From Tears to Tiers: Making the Marriage Work Between PBIS and School Mental Health

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Griffin, Georgia
Learning Objectives

- The participant will learn to analyze and extrapolate data using a **universal screener** to identify early risk factors associated with behavioral health.
- The participant will discuss and identify how to create a sustainable **referral process** which effectively links families, schools, and service providers.
- The participant will learn to construct effective **tiered supports** utilizing school based mental health resources regardless of the student’s physical, behavioral, social or emotional needs.
Why Are We Here?

1. We need one more thing to do.
2. Because raising them is not enough, I am also their therapist.
3. Apparently, it IS my job!

IT'S BEEN LOVELY BUT I Have TO SCREAM NOW
Pulse Poll

Have you taken an Adult or Youth Mental Health First Aid course?

Red Sheet = No
Green Sheet = Yes
How are school systems meeting the needs of their students?
Positive Behavior Interventions and Supports

“PBIS is an evidence-based, data-driven framework proven to reduce disciplinary incidents, increase a school’s sense of safety, improve school climate, and support improved academic outcomes for all students.” pbis.org

• More than 22,000 schools across the nation are using PBIS to increase instructional time by reducing discipline.
Positive Behavior Interventions and Supports

“If a child doesn’t know how to read, we teach.
If a child doesn’t know how to swim, we teach.
If a child doesn’t know how to multiply, we teach.
If a child doesn’t know how to drive, we teach.
If a child doesn’t know how to behave, we ... teach? ... punish?

Why can’t we finish the last sentence as automatically as we do the others?”

• T. Herner, 1998
A few

- Cancer treatment; nursing homes; dentures; organ transplants

Some

- Medication; medical treatment; fill cavities; vision correction

All

- Check-ups; diet; exercise; vaccinations; fluoride; seatbelts

5% of students need intensive individual support.

15% of students need additional support, usually in a group setting.

For all students in all settings. Focus on prevention and proactive approach.
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.
Prevalence of Child and Adolescent Mental Disorders

In any given year, only 20% of children with mental disorders are identified and receive mental health services.
In the past 30 days, (on how many days) have you felt sad or withdrawn?

Percentage of Students

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
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<tr>
<td>2014-15</td>
<td>48.3</td>
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<tr>
<td>2015-16</td>
<td>46</td>
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</tbody>
</table>
In the past 30 days, (on how many days) have you felt overwhelmed with fear for no reason, sometimes suddenly including a racing heart or fast breathing?

Percentage of Students

- 2014-15: 27.7%
- 2015-16: 27.1%
In the past 30 days, (on how many days) have you experienced severely out of control behavior that could hurt yourself or others?

Percentage of Students

12.4

11.2

2014-15
2015-16
In the past 30 days, (on how many days) have you avoided food, thrown up, or used laxatives to make yourself lose weight?

Percentage of Students

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td>2014-15</td>
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<tr>
<td>2015-16</td>
<td>10.1</td>
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</table>

10/10/2016
In the past 30 days, (on how many days) have you experienced intense worries or fears that get in the way of your daily activities?

Percentage of Students

- 2014-15: 21.3%
- 2015-16: 20.5%
In the past 30 days, (on how many days) have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

Percentage of Students

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<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
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<tr>
<td>15</td>
<td>14.9</td>
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<td>14.5</td>
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<tr>
<td>12.5</td>
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</tbody>
</table>

10/10/2016
In the past 30 days, (on how many days) have you experienced severe mood swings that have caused problems in relationships?

Percentage of Students

- 2014-15: 22.8%
- 2015-16: 21%

10/10/2016
In the past 30 days, (on how many days) have you experienced drastic changes in your behavior and/or personality?

Percentage of Students

- 2014-15: 22.2%
- 2015-16: 20.6%
What is happening to our students living with mental illnesses?
Dropping Out of School
School Failure

- Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school.
- This is the highest dropout rate of any disability group.
In the past 30 days, on how many days have you considered dropping out of school?

Percentage of Students

- 2014-15: 19.9%
- 2015-16: 21.6%

10/10/2016
Entering the Juvenile Court System and Department of Juvenile Justice
Percentage of adolescents in juvenile detention centers with at least 1 mental illness.

- **Girls**: 35% With, 65% Without
- **Boys**: 25% With, 75% Without

Source: National Institute of Mental Health
Suicide
Leading Causes of Death

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<tr>
<th>Age Groups</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
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<tr>
<td>Unintentional Injury</td>
<td>775</td>
<td>11,619</td>
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<td>Malignant Neoplasms</td>
<td>448</td>
<td>4,878</td>
<td>6,348</td>
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<tr>
<td>Suicide</td>
<td>386</td>
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<td>4,236</td>
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</table>

Over 90% of adolescents who complete suicide live with a mental illness.

Source: 2013 CDC WISQARS
During the past 12 months, (on how many occasions) have you seriously considered harming yourself on purpose?

Percentage of Students

- 2014-15: 13.2%
- 2015-16: 12.4%
During the past 12 months, (on how many occasions) have you harmed yourself on purpose?

Percentage of Students

- 2014-15: 8.4%
- 2015-16: 7.6%
During the past 12 months, (on how many occasions) have you seriously considered attempting suicide?

Percentage of Students

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<th>2014-15</th>
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9.3

8.7
During the past 12 months, (on how many occasions) have you attempted suicide?

Percentage of Students

- 2014-15: 4.4
- 2015-16: 4.1
Interconnected Systems Framework

Tier III Interventions and Supports
- Mental Health Consultation
- Referral to Outside Services
- Telemedicine

Tier II Interventions and Supports
- Social / Emotional Groups
- Second Step / Positive Action
- Professional Learning
- Classroom Check Up
- Grief / Bereavement / Crisis Support

Tier I Interventions and Supports
- Youth Mental Health First Aid
- Mental Health Referrals
- Universal Behavior Screener
- Clinicians / Climate Specialists
- Second Step / Positive Action
- Community Events / Engagement
Pulse Poll

Do you work in a setting that has both PBIS and School Mental Health Services?

Red Sheet = No
Green Sheet = Yes
What Qualifies A Student? **Tier I**

**PBIS**
- All Students

**School Mental Health**
- All Students

10/10/2016
What Interventions Are Used? **Tier I**

**PBIS**
- Professional Learning
- School-Wide Expectations
- Lesson Plans
- Recognition System

**School Mental Health**
- Youth Mental Health First Aid
- Universal Screener
- Referral Process
What Qualifies A Student? **Tier II**

**PBIS**
- 2 to 5 Office Referrals
- Repeated Minor Infractions
- Attendance Concerns
- Academic Concerns due to Behavior

**School Mental Health**
- Elevated Score on the Universal Screening
- Teacher Referral
What Interventions Are Used? Tier II

PBIS
- Check-In / Check-Out
- Behavior Intervention Plan
- Counselor Referral
- Functional Behavior Analysis
- Response to Intervention

School Mental Health
- Social-Emotional Learning Groups
  - Anger
  - Impulse Control
  - Grief / Bereavement
  - Emotion Regulation
  - Self-Esteem
  - Depression
What Qualifies A Student? **Tier III**

**PBIS**
- 6+ Office Referrals

**School Mental Health**
- Elevated Score on the Universal Screening
- Teacher Referral
- Crisis

10/10/2016
What Interventions Are Used? **Tier III**

**PBIS**
- Collaboration with Physician and/or Mental Health Provider
- Skill Building
  - Relaxation
  - Coping
  - Conflict Resolution
  - Social / Relationship

**School Mental Health**
- Referral to Mental Health Provider
- Skill Building
  - Relaxation
  - Coping
  - Conflict Resolution
  - Social / Relationship
Tier I Supports

- Youth Mental Health First Aid
- Universal Screening
- Referral Process
# Resource Mapping

**Social/Emotional/Behavioral Health Resource Mapping – Project AWARE**

**Step 2 – Map the Tiered Social/Emotional/Behavioral Supports Available in the Targeted Elementary School**

<table>
<thead>
<tr>
<th>Tier of Support</th>
<th>Name of Program</th>
<th>Contact Person</th>
<th>Schedule</th>
<th>Grade Level</th>
<th>Eligibility</th>
<th>How to Access</th>
<th># Served</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>PBIS</td>
<td>Machelle Garland-JHE</td>
<td>Daily</td>
<td>Pre-K - 5th</td>
<td>All Students</td>
<td>School Wide</td>
<td>494</td>
</tr>
<tr>
<td></td>
<td>Classroom Guidance</td>
<td>Machelle Garland-JHE</td>
<td>Weekly (Tuesday)</td>
<td>K - 5th</td>
<td>All Students (K-5)</td>
<td>Specials Rotation</td>
<td>418</td>
</tr>
<tr>
<td></td>
<td>Project Wisdom and Skill</td>
<td>Dixie Johnston-JHE</td>
<td>Daily</td>
<td>Pre K - 5th</td>
<td>All Students</td>
<td>JHM Morning News</td>
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<tr>
<td></td>
<td>Streaming lessons</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Tier 2</td>
<td>RTI</td>
<td>Machelle Garland-JHE</td>
<td>Weekly</td>
<td>Pre-K - 5th</td>
<td>Universal Screener</td>
<td>Teacher Referral</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Check In and Check Out</td>
<td>Machelle Garland-JHE</td>
<td>Daily</td>
<td>Pre-K - 5th</td>
<td>Universal Screener</td>
<td>RTI Referral</td>
<td>10</td>
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<tr>
<td></td>
<td>Group Counseling</td>
<td>Machelle Garland-JHE</td>
<td>Weekly as scheduled</td>
<td>Pre-K - 5th</td>
<td>Needs Assessment</td>
<td>Teacher Referral</td>
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<td>Tier 3</td>
<td>RTI</td>
<td>Machelle Garland-JHE</td>
<td>Weekly</td>
<td>Pre-K - 5th</td>
<td>Universal Screener</td>
<td>Teacher Referral</td>
<td>23</td>
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<tr>
<td></td>
<td>Individual Counseling</td>
<td>Machelle Garland-JHE</td>
<td>Daily as needed</td>
<td>Pre-K - 5th</td>
<td>All Students</td>
<td>Self, Teacher, or Parent Referral</td>
<td>494</td>
</tr>
<tr>
<td></td>
<td>Project Aware Group Counseling</td>
<td>Kelly Petaccio</td>
<td>Weekly as needed</td>
<td>Pre-K - 5th</td>
<td>RTI Referral</td>
<td>Project Aware Referral Form</td>
<td>6</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Special Education</td>
<td>Monica White, Latasha Bryant, Joe DeGennaro</td>
<td>Daily</td>
<td>Pre-K - 5th</td>
<td>Meets SPED eligibility requirements</td>
<td>Referral Consideration Meeting</td>
<td>60</td>
</tr>
</tbody>
</table>
Classroom Check Up (Tier I)
CCU = Class PBIS

- The Classroom Check Up is a class wide intervention targeting current and future student problem behavior through classroom teaching practices (Reinke, Herman, & Sprick, 2011). This consultation model is designed to increase behavior management while focusing on changing the entire classroom ecology addressing the need for classroom level support while minimizing treatment integrity problems common to school-based consultation.
### Step 1
Ideally completed within 1.5-2 weeks
- Teacher Interview
- Classroom Observations & Data Collection

### Step 2
- Personalized Feedback Session

### Step 3
- Develop Menu of Options
- Teacher Chooses Classroom Interventions

### Step 4
- Collaborative Action Planning
- Teacher Monitors Daily Implementation

### Step 5
2 follow-up visits at minimum
- Ongoing Consultation and Support
- Monitor, Review and Revise Plan as needed
Youth Mental Health First Aid Training (Tier I)
Youth Mental Health First Aid

SESSION 1

• To understand the prevalence of various mental health disorders impacting youth and the need for reduced stigma in communities.

• To recognize the warning signs of mental health problems that may impact youth, primarily those aged 12 – 18.

• To understand the risk and protective factors that can impact a youth’s mental health and resiliency.
Youth Mental Health First Aid

SESSION 2

• To apply a five-step action plan encompassing the skills, resources and knowledge to assess the situation; to select and implement appropriate interventions; and to help the youth in crisis connect with appropriate, evidence-based treatment and supports.

• To identify and access the community resources available to support youth and their families.
YMHFA Action Plan

• **A**ssess for risk of suicide or harm
• **L**isten non-judgmentally
• **G**ive reassurance
• **E**ncourage appropriate professional help
• **E**ncourage self-help and other support strategies
Identify needs and gaps of students and families to connect them to resources.

REFERRAL SYSTEM
(Tier II & III)
Pulse Poll

Does your school system allow outside Community Service Providers to serve the students at school?

Red Sheet = No

Green Sheet = Yes

No Sheet = I’m Asleep
Project AWARE Referral Process

Mental Health Referral
- School Counselors
- Community

Project AWARE
- Google Form
- Data Collection

Mental Health Clinician
Assigned based on school

Parental Consent
Release to speak with the student

Student Services
- Tier II
- Tier III
School Referrals For Mental Health Services

Source: GSCS Quickscore
Outside Referrals Made

- January 2016: 2
- February 2016: 1
- March 2016: 19
- April 2016: 13
- May 2016: 41
- June 2016: 13
- July 2016: 27
- August 2016: 25
- September 2016: 37
- October 2016: 26
- November 2016: 24

Comparison with 2015:
- January 2015: 0
- February 2015: 0
- March 2015: 0
- April 2015: 0
- May 2015: 0
- June 2015: 0
- July 2015: 0
- August 2015: 0
- September 2015: 0
- October 2015: 0
- November 2015: 0
- December 2015: 0

Legend:
- Blue: 2015
- Orange: 2016
# Referral Process Form

- **Date**
- **Student Name**
- **Crisis Referral**
  - None
  - In School
  - Out of School
- **Type of Referral**
  - Consultation
  - Group
  - Family / Individual Support
  - Other
- **Type of Group**
- **Referring person name and phone number**
- **Legal guardian name and phone number**
- **Gender**
- **School**
- **Grade**
- **PBIS Tier**
- **RtI Tier**
- **Special Education services**
- **Insurance coverage**
- **Area of Concern**
- **Briefly describe concern**
- **Prior PBIS / RtI interventions**
- **All staff within and outside the school associated with the student**
- **Other children in the house**
Referral Process Data Uses

• Data is entered in Quickscore (internal data collection tool) so it can be analyzed and shared with our Department of Education, National Evaluators, Stakeholders, GSCS Cabinet, and used in marketing and public relations.

• Allows us to document follow-up contact with the families to confirm they have been to a service provider.

• Analyze data to help us determine where Tier II and III interventions are needed.

• Data collection tool for RTI meetings.

• Triangulates data with Universal Screening.

• Documentation for legal liability.
Identify needs and gaps of students and families to connect them to resources.

UNIVERSAL SCREENER
(Tier I)
Universal Screening

Who
• Elementary Schools

What
• Student Risk Screening Scale - Internalizing & Externalizing (SRSS - IE)
• $FREE

When
• Two to three times per year
• 30 days after the beginning of each semester

How
• Completed electronically using a spreadsheet
• Teacher report on 12 items
### Student Risk Screening Scale - Internalizing and Externalizing (SRSS-IE) 2.0

**Elementary Use 2014 - 2015**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID</th>
<th>No.</th>
<th>Steal</th>
<th>Lie, Cheat, Sneak</th>
<th>Peer Rejection</th>
<th>Low Academic Achievement</th>
<th>Negative Attitude</th>
<th>Aggressive Behavior</th>
<th>Emotionally Flat</th>
<th>Shy, Withdrawn</th>
<th>Sad, Depressed</th>
<th>Lonely</th>
<th>SRSS TOTAL</th>
<th>SRSS-I5 TOTAL</th>
<th>SRSS-IE TOTAL</th>
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<td>SRSS Scale</td>
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<td>Slightly raised</td>
<td>High/Very High</td>
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<tr>
<td>Externalizing</td>
<td>0-3</td>
<td>4-8</td>
<td>9 or more</td>
<td></td>
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</tr>
<tr>
<td>Internalizing</td>
<td>0-1</td>
<td>2-3</td>
<td>4 or more</td>
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</tbody>
</table>
### Schoolwide (N=404) Base Rates

<table>
<thead>
<tr>
<th>SRSS Externalizing</th>
<th>Slightly Raised</th>
<th>Elevated</th>
<th>Not Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Screened</td>
<td>% N</td>
<td>% N</td>
<td>% N</td>
</tr>
<tr>
<td>328</td>
<td>76.5% 251</td>
<td>18.6% 61</td>
<td>4.9% 16</td>
</tr>
<tr>
<td>328</td>
<td>84.5% 277</td>
<td>10.4% 34</td>
<td>5.2% 17</td>
</tr>
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</table>

#### Externalizing SRSS

<table>
<thead>
<tr>
<th>N Total</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>404</td>
<td>2.48%</td>
<td>10</td>
<td>1.49%</td>
<td>6</td>
<td>0.50%</td>
<td>2</td>
<td>0.74%</td>
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<tr>
<td>K</td>
<td>62</td>
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<td>0</td>
<td>3.23%</td>
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<td>0.00%</td>
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<tr>
<td>1</td>
<td>69</td>
<td>4.35%</td>
<td>3</td>
<td>1.45%</td>
<td>1</td>
<td>0.00%</td>
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</tr>
<tr>
<td>2</td>
<td>72</td>
<td>6.94%</td>
<td>5</td>
<td>1.39%</td>
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<td>2.78%</td>
<td>2</td>
<td>4.17%</td>
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<tr>
<td>3</td>
<td>49</td>
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<td>0.00%</td>
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<tr>
<td>4</td>
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<td>1.33%</td>
<td>1</td>
<td>2.67%</td>
<td>2</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
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</tbody>
</table>

#### Internalizing SRSS

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
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<td>101118, 103045</td>
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<td>2</td>
<td>Coe Echols Barkley</td>
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<td>78149, 81313, 78441</td>
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<td>48572, 73843</td>
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</tbody>
</table>
Universal Screening

Who
• Secondary Schools

What
• Strengths and Difficulties Questionnaire (SDQ)
• $FREE

When
• Two to three times per year
• 30 days after the beginning of each semester

How
• Online using Survey Monkey
• Students self-report on 25 items
## SDQ Cut Scores

<table>
<thead>
<tr>
<th>SDQ Scale</th>
<th>No indication of concern</th>
<th>Slightly raised</th>
<th>High/Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externalizing</td>
<td>0-8</td>
<td>9-10</td>
<td>11 or more</td>
</tr>
<tr>
<td>Internalizing</td>
<td>0-6</td>
<td>7-8</td>
<td>9 or more</td>
</tr>
</tbody>
</table>
Externalizing Data
Slightly Elevated Level of Concern
+ Elevated Level of Concern
= Base Rate

SRSS-IE

0-3 No Indication of Concern (76.5%)
4-8 Slightly Elevated Level of Concern (18.6%)
9+ Elevated Level of Concern (4.9%)

SDQ

0- No Indication of Concern (83.9%)
9-10 Slightly Elevated Level of Concern (8.4%)
11+ Elevated Level of Concern (7.7%)
Internalizing Data

Slightly Elevated Level of Concern

+ Elevated Level of Concern

= Base Rate

SRSS-IE

0-1 No Indication of Concern (84.5%)

2-3 Slightly Elevated Level of Concern (10.4%)

4+ Elevated Level of Concern (5.2%)

SDQ

0-6 No Indication of Concern (66.7%)

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

9+ Elevated Level of Concern (17.2%)
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
Identify needs and gaps of students and families to connect them to resources.

STUDENT SUPPORT GROUPS (Tier II)
STUDENT SUPPORT GROUPS

• Groups are organized around the age of the student and the social / emotional need of the student (i.e. anger management, grief support, social skills).

• Project AWARE staff and school counselors facilitate the groups.

• The curriculum may be developed to address the specific need of the group. Any existing curriculum must be evidenced based and approved by SAMHSA.
Positive Action

• “The Positive Action program features scripted lessons that are easy to prepare and teach. All of the materials called for in each lesson are included in a Kit. These materials include posters, games, worksheets and puzzles.
• There is a Kit for each grade level. A lesson takes approximately 15 minutes to complete. There are approximately 140 lessons per Kit with materials for 30 students. Training is not necessary but is recommended for larger implementations.
• The scope of the Positive Action program has been expanded to include other important components. There are Kits for School Climate, Counselors, Community and Family members.
• Positive Action has also developed supplementary Kits that are intended to complement the main Kits. The Drug Education and Bullying Kits provide additional lessons for these topics.”
• www.positiveaction.net
Second Step

- Curriculum spans from early learning through grade eight. Each lesson is approximately 45 minutes.
- “Supported by music and videos, take-home activities, and stories kids relate to, the developmentally appropriate Second Step lessons have helped teachers instill social-emotional skills in their students for over 20 years.”
- Has supplemental curriculums for bullying prevention and child protection.
- Aligns with PBIS and RTI.
Active Parenting

Active Parenting
• Created for parents of children age 5 – 12.
• Flexible programming and the lessons can be taught in 1, 3, 4 or 6 sessions.
• Sessions are 2 hours each.
• Session 6 can be done as a stand-alone parent involvement workshop.

Active Parenting of Teens
• Created for parents of children age 11 – 16.
• Flexible programming and the lessons can be taught in 2, 3, 4 or 6 sessions.
• Sessions are 2 hours each.
• Program can be customized in three ways:
  • A class for parents
  • A class for teens
  • A class for parents and teens together
Increase Awareness and Decrease Stigma Associated with Mental Health.
Community Events

• Monthly bilateral parent engagement sessions in the community. The key is to go to the families.
• “Raising A Reader” Literacy Program
• Professional Conference in conjunction with The University of Georgia
• Involve local community groups (i.e. Kiwanis, Rotary)

• Utilize social media
“It is easier to build strong children than to repair broken men.”

~ Frederick Douglass
Thank You!

Questions?

Comments?

Suggestions?
## Contact Us

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