



What Leaders Need to Know About Building Mental Health Services in Schools

Jason W. Byars

District Coordinator, Project AWARE & PBIS

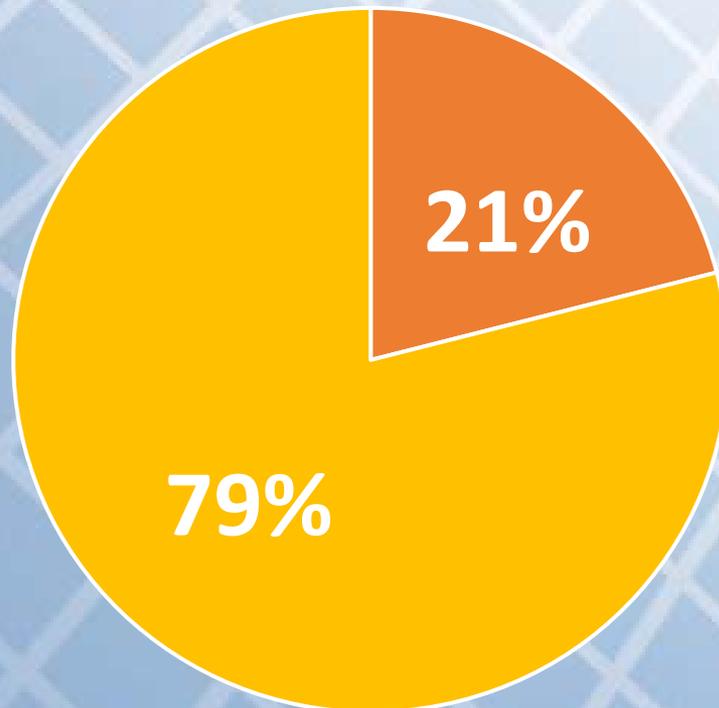
Griffin-Spalding County Schools



The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

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.



Median Age of Onset

- 50% of all lifetime cases of mental illness begin by age 14, 75% by age 24 (WHO).
- Anxiety Disorders = Age 6
- ADHD and Behavior Disorders = Age 11
- Mood Disorders = Age 13
- Substance Use = Age 15

(NAMISF.org)



getLoupe.com



There is on average a 10-year delay between young people experiencing their first symptoms and receiving help.

**More than 60% of people
with
a mental illness will not
seek the help they need –
stigma is one of the main
reasons.**



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

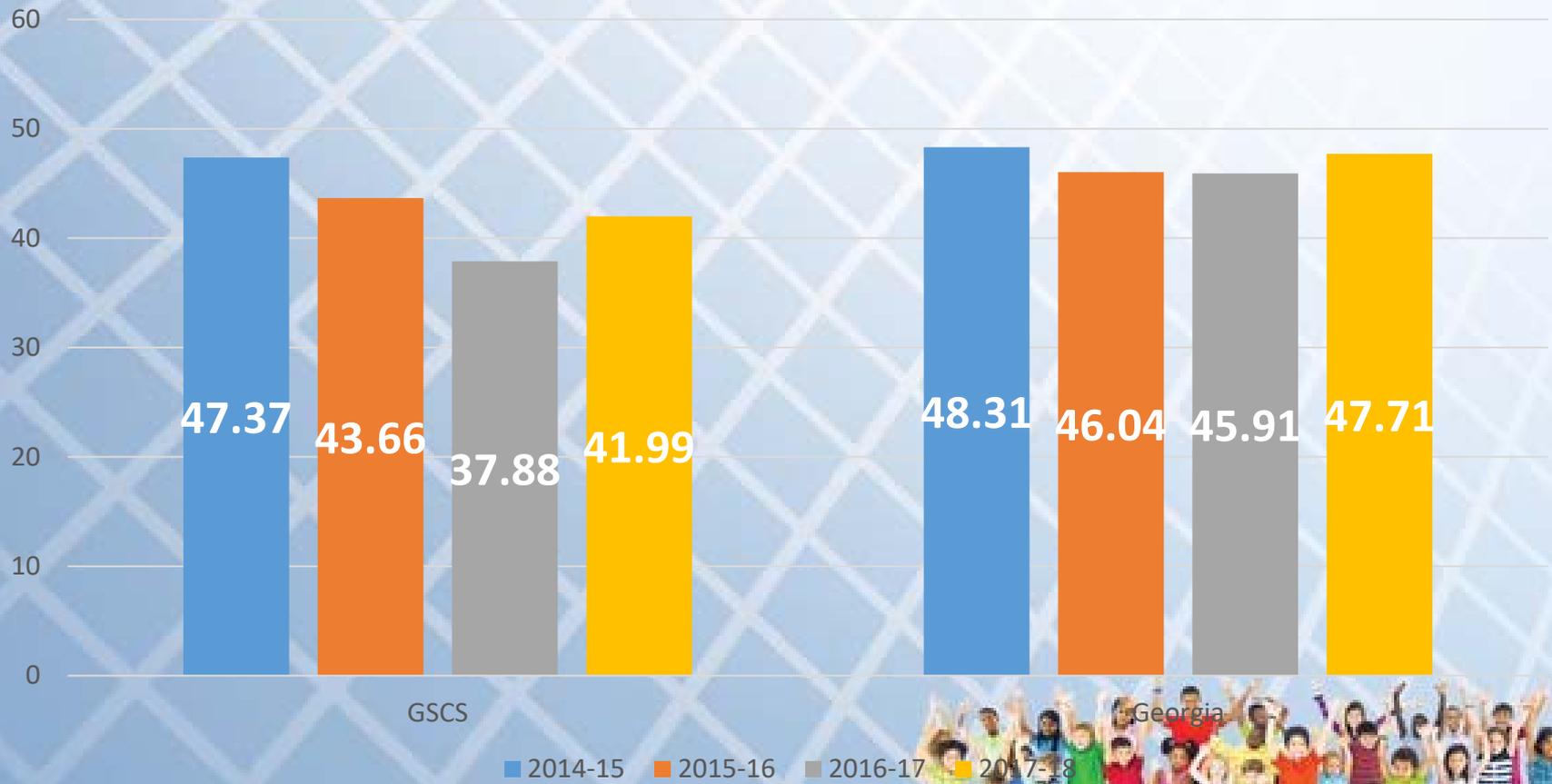
- 14/15 = 629,648
- 15/16 = 663,797
- 16/17 = 672,307
- 17/18 = 674,354





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 In the past 30 days, (on how many days) have you felt sad or withdrawn?

Depression



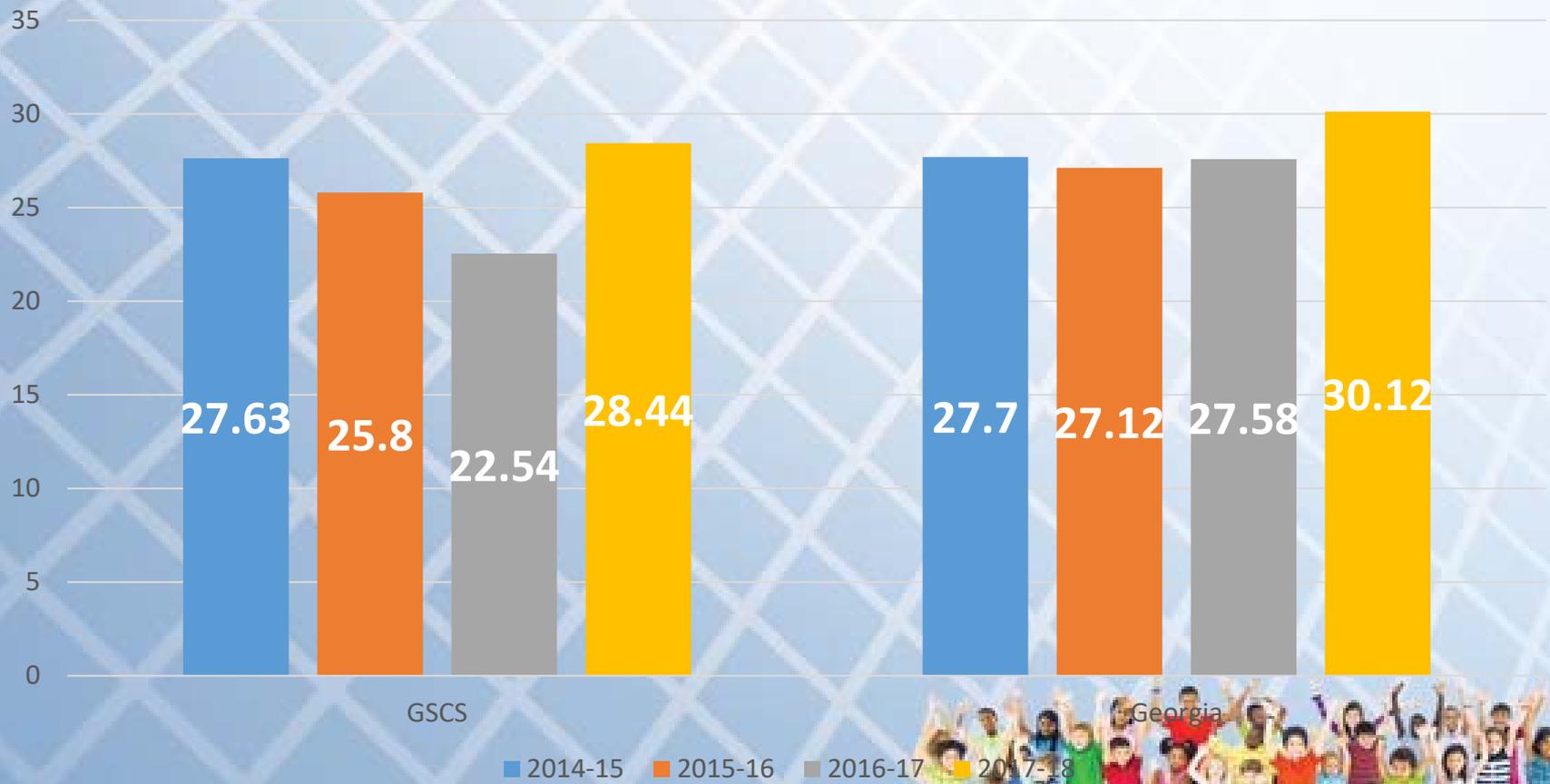
Source: Georgia Student Health Survey 2.0





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



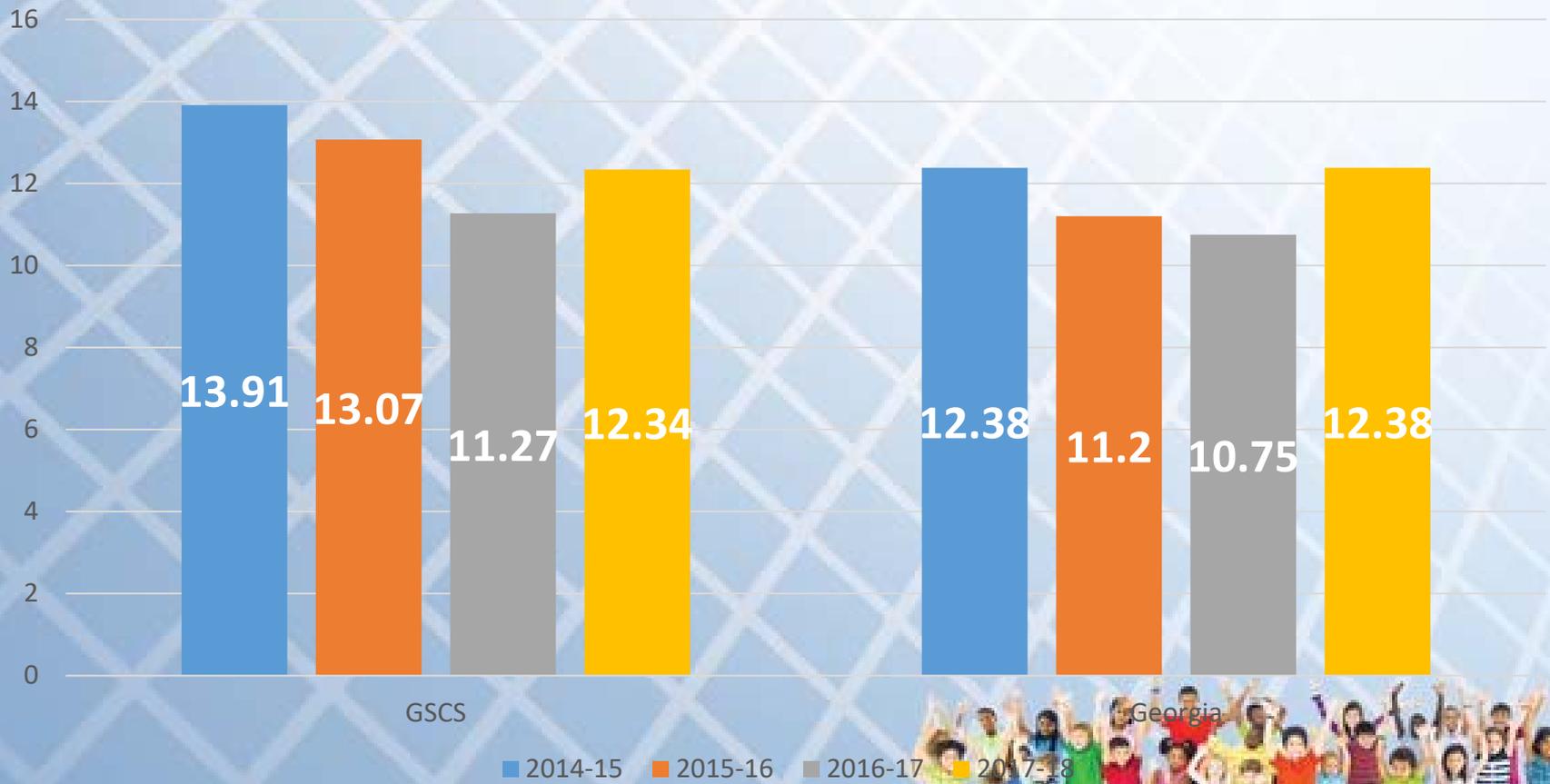
Source: Georgia Student Health Survey 2.0





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

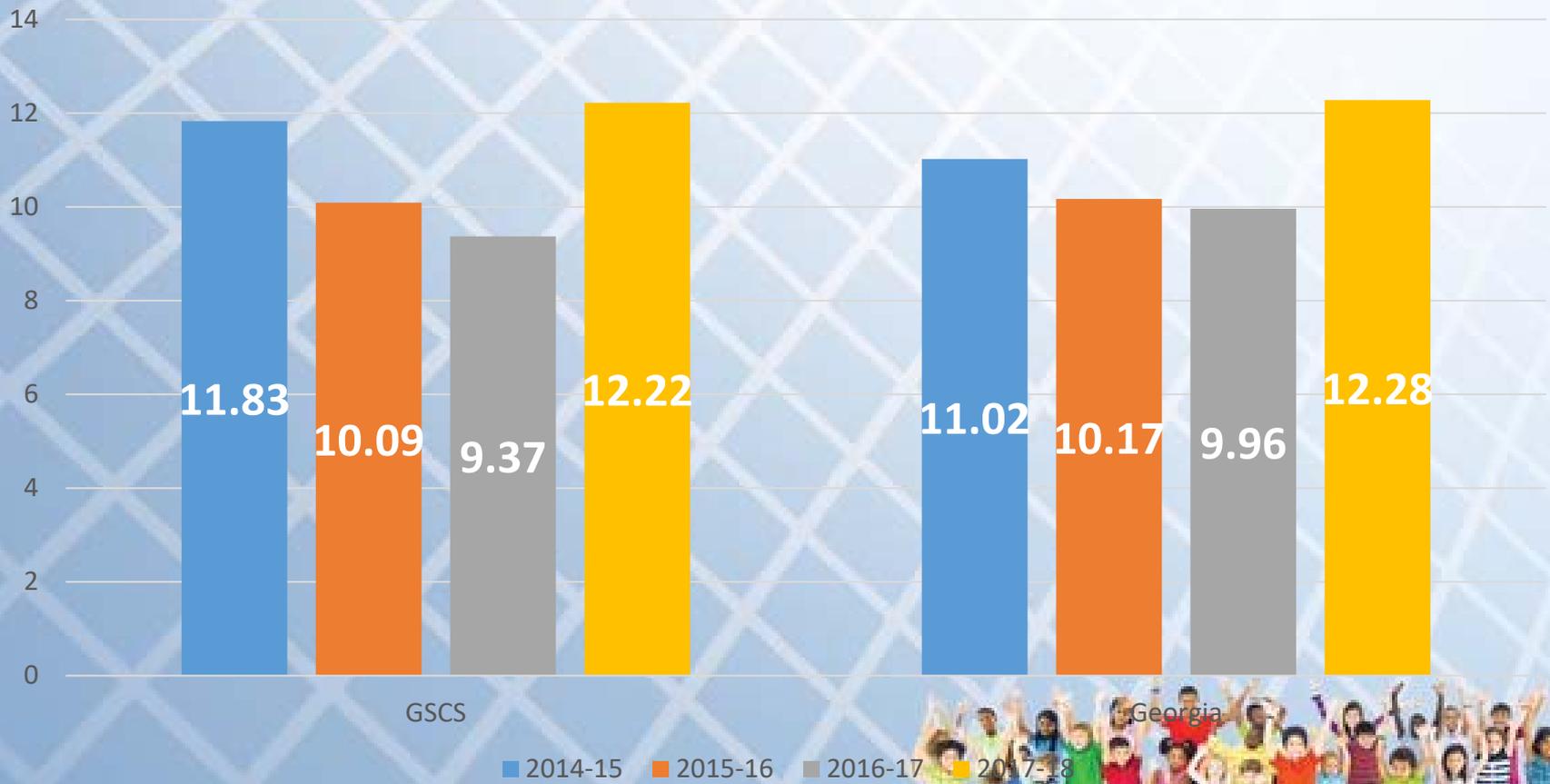


Source: Georgia Student Health Survey 2.0



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



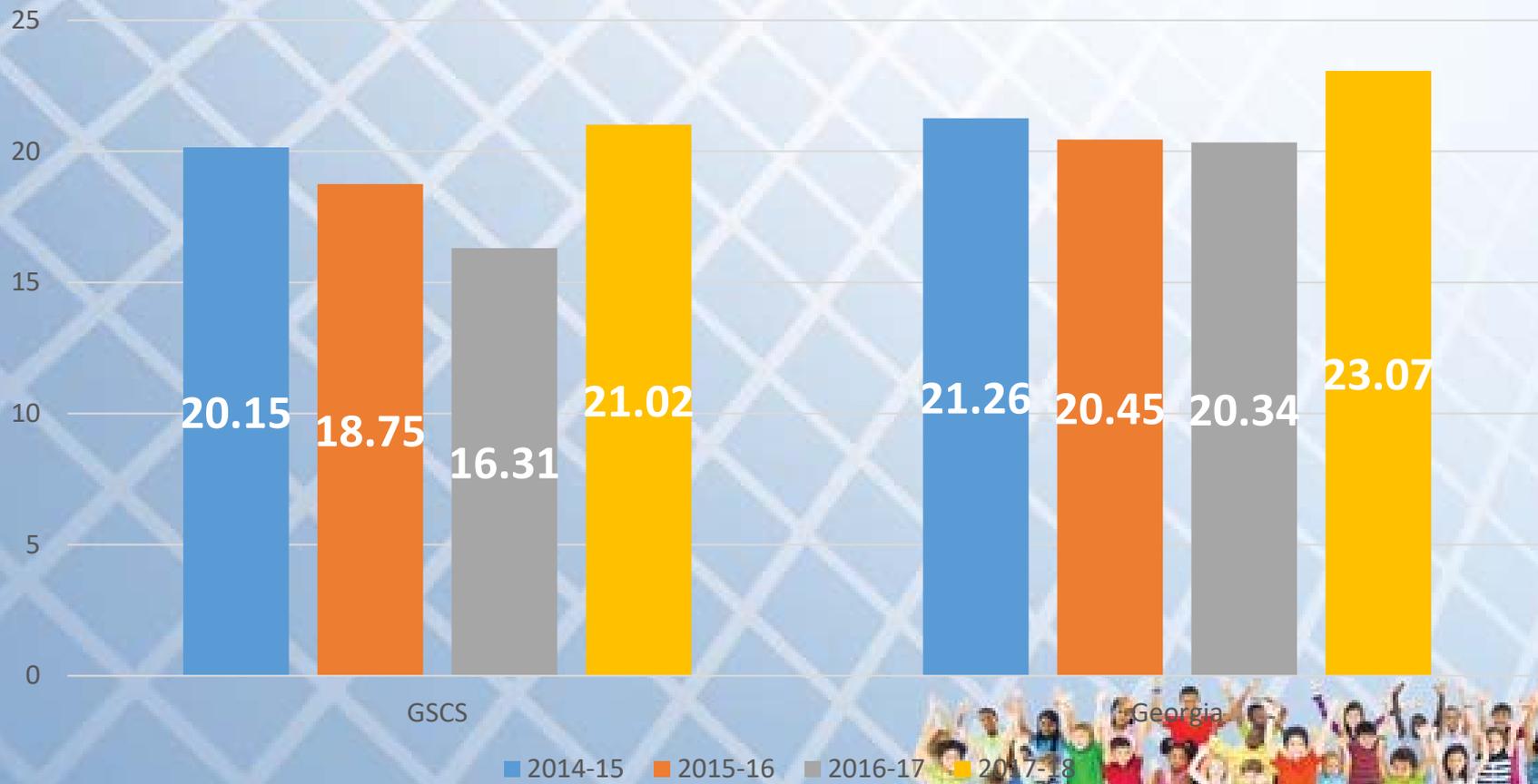
Source: Georgia Student Health Survey 2.0





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?

Anxiety



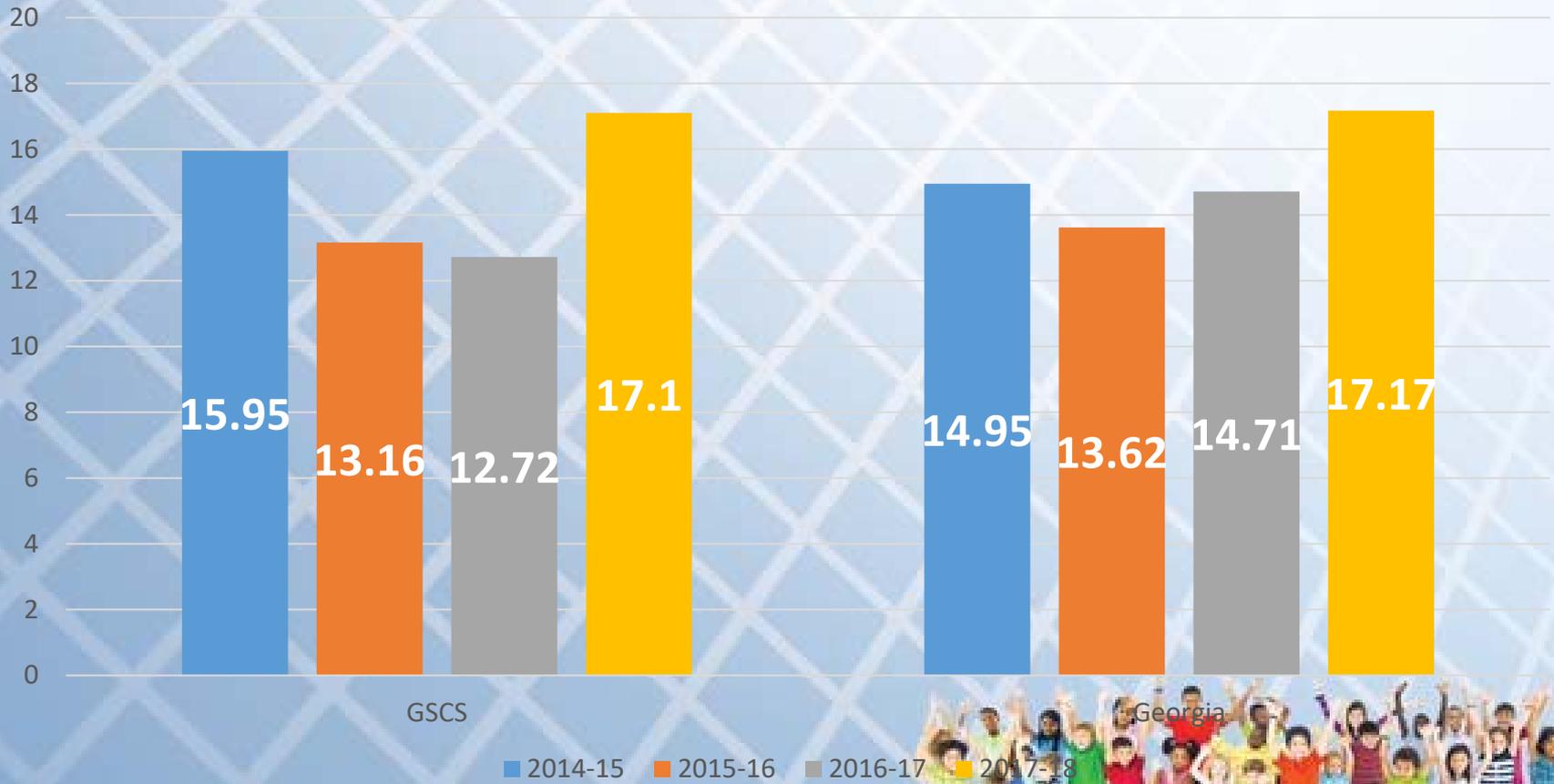
Source: Georgia Student Health Survey 2.0





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

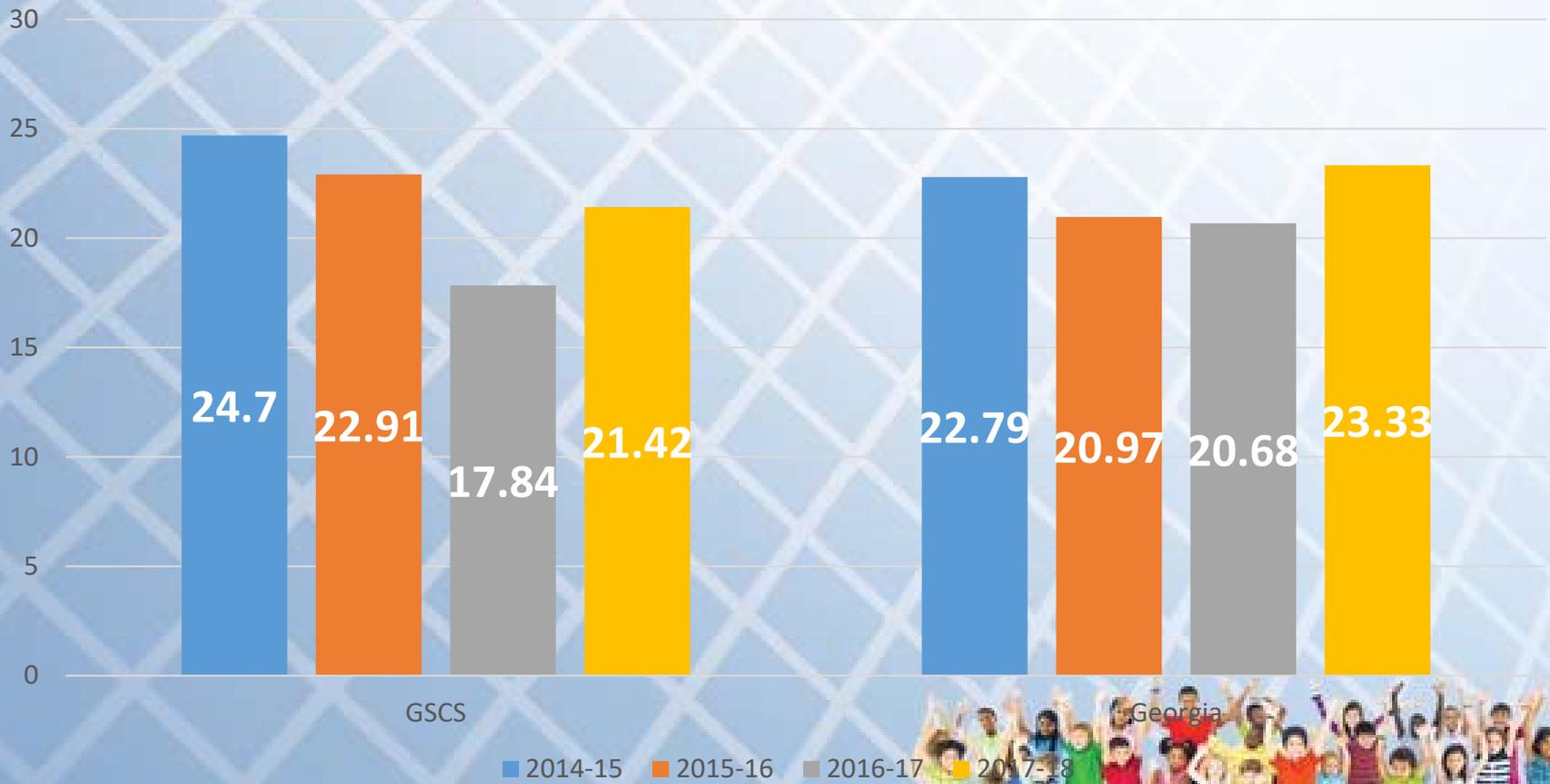


Source: Georgia Student Health Survey 2.0



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

Bipolar Disorder



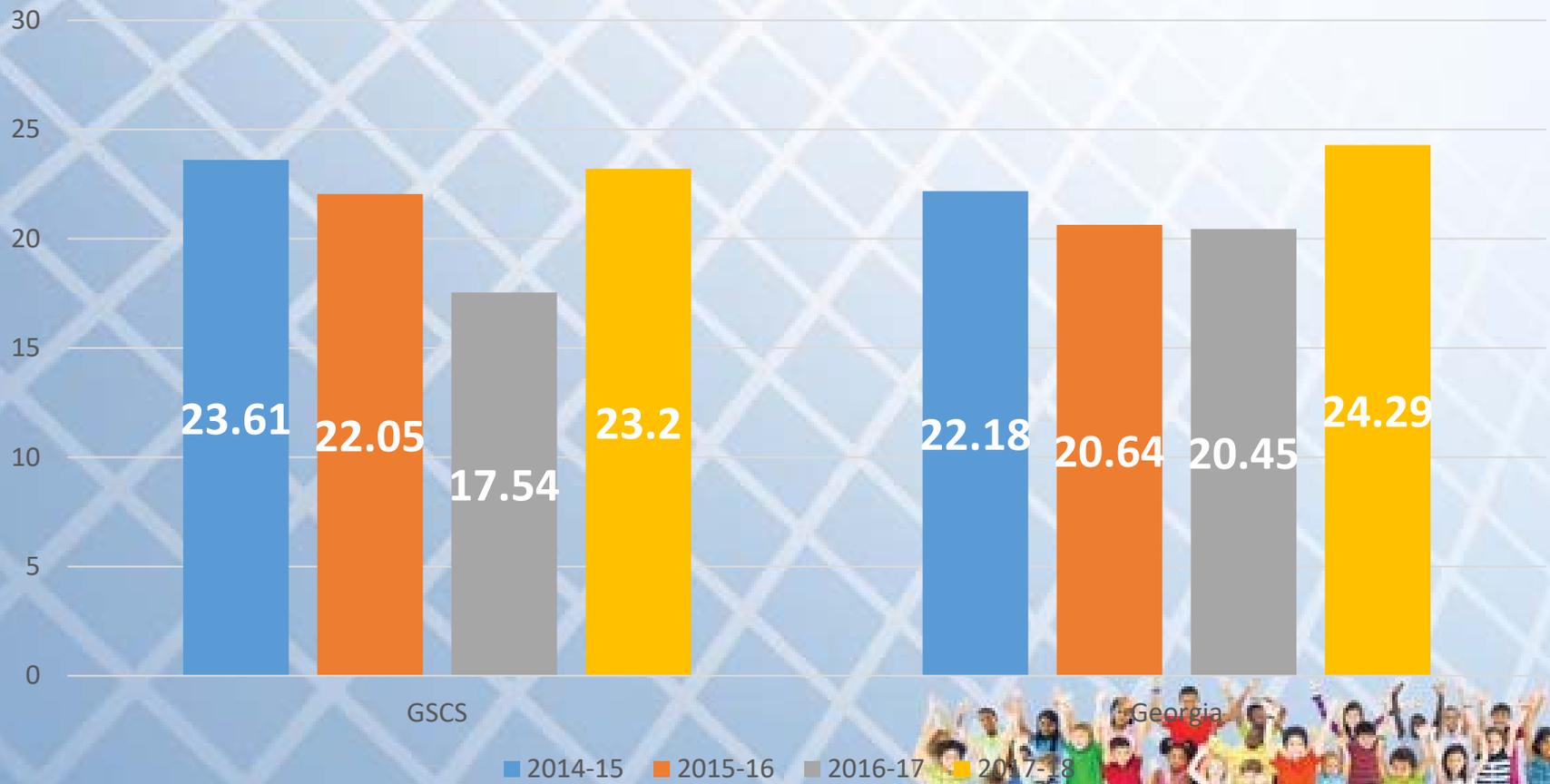
Source: Georgia Student Health Survey 2.0





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

Personality Disorder



Source: Georgia Student Health Survey 2.0



Prevalence of Child and Adolescent Mental Disorders

The 20/20 Problem

20%

of children have a
mental health disorder

20%

of those get the help
they need



What is happening to our students living with mental illnesses?



Dropping Out of School

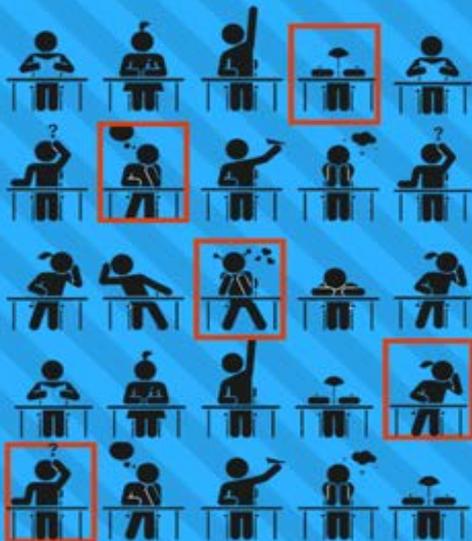


YOUTH MENTAL HEALTH AT SCHOOL



**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.

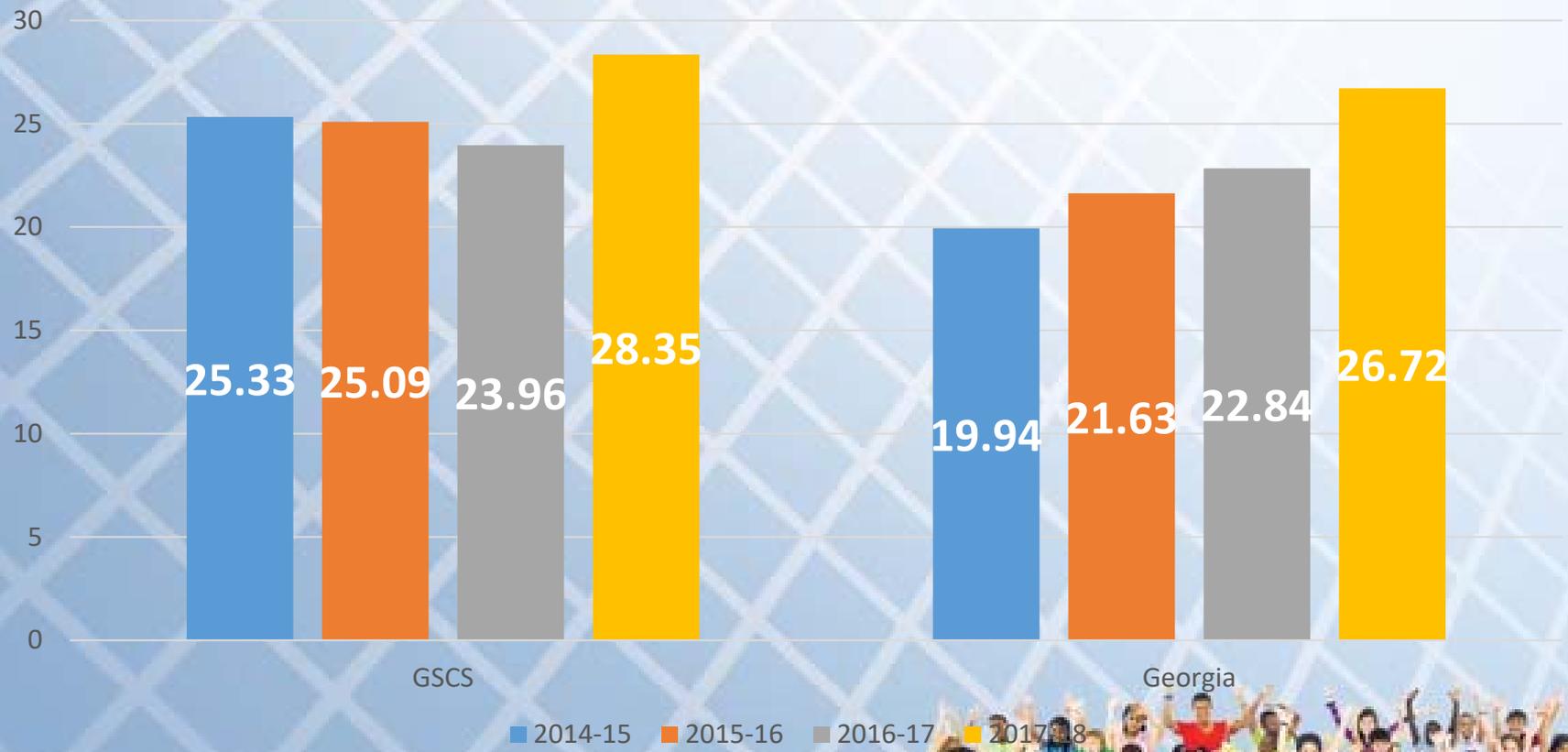
EVERY DAY IN THE UNITED STATES
OVER **5,240 STUDENTS**
IN GRADES 7-12 **ATTEMPT SUICIDE**

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



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

Percentage of Students



Source: Georgia Student Health Survey 2.0

The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

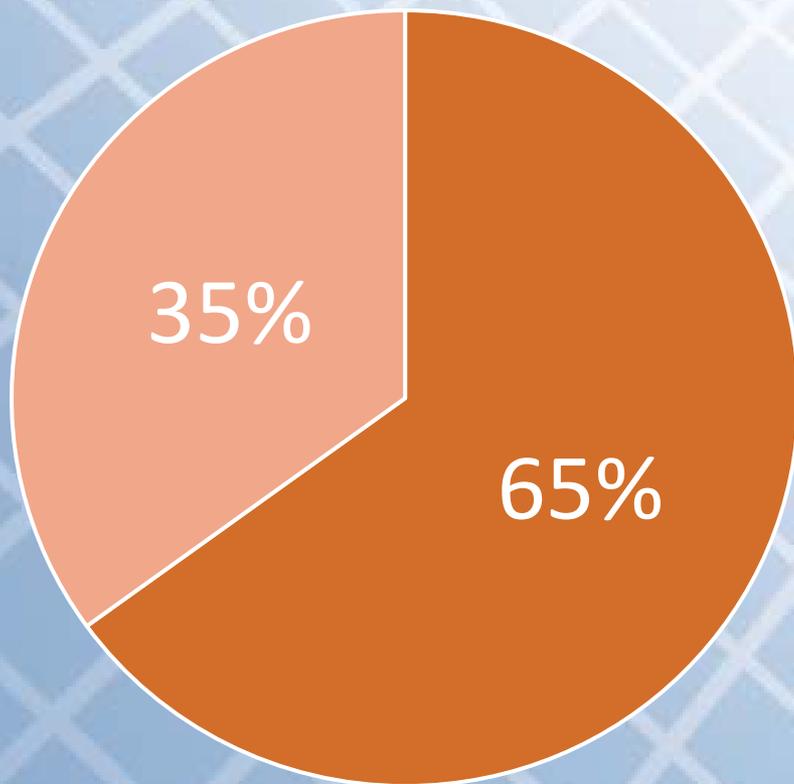


Entering the Juvenile
Court System and
Department of
Juvenile Justice

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

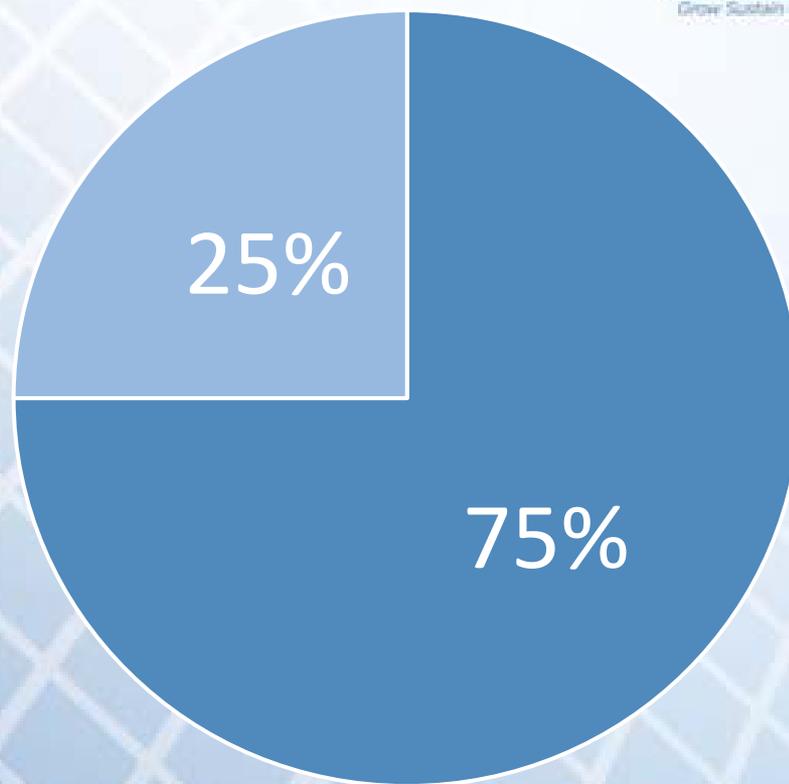


Girls



■ With ■ Without

Boys



■ With ■ Without

Source: National Institute of Mental Health



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Suicide

A photograph of a wooden floor. On the left, there is a black, cylindrical container. In the center, a pen lies horizontally. To the right of the pen, a white rectangular note is placed. The note has the words "GOOD BYE!" written on it in a pink, hand-drawn font. The floor is made of light-colored wood planks.

GOOD BYE!



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

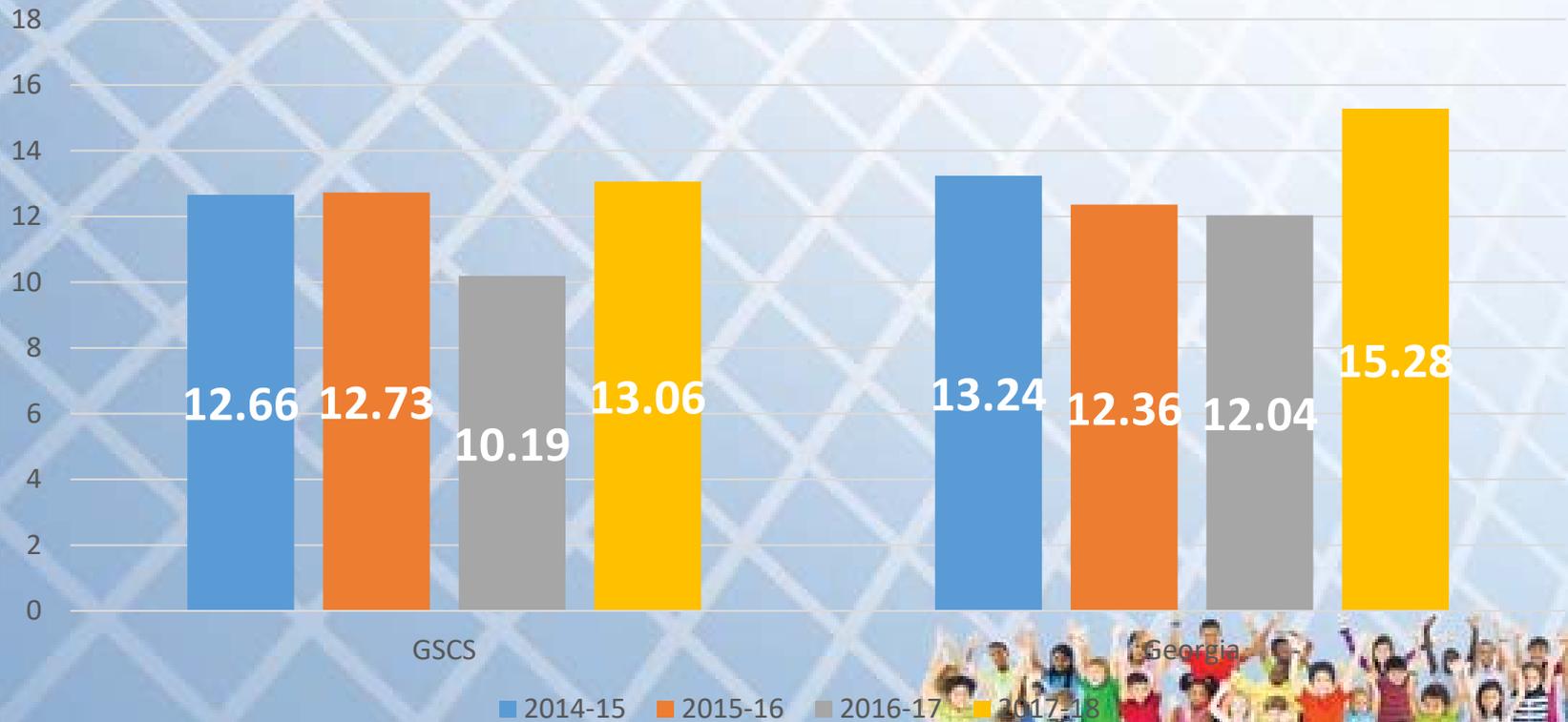
Over 90% of adolescents who die by suicide live with a mental illness.





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

Percentage of Secondary Students



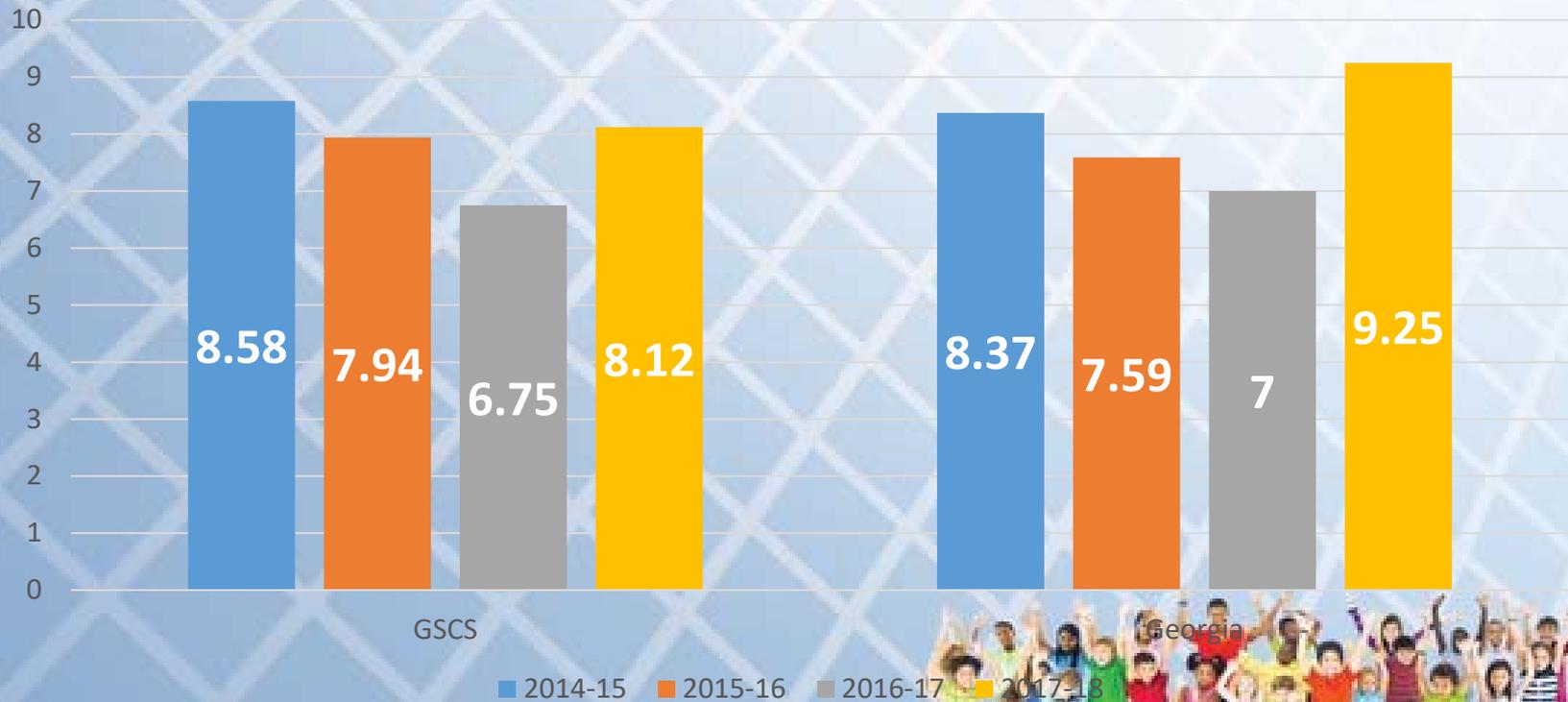
Source: Georgia Student Health Survey 2.0





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

Percentage of Secondary Students



Source: Georgia Student Health Survey 2.0





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

Percentage of Secondary Students



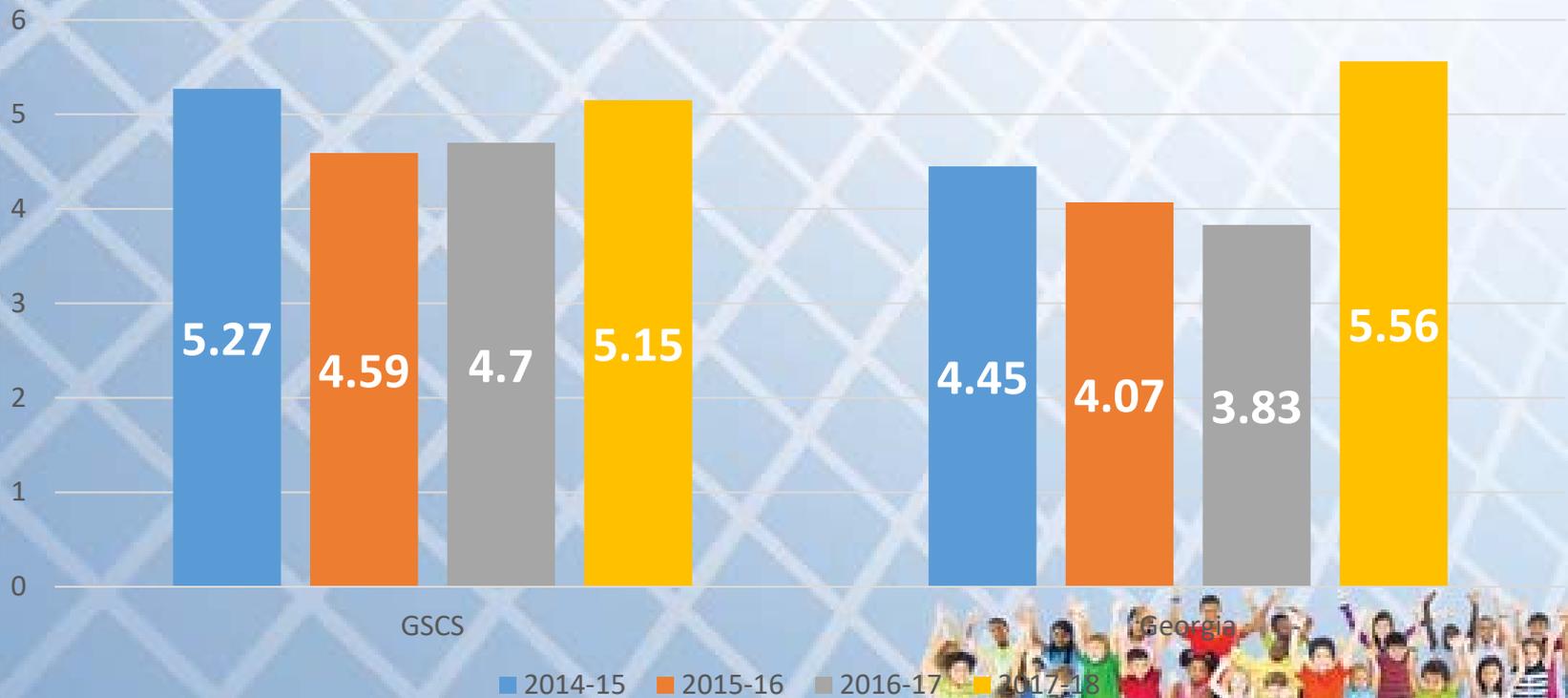
Source: Georgia Student Health Survey 2.0





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

Percentage of Secondary Students



Source: Georgia Student Health Survey 2.0



5.56% of Georgia Survey
Respondents = 37,494 Students



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



What is Trauma?

- ❖ Trauma refers to extreme or chronic stress that overwhelms a person's ability to cope & results in feeling vulnerable, helpless & afraid
- ❖ Can result from one event or a series of events
- ❖ Event(s) may be witnessed or experienced directly
- ❖ Experience is subjective
- ❖ Often interferes with relationships; self regulation; & fundamental beliefs about oneself, others & one's place in the world



Most Common forms of Childhood Trauma

Physical abuse
Emotional abuse
Sexual abuse
Physical neglect
Emotional neglect



What percentage of your students live with these experiences?

- ✓ A parent who's an alcoholic or addicted to drugs
- ✓ A parent who's a victim of domestic violence
- ✓ Family member in jail
- ✓ Family member diagnosed with a mental illness
- ✓ The disappearance of a parent through divorce, death or abandonment



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



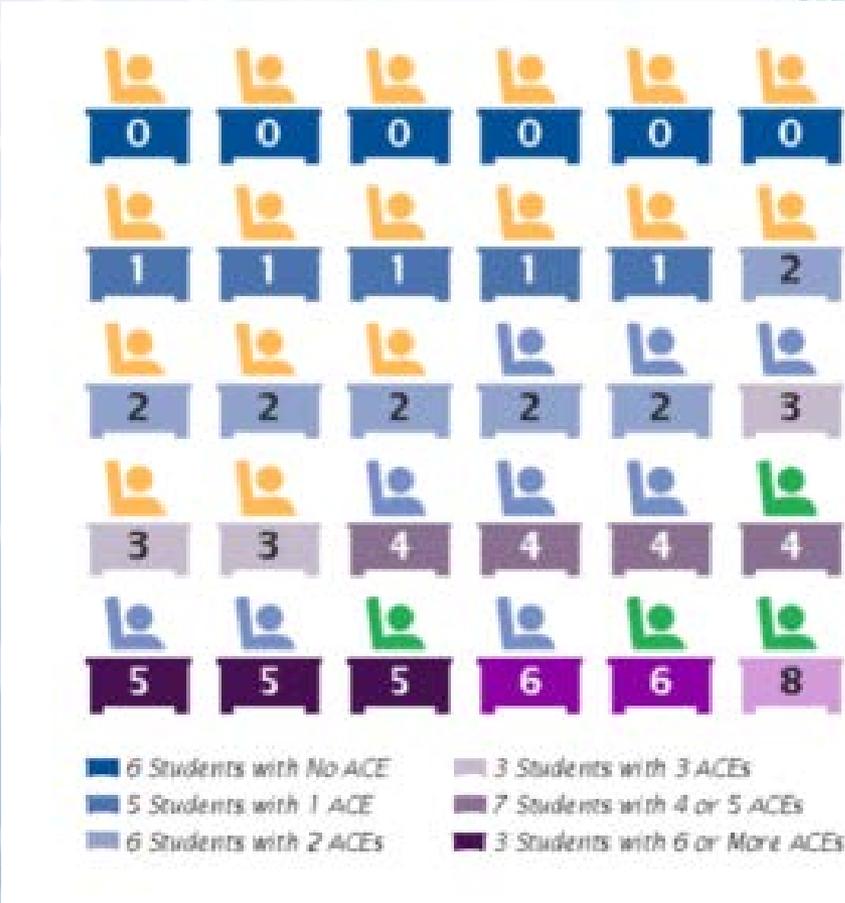
Substance Abuse



Divorce



Your classroom may look like this:



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.



So what does trauma do to
the brain?

How does it impact
learning?



Nadine Burke-Harris

- [How Childhood Trauma Affects Health Across a Lifetime](#)



ACEs impact student learning

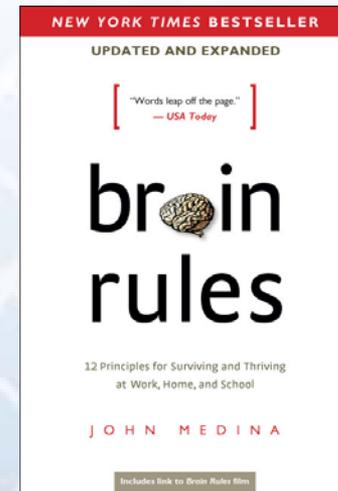
- ❖ Inability to process verbal/nonverbal written information
- ❖ Inability to effectively use language to relate to others.
- ❖ Lack of sequential organization.
- ❖ Not understanding cause and effect.
- ❖ Lack of sense of self and perspective.
- ❖ Inability to distinguish emotions.
- ❖ Lack of executive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



BRAIN RULE # 8

Stressed brains don't learn in the same way that non stressed brains do.

John Medina, PhD, Seattle Pacific University
University of Washington



Now what do I do to support these students as an educator?



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

WI Department of Public Instruction Trauma-Sensitive Schools Resources
http://sdpw.dpi.wi.gov/sdpw_mhtrauma Adapted from Daniel & Zurling
 (2012)



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.



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, escaping, avoiding in such a
maladaptive way or manner?



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

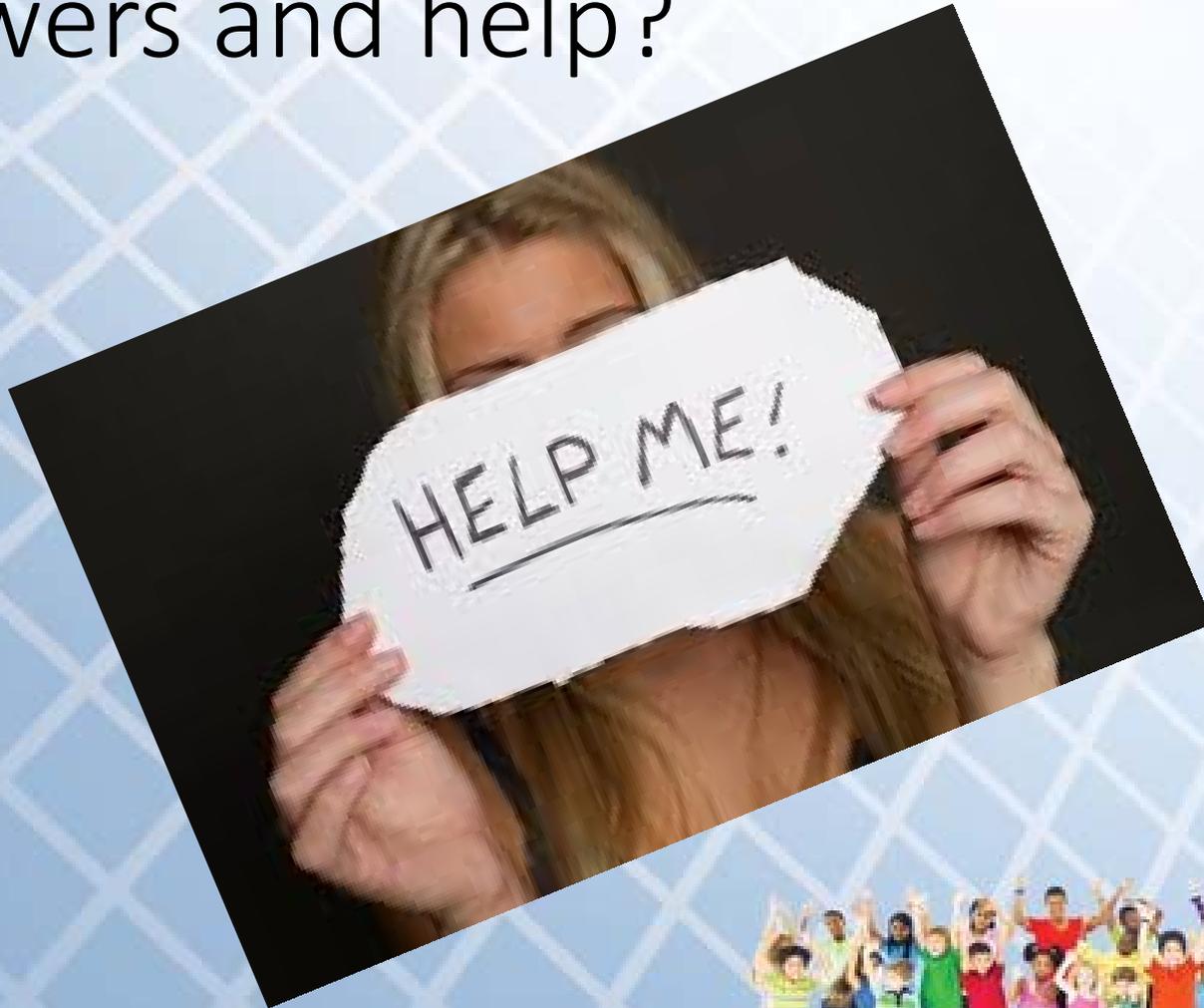


MTSS
Continuum of Support for All
Academic RtI +
PBIS + Mental
Wellness
Framework

Acknowledgement: Susan Barrett



Where are teens looking for answers and help?



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Internet



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Friends



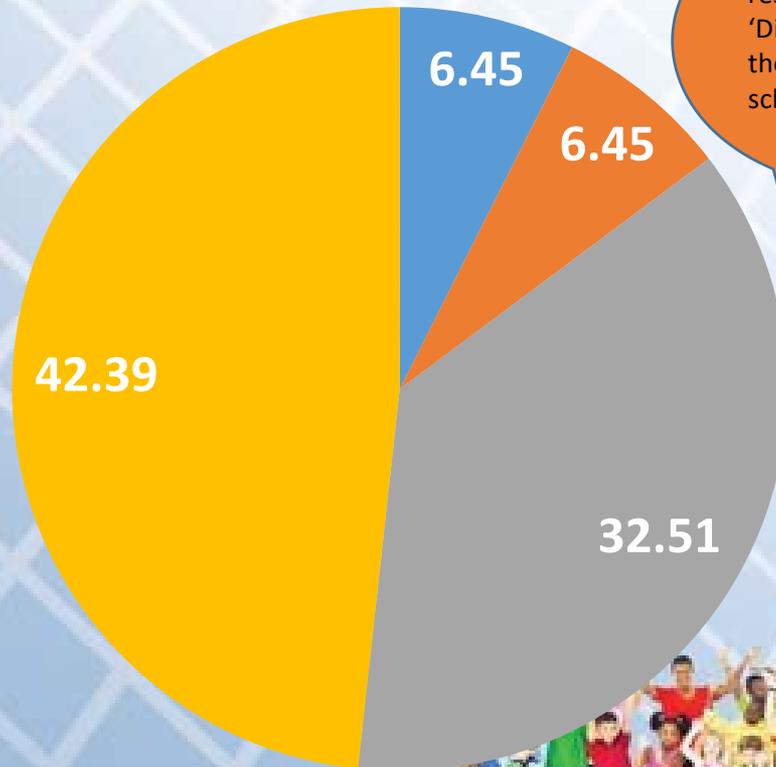
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7. I know a student at my school that I can talk to if I need help.

2017-18

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

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

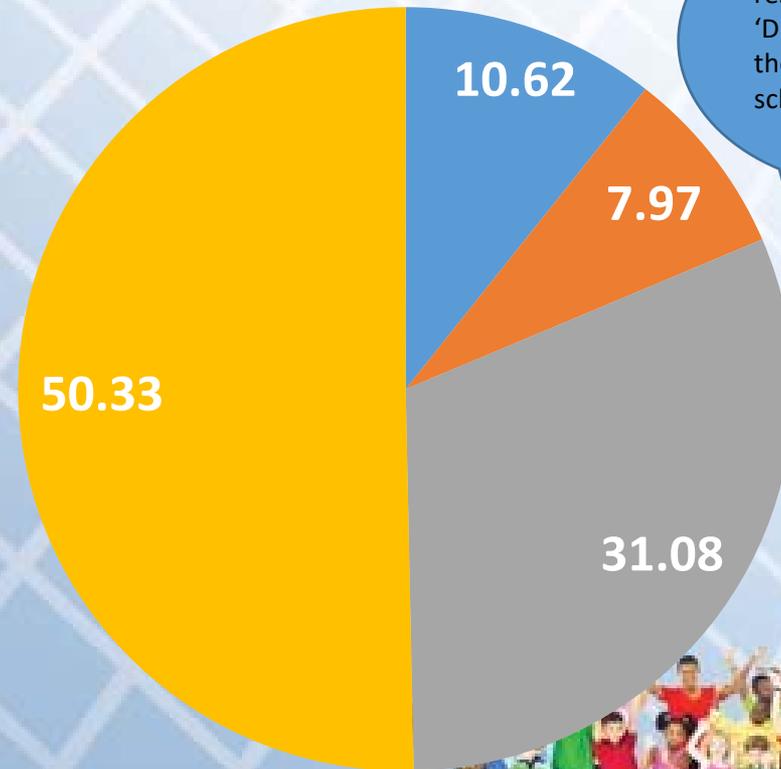


8. I know a student at school that I can talk to if I am feeling sad or down.

2017-18

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

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



Trusted Adult



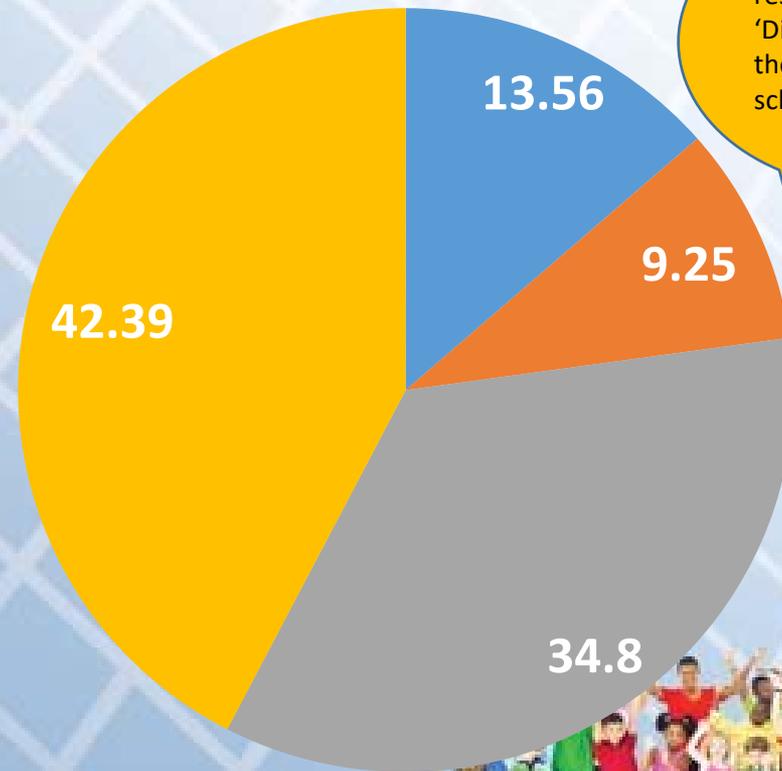
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91. I know an adult at school that I can talk with if I need help.

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...

| 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 |



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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.



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



Summer 2018



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



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



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

2 alerts from Aug 13 to Thu, Aug 16, 2018 7:30 AM

Alert ID: 322030262

Published: Wed, Aug 15, 2018 12:17 PM

Location(s): ANNE STREET ELEMENTARY SCHOOL, ATKINSON ELEMENTARY SCHOOL, AZ KELSEY ACADEMY, 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, ORRS ELEMENTARY SCHOOL, SPALDING HIGH SCHOOL, TAYLOR STREET ACHIEVEMENT CENTER,

Details: <https://live.socialsentinel.com/next/v/pdf/wg8AAA/3rn3qz>

Author: [REDACTED]

I wonder what people would think of oomf if they knew he tried to rape me..... girls, be careful of the guys you hang out with, and always trust your gut feeling.

Alert ID: 322410555

Published: Thu, Aug 16, 2018 12:14 AM

Location(s): ANNE STREET ELEMENTARY SCHOOL, ATKINSON ELEMENTARY SCHOOL, AZ KELSEY ACADEMY, 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, ORRS ELEMENTARY SCHOOL, SPALDING HIGH SCHOOL, TAYLOR STREET ACHIEVEMENT CENTER,

Details: <https://live.socialsentinel.com/next/v/pdf/wg8AAA/3rv96m>

Author: [REDACTED]

Ketha is going to die

securly://



- 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.



securly://



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!





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

plan of death

From



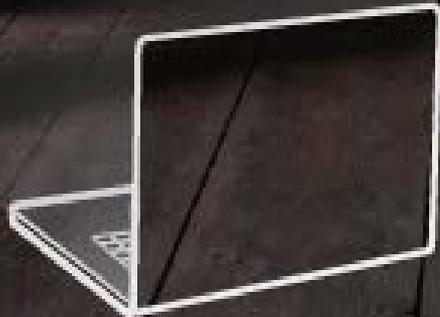
To



step one go to a place where my freinds and enimes are
loacted then steab
everybody except the suicidal kids so they can suffer life
then
step 2 cry about everybodys death and laugh at my foes bodys
write suicidal
note
step3 pull that to my head and stab it through my head



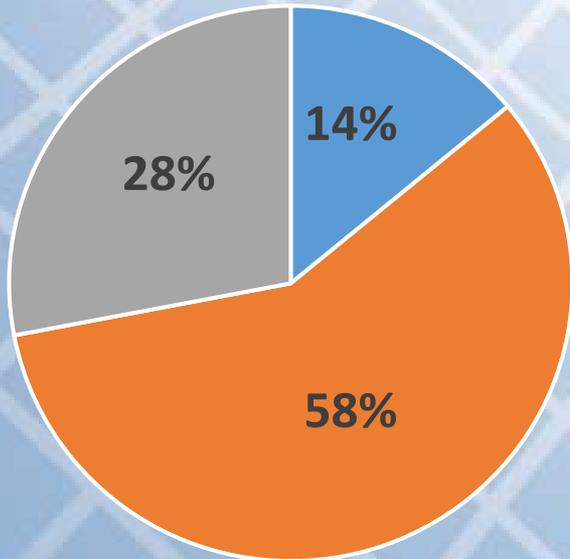
Suicide Now the Second Leading Cause of Death For Teens; Is Social Media to Blame?



Overview of Internet Searches

School Level

Student's Grade Level



■ Elementary
 ■ Middle
 ■ High

Search Topics

Percentage

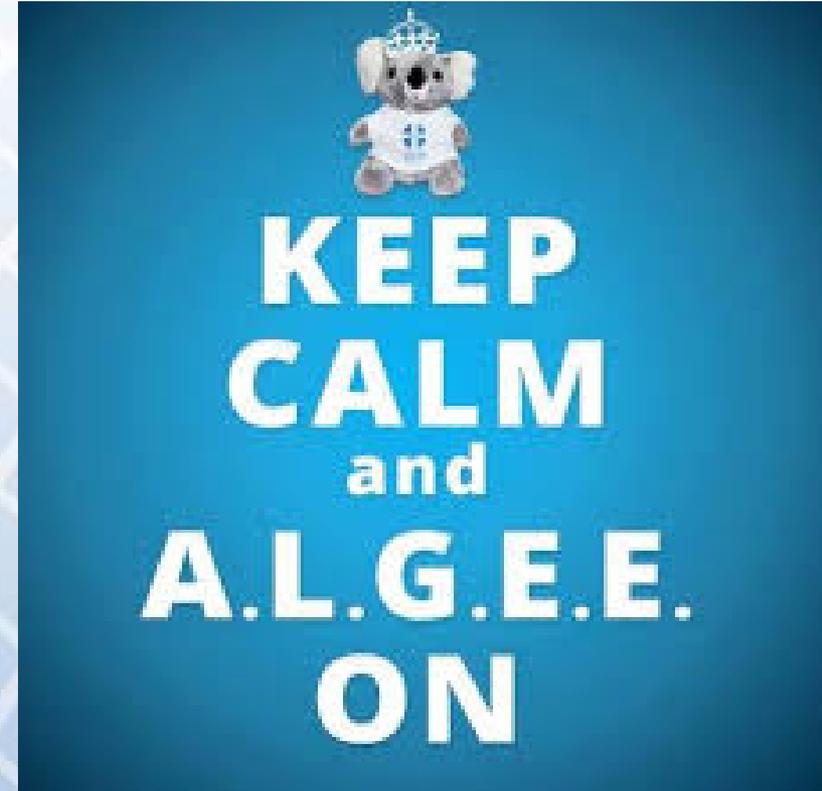


Technology Acceptable Use

- “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.”



Youth Mental Health First Aid Training (TIER I)



YMHFA Action Plan

- **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



SESSION 1

- To understand the prevalence of various mental health disorders impacting youth and the need for reduced stigma in communities.
- To recognize the warning signs of mental health problems that may impact youth, primarily those aged 12 – 18.
- To understand the risk and protective factors that can impact a youth's mental health and resiliency.



Youth Mental Health First Aid



SESSION 2

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



Resource Mapping TIER I

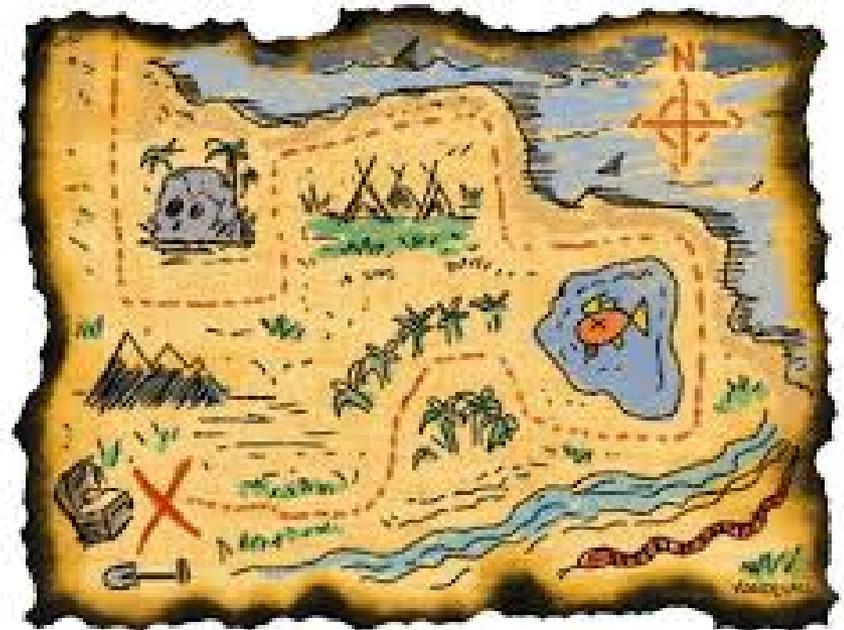


Resource Mapping

Process at the school level to identify:

1. mental health supports
2. academic supports
3. behavior supports

provided by the school for students with different levels of need.



Resource Mapping Questions

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



Gap Analysis

- Describe any gap in Tier 1 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 2 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 3 supports available to students?
How will that gap be filled?
- Describe any gap in Tier 4 (In GA = Special Ed) supports available to students? How will that gap be filled?



Why is Resource Mapping So Important?



We do not want to identify a need and then not have the resources to meet the need.



Universal Screening

Mental Health and Behavior Screening (TIER I)





School-Based Universal Screening Defined



Universal screening seeks to assess all students in a school and to identify students who otherwise might have been missed by reliance on teacher referrals (Eklund et al., 2009)



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.



Elementary School



- **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?



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-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 |

As you are completing the SRSS-IE...



- 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

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 | | | | | |



The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

Secondary School



- **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 – Secondary School



- **HOW to administer the SDQ –**

- All students whose parent/guardian’s have consented complete the SDQ using the web-based Survey Monkey form.
- Students enter their grade, gender, race/ethnicity and unique ID #'s into the survey form.
- Per the action plan, the SDQ is administered in the school’s computer lab. Students rotate through the computer lab throughout the day.
- Per the action plan, at least two educators will coordinate the process on the day(s) of screening.



The Strengths & Difficulties Questionnaire (SDQ)



- A brief behavioral screening questionnaire administered to adolescents using self report.
- 25 items that can be grouped and scored on a number of scales. For low-risk or general population samples the SDQ can be divided into "internalizing problems" and "externalizing problems" for screening purposes.
- It exists in several versions to meet various needs, including alternate forms for parent or teacher completion.

(Goodman et al., 2010)

(Goodman, 2013)

(Goodman, Lamping, & Ploubidis, 2010)



SDQ Administration & Scoring Criteria



- The SDQ is comprised of five scales with five corresponding items
- Each item is scored on a three-point Likert type scale
 - Not true=0; Somewhat true=1; Certainly true=2
- Factor analytically derived tool based on standard classification of psychological disorders



SDQ Scales

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

Goodman, Lamping, & Ploubidis, 2010



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 |



Sample SDQ Form



Strengths and Difficulties Questionnaire

P or T ¹¹⁻¹⁷

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name

Male/Female

Date of birth.....

| | Not True | Somewhat True | Certainly True |
|---|--------------------------|--------------------------|--------------------------|
| Considerate of other people's feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restless, overactive, cannot stay still for long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shares readily with other youth, for example books, games, food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Often loses temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would rather be alone than with other youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Generally well behaved, usually does what adults request | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Many worries or often seems worried | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



SDQ Cut Scores

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’





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

SRSS-IE

0-3 No Indication of Concern
(76.9%)

4-8 Slightly Elevated Level of
Concern (15.5%)

9+ Elevated Level of Concern
(7.5%)

SDQ

0- No Indication of Concern
(75.1%)

9-10 Slightly Elevated Level of
Concern (12.7%)

11+ Elevated Level of Concern
(12.2%)





Externalizing Data

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

Fall 2017 Data

SRSS-IE

- 0-3 No Indication of Concern (79.3%)
- 4-8 Slightly Elevated Level of Concern (14.1%)
- 9+ Elevated Level of Concern (6.6%)

SDQ

- 0- No Indication of Concern (78.3%)
- 9-10 Slightly Elevated Level of Concern (11.2%)
- 11+ Elevated Level of Concern (10.5%)





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%)

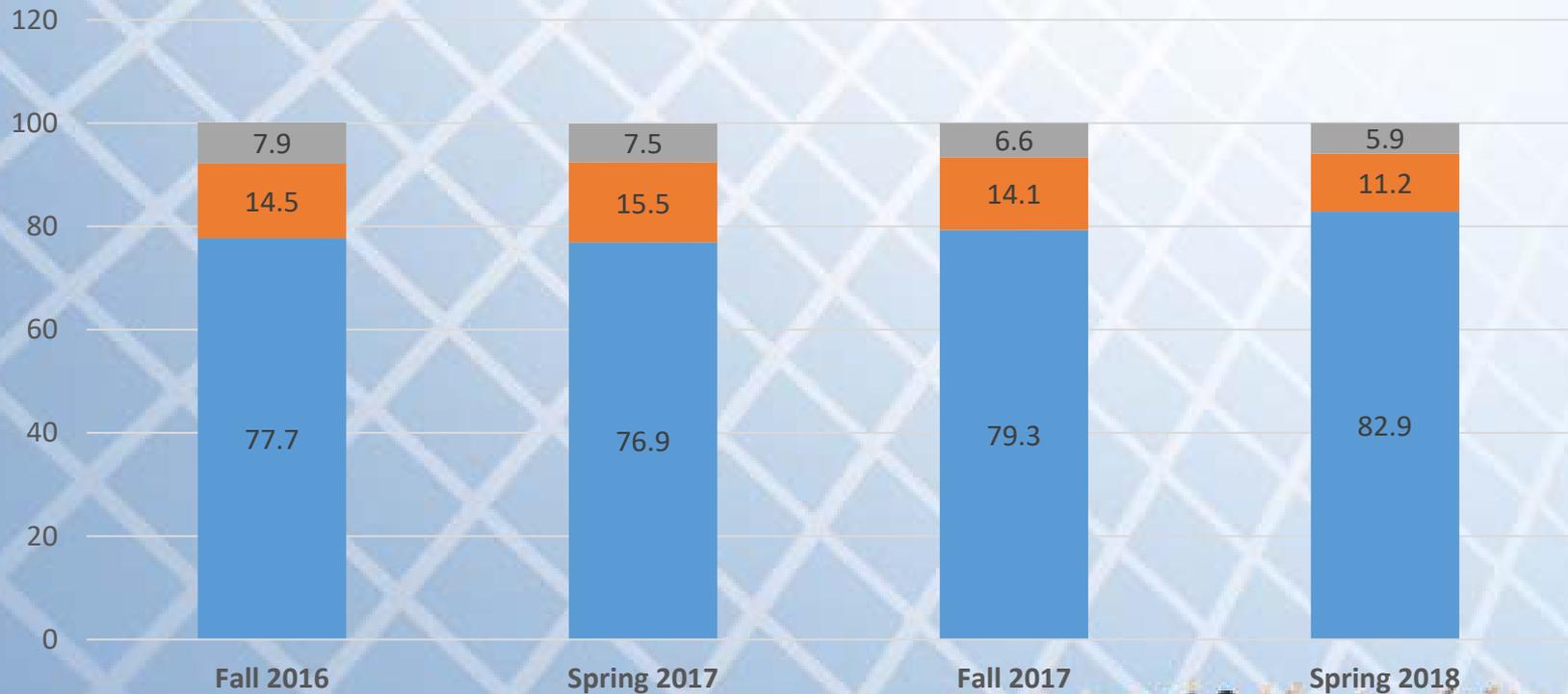
11+ Elevated Level of Concern
(9.1%)



Externalizing Trend Data

SRSS-IE

■ No Indication ■ Slight Indication ■ Elevated Indication





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

0-1 No Indication of Concern
(79.3%)

2-3 Slightly Elevated Level of
Concern (14.1%)

4+ Elevated Level of Concern
(6.6%)

SDQ

0-6 No Indication of Concern
(60.1%)

7-8 Slightly Elevated Level of
Concern (17.1%)

9+ Elevated Level of Concern
(22.9%)





Internalizing Data

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

Spring 2018 Data

SRSS-IE

0-1 No Indication of Concern
(90.3%)

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

4+ Elevated Level of Concern
(3.1%)

SDQ

0-6 No Indication of Concern
(60.5%)

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

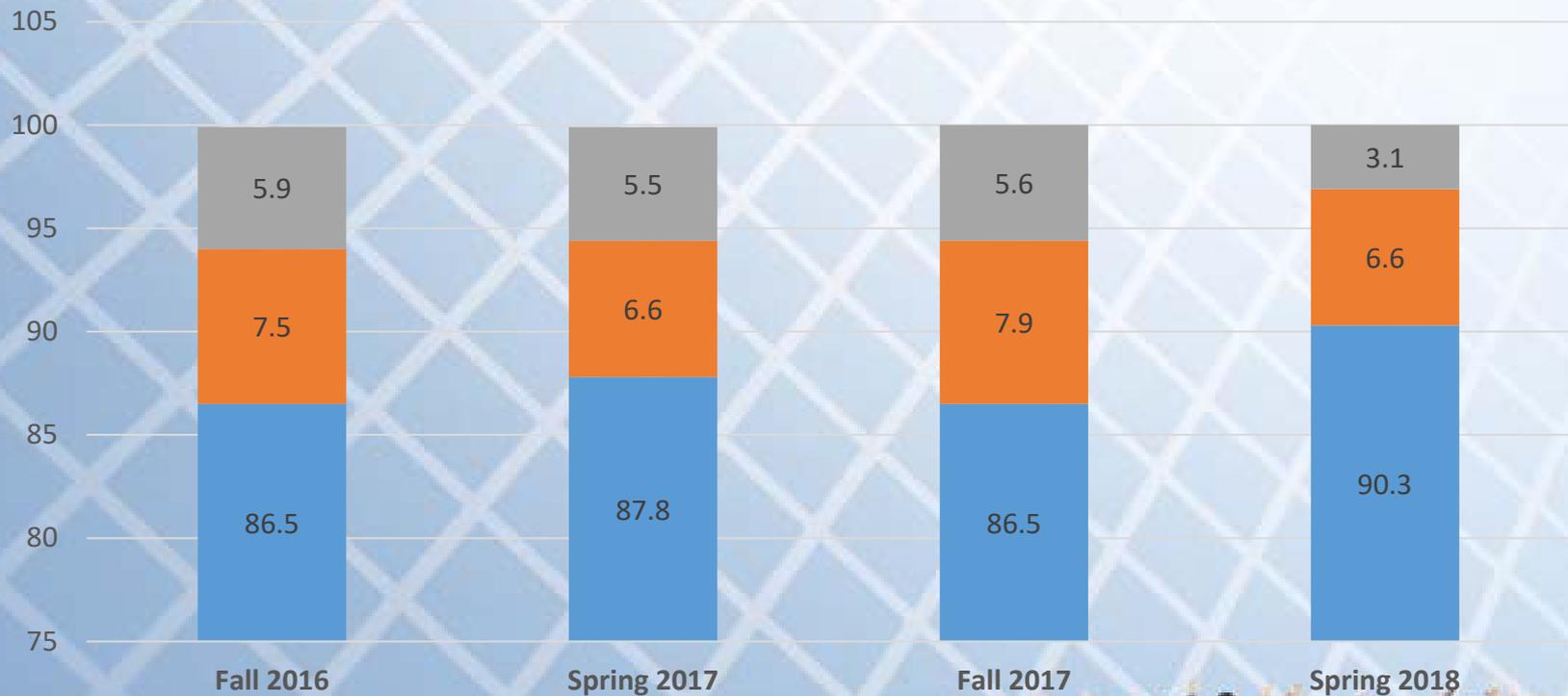
9+ Elevated Level of Concern
(23.4%)



Internalizing Trend Data

SRSS-IE

■ No Indication ■ Slight Indication ■ Elevated Indication



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

How Do We Use The Results?



Tier I

- Used the data to determine the 5 most at-risk elementary schools and implemented Social-Emotional Learning Curriculum school-wide.
- Use the data to address internalizing needs at the secondary school and implement *Sources of Strength* at 1 high school and 2 middle schools.
- Use the data to drive professional learning needs of the faculty and staff by providing *Non-Violent Crisis Intervention Training* and *Youth Mental Health First Aid*.



Tier II

- Data is used to identify students who may be at-risk and would benefit from supports in a small group setting.
- Generally there are more students identified for Tier II supports than we have personnel to provide the interventions.
- Results of the Universal Screener is only 1 piece of the data that is used by the school's PBIS Tier II Team to determine appropriate interventions for the students.



Tier III

- Highest priority is placed on students who score in the *Highly Elevated* range on both the internalizing and externalizing scales.
- Rarely are the teams surprised by the names that show up on both of the universal screening scales.
- In addition to providing school supports these students are provided with contacts to community resources that would benefit them.



Mindfulness Practices

TIER I and II





inner EXPLORERTM



- 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 EXPLORERTM



Griffin-Spalding
County School System

Grow Sustain Collaborate Succeed



10/5/2018

The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

Social-Emotional Learning TIER I and II



Curriculum in GSCS



- 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 5 elementary schools. The remaining 6 will roll out in 2018-19.
- Tier II – Guidance Counselors and Mental Health Clinicians use the curriculum for skill building in small groups.



Focus on Skill Building Groups TIER II



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, escaping, avoiding 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.



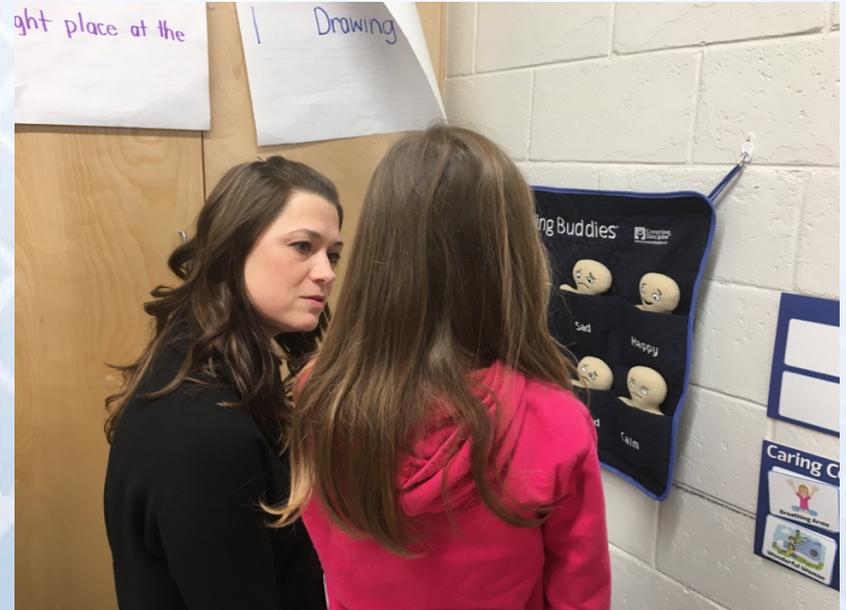
Conscious Discipline

- 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)



Two Types of Referrals

School Based

- Generally Tier II due to frequency and duration of the interventions
- Typically includes small group counseling that meets 1X per week.

Community Based

- Generally Tier III due to frequency, duration and intensity of the intervention.
- Typically includes individual therapy sessions.



Two Types of Referrals

School Based

- Most likely done by:
 - Counselor
 - Social Worker
 - Mental Health Clinician
 - Teacher
 - Administrator

Community Based

- Most likely done by:
 - Psychiatrist
 - Licensed Professional Counselor
 - Therapist
 - Community Service Board



GSCS Project AWARE Referral Process Data Uses

- 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.



Wraparound Services

- Pathways Community Service Board
- McIntosh Trail Community Service Board
- Grace Harbour, Inc.
- Professional Associates Healthcare of Georgia



GSCS Referral Process Summary

| | # of referrals made to Project AWARE | # of Behavioral Health Referrals | # of Referrals followed through by families |
|--------------------------------|--------------------------------------|----------------------------------|---|
| Year 1 (1/1/15 to 9/30/15) | 152 | 74 | 43 |
| Year 2 (10/1/15 to 9/30/16) | 506 | 281 | 172 |
| Year 3 (10/1/16 to 9/30/17) | 621 | 438 | 328 |
| Total | 1279 | 793 | 543 |



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



| | | | | | | | | | | | | |
|--|-------|-----------|---|-----------|-----------------|--|--|--|----------------------|--|--|--|
| 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> | | | <table border="1"> <tr> <td colspan="2">Lifetime</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">Past 3 Months</td> </tr> <tr> <td style="background-color: red;"></td> <td style="background-color: orange;"></td> </tr> </table> | | Lifetime | | | | Past 3 Months | | | |
| Lifetime | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Past 3 Months | | | | | | | | | | | | |
| | | | | | | | | | | | | |

For inquiries and training information contact: Kelly Posner, Ph.D.

Columbia – Suicide Severity Rating Scale



Suicide and Self Harm Protocol (Tier III)



Suicide or Self Harm Flowchart



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

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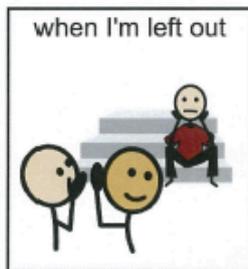
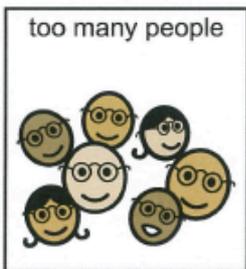
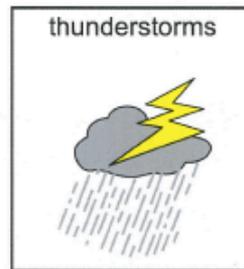
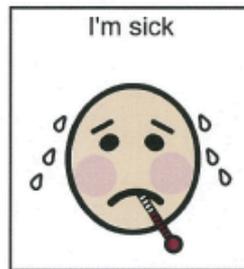
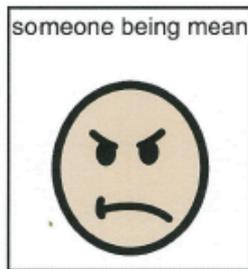
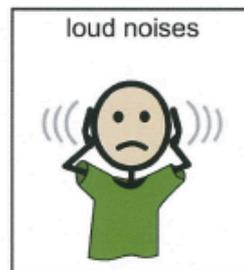
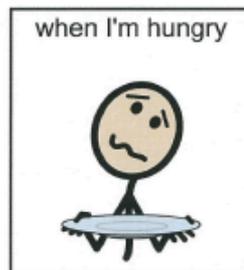
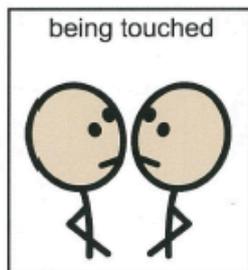
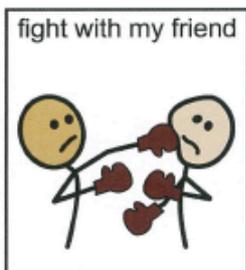
Student Safety Plan



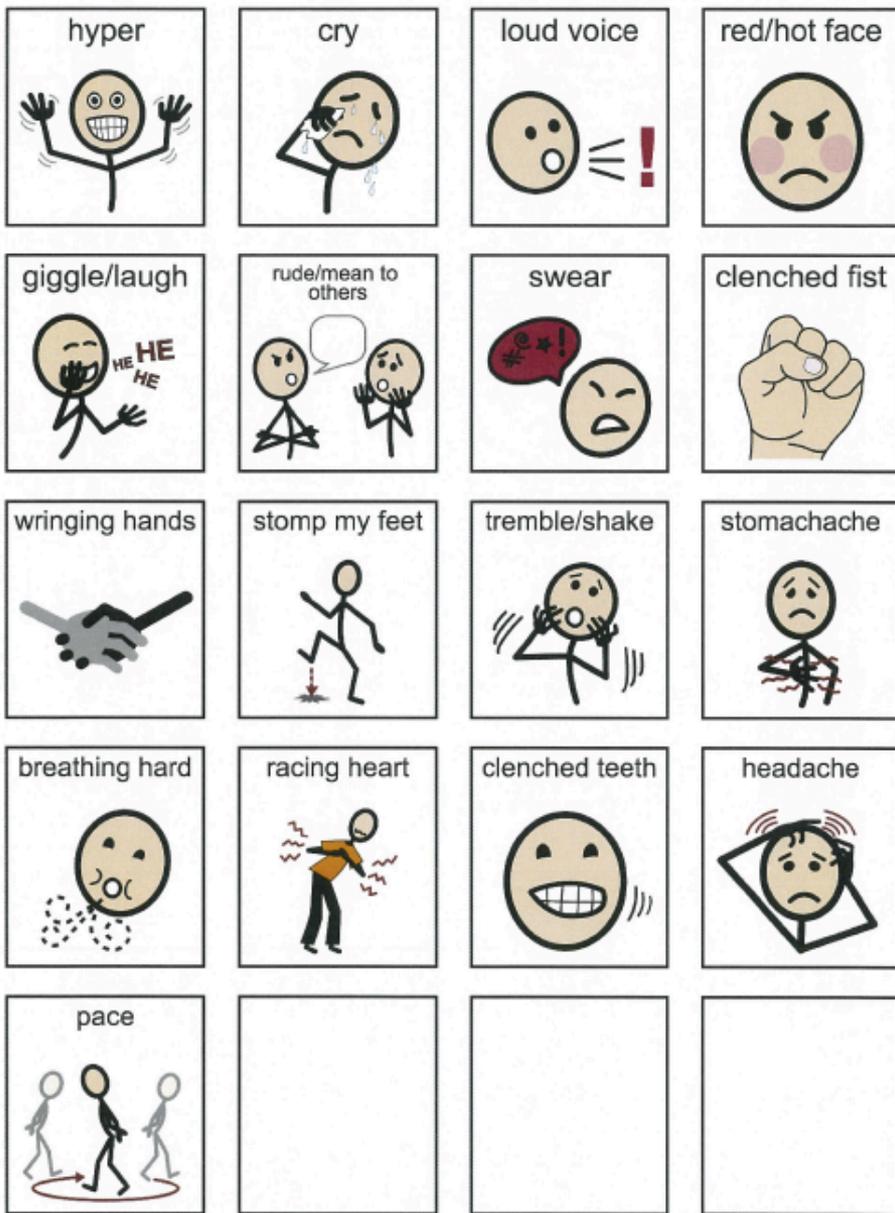
The mission of the Griffin-Spalding County School System is to empower students to graduate college and career ready.

Student Safety Plan - Elementary

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



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



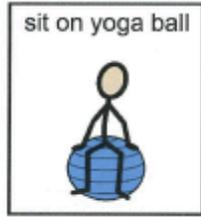
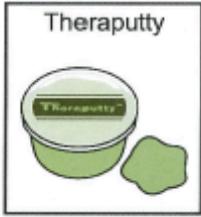
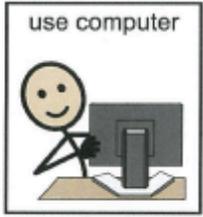
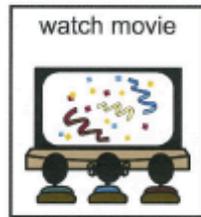
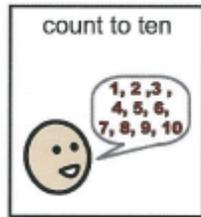
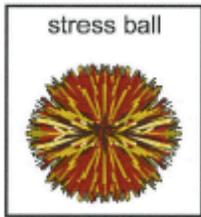
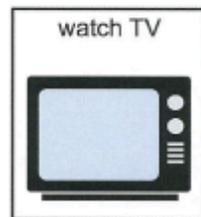
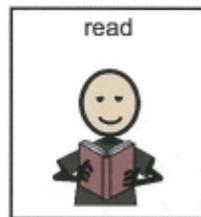
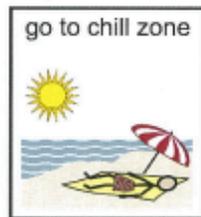
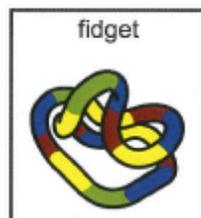
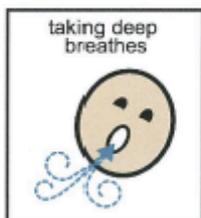
Student Safety Plan - Elementary



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Student Safety Plan - Elementary

What helps me feel better.



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.





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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.

I 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



Parent Acknowledgement Form



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Crisis Assessment Resource List



| Facility | Phone | Website | Ages Served | Treatment Areas |
|---|--|--|-----------------------------------|--|
| Anchor Hospital Atlanta, GA | 770-991-6044 | www.anchorhospital.com | 13 and up | Crisis, Psychiatric Stabilization and Treatment |
| Brighter Tomorrows Griffin, GA | (770) 468-7424 (678) 408-4622 | www.brighter-tomorrows.com | Children Adolescents Adults | Comprehensive Mental Health Services |
| Crescent Pines Stockbridge, GA | 770-474-8888 | www.crescentpineshospital.com | 4 and up | Crisis, Psychiatric Stabilization and Treatment, Drug and Alcohol Dependency |
| Devereux Advanced Behavioral Health Kennesaw, GA | 770-427-0147 | www.devereux.org | Birth – 21 | Intellectual and Developmental Disabilities, Trauma, Substance Abuse |
| Domestic Violence | 770-460-1664 | | | |
| Grace Harbour Inc | 770-486-1140 770-841-3975 | www.graceharbour.net | 4 and up | Comprehensive Mental Health Services |
| Lakeview Behavioral Health Norcross, GA | 877-659-4522 | www.lakeviewbehavioralhealth.com | 9 and up | Crisis, Psychiatric Stabilization and Treatment. Treats clients with mild intellectual disabilities on case by case basis. |
| McIntosh Trail Griffin, GA | (770) 358-5252 | www.mctrail.org | Children Adolescents Adults | Addictive Diseases, Developmental Disabilities, Mental Health |
| National Suicide Prevention Hotline | 1-800-273-TALK (8255) | www.suicidepreventionlifeline.org | All | Crisis Intervention |
| Pathways CSB Griffin, GA | 770-229-3407 Crisis Number 877-566-5470 | www.pathwayscsb.org | Children Adolescents Adults | Crisis Assessment and Stabilization, Developmental Disabilities, Psycho-Social Rehabilitation, Out-Patient Services |
| Peachford Hospital Atlanta, GA | 770-454-2302 | www.peachford.com | 4 and up | Crisis, Psychiatric Stabilization and Treatment. |
| Piedmont Fayette Hospital Fayetteville, GA | 770-719-7000 | www.piedmont.org | All | Crisis Assessment |
| Professional Associates Healthcare of GA Griffin, GA | 770-233-8778 | www.professionalsassociatesofga.com | All | Substance Abuse, Mental Health, Recovery Support, Counseling, Family Support, Peer Support, Psychiatric |
| Riverwood Hospital Riverdale, GA | 877-394-5271 | www.riverwoodbehavior.com | 9 and up | Crisis, Psychiatric Stabilization and Treatment, Drug and Alcohol Treatment |
| Southern Crescent Sexual Assault and Child Advocacy Center | 24 Hour Crisis Line 770-477-2177 Office Line 770-507-7772 | www.scsaz.org | All | Crisis, Forensic Medical Evaluation, Forensic Interview, Victim Advocacy, Counseling |
| Wellstar Spalding Regional Hospital Griffin, GA | 770-228-2721 | www.wellstar.org | All | Crisis Assessment |

Crisis Assessment Resource List



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Comprehensive Wrap Around Services (Tier III)



Wrap Around Services

- Grace Harbour, Inc.
 - Accepts Insurance, including Medicaid, Medicare, etc.
 - Provides in-school, office, and in-home services
 - All schools
 - Counselors refer student to Project AWARE
- McIntosh Trail, CSB
 - Accepts Insurance, including Medicaid, Medicare, etc.
 - Provides in-school and office services
 - AZ Kelsey and Cowan Road Middle School
 - Counselors refer student to Project AWARE and directly to McIntosh Trail



Wrap Around Services

- Pathways, CSB
 - Accepts insurance, including Medicaid, Medicare, etc.
 - Provides in-school, office, and in-home services
 - Mainstay and AZ Kelsey
 - Counselors refer student to Project AWARE
- Professional Associates Healthcare of Georgia
 - Accepts insurance, including Medicaid, Medicare, etc.
 - Provides in-school, in-home and office services
 - All schools
 - Provides transportation to Saturday appointments with their Psychiatrist
 - Counselors refer student to Project AWARE



Wrap Around Services

- Children's Healthcare of Atlanta
 - Tele-Mental Health
 - Provided in the school via technology
 - Funded through a grant with CHOA
 - Specific to students who are victims of abuse or neglect
 - Provides training to educators on trafficking and exploitation of children



*“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.”*

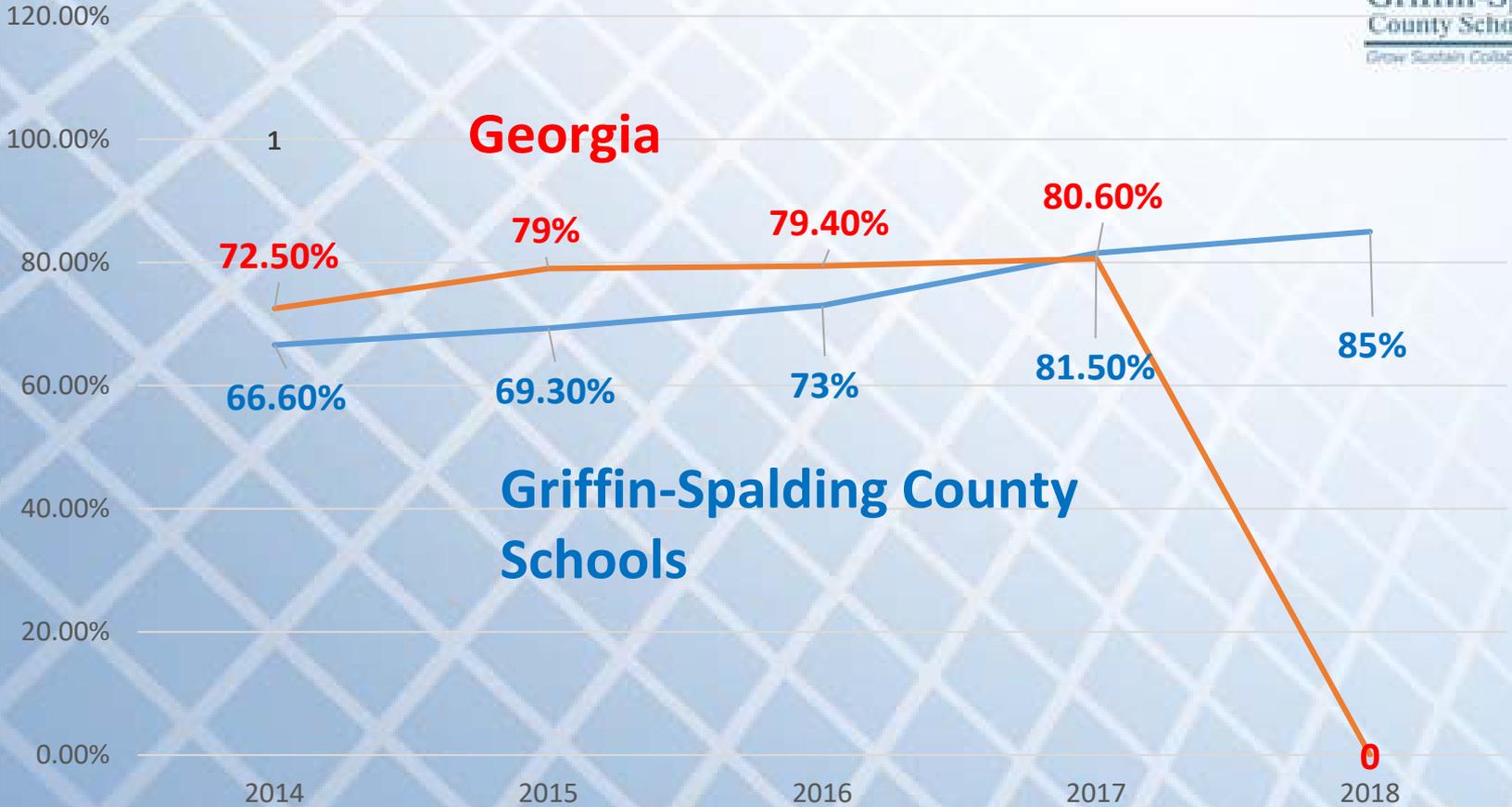
Greene, R. (2008). *Lost at School: Why our kids with behavioral challenges are falling through the cracks and how we can help them.* NY, NY: Scribner.



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



GRADUATION RATE



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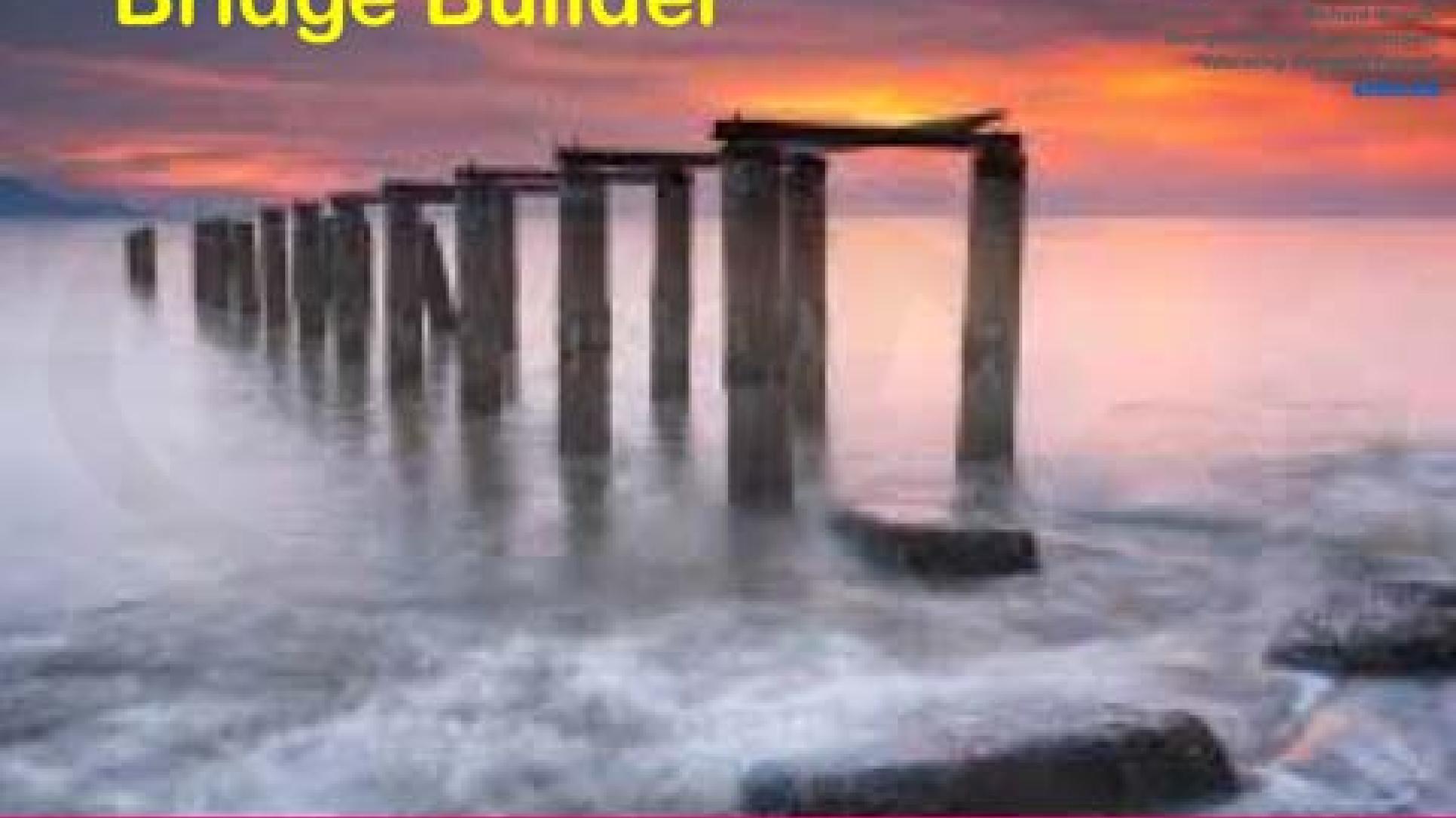
**“It is easier to build
strong children than
to repair broken
men.”**

~ Frederick Douglass





Bridge Builder





Facebook:
GSCS Project AWARE

Questions and Comments



Jason Byars
District Coordinator
Project Aware & PBIS
Griffin-Spalding County Schools

jason.byars@gscs.org

(c) 678-967-9857

(o) 770-229-3700 x10418



Twitter: @gscsaware



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