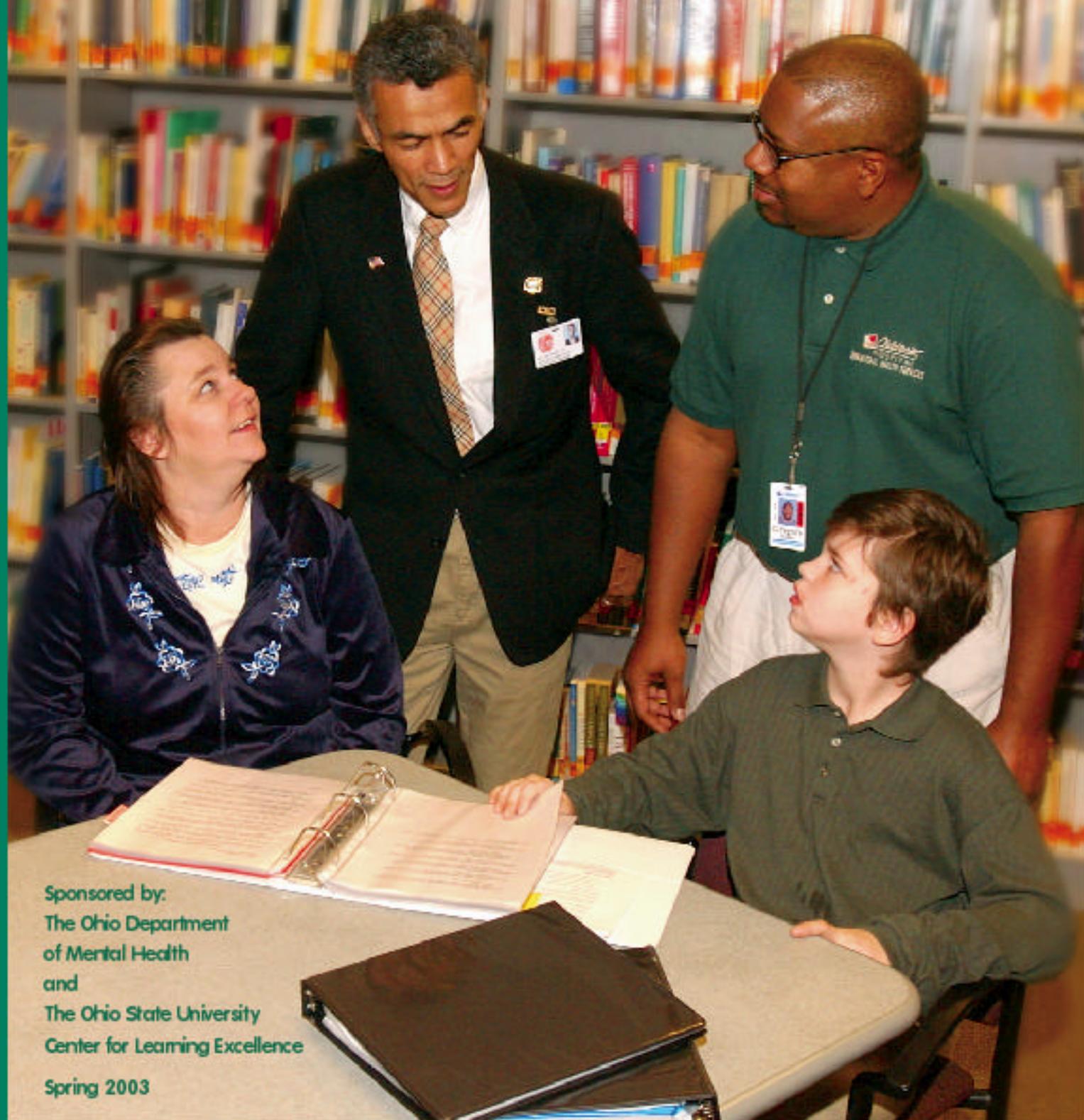


MENTAL HEALTH & SCHOOL SUCCESS

What We Are Learning



Sponsored by:
The Ohio Department
of Mental Health
and
The Ohio State University
Center for Learning Excellence
Spring 2003

No Child Left Behind Act

"These reforms express my deep belief in our public schools and their mission to build the mind and character of every child, from every background, in every part of America."

– President George W. Bush

Signed into law January 8, 2002

Promotes educational excellence for America's:

- Estimated 46.8 million public school children
- Nearly 3 million public school teachers
- More than 89,599 public schools
- Nearly 17,000 local school districts

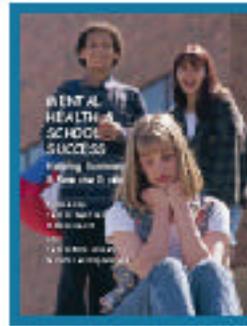
The No Child Left Behind Act recognizes the need to create innovative programs to link local school systems with the local mental health system to increase student access to quality mental health care.

The legislation suggests creating programs that:

- Enhance, improve, and develop collaborative efforts between school-based service systems and mental health service systems to provide, enhance or improve prevention, diagnosis, and treatment services to students.
- Enhance the availability of crisis intervention services, appropriate referrals for students potentially in need of mental health services, and ongoing mental health services.
- Provide training for the school personnel and mental health professionals who will participate in the program carried out under this section.
- Provide technical assistance and consultation to school systems and mental health agencies and families participating in the program carried out under this section.
- Provide linguistically appropriate and culturally competent services.
- Evaluate the effectiveness of the program carried out under this section in increasing student access to quality mental health services, and make recommendations to the Secretary about sustainability of the program.

Introduction

On February 8, 2001, a hearing was conducted in Columbus, Ohio, to identify critical success factors that will lead to improved school success for children with severe emotional disorders, as well as those children identified as "at risk" for school failure due to psychosocial difficulties.



"Mental Health & School Success: Hearing Summary and Resource Guide" published Spring 2001, summarized testimony from that hearing and provided facts, resources and ideas for the interdependency of good mental health and success in school. This second edition of "Mental Health and School Success" chronicles the

growing success of partnerships between Community Mental Health and ADAMH Boards, families, students, provider agencies, and representatives of local school districts that have helped implement innovative school-based mental health programs and services.

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Cover: Deanna Hallam and her son, Derek Longfellow, meet with Keith Choi Thomas (left), Special Education Coordinator, Columbus Public Schools, and Gregory Foster (right), LSW, Partnership in Schools, Children's Hospital. Photo courtesy of Children's Hospital.

From the Ohio Department of Mental Health



Michael F. Hogan, Ph.D., Director
Ohio Department of Mental Health

We complete this second edition of *Mental Health and School Success* with a sense of pride and with high expectations. We take pride in the progress many communities have made. We see increased collaboration linking community mental health services with schools. We see evidence that this improves school outcomes. We share an anticipation that these innovations will grow, and contribute to improved learning environments and better outcomes for students.

Over the past year, with the support of The Ohio State University Center for Learning Excellence, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Ohio Mental Health Network for School Success, Ohio has developed regional action networks to support mental health for school success. The regional network membership (see p. 45) includes families, educators, mental health boards, school-based mental health providers, and other community partners. Each network provides local leadership to identify needs and opportunities to address non-cognitive barriers to learning in their communities. The delivery of school-based and school-linked mental health services is increasingly recognized as an integral component of the community service delivery system. We are learning what works to promote healthier, safer learning environments and we are seeing results.

In times of growing demands on schools and providers for accountability amid tighter resources, we are drawn to collaboration as a major theme to support effective use of limited resources. We hope this edition of *"Mental Health and School Success: What We are Learning,"* will provide ideas that work for families, educators, policymakers, and practitioners.

Michael F. Hogan, Ph.D., Director
Ohio Department of Mental Health



Ohio Department of Mental Health

Bob Taft, Governor
Michael F. Hogan, Ph.D., Director

From the Ohio Department of Education



Susan Tave Zelman,
Superintendent of Public Instruction
Ohio Department of Education

Thank you for the opportunity to voice my support for the Department of Mental Health's efforts to bring quality education to all students in the state of Ohio. The vital connection between academic achievement and the positive social and emotional development of students is critical to every child's success in school and in life.

The Ohio Department of Education is working with other state agencies to help schools create safe, orderly, supportive learning environments where students feel emotionally and psychologically secure. Our collaborative efforts are designed to increase student achievement and provide support to school districts and schools to reduce substance abuse, truancy, and dropout rates.

In Ohio, we see too many gaps in achievement based on a child's race, ethnicity, socioeconomic status and geography. We need a public education system where you cannot predict how well any child will do in school based on that child's background. Children spend one-fourth of each day in school, and we need to create classrooms and schools where students feel safe and secure and can concentrate on learning.

We want to help teachers and administrators understand how to identify the underlying reasons why students engage in risk-taking behavior. We also know the importance of connecting children and families with resources available through other agencies, such as mental health services. Some of these services can be school-based, while others may be community-based.

Together, we must do whatever it takes to create supportive, secure learning environments so that all students can achieve, succeed, graduate, and be prepared for post-secondary education and the workforce. Our children deserve no less.

Susan Tave Zelman, *Superintendent of Public Instruction*
Ohio Department of Education



From the Center for Learning Excellence



David Andrews, Ph.D., *Dean*
OSU College of Human Ecology
and *Director*, Center for Learning
Excellence

The overall success of any educational reform is unquestionably tied to the creation of a more accessible, effective system of assessment and treatment of children with mental health problems. Access to mental health services can be greatly enhanced by making them available in a wide range of educational settings.

We at the Center for Learning Excellence, an initiative of the John Glenn Institute for Public Service and Public Policy at The Ohio State University, are proud to support improved access to mental health services through several projects. In addition to providing professional development, technical assistance, and evaluation services for the Alternative Education Challenge Grant Programs in Ohio, we also established the Ohio Mental Health Network for School Success to assist in the innovative delivery of mental health services to students in alternative education settings. Through direct support from and partnership with the Ohio Department of Mental Health, the Network provides invaluable assistance to schools as they strive to meet the mental health needs of their students. Over the past year, we have worked with the Ohio Department of Mental Health and the Ohio Mental Health Network for School Success to expand these efforts by developing regional action networks throughout the state.

In order to reduce or eliminate noncognitive barriers to learning, we must all work closely with schools and families to promote academic, social, and emotional achievement. Children spend the majority of their waking hours in and around schools and are most easily accessed in school and at after-school programs. As a single point of contact for children and their families, schools are the natural choice as the focal point of community-building efforts. These efforts will be successful to the degree that they have a holistic impact on the lives of children and families.

The promising and emerging best practices presented in this resource guide show that through cooperative efforts and targeted interventions, students, families, schools, and communities all benefit from increased support. I look forward to your future reports of how this resource guide encouraged increased collaboration among schools, mental health professionals, and other community partners as you played significant roles in the ultimate achievements of our children in Ohio.

David W. Andrews, Ph.D.
Dean, The Ohio State University College of Human Ecology
and *Director, Center for Learning Excellence*



THE JOHN GLENN INSTITUTE
FOR
PUBLIC SERVICE & PUBLIC POLICY
CENTER FOR LEARNING EXCELLENCE

Ohio Mental Health Network for School Success

On October 2, 2001, President Bush ordered the creation of the President's Commission on Excellence in Special Education. As part of the President's charge to find ways to strengthen America's four decades of commitment to educating children with disabilities, the Commission held 13 hearings and meetings throughout the nation and listened to the concerns and comments from parents, teachers, principals, education officials, and the public.

The Commission's report, A New Era: Revitalizing Special Education for Children and Their Families, contained dozens of recommendations to address their findings.

Overall, federal, state, and local education reform efforts must extend to special education classrooms. The Commission discovered that the central themes of the No Child Left Behind Act of 2001 must become the driving force behind the Individuals With Disabilities Education Act reauthorization.

The Ohio Department of Mental Health (ODMH) and the Center for Learning Excellence (CLEX) have joined together to develop a network of support for the improvement and expansion of mental health services in schools throughout the State of Ohio. The goal of the network is to assist schools in addressing emotional and behavioral barriers to learning beginning with a special focus on students attending alternative education programs funded by the Ohio Alternative Education Challenge Grant Program. To the extent possible, this assistance will promote implementation of evidence-based practices that have validated successful collaborations among schools and local mental health providers.

In addition to the Ohio Department of Mental Health and the Center for Learning Excellence, the network is comprised of selected higher education institutions and community-based mental health organizations in designated areas of the state, serving as regional affiliates to the Center.

The following principles guide technical assistance provided by the network:

- Supports and services are provided across the full age range of students and address the full range of mental health/behavioral concerns that create barriers to learning, with the goal of moving toward early intervention
- Ongoing partnerships between schools and providers are created and sustained through shared leadership and missions with resources devoted to sustaining that collaboration
- Family members are supported in their role as primary caregiver and teacher through the use of family based liaisons or advocates

Four key models of school-based intervention and support are promoted. A combination of these models creates a continuum of services, from prevention to individual treatment.

- Mental health professionals dedicated to and stationed in schools to work with students, their families, and all members of the school community, including teachers and administrators
- Mental health professionals working in schools as consultants and liaisons to facilitate early identification of students with emotional or behavioral health care needs; implement school-wide preventions and early intervention strategies; provide consultation to classroom teachers and other school personnel; and facilitate linkages with community resources
- Mental health professionals working in schools and with particular classrooms or students as part of an education/intervention team (e.g. assisting in SBH classrooms, working on a time-limited basis with students transitioning from alternative educational placements)
- Mental health professionals working in schools to provide wraparound and case management services

Network Vision

Every child in Ohio – including those at emotional or behavioral risk and those with mental health needs – will have the opportunity and the support needed to be successful in school.

Barriers and Opportunities

The Network recognizes that there are significant barriers to be addressed if its mission is to be accomplished. Historically, public school districts and community-based mental health agencies have not pursued a common agenda. Schools are most often organized around classroom activities, and success is measured largely in terms of academic performance. Mental health professionals are more likely to focus on individual children and view success in terms of improvement in emotional and behavioral health. The goals of the two systems are often viewed as incompatible by the leadership in the two fields. Further, these biases are often reinforced by their respective funding sources. Professionals in both systems believe they are woefully underfunded. It is perhaps not surprising that turf conflicts are more common than partnerships. There is considerable work to be done in convincing those working in the two systems that they can and should be mutually reinforcing.

The Network also recognizes that it must take advantage of several real opportunities that might support its efforts. There is strong leadership at the state level to improve and expand school-based mental health services. The Ohio Department of Mental Health (ODMH) has committed both staff and considerable financial resources to this task. ODMH has also enlisted the support of the Ohio Alternative Education Advisory Council (OAEAC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States Department of Health and Human Services. The creation of the present Network is in fact a direct result of ODMH leadership and sponsorship. Through the OAEAC the Network is also supported by strong partnerships that have begun to form between and among policymakers in a number of state offices and agencies that share responsibility for addressing the multiple needs of at-risk and high-risk youth.

Another opportunity lies in the experience of a number of mental health organizations and agencies that have, in spite of the difficulties, developed strong relationships with public school districts. There is a willingness among many of these agencies to share their experience. The Network's member agencies are prime examples. There is also growing support from higher education institutions across the nation and in Ohio. National projects under way at UCLA and the University of Maryland and more recently at the Center for Learning Excellence at Ohio State are committed to the improvement and expansion of school-based mental health services through the identification and dissemination of evidence-based and promising practices.

Regional Action Networks

The Ohio Mental Health Network for School Success consists of six agencies/organizations. Each Network member was selected because the agency/organization has a history of outstanding service to children, families, and schools. In 2002, the affiliates organized regional action networks to promote the implementation of the Network's action agenda and to further increase the capacity to expand school-based mental health services. These regional networks, comprised of mental health board and provider agency staff, ODMH personnel, CLEX staff, parents, and school personnel, are convened at least quarterly to examine the needs of local programs, mental health boards, students, and families, and to develop strategies to coordinate service delivery. (See map and regional action network membership, pages 44-45.)

“The education of all children, regardless of background or disability. . . must always be a national priority. One of the most important goals of my Administration is to support states and local communities in creating and maintaining a system of public education where no child is left behind. Unfortunately, among those at greatest risk of being left behind are children with disabilities.”

**– President George W. Bush,
Executive Order 13227**



Mental Health, Schools, and Families Working Together: Toward a Shared Agenda

"NASMHPD and the Policymaker Partnership (PMP) at NASDSE extend sincere congratulations and every good wish for the success of Ohio's State Seed Grant on Mental Health, Schools, and Families Working Together for ALL Children and Youth: Toward a Shared Agenda. Ohio is among the first states to join in a new and collaborative way of working. We are very interested in sharing what you learn at the national level."

The National Association of State Mental Health Program Directors (NASMHPD) and the Policymaker Partnership at the National Association of State Directors of Special Education (NASDSE) convened a workgroup of over 30 experts from mental health, education, and family support and advocacy groups to advise in the development of a Concept Paper for policymakers at the state and local levels to lay the groundwork for building partnerships to address the social-emotional and mental health needs of all children.

As a foundation for developing a shared agenda, the conceptual framework encompasses a continuum of interventions, including:

- Positive development of children (including infants, toddlers, and preschoolers), youth, families, communities, and prevention of problems;
- Early identification – interventions for children and youth at risk or shortly after the onset of problems; and
- Intensive interventions.

By providing a full continuum of efforts, students will receive the kinds of support to build their academic and interpersonal resources. By delivering appropriate interventions earlier, fewer children may ultimately need complex, intensive, and expensive interventions.

At this time, there are two major factors that heighten the importance of a shared agenda for children's mental health in Ohio. The first is efficacy of intervention and the second is fiscal constraints. Research and clinical outcomes have shown that intervention strategies for behavioral and emotional disorders are more effective when applied consistently across settings. Thus, outcomes for students are enhanced when students, families, schools, and community agencies come together to share a common vision and strategy. Collaboration across these stakeholders with a shared agenda will help maximize resources, as we together strive for better outcomes for students and their families.

Dr. Michael Hogan and Dr. Susan Tave Zelman are proud that the Ohio Department of Mental Health's and Ohio Department of Education's joint proposal for a Shared Agenda Seed Grant resulted in Ohio being chosen as one of six states to receive the award.

With the Shared Agenda Seed Grant, Ohio will be able to make significant progress toward clearly defining how the state can more efficiently and effectively provide mental health services and supports to Ohio's children and youth. Furthermore, it provides opportunities to strengthen existing relationships and build new partnerships across professional cultures, which is essential for building successful, shared agendas.

The Concept Paper is available online at: <http://www.ideapolicy.org/sharedagenda.pdf>. For more information on Ohio's Shared Agenda activities, contact Kay Rietz at ODMH, phone: 614/ 466-1984.



What We Are Learning

Mental Health & School Success 2003

Since the first Mental Health and School Success publication in 2001, collaboration among mental health, schools, and families has grown and developed through state and local partnerships and commitments to innovative approaches to enhance the academic achievement of children and youth in supportive school and community environments.

The stories and descriptions that follow capture the continued progress of the local partnerships in Ohio, including recent developments in early childhood mental health and the Ohio Department of Mental Health's support of two child and youth focused Coordinating Centers of Excellence (CCOE).

Collaboration for school success is at its best when schools and community resources come together to support families and the positive social and emotional development of our children and youth.

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Early Childhood Mental Health

Promoting healthy social and emotional development of young children

Southern Consortium for Children

“As we are all aware, the issues that face our Head Start children and families are often quite significant. The Early Childhood Initiative has assured that high quality services are available for even the very young child. Prior to this initiative, it was difficult to find mental health services for children less than five years of age. Now, our mental health center is committed and qualified to provide services to the early childhood population.”

Research on brain chemistry and sophisticated new technologies tell us that the experiences that fill a baby's first days, months, and years have a tremendous impact on the architecture of the brain and on the nature and extent of their adult capacities. Other research confirms that quality early childhood programs for young children, home visiting, childcare, Head Start, and public pre-school can significantly reduce the likelihood of later problems such as grade retention, school dropout, delinquency, and violence. New research indicating an alarming increase in the use of psychotropic medications for children under the age of five, coupled with growing numbers of reports from the early childhood community about children with severe behavior problems, makes a compelling argument for increased attention to the mental health needs of young children.

Much of our current knowledge of child development and mental health is relatively recent. The 1990s were known as “the decade of the brain” because of the vast amount of research aimed at understanding brain development and the effects of biological and environmental influences.

There is good evidence that both biological factors and adverse psychological experiences during childhood influence, but do not necessarily cause, the mental disorders of childhood. Risk factors for developing a mental disorder or experiencing problems in social-emotional development include:

- Prenatal damage,
- Low birth weight,
- Difficult temperament or inherited predisposition to a mental disorder, and
- External risk factors such as poverty; deprivation; abuse and neglect; unsatisfactory relationships; parental mental health disorder, or exposure to traumatic events.

Mental Health: A Report of the Surgeon General, released in 1999, included information specific to children's mental health. The report states that as many as 20 percent of all children suffer from some mental health problem. Of those, 10 percent suffer from a serious mental illness.



However, more than 80 percent of all children with some mental health problem do not receive treatment.

The ODMH Early Childhood Mental Health Initiative was launched in state fiscal year 2000 to increase the quality of Ohio's existing early childhood programs—Help Me Grow, Early Head Start and Head Start, childcare (both family childcare homes and center-based services), and public and private pre-schools—by adding mental health consultation services. The Initiative is aimed at promoting healthy social and emotional development (i.e. good mental health) of young children—those from birth to age six. It focuses on ensuring that young children thrive and increasing children's readiness for school and later school success by addressing their behavioral health care needs.

A major focus of the ODMH Initiative is on training mental health professionals to serve as consultants to an array of early childhood programs, including Help Me Grow, Early Head Start, Head Start, preschools, and childcare. Activities have included public awareness and statewide training sessions for more than 200 mental health and early childhood professionals to develop consultation skills.

Between July 1, 2001 and June 30, 2002, the 25 community mental health boards, representing 42 counties, participating in the Initiative reported providing consultation services to 674 early childhood programs. These programs included 103 Head Start and Early Head Start sites, 118 Help Me Grow programs, 118 preschools, and 144 childcare centers. This represented services to 3,348 families and 6,881 children. Nearly 600 educational sessions were provided to approximately 1,500 parents and 3,000 early childhood staff. One hundred four cross-systems trainings were provided to 1,861 participants.

While these numbers represent a significant achievement after only two years of the Initiative, there is still a long way to go. Research suggests that the prevalence of problematic behaviors in young children is about 10 percent. That would mean that we were only able to address issues with less than one percent of the over 911,000 children under the age of six in Ohio. We have barely scratched the surface of providing

Stepping Stones Child Development Center, Lake County

"Many of the children referred would no longer be at our center if not for the help this grant provides. This program has become invaluable to our center. Our staff has appreciated Crossroads assistance with classroom and behavior management techniques. The families we have referred have respect for the program because they are experiencing the positive results of the intervention."

Childcare Administrator, Lucas County

"The area in which I work involves high-risk children. These children come from low-income to poverty level families. Their environment is less than desirable. Family violence, substance abuse, and crime are very high in their young lives. I can honestly tell you, with the classroom visits, the support the children and parents received from Eileen Rood and Harbor Behavioral Healthcare, these children are making progress in changing their negative behavior into a more positive one. We can't save all the children, but without the efforts of (the consultant and the agency), we stand the chance of losing them all. We in childcare certainly don't want to take that chance."

What We Are Learning: Early Childhood Mental Health

Parent, Portage County

"My son has been fortunate enough to benefit from (consultative) service at his daycare facility. Working with the daycare's staff, through evaluation of my son, consultation, training, and parent conferences, Portage Children's Center has helped to make my son's experience at daycare much more pleasant and we have all learned better ways to work with his behavior. Had this program not been available to my son's facility, his behavior problems could have caused his disenrollment from the facility. Instead, with the help of this program, the staff and my family learned how to teach my son ways to communicate his feelings, channel his energies, and become the loving, active, healthy little boy he is at home, as well as at daycare."

services in the approximately 3,500 child care centers and many more preschools and other programs that serve young children and their families in Ohio.

An evaluation to develop a profile of young children needing behavioral health care services and a framework for evidence-based prevention and early intervention strategies is also a part of the ODMH Initiative. This will help identify effective strategies for infusing family-focused mental health strategies into existing early childhood programs. The evaluation, which is being conducted through the Children's Hospital Medical Center of Akron, will have four levels:

Level one – directed to all programs to gather information from consultants about the types of services they have provided, ages of children referred and presenting problems.

Level two – focus on the effect early childhood consultation has on staff satisfaction, burnout, and turnover.

Level three – parents will be asked about services received.

Level four – a sample of 50 children who have received services will be evaluated.

A complete report will be available after September 30, 2003.



Letter from a childcare center administrator: MH Consultation Intervention Invaluable

As our academic year comes to an end, the staff at the Owens Community College Child Care Lab School feel the need to express our profound appreciation for Ms. Gina DeRosa Warren, Mental Health Consultant from the Children's Resource Center (CRC) in Bowling Green, Ohio.

Ms. Warren was acutely responsive to the type of concerns, issues, and intervention that I expressed our staff needed. Because her early childhood knowledge and expertise became so apparent in our conversation, I outlined what our program would need in order to be involved. She quickly clarified what she felt she had to offer us and we decided to give the services being offered a chance.

I shared with our lead teachers that an observer would be coming to visit their classrooms. Staff were told they could express to Ms. Warren any concerns they had about their own teaching strategies and/or issues they were having with particular children in terms of behavior. They were generally told they could use Ms. Warren as a sounding board. I also was told that we would probably have access to her services on a regular basis. I also let staff know that as the manager of the center, I would be asking Ms. Warren for advice on issues regarding teacher performance from a technical competence perspective as well as her opinion on room arrangement issues as related to behavior of children.

Gina DeRosa Warren proved to be an extraordinary individual for our setting. We had just lost three seasoned staff members and were in a vulnerable position. As a state funded college, our subsidy was large and the program was under scrutiny. **In my nearly 11 years in this program, I was seeing a definite increase in aggressive behaviors as well as emotional fragility within children over the past two or three years. Then with the happenings of September 11, 2001, we seemed to have a host of new situations. Some behaviors were related to parental stress (economics, job security, single parenting, financial aid, etc.).** Another example included having a family whose father was quickly deployed to Afghanistan while Mom was pregnant with a third child.

Regardless of the issues, we found the availability of instant, reliable, and sound intervention invaluable. We are living in a time when all childcare providers are struggling to find answers for parents and families. In reality, it is also a time when very few services are available to support childcare teachers. Ms. Warren became an oasis for my staff and for me. I feel we contributed to the success of many children's development with her support and guidance.

Child care centers have a culture all their own, and so few people understand the importance of what individual teachers are doing as they work with children from birth to eight years of age. We are struggling to embrace and model developmentally appropriate practices and nurture compassion and pro-social behavior as well as brain-based active learning in children while enduring continuous demands from parents who do not seem to appreciate the importance of the first five years of their children's lives.

Parents today seem so needy. They all too frequently do not understand the impact that their problems have on the lives of their children (in and out of relationships, divorce battles, blended families, losses of all types, etc). Parents still see their children's problems as personal failures and tend to stay in denial until more damage develops. The CRC program offered to us was enormously helpful to our entire





MH Consultation Intervention Invaluable, *cont.*

staff. Ms. Warren became a resource person able to guide and support parents and teachers through the process of developing an education plan in a timely way. She's been such a blessing to our families, children, and staff.

Everyone wants a "quick fix" today. The society we live in demands immediate resolution. One child needs counseling, another child needs his parents to take "parenting classes" and get counseling. Yet other children need psychological testing or neurological testing. Ms. Warren and her program allowed us to move forward in positive ways to help families survive their struggles. She has enabled us to help them by giving them short-term goals and strategies as well as long term goals, methods, and strategies. It has been a real partnership. It's been a win-win relationship.

As has become apparent by now, I can't seem to say enough about the benefit this Mental Health Consultant program has been to me and the staff of the Child Care Center. We have approximately 24 individual staff members and about 100 families who have benefited from our access to Ms. Warren. Staff in-service training was also made available to us as well. I urge you to continue this program. It works. I referred several other programs to contact the CRC and seek the expertise of Ms. Warren. I also feel the need to say that while I realize we feel Gina DeRosa Warren is an exceptional person and deserves high praise, so does the program. The concept is phenomenal. It's just what programs desperately need today.

I feel that at least 10 percent of our total population needed the experienced intervention that was provided by this program. All of our typically developing children also indirectly benefited from the program as well. When issues get resolved more expeditiously, everyone has a more productive experience. Also, our staff was exposed to many alternative approaches to guidance and discipline. Further, they gained a new respect for observation as a technique followed by direct methods to bring about change. Keep the program and eliminate the high cost of "fixing" children down the road. Give them what they need before it is so late that it will take another five years for them to feel success.

We participated in the program. We had a positive experience. We want this type of program to continue to be available to us. We are willing to expound about this wonderful program to anyone willing to listen. It is a good idea that is working! Our thanks to all who made this program possible for us to participate in this year. Let us know if we can help in any way to share our successful partnership.

Sincerely,

Barbara J. Stewart

Manager/Education Coordinator

Owens Child Care Center Lab School

Owens Community College

Toledo, Ohio

Promising Practices in Early Childhood Mental Health

Devereux Early Childhood Assessment

Since the seminal studies of Emily Werner, professionals have recognized that protective factors in early childhood have a crucial role in determining subsequent adjustment or maladjustment to life stresses. Werner's recommendation that both assessment and diagnosis in early intervention should focus on protective factors as well as risks (Werner, 1990) has been hampered by the lack of an economical, psychometrically sound, and clinically useful measurement of protective factors and behavioral concerns. Both the standard and clinical forms of the Devereux Early Childhood Assessment Program (DECA) have been developed as part of a program to fill this gap and thereby provide early childhood professionals with empirically sound tools for assessing the strength of protective factors and the severity of behavioral concerns in preschoolers.

The DECA Program is a strength-based system designed to identify and strengthen children's protective factors and promote resilience in children ages two to five. It includes an assessment tool and strategies for working within the classroom and with families.

For more information about the DECA program visit <http://www.devereuxearlychildhood.org>.

The Incredible Years

The Incredible Years are research-based, proven effective programs for reducing children's aggression and behavior problems and increasing social competence at home and at school.

The award-winning parent training, teacher training, and child social skills training approaches have been selected by the United States Office of Juvenile Justice and Delinquency Prevention as an "exemplary" best practice program and as a "Blueprints" program. The program was selected as a "Model" program by the Center for Substance Abuse Prevention (CSAP). As such, the series has been subject to three quality evaluations by independent groups, evidenced excellent effectiveness, and attained high overall ratings. The program has been recommended by the American Psychological Division 12 Task Force as a well-established treatment for children with conduct problems.

The Incredible Years Parents, Teachers, and Children Training Series have two long-range goals. The first goal is to develop comprehensive treatment programs for young children with early onset conduct problems. The second goal is the development of cost-effective, community-based, universal prevention programs that all families and teachers of young children can use to promote social competence and to prevent children from developing conduct problems in the first place.

For more information about this program visit <http://www.incredibleyears.com>.

Therapeutic Interagency Preschool Program (TIP)

The purpose of the program is to enable agencies to collaborate and support the successful inclusion of young children with histories of family crises, domestic violence, abuse and neglect, and developmental and behavioral problems in community early childhood settings: Head Start, Early Intervention, Preschools and Day Care.

TIP has operated for 13 years in Butler and Hamilton Counties of Ohio using wraparound county agency funding to offer full year therapeutic preschool services. These early childhood programs were designed to serve low-income children (under age six) with severe high-risk family, developmental, and behavioral issues.

An understanding of the unique mental health/developmental needs of this population of children and families enables parents/guardians, caseworkers, child advocates, therapists, early childhood educators, and child care providers to better advocate for the appropriate developmental and therapeutic services necessary for this vulnerable population. The result can be the improvement of the children's chances of fulfilling their personal and developmental potential by reducing the impact of the consequences of the trauma that they have experienced.

For more information about this program contact Jane.Sites@chmcc.org.



Promoting the Emotional Well-Being of Children and Families – Policy Paper #3

Ready to Enter: What Research Tells Policymakers About Strategies to Promote Social and Emotional School Readiness Among Three- and Four-Year-Old Children

By: C. Cybele Raver and Jane Knitzer (Released July 2002)

This document is part of a policy paper publication series that reflects a larger effort the National Center for Children in Poverty (NCCP) is undertaking with generous support from the Casey Family Programs to help the most vulnerable families. It continues and builds on NCCP's earlier work to document effective strategies and highlight policy opportunities and challenges to promote the emotional health of young children and families. The series is intended to help policymakers, community leaders, and advocates take action to ensure the healthy development of children and their families.

The policy paper focuses on what emerging research tells policymakers about why it is so important to intervene to help young children at risk for poor social, emotional, and behavioral development and what kinds of research-based interventions seem most effective. It addresses the relationship between early academic learning and emotional development; the prevalence of emotional problems in preschool-aged young children and young children who are exposed to multiple family and environmental risk factors; and the emerging but still limited research on the efficacy of preventive and early interventions explicitly targeted to address the social, emotional, and behavioral difficulties of young children, particularly in the context of early care and education settings.

The report is available online at:

<http://cpmcnet.columbia.edu/dept/nccp/promoPP3.html>

For additional information, please contact Marla Himmeger at:

Ohio Department of Mental Health
Office of Children's Services & Prevention
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430
614-466-1984
Himmegerm@mh.state.oh.us

School-Based Services: Collaboration is Key

To ensure no child is left behind, schools, families, and communities need to work together to address barriers to student learning.

Mental health services help students to improve academic performance, increase attendance, decrease disciplinary incidents, and decrease trauma associated with violence and aggression. Schools have access to mental health services and supports when community mental health leadership and schools collaborate. A relationship of support between local schools and community agencies fosters a positive school environment, encouraging children and youth to be active learners.

“Children whose emotional, behavioral, or social difficulties are not addressed have a diminished capacity to learn and benefit from the school environment.”

Rones & Hoagwood, 2000

The Ohio State University Center for Learning Excellence

An Initiative of the John Glenn Institute for Public Service and Public Policy
In Partnership with the College of Human Ecology and the College of Education

<http://cle.osu.edu>

In August 2000, Governor Bob Taft announced the formation of the Center for Learning Excellence (CLEX) at The Ohio State University, with Human Ecology Dean David W. Andrews as director. The John Glenn Institute for Public Service and Public Policy was selected as the home for CLEX, working in partnership with the College of Human Ecology and the College of Education. Since that time, CLEX has assumed responsibility for supporting several state initiatives that contribute to the school success of Ohio's children. The CLEX mission is to promote the use of best practices in the numerous domains that impact student learning, including—

- education,
- mental health,
- substance abuse,
- delinquency and violence prevention, and
- family supports and engagement.

Alternative Education Challenge Grant Program

Under the Alternative Education Initiative, CLEX has supported the 127 alternative education programs throughout Ohio that served more than 80,000 at-risk youth in the first three years. CLEX does this by—

- conducting and collecting research to identify evidence-based strategies for removing the barriers to school success facing at-risk learners,
- providing professional development and training for staff working in alternative programs and for their community partners, and
- conducting a summative evaluation of all programs and formative (process) evaluation of selected programs.

The Alternative Education Advisory Council consists of Governor Bob Taft; Advisory Council Chair and Auditor of State Betty Montgomery; Ohio Attorney General Jim Petro; Dr. Susan Tave Zelman, Superintendent of Public Instruction, Ohio Department of Education; Dr. Michael Hogan, Director, Ohio Department of Mental Health (ODMH); Luceille Fleming, Director, Ohio Department of Alcohol and Drug Addiction Services (ODADAS); and Geno Natalucci-Persichetti, Director, Ohio Department of Youth Services (ODYS). To address the non-cognitive barriers to learning, CLEX received funding support from ODMH and is recognized as one of the Ohio Department of Mental Health's Coordinating Centers of Excellence.

Mental Health Initiatives

Ohio Mental Health Network for School Success

In 2001, CLEX received funding from the Ohio Department of Mental Health and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to support the Ohio Mental Health/Alternative Education Network. The newly renamed Mental Health Network for School Success is comprised of six regional sites around the state that have demonstrated effectiveness over time in serving the mental health needs of children and adolescents through school-based services. These affiliates promote the use of such services, provide technical assistance and training



*Drs. Howard Adelman
and Linda Taylor,
UCLA Center for Mental Health
in Schools, presenting at the
July 2002 conference,
"Closing the Achievement Gap."*



to school districts, and support community-based mental health agencies in designated regions. First Lady Hope Taft has taken an active interest in this endeavor, along with Ohio Department of Youth Services Director Natalucci-Persichetti and Ohio Department of Mental Health Director Hogan.

Ohio Mental Health Regional Action Networks

Beginning early in 2002, the affiliates began to organize regional action networks to further increase capacity and expand school-based mental health services. These extended networks, comprised of mental health board and agency staff, ODMH personnel, CLEX staff, parents, and school personnel meet at least quarterly to examine the needs of local programs, mental health boards, students, and families, and to develop collaboration and strategies to coordinate service delivery.

Ohio Partnership for Success (PFS) Academy

In July 2002, the state launched the Ohio Partnership for Success (PFS) Initiative, with 15 counties chosen to create or implement countywide, comprehensive strategies to prevent and respond effectively to child and adolescent problem behavior. CLEX was selected to provide technical assistance to all 15 counties and established the Partnerships for Success Academy for this purpose. The Ohio Department of Youth Services has played a key leadership role in the new initiative, building on a pilot project the department established in 1996. The Ohio Department of Mental Health has also played a key role in developing the initiative and in ensuring that each of the sponsored projects gives appropriate attention to mental health needs in plans, programs, and services.

More Services Provided by CLEX to Professionals Serving Ohio's At-Risk Youth

On June 19-22, 2002, CLEX conducted the **second summer institute, "Guiding Principles for Alternative Education."** More than 165 alternative education program teachers, principals, other direct service staff, and community-based partners from around Ohio attended sessions that expanded upon the *Guiding Principles for Alternative Education Programs in Ohio* and provided intense training and interactive experiences.

On July 29-30, 2002, CLEX co-hosted a **two-day conference with the Safe Schools/Healthy Students Action Center, "Closing the Achievement Gap,"** featuring Drs. Howard Adelman and Linda Taylor from the Center for Mental Health in Schools at UCLA. This event engaged over 100 key leaders who are involved in statewide initiatives for at-risk youth. During the two days, the group worked toward the shared goals of sustaining viable school/community partnerships and examined the research on the use of a comprehensive framework to enhance policy and practice.

In a more recent effort, CLEX, along with Ohio's Mental Health Network for School Success, is working with administrators of **Columbus City Schools** in their **Accelerating for Academic Achievement (AAA) Program**. The program provides a plan to boost the academic performance of students in 22 of the district's lowest performing schools. The AAA Program plan focuses on the prevention of student learning difficulties rather than remediation.

In a collaboration among professors in the College of Human Ecology and the College of Social Work, CLEX developed a school version of a global risk assessment device that taps into a variety of domains commonly associated with adolescent development and well-being. The school version of the **Global Risk Assessment Device (GRAD)** is designed as a tool for use by school-based professionals working with at-risk youth and their families. The device will also double as a way to better understand student transition from feeder schools to alternative education sites, as well as from alternative programs back to original mainstream schools.

Longstanding collaborations have made Clermont County successful in expanding school-based mental health services. The strong working relationships of the agencies, the Clermont County Mental Health and Recovery Board, and the school districts has been an overwhelming factor in providing services in this suburban/rural and rapidly growing county located in southwestern Ohio.

Child Focus, Inc., a local, private, not-for-profit community mental health agency, has been partnering with local school districts since 1981, beginning with services to the Severe Behavior Handicapped (SBH) population and the development of the county Crisis Response Team.

Successful partnership led to developments to expand the continuum of services for school age children, such as the joint planning and funding for the Childhood Education Center and an expansion of the Genesis Center for Learning to serve greater capacity in two separate, age-appropriate facilities, and the Start Program for autistic-like children. Board funds, as well as funds from the school system, support all of the mental health components of the services listed above. Approximately 40 percent of the costs are covered by funds from the Educational Service Center or school districts, an impressive figure to achieve in a short period of time and the reason why the school-based continuum of services has grown over the past few years.

In 1999, the Board received a planning grant from The Health Foundation of Greater Cincinnati to focus on school-based mental health services. This award was another significant landmark in the partnership between schools, Child Focus, and the Board, shifting the focus of expansion of services into the regular education population. All nine Clermont County school districts, the Educational Service Center, and many agencies in the county participated in the planning process.

The Board also obtained a Health Foundation grant to fund a school-based behavioral health coordinator position at the Board; this staff person started in January 2001. Charged with the goal to expand mental and behavioral health services to all students, regardless of level of need, the coordinator has maintained a collaborative, needs-based approach to the expansion of school-based services. Focus groups with various school personnel have been conducted to obtain further information and perspective on needs of the schools. In addition, a regional student survey was implemented, in conjunction with Butler and Warren/Clinton counties, to obtain data on students' level of functioning and tendency of help-seeking behavior.

Building and maintaining relationships with agency and school personnel has been the most critical element in the expansion of services, with funding issues being the second most critical factor. However, Clermont County has been successful in shifting current funds and in acquiring new funding to increase services. A portion of the Board's 408 funds previously utilized for direct support of the costs of the Partial Hospitalization program are now being directed toward school-based services. The plan for those funds, approximately \$190,000, included a restructuring of how in-school services to the general population are accessed and provided. As a result, each of the nine Clermont County school districts are now receiving six hours of mental health services, at no cost to the districts, with the opportunity to purchase additional hours of services at the reduced rate of \$40 per hour, which are matched with Board

What We Are Learning: Collaboration



Cathy Meyer, School Nurse for Batavia Local School District, was recently selected the recipient of the Ida Kinnard Award by the Clermont County Mental Health and Recovery Board. Meyer, pictured here with Board Executive Director, Karen Scherra, received the award for her activities to promote mental health and prevent substance abuse.

dollars. A number of schools, including the vocational schools serving Clermont County students, have already expressed a willingness to contribute funds for in-school services and implementation plans are underway. Eventually, the Board and Child Focus plan to move to a model that allows for billing of treatment services provided on site at the schools, as we focus away from center-based outpatient services for children and families and toward provision of services at natural environment locations. Total funds for the entire continuum of school-based services currently totals almost \$1.6 million dollars.

In June 2002, the Mental Health and Recovery Board partnered with the West Clermont School District, Child Focus, and the Educational Service Center to submit a grant proposal to SAMHSA to expand mental health services to, and more effectively meet the mental health needs of, the students and families in West Clermont, the largest district in the county. The district was notified that the grant was awarded funding by SAMHSA in October 2002. West Clermont will contract with Child Focus and the Board to place qualified mental health specialists at the two high school campuses, serving high school and middle school students. The specialists will provide group and individual mental health services, prevention programs, problem identification, early intervention services, targeted intervention services, and training of faculty and parents. Services will also be targeted to three elementary buildings to provide prevention and intervention services to students and consultation services to faculty. As part of the proposal, a plan was developed to sustain services beyond the two-year grant project, should those services be shown to have a positive effect on the educational and emotional needs of the students. The grant project also includes an evaluation component to measure the impact of the added services. Technical assistance for the evaluation component will be provided by The Health Foundation's evaluation staff and by the Center for Learning Excellence (CLEX) at the Ohio State University. At the completion of the grant period, the data gathered from these additional intervention services will be used as a model to expand mental health services within the other eight school districts in the county.

Additionally, the Board, Child Focus, and West Clermont School District have forged an ongoing relationship to deal with problematic situations that occur which affect the whole school community – students, parents, teachers, other school personnel – such as racial tensions and inappropriate contact between students and teachers. The Board and Child Focus will act as consultants to facilitate focus groups. Parents, faculty, and students are being asked to discuss school safety, better communication, and creating an environment of trust in response to the situations. The meetings will focus on perceptions and suggestions to improve the learning environment in the schools and to address the issues of school safety.

Clermont County has been successful in the expansion of school-based services due to the level of commitment by the Board to these services, as well as the approach by both the Board and Child Focus to meet the individual needs of each school and its administration, as opposed to imposing defined programs. Although continuity exists throughout the programs, as they are developed with a strengths-based theoretical foundation, each program is tailored to meet the needs of the students and the school environment in which the services will be provided. This flexibility in program development is believed to be the greatest factor in the expansion of school-based services in Clermont County and would not be possible without a foundation of strong working relationships among the agencies, the Board, and the school districts.

Focused, collaborative school-based programs can help improve school outcomes

The graduation rate has risen from 65.5 percent to 92 percent. Severe behavior is down 79 percent, and delinquencies fell 96 percent. ACT scores have risen and student involvement has increased.

In the nine years since implementation of the Care Team, these are some of the positive outcomes that have resulted at Fairless Junior/Senior High School in Stark County. Proficiency scores have also shown immense improvement during this nine-year period:

Subject:	Previous low	Current high	Percent Change
Reading	74	95	28%
Writing	66	96	45%
Math	39	85	118%
Citizenship	59	94	59%
Science	49	87	78%

The Care Team is a multi-agency collaboration, in which the school is the command leader for providing family support and/or intervention, as needed, in the development of healthy, successful children.

Schools are the only entities strategically positioned to work with all children and their families. The school is the only entity to have the infrastructure and personnel in every local neighborhood on every day. The school is the only entity (outside the family) with the ability to influence child development every day. It is also the only entity in every community that parents can consistently and conveniently access. The only problem is schools are not solely responsible for solving violence, drug addiction, alcoholism, teen pregnancy, hunger, and other social concerns. Schools exist in neighborhoods where these problems tear apart families on a daily basis while many of our other institutions charged with preventing and solving these problems are located outside the neighborhood. To families, these other agencies often seem to be nameless bureaucracies that have little impact on solutions.

The premise of the Care Team is simple. Build a local system of one-stop wrap-around services, which do the following:

- Assist parents and families as needed in the child development process.
- Provide the child with any and all help necessary to get back on a healthy developmental track.
- Educate and assist parents in becoming adequate caregivers and providers for their children.
- Support alternative placement of children when needed.

The Care Team can involve teachers, principals, school counselors, tutors, truancy officers, mental health counselors, drug and alcohol preventionists/ interventionists, nurses, pregnancy support counselors, social workers, police officers, probation officers, mentors, and parent involvement mentors among others.



“The Mentoring Program has been an enormous help to my son and the mentors are wonderful, caring people. It helps parents learn to communicate with our children. As parents, we now understand and remember the kinds of things that teenagers are experiencing. When necessary, we all help each other and we can get through the crisis together.”

**Denise Young
Parent of Jonah Young,
8th grade**

What We Are Learning: Collaboration



“The Care Team keeps students from ‘slipping through the cracks’. It also gives the teachers more confidence that all students are accounted for and no one is being left behind.”

**Mrs. Susan Dillik
Math Teacher, 8th grade**

“The Fairless Care Team program embraces school-based mental health services and coordinates a variety of community services with the educational team.”

**Michael Johnson
Executive Director
Childhood Adolescent
Service Center**

“The program is truly one of the most unique and worthwhile child-based interventions I have ever experienced...and is now an essential cog in the Fairless academic system. The Care Team is something all school districts should incorporate into their systems.”

**Daniel Mitchel
English Teacher,
8th grade**

At Fairless Junior/Senior High School, the development of an on-site Care Team has been an evolving process for the past nine years. Currently, the Fairless Care Team offers the following services:

- A full range of individual emotional, behavioral, social, and academic support for all children.
- Mental health counseling.
- Drug and alcohol prevention and intervention strategies.
- After school programs.
- Summer programs.
- Pregnancy prevention and support programs.
- Homework and academic assistance programs.
- Spring and fall leadership camps.
- Parent training, mentoring, and advocacy.
- A policy of no rejection of any problem brought to school by children and/or parents. They are connected with community agencies while we continue to provide support.

These services are provided in a written, individual plan for students and their families. Accountability is expected at all levels including school personnel, multi-agency personnel, students, and parents. No one is left out of the loop. When everyone fulfills their role, positive outcomes follow and both short-term and long-term progress is accomplished. The following will help ensure success:

- Keep people on track, complete the plan, and where necessary, make adjustments.
- Take a tough love approach.
- Collect data and meet regularly to discuss bottom line outcomes.
- Reward and praise as often as possible.
- Use conferences, detention, in-school suspension, out-of-school suspension, expulsion, and family court hearings as necessary to get moving in the right direction.
- Do not tolerate failure to engage in a positive growth plan.

Fairless is one of 17 school districts in Stark County. Other school districts in Stark County have begun to develop similar models. The Canton Local district implemented their “Hope Team” several years ago, recording positive results from this intervention process. Alliance City Schools is opening a new middle school this year, with a new middle school team fully in place during the 2002-2003 school year. Both the Osnaburg and Minerva School districts are developing the first support position in the start of a Care Team for their district. R.G. Drage (a regional joint vocational school in Stark County) is also in the process of developing a Care Team in their building. Fairless is providing technical support to these districts as they begin to implement their programs. Just recently, Fairless opened the first elementary school Care Team at Navarre Elementary School in the Fairless District. Several other school districts are currently exploring the Care Team model for their community’s answer to the No Child Left Behind Act of 2001.

Careful and coordinated school and community planning and implementation support healthy child development. The emotional, behavioral, social, and academic success of children is at stake in every community.

For more information about the Care Team, contact Rick Hull at hull_r@falcon.stark.k12.oh.us.

Schools offer a point of access to services with enhanced roles for therapists working as consultants to teachers, administrators, and parents

The KidsLink Program began over five years ago as *Project Outreach* in the Middletown School District of Butler County. What began as a small program for in-school counseling has now grown into a large well-known program serving over seven schools with five clinicians.

Due to the program's successes with serving students and families, the services are highly sought after by school personnel and parents. There are many positive advantages of being housed directly in the schools, one of which is staff become very visible. The clinicians remain employees of the Counseling Source, which is a provider agency that has a contract with the Butler County Mental Health Board.

Each clinician is assigned to one or two schools and they are available three to five days each week. The school-based clinicians are able to assimilate into the school culture and get to know the teachers and administrative staff quite well. Important information is more easily exchanged between clinicians, teachers, and administrators while always respecting the rules of confidentiality. Because the clinician works at the school, obtaining necessary releases and other documentation becomes easier.

Should a crisis occur with a child in KidsLink the clinician is easily accessible to assist as soon as possible and the student does not have to wait for another day of the week or wait for an appointment time to become available. It is also extremely beneficial to see the students in their school environment and observe them throughout many of their daily school activities. In many cases the students feel more comfortable seeing the therapist as part of their school life and that contributes significantly to enhancement of the counseling process.

Parents are greatly appreciative of school-based counseling since they know their child is being seen in school, in a safe and non-threatening environment. They also benefit by not having to go to another facility perhaps in the evening or on a weekend. The access to services in the school is particularly helpful for those families with transportation problems.

The Counseling Source has received overwhelmingly positive feedback from both teachers and administrators regarding their work with the students in the schools.



"I can't say enough about the importance of the services provided here by the Counseling Source. The counselor does an excellent job with our students. It is of tremendous help to me to have her on site to work with the students on their overwhelming concerns. She communicates well with the staff and with parents and acts immediately on any referrals that I give her."

– Excerpt from a Verity Middle School satisfaction survey



Governor Bob Taft speaks with Marion Grollmus, New Miami Elementary School fourth grade teacher, and Principal Steve Schwankhaus, New Miami Senior and Junior High School, at the building dedication ceremony for the reconstructed school on August 18, 2002.



Employees of Mental Health Recovery Services of Warren and Clinton Counties prepare resource packets to send to over 2,300 teachers and school administrators.

“Ordinary Magic”

– Ann Masten

“What we’re finding is that what helps isn’t anything extraordinary. That’s why I refer to it as ordinary magic. It’s ordinary things like spending time with a child who needs a friend. Yet that ordinary action can make an amazing difference. Knowing what has helped particular children gives you some ideas of what to do to help other children. You know, sometimes you wonder if your work is making a difference. Then someone comes up to you and tells you a story that lets you see that you have had an impact and you can say, ‘That’s why I do what I do.’”

Through effective partnership with mental health resources, schools can focus on the educational performance of children

School-based mental and behavioral health services are not new to Warren and Clinton counties. About seven years ago, two innovative school-based programs were developed, one for each county. Both consist of one full-time therapist and one case manager who are assigned to a school or district to work specifically with the needs of the district and their students.

These clinician-case manager teams provide quality services that overcome many barriers to services that families and schools may encounter. The teams work through two contract agencies, Mental Health and Recovery Center of Clinton County and Mental Health and Recovery Centers of Warren County, which also provide prevention and group services within multiple schools throughout the two counties.

At Mental Health Recovery Services of Warren & Clinton counties (MHRS), the board that monitors and funds the services and programs for the two-county service area, there is a coordinated effort to support the development and expansion of school-based programs in the two-county area. Moreover, MHRS continues to lay the foundation for this expansion and advocacy through a grant from The Health Foundation of Greater Cincinnati to “Improve Mental and Behavioral Health Services to School-Aged Children.” This project’s vision entails making “quality mental and behavioral health care resources available and accessible to support the healthy development of school-aged children and their families, in partnership with schools, community agencies, and families.”

The school-based mental health project has been involved in supporting the development and expansion of school-based services through a variety of activities such as:

- Building relationships with schools and communities.
- Developing collaborative grants toward addressing school-based mental health opportunities.
- Providing training in evidence-based practices.
- Advocating at the state and local levels for school-based mental/behavioral health services.
- Mapping needs assessments and resources in the communities, agencies and schools. This includes the recent school-based children’s mental health survey done in partnership with the University of Cincinnati, the Health Foundation of Greater Cincinnati, and Butler and Clermont counties.
- Providing mental/behavioral health information and resources to school staff.

It is an exciting time for MHRS as work continues on school-based mental health and behavioral care issues. By working to remove barriers that may hinder children’s development and addressing their mental health issues, they may become productive and well-adjusted adults.

The Center for School-Based Mental Health Programs at Miami University

Overview of the Center

In existence since 1998, the Center for School-Based Mental Health Programs at Miami University operates in affiliation with the Psychology Clinic in the Department of Psychology. The Psychology Clinic not only provides services, but also is a clinical and research training site. The core paid staff of the Center consists of faculty and graduate students affiliated with the clinical psychology doctoral training program in the Department of Psychology and graduate students affiliated with the school psychology program in the Department of Educational Psychology. Numerous educators working in the public schools also serve as school-based mental health partners, including classroom teachers, guidance counselors, school psychologists, school nurses, and administrators. Additional university faculty and community partners are involved in various initiatives of the Center. Center activities are funded by a variety of grants and contracts, as well as by university cost sharing, and the Center is involved in statewide work as well as local initiatives. Additional information about the Center's programs is provided on its website (www.units.muohio.edu/csbmhp/).

An important goal of the Center is to build collaborative relationships with the schools and community agencies to address the mental health needs of children and adolescents through multifaceted programs. The intent is to develop and implement effective programs to enhance healthy psychological development of school-age students and reduce mental health barriers to learning. The Center also is committed to ongoing applied research, pre-service education of future clinicians (clinical and school psychology), and in-service training of educators and mental health professionals.

The Center's "Butler County School-Based Mental Health Program" currently operates in three school districts (Hamilton, New Miami, and Talawanda), with ongoing work in seven school buildings.



Staffing is provided by four advanced clinical psychology doctoral trainees and two school psychology graduate student trainees (referred to in the schools as mental health interns), who work under clinical supervision in 20 hour per week, paid, school-based positions. The interns and clinical supervisors are involved in a wide range of school-based mental health promotion, problem prevention, and intervention activities. Individual, family, and group psychotherapy and counseling with clinically referred students are central activities. In addition, staff are involved in consultation with educators and with parents, classroom observations, educational presentations to students (e.g., mental health issues for teens, group decision-making, anger management), in-service presentations for educators (e.g., managing disruptive behavior in the classroom, creating healthy classroom environments), student-oriented organizations (e.g., homework and tutoring club, minority issues forum), school-wide and community initiatives (e.g., school/community forum on school violence, attendance enhancement program), violence prevention skill-based groups (often co-facilitated with educators), crisis management and consultation with students, and consultation with community-based professionals. The interns also are involved in a variety of applied research projects and in program outcome evaluation.

The presence of mental health personnel and programs in schools creates opportunities to engage youth broadly, and to implement primary and secondary prevention programs along side intervention activity. The Center's school-based mental health program at one school in particular, Jefferson Elementary, exemplifies not only the way in which individual and group intervention is imbedded in a broader continuum of service, but also the importance of school-based services for meeting the needs of children who otherwise would not likely be served.

To find out more about how the Center for School-Based Mental Health Programs has experienced success at Jefferson Elementary, see page 24.

Cultural Competence



Jari Santana-Wynn
School-based Mental Health Intern

“As a native speaker of Spanish, it has been exceptionally helpful to have Ms. Santana-Wynn translate for parents and staff, particularly when sensitive issues are involved.”

Mary Jacobs,
School Principal

Effective cultural competence and responsiveness in school-based mental health services strengthens relationships between students, teachers, and families

Since August 2001, Jari Santana-Wynn, M.A. has worked 20 hours per week at Jefferson Elementary—an urban, inner-city school in the Hamilton City School District. At Jefferson, Santana-Wynn is in a unique position to serve the growing Hispanic population because of her bilingual skills (she was born and raised in the Dominican Republic, immigrating to the U.S. at age 12). Santana-Wynn maintains a caseload of individual therapy clients, most being of Latino/a background. All of the students are from significantly disadvantaged SES backgrounds, and for most, Spanish is their first language. In relation to the individual work with these students Santana-Wynn conducts parent consultations and family therapy, and she participates frequently in teacher/school staff consultations, classroom observations and school planning meetings. Santana-Wynn also conducts counseling groups and is involved in structured primary and secondary prevention work at the school. For example, she has co-delivered the multi-session Second Step violence prevention program. Second Step is an evidence-based “best practice” primary prevention program focusing on interpersonal violence.

Making up 30 percent of the student body, the needs of students of Hispanic descent at Jefferson had often not been met due to language and systemic barriers. Most of these students are recent immigrants and many have limited English proficiency. Further, even for children who are bilingual, the parents seldom are. Therefore, being able to communicate with the parents has always been a major concern of the principal and teachers at Jefferson. Communicating in Spanish has been less threatening and more conducive to open dialogue, not only for parents, but also for children who are bilingual. The convenience of being able to express some thoughts in Spanish and some in English, has contributed to making many therapeutic moments more effective.

The needs of the Hispanic population at Jefferson are many and at times quite unique. These students face issues particularly salient to immigrants. Santana-Wynn has worked to educate the staff about some of the acculturation issues that these students confront, and she has partnered with the ESL instructors and nurse at the school to keep abreast of student issues and needs. She has devoted time to identifying culturally sensitive assessment and intervention protocols and communicated the dire need of these materials to school officials. When evaluations and/or interventions are recommended, she ensures that the parents (often not familiar with the procedures) are fully informed of the process and the results.

Santana-Wynn has succeeded in reaching parents and increasing their participation and attendance at activities such as parent-teacher conferences. She attends open-house/meet-the-teacher nights at the beginning of the school year and introduces herself, serving as a guide and many times as an interpreter. She also is present at parent-teacher conference days and volunteers as an interpreter. She maintains a couple of hours each day that are unscheduled, and after school hours one day a week, to allow flexibility in meeting with parents, making herself available if a parent wants to “drop-in.” This flexible schedule has been vital to engagement with parents.

In reflecting on school-based mental health services, Principal Mary Jacobs, suggests, "The role of a mental health professional at Jefferson Elementary is as broad and varied as can be imagined. With 100 percent free lunch, the culture of poverty dominates our school. This brings many mental health issues to bear on school performance. Issues of addiction, anti-social behaviors, neurological disabilities, and criminal activity create a potpourri of need in our school community."

Prevention/ Early Intervention

"I think the mentoring and after school program helps kids to raise their self esteem and do better in school"

**Adam Manely
7th Grade**

Early direct intervention for identified at-risk elementary students and treatment for those with severe chronic mental health problems achieved with "pull in" program

The Responsive Advocacy for Life and Learning In Youth Program (RALLY Program)

RALLY is a unique school-based program, differing from existing models in that it is staffed by "prevention practitioners" who received extensive training in resiliency theory, mentoring, early identification, and treatment of mental health problems. The staff works in close partnership with teachers; each practitioner is assigned to specific classrooms and teachers.

The RALLY Team in Lorain County began offering services at Lorain Hawthorne Elementary School with the 2002-2003 school year. Services are targeted to approximately 185 sixth grade students in seven classrooms. Students are registered to participate in an after school program which combines educational, social, and recreational activities. The culturally diverse Lorain team consists of three full time professionals: Victor Leandry, LSW, MSW; Kelly Clapper, MA, LPC; and Luther Washington III, OCPS, fp.



School-based therapists Luther Washington III, Victor Leandry and Kelly Clapper with student, Katrina Gallimore (second from right).

What We Are Learning: Prevention/Early Intervention



*Student, Katrina Gallimore, with
RALLY Therapist, Kelly Clapper*

This team is replicating a model that originated at Harvard University in 1995 and is currently successful in the Boston Public Schools. RALLY is a research based, in school and after school prevention and intervention program designed to promote the academic achievement and psychological well being of students. Unlike traditional intervention models where at risk youth are pulled out of the classroom for special services, RALLY offers services in the mainstream school and after school environment.

RALLY utilizes a three-tier model that emphasizes inclusion and service to all students. In the first tier, high-risk students receive individual services inside and outside the classroom, thus avoiding the added stigma of being pulled out of school for additional services. The second tier links at-risk students with added services from mental health centers. The third tier involves all students in the classroom who benefit from receiving basic information on high-risk behavior and leadership training.

The program is in its first operating months in Lorain County, but already is being well received. The teachers report feeling "appreciative" of the additional support at the school, with one teacher observing, "I'm just glad these kids, finally, have someone to talk to." Some of the students are making it a point to stop by in the mornings, share breakfast and talk about how they plan their day to go. With the help of teachers, youth with more serious mental health needs have been identified and scheduled for mental health assessments. Along with the individual work by the team, a social skills group is underway and an organizational skills group is being developed. After school activities have started as well. It is the vision of the program to expand to other schools in Lorain City.

The RALLY Program is a collaborative initiative between Heartland Behavioral Healthcare, The Lorain County Board of Mental Health, Lorain City Schools, and Harvard University Graduate School of Education. The Lorain County Board of Mental Health, The Nord Family Foundation, and the Ohio Department of Mental Health fund the RALLY program.

Data

Data Informs School/Community Decisions

Never before has it been more critical for community mental health, in partnership with schools, to plan and base decisions for developing services on reliable and valid data.

National research indicates that one in five students have significant mental health needs, yet only about one-third of youth with a mental health disorder are ever identified or receive any type of mental health treatment.

In the interest of collecting data to more accurately determine the need for mental health services, four Southwest Ohio counties, with the support of a private foundation, jointly designed and conducted a broad survey of school-aged children.

Southwest Regional School Mental Health Student Survey

The Health Foundation of Greater Cincinnati has been funding planning grants in Butler, Clermont, and Warren/Clinton counties for the purpose of expanding service capacity and improving mental health services for school age youth. The three School Mental Health Coordinators in each of these counties conducted comprehensive needs assessments in the first year of the grants. Their work concluded that there is “significant data to support the fact that there are substantial numbers of school-age children needing a broad range of mental health services.” The data also supported that there are large numbers of children currently not being served in these four counties and that the availability of mental health services for children is insufficient related to the current estimates of those needing services. The counties also concluded that a better method for determining a more accurate count of children needing mental health services was necessary.

It was determined that a broad survey needed to be conducted of school-age children to obtain more specific data to calculate the extent and depth of the counties’ needs before making decisions about reapportioning resources or expanding services. The counties partnered together and received additional funding from the Health Foundation to conduct the survey. The county Boards contracted with the Institute for Policy Research of the University of Cincinnati to assist with the development of the survey design, survey distribution and provide analysis of the results.

Because children are most easily found in schools, the planning group decided to conduct the survey in the schools. Permission was obtained from the school districts. Fifty-seven schools in 18 school districts from the four counties participated in the survey. A representative sample of schools was compiled from each district and included all 5th through 12th graders at the respective schools. Passive consent letters were sent to the home of all of the students at each school advising parents or guardians of the study’s purpose. The survey was conducted April through June at the end of the 2001–2002 school year. The survey team used a self-administered 89-item questionnaire that was distributed in classrooms by teachers.

The final survey sample included a total of 21,915 students. The totals by county are:

- 10,939 students in Butler County
- 3,962 students in Clermont County
- 1,830 students in Clinton County
- 5,184 students in Warren County

The survey included the Ohio Youth Problem, Functioning, and Satisfaction Scale (Ohio Scales) used by the Ohio Department of Mental Health and designed by Benjamin M. Ogles, Ph.D., of Ohio University, that measures daily functioning, problem severity, and hopefulness. The survey also included questions about present and past help-seeking behavior in the attempt to measure whether students would request help if they needed it for emotional problems. The agreement with the participating school districts is that they would receive their district specific data prior to any county or regional data being shared. The final results of the survey will be available early in 2003. Each of the counties is hoping to use the data in the development of plans with the school districts for the expansion of mental health services for school-age children.

Positive Behavior Support



*Therese Chiara Johnston, Ph.D.
Positive Education Program
Cleveland*



*PBS Training
Sponsored by ODMH*

Positive supports create safe orderly school environments that promote learning

Ohio's Positive Behavior Support Initiative

The Ohio Department of Education and Ohio Department of Mental Health have entered into a collaborative agreement to increase the capacity of Ohio's schools to provide behavior and mental health services through a Positive Behavior Support (PBS) initiative. The expected outcomes of this initiative are: fewer office referrals, fewer suspensions and expulsions, increased involvement in the general curriculum, increased involvement in regular education environment, improved academic performance, more successful involvement in the Ohio Proficiency Tests, and increased graduation rates.

Ohio's PBS initiative evolved from participation in a federal Positive Behavior Support grant that began in 1999. This grant was under the direction of Dr. Tim Knostrer from the Pennsylvania Tri-State Consortium and Dr. Don Kincaid from West Virginia University. The purpose of the grant was to introduce to the public schools a model of positive behavior support that was designed for **all students**, not just those in special education.

The model that was introduced received wide acceptance. However, it did not include a component to address counseling and mental health needs of students. This led to discussions between the Ohio Department of Education and the Ohio Department of Mental Health. From these discussions, a collaborative agreement between the two departments was developed and mental health components were added to the positive behavior support model.

The Ohio Department of Education funded each of Ohio's 16 Special Education Regional Resource Centers (SERRCs) to provide statewide training for Ohio's new Positive Behavior Support Initiative. While this training is coordinated through the SERRCs, it is emphasized that the initiative is directed toward **all students**, not just those with disabilities.

Great strides have been made since the inception of the PBS initiative. Thus far, over 8,500 personnel have received introductory PBS training. Additionally, a pilot project has been carried out in the Dayton area to test methods for integrating mental health supports and services into the educational system. From this pilot project, a statewide PBS training manual is being developed.

This year, the PBS initiative will publish and disseminate Ohio's statewide PBS training manual and tool kit, provide SERRCs with training on the manual, and support them in their efforts to continue training district and local mental health personnel. Additionally, baseline data for student performance and outcome data will be collected so that the efficacy of the initiative can be measured.

For more information about Ohio's PBS initiative, contact Kay Rietz at the Ohio Department of Mental Health (614-466-1984), or Greg Mathews or Stephanie Falor at the Ohio Department of Education (614-466-2650).

Positive Behavior Support at Work

The Lorain County Board of Mental Health, Northern Ohio Special Education Regional Resource Center (SERRC) and Oberlin City Schools have collaborated to bring Positive Behavioral Support to two Oberlin elementary schools. Positive Behavioral Support is a “researched-based array of strategies for teaching appropriate behavior by changing aspects of the environment that trigger challenging behaviors; teaching the student more acceptable ways of getting their needs met; and changing aspects of the environment that happen following the behavior.”

The Lorain County Board of Mental Health, in an attempt to be a catalyst for collaboration, offered expanded mental health services to schools willing to adopt the Positive Behavior Support model. The Board provides each school with a therapist one day a week. The therapists assigned to each school actively participated in the PBS training so they would be recognized as partners as the school year began.

Over 60 staff from Prospect and Eastwood Elementary Schools, along with mental health professionals, attended a two-day training sponsored by the Northern Ohio SERRC, which is coordinating PBS efforts locally. During the two days of training, each school developed plans that included writing and adopting simple school-wide rules, developing proactive and reactive strategies to support children in engaging in appropriate behaviors and diverting children from behaving in unacceptable ways. Ms. Doris Davila of Applewood Centers observed, “PBS focuses on the strengths and positives of both the children and the school.”

During the training, school staff determined that a small number of simple rules would make it easier for children to adapt to the school environment. Eastwood Elementary named their rules the “5 Bees” while Prospect has the “High Five.” There are posters throughout each school promoting school-wide rules such as “Be there. Be ready” and “Be in own space.” Each teacher has incorporated the rules into their classroom plans. Positive behavior is rewarded each week with students earning extra time on the playground or engaging in other activities, such as listening to music. Linda Dawson, a principal and supporter of PBS, commented, “PBS has changed our school’s environment for the better. After five weeks of school, disciplinary referrals to the office are almost nil.”

The Lorain County Board of Mental Health actively seeks ways to maximize the efficacy of school-based mental health services. The dynamic partnership between children, schools, and mental health professionals provides the best opportunity for children to succeed educationally. PBS is a model that capitalizes on the energy produced by active collaboration between mental health and education.

“PBS focuses on the strengths and positives of both the children and the school.”

**Doris Davila
Applewood Centers**

“PBS has changed our school’s environment for the better. After five weeks of school, disciplinary referrals to the office are almost nil.”

**Linda Dawson,
Principal**

Evidence-Based Practices

Evidence-Based Practices are those interventions and services that have been evaluated and have demonstrated good outcomes for mental health consumers. In general, best practices are approaches that are judged to be exemplary, have been developed or selected based upon a systematic process, are designed to produce successful outcomes, and have undergone rigorous program evaluation and/or research.

Connecting Systems of Care with Evidence-based Practices

The Center for Innovative Practices (CIP) was established with funding from the Ohio Department of Mental Health as a component of its overall Coordinating Centers of Excellence (CCOE) initiative. The CCOE initiative is designed to promote the dissemination of evidence based and best practices in the field of Mental Health. CIP's focus is those services and interventions specific to youth and family populations.

The goals of CIP are:

- To partner with organizations connected to evidence based and promising practices, such as MST Services, Inc.
- To integrate Evidence-Based/Promising Practices with Systems of Care development by assisting communities and organizations with assessment of systems' needs and use of evidence based services.
- To identify other evidence-based/promising practices for potential development in Ohio.
- To participate and provide technical assistance related to policy, financing, and program issues.
- To be complementary to/supportive of other initiatives that promote evidence-based practices.

CIP is initially partnering with MST Services, Inc. to provide the infrastructure for state-wide dissemination of Multisystemic Therapy (MST). MST is a 'real world' researched and cost-effective intensive home-based treatment model that addresses the multiple variables associated with youth who have serious and anti-social externalizing behaviors. It is strength and family based ecologically driven model of intervention. Multiple randomized control studies support its effectiveness. MST has been recognized by the previous U.S. Surgeon General in his 2000 Mental Health and Youth Violence reports as an effective practice. MST has been identified by NIDA, CSAT, and CSAP as an effective treatment for youth with substance abuse issues. The 'Blue Prints' project at the University of Colorado has also identified MST as a Best Practice. Specifically trained and dedicated teams of therapists form the core of MST and work in community organizations from mental health centers to juvenile courts. CIP is a licensed training organization of MST Services, Inc. and qualified to provide all the clinical and administrative consultation and support needed by providers to develop and sustain MST teams. CIP is supported by a designated Network Partner from MST Services.

CIP has fostered steady growth in awareness and development of MST teams. There are currently nine counties with eight teams working with CIP. A number of active discussions with additional communities are in progress. CIP has been an active participant in inter-state and national discussions related to the challenges about implementation of evidence based practices. One of the key goals of CIP for 2003 is to identify and foster similar partnerships with other EBPs, such as Functional Family Therapy and the Oregon Model of Therapeutic Foster Care.

CIP catalogs on an ongoing basis its 'Lessons Learned' in regards to the challenges of wide scale dissemination of EBP. Some of the key lessons learned/challenges include:

- A 'center' model provides for a structure and focus that highlights EBP and allows for the development of a cohesive and quality based network approach to dissemination.
- Evidence of clinical and cost effectiveness are not sufficient to influence change in treatment and funding patterns.
- Re-direction of current funding patterns into EBP requires coordinated and strategic efforts.
- Identifying 'champions' (national/state/local) who can provide leadership for systems change is critical.
- Youth and families deserve access to treatments that are determined to be effective
EBP and Systems of Care are complementary and reinforce one another.

CIP also plays a role in providing technical assistance and leadership in the ongoing discussion of how to support the development and dissemination of EBP in the field via presentations and participation in key forums.

MST in Schools: Cleveland Heights-University Heights City Schools

Since the 1998-1999 academic year, the Cleveland Heights-University Heights City Schools has offered a Multisystemic Therapy (MST) program for selected students. MST serves the needs of youth who have committed offenses or are at risk for violent and delinquent behavior in the school setting, and for chronic truancy.

MST is an intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior in juvenile offenders. MST addresses the multiple factors known to be related to delinquency across the key settings or systems, within which youths are embedded (e.g., family, peers, schools, neighborhoods). MST strives to promote behavior change in the youth's natural environment, using the strengths of each system to facilitate the change.

MST is successful in reducing youth delinquent behavior, including aggression and truancy; reducing adolescent drug use; and keeping youth at home, in school and in the community. The MST team works closely with school personnel and provides services by contractual agreement. Services are provided in families' homes.

Students served by MST during the first year of the program were compared with students referred but not served. Despite the low numbers, strong statistically significant differences showed improved functioning by students who received MST.

The Cleveland Heights schools' MST program has served 50 students and families to date. Key outcomes include: 90 percent of students remaining at home; 90 percent of students remaining in school; and 80 percent of youth having no new court involvement following referral to MST.

Funding for the program has been provided by an Urban Schools grant and an Alternative Schools grant from the Ohio Department of Education, TANFF funds, and a Community Development Block Grant from the City of Cleveland Heights.

For more information about the Cleveland Heights-University Heights MST program, contact Rebecca Bode, Ph.D., Cleveland Heights-University Heights City Schools Director of Pupil Services at 216-320-2052 or B_Bode@staff.chuh.org.

Alternative Education Support

Teachers indicate that mental health consultation has been valuable in understanding the behavior of their students and in determining how best to provide consequences and reinforcers.

– Wood County Alternative School Outcomes

National research indicates that alternative school programs which articulate evidenced-based, cross-disciplinary strategies for removing barriers to learning and developing partnerships with existing community programs are an effective means of intervening in the lives of students at risk.

The Ohio Department of Mental Health supports mental health services to one third of the Alternative Education Challenge Grant programs with grants to 32 community mental health boards. The Children's Research Center (CRC) in Bowling Green and provides services to schools as the contract provider for the Wood County ADAMH Board. CRC also serves as the Mental Health Network for School Success provider for the Northwest Ohio region.

The Children's Resource Center has developed a program with multiple components, which involve interventions that target elementary age children and middle and high schools students placed in an alternative school setting.

Wood County School Districts

- **Population:** Children in grades K-3 who are at risk of school failure, suspension, or expulsion because of significant behavior problems including aggression, property destruction, or markedly disruptive behavior.
- **Services Provided:** Mental health consultation is available for these students in any Wood County School District. Consultation services include: initial school-based risk assessment, seeking input from teachers, administrators, family members, and the student; referrals for needed services, additional assessments, or consultation; linkage to mental health services; linkage to after-school programs; and consultation to teachers regarding behavioral issues.
- **Outcomes:** Positive outcomes have been reported by school personnel, who report a continuing change in awareness regarding a child with mental health problems. Teachers have also reported that consultation has helped them to shift their perspective from viewing the child as "bad, disruptive or mean" to understanding that the child is experiencing mental health problems.

Glenwood Elementary School

- **Population:** Children in a specialized classroom for students demonstrating behaviors that might lead to suspension, expulsion, or placement in a more restrictive educational setting. Children in the general school population exhibiting difficulties with anger management and/or social skills.
- **Services Provided:** Group therapy to address anger management and social skills issues, teacher consultation and training in the development of positive environments and behavior management systems, and managing anger in children with mental health problems.

Resource Guide

■ **Outcomes:** Working with an entire classroom of disruptive children, providing the teacher with needed support and information, and developing groups to address anger management and social skill issues has been very positively received. Anecdotal impressions about the interventions indicate reductions in aggressive and unsafe behavior, reductions in noncompliant behavior, and less time in suspension and time out. In addition, there has been an increased understanding about the barriers to learning created by mental health problems, and increased awareness of the potential benefits to learning and classroom behavior of a mental health intervention. One of the goals for the coming year is to develop a more structured evaluation system, which would provide improved data on the impact of services provided.

Wood County Alternative School (funded through the Wood County Educational Service Center with an Alternative School grant)

- **Population:** Middle and high school students who have been or are about to be expelled or suspended. Many of these students are on probation, and struggle with aggressive, conduct-disordered, and oppositional behavior.
- **Services Provided:** Consultation in intake meetings and bi-weekly staff meetings, providing the staff with an understanding of the student's mental health needs. Through discussions with school staff the program was expanded to include a series of groups focusing on the development of effective anger management and conflict resolution skills.
- **Outcomes:** Improvements in attendance and grades have been documented by the teaching staff for many students. Teachers indicate that consultation has been valuable in understanding the behavior of their students and in determining how best to provide consequences and reinforcers. They also noted a decrease in disruptive behavior as confirmed by the student's progression through a level system and tracking of behavioral goals. It is expected that an assessment of the data provided by the Ohio Scales, given at three month intervals, will give an evaluation of progress, behaviorally and emotionally. In addition, evaluation data is being collected from both teachers and students to provide information about the efficacy of the group intervention.

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Ohio Department of Mental Health and Ohio's Public Mental Health System

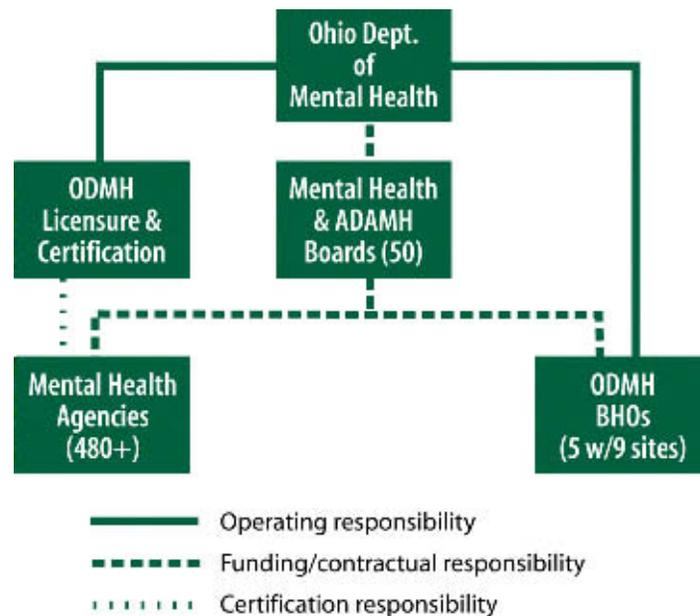
The mission of the Ohio Department of Mental Health is to establish mental health and recovery from mental illness as a cornerstone of health in Ohio, and assure access to quality mental health services for Ohioans at all levels of need and life stages.

Each year, Ohio's community mental health systems provide services to more than 250,000 people, including 75,000 adults who are disabled by severe mental illness and 70,000 children with emotional disorders. This public system includes ODMH, 50 county-based mental health boards, and nearly 500 community mental health agencies. The Boards, which in most cases oversee both mental health and addiction services, do not directly provide services. They act as local mental health authorities, funding, planning, monitoring and purchasing services provided by private agencies and the Behavioral Healthcare Organizations (BHOs) operated by the Department. This approach, which emphasizes local management and control, generates strong citizen involvement and local financial support for mental health services.

The Department's five BHOs provide adult inpatient care at nine sites around the state to more than 1,000 individuals on a daily basis, and admit and discharge nearly 7,000 people each year. The BHOs also provide outpatient services to 3,500 adults and children annually through their Community Support Network programs via contracts with the local Boards.

ODMH licenses private psychiatric hospitals and residential facilities, and certifies community mental health agencies. The Department approves local boards' service plans, provides technical assistance to the boards, and conducts research concerning the causes and treatment of mental illness.

Ohio's public mental health system is funded via about \$534 million in state general revenue funds, \$176 million in local levies, \$166 million in federal Medicaid receipts, and \$313 million in federal, private, and other funds.

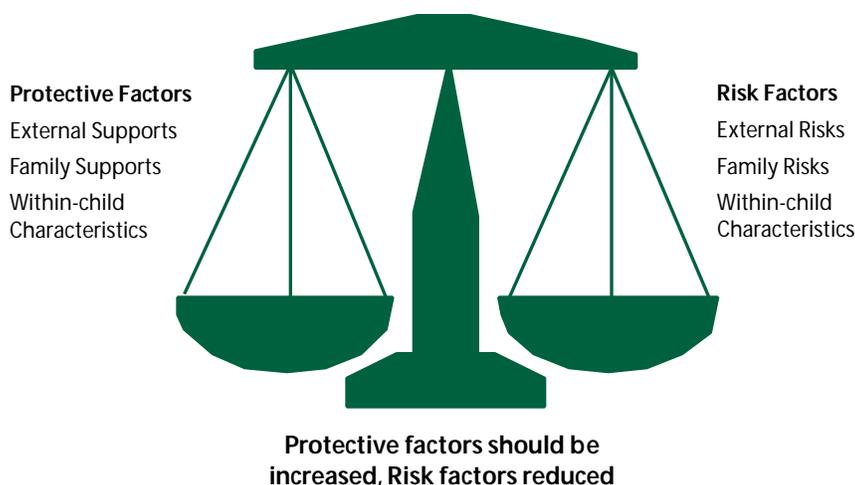


Resiliency

Resiliency is the capability of individuals, families, groups, and communities to cope successfully in the face of significant adversity or risk. This capability changes over time, is enhanced by protective factors in the individual/system and the environment, and contributes to the maintenance and enhancement of health.

Recognizing the importance of the concept of Resiliency for all people, but especially children, ODMH is embarking on a venture to create a Resiliency Process Model, similar to the process of the Working for Recovery Model. The project began with a workshop from Mark Katz and continued with a small work group comprised of family members, parents, and young people meeting to discuss the resiliency process model and the development of a "Resilience Guide" for adults who work with children and adolescents. Though still in the infancy stage of development, ODMH believes that resiliency is essential to the design of a seamless continuum of services for Ohio's children and families.

Balancing Protective and Risk Factors



“Resiliency is bouncing back from problems and stuff with more power and more smarts.”

– 15-year-old high school student

Excerpt from “Resilient Children” *by Emmy E. Werner*

Those of us who care for young children, who work with or on behalf of them, can help tilt the balance from vulnerability to resiliency if we:

- accept children’s temperamental idiosyncrasies and allow them some experiences that challenge, but do not overwhelm, their coping abilities;
- convey to children a sense of responsibility and caring, and, in turn, reward them for helpfulness and co-operation;
- encourage a child to develop a special interest, hobby, or activity that can serve as a source of gratification and self-esteem;
- model, by example, a conviction that life makes sense despite the inevitable adversities that each of us encounters;
- encourage children to reach out beyond their nuclear family to a beloved relative or friend.

Attention-Deficit/Hyperactivity Disorder

Children with AD/HD are often blamed for their behavior. However, it's not a matter of their choosing not to behave.

What is AD/HD?

AD/HD is one of the most commonly diagnosed behavioral disorders of childhood. The disorder is estimated to affect between three to seven out of every 100 school-aged children [American Psychiatric Association (APA), 2000]. This makes AD/HD a major health concern. The disorder does not affect only children. In many cases, problems continue through adolescence and adulthood.

The core symptoms of AD/HD are developmentally inappropriate levels of inattention, hyperactivity, and impulsivity. These problems are persistent and usually cause difficulties in one or more major life areas: home, school, work, or social relationships. Clinicians base their diagnosis on the presence of the core characteristics and the problems they cause.

Not all children and youth have the same type of AD/HD. Because the disorder varies among individuals, children with AD/HD don't all have the same problems. Some may be hyperactive. Others may be under-active. Some may have great problems with attention. Others may be mildly inattentive but overly impulsive. Still others may have significant problems in all three areas (attention, hyperactivity, and impulsivity).

What causes AD/HD?

AD/HD is a very complex, neurobiochemical disorder. In people with the disorder, studies show that certain brain areas have less activity and blood flow and that certain brain structures are slightly smaller. These differences in brain activity and structure are mainly evident in the prefrontal cortex, the basal ganglia, and the cerebellum (Castellanos & Swanson, in press). These areas are known to help us inhibit behavior, sustain attention, and control mood.

There is also strong evidence to suggest that certain chemicals in the brain – called *neurotransmitters* – play a large role in AD/HD type behaviors. Neurotransmitters help brain cells communicate with each other.

When neurotransmitters don't work the way they are supposed to, brain systems function inefficiently. Problems result. With AD/HD, these are manifested to the world as inattention, hyperactivity, impulsivity, and related behaviors.

Children with AD/HD are often blamed for their behavior. However, it's not a matter of their *choosing* not to behave. It's a matter of "can't behave *without the right help*." AD/HD interferes with a person's ability to behave appropriately.

How is AD/HD diagnosed?

AD/HD is considered a mental health disorder. Only a licensed professional, such as a pediatrician, psychologist, neurologist, psychiatrist, or clinical social worker, can make the diagnosis that a child, teen, or adult has AD/HD. These professionals use the Diagnostic and Statistical Manuals of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR) as a guide (APA, 2000).

In order to be diagnosed with AD/HD, children and youth must meet the specific diagnostic criteria set forth in the DSM-IV-TR. These criteria are primarily associated with the main features of the disability: inattention, hyperactivity, and impulsivity.

How is AD/HD treated?

Like many medical conditions, AD/HD is managed, not cured. There's no "quick fix" that resolves the symptoms of the disorder. Yet a lot can be done to help. Through effective management, some of the secondary problems that often arise out of untreated AD/HD may be avoided.



While some days the struggles seem insurmountable, it's important to realize that when AD/HD is properly managed, children can turn some of their liabilities into assets.

Recently, the National Institute of Mental Health (NIMH), in combination with the U.S. Department of Education's Office of Special Education Programs (OSEP), completed a long-term, multi-site study to determine which treatments had the greatest positive effect on reducing AD/HD symptoms. This study is known as the MTA study (The MTA Cooperative Group, 1999). MTA stands for multi-modal treatment study of children with AD/HD.

The recommended multi-modal treatment approach consists of four core interventions:

1. patient, parent, and teacher education about the disorder;
2. medication (usually from the class of drugs called stimulants);
3. behavioral therapy; and
4. other environmental supports, including an appropriate school program.

Where can I find support?

For parents, teachers, and children challenged by this disorder, AD/HD can be a truly unique experience.

While some days the struggles seem insurmountable, it's important to realize that when AD/HD is properly managed children with AD/HD can turn some of their liabilities into assets, and they can minimize the others.

Meanwhile, there is help and hope available. Parent support groups exist in every state. Some, like CHADD and National ADDA, are AD/HD-specific. Others like the Learning Disabilities Association and Parent's Anonymous may also be useful, depending on your individual circumstances. Visit the Web sites of these groups, where you'll find information on activities and contact numbers of similar groups in your area.

CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder), 8181 Professional Place, Suite 201, Landover, MD 20785. Telephone: (800) 233-4050; (301) 306-7070. E-mail: national@chadd.org
Web: www.chadd.org

Learning Disabilities Association (LDA), 4156 Library Road, Pittsburgh, PA 15234-1349. Telephone: (412) 341-1515. E-mail: info@ldaamerica.org
Web: www.ldanatl.org

National Attention Deficit Disorder Association (ADDA), 1788 Second Street, Suite 200, Highland Park, IL 60035. Telephone: (847) 432-2332 (to leave a message). Email: mail@add.org
Web: www.add.org

Parents Anonymous, 675 W. Foothill Blvd., Suite 220, Claremont, CA 91711. Telephone: (909) 621-6184. E-mail: parentsanonymous@parentsanonymous.org
Web: www.parentsanonymous.org

Disorders that commonly co-occur with AD/HD

- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Anxiety
- Depression
- Learning Disabilities

Excerpts reprinted from Attention-Deficit/Hyperactivity Disorder Briefing Paper with the permission of the National Information Center for Children and Youth with Disabilities (NICHCY). Originally published April 2002.

Suicide Prevention Plan for Ohio

Over 1,200 Ohioans die by their own hand every year. The impact of suicide does not stop with the lost lives. For every suicide death, it is estimated that six individuals will be profoundly affected for the rest of their lives. These deaths and their effects are even more tragic as suicide is largely preventable.

The 1999 Ohio Youth Risk Behavior Study shows that nearly 20 percent of all high school students in Ohio seriously contemplated suicide during the 12 months preceding the survey. Significantly more females (25 percent) than males (16 percent) seriously considered suicide.

Young women are more likely to attempt suicide than young males by about six to one, but completed suicide is more common in adolescent males than in females by about three to one. While some clinicians believe that psychiatric illness, such as clinical depression, underlies all suicide among the young, some think it is more complex than that, pointing to developmental factors that influence behavior. Certainly, all agree that substance and/or alcohol abuse significantly increases the risk of suicide in young people, as does anxiety or impulsivity, sexual identity issues – including being gay, lesbian, or bisexual – and sexual abuse.

In May 2002, the Ohio Department of Mental Health, in collaboration with the Ohio Coalition for Suicide Prevention, introduced Ohio's Suicide Prevention Plan. The plan is accessible on the ODMH Web site at <http://www.mh.state.oh.us/initiatives/suicide-prevention/suicide-prevention-plan.pdf>. The plan provides goals and objectives designed to save lives and reduce suicidal behaviors for three priority groups, including the young. The following facts and warning signs are also provided:

For more information, contact Elnora Jenkins, *Administrator for Prevention Initiatives* at 614-466-1984 or jenkinse@mh.state.oh.us

Common Warning Signs

- Giving away favorite possessions
- A marked or noticeable change in an individual's behavior
- Previous suicide attempts and statements revealing a desire to die
- Depression (crying, insomnia, inability to think or function, excessive sleep, or appetite loss)
- Inappropriate "good-byes"
- Verbal behavior that is ambiguous or indirect: "I'm going away on a real long trip. You won't have to worry about me anymore. I want to go to sleep and never wake up."
- Purchase of a gun or pills
- Alcohol or drug abuse
- Sudden happiness after long depression
- Obsession about death and talk about suicide
- Decline in performance of work, school, or other activities
- Deteriorating physical appearance or reckless actions

High Risk Life Events Associated with Suicide

- Death or terminal illness of a loved one
- Divorce, separation, or broken relationship
- Loss of health (real or imaginary)
- Loss of job, home, money, self-esteem, personal security
- Anniversaries
- Difficulties with school family, the law
- Early stages of recovery from depression

What to Do

- Take suicide threats seriously, be direct, open and honest in communications.
- Listen, allow the individual to express their feelings and express your concerns in a non-judgmental way.
- Say things like, "I'm here for you. Let's talk. I'm here to help."
- Ask, "Are you having suicidal thoughts?" A detailed plan indicates greater risk.
- Take action sooner rather than later.
- Get the individual who is at risk connected with professional help.
- Dispose of pills, drugs, and guns.
- Don't worry about being disloyal to the individual; contact a reliable family member or close friend of the person.

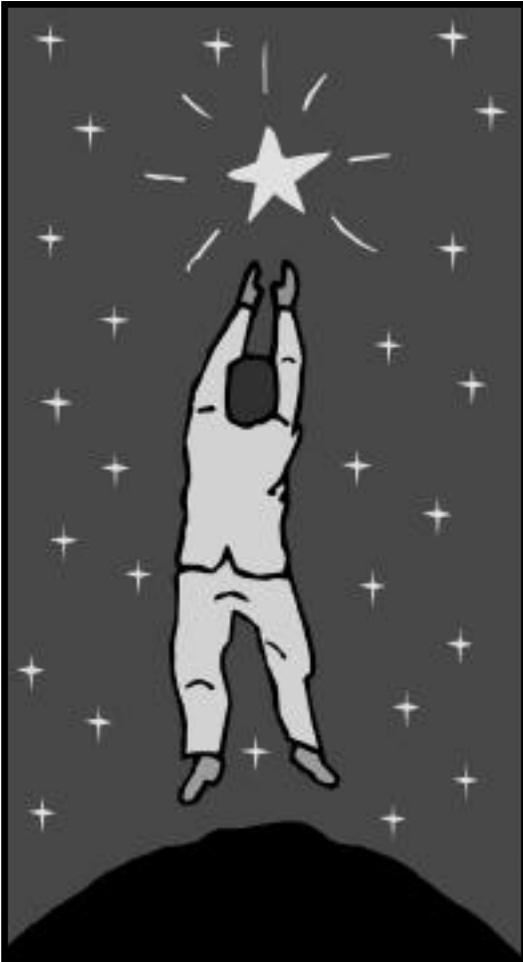
What Not to Do

- Do not leave the person alone if you feel the risk to their safety is immediate.
- Do not treat the threat lightly even if the person begins to joke about it.
- Do not act shocked or condemn. There may not be another cry for help.
- Do not point out to them how much better off they are than others. This increases feelings of guilt and worthlessness.
- Do not swear yourself to secrecy.
- Do not offer simple solutions.
- Do not suggest drugs or alcohol as a solution.
- Do not judge the person.
- Do not argue with the person.
- Do not try to counsel the person yourself, GET PROFESSIONAL HELP!

Where to get help:

Contact your local Mental Health or ADAMH Board, or call a Crisis Hotline (look in the yellow pages under "Mental Health" or "Crisis Intervention") or call 1-800-SUICIDE.

LIGHTS IN THE DARKNESS



For more information about
Lights in the Darkness
please contact:

Mental Health Association
of Summit County
1-800-991-1311

For help, call the
National Suicide Hotline
1-800-SUICIDE

Appalachian Teens Speak Out About Depression

Lights in the Darkness, a teen documentary, showcases interviews with over 50 Appalachian teenagers on the subject of teen depression and suicide prevention. To make the video, about 40 youth were trained in production techniques as reporters, interviewers, videographers, and editors. The video highlights the creative approaches many people use to cope with depression.

This powerful video and student handbook can be used at the high school level throughout Ohio to educate youth and others about the signs of suicide, the importance of engaging in activities to enhance one's mental health, and if needed, to seek professional help.

The video, which recently won a Silver Telly Award, was the brainchild of Steve McDaniel, Coordinator of Arts and Heritage Programs for Rural Action, a local program in Trimble, Ohio. The Ohio Department of Health and Rural Action, Inc. funded the project.



Elnora Jenkins
Administrator for Prevention Initiatives
Ohio Department of Mental Health
30 E. Broad Street, 8th Floor
Columbus, OH 43215-3430
(614) 466-1984

Victoria Snyder
Coordinator, Red Flags Program
Mental Health Association of Summit Co.
405 Tallmadge Road
Cuyahoga Falls, OH 44221
1-800-991-1311
Fax: (330) 923-7573

A Comprehensive Childhood & Adolescent Depression Awareness Program for Schools

Symptoms of Childhood Depression include:

- Changes in sleeping patterns
- Refusal to sleep alone; hysterical crying when left alone
- Refusal to eat or inability to stop eating
- Bed wetting
- Refusing to attend school
- Outbursts of anger – name calling or breaking things
- Stealing meaningless or inexpensive items
- Hoarding food
- Refusal to play with other children, sulking, crying, bullying, fighting, picking on younger children
- Sadness, unhappiness – verbal expression of self-contempt and misery
- Talk of death or dying, especially talk of suicide

What is Red Flags?

Red Flags is a universal prevention program that is school-based. It was developed under the leadership of the Ohio Department of Mental Health, and helps students, parents, and school staff members recognize and respond to signs of depression and related mental illnesses. The three-pronged program includes an in-service training for school personnel, a video-based curriculum for students called *Claire's Story: A Child's Perspective of Childhood Depression*, and a seminar for parents, students, and the community.

Why Red Flags?

FACT: Professionals estimate that three to five percent of children and 8-12 percent of adolescents experience clinical depression each year.

FACT: A recent survey reported that approximately half of all 10-16 year old boys and girls with high levels of aggression are depressed.

FACT: Children with untreated depression are at high risk for substance abuse and suicide.

FACT: Two-thirds of depressed children go undiagnosed and untreated. Treatment for depression has an 80 percent success rate, higher than treatment for heart disease or diabetes.

From Pilot Success to Statewide Dissemination

- Red Flags was piloted in 10 Ohio middle schools during the 1998-1999 school year, reaching 3,150 students, parents, and school personnel.
- Students significantly increased their knowledge of clinical depression based on pre/post tests. All participating schools indicated the program was "very needed."
- The Ohio Department of Mental Health and the Ohio Department of Education have since made Red Flags Program Kits available to every public middle school in Ohio and a private donor has made the kit available to all non-public ones.
- To date, more than 530 public schools and 110 non-public schools in Ohio have requested program kits. Red Flags in Children's Behavior information brochures have been distributed to more than 250,000 children and adults. This is the third year for this program. According to mid and end-of-year surveys, at least 500 students are identified each year for concerns about depression. During the 2001-2002 school year, 1,100 students were identified with concerns and of those 397 were referred to a mental health/health professional for further evaluation.
- Several states have replicated Red Flags and the program was introduced in the Ukraine and Melbourne, Australia for replication.

For more information: www.redflags.org

Special Education Regional Resource Centers (SERRCs)

The Office for Exceptional Children recognized in 1968 that a state agency cannot successfully relate to each individual teacher, supervisor, and school district. Federal funds were used to create a new linkage between the state and the school districts.

The SERRC system was designed to develop and implement services and priorities in keeping with the Individuals with Disabilities Education Act (IDEA). The SERRCs fulfill a critical role in providing timely and specialized assistance to families and school personnel by:

1. Assisting school district personnel in providing appropriate services to children with disabilities, through technical assistance and cooperative planning
2. Providing regular and special education teachers, support personnel, administrators, and families with resources designed to improve the quality of instruction for children with disabilities, through the delivery of instructional materials and methodologies designed to meet the individual needs of children with special needs
3. Providing staff development to local school district personnel and families, on an individual and team basis, to improve the quality of instruction for children with disabilities

Currently, there are 16 SERRCs that provide services to all school districts. Each SERRC has the following four components: Identification and Program Development Project (IPD); Educational Assessment Project (EAP); Instructional Resource Center Project (IRC); and Early Childhood Services Project (ECS). The SERRCs also coordinate the Positive Behavior Support Program (PBS) with school districts in each region.

As regional entities, the SERRCs serve the important function of identifying local needs and designing and delivering services in ways that make the most sense to regional constituents. At the same time, the SERRC system assists the Office for Exceptional Children, playing an essential role in statewide networking activities, advocacy on behalf of students with disabilities, and state and national outreach and information dissemination.

Center for Students, Families,
and Communities
Office for Exceptional Children

Special Education Regional Resource Centers
○○○○ ○○○○



- | | |
|---|---|
| 1. Northwest Ohio
419-833-6771 | 9. Lincoln Way
330-875-2527 |
| 2. Northern Ohio
440-967-8355 | 10. Miami Valley
937-236-9965 |
| 3. Cuyahoga
440-885-2685 | 11. Central Ohio
614-262-6131 |
| 4. East Shore
440-256-8484 | 12. Central
330-343-3355
1-800-362-6687 |
| 5. Northeast Ohio
1-800-776-8298 | 13. Southwestern Ohio
513-563-0045 |
| 6. West Central Ohio
419-738-9224
1-800-686-2945 | 14. Hopewell
937-393-1904 |
| 7. North Central Ohio
419-747-4808
1-800-424-7372 | 15. Pilasco-Ross
740-354-4526 |
| 8. Mid-Eastern Ohio
330-929-6634
1-800-228-5715 | 16. Southeastern Ohio
740-594-4235
1-800-882-6186 |

Catalogue of Internet Sites Relevant to Mental

The American School Counselor Association

<http://www.schoolcounselor.org/>

ASCA supports school counselors' efforts to help students focus on academic, personal/social and career development so they not only achieve success in school but are prepared to lead fulfilling lives as responsible members of society.

American School Health Association

<http://www.ashaweb.org/>

The American School Health Association unites the many professionals working in schools who are committed to safeguarding the health of school-aged children.

The Center for Health and Health Care in Schools

<http://www.healthinschools.org/home.asp>

CHHCS builds on a 20-year history of testing strategies to strengthen health care delivery systems for children and adolescents.

Center for Mental Health Assistance, University of Maryland

<http://csmha.umaryland.edu/csmha2001/main.php3>

The center provides leadership and technical assistance to advance effective interdisciplinary school-based mental health programs.

Center for Mental Health Services (CMHS)

<http://www.samhsa.gov/centers/cmhs/cmhs.html>

The Center for Mental Health Services (CMHS) is charged with leading the national system that delivers mental health services and administering programs and funding for the delivery of these services.

Center for Research on At-Risk Students

<http://www.wmich.edu/at-risk/>

The Center is committed to research activities resulting in recommendations for policies and practices to assist individuals in reaching higher levels of learning.

Center for the Research on the Education of Students Placed at Risk

<http://crespar.law.howard.edu/>

The Center for the Research on the Education of Students Placed at Risk is a research and development center that has launched an important comprehensive school initiative designed to enhance the achievement, academic environment, and quality of life for students, teachers, and parents. Site includes descriptions of current research projects.

Coalition for Cohesive Policy in Addressing Barriers to Development and Learning

<http://smhp.psych.ucla.edu/coalitin.htm>

The Coalition for Cohesive Policy in Addressing Barriers to Development and Learning is a broad-based, policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching, as well as a concern for promoting healthy development.

Coordinated School Health Program

<http://www.cdc.gov/nccdphp/dash/cshpdef.htm>

We prevent the most serious health risk behaviors among children, adolescents and young adults.

Education Development Center

<http://www.edc.org/>

The Education Development Center seeks to bring researchers and practitioners together to create tools and conditions for learning, reaching people of all ages, backgrounds, and abilities.

FAST: Families and Schools Together

<http://www.wcerwisc.edu/fast/>

FAST is a parent empowerment process, the goal of which is to increase the likelihood of the child being successful in the home, at school, and in the community.

Federation of Families for Children's Mental Health

<http://www.ffcmh.org/>

The Federation of Families for Children's Mental Health is a national parent-run non-profit organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families.

Foundation Consortium for School Linked Services

<http://www.foundationconsortium.org/>

The mission of the Foundation Consortium for School Linked Services is to improve the well being of California's children and their families by making the Community Approach the standard for child and family support programs throughout the state.

Institute for Study of Students At-Risk

<http://www.ume.maine.edu/~cofed/research/atrisk.html>

The Institute for the Study of Students At-Risk provides demographics, statistics and essential information about needs and services for children, adolescents and families at risk.

Maternal and Child Health Bureau

<http://mchb.hrsa.gov/>

The Maternal and Child Health Bureau strives for a society where children are wanted and born with optimal health, receive quality care and are nurtured lovingly and sensitively as they mature into healthy, productive adults.

Miami University Center for School-Based Mental Health Programs

<http://www.units.muohio.edu/csbmhp/>

The goal of the Center is to reduce barriers to learning and to enhance healthy psychological development of school-age students. The Center is engaged in prevention, intervention, and research activities in southwest Ohio public schools.

Health in Schools

National Alliance for the Mentally Ill of Ohio

<http://www.namiohio.org>

The National Alliance for the Mentally Ill (NAMI) of Ohio is an organization dedicated to self-help and family advocacy and improving the lives of those with severe mental illnesses. The organization was built with four cornerstones in mind, support, education, advocacy, and research.

National Association of School Nurses

<http://www.nasn.org/>

The National Association of School Nurses improves the health and educational success of children and youth by developing and providing leadership to advance school nursing practice.

National Association of School Psychologists

<http://www.nasponline.org/index2.html>

The National Association of School Psychologists represents and supports school psychology through leadership to enhance the mental health and educational competence of all children.

National Association of Social Workers

<http://www.naswdc.org>

NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

National Information Center for Children and Youth with Disabilities (NICHCY)

<http://nichcy.org>

NICHCY is the national information center that provides information on disabilities and disability-related issues. Anyone can use our services—families, educators, administrators, journalists, students. Our special focus is children and youth (birth to age 22).

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov/>

The mission of the National Institute of Mental Health (NIMH) is to diminish the burden of mental illness through research.

National Mental Health and Education Center

<http://www.naspweb.org/center>

The National Association of School Psychologists (NASP) has a National Mental Health and Education Center that works to provide support for children and families and improve the professional training and practices of school psychologists and pupil service providers.

The National Mental Health Association

<http://www.nmha.org/>

With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service.

Ohio Association of County Behavioral Health Authorities

<http://www.oacbha.org/>

The Ohio Association of County Behavioral Health Authorities is the statewide organization that represents the interests of all of Ohio's county Alcohol, Drug Addiction, and Mental Health Boards at the state level.

Ohio Resource Network for Safe and Drug Free Schools and Communities

<http://www.ebasedprevention.org>

Provides materials, training, and technical assistance to support the best practices for establishing safe, supportive environments for children and youth.

The Policy Leadership Cadre for Mental Health in Schools

<http://smhp.psych.ucla.edu/policy.htm>

The Policy Leadership Cadre for Mental Health in Schools seeks to expand, link, and build the capacity of the pool of persons who provide policy leadership for MH in schools at national, state, regional, and local levels.

Public Education Network

<http://www.publiceducation.org/health/>

Public Education Network's School and Community Services Initiative addresses the challenge of meeting the non-academic needs of children to help ensure that students are at their best, academically and socially. The initiative takes a child-centered, coordinated-services perspective that recognizes the role of schools, families, and community agencies in the lives of children.

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda

<http://www.surgeongeneral.gov/topics/cmh/childreport.t.htm>

This report introduces a blueprint for addressing children's mental health needs in the United States.

School Psychology Online

<http://www.schoolpsy.com>

School Psychology On-Line is a directory of information available on the web for school psychologists, school counselors, teachers, parents, and other professionals.

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov/

SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

The U.S. Department of Education

<http://www.ed.gov/>

This award-winning site is designed to help pursue the President's initiatives, including No Child Left Behind, and advance our mission as a Department—to ensure equal access to education and to promote educational excellence for all Americans.

OHIO MENTAL HEALTH NETWORK FOR SCHOOL SUCCESS



Ohio Mental Health Network for School Success – Regional Affiliates

NORTHWEST Children's Resource Center Bowling Green	NORTHCENTRAL Heartland Behavioral Healthcare Medina	NORTHEAST Positive Education Program Cleveland
SOUTHWEST The Miami University Psychology Clinic Center for School Based Mental Health Programs Oxford	CENTRAL Children's Hospital Behavioral Health Services Columbus	SOUTHEAST Woodland Centers Inc. Gallipolis

For more information, visit the CLEX website at: <http://cle.osu.edu> or call (614) 292-0241.

Ohio Networking for School Success

Keep your ideals high enough to inspire you and low enough to encourage you.

Ohio Department of Mental Health

OFFICE OF CHILDREN'S SERVICES AND PREVENTION

Strategic Plan for ACCESS

Strategic Plan for SCHOOL SUCCESS

Strategic Plan for System Performance and Partnership

Ohio State University

The John Glenn Institute for Public Policy and Public Service

THE CENTER FOR LEARNING EXCELLENCE

MENTAL HEALTH NETWORK FOR SCHOOL SUCCESS

Northeast Region Positive Education Program	Southeast Region Woodland Centers, Inc. Southern Local School District Project	North Central Region Heartland Behavioral Healthcare Child and Family Services	Central Region Children's Behavioral Health Services Community School-Based Programs	Northwest Region Children's Resource Center School-Based Services	Southwest Region Miami University Department of Psychology Center for School-Based MH Programs
Alliance of Child Care Service Providers Applewood Centers Astabula MHRS Board Berea Children's Home Beech Brook CCOMHB Council of Agency Directors Crossroads of Lake Co. Cuyahoga SEBRC Diocese of Cleveland/Georgia Co. LNOCA, CSESC NAMI of Lake Co. Parent Representatives (2) Public School Educator	ABH Washington Co. AHVADAMHS Board ALSADAMHS Board Athens Meigs ESC BHM MHRS Board Community MH Services Gallia County Schools GJMADAMHS Board Jefferson Co. CSN Muskingum Area ADAMH Board Plasco Ross SEBRC SEOSEBRC Southern Consortium for Children Washington Co. MHAR Board Parent Representative (2)	Ashland – The School/Community Child and Adolescent Service Center Columbiana Co. Mental Health and Recovery Board DGE Counseling Center Intervention Team (CIT) Liason Program Summit – Child Guidance Centers Lorain Co. MH Board Lincoln Way SEBRC Mahoning Mental Health, Intervention Unit Medina – Child Family MEO/SEBRC N. Central SEBRC NAMI MH Assoc. of Summit Co. Portage Children's Center Stark – The Care Team Fairless H.S. Trumbull – The CWP Program Wayne/Holmes Mental Health and Recovery Board	ADAMH Board of Franklin Co. Central Ohio SEBRC Columbus Public Schools Crawford-Martin ADAMH Board Delaware-Morrow Mental Health and Recovery Boards Delaware-Union ESC Eastern Miami Valley ADAMH Board Greene County ESC NAMI New Horizons Youth & Family Center Moundbuilders Ross Fayette, Highland, Pike, Pickaway MH Boards Parent Representative (2)	Alternative Learning Center Connecting Point Erie, Huron, Ottawa ESC Family Resource Centers Foundations Behavioral Healthcare Hancock Co. Board Harbor Behavioral Healthcare Lucas Co. ADAMHS Board NAMI of Greater Toledo NW Ohio SEBRC Wood County Board Parent Representative (1)	Beech Acres Brown Co. ADAMH Board Butler Co. MH Board Child and Family Treatment Center Cincinnati Parents for Public Schools Cincinnati Public Schools Clermont Co. MH and Recovery Board Hamilton Co. Community MH Board Health Foundation of Greater Cincinnati Legal Aide Society of Greater Cincinnati MH Recovery Services of Warren and Clinton Counties Miami Valley SEBRC NAMI Ohio Ohio Federation of Families for Children's Mental Health St. Joseph's Orphanage Summit Behavioral Healthcare Talbot House The Counseling Source University of Cincinnati SW SEBRC United Way and Community Chest



For more information
or additional copies of
this publication, call
Office of Children's Services
and Prevention
at 614/466-1984.

Ohio Department of Mental Health
30 E. Broad Street, 8th Floor
Columbus, Ohio 43215-3430

www.mh.state.oh.us