Georgia State-level, Legislation and Programming related to School-Based Mental Health

Research, Practice and Policy

2019 Advancing School Mental Health Conference
Austin, Texas
November 2019
Learning Objectives

• Participants will be able to understand how states can make targeted investments in children’s mental health to promote SBMH.
• Participants will learn strategies for integrating mental health promotion across systems.
• Participants will be able to identify three ways that state agencies can promote SBMH through programs and policies.
History of System of Care in Georgia (SBMH initiatives)

2010
- Interagency Directors Team (IDT) is founded from KidsNet Georgia

2011
- DBHDD creates updated 5-year state SOC state plan to guide IDT

2013
- DBHDD receives SAMHSA SOC Expansion and Implementation Grant to create sustainability SOC infrastructure and designates IDT as the grant’s advisory body

2014
- DOE receives Project AWARE grant, DPH receives Project LAUNCH grant

2015
- Multiple legislative study committees take on behavioral health, school based health and substance use disorder DBHDD pilots the Georgia Apex Project

2017
- IDT creates updated 3-year SOC state plan

2018
- Governor Deal’s Commission on Children’s Mental Health supports expansion of SBMH services

2019
- Governor Kemp further supports SBMH services in public high schools
System of Care in Georgia

SOC is a **spectrum of effective, community-based services and supports** for children and youth with or at risk for mental health or other challenges and their families, that is organized into a **coordinated network**, builds meaningful **partnerships with families and youth**, and addresses their **cultural and linguistic needs**, in order to help them to function better **at home, in school, in the community and throughout life**. (Stroul and Friedman 2011)
Improving Children’s Mental Health
Project AWARE and the Georgia APEX Program

- Project AWARE  (Advancing Wellness and Resilience Education) is a five-year SAMHSA grant for $10.2 million
  - The IDT serves as the oversight body for the grant
  - Addressing children’s behavioral health in schools in 3 counties (e.g., Youth Mental Health First Aid, Mental Health Referral Processes, Universal Mental Health Screening)
- The Georgia Apex Program (administered through DBHDD) provides mental health services in schools
  - Present in 87 counties (55%) and 101 school districts (56%) throughout the state
  - Provided mental health services in schools to over 120,000 students since its inception in 2015
Five Years of Growth and Collaboration

• Youth Mental Health First Aid (YMHFA) Training
• Mental Health Referral Process
• Universal Mental Health Screening
• PBIS framework-Interconnected Systems Framework
• Resilient Georgia 501 (c) 3
Governor Deal’s Commission on Children’s Mental Health

• The commission was charged with reviewing programs and identifying areas for investment by the state to make improvements to the children’s mental health system.

• The recommendations resulted in $22 million of additional funding allocated to children’s mental health treatment and prevention programs.

• Increasing access to behavioral health services for Georgia’s school-aged children by sustaining and expanding the Georgia Apex Program for school-based mental health.
Governor Kemp’s Support

Connection to school safety committee and announcement of expanded high school funds

Georgia leaders addressing mental health’s role in student failure

https://www.ajc.com/news/local-education/georgia-leaders-addressing-mental-health-role-student-failure/1qn5FluhhqXCxUUP
Regional Education Service Agency (RESA) Funds

$1.6 million

Provide funds for students’ mental health awareness training

Promote student awareness of the crisis access line mobile application, funded in the Department of Behavioral Health and Developmental Disabilities, through the Positive Behavioral Interventions and Supports (PBIS) program and mental health awareness training.
Wins for Georgia

- $1.6 million added to state FY2019 budget for student mental health awareness training
- $1 million to help schools create wraparound specialists for the students
- Universal mental health screening support to more districts
- School Climate Transformation Grant Sept. 2018
- Office of School Safety and Climate (May 2019) formed.
SBMH Policy & Practice
Smooth Sailing Ahead
Challenges Continue

- Districts concerned about liability for identifying students with mental health needs.
- Mental health stigma.
- Project AWARE expired in September 2019
- Some silo workers like the silos.
- Many barriers persist but now GEORGIA has a

Vision
Three strategies to promote school-based mental health

- Interagency Directors Team—beyond collaboration to transformation
- Champions identified
- Integration into PBIS
What does this mean at the district level?

Objective #1

Identify three strategies for effectively implementing a full continuum of integrated school mental health approaches to supports students’ academic, behavioral, and social-emotional success.
What is ISF?
Interconnected Systems Framework
PBIS + SMH = ISF

• “The Interconnected Systems Framework (ISF) described in this monograph represents a proposed and developing interconnection of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing mental health challenges.”

• Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

• https://www.pbis.org/publications/all-publications#mental-healthsocial-emotional-well-being
Interconnected Systems Framework

School Mental Health

**Tier III/Tertiary Interventions** 1-5%
- Crisis Intervention
- Referral Process

**Tier II/Targeted Interventions** 5-15%
- Support Groups

**Tier I/Universal Interventions** 80-90%
- Universal Screening
- YMHFA
- Social Emotional Learning
- Technology Monitoring
- Trauma Informed Training
- Mindfulness Practices

PBIS

**Tier III/Tertiary Interventions** 1-5%
- Individual students
- Assessment-based
- Intense, durable procedures

**Tier II/Targeted Interventions** 5-15%
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

**Tier I/Universal Interventions** 80-90%
- All settings, all students
- Preventive, proactive
Prevalence of Child and Adolescent Mental Disorders

- The 21% represents 4 million children and adolescents in this country who live with serious mental disorder.
- This equates to 5 or 6 children in each classroom in our schools.
What is the 20/20 Problem?
Why ISF?
Where do children spend much of their time?
Economic and Social Benefits

Children and youth will have earlier access to a wider range of evidenced based practices with enhanced preventative services.
Economic and Social Benefits

Children and youth will be more likely to receive higher quality of care when practices are implemented within a tiered framework.
Economic and Social Benefits

Staff will have clearly defined roles and relationships among school-employed mental health staff and community-employed providers.

Teacher Referral:
- School Counselor
- School MHC
- Community
Economic and Social Benefits

Cross-system leadership and training will promote common language, common approach to addressing community and school needs.
Economic and Social Benefits

Interventions will have an increased likelihood of generalization with impact across settings.
Economic and Social Benefits

Accessing services within the school setting will become less stigmatizing.
Effective cross-teaming structures will promote communication, coordination of services, and enhanced family engagement with systematic ways to progress monitor and measure impact or fidelity.
MTSS, PBIS, and Other Supports
Where Should We Focus?

Objective #2

List three evidence-based practices in school mental health.
Tier I

Universal Screening
Screening Occurs Every Day

Have you ever received a concern from a teacher about a student’s social, emotional, academic, or physical well-being?
Comprehensive Screening

• Academics?
• Language?
• Vision?
• Dental
• Hearing?
• Scoliosis?
• Behavior?
• Mental Wellness?
Consent
Active vs. Passive
Key Considerations

Resource Mapping
Gap Analysis

• What tiered resources are currently in our school?
• How do students access the resources?
• How many students are served by these resources?
Key Considerations
Selecting a research or evidenced based screening instrument.
Universal Screening


**Middle School** – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.

**High School** – Strengths & Difficulties Questionnaire (SDQ) – Self-Report.
Key Considerations

How will the data be disaggregated and used?
Externalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2016 Data
Externalizing Data

Slightly Elevated Level of Concern
+ Elevated Level of Concern
= Base Rate

Spring 2017 Data

SRSS-IE

0-3 No Indication of Concern (76.9%)
4-8 Slightly Elevated Level of Concern (15.5%)
9+ Elevated Level of Concern (7.5%)

SDQ

0- No Indication of Concern (75.1%)
9-10 Slightly Elevated Level of Concern (12.7%)
11+ Elevated Level of Concern (12.2%)
Externalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2017 Data
Externalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2018 Data

SRSS-IE

0-3 No Indication of Concern (82.9%)
4-8 Slightly Elevated Level of Concern (11.2%)
9+ Elevated Level of Concern (5.9%)

SDQ

0- No Indication of Concern (79.2%)
9-10 Slightly Elevated Level of Concern (11.7%)
11+ Elevated Level of Concern (9.1%)
Externalizing Trend Data

SRSS-IE

<table>
<thead>
<tr>
<th></th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
<th>Spring 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Indication</td>
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<td>14.1</td>
<td>11.2</td>
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<td>7.9</td>
<td>7.5</td>
<td>7.6</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Fall 2016 | Spring 2017 | Fall 2017 | Spring 2018

Fall 2016: No Indication 77.7%
Spring 2017: No Indication 76.9%
Fall 2017: No Indication 79.3%
Spring 2018: No Indication 82.9%

Richard Woods, Georgia’s School Superintendent | Georgia Department of Education | Educating Georgia’s Future
Externalizing Trend Data

SDQ-IE

- No Indication
- Slight Indication
- Elevated Indication

<table>
<thead>
<tr>
<th></th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
<th>Spring 2018</th>
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<tbody>
<tr>
<td>No Indication</td>
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<td>12.7</td>
<td>11.2</td>
<td>11.7</td>
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<tr>
<td>Elevated Indication</td>
<td>8.2</td>
<td></td>
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</table>
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2016 Data

SRSS-IE

0-1 No Indication of Concern (86.5%)

2-3 Slightly Elevated Level of Concern (7.5%)

4+ Elevated Level of Concern (5.9%)

SDQ

0-6 No Indication of Concern (63.2%)

7-8 Slightly Elevated Level of Concern (16.9%)

9+ Elevated Level of Concern (19.9%)
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

**Spring 2017 Data**

- **SRSS-IE**
  - 0-1 No Indication of Concern (87.8%)
  - 2-3 Slightly Elevated Level of Concern (6.6%)
  - 4+ Elevated Level of Concern (5.5%)

- **SDQ**
  - 0-6 No Indication of Concern (60.1%)
  - 7-8 Slightly Elevated Level of Concern (15.2%)
  - 9+ Elevated Level of Concern (21.1%)
Internalizing Data

Slightly Elevated Level of Concern
+ Elevated Level of Concern = Base Rate

Fall 2017 Data

<table>
<thead>
<tr>
<th>SRSS-IE</th>
<th>SDQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 No Indication of Concern (79.3%)</td>
<td>0-6 No Indication of Concern (60.1%)</td>
</tr>
<tr>
<td>2-3 Slightly Elevated Level of Concern (14.1%)</td>
<td>7-8 Slightly Elevated Level of Concern (17.1%)</td>
</tr>
<tr>
<td>4+ Elevated Level of Concern (6.6%)</td>
<td>9+ Elevated Level of Concern (22.9%)</td>
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</table>
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2018 Data

SRSS-IE

0-1 No Indication of Concern (90.3%)

2-3 Slightly Elevated Level of Concern (6.6%)

4+ Elevated Level of Concern (3.1%)

SDQ

0-6 No Indication of Concern (60.5%)

7-8 Slightly Elevated Level of Concern (16.1%)

9+ Elevated Level of Concern (23.4%)
Internalizing Trend Data

SRSS-IE

- No Indication
- Slight Indication
- Elevated Indication

<table>
<thead>
<tr>
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<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
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<td>87.8</td>
<td>86.5</td>
<td>90.3</td>
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<tr>
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<td>6.6</td>
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<tr>
<td>Elevated Indication</td>
<td>5.9</td>
<td>5.5</td>
<td>5.6</td>
<td>3.1</td>
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</tbody>
</table>

Fall 2016  | Spring 2017  | Fall 2017  | Spring 2018  |
-----------|-------------|-----------|-------------|
No Indication | 86.5      | 87.8      | 86.5        |
Slight Indication | 7.5       | 6.6       | 7.9        |
Elevated Indication | 5.9       | 5.5       | 5.6        | 3.1
Internalizing Trend Data

SDQ-IE

- No Indication
- Slight Indication
- Elevated Indication

<table>
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<th>Year</th>
<th>No Indication</th>
<th>Slight Indication</th>
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<tr>
<td>Spring 2017</td>
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<td>16.1</td>
<td>16.9</td>
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<tr>
<td>Fall 2017</td>
<td>60.1</td>
<td>17.1</td>
<td>19.9</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>60.5</td>
<td>16.1</td>
<td>23.4</td>
</tr>
</tbody>
</table>
Universal Screening Results

School-Wide Base Rate > 20%
- Tier I Universal System Support
- Sources of Strength
- Social-Emotional Curriculum

School-Wide Base Rate < 20%, but Classroom Base Rate > 20%
- Tier I Classroom Support
- Classroom Check Up
- PBIS Classroom Web Chats

School-Wide Base Rate < 20% & Classroom Base Rate < 20%
- Tier II Group or Individual Support
- Positive Action
- Second Step
Tier I
Technology Monitoring
Technology Software

Securely

- Scans school domain (Google) for threats of bullying, self-harm, and suicide.
- School system personnel has to monitor the activity.
- Price is per user.
- Approximately $18,000 per year for school system of 10,000 students.
- During the first semester of the 2017-18 we received 600+ alerts.
- The Georgia DOE does not promote or endorse this product.
Searches

Dear, family

If you’re reading this it is because I gave up to easy…. It’s not yalls fault it’s school & the bullies fault i love yall so much .. mom i know i gave u a really hard time and i’m really sorry mom…and my little brother i love u brother i’ll be look down on u keeping u save .. help mom for me bc im not hear no more and she's gonna be broken help her as much as u can ik ik its hard but do it for me Ill be looking down at yall i love yall & miss yall

Love

XXXX XXXXXXXXXX

• January 2018 – Discovered female student had been raped over Christmas Break
• January 12, 2018 – “Today I’m gonna commit suicide.”
• December 15, 2017 – “But I feel like I have to kill myself.”
• November 20, 2017 – “I can’t do it no more – Imma end up killing myself.”
• October 18, 2017 – “I’m not nothing. I want to kill myself.”
• September 28, 2017 – “She is the one who bullied me. She told me to go kill myself.”
• August 28, 2017 – “I should just go ahead and kill myself.”
Summer 2018

MOTHER PLEASE LET ME BURN AWAY GOD I AM DROWNING IN MY MIND I AM SO TIRED I JUST WANN GET HIGH I JUST WANNA GET HIH I HAVE NO MORE GOALS NO LOVE NO LIFE TO GIVE IM SO SORRRY IM SO SORRY BABY I LOVE YOPU SO MUCH YOU ARE MY LAST LIGHT AND I WILL NOT BE HERE ANYMORE FOR YOU AN IM SO SORRRY

DEAR GOD YOU HAV WATCHED ME GROW AND I KNOW YOU KNOW THAT ITS GETTING HARD FOR ME AND IM TRYING TO STAY AWAY FROM TEMPTATIONS BUT THE DEVIL IS STRONG AND MY HEART IS WEAK I LOVE / I WANT TO LOVE MYSELF WHY DOS HE DO ME SO RONG> CANT HESEE HOWMUCH LOVE HIM I LOVE HIM I LOVE ME IM NOT CRAZY IM SO SICK OF FEELING CRAZY. REALISTICLY I SOUND CRAZY I KOW THIS, GOD KEEP ME FROM GOING CRZY. i would die so quick withut you i wanna be full of happiness god help me times change but i still think and say redunded things. I am so sick of cutting myself.
Technology Software

Go Guardian

- Scans internet searches for threats of bullying, self-harm, and suicide.
- Go Guardian monitors the activity and sends alerts when a threat is verified.
- Price is per device that is monitored.
- Approximately $28,000 per year for school system of 10,000 students with 1 to 1 technology.
- The Georgia DOE does not promote or endorse this product.
Searches

• 8/23 XXXX - searched internet about poisons used to kill people, “fastest killing poisons.”
• 8/23 XXXX - looking on internet about how to make a noose.
• 8/24 XXXX - looked on internet and searched “What happens if you put a plastic bag on your head.”
• 8/29 XXXX googled, “How to end your life” and “Why teachers hate kids.”
• 8/31 XXXX- Searched internet, “Why am I feeling very down lately. I feel like I want to end my life.”
• 8/31 XXXX - googled “I want to die.”
• 8/31 XXXX - searched internet about “How to kill yourself.”
• 9/7 XXXX created a Google Doc that only had “I want to die” written on the page
• 9/7 XXXX searched the internet for the Suicide Hotline phone number
• 11/17 XXXX - ”I want to kill myself. Please help.”
• 1/26 XXXX- “How to kill yourself in school.”
Hi, I'm Kayla, a 13-year-old student at Cowan Road Middle School. I'm reaching out to you for help lately my self-esteem levels have been dangerously low and need someone to save me. As you know, that suicide is a dangerous thing and I know that I don't want to die, I just don't know what to do anymore so please when you get the chance, plz respond granted I doubt that you will get this email in time, but as you always say keep hope and maybe a slight miracle will happen.

United States

--
I am a student of Griffin-Spalding County Schools, and I am daring to do better!
Flagged Activity Alert

Fri, 31 Aug 2018 09:52:31 -0400

plan of death

From
To

step one go to a place where my freinds and enimes are
loacted then steab
everybody except the suicidal kids so they can suffer life
then
step 2 cry about everybodys death and laugh at my foes bodys
write suicidal
note
step3 pull that to my head and stab it through my head
Suicide Now the Second Leading Cause of Death For Teens; Is Social Media to Blame?
Overview of Internet Searches

School Level

Student’s Grade Level

- Elementary: 28%
- Middle: 14%
- High: 58%

Search Topics

- Homicide: 4%
- Self-Harm: 6%
- Noose: 7%
- Hotline: 10%
- How to Die: 26%
- Suicide Threat: 45%

Percentage
Technology Acceptable Use

• “Students accessing any network services from any school computer shall comply with the GSCS policies and procedures for appropriate behavior.”

• “Administrative staff and teachers reserve the right to monitor any and all use of technology resources by students including electronic mail and internet use.”
Tier III

Assessment of Lagging Skills and Unsolved Problems
Dr. Ross Greene

“Lost at School”
“Kids will do well if they can... kids with behavioral challenges are not attention-seeking, manipulative, limit-testing, coercive, or unmotivated, 
but they lack the skills to behave adaptively.”

Function is not enough…

All of us get sensory, escape, avoid, and tangible.

The question is not the function—why the student is behaving this way…

but rather

Why is the student going about getting sensory, escape avoidance, and tangibles in such a *maladaptive* way or manner?
Challenging behavior is reflective of a developmental delay.

In order for students to behave adaptively they need: motivation and skills.

Many years we have focused on motivation.

Research says focus on the SKILLS part.
Ross Greene’s Assessment of Lagging Skills and Unsolved Problems (ALSUP)

Lagging Skills
• Identify the skills that are lagging.
  • “Difficulty Handling Transitions”
  • “Difficulty Maintaining Focus”
  • “Difficulty Seeking Attention in Appropriate Ways”

Unsolved Problems
• Identify the specific conditions in which the behavior is occurring.
  • “Difficulty Moving from Choice Time to Math”
  • “Difficulty Sitting Next to Kyle in Circle Time”
  • “Difficulty Standing in Line for Lunch”
What Are Our Next Steps?

Objective #3

Identify three action steps to meaningfully partner with youth and families in school mental health.
Action Step #1
Host a Youth Mental Health First Aid Training
Action Step #2

Train Counselors, Administrators, Social Workers and School Psychologists on the Columbia Suicide Severity Rating Scale (CSSRS)

<table>
<thead>
<tr>
<th>Table 3: Columbia Suicide severity rating scale Screen with Triage Points for Primary Care (C-SSRS)</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are in bold and underlined.</td>
<td>YES NO</td>
</tr>
<tr>
<td>Ask questions 1 and 2</td>
<td></td>
</tr>
<tr>
<td>Wish to be dead:</td>
<td></td>
</tr>
<tr>
<td>Subject endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.</td>
<td></td>
</tr>
<tr>
<td>Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td></td>
</tr>
<tr>
<td>Non-specific active suicidal thoughts:</td>
<td></td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one’s life/die by suicide (e.g., “I’ve thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.</td>
<td></td>
</tr>
<tr>
<td>Have you had any actual thoughts of killing yourself?</td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with any method (Not Plan) without intent to act.</td>
<td></td>
</tr>
<tr>
<td>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it and I would never go through with it.”</td>
<td></td>
</tr>
<tr>
<td>Have you been thinking about how you might do this?</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with some intent to act, without specific plan.</td>
<td></td>
</tr>
<tr>
<td>Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
<td></td>
</tr>
<tr>
<td>Have you had these thoughts and had some intention of acting on them?</td>
<td></td>
</tr>
<tr>
<td>Active suicidal ideation with specific plan and intent.</td>
<td></td>
</tr>
<tr>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.</td>
<td></td>
</tr>
<tr>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td></td>
</tr>
<tr>
<td>Past 3 months:</td>
<td></td>
</tr>
<tr>
<td>Suicidal behavior.</td>
<td></td>
</tr>
<tr>
<td>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</td>
<td></td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Mild suicide risk
Moderate suicide risk
Severe suicide risk

Action Step #3

Be a Mr. Jensen
Questions and Comments

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404-576-1331 (cell)
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Preparing students for life.

www.gadoe.org

@georgiadeptofed

youtube.com/georgiadeptofed