Behavioral Health and Wellness Education Advisory Committee Report and Recommendations

October 2018

Introduction

The Behavioral Health and Wellness Education Advisory Committee (see Appendix A for list of members) is pleased to provide the following report and recommendations to the superintendent of public instruction for consideration. As instructed by the State Board of Education's resolution (see Appendix B for the resolution), the work of the advisory committee focused on the topics of social, emotional, mental and behavioral health, including mental well-being, depression, anxiety, drug and alcohol use and abuse, bullying and harassment, trauma and suicide. Furthermore, the advisory group was charged with the following:

1. Understanding the needs of schools and districts in identifying and meeting the needs of students.
2. Reviewing current Ohio Department of Education resources, as well as other local, state and national resources related to awareness and prevention programs.
3. Developing a set of guidelines, guidance and recommended resources to assist districts and schools.
4. Identifying, or convening a writing team to identify, specifically what students should know and be able to do at various grade bands.
5. Making recommendations for further action to be taken by the State Board of Education or recommended legislative changes.

The committee met five times from June through October 2018. It also formed four workgroups to better focus the work as follows: School Programs and Services; Community Partnerships and Collaborative Systems; Caring and Prepared Teachers; and Safe Environments. The workgroups met several times between committee meetings.

The advisory committee is pleased the State Board of Education, in collaboration with the Department and stakeholders across the state of Ohio, developed *Each Child, Our Future: Ohio's Strategic Plan for Education,* which focuses on the development of the whole child. The creation of an advisory committee of stakeholders to support the State Board's work was an important step toward a more cohesive set of practices and policies in alignment with the Strategic Plan, particularly Strategy 7, which focuses on meeting the needs of the whole child. The advisory committee also recognizes the Department has several initiatives underway to address the needs of the whole child. These include such efforts as: developing kindergarten through grade 12 social and emotional learning standards; updating school climate guidelines; implementation of the new federal School Climate Transformation grant, which helps to expand professional development for Positive Behavioral Intervention and Supports (PBIS) across the state; implementation of district school climate grants as specified in House Bill 318; and creation of the school-based health care network, as well as making available the school-based health care toolkit.

Further, in the spirit of *Each Child, Our Future's* focus in Strategy 7 on working together with parents, caregivers, community partners and educators to meet the needs of the whole child, the advisory committee continually returned to the belief that schools cannot take on this work alone. Throughout their convenings, the committee articulated that expertise and resources of a collaborative system of supports must be leveraged. At the state level, this means the Department partnering with other agencies and organizations that can provide input and support to local schools and other entities in addressing the needs of the whole child. Locally, school partnerships with community-based organizations and service providers, coupled with professional learning and efficient referral systems, can reduce the strain on schools and ensure appropriate and responsive services for students and families. The committee felt it was important for the Department to lead this critical work for schools, but strong partnerships are necessary for it to be done meaningfully. It is in that context that the following recommendations regarding resources, supports and next steps are presented.

Needs

During its first two meetings, the advisory committee identified the most important needs that students have, as well as the important needs that schools (educators and administrators) have in meeting the needs of students related to social and emotional learning, behavioral health and wellness and other supports. Identification of the needs helped inform the potential resource gaps and recommendations formed by the committee. The following key themes were identified as reflecting the most important needs. See Appendix C, Summary of Needs, for a more detailed summary.

a. **Programs and services:** Students and staff need to have greater access to appropriate, quality programs and services that address physical, social, emotional and behavioral needs.

b. **Resources, tools and funding:** Administrators and staff need resources such as time and funding to adequately promote and address the needs of the whole child.

c. **Community partners:** When focusing on the multi-disciplinary components that contribute to the whole child, it is vital for schools to recognize partners who can collaborate and contribute to the work.

d. **Caring adults:** Adults who work with and support students should be well trained, prepared and supported as they help students.

e. **Safe environment:** School staff should consistently provide students with expectations and examples to create a climate of safety and respect. In safe learning environments, staff and students feel safe, share mutual respect and have positive interactions that promote teaching and learning.

f. **Policies and guidance:** State and/or local policies in support of the whole child are critical to helping provide support for schools and students.

g. **Parent and family engagement:** Families and caregivers should be engaged with schools and other critical partners in the support of students.

Existing Resources

Based on the above identified needs for students and schools, the committee spent two additional meetings reviewing existing national, state and local resources. This work resulted in the development of a Behavioral Health and Wellness Resources Toolkit (see Appendix D) that lists the existing resources, organized by state agencies, or other national or state resources and includes applicable hyperlinks. The committee also identified gaps in available resources and barriers. Appendix E lists the Behavioral Health and Wellness Needs and Resources Gaps, which identify specific needs and gaps in resources connected to those needs.

Recommendations

The Behavioral Health and Wellness Education Advisory Committee is acutely aware that a multi-disciplinary approach is needed to promote wellness and success for each student. This includes being mindful of the needs and challenges involved in better preparing Ohio students to be successful during times that challenge their social, emotional and behavioral health. Accordingly, the committee recommends an approach involving all key partners throughout the state, including regional and local partnerships, and the allocation of resources needed to support the behavioral, social and safety needs of our children. Below are the committee's recommendations to meet Ohio's student and family behavioral health and wellness needs in an educational setting.

Recommendation 1. Empanel a whole school, whole community and whole child advisory committee

The advisory committee recommends the Department form an ongoing Whole School, Whole Community, and Whole Child Advisory Council, led by the Department, to advise the State Board of Education and the Department on the essential activities needed to meet the whole child charge reflected in the strategic plan. The advisory council will help guide the work to establish best practices and develop and identify resources to support meeting the mental, behavioral, physical health, wellness, nutrition and safety needs of Ohio students.

The advisory council should continue to promote the value of a whole school, whole community and whole child approach to Ohio's local educational leadership.

The advisory council would develop appropriate guidance, models and examples from other districts to guide the adoption and implementation of the whole school, whole community and whole child approach at the local, regional and state levels. These models would include process, funding, capacity-building and collaborative partnership support. The intentional structuring of the council would include members of the Behavioral Health and Wellness Advisory Committee, representation from key stakeholder groups, including partner state agencies and leaders from the state's professional organizations (for example, principals, counselors, school psychologists, teachers and social workers groups), as well as representative districts from the Department's School-Based Health Care Network to form an inclusive and permanent council. Additionally, the council membership may also include parents, students and community partners. To ensure a strong focus on the two primary areas of health support, the advisory council should form two subcommittees: 1) behavioral health and wellness and 2) school-based health. Intentional communication loops will be established to maintain communication between the two groups, as well as with the council. The council could then recommend the formation of a peer network of districts, similar to the School-Based Health Network, that could share successful behavioral health and wellness partnerships.

The work of the advisory council and subcommittees should include a focus on a) sharing behavioral health resources and trainings housed within the respective organizations; b) advising on the development of a clearinghouse of best practices and evidence-based practices for behavioral health topics; and c) improving collaboration with the professional organizations for future planning and sharing of resources.

Recommendation 2: Support the creation and operation of local whole child teams

The Department, working with the state-level advisory council, should provide guidance to districts, schools and community partners on how to develop local whole child teams. These teams would include representatives of families and educational and community partners to create integrated systems for overall wellness and education. These teams would work to improve coordination of district and community services and supports in schools to address a variety of needs, including professional development needs based on reviews of relevant data about students in schools and the community.

Recommendation 3: Promote the establishment of local whole child coordinators in schools

The Department should promote the adoption of school-based whole child coordinators in local schools to support strategies and activities focused on improving behavioral health and wellness outcomes, as well as school-based health efforts. The Department should consider developing a position description for local whole child coordinators and guidance for supporting the networking and professional development of coordinators. The coordinators also should lead or participate on the local whole child teams.

Recommendation 4: Develop a coherent framework for whole school, whole community and whole child activities

The advisory committee recommends the Department, in consultation with the advisory council, develop a framework for integrating the whole school, whole community and whole child. Key components of this framework should include:

a. The integration of the Department's School-Based Health Framework with a framework for whole school, whole community and whole child activities.
b. Identification of essential components and clear definitions of key concepts and terms related to the whole child framework (for example, healthy, safe, engaged, supported and challenged).
c. Delivery models for the whole school, whole community and whole child framework (for example, school-based, co-located school-based or community-based).
d. Implementation guidance (such as identification of partners, evidence-based interventions, identification of local system of support, human capital, funding and sustainability).

e. The result of a coherent whole child framework that provides for state, regional and local coordination, collaboration and service integration.

Recommendation 5: Consider changes to teacher preparation and supports through higher education institutions

The Department is encouraged to work with the Ohio Department of Higher Education to determine if Ohio's teacher preparation programs are providing and enhancing behavioral health education and training for preservice and in-service teachers. A collaborative effort to ensure current and future educators have a sound foundation in behavior management and social-emotional learning is imperative. Consistent with the requirements of House Bill 318, programs should be reviewed for coverage of Positive Behavioral Interventions and Supports, social and emotional development including basic mental health education, classroom systems for establishing positive behavior and responding to unwanted behavior, classroom data collection systems, effective instructional strategies, matching curriculum to student needs and data, and the impact of trauma and environmental factors on learning. Based on the outcome of the review, the Department should make recommendations for any improvements. Collaboration to provide frequent feedback and assistance to improve educational training and resources should be ongoing.

Recommendation 6: Ensure the integration of a whole child approach through the continuous improvement processes used by districts and schools

The advisory committee recommends the Department create guidance for administrators, educators and staff members at the district and building levels on how to support the whole child through an intentional and structured improvement process. Using what district and building teams already know, the Decision Framework (the needs assessment component of the Ohio Improvement Process (OIP)) should be expanded to address health-related issues, including mental and behavioral health. The collaborative structured teams (such as district leadership teams (DLT), building leadership teams (BLT) and teacher-based teams (TBT)) also should be enhanced to include community partnerships. Each district's or school's continuous improvement process (including the Ohio Improvement Process) should include the following:

a. Collaborative team structures (for example, DLT, BLT and TBTs or similar mechanisms) to support the work.
b. Data-based decision-making, including how to conduct a needs assessment and environmental scan to identify and measure existing student supports.
c. Research to determine the best practices and evidence-based practices best suited to meeting the needs based on data and context.
d. Planning that includes use of best practices and evidence-based practices and programs.
e. Strategies for implementation and adult implementation measures.
f. Progress monitoring and evaluation, which includes data-driven supports for coordinated academic, behavioral and social-emotional strategies to address student needs.

A guidance document that supports both the value and a process for integrating behavioral health into a district's data-driven, systemic or continuous improvement process would be an asset for all Ohio schools.

Recommendation 7: Support implementation of Positive Behavioral Intervention and Supports in all schools

The advisory committee encourages the Department to assist Ohio educators, district staffs and administrators in scaling up their implementation of Positive Behavioral Interventions and Supports (PBIS) as a framework for behavioral supports, social-emotional learning and trauma-informed care. This work is further supported by House Bill 318, which requires districts to implement a PBIS framework on a systemwide basis and to provide PBIS professional development to teachers and administrators who work in schools serving grades prekindergarten to grade 3. To gather data and assist schools in self-evaluating their progress in PBIS implementation, it is recommended that schools be required to complete a "PBIS Self-Evaluation Tool for Ohio Schools" (or other specified measure) as part of an annual Department collection of data and information from

schools. Districts and schools wishing to complete a more thorough assessment should adhere to the [national Tiered Fidelity Inventory (TFI) assessment](#).

Recommendation 8: Update and clarify the school climate guidelines

The advisory committee recommends the Department update the 2004 *Ohio School Climate Guidelines* with clear, easy-to-understand expectations and provide guidance on how to use the updated school climate guidelines to plan for safe environments in school buildings.

Recommendation 9: Expand the Early Childhood Mental Health Consultation program

The advisory committee recommends the Department partner with the Ohio Department of Mental Health and Addiction Services to expand the Early Childhood Mental Health Consultation program that currently includes children birth to age 6. This program promotes safety for students, families and schools in lieu of discipline practices that remove students from instruction time. The state agencies should explore possible expansion of the program by seeking dedicated resources that would enable school districts, as well as other settings, to provide consultative supports for students up to grade 3. In the current program, Early Childhood Mental Health consultants collaborate with early childhood providers to help them understand and problem-solve challenging child behaviors, both in and out of the classroom. Services include: on-site child/family-focused technical assistance to parents, teachers and staff; resources for parents, including art therapy, play therapy or physical health referrals; and training and professional development. Consultants offer interventions for children and respond to child care centers' programming needs. This may include providing family enrichment activities and modeling helpful interactions with children.

Recommendation 10: Promoting value through data

The advisory committee recommends the Department partner with other agencies, such as the departments of Health, Medicaid, Job and Family Services, Mental Health and Addiction Services, and Developmental Disabilities to coordinate and produce data reports that inform the work of meeting the needs of the whole child. The analyses should explore the relationship between academic outcomes and various demographic, health and behavioral health factors. This data can be used at the state level to make more informed decisions around policy and planning but also is critical to develop data reports for schools and providers at the local level to engage in effective continuous improvement planning processes.

The Department, in conjunction with the whole school, whole community and whole child advisory committee, state agencies and other community partners, should review current research and findings or consider carrying out analyses on the overall value (including economic) of school-based whole school, whole community and whole child approaches. These analyses may include the following:

a. Metrics to demonstrate short- and long-term impacts for all stakeholders (outcomes for students, families, schools, providers and community). These impacts may include academics, safety, health outcomes and cost savings.
b. Data from the higher education survey of teacher preparation programs.
c. Data from the PBIS Self-Evaluation Tool or Tiered Fidelity Inventory.
d. State and national data and research regarding the value of behavioral health resources and the adverse effects on student progress when these issues are unaddressed.

Recommendation 11: Funding and efficient use of resources

The advisory committee recommends the Department continues to partner with other agencies to expand valuable resources for behavioral health and wellness, as well as social-emotional learning and trauma-informed approaches. By clearly defining the role of partners and agencies, those involved in work around the whole school, whole community and whole child can support collective efforts to appropriately fund each role in each agency's budget.

The committee further recommends the Department collaborate with other state agencies and relevant commissions, including the departments of Medicaid, Mental Health and Addiction Services, Health, Job and Family Services, and Developmental Disabilities to offer guidance and technical assistance for funding

integrated health and behavioral health services in schools. The Department and schools cannot bear the sole responsibility for funding these solutions. Partnerships are necessary in funding solutions, as well as service delivery. Where possible, mental health and addiction services should be considered and funded as health care services. The guidance should include specific education on the Mental Health Parity and Addiction Equity Act of 2008 so that school personnel and families understand their rights to access the full range of mental health and addiction services in a manner similar to accessing services for physical health conditions under commercial, private and publicly funded insurance plans.

The advisory committee recommends the Department publish guidance around the range of ways that federal funding (Title I, Title IV, IDEA, etc.) could potentially be used for the implementation of the whole school, whole community and whole child framework at the state and local levels. This guidance should include a focus on early interventions and address how investment in early intervention and prevention can lead to sustained and long-term success for students and schools.

Further, this guidance may include direction on the efficient use of resources, including student-to-staff ratios, all types of administrative, teaching and support staff time, and appropriate role definitions for pertinent positions (such as school social workers, school counselors, school psychologists and school nurses). Often, because the roles of school staff are unclear, they are tasked with responsibilities that are not aligned with their expertise or targeted at supporting the success of students. School counselors and social workers possess the skills and knowledge to assist students but have limited capacity due to other duties assigned. The Department should review role statements and other information published by professional organizations, including the American School Counselor Association, School Social Work Association of America and National Association of School Psychologists.

Recommendation 12: Enhance the Department's website and communications related to whole child wellness

The advisory committee recommends the Department seek feedback from administrators, teachers and staff to determine how to effectively communicate information and guidance to educators and school staffs across the state.

The Department should update its website to make it easier to find resources that promote and support whole child wellness. This should include the materials currently housed on the Safer Schools website.

Similar to Ohio's School-Based Health Toolkit resources, the Department should provide case study examples on the website and the Evidence-Based Clearinghouse of districts, schools and communities in Ohio, as well as other states that have successful integrated behavioral health and education systems. These case studies would provide lessons learned, best practices, barriers encountered and overcome and successes achieved. Additionally, the state also should explore establishing a peer-to-peer network.

Recommendation 13: Expand the state's Evidence-Based Clearinghouse to include mental and behavioral health programs and practices

The advisory committee recommends that the Department expand the Evidence-Based Clearinghouse to include mental and behavioral health programs and practices. This should include research on programs and practices that:

 a. Promote mental well-being.
 b. Teach about mental health disorders and trauma.
 c. Teach about behavioral and substance addictions and addiction prevention.
 d. Teach bullying and harassment prevention and intervention addressing all parties, those who bully, those who are bullied and bystanders.
 e. Promote social and emotional learning.
 f. Address suicide and self-harm awareness, prevention and intervention.

Recommendation 14: Develop and share curriculum models, training and other resources

The advisory committee recommends the Department, in partnership with other state agencies and interested stakeholders, expand and promote behavioral health and wellness curriculum, trainings and resources for school and district staffs, students and families. Trainings and resources should be available through multiple modes, including face-to-face professional development and online training modules. Examples of specific topics that would be beneficial are:

a. Stress management and mental wellness (curriculum) for students and staff.
b. Trauma-informed care or trauma-informed schools, and loss and grieving.
c. Mindfulness programs.
d. Recognizing and responding to students who may be struggling (trauma, bullying, mental health issues, suicide, self-harming behavior, technology use), and when and how to refer students for additional help.
e. Engaging families using behavioral health approaches.
f. Safety and behavioral health prevention and intervention practices, programs and training for students.
g. Self-care for educators, students and families.
h. Alternatives to exclusionary discipline practices.
i. Resources aligned with the Ohio Principal Evaluation System (OPES) and Ohio Teacher Evaluation System that assist school staff in enriching skills in the areas of behavioral wellness, Positive Behavioral Interventions and Supports, school discipline, trauma-informed practices and school climate.

Recommendation 15: Create and share a toolkit for utilizing existing standards and resources for supporting behavioral health, health education and wellness

The committee recommends the Department create a toolkit on how schools can use existing standards and resources to support behavioral health and wellness and health education. The toolkit would help and encourage schools to align and integrate behavioral health and wellness with existing grade band standards by referencing the Ohio K-12 social-emotional learning standards that are in development, as well as the national health education standards. The toolkit should help schools focus on what staff, family and students should know and be able to do at particular grade bands but should not focus on assessing the mental or behavioral health of a student.

APPENDICES

Appendix A Behavioral Health and Wellness Education Committee Members

Appendix B Resolution of the State Board of Education

Appendix C Summary of Needs

Appendix D Behavioral Health and Wellness Resources Toolkit

Appendix E Behavioral Health and Wellness Needs and Resources Gaps

Appendix A - Behavioral Health and Wellness Education Advisory Committee Members

Ohio Department of Education Staff:

Stephanie Siddens, Senior Executive Director, Center for Student Supports

Jo Hannah Ward, Director, Office of Innovation and Improvement

Thomas Capretta, Family and Children Community Coordinator, Office of Integrated Student Supports

Jill Jackson, Education Program Specialist, Office of Integrated Student Supports

Emily Jordan, Education Program Specialist-Behavioral Supports, Office of Integrated Student Supports

Michael Petrasek, Education Program Specialist-School Psychology and Behavioral Supports, Office of Integrated Student Supports

Crystal Ginn, Program Administrator, Center for Student Supports

Representative	Recommended/Appointed	Name and Title
State Board of Education Member		*Stephanie Dodd* (Licking Co.)
State Board of Education Member		*Antoinette Miranda* (Franklin Co.)
Ohio Department of Higher Education		*Brenda Haas, Associate Vice-Chancellor, P16*
Superintendent	Buckeye Association of School Administrators	*Andrew Hill*, Superintendent, Wadsworth Schools (Medina Co.)
Principal	Ohio Association of Elementary School Administrators	*Kesh Boodheshwar*, Principal, Huntington Elementary School, Brunswick Schools (Medina Co.)
Principal	Ohio Association of Secondary School Administrators	*Michael Broadwater*, Assistant Superintendent, Forest Hills Local Schools, Cincinnati (Hamilton Co.)
Educational Service Center Superintendent	Ohio Educational Service Centers Association	*Terry Graves-Strieter*, Superintendent, Greene County ESC
Ohio Federation of Teachers	Ohio Federation of Teachers (OFT)	*Julie Ford Taylor*, Oregon City Schools (Lucas Co.)
Ohio Education Association	Ohio Education Association	*Ella Jordan Isaac*, PreK-12 Family and Community Engagement TOSA, Trotwood-Madison Schools (Montgomery Co.)
School Counselor	Ohio School Counselors Association	*Nichole Miller*, Northmor Local Schools-High School (Morrow Co.) School counselor and serves on the OSCA Board
School Psychologist	Ohio School Psychologist Association	*Keith Mesmer*, OSPA incoming president for 2018-19, Nordonia Schools (Summit Co.), School Psychologist *Bradley Paramore*, School Psychologist, Hamilton City Schools (Butler Co.)
Ohio Council of Behavioral Health and Family Service Providers	Ohio Council of Behavioral Health and Family Service Providers	*Benjamin Kearney*, Psychologist, Ohio Guidestone, Executive Vice President and Chief Clinical Officer

Representative	Recommended/Appointed	Name and Title
Ohio Council of Behavioral Health and Family Service Providers	Ohio Council of Behavioral Health and Family Service Providers	*Teresa Lampl*, Associate Director, The Ohio Council of Behavioral Health & Family Services Providers (Franklin Co.)
Ohio Association of County Behavioral Health Authorities	Ohio Association of County Behavioral Health Authorities	*Robin Harris*, Executive Director of the Gallia-Jackson and Meigs Counties ADAMH Board and the OACBHA Kids Committee Chair
Ohio Association of County Behavioral Health Authorities	Ohio Association of County Behavioral Health Authorities	*Kay Spergel*, Executive Director of the Licking and Knox County ADAMH Board and past Chair of the OACBHA Kids Committee
Career Tech Superintendent	Ohio Association of Career Technical Superintendents	*Greg Edinger*, Superintendent, Vanguard-Sentinel Career and Technology Centers (Sandusky Co.)
Parent	Ohio Parent Teacher Association	*Barb Varley*, Ohio PTA Director of Health, Welfare and Safety resides in Copley-Fairlawn School District (Summit Co.)
Social and Emotional Learning Standards Advisory Committee Member		*Lisa Baker*, State Support Team Region 12 Director (Muskingum Co.)
Social and Emotional Learning Standards Advisory Committee Member		*Bradley Paramore*, School Psychologist, Hamilton City Schools (Butler Co.)
Ohio Department of Mental Health and Addiction Services Director of designee	Director Tracy Plouck, ODMHAS	*Molly Stone*, Chief of Prevention, ODMHAS (Franklin Co.)
Ex-officio nonvoting legislative member of the State Board		Senator *Peggy Lehner* (Montgomery Co.)
Ex-officio nonvoting legislative member of the State Board		Representative *Andrew Brenner* (Delaware Co.)
Up to 5 representatives with expertise in Social and Emotional Learning, Mental Health, Behavioral Health and Trauma		*Frances Frazier*, expert in trauma, resiliency, emotional wellness, with a focus on these topics with African American girls. Rise Sister Rise research & First Black Girls Think Tank (Franklin Co.)
		Mary Kay Irwin, Nationwide Children's Hospital (Franklin Co.)
		Lynn Laing, Health and Physical Education Teacher (Washington Co.)
		Kevin Lorson, Wright State, HOPE Curriculum (Montgomery Co.)
		Steve Terrill, Statewide Advisory & County Board member from Logan & Champaign on the Association of County Behavioral Health Authorities, Mental Health First Aid Trainer

TO CREATE AN ADVISORY GROUP TO DEVELOP BEST PRACTICES GUIDELINES FOR SOCIAL, EMOTIONAL, MENTAL, AND BEHAVIORAL WELLNESS EDUCATION FOR STUDENTS

The State Board of Education ADOPTs the following Resolution:

Incidents of bullying, suicide, drug overdose and violence in schools and communities across the nation and Ohio have focused increased attention on the social, emotional, mental, and behavioral health of Ohio's children and youth. The incidents also raise the issue of what students should know and understand about these important aspects of wellness.

Schools and districts need to know and understand the best practices for helping address and reduce such incidents in the interest of creating safe and healthy environments conducive to supporting student learning. This includes having meaningful information about what students should know and understand about social, emotional, mental and behavioral wellness in various grade bands throughout the P-12 grade continuum.

Further, they need to know and understand best practices for teaching students how to promote personal wellbeing and resilience, how to recognize signs and symptoms of concern in themselves and others, and when and how to ask for help for self or others.

The State Board of Education understands the power of collaboratively developing public policy and identifying best practices working with interested stakeholders. The State Board of Education in collaboration with the Ohio Department of Education and stakeholders across the state of Ohio is developing a Strategic Plan that focuses on the development of the whole child. The creation of an advisory group of stakeholders to support the Board's work is a good first step to a more cohesive set of practices and policies in alignment with the Strategic Plan.

Such an advisory group would be focused on topics of social, emotional, mental, and behavioral health including mental wellbeing, depression, anxiety, drug and alcohol use and abuse, bullying and harassment, trauma, and suicide. With regard to these topics, the work of the advisory group would include:

- Understanding the needs of schools and districts in identifying and meeting the needs of students,
- Reviewing current Department of Education resources as well as other local, state and national resources related to awareness and prevention programs,
- Developing a set of guidelines, guidance and recommended resources to assist districts and schools,
- Identifying, or convening a writing team to identify, specifically what students should know and be able to do at various grade bands, and
- Making recommendations for further action to be taken by the State Board of Education or for legislative changes.

NOW, THEREFORE, BE IT RESOLVED, that the State Board of Education directs the State Superintendent to create an advisory group representing a diverse group of stakeholders including the following:

- Two State Board of Education members,
- One Superintendent recommended by the Buckeye Association of School Administrators
- Two Principals, one each recommended by the Ohio Association of Elementary School Administrators and by the Ohio Association of Secondary School Administrators
- One ESC Superintendent recommended by the Ohio Association of Educational Service Centers
- One representative of the Ohio Federation of Teachers,
- One representative of the Ohio Education Association,
- One person employed as a school counselor
- One person employed as a school psychologist
- Two representatives of the members of the Ohio Council of Behavioral Health and Family Services Providers
- Two representatives of the members of the Ohio Association of County Behavioral Health Authorities
- One Superintendent of a career tech education schools,
- One parent recommended by the Ohio PTA,
- Two Student Representatives
- Up to five additional members with expertise in social and emotional learning, mental and behavioral health, and trauma, as designated by the State Superintendent.

At least two of the members of the Advisory Group shall be members of the Department of Education's Social Emotional Learning Standards advisory group.

The following shall be invited to participate in the workgroup at their discretion:

- The director of the Department of Mental Health and Addiction Services or the director's designee.
- A representative chosen by the Governor.
- The non-voting ex-officio legislative members of the State Board.

FURTHER RESOLVED, that the Advisory Group shall make its recommendations to the State Superintendent no later than Friday, October 26th, so that the State Superintendent can present a set of recommendations to the Achievement and Graduation Requirements Committee no later than the November State Board meeting.

FURTHER RESOLVED, that the State Superintendent shall present the list of proposed members of the work group to the State Board of Education for approval at the May State Board meeting.

Appendix C - Summary of Needs

The Behavioral Health and Wellness Education Advisory Committee members identified the important needs of students and schools related to social and emotional learning, behavioral health and wellness and other supports. The table below shows the themes and frequency of those needs which was used to identify priority areas of need. The comprehensive list of needs is provided below.

What Do Students Need?	What Do Schools Need?
Programs & Services (37)	Programs & Services (10)
Resources (3)	Resources/Tools/Funding (9)
Caring Adult (18)	Partners (Community) (9)
Prepared & Healthy Teachers (4)	Systems (3)
Safe Environment (4)	Staff Training, Coaching, Time, Support (22)
Policy & Administration Backing (3)	ODE Policy & Guidance (4)
Parents: Support/Engaged (3)	Parent Support (2)
Communication (1)	Communication (3)
	Data (1)

Summary of Student Needs

Policy and Administration Backing
- Policies that are student focused that don't crate barrier to learning
- Admin that hears and understands student issues
- Students need the state to say "hey district", this is something you need to spend resource or reorganize resources on

Safe Environment
- Safe and caring environment, acceptance for who they are, DO NOT scare children
- Provide student environment or place that gives each and all student a respected forum for their voice or concerns to be heard and addressed
- Consistent expectations
- Consistently healthy safe environments

Parents
- Aligned parents and teachers
- Students need schools and home (parents) to work more closely to help speak the same language of positive engagement versus punitive.
- Students need help and more support with their home/parent/family relationships

Prepared and healthy teachers and staff
- Competent and informed educators who understand the need of student and how to support
- Teachers that know where to find answers with mental/behavioral health issues
- Educators who are committed to student's success
- Healthy teachers and administrators

Programs and Services
- Homebased, family focus mental health services
- Recognition of trauma in homes
- Positive activities role play

- Social media public messages for parents/caregivers
- School-based mental health infused in districts
- Classrooms strategies that are infused, not an extra
- Teach coping skills
- Prevention opportunities, afterschool programs, community based org partnership for programs, classroom EBP curriculum
- Development of protective factors
- Behavioral health interventions and education opportunities
- Health Education
- Students need more than ½ year of Health Education in their lifetime
- Health Education. Have/know the skills to be healthy and happy
- More than 1 health class early in their primary education
- Awareness of neurobiological effects of toxic stress, poverty of trauma
- Students need education on mental health substance abuse, bullying, etc.
- Understanding the dynamics of boy-girl relationships
- Creative ways to educate youth on the implication of substance use/abuse
- LGBTQAT Clubs or gatherings
- Limited artificial experience: drugs, video phone
- Quantity and quality
- As schools have an open device policy – student need additional skills on handling social media and the negative effects such as cyberbullying
- Ability to know they can say something
- Peer to Peer Support
- Behavioral Health: activities/programs to engage in with positive facilitators
- Mental health: coping strategies to manage adverse experiences and trauma
- The ability to have open and informed conversation about these issues. Awareness discussions
- Bullying – provide safe places. Address both the bullied and the bully. Root of behavior
- Addressing bullying at 3 stages: initial, ramping and full blown
- Teachers who have skills in helping students to deal with bullying
- Interactive dealing skills (role play)
- Early identification of at risk students
- Culturally competent programming and intervention for student in need
- Classes in yoga, breathing and meditation

Resources
- Connections to resources that may be outside of school and ways to access them
- Resources available for assistance in all areas
- Resources available to teen that address issues for free

Caring Adult
- Students need a trusted adult (teacher, nurse, etc) to be able to confide in regarding their struggle
- Mentors – caring adults willing to listen, engage and assist students
- Relationships are integral (teacher, parents and others)
- Strong and safe adult mentoring and support
- Trusted adults and access to them outside school day
- Opportunities to tell their stories and just have adults listen

- To compartmentalize the needs as they are reported to teachers
- Time to be able to talk to students that reach out
- An adult to list to their problems that they can connect with
- A safe place to unburden their stress
- They need education and awareness to reduce stigma and allow student to reach out
- Student need to access to caring adults who can help them navigate the "helping systems" – coordinated care
- Students need connection adults who are reaching out with a listening ear empathic words encouragement
- Relational skillful adults
- Support for success
- Students want someone to notice. Some have said it is better being in juvenile lock-up than home with abusive dad
- Helpful protective supportive relationships with multiple adults
- Opportunities to help support each other in recognizing behavioral issues

Communication
- Positive communication

Summary of Staff/School Needs

ODE provide policy and guidance- give schools permission to do the work
- Direction from ODE that it is okay to do this work
- Support from State Department for guidance
- Consistent, supportive policies that define philosophy, methods, structure, guidelines and supports to all staff who interact with students.
- Boundaries for Care

Data
- Data and info (evidence)

Partners
- Time to connect with partners
- How to understand partners. School-Community and Community-School
- Student Health Committees that work
- Cooperation and support from community, families and other service systems
- Deeper partnerships and having student data for external support with community agencies
- Schools need mental health providers and access to them on a timely basis for students in distress
- Community partners behavioral health, recreation and social support
- Partnerships with faith community
- Community support parent education

Parent Support
- Schools need to develop policies and climate to increase parent school/staff interactions to decrease defensiveness and increase problem solving for the student involved
- Tool to help parents support their children

Systems

- Support and Response plan
- Navigating Health Care Services
- A public health agenda, teachers with parents, parents with teachers

Staff- training, coaching, time, support
- Teacher preparation
- Schools need teacher staff training on how to coach respond to students in distress (suicide, cyberbullying)
- Coping Skills – time to provide instruction to students, resources for relevant coping skills stress balls, journals, technology, staff. Training for staff on coping strategies.
- Trauma informed teachers: Training for teachers, mental health partners, funding for coaching /support in the classroom.
- Staff Wellness and Self Care
- Protocol that allows affirmation and follow up with staff
- Principals teachers and staff need to have opportunity to attend to their own health and wellness.
- More time and ability to focus/address these issues
- A committed position to the behavioral wellness of their student to make time to address their issues
- Professional development access
- Trained workforce with ongoing coaching support
- Fulltime trained social mental health counselor
- Establish a Go-To person program at the school to assure that no student is left alone or feels isolation
- Additional staff to address these issues. More personalized
- Freeing guidance counselors time for more guidance
- Selecting strategies that support the student they serve and access to training and job embedded practices of these strategies.
- More staff to alleviate stigma and frustration
- Schools need staff to understand the protocol when they have a student in distress
- Ongoing training and coaching on how to infuse/ how to support social emotional health in kids. Health education – revitalized and recognized as important. Higher Ed Teaching programs responsible for training outgoing educators/grads.
- Time in the day to address student needs
- Flexibility
- School building level staff available to attend Family and Children First/Intersystem Collaborative Team meetings for Kids

Programs and Services
- Skills-based
- Health Education Curriculum
- Mental Health Screening
- Schools could look at early childhood adverse experiences surveys but would need to provide where to get services
- CIT like
- Basic Behavioral Mental Training with Continuing Ed and activities. Monthly round tables and dedicated staff. Subject Matter Expert's to go to. MHFA of CIT like training.

- In educator relationships come before content caring before curriculum
- Schools need to provide increased classroom instruction time to discuss drug/alcohol, mental health, social media issues versus replying on parents alone. And help parents decrease their awareness/skills.
- Examples through media clips etc. of what bullying looks like.
- School based Health Centers

Tools/Resources/Research
- Money outlined for mental health issues/training
- Access to services and resource available programs
- Dedicated open line time (voice and text)
- Money
- Summer programs
- How do you use existing for resources to fund things like coaching?
- Specific place to access resources "clearinghouse' for various social behavior issues
- Tools and research

Funding
- Funding

Communication
- Communication – internal/external top/bottom and throughout
- Graduate interns who can spend more time with student and their families
- Recognition for school who go above and beyond helping students meeting nonacademic needs (think Purple Star recognizes military friendly supportive schools)

Next Steps, Additional Things to Consider or Additional Information

Audience
- Administrator
- Teacher
- Student
- Families/Communities

Additional Comments
- How do we help teachers find resources outside of the classroom bubble?
- We need to sell the concept and the importance of partnership. This will help people be open to accepting support from outside partners.
- Help schools understand how to partner and accept help from community partners. Barriers between schools and community partners.
- Sharing of districts that have done this work well and how this did it. Success stories.
- Explore what other states have done.
- Connecting an organized improvement process as the framework for this work. OIP/PBIS
- Who provides the technical assistance to do this work? Who coaches districts and buildings through this?
- School staff are aware of the issues. They don't have the time to address the needs. In prioritizing the pressures of academic requirements, there is limited time to address these non-academic components.

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
Behavior Supports	Positive Behavioral Interventions and Supports: Outlines the components of PBIS: a decision-making *framework* that guides school teams in building schoolwide proactive behavior procedures and practices. PBIS guides teams in the selection, integration, and implementation of evidence based behavior and academic practices. Policy on Positive Behavior Interventions and Support, and Restraint and Seclusion: Provides links to the Ohio Administrative Code, Board Policy and resources to support implementation of the policy and reporting requirements.	Ohio Preschools Expulsion Prevention Partnership Early Childhood Mental Health Consultation PAX Ohio: Provides information to prevent circumstances contributing to the Opiate Epidemic including an increase in the PAX Good Behavior Game in Ohio schools. This intervention teaches self-regulation in young people with dramatic effects on behavior, academics and even long-term outcomes such as preventing mental health and addiction disorders.	School Nursing Program Online Independent Study Courses: Provides continuing nursing education opportunities and includes training on working with students with anxiety disorders, child abuse and neglect, human trafficking and others.	Protective Factors Survey: The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information: A snapshot of the families they serve; changes in protective factors; and areas where workers can focus on increasing individual family protective factors.	**National Resources** NASN-CDC Healthy Schools: The National Association of School Nurses and the Centers for Disease Control and Prevention provide resources to develop a school environment that encourages health lifestyles for students.
Education Stability	Vulnerable Youth: Resources for populations of students who often encounter challenges in receiving a quality and equitable education.				

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
Family and Community Partnership	Building Better Learning Environments: Guidance for families to play a vital role in helping shape the culture of your school community and getting involved in their students' academic pursuits, activities, and sports, strengthens the student's sense of school connectedness reinforcing the importance of education, and of doing your best. Provides guidance to parents on how they can play a vital role in the school community. School-Based Health Care Support Toolkit: Contains guidance and resources about school-based health care.	High Fidelity Wraparound: A way to improve the lives of children with complex needs and their families. It is not a program or a type of service, but a team based planning process used to develop plans of care that are individualized based on the strengths and culture of the children and their family. Strong Families Safe Communities: Improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families or others because of mental illness or a developmental disability. The Strong Families, Safe Communities project engages local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for these families. PAC-Parent Advocacy Connection: Parent Advocacy Connection (PAC) is a grassroots organization of trained parent advocates who reflect the cultural and ethnic make-up of the families they		Ohio Commission on Fatherhood: The Ohio Commission on Fatherhood (OCF) is a state agency located in the ODJFS Office of Family Assistance. OCF funds non-profit and government agencies to provide essential services to low income fathers. Various components of services include, responsible parenting, co-parenting/ healthy relationships and economic stability. Brings a public awareness to the important role that fathers play in their children's lives through public speaking, practitioner training and policy recommendations. Many of the OCF funded programs work with local schools to engage fathers and families. Strengthening Families Ohio: The goal of Strengthening Families Ohio is to prevent child abuse and neglect by providing a common framework and a set of tools to all individuals, organizations and systems that touch the lives of young children and their families. Working with childcare professionals, child welfare	

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
		serve. When children require services from multiple sources (i.e., mental health, schools, juvenile courts, developmental disabilities and alcohol/drug addiction services agencies), it can be difficult for parents to navigate their way through these various service systems. Red Tree House: Supporting the well-being of Ohio's families and children with challenges, disabilities and health care needs. Find tools, organizations and events in your community to meet your needs.		professionals and community organizations, the Ohio Children's Trust Fund will help facilitate the integration of state prevention strategies, strengthen families within the early care and education and child welfare systems and engage parents and communities in building protective factors.	
Harassment, Intimidation and Bullying (including Healthy Relationships)	Anti-Harassment, Intimidation and Bullying Resources: Offers a variety of resources for families, schools and communities to support schools in implementation of the Anti HIB policy and prevention programs. Anti HIB resources include a model Anti HIB policy, guidance for Anti HIB policy implementation, guidance for Student Action Planning and links to helpful prevention websites. SaferOH Tip Line: This tip line allows students and adults to		Sexual Assault and Domestic Violence Prevention Program: Programs include those that address sexual assault and domestic violence prevention and services. The program works in partnership with other state and non-profit agencies to implement statewide programs	The Bureau of Civil Rights: Ensures through education, monitoring and enforcement that all ODJFS customers (internal and external) are provided equal access to all rights and benefits as mandated by state and federal laws prohibiting discrimination.	**Ohio Specific** Ohio Alliance to End Sexual Violence: Information and resources to prevent and address domestic violence and sexual violence. Teen specific page. Be the One is designed to teach youth about stopping sexual violence. Ohio Domestic Violence Network: Information and resources to prevent and address intimate partner violence. Teen violence page. **National Resources**

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
	anonymously share information with school officials and law enforcement about threats to student safety—whether that involves a threatened mass incident or harm to a single student. Safety and Violence Prevention Curriculum: Safety and Violence Prevention Training is required of kindergarten through grade12 professionals and is this training is designed to provide Ohio's school personnel with opportunities to learn about key behavioral and mental health issues that face Ohio's students. Module 3 is Anti-Harassment, Intimidation, Bullying and Teen Relationship Abuse in Schools and on School Buses.				Futures Without Violence: From domestic violence and child abuse, to bullying and sexual assault, offers programs, policy development and public action campaigns designed to prevent and end violence against women and children around the world. Health Education Curriculum Assessment Tool: Schools can assess curricula to meet local needs, includes mental health, substance abuse prevention and violence prevention.
Mental Health	School Mental Health: Provides links to resources including partners and mental health signs and symptoms. Project AWARE Ohio: A grant funded initiative that works to raise awareness about mental health in youth and increase access to services. Includes information about Youth Mental Health First Aid	Early Childhood Mental Health Initiative: Aimed at promoting healthy social and emotional development (i.e., good mental health) of young children (birth to six years). Includes resources and information for pre-school expulsion reduction and Mental Health consultation.	School Nurse Resources: Provides information on policies and regulations, conferences and trainings and medical-related forms including student health records and medication administration. Return to Play - Ohio's Youth Concussion Law: Resources for coaches, referees, parents			**Ohio Specific** Center for School Based Mental Health Programs: Located within Miami University. Goal is to build collaborative relationships with schools and community agencies to address the mental health and school success of children and adolescents through the

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
	training (provided free throughout the state), statewide resources, and links to training programs and supports (Red Flags, Every Moment Counts, NAMI, etc). Tier II/Tier III and Behavioral Health: Provides linked resources including the Interconnected Systems Framework (national model on connecting PBIS and mental health supports). EdConnection: Jan. 8, 2018; March 29, 2018; May 7, 2018; May 11, 2018.	School Age Youth: Provides information about mental health for youth and links to several resources. Be Present Campaign - for youth, teens and young adults across the state – from high school, through college and early adulthood. Designed for crisis and suicide prevention, it provides information on wellness and positive coping. Crisis Text Line: A text line for any person who is dealing with a stressful situation and needs help coping.	and athletes in complying with Ohio law and understanding the impact of concussions on the brain and learning. Return to Learn - A Concussion Team Model		promotion of expanded school mental health programs and services. Ohio Mental Health Network for School Success Red Flags: A toolkit for mental health education for staff, students, and parents. Every Moment Counts: 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. Shares 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. Ohio Adolescent Health Partnership: Coalition with diverse agencies dedicated to providing resources and support for adolescent well-being, including behavioral health. **National Resources** Teen Mental Health Curriculum Guide: Free curriculum for teaching teens about mental health provided

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
					through Teen Mental Health.org. Breaking the Silence Curriculum: Fully scripted lesson plans for Upper elementary, middle and high school. Hosted by NAMI. Mental Health and Sleep: Strategies for schools, parents and health professionals. Health Education Curriculum Assessment Tool: Schools can assess curricula to meet local needs, includes mental health, substance abuse prevention and violence prevention.
School Climate	Ohio School Climate Guidelines: Guidance on how schools can create environments where every student feels welcomed, respected and motivated to learn School Climate Information Brief: Short article explaining what, why and how of School Climate. Includes additional resources including link to the national school climate survey compendium.		School Health Improvement Planning and Data Resources: Provides information on whole child resources and planning for improvement including assessment tools, youth risk behavior data, health education assessment and data, sample wellness policies and resources for physical activity.		**National Resources** School Health Index - Assessment Tool: An online assessment tool that schools can use to improve their health, safety and climate policies and programs.

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
Social and Emotional Learning	Social Emotional Development in Young Children: Tips and resources for social and emotional development birth to age 5. Birth – Kindergarten Learning and Development Standards: Outlines key concepts and skills that young children develop during the birth-to-five-year period. This includes a specific domain on social-emotional development. Kindergarten – Grade 3 Learning and Development Standards: These s learning and development standards address Approaches Toward Learning, Physical Well-Being and Social and Emotional Development. They promote an understanding of the whole child and guide the instructional strategies that support all areas of learning. **In Progress** Grade 4 – 12 Social and Emotional Learning Standards	Social and Emotional Screening and Assessment for Early Childhood: Outlines screening and assessment tools. Initiatives and programs that promote social and emotional development Early Childhood Mental Health Initiative: See Mental Health.	Ohio Healthy Program: Awards designation to early childhood education programs that take coursework, create a new policy, update menus and engage families. Coursework includes information about the effects of trauma on young children. School Nursing Program Conferences and Trainings: Provides numerous educational opportunities for school nurses throughout the year, including in person conferences, live webcasts, online independent study opportunities and other resources. Topics and agendas vary.	Ohio Children's Trust Fund (OCTF): Ohio Revised Code (ORC) 3109.17 (B)(2) allows the OCTF to "allocate funds to entities for the purpose of funding child abuse and child neglect prevention programs that have statewide significance and that have been approved by the children's trust fund board."	**National Resources** Collaborative for Academic, Social and Emotional Learning (CASEL): Provides research and information on evidence based social and emotional learning. Center for Social and Emotional Foundations for Early Learning NASN Middle School Health Starts Here: The National Association of School Nurses program to address the issues which impact the health and safety of middle schoolers.
Substance Abuse	Start Talking! Drug Prevention Program: Initiative to give parents, guardians, educators and community leaders tools to talk with youth about	Ohio's Initiatives to Fight Opiate and Prescription Abuse • Health Education K-12 Resources	Drug Overdose in Ohio: Information and resources about drug overdose which includes drug prevention information.		**Ohio Specific** Drug Use Prevention Resource Guide: Ohio Attorney General.

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
	healthy, drug-free lives. Weekly parent tips are sent. Opioid Abuse Prevention: Provides information on HB367 which required recommendations for prescription opioid abuse prevention. Resources provided per grade bands. Safety and Violence Prevention Curriculum: Outlines requirements for training and provides the materials for providing the training including PPT, script and handouts. Module 1 is Addressing Mental Health and Substance Abuse.	• Toolkit – Action Guide to Address Opioid Abuse • Education on dangers of prescription drugs • Ohio statistics • Drug courts in Ohio that help offenders find treatment • Tips to keep kids drug free • Proposed legislation • Publications Prevention Action Alliance-Ohio Youth Led Prevention Network: Ohio Youth-Led Prevention Network (OYLPN) is a joint-venture between Drug Free Action Alliance (DFAA) and OMHAS) that expands partnerships between youth-led substance abuse prevention programs which develop and strengthen abuse prevention efforts at the state and local levels. Click on the "Adult Leaders" tab and then "Resource Kit" and "Program Materials" at the bottom of that page.	School Nursing Program Online Independent Study Courses: Provides continuing nursing education opportunities and includes training on "Opioids and Ohio Children: Tools for School Nurses." This includes development of Naloxone Tools for Schools (underway). Co-sponsored by ODH Violence and Injury Prevention Program.		The Health and Opioid-Abuse Prevention Education (HOPE): Kindergarten through Grade 12 curriculum. Ohio Joint Study Committee on Drug Use Prevention Education Generation RX: Educational resources to help prevent the misuse of prescription medications. Ohio Association of County Behavioral Health Authorities: Statewide organization that represents the interests of Ohio's county Alcohol, Drug Addiction, and Mental Health Boards at the state level. **National Resources** Operation Prevention: The DEA and Discovery Education created comprehensive, no cost program to combat opioid misuse. With virtual field trips, parent resources, English & Spanish language standards aligned K-12 tools and a national peer-to-peer video challenge, look no further to kick-start life-saving actions today. Smart Moves Smart Choices

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
					National Institute on Drug Abuse for Teens National Institute on Drug Abuse for Teachers Red Ribbon Week: Oct. 23-31 annually. Program serves as a catalyst to mobilize communities to educate youth and encourage participation in drug prevention activities. NASN Naloxone in Schools Toolkit: The National Association of School Nurses provides a no cost toolkit for members. NASN Home to Homeroom-Medicine Abuse: The National Association of School Nurses provides an educational program that teams parents with school nurses to prevent and address teen cough medicine abuse. Health Education Curriculum Assessment Tool: Schools can assess curricula to meet local needs, includes mental health, substance abuse prevention and violence prevention.
Suicide Prevention	Suicide Prevention Foundation: Resource on the	Suicide Prevention: Provides research, resources and tools for suicide prevention		Child Protective Services: Services designed to help children who have been or are	**Ohio Specific** Ohio Suicide Prevention Foundation Ohio's Campaign

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
	School Mental Health webpage (above). Safety and Violence Prevention Training: Outlines requirements for training and provides the materials for providing the training including PPT, script and handouts. Module 2 of the training teaches staff to Recognize Depression and Suicide Ideation in Students. Suicide Prevention, Intervention and Post-vention information brief: Short article provides information on suicide risk and protective factors, and how schools can prevent and intervene with suicide attempts, or respond following a suicide. Provides many additional resources. EdConnection: Sept. 11, 2017; Oct. 2, 2017; Oct. 23, 2017; Dec. 4, 2017; Dec. 11, 2017	including information specific for schools. Suicide and Schools one pager. Be Present Campaign: For youth, teens and young adults across the state – from high school, through college and early adulthood. Designed for crisis and suicide prevention it provides information on wellness and positive coping. Crisis Text Line: A text line for any person who is dealing with a stressful situation and needs help coping. Ohio uses a key word "4hope" to 741 741.		at risk of becoming victims of abuse or neglect. ODJFS supervises the state's child protective services programs, which are administered locally by 88 county public children services agencies (PCSAs). County agencies investigate all allegations of abuse, neglect and dependency and offer services for abused and/or neglected children and their birth, foster and/or adoptive families.	for Hope: Offers resources for youth suicide prevention though Kognito, a web-based training tool. Sandy Hook Promise: Provides free programming to schools to address mental health including Signs of Suicide. Life Act: Depression and suicide awareness and prevention program for students. **National Resources** Suicide Prevention Lifeline Suicide Prevention Resource Center - Schools
Trauma Awareness	Trauma Informed Schools: Explains what trauma is, impact of trauma on students and how districts and schools can respond. Links to additional resources. Trauma Informed Schools information brief: Short article	Trauma-Informed Care: Shares information about OMHAS initiatives to support trauma informed care. Includes link to trauma and children, and resource library with section on schools and trauma.			

Topic Area	Ohio Department of Education	Ohio Department of Mental Health and Addiction Services (OMHAS)	Ohio Department of Health (ODH)	Ohio Department of Job and Family Services (ODJFS)	Other Statewide and National Resources
	defines trauma, explains the impact, list possible signs of trauma and shares about specific intervention programs.				

Appendix E - Needs and Resource Gaps

The committee identified columns two and three as supports needed by students and staff to support behavioral health and wellness. The fourth column are the identified existing resources that support those needs and the fifth column are identified possible gaps in what resources are available currently.

Workgroup	Students Need (MTSS)	Schools Need (MTSS)	Existing Model/Service/Program/Resource	Gap - What is Needed: Guidance Document? Toolkit? Clearing-house? Recommendations? Other?
School Programs and Services	Skills to promote wellness Coping skills & stress management Substance abuse Bullying/ cyberbullying Awareness of MH resources Relationship skills/social skills Afterschool programs LGBTQ supports Screening for early identification	Health Education Curriculum Mental health screening Anti-harassment & bullying Basic behavioral health training Positive relationships Money/funding Summer programs Clearinghouse for resources Evidence based practices Recognition of good schools Class time for behavioral, social, emotional needs	Behavioral Health and Wellness Resources Toolkit Ohio Bold Beginning! Mental Health, Social-Emotional and Behavioral Screening and Evaluation Compendium (ODE) National School Climate Standards (National School Climate Council) PBIS Handbook https://www.classcraft.com/pbis Early Warning Systems – AIR Whole School, Whole Community, Whole Child http://www.ascd.org Red Flags: https://www.redflags.org Character Education Leader in Me CASEL WINGS PAX Good Behavior Game	Environmental scan of current programs Evaluation of program effectiveness How to determine appropriate program to meet students/school needs? Organized clearing-house or guide to help staff access all of this Resources are developed but not getting down to teacher level.

Workgroup	Students Need (MTSS)	Schools Need (MTSS)	Existing Model/Service/Program/Resource	Gap - What is Needed: Guidance Document? Toolkit? Clearing-house? Recommendations? Other?
			Trauma Informed Care: - Trauma Sensitive Schools - National Child Traumatic Stress Network - ODE webpage - Neurosequential Model in Education Early Childhood Mental Health Consultation School-Based Mental Health or Wraparound Family Engagement Ericka's Lighthouse: https://www.erikaslighthouse.org National Resource Center for Mental Health Promotion and Youth Violence Prevention National Center for Healthy Safe Children Ohio and National PTA The Kennedy Forum - 5 Pillars: The Pathway to Delivery of Mental Health Services in Education School-Based Mental Health Services: http://pediatrics.aappublications.org/content/113/6/1839 The Health and Opioid-Abuse Prevention Education (HOPE) Curriculum/HOPES Systems	
Community Partnerships	Increased access to care	Integrated MH supports	Ohio School-Based Health Care Support Toolkit	How do school teams find out about existing resources?

Workgroup	Students Need (MTSS)	Schools Need (MTSS)	Existing Model/Service/Program/Resource	Gap - What is Needed: Guidance Document? Toolkit? Clearing-house? Recommendations? Other?
and Collaborative Systems		MH counselors in schools Awareness of systems and access Collaborative systems approach Connection to the community Collaboration time Increased MH workforce Student health committees Parent education Funding/time to collaborate Support & response plan Referral process/ identified staff person Parent-teacher public health agenda	Interconnected Systems Framework School Mental Health Referral Pathways Toolkit (SAMHSA) School Mental Health Referral Pathway Checklist (Ohio Project AWARE) Making the Grade: A Progress Report and Next Steps for Integrating Student Supports "Developing a Business Plan for Sustaining School Mental Health Services: Three Success Stories" www.healthinschools.org Mental Health Consultation Early Childhood Mental Health Consultation Family and Children First Council Community Management Team Ohio School Counselors	Partners exist but this is a very thorough and complicated process. Who can coach schools through this process? Some areas have limited resources for partnerships.
Caring and Prepared Teachers	Time and support: trusted adults Mentors and mentoring Staff who will help students access care	Staff training/coaching/ protocol (how to respond to student needs) Trauma informed teachers Pre-service training Cultural competency	Edutopia Classroom Management Fundamentals School Nursing Program Conferences, Trainings Online Independent Study (ODH) PBIS in the Classroom www.pbis.org SB 318: Safe Act 9 Dimensions of Wellness – OSU Guide	There is not a cohesive message shared with all students. We do not fully know what MH/BH topics are covered in different settings. Limited PD time for staff: How to balance academic professional development needs

Workgroup	Students Need (MTSS)	Schools Need (MTSS)	Existing Model/Service/Program/Resource	Gap - What is Needed: Guidance Document? Toolkit? Clearing-house? Recommendations? Other?
		Time: collaboration & support Free counselors to do this work Teacher well-being/staff wellness Support to prevent burnout Additional funding/staff/time	Trauma Informed Schools: • https://traumasensitiveschools.org/ • Department of Education trauma webpage Project Aware Resources (ODE website) Ohio Leadership Advisory Council (OLAC) resources Life Act (Suicide Prevention)	and MH/BH professional development needs? Recommendations of articles, materials, topics for pre-service teachers? Unclear what MH/BH content public institutions of higher education cover in their preservice teacher education programs PBIS: need to increase training capacity and verification of district implementation Need to better connect Ohio professional association resources to address statewide needs
Safe Environment	Safe, healthy, caring environment Safe space for expression of needs Consistent expectations	School climate guidelines and expectations	National Center on Safe Supportive Learning Environments Safer Schools Ohio Anti-Harassment, Intimidation and Bullying Resources (ODE) National School Safety Center Safe and Civil Schools Positive Behavior Interventions and Supports ALICE Character Education	Updated school climate guidelines (current version Ohio has is 10 years old) School climate surveys to inform districts what needs are and where need to focus A part of School Improvement process Needs definition and guidance for administrators and staff to implement How do you determine the appropriate program to meet the school's safety and behavioral needs?

Workgroup	Students Need (MTSS)	Schools Need (MTSS)	Existing Model/Service/Program/Resource	Gap - What is Needed: Guidance Document? Toolkit? Clearing-house? Recommendations? Other?
			N.C. Health Curriculum	
			Signs of Suicide	
			Kognito	
			ACT-Kids	

The areas below were identified by the committee as important needs and should be integrated to the extent possible in the activities of the workgroups (above).

Need Area	Student Need (MTSS)	Schools Need (MTSS)	Model/Service/Program/Resource	Notes/Comments/Gaps
Policy & Administrative Backing	Understanding administrations State to define this as a priority Student focused policies	Boundaries for care ODE to sanction this work Guidance & support from ODE "Consistent supportive policies that define philosophy, methods, structure, guidelines and supports to staffs"	Michigan State Board of Education Policy on Integrating Mental Health in Schools Mental Health America Position Statement: Discipline and Positive Behavior Support In Schools School Safety and Mental Health Policy Recommendations (NAESP)	
Parent Support and Engagement	Parents & schools working together for positive collaboration Positive behavior support	Parent education Tools to help parents help kids Policies and practices to promote home-school problem solving	Models for Family and Community Engagement (ODE) Parent Engagement (CDC)	

Need Area	Student Need (MTSS)	Schools Need (MTSS)	Model/Service/Program/Resource	Notes/Comments/Gaps
	Helping students with their family relationships			
Communication	Positive communication	Internal-external; top-bottom and throughout Recognition for nonacademic supports		