

Georgia on My Mind

Learning targets

- Identify barriers and perceived barriers to school mental health services at school and district and state level
- Learn strategies for removing barriers, policies and practices that prevent implementing services at all levels.



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Barriers



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Barriers

- Lack of a comprehensive state plan for school based mental health services
- Agencies competing for funding to serve children and youth



Barriers

- Agencies working in silos
- Competing initiatives



Barriers

- Stigma of mental illness
- Liability fear
- Lack of knowledge regarding mental wellness and mental illness
- **Vocabulary challenge:** mental illness, mental wellness, behavior, social-emotional



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Connecting the Dots

- Connecting **academic performance** to **mental wellness**

- **Data**

Student Health Survey 121 questions

School Counselor Survey

Georgia Department of Education

Finding the right Champions



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Champions

- Interagency Directors Team



Mental Health Champions



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- Georgia Department of Behavioral Health and Developmental Disabilities
 - Georgia Department of Community Health
 - Georgia Department of Early Care and Learning
 - Georgia Department of Education
 - Georgia Department of Human Services Division of Family and Children Services
 - Georgia Department of Juvenile Justice
 - Georgia Department of Public Health
 - Georgia Vocational Rehabilitation Agency
- Amerigroup Community Care
 - CareSource
 - Center of Excellence for Children's Behavioral Health, Georgia State University
 - Center for Leadership in Disability, Georgia State University
 - Children's Healthcare of Atlanta
 - Georgia Alliance of Therapeutic Services for Children and Families
 - Georgia Association of Community Service Boards
 - Georgia Parent Support Network
 - Get Georgia Reading
 - Mental Health America, Georgia
 - Peach State
 - The Carter Center
 - Together Georgia
 - Voices for Georgia's Children
 - WellCare



Champions

Champions



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THE
CARTER CENTER



Waging Peace. Fighting Disease. Building Hope.

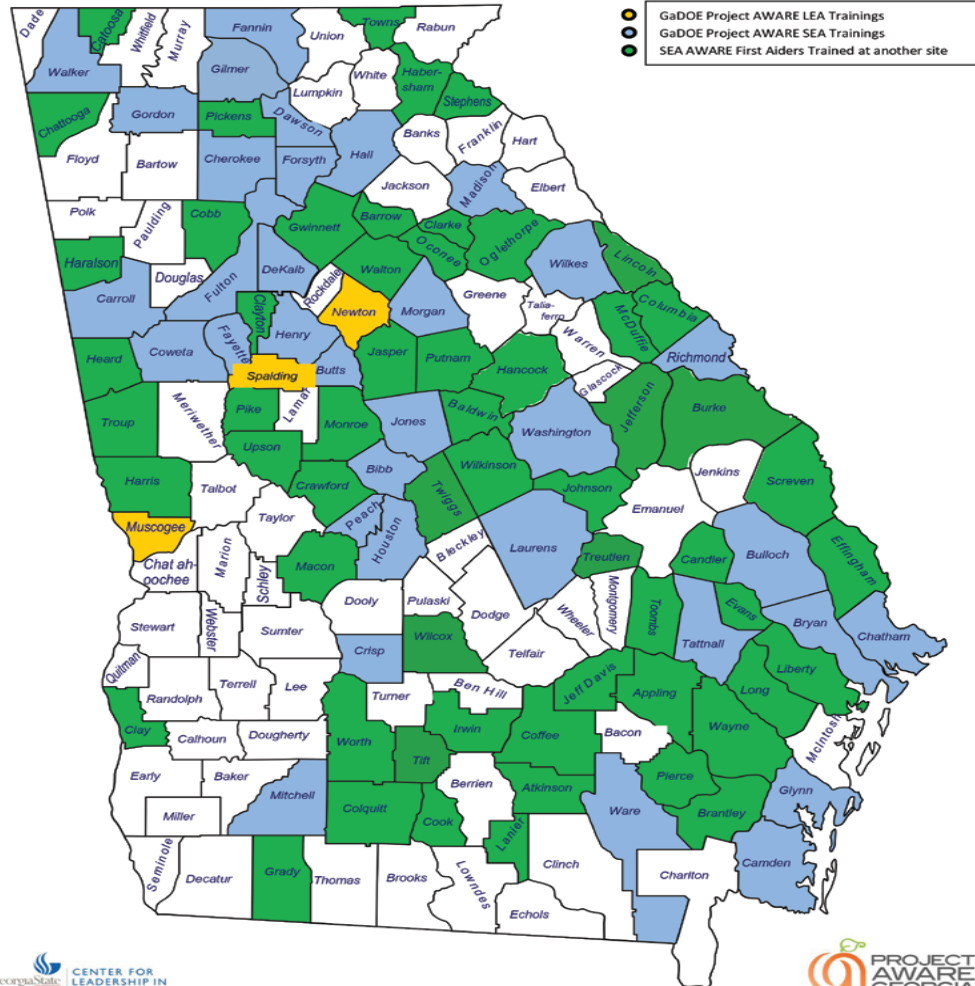


Champions Across the State



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Georgia Project AWARE YMHFA Trainings



Georgia

Education



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
- Trauma learning module offered by PBIS Team





Smooth Sailing Ahead

Challenges Continue

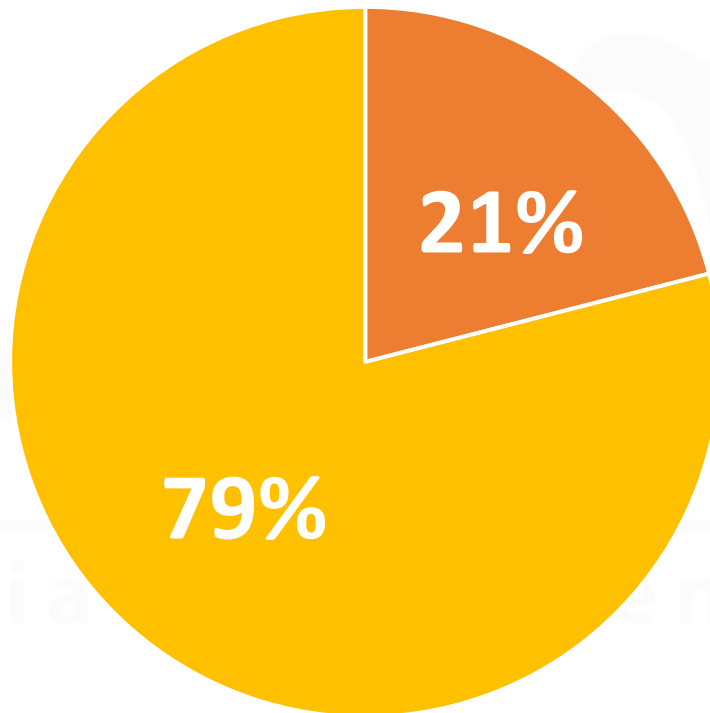
- Districts concerned about **liability** for identifying students with mental health needs.
- Mental health **stigma**.
- **Project AWARE ends** in September 2019
- Some silo workers like the **silos**.
- Many barriers persist but now **GEORGIA** has a

Vision



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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Student Health Survey Data

Total Number of Secondary Students Completing the Survey

- Griffin-Spalding

- 14/15 = 3,380
- 15/16 = 3,488
- 16/17 = 3,318
- 17/18 = 3,362

- Georgia

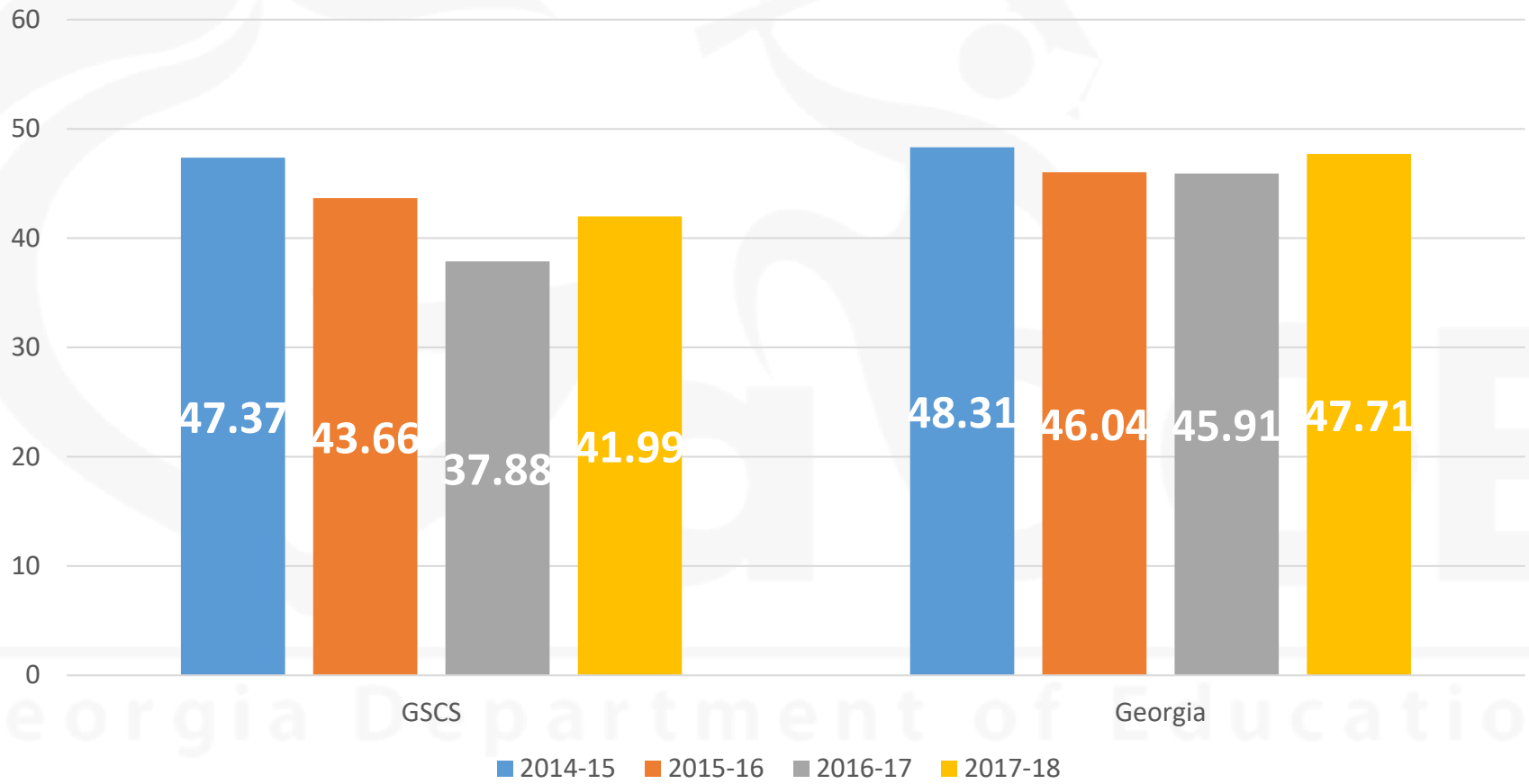
- 14/15 = 629,648
- 15/16 = 663,797
- 16/17 = 672,307
- 17/18 = 674,354



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

Depression

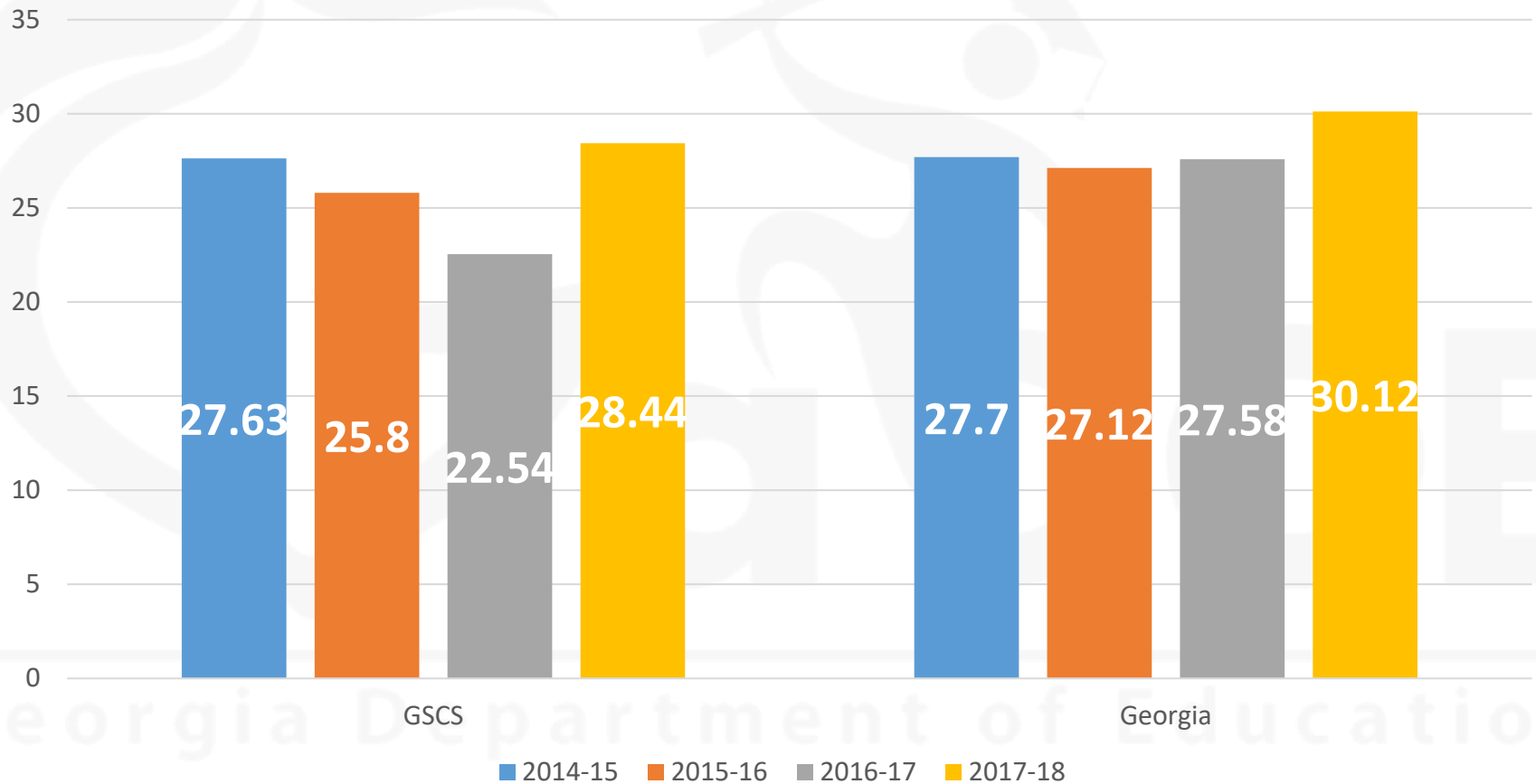




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115. In the past 30 days, (on how many days) have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?

Panic Disorder



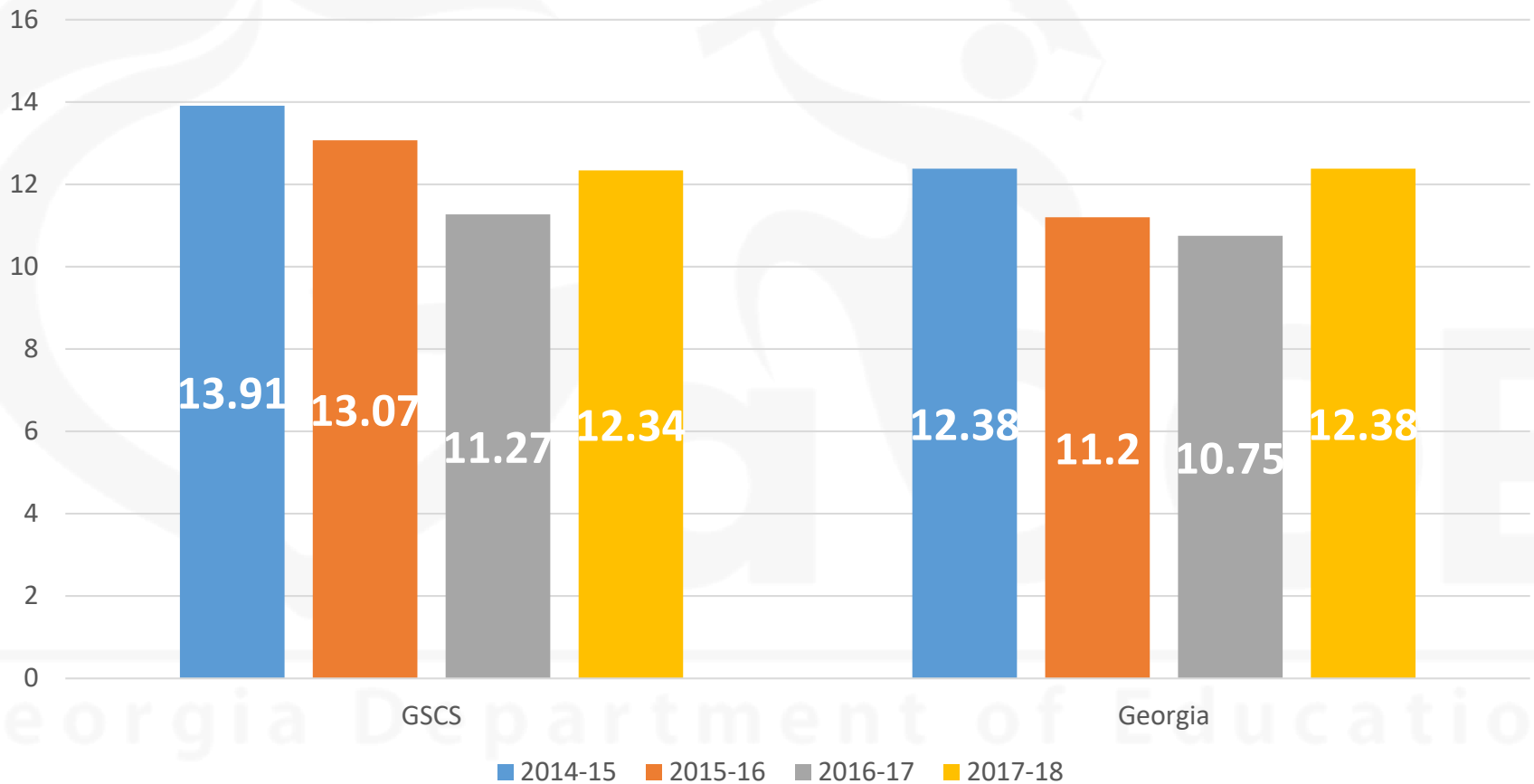
Source: Georgia Student Health Survey 2.0



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

Mania



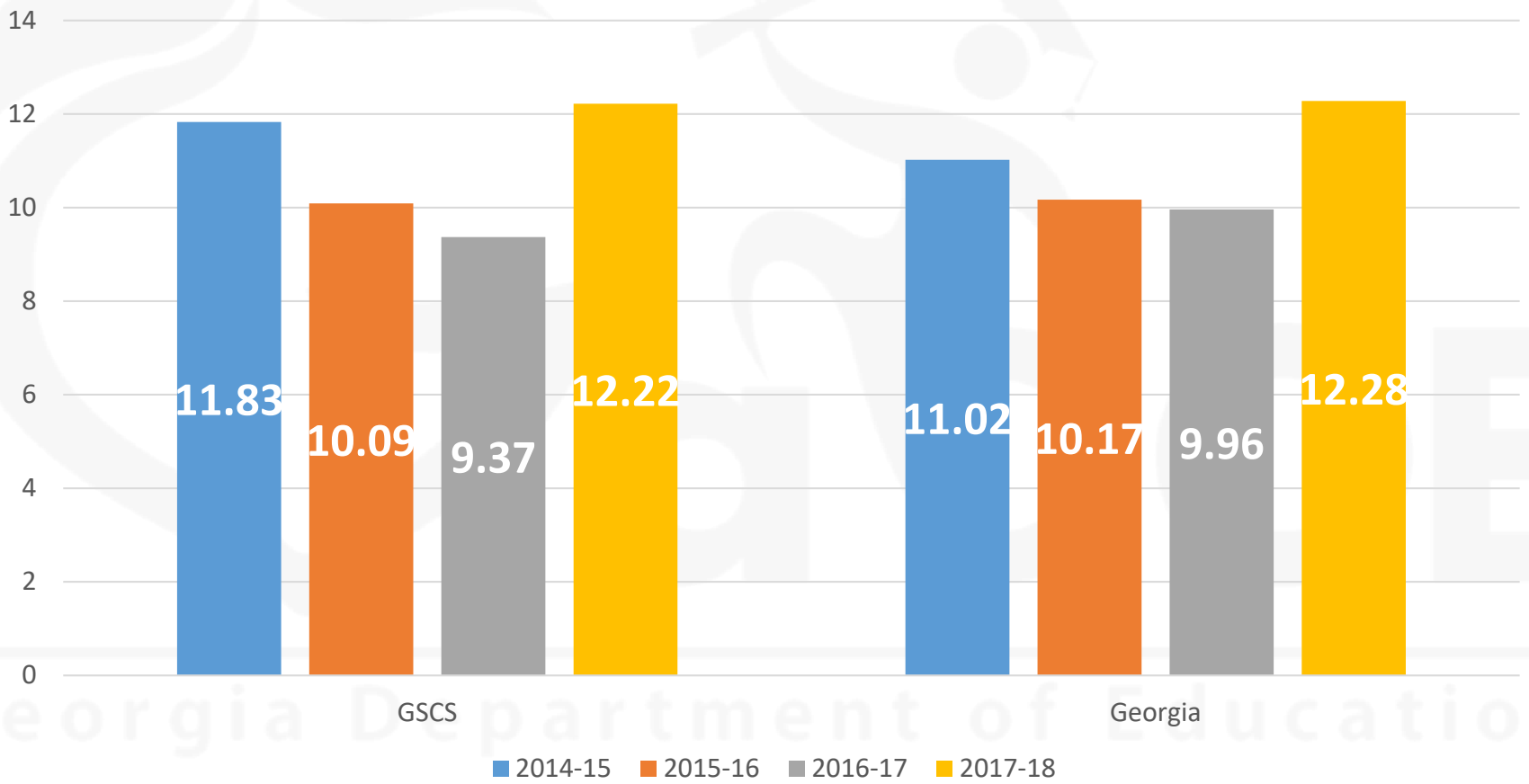
Source: Georgia Student Health Survey 2.0



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

Eating Disorders



Source: Georgia Student Health Survey 2.0

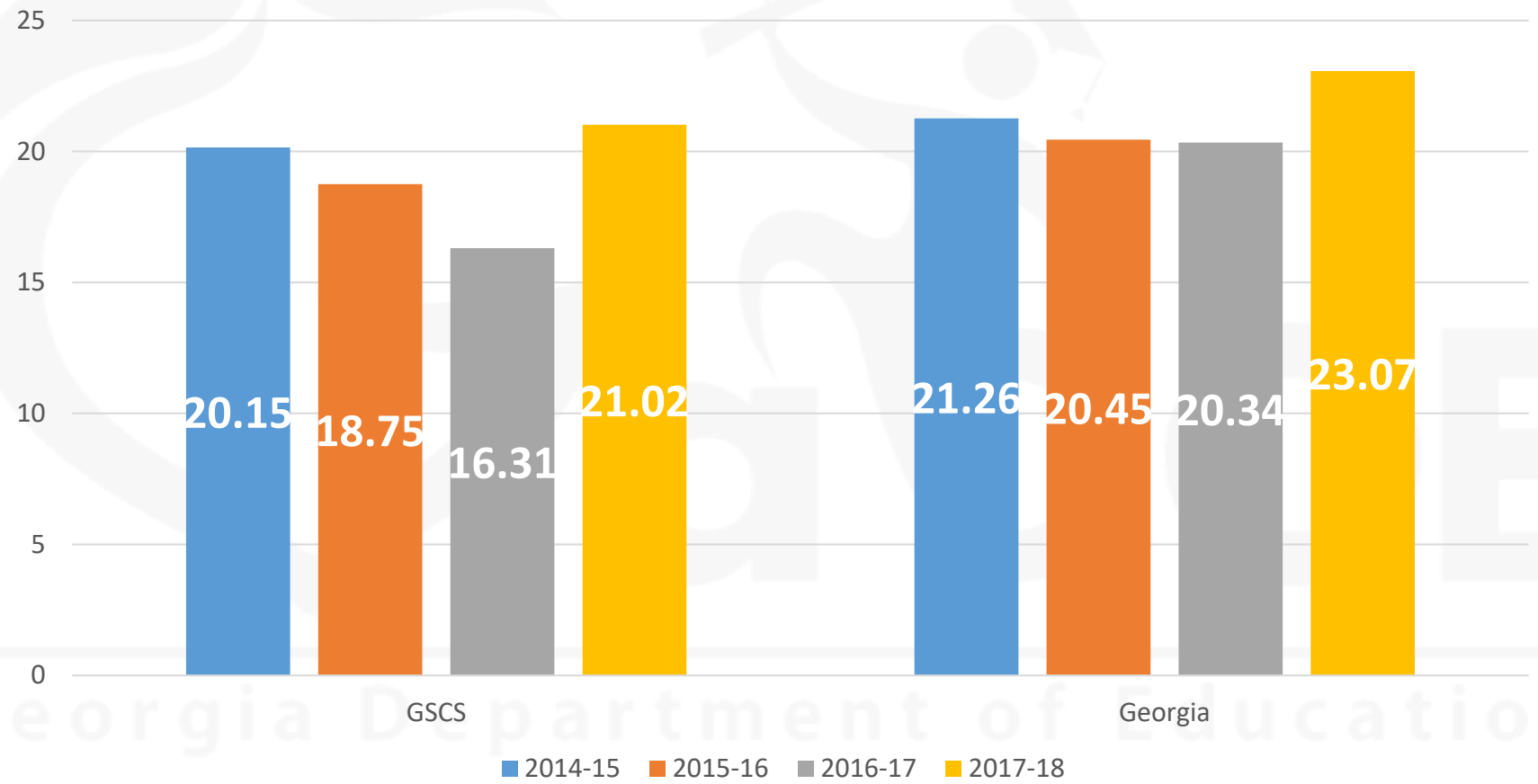


118. In the past 30 days, (on how many days) have you experienced intense worries or fears that get in the way of your daily activities?



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Anxiety

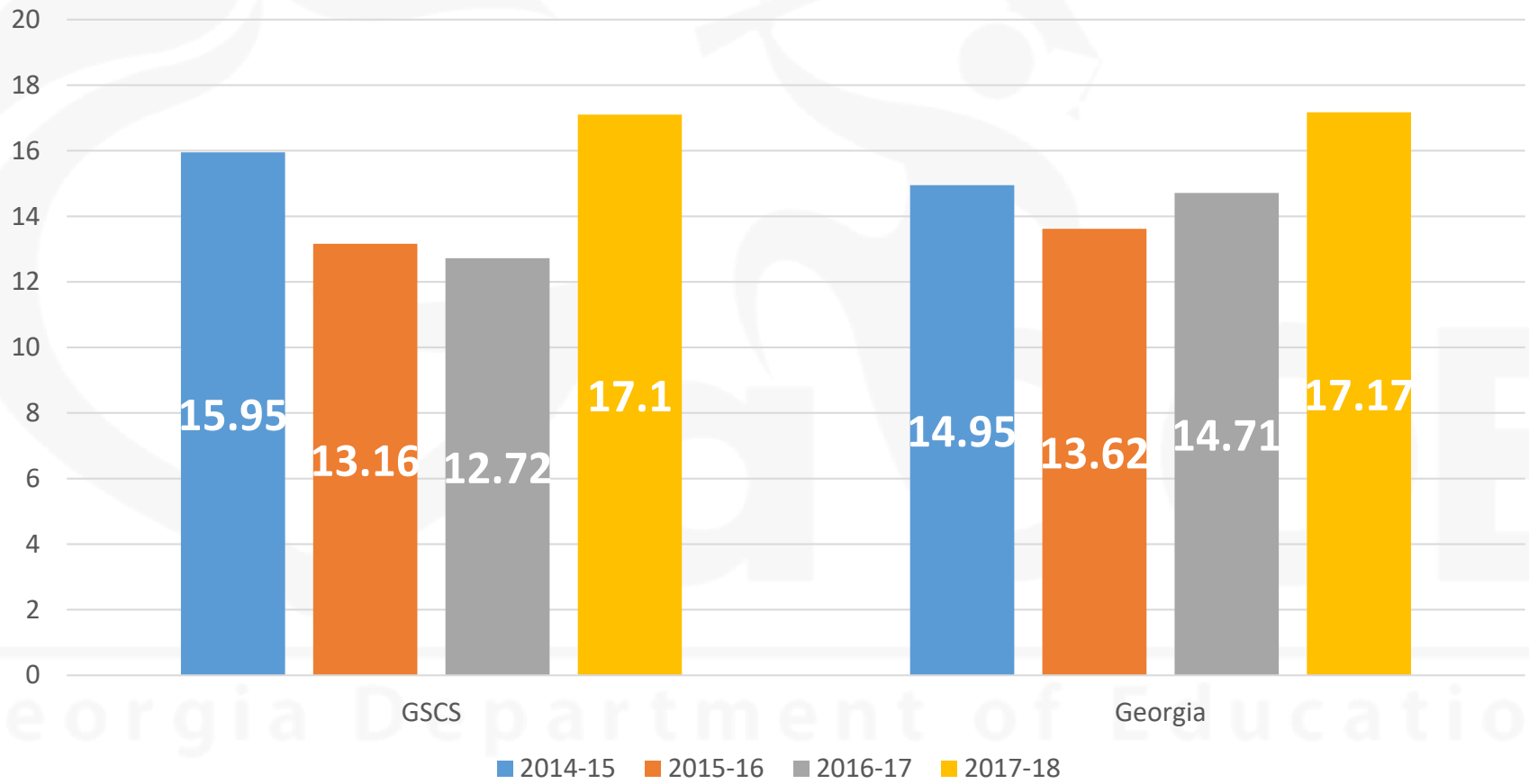




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119. In the past 30 days, (on how many days) have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

Attention Deficit



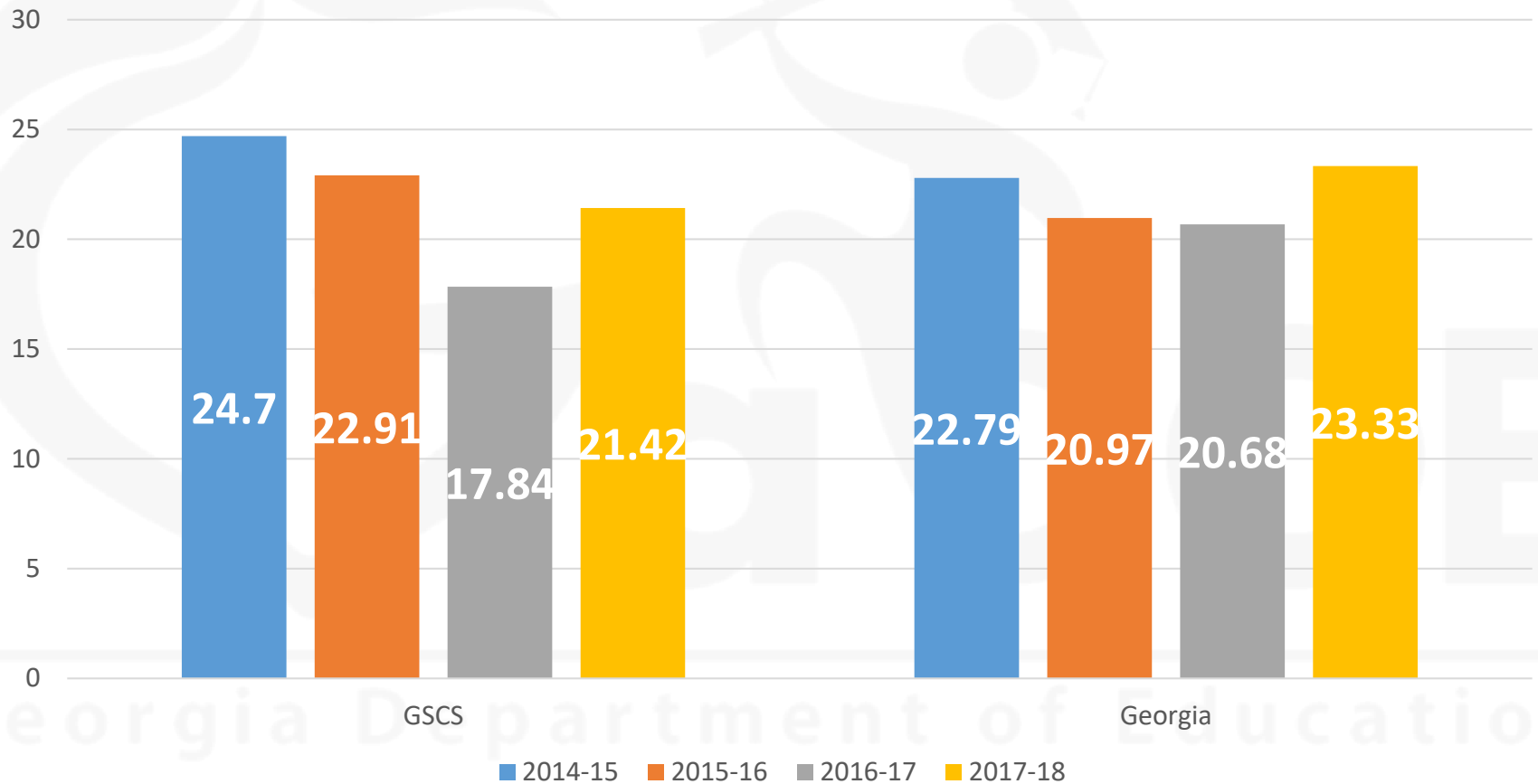
Source: Georgia Student Health Survey 2.0



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

Bipolar Disorder

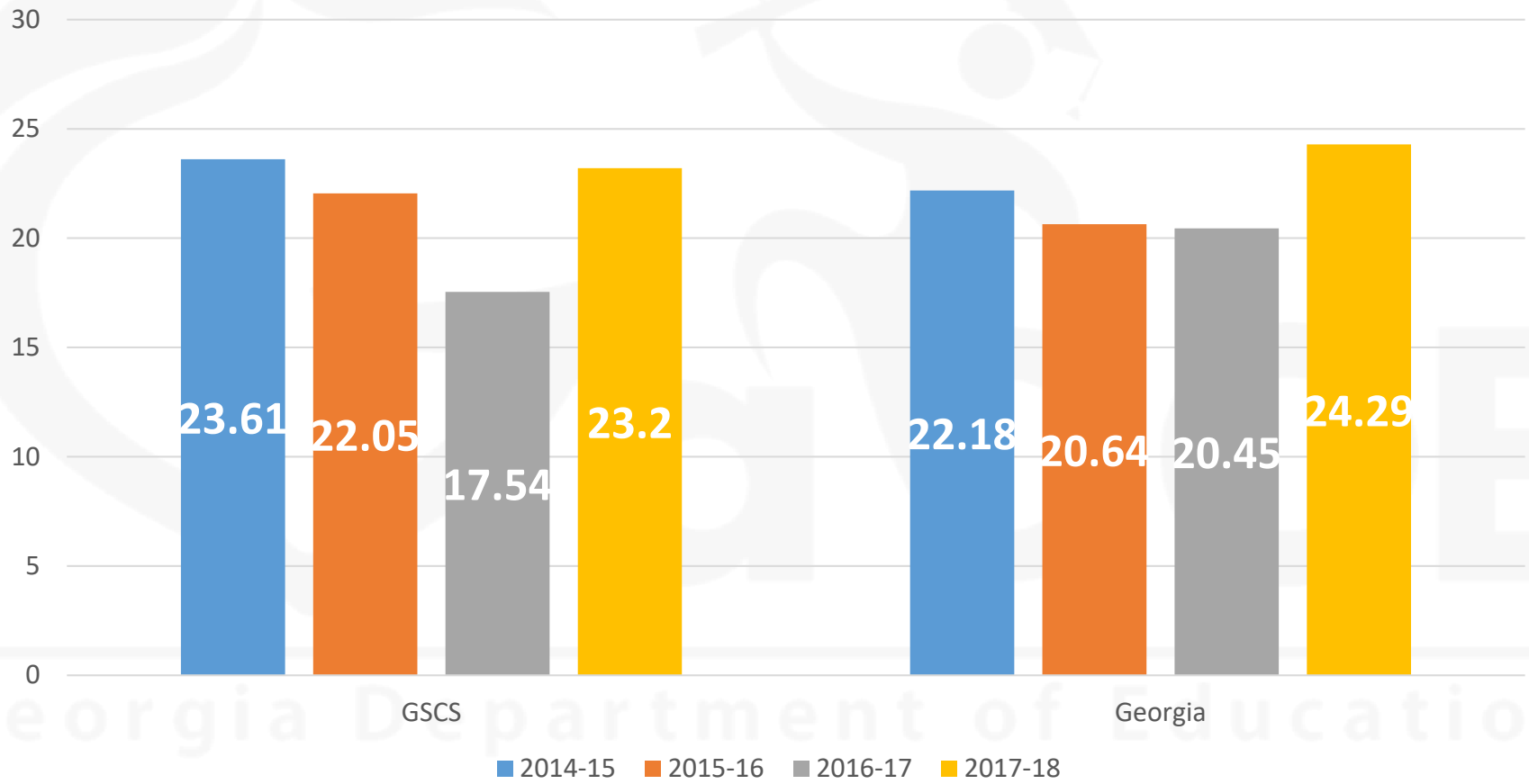




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121. In the past 30 days, (on how many days) have you experienced drastic changes in your behavior and/or personality?

Personality Disorder



Prevalence of Child and Adolescent Mental Disorders



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The 20/20 Problem

20%

of children have a
mental health disorder

20%

of those get the help
they need

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What is happening to our students living with mental illnesses?

Dropping Out of School

YOUTH MENTAL HEALTH AT SCHOOL



**1 IN 5 CHILDREN AGE
13-18 HAVE OR WILL
HAVE A MENTAL ILLNESS**

**THAT MEANS IN A CLASSROOM OF 25 STUDENTS,
5 WILL EXPERIENCE A MENTAL ILLNESS.**



SUICIDE

**2ND
LEADING CAUSE
OF DEATH
FOR AGES
10-24**

50%

OF STUDENTS AGE 14
AND OLDER WITH A
MENTAL ILLNESS DROP
OUT OF HIGH SCHOOL.

EVERY DAY IN THE UNITED STATES
OVER **5,240 STUDENTS**
IN GRADES 7-12 **ATTEMPT SUICIDE**

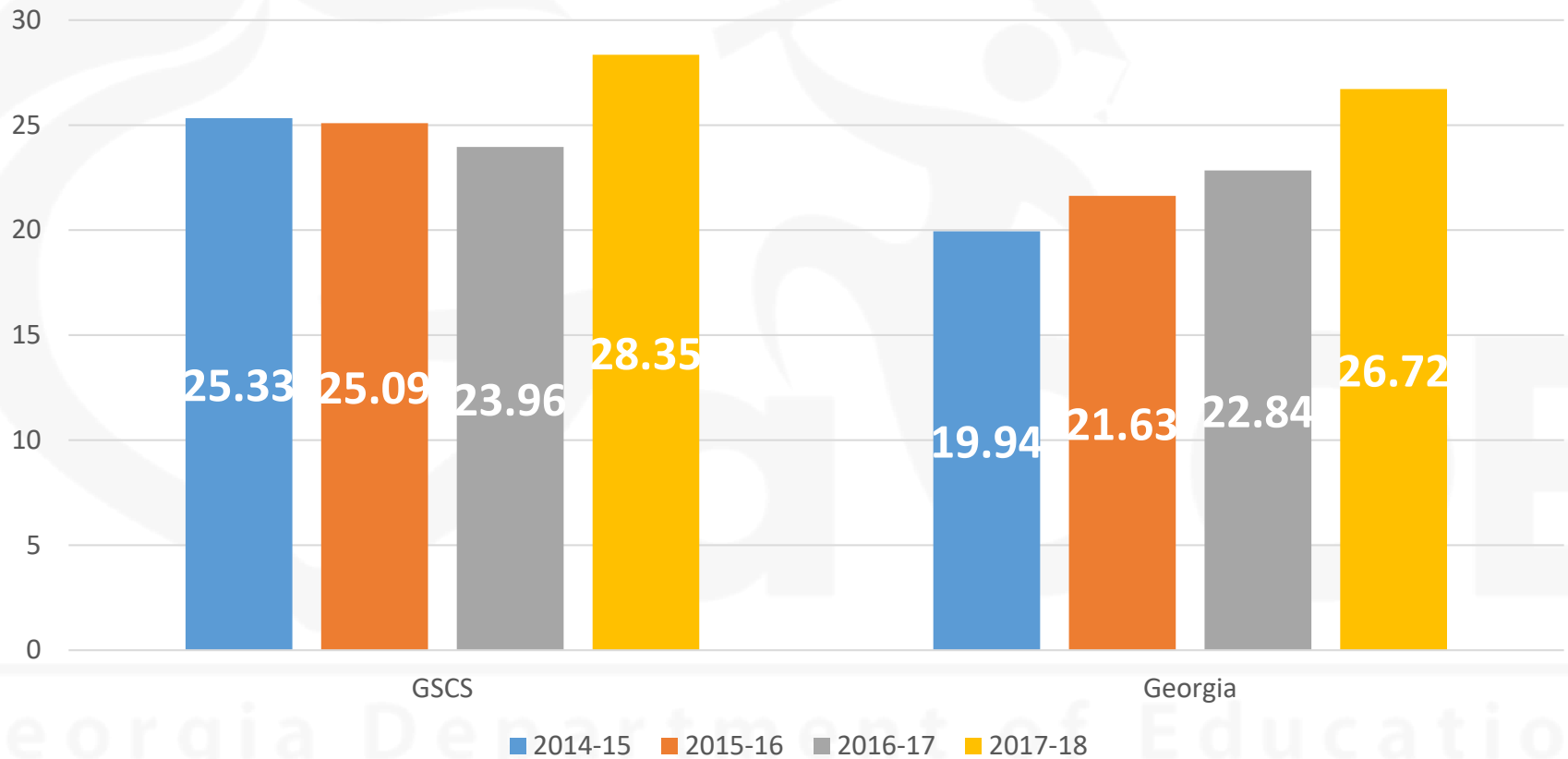
4 OF 5
HAVE GIVEN
**CLEAR WARNING
SIGNS**



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69. During the past 12 months, (on how many occasions) have you thought about dropping out of school?

Percentage of Students



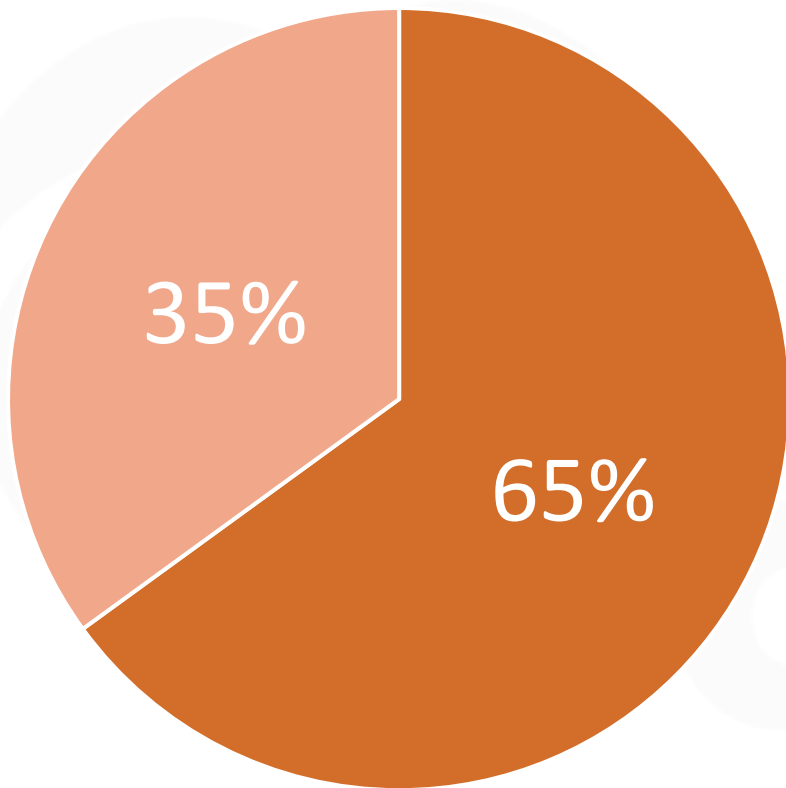


**Entering the
Juvenile Court
System and
Department of
Juvenile Justice**

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

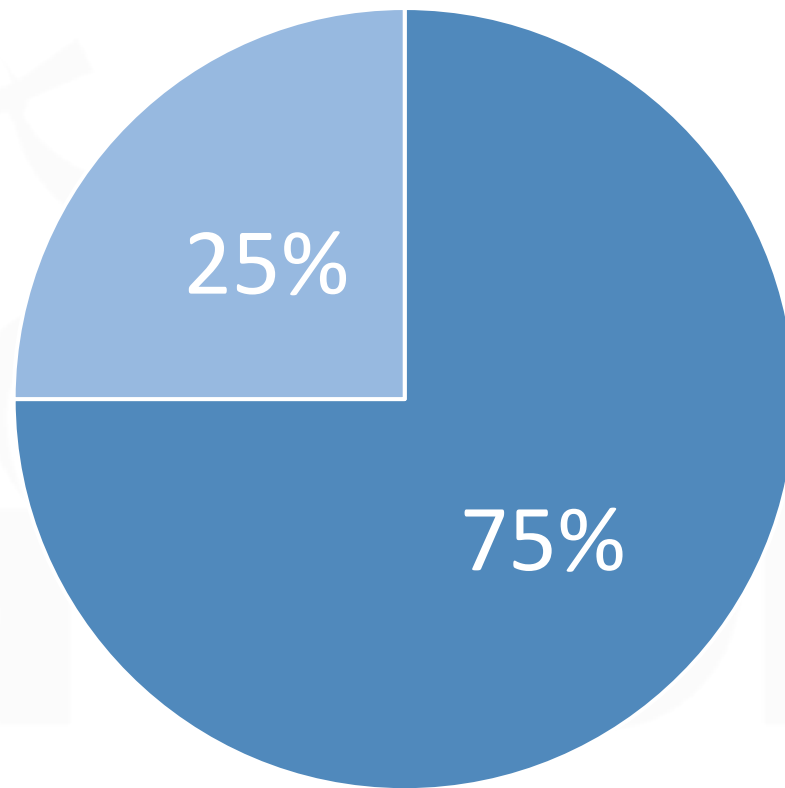
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Girls



■ With ■ Without

Boys



■ With ■ Without

Source: National Institute of Mental Health

Suicide

GOOD BYE!

Suicide is the 2nd leading cause of death for teens.

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

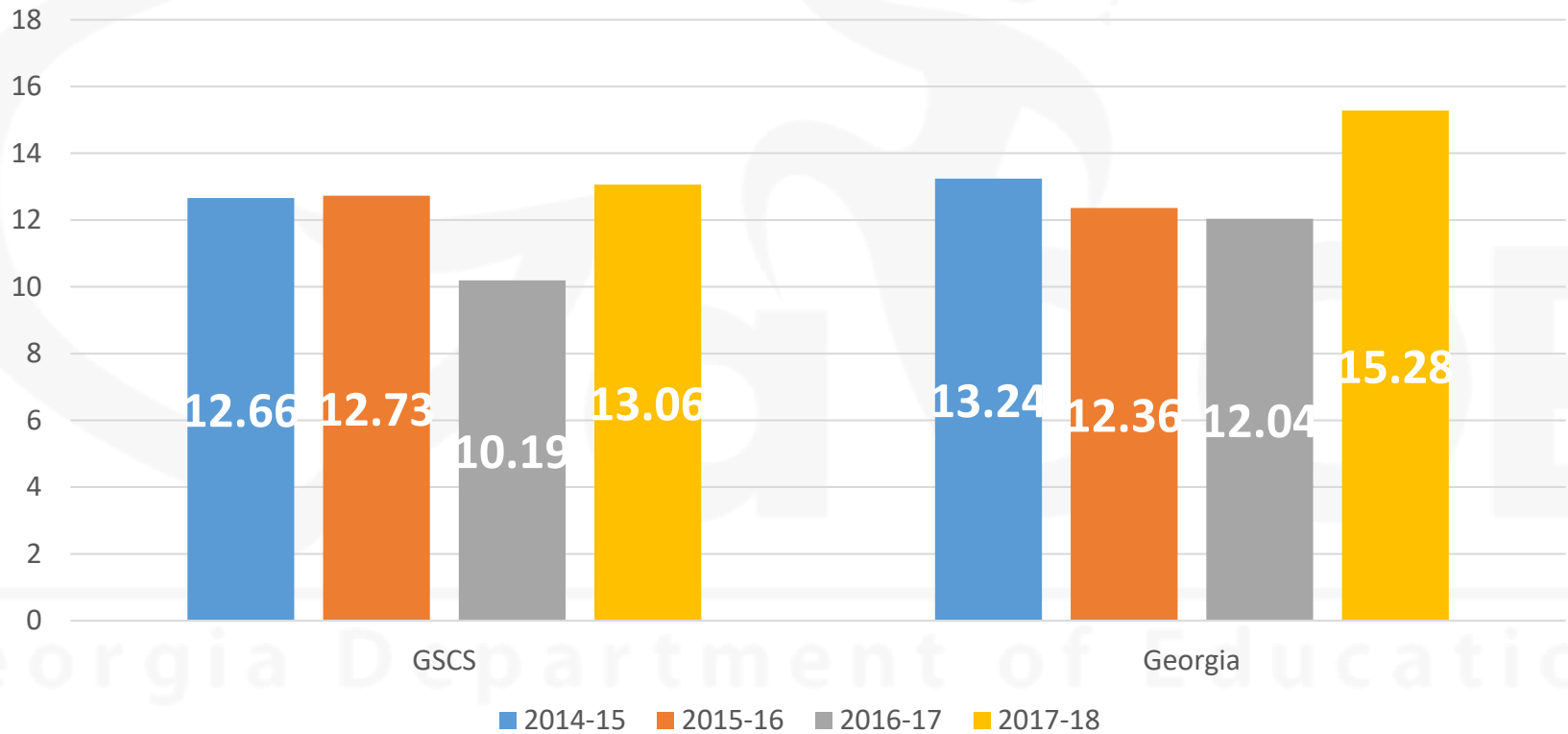




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79. During the past 12 months, (on how many occasions) have you seriously considered harming yourself on purpose?

Percentage of Secondary Students

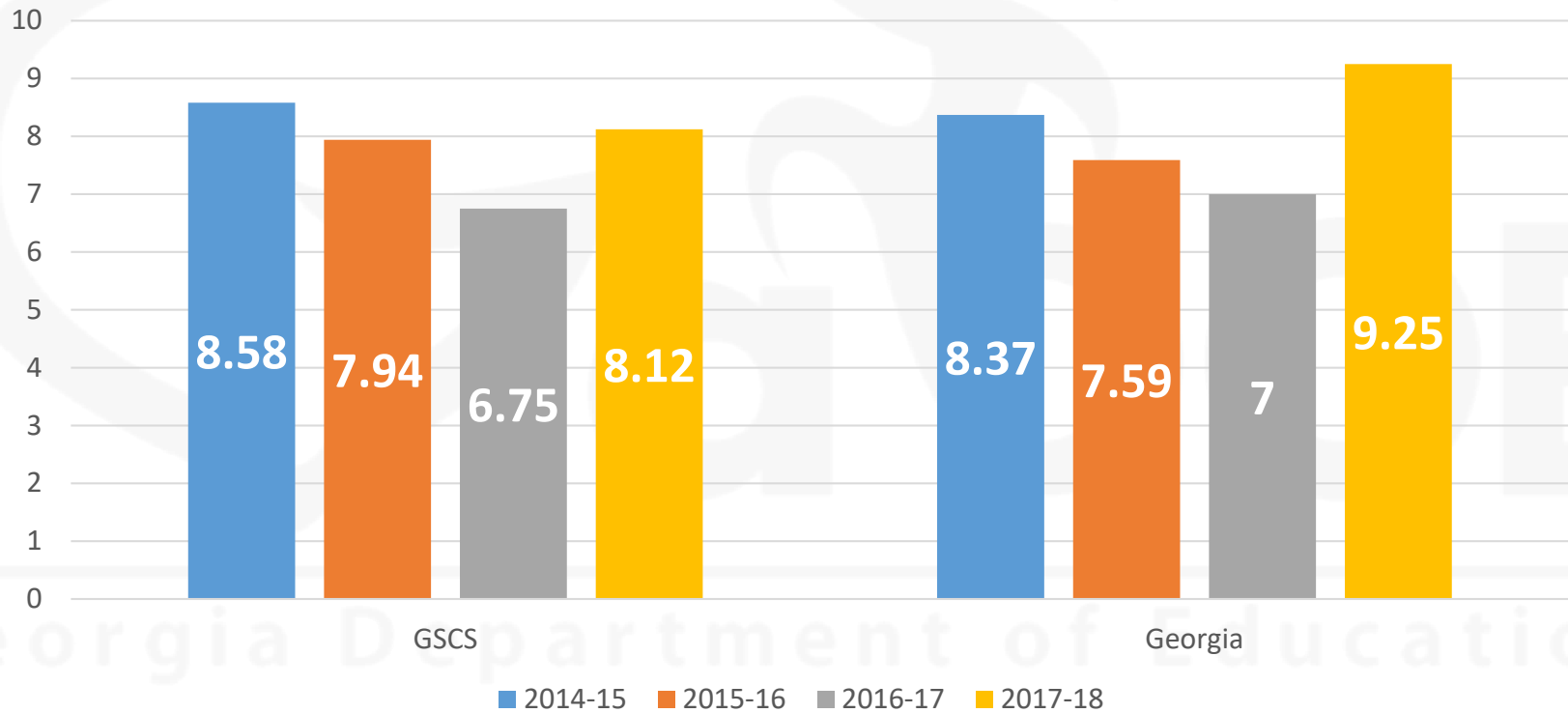


Source: Georgia Student Health Survey 2.0



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

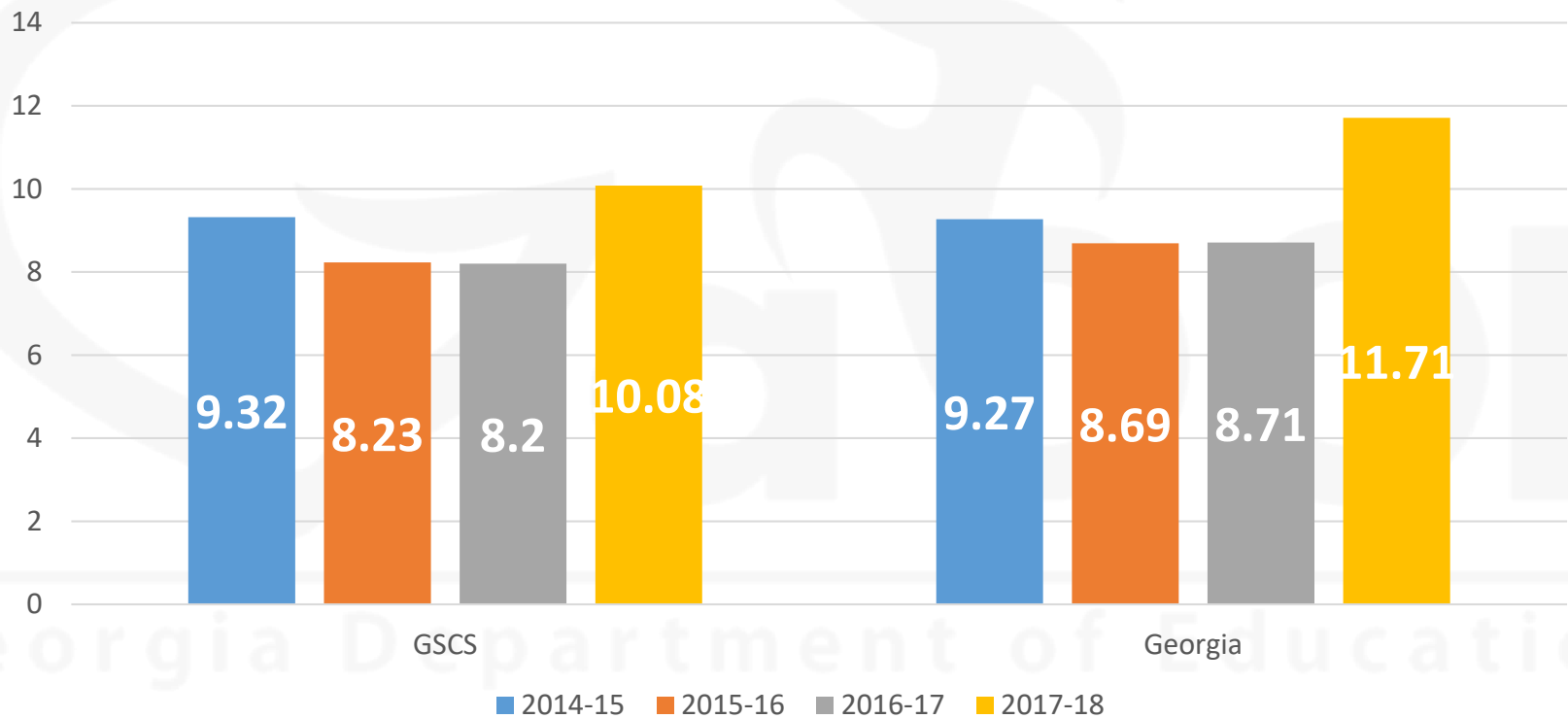
Percentage of Secondary Students





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

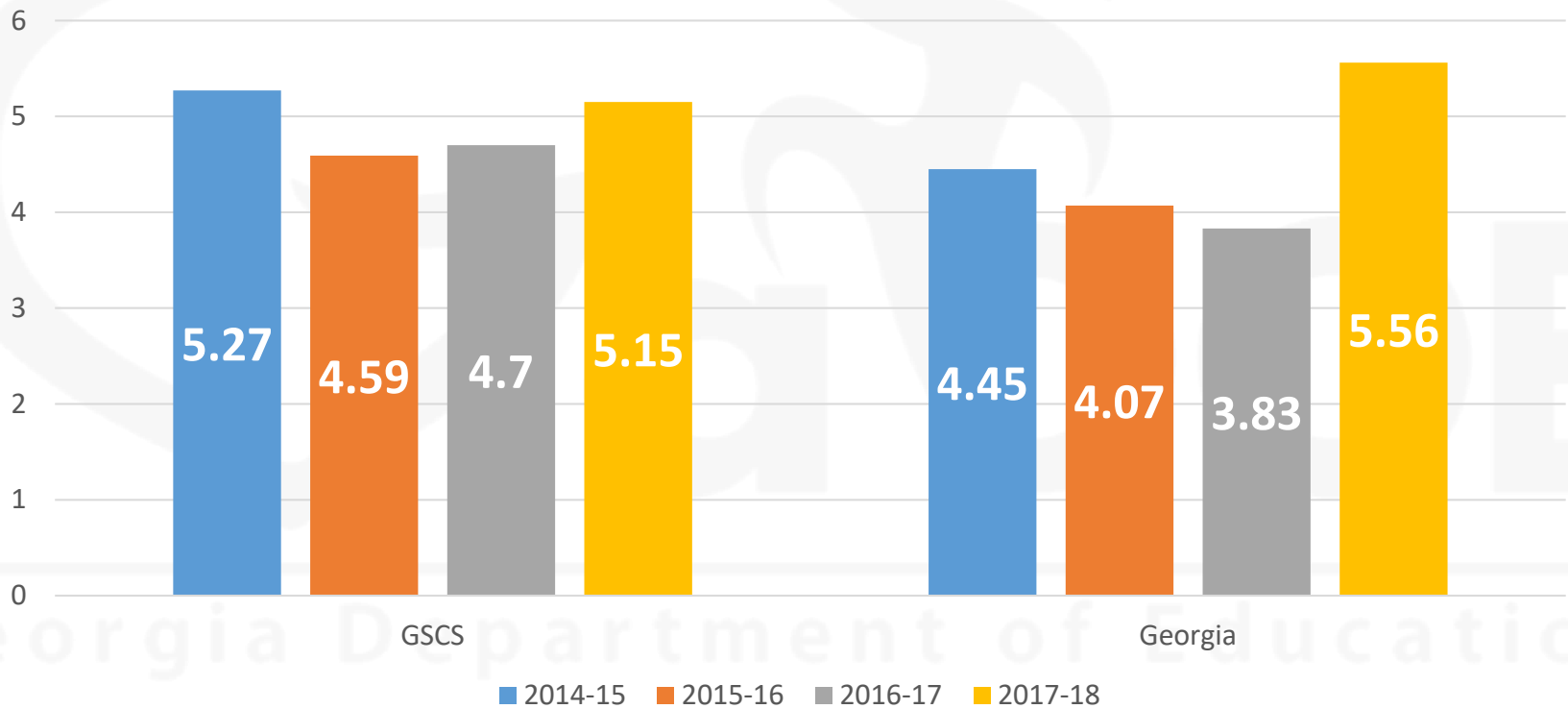
Percentage of Secondary Students





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

Percentage of Secondary Students



5.56% of Georgia Survey Respondents = 37,494 Students



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SunTrust Park has a seating capacity of 41,000

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Why are we seeing so many young people with these issues?

TRAUMA

Most Common forms of Childhood Trauma

Physical abuse
Emotional abuse
Sexual abuse
Physical neglect
Emotional neglect

Other situations that can be traumatic

- Witnessing police activity or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Car accidents or other serious accidents
- Life-threatening natural disasters
- Acts or threats of terrorism
- Bullying
- Life-threatening illness in a caregiver
- Life-threatening health situations and/or painful medical procedures
- A family member serving overseas in the military

What are ACEs?

ACEs are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later.

ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Your classroom may look like this:



- 6 Students with No ACE
- 5 Students with 1 ACE
- 6 Students with 2 ACEs
- 3 Students with 3 ACEs
- 7 Students with 4 or 5 ACEs
- 3 Students with 6 or More ACEs

ACEs in the Classroom

ACEs are the greatest single predictor of health, attendance and behavior.

ACEs are the second strongest predictor, after special education status, for academic failure.

The relationship between academic achievement and health status appears much less related to income than to ACEs.



ACEs impact student learning

- ❖ Inability to process verbal/nonverbal written information
- ❖ Inability to effectively use language to relate to others.
- ❖ Lack of sequential organization.
- ❖ Not understanding cause and effect.
- ❖ Lack of sense of self and perspective.
- ❖ Inability to distinguish emotions.
- ❖ Lack of executive functions: setting goals, developing a plan, carrying out goals, reflecting on the process.
- ❖ Difficulty with transitions (endings & beginnings).

Resilience research: If you have a high ACE score, are you doomed? *No!*

The good news is that the brain is plastic, and the body wants to heal.

The brain is continually changing in response to the environment. If the toxic stress stops and is replaced by practices that build resilience, the brain can slowly undo many of the stress-induced changes.

There is well documented research on how individuals' brains and bodies become healthier through mindfulness practices, exercise, good nutrition, adequate sleep, and healthy social interactions.

How do we see these students?

Uninformed view

- Anger management problems
- May have ADHD
- *Choosing* to act out & disrupt classroom (e.g., disrespectful or manipulative)
- Uncontrollable, destructive
- Non-responsive

Uninformed response

- Student needs consequences to correct behavior or maybe an ADHD evaluation

Trauma-informed view

- Maladaptive responses (in school setting)
- Seeking to get needs met
- Difficulty regulating emotions
- Lacking necessary skills
- Negative view of world (e.g., adults cannot be trusted)
- Trauma response was triggered

Trauma-informed response

- Student needs to learn skills to regulate emotions & we need to provide support

Childhood Resiliency Starts With:

A shift in thinking from "***What's wrong with you?***"



to "***What happened to you?***"

Resilient students need resilient teachers.

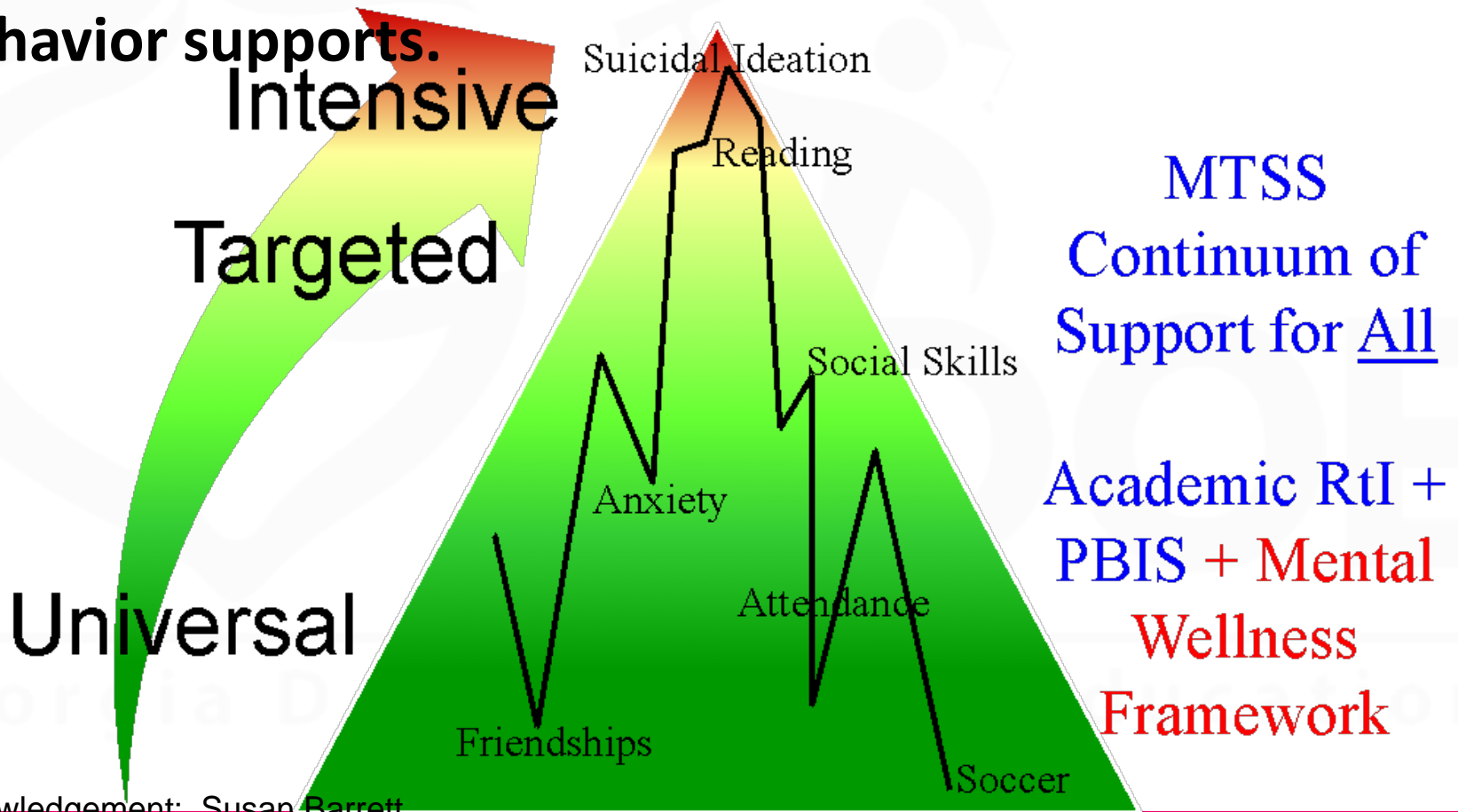
How a person interacts with a child can change how a traumatized student is wired.

Understanding and empathizing with one's experiences will allow you to react and respond to them with more compassion

Simply acknowledging that a child's behavior may stem from trauma related anxiety may change your reaction

By YOU having a more empathic mindset and response, you are helping children/students to develop more empathy and compassion.

Layer mental health services within the same framework we are providing academic and behavior supports.



Acknowledgement: Susan Barrett

Where are teens looking for answers and help?



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Internet



E

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Friends



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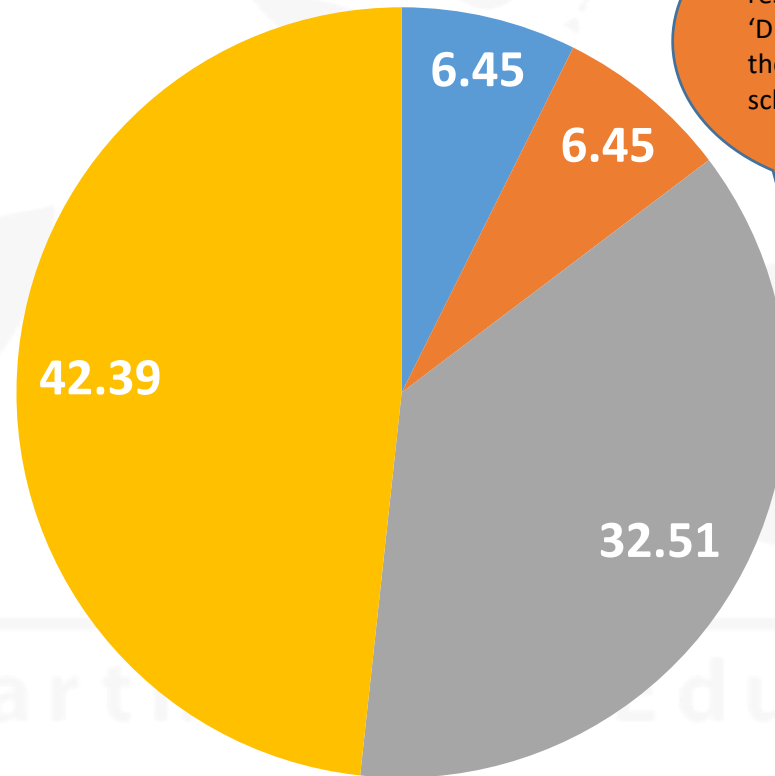
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7. I know a student at my school that I can talk to if I need help.

2017-18

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

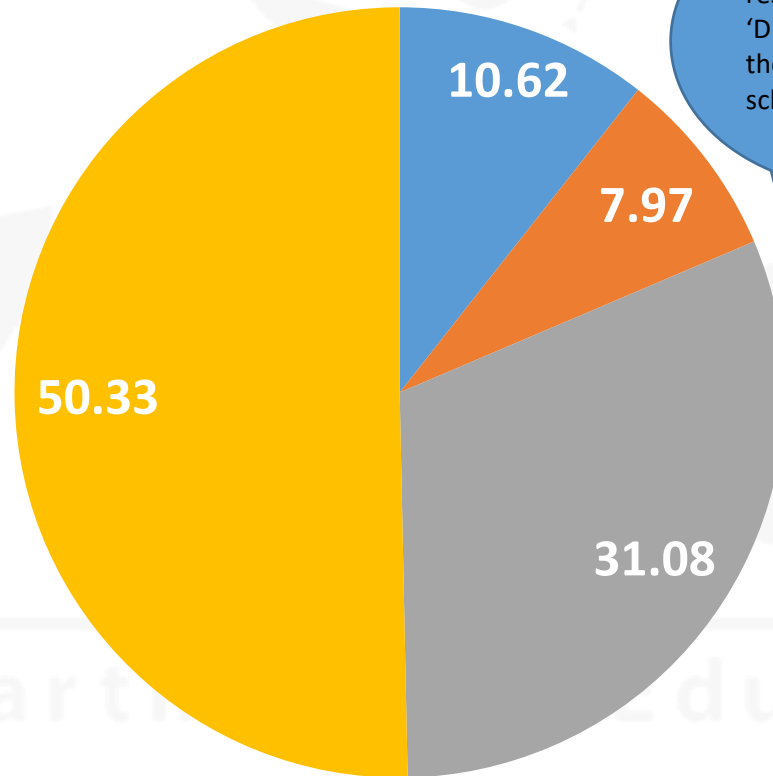


12.90% of students responded that they 'Disagree' when asked if they knew a student at school if they need help.

8. I know a student at school that I can talk to if I am feeling sad or down.

2017-18

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree



18.59% of students responded that they 'Disagree' when asked if they knew a student at school if they felt sad.

Trusted Adult



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Georg

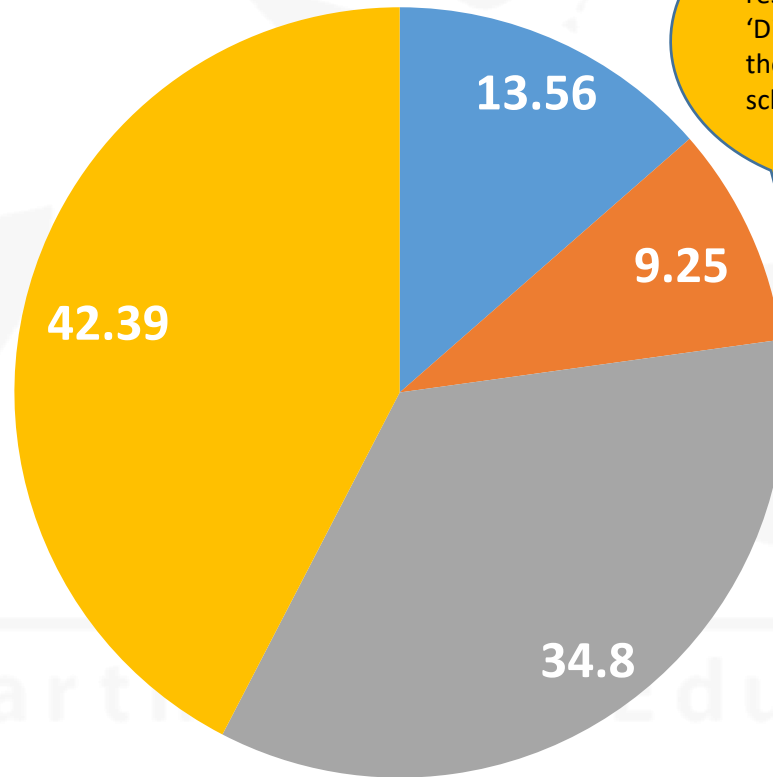
ation

91. I know an adult at school that I can talk with if I need help.

2017-18

22.51% of students responded that they 'Disagree' when asked if they knew an adult at school if they need help.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree



In the first 30 days of school we received 120 referrals...



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E	F	G	H	I	J	K
Alerted via:	School	Grade:	Threat:	Referred to:	Date of Referral	Followed Up and Received
SysCloud	Spalding	12th	Suicide	Law Enforcement	7/16/2018	Unknown at this time
Counselor	Orrs	2nd	Unknown	Project AWARE	8/7/2018	Unknown at this time
Donald Warren/Laura Jones	Rehoboth Rd	7th	Homicide, *If the President	Project AWARE	8/7/2018	Yes
Counselor	Carver Rd	7th	Self-Harm	Project AWARE	8/7/2018	Unknown at this time
Principal	Jordan Hill	3rd	Self-Harm	Project AWARE	8/7/2018	Unknown at this time
In Person	Carver Rd	Employee	Anxiety/Depression	Outside Agency	7/31/2018	Yes
Colleague referral	County Office	Employee	Suicide	Outside Agency	8/8/2018	Yes
Counselor	Spalding	9th	Self-Harm, Suicide	Outside Agency	8/9/2018	Yes
Counselor	Crescent	1st	Behavior	Project AWARE	8/9/2018	N/A Set up to use Zone a
Counselor	Beaverbrook	1st	Self-Harm, Anxiety	Outside Agency	8/9/2018	Yes
Project AWARE	Beaverbrook	5th	Self-Harm	Outside Agency	8/9/2018	Yes
Project AWARE	Beaverbrook	3rd	Self-Harm	Outside Agency	8/9/2018	Unknown at this time
Counselor	Crescent	K	Anger	School Counselor	8/9/2018	N/A Calm Down Room
Assistant Principal	Cowan Elementary	4th	Self-Harm, Suicide	Outside Agency	8/9/2018	Unknown at this time
Project AWARE	Moreland Road	1st		Outside Agency	8/9/2018	Yes
HR Director	AZ Kelsey	Employee	Classroom mgt.	Project AWARE	8/9/2018	Unknown at this time
Counselor	Beaverbrook	3rd	Behavior in the classroom	Climate/Behavior Specialist	8/8/2018	Unknown at this time
Counselor	Beaverbrook	2nd	Behavior classroom	SPELT/Mrs. Lee	8/8/2018	Unknown at this time
Counselor	Beaverbrook	3rd	TICS/Behavior	Outside Agency McIntosh	8/10/2018	Unknown at this time
Special Ed Teacher/Middle	Beaverbrook	1st	Behavior in the classroom	Special Ed Staff/Middlebrook	8/6/2018	No
Special Ed teacher/Bandi	Beaverbrook	3rd	Autistic/head banging	Project AWARE	8/6/2018	Unknown at this time
Counselor	AZ Kelsey	9th	pregnant; previous suicide	Project AWARE	8/7/2018	She currently receives ser
Counselor	Beaverbrook	2nd	Mental Health/eloping	School SWKer--Morgan K	8/10/2018	Family receives outside s
Counselor	Moreland Road	5th	Suicide	Outside Agency	8/10/2018	Yes
Counselor	Cowan Middle	6th	Suicide	School Counselor	8/10/2018	Yes
HR Director	Cowan Middle	Employee		Project AWARE	8/10/2018	Unknown at this time
Counselor	Beaverbrook	4th	ADHD/Behavior	Outside Agency	8/10/2018	currently involved with ou
Classroom teacher	Beaverbrook	K	behavior/poor regulation	Project AWARE	8/10/2018	Unknown at this time
Go Guardian	AZ Kelsey	9th	Suicide	School Counselor	8/13/2018	Unknown at this time
Counselor	Spalding	9th	Suicide	Outside Agency	8/13/2018	Unknown at this time
Go Guardian	Spalding	9th	Suicide	School Counselor	8/13/2018	None Needed
Counselor	Cowan Middle	7th	Suicide	School Counselor	8/13/2018	Unknown at this time
Counselor	Griffin	9th	Self-Harm, Suicide	Project AWARE	8/14/2018	Yes
Principal	Jordan Hill	3rd	Self-Harm	Parent/Guardian/Caregiver	8/14/2018	Unknown at this time



Technology Monitoring

TIER I

What Software is Used?

SysCloud

- 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.





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SysCloud 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 gadoe.org 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.”



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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 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 .

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What Software Is Used?



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.

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GoGuardian 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."



Social Sentinel

Assess. Alert. Avert.®

Begins July 1, 2018 in GSCS

- Provides monitoring of Social Media
- Access to over 1 billion posts daily
- Applies over 450,000 behavior threat indicators
- School system receives alerts in real time





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Social Sentinel



Need help? Contact Client Success at (802) 861-1365 or clientsuccess@socialsentinel.com

1 alerts from Jul 12 to Thu, Jul 19, 2018 7:30 AM

Alert ID: 306759841

Published: Wed, Jul 18, 2018 4:26 PM

Location(s): ANNE STREET ELEMENTARY SCHOOL, ATKINSON ELEMENTARY SCHOOL, AZ KELSEY ACADEMY, BEAVERBROOK ELEMENTARY SCHOOL, CARVER ROAD MIDDLE SCHOOL, COWAN ROAD ELEMENTARY SCHOOL, COWAN ROAD MIDDLE SCHOOL, JACKSON ROAD ELEMENTARY SCHOOL, JORDAN HILL ROAD ELEMENTARY SCHOOL, MAINSTAY, MORELAND ROAD ELEMENTARY, SPALDING HIGH SCHOOL, TAYLOR STREET ACHIEVEMENT CENTER,

Details: <https://live.socialsentinel.com/v/pdf/wg8AAA/3ijt0o>

Author: Little T

So you're gone. Goodbye. I hope I never see you again, because you'll regret it. I don't wish you happiness, I don't wish you the best.. I wish that you'll put your fucking head on straight and stop using fucking drugs like a dumbass and get your life together.

securly://



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gaode.org

- www.securly.com
- "Auditor"
- If it is FREE, then give me THREE!
- Cyberbullying and Self Harm Detection for Google Mail.
- Option to add Google Docs.

Georgia Department of Education

securly://



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ga.doe.org

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!

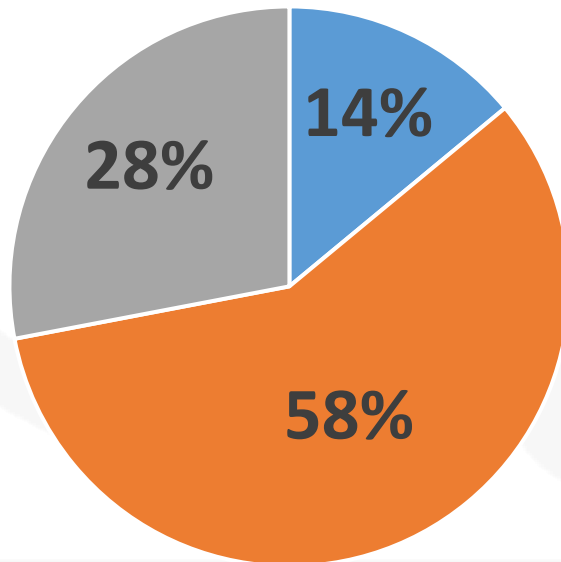
Overview of Internet Searches



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School Level

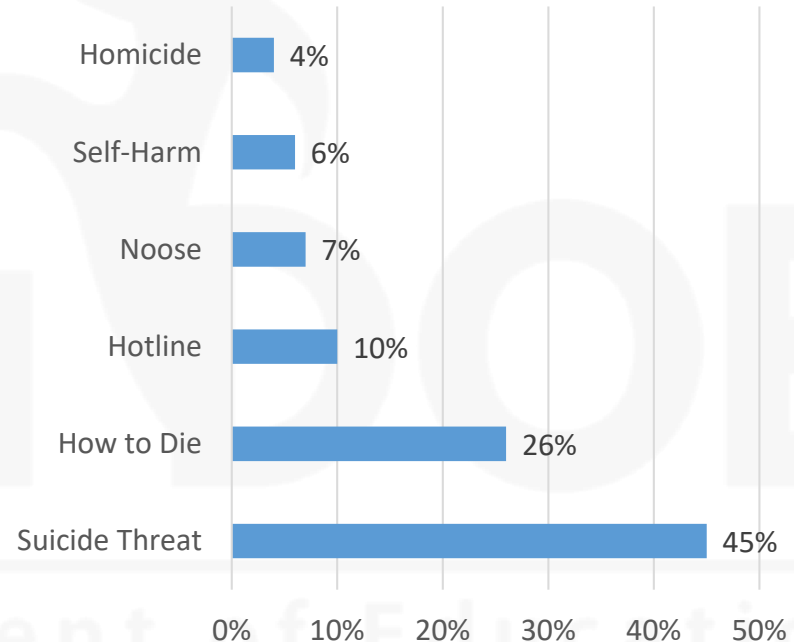
Student's Grade Level



■ Elementary ■ Middle ■ High

Search Topics

Percentage



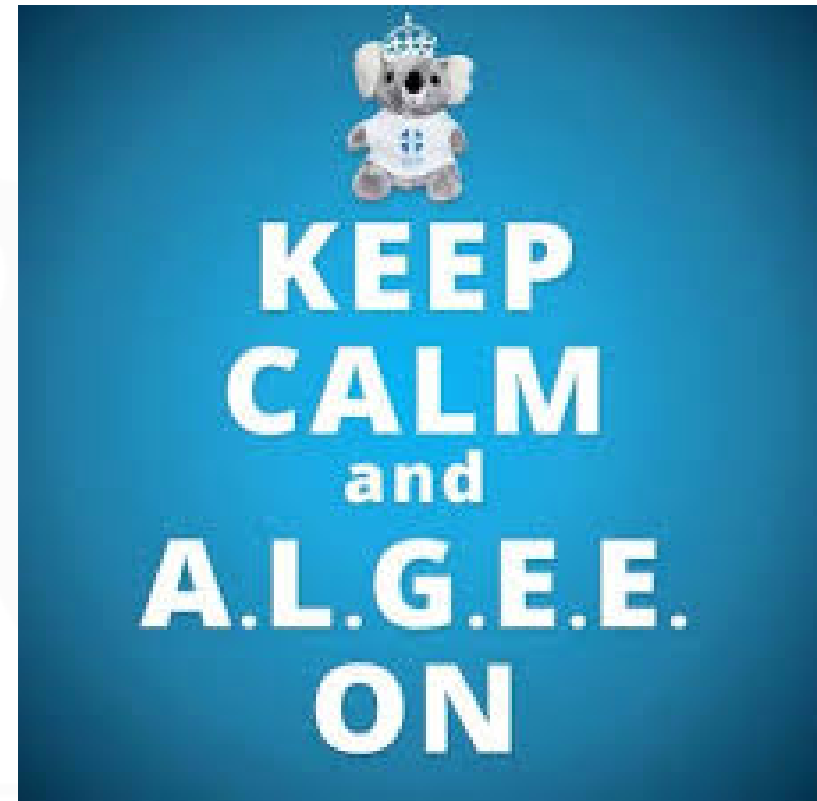
Technology Acceptable Use



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- “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.”

Youth Mental Health First Aid Training (TIER I)



YMHFA Action Plan

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[gadoe.org](http://ga.gov/gadoe.org)

- **Assess for risk of suicide or harm**
- **Listen non-judgmentally**
- **Give reassurance and information**
- **Encourage appropriate professional help**
- **Encourage self-help and other support strategies**

Youth Mental Health First Aid



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doe.org

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.

Georgia Department of Education

Youth Mental Health First Aid



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doe.org

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.

Georgia Department of Education

Universal Screening

Mental Health and
Behavior Screening (TIER I)

Elementary School



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- **WHO** – Completed by classroom teachers for each student on their roster whose parent/guardian has consented (*If the student has not been in a teachers' class for at least 30 days, it is recommended that they DO NOT screen that student.*) 85% of parents consented to the screening.
- **WHEN** – Two times per year:
 - Fall (September) 4 weeks after the start of the school year
 - Winter (January) 4 weeks after the start of second semester

For the first screening, schools allowed extra time for an explanation and directions. Once teachers understand the process and become familiar with the SRSS, the time needed to complete the screener was reduced.

HOW to screen students on the SRSS-IE?



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For each student, rate them on each item going across the row horizontally.

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-IE 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

As you are completing the SRSS-IE...



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- Ask yourself

- “Am I being objective in my ratings of each child?”
- “For each item, do I have evidence to support my rating on this item?”

SRSS-IE Cut Scores



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Externalizing Scale Score

Scores below 3

Scores of 4 – 8

Scores of 9 or more

"No indication of concern"

"Slightly raised"

"Elevated"

Internalizing Scale Score

Scores of 0 – 1

Scores of 2 – 3

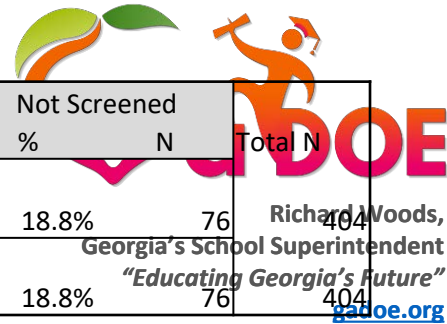
Scores of 4 or more

"No indication of concern"

"Slightly raised"

"Elevated"

BASE RATE = 'SLIGHTLY RAISED' + 'ELEVATED'



Schoolwide (N=404) Base Rates

	Total Screened	No indication of concern		Slightly Raised		Elevated		Not Screened		Total N
		%	N	%	N	%	N	%	N	
SRSS Externalizing	328	76.5%	251	18.6%	61	4.9%	16	18.8%	76	404
SRSS Internalizing	328	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.		
	N Total	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	% Total
School	404	2.48%	10	1.49%	6	0.50%	2	0.74%	3	5.20%								
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	3.23%
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	5.80%
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	0.00%
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	1.35%
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	4.00%

Grade	Teacher	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					

Secondary School



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- **WHO** – Completed online by students using **Survey Monkey**. **80% participation rate for grades 6-12.**
- **WHEN** – Two times per year:
 - Fall (September) 4 weeks after the start of the school year
 - Winter (February) 4 weeks after the start of second semester

SDQ Scales



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- Emotional Problems
- Peer Problems
- Behavioral Problems
- Hyperactivity Problems
- Pro-social Behavior
- Internalizing
- Externalizing

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SDQ Overview

SDQ scales and corresponding items

Emotional Symptoms Scale	Conduct Problems Scale	Hyperactivity Scale	Peer Problems Scale	Prosocial Scale
Often complains of headaches, stomach-aches...	Often has temper tantrums or hot tempers	Restless, overactive, cannot stay still for long	Rather solitary, tends to play alone	Considerate of other people's feelings
Many worries, often seems worried	Generally obedient, usually does what...	Constantly fidgeting or squirming	Has at least one good friend	Shares readily with other children
Often unhappy, downhearted or tearful	Often fights with other children or bullies them	Easily distracted, concentration wanders	Generally liked by other children	Helpful if someone is hurt, upset or feeling ill
Nervous or clingy in new situations	Often lies or cheats	Thinks things out before acting	Picked on or bullied by other children	Kind to younger children
Many fears, easily scared	Steals from home, school or elsewhere	Sees tasks through to the end, good attention span	Gets on better with adults than with other children	Often volunteers to help others

SDQ Cut Scores



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Externalizing Scale Score

Scores below 8

Scores of 9 – 10

Scores of 11 or more

"No indication of concern"

"Slightly raised"

"Elevated"

Internalizing Scale Score

Scores of 0 – 6

Scores of 7 – 8

Scores of 9 or more

"No indication of concern"

"Slightly raised"

"Elevated"

BASE RATE = 'SLIGHTLY RAISED' + 'ELEVATED'



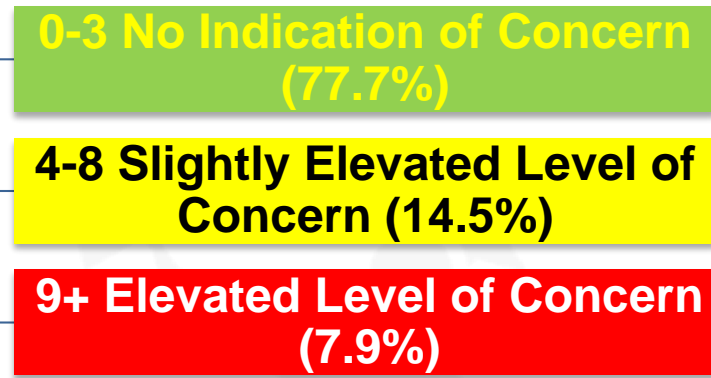
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Externalizing Data

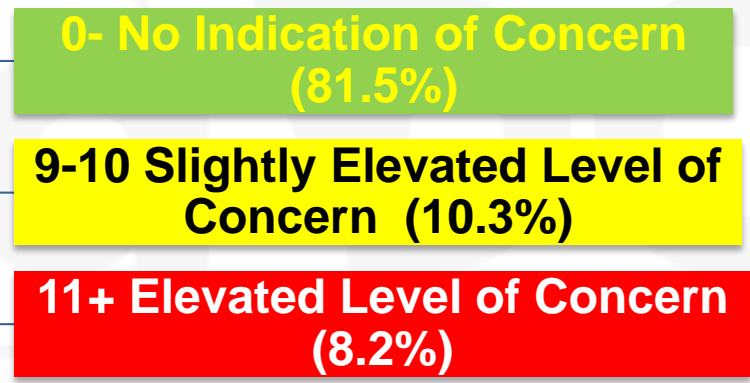
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2016 Data

SRSS-IE



SDQ



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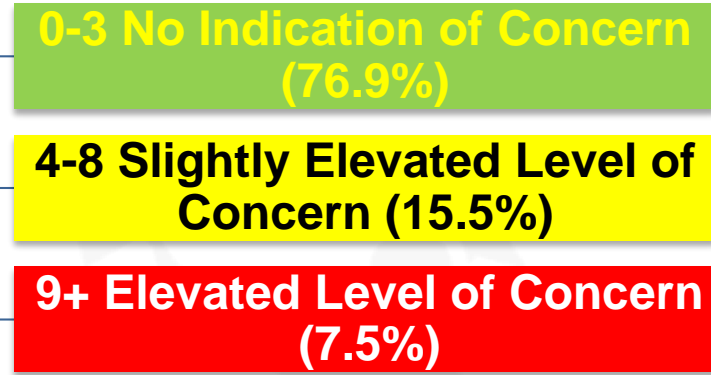
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Externalizing Data

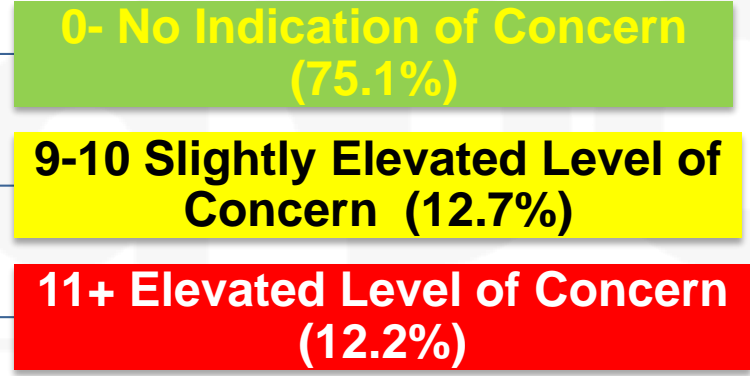
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2017 Data

SRSS-IE



SDQ



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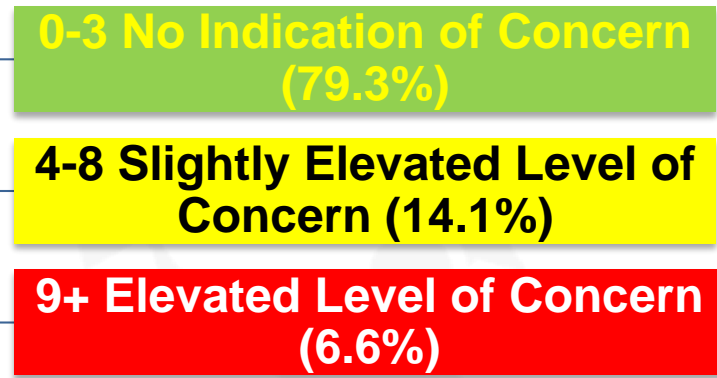
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Externalizing Data

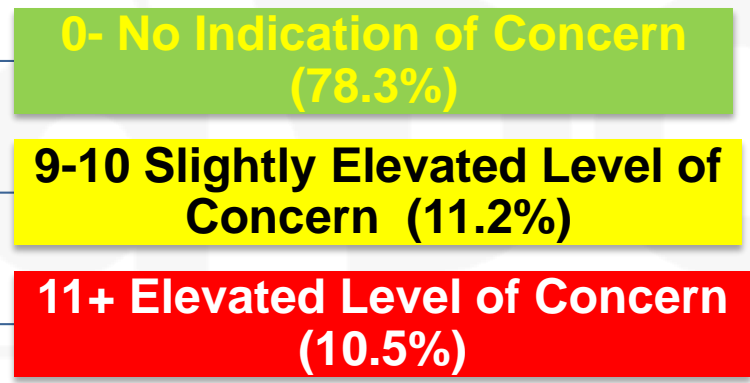
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2017 Data

SRSS-IE



SDQ



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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%)

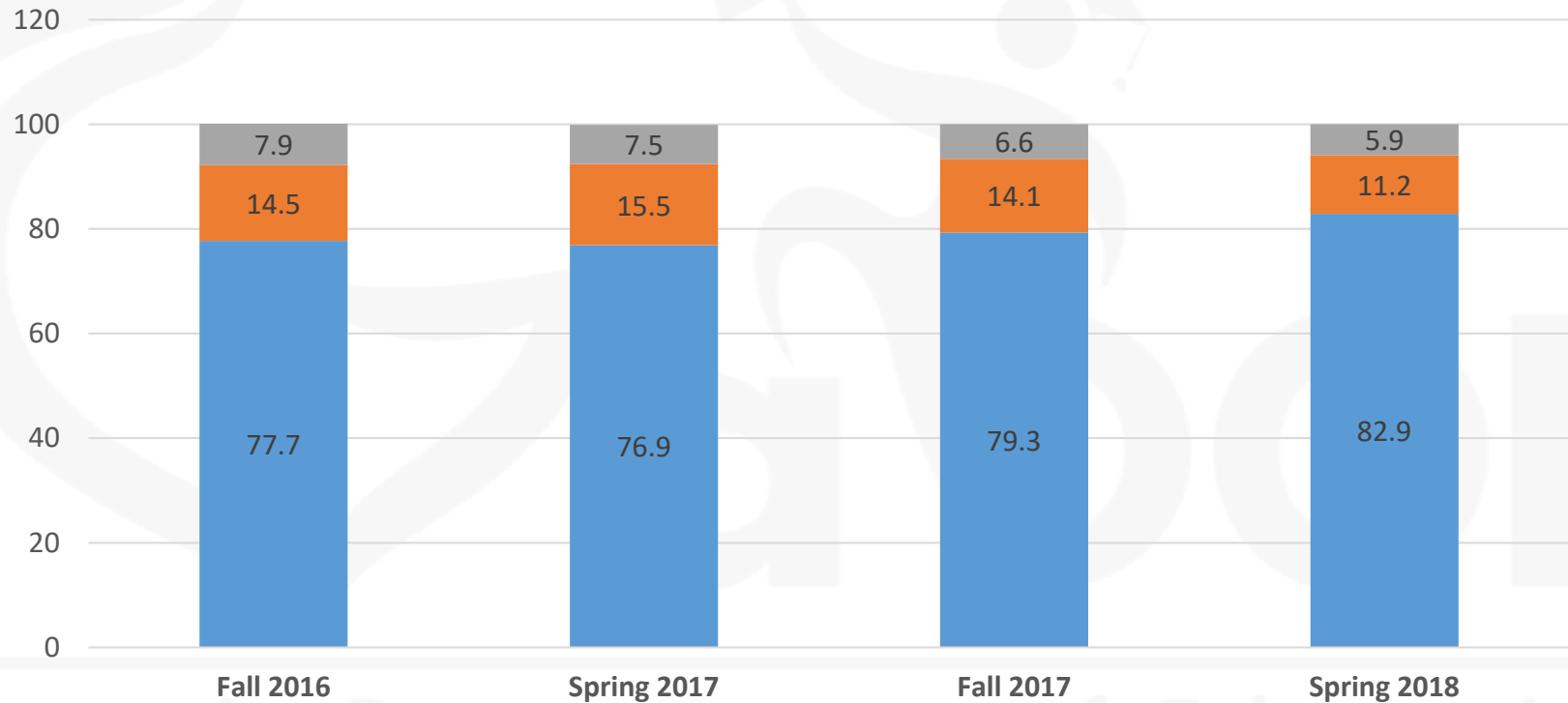
9-10 Slightly Elevated Level of Concern (11.7%)

11+ Elevated Level of Concern (9.1%)

Externalizing Trend Data

SRSS-IE

■ No Indication ■ Slight Indication ■ Elevated Indication





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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%)

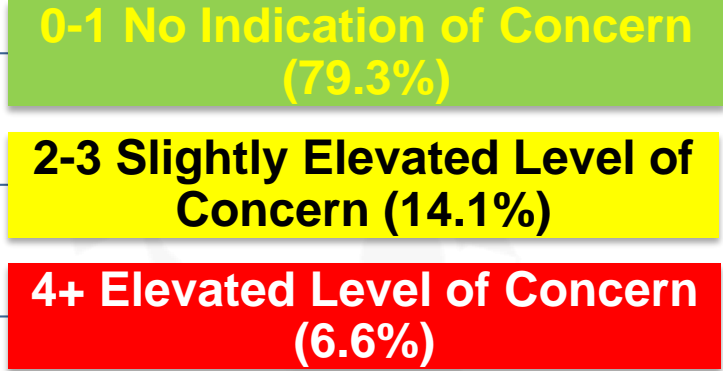


Internalizing Data

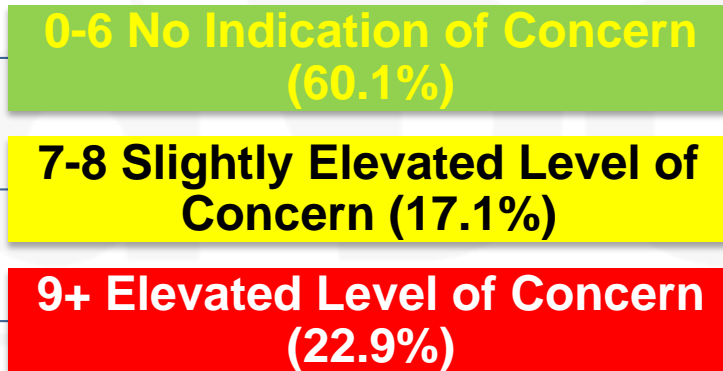
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2017 Data

SRSS-IE



SDQ





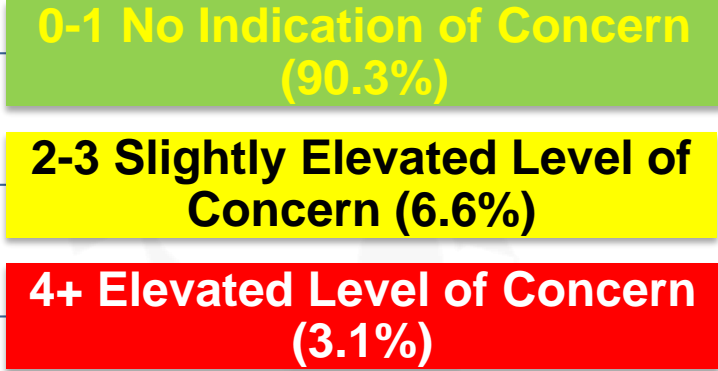
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Internalizing Data

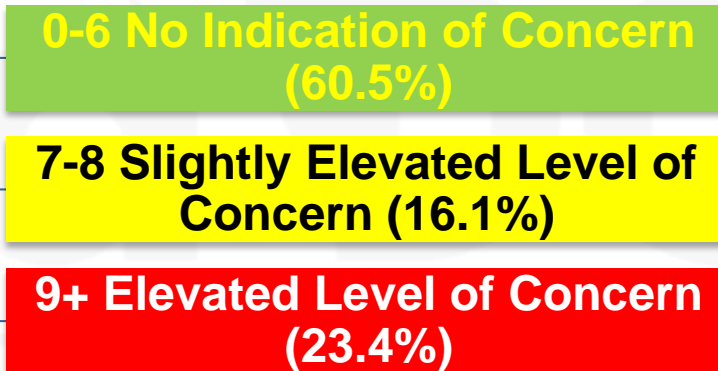
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2018 Data

SRSS-IE



SDQ



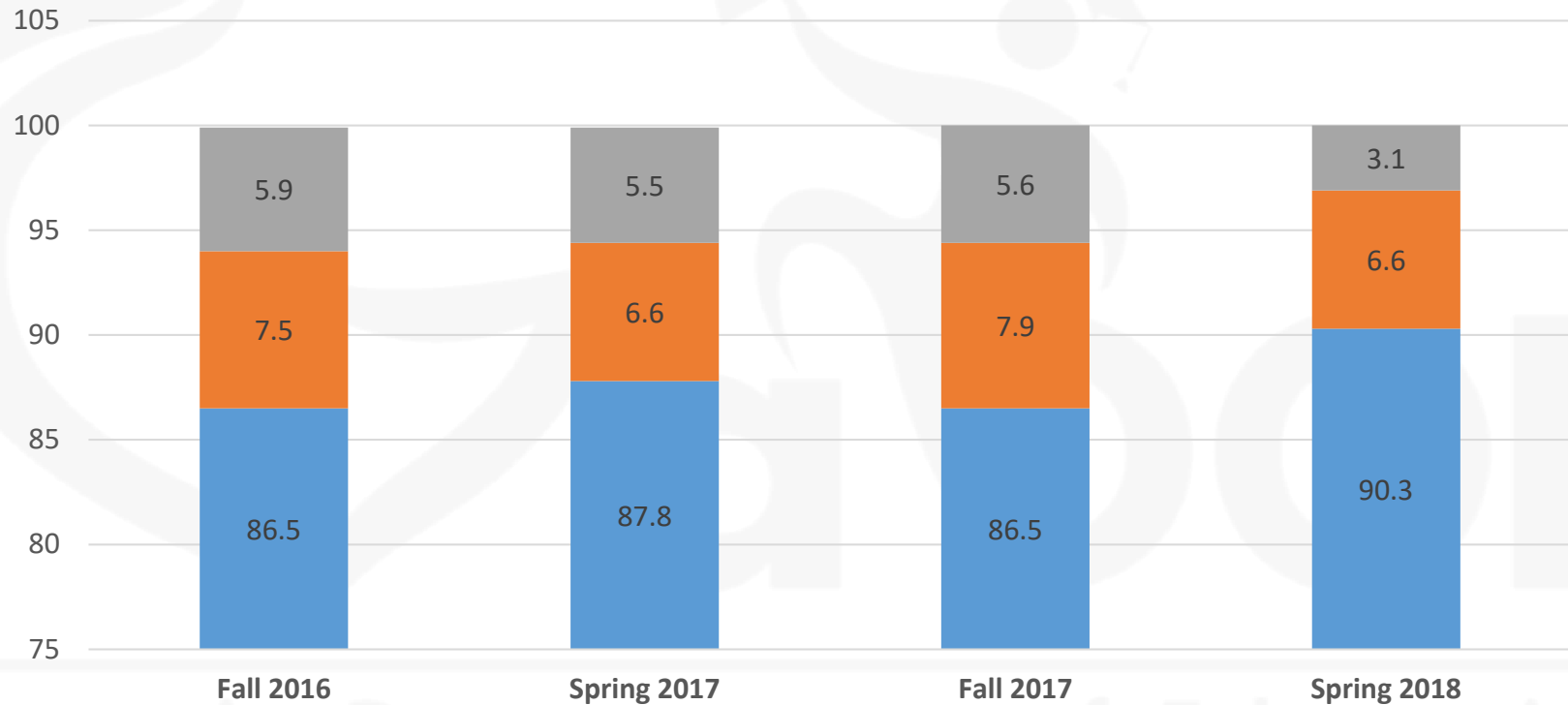
Internalizing Trend Data



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SRSS-IE

■ No Indication ■ Slight Indication ■ Elevated Indication



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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

Mindfulness Practices

TIER I and II



inner EXPLORER



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- Breathing and Relaxation Exercises
- Emotion Regulation
- Develop Compassion and Connection
- PK – 12th grade
- 90 Sessions
- 5-10 minute daily audio guided practice
- 1-2 minute audio transition practice
- Teacher models behavior
- Bridges school and home



inner EXPLORER



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Social-Emotional Learning

TIER I and II

Curriculum in GSCS



Positive Action®

- Used at Tier I and Tier II
- Tier I – Guidance Counselors use the curriculum for classroom guidance lessons.
- Tier II – Guidance Counselors and Mental Health Clinicians use the curriculum for skill building in small groups.
- Used in all ISS programs.

secondSTEP

- Used at Tier I and Tier II
- Tier I – Used school-wide in all elementary schools.
- Tier II – Guidance Counselors and Mental Health Clinicians use the curriculum for skill building in small groups.

Focus on Skill Building Groups

TIER II

Conscious Discipline

- Conscious Discipline is an evidence-based, trauma informed approach.
- Discipline issues are viewed as opportunities to teach and build skills.
- Create a culture of compassion.



7 Skills of Discipline

- These seven skills transform everyday discipline issues into teachable moments, equipping children with the social-emotional and communication skills needed to manage themselves, resolve conflict and develop healthy behavior.



Break Boxes (FunandFunction.com)


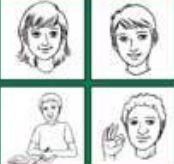


- All Counselors
- All Self-Contained Special Education Classes
- Supports Self-Regulation
- Helps students calm down, channel energy, and focus



Zones of Regulation

- The Zones is a systematic, cognitive behavioral approach used to teach self-regulation by categorizing all the different ways we feel and states of alertness we experience into four concrete colored zones.

The **ZONES** of Regulation®

			
<p>BLUE ZONE</p> <p>Sad Sick Tired Bored Moving Slowly</p>	<p>GREEN ZONE</p> <p>Happy Calm Feeling Okay Focused Ready to Learn</p>	<p>YELLOW ZONE</p> <p>Frustrated Worried Silly/Wiggly Excited Loss of Some Control</p>	<p>RED ZONE</p> <p>Mad/Angry Mean Terrified Yelling/Hitting Out of Control</p>

Zones of Regulation

- By addressing underlying deficits in emotional and sensory regulation, executive functioning, and social cognition, the framework is designed to help move students toward independent regulation.



*“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.

REFERRAL SYSTEM

(Tier II & III)



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Columbia Suicide Severity Rating Scale (C-SSRS)

- The C-SSRS is an evidence-based screening scale that is designed to screen for suicidal ideation and behavior. This training is for student services personnel (counselors, social workers, school nurses, etc.) who receive referrals and need to triage these referrals to community services.
- All GSCS Guidance Counselors, Psychologists, Social Workers and Mental Health Clinicians are trained to administer the scale.
- cssrs.columbia.edu

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent



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Columbia – Suicide Severity Rating Scale

Name:	Date:	Screener:	Past month	
SUICIDE IDEATION DEFINITIONS AND PROMPTS				
Ask questions that are bolded and underlined.			YES	NO
Ask Questions 1 and 2				
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>				
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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." <u>Have you been thinking about how you might do this?</u>				
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient 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." <u>Have you had these thoughts and had some intention of acting on them?</u>				
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <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>				
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> 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. If YES, ask: <u>Were any of these in the past 3 months?</u>			Lifetime	
			Past 3 Months	

Suicide and Self Harm Protocol (Tier III)

Suicide or Self Harm Flowchart





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Student Safety Plan

- Contract between the student and the school that details a plan of action if the student is self-harming, having suicidal ideations or homicidal ideations.
- Required when a student returns from hospitalization.
- The student is responsible of outlining their plan.
- Includes a list of local resources.
- Adapted for elementary students.

Student Safety Plan for _____

Step 1: Warning Signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.

1. _____
2. _____
3. _____

Step 2: "On My Own" Coping Strategies – Things to de-stress

1. _____
2. _____
3. _____

Step 3: "With Others" strategies for Distraction and Support: People and Social Settings

1. _____
2. _____
3. _____

Step 4: People Whom I Can Ask for Help When I Feel Bad/Suicidal

1. _____
2. _____
3. _____

Step 5: Professionals or Agencies I Can Contact During A Crisis

1. Trusted Adult Name and Phone Number _____
2. Clinician Name and Phone Number _____
3. Local Urgent Care Name and Phone Number _____
4. Georgia Crisis and Access Line – 1-800-715-4225
5. National Suicide Prevention Lifeline – 1-800-273-TALK (8255)

Step 6: Making the School Environment Safe

1. _____
2. _____
3. _____

One thing that is important to me and worth living for: _____

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

White: Student Copy

Yellow: School Copy

Revised 5/8/2018



Board Members

Barbara Jo Cook
James A. "Pete" Graham
Zachery Holmes
Michael Kendall
James Westbury

JAMES D. SMITH
Superintendent

216 South Sixth Street
P. O. Drawer N
Griffin, GA 30224
Phone: (770) 229-3700
www.spalding.k12.ga.us

Accredited by
SACS and GAC



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Student Safety Plan

DOE

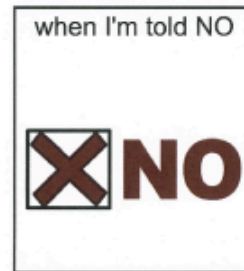
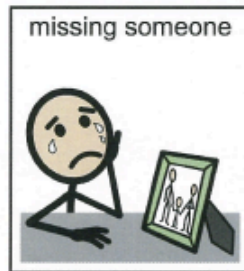
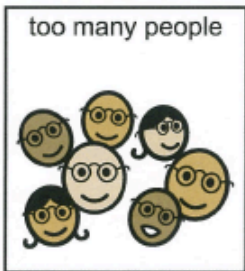
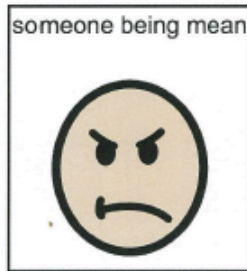
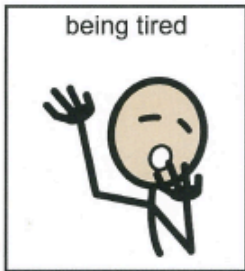
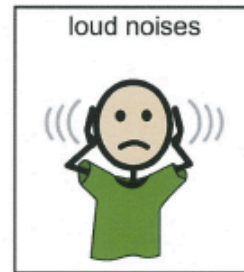
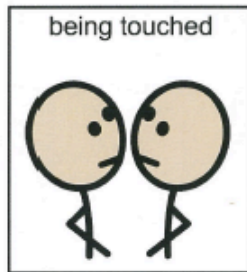
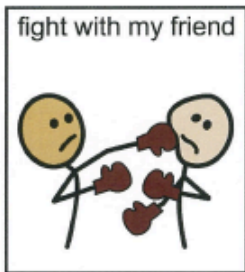
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Student Safety Plan - Elementary



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What makes me feel sad, mad, scared or worried?



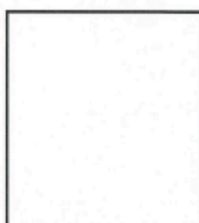
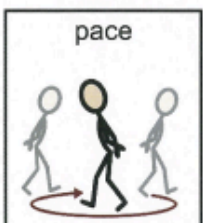
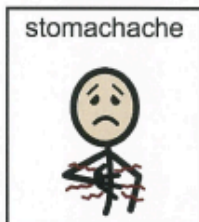
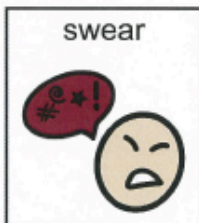
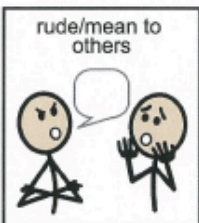
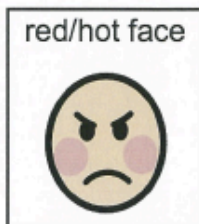
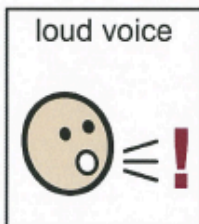
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What happens to my body when I am angry, sad, scared or worried.



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**Student
Safety Plan -
Elementary**

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Student Safety Plan - Elementary



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What helps me feel better.

<p>sitting in bean bag chair</p>	<p>taking deep breathes</p>	<p>fidget</p>	<p>dancing</p>	<p>listen to music</p>
<p>sports/exercise</p>	<p>getting a hug</p>	<p>go to chill zone</p>	<p>read</p>	<p>watch TV</p>
<p>sing</p>	<p>stress ball</p>	<p>count to ten</p>	<p>watch movie</p>	
<p>use computer</p>	<p>Theraputty</p>	<p>sit on yoga ball</p>	<p>play games/toys</p>	





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Parent Acknowledgement Form

- Informs the parent their child's risk of suicide, homicide or self-harm.
- Acknowledges the parents have been advised to seek medical and/or mental health services.
- Request for permission for the school to discuss the student with appropriate medical personnel.
- Notifies parents a DFACS referral may result if due care is not given to the student.
- Provides a list of resources.



216 South Sixth Street • P. O. Drawer N • Griffin, GA 30224
Phone: (770) 229-3700 • www.spalding.k12.ga.us

**Griffin-Spalding County School System
Parent Acknowledgement Form**

I, or we, _____, the
parent(s)/guardian(s)/custodian(s) of _____, were
involved in a conference with school personnel on the date of _____.

We were made aware of our child's suicidal/homicidal/self-harm risk. I have been advised to seek the
services of a mental health agency or therapist immediately.

[] I give permission for school personnel to disclose information regarding my child's
suicidal/homicidal/self-harm risk to mental health and medical professionals who may evaluate or
treat my child in the future.

[] DO NOT give permission for school personnel to disclose information regarding my child's
suicidal/homicidal/self-harm risk to mental health and medical professionals who may evaluate or
treat my child in the future.

In addition, I have been made aware that if the school determines that my student's behavior is a
threat to self, and that if I do not follow through with intervention, a referral to the Department of
Family and Children Services may be considered.

Parent or Legal Guardian

Parent or Legal Guardian

School Administrator

School Personnel/Title



Board Members
Barbara Jo Cook
James A. "Pete" Graham
Zachery Holmes
Michael Kendall
James Westbury

JAMES D. SMITH
Superintendent

Accredited by SACS and GAC



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Parent Acknowledgement Form

of Education

Comprehensive Wrap Around Services (Tier III)

*“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.

**Respond to the need.
Don't react to the behavior.**

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

~ Frederick Douglass

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Facebook:
GSCS Project AWARE

Questions and Comments

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Project Aware & PBIS
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