comments.
Ethyn: “If someone gets mad or sad, I say to them, anger gets a hold of you what can you do, forget who you are or be a S.T.A.R. I’m going to

A Systematic Review of Studies on the Mental Health Problems of Homeless Children found:

- Overall, 10% to 26% of homeless preschoolers had mental health problems requiring clinical evaluation.
- This proportion increased to 24% to 40% among homeless school-age children, a rate 2 to 4 times higher than poor children aged 6 to 11 years in the National Survey of America’s Families.
- School-age homeless children compared to housed children were significantly more likely to have a mental health problem as defined by the Child Behavior Checklist (CBCL) Total Problems subscale.

Source: Ellen L. Bassuk, Molly K. Richard & Alexander Tsertsvadze (2015). *The Prevalence of Mental Illness in Homeless Children: A Systematic Review and Meta-Analysis*. In *Child and Adolescent Psychiatry*, Volume 54, Issue 2, pp 86-96.

Emma (a student): “You smile, you take a deep breath and relax. When I’m mad I do a S.T.A.R.”

be a S.T.A.R. And then I breathe with them.” **Iyanna:** “Sometimes when everybody talk, I do my breathing breathes. It helps me follow direction and listen and do what I suppose to do.” **Emma:** “You smile, you take a deep breath and relax. When I’m mad I do a S.T.A.R.”

What have we learned so far? Self-regulation strategies take time and practice! We practice when we are sitting at our desks. We practice standing in line. We practice in the cafeteria. We practice as a class and we practice by ourselves. All of this practice is helping us (students and adults) increase our social and emotional learning and self-regulation. We are getting better at managing our emotions instead of acting them out.

Learn more about Griffin Spalding’s Project AWARE activities by contacting Jason Byars at Jason.Byars@GSCS.org.

STUDENT HOMELESSNESS CHALLENGES

Georgia’s McKinney-Vento Program Data Report Paints Picture of Challenges Presented by Student Homelessness

The Office of Federal Programs at the Georgia Department of Education (GaDOE) conducts an annual comprehensive analysis of available LEA McKinney-Vento program data. Data sources include GaDOE’s Student Record, the Federal Programs’ annual homeless survey, and data from other state agencies. The key trends, patterns, and relationships reported for the 2015-16 program year analysis included:

- Georgia has a growing student homelessness problem: The number of identified homeless students in Georgia increased every year from 2011-12 (34,379) to 2015-16 (39,755). The growth from 2014-15 to 2015-16 was 1.5 percent.
- The percentage of students who experienced homelessness varied greatly among districts: While some districts reported no homeless students, other districts reported populations above 10 percent, including: Polk County (10.6 percent), Hancock County (11.1 percent), Seminole County (11.4 percent), Candler County (11.9 percent) and Monroe County (18.2 percent).
- The living arrangements for homeless students were varied, but most were doubled-up (i.e., shared housing with others): At 71 percent, doubled-up was the most usual form of accommodation for homeless students. Living in hotels or motels was the second most common at 17 percent. Another 10 percent were living in shelters, transitional housing, or awaiting foster care. The unsheltered homeless population was 2 percent.

- Black students and students with disabilities experienced high rates of homelessness: In 2015-16 black students constituted 56.6 percent of homeless students but only 37 percent of the total student population. Students with disabilities were 11.2 percent of the total student population and 16.4 percent of the homeless population.
- Homeless students struggled academically: Only 17 percent of homeless students scored proficient or distinguished on the End of Grade or End of Course language arts Milestones tests. In mathematics, only 14.9 percent scored proficient or distinguished.
- Homeless students faced greater risk of suspension: Homeless students were more likely than non-homeless students to receive in-school suspension (11.6 percent compared to 8.6 percent) and out-of-school suspension (11.3 percent to 6.4 percent).
- Homeless students attended school at a slightly lower rate than non-homeless students: Homeless students had an attendance rate of 92.4, compared to a non-homeless attendance rate of 95.4.

Source: Georgia Department of Education (June 2017). *Georgia's McKinney-Vento Program, Executive Summary, 2016 Data Report.*

A NOTE FROM MCKINNEY-VENTO PROGRAM GRANTS MANAGER

Numerous studies have found that children who are homeless are at high risk for mental and behavioral problems. There is no provision in the McKinney-Vento federal law that mandates school personnel to automatically connect students who are homeless with mental health services. Children who are homeless should be observed for trauma and provided support just as school personnel would do for any child. It is best practice, however, that school districts review risk factors associated with homelessness as part of professional learning. School personnel should become familiar with resources available to help families and children who are homeless. Every school district has a designated, internal contact person who can assist local schools with homeless issues. There are 44 school districts that have received homeless project grants in addition to their regular federal Title I, Part A Homeless set-aside funds. Descriptions of the types of project activities that are being implemented with these grants may be accessed at <http://www.gadoe.org/School-Improvement/Federal-Programs/Documents/MV%20Data%20Report%20FY16%20Report%20-%20for%20WEB.pdf>.

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DEFINING RESTORATIVE JUSTICE

What is Restorative Justice (RJ)?

Restorative justice is an approach to offending behavior that focuses on repairing harm and restoring relationships, rather than just punishing the perpetrator (WestEd Justice and Prevention Research Center).

RJ's Origins in Juvenile Justice

Clayton County's school-justice partnership includes restorative justice practices at Tier 2 of its system of interventions. A comprehensive literature review conducted by WestEd Justice and Prevention Research Center (2016) describes restorative justice's origins, in part, in juvenile justice (p.7):

- The earliest applications of RJ in the United States were in the criminal and juvenile justice systems. The evidence of RJ's effectiveness within the justice system (e.g., Sherman & Strang, 2007) has led to a call to implement RJ interventions on a broader scale, particularly for low-level crimes that are nonviolent, and for juveniles. In fact, New Zealand has used RJ as a central framework in its juvenile justice system for nearly 25 years (Zehr, 2002).
- Bazemore and Schiff (2005) conducted a census of RJ practices in the U.S. justice system and developed strategies to evaluate the quality and consistency of the various approaches to RJ. Their census identified a total of 773 programs across the nation. Relatively informal practices, such as restorative dialogue and offender mediation, were most common. Bazemore and Schiff (2005) identified conferencing as a potentially effective approach to engage stakeholders (including community members), and repair harm.
- In the years since the 2005 census, collaboration and coordination between justice systems and education has increased. The overuse of exclusionary discipline is a concern for both education and the juvenile justice system (Schiff, 2013), and so the two systems have common ground in their efforts to adopt RJ programs in the schools.
- Schiff and Bazemore (2012) later draw the parallel between the use of RJ in juvenile justice and in schools. Rather than referring youth directly into juvenile justice settings, schools effective in the use of RJ now reserve such punishment for the most serious student offenses (e.g., physical assaults). The researchers argue that educators who collaborate with juvenile justice professionals, such as probation officers, can effectively engage students and keep them in school by employing RJ practices that build relationships and nurture positive growth and development for students, particularly for vulnerable and marginalized populations (Schiff & Bazemore, 2012).

Source: Fronius, Trevor; Persson, Hannah; Guckenburg, Sarah; Hurley, Nancy; & Petrosino, Anthony (February 2016). *Restorative Justice in U.S. Schools: A Research Review.* WestEd Justice & Prevention Research Center. The full report may be accessed at: <http://jprc.wested.org/>.



Newton County School System Celebrates MLK Day with Focus on Service and Wellness

By Adrienne Boisson, Coordinator
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On Monday, January 15, 2018, Newton County School System Project AWARE opened the doors of Newton High School to honor the legacy of Dr. Martin Luther King, Jr. with a day of service and wellness under the theme “*Inspire to Aspire. Live to Give.*” The event was designed to focus on personal well-being with opportunities to contribute to the health and happiness of our neighbors. *Hands on Newton* partnered with the school system to offer volunteer opportunities for the national day of service that many people around the country consider “a day on, not a day off.”

Some volunteers came solo from neighboring counties. Others came in groups such as Eastside High School’s *Young Men Building a Dynasty* and Newton High School’s *Ladies of Leadership and First Ladies of Newton High School (NHS)*. Our youngest volunteer was a five year-old who served along with her parents and big sister to collect and sort canned and boxed food goods. Altogether, 174 students, parents, and community members volunteered their time serving at one of several donation collection stations, assisting the American Red Cross Blood Drive, serving lunch, and ushering for the film screening. Thanks to the generosity of all of our participants, Project AWARE Newton’s MLK Day of Service and Wellness gave to our community in the following ways:

- 294 books were donated to the NCSS Book Bus.
- 278 food items were donated to Action Ministries to help prepare meal boxes for Newton County families.
- 14 pieces of luggage and 215 toiletry items were donated to Newton County DFCS for youth in foster care.

- 39 coats were given to the NCSS Transportation Department to give out to students who don’t have coats on cold mornings.
- 29 pints of blood were donated through the American Red Cross Blood Drive.
- 17 community providers hosted health and wellness resource tables to connect with the participants and volunteers.
- 432 items of clothing were collected to share with the NCSS Homeless/Foster Care Coordinator and school clothes closets throughout the county.



NCSS Project AWARE Staff (L to R): Tiandria Cotton (Intern, Spelman College), Adrienne Boisson, Director, Cindy Leiva, Administrative Assistant, Elijah Leiva, Newton High School Senior, Chris Williams, Assistant Director, Naran Butler-Houck, Mental Health Clinician



Bernie and Diane Marinelli, NAMI Rockdale/Newton



Caryn Thompson, Mental Health America of Georgia



Dr. Kensa Gunter leading the Mind/Game Chat and Chew with students, parents, and coaches.



NCSS Homeless/Foster Care Coordinator Khiem Reid receiving the donation of 39 coats and 3 bedding sets for families

To bring awareness to the importance of mental health care and personal wellness, 17 community providers filled the NHS Commons for a resource fair. NAMI Rockdale/Newton, Mental Health America of Georgia, ViewPoint Health, the Rockdale/Newton Suicide Prevention Coalition, and others interacted with volunteers and participants while giving valuable information about the services they provide. Coaches, student athletes, and parents throughout the county were invited to a screening of the documentary “*MIND/GAME: The Unquiet Journey of Chamique Holdsclaw.*” This film provides personal accounts of Holdsclaw’s athletic accomplishments on college and WNBA basketball courts as well as the personal setbacks that led to her becoming a powerful advocate of mental health. Immediately following the film, Dr. Kensa Gunter facilitated Chat and Chew, a lunchtime discussion of the impact of mental health concerns on athletes and teens. The question and answer session allowed students and parents to ask specific questions addressing their concerns about mental health and how to be supportive of youth who are experiencing mental health challenges. After discussing the intersection of mental and physical wellness, we ended the day with a family Zumba Class with local business owner Cat Lewis.