

A MESSAGE FROM GEORGIA'S PROJECT AWARE COORDINATOR

Connecting School Mental Health into the Web of Existing Programs and Supports —What it Takes to Make It Happen

A Message From the Georgia Project AWARE Program Coordinator



At a recent meeting of the Georgia Project AWARE State Management Team, partners and stakeholders were asked to respond to this question: "What one thing would you give a child with a mental health condition, if it was within your power to do so?" As can be seen in the list of responses that follows, there are those who desire to build children's traits and skills relating to resiliency, while others want to

give them supportive environments. Still others want to give children with mental health conditions and their families unified systems of services and supports. Take a look at the list. What would you add?

- A supportive ear
- An opportunity to feel happy
- What every child deserves and needs — love
- Endurance and self-esteem
- Courage and confidence
- A teflon vest, so that everything can bounce off them so they can be strong and resilient
- Hope for recovery and change, especially on challenging days
- Coping cards (a strategy used by Project AWARE LEAs)
- Self-advocacy tools
- A world where there is a reduction in stigma for mental illness
- Education for others about mental conditions so they don't stigmatize children
- The gift of early intervention
- Caring and compassionate services
- A champion to provide social services and support
- Trauma-sensitive schools
- Knowledge to the family on how to navigate our fragmented mental health system to find the services needed
- Make sure that the child and family both get the services they need

Georgia Project AWARE Vision, Mission & Goals

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 Clinician; 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.

Georgia State University (GSU) Evaluation Team (Georgia State University): Drs. Joel Meyers, Kris Varjas & Ken Rice.

State Training Team (Georgia State University Center for Leadership in Disability): Dr. Andy Roach, Dr. Emily Graybill, Dr. Catherine Perkins, Cirleen DeBlaere & Breanna Kell.

Upcoming Project AWARE State Management Team Meetings

Meetings begin at 1 p.m. and are held at Georgia Department of Education, Twin Tower West. The next meeting will be held March 8, 2017

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One response given, but not shown on the list, spoke more decisively to establishing an entity that would be committed to reforming the mental health system for children – a Children’s Mental Health Reform Council. The discussions that ensued had a clear theme: *Children, families and providers need access to a more comprehensive, unified mental health system within their communities.* Fortunately for us in Georgia, our governor and legislators are paying attention. Not only did Governor Nathan Deal recently mention mental health in his State of the State Address, but several legislators are sponsoring bills to address some of the state’s mental health challenges, including school mental health. Of note is the fact that the Georgia Partnership for Excellence in Education (GPEE) includes school mental health as number eight among its top ten issues to watch in 2017. Our work at Project AWARE is boosted by these and many other efforts underway to connect the web of existing programs and supports in order to achieve better outcomes for children with mental conditions and their families.

In this issue of GPAD, you will learn about what two of our Project AWARE LEAs and some of our partners are doing to effect systems change that will eventually help to integrate programs and supports needed to have a viable school mental health framework. We intend to eventually introduce the Interconnected Systems Framework discussed in the interview of Ms. Susan Barrett in all Georgia schools.

AN INTERVIEW WITH SUSAN BARRETT

Shifting the Focus to Mental Health for All Students: A Paradigm Whose Time Has Come



Susan Barrett is working with the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) as an implementer partner. She assists with large-scale implementation of State Wide-PBIS by providing training and technical assistance to states and districts across the country. Susan is currently providing training on the Interconnected Systems Framework (ISF) for Georgia Project AWARE and PBIS State staff, DBHDD/APEX staff, and Project AWARE staff in Griffin-Spalding, Muscogee, and Newton County School Districts. During GPAD’s interview with Susan, her passion for helping stakeholders and partners understand the importance of using an interconnected systems framework to support the mental health needs of all children was on full display. The interview was condensed and edited for clarity and flow as presented below.

GPAD: In a nutshell, what is Interconnected Systems Framework?

Barrett: It’s a structure and process for bringing the right people

together that have interest in helping support all students. So, in a nutshell, ISF is an extension of the PBIS implementation framework that creates and guides the linkage between education and mental health systems and staff.

GPAD: You mentioned that the interconnected systems framework, or ISF, is used to help all students. Does that mean all students with behavioral, emotional, and social learning problems?

Barrett: You heard me correctly; I mean all students. One of the goals of installing the ISF process is to provide social, emotional and behavioral support for all students by training all school staff in evidence-based strategies so that they can prevent and intervene with problems. ISF is a framework which ensures that our schools are promoting social emotional learning right alongside academics. In the mental health field we say, “Good mental health is for all,” just as good physical health is for all.

GPAD: What are the key features or elements of ISF?

Barrett: The Interconnected Systems Framework has a strong emphasis on: effective blended teams that include community mental health providers and work together to have clear processes for data based decision making; formal processes for selecting and implementing evidence based practices; use of comprehensive screening to provide early access to interventions and supports; rigorous progress monitoring to assure fidelity and effectiveness; and ongoing coaching at the systems and practices level.

GPAD: When I hear you mention features like screening, progress monitoring and early access to interventions and supports it makes me wonder how the Interconnected Systems Framework is different from PBIS. Is there a difference in the two?

Barrett: ISF is definitely an expansion of the PBIS framework. A major difference is that ISF promotes bringing a wider range of people together to shape the work of mental health in schools. PBIS has roots in applied behavior analysis and implementation science and we are working with the Mental Health system that brings a depth and quality to our PBIS work that would not be possible outside of an interconnected systems framework. In other words, the two work better when they are connected.

GPAD: Who are the people who are most often members of the ISF team?

Barrett: Often we ask parents to navigate a lot of different systems to find help for their child with mental conditions. With ISF, we want to see a single point of entry. So in schools, we like to see a single system team that is visible to students and parents. Single system teams called behavior health teams are formed around tiers and are flexible enough to include community employed staff, along with school-employed education and mental health staff.

GPAD: Which school-employed education and mental health personnel are usually involved?

Barrett: Our teams reflect the stakeholder group of a community, so it really varies with each community. Typically, the leadership team includes representation from special education, general education, families, mental health, administration, higher education, professional development, evaluation and accountability, school board and community members, and youth serving agencies.

GPAD: Tell me more about the ISF tiers. Are they roughly the same as the PBIS tiers that we use in Georgia schools?

Barrett: Both PBIS and ISF use a multi-tiered system of support. For all practical purposes, with ISF, we refer to continuum of supports using the public health logic. Tier 1 involves prevention of problems; Tier 2 is about early intervention; and Tier 3 involves intense intervention to minimize the problem's impact on the student's life functioning. A continuum of tiers is used to ensure additional supports are in place for students and youth who may require a more targeted or intensive approach. Schools utilize tiered logic and determine which evidence-based programs and practices can best ensure core social, emotional and behavioral competencies at a specific level. The programming in the tiers matches the level of particular need in the school building. For example, if lots of students are reporting stress and anxiety, then coping skills would be included in Tier 1 programs such as in an educational curriculum.

GPAD: What are some of the evidence-based practices associated with the implementation of ISF?

Barrett: Actually, there are lots of practices already embedded within the tiers of the PBIS framework that are evidence-based and layered to support students with different levels of need. The ISF framework requires that a formal process be used to select the practices that are the right fit for the students being served at the individual school. There are lots of packaged programs that I could name. But the main thing is to select ones that have the science behind them and that are determined to be a good fit.

GPAD: Can you give me an example of how the evidence-based practices selection process might look at a school?

Barrett: Using the ISF framework, we would take the school's team through a review process that demonstrates how to use the science to examine such aspects as the program's or practice's dosage requirement for a range of student needs. We use the Consumer Guide on Evidence-Based Practices [*Note: See information on the consumer guide in the list of Resources to Guide Implementation of Interconnected Systems Framework on p. 5*].

GPAD: Is it possible for a school to have too many programs or practices associated with ISF?

Barrett: Great question! Sometimes, it is about trying to take on too much, but we have to pay attention to making sure that our current programs or practices are actually working. We encourage schools and school systems to have a formal process by which their blended teams periodically review the programs and practices that are in place to determine whether they are still a good fit for their students. It's important to know that students are getting better over time as a result of using specific evidence-based practices and programs. There has to be alignment between the goals of the curriculum and the programs and practices being used. When the fit is no longer there, then it's time to remove something. And there should be a process for making that happen.

GPAD: Is there a particular process that you recommend?

Barrett: I am working with the three Project AWARE LEAs here in Georgia on a formal process that helps them to align their initiatives with their approaches. The process is described in a just released technical guide for alignment published by the National Technical Assistance Center on Positive Behavior Interventions and Support. (*Note: See information on the technical guide for alignment in the list of Resources to Guide Implementation of Interconnected Systems Framework on p. 5*)

GPAD: In terms of data, what are some of the readily available sources of data that schools use as part of ISF?

Barrett: There are lots of natural school, family and community data sources to access and unpack. Schools will want to use any available data that will help the blended team to learn more about the academic, social, emotional, and physical needs of the students. On the academic side, not only do we want to know how students are performing on required tests, but also about attendance and truancy rates, discipline issues, and any physical and social emotional problems that might be discerned from school nursing and counseling reports. Other data may reveal, for example, whether parents are being deployed, or whether families are accessing food pantries. Of course, schools will want to use data to identify specific needs of students, but also to document outcomes as a result of using evidence-based practices and programs.

GPAD: What kind of training is needed in order to effectively implement ISF?

Barrett: First of all, we always train with a team. This is one of our protocols. Beyond introducing the core elements of ISF, the types of training conducted depend on the data that we have collected on a school's needs. For some schools, training focuses on trauma-informed practices, while others may require a focus on equity practices to address a special education disproportionality issue. Still others may need training on selecting and implementing a specific social-emotional curriculum. In large part, the school's data informs the training they receive.

GPAD: When the pieces are all brought together in the ISF

framework, how does the teaming process work? Let's start with what the entire faculty is expected to do.

Barrett: All staff model, teach and reinforce social, emotional, and behavioral skills in all students across all settings, and embed in all curricula. Behavioral examples are used to explicitly teach desired behaviors in various situations and contexts in school. Such efforts are viewed as central to academic instruction schoolwide. In addition, classroom teachers are involved in and responsible for supporting/reinforcing interventions for students at tiers 2 and 3. Remember, it's more about dosage, students and youth who need more supports, and students that need access to more time to access social, emotional and behavioral skills. But, they also need more structure, consistency and support.

GPAD: Next, how does the integrated team or school behavior health team get involved?

Barrett: One of the pre-requisites for working with individual schools is that the district leadership empowers and assigns the cross stakeholder group with implementation. We work at the state and district levels to establish one set of integrated teams with established decision making authority. Integrated teams guide the work, using data at three tiers of intervention. There is symmetry in processes across state, district and building levels with similar cross system teams working together to plan for the expansion and improvement of evidence-based programs at all tiers, with plans for integration of community mental health staff into school buildings based on analysis of community — and school-level data..

GPAD: The focus of our discussion has been more on implementation of ISF at the school level. In what ways do school districts generally get involved in supporting the implementation of ISF?

Barrett: I just mentioned leadership team as one of the pre-requisites.

We actually ask school district personnel to help create the conditions for successful implementation of ISF. This includes ensuring school-employed staff and community-employed staff have the skills and supports needed to implement best practices with fidelity. So we ask the district to examine their professional development approach and the extent to which they conduct fidelity checks for various initiatives. We need to examine the way we do business and change some of the organizational structures to make sure we are getting outcomes for our students, youth and our families.

“Social and emotional behavioral health can no longer be the missing component of a well-rounded education.”

— Susan Barrett

GPAD: Is it reasonable for, let's say, a mid-size school district to implement ISF in all their schools in one school year?

Barrett: In scaling-up ISF implementation, how quickly a school district is able to bring on schools most often depends on its willingness to commit the resources necessary to do so. They need to have an implementation plan that

includes feedback from families, school staff, and the community. Implementing ISF requires systems change. It's not going to happen overnight. Practically speaking, it's good to start where there is an opening. Maybe there are only two to three schools that are ready... Start there, and let others see change happen in their backyard.

GPAD: In your experience, what are some of the top challenges to implementing ISF effectively?

Barrett: One of the big challenges is around funding mental health providers to work in schools. Lots of providers are not able to work with schools because of how they are funded, or not funded. Being able to train school personnel and mental health providers together, side-by-side, and having them implement what they learn together, are often challenges to building a competent and confident team.

GPAD: As you have been working with Georgia's Project AWARE State and LEA staff, what have you observed about who is participating in their IFS training sessions?

ABOUT SUSAN BARRETT

Susan Barrett is the Director of the Mid-Atlantic PBIS Network at Sheppard Pratt Health System in Baltimore, Maryland. She has a Masters in Counseling Psychology and certification in Special Education, having served as a teacher, administrator and coordinator with Sheppard Pratt Health System since 1993. Ms. Barrett is working with the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) as an implementer partner. She assists with large-scale implementation of State Wide-PBIS by providing training and technical assistance to states and districts across the country. She works with Johns Hopkins

University, University of Virginia, Old Dominion University and University of New Hampshire to evaluate the impact of PBIS on students, school staff and school communities, and serves on the Association of Positive Behavior Supports Board of Directors.

She co-leads the Interconnected Systems Framework National Leadership Team, a mental health and PBIS expansion effort and serves on a National Coaching workgroup to develop Systems Coaching materials, tools and curriculum. Susan has published in the areas of large-scale adoption of SW-PBIS, mental health, cost-benefit analysis, advanced tier system development, and adoption of evidence-based practices in schools.

Barrett: First, let me say that working with Georgia has been an incredible experience. I have been learning a lot from the people who have been coming to training. The overall commitment to improving mental health for children in Georgia is phenomenal. In the training sessions that we have been conducting in Georgia, we have the State Project AWARE Team, PBIS Team, LEA Teams, and APEX mental health providers. In fact, I would say hats-off to APEX as they have been working side-by-side with the three LEAs to learn more about ISF.

GPAD: In closing, what do you see as the promise of ISF?

Barrett: We are really talking about changing the system to be more efficient and more effective; we are really talking about comprehensive school reform. All schools and communities want their kids to be happy and ready to navigate life beyond school. They want them to have the skills needed to adjust to whatever comes their way. Those skills need to be taught to all students in the same way we teach any other content area. With the process of ISF, teams are prioritizing social and emotional learning alongside academic education in every classroom. Social and emotional behavioral health can no longer be the missing component of a well-rounded education.

For additional information on the Interconnected Systems Framework (ISF), please contact Ms Barrett at sbarrett@midatlanticpbis.org.

Resources to Guide Implementation of Interconnected Systems Framework

Barrett, S., Eber, L., & Weist, M., Editors (2016). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support* (Monograph on Interconnected Systems Framework)

<http://www.pbis.org/community/interconnected-systems-framework>.

Blase, K., Kiser, L. and Van Dyke, M. (2013). *The Hexagon Tool: Exploring Context*. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill. (<http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN-Education-TheHexagonTool.pdf>).

District Community Leadership Guide, OSEP Center on Positive Behavioral Interventions and Support, May 2016.
Available on home page at <http://www.pbis.org>.

National Technical Assistance Center on Positive Behavior Interventions and Support (2017). Technical guide for alignment of initiatives, programs, practices in school districts. Eugene, OR: Retrieved from <http://www.pbis.org/whats-new>.

PARTNERING TO MAKE A DIFFERENCE

Leveraging Internal and External Partnerships to Create a System of Care for Newton County Students

By Adrienne Boisson, Coordinator, Project AWARE
Newton County School System (NCSS)

Our work to improve students' mental health in Newton County School System (NCSS) is multi-faceted and draws upon numerous internal and external partners and stakeholders to make a difference.

Division of School Climate (DSC)

NCSS places priority on having a positive school climate in each school. To this end, the Division of School Climate, under the leadership of Dr. Craig Lockhart, Deputy Superintendent of Schools, meets quarterly to receive departmental updates and learn about cross-cutting initiatives that present opportunities for collaboration around student and family issues. Membership of the Division of School Climate is broad, consisting of the following: the Deputy Superintendent, Director of Operations, Elementary & Secondary Curriculum Directors and Coordinators, Elementary and Secondary Special Education Directors and Coordinators, Lead Nurse, ESOL Director, Title I Coordinator, Title I Parent Liaison, 21st Century/ASAP Director, Food & Nutrition Director, Student Services Director and Coordinator, School Social Workers, Behavior Intervention Specialists, Project AWARE Director and Mental Health Clinician, and PBIS District Coordinators.

In addition to being a source for keeping abreast of students' needs districtwide, the quarterly meetings of the Division of School Climate (DSC) have given birth to a number of initiatives that have enjoyed the collective support of NCSS departments and external partners.

- **The NCSS Book Bus** - Over the course of three days last May and June, the NCSS Book Bus traveled to four sites to deliver books and meals provided by Action Ministries. Newton County Health Department provided statistics identifying "food deserts" within the county and the impact that nutrition has on students' physical and mental health. The Book Bus provided a resource table containing mental health and physical wellness informational materials. In December 2016, members of the DSC were accompanied on the Book Bus by City of Covington Police Officers as they made their four stops to deliver books and food packages. The book donation for December was generously provided by our partner, the Department of Juvenile Justice, who collected books at their 4th quarter stakeholders' meeting.
- **NCSS Poverty Leadership Retreat** - In August 2016, all Directors, Coordinators, Principals, and Behavior Intervention Specialists participated in the Beegle Poverty Institute, an intense two-day



Students in Newton County School System participated in a Project AWARE and community partners' sponsored Drug Free Coalition Town Hall Event on Social Hosting.

training designed to equip participants with a deep understanding and the skills to mitigate the impacts of poverty on learning. This training is aligned to the cultural competence training series led by Dr. Emily Graybill of GSU for Project AWARE staff.

Integration of Project AWARE, PBIS, and Student Services Personnel

Steps to integrate our professional student support personnel across programs and disciplines are intentional and frequent. We believe that the integration of student support personnel through programming, trainings, and meetings will go a long way toward helping us create a solid system of care for our students and their families.

- **Project AWARE Director Serves as a PBIS District Coordinator** – As the new Director of Project AWARE, I was also made one of the PBIS District Coordinators. In this role, I support Newton High School, Cousins Middle School, Veterans Memorial Middle School, and Porterdale Elementary School PBIS teams. We meet monthly as a Coordinator Team and with all PBIS coaches once a month.
- **Project AWARE Staff Participates in PLCs** – Naran Butler Houck, Mental Health Clinician, participates on the School Social Workers' monthly Professional Learning Community (PLC). Project AWARE staff also presents to the county-wide Counselors' PLC each quarter to provide updates, instructions, and clarifications regarding data collection and instruments.
- **School Psychologists Attend Project AWARE Events** – The inclusion of School Psychologists in Project AWARE events is ongoing. They have been at the table for a Crisis and Bereavement Workshop, HIPPA and FERPA webinar, PBIS District Leadership Team Meeting and all planned events.
- **PBIS Team Partners with Transportation Department** – The District PBIS Team made a presentation to the entire transportation department in January 2017 so that all drivers understand the PBIS framework and can partner with their schools to implement PBIS on their buses. Middle Ridge Elementary, Fairview Elementary, and Clements Middle School have all seen a drop in bus referrals since rolling out a PBIS program on the buses.
- **Second Step Social Emotional Curriculum is Implemented** – Behavior Intervention Specialists in six elementary schools and one middle school are implementing the Second Step Social Emotional Curriculum.
- **APEX Grant Provides Mental Health Clinicians** – Three Elementary Schools (Middle Ridge, Porterdale, and Fairview) and



Adrienne Boisson, Newton County Project AWARE Coordinator (2nd from right) and Naran Butler-Houck, Mental Health Clinician (1st to left), join colleagues and community partners for Suicide Prevention Declaration Day.

three Middle Schools (Clements, Liberty, and Indian Creek) have a School-Based Mental Health Clinician provided by View Point Health through an APEX grant. NCSS is the first school district to feature an APEX "feeder school" model where the middle schools were chosen so that fifth graders leaving the elementary schools with APEX clinicians could have a continuation of APEX services in their middle schools.

- **Social Media Used to Get out Project AWARE Message** – Social Media @NCSSProjectAWARE is being used to send tweets about mental health and PBIS updates and celebrations. NCSS has a strong social media presence encouraged by our Superintendent, Mrs. Samantha Fuhrey, so it has been important to make mental health part of the social media conversation in the district.

Community Partnerships

Newton County agencies and organizations have provided a groundswell of support through activities and initiatives designed to increase awareness of youth mental health issues.

- **Newton County Suicide Prevention Coalition** – The Coalition includes staff members from View Point Health, Rockdale County School Social Workers, Garrett Lee Smith Suicide Prevention Grant local and state representatives, and Project AWARE director and mental health clinician. Events have included Suicide Prevention Declaration Day Towards Zero Suicide and American Foundation for Suicide Prevention Out of the Darkness Community Walk.
- **Newton County Drug Free Coalition** – Project AWARE staff attends monthly meetings to offer insights on mental health impact for community drug free events. We are instrumental in planning and hosting Kick the Habit at Newton High School (NHS), an annual event that will take place in the NHS Commons during all lunch periods on Wednesday, March 15, 2017. Our community partners from the Department of Health, View Point Health, The Newton County Community Partnership, Newton County Sheriff's Office, and others will have interactive and informational exhibits set up to encourage students to make healthy life choices, spread knowledge about suicide prevention, and discourage underage drinking, using tobacco and e-vapor products, and illegal and prescription drug use. This is the third year that the campaign has been held at Newton High School.
- **Drug Free Coalition Town Hall Event on Social Hosting** – Project AWARE provided the venue, speaker, and student volunteers for this event. The goals of the program were: 1) Education and

engagement in planning around prevention of underage drinking and correlated issues, including school success, healthy relationships, parenting, mental health, suicide and other causes of youth death, juvenile crime, and poverty and 2) To prepare the community to address the issue of social hosting (the act of an adult allowing underage consumption of alcohol on property they control, whether through inaction, failure to take due precaution, or direct encouragement).

- **Division of Family and Children Services Community Health Fair** – Project AWARE hosted a mental health information table at the DFCS Community Health Fair for Back to School Festival and provided Youth Mental Health First Aid (YMHFA) training for DFCS staff. DFCS has presented to NCSS Counselors’ PLC regarding the need for foster families in Newton County so that children do not have to be removed from the county for placement.
- **Local Interagency Planning Team (LIPT)** – The LIPT is using a Systems of Care approach to improve and facilitate the coordination



Project AWARE in Newton County participates with community partners at Suicide Prevention Declaration Day event.

of services to children with severe emotional disorders and addictive disease. One of the goals of LIPT is to facilitate effective referral and screening systems that assure children have access to the services they need to lead productive lives. NCSS staff that participates in LIPT includes the Directors of Special Education, School Social Workers, and Project AWARE Mental Health Clinician.

For more information on Project AWARE activities in Newton County School System, please contact Adrienne Boisson at Boisson.Adrienne@newton.k12.ga.us.

SPOTLIGHT ON NARAN BUTLER-HOUCK, LSW, MENTAL HEALTH CLINICIAN EXTRAORDINAIRE

Naran Butler-Houck, a native of New Jersey and graduate of Rutgers University (undergraduate degree) and the University of Pennsylvania (graduate degree), is a Mental Health Clinician with Project AWARE in Newton County School System. In his current role, he supports School Counselors and School Social Workers by providing consultation for mental health crisis and referrals. He is an active member of the Newton County Suicide Prevention Coalition and the Newton County Drug Free Coalition. He brings years of experience and insight and always raises his voice as a champion for foster children and those struggling from the effects of poverty. He has a gift for collaboration and seeing a situation from different vantage points. Prior to coming to Georgia, he served as a Social Worker in Philadelphia, PA.



These effusive comments and observations about Mr. Butler-Houck from senior leadership, colleagues and students in Newton County Schools speak to the champion spirit often attributed to him and his work. GPAD is indebted to Adrienne Boisson, Director of NCSS Project AWARE, for assisting us in highlighting Mr. Butler-Houck’s work as a mental health clinician and the response to his work by the school community.

“Naran is one of the most genuine and authentic people I have ever met. He is great at reframing things with a positive spin and helping to see the positive in situations and people. He is an invaluable resource to our students and I consider him a friend as well as a colleague.”

– Yvette Zielenske, NCSS School Social Worker, Newton High School PBIS Team Check In Check Out Coordinator

“Naran has been a mental health champion for our school as he has worked tirelessly to provide a safe and supportive atmosphere for our students. Working beside Naran has equipped me to better serve my students and raise the bar as they so deserve. Naran is a truly gifted mental health clinician, and I am a much more knowledgeable coun-

selor as a result of working with him. His love for youth, and passion for awareness is truly contagious.”

– Erin Loury, School Counselor and Sources of Strength Adult Advisor, Eastside High School

“‘Be a blessing. Be a friend. Encourage someone. Take time to care. Let your words heal and not wound.’ Mr. Butler-Houck continuously encourages our students. He takes the time to speak with our students and build relationships. His words of wisdom have been informative yet comforting. He has truly been a Blessing to our Counseling Department and Indian Creek Middle School.”

– Constance Rogers, School Counselor, Indian Creek Middle School

“Mr. Naran Butler-Houck is a highly knowledgeable, outstanding clinician. He goes above and beyond the call of duty, and his impact on students and adults is extraordinary. We deeply appreciate all Mr. Butler-Houck does for our school system.”

– Dr. Craig Lockhart, NCSS Deputy Superintendent of Schools

“Naran has been an absolute God send for our students! He has walked me through situations that I absolutely could not have handled without his expertise! Naran not only cares about the students, but he cares about us (his co-workers) as well. I have enjoyed working with Naran, and we are so privileged to have him here in our county for our students.”

– Royce Lawson-Woods, School Counselor, Cousins Middle School

Newton High School 11th grader Keith Dixon has been in a small mentoring group with Mr. Butler-Houck since his 9th grade year. Several of the other students in the original group have moved or been expelled from school, but Keith is going strong and credits Mr. Butler-Houck as an inspiration. When asked about Mr. Butler-Houck’s influence on him, Keith expressed these words, “*To be successful, you have to complete. To inspire, they’ll have to see. To get to the end of a rainbow takes a long journey, and you have to believe.*”

MCSD MEETS SYSTEMS CHANGE CHALLENGES

Traveling the Winding Road to Systems Change in Muscogee County

By Tammi Clarke, Director of Project AWARE and PBIS, Muscogee County School District

*Muscogee County School District (MCSD) has taken on the challenge of putting into place the types of programs and practices that will ultimately support mental health for all students. The Project AWARE grant that we were awarded through the GaDOE SAMHSA youth mental health program is serving as a catalyst for deep examination of what our students need compared to what is in place. **Project AWARE Muscogee’s mission is to collaborate with school and community partners to connect youth and their families with useful mental health resources and services.** Now in its third year, this is a time for effecting systems change. In terms of Project AWARE Muscogee, systems change would mean, in part, a shift from siloed student services processes that do not include a joint focus on programming for the social, emotional and behavioral needs of students, along with their academic needs. Systems change is hard, but possible. We have started our journey in change with a focus on three priorities: capacity-building, fidelity, and sustainability.*

Capacity-Building for Multi-tiered Systems of Support

For each initiative that we roll-out, we are committed to providing administrators and teachers with the training needed to effectively implement new knowledge, skills, behaviors and expectations, or improve existing ones. Much of the training conducted so far has been to advance our strategy to design a multi-tiered system of supports for students at every grade level. Designing the system requires that we select a continuum of evidenced-based programs and practices that are suited to our students’ unique social, emotional and behavioral needs. Since we are expanding the tiers associated with our Positive Behavioral Interventions and Supports (PBIS) framework, it has been important that we get more schools on board through the training of administrators and school teams. Brief descriptions of trainings provided to build capacity are shown below and are followed by a table showing the number of trainings by target audiences:

- **School-Wide PBIS Training** – Positive Behavioral Interventions and Supports (PBIS) is a framework that is viewed by some as the first level intervention to improve school climate. Classroom PBIS Systems training will be our next Tier 1 priority.
- **Classroom Check-Up** – This is a Tier 1 evidence-based coaching and consulting model that utilizes motivational interviewing strategies to support teachers while improving classroom climate. Our academic coaches have been trained on this model.
- **Classroom Management Training** – Classroom management training has been provided for school and district leaders as well as teachers.

- **Social-Emotional Learning** – Second Step Curriculum and training are provided for schools to teach students social and emotional skills (i.e., emotion regulation, problem-solving, empathy, etc.)
- **Sources of Strength** – This is a Tier 1 strength-based student-led upstream suicide and violence prevention program. Initial training has been provided for peer leaders and adult advisors and support to sustain the program at select schools.
- **Youth Mental Health First Aid (YMHFA)** – This 8-hour certification course for adults 18 years and older introduces common mental health challenges for youth ages 12-18, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.
- **Universal Social and Emotional Screening** – We train schools that have developed a continuum of supports for students to conduct universal social-emotional and behavioral screenings which help identify specific school-wide needs, monitor effectiveness of interventions and identify individual students who may need immediate additional supports. Our screening tool for elementary students is the SRSS-IE, which helps predict important outcomes for students. It helps identify students who may be having minor challenges in school, such as following rules and expectations, or making friends. Our screening tool for secondary students is the SDQ which identifies potential conduct problems, hyperactivity, emotional symptoms, peer problems and pro-social behavior.

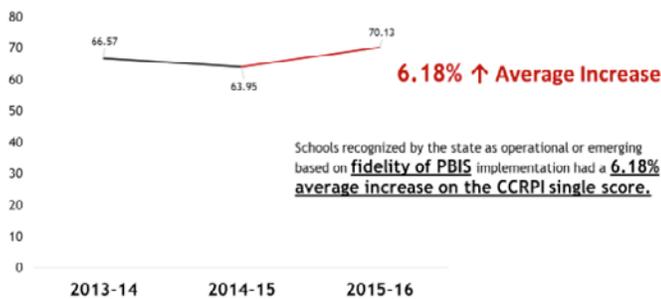
TRAINING TOPIC	#SCHOOLS/ADULTS/STUDENTS
CLASSROOM PBIS TRAINING	28 SCHOOLS
CLASSROOM CHECK-UP	71 ADULTS
CLASSROOM MANAGEMENT	125 ADULTS
SOCIAL-EMOTIONAL LEARNING	13 SCHOOLS & 9 PRE-K CENTERS
SOURCES OF STRENGTH	2 SCHOOLS
YOUTH MENTAL HEALTH FIRST AID (YMHFA)	383 ADULTS
UNIVERSAL SOCIAL & EMOTIONAL SCREENING	2,783 STUDENTS

Fidelity

The installation of programs and practices requires fidelity on the part of everyone concerned. Data collection and analyses are major elements of our implementation monitoring process. Frequent meetings are held with school PBIS teams to review data and identify action steps to address any needed improvements. School walk-throughs conducted twice a year provide close-up observations of the fidelity of implementation of programs and practices. Student outcomes also give us a gauge on fidelity of implementation.

PBIS – For our schools that were determined to have implemented PBIS with increased fidelity (emerging & operational) during the 2015-16 school year, their scores on the CCRPI improved by an average of 6.18 percentage points.

College & Career Readiness Performance Index (CCRPI)



Muscogee County Schools demonstrating fidelity of implementation of PBIS and showing corresponding increases on their College and Career Ready Performance Index for 2015-2016 included:

MUSCOGEE COUNTY SCHOOLS	2013-2014*	2014-2015*	2015-2016*	PBIS LEVEL
EARLY COLLEGE ACADEMY OF COLUMBUS AT WAVERLY TERRACE	85.8	83.5	97.3	PBIS-EM
DOWNTOWN ELEMENTARY MAGNET ACADEMY	59.6	55.5	76.9	PBIS-EM
DIMON ELEMENTARY	66.2	71.4	67.8	PBIS-EM
ARNOLD MIDDLE SCHOOL	75.8	62.1	66	PBIS-EM
KEY ELEMENTARY SCHOOL	71.6	63	65.2	PBIS-EM
RICHARDS MIDDLE SCHOOL	63.1	67	67.5	PBIS-EM
SOUTH COLUMBUS ELEMENTARY SCHOOL	50.1	54.4	59.7	PBIS-EM
WYNNTON ELEMENTARY SCHOOL	63.5	60.1	64.6	PBIS-EM
DAWSON ELEMENTARY SCHOOL	59	51.5	62.9	PBIS-EM

*CCRPI Scores are based on a 100 point scale.

- **Universal Screenings** - Results of our universal screenings indicate that elementary students appear to have more externalizing behaviors, while secondary students have higher levels of internalizing struggles.
- **Follow-up of Referrals for Mental Health Services** - Our technology department has developed an application that will help our counselors track which students they help with accessing mental health services. The application sends follow up reminders to the counselors a week later to ensure students received support.

Sustainability

Beyond the Project AWARE grant, we intend to sustain the district’s focus on student mental health by working now to establish long term sustainability options, including:

- **Systems integration** – MCSD is developing responsive systems to link students and families to appropriate supports by integrating data systems that monitor student progress using DataLink which connects the Infinite Campus student information system with SWIS Application, allowing school PBIS teams to effectively access data for efficient school-wide problem solving. A request for qualifications is being released by the district as part of a Request for Quote (RFQ). Through this process, we are seeking potential vendors that can provide mental health services in schools. MCSD will enter a partnership with selected vendors to provide school-based mental health services in exchange for access and space in our six pilot Project AWARE schools. We are also working on an Memorandum of Understanding (MOU) with our Community Service Board so that we can help facilitate access by our 55 schools to the wide variety of behavioral and mental health services provided by that agency.
- **Simple Functional Behavioral Assessment and Behavior Intervention Plan** – In partnership with Georgia State University, Muscogee is developing a custom BBQULP (Brief Behavior Questionnaire and Intervention Plan) that is completed online.
- **Braiding of Resources** – Through Project Launch, a federally funded birth-to-eight children’s social, emotional and behavioral health project awarded to Muscogee County Department of Public Health (DPH), we are collaborating to establish programs and practices that extend the continuum of mental health programming from the earliest ages through the K-12 level. MCSD and DPH are currently working on an MOU which will allow Project Launch to work along-side Project AWARE in the school district. AWARE and LAUNCH staff participate in planning and training activities together. In addition, joint trainings with Ft. Benning Military Post mental health personnel are providing us with an extraordinary collaboration.
- **Social Media** – Facebook, Twitter and Instagram accounts are used to publicize school mental health information and activities to a wide internal and external stakeholder audience.
- **Workforce Development** – MCSD is building a strong partnership with Columbus State University. A new “Externship” program is being implemented that allows bachelor-level



psychology students to shadow Project AWARE and psychology staff to give them exposure to work in the field. Future collaborative efforts are planned with the goal to train pre-service teachers on classroom PBIS systems and Youth Mental Health First Aid.

Training of District Leadership Team and School Principals to Support PBIS and Project AWARE Implementation

One of our cross-cutting strategies pertaining to each of the three priority areas is training of the district leadership team and PBIS school administrators. In February 2017, an all-day retreat was held to focus on District Implementation of PBIS/MTSS (Multi-tiered Systems of Support) and Project AWARE. The superintendent and his cabinet were among those in attendance. The retreat was facilitated by: MiMi Gudenrath, GaDOE Program Specialist for PBIS; Tammi Clarke, MCS D Project AWARE and PBIS Director; Jaime Espinosa, PBIS Consultant; and Traci Roach, RESA School Climate Specialist.

MSCD Administrators review PBIS data during District PBIS and Project AWARE training.



Learning targets included:

- Define the role of the District Leadership and Community Team (DLCT) and how this team supports the sustainability of PBIS/MTSS and Project AWARE.
- Understand the role of the school administrator and sustainability for PBIS/MTSS and Project AWARE.
- Review district data in PBIS Schools through the SWIS drill down; determine if schools are on the right path.
- Complete/review the DLCT Self-Assessment.
- Determine Action Steps for 2016-2018

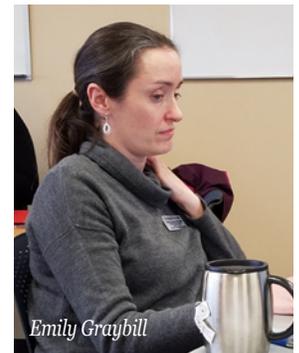
For more information on Muscogee County School District's Project AWARE activities, contact Tammi Clarke at Clarke.Tammi.J@muscogee.k12.ga.us.

LEARNING COMMUNITY INSIGHTS AND OUTCOMES

Implementing a Cultural Competence Learning Community in Support of School Mental Health: Insights and Outcomes

By Emily Graybill, Clinical Assistant Professor, Georgia State University

As part of the Project AWARE grant activities, the LEAs and the SEA participated in a year-long cultural competence learning community (CCLC).



The content in the learning community was organized according to Papadopoulos, Tikli, & Taylor's 1998 model of cultural competence.

Based on this model, participants experience cultural competence in multiple ways: through awareness, knowledge, sensitivity (the use of skills) and through engaging with others in a way that demonstrates appreciation of diversity.

Face to-face sessions were held monthly for two hours and participants spent approximately three hours a month reading articles, examining key messages in video clips, completing exercises, and preparing for discussions at the monthly meeting of the CCLC. The sessions covered a variety of learning objectives pertaining to cultural awareness, cultural knowledge, cultural sensitivity, and cultural competence. CCLC engagement was highly interactive, provoking deep dialogue about participants' personal and professional experiences relating to a range of cultural topics and themes. Examples of discussion topics included, but were not limited to:

- The Social and Biological Construct of Race
- The American Civil Rights Movement
- Segregation in American Schools
- Recognizing Privilege
- Racial/Ethnic Identity Development
- Mental Health Policies –Myths and Reality
- Cultural Humility

In order to prepare participants to redeliver keypoints to their school and community partners, and to develop action plans, several topics

introduced them to processes and strategies, including:

- Asset-based Community Development
- Engaging Communities Through Story-telling and Photovoice
- Process for Conducting Community /Organizational Assessment

A summary of successes, lessons learned and next steps to be taken by Project AWARE personnel in Griffin-Spalding, Muscogee, and Newton County School Systems follows.

CCLC Successes

The CCLC was effective at encouraging participants from each Project AWARE LEA to consider delving deep into the content of cultural competence. Cultural competence is a life-long reflective process so when cultural competence-related workshops are one session long, it gives the false perception that cultural competence is easily achievable after learning some related content. The opportunity within the CCLC to meet as a group for a year together to discuss this content has made it a rich experience. Here are some specific successes.

Newton County -2016: Began providing aid and supplies to impoverished neighborhoods and communities; have received additional training on poverty.

Griffin-Spalding -2016 & 2017: Collaborated with community partners to provide a monthly storytelling event during which families receive food and free books. Staff intentionally ensured that the selected books have characters that represent a range of cultures.

CCLC Lessons Learned

One lesson learned is that the learning community experience may be more effective if it is divided in two parts. The first part would include an introduction to cultural competence provided to individuals who have not received related training in the past; then a second part would bring novices and experts together to discuss, reflect, and grow together in the learning community format.

Next Steps

Each LEA CCLC participant committed to apply some aspect of their learnings to their work in the school system. Below are some of the planned next steps.

Newton County Schools

2017: Increase focus on poverty-related training for staff district-wide. Conduct informal needs assessment to determine if other, related cultural competence training should be provided to district staff.

Griffin-Spalding County Schools

2017: Implement a Circle of Adults Focused on Education (CAFÉ) within the district. Conduct informal needs assessment to determine if other, related cultural competence training should be provided to district staff.

Muscogee County Schools

2017: As part of Muscogee's new strategic plan, staff will be engaging in a number of activities related to organizational cultural competence self-assessment. They will work with GSU to engage in the readiness process to ensure that the organizational cultural competence self-assessment goes smoothly. Conduct informal needs assessment to determine if other, related cultural competence training should be provided to district staff.

2017: Also, Project LAUNCH, which is a birth-to-five mental health program housed within Muscogee County, is increasing its focus on cultural competence training during the following fiscal year.

For more information on the Cultural Competence Learning Community (CCLC) concept, contact Emily Graybill at egraybill1@gsu.edu. Dr. Graybill is Clinical Assistant Professor in the Center for Leadership in Disability School of Public Health at Georgia State University in Atlanta. She is also a member of the Project AWARE State Training Team.

PBIS USAGE INCREASES

Georgia Classrooms are Getting Up Close and Personal with PBIS

One of the goals of the Georgia Department of Education's strategic plan is to increase the number of schools with a safe, healthy, and positive learning climate. Positive Behavioral Interventions and Supports (PBIS) is an evidence-based framework that is being used in more than 1,000 schools in Georgia as of the 2016-2017 school year to reduce disciplinary incidents, improve school climate, and support improved academic outcomes. In school year 2015-2016, 84% of PBIS schools received a 4 or 5 Star School Climate Rating compared to 56% of other schools. A star rating of 5 is the highest possible. There was also a 24% reduction in Office Discipline Referrals in Georgia PBIS schools from their initial training year to 2015-2016. This reduction means that students regained 6,146 days of instruction previously lost to disciplinary events.

The key features of PBIS include:

- Clearly defined behavioral expectations
- Social and behavioral skill instruction
- Positive and proactive discipline
- Active supervision and monitoring
- Positive acknowledgement
- Data-based decision making
- Parent training and collaboration

Source: Adapted from GaPBIS newsletter, January 2017.

For further information on Georgia Positive Behavioral Interventions and Supports (GaPBIS) program and training, contact Justin Hill, Program Manager, at gapbis@doe.k12.ga.us.

SOCIAL-EMOTIONAL LITERACY THEMES

Social-Emotional Themes Permeate Griffin-Spalding Project AWARE Literacy Event

By Jason Byars, GSCS District Coordinator, Project AWARE & PBIS

Project AWARE Griffin Spalding County Schools (GSCS) engages the community around the importance of literacy each month. The event, titled “Raising A Reader,” targets families of elementary-age students. Each month the Project AWARE GSCS team meets at the Community Room in Griffin, GA to promote literacy. Families who attend receive a copy of the book of the month and gift card to Books-A-Million to pick out a book of their choice. Each book selected has a social-emotional theme and Project AWARE staff speaks to the parents about services offered through Project AWARE and how parents can support the social and emotional well-being of their children. Children engage in live music, story time, refreshments, and art and craft time during the 45 minute session.



Jason Byars



Griffin-Spalding County Schools' Project AWARE provides families books with a social-emotional theme as part of its “Raising a Reader” literacy event.

For further information on GSCS' Project AWARE activities and initiatives, contact Jason W. Byars at Jason.Byars@GSCS.org

SCHOOL MENTAL HEALTH ACCESS

The APEX Project

Increasing Access through School-based Mental Health

By Ann DiGirolamo, Director, Center of Excellence for Children's Behavioral Health, Georgia Health Policy Center, Georgia State University



Ann DiGirolamo

Deana Farmer, Senior Research Associate, Georgia Health Policy Center, Georgia State University



Deana Farmer

School-based mental health programs were first introduced in the 1980s. According to the most recent data, over one-third of [school districts](#) in the U.S. used school or district staff and over one fourth used outside agencies to provide mental health services in the schools.

Recently, there has been [increased interest](#) and momentum in integrating behavioral health services into the school environment due to several factors. Recent federal legislation targets [access to mental health services](#), and there have been education reforms focused on outcomes, early intervention, and flexible learning supports.

Evidence from existing state programs shows school-based mental health initiatives increase access to needed mental health services and promote earlier identification of and intervention for mental health needs of [individual students](#). Additionally, these programs foster a better school climate with increased attendance and academic performance, and [fewer discipline referrals and classroom disruptions](#).

Helping nearly 1,000 students a month

In Georgia, the Office of Children, Young Adults and Families (CYF) in the state's Department of Behavioral Health and Developmental Disabilities initiated and funded the Georgia Apex Program, during the 2015-2016 school year to increase school-based mental health services.

The intent, according to CYF Director Danté McKay, is “to provide early detection of mental health needs, increase access to services, and spark increased collaboration between community mental health service providers and schools.”

In its first year the school-based mental health program provided more than \$9.5 million in state grants to embed therapists from 29 community service provider agencies into schools across the state. The goal was to promote universal prevention and to provide early intervention and services for at-risk students and their families.

Preliminary results from the first year of the Georgia Apex Program show the program served an average of 951 students each month over the school year. It also provided services to more than 2,400 first-time recipients referred to school-based mental health services.

Providers began serving 104 schools in August, 2015 and eventually served 136 schools by May, 2016.

There were challenges, such as space and family engagement. There were also successes, such as expansion of access and enhanced partnerships between providers and schools. These findings mirror those from [school-based mental health programs](#) implemented in other parts of the country.

There are notable examples of individual student successes, including at-risk students graduating high school, better school attendance, fewer discipline referrals, and improved grades among program participants.

But, like most new endeavors, support for the program must be built. Initially, increasing awareness and obtaining buy-in from local school officials is critical, as is engaging families because a lack of parental involvement can delay or prevent students from receiving services.

However, with reports of early success, more Georgia schools are requesting therapists and provider agencies plan to increase the number of participating schools during the 2016-2017 school year.

Developing community partnerships key

To make sure all children learn and progress, schools must address the developmental and mental health needs of children. This is particularly true for those at [high risk](#), including children living in areas of high poverty or grappling with community violence.

This places greater demands on K-12 schools. Therefore, schools weave together a basket of resources from the school district and broader community to ensure students who need additional supports receive these services.

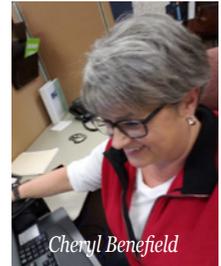
Yet, mental health concerns are often [overlooked](#) and under-resourced. In some communities, this is simply because of the lack of available resources. However, other barriers exist for families seeking mental health supports including shortages of mental health providers, financial challenges, transportation, scheduling, and stigma-related concerns. Providing mental health services within the school setting can help to address some of these challenges.

Source: Read the full article on *The Conversation* @ <https://theconversation.com/reading-writing-and-mental-health-care-why-schools-need-added-services-63972>. Excerpts of article have been used by permission of authors.

SCHOOL, FAMILY & COMMUNITY ENGAGEMENT

Youth Mental Health First Aid — The Family and Community Connection to School Mental Health

By Cheryl Benefield, Georgia Project AWARE, Family and Community Engagement Specialist



Two of the primary tenets of Project AWARE are to increase awareness of mental health issues among school-age youth and to train school personnel and other adults so they can detect and respond to mental health issues in youth. While we accomplish these goals through a variety of activities and interactions, our main method is the delivery of Youth Mental Health First Aid (YMHFA) training:

“Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders” (National Council for Behavioral Health).

The infographic shown on page 14 highlights the major results of course evaluations completed by YMHFA participants between January 2015 and December 2016. As can be seen in the graphic, participants identified a number of after training benefits, and indicated a range of ways in which they plan to use their YMHFA training. Under the auspices of Project AWARE, all trainings are provided at no cost to participants or host organizations.

Each of the Project AWARE LEAs maintains at least three YMHFA trainers who coordinate and provide YMHFA in their areas. LEAs have trained faculty and staff, students, family members, and numerous community partners in YMHFA. The SEA training cadre, including staff from the Georgia Department of Education and Georgia State University, train in school districts, regions, and municipalities throughout the state. We are currently expanding the scope of our trainings to target adults who have particularly relevant interactions with youth, including School Nurses and Department of Juvenile Justice school staff. By providing YMHFA trainings, we

PROJECT AWARE GEORGIA

Youth Mental Health First Aid Participant Course Evaluation

First Aiders Trained from Jan 2015 through Dec 2016



Assist a young person who may be dealing with a mental health problem or crisis to seek professional help

Males more likely to...

Those below 45 years more likely to...

Offer a distressed young person basic "first aid" level information and reassurance about mental health problems

After Training

Participants reported:

- More positive attitudes towards youth with mental health difficulties
- Better recognition of risk factors
- Improved confidence in their ability to provide help and make appropriate referrals
- Increased knowledge about available mental health supports

How do Trainees use their Training

- Increased confidence,
- increased identification of signs and symptoms,
- improved communication with young people,
- collaboration and referral skills,
- dissemination of information,
- and part of their current role.

are raising awareness of youth mental health issues and connecting families and communities to school mental health.

For more information or to discuss scheduling a Youth Mental Health First Aid training in your area, contact Cheryl Benefield at cbenefield@doe.k12.ga.us. Ms. Benefield is the Project AWARE State Family and Community Engagement Specialist (FCES)

EXECUTIVE, LEGISLATIVE AND PARTNERSHIP ACTIONS HELP PUT SPOTLIGHT ON CHILDREN'S MENTAL HEALTH IN GEORGIA

State of the State Address (January 11, 2017) – During his Annual State of the State Address, Governor Nathan Deal announced that his Fiscal Year 2018 budget proposal includes approximately \$2.5 million to cover the full child population of Medicaid and PeachCare children with behavioral and mental health issues.

The full text of the Governor's 2017 State of the State Address may be accessed at <http://gov.georgia.gov/press-releases/2017-01-11/deal%E2%80%99s-state-state-address-georgia-will-%E2%80%98accentuate-positive-eliminate>.

Study Committee on Mental Illness Initiative, Reform, Public Health and Safety (2016) – Created by House Resolution 1093 during the 2016 Legislative Session of the Georgia General Assembly, this Committee's final report includes a section on children's mental health. The report incorporates a number of findings from other recently published documents on children's mental health in Georgia, while underscoring the following:

"An issue within Georgia related to children's mental health services is the significant lack of mental health workforce for the state's rapidly growing population (p.9)."

Among nine recommendations contained in the report, one – the first in the listing – relates directly to children's mental health: Creation of Georgia Children's Mental Health Reform Council (p.10).

A copy of the final report is available at www.house.ga.gov/Documents/CommitteeDocuments/2016/Mental_illness_Initiative/HR1093_FinalReport.pdf.

House Bill 77: Elementary and Secondary Education Training

Materials in Mental Health (January 2017) – Is being considered in the House of Representatives during the 2017 Legislative Session of the Georgia General Assembly. The substance of the bill as originally introduced proposes that "(a) No later than July 1, 2018, the Department of Education shall, in consultation with the Department of Behavioral Health and Developmental Disabilities and mental health experts, develop and provide to all local school systems a list of training materials for awareness in mental health,

behavioral disabilities, and learning disabilities which may include training materials currently being used by a local school system. (b) No person shall have a cause of action for any loss or damage caused by any act or omission resulting from any training, or lack thereof, conducted pursuant to this Code section. (c) Any training, or lack thereof, conducted pursuant to this Code section shall not be construed to impose any specific duty of care."

Check the status of this bill at <http://www.legis.ga.gov/Legislation/en-US/display/20172018/HB/77>.

Georgia Partnership for Excellence in Education (January 2017) – GPEE's Top 10 Issues to Watch in 2017 includes Student Mental Health as Issue #8. In its annual report, GPEE states that it is time for student mental health to take center stage. The report provides the backdrop for this issue in the opening statement of the Issue Overview:

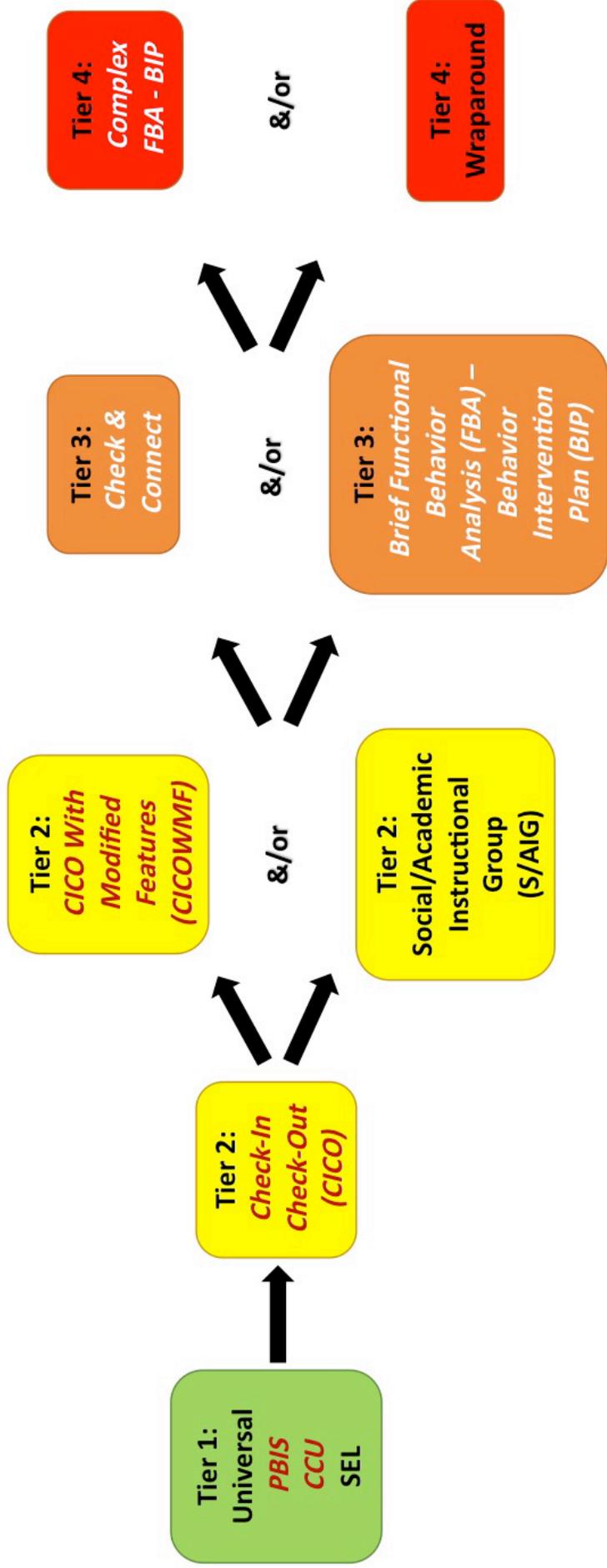
"The mental health of Georgia's students is critical to their ability to succeed in school and in life. So many factors of everyday life, especially those faced by our public-school students, are affected by untreated mental health issues of either the students themselves or their peers. Collateral impacts of untreated mental illness are felt inside and outside of schools and include issues of personal safety and public health (p.46)."

GPEE highlights the significance of the issue of Student Mental Health for Georgia, and reiterates a number of the recommended action steps that came out of the 2015 Georgia House of Representatives Study Committee on Children's Mental Health. Among the action steps noted are ones relating to the creation of a statewide children's mental health strategic plan using a statewide coalition of stakeholders and maintaining current programs such as PBIS and Project AWARE. The statewide plan for improving and caring for student mental health is viewed as "an important first step in addressing the need (p.49)."

The full report is available at http://www.gpee.org/fileadmin/files/PDFs/GPEE_Top_Ten_2017_Final_Jan_9_.pdf.



MCSD DRAFT Multi-Tiered System of Support (MTSS)



Two ways that students receive access into the continuum of interventions:

1. **Bottom up:** students are identified through decision rules as they need additional levels of support.
2. **Immediate need:** students present as needing higher level supports right away and receive access into appropriate intervention based on meeting decision rule criteria.

Adapted from: Iowa's PBIS MTSS Model

GPAD Note: Muscogee County School District's Multi-Tiered System of Support (MTSS) is in process of being developed. The graphic shown illustrates a first draft of the MTSS framework and has been shared with Georgia Project AWARE readers as a work in progress.