

Supporting Student Wellness and Resilience By All Means Possible

Spotlight on Banks County School District

Weaving Together Mental Health Supports and Services for Banks County Students

By Ann Hopkins, EdD,
Superintendent,
Banks County School District



TRAGIC EVENTS AND DISCONCERTING DATA LEAD TO ACTION

As the newly appointed superintendent of Banks County School District, in previous positions within the district, I have observed that far too many of our students face personal, family and social challenges that affect their academic and mental wellbeing. In spite of the individual relationships that our dedicated teachers and staff have developed with students, it has not been enough to thwart the inner pain and anguish that push some students to the edge before a safety net is in place to catch them. Over the last several years, two of our students died by suicide; one at school. Multiple years of data from the Georgia Student Health Survey (GSHS) indicate that, compared to students in the RESA District, Banks County has the highest number reporting suicidal ideation. These tragic events and disconcerting data recently compelled us to acknowledge that there is a problem, and energized us to do something about it — together.

The purpose of this brief article is to describe some of the steps that our small school district is taking to weave together supports and services for our students who are experiencing mental wellness concerns. It would be easier not to share our undertaking with you, the readers of the Georgia Project AWARE Digest, because of our district's size and, at some level, our limited resources. I am hoping, however, that, by sharing our efforts, other small districts with similar challenges will take heart and do something. I

also hope that others who may have discovered some off-the-beaten-path resources will let me know about them.

RAISING AWARENESS THROUGH DISTRICTWIDE TRAINING

Again, not only did we acknowledge that there was a problem with the mental wellbeing of our students when confronted with tragic deaths by suicide and data that informed us of our students' mental state, but we determined that we had to come up with a solution *together*. To this end, during the summer of 2018, we initiated book studies to raise awareness about how adverse childhood experiences can affect students' mental wellbeing. We also conducted training on trauma-informed schools. In my role as assistant superintendent at the time, I set a priority of getting every administrator, faculty and staff in the district trained on Youth Mental Health First Aid (YMHFA). I wasn't sure if this was too ambitious a goal, but it has turned out that everyone is on board with the training including lunchroom personnel and bus drivers. The goal is to have everyone trained on YMHFA by fall 2019. Rebecca Blanton, State Director of Project AWARE, has been extremely helpful in getting YMHFA training to our district in a timely and flexible manner.

UNCOVERING EXISTING RESOURCES

Finding mental health resources is chief among the challenges we face in helping our students. To get started, we turned to Dr. Emily Graybill at Georgia State University (Atlanta). Dr. Graybill facilitated a resource mapping exercise that involved the district's director of teaching, school social worker, school counselors, school psychologist and members of the PBIS team. The resource mapping planning group was delighted to discover that key resources were in place, such as the PBIS framework, one-on-one counseling sessions, peer group sessions, and student mentoring by adults, to name a few. Resource mapping also revealed the extent to which the social worker, counselors, teachers and staff consistently go beyond the call of the work day to help students. If we have a magic-bullet resource, it is our school personnel. But we found that we need far more. For example, in spite of the boots-on-the-ground approach that our district school social worker and counselors use to seek help for students, their heavy student caseloads and other responsibilities prevent them from getting services for many others. Our rural com-

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munity simply does not have access to the mental health resources that would benefit our students and their families. The results of the resource mapping not only revealed our resource gaps, but gave us ideas about what we could build upon and weave together to create supports for our students.

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We have the opportunity to strengthen our PBIS framework by adding evidence-based programs to Tier 1 as a foundational component of classroom support.

INITIATING UNIVERSAL SCREENING FOR EARLY DETECTION

Our District School Social Worker, Holly Koochel, and Middle School Counselor, Tressa Dodd, under the guidance of Dr. Emily Graybill, have been instrumental in setting up a universal screening program for children's mental health issues this school year. This has not been an easy task as our social worker and middle school counselor have remained committed to following best practice recommendations in establishing and implementing the program. Consistent with the best practices literature, they have used results of the screening as a timely marker to identify at-risk students and get them connected to available supports. Our GSHS data clearly pointed us to the need for an early detection tool. During this school year, universal screening is being piloted only with sixth graders. By focusing on one grade, we have the opportunity to get insights about what works and what may need to be modified before we expand to other grades in school year 2019-2020.

MONITORING STUDENTS' INTERNET SEARCHES

We are now using a technology program that will alert designated personnel to internet searches and communication which students have initiated that might suggest they have personal or social concerns that need to be addressed. Having such a tool in place reinforces our efforts at early detection and prevention of mental health problems.

SELECTING SOCIAL EMOTIONAL SKILLS CURRICULA AT EVERY SCHOOL

Banks County School Board approved the purchase of social emotional skills curricula for each school in the

district. Schools are in the process of utilizing their PBIS teams to review and select a social emotional learning curriculum that best meets the needs of their individual student populations. The Director of Teaching and Learning is an integral part of the review and selection process. Schools are exploring curricula that can be used to teach students coping skills while also serving as a PBIS, Tier 1 support.

NEXT STEP: LOOKING OUTSIDE FOR SUPPORTS AND SERVICES

As I carry the mantle of Superintendent of Banks County School District, I consider it my ethical and moral responsibility to find ways to broker and harness supports and services that may be needed to improve or maintain positive student mental health. In this article, I have identified a number of strategies and activities that are being implemented using the district's internal resources. I believe that current efforts place us on a positive trajectory toward early identification of students who may be at-risk for mental health issues. Soon there will be social skills-based curricula in each of the district's schools, which will help to build resiliency. For a percentage of our students, this is not enough. They need the services of mental health clinicians. We will need to look outside for these mental health service providers. Albeit, I do believe that Banks County School District is the ideal candidate for a school-based mental health program. Perhaps it will

We will definitely continue to search for mental health service solutions in Banks County School District. We owe it to students who are suffering in silence and to others who are screaming for help but we can't hear them.

be possible to broker a shared school-based mental health program with another school district. We will definitely continue to search for mental health service solutions in Banks County School District. We owe it to students who are suffering in silence and to others who are screaming for help but we can't hear them. And we owe it to two beloved Banks County students whose lives ended by suicide. On a personal note, as superintendent, I will be forever driven by the memory of my nephew to keep the mental health needs of all students at the forefront of my work. He died by suicide in another county.

Spotlight on Banks County School District

Perspectives From the Counselor and Social Worker: How We Are Supporting Student WellBeing in Banks County School District

**HOLLY KOOCHHEL,
THE SOCIAL WORKER'S PERSPECTIVE**

Holly Koochel, LMSW

*Banks County School Social Worker
Homeless/Foster Care Liaison*



How She Got Involved – I wear many hats in Banks County School District and so does Tressa Dodd, our school counselor. She and I have been working closely together since the beginning of the district's universal screening pilot. We try to be proactive when it comes to students and their families. I would never want to be in a position where I could have helped a student, and did not. That's why when I learned that the Georgia Student Health Survey (GSHS) results showed that a high percentage of our students reported having suicidal ideation I felt that I needed to do something with that information. Our Superintendent, Dr. Ann Hopkins, who is very passionate about students receiving the help that they need, asked me to assist in coordinating some of the initial training designed to increase awareness of the impact of adverse childhood experiences on children's wellbeing. I also came in on the ground floor of the universal screening pilot.

What She's Doing to Support Students' WellBeing – In addition to serving on the universal screening committee, I help monitor students' technology use to make sure that they are safe. All of our students are issued a Chromebook, which they get to carry home. Whenever students conduct internet searches that might be injurious to themselves or others, those of us who do the monitoring get alerts and try to immediately intervene. We use a program called Guardian. I am also on the committee that is searching for a social emotional skills-based curriculum under the leadership of the PBIS Team. We want our students to develop better coping skills. So we are using the research to guide us to curricula that can help in this area. When students demonstrate self-harm, I assist in developing safety plans that include a list of people who the student says he or she will contact for help. Our Superintendent is really big on faculty and staff developing relationships with all of our students. There's strong support for

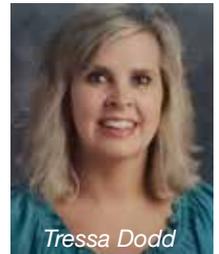
every student having at least a few people at school whom they trust and can turn to for support. I handle the district's student mentoring program and have worked closely with the local Family Connection Program to help find mentors for our students.

What She Thinks is Missing in Student Supports – Like I said, Tressa and I wear many hats. We can't have a singular focus on students' mental health needs, no matter how hard we try. However, if the district had a mental health clinician, that would go a long way toward maintaining continuity of care. Our LIPT has helped some of our students and their families gain access to mental health services, but that happens so seldom. Also, the Social Empowerment Group is available to our students, but that organization always has a long waiting list.

**TRESSA DODD,
THE COUNSELOR'S
PERSPECTIVE**

Tressa Dodd

Banks County Middle School Counselor



How She Got Involved – I am a counselor at the middle school. It is good to be based there with Holly Koochel, the District Social Worker. Not only do we get to bounce ideas off each other, but she helps me out quite a lot. I was part of the universal screening committee from the beginning. Like Holly, when I learned that a large number of our students reported suicidal ideation on the Georgia Student Health Survey (GSHS), an alarm bell went off and I knew that I had to do something. Of course, as a counselor, I am always getting involved in students' lives. But the GSHS data on suicidal ideation, coupled with recent student suicides, took the concern to a much higher level. Dr. Hopkins asked me to work with Holly on some of the activities that were being planned.

What She's Doing to Support Students' WellBeing – The universal screening pilot with sixth graders is a major preoccupation for me. Our committee has been working with Dr. Emily Graybill of Georgia State University since the 2017-2018 school year to develop and implement a universal screening program that is built on best practices. We have been using the screening results, along with other data such as attendance, discipline, social services, fifth grade teacher/counselor recommendations, etc. to identify students at-risk for mental health problems. As it relates to specific

counseling supports, I provide social skills training in small groups once a week and assign adult mentors to work with students once or twice a month.

What She Thinks is Missing in Student Supports – Banks County is very rural and has few mental health resources, especially for children. We have had some partnerships with

several mental health clinicians in the past, but they eventually moved on. All of the things that we are currently doing or putting in place to support our students' mental wellbeing are helpful. But in the long run, Holly and I could use the assistance of a mental health clinician. Our students *need* the assistance of a mental health clinician.

Message from the State Director of Georgia Project AWARE

Made Aware

By Rebecca Blanton, MA

Georgia Project AWARE is in its fifth and final year of funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Three local education agencies (LEAs), Griffin-Spalding, Newton and Muscogee County School Districts, have served as diverse action labs to design, explore, and implement a range of practices, programs and processes to support students' mental wellbeing and resiliency. Guided by the Now Is the Time Technical Assistance Center staff, Georgia State University State Evaluation and Training Teams, and a host of national experts on trauma-informed schools, multi-tiered interventions and supports, interconnected systems framework, leading by convening, etc., these LEAs are armed with information, training, insights and know-how to take their work to the next level.

Since the grant was implemented, numerous school districts have sought assistance from Georgia Project AWARE to increase awareness among faculty, staff, parents and school communities of the mental health needs of students. Using the highly-regarded, evidence-based training course, Youth Mental Health First Aid (YMHFA), more than 5,000 educators, school counselors, first responders, community representatives and others are now aware of how to offer initial support to students who may not be mentally well. Working collaboratively, members of our various State Teams have provided technical assistance to non-Project AWARE school districts on developing screening and referral processes, conducting resource mapping, and selecting social skills programs and curricula to include as Tier 1 supports in the PBIS framework. Although the work of advancing the awareness of students' needs to be mentally well and resilient is not done, it is clear that through Project AWARE, many Georgians have been made aware.



Rebecca Blanton

Interview With Jason Byars

Forging Connections Between PBIS and Children's Mental Wellbeing

GOING SLOW IN ORDER TO GO FAST

GPAD: You have had an illustrious career as an educator, making your way from the classroom to the administrative suite. In recent months you left the position of Director of PBIS and Project AWARE in Griffin-Spalding School District to work at the Georgia Department of Education. What is it about your new position of Georgia State PBIS Program Manager that attracted you to join the staff at GaDOE?

Byars: Clearly it is the relaxing drive to downtown Atlanta

(laughter). During my career in education, I have had the opportunity to work in many different positions and roles. I believe that every positive and negative experience has prepared me for this new position. When faced with accepting the opportunity to work at the Georgia Department of Education as State PBIS Program Manager, I felt that such a position was not likely to come along again soon. This position is such an excellent match with my recent administrative experience and my great passion for promoting positive behavioral interventions and supports as fundamental to academic success. Furthermore, since I had worked with most of the members of the State PBIS Team, coming here has been like walking into a community of professional friends. It's very rare



Jason Byars

Interview With Jason Byars

to have the chance to do amazing work with people you already know in the school climate community as well. The time was right for me to come on board.

GPAD: I suspect that your colleagues who implement positive behavioral interventions and supports in the schools and those who are advocates for children's mental wellbeing have high hopes for the unique contributions that they think you can bring to the marriage of these two areas of focus. How are you or will you apply your experience as a Local Educational Agency (LEA) PBIS and Project AWARE director in your new role?

Byars: There will not be a cookie-cutter approach. We are in the process of examining research and training on how a child's mental health might affect behavior, and how behavior, trauma, etc. might be a red flag pointing to a child's state of mental wellbeing. The focus on the interconnectedness of these skills is consistent with the Department's emphasis on the education of the whole child.

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GPAD: What are some of the little known tools and resources that you have discovered at the state level that can be used to equip school personnel to better identify and meet the needs of children?

Byars: I have discovered that we need to do a better job of letting schools know what's available through entities such as the Regional Education Service Agencies (RESAs). Until now, I haven't known how expansive the resources are at the RESAs and at the Department. For example, I have found a strong network of professionals in RESAs and here who are available to go onsite to schools and assist educators on a range of topics. My predecessor in this position, Justin Hill, is now in curriculum. He has pulled me in to assist with the integration of elements of the PBIS framework with curricula, as appropriate.

GPAD: The PBIS framework, which focuses on positive behavioral interventions and supports, is a state-funded initiative. Project AWARE seeks to promote students' mental wellbeing and resiliency; it is federally-funded. In fact, this is the fifth and final year of federal funding for Project AWARE. What are

your thoughts about how key components of Project AWARE might be sustained after federal funds end?

Byars: Project AWARE began with the end in mind. At the state level and in the three Project AWARE LEAs (Griffin-Spalding, Muscogee and Newton County School Districts) planning for sustainability has been a major emphasis from the beginning. Georgia Project AWARE and the Project AWARE LEAs have developed and updated sustainability plans to include strategies for continuing as many best practices as possible to support children's resiliency and mental wellbeing, as determined in collaboration with stakeholders.

There are three components of Project AWARE that I believe should be sustained after federal funds go away. First, we need to sustain Youth Mental Health First Aid (YMHFA) training. This has been our greatest investment. We have utilized YMHFA to train thousands of people on how to recognize children at risk for mental health issues. These people are in schools and communities across our state and, even if they move around, they will carry information with them that will have a ripple effect on awareness of children's mental wellbeing. Secondly, we need to sustain universal screening as an early identification system. Some personnel are reluctant to implement universal screening for various reasons. My thought is that school personnel need to gather as much data as possible to best inform their decision-making about students' needs. We need to look at how we can use universal screening data at PBIS Tier 1, at a minimum. Finally, I think we need to sustain a referral system, which grows out of implementing a universal screening program. In fact the two go hand-in-hand. Students who may be in a crisis or need services outside of what the school can provide should have easy access to these resources. At a minimum a referral system links the families with outside agencies. Ideally the outside agencies are available to serve the students at the school.

GPAD: If you could create an optimally integrated PBIS and school mental health framework, what would it include?

Byars: Of course, I would include the three components that I mentioned in your previous question: YMHFA training, universal screening program and referral system. However, I would begin an optimally integrated PBIS and school mental health framework by selecting a professional in every school to serve as the primary implementer. Having a framework is important, but if no one is assigned

Interview With Jason Byars

the role of implementer, then nothing will happen. Our school counselors can't realistically perform this role within their current workloads. They provide amazing services to children, but this would be a heavy lift to what they are already asked to do within their large caseloads and other responsibilities. School social workers and school psychologists would also be good candidates for the role of implementer. However, far too often, they, too, have some of the same constraints faced by school counselors. My vision of a primary implementer is a school professional who has background in mental health issues and experience in small skill-building groups with children. The individual must be able to approach the work through behavioral, social, emotional and mental wellness skill-building, just as teachers do to help students improve academic skills or learning problems. I would also expect the individual to be trained in such topics as trauma-informed care, whole child education, and technology monitoring for students at-risk of social, emotional and mental health issues.

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GPAD: What, in your view, would have to happen in order for the pieces to come together for the creation of the optimally integrated PBIS and school mental health framework that you have just described?

Byars: The pieces are already on the table like a jig-saw puzzle. The puzzle pieces have been turned up and the picture is visible. I think we need educational leaders and legislators to sit down at that table and put the pieces together; to create a shared vision of how to support resiliency and mental wellness among Georgia's children. Consideration should be given to funding a position similar to the one that I described is needed in order to create an optimally integrated PBIS and school mental health framework.

GPAD: GaDOE recognizes districts and schools for supporting positive school climate through the implementation of the PBIS framework. Can you imagine a scenario in which recognition might be extended to districts and schools that distinguish themselves in supporting students' mental wellness?

Byars: We already do this. Schools implementing

the PBIS framework have the opportunity to receive bonus consideration on the PBIS Recognition Level for additional work they are doing around mental wellness. In some instances, it is this component that makes them distinguished.

GPAD: When you were in Griffin-Spalding School District, you were a proponent of using technology to monitor students' social media communications for potential mental wellbeing concerns. What led you to take this action?

Byars: I partnered with Griffin-Spalding School District's Director of Instructional Technology, Lonny Harper, to implement technology monitoring of students' communications as a means to alert school personnel to students who are potentially at risk for mental health problems. In Griffin-Spalding, each student is issued a technology device. It was Mr. Harper who brought several monitoring tools to my attention. From the beginning, the objective was to keep children safe, not to catch them doing something wrong. We also felt that the monitoring of students' technology use would be an important addition to the district's ongoing efforts to promote positive school climate. The real sticking point was that the results of our universal screening indicated that we needed to put something in place to detect students early so that we could intervene to prevent their issues from escalating out of control. We absolutely would not have been able to document the need without our universal screening data. I could not use the district's Project AWARE federal grant to fund the monitoring technology because technology was not on SAMHSHA's approved evidence-based practices

JASON'S FAVORITE QUOTES:

"It is easier to build boys, than to mend men."

– S. Truett Cathy, Founder, Chick-fil-A

"When you are born, you cry, and the world rejoices. Live in such a manner that when you die, you rejoice, and the world cries."

"We can't help everyone, but everyone can help someone."

– Ronald Reagan, 40th President, the United States of America

list. So Mr. Harper funded the technology through his department's budget.

GPAD: How did you get parents and the school community on board with the idea of using technology to monitor students' social media communications for potential mental wellbeing concerns?

Byars: As I mentioned previously, our primary objective in bringing in this technology was to keep students safe and, secondarily, to find students early who might be struggling with issues of mental wellness. That was the message that Mr. Harper and I delivered to parents and the school community. We tried to articulate the message with compassion and support, especially to parents. What we found was that parents did not object to the monitoring of their child's technology use when they were given clear messages about the district's rationale.

"Take care of the children who are entrusted to your care — whatever that may mean."

GPAD: You have been a frequent presenter at national and state conferences since 2015 on topics such as *From Tears to Tiers: Making the Marriage Work Between PBIS and School Mental Health*; *Screen Before You Scream: Universal Screening for Early Social-Emotional Intervention*; and *Mental Health First Aid*, to name a few. What are some of the core messages that you have sought to share with other educators through such presentations?

Byars: Presenting at conferences and workshops is one of the best ways I know how to get the word out on how to help young people who may have behavioral, emotional, social or mental health issues. I only have one core message for my audiences: "Take care of the children who are entrusted to your care — whatever that may mean."

GPAD: Finally, would you tell our readers a little about the School Climate Transformation grant that was awarded to GaDOE in recent months? Will it be a touchpoint for your efforts relating to PBIS and children's mental wellbeing?

Byars: We are excited about receiving the School Climate Transformation grant. Over the next five years, the grant will provide funding to expand the work that we are doing with the PBIS framework throughout the state. The grant will allow us to identify and address the needs of children in high-poverty communities where opioid use and death by opioids are high. Rebecca Blanton is the project manager. We are fortunate to have her serve in this capacity and believe that she provides much-needed continuity from her management of the Georgia

Project AWARE grant that ends this year. The School Climate Transformation grant includes funding for a number of positions including an early learning specialist, Interconnected Systems Framework (ISF) specialist and several part-time PBIS specialists. At this point, we are in the process of identifying ten school districts in which to implement the grant.

About Jason Byars

Jason Byars assumed the position of State Program Manager of the Georgia PBIS program in January 2019. Prior to joining the staff at the Georgia Department of Education, Mr. Byars was District Coordinator of Project AWARE and PBIS in Griffin-Spalding County Schools. His twenty-six year career as an educator began as a teacher and coach in 1992 at Whitewater Middle School in Fayette County (GA) School District. Between 1999 and 2013, Mr. Byars served as assistant principal at Whitewater Middle School, Starr's Mill High School, and McIntosh High School. He was principal of Bennett's Mill Middle School for two years prior to leaving Fayette County School District to work in Griffin-Spalding County School District.

Mr. Byars was President of the Georgia Association of Positive Behavior Supports, Georgia State University, Center for Leadership in Disability, from 2016-2018. As president, he continued to grow the PBIS conference to nearly 1,700 attendees in 2018, and successfully transitioned the conference to one of Atlanta's premiere conference sites, the Georgia World Congress Center.

He earned an Educational Specialist degree in Educational Leadership from Liberty University in Lynchburg, VA, and holds ABD (All But Dissertation) status at Nova Southeastern University, Fort Lauderdale, Florida, where he has completed all coursework for an Education Doctorate in Educational Leadership.

Mr. Byars is certified as an instructor by the:

- National Council for Behavioral Health Mental Health First Aid
- National Council for Behavioral Health Youth Mental Health First Aid
- Crisis Prevention Institute Non-Violent Crisis Intervention

A popular presenter at national and state conferences and workshops, Mr. Byars has presented on a range of topics pertaining to PBIS and school mental health.

A Look Back at the Past Four Years of Project AWARE

Evaluation of Georgia Project Aware After Four Years: Implications for Expanding Implementation to New School Districts

By Joel Meyers, Ph.D & Ken Rice, Ph.D.
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Joel Meyers



Ken Rice

Georgia Project AWARE is a major reform project that has been implemented in three school districts in the state of Georgia beginning in the 2014-15 school year. Both the state and the participating schools have been working hard to implement the multiple components of the project during this four-year period with a number of positive results. Overall, Georgia Project AWARE has continued to make important progress in the past year, has implemented a number of important programs and has shown promising gains on some important outcomes. As a result of these efforts, lessons have been learned about strategies that schools can use to promote mental health and positive social/emotional adjustment of children and youth. This article summarizes some of the key findings that were observed after the fourth year of implementation (2017-18), along with some of the key lessons that have been learned.

EFFORTS TO PUBLICIZE PROJECT AWARE AND DECREASE STIGMA

One important component of this project has been for the school districts to work to publicize Georgia Project AWARE in an effort to increase awareness of mental health and strategies to promote mental health, while attempting to decrease stigma. These districts have continued to make important gains in this area. For example, all districts have been taking positive steps to inform parents about Project AWARE and its resources and this includes inviting parents to attend Youth Mental Health First Aid training. All districts have made some use of technology, news media, radio and or TV to promote Project AWARE.

In this context, one positive accomplishment in this area has been the development and pilot testing of a student survey to measure awareness stigma related to mental health. That survey was administered in 2017-18 to 3,110 students. Overall, the results reflect positive attitudes (relatively low stigma) as well as some potential for modest improvements in this area. Those results suggested that, compared with middle school students, students in high school tended to have slightly more stigma-related attitudes, less receptivity to treatment, and slightly more negative attitudes regarding mental health issues. These results may suggest the need for school districts to provide more emphasis on programming directed to reduce stigma in high school students. It also suggests that an effective strategy would be for districts to include this stigma measure with the universal screening efforts.

TRACKING SCHOOL-BASED REFERRALS FOR MENTAL HEALTH SERVICES

Another important component of Georgia Project AWARE has been the creation of systems to make and track school-based mental health referrals. Each of the participating districts has made excellent progress by creating and implementing a tracking system for mental health referrals. This has been a critical step in enhancing mental health services within these school districts. The systems developed by each of the three school districts are being used by the Georgia Department of Education to develop a state-wide framework to assist other schools in the state that may be interested in creating a similar tracking system for mental health referrals.

The results of using these systems have been excellent as there were positive increases in the number of students referred for *community-based mental health services* across the three districts. In addition, a number of students were referred for *school-based mental health services* in two districts and the third is poised to for increases in this area during 2018-19 as school-based services become available in that district.

While implementing the referral tracking system, the districts have learned that school counselors have been key personnel in using this referral tracking system. As a result, it has been learned that efforts are needed to train counselors and to make the systems easy for them to use. Making a district's new mental health referral tracking system acceptable to counselors is a key to ensuring sustained implementation in schools.

A Look Back at the Past Four Years of Project AWARE

COMMUNITY-BASED AND SCHOOL-BASED MENTAL HEALTH SERVICES

The three participating school districts have been working to increase the availability of community-based and school-based mental health resources for their students. One school district has been successful in developing arrangements with 5 community agencies to provide school-based mental health services. The other two school districts have successfully negotiated for services from agencies with Apex funding. However, this funding was not expected to become available until sometime in 2019. A key goal for districts seeking to enhance community and school-based mental health services is to negotiate agreements with a range of community agencies that provide mental health services.

UNIVERSAL SCREENING

Another important strategy to promote mental health services for children in schools is universal screening for mental health problems. When looking at the total number of children screened, the results suggest that the goals for Project AWARE in this area have been met or exceeded. However, two of the three districts are switching to a different screening instrument and this reduced the number of schools participating in universal screening during the past year (2017-18). This problem should be overcome this year as these two districts move forward with their new screening instrument and attempt to expand the number of schools using screening.

NUMBERS OF STUDENTS SCREENED ACROSS DISTRICTS IN 2015-16, 2016-17 AND 2017-18

School Level	Year	District 1	District 2	District 3	Total
Elementary	2015-16	398	509	659	1,566
	2016-17	7,664	468	378	8,510
	2017-18	4,638	895	1,691	7,224
Middle	2015-16	772	458	948	2,178
	2016-17	2,067	812	0	2,879
	2017-18	1,957	722	725	3,404
High	2015-16	0	0	0	0
	2016-17	2,466	140	0	2,606
	2017-18	2,187	131	0	2,318

One district has used screening in each of its schools and views this as an important component of its efforts to implement multi-tiered systems of support. The goal is to have universal screening for mental health problems in all schools for districts attempting to enhance their efforts to provide mental health services.

One factor needed to support the use of universal screening is to have systems in place to provide support to children who are identified as at risk based on screening. Each district has been provided training on resource mapping to help these districts determine the resources they have as well as those that are needed to provide effective supports for children identified by screening as being at risk. While this has been helpful, the lack of sufficient resources in some schools may be an additional factor slowing down full implementation of screening in two of the participating districts. To add to districts' capacity to respond when children are identified as at-risk, it is recommended that training be enhanced for Tier 2 and Tier 3 interventions, as well as providing additional training to schools on resource mapping so that all schools have good information about how to respond when students are identified as at risk. Further, it is suggested that training efforts can be sustained if the systems continue efforts to train members of the school system in these areas and then use those trained to serve as trainers for future efforts to implement universal screening and the supports needed for children identified as at risk.

One important recommendation derived from the use of universal screening and the increased focus on multi-tiered systems of supports is that school districts should

use these efforts to increase the attention given to students with internalizing problems (e.g., anxiety and depression) in addition to the existing focus on students with externalizing problems (i.e., aggression and bullying). This attention to internalizing problems can be enhanced by districts' efforts to implement programming designed to prevent suicide.

YOUTH MENTAL HEALTH FIRST AID TRAINING

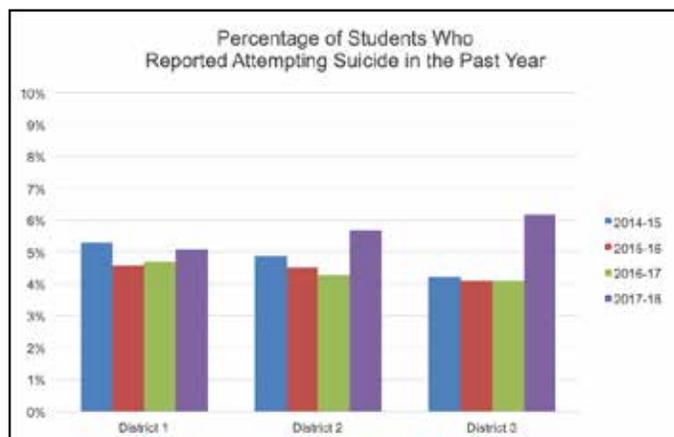
The state and the districts have

A Look Back at the Past Four Years of Project AWARE

continued to make good progress in providing Youth Mental Health First Aid (YMHFA) training to a substantial number of school employees, parents and community partners. This includes very high levels of satisfaction with training across the three districts as reflected by post training surveys that consistently average above 4.5 on a 5-point scale. All but one district met their goal of training at least 125 people and that district has made an adjustment for the 2018-19 year to ensure that they will exceed this goal. In addition, those trained in YMHFA continue to do a good job making referrals for mental health services. One area related to YMHFA training that needs attention is that the districts have not yet met their goal of training 30 YMHFA instructors. This goal is important for sustaining this aspect of Project AWARE so that districts will be able to continue providing this training after the funding for this project is complete. As a result, it is suggested that YMHFA training be an integral component of a school district's efforts to focus on students' mental health and that this include training of trainers so that school districts can sustain this focus.

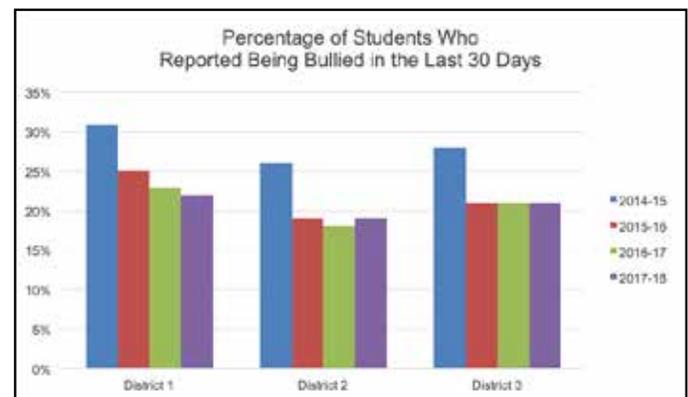
OUTCOMES OF GEORGIA PROJECT AWARE

Outcomes for the various interventions implemented in each district were evaluated using several measures. One was rates of **suicide attempts** reported by middle and high school students on the Georgia Student Health Survey. Across the three districts, between 5% and 6% of students reported that they had attempted suicide at least once over the past year. One important finding is that students in each of the LEAs have reported an increase in the rate of suicide attempts last year compared to rates in preceding years. As a result, these three districts are either back to or higher than their baseline levels in the rate of at-



tempts, and this is consistent with trends across the state. It was recommended that these districts investigate potential reasons for this increase and adjust intervention strategies accordingly. This would be a suggestion made to any district attempting to implement programs like Georgia Project AWARE.

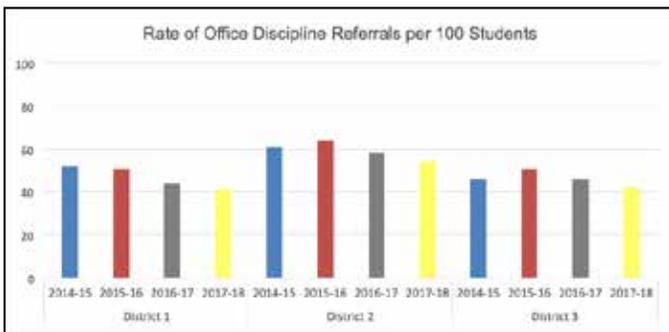
Another outcome measure was student reports of **bullying** as reported by middle school and high school students on the Georgia Student Health Survey (GSHS). Overall about 20% of students in these districts reported that they have been bullied at least once in the past year, which is consistent with national data. In addition, analyses suggest that there was an initial drop in the rate of bullying in all three districts after the first year of implementing Georgia Project AWARE. Then in the third and fourth years, the



initial reductions were maintained in two of the districts, while decreasing even further in the remaining district. Positive Behavioral Interventions and Supports (PBIS) is one key intervention that was a component of Georgia Project AWARE. PBIS is discussed in more detail later in this report, however, it is noted that one interesting finding indicated that bullying was slightly higher in PBIS schools when compared to non-PBIS schools. This may be due to the way that these districts have assigned schools to receive PBIS. For example, sometimes schools were assigned to PBIS because they were schools with high rates of discipline problems and at other times they were assigned to PBIS because the school requested participation in PBIS. Nevertheless, the findings about bullying suggest that districts evaluating their implementation of PBIS examine their policies to determine potential steps that could be taken in PBIS implementation to reduce bullying.

A Look Back at the Past Four Years of Project AWARE

In addition, outcomes were measured based on the number of **Office Discipline Referrals (ODRs)**, **In-School Suspensions (ISSs)** and **Out-of-School Suspensions (OSSs)**, since it is expected that the combination of interventions and mental health services should result in decreases of these measures. Over the past three years, each of the participating school districts has shown a steady decline in ODR rates which suggests that the goal



of a 5% decline in ODRs will be attained.

Similar to findings for bullying, ODRs were higher in PBIS schools than in non-PBIS schools. As mentioned previously, this may have something to do with pre-existing differences between schools in these districts when they were selected for PBIS. Overall, there is a trend for ISS rates reducing over the first four years of this grant. OSS rates also appeared to go down in one district while remaining stable in the other two. While there were some positive results on these measures, these findings suggest that school districts examine their PBIS processes as well as their other activities related to Project AWARE to seek approaches that might further decrease ODRs, ISSs and OSSs.

INTERVENTIONS TO PREVENT MENTAL HEALTH PROBLEMS AND PROMOTE POSITIVE ADJUSTMENT

During the past year, a number of interventions have been implemented in the three school districts in an effort to prevent mental health problems and promote positive adjustment of children in the schools. The interventions include school-wide implementation of Positive Behavioral Interventions and Supports (PBIS) as well as programs to promote resilience (e.g., *Second Step*; *Positive Action*; *Connect with Kids*) and reduce suicide attempts (e.g., *Ending the Silence*; *Sources of Strength*).

The following are some recommendations regarding interventions that were developed based on this work for school districts interested in implementing elements of Georgia Project AWARE:

- (1) All districts have maintained a strong commitment to PBIS and as noted earlier it was recommended that these efforts continue and expand with a clear focus on enhancing the fidelity of implementation in all schools. As noted earlier, this is a critical component of Georgia Project AWARE and our findings suggest that districts interested in enhancing their attention to mental health needs should seek to implement PBIS in all schools, enhance fidelity of PBIS at all tiers and should examine their efforts to implement PBIS to strengthen their efforts to have positive effects on behavioral outcomes such as bullying, ODRs, ISSs and OSSs.
- (2) The evaluation findings suggest that the districts work to expand the use of anti-bullying programs in schools throughout each district. This includes systematic efforts to change school climate so that bystanders feel free to stand up in support of victims.
- (3) Multi-Tiered Systems of Support is a key component of Georgia Project AWARE because it focuses on primary prevention targeting all students (i.e., Tier 1), secondary prevention targeting students show initial signs of a disorder (Tier 2) and tertiary prevention targeting students with serious problems requiring one-on-one intervention (Tier 3). The evaluation findings indicate that training for and implementation of Tier 2 and Tier 3 interventions would need to be enhanced in school districts seeking to implement Project AWARE. This would help schools be prepared to respond when children are found to be at risk from universal screening, while also helping to promote positive behavior and social-emotional growth in students.
- (4) Given the results showing increases in suicide attempts it is recommended that school districts work to examine their approaches to suicide prevention in an effort to strengthen their efforts to respond to this important need.
 - a. School district should examine their policies and procedures for responding when a child is identified as at risk for suicide.
 - b. *Sources of Strength* is a strategy targeting suicide prevention that was used in the three participating school districts. It is recommended that the use of this and related interventions should be emphasized in school districts seeking to enhance mental health practices along with attention to fidelity of implementation. This should include attention to programs that are relevant for elementary, middle and/or high school levels.

State Superintendent Woods' Student Advisory Panel Provides Feedback on Mental Health Issues

During the spring 2018 meeting of State Superintendent of Schools' Student Advisory Panel, fifteen students responded to four questions posed on a survey conducted by Georgia Project AWARE (GPA). The questions were designed to solicit feedback on how GPA can help students find school performance resources to ease stresses that affect their mental health. A compilation of responses to the four questions follows.

What are some of the popular internet and/or social media sites that you and your friends go to for help?

- Google
- Bing
- Yahoo
- Wikipedia
- Instagram
- Twitter
- Whisper
- Facebook
- Snapchat
- Tumblr
- YouTube
- Group message chats

What kind of help do you think students want or need, but have not been able to find on the internet or social media sites?

- The person who connects one-on-one with them
- Shoulder to lean on
- A listening ear
- A comfortable place to talk
- A safe, private place
- People who can comfort them anonymously; that way people don't know who the person [student] is

- A friend
- Judge-free zone...A person who does not judge their struggles
- More school websites with helpful tools
- Guidance and love
- What it is like to be an adult

What topics would you and your friends like to have covered on a mental health blog for students?

- How to handle stress (peers, school/home work, family, etc.)
- How to deal with bullying, including cyber bullying
- How to deal with depression
- How to prevent suicide
- How being different is a good thing
- Anxiety (social, testing, etc.), self harm, PTSD, eating disorders/anorexia/bulimia
- Panic attacks
- Bipolar disorder

Which of the following types of people would students most like to have discuss their mental health problems on a blog? Check all that you think apply and add any that may be missing. Note: The majority of students consistently selected these groups of people:

- Students who have experienced and overcome mental health problems.
- Mental health experts like counselors, psychologists, etc.
- Parents who can share how they helped their child get through a mental health crisis.

Q&A's About Universal Screening

Universal Screening of Children's Mental Health: An Important Step in the Early Detection Process

Q&A with Emily Graybill, PhD, NCSP

You have been credited with helping the three Project AWARE LEAs incorporate universal screening into their

children's mental health toolkits over the last several years. Why was it important to have the LEAs consider universal screening?

Graybill: The focus of Project AWARE is to increase awareness of children's mental health needs and to build a continuum of supports. The LEAs' continuum of supports would not be complete if universal screening is not included.



Emily Graybill

GSU's Emily Graybill Responds to Questions About Universal Screening

What is the purpose of universal screening?

Graybill: Universal screening has two primary purposes. First, screening is done to identify students who may just be beginning to show signs of mental health issues. So, in that regard, it is a proactive, preventative approach. A second purpose of screening is to help identify students who otherwise would not be on a teacher's radar because they sit quietly at the back of the classroom and don't demonstrate any disruptive behavior. In other words, these are the students who are not the squeaky-wheels.

One of the common questions of concern about screening programs in general is, why do them if the services children may need are not available? Do you find that to be a concern of school communities that are exploring the implementation of universal screening of children's mental health?

Graybill: That's actually the number one concern that school districts express. My short response is, "if the supports are not in place, then don't screen." Our State Universal Screening Team [see page 14 for team members] wants schools to have a range of services and supports in place before initiating universal screening. We ask the schools that we work with to start the readiness process the year before they start screening. If a school does not have any Tier 1, 2 or 3 social, emotional, or behavioral supports in place, we urge against starting screening.

What are the top benefits to implementing a universal screening program for children's mental health problems in schools?

Graybill: There are numerous benefits to implementing a universal screening program. I'll mention a few. Mental health screening is designed to help get students support *early*. The early identification process uses non-reactive data and seeks to support, rather than punish or discipline the student. Office discipline referral data is an example of reactive data. There are some interesting findings that demonstrate the difference between using office discipline referrals compared to using students' reported internalizing and externalizing behaviors to make decisions about who needs mental health support. So what we see in the findings is that, the higher the number of externalizing behaviors reported, the higher the number of office discipline referrals. And, the higher the number of internalizing behaviors reported, the lower the number of office discipline referrals.

How might these findings be translated? What's the bottom-line?

Graybill: Students who direct their emotions outwardly toward the external environment through such behaviors as fighting, cursing, stealing, etc. are more likely to receive office discipline referrals. On the other hand, students who direct their emotions and feelings inwardly are less likely to be referred for discipline infractions. Schools that utilize reactive data such as discipline referrals are less likely to identify the quiet, more internalizing student who may need mental health support.

What are other benefits of universal screening?

Graybill: Lots of times the screening data are used to place students in Tier 2 supports that are provided by school counselors. What we have heard from a number of school counselors is that prior to having screening data, they didn't know what students needed. With access to screening data, they are able to plan more effective supports. Another benefit of universal screening is that the screening data can be used to examine the effectiveness of Tier 1 programs like Second Step, which is used in the three Project AWARE LEAs.

In your opinion, where does universal screening of children's mental health problems fit into the positive behavioral interventions and supports (PBIS) framework?

Graybill: Universal screening is a Tier 1 practice. It is designed to be used with everyone in a class, grade level, or school. For example, in Banks County School District, whose work on student wellbeing is featured in this issue of GPAD, the universal screening program targets only sixth graders at this point of implementation and all sixth graders are screened.

What are the key components of a rock-solid children's mental health universal screening program?

Graybill: Our team uses a step-by-step process to build a best practices universal screening program. There are 14 steps in the process as shown in the checklist on p. 15. We will be releasing a series of webinars that cover the steps in the readiness process. The webinars may be accessed on the GaDOE website this summer. Our team is available to assist school districts in developing their universal screening programs through December 2019, upon request.

GSU's Emily Graybill Responds to Questions About Universal Screening

In your experience, how should school personnel address parents' objections to universal screening of their children's mental health?

Graybill: School personnel need to know the purpose of the screening program and be able to explain it to parents. Of course, knowing exactly what is required in terms of getting parent permission for their child to participate in the screening program is very important. One of the 14 steps in the universal screening program development process pertains to parental consent. Our team has seldom had parents object to the screening process. Most parents embrace the idea of there being a way to recognize that their child's mental wellness and resiliency need to be enhanced. In my experience, parents' concerns about screening come from what they perceive as a lack of transparency about what is going on and why. And that's usually because they haven't received a clear message from school personnel. In the end, if parent objections to the screening can't be overcome, they should be given the opportunity to opt-out.

What has been your biggest surprise as you have assisted districts and schools in developing universal screening programs?

Graybill: Something that I am constantly struck by when facilitating the resource mapping process is that school districts and schools often have more resources in place to support students' wellbeing than they realized. Obviously, it's part of my work to confirm that those resources are actually in place before moving forward. But, inevitably, there's much more there than has come to the attention of the planning team.



Nick Jason (left) and Quynh Wellons, State Universal Screening Team Members



State Universal Screening Team Members: From left to right: Dr. Brian Barger, Ashley Salmon, Camara Gregory, Dr. Emily Graybill



Steps to Complete Universal Screening for Mental Health

Step	Date Completed	Completed by Whom
Step 1 (Winter) – Determine criteria for schools to participate in universal screening for mental health. Select schools to participate.		
Step 2 (Spring) – Complete resource map with each school.		
Step 3 (Spring) – Complete a gap analysis with each school.		
Step 4 (Spring) – Confirm that each school has adequate social/emotional/behavioral supports.		
Step 5 (Spring) – Consult with district legal consultant about whether to use active or passive parental consent		
Step 6 (Spring) – Draft parental consent form. Share with schools.		
Step 7 (Summer) – Complete universal screening action plan with each school.		
Step 8 (Start of the School Year) – Introduce school’s social/emotional learning (SEL) initiative to parents. Note that screening is part of the SEL initiative.		
Step 9 (At least 30 days before first screening date) – Train teachers on how to collect universal screening data. The process for data collection will vary based on respondent (e.g., student, parent, teacher).		
Step 10 (First Screen - Six weeks into the School Year) – Conduct the screening.		
Step 11 (Immediately after Screening) – Score screening forms.		
Step 12 (Within Two Weeks of Scoring) – Review school-, grade-, gender-, race-, and classroom-level data and make decisions about how to improve tier 1 supports.		
Step 13 (Within Two Weeks of Scoring) – Review student-level data and make decisions about how to provide tier 2 or 3 supports.		

Update on Project LAUNCH

Collaborative Partnerships Boost Project LAUNCH's Reach to New Heights

By Sherrita Summerour, MA
Young Child Wellness Expert
Project LAUNCH
Georgia Department of Public Health

Meeting the unique psychosocial needs of the youngest residents in Muscogee County, Georgia, is the driving mission of Project LAUNCH which stands for Linking Actions for Unmet Needs in Children's Health. Now in its fifth year of implementation, Project LAUNCH — a Substance Abuse and Mental Health Administration (SAMHSA) funded grant project awarded to the Georgia Department of Public Health (DPH) — continues to forge and leverage partnerships to meet the mental, behavioral, social and emotional health needs of young children. Working in collaboration with the West Central Health District and the Department of Behavioral Health and Developmental Disabilities, the Project LAUNCH initiative offers several services to young children and families in Muscogee County including:

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

PROJECT LAUNCH'S KEY ACCOMPLISHMENTS

- **Mental Health Screening Referrals** – Personnel trained to conduct mental health screening completed 190 student referrals for the Muscogee County School District based on results of the *Ages and Stages Questionnaire*. Families were then linked to wrap around services through direct referrals from counselors and school administration. Project LAUNCH further assisted Spanish-speaking families with comprehending assessment results and connecting them to appropriate services in the community by partnering with the First Care Nurse and District Interpreter to relay the screening results provided to every Pre-K student during the 2017-2018 school year.
- **Memorandum of Understanding Renewed** – The partnership between Muscogee County School Dis-

trict's Project AWARE – Advancing Wellness and Resilience in Education and Project LAUNCH continues under a renewed Memorandum of Understanding (MOU). The MOU pledges to support the academic success of all students by providing training to over 250 professionals and promoting awareness about the social and emotional health of young children. The agreement has forged collaborative opportunities with Muscogee County's special education department, preschool special education program, and prekindergarten program, resulting in 702 completed Ages and Stages Questionnaires from the nine Project AWARE schools over three months. In addition, Project LAUNCH's Coordinator, Mental Health Screener and Consultant attend monthly committee meetings for the Hispanic Outreach Association and provide resources for community wide events that link the Department of Public Health, New Horizons and other child serving agencies in Columbus, Georgia.

- **New Partnerships with Local Mental Health Providers** – Project LAUNCH established new partnerships with Brookstone Pediatrics, Rivertown Psychiatry and The Brain Center to accept families by referral — thus expanding the capacity and availability of mental health services for children in Muscogee County. Because of the partnership with The Brain Center, the provider has intentionally decreased the wait-time for patients with a referral by acknowledging the child has been screened and there are identified concerns. Project LAUNCH believes each of these partnerships will further expedite services for children and their families with identified needs.
- **SAMHSA Recommended PATH Curriculum Implemented in Quality Rated Early Childhood Centers** – *The Promoting Alternative Thinking Strategies (PATH)* curriculum was rolled-out in five Muscogee County quality rated early childhood centers. PATH is designed to help children resolve conflicts peacefully, handle emotions positively, empathize and make responsible decisions. PATH is one of 12 SAMHSA Model Programs that has documented academic achievement outcomes and one of only two programs designed for children 5 to 12 years of age. The five early childhood centers are using PATH to supplement their existing curricula.
- **Project LAUNCH Gets Help in Reaching Physicians** – The Georgia Chapter of the American Academy of Pediatrics (GA AAP) is assisting Project LAUNCH in reaching physicians in Muscogee County by distributing Project LAUNCH Georgia marketing kits. The kits include marketing materials with Project LAUNCH's 8 clues and

Update on Project LAUNCH

5 Prevention and Promotion Strategies cards and a resource guide from West Central Health District. The guide provides information regarding the services available for young children and their families. GA AAP has actively promoted Project LAUNCH at events such as the Georgia Pediatric Nurses & Practice Managers' Fall Meeting and Pediatrics on the Parkway. In addition, GA AAP organizes physician advisory meetings monthly to provide an overview of Project LAUNCH, and relevant topics in the medical field. So far topics of discussion have included: Adverse Childhood Experiences (ACEs), Maternal Depression Screening (reimbursement, screening with the Patient Health Questionnaire (PHQ-2 and PHQ-9), what to do with a positive screen), Screening for Autism Spectrum Disorders using the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (MCHAT-R/F), and Reach Out and Read, Let's Read Muscogee and Get Georgia Reading Initiatives.

- **Evidence-Based Home Visiting Services Continue** –The Project LAUNCH-funded Family Support Worker (Home Visitor) continues to provide evidence-based home visiting to families in Muscogee County, specifically to parents who have been identified as being at-risk due to substance abuse or mental illness. Personnel conducting mental health screenings refer families for services and complete a Maternal Child Health assessment, which helps guide the intervention.
- **Early Literacy Focus is Shared with Numerous Partners** – Project LAUNCH promotes early literacy development through on-going activities, including participation with numerous partners in the *Annual Let's Read Muscogee Month* celebration hosted in March. Many partners include: Chattahoochee Valley Libraries, Muscogee County Literacy Alliance, University of Georgia Extension Service, The Family Center, New Horizons Behavioral Health, Children's Hospital – Piedmont Columbus Regional, Columbus State University Center for Health Disparities, Fort Benning, Columbus Housing Authority and the Muscogee County School District. Through these collaborative partnerships, Project LAUNCH donated more than 6,000 books with a social-emotional focus to children throughout the Muscogee/Fort Benning area during the recent Let's Read Muscogee celebration.



WHAT'S AHEAD FOR PROJECT LAUNCH?

Addressing the short and long-term needs of children, families and providers in Muscogee County remains the primary focus for Project LAUNCH staff. They keep these needs in mind in pursuing new opportunities that will assist in sustaining and expanding mental, behavioral, social and emotional health services. Pursuits include:

- Increasing opportunities to partner with existing medical practices to support their screening processes and linkage to mental health service providers in the area.
- Reviewing potential sustainability options for the home visitor position.
- Identifying and implementing an *Applied Health Leadership Project (AHLP)* as a team through participation in the National Leadership Academy for the Public's Health (NLAPH). Georgia Project LAUNCH Leadership Team was selected as a participating team for Cohort 7. The Academy is operated by the Center for Health Leadership and Practice (CHLP) funded by the Centers for Disease Control and Prevention (CDC). NLAPH is a one-year program that uses an experiential learning process to transform communities into healthier environments by emphasizes multi-sector leadership development. The Project Launch Leadership Team will focus on building a "business case" for sustaining Project LAUNCH.

CONTACT

For further information on Project LAUNCH's services and activities, please contact **Sherrita Summerour** (Sherrita.Summerour@dph.ga.gov).

Behavioral Health Offered in Muscogee School Based Health Center

Muscogee County School District to Open Second School-Based Health Center

By Courtney Lamar,
MS, NCC, BCC, PBP
School Mental Health Coordinator
Project AWARE
Muscogee County School District



Courtney Lamar

In the coming year, Muscogee County School District will open its second School Based Health Center (SBHC), incorporating behavioral health as a part of the center. This SBHC project is being managed, from start to finish, through Project AWARE Muscogee. After developing a SBHC Advisory Council (consisting of community members and district personnel), conducting a yearlong vetting process to determine the school site, and finding a provider through the Request for Qualifications process, we are now in phase II of the development of the SBHC. The next SBHC will be based in *Dorothy Height Elementary School (DHE)* under the medical provision of Valley Healthcare System, Inc.

DR. LAMONT SHEFFIELD, PRINCIPAL OF DHE, SHARES THE GOALS AND EXPECTATIONS FOR THE SBHC THAT WILL BE OPERATED IN THIS SCHOOL.



Dr. Lamont Sheffield

He reports, "The goal of the SBHC is to deliver quality, affordable, cost-effective health care to help keep our students healthier, in school, and ready to learn. We anticipate this to be a strategic and worthy investment that will have an immediate impact on student attendance, academic achievement, the physical and social-emotional growth and development of our students at Dorothy Height Elementary School." DHE is the home of the Huskies where faculty and staff implement Positive Behavioral Interventions and Supports, while educating over 500 scholars. The types of services to be provided through the DHE SBHC are as follow:

- Diagnosis and treatment of acute and chronic illnesses and minor injuries
- Routine health and sports physicals
- Health Check: Early and Periodic Screening, Diagnostic and Treatment screenings/ Immunizations
- Vision, hearing and dental screenings
- Laboratory testing

BEHAVIORAL HEALTH SERVICES (INDIVIDUAL, GROUP, AND FAMILY COUNSELING)

- Social Service support
- Health Education/ Health Promotion
- Referrals to medical sub specialists and community agencies

Dr. Sheffield explains that the objectives of the SBHC are to:

- increase access to quality primary health care;
- improve the delivery of health services;
- improve health outcomes for the children."

Project AWARE Muscogee's initiative to develop a SBHC aligns with the goals and objectives of its federal grant, which are to:

- increase mental health supports within an integrated and multi-tiered behavioral framework;
- increase awareness of mental health issues among school-age youth;
- provide training for school personnel and other adults to detect and respond to mental health concerns; and
- reduce the stigma of mental illness in Muscogee County.

Project AWARE Muscogee's school based health center supports the application of a *Multi-tiered System of Supports* by providing preventative medical and behavioral health services, as well as acute intervention services and much needed parent, teacher, and student educational resources.

THIS IS HOW SARAH LANG, CEO OF VALLEY HEALTHCARE SYSTEM, INC., VIEWS THIS OPPORTUNITY.



Sarah Lang

"For many communities that are struggling with shrinking resources and growing social needs, programs linking education, health and social services aren't just expedient, they are beneficial and necessary. The model of school health services represented by the new partnership between Valley Healthcare System, Inc. and Dorothy Height Elementary School is an example of a school-community partnership designed to improve students' readiness to learn; improve their quality of life and health status; and help students reach their full potential as leaders in their communities."

Griffin Spalding Schools — Helping Students Deal With Stress

Providing Focus in the Classroom through Inner Explorer

By Rhonda Harris, LSW, Mental Health Clinician
Project AWARE
Griffin-Spalding County School District



Rhonda Harris

At Griffin Spalding Schools, we work hard to not only meet the academic needs of our students but behavioral and social emotional needs too.



Ricky Mayfield

RICKY MAYFIELD OF BEAVERBROOK ELEMENTARY: “BEFORE INNER EXPLORER I FELT “ A LITTLE CONFUSED IN MY BODY.” ONCE I COMPLETE IT I FEEL “REALLY CALM.” “INNER EXPLORER HELPS ME FOCUS “ IN CLASS, IT HELPS ME GET TO MY GREEN ZONE.”

One way we meet students’ needs is through Inner Explorer. Inner Explorer assists with teaching skills to help our students deal with stress in their lives because stress is a natural part of life. However, in today’s busy world, healthy stress is frequently displaced by toxic stress.

Toxic stress occurs when life’s demands consistently outpace our ability to cope with those demands.

In students, toxic stress impairs attention, emotion and mood regulation, sleep, and learning readiness in the classroom. Even more troubling, prolonged exposure to childhood toxic stress has lifelong impacts on mental and physical health.

Because the roots of toxic stress lie deep in the nervous system, students need tools that go beyond the conceptual mind to directly target that system. To transform our habitual responses, we need to regularly practice our skills when we are not in “fight – flight – freeze” mode. Inner Explorer helps do just that.

The Inner Explorer program features daily, 5-10 minute

practice that teaches kids practical techniques to appropriately handle difficult emotions such as stress, anxiety, anger and more. Inner explorer offers programs for all age groups (Pre-K through 12).

At Griffin-Spalding we use Inner Explorer as an intervention or strategy in a variety of ways. Some of our elementary schools use the program as a PBIS Tier 1 intervention with the whole school doing Inner Explorer first thing in the morning. Beaverbrook Elementary uses Inner Explorer in Tiers 2 and 3. When a student needs additional assistance in behavior support, it’s not uncommon for the MTSS team to place Inner Explorer as a strategy in a student’s support plan. It may be used in their skill building groups for students receiving Tier 2 or Tier 3 interventions or by a teacher integrating Inner Explorer at various times in their daily classroom schedule.

We will continue to work at teaching our students the connection between the brain and their emotions and the skills necessary to deal with stress in their lives. We are thankful that LG Electronics, as part of its “Life’s Good: Experience Happiness” initiative, has covered the costs of Inner Explorer, which has allowed us one more tool in our toolbox to support students and staff in our district.

GPA Staff Shares Insights

Georgia Project AWARE Personnel Present at National School Mental Health Conference

The 2018 Advancing School Mental Health Annual Conference held in Las Vegas, Nevada, October 11-13, included five Georgia Project AWARE presentations and a poster session. Presenters and their topics included:

- Eliminating Barriers to School Mental Health: Keeping “Georgia On My Mind”: – Rebecca Blanton, Georgia Department of Education/ Project AWARE & Jason Byars, Griffin-Spalding Project AWARE
- Chaos to Calm: A Roadmap to Emotional Regulation –



Rhonda Harris

GPA Staff Shares Insights at Training Sessions

Rhonda Harris, Griffin-Spalding Project AWARE

What Leaders Need to Know About Building Mental Health Services in Schools – Jason Byars, Griffin-Spalding Project AWARE (Now at Georgia Department of Education)

- Lights, Camera, Action: Engaging Families and Community with A Mental Wellness Film Series – Adrienne Boisson and Chris Williams, Newton County Project AWARE
- A “How-To” on Implementing School-based Universal Screening for Mental Health (a three-hour, intensive training session) – Emily Graybill, Georgia State University, Center for Leadership in Disability
- Poster Session: The Last Piece of the Puzzle: Using Effective Tools to Get the Whole Picture – Rhonda Harris, Griffin-Spalding Project AWARE

GSU AmeriCorps Member Ranked Among Mental Health First Aid’s Top 20 Instructors

Taelor Moran (above) is an AmeriCorps member who is doing her service term within the Center for Leadership in Disability at Georgia State University (GSU). The focus of her service term is to provide statewide YMHFA training under the Project AWARE grant. She was ranked 15th among 17,135 Mental Health First Aid instructors by Mental Health America for the quarter covering January 1, 2019 through March 31, 2019. This national ranking is based on the number of first aiders trained during that three-month period. Georgia Project AWARE congratulates Ms. Moran for receiving this recognition.



Taelor Moran



Recommended Resources

School Mental Health Referral Pathways Toolkit (SAMHSA) - <http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>

Top Ten Issues to Watch in 2019 (GPPE) - http://www.gpee.org/wp-content/uploads/2019/01/GPEE-Top-Ten-2019-Final_1-7-19.pdf

Universal Screening Webinar (Roach and Graybill)- <https://www.gadoe.org/sites/SearchCenter/Pages/Results.aspx?k=Georgia%20Project%20AWARE#k=Georgia%20Project%20AWARE>

Trauma-Sensitive Schools online Professional Development Modules - <https://dpi.wi.gov/sspw/mental-health/trauma/modules>

Child Trauma Toolkit for Educators - https://rems.ed.gov/docs/nctsn_childtraumatoolkitforeducators.pdf

Helping Traumatized Children Learn - <https://traumasensitiveschools.org/tlpi-publications/>

The Power to Decide

By Chris Williams, Assistant Coordinator Project AWARE Newton County School District



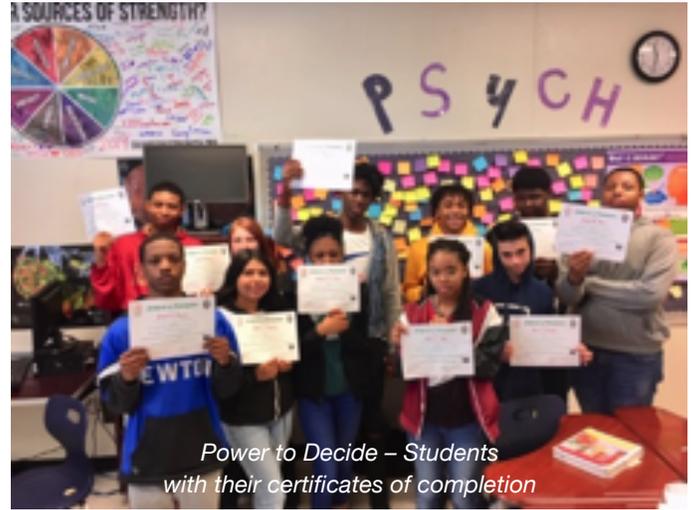
Chris Williams

In a collaborative effort between Project AWARE-Newton and NCSS Student Services, each of their respective college interns worked together to facilitate a three-part series, social and emotional wellness group with two classes at Newton High School (NHS). The classes that participated included High School Transition and Sociology. These were the classes that the NHS Sources of Strength Adult Advisor, Coach Tommy Gregory, taught. The social and emotional wellness series was called, “The Power to Decide,” and its purpose was to discuss the development and maintenance of healthy relationships of all types, while seeking assistance from trusted adults to help navigate more difficult life situations. Project AWARE

partnered with Georgia State University, Clinical Assistant Professor, Dr. Emily Graybill, to help evaluate the impact of the series. Over the course of the sessions, the interns used a combination of interactive icebreakers, activities and group discussions to keep students actively engaged. At the completion of all sessions, each student received a certificate for their participation.

The series took on such a buzz that other teachers have since requested the same supports for their classes. Project AWARE and Student Services truly appreciate the contributions their college interns have made to the Newton County Schools community. The college interns who conducted the series are Miss Kiandra Guilford, a master's level social work candidate at Clark Atlanta University, and Miss Sydney Damiani, a bachelor's level human services intern at Kennesaw State University, and Newton County School System alumna. Their field supervisors are Mr. Naran Butler-Houck, Project AWARE Mental Health

Clinician, and Mrs. Yvette Zielenske, NCSS School Social Worker.



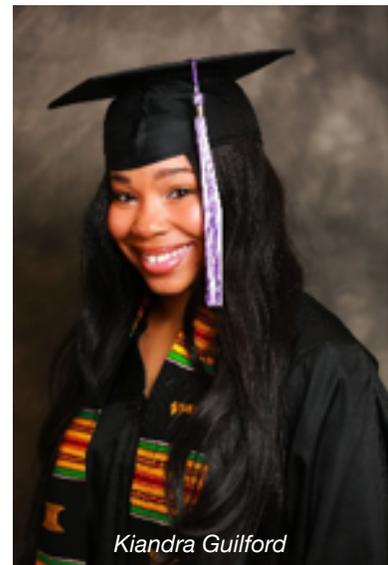
Power to Decide – Students with their certificates of completion



Sydney Damiani



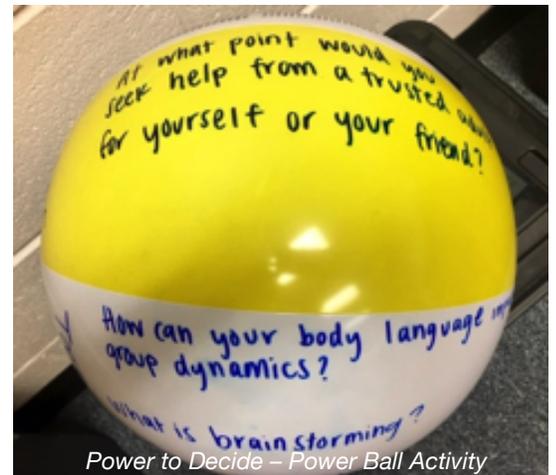
Naran Butler-Houck



Kiandra Guilford



Power to Decide Discussion



Power to Decide – Power Ball Activity

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 Project Director: Rebecca Blanton

LEAs

Muscogee: Kenya Gilmore, 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; Christopher "Chris" Williams, Assistant Project Coordinator; Naran Houck-Butler, Mental Health Clinician; and Cindy Leiva, Administrative Assistant.

Griffin- Spalding: Debbie Crisp, Assistant Coordinator; Rhonda Harris, Mental Health Clinician; and Dana Welch, 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. Emily Graybill, Dr. Catherine Perkins, Cirleen DeBlaere & Breanna Kell.

UPCOMING PROJECT AWARE STATE MANAGEMENT TEAM MEETING – TO BE ANNOUNCED. 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, programs or resources should not be viewed as an endorsement.

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