



# GEORGIA PROJECT AWARE DIGEST

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## A MESSAGE FROM GEORGIA'S PROJECT AWARE STATE COORDINATOR

### Increasing Awareness of Children's Mental Health in Georgia: Promises and Prospects

by Rebecca Blanton

*I am delighted to introduce this inaugural issue of the Georgia Project AWARE Digest (GPAD) by highlighting where we are in implementing a federal grant designed to increase awareness of children's mental health in Georgia. First, I want to be sure that our readers have a brief background on the grant, and then I want to pinpoint some of the promising initiatives and activities that are underway.*



#### About Project AWARE

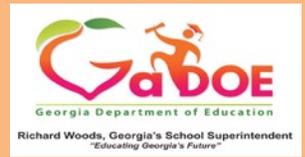
Georgia was awarded a five-year mental health grant for \$10.2 million dollars by the federal office of Substance Abuse and Mental Health Services Administration (SAMHSA). We have just ended the second year of the grant. The first year focused on planning. The grant is called Project AWARE (Advancing Wellness and Resilience Education), and the Georgia Department of Education (GaDOE) serves as the fiscal agency. Funds have been awarded to three LEAs (Griffin-Spalding, Newton, and Muscogee County School Systems) to develop a children's mental health system unique to their individual communities. The grant is based on GA DOE's PBIS (Positive Behavioral Interventions and Supports (PBIS) process, which focuses on prevention, intervention, and early intervention. Under the grant, two centers at Georgia State University provide evaluation and training/technical support to Project AWARE.

The overall goals of Project AWARE are to increase awareness of children's mental health issues and develop a coordinated system. Georgia has many child serving agencies focusing on the mental health service needs of the students of Georgia. It is hoped that strides will be made in solidifying a children's mental health plan in the upcoming legislative session which begins in January 2017. Many agencies are pushing the children's mental health agenda as indicated by their attendance at the Children's Mental Health Summit in March 2016.

#### Why Mental Health Programs and Services in Our Schools?

National and state data tell a story of emotional and behavioral devastation and downward spiraling for our children who present with untreated mental illnesses. Consider these facts:

- 1 in 5 children birth to 18 has a diagnosable mental health problem (*US Dept. of Health and Human Services*);
- 75-80% of children in need of mental health services do not receive them (*Kataoka, Zhang, and Wells*);
- 1 in 10 children has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community (*US Dept. of Health and Human Services*);
- Between 9.5 and 14.2 percent of birth to 5 year old children experience significant social emotional problems that negatively impact their functioning, development and school-readiness (*Brauner*);
- The onset of major mental illness problems may occur as early as 7 to 11 years of age (*Kessler, Beglund, Demler, Jin, and Walters*);
- Students with mental health problems receive mostly Ds and Fs on school work (*Blackorby, et al*);
- 44% of children with mental health problems drop out of high school (*Wagner*);
- Number of Georgia students who attempted to harm themselves more than once in 2015—24,798 (*Georgia*



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#### UPCOMING PROJECT AWARE STATE MANAGEMENT TEAM MEETINGS

Meetings begin at 1 p.m. and are held at Georgia Department of Education, Twin Tower West.  
January 11, 2017  
March 8, 2017

**Due date for copy to be included in the February 2017 newsletter is January 12th.**

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



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*Student Health Survey*); and

- Suicide rate for females aged 10-14 increased by 200% (*NCHS Data Brief #241 April 2016*).

If we join forces across agencies and create an interconnected, coordinated mental health service system for our children and youth, we can prevent for some, and minimize for others, the pain of mental illness. It is my hope that Georgia Project AWARE will be a touchpoint in systems integration.

### Activities

There are many activities going on at the State and LEA Project AWARE levels to advance the goals of the grant. In this first issue of *GPAD*, we have tried to summarize almost two years of events that form the basis of many of our ongoing activities. Moving forward, we will include far more articles about the partnerships that are being formed to expand and sustain children's mental health services in Georgia's schools.

### Summits

The first Children's Mental Health Summit was held in January 2015 to introduce the *Leading by Convening* framework that forms the collaborative basis of Project AWARE's work at the state and local levels. This framework is used to help stakeholders connect the dots around issues and provides tools for talking. The first summit was notable for getting partners to think and talk about *who cares about the issue of children's mental health, and how can they work together to forge a common agenda*.

The Second Annual Children's Mental Health Summit attracted a diverse group of nearly 150 stakeholders in March 2016, including representatives

from numerous Georgia child and family serving agencies concerned about children's mental health. LEA representatives from each of the three funded Project AWARE sites, including Griffin-Spalding, Muscogee, and Newton County School Systems, were also in attendance. The summit's theme was *Engaging Stakeholders Around Children's Mental Health: Taking the Next Steps* and featured state agency mental health updates; keynote speakers; facilitated discussions and action planning activities; and opportunities for attendees to engage in reflections and idea exchanges. Drs. Joanne Cashman and Mariola Rosser of the IDEA Partnership at NASDE, served as summit facilitators.

### Collaboration with Project APEX

Collaboration between Georgia Project AWARE (GPA) and the Department of Behavioral Health and Developmental Disabilities' (DBHDD) Project Apex is underway. The Apex grant provides mental health clinicians in over 140 Georgia schools. GPA will assist Project APEX in learning how to work in schools and become part of the school climate. This collaborative work will assist in sustaining both projects in the long run. We are planning co-training for project year three so that we may support each agency's goals and objectives. In the next issue of *GPAD*, we will spotlight the work of this valued partner organization.

### GPA Staff Training

David Schonfeld, M.D., provided technical assistance and training on handling crisis and bereavement at the State and LEA levels. Dr. Schonfeld visited Georgia twice during the past year and trained school counselors, school social workers, school psychologists, crisis teams, and

administrators. Other training has been provided by our State Training Team at Georgia State University including sessions on Universal Screeners, Youth Mental Health First Aid (YMHFA), and Cultural Competence.

### Mental Health Referral Process & Forms

Development of a framework for districts to use for mental health referrals and providing access to mental health services will increase the sustainability of the project and provide non-Project AWARE districts a tool for implementing mental health services.

Mental health is being integrated into the PBIS framework at the state and local levels in the form of the Interconnected Systems Framework. The state PBIS team, along with the GPA LEAs, will be working together over year three to meet this goal. The Georgia Department of Education will develop a framework for the coordinated referral of youth with mental and behavioral health.

### Project AWARE State Management Team

I am delighted to have a number of state and local community organizations serve on the State Management Team (SMT). The Team advises on Project AWARE grant deliverables, conducts an annual review of project goals, objectives and initiatives, and assists in setting priorities. Beginning in 2017, all SMT members will serve on one of four work groups, including: workforce development, interagency coordination, projection expansion and sustainability, and youth and community engagement.

## RESPONDING TO SCHOOL CRISES: LESSONS LEARNED FROM DAVID SHONFELD, MD, FAAP

*Recently, David F. Shonfeld, MD, FAAP, Pediatrician, provided professional development for Crisis Intervention Teams in Muscogee, Newton, and Spalding County School Districts through sponsorship of Georgia's Project AWARE. Considered one of the Nation's leading experts on supporting children in times of crisis, Dr. Shonfeld agreed to be interviewed for this first edition of Georgia Project AWARE Digest (GPAD) in October 2016. Although Dr. Shonfeld touched briefly on a number of themes covered during his work with the three GA School Districts, we have excerpted below selected portions of our conversation with him that highlight what he has learned in working with school districts and schools facing a variety of crises across the U.S.*

**GPAD: As one of the experts that consulted with the Sandy Hook Elementary School community following the shootings of students and educators several years ago, what insights did you gain that are worth sharing with other communities?**

*Shonfeld: I learn something new from each school community in which I am involved, but there are some common themes. For example, schools must respond to student trauma, while also responding to grieving staff. The adults' needs must be met in order to give students the supports they need. There must be a balance between the two. A singular focus on one area during crisis is not an optimal response. Staff needs to be aware that these are complex situations. Different*

*population groups need to be worked with. I have learned, for example, that middle school staff may be overlooked when there is a tragedy at the high school. It is easy to forget that this group probably knows every one of the students at the high school because they taught them and developed close relations with them. They, too, need to be supported during a tragedy.*



David F. Shonfeld, MD, FAAP,  
Pediatrician

**GPAD: What types of crises are school children primarily facing today? Would you say school shootings represent the biggest concern?**

**Shonfeld:** *There definitely appears to be an increase in mass casualty events involving schools, but that really isn't the case. The common crises faced by school children involve events such as the death of a parent from an accident or illness. I consider this type event a baseline crisis that staff must demonstrate they can handle with appropriate supports for individual children. The capacity to deal with individual children prepares staff to deal with mass casualties that require a surge in supports.*

**GPAD: Are there other insights or lessons learned from your work with school communities that have faced crises?**

**Shonfeld:** *Yes, I can think of several more lessons learned. One crisis often causes a cascade of other crises. A tragedy happens at a school. Families begin to move away and the student population declines. The school's budget is decreased as a result of these actions. The school has to lay-off staff. Thus, one crisis precipitates a downward spiral in other areas, leaving the school community to suffer the financial impact. Another lesson learned is that school staff must be introduced to key information and skills before disasters occur. There is currently a tendency in the disaster field to provide Just in Time (JIT) Training. In my opinion, Just in Time Training is not in time. Of course, it is better than nothing. I have*

“Dr. Shonfeld’s visit to our school district could not have been more timely. His visit came on the heels of two deaths by suicide and provided us with excellent resources to help our community heal.”

— Griffin–Spalding County School System

#### Common Symptoms of Adjustment Reactions in Children Following Crisis

- Sleep problems
- Separation anxiety and school avoidance
- Anxiety and trauma-related fears
- Difficulties with concentration
- Deterioration in academic performance
- Regression
- Depression; Avoidance of previously enjoyed activities
- Substance abuse
- Somatization (physical symptoms not explained by disease)

Source: Shonfeld, David J. (2016). *Supporting children in times of crisis. Training handout. Georgia Department of Education, Atlanta.*

*found that it's hard for staff to learn new skills when they are grieving. They must be prepared to deal with crisis before the events happen. Then I would say a very important lesson learned is that recovery from a crisis is a long term process. I have worked with some schools for up to three years helping them with their recovery efforts. It is important to provide sustained, on-going supports and interventions for students. Yet, most funding provided for crises is for initial disaster response. Usually within 12-15 months, funding ends and often resources go away. Staff is left to find ways to sustain the supports that they have put in place. Many connect to community mental health resources — where they exist.*

**GPAD: What are common symptoms of adjustment reactions in children following a crisis?**

**Shonfeld:** *There are numerous symptoms of adjustment reactions in children following crisis [See insert for Shonfeld's partial listing of symptoms]. However, the thing I want staff to understand is that the most common symptom is the absence of symptoms. Children may withhold information in the short term. They may not know how to share their feelings. It takes some children more time than others to reveal the ways in which they need to be supported. Children with significant exposure to stressful events may need to be evaluated in order for staff to learn more about what they are experiencing.*

**GPAD: What are some of the well-documented supports that schools should be prepared to wrap around students following a crisis, or disaster? It seems the emphasis is on selecting so-called evidence-based interventions and programs.**

**Shonfeld:** *Well, I am very careful about saying a program or intervention is evidence-based. There are evidence-informed interventions and best practices. And I know that SAMSHA has a clearinghouse of evidence-based programs that it encourages Project AWARE grant recipients to utilize. System level changes are hard to document and demonstrate using evidence-based interventions. In my experience, evidence-based trauma treatments are more common. On the other hand, in my work, I don't see bereavement as an illness, so there can't be evidence-based treatment for it. My approach is to talk openly and honestly with people about how to support children in crisis using principles and best practices.*

## 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.

**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.

## About the National Center for School Crisis and Bereavement (NCSCB)

The National Center for School Crisis and Bereavement (NCSCB) aims to promote an appreciation of the role that schools can play in supporting students, staff and families at times of crisis and loss. The center began with initial support from the September 11th Children's Fund and the National Philanthropic Trust. Current funding from the New York Life Foundation allows the center to provide ongoing and expanded services, including the development of materials to help professionals in school-based settings plan for and respond to various crises, loss and grief. Located in the USC School of Social Work, the center is directed by David F. Shonfeld, MD, FAAP. Resources available on the center's website include guides and guidelines for responding to the death of a student or teacher, teacher training modules, templates of letters announcing school crises for various target audiences, etc. The following items may be retrieved at [www.schoolcrisiscenter.org](http://www.schoolcrisiscenter.org).

- The Orlando Shooting – A Guide for Talking to Children
- Guidelines for responding to the death of a student or school staff
- Guidelines for schools responding to death by suicide
- Teacher training modules (PowerPoint)
  - Supporting Grieving Students in Schools - Module 1
  - Supporting Grieving Students in Schools - Module 2
  - Supporting Grieving Students in Schools - Module 3
- Helping grieving students (webcast)
- Supporting children and family survivors of police line-of-duty deaths

The center and New York Life Foundation partnered to establish the Coalition to Support Grieving Students, a collaboration of 10 professional organizations representing the full range of school professionals, whose goal is to create and share a set of industry-endorsed resources to empower school communities across America in the ongoing support of their grieving students. NCSCB and the New York Life Foundation have also partnered to produce *After a Loved One Dies: How Children Grieve*, a booklet that provides practical advice on how parents and other adults can support grieving children.

Order free grief materials from the New York Life Foundation.

### GPA: So what kind of supports should schools have in place?

*Shonfeld: They need to build internal systems that include key personnel like the ones you have here in Georgia at your three Project AWARE school districts, such as directors of counseling services and crisis intervention teams. Schools and districts need to form relations with community mental health professionals and university personnel to provide ancillary support when needed.*

### GPAD: You promote the development of school crisis plans. What have you observed about such plans?

*Shonfeld: They look a little different in each school district and the schools within a district. That's how it should be. But the primary purpose of school crisis plans is to layout effective and efficient communications on who is doing what during a crisis. Some plans appear weak in addressing the sustained responses and integration aspects of response to crisis. I think each school's crisis plan should include the roles and responsibilities of their School Crisis Team, and should specify the key individuals that have been designated to fill roles. Plans should, but often do not, include the psycho-social supports to be provided during crisis. Effective crisis plans will generally address topics such as Crowd Management and certain No-Nos like, "no large assemblies" and "no use of the public address system."*

### GPAD: Back to interventions and supports for a minute...

*Shonfeld: I would say that whatever interventions and supports school personnel use they should study them and make sure that they don't have unintended consequences. They must take a whole child approach.*

### GPAD: When you were here in Georgia recently, what was your core message to Crisis Teams in the three Project AWARE School Districts?

*Shonfeld: I asked team members to commit to developing skills to support children in crisis. I did not ask them to diagnose and refer students for mental health services because I don't believe that it is appropriate. What Georgia is*

"Dr. Shonfeld's training assisted me in adjusting the lenses through which I view our children living through a crisis."

— Griffin–Spalding County School System

*doing through Project AWARE is introducing information to school personnel prior to crisis events. I commend the Georgia Department of Education for implementing this project. The reason this is important was brought home to one of the school districts*

*the morning that I arrived for training. We had to postpone the training for a little over an hour to allow the district's Crisis Team to go to one of the schools and provide support for students following the death of a classmate.*

### GPAD: What challenges might these school districts face when their projects end?

*Shonfeld: As with most projects, if districts do not have a plan for continuation once the funding goes away, they are likely to find that the resources go away too. That is also why it is important to connect to local community resources when it is possible. Once resources begin to be offered in a school, it's hard to stop them. You don't want to screen students and not have follow-up. So having a continuation plan will be important for Georgia's Project AWARE school districts.*

### GPAD: Speaking of resources, Dr. Shonfeld, you are the Director of the National Center for School Crisis and Bereavement in Los Angeles, CA. What is the goal of the Center?

*Shonfeld: Most people don't know about the Center [See insert for information About the National Center for School Crisis and Bereavement], and that is partially by design. Initially, we wanted to be able to do our work behind the scenes, avoid media attention, and be respectful of schools' privacy. Our goal is to empower schools and school systems to respond to crisis. In more recent years, we have begun to promote the Center's resources in order to advance our goal.*

*Dr. David F. Shonfeld is Professor of the Practice in the School of Social Work and Pediatrics at the University of Southern California and Children's Hospital Los Angeles and Director, National Center for School Crisis and Bereavement. He may be contacted at [schonfel@usc.edu](mailto:schonfel@usc.edu).*

# PROJECT AWARE LEA PROGRAM SPOTLIGHT: GRIFFIN-SPALDING

*In every issue of GPAD, the work of at least one of our Project AWARE Local Education Agencies (LEAs) or partners will be spotlighted. Jason W. Byars, District Coordinator for Project AWARE and PBIS in Griffin-Spalding County Schools (GSCS), filed this program update.*

## Getting Mental Health Professionals on Board

A new Mental Health Clinician, Rhonda Harris, was hired.

GSCS has partnered with Brenau University to host two interns, Martina Callaway and Symone Fears. These Master's level LPC Candidates will complete 100-120 hours of school based mental health services between September – December 2016.

**Data Fact:** During year two of Project AWARE, GSCS handled 506 student referrals for mental health services. Of this number, 280 referrals have been made to outside agencies, and 61% of those referrals were followed up by students' families.

## Training for Impact

Universal Screeners have been successfully implemented in all GSCS schools. All schools have had personnel trained in the administration of the Universal Screener specifically selected for its grade configuration. The Student Risk Screening Scale – Internalizing / Externalizing (SRSS-IE) is used in elementary schools. The Strengths and Difficulties Questionnaire (SDQ) is used in secondary schools. The collected data will be analyzed and discussed by each school's PBIS Leadership Team. This team will determine which gaps in services and interventions need to be filled to serve their student population.

### Georgia Project AWARE LEAs: Year Two – Children Mental Health Services by the Numbers

- Number of universal mental health screenings in the three LEAs: 3,802
- Number of adults trained in Youth Mental Health First Aid (YMHFA): 948
- Number of students referred from the First Aiders trained: 4,320
- Number of students who received school based mental health services: 626
- Number of students referred and accessed mental health services in the community: 309



*Standing: Jason Byars, Griffin-Spalding Project AWARE & PBIS Coordinator*

We have used Dr. Wendy Reinke to provide training and consultation to teachers in Classroom Check-Up and Motivational Interviewing. During training Cohort #1, there were 22 teachers who participated in the consultation. There are 25 teachers signed up to participate in Cohort #2.

In an effort to reduce the In-School Suspension recidivism rate in the secondary schools, Positive Action was introduced. All counselors and In-School Suspension (ISS) teachers were trained by the Positive Action staff on the successful implementation of the curriculum.

Dr. David Schonfeld provided Grief and Bereavement Training to all counselors and the GSCS Crisis Team.

Two Project Aware personnel were trained as trainers in Non-Violent Crisis Intervention by the Crisis Prevention Institute (CPI). The trainers are redelivering the training to GSCS employees. CPI teaches adults how to successfully use verbal de-escalation techniques to diffuse a hostile student. The course demonstrates the appropriate ways for staff to physically protect themselves, and as a last resort use physical restraints.

## PBIS and Project AWARE Interconnected to Improve School Climate

The GSCS Superintendent moved Positive Behavioral Interventions and Supports (PBIS) under the leadership of Project Aware to support the vision of creating an Interconnected Systems Framework to improve school climate.

We are already seeing tremendous results from this merger:

## MENTAL HEALTH INTERVENTIONS IN GEORGIA'S SCHOOLS

In Georgia, Project AWARE, Apex, PBIS, and SEL (Social Emotional Learning) programs represent the types of supports that are being coordinated to provide mental health interventions in some schools. During his keynote address at the Second Annual Children's Mental Health Summit, Dr. Garry McGiboney, GaDOE Deputy Superintendent of External Affairs, described these programs and the promise they hold for helping to meet the mental health needs of school-aged children and youth.

- Project AWARE (Advancing Wellness and Resilience Education) is a federal grant that seeks to build and expand the capacity of state and local educational agencies to increase awareness of mental health and substance abuse issues among school-age youth.
- Youth Mental Health First Aid (YMHFA) training, a component of Project AWARE, helps school personnel and other adults detect and respond to mental health problems in children and young adults, and connect children, youth, and families who may have behavioral health issues with appropriate services. There are 40 YMHFA certified trainers in Georgia.
- Georgia Apex Project (GAP) is a pilot grant initiative sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities Office of Children, Young Adults, and Families, which provides funding support to hire behavioral health staff (i.e., licensed mental health clinicians, community support individuals, etc.) for school-based and community services.
- School climate research highlights the impact of climate on student performance and feelings of well-being.
- Children with mental health problems struggle when in negative/unsafe school environments and are less likely to succeed academically and graduate from high school.
- There is a difference in school culture and school climate. Culture is what you have, while climate is why you have it.
- Interventions tend to be based on attribution theory (whatever you

*continued on p. 7*

*From August 2015 to August 2016:*

- Office Discipline Referrals are down 53%
- Students assigned to In School Suspension (ISS) are down 35%
- Total number of ISS events are down 46%
- Total number of ISS days are down 29%
- Students assigned to Out of School Suspensions (OSS) are down 52%
- Total number of OSS events are down 51%
- Total number of OSS days are down 45%

*From September 2015 to September 2016:*

- Office Discipline Referrals are down 43%
- Students assigned to ISS are down 39%
- Total number of ISS events are down 44%
- Total number of ISS days are down 35%
- Students assigned to OSS are down 27%
- Total number of OSS events are down 26%
- Total number of OSS days are down 42%

Data from the universal screeners are analyzed and triangulated with the referral process and our student information systems to tier students for PBIS. School staff implementing PBIS has been trained in the PBIS model by the Georgia Department of Education. PBIS is supported by volumes of research and evaluation studies that are available at [www.pbis.org](http://www.pbis.org). Griffin-Spalding County Schools has implemented PBIS district-wide for eight years. Data gathered over this time period drives all decisions regarding PBIS implementation in the school system. Between January 1 and December 31, 2015, Project AWARE has received 282 Tier III student referrals, connecting 161 families with community service providers.

### Results of Universal Screening

The participation rate for the SRSS-IE was 81% and for the SDQ was 95%. Results of the SRSS-IE at the elementary level revealed the following:

- No indication of concern for externalizing behaviors in 76.5% of the students;
- No indication of concern for internalizing behaviors in 84.5% of the students;
- A slightly raised level of concern for externalizing behaviors in 18.6% of the students;
- A slightly raised level of concern for internalizing behaviors in 10.4% of the students;
- An elevated level of concern for externalizing behaviors in 4.9% of the students; and
- An elevated level of concern for internalizing behaviors in 5.2% of the students.

Results of the SDQ at the secondary level revealed the following:

- No indication of concern for externalizing behaviors in 83.9% of the students;



*Standing: Jason Byars, Griffin-Spalding Project AWARE & PBIS Coordinator, and Kelley Pettacio (sitting), Mental Health Clinician, present at the Advancing Children's Mental Health Conference in San Diego.*

- No indication of concern for internalizing behaviors in 66.7% of the students;
- A slightly raised level of concern for externalizing behaviors in 8.4% of the students;
- A slightly raised level of concern for internalizing behaviors in 16.1% of the students;
- An elevated level of concern for externalizing behaviors in 7.7% of the students; and
- An elevated level of concern for internalizing behaviors in 17.2% of the students.

### Tele-Mental Health Services Piloted

In an effort to make treatment more available to students, Project Aware partnered with Children's Healthcare of Atlanta to bring Tele-mental Health to the school system. The services were successfully piloted in one school and will be expanded in the future.

### Collaborating to Leverage Knowledge, Share Insights and Extend Impact

Project Aware partnered with The University of Georgia – Griffin Campus to create "Psych Day at UGA: Promoting Mental Health AWAREness." This one-day professional conference brought medical and educational professionals together to collaborate on how to best serve the students in GSCS.

In an effort to extend the impact of YMHFA, GSCS Project Aware connected with three local state universities to provide training to their

students. Students in the Nursing Program at Southern Crescent Technical College, students in the Teacher Preparation Programs at Gordon State University, and Psychology and Sociology students at The University of Georgia (Griffin Campus) were all trained in YMHFA. All three universities have expressed a desire to extend the training to other programs on campus.

**Data Fact:** During year two of GSCS' Project AWARE, 295 people were trained in 15 Youth Mental Health First Aid sessions.

### Students' Mental Health Themed Artwork and PSAs Showcased at Festival

In April 2016, Project Aware held the AIM (Arts In Motion) HIGH Arts and Film Festival. The festival showcased original artwork from GSCS students around the themes "Kindness Matters" (elementary) and "Ending The Stigma" (secondary). Over 120 original pieces of artwork were on display during the festival. In addition, GSCS students created Public Service Announcements focused on the same themes. The PSAs were shown on a continuous loop during the festival for the visitors to enjoy.

*For further information or questions about any of the items mentioned in this update, please contact Jason W. Byars at [Jason.Byars@GSCS.org](mailto:Jason.Byars@GSCS.org).*

# MUSCOGEE COUNTY HARDAWAY HIGH SCHOOL STUDENTS RECEIVE SOURCES OF STRENGTH TRAINING



Hardaway High School students are all smiles following Sources of Strength training in October 2016.



Janell Anema, (seated in center) Sources of Strength National Trainer, engages Hardaway High School students in dialogue during training session.



Hardaway High School students show strengths poster during Sources of Strength training session.



Tammi Clarke (standing), Director, Muscogee County Project AWARE and PBIS Programs, presents at Columbus State University's NAMI on Campus' Mental Health Awareness Week in October 2016.



think causes the behavior). If the true cause of behavioral issues is not identified, this theory can lead school personnel to make an attribution error (implement strategies that have negative impact on school climate).

- PBIS is a proactive approach to establishing the mental health supports and social culture needed for all students to achieve social, emotional, and academic success. It is a framework for changing school climate to be more positive, supportive, safe and secure. It works when implemented with fidelity.
- Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.
- Through the Marcus Institute, GaDOE is working with SEL experts in 18 school systems to establish linkages between SEL, school climate, social development and language, behavior, reading, and mental health.

## GEORGIA LEGISLATIVE ACTIONS AND RECOMMENDATIONS LAY GROUNDWORK TO PROMOTE CHILDREN'S MENTAL HEALTH

**Suicide Prevention** – On May 5, 2015, Governor Deal signed House Bill 198 (Jason Flatt Act-Georgia) into law. The new law requires teachers, counselors, and other certified public school personnel to have annual suicide prevention training. The law also requires each school district to adopt a policy on suicide. The Georgia Department of Education, in collaboration with the Georgia Department of Behavioral Health and Developmental Disabilities, as well as several experts in the field of suicide prevention, developed, published, and distributed to each school system the State Model Policy for Suicide Awareness, Prevention, Intervention and Postvention.

**Children's Mental Health State Strategic Plan** – The House Study Committee on Children's Mental Health

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## SCHOOLS INCREASE PBIS TRAINED PERSONNEL; WELCOME NEW STATE PBIS PROGRAM MANAGER

Georgia PBIS has trained more than 850 schools in Tier 1 PBIS since 2008. It is anticipated that the number will surpass 1,000 during the 2016-2017 school year with support from the 16 RESA School Climate Specialists. Justin Hill, who is no stranger to PBIS, is leading the PBIS force as State Program Manager as of August 2016. He is a founding member of GaPBIS. In his first published message to PBIS coordinators, Justin stated, "It is my sincere honor to lead this group of superhero educators. In 2016-17, we look forward to working with each of you in your efforts to make the learning environments in Georgia positive, supportive, safe and secure." He also noted that having access to the support of the 16 RESA School Climate Specialists will mean broadened technical assistance to districts in the classroom, team-based problem-solving and Tier II supports.

Positive Behavioral Interventions and Supports (PBIS) is an evidenced-based, data-driven framework proven to reduce disciplinary incidents, increase a school's sense of safety, and support improved academic outcomes. During the 2015-16 school year, 285 Georgia schools were trained in Tier 1 PBIS, that is a 185% increase in the number trained in 2014-15.

**Questions about PBIS may be directed to Justin Hill at [JuHill@doe.k12.ga.us](mailto:JuHill@doe.k12.ga.us)**

**Source: Adapted and reprinted with permission from GaDOE Positive Behavioral Interventions and Supports (PBIS) State Newsletter, Fall 2016**

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(House Resolution) was created to:

- examine early intervention and prevention services;
  - identify available resources for children with mental health issues; and
  - evaluate possible improvements in the delivery of services.
- Chaired by Representative Katie Dempsey, in 2015 the Committee recommended the development of a Children's Mental Health State Strategic Plan to provide comprehensive, accessible and coordinated mental health prevention, early and timely interventions, and appropriate treatment services for children.

### Strengthen School Workforce –

This is one of five recommendations made by the Youth Mental Health and Substance Use Disorders Senate Study Committee (Senate Resolutions 487 and 594). Specifically, the Senate Committee, Chaired by Senator Renee Underman, has recommended support for a reduction in the ratio of students to behavioral health personnel in Georgia schools, including school counselors, social workers, nurses, and psychologists. The recommendation grew out of recognition that 70-80 percent of children receiving mental health services receive those services in schools.

## WHAT IS YOUTH MENTAL HEALTH FIRST AID (YMHFA)?

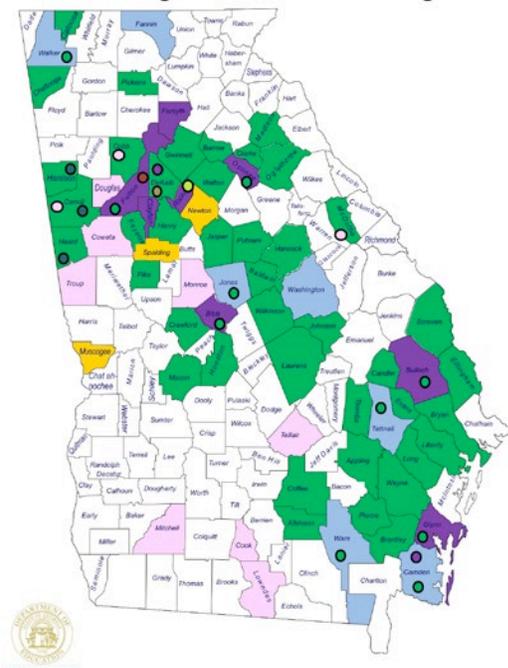
Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. 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.

Source: [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

**Data Fact:** Georgia Project AWARE Youth Mental Health First Aid instructors trained over 1000 First Aiders resulting in 26,303 students being referred for services.

### Georgia YMHFA Trainings



### Key Description

- GaDOE Project AWARE LEA Trainings
- GaDOE Project AWARE SEA Trainings
- First Aiders Trained in YMHFA at another site
- Trainings by GNETS Instructors
- Trainings by Mental Health America of Georgia
- Rockdale County Project AWARE Trainings
- Fulton County Project AWARE Trainings
- Trainings by Rural Health Grant Instructors
- Project CAYMHEN

- GaDOE Project AWARE LEAs: Multiple trainings held at these sites
- GaDOE Project AWARE SEAs: Trainings held at these sites
- First Aiders Trained in YMHFA at another site: First Aiders who work in this county but trained in another county
- Trainings by GNETS Instructors: Locations of YMHFA trainings led by GNETS instructors
- Trainings by Mental Health America of Georgia : Locations of YMHFA trainings led by MHA instructors
- Rockdale County Project AWARE Trainings:
- Fulton County Project AWARE Trainings:
- Trainings by Rural Health Grant Instructors:
- Project CAYMHEN: Clarkston Area Youth Mental Health Awareness Network