2015 OSPA Spring Conference

Dr. Sue Zake, Director Office for Exceptional Children

Dr. Amity Noltemeyer

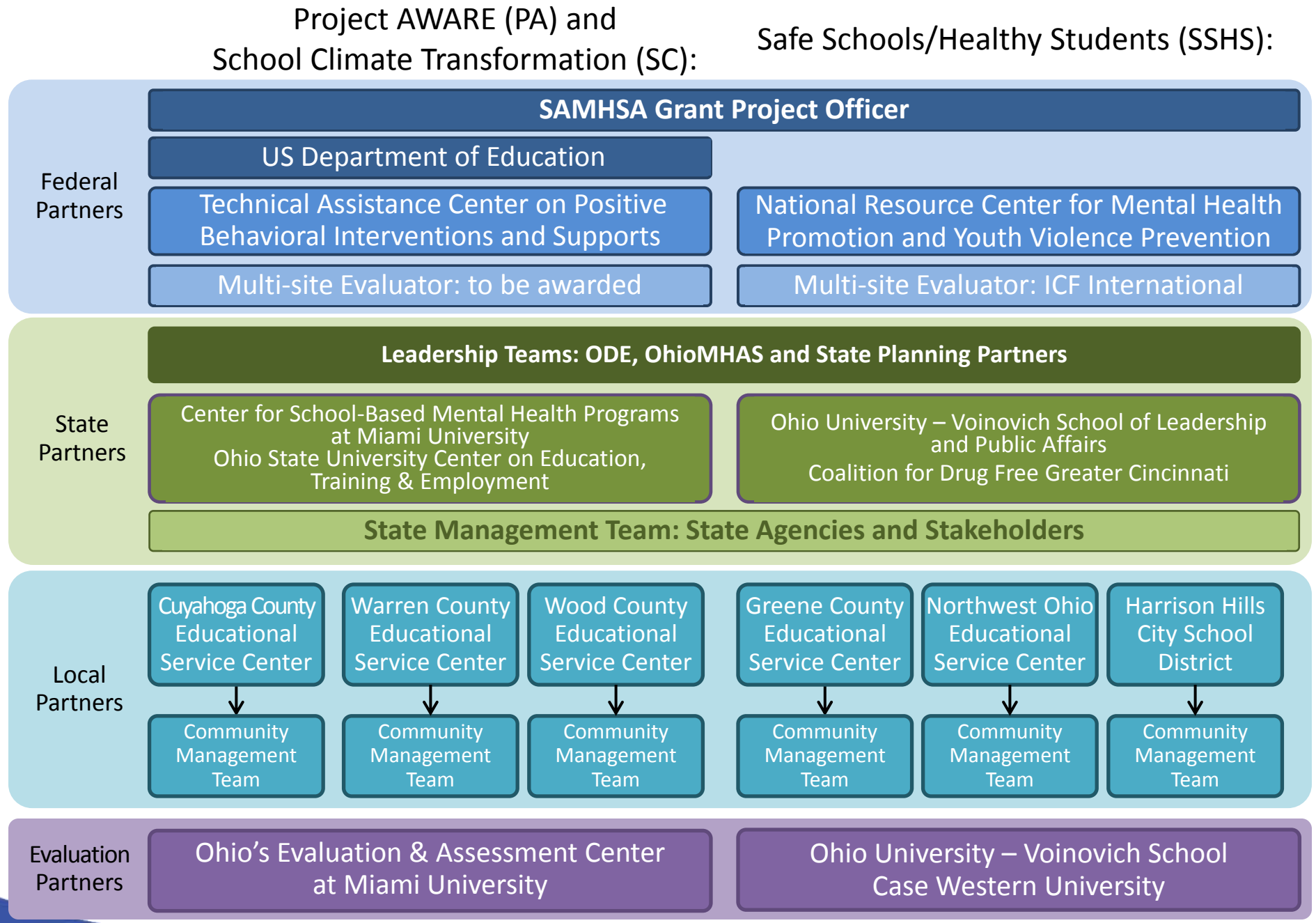
Dr. Michael Petrasek

Ohio | Department of Education

Project AWARE

Ohio | Department of Education

Grant Structure Crosswalk



Project AWARE Objectives

1) Raise awareness of mental health needs of school-aged youth

2) Increase capacity to deliver evidence-based mental and behavioral health services

by increasing:

- Certified YMHFA Training Instructors
- Mental Health Referrals
- Professionals Trained in Mental Health-Practices & Activities
- Adults Trained in Detecting & Responding to Mental Illness
- Youth Access to Mental Health Services
- Resources for Connection of PBIS & Mental Health Systems

Kathleen M. Oberlin, Director
oberlink2@gmail.com

Dr. Cricket Meehan, Director
meehandc@miamioh.edu

Ohio Mental Health Network for School Success (OMHNSS)

- Helps Ohio's schools, community-based agencies, and families work together to achieve improved educational and developmental outcomes for all children
- Consists of mental health affiliates, universities, and effective practice programs
- The coordinating agency is the Center for School-Based Mental Health Programs (CSBMHP) at Miami University

OMHNSS Regions

Mental Health Affiliates

North West
Noelle Duvall
Children's Resource Centers

North East
Susan Bazyk
Cleveland State University

North Central
Bob Conkey
D and E Counseling Centers

Central Ohio
Kay Rietz
Consultant

South East
Nina Andrews
Logan Hocking Schools

South West
Sharon Custer
Miami University

YMHFA INSTRUCTORS MAP

North East
YMHFA Instructor
Susan Bazyk
Becky Mohler

North Central
YMHFA Instructor
Anita Williams
Jennifer Hunt

North West
YMHFA Instructor
Melanie Vierling
Randy King

Central
YMHFA Instructor
Tyrrea Byrd

South East
YMHFA Instructor
Nina Andrews

South West
YMHFA Instructor
Sharon Custer

Statewide –Leads
Kathleen Oberlin
Cricket Meehan
Emily Jordan
Erin Eakin

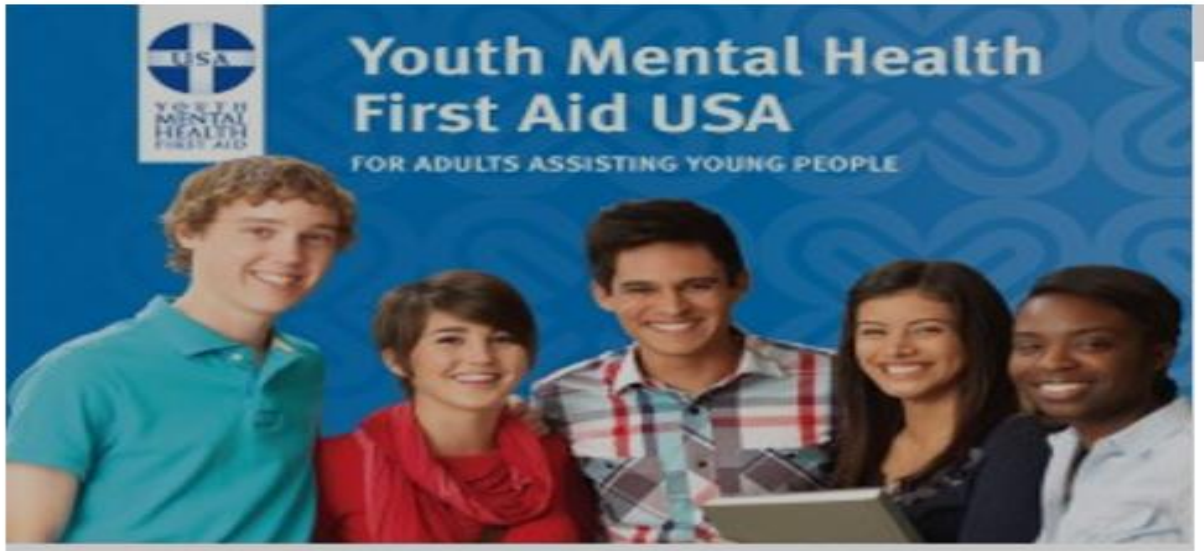
School and Community Continuum of Services

a resource directory

- **Provides easy access to coordinated safe and supportive school and community services and local links**
- *Go to http://continuum.oberlinkconsulting.com/ and click on Ohio*

Treatment	Intervention	Prevention
Diagnostic Assessment	Family Outreach	Parent Advocacy
Liaison/Case Management (CPST)	Classroom Assistance	Teacher Consultation
Individual/ Family Counseling	Classroom Check-ins	Classroom Presentation
Crisis Intervention	After School	Referrals
Day Treatment	1:1 Supervision/Mentoring	
	Topical Groups	
	Summer Program	

YMHFA Training



YOUTH MENTAL HEALTH FIRST AID TRAINING

YMHFA Training Session

Are you actively involved with youth? Do you want to help them overcome difficult obstacles, such as mental health problems or substance addiction? Attend this YMHFA training session and learn the 5-step plan to intervening in both crisis and non-crisis cases. The training covers normal adolescent development, common mental health problems (e.g., anxiety, depression, disruptive behavior disorders), and respondent action plans. Sign up today!

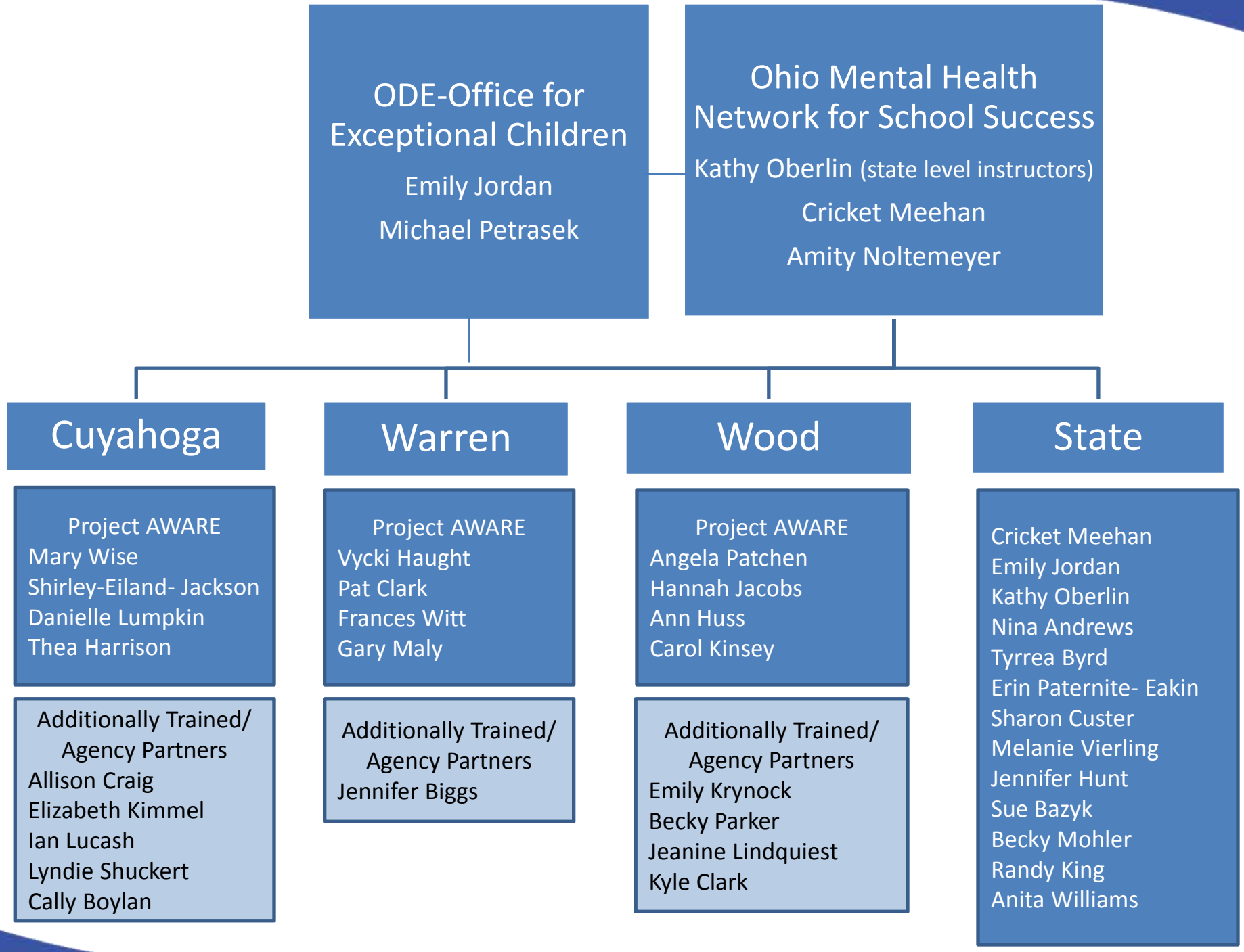
For more information on YMHFA, visit:
http://www.mentalhealthfirstaid.org/

Learn to help youth ages 12-18 with mental health or addiction challenges

Ideal for School Staff, Health and Human Service Workers, Family and Community Members, Juvenile Justice & More!

Receive a Certificate

Take Home a Reference Manual


ODE-Office for Exceptional Children
Emily Jordan
Michael Petrasek
Ohio Mental Health Network for School Success
Kathy Oberlin (state level instructors)
Cricket Meehan
Amity Noltemeyer
Cuyahoga
Project AWARE
Mary Wise
Shirley-Eiland- Jackson
Danielle Lumpkin
Thea Harrison
Additionally Trained/ Agency Partners
Allison Craig
Elizabeth Kimmel
Ian Lucash
Lyndie Shuckert
Cally Boylan
Warren
Project AWARE
Vycki Haught
Pat Clark
Frances Witt
Gary Maly
Additionally Trained/ Agency Partners
Jennifer Biggs
Wood
Project AWARE
Angela Patchen
Hannah Jacobs
Ann Huss
Carol Kinsey
Additionally Trained/ Agency Partners
Emily Krynock
Becky Parker
Jeanine Lindquiest
Kyle Clark
State
Cricket Meehan
Emily Jordan
Kathy Oberlin
Nina Andrews
Tyrrea Byrd
Erin Paternite- Eakin
Sharon Custer
Melanie Vierling
Jennifer Hunt
Sue Bazyk
Becky Mohler
Randy King
Anita Williams

Region/SST	Dates/Time	Location	Lead Instructor/#
CO-SST 7/Free **Stars registration** **Richland County**	May 6 & 7, 2015 8am-12pm	1495 W. Longview, Room 266 Mansfield, OH 44908	Tyrrea Byrd
NE-SST 2/Free **SST registration** **Lorain County**	June 22, 2015 8am-4:30pm	Amherst Beaver Reservation 913 North Lake Street Amherst, OH 44001	Susan Bazyk
SE – SST16/Free **Athens County**	June 17 & 18, 2015 8am-12pm	SSTR16 21 Birge Drive Chauncey, OH 45719	Nina Andrews
NC-SST 9/Free **Stars registration** **Stark County**	June 18 & 19, 2015 8am-12pm	RG Drage Carreer Technical Center 2800 Richville Drive S.E. Massillon, OH 44646-9480 330-832-9856	Jennifer Hunt
NC – SST8/Free **Summit County**	September 4, 2015 8am-4:30pm	Summit Co. ESC 420 Washington Avenue Cuyahoga Falls, OH 44221	Anita Wiliams
NC-SST5/Free **SST registration** **Mahoning County**	August 7 & 14, 2015 8am-12pm	Mahoning C. ESC-Room B8 100 DeBartolo Place, Suite 220 Youngstown, OH 44512	Jennifer Hunt
SW-SST 13/Free **SST registration** **Hamilton County**	September 1, 2015 8am-4:30pm	Hamilton County ESC 11083 Hamilton Avenue Cincinnati, OH 45231	Sharon Custer
CO-SST11 **Madison County**	TBA		Emily Jordan
Madison County	TBA		Tyrrea Byrd

Information Briefs

Mental Health Project AWARE Information Brief Mental Health

INTERCONNECTED SYSTEMS FRAMEWORK (ISF)

An Interconnected Systems Framework (ISF) strategically aligns the goals and processes of two school initiatives: Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH). Together, these initiatives aim to improve educational outcomes by minimizing and addressing behavioral and mental health concerns.

SCHOOL MENTAL HEALTH (SMH)

WHAT IS IT?

SMH incorporates a continuum of mental health services available to all students in a school. These services may be delivered through the collaboration of both school-based and community-based practitioners, and they aim to enhance student social and emotional skills while preventing and addressing mental health concerns.

WHAT ARE SOME BENEFITS OF SMH?

SMH leads to improvements in early identification of possible conditions, prevention strategies, and service access. Furthermore, it can decrease mental health related stigma and spread service impact.

WHAT ARE SOME CHALLENGES OR LIMITATIONS OF SMH WHEN IMPLEMENTED IN ISOLATION?

Schools may have difficulty implementing effective SMH programs due to too few staff with too many additional duties. There can also be a lack of integration among school-based and community providers, as well as an unrefined use of data to drive decision-making.

POSITIVE BEHAVIORAL INTERVENTIONS & SUPPORTS (PBIS)

WHAT IS IT?

PBIS is a school-wide, multi-tiered framework that uses data-based decision-making to inform a continuum of proactive approaches to teach prosocial behavior and minimize problem behavior. In *Tier I* (aka Primary Prevention), all students are provided universal supports, including systematic and explicit instruction on school-wide expectations along with reinforcement of appropriate behaviors and correction of inappropriate behaviors. In *Tier II* (aka Secondary Prevention), targeted and supplemental interventions are provided to students who are not responding appropriately to Tier I supports and may be at-risk for more serious behavioral concerns. Finally, *Tier III* (aka Tertiary Prevention) consists of intensive, individualized interventions and supports provided to students who exhibit problem behavior despite Tier I and II supports.

WHAT ARE SOME BENEFITS OF PBIS?

Benefits of PBIS include decreased problem behaviors as well as improved school climate, attendance, academic achievement, and social competence.

WHAT ARE SOME CHALLENGES OR LIMITATIONS OF PBIS WHEN IMPLEMENTED IN ISOLATION?

PBIS may not fully address the emotional needs of all students with more complex mental health issues. Furthermore, resources and structures at the upper tiers are less well-developed and validated.

INTERCONNECTED SYSTEMS FRAMEWORK (ISF)

WHY IS AN INTERCONNECTED SYSTEMS FRAMEWORK IMPORTANT?

ISF streamlines resources between programs. It also addresses important gaps and limitations of both SMH and PBIS in an effort to improve student and system functioning.

HOW SHOULD THIS FRAMEWORK BE IMPLEMENTED IN SCHOOLS?

Methods used within an ISF should always be:

- Evidence-based
- Aligned with the multi-tiered system at all levels
- Applicable to all areas of the school
- Implemented in a collaborative and interdisciplinary manner
- Focused on the students and their families
- Culturally appropriate
- Data-driven

Mental Health Project AWARE Information Brief Mental Health

FOSTERING RESILIENCE WITHIN A TIERED FRAMEWORK

RESILIENCE DEFINED

WHAT IS RESILIENCE?

Adversity is any event or hardship that has the possibility to upset positive functioning. Adverse experiences may range from everyday setbacks to profound trauma. Even when children are exposed to similar obstacles, often, their reactions and outcomes vary greatly. When a child "bounces back" from these adverse situations, they are described as resilient. Resilience is a term that describes positive functioning in the midst of adversity that threatens a normal developmental trajectory. Because children bring a wide variety of adverse experiences into school, and resilience has many social influences, the school setting is an optimal place to foster resilience in children.

RESILIENCE VS. RESILIENCY

Resilience refers to the process of adapting positively through adversity whereas resiliency often refers to a personality trait within an individual. Though resiliency will affect overall resilience, resilience can be promoted by supporting other contextual factors that are outside of the child as well.

RISK AND PROTECTIVE FACTORS

Many factors that surround a child that may either increase or decrease the likelihood that the child will be resilient. These are classified as risk and protective factors.

A risk factor is any quality, characteristic or experience of an individual that increases the likelihood of maladaptation. To be considered resilient, a child must experience one or more risk factors that threaten developmental outcomes. Protective factors are any support that helps shield children facing adversity from negative social-emotional and mental health outcomes. Some examples of risk and protective factors are:

Protective Factors

Individual: secure attachment style, social competence, problem solving, autonomy, sense of purpose, optimism

Family: family cohesion, good communication, parental warmth, nurturance, support

School: extracurricular activities, cohesive school climate, high quality curriculum

Community: higher social capital, neighborhood cohesion, opportunities for community involvement

Risk Factors

Individual: resistant temperament, biological factors, substance abuse, chronic illness

Family: abuse, absentee parent, permissive parents, inconsistent parental monitoring, family conflict

School: school disengagement, conflictual teacher relationships, peer rejection, punitive environment

Community: violence, poverty, residential instability, discrimination

RESILIENCE IN SCHOOLS

Professionals can utilize a multi-tiered framework such as *Positive Behavioral Interventions and Supports (PBIS)* to foster student resilience in schools. PBIS aims to change school climate through the promotion of positive change in behaviors of staff and students (Bradshaw et al., 2008). Within this framework, there are three levels (primary, secondary and tertiary) at which students are served based on their level of need. The primary level is school wide and focuses on promotion of positive behavior by establishing, modeling, practicing, and reinforcing clear and consistent behavioral expectations. The secondary level focuses on targeted groups of students that are not responding successfully to primary prevention supports. The tertiary level focuses on individual levels of support for students who were not successful at levels one and two. Resilience can be promoted at each of these levels.

Mental Health Project AWARE Information Brief Mental Health

SCHOOL-BASED MINDFULNESS INTERVENTIONS

WHAT IS MINDFULNESS?

Although there is no one agreed upon definition for mindfulness, it is often defined as the practice of "paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). In short, it involves focusing one's attention (Rempel, 2012). Mindfulness is said to have originated some two and a half thousand years ago from the religious traditions of Buddhism (Tilahun & Vezzuto, 2014). Around the late 1970's, Jon Kabat-Zinn introduced mindfulness to Western cultures as a secular health practice (Burke & Hawkins, 2012). Since then, mindfulness has become a very popular practice due to its various mental and physical health benefits (Meiklejohn et al., 2012).

Mindfulness practice can take many forms. Youth interventions that have been shown to be effective include yoga, meditation, Tai Chi, breathing exercises, and body scan (Rempel, 2012). Two of the more commonly recognized interventions include mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) (Rempel, 2012). MBSR focuses on "mindful eating, body scan, sitting meditation, Hatha Yoga, walking meditation, and mindfulness in everyday living" (Baer & Krietemeyer, 2006 as cited in Rempel, 2012, p. 205). MBCT, on the other hand, focuses on handling negative or depressing thoughts by teaching participants to notice their thoughts and feelings in a non-judgmental way (Rempel, 2012). However, Renshaw, Bolognino, Fletcher, and Long (2010) argue that mindfulness is only truly practiced when its three components—mindful awareness, mindful responsivity, and mindful effort—are integrated and used together so that the full spectrum of positive effects can be experienced.

This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

We also would like to acknowledge the Ohio Department of Education for their support of this work.

Prepared by: Allison Unruh, Emily Rothrauger, & Suzanne Kloft, Miami University

MINDFULNESS IN THE SCHOOLS

Originally, much of the research on mindfulness practices focused on adult populations (Broderick & Frank, 2014). As a result, there is extensive evidence supporting the various health benefits for this population within the literature (e.g., Shapiro, Brown, & Biegel, 2007; Davidson et al., 2003; van Aalderen et al., 2012). Only more recently have researchers begun to examine whether children and adolescents can also benefit from developmentally adapted mindfulness practices implemented in the school setting (Frank, Jennings, & Greenberg, 2013).

THE PROMISE OF SCHOOL-BASED MINDFULNESS INTERVENTIONS

Mindfulness programs in schools have taken varied forms, but have generally provided promising results (See Table 1 below).

Mental Health

In terms of mental health outcomes, mindfulness programs have often shown decreases in stress levels (Costello & Lawler, 2014; Edwards, Adams, Waldo, Hadfield, & Biegel, 2014; Sibinga et al., 2013; Bluth et al., 2015; Kuyken et al., 2013), rumination, intrusive thoughts, emotional arousal (Mendelson et al., 2010; Sibinga et al., 2013), and depression symptoms (Lau & Hue, 2011; Edwards et al., 2014; Bluth et al., 2015; Kuyken et al., 2013), along with increases in emotional well-being (Viafora, Mathiesen, & Unsworth, 2014) and self-compassion (Edwards et al., 2014) among participants.

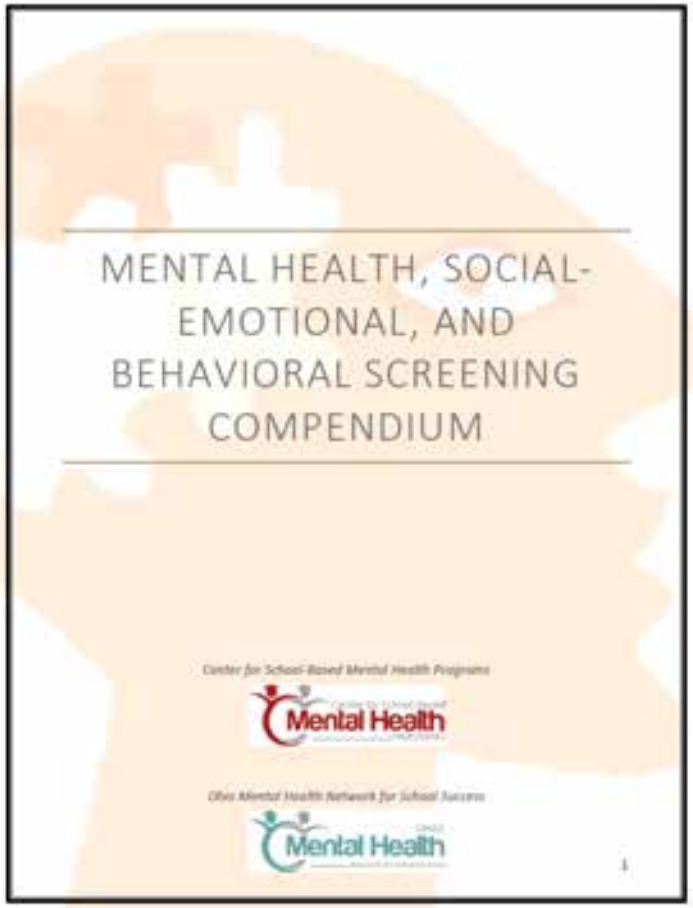
Behavior & Physical Health

Benefits have also been shown to extend to behavior and physical health as well. Some commonly reported outcomes include increased on-task behavior, (Carboni, Roach & Fredrick, 2013; Felver, Frank, & McEachern, 2014), healthy responses to stress (Mendelson et al., 2010) and prosocial behavior (Schonert-Reichl et al., 2015), as well as less negative coping, lower cortisol levels (Sibinga et al., 2013) and lower self-harm (Britton et al., 2014).

Academic

Finally, research on practicing mindfulness in schools has also suggested improvements in cognitive performance (Zenner, Herrnleben-Kurz, & Walach, 2014), school self-concept (Schonert-Reichl et al., 2015), and engagement (Felver et al., 2014) as a result.

Screening and Evaluation Compendium


MENTAL HEALTH, SOCIAL-EMOTIONAL, AND BEHAVIORAL SCREENING COMPENDIUM

Center for School-Based Mental Health Programs

Mental Health

Ohio Mental Health Network for School Success

Mental Health

1

Comparison of Select Screening Tools

Instrument	Author/Year	Description	Target Population	Length	Other
A Safe Environment for Every Kid-Parent Questionnaire (SEEK-PQ)	Dubowitz et al. (2012)	Parent questionnaire that screens for parental behavior, hardships, and other psychosocial problems that could put their children at risk for maltreatment	0—5 years old	15-items	Available in English, Chinese, Spanish, & Vietnamese
Acceptance of Couple Violence	Foshee, Fothergill & Stuart (1992)	Brief assessment of attitudes towards, and acceptance of, dating violence	Originally for 8th-9th graders, but has been used with older adolescents	11-items	Spanish version available (but not through this compendium)
Brief Impairment Scale (BIS)	Bird, Canino, Davies, Ramirez, Chavez, Duarte & Shen (2005)	Assessment of interpersonal relations, school/work functioning, and self-care/self-fulfillment	Children & Adolescents	23-items; 3—5 minutes	
California School Climate and Safety Survey (CSCSS)	Furlong, Morrison & Boles (1991)	Student self-report assessment of school climate and safety issues	Grades 6th-12th	Short Form: 40-items; Brief Form: 15-items	
Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)	Knight et al. (1999)	Screen for high risk alcohol and other substance use disorders	Children under 21 year olds; recommended for adolescents	4—9 items	

Student Risk Screening Scale
(SRSS; Drummond, 1994)

Description
Screening tool for signs of antisocial and externalizing behavior in students. The SSRS is used class-wide; that is, teachers screen every student in their classroom.

Target Population
Students

Informants
Teacher

Logistics/Use
Teachers rate every student in their class at the same time. Screening should ideally take place three times a year (once in October, December and April/May).

7-items
Completion time: 10-15 minutes for classrooms of 25 students

A total score is derived, which places students into low, moderate, and high risk categories.

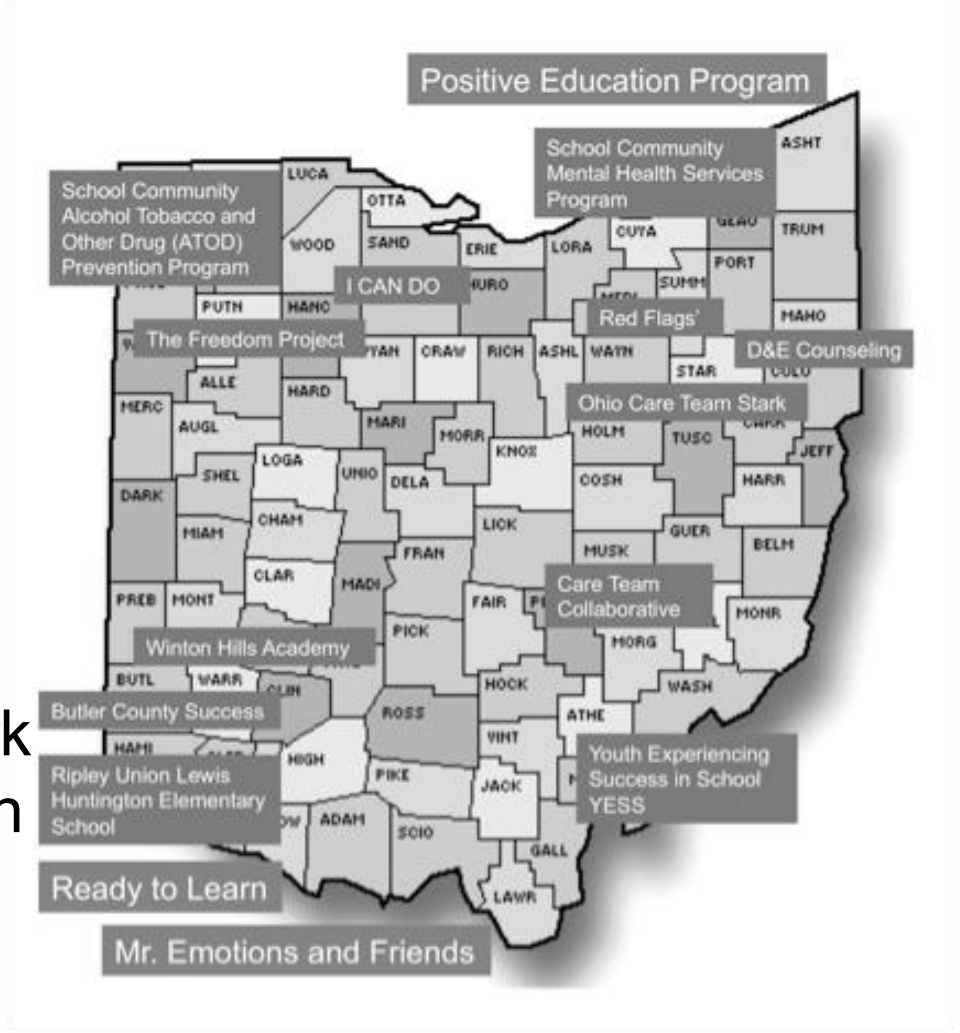
Sample Technical Properties
The SRSS has been shown to have excellent accuracy predicting externalizing and internalizing behavior problems (Lane et al., 2009). Specificity and sensitivity are excellent for externalizing behavior, and specificity is excellent for internalizing behaviors; however, sensitivity has been shown to be weaker for internalizing behaviors (Lane et al., 2009). Lane, Bruhn, Eisner, & Kalberg (2010) found strong internal consistency, test-retest stability, predictive validity, and social validity.

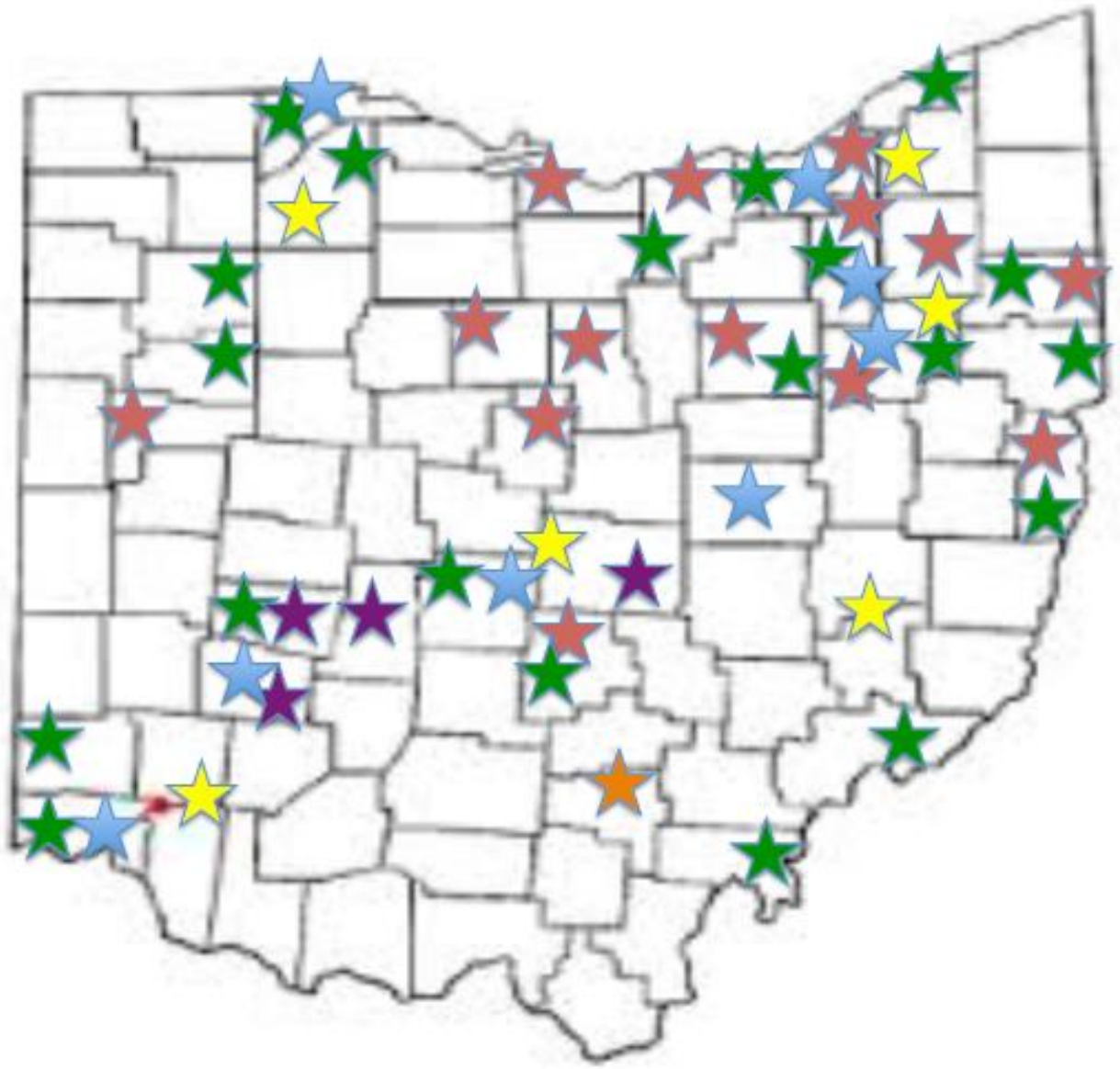
Cost and Availability
Free and available at:

Other
In addition to its use as a screening tool, the SRSS can also be used as a tool for monitoring changes in student risk status over time.

The Ohio Quality and Effective Practice Registry

- Highlights schools and school-community partnerships successfully addressing academic and/or social emotional needs of students.
- Creates a state-wide network for schools to learn from each other in implementing successful school mental health programs.





Pockets of Excellence

- Trauma Informed Care Collaborative, Regional Members
- Every Moment Counts, OT Change Leaders
- Red Flags National, Programs
- Kathy's Autism Project
- Olweus Bullying Prevention Program, Trainers
- PAX

Project AWARE Questions?

Name	Agency	Email
Emily Jordan	ODE	Emily.Jordan@education.ohio.gov
Dawna-Cricket Meehan	Miami University	meehandc@miamioh.edu
Wendy Stoica	ODE	Wendy.stoica@education.ohio.gov
Michael Petrasek	ODE	Michael.petrasek@education.ohio.gov
Amity Noltemeyer	Miami University	anoltemeyer@miamioh.edu
Kathy Oberlin	Ohio Mental Health Network for School Success	oberlink2@gmail.com

New PBIS Assessment Tool

- School-wide PBIS (SWPBIS) Tiered Fidelity Inventory – Version 2.1 *OSEP Technical Assistance Center, www.pbis.org*

- Measure of adult implementation of PBIS

Tiered Fidelity Inventory (TFI)

- Improved version of previous PBIS assessment tools
- Primary tool for future use with Ohio PBIS – other tools still can be used
- Preferred tool for Ohio PBIS Recognition System

Tiered Fidelity Inventory (Continued)

- Measures fidelity of implementation at each Tier (I, II, III)
- Ratings at each Tier can be measured separately or combined
- Ideally should be completed with an external PBIS coach (may be an SST staff or neighboring school district PBIS staff) "Coach" uses Walkthrough Tool prior to meeting

Tiered Fidelity Inventory (Continued)

- Generally need 80% implementation to affect student progress
- Action Plan Form accompanies TFI
- Paper and pencil or electronic – strongly encourage entry on **PBIS**Apps found at https://www.pbisapps.org/Pages/Default.aspx
-

PBISApps

- https://www.pbisapps.org/Pages/Default.aspx
- Data entry for all PBIS assessment measures *and*
- SWIS (School-Wide Information System)

PBISApps

App Demos | Find a Facilitator or Coordinator | Pay Invoice

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SWISSuite

PBISAssessment

Upcoming Trainings

SWIS Facilitator Certification
Auburn, CA
May 18 — May 20

SWIS Facilitator Certification

PBISApps Login How-To

Integrated Related Services

Every Moment Counts

Dr. Sue Bazyk, Cleveland State University

http://www.everymomentcounts.org

Every Moment Counts Project Emphasizes

1. **Mental health promotion** – in students with and without disabilities and mental health challenges;
2. **Inclusion of students** with disabilities and/or mental health challenges with non-disabled peers (LRE);
3. **Integrating related services in natural school and community contexts** – academic and non-academic;
4. **Collaboration** among all school personnel, community providers and families.

Bazyk, S. (ed.). (2011). *Mental health promotion, prevention, and intervention for children and youth: A guiding framework for occupational therapy.* Publisher: AOTA Press.

every moment counts

Model Programs and Toolkits

- Comfortable Cafeteria
- Refreshing Recess
- Embedded Classroom Strategies
- After School Activities

Building Capacity Materials

- For Occupational Therapists
- For School Personnel And Families

Welcome to Every Moment Counts!

Every Moment Counts is a mental health promotion initiative developed to help all children and youth become mentally healthy in order to succeed in school, at home and in the community. This work focuses on reframing mental health as a positive state of functioning – it is more than the absence of mental illness. Positive mental health is associated with feeling good emotionally, doing well functionally, and coping with challenges in everyday life. For children and youth, this means doing well during academic (classroom) as well as nonacademic (recess, lunch, after-school extracurricular activities) times of the school day.

The purpose of this website is share practical resources that can be used by school personnel, children/youth, and families to promote positive mental health and well-being in all children and youth throughout the day.

Suggestions for using this website: Start by reading the information located in the top tabs and then proceed to the side tabs. Developing a knowledge of positive mental health provides the foundation for implementing the model programs and mental health promotion strategies provided in the side tabs.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Model for Services by School Psychologists

HELPING STUDENTS AND SCHOOLS ACHIEVE THEIR BEST

Diabetes Management

- HB 264 at R.C. 3313.7112(B) = Receive needed diabetes care
- If receive signed medical order: inform parent within 14 days student may be eligible for 504
- Must be permitted to attend school otherwise would attend
- Student must be permitted to perform care in classroom or any other school area

Diabetes Management

Contact Information

Mark Smith

mark.smith@education.ohio.gov

This legislation (House Bill 264) will give Ohio schools information to train school employees about student diabetes management. Ohio Department of Education (ODE) now shares information to help schools understand their responsibilities. This information will include:

- Guidelines for diabetes management
- Letter discussing diabetes management and 504 plans
- Recommended diabetes training materials
- Diabetes management survey

Additional information about this bill and school requirements will be available in the future. For additional questions, please contact Mark Smith (mark.smith@education.ohio.gov).

Additional information will be posted shortly providing additional resources that will help schools maintain good diabetes care for their students.

Last Modified: 3/27/2015 4:54:27 PM

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education.ohio.gov

Social Media

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twitter	@OHEducation
YouTube	OhioEdDept