

**CHANGING THE CONVERSATION**

## How the Conversations about Children's Mental Health are Changing in Georgia

*An Interview with Garry McGiboney, PhD, Deputy State Superintendent for External Affairs and Policy, Georgia Department of Education*



**GPAD:** You have made a number of presentations about changing the conversation. A quote that you have used on several occasions says, "No significant and sustainable change has ever taken place without first changing the conversation." Is that quote original with you? Why does it matter so much?

**McGiboney:** Yes, those are my words. What I have found is that in education we often don't take the time to initiate conversations with others before implementing change. It really is important that we get people talking the same language and understanding the issues before asking them to change. When it comes to children's mental health, it is a new day for discussions that require a new vocabulary. Otherwise, we will drift back to old norms.

**GPAD:** A little more than a year ago, you were one of the keynote speakers at the Georgia Project AWARE Children's Mental Health Summit. At that time, you told the audience that partners and stakeholders need to use data to change the conversation about children's mental health. First, how are conversations different in substance today, compared to a year ago?

**McGiboney:** People aren't just talking about the fact that Georgia's children need more mental health services. Instead, they are now talking about the need for a state children's mental health plan. There also seems to be more of a realization that if students are going to get help for mental conditions, then it's likely to be in schools. So there's more conversation about the implementation of programs like Project AWARE, PBIS, APEX and Georgia HOPE that have begun to provide school-based mental health services.

**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 and Cheryl Benefield, State Family and Community Engagement Specialist (FCES).

**LEAs**

Muscogee: Tammi Clarke, GPA Manager/Coordinator; Courtney Lamar, Mental Health Coordinator; Connie Smith, Administrative Assistant; Rhonda Patchin,

Technical Assistant; and Michelle Pate, Technical Assistant.

Newton: Adrienne Boisson, Manager/Coordinator; 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 Meeting – May 24, 2017**

The meeting begins at 10 a.m. and will be held at Georgia Department of Education, Twin Tower West.

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**GPAD:** Who are the people engaged in conversations about children’s mental health?

**McGiboney:** There are many organizations that are advocating for children’s mental health in the state. For example, to name a few, there’s Voices for Georgia’s Children, Georgia Partnership for Excellence in Education and the Barton Law Center at Emory that have taken up the cause by writing legislators and encouraging them to support the creation of a state children’s mental health plan.

**GPAD:** Over the last several years, you have provided expert testimony before a Georgia General Assembly House and Senate Study Committee on Children’s Mental Health. Given the seat that you have had at the legislative table, what would you say have been some of the big wins in support of children’s mental health?

**McGiboney:** Representative Katie Dempsey has given voice to concerns about children’s mental health through the work her committee has done to raise awareness of the impact of unidentified and untreated mental conditions on academic performance. Governor Deal and other legislators are responding to the conversations by taking decisive actions as well. In my opinion, there were some major wins for children with mental health during the 2017 General Assembly as reflected in the approved State budget. Some of the budget items that stand-out for me include the Governor’s allocation of \$3 million dollars for early identification of children with mental health conditions needs. The legislature changed the student-to-counselor funding ratios, giving schools greater access to counselors. Bobby Cagle over at the Division of Family and Children Services was given more funding to support the mental health needs of children in foster care. As you may know, we have over 30,000 military-connected students in Georgia. As a group, they appear to suffer a great deal from mental conditions. There’s now about a half-million dollars in the budget to provide this group with counseling services. I’d like to mention one other action that was taken that is likely to have a big impact on some of our students. We have lots of students missing school due to oral health problems such as painful toothaches. Now that the legislature passed a bill permitting dental hygienists to provide some dental services on school campuses, this could be of tremendous help to these students.

**GPAD:** Do these wins represent some of the issues that you have been mentioning during your testimonies?

**McGiboney:** Absolutely. These are some of the issues that I and many others have sought to underscore. I’ve especially advocated for addressing school climate and am pleased that the state budget includes an increase in dollars to make school climate specialist positions full-time in the 16 RESAs. This will allow us to roll-out more support for schools to implement the PBIS framework. The budget also includes dollars for training Georgia Department of Education staff to provide social, emotional and behavioral supports.

**GPAD:** Back to the notion of using data to change the conversation on children’s mental health. You have suggested that educators look at data through an epidemiological or population health lens. What exactly do you mean by that?

**McGiboney:** We are always chasing a problem in education. Our focus tends to be on outcomes and consequences. What I’ve learned from Epidemiology 101 is that when examining a disease, one has to look for a determinant because disease does not occur randomly. In education, before we get to interventions of behaviors, we need to be looking closely at data and asking *what do we know about the cause of the behavior?* What is missing from the data that can better explain what’s going on with this student? The population health lens can also be applied in education by looking, for example, at the PBIS pyramid tiers all at once. The entire population of student behavior is accounted for by using data to place a certain percentage in each tier.

**GPAD:** What data should school personnel be using, specifically, to change the conversation about children’s mental health?

**McGiboney:** One major piece of data that schools should be using is their school climate rating. The key elements of the rating — student attendance, staff attendance, school safety, parent perceptions, etc. — should be extracted and examined closely to see what story is being told. In my view, data is only real if it tells a story. Once school personnel know the data story, then they can

have conversations about the parts of the story they want to change, and how best to make improvements. When students report that they don’t feel safe, connected, or engaged in school, they are in essence commenting on the school’s climate. The research clearly shows that improved school climate leads to improved academics. In fact, we have found a correlation between school climate ratings and the College and Career Ready Performance Index data here in Georgia.

**GPAD:** What is the data saying that educators should do more or less of to support children who exhibit social, emotional, behavioral, or mental health issues in general?

**McGiboney:** When you talk about quality of teaching, it’s important to look at teachers’ relationships with their students. One way to improve classroom climate is to improve the relationships between teachers and students. What the data shows is that things improve when teachers are trained in social-emotional engagement and given the tools that help to create positive school climate. Again, this is a part of what should be focused on through the quality of teaching. My observation is that teachers want to be good at what they do. They need resources and support to do their work well.

**GPAD:** In the more than 60 articles that you have written, it looks like you have focused a lot on youth who are disruptive. Why is that?

“No significant and sustainable change has ever taken place without first changing the conversation.”

— Garry McGiboney

**McGiboney:** My first job in DeKalb County School System was as a school psychologist. I was very disturbed by the number of students who had family issues that impacted their behavior in school. Many of the students got suspended because of their behavior. I started asking questions about where these students went every day when they were put out of school. Later, I became the psychologist at DeKalb's alternative school, which was the first such school in the state. By virtue of that work, I began to advocate for the needs of disruptive youth.

**GPAD:** What do you see as some of the mental health programs, practices, or initiatives underway in Georgia's schools that will eventually result in systems change?

**McGiboney:** I think we have a good nucleus of programs already taking root. PBIS creates a system of care that brings with it a solid referral system. In schools that are implementing PBIS with fidelity, referrals are now going to counselors, rather than the principal's office. The implementation of Project AWARE in three school districts is giving us insights about the type of interconnected systems we need to have in place in order to identify and meet the mental health needs of students. Through APEX, a project of the Department of Behavioral Health and

Developmental Disabilities, we are learning how to utilize community-based mental health providers to deliver services in the schools. I'm very impressed with Georgia HOPE and the success it is having in providing mental health services to students in a number of North Georgia schools. Georgia HOPE is funded, in part, by APEX. These are all examples of programs that are working. Obviously, other types of programs are needed as well. But it would be a loss if these programs disappeared after their funding ceases. Somehow, they need to become a significant core in the children's mental health state plan.

**GPAD:** As children's mental health programs, services and initiatives continue to populate the landscape, how does Georgia prevent the creation of a siloed system? Is there a unifying element?

**McGiboney:** What we need is a comprehensive plan that connects the people and the services that exist within the silos. Unfortunately and practically speaking, the silos are not going away. But there is no reason why we can't figure out how to connect them so that children and families receive the services they need. There's been discussion in the legislature about creating a Children's Mental Health Reform Council modelled after the highly successful Georgia Criminal Justice Reform Council. This body is composed of key stakeholders who convene to ask questions about who can best address specific issues. It also solves problems, many of which are related to service access. Perhaps the Children's Mental Health Reform Council will become the unifying element for children's mental health, in addition to a comprehensive plan.

**GPAD:** As the issue of workforce development is tackled, is it inevitable that there will have to also be conversations about scope of practice relating to the various disciplines that are uniquely qualified to provide school mental health services?

**McGiboney:** We have a workforce crisis in mental health. Ideally, it would be great to have clinical psychologists provide services. But not enough of them are available. Mental illness occurs on a scale of 1 to 10. So treatment must be, too. I believe that over time, we will have to differentiate a child's needs by the types of providers available.

**GPAD:** Is there a remaining courageous conversation that professionals will have to engage in as school mental health programs are installed in school districts?

**McGiboney:** The conversation that I don't think we are ready to have is about moving away from the traditional model of behavioral health. This is a conversation we've never had before, but may need to have in order to address our workforce crisis as well as to provide access to other types of practitioners. Trauma probably has one of the most significant impacts on children's mental health. In the instance where a child stops talking or loses his voice because of a traumatic experience, shouldn't he be able to access the services of a Speech-Language Therapist who is trained to work with such cases? Since we don't have enough behavioral health therapists, why not consider bringing other types of therapists into the service mix? When should they be used? That would be part of the courageous conversation we have.

## ABOUT GARRY MCGIBONEY

*Garry McGiboney, PhD, currently serves as the Deputy State Superintendent for External Affairs and Policy at the Georgia Department of Education. Dr. McGiboney was appointed by the Governor of Georgia to serve on the Joint Study Committee on Mental Health Access. He also serves by appointment on the Georgia Supreme Court's Justice for Children Committee; the Juvenile Detention Alternative Initiative Steering Committee of the Georgia Council on Criminal Justice Reform; the Georgia Accrediting Commission; and he is Chair of the Executive Steering Committee of a multi-million dollar National Institute of Justice grant.*

*Dr. McGiboney has over 30 professional journal publications on education, psychology, and youth-related issues, and he is the author of eight books: Student Relations and Discipline; The Private Side of Public Education; Lessons for Leaders and Governing Boards; Crisis Management for Schools; Pandemic Planning; When Darkness Finds Light; Daily Wisdom and Inspiration, and the recently published book – The Psychology of School Climate, which was published by Cambridge University Scholars in Great Britain.*

*Dr. McGiboney has written guest columns for magazines and newspapers, and he has been interviewed by CNN, NBC, CBS, ABC, and many regional and local television and radio affiliates. Also, he was featured in a bullying awareness program for children on the Nickelodeon Network and on an A&E television special on school violence. Additionally, Dr. McGiboney appeared in a United States Department of Education video production of Emergency Preparedness for Families that was broadcast on PBS and other networks.*

A MESSAGE FROM GEORGIA'S PROJECT AWARE COORDINATOR

## Making Strides in Leading, Convening and Changing the Conversation About Children's Mental Health

### *A Message From the Georgia Project AWARE Program Coordinator*

By Rebecca Blanton



Rebecca Blanton

We are in year three of the implementation of Georgia Project AWARE. I am delighted to report that we are making numerous strides in leading, convening and changing the conversations about children's mental health. From the inception of Project AWARE, state staff and personnel in the three Local Education Agencies (LEAs) that are defining and implementing programs, processes, and practices relating to children's mental health have utilized the *Leading by Convening* framework to strategically engage partners and stakeholders in our efforts. Created by the National Association of State Directors of Special Education (NASDE) IDEA Partnership, the framework seeks to span the boundaries between education and mental health by sparking conversations that lead to shared work. We have been encouraged to continuously ask questions like: Why is the issue of children's mental health important to us? Who else cares about this issue? Who needs to be a part of our conversations?

A year ago, a group of 60 diverse stakeholders representing schools, agencies, and providers who work at the state, local, site and family levels generated an extensive list of *Grounding Assumptions for Shared Work on Mental Health in Schools* (Cashman, Joann, March 17, 2016 April 28, 2016, and May 12, 2016). Surfacing the assumptions has led to deep dialogue about a range of topics that might have gone unspoken, or would have otherwise become the proverbial "elephant in the room." Some of the topics of conversation have included: partnering with parents and the community to support the development of mentally healthy children; making an appropriate response to mental health challenges in the schools; eliminating the stigma associated with mental health services; overcoming the legal aspects of providing mental health services in schools; using a common vocabulary to communicate about mental health among parents, school and mental health agency personnel; and supporting adults who work with students in attending to their own mental health.

Not only are we convening stakeholders and partners and changing the conversation about children's mental health, but we are taking actions. Newton, Muscogee, and Spalding County School Systems have become action labs in exploring, implementing, and documenting best practices that we anticipate sharing with other systems. Using individualized plans of action, based on school and community data, each district is paving a

path that is most suited to its identified needs. They are all implementing their projects under the watchful eye of the Georgia State University Evaluation Team and demonstrating progress. Be sure to read about the results of the two-year evaluation of the Project AWARE sites in this issue of GPAD (p. 11).

We are seeing the emergence of school-based mental health programs through use of public school personnel *and* community-based providers. Georgia Project AWARE's growing partnership with APEX is creating some exciting options for enhancing and expanding school-based mental health services. There's still a long way to go in getting more mental health services to children in our schools. The good news is that we have a couple of promising models in place from which others can learn, if interested.

Finally, Project AWARE staff continues to conduct Youth Mental Health First Aid (YMHFA) training for many different audiences across the state and outside funded LEA project sites. Between January 2015 and March 2017, 2,264 first aiders have been trained, resulting in 10,694 student referrals. YMHFA is one of the central components of our sustainability efforts. To this end, the Georgia Foundation for Public Education recently awarded Project AWARE a grant to cover the cost of training 32 YMHFA instructors located in the Regional Education Service Agencies (RESAs).

PARTNERING TO MAKE A DIFFERENCE

## Bringing Hope to Students with Mental Health Conditions



Rachel McCrickard

By Rachel McCrickard, VP of Development, Georgia HOPE

In August of 2015, Nikki Raymond, the CEO of Georgia HOPE, received the phone call that made her dreams come true. That might sound a little extreme, but it's also pretty accurate. In that one call, Georgia HOPE was given the opportunity we always longed for — a startup grant to create a thriving, sustainable School-Based Mental Health (SBMH) program. This grant was part of the Georgia Apex Project (GAP) and, for Georgia's children, it could not have been more timely. Schools across the state were beginning to recognize the direct link between childhood mental health conditions and student achievement. With one in five children impacted by a mental health condition, schools felt they had maximized internal resources and needed outside assistance. School-Based Mental Health programs were the perfect partnership for the service gap. If you are unfamiliar, a SBMH program is a partnership between a behavioral health provider, like Georgia HOPE, and a school district which results in the provider placing a therapist in a school for ongoing counseling services. In contrast to the work of the school counselor, a school-based therapist concentrates on conducting individual or family counseling sessions with

identified students, which are often billed to the family's insurance, under the umbrella of the behavioral health provider.

Georgia HOPE was one of three private providers to receive the Georgia Apex Project grant, which was also given to Community Service Boards across the state of Georgia. There was no confusion about how these funds were intended to be used as the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) clearly communicated the goals of the Georgia Apex Project.

The goals were to:

- Provide **early detection** of child/adolescent mental health needs.
- Provide **greater access** to mental health services for children and youth.
- **Sustain increased coordination** between Georgia's community behavioral health providers and local school districts.

Luckily for us, our CEO was no stranger to School-Based Mental Health programming. Earlier in her career, Nikki piloted an incredibly successful SBMH program in Philadelphia, Pennsylvania, and therefore knew exactly what it would take to meet the goals of the Apex Project. Because of the imminent need that faced local school systems in North Georgia, we felt we had no time to delay. Our goals were aggressive and we were eager to get started. Over the next few months, we hired two full time therapists, who were placed in two Murray County elementary schools, Woodlawn Elementary and Spring Place Elementary, we began purchasing play and art therapy supplies, and we attended national trainings to learn about common SBMH programs. The schools welcomed us with open arms and counseling referrals began pouring in as teachers, administrators and staff began to identify students who needed some help. By winter break, our program had already become sustainable through insurance billing. That

school year, we went from seeing eight children for counseling services, to providing weekly sessions to over 150 children. At the rate Georgia HOPE received referrals from these schools prior to having this partnership, it would have taken ten school years for this many children to have access to treatment. Schools are the only place that "touches" each and every school-age child in our community. Mental health providers simply must rely on schools to help children and families access needed care. This program provided such a great supplement to Georgia HOPE's well-known home-based services. We continued our commitment to seeing children in their natural environment, at home but, by adding school-based services to our repertoire, we were able to increase access even further.

With the knowledge and experience we gleaned from our 2015-2016 pilot year, we expanded to 11 additional schools in four additional school districts (Catoosa County, Floyd County, Gordon County and Walker County) for the 2016-2017 school year. The success stories continued as we built robust, sustainable programs which now provide school-based counseling services to over 450 children in North Georgia.

In hindsight, it all came together rather easily for us. There have been a few key ingredients that we feel led to our program's success.

- 1. School Buy-In:** This partnership simply would not have been possible without the strong collaborative relationship we built with Murray County School District. From our very first meeting with Murray County's Superintendent, Vicki Reed and the Director of Instructional Support, Jill Rogers, they enthusiastically supported the program's implementation and partnered with us to identify the best pilot schools. Moreover, the principals and school counselors have been instrumental in modeling support for the program. Our Woodlawn Principal, Pam Rich, repeatedly reminds us that we are never allowed to remove their School-Based Therapist from the school.
- 2. Incorporation of Interconnected Systems Framework:** Murray County School District is at the Operational Level with adherence to PBIS (Positive Behavioral Interventions and Supports). As soon as visitors walk in the door of a Murray County school building, they sense the difference in school climate. To align with this, we built our SBMH program to mirror the Interconnected Systems Framework of PBIS and RTI, thus speaking the same language as our school partners. This resonated and led to the development of a collaborative team approach to addressing mental and behavioral health within the school.
- 3. Commitment to Sustainability:** From day one of our Apex grant, we knew our chief aim was to ensure the program's sustainability. We could not imagine entering these school systems and building strong partnerships, only to remove ourselves after the grant ended. For this reason, we were strategic about choosing the schools we would enter. We evaluated each school's appropriateness for the program by reviewing the Free and Reduced Lunch percentage, which correlates closely with the percentage of students who receive Georgia Medicaid. We also sought out sites that had high school climate ratings, knowing that this would create a welcoming environment for our clinicians. We are proud to report that our program is already 100% sustainable through Medicaid billing. If we were to lose the grant tomorrow, we could easily continue providing mental health services to our 13 current sites. Because of our approach of targeting schools with a

## RACHEL McCRICKARD — BRINGING HOPE TO HER CHILDHOOD SCHOOL

*Rachel McCrickard is a Licensed Marriage and Family Therapist who serves as the Vice President of Development for Georgia HOPE. Rachel obtained her Bachelor's Degree from Milligan College in Johnson City, TN, and a Master's Degree in Clinical Psychology from Azusa Pacific University in Los Angeles, CA. Early in her career, Rachel provided counseling services to chronically homeless adults in the Skid Row district of downtown Los Angeles. In 2011 Rachel returned to her hometown of Fort Oglethorpe, Georgia/Catoosa County where she began working as a clinician for Georgia HOPE. In 2015, Rachel helped lead the creation and implementation of Georgia HOPE's School-Based Mental Health Program, which has gone on to receive local and state recognition as a model program for school-based mental health services. Rachel has been asked to participate on numerous panels regarding childhood mental health, including First Lady Rosalynn Carter's Georgia Mental Health Forum. In 2016, Rachel was thrilled to expand Georgia HOPE's SBMH Program to Cloud Springs Elementary in Catoosa County, which is the school she attended for elementary school 25 years ago.*

high-rate of students on Medicaid, this allowed us to utilize our grant funds for creating a nurturing clinical environment at our program sites, accessing training and supplies for our clinicians, purchasing evidenced-based resources and curricula, while also reserving a portion of our funding to provide services to children who do not receive Medicaid. Our commitment to developing a sustainable program is already leading to yet another expansion of our SBMH program as we identify more schools in need of mental health services and supports.

**4. Clear and Consistent Processes:**

Through our program pilot, we learned that schools want to keep things as simple as possible. Change is difficult for everyone, so we made it a priority to maintain and build upon processes that were already working within the schools regarding mental health services and supports. Clearly establishing processes that align with each school and communicating these processes with school partners helped to build a strong, lasting relationship with our program sites.

**5. Creative and Innovative Approach:** At Georgia HOPE, we have a history of finding unique and innovative approaches to the often challenging work of community mental health. When faced with a need, we strive to find a way to say yes, rather than focusing on all the reasons that something might not work. Our School-Based Therapists were endlessly creative in executing ideas that aligned with the needs of their schools. One elementary school struggled with 4th and 5th grade girls who couldn't seem to get along, so our clinician, Jenny Wilhoite, created a Friendship Promotion group that meets weekly during lunch. Another school wanted to develop some leaders among students, so the School-Based Therapist, Misty Andrews, led a contest in which students responded to the question "How Can I Make My School Better?" A winner was chosen from each classroom and these leaders now meet together every month to strategize about how to promote friendship and kindness among all students.

The impact of a program like this cannot be overstated. Simply put, it has changed the future of our agency. Instead of responding to mental health concerns that occur after a crisis, we are now running offense by identifying symptoms while the kids are in "the shallow end of the pool" (to quote DJJ Deputy Commissioner, Margaret Cawood). Previously, the Department of Family and Children Services (DFCS) was our highest referral source at Georgia HOPE. But now, in counties where we have strong school partnerships, this has changed. Schools are now our highest referral source and school counselors and social workers have become the liaison for ensuring families have access to the behavioral health services they need. While we are still in the process of collecting data, we are already seeing evidence of a reduction in DFCS reports, a reduction in school discipline referrals and an increase in school attendance. Our partners at Benchmark Mobile Crisis tell us that

there has been a reduction of crisis calls from schools where we have implemented a SBMH program.

As if these successes were not enough, this program has also given new life and a renewed sense of dedication to our clinicians, who now enjoy the opportunity to work collaboratively with a school, rather than operating in silos which can often lead to compassion fatigue and

burn out. Recently, one of our School-Based Therapists, Candy Howard, was expressing concern that she spends most sessions explaining to children what anxiety and sadness feel like in their bodies, while also teaching them the skills to cope with these feelings in a healthy way. Candy communicated that this was such a stark difference from her previous work counseling an entire caseload of traumatized children. This caused us to all have a collective "ah-ha moment" when we realized how truly ground-breaking it is that Candy can concentrate so much of her time on teaching basic social and emotional learning skills, rather than performing mental health triage. Although we hold fast

to our commitment to serving those children and adults with the greatest mental health needs, we are so inspired by the opportunity to also intervene early through school-based services in such a way that these children and families might not ever experience a mental health crisis.

Because our School-Based Therapists are teaching students what anxiety and sadness feels like at the age of eight, these children will grow up with the knowledge and skills needed to cope with difficult teen years and early adulthood. These are the children who may never turn to cutting or risky behavior or substance use. These are the families who may never experience a DFCS investigator knocking on their door. These are the children who won't ever have a DJJ probation officer. These children will know how to cope with difficult feelings and emotions. These children will know when and how to ask for help. What greater gift can we give them?

Curious about what's next for Georgia HOPE?

It is Georgia HOPE's vision to see mental health services implemented into every school across the state of Georgia. We are committed to doing our part by continuing to expand our School-Based Mental Health program to the schools within our reach. If you would like to speak about this program or other services that Georgia HOPE provides, we welcome you to reach out to Rachel McCrickard, VP of Development at [rmccrickard@gahope.org](mailto:rmccrickard@gahope.org).

*Georgia HOPE is a private provider of home and school-based mental health and substance abuse counseling services, which covers 21 counties in North Georgia. To learn more about the important work of Georgia HOPE, visit [www.gahope.org](http://www.gahope.org).*

**These children will know how to cope with difficult feelings and emotions. These children will know when and how to ask for help. What greater gift can we give them?**

— Rachel McCrickard

A DAY IN THE LIFE OF...

## One Day in the Life of Mental Health Clinicians in Griffin-Spalding Schools

By Kelly Pettacio, MS LPC & Rhonda Harris, LSW, Mental Health Clinicians



Kelly Pettacio



Rhonda Harris

**GPAD Note:** *With the growth of school-based mental health programs, we thought our reading audience might be interested in learning about what the work of a public school mental health clinician entails. So we asked the two mental health clinicians in Griffin-Spalding School System to carefully log and narrate one full day of activities to give you a peek at their schedules. Here's what they recorded in their third person account. The interns mentioned are Symone Fears, Martina Callaway, and Ngozi Nnaka.*

### 7:30 am

Sun peeks through the window, overlooking the courthouse in Griffin, of an office filled to the brim with case after case of books. Rhonda has just battled the Atlanta morning commute fueled by grace, coffee and Dr. Laura. Kelly arrives behind her, throws on her lipstick, and thus begins the day, the week, the month.

It's Monday, which means with the help of our three fierce interns, we have 11 groups and 12 individual Tier 3 support visits scheduled just for them.

### 8:00 am

"I'm headed to Beaverbrook Elementary!" Rhonda hits the road for the day. She is on her way to consult with the school-based team on a student living with autism that is experiencing increased behavioral problems and



From left to right: Martina Callaway, Symone Fears and Ngozi Nnaka.

potty training regression. She is going to teach anxiety management skills, that she and the student have been developing in group, to teachers.

### 9:00 am

Kelly just finished disaggregating data for the Project AWARE team and heads out to observe Symone conducting a "girls only" therapy group at Griffin High School. When she arrives the lead counselor greets her with a smile and says, "WOW, that was fast! I'm so glad to see you!" Simultaneously, Kelly's phone lights up with a text from said counselor stating a student shared thoughts of suicide. She postpones the observation and meets with the student and counselor.

### 10:00 am

The student shares that she has plan, intention, and means of suicide. While waiting for her grandmother, who is her guardian, to arrive they create a safety plan. Kelly begins to coordinate a follow-up psychiatric evaluation to see if the student requires hospitalization to remain safe. When grandmother arrives she's provided with information about a local crisis receiving unit that is available to assess the student immediately. Grandmother is grateful that the student shared these concerns and agrees to take her right away.

### 11:00 am

Rhonda has finished the team meeting and went to Atkinson Elementary to observe a new student who has been running out of class and saying he wants to die. She meets with him and discusses what that means. After expressing his frustration better, he heads back to class. Rhonda calls his dad and provides referrals to a local play therapy center that takes their Peach State insurance plan and specializes in oppositional defiant disorder and trauma just down the road from their home.

### 12:00 pm

Martina, Ngozi, and Symone head back to the office for clinical supervision as they munch their lunch. Kelly takes time to teach them a new skill, asks about self-care, and reminds them of upcoming deadlines for paperwork. Martina & Ngozi discuss the boys group and graduation group they just co-led at the alternative school. Martina is proud of one senior who is going to graduate earlier than expected! Ngozi brings up concerns about a student who is transitioning from AZ Kelsey Academy back to his home school, Cow-

### A DAILY DOSE OF DIVERSE SUPPORT: SAMPLE WORK TASKS OF GRIFFIN-SPALDING'S MH CLINICIANS

- Small student groups for Tier 3 interventions
- Tier 3 interventions for individual students
- Consultation with IT Services based on students being flagged on social media for potential suicidal thoughts
- Data disaggregation
- Referrals to community-based MH professionals and agencies
- Parent calls and conferences about students' potential mental health issues
- Faculty support for self-care
- Supervision of college interns' mental health interventions
- Student grief groups
- Transition planning

an Road Middle, in a few weeks. She agrees to call the behavior specialist, who is working with the student and staff from both schools on the transition plan. Ngozi will offer continuing group support at the home school.

**1:00 pm**

Supervision was a success and we all head our separate ways. Ngozi goes to a middle school for a grief group. Symone heads to an elementary school with Rhonda to teach the zones of regulation and social thinking to 2nd graders. Martina travels to the other high school for a tier 3 group for students transitioning back from recent hospitalization. Kelly goes to a middle school on request of the head of IT Services as a student has just been flagged for searching for suicide information and taking a quiz entitled "Should I kill myself?"

**2:00 pm**

The student at the middle school is evaluated and discloses that he does not have a plan for suicide but feels trapped because of peer issues at school and home problems. The student then shares that he's being abused at the hand of his neighbor. We reach out to Dr. Johnson, the district's lead social worker. Together, we report the abuse to the Department of Family and Children Services (DFCS) as well as the police. Next, we reach out to the family and provide resources to the local child advocacy center and a local agency that specializes in trauma. Parents take the student to the advocacy center where a trained counselor does an evaluation and works closely with police and DFCS to coordinate a forensic interview.

**2:45 pm – Coffee!!!!**

**3:00 pm**

Rhonda and Kelly say goodbye to interns for the day! Rhonda helps Debbie and Jason set up for Youth Mental Health First Aid training tomorrow at a local technical school with nursing students. Kelly meets with a PBIS team to discuss tier two interventions and Evidence Based Social Emotional Learning Curriculum to address concerns found in the universal screening data.

**4:00 pm**

Rhonda meets for a faculty meeting focusing on self-care for one of her elementary schools. She ends the day teaching deep breathing and other techniques that not only help teachers take care of themselves, but can be transferred to the classroom. Kelly gets on a call with a fellow from the Educational Policy Fellowship Program for an interview. **[GPAD: Kelly is also a fellow in this program.]** The fellow on the phone is planning a presentation on innovative practices that are working in Georgia and will be highlighting the success of Project Aware.

**Between 4:30 and 6PM:**

The day wraps-up with phone calls, paperwork, planning, scheduling and reflecting on tomorrow's tasks. It's all in a day's work!

*If you want to know more about Kelly's and Rhonda's work as School-based Mental Health Clinicians, you may contact them at [kelly.petaccio@gscs.org](mailto:kelly.petaccio@gscs.org) and [rhonda.harris@gscs.org](mailto:rhonda.harris@gscs.org). Jason Byars is PBIS and Project AWARE Coordinator in Griffin-Spalding Schools and is excited to share his vision of the School-Based Mental Health Program. You may contact him at [jason.byars@gscs.org](mailto:jason.byars@gscs.org).*

**BEHAVIOR QUESTIONNAIRE LAUNCHED**

## MCSO Launches Customized Brief Behavior Questionnaire and Intervention Plan BBQuIP

The Brief Behavior Questionnaire and Intervention Plan (BBQuIP) was developed in 2009 by Dan Crimmins, PhD, Clinical Professor and Director of the Center for Leadership in Disability at Georgia State University (GSU). The tool was recently customized for use by Muscogee County School District (MCSO). This three-part questionnaire helps family members, teachers and related services personnel to develop a plan of action for a child's frequent behavior problems. Part 1 asks about the child's progress in terms of strategies that have been previously implemented and Response to Intervention. Part 2 asks a series of questions that help to describe the child in positive terms, and also help us to understand why the child continues to engage in the behavior. Part 3 asks about ways to prevent the behavior from occurring. It also helps to pinpoint the skills the child needs to learn to replace the problem in the long run. The last page provides a format for a one-page plan that can be used as an overview of the positive behavior support plan. A tutorial explaining how to use the BBQuIP has been developed by Emily Graybill, PhD, Clinical Assistant Professor, Center for Leadership in Disability at GSU.



Dan Crimmins

**PBIS SUMMIT RECAP**

## Third Statewide PBIS Summit Focused on Improving Climate in Georgia Schools and Communities

The *Third Statewide Positive Behavioral Interventions and Supports (PBIS) Summit* held May 11, 2017 featured a smorgasbord of information updates, trends, issues and planning opportunities relating to improving climate for children and their families. Top Georgia Department of



Dr. Jody Barrow, Superintendent of Fayette County Schools and Georgia's 2017 Superintendent of the Year, addresses summit attendees (front of room).

Education (GaDOE) personnel kicked off the summit with opening comments that set the stage for day-long presentations and interactive sessions. Members of the Georgia House of Representatives addressing the attendees included Representative Mike Glanton, District 75, Education Committee and Representative Katie Dempsey, District 13, Education Committee. Presenters from GaDOE included Richard Woods, State School Superintendent; Debbie Gay, Deputy Superintendent, Federal Programs; Garry McGiboney, PhD, Deputy Superintendent, Policy; and Justin Hill, State PBIS Coordinator.

The agenda provided a comprehensive look at the implementation of PBIS in early childhood programs throughout high school and in community settings. Attendees were apprised of GaDOE's efforts to align PBIS and School-Based Mental Health through intentional connections across programs and grade levels. Dr. Heather George, PBIS Resource Agent for Georgia and Susan Barrett, PBIS Research Agent for four Southern states, presented on expanding the work of aligning PBIS and mental health services. They also facilitated work on integrating mental health and early learning in the PBIS State Strategic Plan.

*For further information on the PBIS Summit outcomes or PBIS State Strategic Plan, contact Justin Hill, Program Manager, at [gapbis@doe.k12.ga.us](mailto:gapbis@doe.k12.ga.us).*

### NCSS POVERTY COACHES ENGAGE THE COMMUNITY

## Understanding and Overcoming the Negative Impacts of Poverty

By Adrienne Boisson, Coordinator of Project AWARE, Newton County School System



As we prepare to celebrate graduation in Newton County School System (NCSS), we applaud the many academic accomplishments of the 2016-2017 school year such as Newton College and Career Academy's designation as a STEM school, eight Governor's Honors Program Finalists, multiple State Science Fair winners, and millions upon millions of dollars in scholarships earned. Let me give you the context in which these accomplishments have occurred. Newton County has a population of 102,446. Our school district's student population is 19,138. Nearly 70% of our students participate in the district's federal free and reduced lunch programs, which is a rough measure of the overall poverty level. A number of our schools' poverty levels exceed 80%. The negative cycle of poverty can be seen in classrooms where teachers attempt to keep hungry children who have not had adequate health care, proper nutrition, or environmental stimulation engaged in the learning process. Behavioral and social issues often loom as challenges, along with student absences.

In spite of the level of poverty observed among many of our students, under the leadership of Newton County School System's Superintendent, Mrs. Samantha Fuhrey, administrators, teachers and staff are in constant pursuit of new methods and strategies to increase every child's prospect of succeeding in school and life. Superintendent Fuhrey has gotten the entire workforce in the school system and many in the community-at-large to join her in learning more about how to improve outcomes for children and families living in the crisis of poverty with an eye toward embracing and using evidence-based practices. Recently, she engaged the services of the Beegle Poverty Institute to boost the district's Leadership Team's understanding of how to mitigate some of the negative impacts of poverty. From the first session, a selected team of district employees went on to become certified Poverty Coaches. In two subsequent sessions, the Poverty Coaches partnered with the Gwinnett-Rockdale-Newton Health Department to host two Poverty Awareness Seminars open to the public to inform parents and community members about the toll that poverty takes on students' performance in school. I've worked in NCSS for ten years now, and I must say that participating in Dr. Beegle's Poverty Institute and the Awareness Seminars with actual Newton County data has helped me realize the urgency of removing poverty as a barrier for our students. The school system is taking the opportunity to organize educators and community members to stand in the gap as navigators who will walk with our students to help them realize their strengths and link families in poverty to resources. No one has to do this alone.

Superintendent Fuhrey has a vision of Newton County becoming an Opportunity Community (OC), utilizing the Beegle Poverty Institute's OC best practices model. The OC model is a community-wide approach that includes programs for students and families who currently live in poverty. The pillars of the model are to: 1) Remove the shame and judgment; 2) Rebuild the hope; 3) Reduce the isolation; 4) Create a poverty-informed community that works together to improve outcomes; and 5) Grass roots economic development.

Newton County Project AWARE will support Superintendent Fuhrey's vision for a more supportive learning environment by offering professional development workshops and resources to educators that align with the Opportunity Community principles of removing shame and judgement, rebuilding hope, and assisting teachers in improving outcomes for students who are struggling with the mental health effects of living in poverty. More teachers will be trained in Youth Mental Health First Aid (YMHFA) in an effort to equip them to assist students in need. During the school year, NCSS Poverty Coaches will be visible and vocal throughout the district as educators and community members are engaged in the creation of our Opportunity Community.

*If you would like to find out more about Newton County School System's initiative to involve the community to improve outcomes for children and families living in poverty, contact Adrienne Boisson at [Boisson.Adrienne@newton.k12.ga.us](mailto:Boisson.Adrienne@newton.k12.ga.us).*

PROJECTS LAUNCH AND AWARE

## Muscogee County Sets Preschool to Graduation Mental Health Continuum with Projects LAUNCH and AWARE

### What is Project LAUNCH?

The Georgia Department of Public Health (DPH) was awarded **Project LAUNCH Georgia**, *Linking Actions for Unmet Needs in Children's Health in September 2014*. This five-year federal initiative from the Substance Abuse and Mental Health Services Administration (SAMSHA), is being implemented in partnership with the Georgia Department of Behavioral Health and Developmental Disabilities. The initiative aligns with DPH's goals by helping to ensure social, emotional, and behavioral health among children birth to age eight and by promoting safe, supportive and nurturing families. Project LAUNCH Georgia is currently being piloted in Muscogee County and will allow for collaborative efforts among child serving agencies at the state and local levels to increase screening, assessment and referrals in order to increase early identification of mental, behavioral and/or developmental concerns in young children.

Muscogee County is in Columbus, Georgia, which is known as Georgia's third-largest city and has a growing community of 250,000. The community was selected as the pilot site because it is among the top 25 identified as "at-risk" counties in Georgia's 2010 Maternal Child Health



Project LAUNCH State Staff: Laura Lucas (standing-center), Twanna Nelson (right) and Sherrita Summerour (left)

Needs Assessment. Based on the needs of Muscogee County and the goal of DPH to improve outcomes for children, Project LAUNCH provides the opportunity to develop a comprehensive approach to addressing health and developmental concerns that are critical to ensuring children have the most advantageous opportunities to succeed in school and life.

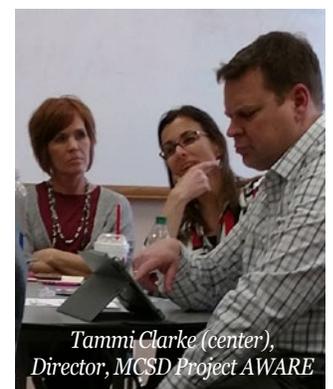
Project LAUNCH implements five prevention and promotion strategies:

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education
- Family strengthening and parent skills training
- Enhanced home visiting through increased focus on social and emotional well-being

### DPH and MCSD MOU Creates Access to Mental Health Services for Young Children

In Muscogee County, Project LAUNCH is operated out of the West Central Health District office in Columbus. The health district's personnel are collaborating with Muscogee County School District's Project AWARE staff to extend services to children ages 3-8 years-old. Both LAUNCH and AWARE were funded by SAMSHA in 2014, making Georgia the only State in the Nation to receive an early childhood (birth-8 years-old) and school-aged (5-21 years-old) mental health project. The collaborative effort to link the two projects' services and resources has included the delineation of a Memorandum of Understanding (MOU) between the West Central Health District (i.e., Columbus Health Department) and Muscogee County School District (MCSD). Following months of negotiation, the MOU was signed and went into effect March 1, 2017.

When asked why an MOU is necessary, Semilla Neal, Project Coordinator, Muscogee Project LAUNCH, stated, "It's important to give the partnership legitimacy, commit to sustainability, and create a shared infrastructure for service delivery." Ms. Neal expressed hope that the partnership will develop a mental health system of care for young children that will become a model across Georgia. She also noted the significance of having the resources of three state agencies brought together by way of the two projects, including the Departments of Education, Public Health, and Behavioral Health and Developmental Disabilities. "Each of these agencies appears to understand the value of having school-based mental health services for children," Ms. Neal added.



Tammi Clarke (center), Director, MCSD Project AWARE

Tammi Clarke, Project AWARE and PBIS Director in MCSD, explained that she anticipates a growing partnership with Project LAUNCH staff. Ms. Clarke also pinpointed some of the coordinated steps that will be implemented moving forward:

- Project AWARE will continue to conduct social-emotional-behavioral screening for grades K through 12 in pilot schools.
- In school year 2016-2017, Project LAUNCH will conduct social-emotional-behavioral screening for approximately 300 prekindergarten students in one Project AWARE pilot school.
- Project LAUNCH will expand beyond pilot schools next year (2017-2018) to screen all preschool students throughout the district in nine early learning centers. The screening process is set to reach at least 1,000 preschoolers.
- Any family with a student in MCSD ages 3 through 8 will have the opportunity to benefit from all Project LAUNCH resources regardless of whether they have been screened, or their screener results.

## Participating pilot schools agree to allow Project LAUNCH Mental Health Consultants access to conduct screenings and/or assessments on social emotional and behavioral health on-site.

The MOU includes an overarching agreement to provide school-based screening, assessment, and access to social-emotional and behavioral health services for children 3-8 years of age. Specific provisions address: collection of required data for program evaluation and/or performance measurements; parent education and training/consulting services for educators; assistance with outreach; assignment of school liaisons/contacts at pilot schools; referral and consent forms; etc. Participating pilot schools agree to allow Project LAUNCH Mental Health Consultants access to conduct screenings and/or assessments on social emotional and behavioral health on-site.

*For further information on Muscogee Project LAUNCH, contact Semilla Neal, Project Coordinator, at [semilla.neal@dph.ga.gov](mailto:semilla.neal@dph.ga.gov). Information on MCSD's Project AWARE may be obtained by contacting Tammi Clarke, Director, at [Clarke.Tammi.J@muscogee.k12.ga.us](mailto:Clarke.Tammi.J@muscogee.k12.ga.us)*

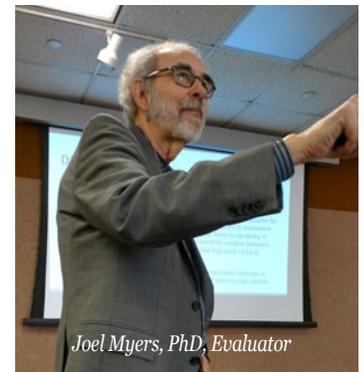
### EVALUATION OF PROJECT AWARE

## Where We Are with Project AWARE: Key Findings from 2015-2016 Evaluation Data

The following findings are based on interviews and program implementation data collected by the Georgia State University Evaluation Team for school year 2015-2016.

### PBIS

- PBIS is viewed as a behavior modification tool (e.g., token economy) rather than prevention framework
- There is a lack of knowledge about Tiers 2 & 3.
- Personnel perceive a need for training at Tiers 2 & 3.
- There is a frequent lack of knowledge, focus, and implementation of cultural adaptations.
- Positive teacher-student relationships are important for successful PBIS implementation.
- Increasing numbers of schools are becoming emerging, installing, and operational on PBIS.
- Analyses revealed that measures of PBIS Fidelity can be enhanced. (a) Length of the Self-Assessment Survey can be shortened and still be effective for evaluating perceptions of PBIS. (b) A general score on the Benchmarks of Quality may not capture what is important about fidelity as some factors may be more important than others in predicting discipline outcomes.



### District-wide Mental Health Referral System

- The original goal of creating one state-wide referral system was not feasible because of the unique needs across school districts.
- Districts have been working to develop their own referral systems for mental health services. In 2015-16 there were efforts to implement this on a trial basis in each district.
- There is emerging evidence that rate of mental health referrals is increasing with the gradual implementation of district-wide referral systems.

### Community-Based Mental Health Services

- Districts are making initial efforts to increase collaboration between school- and community-based mental health services (e.g., MOUs, etc.).
- Increase in collaboration will ideally result in smoother referrals and an increased number of referrals for mental health services.

### Youth Mental Health First Aid (YMHFA) Training

- Trainings received very high ratings of acceptability (>4.8 rating out of 5 in all districts).
- Participants view trainings as informative (based on data from interviews).
- The goal of training 125 personnel per year was either met or exceeded in two districts (e.g., 189 personnel in one district) and it is expected that all three districts will meet or exceed the goal in 2016-17.

important to remember that helping students enhance interpersonal relationships is also critical. The infographic, “Seven Super Skills to Help a Friend in Need,” was created for Mental Health First Aid by the National Council for Behavioral Health. Developing expectations that promote internal competencies of this nature can empower students to care for others as well as themselves.

### Suicide and Bullying

- Suicide
  - Suicide rates are declining overall (Georgia Student Health Survey).
  - Example of an intervention used to address suicide prevention- Sources of Strength.
- Bullying
  - Rates of bullying are declining overall according to Georgia School Health Survey (e.g., decreases ranged from 2% to 9%).
  - Example of an intervention used to address bullying- Second Step.

### School Climate Rating

- Scores were approximately 3 (on a 4-point scale) across the three Georgia Project AWARE districts.

For questions about the Georgia Project AWARE external evaluation process or findings, please contact Joel Meyers, PhD @jpmeyers@gsu.edu.



**SEVEN SUPER SKILLS TO HELP A FRIEND IN NEED**

**CALMNESS**  
COMFORTS YOUR FRIEND IN A TIME OF A NEED

**HONESTY**  
ENCOURAGES YOUR COMPADRE TO TRUST YOU

**NON-JUDGMENTAL ATTITUDE**  
CREATES A SAFE SPACE FOR YOUR CHUM

**RESOURCEFULNESS**  
GIVES YOUR BUDDY IDEAS ON WHERE TO GET HELP

**EMPATHY**  
SHOWS THAT YOU REALLY CARE

**REASSURING**  
MAKES YOUR AMIGO FEEL LIKE THINGS ARE GOING TO BE OK

**ENCOURAGING**  
HELPS YOUR MATE GET HELP AND SUPPORT

**OK**

[www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)

Created by the National Council for Behavioral Health, 2016

### SEVEN SUPER SKILLS FOR STUDENTS

## Helping Students Have the Conversation About Social Emotional Well-Being

By Cheryl Benefield,  
GPA Family and Community Engagement Specialist



Promoting the social emotional well-being of children and youth is a primary concern of both educators and families. As we work to develop practices and make programmatic decisions that support positive school climate, it is