

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

## Research, Practice and Policy

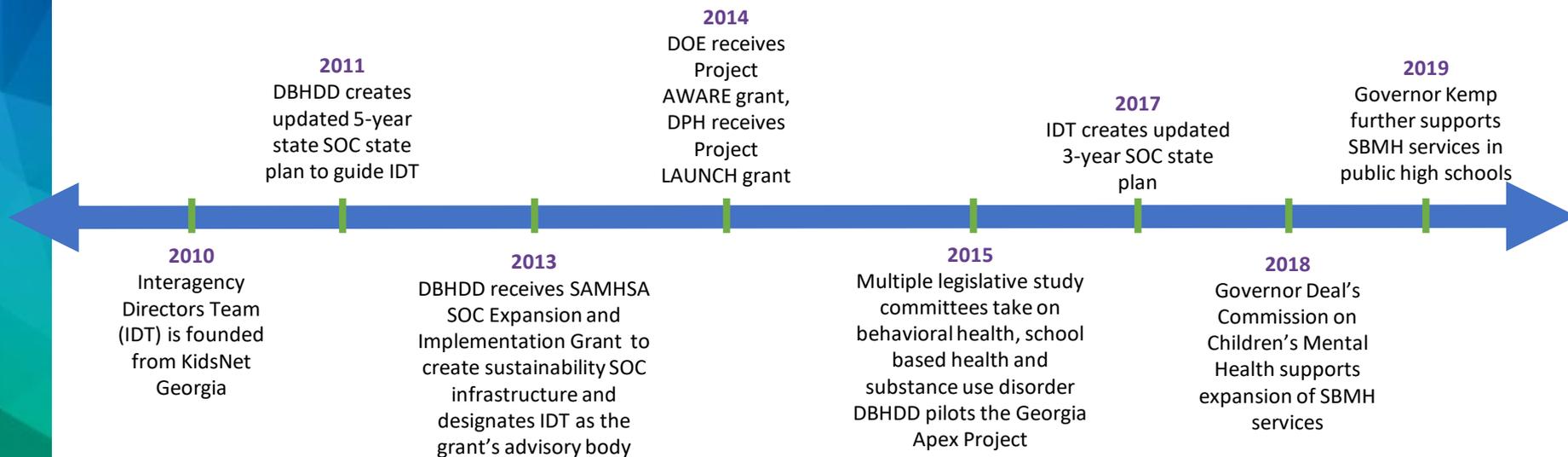
2019 Advancing School Mental Health Conference  
Austin, Texas  
November 2019



# 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)



# 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/1qn5HuhhrgXCxUUP>

# 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

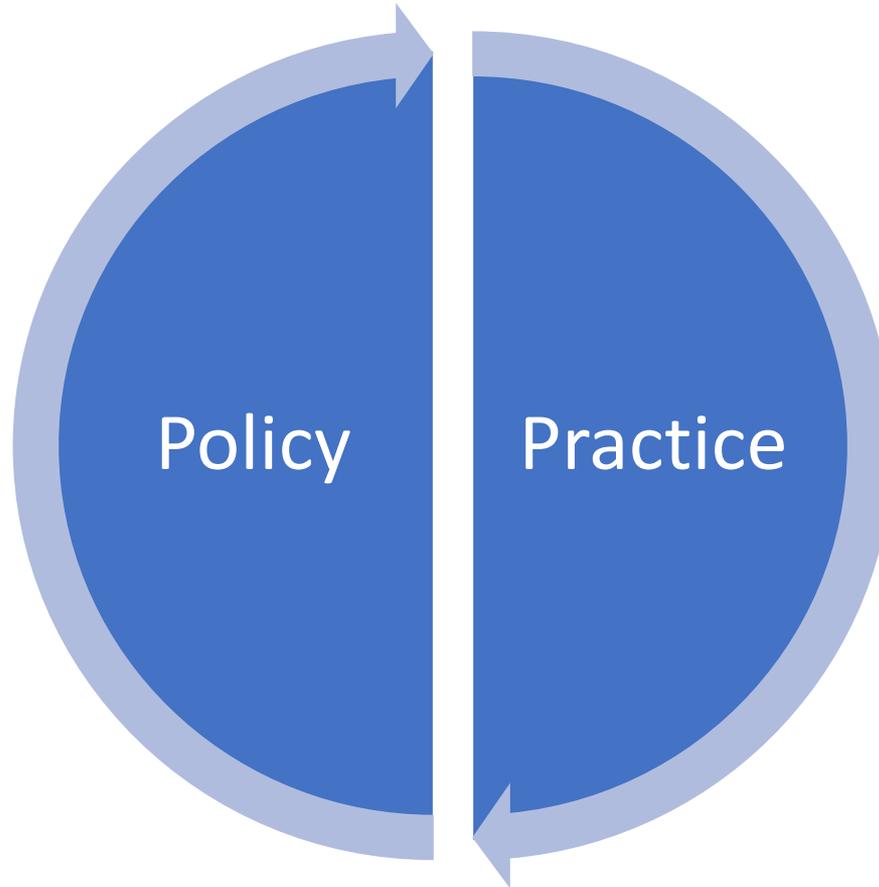


# Wins for Georgia



- \$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

## PBIS

### Tier III/Tertiary Interventions 1-5%

- Crisis Intervention
- Referral Process

### Tier III/Tertiary Interventions 1-5%

- Individual students
- Assessment-based
- Intense, durable procedures

### Tier II/Targeted Interventions 5-15%

- Support Groups

### Tier II/Targeted Interventions 5-15

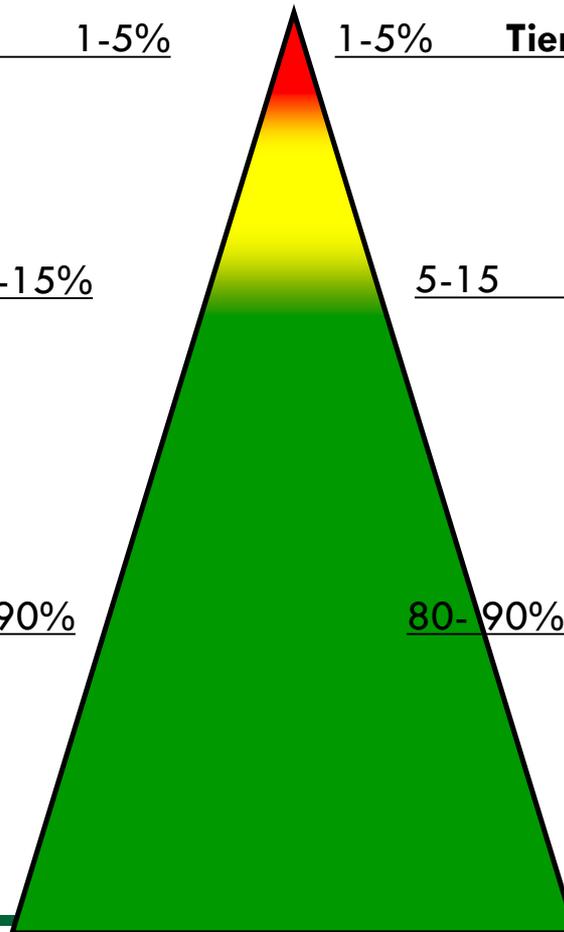
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

### Tier I/Universal Interventions 80-90%

- Universal Screening
- YMHFA
- Social Emotional Learning
- Technology Monitoring
- Trauma Informed Training
- Mindfulness Practices

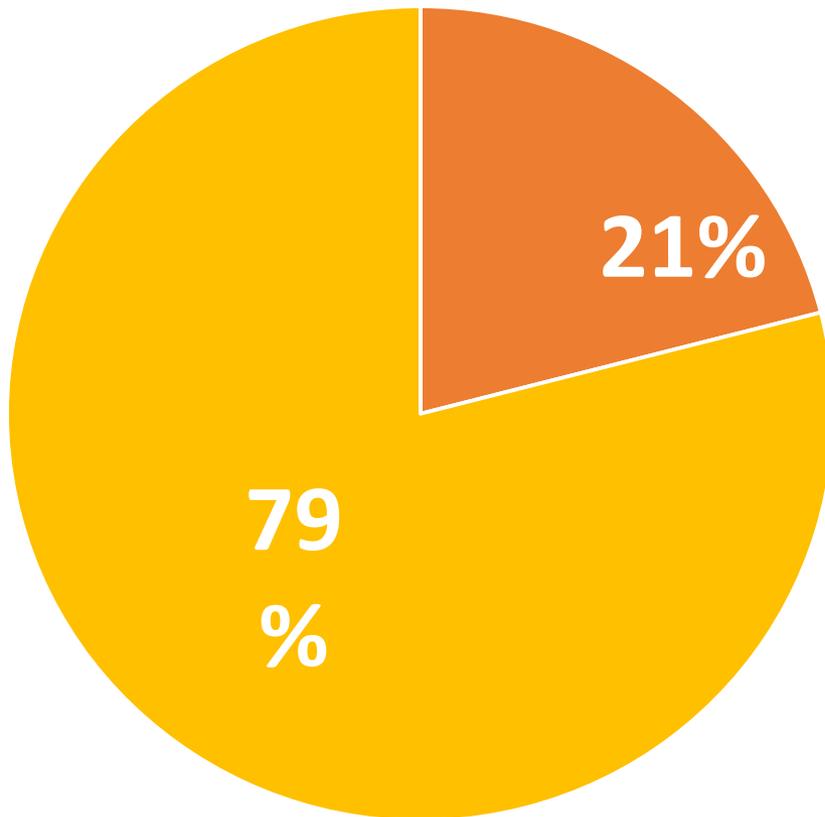
### Tier I/Universal Interventions 80-90%

- All settings, all students
- Preventive, proactive



# Prevalence of Child and Adolescent Mental Disorders

Children Ages 9 - 17



- 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.

# 20/20

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 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.**

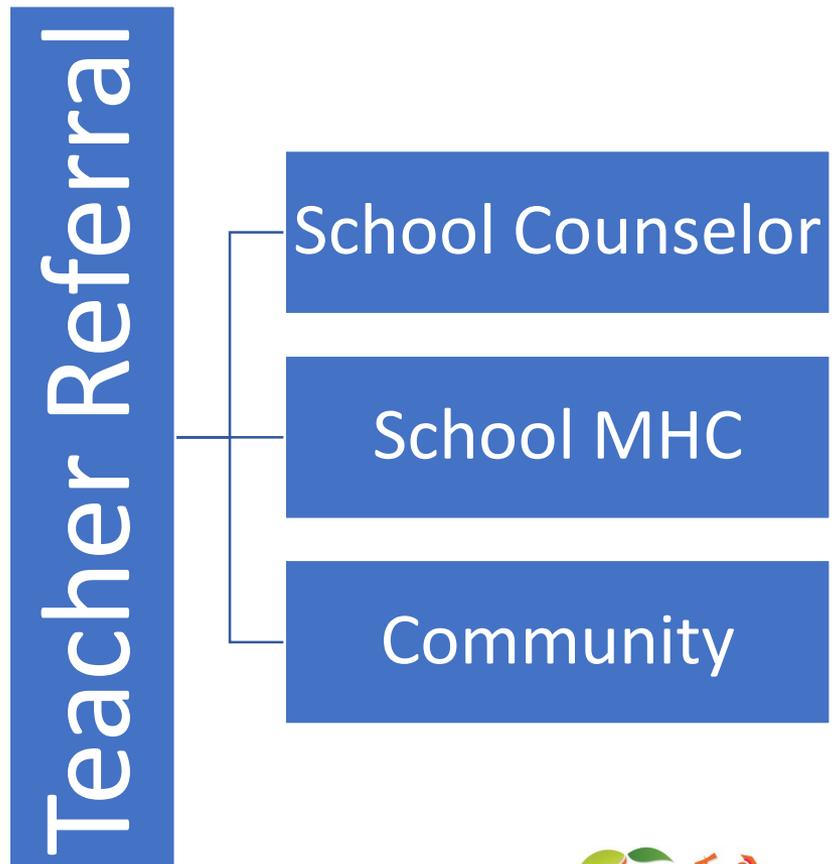
**TIER III**

**TIER III**

**TIER III**

# Economic and Social Benefits

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



# 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.**

**label  
jars  
...not  
people**

## **Economic and Social Benefits**

**Accessing services within the school setting will become less stigmatizing.**

# Economic and Social Benefits



**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

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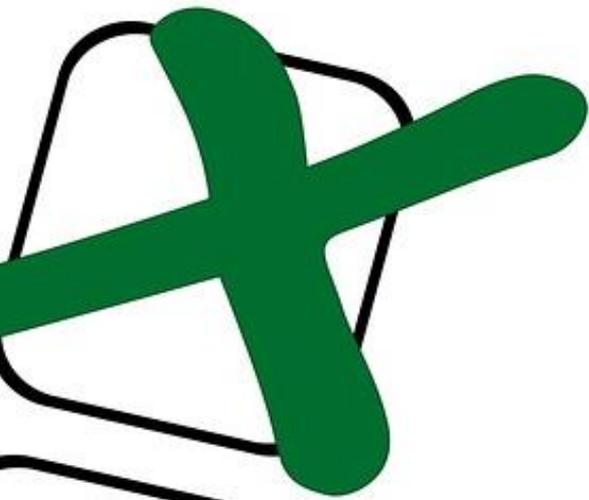
**Have you ever received a concern from a teacher about a student's social, emotional, academic, or physical well-being?**



# Comprehensive Screening

- Academics?
- Language?
- Vision?
- Dental
- Hearing?
- Scoliosis?
- Behavior?
- Mental Wellness?





**YES**

**NO**

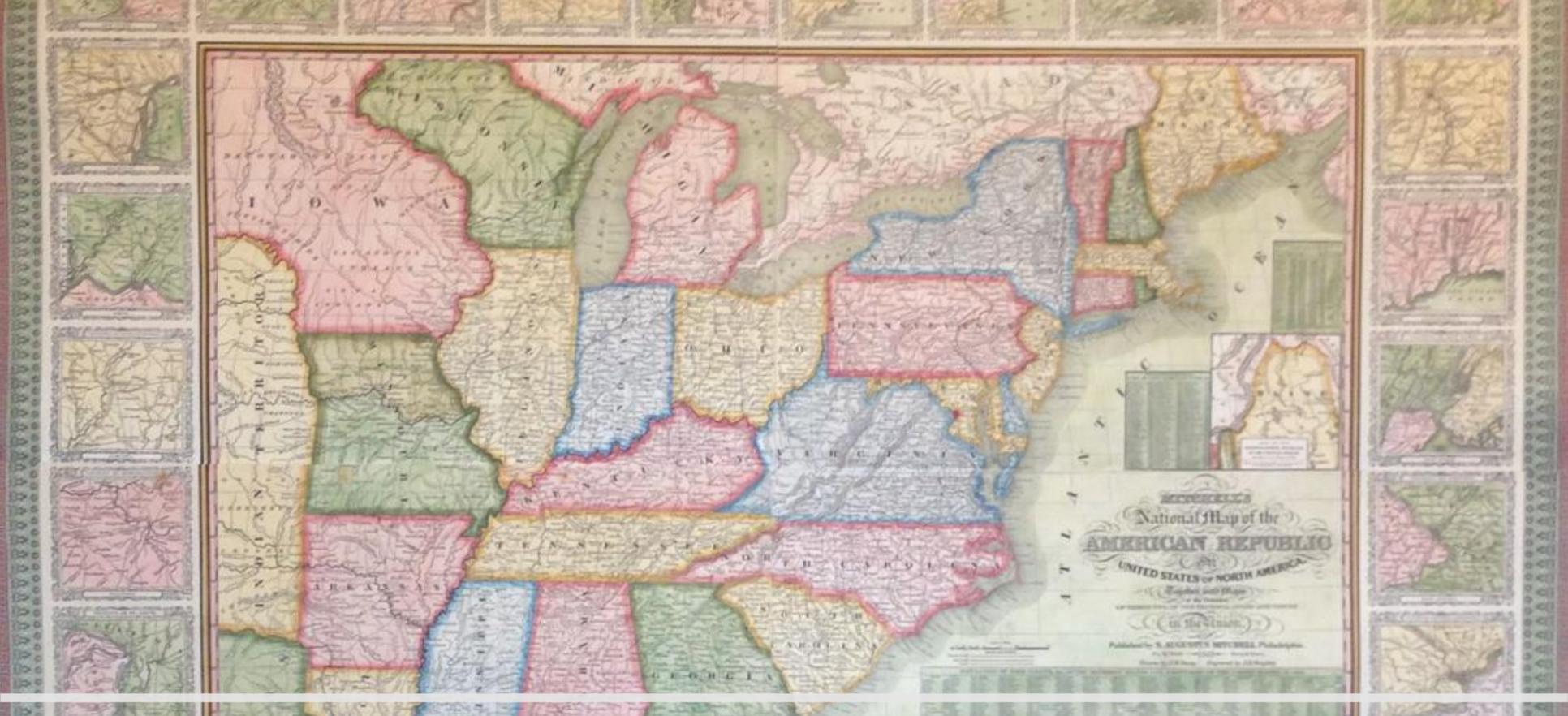
**MAYBE**

**Consent**

**Active**

**vs.**

**Passive**



# Key Considerations

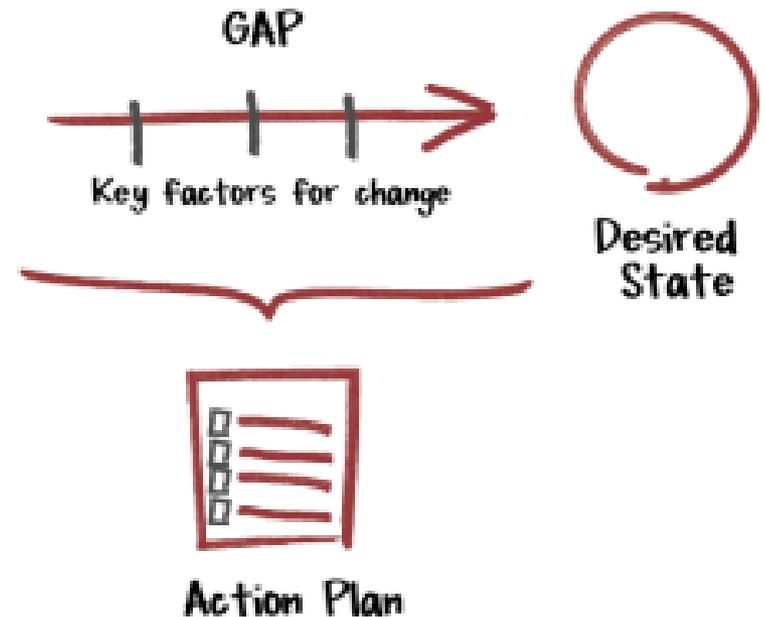
Resource Mapping

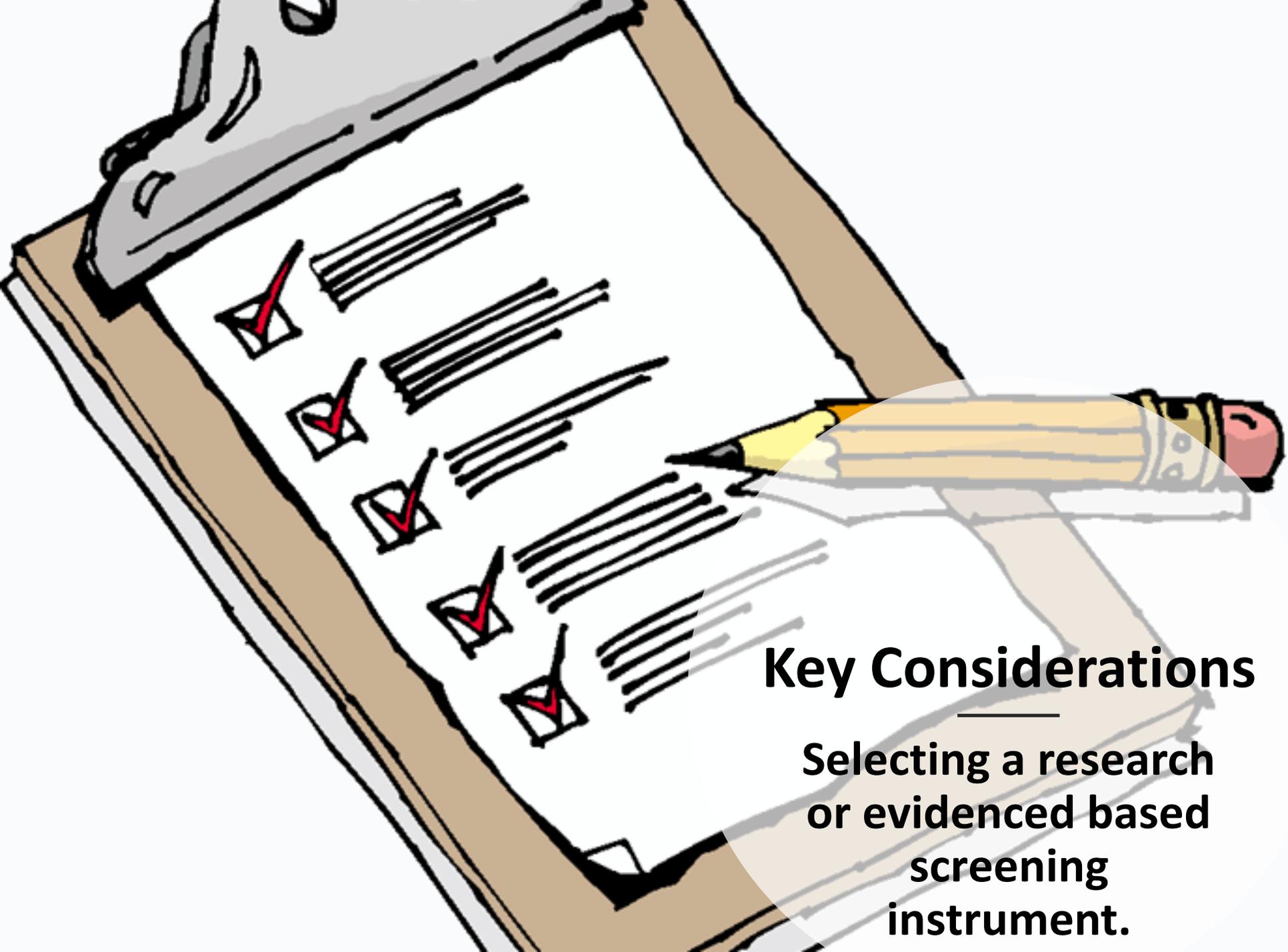
# Gap Analysis

- What tiered resources are currently in our school?
- How do students access the resources?
- How many students are served by these resources?



## Gap Analysis





## **Key Considerations**

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**Selecting a research  
or evidenced based  
screening  
instrument.**

# Universal Screening

**Elementary** – Student Risk Screening Scale – Internalizing/Externalizing (SRSS-IE) – Teacher Report.

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

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

## Key Considerations

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How will the data be disaggregated and used?



# Externalizing Data

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

Fall 2016 Data

SRSS-IE

0-3 No Indication of Concern (77.7%)

4-8 Slightly Elevated Level of Concern (14.5%)

9+ Elevated Level of Concern (7.9%)

SDQ

0- No Indication of Concern (81.5%)

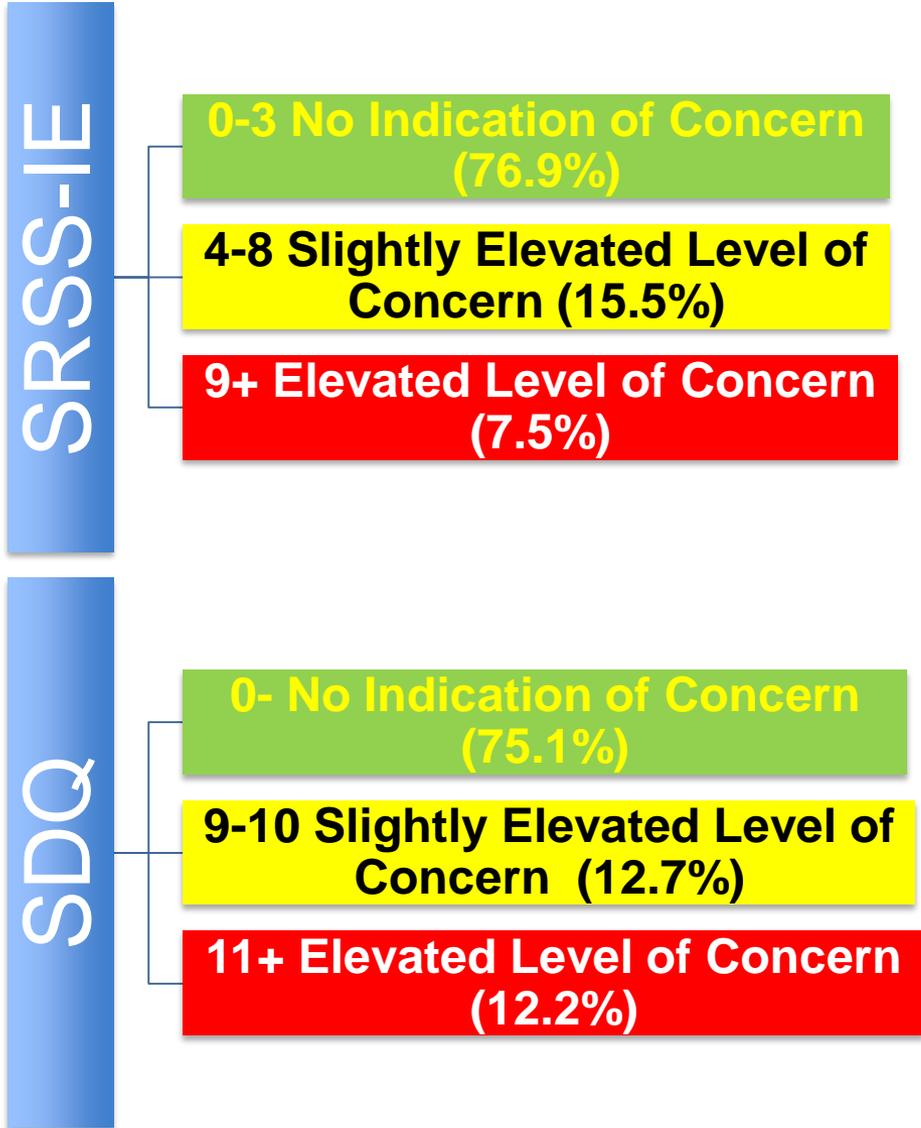
9-10 Slightly Elevated Level of Concern (10.3%)

11+ Elevated Level of Concern (8.2%)

# Externalizing Data

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

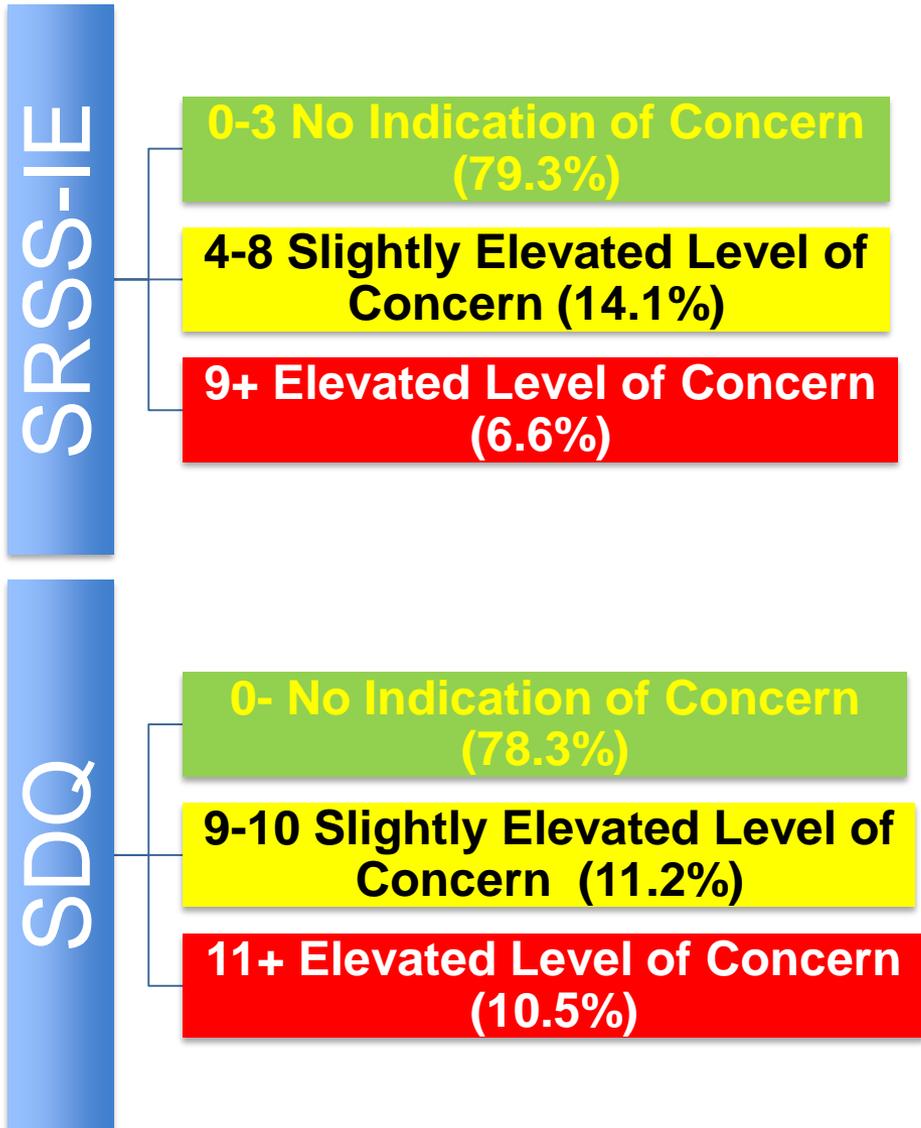
Spring 2017 Data



# Externalizing Data

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

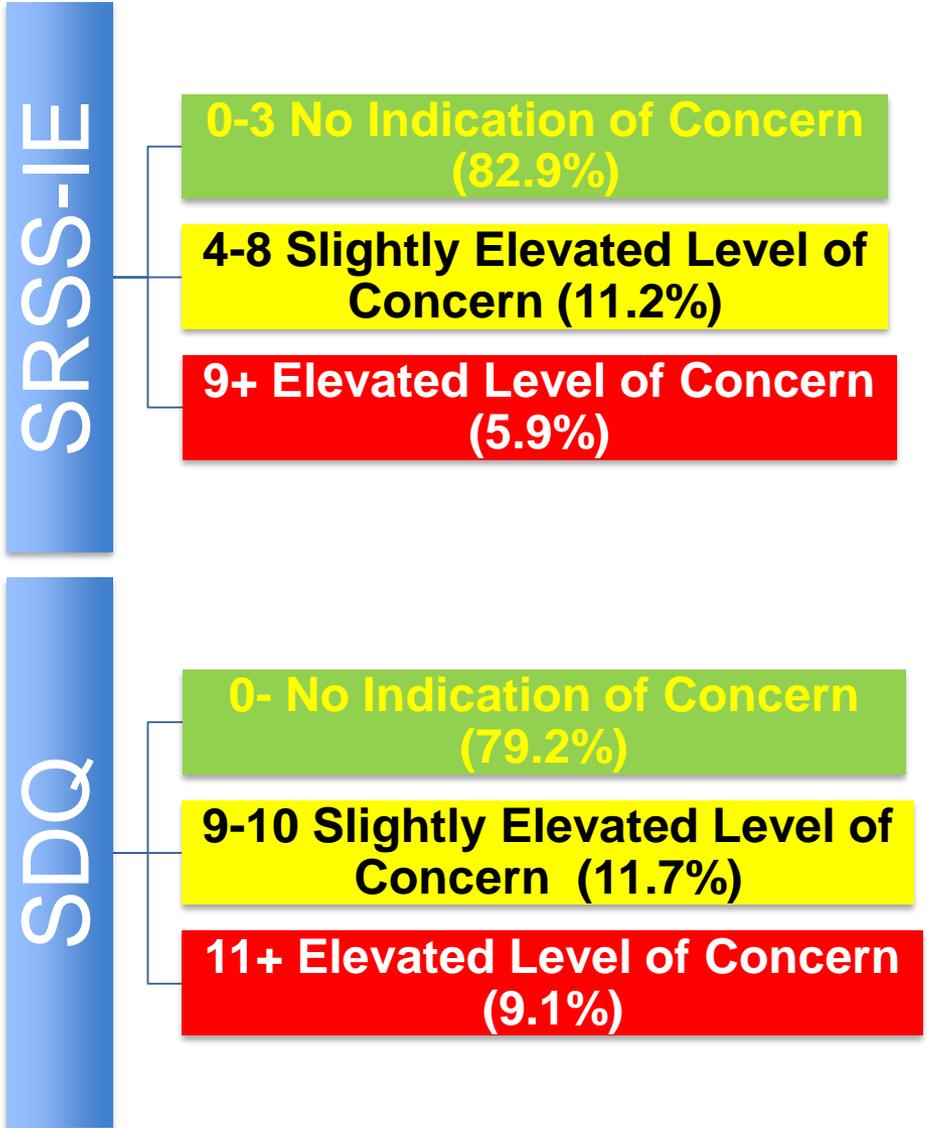
Fall 2017 Data



# Externalizing Data

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

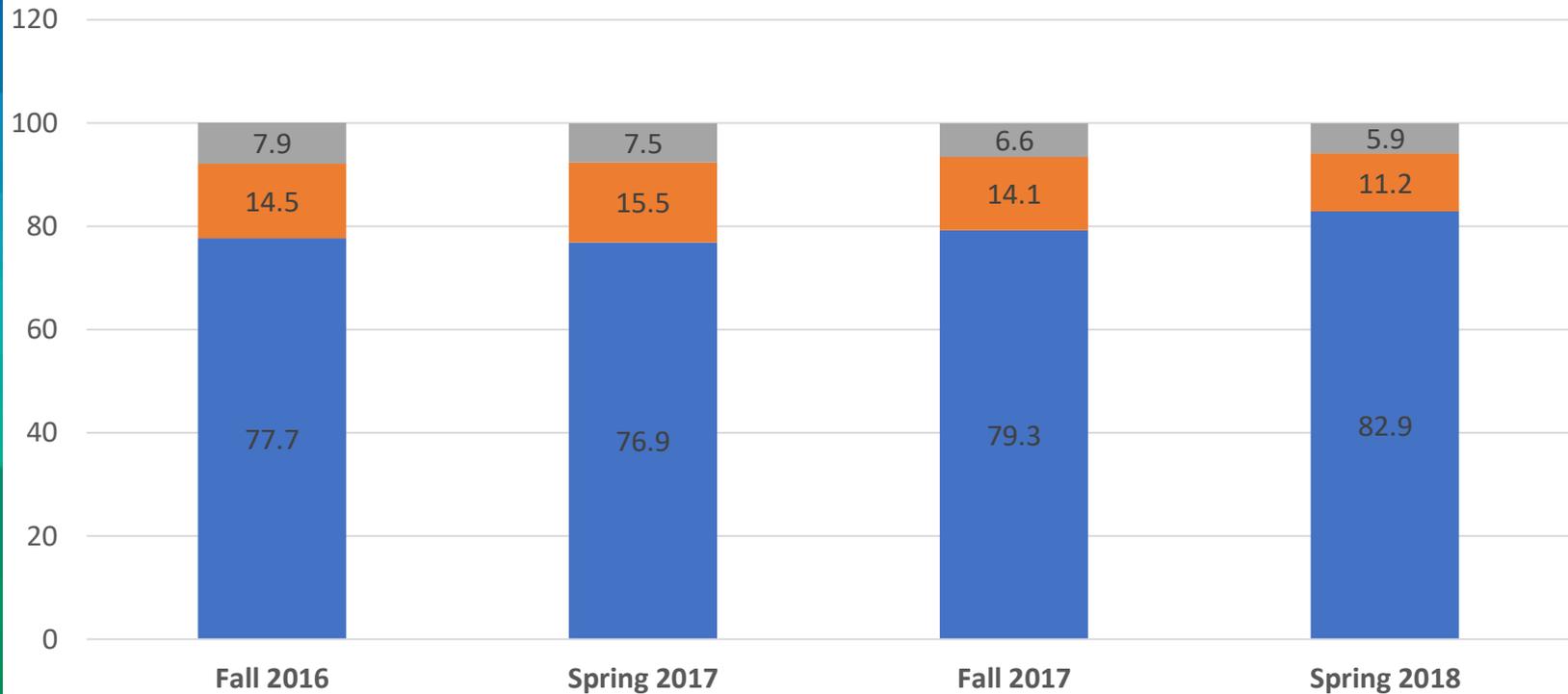
Spring 2018 Data



# Externalizing Trend Data

SRSS-IE

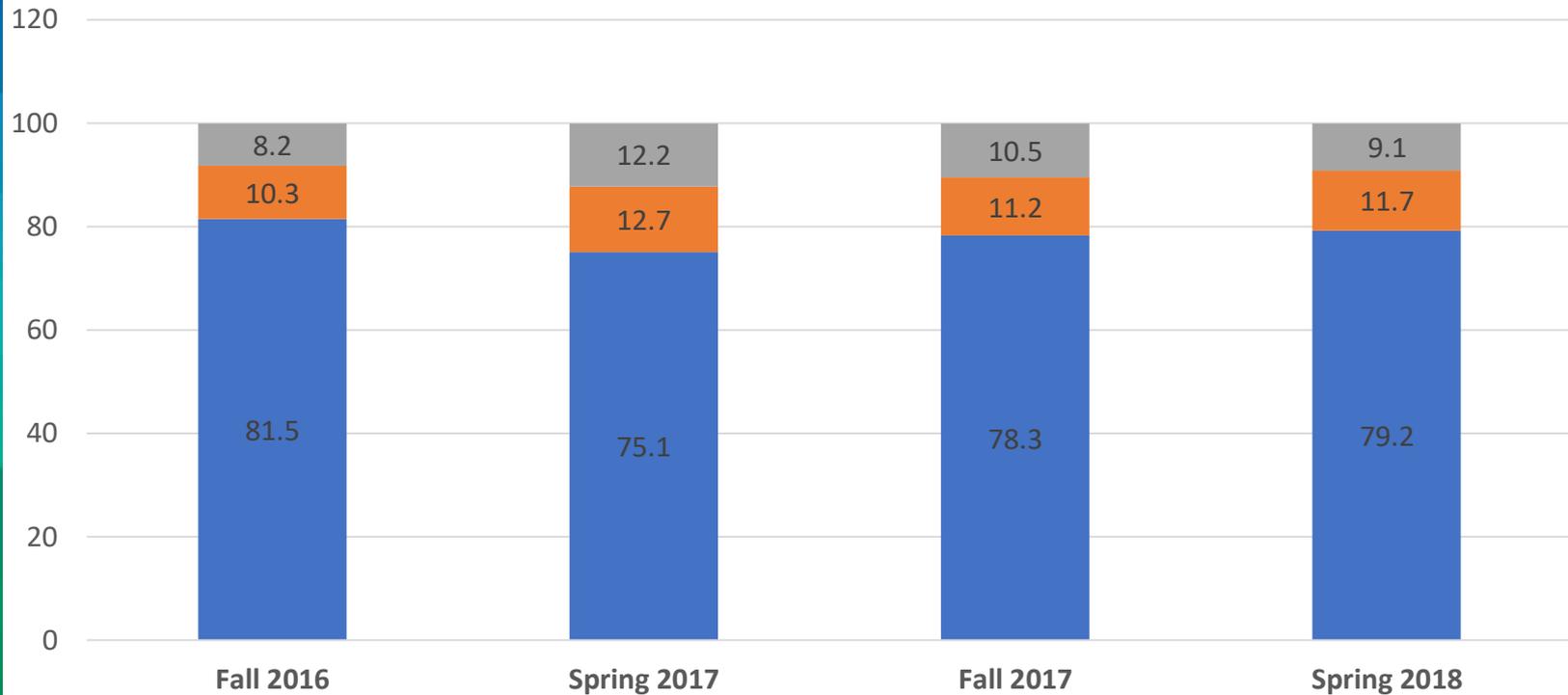
■ No Indication ■ Slight Indication ■ Elevated Indication



# Externalizing Trend Data

SDQ-IE

■ No Indication ■ Slight Indication ■ Elevated Indication



# 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%)

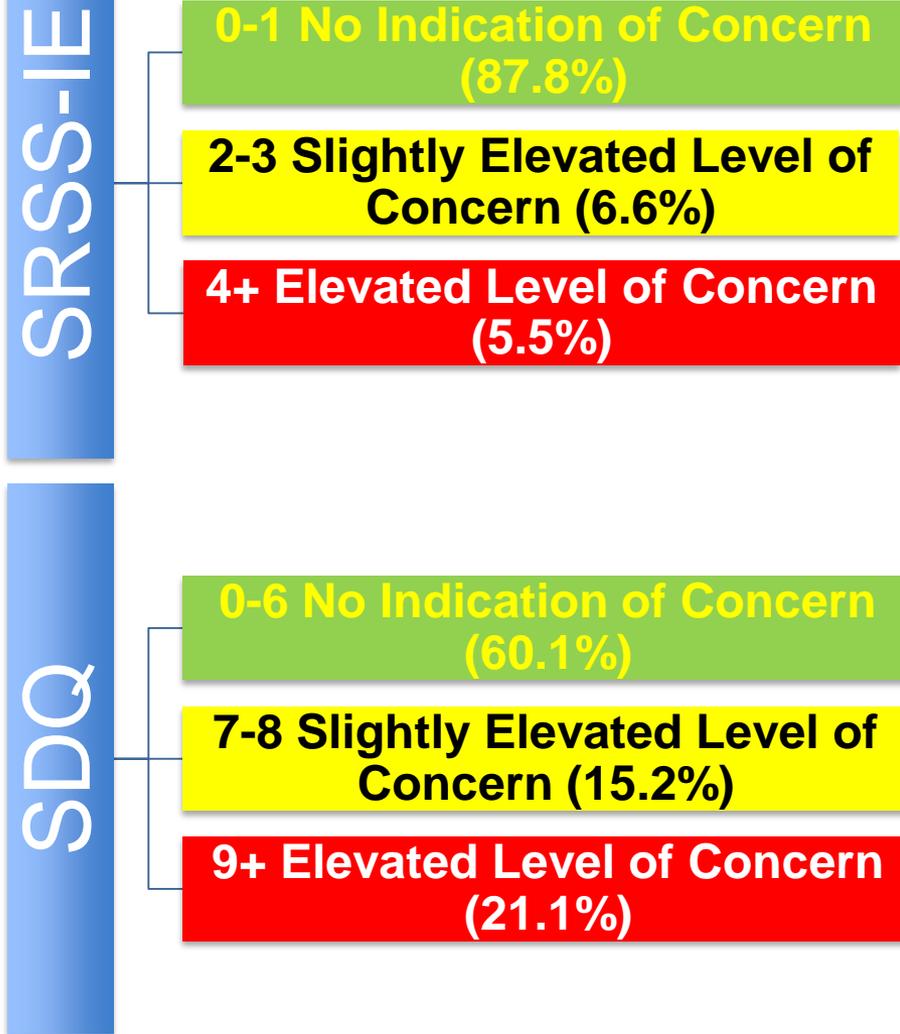
7-8 Slightly Elevated Level of Concern (16.9%)

9+ Elevated Level of Concern (19.9%)

# Internalizing Data

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

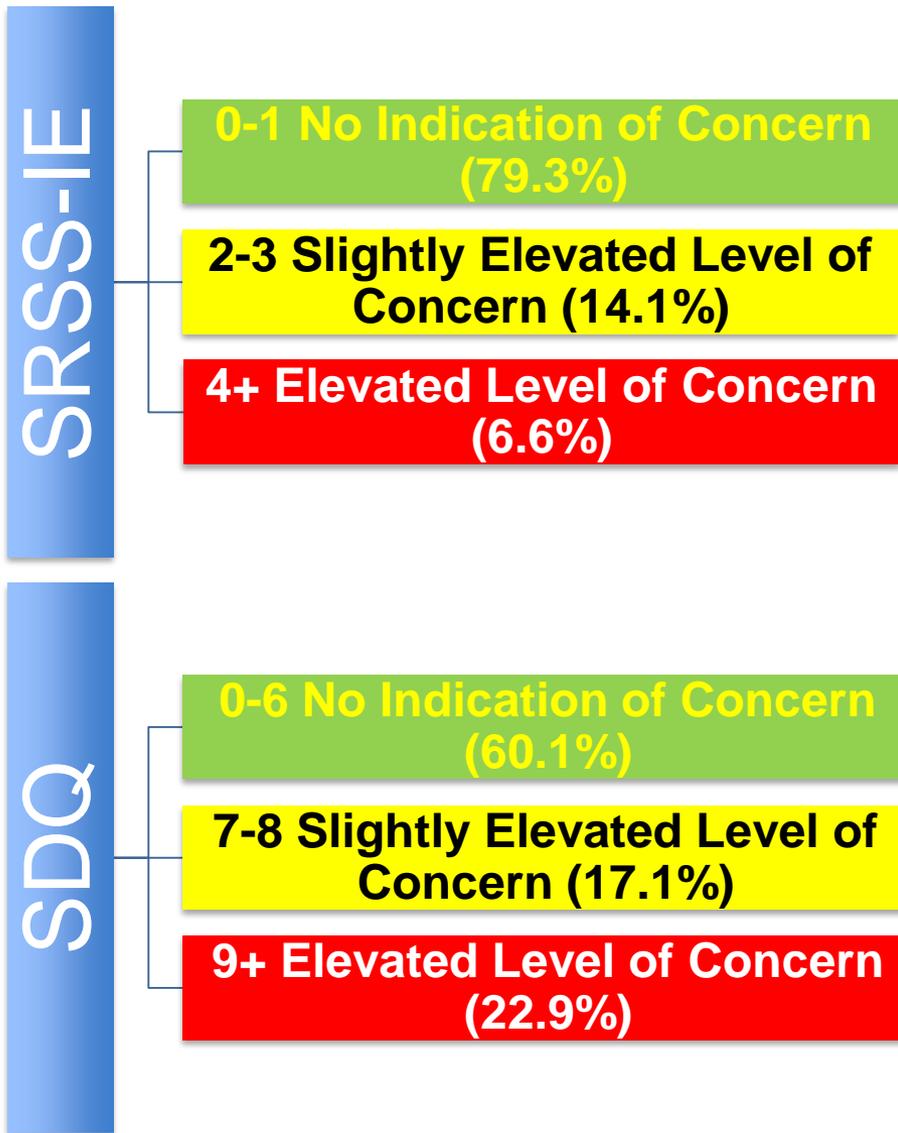
Spring 2017 Data



# Internalizing Data

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

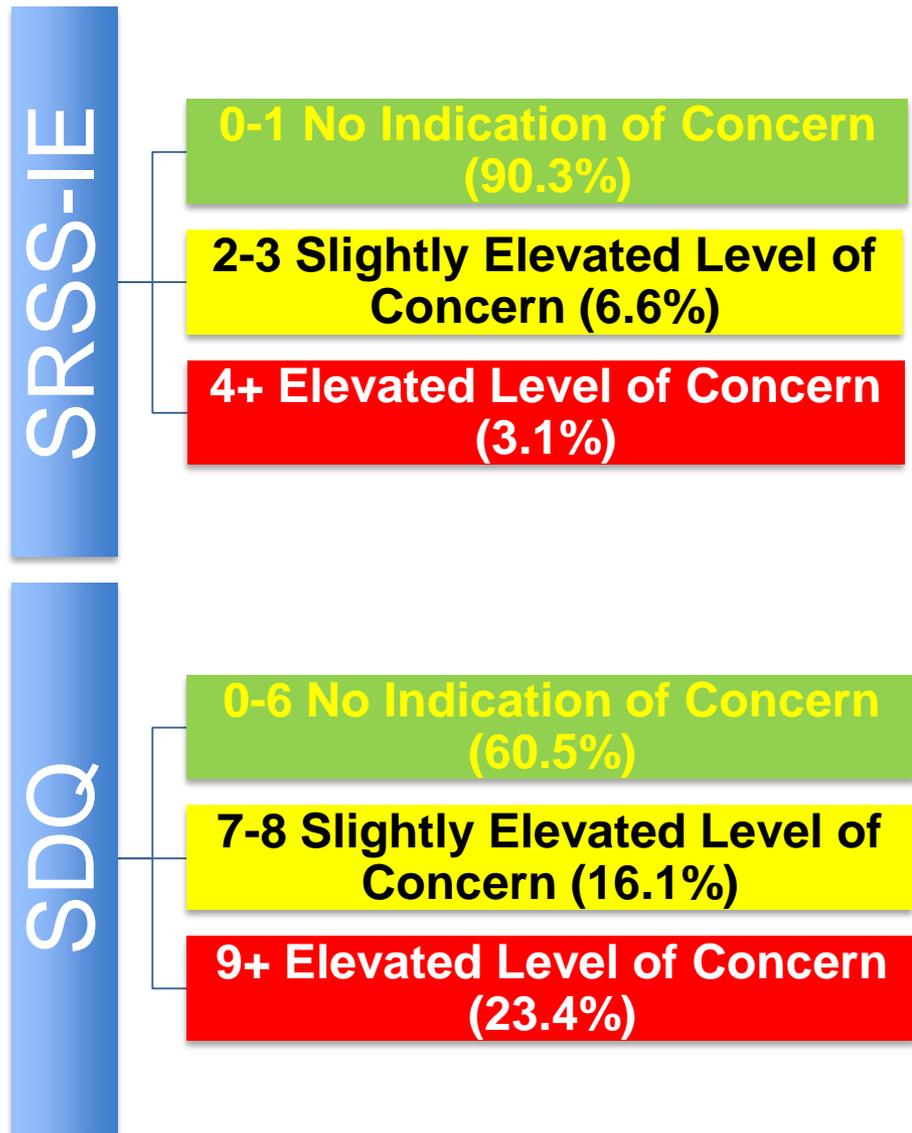
Fall 2017 Data



# Internalizing Data

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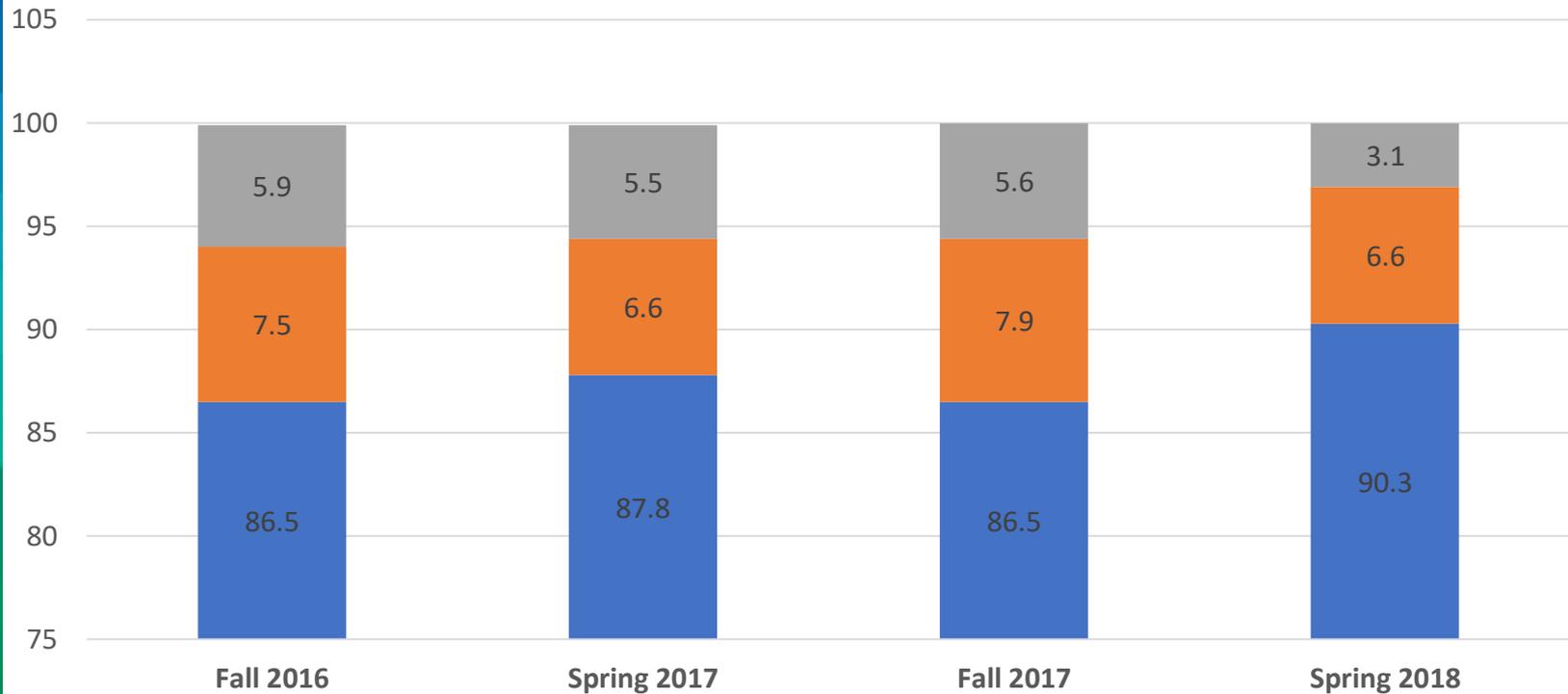
Spring 2018 Data



# Internalizing Trend Data

SRSS-IE

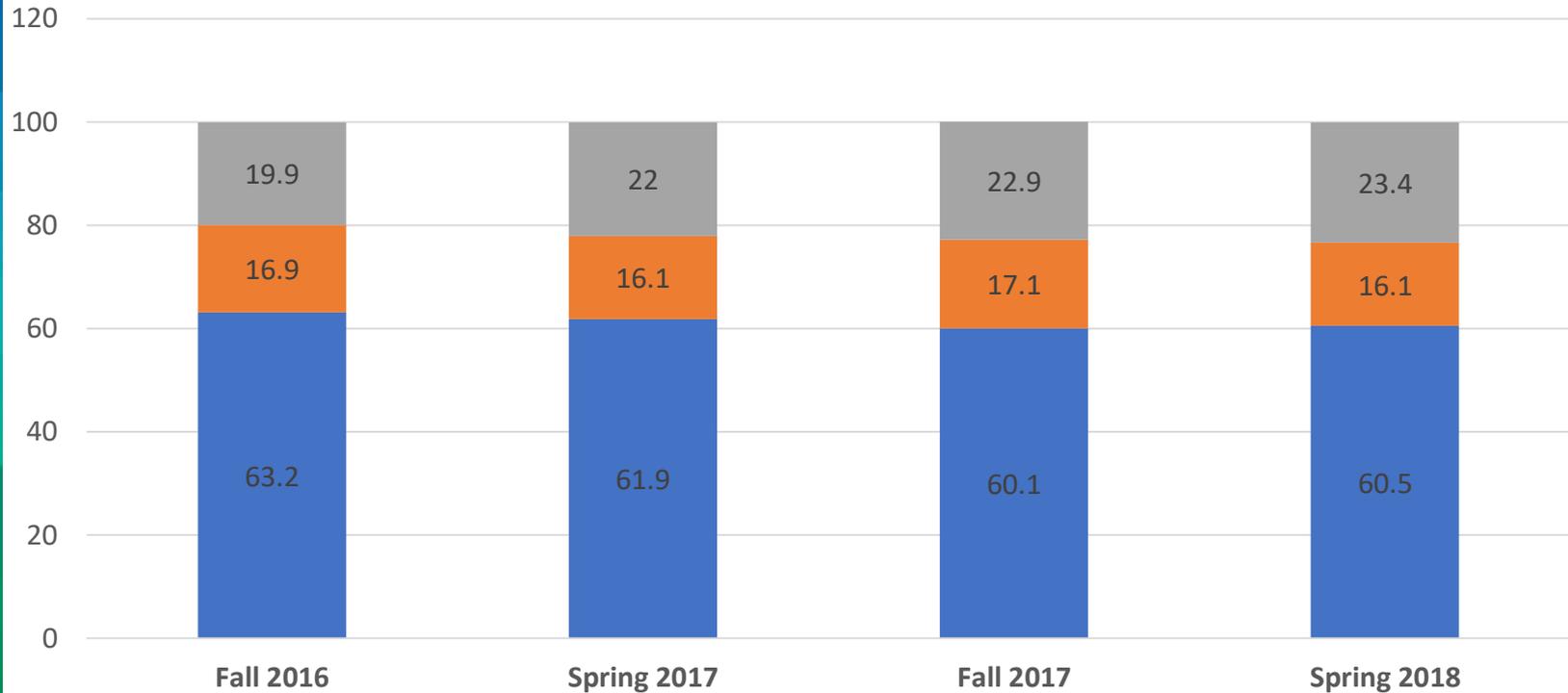
■ No Indication   ■ Slight Indication   ■ Elevated Indication



# Internalizing Trend Data

SDQ-IE

■ No Indication ■ Slight Indication ■ Elevated Indication



# 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 XXXXXXXXX

- 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  
TIRE 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 SPORRRY

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 withput 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 kat 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.

[REDACTED]  
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

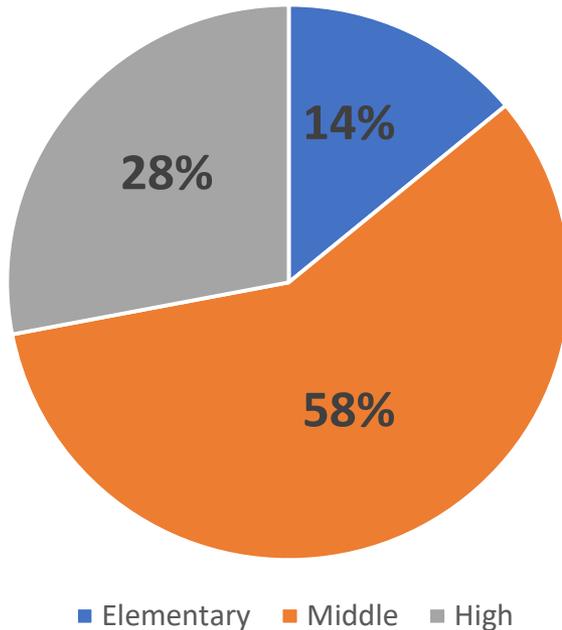
# Suicide Now the Second Leading Cause of Death For Teens; Is Social Media to Blame?



# Overview of Internet Searches

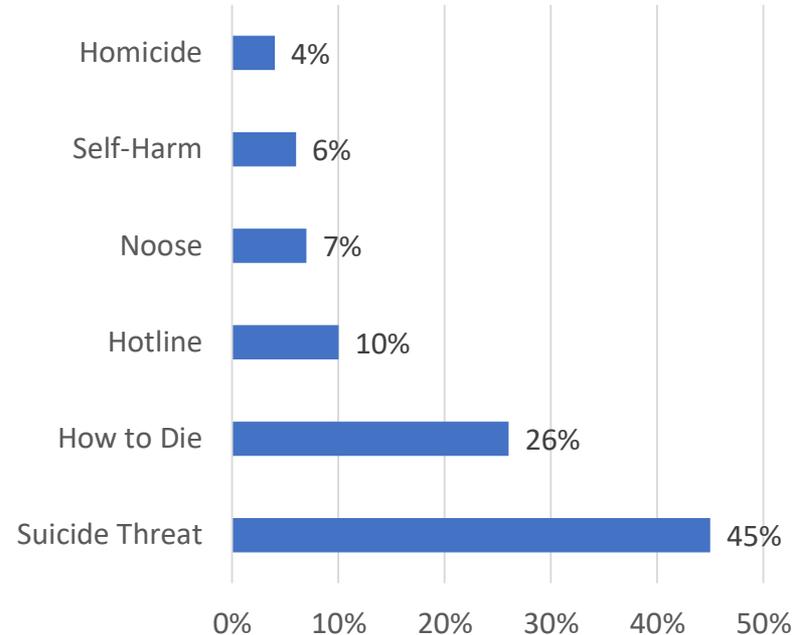
## School Level

Student's Grade Level



## Search Topics

Percentage



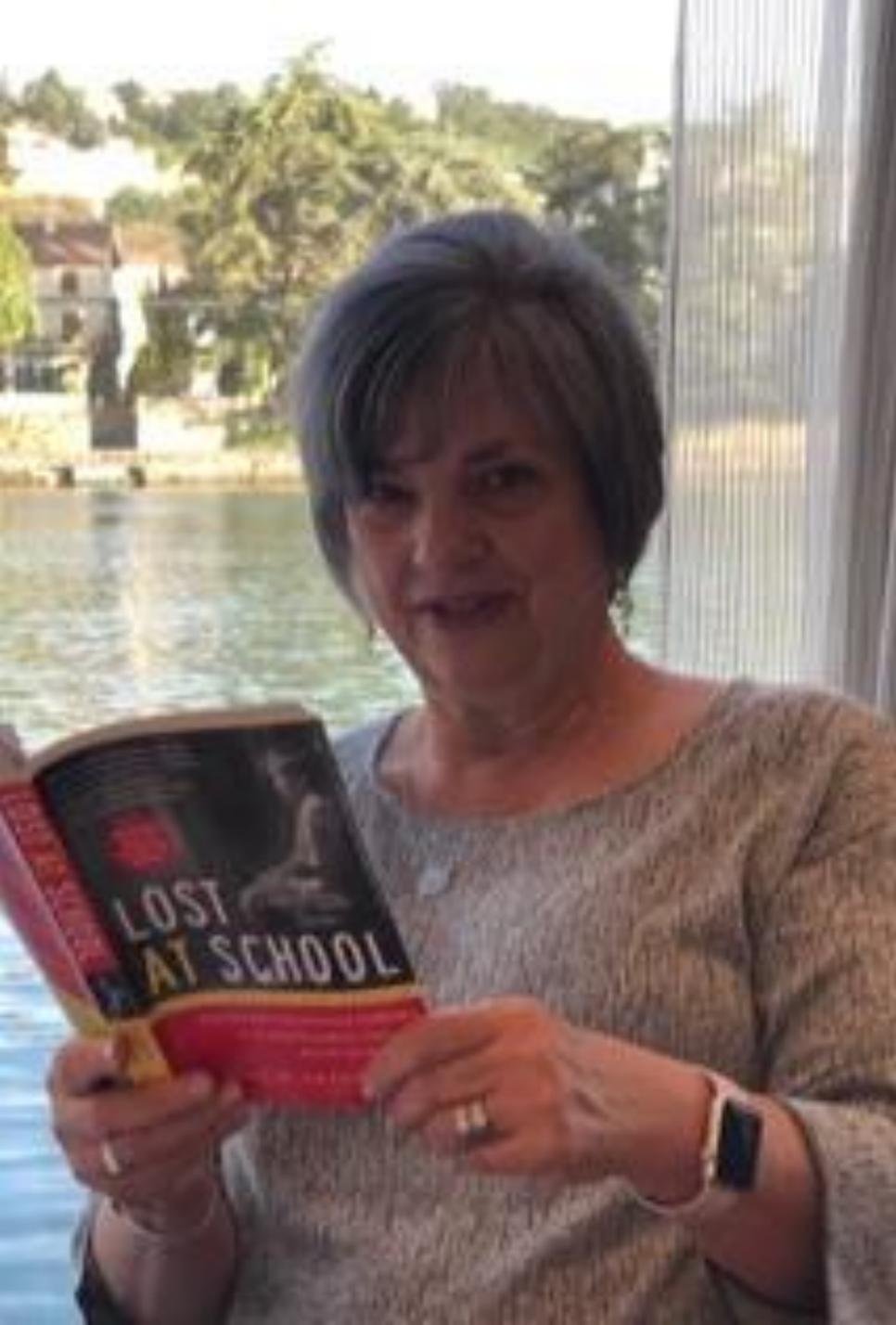
# Technology Acceptable Use

- “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.”*

Greene, R. (2008). *Lost at School: Why our kids with behavioral challenges are falling through the cracks and how we can help them.* NY, NY: Scribner.

**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 3: Columbia-suicide severity rating scale Screen with Triage Points for Primary Care (C-SSRS)	Past month							
Ask questions that are in bold and <u>underlined</u> .	YES	NO						
Ask questions 1 and 2								
Wish to be dead: Subject endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>	Yellow							
Non-specific active suicidal thoughts: 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 <b><u>Have you had any actual thoughts of killing yourself?</u></b>	Yellow							
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6								
Active suicidal ideation with any methods (Not Plan) without intent to act: 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." <b><u>Have you been thinking about how you might do this?</u></b>	Orange	Yellow						
Active suicidal ideation with some intent to act, without specific plan: Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <b><u>Have you had these thoughts and had some intention of acting on them?</u></b>	Red	Orange						
Active suicidal ideation with specific plan and intent: Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>	Red	Orange						
Past 3 months								
Suicidal behavior: <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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.	Red	Orange						
<table border="0"> <tr> <td></td> <td>Mild suicide risk</td> </tr> <tr> <td></td> <td>Moderate suicide risk</td> </tr> <tr> <td></td> <td>Severe suicide risk</td> </tr> </table>		Mild suicide risk		Moderate suicide risk		Severe suicide risk		
	Mild suicide risk							
	Moderate suicide risk							
	Severe suicide risk							
Source: Posner K., Brent D., Lucas C., Gould M., Stanley B., Brown G., et al. Columbia-suicide severity rating scale (C-SSRS). Screener with triage for primary health settings. The Research Foundation for Mental Hygiene, Inc. 2008. Available from: <a href="http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=general-use.english">http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=general-use.english</a> Free PDF download.								

# Action Step #3



# Questions and Comments

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“Educating Georgia’s Future”

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“Educating Georgia’s Future”

[www.gadoe.org](http://www.gadoe.org)

   @georgiadeptofed

 [youtube.com/georgiadeptofed](https://youtube.com/georgiadeptofed)



**EDUCATING  
GEORGIA'S FUTURE**



# References

- Bonesheski, M. J., & Runge, T. J. (2014). Addressing disproportionate discipline practices within a School-Wide Positive Behavioral Interventions and Supports framework: A practical guide for calculating and using disproportionality rates. *Journal of Positive Behavior Interventions*, 16, 149-158.

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