



Safe Schools
Healthy Students



Ohio Safe Schools Healthy Students Needs Assessment and Environmental Scan



Ohio | Department
of Education

Table of Contents

Stakeholder Participation	3
Methodology.....	7
Needs Assessment and Environmental Scan Tool	10
Summary of Findings and Conclusions	20
Acronyms used in this document	26
Data by County.....	28
School District Enrollment Data.....	29
Statewide Discipline data by Race, English Proficiency, Economically Disadvantaged, Disability, and Gender	30
Discipline data by School District and Race	31
Discipline data by School District.....	32

Stakeholder Participation

State-level. Ohio's Safe School Healthy Students (SSHS) State Management Team (SMT) participated in the Needs Assessment and Environmental Scan (NA/ES) process in February and March 2014. The SMT includes state and local representatives from education, mental health and substance abuse, child welfare, early childhood, family and youth representatives, the National Guard, and others:

- Education: the Ohio Department of Education, a local high school guidance counselor, Local Education Authorities (LEA) project managers and school personnel
- Mental Health and Substance Abuse: Ohio Department of Mental Health and Addiction Services staff, a mental health provider, the Ohio Suicide Prevention Foundation, Drug-free coalitions and agencies
- Juvenile Justice: the Ohio Department of Juvenile Justice and Juvenile Court Administrators Association
- Child Welfare: Ohio Children's Trust Fund, Ohio Department of Job and Family Services
- Early Childhood: Early Childhood Mental Health specialist from OhioMHAS, and Family Children First Council staff
- Family and Youth Representatives: one parent representative is included on the team; youth and family participation throughout the grant will also be obtained through the Ohio Youth Led Prevention Network (OYLPN) and the Ohio System of Care ENGAGE youth council.
- Other representatives include the National Guard, and a National SSHS evaluator.

Family and Youth Participation. Ohio believes that significant participation of youth and families is critical to the success of the SSHS grant and that the Ohio Youth Led Prevention Network (OYLPN) is best way to achieve that goal. The OYLPN consists of youth-led substance abuse prevention providers and youth across the state who are committed to youth-led prevention, peer prevention, positive youth development and community service. The OYLPN fosters partnerships and collaborations among the youth-led prevention programs throughout Ohio. The OYLPN and ENGAGE youth councils provide access to a large youth voice and avoid perfunctory committee membership; they will be consulted on the NA/ES, the comprehensive plan, media, and all products and services.

The SMT will make every effort to serve the needs of all youth and families in Ohio and to address any disparities which limit access to behavioral prevention and intervention efforts. Health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. In an effort to gain additional representation of diverse populations Ohio recently added additional members to the SMT, from the Governor's Office of Faith-based and Community Initiatives (GOFBCI), OhioMHAS Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADOPs), and community foundations.

Subpopulation to be addressed. Ohio's grant application and community readiness interviews have identified one important disparity that exists, our rural communities are not receiving the same level of prevention and intervention services that exist within the cities. Ohio has experienced significant economic decline over the last several years and many of our youth live in poverty. For nine years (2003-2010) the unemployment rate in Ohio was above the national average (8.6% in 2011) and the State is still recovering from the recession and the state levels of childhood poverty are alarming; 54.2% of children live in households earning less than 200% FPL (Ohio Family Health Survey, 2011).

Urban areas exhibit familiar problems, such as poverty, substance abuse, low educational attainment, health disparities, and violence; and Ohio's minority populations reside primarily in these areas. The effect of poverty on behavioral health outcomes is well established. Low-income individuals/ families have reduced access to all health services including behavioral health care due to a lack of insurance coverage. In addition, poverty has been correlated with several negative effects, including increased risks for mental health issues, violent behaviors, crime and suicide (Evans & Adams, 2009). Barriers to health services include: transportation, childcare, mistrust of the medical profession and underestimation of behavioral and primary conditions/illnesses/diseases. All children, particularly those living in poverty, are more vulnerable to related negative effects than adults as they lack the ability to control their own circumstances and are dependent upon others to intervene and provide the services they need. Culturally-specific behavioral health prevention/intervention, treatment and recovery services are currently available for African-Americans, Asian Americans, Native Americans, migrant workers and the deaf and hard of hearing to reduce health disparities.

Almost a quarter (23%), of Ohio's population lives in rural areas, many of them Appalachian (32 counties). Large cuts over the past few years in federal and state grant funds available to communities for prevention and early intervention services resulted in unprecedented service gaps for children and adolescents particularly in rural areas.

OhioMHAS research staff and associated colleagues have investigated differential expenditure patterns by board areas, with a focus on Appalachian versus non-Appalachian. According to research, a number of factors cause variation in public health systems. First, large metropolitan areas benefit from economies of scale, large tax bases, and diversified organizational pools of treatment options, such as medical providers, community groups, and educational institutions that support the system's activities¹. In comparison, small systems lacked the economies of scale, tax base, and pools of community options. Second, rural mental health systems also are confronted with service distance/topology, population instability, and attitudes and culture about behavioral health treatment.² While not as important as system size, poverty is also found to be a barrier to a community having an effective, diversified system.¹ Impoverished communities with a high number of residents without insurance coverage and high rates of social and behavioral health risks must devote more resources to health promotion and health care activities. Also, impoverished communities have limited tax bases with many competing human services demands, resulting in fewer dollars to invest in the public health infrastructure.²

When specifically examining Ohio's mental health population utilization patterns of Medicaid-covered mental health services to Aged-Blind-Disabled (ABD) Medicaid recipients, Gitter and colleagues found variation among local board typologies.³ Between FY 2005 and FY 2008 Appalachian board areas increased the number of available case management services for ABD recipients, while services (i.e., behavioral health counseling) delivered by more skilled staff, such as behavioral health counseling contracted. On the hand, large urban boards increased behavioral health counseling services to ABD recipients over the same time frame. Additional analyses⁴ of FY 2012 records show that:

¹ Mays, G.P., McHugh, M.C., Sheim, K., Perry, N., Lenaway, D., Halverson, P.K., et al. (2006) Institutional and economic determinants of public health system performance. *American Journal of Public Health*, 96(3), 523-531.

² Haunenstein, E. J., Petterson, S., Rovnyak, V., Merwin, E., Heise, B., & Wagner, D. (2007). Rurality and Mental Health Treatment. *Administration and Policy in Mental Health*, 34, 255-267.

³ Gitter, R. J., Sweeney, H. A., Pierson, R., Knudsen, K. J. (Under Review) A shift share analysis of Ohio community-based mental health services between 2005 and 2008.

⁴ H. A. Sweeney, (personal communication, March 26, 2014)

- Levy funds: Behavioral health tax levies generated \$12.50 on a per capita basis in Appalachian board areas in CY 2009; non-Appalachian behavioral health tax levies generated \$29.52 on a per capita basis. Appalachian boards generated \$17.02 less per capita than Appalachia levies.
- Poverty: The poverty rate for Appalachian board service areas was 16.8%, and the poverty rate in non-Appalachian board areas was 15.0%. And poverty rates for youth are higher with 28% of Appalachian youth being in poverty. Appalachian boards also tend to serve a poorer population.
- Expenditures: The per client amount spent on publicly funded behavioral health services in Appalachian behavioral health board service areas was \$1,672; for the same time period, non-Appalachian behavioral health board areas per client amount was \$1,974. Non-Appalachian board expenditures were 17.9% higher than the Appalachian per client amount.

Board Type	CY 2009 Per Resident BH Levy Revenue ^A	CY 2012 Board Area Average # of Residents	CY 2012 Poverty Rate ^B	DY 2012 Poverty Rate for Youth	FY 2012 Per Client BH Expenditure ^C
Appalachian	\$12.50	144,415	16.8%	28.0	\$1,672
Non-Appalachian	\$29.52	258,753	15.0%	24.0 ^D	\$1,974

^A Only includes tax revenue collected from real property. ^B Poverty rate is for those residents who have incomes under 100% of the Federal Poverty Limit. ^C Expenditures for publicly funded behavioral health services that are eligible for Medicaid reimbursement under Ohio's Medicaid state plan. ^D Statewide youth rate.

Per client expenditures for publicly funded behavioral health services are lower in Appalachian board areas in comparison to non-Appalachian board areas for many reasons that are supported by public health research. In some respects, this analysis's reliance on Medicaid-covered behavioral services is limiting since local behavioral health board areas offer a variety of treatment and prevention that are not allowable for payment under the Ohio's Medicaid state plan. However, all local boards have to offer Medicaid eligible services as part of their service array. Because these services are part of each local board's service infrastructure, like service offerings were compared across all types of board areas within Ohio.

Prevention services also show disparities. Unlike treatment services, mental, emotional and behavioral health prevention services are not currently reimbursable through any type of insurance; prevention services are only funded through grants. This puts Appalachia at a disadvantage because grant seeking requires a coordinated service infrastructure, community sector collaboration, advanced expertise and experienced professionals. The rural areas of Ohio are less well developed in these areas. There are pockets of disconnected services only available at large distances from each other. Counties in Appalachia only receive an average of 4.8 prevention interventions per year with only 1.2 of those being evidence-based, compared to the rest of the state's average of 10.7 prevention interventions per year per county with 4.5 being evidence-based.

As prior research suggest, Appalachian board areas are at a disadvantage when compared to non-Appalachian board areas. Appalachian board areas have fewer residents than non-Appalachian areas. Small systems do not have enough residents to generate the level of local revenue to support diversified behavioral health system. Appalachian board areas have more residents with incomes below the 100% federal poverty levels, when compared to other board areas across Ohio. High levels of poverty, according to public health researchers, serve as barriers in creating treatment options and in generating

the needed revenue to invest in infrastructure. Finally, the difference in per client expenditures between Appalachian and non-Appalachian board areas is most likely a result of Appalachian board areas relying on behavioral health services (i.e., case management services rather than behavioral health counseling) that can be delivered by less skilled and/or credentialed staff. Ohio's Appalachian communities exhibit unique socio-cultural characteristics that influence community readiness for change, attitudes toward accessing behavioral health services and assistance from cultural outsiders. Accordingly, the focus of Ohio's SSHS grant subpopulations will be poor youth in predominantly rural areas.

Included at the end of this report are some demographic, economic well-being, education, and health, safety and risky behavior data by county. There are also tables for school district enrollment; and discipline data by Race, English Proficiency, Economically Disadvantaged, Disability, and Gender. These data will be used at the state and local levels in logic model and comprehensive plan development.

Greene. The Greene County Needs Assessment and Environmental Scan was conducted by the CMT members assisting in the collection and analysis of documentation. The CMT includes 11 members with educational orientation including the Superintendent and Assistant Superintendent of the county Educational Service Center, two school-based mental health program specialists, the preschool director, treasurer, and representatives from one local school system. The Director of Prevention and Community Engagement from the local Mental Health and Recovery Board represents community behavioral health. In addition, Juvenile Court, Children's Services and Family and Children First are also part of the CMT. The committee is seeking representatives from faith-based organizations, the local health district and the United Way to join in the coming weeks.

Harrison. The Harrison Hills City School Needs Assessment and Environmental Scan was conducted by the CMT who was led by the project director, a previous local SSHS grant recipient. The CMT membership includes two education representatives, the school system Superintendent and a high school Principal. The behavioral health system was represented by the Executive Director of the local behavioral health Board. There are two law enforcement representatives, the sheriff and a school resource officer from the sheriff's office. One member has dual representation who works with the Juvenile Court and the Family Children First Council. There are three representatives from the health system, including the county Health Department, the Help Me Grow program, and the county community hospital. And there is a representative from the county Job and Family Services office.

Williams. The foundation of the Williams County SSHS grant was the Linking Individuals with Needs to the Communities (LINC) program to provide services to students and families identified through juvenile justice diversion processes; with a focus on cross-system communication and collaboration. The SSHS grant application grew from that initial cross-system partnership and the Northwest Ohio Educational Service Center (NWOESC) hired the LINC program director as the SSHS project manager. The Williams County Needs Assessment and Environmental Scan was conducted by the CMT members with supporting documentation. The CMT is comprised of seven primary members, 14 school district representatives, and supporting subcommittees. For the core CMT: three representatives from the educational system participated including the Educational Service Center Superintendent and two guidance counselors; two representatives from behavioral health system participated, a school psychologist and the LINC program social worker; and the juvenile justice system representative was a juvenile court and probate judge. Additionally recent data was provided by the county Health Commissioner and the CEO of the local system Community Hospitals and Wellness Centers. Each of the seven school districts has two representatives to the LINC program and all seven districts participated in

the NA/ES. The Faith-based subcommittee includes pastors and mentors. The Judicial subcommittee includes a probation office, a Sheriff, and a Judge. The Teachers subcommittee includes a combination of teachers and staff from each school. The Community Leaders subcommittee has a “Summit Breakfast” which involves community leaders, business men and the political spectrum as well as Superintendents. And the Business Community subcommittee is under development, seeking men and women who might be interested in using their positions as business owners to help mentor young men and women in work ethics and responsibility.

Methodology

State-level. the SMT convened in December 2013 and reviewed the SSHS elements, strategic approaches, and guiding principles, along with the public health approach and the Strategic Prevention Framework (SPF). In an effort to build upon existing cooperation and collaboration in Ohio, as part of the NA/ES Ohio’s SSHS SMT reviewed previous strategic plans and needs assessment work conducted by other Ohio workgroups:

- Ohio Adolescent Health Partnership Strategic Plan 2013-2020 (2013)
- Ohio Suicide Prevention Foundation Strategic Plan 2013-2016 (2013)
- ODE Integrating Positive Behavior Interventions and Supports with Mental Health Systems (2013)
- Ohio Attorney General’s Anti-Bullying Symposium Summary Report (2013)
- Ohio SPF SPE Goals, Strategy Priorities, and Action Steps (2012)
- Ohio’s Early Learning and Development Standards (2012)
- ODE Ohio Head Start State Collaboration Office Needs Assessment Survey Results (2012)
- ODE Ohio Improvement Process Guide (2012)
- ENGAGE Final Report: Four-Year Implementation Plan to Expand System of Care Statewide for Youth and Young Adults in Transition (2012)
- OFCF Family Engagement Steering Committee Recommendations for Increasing Families’ Awareness of Resources; Enhancing Family Advocacy; and Strengthening Parent/Professional Partnerships in Ohio (2012)
- Ohio Interagency Task Force on Mental Health and Juvenile Justice Report and Recommendations (2012)
- Quality Lives: Supporting Ohioans with Autism for Meaningful and Successful Lives (2012)
- OhioMHAS Strategic Prevention Framework State Incentive Grant Strategic Plan (2011)
- OFCF Youth and Young Adults in Transition Steering Committee Strategic Planning Report (2010)
- ODJFS Ohio Child and Family Services Review Program Improvement Plan 2009-2011 (2009)
- OhioMHAS Childhood Trauma Plan (2006)

Additionally the SMT reviewed quantitative data from the following sources:

- Youth Risk Behavior Survey (YRBSS), 2013 report
- ODE report card data, 2012-2013
- Children’s Defense Fund–Ohio, Ohio KIDS COUNT 2013 Data Book
- Behavioral Health Barometer, Ohio 2013, SAMHSA

Greene. The Greene County CMT reviewed the following data in their NA/ES process:

- Community Readiness Assessment Interviews were conducted January and February 2014
- Dayton Area Drug Survey 2012
- Ohio Youth Risk Survey 2011
- Ages & Stages Questionnaires®: Social Emotional, 2013-14 school year
- ODE discipline data 2012-13 school year
- Education Management Information System 2013-14 school year on IEP & 504 plans
- GC ESC 2012-13 School-based Mental Health Services & Referrals FileMaker Database
- PAX GBG Registration Forms 2010-present

- ODE Safety & Violence Prevention Training registration data 2007-present
- GC ESC training registrations 2006-present
- WSU Community Kernels Report 2014
- CSB Community-wide Risk and Environmental Scan Data 2010-2012
- School district superintendent reports on Resource & Police Officer presence in schools 2013-2014
- Local law enforcement records on school lock downs 2012-2013
- School district Treasurer: Foundation and Community Contributions to school initiatives 2012-2013
- Local school district sampling of PTO/PTA and volunteer records 2012-2013
- GC Juvenile Court truancy, unruly and diversion referral records 2010-2013
- Preschool Step Up to Quality Star ratings from ODJFS voluntary surveys 2013
- Search Institutes 40 Developmental Assets Survey, county-wide grades 7 & 8, 2007

Harrison. The Harrison City Schools CMT reviewed the following data in their NA/ES process:

- Survey of students grades 6-11, 2014
- Hospital Needs Assessment, 2013
- My Voice Aspirations Survey 6-12, 2012
- School culture Survey K-8, 2013
- Climate Student/Staff Survey grades 3-6, 2013
- SAMHSA local and state online data information
- ODE local and state online data information
- OhioMHAS SEOW (includes data from NSDUH, BRFSS, YRBSS, and UCR)
- Search Institute website
- Community Management Team discussions

Williams. The Northwest Ohio Educational Service Center CMT primarily used collaboration and outreach to conduct their NA/ES process as a way to strengthen relationships with all entities in the community. The CMT also reviewed the Williams County health assessment project had taken place, select data from the assessment is included in the risk and protective factors sections of the NA/ES tables below. Additionally the two LINC representatives from each school (Guidance Counselors and School Psychologists) provided rich qualitative information on the communities' needs and resources.

Risk and Protective Factors. The SSHS grant provides these three communities the resources to conduct comprehensive planning for integrated behavioral health prevention, promotion, and intervention approaches. However behavioral health problems are complex and therefore cannot be adequately addressed without involving multiple service systems that address and risk and protective factors. Bronfenbrenner's Bio-ecological Systems Theory suggests outcomes grow out of the complex web of interactions of various domains including: genetic/individual, family, peers, school, community and society. These factors must be interwoven with the development process in which certain factors may be more influential at key developmental points⁵ and often operate differentially according to gender, race, ethnicity and culture. Each of the communities is identifying what data they have that demonstrate the levels of risk and protection in their community and in their populations and target populations. Additionally some sample data have been provided in the NA/ES tables below. These data

⁵ The Substance Abuse Prevention Skills Training (SAPST): Building Our Behavioral Health Workforce Information Sheet 8 summarizes research-based risk factors at the individual, family, and school/community level during specific stages of development for particular behavioral health disorders, compiled by the National Research Council and Institute of Medicine. The training was developed by SAMHSA's Center for the Application of Prevention Technologies, Reference #277-08-0218.

help show need and can help determine the SSHS programs' effectiveness. Communities will be provided formal assistance in sorting through these complexities to identify and address the intervening variables that are operating to elevate risk levels among their various populations and consequently help identify which Evidence-based practices best fit their individual communities' needs. The table below lists a few of the identified risk and protective factors by domain:

Developmental Stage	Domain	Risk Factors	Protective Factors
Early Childhood	Individual	Difficult temperament Socially inhibited/reticent Dysthymia Insecure attachment Hostile to peers	Appropriate emotional expression Executive functioning & attention regulation Secure attachment School attendance and appropriate conduct Initiating interactions Understanding self and others emotions
	Family	Parental drug/alcohol use Marital conflict	Affection; Reciprocal interactions Responsiveness, protection from harm Stable and consistent caregiver relationship Adequate nutrition, health care, housing
	School/Community	Poor academic performance	Early learning support Attachment to childcare provider Access to supplemental services
Middle Childhood & Adolescence	Individual	Poor impulse control Sensation seeking Lack of self-control Aggression Antisocial behavior Poor social skills	Intellectual develop: language, math, vocational skills, critical thinking Physical development: healthy habits Psychological & emotional develop: self-esteem, self-regulation, coping, problem-solving, motivation, morality and values Social develop: empathy, emotional understanding, connectedness to peers, family, attachment to institutions
	Family	Poor parenting: permissiveness, rejection, lack of warmth, hostility, harsh discipline, negative maternal affect Parent-child conflict; Marital conflict	Consistent discipline – language-based not physical Appropriate structure (limits, rules, monitoring) Positive social norms Opportunities to belong Parental resources
	School/Community	Poverty Poor achievement; school failure Low commitment to school Peer rejection or alienation Availability/access to alcohol Community conflict or violence	Positive teacher expectations and support Effective classroom management High academic standards Opportunities to belong Integration of family, school & community Opportunities for skill-building
Young Adulthood	Individual	Lack of commitment to adult rules Antisocial behavior Excessive need for social support Sleep and eating problems Poor physical health	Identity exploration in love, work, and worldview Sense of adult status/self-sufficiency Future orientation Achievement motivation
	Family	Parental depression	Balance of autonomy/relatedness
	School/Community	Substance-using peers Lack of social support Negative life events	Opportunities for work and school exploration Connectedness to adults outside family

Needs Assessment and Environmental Scan Tool

Element #1: Promoting early childhood social and emotional learning and development.

NEEDS ASSESSMENT		ENVIRONMENTAL SCAN						GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
State Management Team	<p>Target Population: Behavioral health needs of Ohio kids pre- birth to 8. Sub-target population: Rural poor</p> <p>Risk: ELCG Risk groups: 1) Low income, 2) High need, 3) Children with disabilities, 4) English language learners. Also children with history of trauma. 3% of kids 0-5 have an emotional, behavioral or developmental problem (Data Resource Center of Child and Adolescent Health) ODJFS: • 12,674 in state custody • 6,029 in out-of-home placements • 5,000 have been living in foster care for 1+year Protective: Access to quality education, supports for early learning, adequate social support, resilience, supportive familial relationships Ohio has decreasing preschool expulsion rates (down to 2.5% for kids receiving ECMH - was 5%) 25,307 kids 0-4 served by OhioMHAS Prevention programs SFY11</p>	<p>Common Indicator To Be Determined: # of GBG Partners and Teachers trained # of GBG participants # ECMH educators trained (ELCG target are educators) Data Sources: Help Me Grow, Project LAUNCH, ODJFS, FCFC JFS in the process of developing a joint early childhood assessment system with the state of MD, it will not be operational until the fall of 2015, and will only be used by preschool age children.</p>	<p>OhioMHAS provides funding to boards to support ECMH consultation services for early childhood providers and families of young children, including clinical consultation, training and education, and clinical services. ELCG social and emotional development provides childhood consultation, referral to treatment, workforce training, and FLIP-IT Parent engagement to families (ODE and OhioMHAS). HMG targets healthy pregnancies, parental competence, family community connectedness, child health and development, and provides services: nutrition, occupational, physical psychological, speech and language, vision, developmental, and social work (ODH): • Welcome Home provides home visits to new parents • Ohio Early Start provides services to children who are at risk for further developmental difficulties, abuse, or neglect • Early Intervention provides services for early identification and family-centered services for children w/developmental delay or disabilities. Project LAUNCH (ODH) provides screening and assessment, behavioral health integration into primary care MH consultation in early care, home visiting, family strengthening and parenting skills training for kids 0-8 w/SED. EPSDT program provides preventive, dental, mental health, and developmental, and specialty services (Medicaid) Early Head Start, and Head Start provide children in low-income families comprehensive educational, health, nutritional, and social services. OCTF provides training on: The Incredible Years, 1, 2, 3, 4 Parents, Active Parenting Now, Healthy Families America, and Parents as Teachers Positive Parenting Program (Triple P) implemented in some counties in Ohio 10 OhioMHAS board areas are supporting PAX GBG. Ohio Infant Mortality Reduction Initiative (OIMRI) through ODH funds community-based outreach and care coordination services in targeted communities with high-risk, low-income African-American pregnant women and families. OIMRI exists in 14 counties in Ohio with high infant mortality rates. ODH administers the MIECHV program to improved maternal and newborn health; prevent of child injuries, child abuse, neglect, or maltreatment, reduce of ED visits; school readiness and achievement; domestic violence; family economic self-sufficiency; and referrals for other community resources and supports (operating in 31 counties). FCFC service coordination for youth 0 – 21 FCSS funding is focused on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports. Children and youth (0-21) must have multi-systemic needs - not necessarily involved in two or more systems, but the needs must involve more than one system. JFS Step Up to Quality 5 star rating system; now includes community engagement and health promotion standards BEACON QI initiatives for HMG, and ECMH Publicly funded child care Women Infants and Children supplemental nutrition program</p>	<p>The 2014-2015 state budget includes an investment of \$30 million toward publicly funded, high quality early childhood education programs for children whose families earn less than 200% of the FPL. ECMH is funded by OhioMHAS \$70 million ELCG from USDEd and some OhioMHAS funding HMG is state and federally funded (IDEA Part C) Project LAUNCH is funded by SAMHSA EPSDT is provided through Medicaid Early Head Start funding is available through federal Admin for Children & Families OCTF is funded by ODJFS OhioMHAS Prevention is funded through SAPT and CMH Block grants, and some local levy dollars HRSA funds the MIECHV FCFC is funded 75% through federal dollars and 25% GRF FCSS is funded through OhioMHAS TANF supports publicly funded child care WIC is administered by ODH</p>	<p>Ohio Early Learning and Development Standards: Social and Emotional Development OhioMHAS requires that Community Plans must plan and provide for behavioral health services across the lifespan. OhioMHAS is allowing the use of funds for workforce development and credentialing in the Prevention area. OhioMHAS recently clarified that family therapies are fundable under current Medicaid rules. Ohio Medicaid recently made the SBIRT codes active which opens a funding source for medical provider to provide early intervention. Ohio Build/Health Disparities policy advisory workgroup to provide recommendations on strategies to address health disparities affecting children birth to 5. The Step Up to Quality program administered by JFS requires consistent academic procedures across all preschool providers. FCFC service coordination guidance http://fcf.ohio.gov/CoordinatingServices/ServiceCoordinationMechanismMatrix.aspx</p>	<p>Professional development and training materials and standards are available online. Workforce training available online through e-based learning academies. OH-TRAIN – Training-Finder Real-time Affiliate Integrated Network (TRAIN). HMG uses the OH-TRAIN learning management system.</p>	<p>MHAS provides ECMH and early intervention specialist credentialing. ELCG partnering state Agencies: ODE, OhioMHAS, ODJFS, DODD, OBM OPEC conference with MHAS, ODE & ODH IPP policy consortium is a cross agency workgroup that is developing a prevention plan that eliminates silos, is evidence-based and data-driven. OhioMHAS Prevention and Wellness, Clinical MH, and Addictions Clinical Roundtables are made up of professionals experienced in prevention, treatment, and recovery of BH that provide guidance to the Department. They are a policy think-tanks that analyze how state & federal policies impact behavioral health. BH Leadership Group consists of broad system stakeholders to provide feedback to OhioMHAS. ECAC established the cabinet by executive order in March 2007 to set state policy and coordinate programs serving Ohio children from prenatal through kindergarten. HMG Advisory Council state interagency coordinating council Ohio's Early Learning and Development Standards BEACON Council is an evolving statewide public/private partnership which enables and facilitates collaboration among more than 21 key children's provider organizations, four state agencies and a number of children's advocates. Mission is to improve the quality of care leading to improved health outcomes and reduced cost with a special emphasis on Medicaid-eligible children, youth and their families.</p>	<p>Ohio needs to better coordinate and collaborate to examine needs across systems and support those needs with data sources. We believe early childhood prevention is under-resourced because we have lots of requests for resources, evidence-based services, and training, for communities that we are unable to meet. There are waiting lists for ECMH services 1 month or more. Racial, economic & geographical diversity presents challenges for service delivery.</p>

Element #1: Promoting early childhood social and emotional learning and development.

		NEEDS ASSESSMENT			ENVIRONMENTAL SCAN				GAPS ANALYSIS	
		Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
Greene County CMT	Target Population: Children ages 3 through 3 rd grade enrolled in the 7 public school districts in Green County and Head Start programs.	Risk: <ul style="list-style-type: none"> There are no formal ECMH services in GC (GC ES & CRA, Feb 2014) Service coordination for multi-need children is limited after age 3 (GC ES & CRA, Feb 2014) No PreK teachers in GC have been trained in PAX GBG (GCESC PAX GBG training regs 2010- present) K and 1 grade teachers in 4 GC school districts are not trained and using PAX GBG (GCESC PAX GBG training regs 2010- present) 68% of 4-year preschool children with disabilities in the public school preschool programs have been identified with social/ emotional concerns (by parents on the standardized evaluations). Protective: <ul style="list-style-type: none"> 31% (42 of 135) of K and 1 grade teachers in GC school districts are trained and using PAX GBG (GC EX & CRA, 2/2014) 36 children ages 3 to 7 received SMH services in the 2012-13 school year (GC EX & CRA, 2/2014) 	Number of children receiving SMH services (GCESC MHS EMR 2012-2013) Percentage of PreK Teachers trained in PAX GBG (GCESC PAX GBG training reg 2010- present) Percentage of elementary teachers (K and 1 Grade) trained in PAX GBG (GCESC PAX GBG training reg 2010- present) Percentage of 4-year old PreK children with disabilities identified with social/emotional concerns receiving services from a behavioral specialist (Ages & Stages Questionnaires® : Social Emotional, in the 2013-14 school year.)	FCFC - Parents as Teachers, Help Me Grow, Cluster Service Coordination GCESC SMH & Learning Center K&1 services PAX Training Existing structure of Public & Private Preschools & Day Care centers are resources for this project. Early Childhood Coordinating Committee Head Start behavioral specialist serving GC	Local levy dollars to support school-based mental health services and PAX GBG and AOD prevention School financial contributions Federal grants (SAMSHA Prevention Practices in Schools grant supporting PAX GBG) Medicaid Mental Health and Recovery Board grant to Rocking Horse to contract for a Behavioral specialist in preschool buildings in GC –	Agency P&P that are CARF accredited OhioMHAS certification ORC & OAC ODE P&P	Database tracking of services GCESC MHS EMR, 2012-2013 ESC Hardware (including laptop and desktop computers, copy/fax/scan machine, A/V equipment and system)	Coordination among GC-ESC & FCFC MHRB. WSU & GC ESC staff co-teaching PAX GBG as pre-service course for K-4 teacher certification.	Limited MH services designed for early childhood needs. Limited service coordination for multi-need children after age 3. No preschool teachers have been trained in PAX GBG. Not all K and 1 teachers in GC are trained in PAX GBG. Not all children identified with social emotional concerns are receiving services.	
	Sub-target population: African American youth									
Harrison Hills City Schools CMT	Target Population: Children ages 3 through 3 rd grade enrolled in Harrison Hills City School District and Head Start Sub-target population: Children who qualify for the FRPL program who are transitioning to K from PreK or entering K without PreK experience	Risk: <ul style="list-style-type: none"> 45% (261 of 576) of children in PreK – 3rd grade qualify for the FRPL program (ODE, 2012-13) Of 136 students screened by the KRA-L 55 were not on target to enter kindergarten. The need is to have all students on target to start kindergarten. This test also measures social, emotional and academic readiness. HHCS PreK classrooms are not at full capacity. Parents of preschool children are not taking advantage of PreK programs in the school district. Protective: District PreSchools have programming that supports early learning and emotional resilience supported by preschool required curriculum.	% of children eligible for PreK that are enrolled in PreK (Source?) 60% of children entering K are academically, socially, emotionally ready for K. (KRA-L fall 2013) Kindergarten Report cards show how well students are performing and teachers test to determine students in need of more support.	Help Me Grow – Identifies children birth to three that have developmental disabilities. Head Start Programs-prepare children to enter kindergarten Local Preschools- prepare children to enter kindergarten and also provide a preschool for children with disabilities.	State and federal funds support all the resources listed adjacent and some funds are allocated towards early childhood development.	The Step Up to Quality program administered by Job and Family Services requires consistent academic procedures across all preschool providers.	School District has web site and phone notification systems for parents that inform them of events, activities etc. related to many things that includes developmental issues, tips and programs for parents to attend.	School District works with Head Start and private preschools to identify high risk students.	40% of children entering Kindergarten are not on target for social, emotional, and academic achievement. Research on what, why this is happening when there is sufficient numbers of preschool programs available needs to be addressed.	
Williams County CMT	Target Population: Children ages 3 through 3 rd grade enrolled in the 7 public school districts in Williams County Sub-target population: Children ages 3 through 3 rd grade enrolled in the 7 public school districts in Williams County who qualify for the FRPL program	Risk: 45% of children in PreK – 3 rd grade qualify for the FRPL program (ODE, 2012-13) Protective: <ul style="list-style-type: none"> 5% of children are identified as IEP during the K screening program (ODE) Williams County rate their mental health as not good if they had an annual household income of less than 25,000 (19%). Wellness assessment 2013 Per capita income = 36,613 (US Census) 22% of youth purposefully hurt themselves at some time in their lives. (wellness assessment) 6% of Youth Played the Choking game 19% youth Poverty Rate (US Census) 5% 13 or under have engaged in sexual intercourse (wellness assessment) 12% between 12 and 13 have attempted suicide (wellness assessment) 19% between 14 and 16 have attempted suicide (wellness assessment) 	# of children receiving SMH services 75 are treated by Recovery Services for Alcohol abuse (Recovery Services – service provider) % of PreK Teachers trained in PAX GBG % of elementary teachers (K and 1 Grade) trained in PAX GBG	Help Me Grow Parents of preschoolers with disabilities are screened annually on social emotional development. Students in K-3 are screened in academic areas (Math, Writing, and Language Arts/Reading) annually. More comprehensive Kindergarten Screening coming out Fall 2014.	Four County ADAMH Board (Defiance, Fulton, Henry, and Williams Counties) 21 st Century grant Race to the Top	Kindergarten Screenings ODE Reporting Requirements	NwOESC provides a website for all services offered and Professional Development Training	School Districts work with NwOESC Special Ed and School Psychology to identify high risk youth.	While standard screening is in place and academic road mapping and special education programming exists, emotional learning and development is not an indicator. Currently, WC is in a “reactive” position. Need true front end diversion and identification of issues that could and will be addressed from the beginning of a youth’s education. Communication and consistency do not exist. The primary focus is on academics and youth are not prepared to receive the education because of underlying and unaddressed issues. Data collection is needed The Gap is 1/7 in Help Me Grow	

Element #2: Promoting mental, emotional, and behavioral health.

NEEDS ASSESSMENT				ENVIRONMENTAL SCAN					GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities		
State Management Team	<p>Target Population: All Ohio children and youth</p> <p>Sub-target population: Rural poor</p>	<p>Risk:</p> <p>90,000+ youth with SED or SMI in Ohio (NASMHPD, NRI Data Infrastructure Coord Ctr, 2011).</p> <p>YRBS, 2013:</p> <ul style="list-style-type: none"> 17.3% did something to purposely hurt themselves such as cutting or burning on purpose during the past year 14.3% of students seriously considered suicide last year 11.1% made a plan about how to attempt suicide during the last year 6.2% attempted suicide last yr 25.8% stopped doing usual activities due to being sad 49.7% of kids who felt sad never or rarely got help <p>Male 13-17 had more emotional, developmental, or behavioral problems (Ohio Family Health Survey)</p> <p>Rate of major depression for youth 12-17 has increased recently (NSDUH)</p> <p>Protective:</p> <p>YRBS, 2013:</p> <ul style="list-style-type: none"> 32.7% ate 7+ meals with their family during the last week 26.4% get 8+ hours avg sleep per night 65.7% had a routine physical health checkup in the last year 21.1% saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem in the last year 83.1% would feel comfortable seeking help from a non-parent adult if they had an important life question 71.0% have at least one adult in school they can talk to if they have a problem 50.3% of kids who felt sad got the help they needed 	<p>GPRA: Total number of students who received school-based mental health services.</p> <p>GPRA: Percentage of MH service referrals for students which resulted in MH services provided in the community.</p> <p>Data sources: NASMHPD, NRI Data Infrastructure Coord Ctr, 2011 YRBS NSDUH Ohio Family Health Survey</p>	<p>ODE rollout of Positive Behavioral Interventions and Supports – a framework that guides selection and implementation of evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all students. PBIS emphasizes data for decision making, measurable outcomes, achievable practices with evidence, and systems that support implementation.</p> <p>OhioMHAS supports the Ohio Mental Health Network for School Success (OMHNSS).</p> <p>OFCMH and Youth Move expands collaboration, supports advocacy, and increases available services.</p> <p>OhioMHAS supported the development of Resiliency Ohio to empower youth and families and to support and develop local mental health systems that foster resiliency.</p> <p>Family Engagement GAP (Grief Advocacy and Prevention) group supports individuals and families affected by addiction (DFAA, AG, OACBHA, OhioMHAS, and ODH)</p> <p>OhioMHAS is funding the Mental Health First Aid program to help the public identify, understand, and respond to signs of MI and SU disorders; Ohio now has a cadre of trainers.</p> <p>The OSPF GLS Campaign for Hope (funded by SAMHSA) is a 3-yr youth suicide prevention campaign that targets educators, military families, and other adults working with high risk youth using 75 suicide prevention coalitions and implements an online Gate Keeper training.</p> <p>OhioMHAS is partnering with the ONG Ohio 4-H Operation Military Kids project to support resiliency in military families and children; helps find children positive ways to cope with stress of parents' deployment.</p> <p>OhioMHAS will be introducing Positive Parenting Program (Triple P) in primary healthcare settings as part of SBIRT.</p> <p>EPSDT program provides preventive, dental, mental health, and developmental, and specialty services (Medicaid)</p> <p>OCTF provides training on: Active Parenting Now, Adults and Children Together Raising Safe Kids, Healthy Families America, Parents as Teachers, and Strengthening Families Framework</p> <p>10 OhioMHAS board areas are supporting PAX GBG.</p> <p>Over 80 Suicide Prevention Coalitions across the state.</p> <p>ENGAGE program expanding high-Fidelity Wraparound statewide for youth 14-21 to promote successful transitions to adulthood.</p> <p>FCFC service coordination for youth 0 – 21</p> <p>Adolescent Health Partnership: Goal 1 (Behavioral Health) activities.</p> <p>FCSS funding is focused on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports. Children and youth (0-21) must have multi-systemic needs - not necessarily involved in two or more systems, but the needs must involve more than one system.</p> <p>BEACON Pediatric Psychiatry Network 24/7 access to adolescent psychiatry decision support, education and triage services; System of Care for children's mental health.</p> <p>Medicaid Schools Program (MSP) can provide specific services for kids with IEPs. MSP is coordinated by ODJFS & ODE.</p>	<p>OhioMHAS is supporting a State Plan Amendment to fund Intensive Home-based Therapy</p> <p>SAPT Block Grant requirement that 20% is spent on prevention and promotion. CMHS Block grant funds can also be used for prevention and promotion.</p> <p>MH Block Grant</p> <p>ENGAGE is funded through SAMHSA SOC Implementation grant.</p> <p>FCFC is funded 75% through federal dollars and 25% GRF</p> <p>OhioMHAS funds NAMI, OFCMH</p> <p>OhioMHAS funds FCSS</p>	<p>OAC 3301-35-15 Standards for the implementation of positive behavior intervention supports and the use of restraint and seclusion.</p> <p>OhioMHAS is allowing the use of funds for workforce development and credentialing in the Prevention area and for a Youth Leadership Prevention credential.</p> <p>OhioMHAS recently clarified that family therapies are fundable under current Medicaid rules.</p> <p>Suicide Prevention policy was enacted this year and requires schools to provide a certain number of training hours on suicide prevention yearly.</p> <p>OAC 3301-29-01 Community school education management information system reporting - requires reporting children with handicaps who receive services</p> <p>FCFC service coordination guidance http://fcf.ohio.gov/Coo rdinatingServices/ServiceCoordinationMechanismMatrix.aspx</p>	<p>Youth suicide prevention initiative KOGNITO online avatar training, simulations for K-12 school personnel to learn to recognize signs of psychological distress and connect students to supportive services.</p> <p>KOGNITO also offers their Family of Heroes avatar training for military service members and their families.</p> <p>Gatekeeper training to notice signs and symptoms of suicide (OSPF).</p> <p>SPF-sig tools on Assessment, Capacity, Planning, Implementation, Evaluation, Cultural Competency, and Sustainability</p> <p>www.ohiocompassionmap.org maps non-profit organizations by community in education, health, mental health, crime, housing, youth development, human services, civil rights, community improvement, etc.</p> <p>Office of Special Education Programs, USEd Technical Assistance Center on PBIS www.pbis.org</p> <p>ENGAGE grant using the online Ohio Benefit Bank to facilitate transition planning.</p>	<p>OhioMHAS BH Leadership Group is a statewide advisory team for MH and SA policy issues & provides education and communication forum around BH policy changes.</p> <p>OhioMHAS MH Clinical, Prevention, and Addictions Clinical Roundtables provide advice and practical guidance to the Director and Medical Director on standards, policies, and concerns.</p> <p>HPIO serves as Ohio's nonpartisan, independent source for forecasting health trends, analyzing key health issues, and communicating current research to policymakers, state agencies and other decision-makers.</p> <p>OFCF is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging and empowering families.</p> <p>OhioMHAS and DODD are committed to advancing trauma informed care through a statewide Trauma Informed Care Initiative which will develop, coordinate and implement a plan for statewide transmission of trauma informed care in a broad and cost-effective manner, using Ohio expertise in consultation with national experts beginning in early 2014.</p> <p>OhioMHAS is supporting ODE in the implementation of PBIS.</p> <p>Ohio Adolescent Health Partnership members (state departments, schools, health plans and orgs) have created a strategic plan to address critical adolescent health issues.</p> <p>Ohio Interagency Task Force on Mental Health and Juvenile Justice</p> <p>OFCF Family Engagement Steering Committee</p> <p>ENGAGE Management Team includes stakeholders across Ohio</p> <p>Ohio's Interagency Work Group on Autism (IWGA) is coordinating efforts among state agencies.</p> <p>BEACON group (see Element 1)</p> <p>TIC interagency workgroup (OhioMHAS, DODD & others)</p>	<p>A state-level collaborative effort between Education, Mental Health and Addiction Services, Youth Services, Job & Family Services, and Ohio Suicide Prevention Foundation is more developed for Substance Abuse than Mental Health promotion. Resources are needed to further develop MH promotion.</p> <p>Diversity (racial, economic & geographical) presents challenges for service delivery.</p> <p>The workforce lacks understanding of mental health promotion, prevention specialists need to expand their scope to include mental health; treatment has often been the focus and there is a need for greater attention to the population-focus of the public-health model.</p>

Element #2: Promoting mental, emotional, and behavioral health.

		NEEDS ASSESSMENT			ENVIRONMENTAL SCAN				GAPS ANALYSIS	
		Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
Greene County CMT	Target Population: All Greene Co. Students. Sub-target population: African American youth	<p>Risk:</p> <ul style="list-style-type: none"> 45% of students referred for MH services did not receive them 10% of children with disabilities in grades K-1 have social emotional behavioral goals on their IEPs, showcasing the severe nature of their disability. Lack of parent involvement in the integration of MH prevention efforts Lack of behavioral health prevention services <p>Protective:</p> <ul style="list-style-type: none"> Strong SMH model program imbedded in schools 31 staff in FCFC, JC & MVJRC have been trained in PAX Kernels using with youth in afterschool programs and families in prevention programs Strong FCFC & MHRB investment 	<p>Total number of students who received school-based MH services</p> <p>Percentage of MH service referrals for students which resulted in MH services being provided in the community.</p> <p>Source: GCESC MHS database; PAX GBG training registrations</p> <p>Source: Community Readiness assessment</p>	<p>GCESC MHS is a certified CMH agency accredited by CARF and certified by OhioMHAS. It is one of only a few certified CMH agencies in Ohio that is imbedded in an ESC and integrated within the school system.</p> <p>FSC provides certified prevention services and outreach efforts to schools.</p> <p>FCFC coordinates and collaborates county resources and provide services through Parents as Teachers, Cluster Service Coord., intervention services & referrals</p> <p>JC Strengthening Families program.</p>	<p>Local levy dollars to support school-based mental health services and PAX GBG and AOD prevention)</p> <p>School financial contributions</p> <p>Federal grants (i.e., Title XX)</p> <p>Medicaid funding for treatment svcs</p> <p>MHRB funding & supports through levy funding, program supports, and involvement in service coordination & delivery</p>	<p>The ESC MHS is CARF accredited, and the Policies and Procedures assure quality services and supports</p> <p>The ESC MHS is also OhioMHAS certified</p> <p>ODE anti-HIB, and school safety policies</p> <p>OAC 3301-35-15 includes standards for implementing PBIS</p> <p>OAC 3301-29-01 requires reporting children with handicaps who receive services</p>	<p>GCESC MHS database tracking of services</p> <p>Electronic medical and educational records</p> <p>ESC Hardware including laptop and desktop computers, copy/fax/scan machine, A/V equipment and system</p>	<p>Coordination among GCESC, FCFC, and MHRB</p>	<p>Referrals & needs outweigh SMH program service capacity.</p> <p>All teachers are not trained in classroom based PBIS</p> <p>Schools lack coordination and support in meeting the ODE anti-HIB requirements of tracking, programming, and intervention</p> <p>More BH prevention programs need to be implemented</p> <p>More consistent coordination and integration of community planning with the FCFC is needed.</p>	
	Harrison Hills City Schools CMT	<p>Target Population: Students k-12</p> <p>Sub-target population: Adolescents; Appalachian cultural region</p>	<p>Risk:</p> <ul style="list-style-type: none"> 58% of children are eligible for free or reduced lunches 50% of school staff disagree that schools provides adequate counseling and support for students (3-6 gd. school climate Student Survey) An increasing rate of Teen Pregnancy and STDS in Harrison co. among teens (Health department statistics 2014) <ul style="list-style-type: none"> Currently 3 women ≤ 18 that are identified as pregnant and on Medicaid (JFS 2014) 33% of chlamydia cases were < 19 Limited access to MH services in schools; access is limited to a student who's therapist see clients in the school setting. <p>Protective: There are mental health treatment services available in the community on a limited basis</p>	<p>Total number of students who received school-based mental health services.</p> <p>Percentage of MH service referrals for students which resulted in MH services being provided in the community.</p>	<p>3 CMH providers, 1 SA provider</p> <p>Non -therapeutic counseling in school by guidance counselors.</p> <p>FCFC – assess and help families access residential treatment services for sever mental illness cases.</p> <p>21st Century After School Program provides academic enrichment activities, drug and violence prevention programs, counseling programs, art, music, and recreation programs, technology education programs, and character education programs.</p> <p>Court supported Elementary Counseling Program</p>	<p>State, Federal, Local and Fee for Services</p>	<p>State Departments and Licensing groups have standards service providers must meet.</p> <p>ODE PBIS, anti-HIB, and school safety policies</p>	<p>Treatment agencies have individual web sites that provide agency contact information, times and types of services provided.</p>	<p>The mental health and Recovery Board coordinates and oversees mental health services for Harrison, Belmont and Monroe Counties and connecting persons and other programs to these services.</p> <p>FCFC brings together community child serving agencies to address community needs collaboratively.</p>	<p>There is no true school based mental health program in Harrison County.</p> <p>Poverty, lack of community transportation and lack of therapeutic counseling in school causes many students who need services not be able to access or receive them.</p>
	Williams County CMT	<p>Target Population: All students in WC</p> <p>Sub-target population: Adolescents with Emotional Disturbances and Behavioral Issues who are at high risk for juvenile justice involvement</p> <ul style="list-style-type: none"> Less than 3% of African American youth are JJ involved 26% in JJ court with Mental Health Issues (JJ Court) 	<p>Risk:</p> <p>WC Health Assessment Project 2013:</p> <ul style="list-style-type: none"> 36% are at high risk for abuse, MEB issues 16% felt sad or hopeless almost every day for 2 or more weeks 10% seriously considered suicide in the past year 5% attempted suicide in the past year 2% of the suicide attempts resulted in being treated by a doctor (4% for ages 9-12) <p>Protective: Recent community leadership awareness of MEB issues in our youth and families.</p>	<p>Total number of students who received school-based MH services Baseline: 75 Youth received mental health services from Four County Mental Health per month – through 7 districts.</p> <p>Percentage of MH service referrals for students which resulted in MH services being provided in the community.</p> <p>Baseline: 60%-70% of the 75 resulted mental health service referrals for students which resulted in mental heal services being provided in the community. Per month through Recovery Services</p>	<p>FAST program in grades 5-7</p> <p>Incredible Years in grades k-1</p> <p>Don't Laugh At Me respect program in grd 2</p> <p>Signs of Suicide (SOS) implemented in grades 7 & 9 – Maumee Valley Guidance service Provider</p> <p>Teen Issues Groups for girls in grades 7 and 8</p> <p>Willams County Teen Task Force annual program for 8th graders on topics such as dating, violence, cyber-bullying, depression, suicide, self-esteem</p> <p>Four County Family Center provides high quality and affordable counseling, home care, outreach, advocacy, and prevention education services.</p> <p>NAMI for outreach</p> <p>Recovery Services for Alcohol and co-occurring</p>	<p>United Way of Williams County</p> <p>Williams County Health Department</p> <p>Four County Mental Health and Recovery Board</p>	<p>ODE PBIS, anti-HIB, and school safety policies</p>	<p>NWOESC website lists resources for youth and families</p> <p>First call for Help for referrals</p> <p>United Way</p> <p>ADAHMS Board</p> <p>WC Health Assessment project repeated annually</p>	<p>The Linking Individuals with Needs to the Community (LINC) program works with schools, educators, students, families, the Juvenile court, community law enforcement, and community services.</p>	<p>LINC is developing a comprehensive website.</p> <ul style="list-style-type: none"> Teachers lack knowledge about behavioral health signs & sympt Screening tools are missing Behavioral health providers are unaware of educational processes Education system is not aware of behavioral health system processes <p>Existing services focus on high-need children who are already system-involved; there is a lack of early promotion and intervention.</p> <p>Screening tools are not available for behavioral priorities.</p>

Element #3: Connecting family, schools, and communities.

NEEDS ASSESSMENT			ENVIRONMENTAL SCAN					GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
<p>Target Population: All Ohio children and youth</p> <p>Sub-target population: Rural poor</p> <p style="text-align: center;">State Management Team</p>	<p>Risk:</p> <p>YRBS 2013:</p> <ul style="list-style-type: none"> 14.4% bullied away from school during the past year 44.8% of youth had 3 or less meals with their family in the last week <p>Protective:</p> <p>YRBS, 2013:</p> <ul style="list-style-type: none"> 32.2% of youth ate 7 or more meals with their family in the last week (~1 per day) 62.2% of students who played on 1+ sports teams in the past year 65.3% of youth had 2+ non-parent adults they feel comfortable seeking help from with an important question 71.0% of youth had at least 1 teacher or other adult in the school they could talk to if they had a problem 51.9% of youth participated in an organized activity at least 1 day in the last week (e.g., school club, community group, music/art/dance lessons, drama, church, etc.) 	<p>% of youth reporting having talked with a parent and the percent of parents reporting that they have talked to their child around alcohol and drug use (Social Connectedness Prevention NOM – NSDUH questionnaire)</p> <p>Data Sources: YRBS NSDUH</p>	<p>ODE rollout of PBIS – a framework that guides selection and implementation of evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all students. PBIS emphasizes data for decision making, measurable outcomes, achievable practices with evidence, and systems that support implementation.</p> <p>Promote meaningful youth involvement in community substance prevention and mental health promotion through the OYLPN and ENGAGE youth and young adult groups.</p> <p>ODE Parent-Teacher Partnership (PTP), part of the SPDG, is being piloted in 1 district within each of Ohio's 16 educational regions. PTP focuses on parents with students with disabilities, including emotional, behavioral, and mental health; PTP focuses on strategies for empowering families, and strategies for developing partnerships and collaborative relationships families and professionals. It also address the legislative mandates for working with families of children with disabilities</p> <p>JC mediation programs where families, youth and schools can utilize mediation to address issues, youth do not have to be court-involved to participate.</p> <p>Family, school & community partnerships part of the FCF Councils focused on behavioral health within school settings.</p> <p>OhioMHAS funds UMADOPs to provide culturally appropriate drug and alcohol prevention services to African American and Hispanic/Latino American communities.</p> <p>Family Engagement GAP (Grief Advocacy and Prevention) group supports individuals and families affected by addiction (DFAA, AG, OACBHA, OhioMHAS, and ODH)</p> <p>NAMI & Youth Move are creating young adult specific Peer Support Specialist training.</p> <p>OCTF provides training on: Active Parenting Now, Adults and Children Together Raising Safe Kids, Healthy Families America, Parents as Teachers, Strengthening Families Framework</p> <p>Strong Families Safe Communities grants for care coordination & support for families with children in crisis who present a risk to themselves, their families, or others because of a MI or DD. (OhioMHAS and DODD)</p> <p>OhioMHAS supports the OMHNS creates 6 regional networks to help schools, communities, and families work together.</p> <p>OFCMH and Youth Move expands collaboration, supports advocacy, and increases available services.</p> <p>OhioMHAS supported the development of Resiliency Ohio to empower youth and families and to support and develop local mental health systems that foster resiliency.</p> <p>OhioMHAS is partnering with the ONG Ohio 4-H Operation Military Kids project to support resiliency in military families and children; helps find children positive ways to cope with stress of parents' deployment.</p> <p>OhioMHAS will be introducing Positive Parenting Program (Triple P) in primary healthcare settings as part of SBIRT.</p> <p>FCFC service coordination for youth 0 – 21</p> <p>NAMI Parent Advocacy Connection supports parents in their advocacy and in helping navigate their way through Ohio's systems (MH, schools, JC, DD, AoD)</p> <p>Ohio Commission on Fatherhood is housed within JFS to enhance the well-being of Ohio's children by providing opportunities for fathers to become better parents, partners and providers.</p> <p>FCSS funding is focused on maintaining children and youth in their own homes and communities by providing non-clinical family-centered services and supports. Children and youth (0-21) must have multi-systemic needs - not necessarily involved in two or more systems, but the needs must involve more than one system.</p> <p>Adolescent Health Partnership: Goal 3 (Reproductive health), 4 (Nutrition & Physical Activity), and 5 (Sleep) activities.</p> <p>Alternative Response (AR) (JFS) will be statewide by the end of FY14. AR allows flexibility in assessing and providing services to families who have abuse & neglect allegations. Serious cases will continue to have traditional investigations, less severe incidents may be assigned to AR. AR involves families, creates partnerships between workers and families, fosters collaboration, focuses on identifying concerns and finding solutions, and forms connections with community-based agencies.</p>	<p>SAPT Block grant</p> <p>ENGAGE federal grant</p> <p>TANF dollars to support Governor Kasich's Start Talking Resiliency Grants (see Systems Integration Activities)</p> <p>FCFC is funded 75% through federal dollars and 25% GRF</p> <p>21st CCLC</p> <p>OhioMHAS funds FCSS</p>	<p>OAC 3301-35-15 Standards for the implementation of positive behavior intervention supports and the use of restraint and seclusion.</p> <p>ORC 3313.472 policy on parental and foster caregiver involvement in schools. Each school board is required to adopt a policy that builds effective communication, and provides opportunities for parents to be involved. The policy should encourage collaboration with community-based programs.</p> <p>ORC 3324.04 Adoption of district plan for identifying gifted students.</p> <p>NCLB Title 1 ESEA financial assistance to LEAs with high numbers or percentages of children from low-income families.</p> <p>Part A Parental Involvement Guidance.</p> <p>IDEA</p> <p>FCFC service coordination guidance http://fcf.ohio.gov/CoordinatingServices/ServiceCoordinationMechanismMatrix.aspx</p>	<p>RedTreehouse.org online resource that connects the community of families, young adults, professionals and organizations to share information, knowledge and resources; discover answers to questions and concerns; make community connections and build support networks; and be a resource and reference tool.</p> <p>The ENGAGE social media campaign will be kicking off soon to reach transition-age youth.</p> <p>The OYLPN has a large social media presence with their website, twitter, and Facebook.</p> <p>OhioMHAS has updated their social media presence by adding Facebook, twitter, and flickr.</p> <p>KNOW! sends out twice-monthly emails with Parent Tips and TEACHable Moments to educators and community leaders that reinforce parents prevention messages (with DFAA & Start Talking).</p> <p>Parents360Rx is a component of Police and Communities Together is sending out toolkits with video and discussion guides to better inform parents and so they feel empowered to have conversations with their children (Start Talking)</p> <p>SPF-sig tools on Assessment, Capacity, Planning, Implementation, Evaluation, Cultural Competency, and Sustainability</p> <p>www.ohiocompassionmap.org maps non-profit organizations by community in education, health, mental health, crime, housing, youth development, human services, civil rights, community improvement, etc.</p> <p>Website for Start Talking http://www.starttalking.ohio.gov/</p>	<p>Redtreehouse.org is a partnership between OFCF and Ronald McDonald House of Cleveland.</p> <p>OCFC is a partnership of state and local government, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging and empowering families.</p> <p>DFAA/OCCE formed the SPCA; members network with other coalitions and share knowledge and resources to help them strengthen and sustain their infrastructure and receive practical information about effective strategies and initiatives, which engage the community and create environmental change.</p> <p>OYLPN and ENGAGE youth are focusing on cross-systems and holistic approaches at the state and local levels.</p> <p>OhioMHAS and DYS share the Behavioral Health Juvenile Justice Project (BHJJ) designed to expand local systems' options for providing services to juvenile offenders with serious BH needs. Projects enhance assessment, evaluation and treatment of multi-need, multi-system-involved youth and their families and provide judges an alternative to incarceration; projects serve youth ages 10-18</p> <p>Governor Kasich's START TALKING initiative is aimed at prevention drug abuse among Ohio's children and includes specific programs such as Parents360Rx, KNOW! and offers communities competitive prevention program funding.</p> <p>Ohio Adolescent Health Partnership (see Element 2)</p> <p>Ohio Interagency Task Force on Mental Health and Juvenile Justice</p> <p>Ohio Sexual and Intimate Partner Violence Prevention Consortium</p>	<p>ODE's reorganization eliminated the Office of Family and Community Support. At this time, it is unclear who is providing guidance and support for family and community engagement to all schools; ODE does offer support in regards to parent engagement through schools participating in the 21st Century grants (CCLC).</p> <p>There is need for increased coordination among the youth-led groups across the state (OYLPN, ENGAGE grant, Youth Move, Ohio Youth Advisory Board)</p> <p>PBIS has just begun to develop the universal structure to engage at-risk students and their families; PBIS needs to be adopted in every school, for every student, to fidelity.</p> <p>Many EBPs focus on changing the child but not the child's environment (family and school).</p> <p>Challenges engaging parents in the schools, only a few parents participate.</p>

Element #3: Connecting family, schools, and communities.

NEEDS ASSESSMENT				ENVIRONMENTAL SCAN					GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities		
Greene County CMT Target Population: Children enrolled in the 7 public school districts in Greene County Sub-target population: African American youth in Greene County	Risk: Engagement among family, schools, and communities has not been assessed in GC (GC ES & CRA, Feb 2014) While the ODE provides resources through the Office of Family and Community Support and there are state and federal policies regarding engagement; there is low awareness of the resources and the how the policies are impacting GC students and families (GC ES & CRA, Feb 2014) Protective: GC has Coalitions established to promote and protect the physical and/or mental health of children. (GC ES & CRA, Feb 2014)	# of GC school districts who have an Policy for Parent and Family Involvement # of GC school districts who have an procedure and evaluation system for gauging Parent and Family Involvement	Local PTOs, PTAs, and Booster Organizations FCFC Parent Involvement Committee Parent Volunteers in Schools & Communities GC ESC	Businesses and parents provide financial contributions to community and school initiatives.	Ohio Parent Involvement Law as outlined in ORC Sections 3313.472(A), 3324.04, and 3324.06 NCLB, Title 1, Section 118 IDEA 2004 Sections 650 and 664 The Ohio State Board of Education's Parent and Family Involvement Policy (2007).	AV Equipment Training Facility Website ESC Hardware (including laptop and desktop computers, and copy/fax/scan machine)	GC ESC community wide grant coordination ESC & FCFC as hubs of service coordination for county	GC lacks tracking tools to measure community engagement and parental involvement in school and community activities and initiatives. More information needs to be gathered regarding the family and community engagement models currently being utilized by the school districts in GC.	
Harrison Hills City Schools CMT Target Population: Children and youth enrolled in the Harrison Hills City School District and Head Start. Sub-target population: Middle and high school students and their families who are enrolled in the Harrison Hills City School District	Risk: 72% of school staff feel schools fail to involve most parents in school events and activities (District grades 3-6 School Climate Survey, 2013) Grandparents raising grandchildren are requesting help from school staff on rearing/education issues. The American Community Survey 2007-2011 estimate 192 grandparent householder responsible for own grandchildren under 18 years. Protective: An average of 80% of students 3-6gd. report they agree or strongly agree with 5 statements that support a strong school connection in the Climate Student Survey and 72% feel teachers really care about them.	28% of school staff who perceive that the school involves most parents in school events and activities 192 grandparent house holds are raising grandchildren and school administrators report receiving many requests for assistance with parenting issues from this population.	Back to School Rally community groups provide educational supplies, games, educational info before school begins in fall. PTO & PTA clubs meet monthly and encourage family involvement in school activities. Ohio State University Extension Office provides programs that bring families together at the community level.	Federal The school rally and PTO/PTA activities are supported by Donations and volunteers .Ohio State University is supported by State and Local Funds	Ohio Parent Involvement Law as outlined in ORC Sections 3313.472(A), 3324.04, and 3324.06 NCLB, Title 1, Section 118 IDEA 2004 Sections 650 and 664 The Ohio State Board of Education's Parent and Family Involvement Policy (2007).	School districts have phone announcement system and website to keep community students, and families informed of the activities going on at the school level. The Superintendent also puts out a weekly newsletter that updates people on events etc.		There is a need to increase parent involvement with the school district that builds school and family connections. Provide support services for parents/grandparents who need assistance helping their child is a community/school project that would bring together all three entities.	
Williams County CMT Target Population: Children and youth enrolled in the 7 public school districts in Williams County May need to add Head Starts or private preschools? Sub-target population: Youth at-risk for involvement or currently involved with the juvenile justice system	Risk: • 45% of children and youth in the 7 public schools in WC qualify for the FRPL program (ODE, 2012-13) Williams County Wellness Assessment: • 37% of youth felt comfortable going to an adult to discuss concerns • When discussing depression or suicide – 29% went to best friend/ 18% parents/ 4 % school staff • 12% of youth have seriously considered suicide • 27% of youth reported not seeking help because of what others might think • 5% using illegal drugs/ 3% vandalism/violent behavior 2% harm someone else • 29% rely on praying when dealing with anxiety/stress or depression; 31% rely on parents • 20% of youth reported they went to bed hungry because they didn't have enough food • 60% of adults went outside of WC for healthcare Protective: Generally speaking, the WC CMT is very globally focused on the current environment in WC. There were no protective factors for this element listed in the draft submitted by the WC CMT.	The data submitted includes data on adult alcohol use, fatal MVA due to alcohol and marijuana use. It has been difficult to determine an indicator connecting family, schools, and communities	FAST Family and Teachers First Program Imagination Library Parent Mentor Program through NwOESC Back Pack Program for weekend food, once per month to 5-10 families 21st Century After School Program	United Way – Williams County Pioneer United Methodist Church 21st Century Grant	Ohio Parent Involvement Law as outlined in ORC Sections 3313.472(A), 3324.04, and 3324.06 NCLB, Title 1, Section 118 IDEA 2004 Sections 650 and 664	None	The Linking Individuals with Needs to the Community (LINC) program works with schools, educators, students, families, the Juvenile court, community law enforcement, and community services.	Generational Poverty is a great concern in Williams County. 45% free lunches county wide and an entitlement as well. The culture of generational poverty needs to be understood. When looking at Schools, Family and Communities – the gap is education and busting stigmas related to mental health, poverty and diversity. This is a priority for LINC. Educate the ignorance, not feed it and not ignore it. 60% of Williams County residence go outside of the county for treatment. Wellness assessment.	

Element #4: Preventing behavioral health problems, including substance abuse.

NEEDS ASSESSMENT				ENVIRONMENTAL SCAN					GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators+ and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities		
State Management Team	<p>Target Population: All Ohio children and youth</p> <p>Sub-target population: Rural poor</p>	<p>Risk:</p> <p>NSDUH (2011-2012) youth 12-17:</p> <ul style="list-style-type: none"> • 9.8% used illicit drugs in the last month (~93,000 youth) • Average age first use of substances: <ul style="list-style-type: none"> ○ 12.9 cigarettes ○ 13.3 non-medical psychotherapeutics ○ 13.4 alcohol ○ 13.9 marijuana • Perceived no great risk from : <ul style="list-style-type: none"> ○ 35.9% cigarette smoking 1+ packs day ○ 73.2% marijuana smoking 1+ mo ○ 73.2% 5+ drinks 1-2/wk • 8.9% had a major depressive episode <p>YRBS, 2013:</p> <ul style="list-style-type: none"> • 15.1% smoked cigarettes last 30 days • 21.7% used tobacco last 30 days • 12.7% drank alcohol before age 13 • 29.5% have used alcohol in last 30 days • 16.1% have had 5+ alcohol drinks in a row within the last month (binge drinking) • 35.7% used marijuana in their lifetime • 5.8% used marijuana before age 13 • 20.7% used marijuana last 30 days • 12.8% have used prescription painkillers without a prescription in their lifetime • Of students who have had intercourse in last 3 months, 18.4% drank alcohol or used drugs prior • 26.6% gambled money or personal items during the past year <p>Only 38% of Ohio's SA Tx center include programs for adolescents (Actional Survey of Substance Abuse Treatment Services)</p> <p>Protective:</p> <p>253,608 kids 5-17 served by OhioMHAS Prevention programs SFY11 (BH db)</p> <p>Ohio has the largest number of certified prevention specialists in the county (over 300 – ICRC database)</p> <p>YRBS, 2013:</p> <ul style="list-style-type: none"> • 84.9% did not smoke cigarettes past 30 days • 70.5% did not drink alcohol past 30 days • 79.3% did not use marijuana past 30 days 	<p>GPRA: Percentage of students who report consuming alcohol on one or more occasions during the past 30 days</p> <p>Data Sources: NSDUH YRBS</p>	<p>OhioMHAS supports the SPCA and over 100 Drug Free Community Coalitions in Ohio. The Coalitions address local alcohol and drug abuse needs and promote healthy youth development.</p> <p>ODE, OhioMHAS & DFAA brought drug free messages to the classroom in "Prevention Works! A Guide for Red Ribbon throughout the Year"</p> <p>OhioMHAS funds UMADOPs to provide culturally appropriate drug and alcohol prevention services to African American and Hispanic/Latino American communities,</p> <p>Promote meaningful youth involvement in community substance prevention and mental health promotion through the OYLPN. For example, OYLPN developed and created the Social Norms campaign, We Are the Majority that local youth groups across Ohio can utilize; over 1600 youth participated in the We are the Drug Free Majority rally.</p> <p>OCTF provides training on:</p> <ul style="list-style-type: none"> • Active Parenting Now • Adults and Children Together Raising Safe Kids • Healthy Families America • Parents as Teachers • Strengthening Families Framework <p>10 OhioMHAS board areas are supporting PAX GBG.</p> <p>Adolescent Health Partnership: Goal 1 (Behavioral Health) activities.</p> <p>GAP Network of family engagement groups pursues issues of substance abuse, specifically prescription drug and opiate addiction in all Ohio communities.</p>	<p>OhioMHAS funds coalitions through SAPT BG, and SPF-SIG, Board levy dollars</p> <p>OhioMHAS funds special population grants: for deaf and hard of hearing, women's prevention, minority, and higher education</p> <p>Enforcing Underage Drinking Laws (EUDL) through OJJDP.</p> <p>TANF dollars to support Governor Kasich's Start Talking Resiliency Grants (see Systems Integration Activities)</p> <p>State juvenile justice funds: 1) state subsidy to every county, 2) Reclaim, 3) Targeted Reclaim, and 4) IVE federal reimbursement (e.g., Positive Parenting Program)</p>	<p>OhioMHAS Agency Certification rules require individual and agency certification to provide prevention services.</p> <p>Requiring POPS for reporting of Prevention services and outcomes</p> <p>Board community plans include prevention</p>	<p>OhioMHAS operates the Proving Ohio's Prevention Success (POPS) system to collect outcomes for prevention programs using the NOMs framework and also collects demographic and programmatic information on all federal- and state-funded prevention programs. POPS also has a continuous quality improvement feature.</p> <p>Workforce training available online through e-based learning academies.</p> <p>SPF-sig tools on Assessment, Capacity, Planning, Implementation, Evaluation, Cultural Competency, and Sustainability</p> <p>www.ohiocompassionm.ap.org maps non-profit organizations by community in education, health, mental health, crime, housing, youth development, human services, civil rights, community improvement, etc.</p> <p>Website for Start Talking http://www.starttalking.ohio.gov/</p>	<p>Trainings on how to implement environmental strategies and population-based interventions.</p> <p>Expanding the SPF to include mental health; suicide prevention coalitions are beginning to use this framework for their planning processes.</p> <p>The recent merging (July 2013) of the Ohio Departments of Mental Health and Alcohol and Drug Addictions Services</p> <p>OhioMHAS, ODE, and Health are collaborating on the first combined early childhood, prevention, and early intervention conference.</p> <p>Governor Kasich's START TALKING initiative is aimed at prevention drug abuse among Ohio's children and includes specific programs such as Parents360Rx, KNOW! and offers communities competitive prevention program funding.</p> <p>Ohio Adolescent Health Partnership</p> <p>The Ohio Respite Coalition is a statewide collaboration among family members, caregivers, advocates, respite providers, agencies, community groups, and state and local government officials focusing on temporary relief from the responsibilities associated with caregiving.</p>	<p>Gap between prevention science and practice.</p> <p>Difficulty in replicating expensive model programs</p> <p>The workforce lacks understanding of mental health promotion, prevention specialists need to expand their scope to include mental health; treatment has often been the focus and there is a need for greater attention to the population-focus of the public-health model.</p> <p>Diversity (racial, economic & geographical) presents challenges for service delivery.</p>

Element #4: Preventing behavioral health problems, including substance abuse.

		NEEDS ASSESSMENT			ENVIRONMENTAL SCAN				GAPS ANALYSIS
	Target & Sub-populations	Risk and Protective Factor	Indicators+ and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
Greene County CMT	<p>Target Population: All Greene Co. Students.</p> <p>Sub-target population: African American youth in Greene County</p>	<p>Risk:</p> <ul style="list-style-type: none"> Increasing access to alcohol, exposure to peers using alcohol: 27% of GC high school students report consuming alcohol on 1+ occasions in the past 30 days (2012 DADS Survey) Alcohol consumption rates indicate youth are drinking at younger ages: 6% of 7th & 8th grade GC students report consuming alcohol on 1+ occasions in the past 30 day (2012 DADS Survey) NA indicators show that student alcohol use makes several significant jumps pointing to ages to target prevention and intervention services (2012 DADS Survey): 6% of MS students report drinking more than a few sips of alcohol past 30 days, compared to: <ul style="list-style-type: none"> 18% of 9th & 10th graders 28% of 11th graders and 44% of 12th graders. <p>Protective:</p> <ul style="list-style-type: none"> School resource officers School-based youth-led prevention & asset building programs 113 teachers trained and using PAX GBG 	<p>Percentage of students who report consuming alcohol on one or more occasions in the past 30 days.</p> <p>Source: 2012 DADS Survey</p>	<p>School resource officers</p> <p>JC Strengthening Families & diversion program-;</p> <p>GCESC MHS is a certified CMH agency accredited by CARF and certified by OhioMHAS. It is one of only a few certified CMH agencies in Ohio that is imbedded in an ESC and integrated within the school system.</p> <p>School resource officers</p> <p>School-based youth-led prevention & asset building programs</p> <p>113 teachers trained and using PAX GBG</p> <p>GC drug prevention coalitions</p>	<p>Local levy dollars to support school-based mental health services and PAX GBG and AOD prevention</p> <p>School district contributions</p> <p>Federal and state Grants –SAMSHA Prevention Practices in Schools grant supporting PAX GBG</p> <p>Region 10 State Support Team contract for PAX GBG in buildings that meet ODE Focus School Criteria</p>	<p>SAMHSA requirement for 20% set-aside from SAPT BG for Prevention</p> <p>ODE PBIS, anti-HIB, and school safety policies</p>	<p>Training facility and equipment for school and community use</p> <p>ESC Hardware (including laptop and desktop computers, copy/fax/scan machine, A/V equipment and system)</p> <p>ESC website provides resource information to schools and parents</p> <p>DADS biennial Survey</p>	<p>GC drug free coalitions, school & JC cooperation</p>	<p>Current AOD prevention efforts are underfunded and do impact student use as they get older.</p> <p>Referrals & needs outweigh SMH program service capacity.</p> <p>All teachers are not trained in classroom based PBIS</p> <p>Schools lack coordination and support in meeting the ODE anti-HIB requirements of tracking, programming, and intervention</p> <p>More BH prevention programs need to be implemented</p>
Harrison Hills City Schools CMT	<p>Target Population: Students k-12</p> <p>Sub-target population: Adolescent school minority populations age 12-18</p>	<p>Risk:</p> <ul style="list-style-type: none"> 44.5% of students grades 7-11 felt using alcohol and marijuana would put people at risk for harming themselves physically or in other ways if they used once or twice a week. (Student Survey) There is a truancy problem at all grade levels in Harrison Hills City School District. Absence from school creates multiple problems for students that includes, increased probability for substance abuse. <p>Protective: 92.5% of students reported that their parents would feel it was wrong or very wrong to have 1-2 drinks of an alcoholic beverage nearly every day (Student Survey 2014)</p>	<p>Percentage of students who report consuming alcohol on one or more occasions in the past 30 days.</p> <p>Baseline: 17.8% (81/454) of students reported drinking one or more drinks of an alcoholic beverage in the past 30 days (7-11 grade student survey)</p> <p>Number of students who received chemical awareness program to stop of decrease substance use/abuse (Service Records)</p>	<p>Character Counts is being implemented in the elementary schools; it is an integrated, values-based student development system that provides measurable improvement in behavior and decision-making.</p> <p>The DARE program is implemented in grades K-4 and 6-7.</p> <p>There is a Juvenile Court Mediation Program</p> <p>The Student Assistant Program Model is recommending evidence-based prevention programs</p>	<p>State and Local funds are used to support the Dare and Character Counts school based prevention programs.</p>	<p>Some students will be required to go through the court mediation program that have substance abuse issues.</p> <p>SAMHSA requirement for 20% set-aside from SAPT BG for Prevention</p> <p>ODE PBIS, anti-HIB, and school safety policies</p>	<p>Annual 7-11 grade student survey</p>	<p>Schools, Juvenile Court and families collaborate on getting services to youth in need.</p>	<p>There are many prevention programs offered but they are disjointed and need evaluation to determine if they are addressing the students' needs; increased coordination is needed along with a comprehensive approach.</p> <p>There is a lack of school based early intervention services at high school middle school level.</p> <p>There is a need to provide support services to students who want to stop using alcohol and other drugs and/or who want to learn how to cope with family members who abuse drugs.</p> <p>The truancy problem needs evaluated for problem areas and gaps to reduce rate at all levels because of the risks associated with truancy and negative youth behavior.</p>
Williams County CMT	<p>Target Population: All students in Williams County.</p> <p>Sub-target population: Adolescents with Emotional Disturbances and Behavioral Issues who are at high risk for juvenile justice involvement (less than 3% of AA youth are JJ involved)</p>	<p>Risk:</p> <p>WC Health Assessment project 2013:</p> <ul style="list-style-type: none"> 10% of youth are binge drinkers 16% drank alcohol before the age of 13 54% age <12 have tried alcohol 23% are current drinkers 69% have had sexual intercourse 62% were bullied 39% were depressed in the past year 36% have smoked in the past 30 days 34% have used marijuana past 30 days 27% have misused prescript meds (lifetime) 17% attempted suicide in past 12 months 44% of students between ages 12 and 13 are drinkers of alcohol 13% were obese based on BMI 14 % of Adults use Marijuana 	<p>Percentage of students who report consuming alcohol on one or more occasions in the past 30 days.</p> <p>Baseline: Percentage of students who report consuming alcohol on one or more occasions in the past 30 days:</p> <ul style="list-style-type: none"> Total = 55%, Male 50%, Female 60% 12 to 13 = 44%, 14 – 16 = 57%, 17 & older = 57% WC Health Assessment Project 2013 	<p>Too Good for Drugs (TGFD) EBP is implemented in Grades K-2; TGFD is a school-based prevention program that teaches autonomous problem solving, personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions; it also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle (Recovery Svcs of NW Ohio)</p> <p>Just say No is being implemented in grade 4 (school system)</p> <p>DARE in grade 5 (WC Sherriff Dept)</p> <p>Classroom Lessons for grade 7 & 9 on SA (Recovery Services of NW Ohio)</p>	<p>Four County Mental Health and Recovery Board</p> <p>Local levy dollars</p>	<p>SAMHSA requirement for 20% set-aside from SAPT BG for Prevention</p> <p>ODE PBIS, anti-HIB, and school safety policies</p>	<p>NWOESC website lists resources for youth and families</p> <p>Williams County Health Assessment project annual survey</p>	<p>The Linking Individuals with Needs to the Community (LINC) program works with schools, educators, students, families, the Juvenile court, community law enforcement, and community services.</p>	<p>Only 1 of the substance abuse programs provided is evidence-based (TGFD) and addresses many of the risk and protective factors; this program should be implemented beyond grade 2.</p> <p>Only 1 agency is providing all resources and education for substance abuse issues and primarily to only 1 of the 7 school districts.</p> <p>There is a need to provide support services to students who want to stop using alcohol and other drugs and/or who want to learn how to cope with family members who abuse drugs.</p>

Element #5: Creating safe and violence-free schools.

NEEDS ASSESSMENT			ENVIRONMENTAL SCAN					GAPS ANALYSIS
Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
State Management Team	<p>Target Population: All Ohio children and youth Sub-target population: Rural poor</p> <p>Risk: ODE 2012-2013:</p> <ul style="list-style-type: none"> • 23.4 Disciplinary actions per 100 students • 12.4 Out of school suspensions per 100 • 10.8 Other disciplinary actions per 100 • 680,185 suspensions (in school, out of school, and in school alternative) <ul style="list-style-type: none"> ○ 540,746 for disobedient/disruptive behavior ○ 65,472 for fighting/violence ○ 27,482 for truancy ○ 18,972 for harassment/intimidation ○ 10,580 for drugs/alcohol/tobacco ○ 2,664 for non-gun weapon possession <p>YRBS 2013:</p> <ul style="list-style-type: none"> • 5.1% did not go to school 1+ times in past 30 days because they felt unsafe • 14.2% carried a weapon in the last year • 19.8% were in a physical fight in the last year • 8.1% were in a physical fight on school property last year • 20.8% bullied on school property in the last year • 15.1% electronically bullied in the last year • 19.9% were offered, sold, or given an illegal drug on school property in the last year <p>GLSEN NSCS 2011 Ohio data:</p> <ul style="list-style-type: none"> • 94% heard “gay” used negatively • 94% heard sexist remarks • 90% hear homophobic remarks • 87% heard negative gender expression remarks • 63% heard racists remarks • 29% heard staff make negative gender expression remarks • 24% heard staff make homophobic remarks • 22% were assaulted because of their sexual orientation • 82% were harassed because of their sexual orientation • 90% felt deliberately excluded or “left out” • 86% had mean rumors or lies told • 65% were sexually harassed • 62% experienced electronic harassment or “cyberbullying” • 48% had property (e.g., car, clothing, or books) deliberately damaged and/or stolen • 59% never reported harassment/assault to school staff • 51% never told a family member • Among students who did report incidents only 37% said that reporting resulted in effective intervention by staff <p>Protective: YRBS 2013: 85.8% did not carry a weapon last 30 days</p>	<p>GPRA: Percentage of students who reported being in a physical fight on school property during the school year</p> <p>GPRA: Percentage of students who did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school</p> <p>Data sources: ODE Ohio Report Card YRBS</p>	<p>ODE rollout of Positive Behavioral Interventions and Supports – a framework that guides selection and implementation of evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all students. PBIS emphasizes data for decision making, measurable outcomes, achievable practices with evidence, and systems that support implementation.</p> <p>ODE and several state agencies have formed the Ohio Anti-Harassment, Intimidation and Bullying Initiative (HIB) to sponsor professional development about Ohio’s Anti HIB Model policy and best practices for creating a safe and supportive learning environment. This State Board of Education-approved model policy contains procedures for reporting, documenting and investigating incidents of harassment, intimidation and bullying (including cyber bullying).</p> <p>ODE Safety and Violence Prevention Campaign will train nurses, teachers, counselors, school psychologists and administrators at public elementary, middle and high schools.</p> <p>ODE supports 16 regional State Support Teams to provide support to high-risk schools with report card discrepancies. Teams also provide training to schools on PBIS. Each team has a family and parent consultant.</p> <p>Adolescent Health Partnership: Goal 2 (Injury, Violence, & Safety) activities.</p> <p>Good Behavior Game (GBG) implemented as part of SSHS grant</p> <p>Strong Families, Safe Communities: 7 communities to implement crisis intervention for youth at-risk of harming self or others (MHAS and DD).</p> <p>OMHNSS creates 6 regional networks to help schools, communities, and families work together.</p>	<p>SAPT BG funds bullying prevention</p> <p>ODH funds DV network that provides teen dating violence programming</p> <p>Board funding for programming, for example Actively Caring for people (Chardon area). OYLPN & DFAA are pushing for that statewide.</p> <p>State juvenile justice funds: 1) state subsidy to every county, 2) Reclaim, 3) Targeted Reclaim, and 4) IVE federal reimbursement (e.g., Positive Parenting Program)</p>	<p>OAC 3301-35-15 Standards for the implementation of positive behavior intervention supports and the use of restraint and seclusion. Every effort should be made to prevent the need for restraint and seclusion (R/S), and non-aversive behavioral systems such as PBIS will be used to create a positive learning environment. R/S shall not occur except in an immediate risk of physical harm, and will be documented and reported.</p> <p>Safety and Violence Prevention Training now Required of K-12 Professionals: All school boards are required to file a comprehensive school safety plan and floor plan. Participants must take at least 4 hours training in the prevention of child abuse, violence, and substance abuse and the promotion of positive youth development .Ohio’s Educational Service Centers, and the OMNHSS will provide the onsite trainings.</p> <p>Suicide Prevention policy was enacted this year and requires schools to provide a certain number of training hours on suicide prevention yearly.</p>	<p>Ohio Report Card and school discipline data?</p> <p>Anti-HIB Safety and Violence Prevention Training Curriculum video vignettes under development will be available online.</p> <p>SPF-sig tools on Assessment, Capacity, Planning, Implementation, Evaluation, Cultural Competency, and Sustainability</p> <p>www.ohiocompassionmap.org maps non-profit organizations by community in education, health, mental health, crime, housing, youth development, human services, civil rights, community improvement, etc.</p>	<p>AG conducted an anti-bullying symposium that included ODE staff, teachers, guidance counselors, administrators, and superintendents, local law enforcement, bullying prevention programs, and youth from across Ohio; they made recommendations on: 1) building community capacity, 2) encouraging reporting of bullying, 3) integrating best practices, 4) culture change, and 5) addressing the needs of vulnerable groups.</p> <p>Governor John R. Kasich and ODYS in partnership with ODRC, Medicaid, and the Ohio ODE, OhioMHAS, ODPS,</p> <p>AG are leading an effort to keep Ohio’s children in their homes, in their schools, and in their communities. The Ohio Communities 4 Kids focuses on strengthening supports that keep Ohio’s children out of the juvenile and criminal justice systems through three workgroups: 1) Community-based diversion, 2) Detention diversion, and 3) School-based diversion.</p> <p>Anti-HIB is cross-agency, includes Health, ODE, OhioMHAS, DV network, AG, Conflict mediators, Miami University, and others.</p> <p>Ohio Adolescent Health Partnership</p> <p>Ohio Interagency Task Force on Mental Health and Juvenile Justice</p> <p>Ohio Sexual and Intimate Partner Violence Prevention Consortium</p>	<p>Positive behavior interventions and anti-bullying policies and programming are beginning implementation, and need support from multiple systems</p> <p>Zero tolerance policy contributes to justice system involvement that inhibits early intervention.</p> <p>Ohio Juvenile Justice law does not allow for diversion until there is an official charge. Some systems have been able to intervene earlier through mediation programs but this has not been implemented across the state.</p>

Element #5: Creating safe and violence-free schools.

NEEDS ASSESSMENT				ENVIRONMENTAL SCAN					GAPS ANALYSIS
	Target & Sub-populations	Risk and Protective Factor	Indicators and Data Sources	Resources, Systems or Services	Funding Streams	Policies	Technology	Systems Integration Activities	
Greene County CMT	<p>Target Population: Children enrolled in the 7 public school districts in Green County</p> <p>Sub-target population: African American youth in Greene County</p>	<p>Risk:</p> <ul style="list-style-type: none"> 2% of students in GC were disciplined for a physical fight on school property during the current school year (ODE School Discipline Data, 2012-13) 14% of 7th & 8th grade GC students report getting into a physical fight on school property in the past 30 days (2012 DADS Survey) 9% of GC high school students report getting into a physical fight on school property in the past 30 days. (2012 DADS Survey) GC does not currently have restorative justice programs (GC Juvenile Court Programing Descriptions.) <p>Protective:</p> <ul style="list-style-type: none"> 17% of Greene County teachers (113 of 675 total teachers, including all core subject teachers, specials teachers, interventionists, classroom aides, etc.) are using PAX GBG in 5 districts. 100% of FCFC Family Resource Center staff members (N = 2) are trained in PAX kernels. 29.9% of all JC & MVJRC staff have been trained in PAX kernels (N=29; 97 total staff) 	<p>% of students disciplined for a physical fight on school property during the current school year (ODE School Discipline Data)</p> <p>% of students reporting getting into a physical fight on school property in the past 30 days (2012 DADS Survey)</p> <p>% of teachers in GC trained and using PAX GBG (GCESC PAX GBG training registrations 2010-present)</p> <p>% of FCFC Family Resource Center staff members trained in PAX kernels(GCESC PAX GBG training reg 2010- present)</p> <p>% of JC & MVJRC staff trained in PAX kernels (Wright State training regs 2013-2014)</p> <p><u>RequiredIndicators:</u> #s are Baseline data</p> <p>2% of students were disciplined for a physical fight on school property during the current school year. (ODE school discipline data 2012-13)</p> <p>6% of Ohio students surveyed report they did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school (Ohio Youth Risk Survey 2011)</p>	<p>School Resource Officers (5 of the 8 school districts have at least 1 full-time School Resource Officer (SRO), with 1 district employing 3 SROs (GC ES & CRA Feb 2014)</p> <p>Strengthening Families Program, offered through Greene County Juvenile Court Diversion Program</p> <p>The JC “Prevention Diversion Program” is an voluntary court program providing an educational service to youth ages 6-17 who have not had any previous court involvement. (GC ES & CRA Feb 2014)</p> <p>GC SMH program serving all 8 school districts in the County</p> <p>PAX GBG</p>	<p>Local Levy Dollars to support and PAX GBG</p> <p>School financial contributions and federal grants (SAMSHA Prevention Practices in Schools grant supporting PAX GBG) support GC ESC MHS to students who experience exacerbated MH symptoms resulting from harassment, bullying and school safety issues.</p>	<p>ODE has strong Anti-HIB Policies that contains procedures for reporting, documenting and investigation incidents, per Ohio Revised Code: 3301.22; 3313.666; 3313.667; 3311.742; 3319.073</p> <p>Greene County CSB, provides mandated reporting laws training for school personnel and the protective services for the county.</p> <p>Greene Co. ESC Mental Health Services has policies and procedures including Seclusion and Restraint, Client’s rights and grievances, Person-Centered care, Incident reporting, health and safety, and Duty to protect.</p>	<p>AV Equipment</p> <p>Training Facility</p> <p>Website</p> <p>ESC Hardware including laptop and desktop computers, & copy/fax/scan machine</p>	<p>GC ESC cross-system & discipline trainings</p> <p>FCFC Full Council</p> <p>Greene ESC Child Abuse training for all K-12 professionals in Greene can incorporate safety and violence prevention as a mandatory component, integrated with CSB</p>	<p>Although there are laws that govern providing safe & violence free schools, data documenting incidents of bullying, harassment, intimidation and violence in Greene County Schools is not consistently or adequately collected among school districts. Therefore, we lack consistent enforcement of state required anti-bullying policies and programs in the schools.</p>
Harrison Hills City Schools CMT	<p>Target Population: Children and youth enrolled in the Harrison Hills City School District</p> <p>Sub-target population: Middle and high school students and their families who are enrolled in the Harrison Hills City School District</p>	<p>Risk:</p> <p>17.4% of 7-11th grade students reported being in a physical fight on school property during the current school year (HHCSD SS/HS Survey, 2014.)</p> <p>Bullying programs are being used in the district but there is a lack of a common definition of bullying which causes disconnect between staff, parents, and students. (Administrative Staff Observations)</p> <p>14.5% of 7-11th grade students did not go school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school. (HHCSD SS/HS Survey, 2014)</p> <p>25% of students 3-6 grades reported they not know who they could talk to if they do not feel safe at school (Culture Survey Harrison East Elementary, 2013)</p> <p>Students at Harrison North Elementary were asked “In School, where do you feel the least safe? 45% felt playgrounds and 32% felt buses are places they feel least safe. Other choices were classroom, restroom and cafeteria (School Cultural Survey)</p> <p>Protective: 84%of students grade 7-11 stated that during the past 30 days, there was 0days that they did not go to school because they felt unsafe at school of on the way to or from school (Student School Survey 2014)</p>	<p>% of students disciplined for a physical fight on school property during the current school year (ODE School Discipline Data)</p> <p>The development and dissemination of a district-and community-wide definition of bullying (HHCSD ES)</p> <p>% of elementary school students who report that they know who they can talk to if they do not feel safe at school (Culture Survey, Harrison East Elementary)</p> <p>10.31% of elementary school students reported feeling safest on the playground (Culture Survey2013)</p> <p>11.34% of elementary school students reported feeling safest on the bus (Culture Survey 2013)</p> <p><u>RequiredIndicators:</u></p> <p>17.4% of students who reported being in a physical fight on school property during the current school year (HHCSD SS/HS Survey)</p> <p>14.5% of students who did not go to school on one or more days during the past 30 days because they felt unsafe at school or on their way to and from school (HHCSD SS/HS Survey)</p>	<p>School Resource Officers</p> <p>Character Counts Program</p> <p>Net Smart Cyber Bullying Program</p> <p>Bus Driver Safety Course</p> <p>Jefferson Co. Alternative School</p>	<p>Federal, State, and Local</p>	<p>Dept Of Education has a policy that all bus drivers be trained in school bus safety. There are also policies on school safety, disciplinary actions for violence and dating violence.</p>	<p>A notification system exists using school announcements to notify in case of an intruder.</p>	<p>There is collaboration between school district and juvenile court to provide services for violent student offenders.</p>	<p>Students do not receive any safe dating, sexual predator awareness at school that would help them meet state recommendations. There is a disconnect with understanding the definition of bullying with students and parents that need addressed.</p> <p>It is important to monitor high incident areas in schools and make modifications to make safer for students.</p> <p>Further assessment needs to be done on creating safe and violence free schools in Harrison Co. because there was little if any data to review beyond elementary survey.</p>
Williams County CMT	<p>Target Population: Children and youth enrolled in the 7 public school districts in Williams County</p> <p>Sub-target population: Youth at-risk for involvement or currently involved with the juvenile justice system</p>	<p>Risk: 2% of students in WC were disciplined for a physical fight on school property during the current school year. (ODE School Discipline Data, 2012-13)</p> <p>Williams County Health Assessment Project 2013:</p> <ul style="list-style-type: none"> 9% of 6-12th grade students county wide carried a weapon in the past month 34% of youth county wide have been a physical fight in the past year 5% did not go to school because they felt unsafe. 4% have been electronically bullied 27% have been bullied on school property <p>Protective: 5% of teachers across 7 school districts in WC have been trained in ALICE (ESC/Sheriff Department)</p>	<p>% of students disciplined for a physical fight on school property during the current school year (ODE School Discipline Data)</p> <p>WC 6-12 grade students:</p> <ul style="list-style-type: none"> % who report they carried a weapon in the past month % who report have been in a physical fight in the past year % who report they did not go to school because they felt unsafe % who report they have been electronically bullied 	<p>Olweus Bullying Prevention Program K-12 (Bryan City Schools)</p> <p>Bucket Fillers (Bryan City Schools)</p> <p>SOAR, Peer Mediation Program (Bryan City Schools)</p> <p>ALICE Training and CIT Training – County wide – Local Initiatives.</p> <p>Rachel’s Challenge (Bryan City Schools)</p>	<p>Originally funded through Child and Family Advocacy Program (all 7 districts)</p> <p>Local Service Providers funded through ADAHMS Board</p>	<p>None</p>	<p>ALICE Training</p>	<p>None</p>	<p>Bullying</p> <p>In School Communication between Admin/Guidance and Teacher of mental health with youth.</p>

Summary of Findings and Conclusions

State-level. Our assessment process has identified five primary statewide infrastructure issues that may be contributing to increases in youth behavioral problems:

A large gap exists between prevention and early intervention science and practice. One barrier that creates this gap among preventionists, clinicians and other stakeholders in the community includes different theoretical backgrounds of the various professionals involved and the lack of training in child and adolescent development and risk behavior theory.⁶ For example, Ohio rule recognizes 19 different credentials that are allowed to provide prevention services with only minimal requirements for training in prevention science. Ohio addressed this issue by conducting a workforce development assessment and strategic plan. The first step was to make our system aware of the new science and recommendations of the 2009 Institute of Medicine (IOM) report on “Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.”⁷ Ohio has made some progress to date by providing trainings on IOM recommendations, environmental strategies and population-based interventions at the Ohio Prevention and Wellness Roundtable Prevention Policy Summit, the Bridging the GAP (Grief, Advocacy, Prevention) conference, ADAPO conference on Prevention Consultancy and Prevention’s Future in Healthcare Reform, and at the Ohio Prevention Education Conference. Also, the three-day Strategic Prevention Framework (SPF) Boot C.A.M.P. provided SPF SIG sub-recipient communities intensive training in environmental strategies in preparation for their implementation year. However, providing the knowledge is only the first step in diffusion of innovation.⁸ Ohio’s next step was to provide more intensive courses on interpreting and implementing prevention science in the IOM report recommendations at the first Prevention Academy. During the Academy, held in June 2013, preventionists, clinicians and professors discussed barriers to implementing IOM recommendations in their communities and brainstorming ways to overcome the barriers; this information is being used to identify next steps and future technical assistance needed by Ohio.

Another problem is the difficulty in replicating expensive model programs.⁹ In Ohio, it is not so much that theory-driven, scientific-based interventions are not available, it is often that communities and practitioners do not have adequate resources to implement them with fidelity for a sustained enough period to see results. As a result many Ohio communities have created or adapted programs with marginal effects. Only 27.3% of all prevention funded by the Department was reported as evidence-based in 2011. Ohio’s experience of receiving large reductions in federal and state funding as a result of economic problems has exacerbated this issue. New approaches must be identified that take advantage of resources already available within communities or evidence-based strategies that are easier to use, more cost efficient, and easier to maintain like the PAX Good Behavior Game that have shown tremendous positive results in Licking, Knox, Greene, Madison, Clark, Putnam and Wood Counties. Without infrastructure development that changes service systems, resources will continue to be focused on the treatment end of the service continuum while opportunities are lost to prevent high-risk youth in from engaging in unhealthy behaviors and helping them live healthy and productive lives.

⁶ Wandersman, A., & Florin, P. (2003). Community Interventions and Effective Prevention. *American Psychologist*, 58(6/7), 441-448.

⁷ National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

⁸ Rogers, E. M., (1995). *Diffusion of Innovations* (4th ed). New York: Free Press.

⁹ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E. et al. (2003). What Works in Prevention. *American Psychologist*, 58(6/7), 449-456.

Additionally, most evidence-based interventions are targeted at changing the behavior of the child without enhancing the child's primary environment of influence, the family.⁸ Strategies that impact the youth's environment must be provided to achieve population-level improvements in the behavioral health of Ohio's youth. There is a dearth in the literature regarding the comparative effectiveness of comprehensive, integrated approaches compared to single strategy interventions.

Ohio communities lack resources and guidance to conduct comprehensive planning for integrated service approaches. Behavioral health problems are complex and therefore cannot be adequately addressed without involving multiple service systems that address risk and protective factors. Outcomes grow out of the complex web of interactions of various risk and protective factors within the domains of genetic/individual, family, peers, school, community and society. These factors must be interwoven with the development process in which certain factors may be more influential at key developmental points and often operate differentially according to gender, race, ethnicity and culture. Communities need formal assistance in sorting through these complexities to identify and address the intervening variables that are operating to elevate risk levels among their various populations.

Multiple stakeholders have identified a gap in the understanding of mental health promotion. Mental health services in Ohio have mostly been focused on treatment. There is a need for greater attention to the population-focus of the public-health model on the mental health side. Drug and alcohol prevention has more experience with this type of public health approach and prevention specialists need to expand their scope to include mental health prevention and promotion.

In addition to the gaps discussed above, Community Readiness Assessment interviews were conducted with key stakeholders in the system and identified several strengths, weaknesses, challenges, and considerations that will be helpful when creating the comprehensive plan:

- Ohio has a significant foundation to support this work. The Department of Education is implementing Positive Behavioral Interventions and Supports; introduced the Anti-harassment, intimidation and bullying policy; adopted the Parent Involvement Policy; and created the Suicide Prevention training policy. Ohio has the Family Children First Council and coordinating county-level councils. The Ohio Department of Mental Health and Addiction Services implemented the Strategic Prevention Framework with 13 community drug prevention coalitions across Ohio and implemented the SPF framework with state agencies in the Strategic Prevention Enhancement grant. And while Ohio funds the 13 SPF coalitions, Ohio also has over 100 community coalitions that promote local community behavioral health prevention. The SPF process has also been expanded to suicide prevention coalitions and with boards. Ohio's coalitions are supported by our Statewide Prevention Coalition Association that provides six annual meetings, on-site technical assistance, networking, advocacy, and resource toolkits to assist coalitions in implementing prevention strategies and maintain coalition effectiveness.
- The SSHS grant will provide the opportunity to broaden the influence of existing work and policies. For example, the Department of Education has a number of programs and initiatives (Positive Behavioral Interventions and Supports; Parent Involvement) yet these policies have not been universally implemented within school systems, this grant provides more incentive and focus on implementation.

- The SSHS grant will provide the opportunity to work across existing silos. This grant facilitates the coordination of education, behavioral health, and law enforcement. The education system has been focused on academic achievement and has not been able to provide the level of behavioral health supports necessary for healthy learning and development, this grant will provide funds and incentive collaboration to plan how to integrate needed behavioral prevention and intervention science which will ultimately support academic achievement. And while some mental health services have been implemented within schools, that is not true state-wide; most behavioral health systems need a better understanding about the school system and what supporting roles they can play.
- One identified weakness is the lack of data available on the state and community level on behavioral health that is regularly collected. This lack of data impedes the state and communities' abilities to make data-informed decisions. And a lack of data collection methods and systems impedes the ability to understand if the programs being implemented are successful. Ohio will be working on expanding the State Epidemiological Outcomes Workgroup (SEOW) data sources from predominantly substance abuse by including mental health indicators available nationally and state-wide. Ohio also has a cross-system workgroup examining the feasibility of local data collection.
- There is a need to engage the Governor's office and Legislature as key agents of change. Governor's office priorities have influence and support and circumvent barriers. One key support in Ohio currently is the Governor's office Start Talking initiative. This substance abuse prevention initiative provides parents tools to talk with their children and build resilient youth. The governor has also emphasized substance abuse prevention through creating a cabinet council to address opiate abuse and has garnered legislative support on opiate initiatives. SSHS efforts will try to utilize this increased awareness on substance abuse and create a bridge to other aspects of behavioral health prevention and promotion. Ohio has benefited from stakeholders advocacy and needs to continue to provide information and advocate with the legislature, for example language changes in the social hosting laws, preventing legalization of marijuana, and parent's knowledge of opiate prescriptions to minors.
- There is a gap in reaching all of the populations and groups with consistent messages that are culturally and linguistically appropriate. Ohio seeks to make all prevention and intervention programs culturally relevant and accessible to meet the needs of our diverse populations. Cultural competence is considered an fundamental and essential part of the SPF planning process.
- There is the continual tension to balance the funding and programming on treatment needs of youth served in multiple systems (child welfare, juvenile justice, mental health and substance abuse) as well as prevention and early intervention efforts for at-risk youth. This grant provides the opportunity to provide additional focus on prevention and early intervention efforts for all aspects of behavioral health for school-age children.

Greene. Greene County has intervention/treatment programing for youth ages 5 to 18; this includes Mental Health Assessment, Individual, Group and Family therapies. These are provided through the existing School-based Mental Health Program structure at the Greene County Educational Service Center, at Family Solutions Center (FSC) the primary mental health youth serving agency in the county, and by private providers. The Greene ESC has an integrated service delivery model with in the schools, and has provided school age children with therapy services in the natural environment of the school for 14 years. However neither the ESC or FSC have mental health programs for the early childhood

population in the county; early childhood prevention and intervention services are needed. Furthermore, while the Greene ESC school-based mental health program provides intervention/treatment services, the referrals and needs outweigh program capacity. Additionally, no prevention services primarily focused on early childhood (ages 3 to 5) exist in Greene County; this is a significant need for the county.

The community also needs additional prevention activities that focus on substance abuse and improving climate and safety at school and in the community. Both ESC and FSC had minimal programming in specific communities throughout the county that focus on these issues. However, Dayton Area Drug Survey data and other data sources point to substance abuse and school safety as areas of concern and need. Funding and awareness of needs and impact of prevention/promotion activities are identified as key obstacles to making communities, schools and families more connected around these issue. Parent, community and school engagement is not coordinated or tracked in the community, which leaves pockets and gaps in meeting needs and duplication of efforts that go unknown. There are very few existing prevention programs targeting youth behavioral problems including AOD in the schools. Schools lack coordination and support in meeting the Ohio Department of Education requirements for anti-bullying, harassment and intimidation tracking, programming and intervention.

Some the specific programs in Greene County that address these elements and issues include: the Greene ESC School-based Mental Health Program; the Greene County ESC Learning Center Program; and Greene ESC's training and support of teacher implementation of, the PAX Good Behavior Game. The county has a collaboration with the Mental Health and Recovery Board, including the establishment of an Early Adopter Outcome Measures committee as part of the data-driven, client focused service delivery model employed by agencies in the county.

In addition, Greene County has a Suicide Prevention Coalition, the Family Solutions Center's provision of certified prevention services; and the Juvenile Court's prevention programming as well as public and private day care centers, Head Start programming, Family Children First Council programs and services, and the Dolly Parton Library Program. The Family Children First Council governing body meets monthly and includes members from across the community (schools, community agencies, funders and local politicians).

The children and youth at greatest risk are not always receiving prevention programs, services, and supports. The youngest and most vulnerable children are not receiving the screening, support and treatment needed for childhood behavioral health issues they are facing. Lack of funding, awareness by parents and teachers, stigma and accessibility are the primary roadblocks. Schools mostly wait until problems have been documented that interfere with academic performance before students are identified for supportive services. Prevention funding was reduced as drug and alcohol and mental health state budgets received unprecedented cuts over the past 10 years. State level mental health funding has been cut by 70% over the past 5 years, this has resulted in diversion of funding from prevention to preserving those services directly related to current needs and high risk. Additionally, an number of Ohio Department of Education requirements were recently placed on schools (Ohio Teacher Evaluations, 3rd Grade Guarantee, Common Core) and came on the heels of anti-bullying and high stakes test grading of districts; coupled with funding crises this has put schools in a position of forced choice related to student activities.

Some programs are coordinating their efforts; the Greene County FCF Council works to provide a structure of collaboration and coordination of county resources, human, financial and in-kind in their monthly meetings and focused service coordination meetings. Despite these forums, from Readiness Assessment information, there does not appear consistent coordination and integration of programming.

Behavioral health disparities are currently addressed at the individual agency level through policies and procedures, but are not coordinated at a county level. Most mental health agencies receive some funding from the local Mental Health and Recovery Board, who strives to match funding to community needs. Since Medicaid match dollars moved from the board to the state, it is unknown whether there are great disparities in the communities and populations accessing these funds.

There is some blending of funding across programs. The Greene County ESC blends funding from schools, the Mental Health and Recovery Board, Medicaid and contracted services to provide both mental health and prevention/promotion services. For example, the PAX Good Behavior Game is currently funded in different communities through the Mental Health and Recovery Board, the Region 10 State Support Team (ODE), and grant funding. Mental Health services are designed so that smaller school districts can pool resources with others to fund FTEs across communities.

Harrison. There are a number of unmet needs of children and youth, including, early childhood social and emotional education, treatment services for Kindergarten through 3rd grade students, substance abuse prevention, intervention and referral services, assistance with substance use treatment and recovery, mental health and addiction treatment in schools, parent and community involvement and increased awareness of mental health and substance abuse issues, safety on school buses and playgrounds, and education about dating violence and predator awareness.

Harrison County has several available programs, supports, and services that meet some of these needs, including Head Start, Help Me Grow, three community based mental health and substance abuse treatment agencies, school and community programs targeting families, Ohio University Extension Programs, DARE, Character Counts, school resource officers, a Juvenile Court Mediation Program, a 21st Century After School Program, and a Juvenile Court Mentoring Program.

However there are several identifiable gaps. There are no school based mental health and substance abuse treatment services. There are several different programs but coordination of these programs to reduce duplication and add new programs to address students' needs is needed to assure a comprehensive mental health and substance abuse prevention, intervention and referral continuum. Education and awareness programs on substance abuse and mental health for parents and the community need enhancement. Schools need to enhance anti-bullying awareness and prevention along with tracking violence and harassment incidence as well as a plan for intervening on these issues.

Additionally the children and youth at greatest risk are not receiving the needed prevention programs, services, and supports. The children who enter kindergarten are largely from low income homes and transportation, poverty and Appalachian cultural values can adversely impact a child's learning. Children suffering from mental health and substance abuse issues lack access to community services and there are no school based services. Recovery services are geared towards adults, so children returning from treatment have very little if any peer support and services that meet their specific needs. Funding for substance abuse prevention programs has virtually disappeared and mental health prevention funds state wide have never really existed which greatly limit these types of services. In lieu of school districts maintaining basic reading, writing and arithmetic; prevention is first to be cut.

This is a rural community with limited services and great need. It is typical for programs to collaborate on projects and most key agencies participate on many of the same committees and boards. There still is room to coordinate efforts in a more effective way. There is very little if any blending of money in Harrison County; program budgets have decreased over the years and there is no funding available to promote programs that are not first essential to the basic functioning and survival of the agencies/programs.

There are not any documented policies and procedures for addressing behavioral health disparities. The working poor not eligible for Medicaid could be a group that is at risk of not being able to access services.

Harrison County would like OhioMHAS and ODE, with the assistance of state legislation, to make prevention programming and mental health services a mandatory funded requirement for school districts. State agencies need to pool monies to fund prevention services and develop a comprehensive prevention framework that any prevention initiative can launch programming from. If funding is available through the state it needs to be specific and targeted with qualified staff trained in social service fields, recognizing other licensed fields not just prevention. Prevention licensing is expensive, and continuing education training is difficult to obtain in rural counties particularly for those maintaining multiple licenses.

Williams. Current systems need better coordination in order for youth to not fall through the cracks. The Williams County system currently intervenes later in the behavior problem cycle, addressing symptoms; the systems need to intervene earlier before the problems escalate.

The Linking Individuals with Needs in the Community (LINC) program has been working for two years without funding to build community relationships. This Safe Schools Healthy Students grant funding will facilitate additional programming and treatment. Identification of at-risk youth is not occurring, instead youth are being treated once they have had interaction with the juvenile justice system. The goal of Williams County for this grant will be to coordinate with the education system about understanding and recognizing behavioral health issues, implementing universal behavioral health interventions and identifying children and youth at-risk earlier for targeted interventions. While some collaboration and coordination exists within the schools on these issues, there is little coordination between districts.

Funding is blended across three sources: the Mental Health Board, schools, and the United Way of Williams County (very limited). The 21st Century grant also provides amazing afterschool programs that need to be sustained.

The LINC program has been a dynamic force in Williams County because of the project director who has testified on legislation for school safety and mental health in schools, is on the Attorney General's Task Force for Juvenile Justice and has connections to the Ohio Supreme Court and the Attorney General's office. The successes and challenges are shared with the Eve Stratton, Judge Beth Gill of Franklin County and Melinda Haggerty of the Attorney General's office and who reciprocally give input and advice.

There are no documented policies and procedures for addressing behavioral health disparities and they are needed. Upcoming truancy legislation proposed by the Governor's office from a forum process conducted will impact the upcoming work. Williams County is also working closely with the Ohio Supreme Court's Special Dockets department to develop a Mental Health Court.

Acronyms used in this document

ADAMH	Alcohol, Drug Addiction, and Mental Health Board
AG	Ohio Attorney General's Office
BG	Block Grant
BEACON	Best Evidence for Advancing Childhealth in Ohio NOW
BH	behavioral health
CCLC	21 st Century Learning Center grant
CSB	Children's Services Board CMH Community Mental Health
ECMH	Early Childhood Mental Health
DADS	Dayton Area Drug Survey at the Center for Interventions, Treatment & Addictions Research at Wright State University
DFAA	Drug Free Action Alliance
DODD	Ohio Department of Development Disabilities
ECAC	Early Childhood Advisory Council
ELCG	Early Learning Challenge Grant/Race to the Top
EMR	Electronic Medical Record
ENGAGE	Engaging the New Generation to Achieve Goals through Empowerment
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ESC	Educational Service Center
ESEA	Elementary and Secondary Education Act
FAST	Families and Schools Together
FCSS	Family Centered Services and Supports
FPL	Federal Poverty Level
FSC	Family Solutions Center (Greene County)
GC	Greene County
GC MHS	Greene County Mental Health Services
GLS	Garrett Lee Smith
GLSEN	Gay, Lesbian and Straight Education Network
GRF	General Revenue Fund (Ohio state tax dollars)
HC	Harrison County
HCS	Harrison City Schools
HIB	Harassment, Intimidation, and Bullying
HMG	Help Me Grow
HPIO	Health Policy Institute of Ohio
HRSA	Health Resources and Services Administration
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IPP	Interagency Prevention Partnership (formerly SPE policy consortium)
JC	Juvenile Court
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LINC	Linking Individuals with Needs in the Community
MEB	mental, emotional, and behavioral
MH (MI)	mental health (mental illness)
MHRB	Mental Health Recovery Services Board
MIECHV	Maternal, Infant, and Early Childhood Home Visiting program
NAMI	National Alliance on Mental Illness
NASMHPD	National Association of State Mental Health Program Directors
NCLB	No Child Left Behind

NOMs	National Outcome Measures
NRI	National Research Institute
NSCS	National School Climate Survey
NSDUH	National Survey on Drug Use in Households
NWOESC	Northwest Ohio Educational Service Center
OAC	Ohio Administrative Code
OACBHA	Ohio Association of County Behavioral Health Authorities
OBM	Office of Budget Management
OCCE	Ohio Coordinating Center of Excellence
OCTF	Ohio Children's Trust Fund
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODJFS	Ohio Department of Job and Family Services
ODPS	Ohio Department of Public Safety
ODRC	Ohio Department of Rehabilitation and Correction
OFCF	Ohio Family Children First
OFCMH	Ohio Federation for Children's Mental Health
OhioMHAS	Ohio Department of Mental Health and Addiction Services
OMHNSS	Ohio Mental Health Network for School Success
ONG	Ohio National Guard
OPEC	Ohio Prevention and Early Intervention and Education Conference
ORC	Ohio Revised Code
OSPF	Ohio Suicide Prevention Foundation
OYLPN	Ohio Youth-Led Prevention Network
PAX GBG	PAX Good Behavior Game
PCSAO	Public Children Services Association of Ohio
SAMHSA	Substance Abuse and Mental Health Services Administration
SA (SU)	substance abuse (substance use)
SAPT	Substance Abuse Prevention and Treatment Block Grant
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SED	serious emotional disturbances
SMI	serious mental illness
SPCA	Statewide Prevention Coalition Association
SPDG	State Personal Development Grant
SPE	Strategic Prevention Enhancement grant
SRO	School Resource Officer
TIC	Trauma-Informed Care
UMADOP	Urban Minority Alcoholism and Drug Abuse Outreach Program
USDEd	United States Department of Education
WC	Williams County
WSU	Wright State University
YRBS	Youth Risk Behavior Survey

Data by County

		Ohio		Greene County		Harrison County		Williams County	
		#	%	#	%	#	%	#	%
Demographics	County type ¹			Suburban		Appalachian		Rural (non-Appalachian)	
	Total Population ¹	11,544,951		162,846		15,850		37,597	
	Child Population ¹	2,693,092	23.3	34,434	21.2	3,450	21.8	8,772	23.3
	White (% of child pop) ¹	2,163,154	80.3	29,579	85.9	3,257	94.4	8,509	97.0
	Black (% of child pop) ¹	461,195	17.1	3,443	10.0	173	5.0	167	1.9
	Asian(% of child pop) ¹	58,334	2.2	1,205	3.5	138	0.4	79	0.9
	Latino (% of child pop) ¹	138,664	5.1	1,205	3.5	35	1.0	561	6.4
Econo-mic Well-being	Unemployment rate ³	7.2		7.0		8.1		7.6	
	Children living in poverty ¹	619,354	23.9	5,774	19.1	927	27.5	1,658	18.7
	Children receiving SNAP/Food Assistance ¹	764,838	28.4	6,336	18.4	1,110	32.2	2,342	26.7
	Children eligible for free and reduced lunch ¹	1,219,999	45.3	11,673	33.9	1,901	55.1	3,632	41.4
Educa-tion	4 th grade math proficient ¹	78.1		82.5		63.7		81.1	
	4 th grade reading proficient ¹	83.8		88.5		78.1		87.2	
	HS graduation rate ¹	84.3		93.0		89.9		98.0	
Health, Safety & Risky Behavior	Mental Health Providers ³	1051:1		826:1		7,973:1		2,750:1	
	Children enrolled in publicly funded healthcare/Medicaid ^{3(#), 1(%)}	1.25 mil	52.7	12,852	40.1	2,027	64.8	4,536	55.8
	Births to teens age 15-17 (% of all births) ¹	2.7		2.2		3.8		2.6	
	Children in foster care (% is per thousand) ¹	22,304	8.3	183	5.3	42	12.2	78	8.9
	Felony adjudications (% is per thousand) ¹	5,654	2.1	57	0.8	3	0.9	12	3.2
	Unduplicated number of new 2011 reports of Physical abuse, Neglect, Sexual abuse, Emotional maltreatment, and Other ²	100,804		1,056		88		269	
	Children receiving Help Me Grow Services ²	40,848		693		154		113	
	Youth age 0-21 receiving treatment in Community Mental Health system	148,360		1,752		166		565	

¹Children's Defense Fund-Ohio, Ohio KIDS COUNT 2013 Data Book (2011 data). ²Public Children Services Association of Ohio 2013-2014 Factbook. ³Available on <http://www.countyhealthrankings.org/>

School District Enrollment Data

	State-wide Totals		Greene County										Harrison County	Williams County																		
			Beavercreek City		Bellbrook-Sugarcreek Local		Cedar Cliff Local		Fairborn City		Greeneview Local		Xenia Community City		Yellow Springs Exempted Village	Harrison Hills City School District	Bryan City Schools		Edgerton Local Schools		Edon Northwest Local		Millcreek West Unity Local		Montpelier Exempted		North Central Local		Stryker Local			
			N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
American Indian or Alaskan Native	2,267	0.1	17	0.2																												
Asian or Pacific Islander	32,034	1.9	477	6.6	56	2.2			57	1.4			17	0.4	13	1.8			22	1.1					18	1.8						
Black, Non-Hispanic	271,259	15.9	261	3.6	88	3.4			389	9.4	10	0.7	574	12.9	66	9.3	25	1.6	10	0.5												
Hispanic	71,164	4.2	169	2.3	93	3.6	11	2.0	148	3.6	12	0.9	108	2.4	32	4.5	10	0.6	99	5.1	24	3.8			25	3.9	19	1.9	47	7.6	20	4.7
Multiracial	73,566	4.3	267	3.7	92	3.5	39	7.2	301	7.3	36	2.6	394	8.9	125	17.6	57	3.6	46	2.4					12	1.9	10	1.0			13	3.1
White, Non-Hispanic	1,255,854	73.6	6,052	83.5	2,263	87.1	477	88.2	3,245	78.3	1,332		3,345	75.3	473	66.6	1,492	94.0	1,761	90.8	592	94.7	574		594	93.4	978		560	90.0	381	90.3
Limited English Proficiency	40,376	2.4	215	3.0	42	1.6			74	1.8			23	0.5													31	5.0				
Economically Disadvantaged	809,266	47.4	982	13.6	428	16.5	108	20.0	2,327	56.2	438	31.5	2,596	58.4	267	37.6	887	55.9	846	43.6	287	45.9	240	41.2	258	40.6	557	54.2	338	54.3	198	46.9
Disability Status	250,669	14.7	1,003	13.8	224	8.6	51	9.4	586	14.1	187	13.4	659	14.8	105	14.8	301	19.0	343	17.7	75	12.0	105	18.0	88	13.8	161	15.7	92	14.8	46	10.9
Gender- Female	829,117	48.6	3,508	48.4	1,305	50.2	268	49.5	1,937	46.8	693	49.8	2,167	48.8	350	49.3	775	48.8	913	47.1	319	51.0	269	46.1	322	50.6	506	49.3	306	49.2	215	50.9
Gender- Male	877,026	51.4	3,737	51.6	1,293	49.8	274	50.6	2,206	53.2	699	50.2	2,277	51.2	360	50.7	813	51.2	1,026	52.9	306	49.0	314	53.9	315	49.5	522	50.8	316	50.8	207	49.1

Statewide Discipline data by Race, English Proficiency, Economically Disadvantaged, Disability, and Gender

	Statewide	Race							Limited English Proficiency		Economically Disadvantaged		Disability		Gender	
		Asian	Black, Non-Hispanic	Hispanic	American Indian or Alaskan Native	Multiracial	Pacific Islander	White, Non-Hispanic	Yes	No	No	Yes	No	Yes	Female	Male
All Discipline Types (per 100 students)	23.4	4.4	68.0	22.8	28.2	31.6	16.1	13.7	17.9	23.5	8.8	39.5	20.1	42.1	14.6	31.7
Expulsions (per 100 students)	0.2	0.1	0.7	0.3	0.3	0.3	0.1	0.1	0.2	0.2	0.1	0.4	0.2	0.2	0.1	0.3
Out of School Suspensions (per 100 students)	12.4	2.0	40.2	12.7	14.2	16.4	7.1	6.3	10.3	12.4	4.0	21.6	10.5	23.2	7.4	17.1
Other Disciplinary Actions (per 100 students)	10.8	2.3	27.1	9.8	13.8	14.9	9.0	7.3	7.5	10.9	4.7	17.5	9.4	18.6	7.0	14.3

Discipline data by School District and Race

	Racial Category	Greene County							Harrison Hills City School District	Williams County						
All Discipline Types (per 100 students)	Asian	2.3	0		10.2		6.9	0		0				5.5		
Expulsions (per 100 students)		0	0		0		0	0		0				0		
Out of School Suspensions (per 100 students)		1.1	0		2		6.9	0		0				5.5		
Other Disciplinary Actions (per 100 students)		1.3	0		8.2		0	0		0				0		
All Discipline Types (per 100 students)	Black, Non-Hispanic	10.3	9.1		55.5		47.7	37.8	65							
Expulsions (per 100 students)		0.4	0		0.8		0.9	0	0							
Out of School Suspensions (per 100 students)		5.7	9.1		23.6		32.2	19.6	8.1							
Other Disciplinary Actions (per 100 students)		4.2	0		31.1		14.6	18.1	56.8							
All Discipline Types (per 100 students)	Hispanic	4.7	1.1	0	19.6	8.4	19.4	9.4		5	4.2		0	37.8	2.1	0
Expulsions (per 100 students)		0	0	0	0	0	0.9	0		1	0		0	0	0	0
Out of School Suspensions (per 100 students)		3.5	1.1	0	10.8	8.4	15.7	9.4		2	0		0	5.4	2.1	0
Other Disciplinary Actions (per 100 students)		1.2	0	0	8.8	0	2.8	0		2	4.2		0	32.4	0	0
All Discipline Types (per 100 students)	American Indian or Alaskan Native	5.9														
Expulsions (per 100 students)		0														
Out of School Suspensions (per 100 students)		0														
Other Disciplinary Actions (per 100 students)		5.9														
All Discipline Types (per 100 students)	Multiracial	6.4	3.3	2.6	27.9	58	22.1	15.2	42	6.5			16	0		0
Expulsions (per 100 students)		0	0	0	1	0	0	0	0	0			0	0		0
Out of School Suspensions (per 100 students)		2.2	3.3	2.6	13.3	16.6	16.5	9.6	3.5	0			16	0		0
Other Disciplinary Actions (per 100 students)		4.1	0	0	13.6	41.4	5.6	5.6	38.5	6.5			0	0		0
All Discipline Types (per 100 students)	White, Non-Hispanic	3.8	0.9	1.9	23.2	12.5	19	7.8	21.6	6.8	4.9	13.9	1.9	14	0.9	4.5
Expulsions (per 100 students)		0.1	0	0	0.2	0.2	0.4	0	0	0.2	0	0	0	0.4	0	0
Out of School Suspensions (per 100 students)		1.3	0.8	1.9	9.3	6.5	11.3	4.2	2.3	2.8	1.5	1.2	1.9	3.9	0.9	2.9
Other Disciplinary Actions (per 100 students)		2.5	0	0	13.7	5.9	7.3	3.6	19.4	3.7	3.4	12.7	0	9.7	0	1.6

Note. There were no Discipline types reported for Pacific Islanders for any of these school districts. Blank cells mean there were no reported discipline types or the cell size was too small to report.

Discipline data by School District

	State-wide Totals	Greene County								Harrison Hills City School District	Williams County					
All Discipline Types (per 100 students)	23.4	4.1	1.3	2.2	26.4	13.6	22.9	11.8	22.9	6.6	4.8	13.9	2.0	14.1	1.0	4.0
Expulsions (per 100 students)	.2	.1	.0	.0	.3	0.1	.4	.0	.0	.3	.0	.0	.0	.4	.0	.0
Out of School Suspensions (per 100 students)	12.4	1.5	1.2	2.2	11.0	6.7	14.5	6.8	2.4	2.7	1.4	1.2	2.0	3.9	1.0	2.6
Other Disciplinary Actions (per 100 students)	10.8	2.5	.0	.0	15.1	6.8	7.9	5.1	20.5	3.7	3.4	12.7	.0	9.8	.0	1.4
Emergency removal by district personnel or hearing officer, all reasons (occurrences)	11,239	0	0	0	16		0	0	0	0	0	0	0	0	0	0
Expulsions, all reasons (occurrences)	3,855	0	0	0	0		19	0	0	0	0	0	0	0	0	0
Reasons for Suspensions: In School, Out of School, and In School Alternative (occurrences)	680,185	225	14	0	1,052		964	42	266	70	15	61	0	95	0	0
Truancy	27,482				62		93		100							
Fighting/Violence	65,472	30	14		158		162	25	37			18		17		
Vandalism	3,190						10									
Theft	6,676				71		18									
Use/Possession of non-gun Weapon	2,664						15									
Use/Possession of Tobacco, Alcohol, or other drugs	10,580						33									
Disobedient/Disruptive Behavior	540,746	195			761		590	17	111	59	15	43		78		
Harassment/Intimidation	18,972						31		18	11						
Unwelcome sexual contact	2,987						12									
Other (possession of gun or explosive, or firearm look-alike)	1,416															

Note: Did not have Reason for Suspension data for Greenview Local