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

Jason W. Byars, District Coordinator, Project Aware and PBIS  
Kelly Petaccio, Mental Health Clinician, Project Aware  
Griffin-Spalding County School System  
Griffin, Georgia

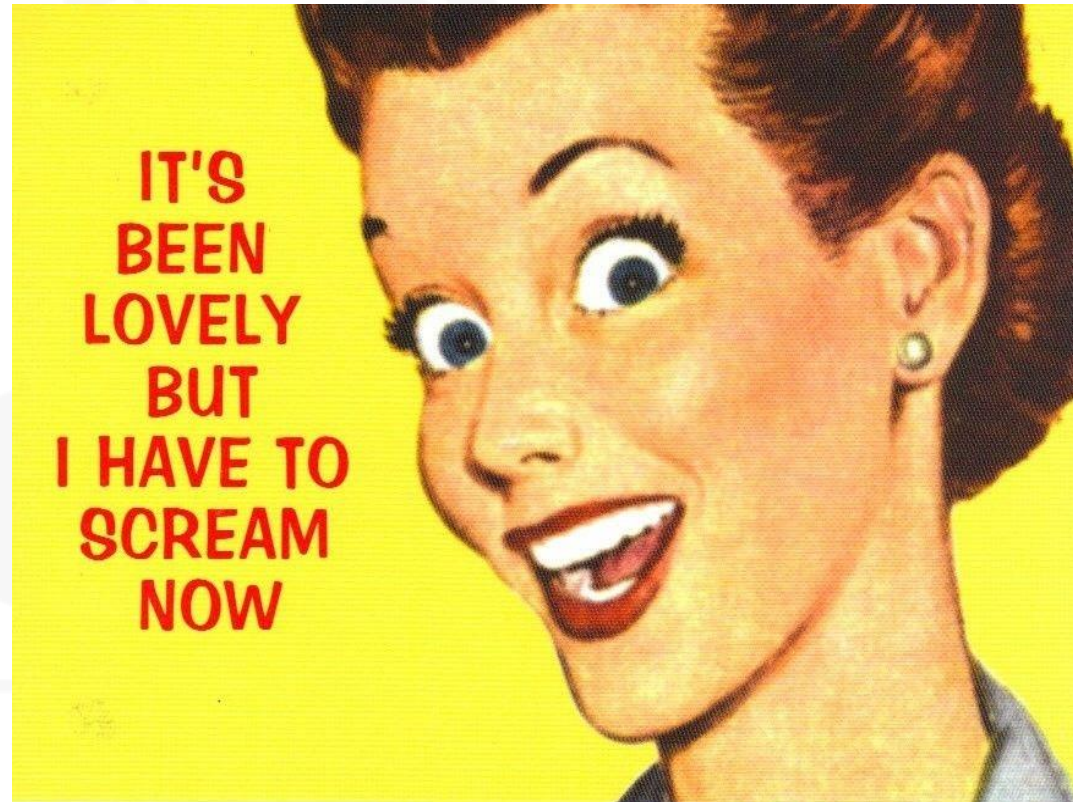
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# Learning Objectives

- 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!





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# Pulse Poll

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

**Red Sheet = No**

**Green Sheet = Yes**



MENTAL  
HEALTH  
FIRST AID

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# How are school systems meeting the needs of their students?

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# 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](http://pbis.org)

- More than 22,000 schools across the nation are using PBIS to increase instructional time by reducing discipline.

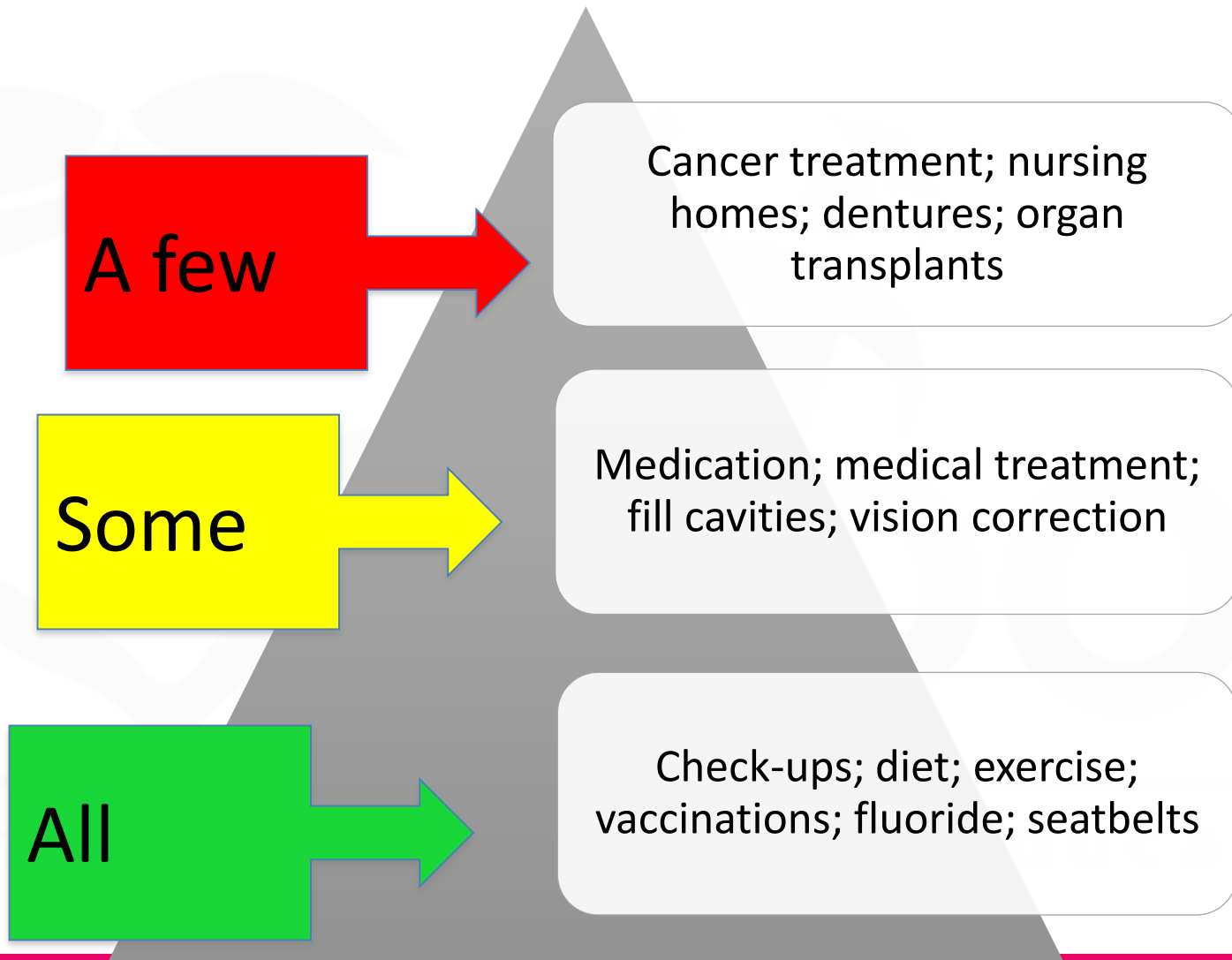
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# Positive Behavior Interventions and Supports

*"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

5% of students need intensive individual support.

Some

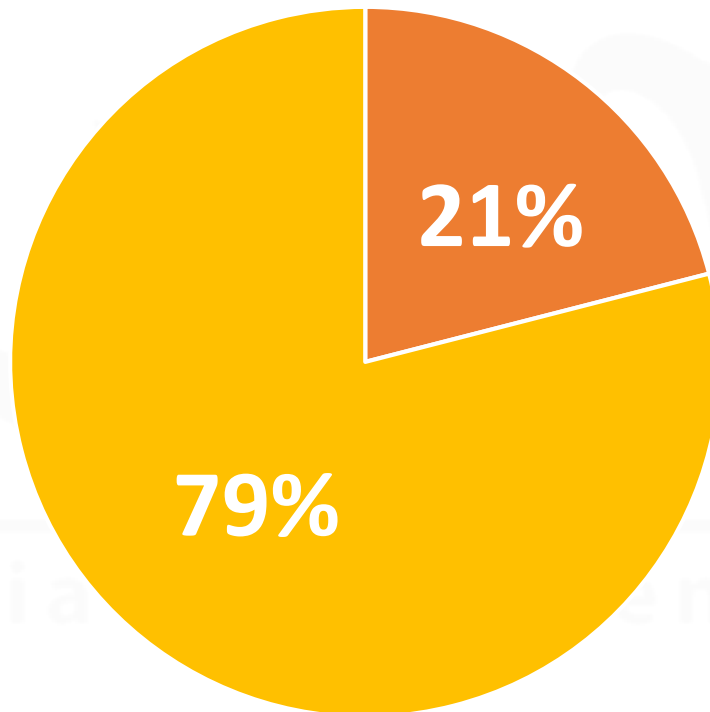
15% of students need additional support, usually in a group setting.

All

For all students in all settings. Focus on prevention and proactive approach.

# 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.



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## 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.

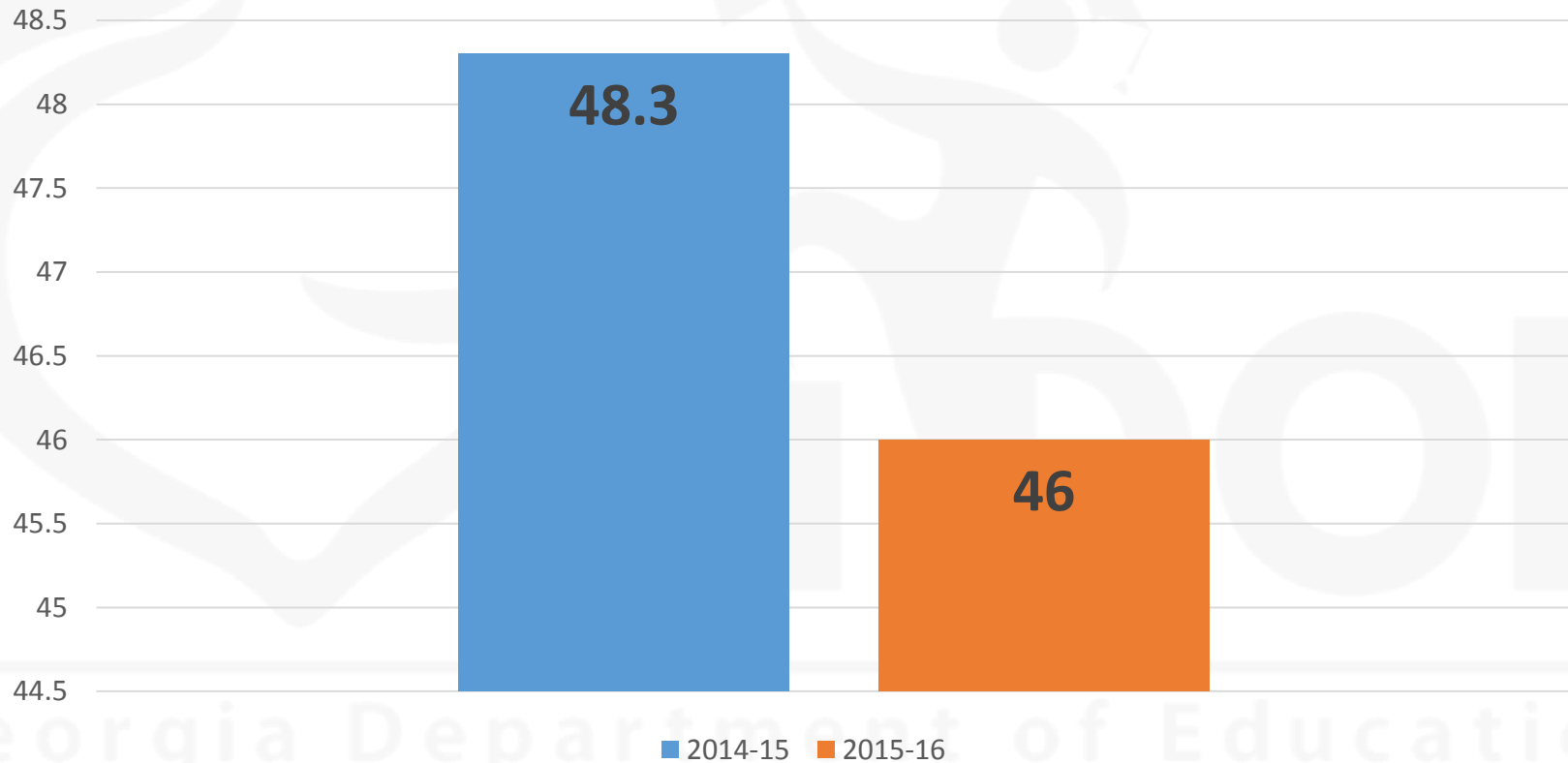
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# In the past 30 days, (on how many days) have you felt sad or withdrawn?



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Percentage of Students

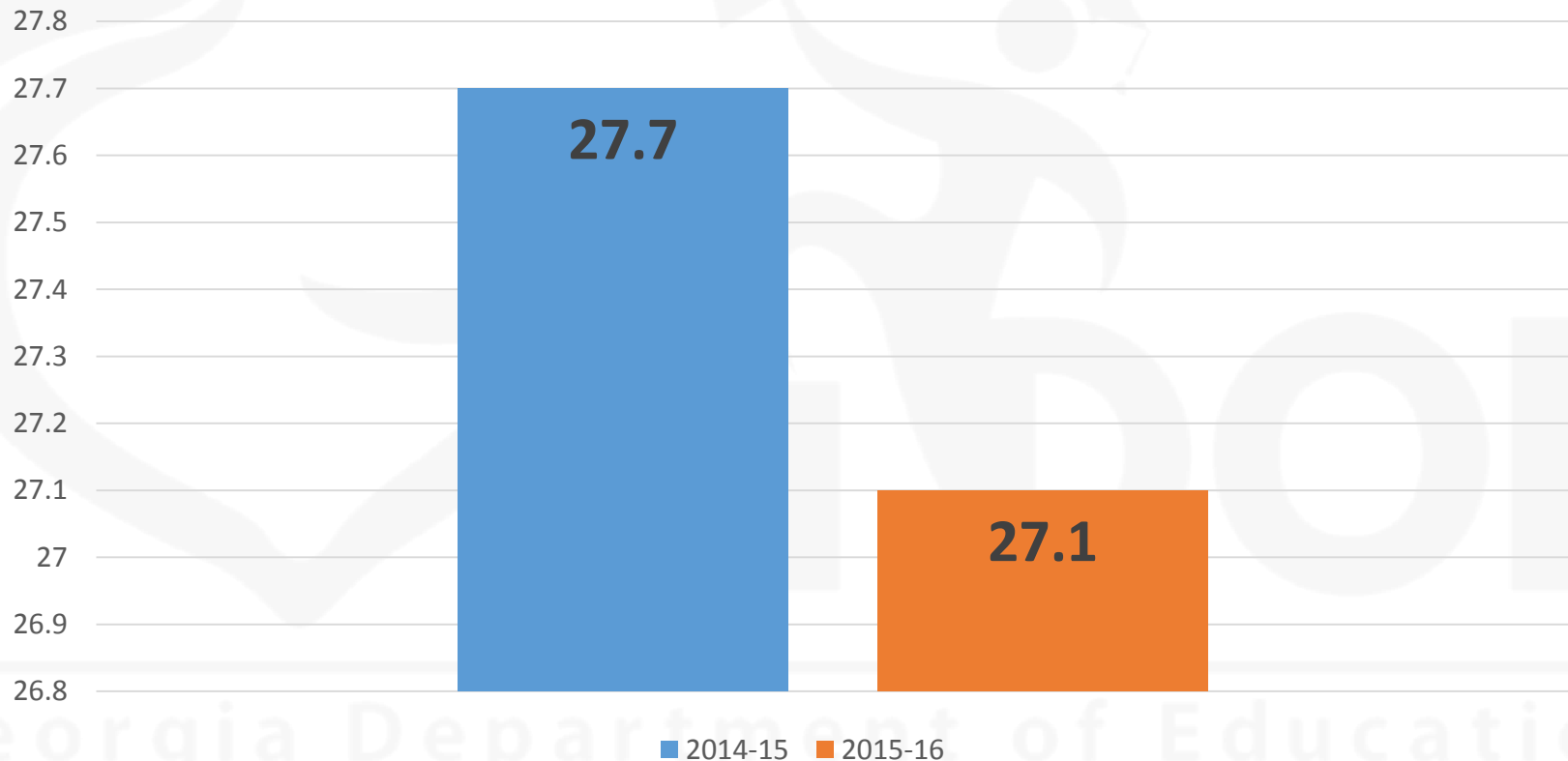


**In the past 30 days, (on how many days) have you felt overwhelmed with fear for no reason, sometimes suddenly including a racing heart or fast breathing?**



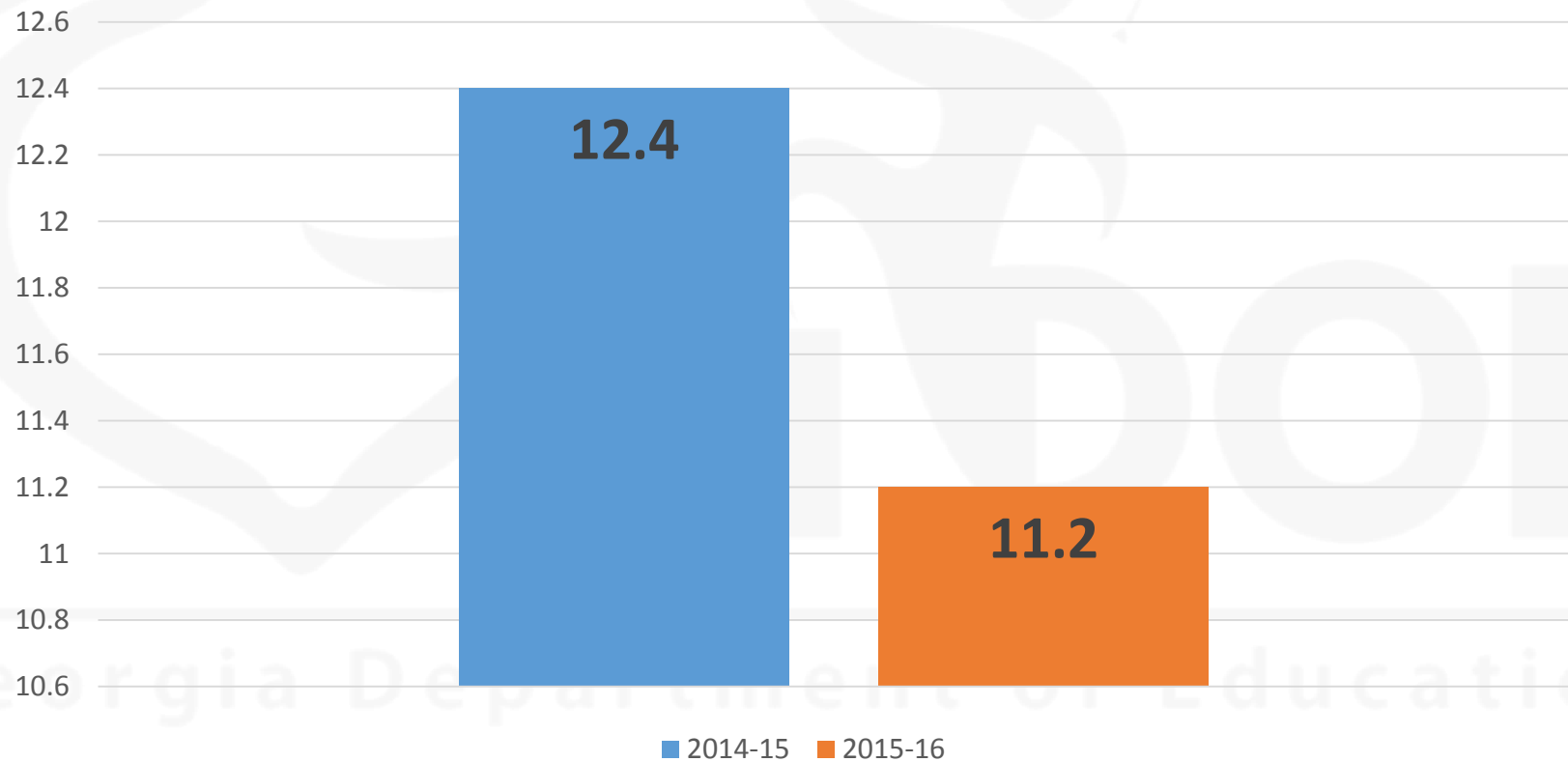
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Percentage of Students

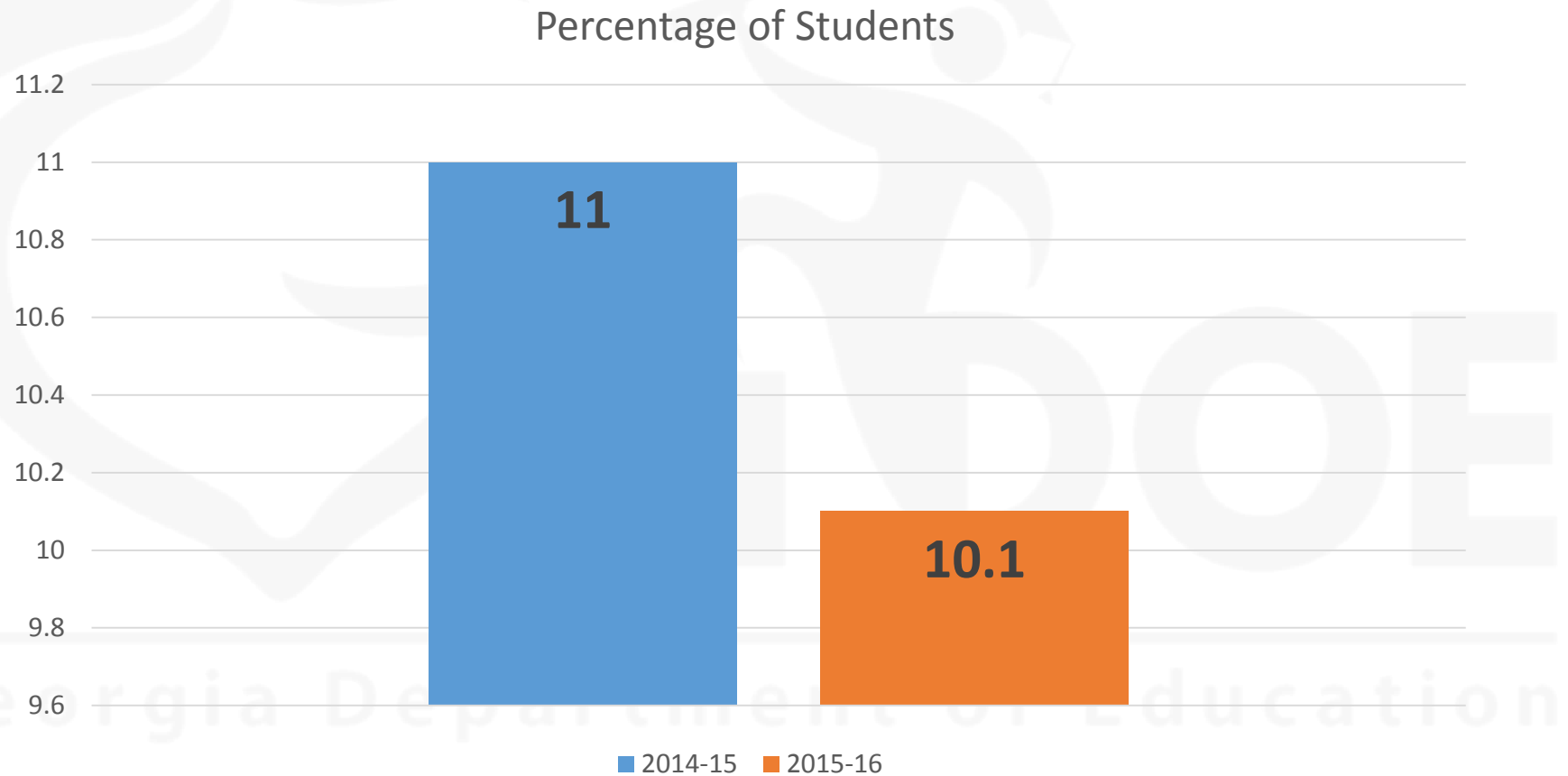


# In the past 30 days, (on how many days) have you experienced severely out of control behavior that could hurt yourself or others?

Percentage of Students



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

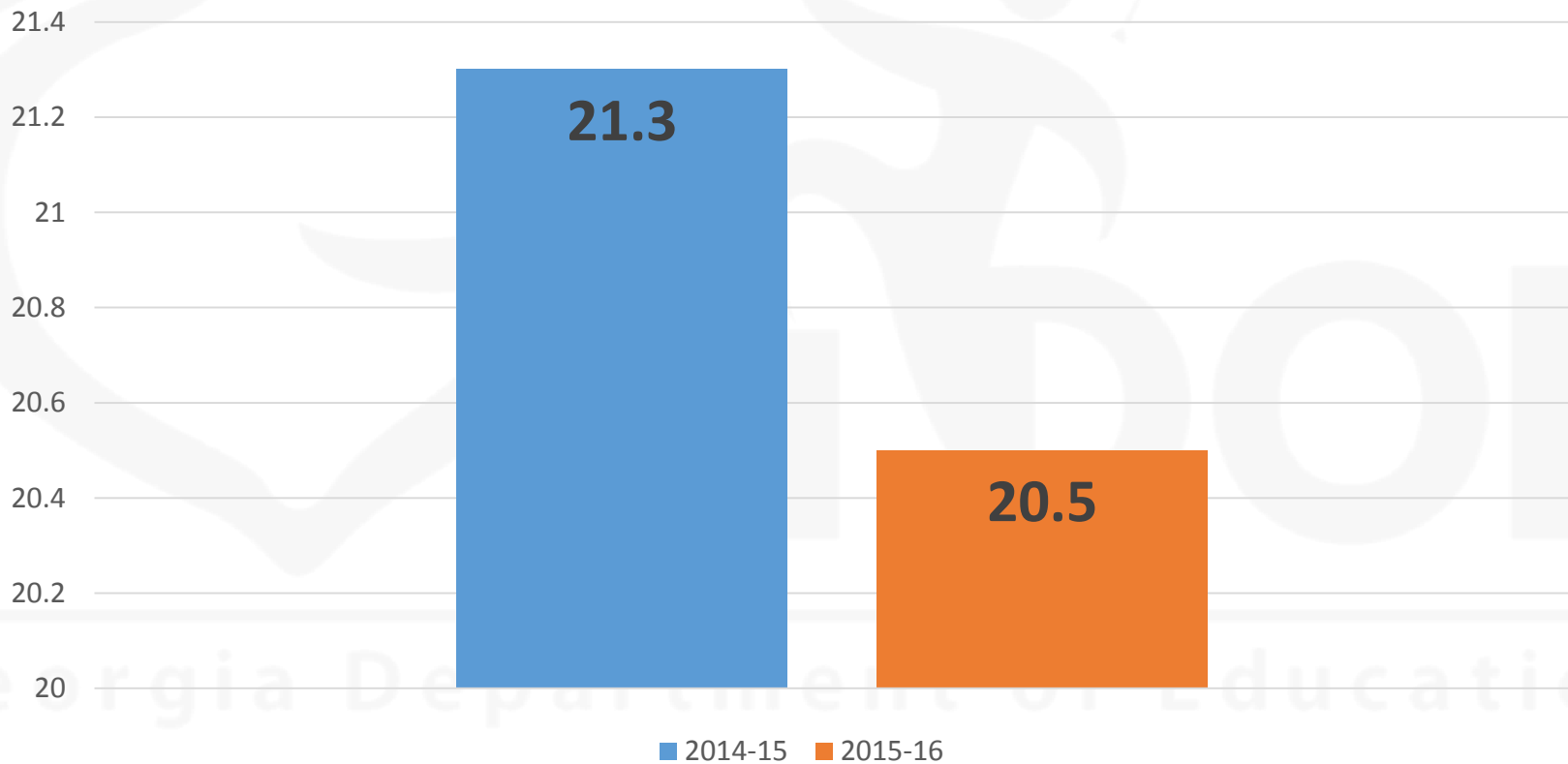




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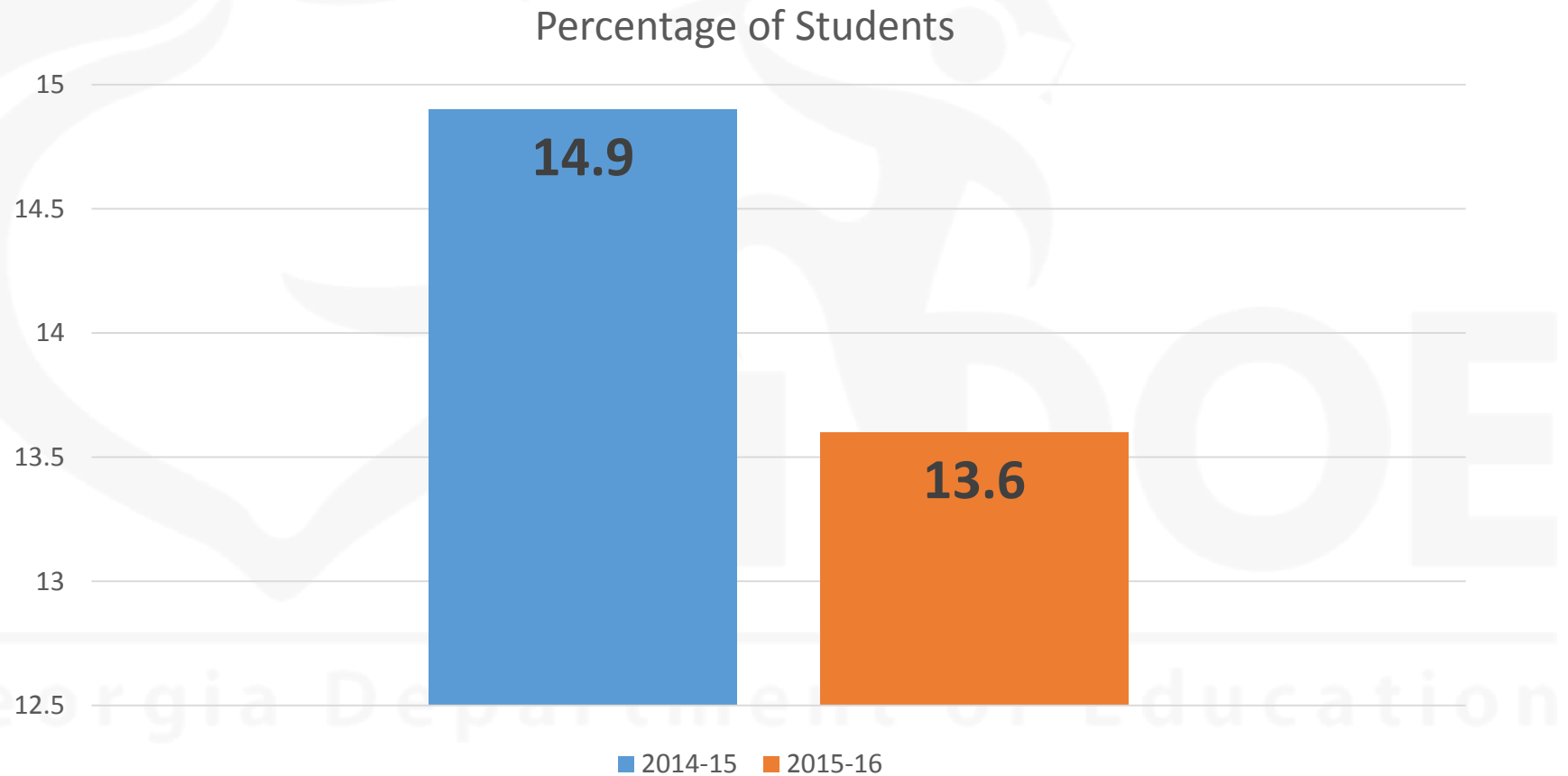
# In the past 30 days, (on how many days) have you experienced intense worries or fears that get in the way of your daily activities?

Percentage of Students



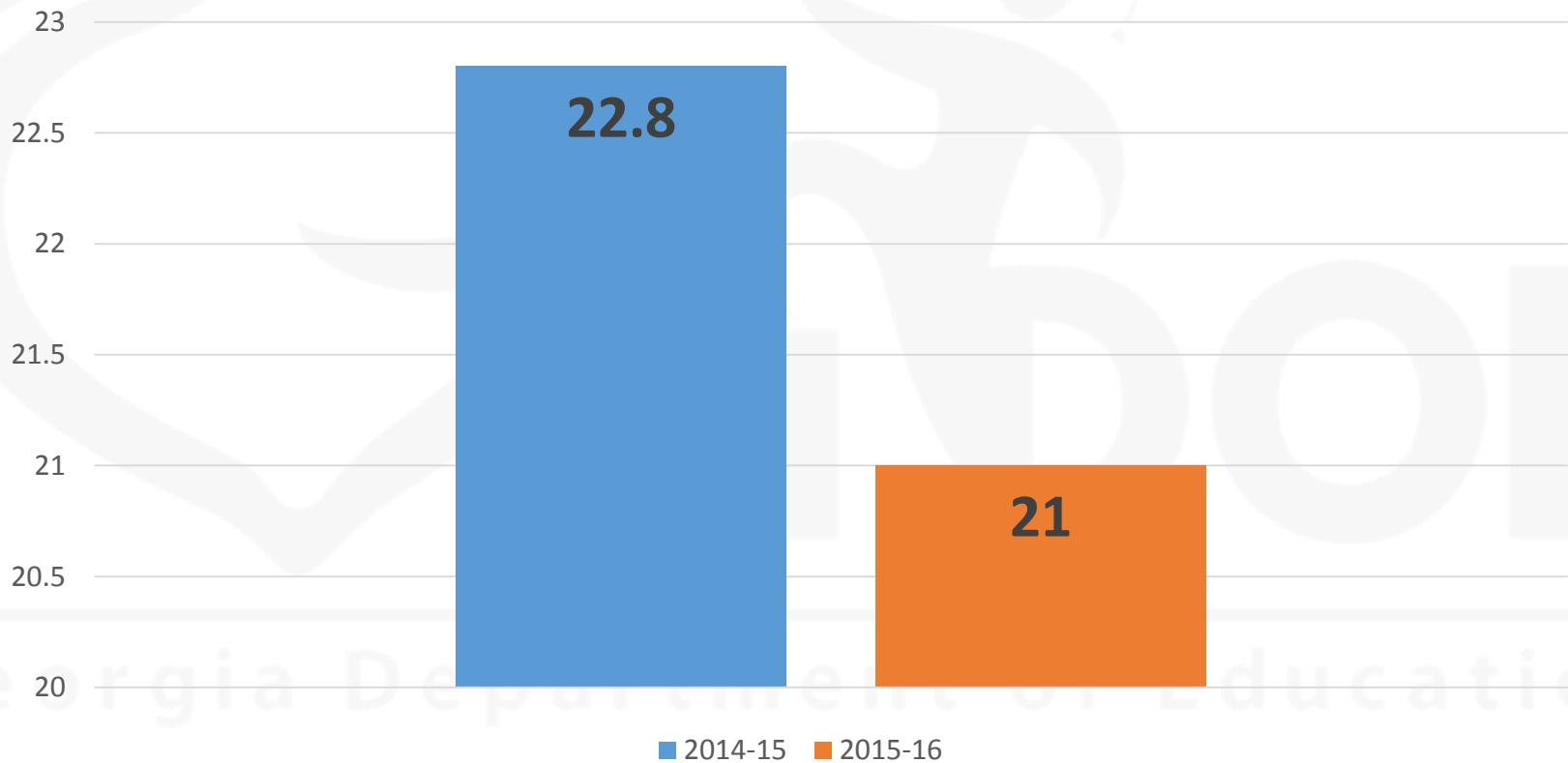


**In the past 30 days, (on how many days) have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?**

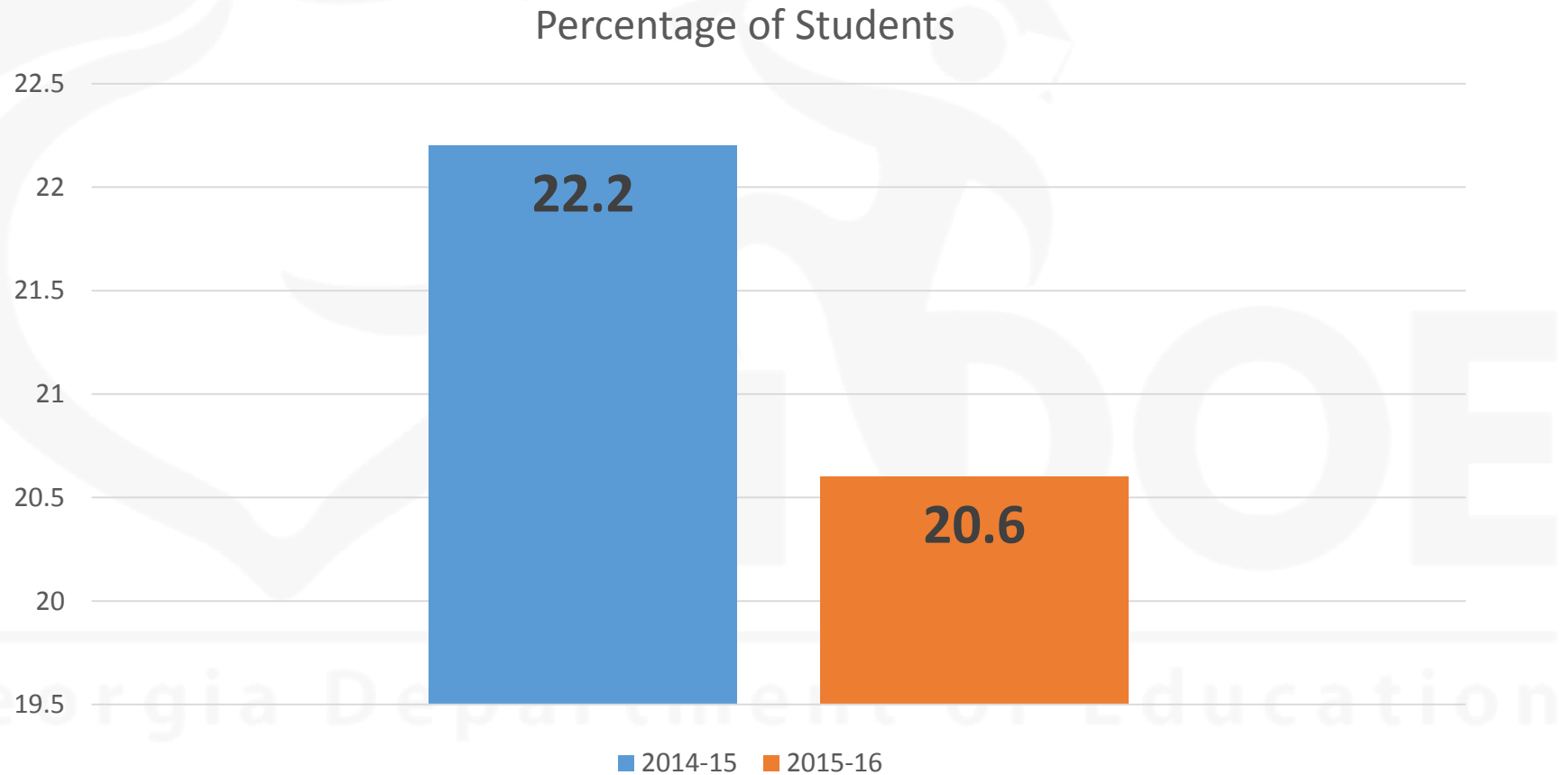


**In the past 30 days, (on how many days) have you experienced severe mood swings that have caused problems in relationships?**

Percentage of Students



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



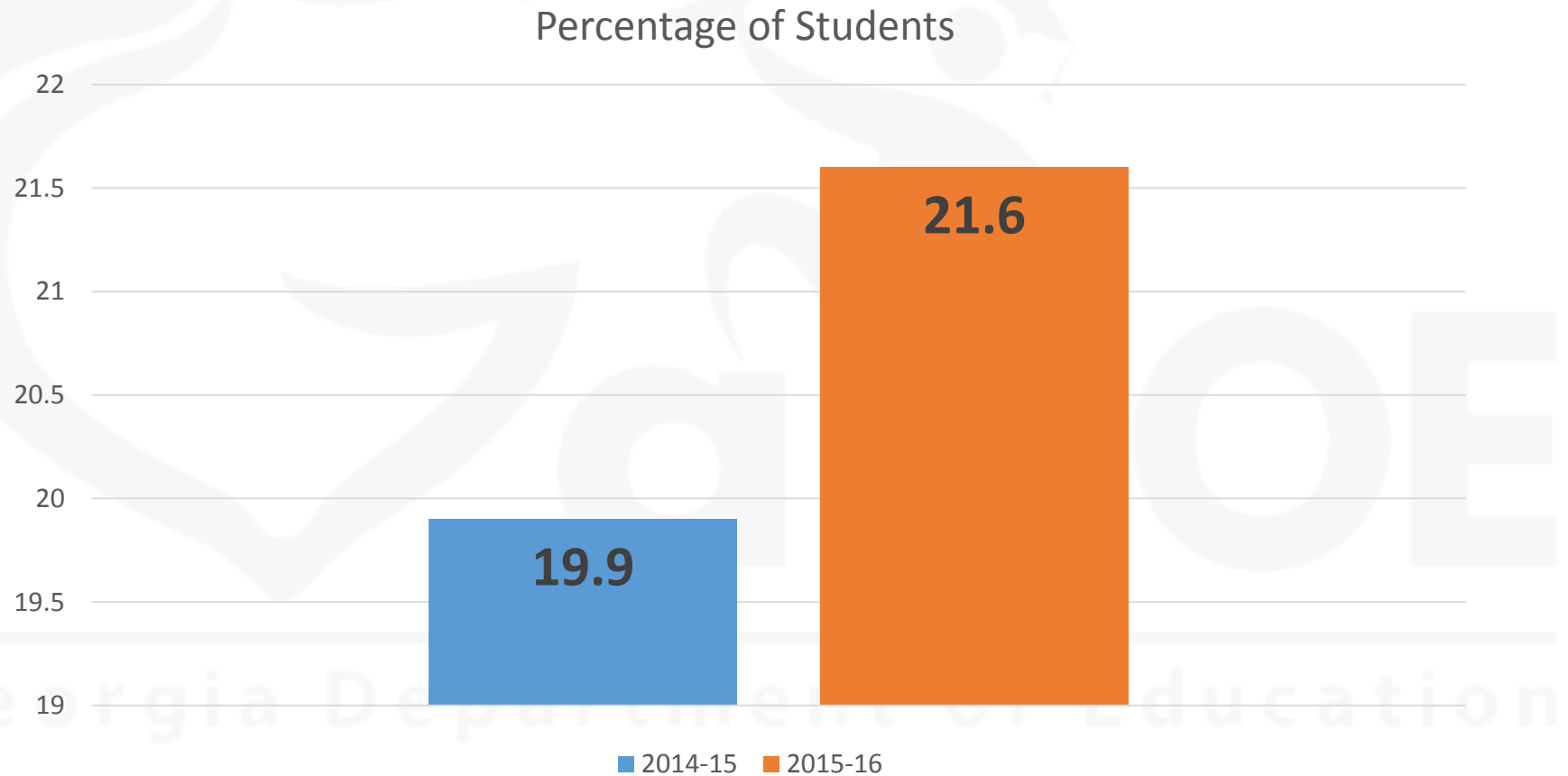
# What is happening to our students living with mental illnesses?

# 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.

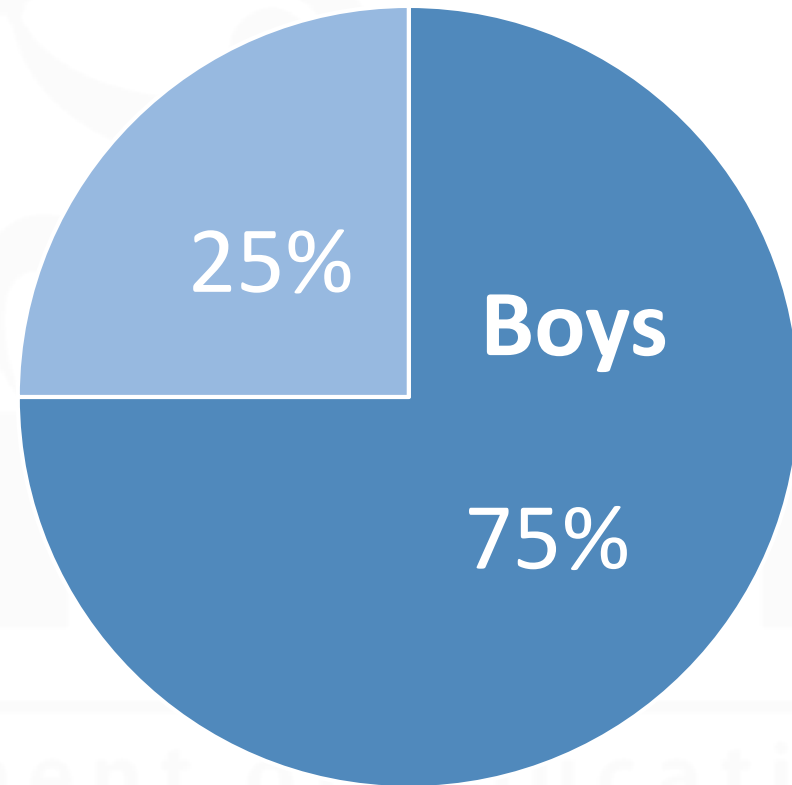
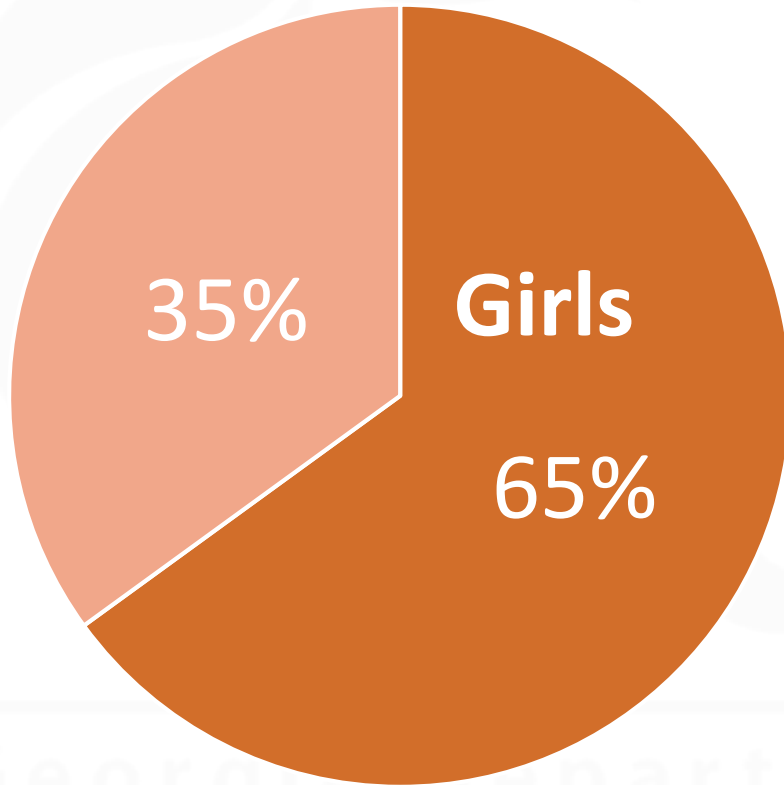
# In the past 30 days, (on how many days) have you considered dropping out of school?



# Entering the Juvenile Court System and Department of Juvenile Justice



## Percentage of adolescents in juvenile detention centers with at least 1 mental illness.



Source: National Institute of Mental Health

■ With ■ Without

■ With ■ Without

# Suicide

# Leading Causes of Death

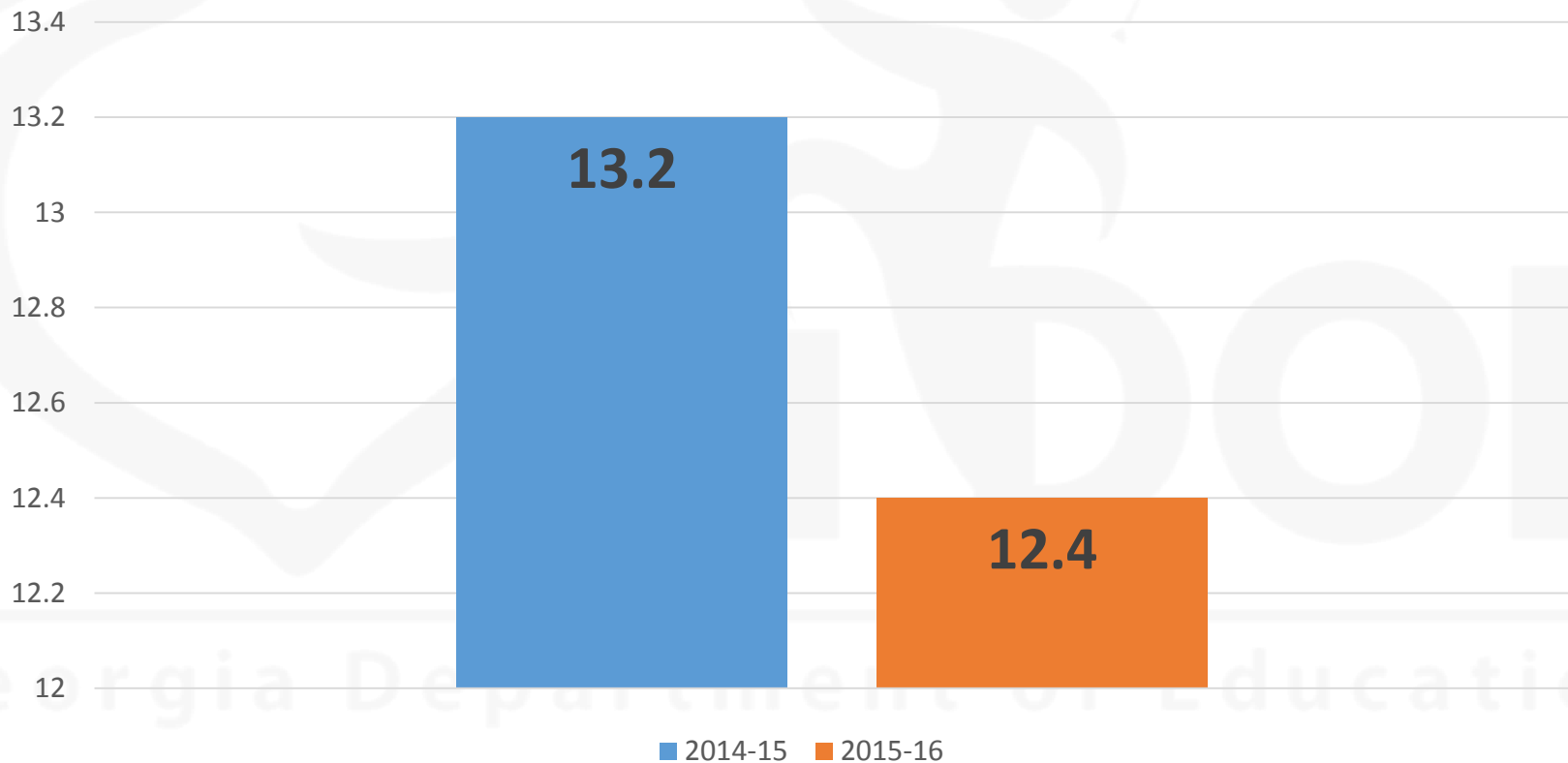
## Age Groups

10-14	15-24	25-34
Unintentional Injury 775	Unintentional Injury 11,619	Unintentional Injury 16,209
Malignant Neoplasms 448	Suicide 4,878	Suicide 6,348
Suicide 386	Homicide 4,329	Homicide 4,236

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

# During the past 12 months, (on how many occasions) have you seriously considered harming yourself on purpose?

Percentage of Students

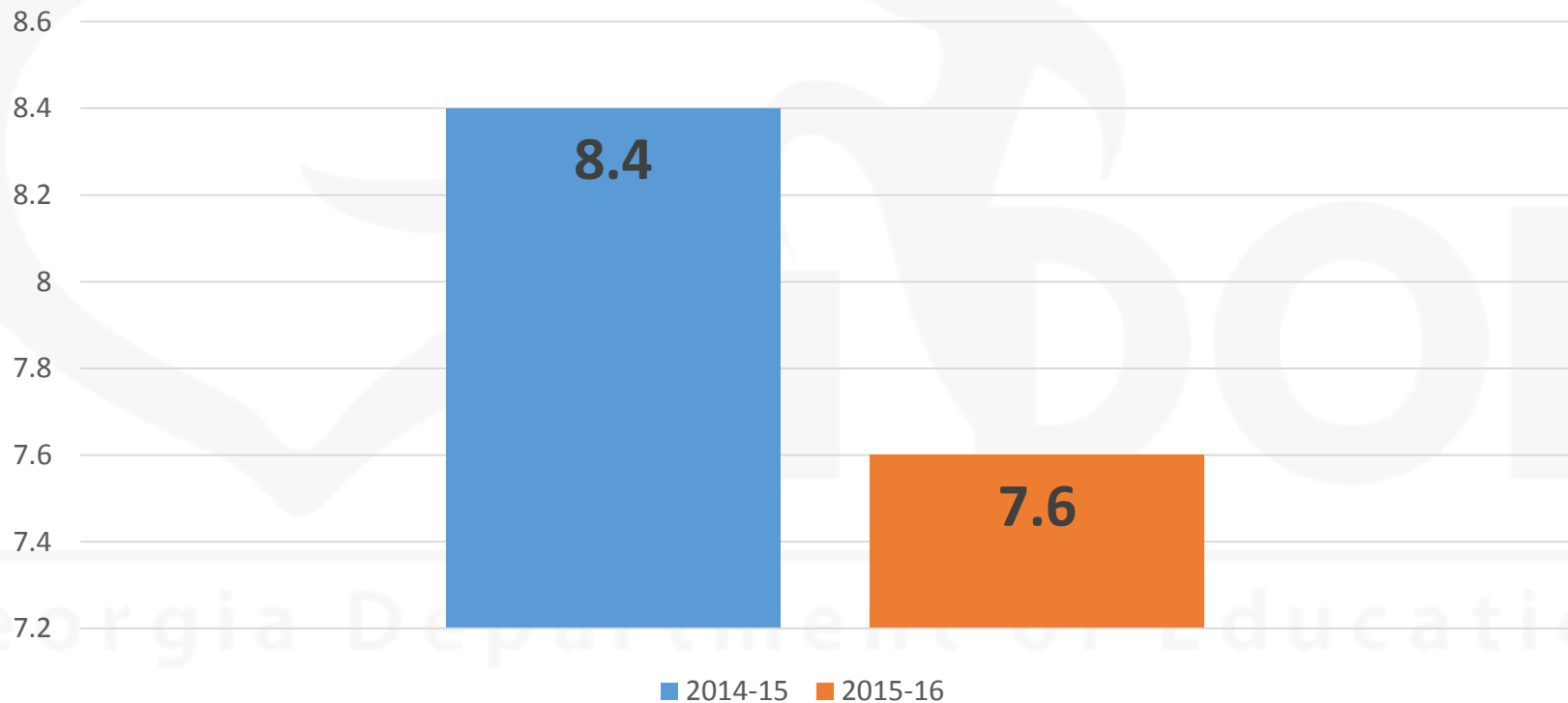




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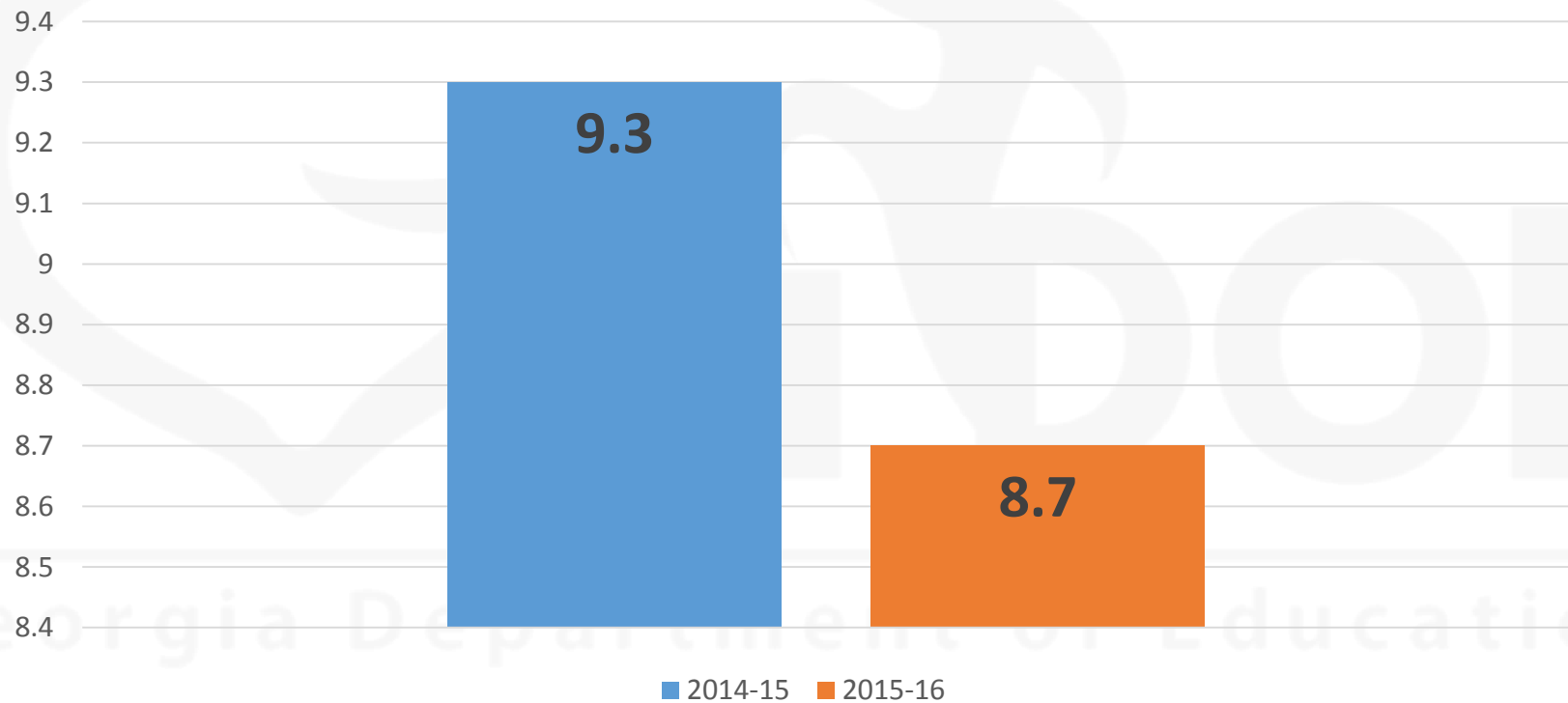
# During the past 12 months, (on how many occasions) have you harmed yourself on purpose?

Percentage of Students



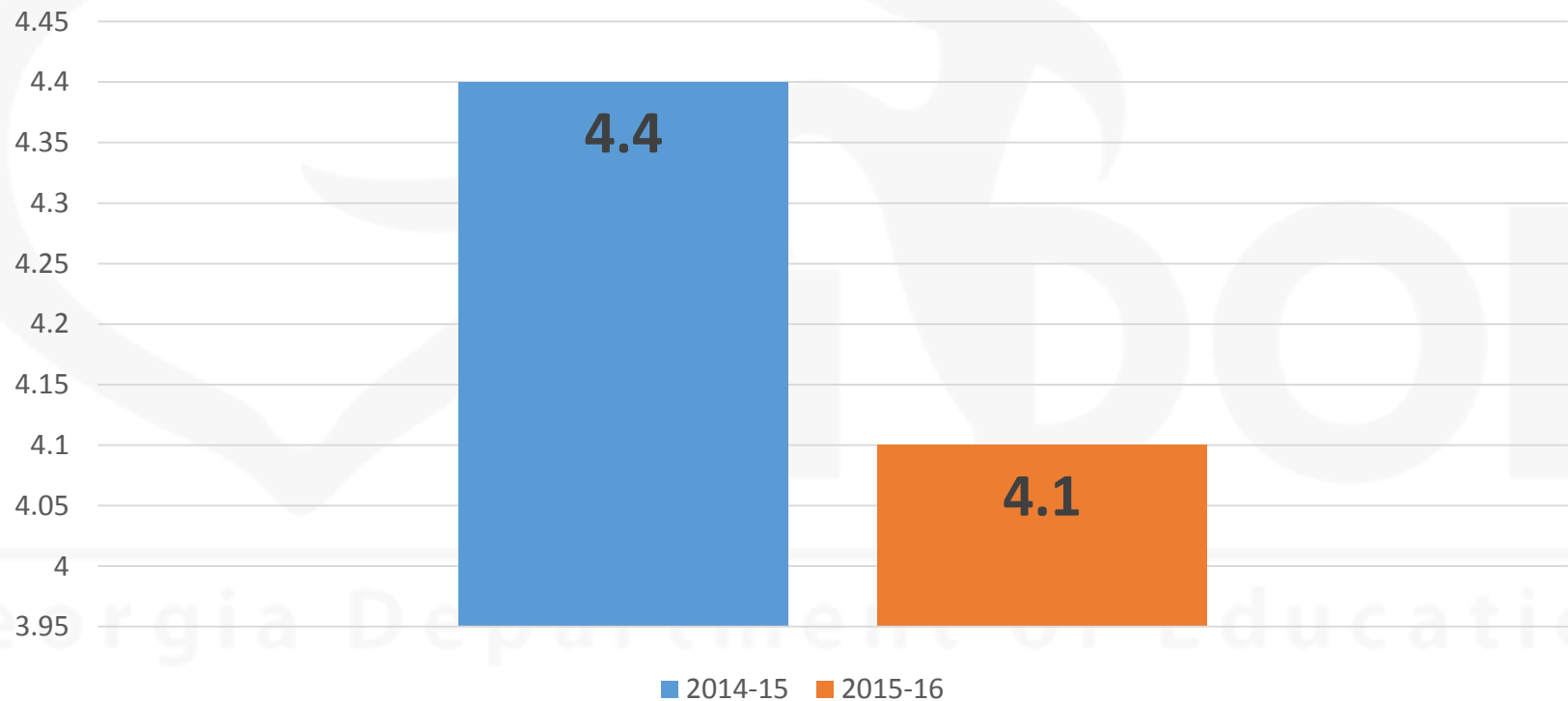
# During the past 12 months, (on how many occasions) have you seriously considered attempting suicide?

Percentage of Students



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

Percentage of Students



# Interconnected Systems Framework



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## 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**



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# What Qualifies A Student? **Tier I**

## PBIS

- All Students

## School Mental Health

- All Students

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# What Interventions Are Used? **Tier I**

## School Mental Health

### PBIS

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

- 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**

## School Mental Health

### PBIS

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

- Social-Emotional Learning Groups
  - Anger
  - Impulse Control
  - Grief / Bereavement
  - Emotion Regulation
  - Self-Esteem
  - Depression



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# What Qualifies A Student? **Tier III**

## School Mental Health

### PBIS

- 6+ Office Referrals

- Elevated Score on the Universal Screening
- Teacher Referral
- Crisis

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# What Interventions Are Used? **Tier III**

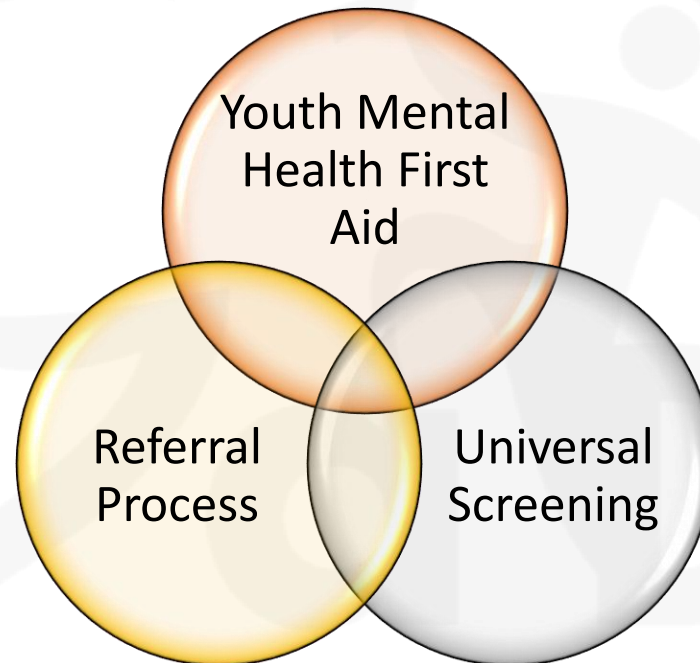
## School Mental Health

### PBIS

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

- Referral to Mental Health Provider
- Skill Building
  - Relaxation
  - Coping
  - Conflict Resolution
  - Social / Relationship

# Tier I Supports



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# Resource Mapping

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

### Step2 – Map the Tiered Social/Emotional/Behavioral Supports Available in the Targeted Elementary School

Tier of Support	Name of Program	Contact Person	Schedule	Grade Level	Eligibility	How to Access	# Served
Tier 1	PBIS	Machelle Garland-JHE	Daily	Pre-K - 5th	All Students	School Wide	494
	Classroom Guidance	Machelle Garland-JHE	Weekly (Tuesday)	K - 5th	All Students (K-5)	Specials Rotation	418
	Project Wisom and Skill Streaming lessons	Dixie Johnston-JHE	Daily	Pre K - 5th	All Students	Jordan Hill Morning News	494
Tier 2	RTI	Machelle Garland-JHE	Weekly	Pre-K - 5th	Universal Screener	Teacher Referral	51
	Check In and Check Out	Machelle Garland-JHE	Daily	Pre-K - 5th	Universal Screener	RTi Referral	10
	Group Counseling	Machelle Garland-JHE	Weekly as scheduled	Pre-K - 5th	Needs Assessment	Teacher Referral	18
Tier 3	RTI	Machelle Garland-JHE	Weekly	Pre-K - 5th	Universal Screener	Teacher Referral	23
	Individual Counseling	Machelle Garland-JHE	Daily as needed	Pre-K - 5th	All Students	Self, Teacher, or Parent Referral	494
	Project Aware Group Counseling	Kelly Petaccio	Weekly as needed	Pre-K - 5th	RTI Referral	Project Aware Referral Form	6
Tier 4	Special Education	Monica White, Latasha Bryant, Joe DeGennaro	Daily	Pre-K - 5th	Meets SPED eligibility requirements	Referral Consideration Meeting	60

# 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



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## 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



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- 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.

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# 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

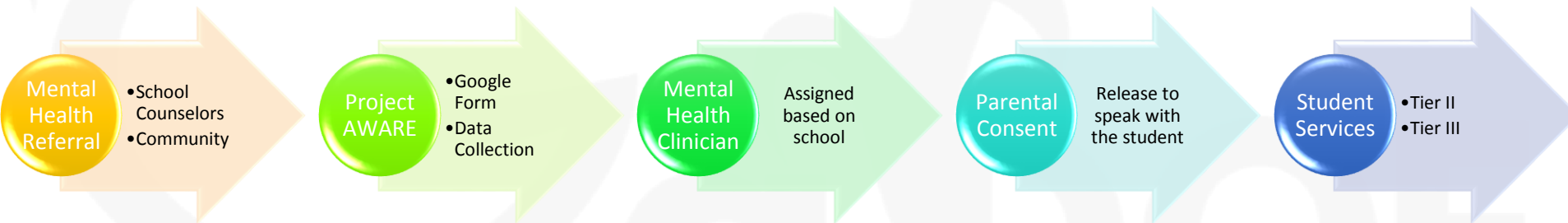
**Does your school system  
allow outside Community  
Service Providers to serve  
the students at school?**

**Red Sheet = No**

**Green Sheet = Yes**

**No Sheet = I'm Asleep**

# Project AWARE Referral Process

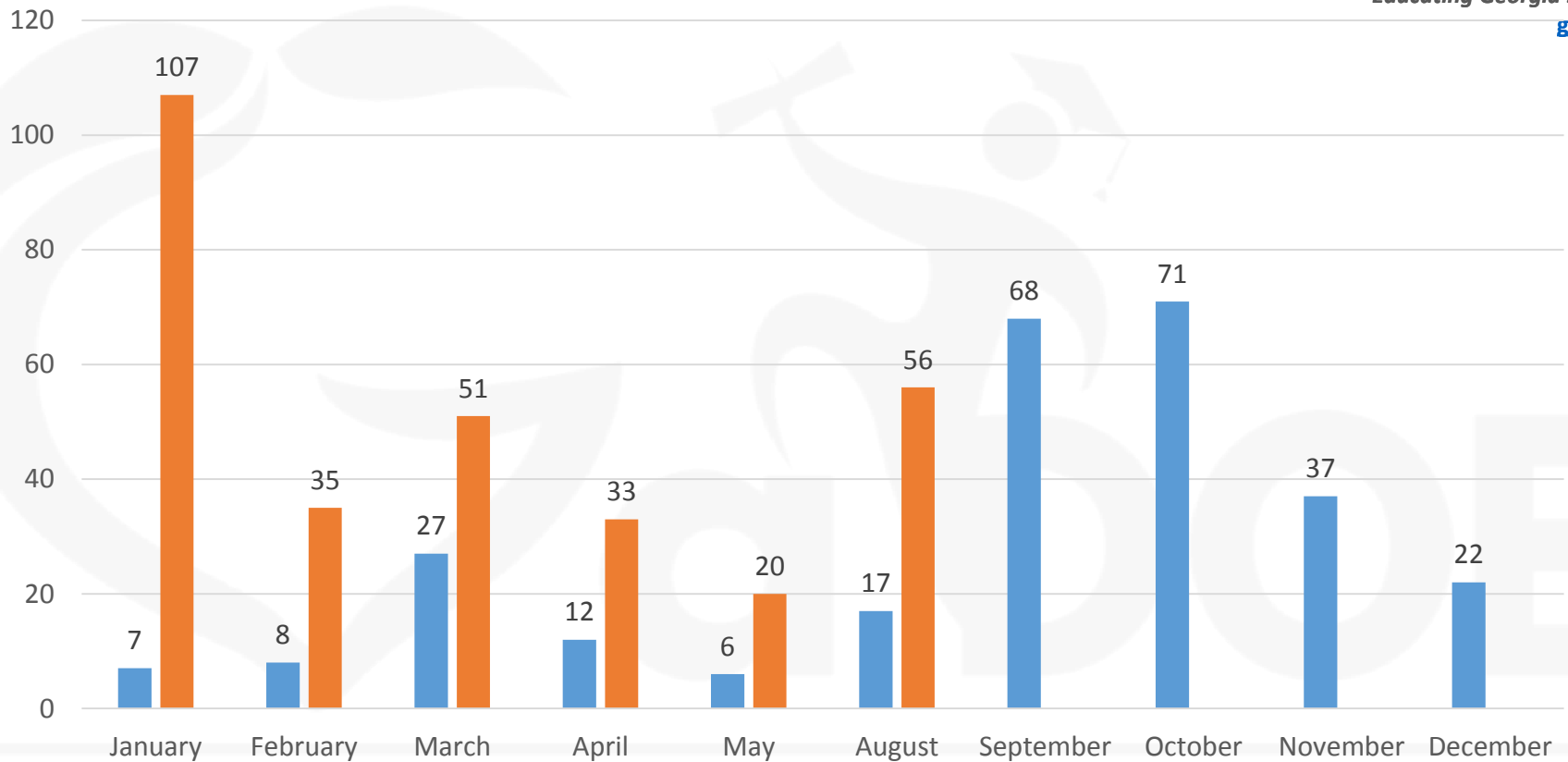


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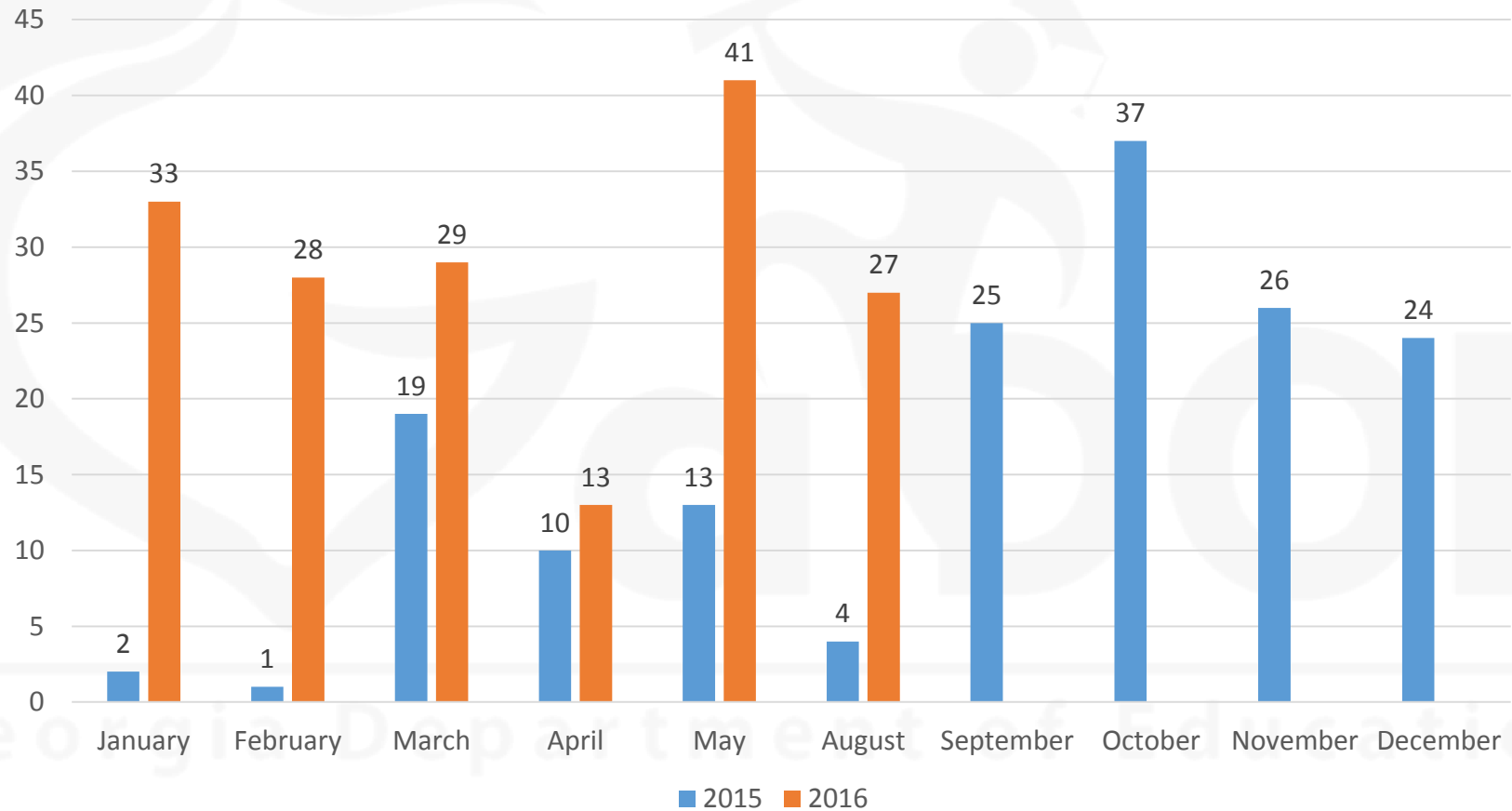
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# School Referrals For Mental Health Services



Source: GSCS Quickscore

# Outside Referrals Made





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# 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
- Rtl Tier
- Special Education services
- Insurance coverage
- Area of Concern
- Briefly describe concern
- Prior PBIS / Rtl interventions
- All staff within and outside the school associated with the student
- Other children in the house



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# 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.



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**Identify needs and gaps of  
students and families to  
connect them to resources.**

**UNIVERSAL SCREENER  
(Tier I)**

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# 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

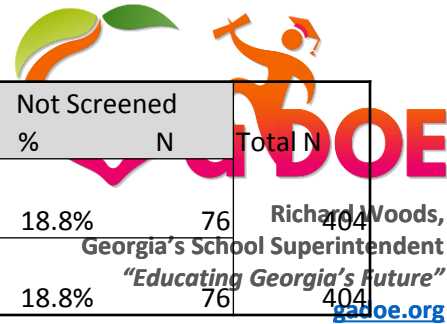
DATE:			Student Risk Screening Scale- Internalizing and Externalizing (SRSS-IE) 2.0 ELEMENTARY USE 2014 - 2015														
TEACHER NAME																	
0 = Never 1 = Occasionally 2 = Sometimes 3 = Frequently Use the above scale to rate each item for each student.			Steal	Lie, Cheat, Sneak	Behavior Problem	Peer Rejection	Low Academic Achievement	Negative Attitude	Aggressive Behavior	Emotionally Flat	Shy, Withdrawn	Sad; Depressed	Anxious	Lonely	SRSS TOTAL	SRSS-I5 TOTAL	SRSS-IE TOTAL
Student Name	Student ID	No.															
Smith, Sally	11111	0	0	0	3	1	3	3	3	2	2	2	3	0	13	9	22
		1													0	0	0
		2													0	0	0
		3													0	0	0
		4													0	0	0
		5													0	0	0
		6													0	0	0
		7													0	0	0
		8													0	0	0
		9													0	0	0
		10													0	0	0
		11													0	0	0



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# SRSS-IE Cut Scores

SRSS Scale	No indication of concern	Slightly raised	High/ Very High
Externalizing	0-3	4-8	9 or more
Internalizing	0-1	2-3	4 or more



**Schoolwide (N=404) Base Rates**

	Total Screened	No indication of concern		Slightly Raised		Elevated		Not Screened		Total N
		%	N	%	N	%	N	%	N	
<b>SRSS Externalizing</b>	<b>328</b>	76.5%	251	18.6%	61	4.9%	16	18.8%	76	404
<b>SRSS Internalizing</b>	<b>328</b>	84.5%	277	10.4%	34	5.2%	17	18.8%	76	404

		Slightly Elevated Ext.		Slightly Elevated Int.		Slightly Elevated Ext.		Elevated Int.		Elevated Ext.		Slightly Elevated Int.		Elevated Ext.		Elevated Int.		
	<b>N Total</b>	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	% Total
<b>School</b>	404	<b>2.48%</b>	<b>10</b>	<b>1.49%</b>	<b>6</b>	<b>0.50%</b>	<b>2</b>	<b>0.74%</b>	<b>3</b>	<b>5.20%</b>								
K	62	0.00%	0	3.23%	2	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	<b>3.23%</b>
1	69	4.35%	3	1.45%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	<b>5.80%</b>
2	72	6.94%	5	1.39%	1	2.78%	2	4.17%	3	15.28%								
3	49	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	<b>0.00%</b>
4	74	1.35%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	<b>1.35%</b>
5	75	1.33%	1	2.67%	2	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	<b>4.00%</b>

<b>Grade</b>	<b>Teacher</b>	Slightly Elevated Ext.	Slightly Elevated Int.	Slightly Elevated Ext.	Elevated Int.	Elevated Ext.	Slightly Elevated Int.	Elevated Ext.	Elevated Int.
K	Green			101118, 103045					
1	Thompson		101627		86439				
	Moran		87072, 92825						
2	Coe		101417, 101995		78149		81313, 78441		86976, 101941, 94068
	Echols		71668, 87193						
	Barkley		88067						
4	Cook		88066						
5	Butler		94092						
	Ingram			48572, 73843					

# 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

SDQ Scale	No indication of concern	Slightly raised	High/ Very High
Externalizing	0-8	9-10	11 or more
Internalizing	0-6	7-8	9 or more

# 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



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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)**



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# 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.



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# 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](http://www.positiveaction.net)



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# 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.



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# 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.



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# 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

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Instagram: gscsaware



Facebook: GSCS Project  
AWARE



Tumblr: gscsaware



Twitter: @gscsaware



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**“It is easier to  
build strong children  
than to repair  
broken men.”**

**~ Frederick Douglass**

Georgia Department of Education

# Thank You!





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Georgia's School Superintendent  
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# Contact Us

## Jason Byars

- District Coordinator
- Project Aware & PBIS
- Griffin-Spalding County School System
- Griffin, GA
- (678) 967-9857
- [Jason.Byars@GSCS.org](mailto:Jason.Byars@GSCS.org)

## Kelly Petaccio

- Licensed Professional Counselor
- Project Aware & PBIS
- Griffin-Spalding County School System
- Griffin, GA
- [Kelly.Petaccio@GSCS.org](mailto:Kelly.Petaccio@GSCS.org)