

The Ohio Mental Health Network for School Success (OMHNSS) is pleased to publish our eighth issue of Network News. This issue delivers information regarding promising school-based programs and exciting capacity building efforts.



We feature several pieces authored by effective practice partners (EPPs) working with the Effective Practice Integration Council (EPIC) in partnership with the OMHNSS. EPIC is a network of community/ university partners supporting expanded school mental health in Ohio. EPIC is organized by Paul Flaspohler (flaspodp@muohio.edu) at Miami University. Brief articles by Julie Owens and Heather Alvarez (Ohio University), David Hussey (Kent State University), and Elizabeth Tracy (Case Western Reserve University) **address issues critical to the promotion of expanded school mental health.** Network members have contributed to the development of EPIC papers through engagement in focus groups and interviews. Longer versions of these articles are available at our website: [www.units.muohio.edu/csbnhp/consultsvcs/epic.html](http://www.units.muohio.edu/csbnhp/consultsvcs/epic.html).

In addition to the EPIC pieces, you will find several other useful articles in this issue. An overview of trauma and schools is the most recent contribution to a series of information briefs produced for the OMHNSS. Additional articles address national recognition of the Youth Experiencing School Success (Y.E.S.S.) program, the Wellness Translator, the USDOE Mental Health Integration Grant, and the OMHNSS Policy and Development Advocacy (PDA) workgroup.

As always, the OMHNSS is committed to promoting awareness of the mental health needs of students in Ohio.

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# Using Community-University Partnerships to Advance School Mental Health Programming: Why, What, and How?

Prepared by: Julie Owens, Marius Dan, Heather Alvarez, Dave Tener, & Kathy Oberlin-  
Julie Owens and Heather Alvarez are EPIC EPPs at Ohio University.

Currently, there is an increased demand on schools and community agencies to implement evidence-based practices, to demonstrate positive outcomes, and to achieve sustainable programming to address community needs. However, even when communities have knowledge about evidence-based programs, they often face challenges in creating the capacity and infrastructure necessary for program implementation, evaluation, or sustainability. To address the gap between science and practice, national initiatives are calling for expanded school mental health services and the development of partnerships among researchers, providers, youth, and families.

Expanded school mental health programming implies two concepts: (a) that community health and mental health services are integrated with, and expand beyond, existing services within the school, and (b) this cross-agency partnership provides services across the entire continuum of care (promotion, prevention, assessment, early intervention, and treatment).

Community-University (C-U) partnerships can be defined as a series of interpersonal relationships between (a) community members, agency personnel, and community leaders and (b) campus administrators, faculty, staff, and students with the stated goal of achieving mutually beneficial outcomes.

## Why?

Evidence suggests that one mechanism for closing the gap between science and practice is the development of community-university (C-U) partnerships that enhance community capacity to identify and address local needs, while also informing the advancement of science. To successfully provide a full continuum of services, it is virtually necessary for schools and community agencies to collaborate to maximize available resources. Yet, even with these combined resources, additional expertise and personnel may be needed. Thus, by expanding the partnership to include university resources, communities can enhance service capacity, service quality, and service evaluation.

What makes C-U partnerships so effective is that they create opportunities and provide access to resources that neither partner would have on its own.

What makes C-U partnerships so effective is that they create opportunities and provide access to resources that neither partner would have on its own. From a university perspective, C-U partnerships offer access to a wealth of real-world learning experiences for students and create opportunities for meaningful and contextualized research projects for faculty members. For communities, C-U partnerships provide access to scientific knowledge, personnel resources, and technical assistance to develop the skills necessary for conducting needs assessments, program evaluation, and strategic planning for program sustainability.

## What?

As agencies begin to consider how a C-U partnership could be beneficial for their community, they may want to know what resources are available. One of the most plentiful resources that a university has to offer is graduate and undergraduate student resources. By engaging students in practical learning experiences, community agencies and schools can provide services to children and families that reflect state-of-the-science techniques, are provided at a reduced cost, and fill a gap in existing community services. In addition, the scientific expertise of faculty members can contribute to community-based professional development training. Further, faculty members may be able to provide on-going technical assistance as a way to assist communities in building local capacity and expertise. Technical assistance may be applied to processes such as program planning, program implementation, or program evaluation (e.g., data analyses, technical report writing). Finally, as the partnership strengthens, partners become capable of applying for grants. Because most grants include service-delivery and research components (e.g., program evaluation), a C-U partnership is often a stronger grant applicant than are any of the parties independently.

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## How?

The likelihood of success in initiating a C-U partnership depends on getting connected to the right person. There are several mechanisms for finding the right university connection for your community's needs.

**Contact an Individual Faculty Member.** Faculty members are required to develop an intensive research program in their specific area of expertise; consequently, they are interesting in partnering with community agencies that offer opportunities for data collection or research that is concordant with their current research interests. Typically, faculty members have a personal webpage where they describe their research interests and most recent projects. Community members may begin by reviewing the websites of faculty in relevant academic departments (e.g., Departments of Psychology, Social Work, Counseling, or Education).

**Contact a University Administrator.** There are several university administrators who would be familiar with the expertise of multiple faculty members and multiple student groups. Thus, these administrators may be able to direct you to the most appropriate person. Relevant administrators include the chair of an academic department, the director of a university training clinic, the administrator of the University Student Services (or Student Affairs Office), and the director of the office for student service learning projects.

**Contact State-level Offices and Coordinating Bodies.** Several State Departments and organizations can provide information about relevant university resources and areas of expertise across the state, including the Ohio Department of Mental Health and the Ohio Mental Health Network for School Success.

## Overcoming Barriers

While there are many benefits of engaging in C-U partnerships, there are also challenges to partnership development. Challenges often occur because of differences between the university and community cultures, unbalanced leadership between the academics and community members, lack of responsiveness among partners, mismatches in priorities among partners, and problems pertaining to time, scheduling, and financial constraints. Many of these problems can be surpassed by adhering to principles such as collaborative and equitable involvement of all partners, mutual benefit of all partners, trust and respect, acknowledgment of different partners' priorities, consideration of multidisciplinary approaches, promotion of co-learning and capacity building, dissemination of findings, and a long-term commitment by all partners.

The goal of our paper is to empower communities to consider initiating a C-U partnership as a mechanism for advancing school mental health programming. In the extended version of the paper, we provide a synthesis of the scientific evidence that (1) documents the utility of C-U partnerships, (2) presents the benefits of C-U partnerships for both parties, (3) outlines possible resources available within universities, (4) provides a brief guide for accessing university resources, (5) describes typical issues and barriers that may interfere with partnership development, (6) suggests possible solutions and avenues for overcoming barriers, and (7) offers examples that highlight successful C-U partnerships. The intended audience for the paper is community planners, agency directors, and school administrators. A companion paper that addresses the university audience is also being developed.

# Using EMIS and Ohio Scales Data to Document the Need, Scope, and Impact of School-Based Mental Health Services (SBMHS)

Prepared by: David Hussey and Abbey Furth

David Hussey is an EPIC EPP at Kent State University.

In busy school and agency work environments, the use of already existing information should be maximized to identify, assess, and track behavioral outcomes for high-risk high-need youth enrolled in schools. Schools and public mental health providers are each required to collect certain information regarding the children they serve. Schools are required to report information on 59 student variables through the Education Management Information System (EMIS). Embedded within these variables are 17 categories of discipline referral reasons that can be used to easily identify a subset of high-risk youth who may be able to benefit from indicated and targeted mental health services. The Ohio Department of Education's website ([www.ode.state.oh.us](http://www.ode.state.oh.us)) offers tools to help utilize EMIS data, which can be found on the website under "data and statistics."

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**EMIS** DATA CAN BE  
USED TO ILLUSTRATE HOW A SMALL, IDENTIFIABLE PORTION OF YOUTH ARE RESPONSIBLE FOR THE MAJORITY OF ALL FORMAL DISCIPLINE ACTIVITY IN A SCHOOL DISTRICT.

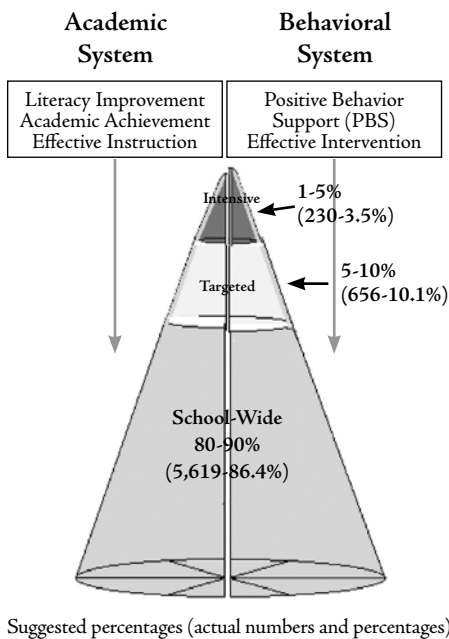
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Community mental health providers delivering Medicaid funded school-based mental health services are required to collect mental health assessment and rating information using the Ohio Problem, Functioning, Hopefulness, and Satisfaction Scales (i.e., Ohio Scales) (Ogles, Melendez, Davis, & Lunnen, 2000 that can be used to evaluate services.) The youth's parent or primary caretaker, the youth, and the youth's agency worker each assess problem severity and functioning. Youth and parent rate satisfaction and hopefulness, and the agency worker completes the Restrictiveness of Living Environments Scale, or ROLES (Hawkins, Almeida, Faby, & Reitz, 1992). Agency workers also are asked to indicate the number of times in the past 90 days that youth were arrested, suspended from school, missed school, spent days in detention, or engaged in self-injurious behaviors. More information on the Ohio Scales can be found on the Ohio Department of Mental Health's outcomes website ([www.mh.state.oh.us/oper/outcomes/outcomes.index.html](http://www.mh.state.oh.us/oper/outcomes/outcomes.index.html)). Manuals and reports on using the data can be found there.

*EMIS Data Example.* EMIS data can be used to illustrate how a small, identifiable portion of youth are responsible for the majority of all formal discipline activity in a school district. Specifically, discipline referral data can be used to estimate service needs and identify the subset of youth who may benefit from services. Depending on the intervention options and availability of resources, those youth with at least one discipline referral may be appropriately considered for targeted levels of intervention, and those youth accounting for 50% or more of all formal discipline events may be eligible for more intensive interventions due to their high levels of behavioral difficulties. This algorithm can help in estimating mental health service capacity need based upon

Figure 1. OISM Tiered Model



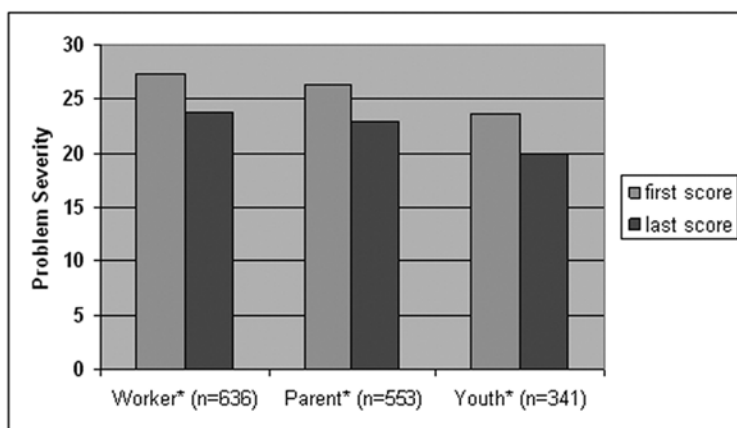
the Ohio Integrated Systems Model (OISM) model. OISM is a comprehensive, school-wide prevention and intervention model that addresses both academic and behavior needs of all children, through literacy improvement and positive behavior support (PBS).

Figure 1 illustrates how EMIS discipline referral data can be used to estimate numbers of youth across a school district who should be considered for universal, targeted, or intensive levels of mental health services. The base of the OISM cone represents universal interventions that include the districts core academic and behavior curricula for 80-90% of district children. The targeted tier in middle of the cone represents students at some risk for school failure, usually 5-10%, requiring

more specific interventions. The top of the cone represents the remaining 5% of students at high risk for failure.

**Ohio Scales Data Example.** The next example reports Ohio Scales assessment and outcome data from a school-based mental health initiative provided by a private agency. A variety of analyses using Ohio Scales data can be used to evaluate and report on SBMHS delivered by a community agency. The Problem Severity Scale offers one example of outcome reporting (Figure 2). Bar graphs provide an easy visual representation of outcome findings. The Functioning, Satisfaction, and Hopefulness scales can also be reported on in similar manners. There are also additional ways of looking at the data that can provide even more insight into the effectiveness of services, such as looking at levels of severity. Measures of reliable change can also be calculated for each of the scales.

Figure 2. Ohio Scales Problem Severity Scale



**Conclusion.** Both EMIS and Ohio Scales data provide useful information that assist educators, administrators, and community mental health service planners and providers in assessing and evaluating needs and outcomes related to school-based mental health services. The above descriptions and examples illustrate the kinds of questions and analyses that can be investigated with naturally occurring data elements collected by schools and mental health agencies. Such analyses can greatly assist with accountability mandates and strategic planning efforts including those associated with:

- » The Ohio Integrated Systems Model (OISM) that provides a comprehensive, school-wide prevention and intervention model that addresses both academic and behavior needs of all children.
- » Positive Behavioral Interventions and Supports (PBIS) that also looks at how behavior supports positively influence youth who fall into different levels of severity as demonstrated in the OISM pyramid, which correspond with three levels of prevention (School-wide, Targeted, and Intensive) ([www.pbis.org](http://www.pbis.org)).
- » The Ohio Statewide System of School Improvement Support that helps districts design and implement school improvement processes including comprehensive continuous school improvement plans (CCIP).
- » Partnerships for Success (PFS), an initiative of the Ohio Family and Children First Cabinet Council intended to mobilize county Family and Children First Councils (FCFC) to reduce youth problem behaviors and improve family and child well-being outcomes ([www.pfsacademy.org/index.htm](http://www.pfsacademy.org/index.htm)).

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# Roles of School and Community Providers in the Delivery of School Based Mental Health Services

Prepared by: Elizabeth M. Tracy, Evelyn Castro-Buillen, and Susan Schraff

Elizabeth Tracy is an EPIC EPP at Case Western Reserve University.

Pupil services staff and agency-employed mental health staff are increasingly working in schools with the same students and families as clients. An important issue and general concern is how mental health providers from community/agency—based programs can coordinate and engage with school personnel, such as school social workers, school psychologists, school counselors, and school nurses. Likewise, how school-based personnel already work in a school can make the most of the clinical services. Outside agencies is also a concern. Increasing awareness and understanding of the roles of each discipline is a crucial first step in promoting good working relationships and better coordinated services.

An important issue and general concern is how mental health providers from community/agency-based programs can coordinate and engage with school personnel

## Some guidelines for school based providers to understand the role of community based providers.

- » Obtain information so that you can understand the specific purpose and outcomes to be expected of the program or services to be provided (e.g. a group for girls with eating disorders).
- » Continue to work with your school teams and assume leadership and coordination of roles on interagency teams. For example, school social workers may assume a coordinating role as their training emphasizes linkage between systems.
- » Help agencies and collaborators work with the school to better understand and overcome barriers to service that arise, such as scheduling conflicts between academic instruction and mental health services.
- » Understand the mental health funding source, including eligibility criteria for service, scope of service delivery, voluntary nature of service, and length of service. Agencies often have “productivity” expectations of their staff which means they can typically only bill for direct service.
- » Ensure that private space within the school is dedicated to the delivery of mental health services
- » Appreciate how mental health laws may compliment or challenge education laws (e.g. confidentiality).
- » Work with the school and agency to develop formal agreements and formal mechanisms for maintaining programs and relationships.
- » Develop referral procedures and procedures to follow up on referrals made.

## Some guidelines for community-based providers to understand the roles of pupil services professionals employed within the school district.

- » Learn about the professional resources for social and mental health services already present in the school and the roles of the different disciplines represented on the pupil services team.
- » Learn about laws, policies, and procedures for special education, attendance, and discipline, among others.
- » Learn to understand the school climate and how to engage with school personnel. Develop working relationships and friendships with teachers, administrators, pupil services team staff, and front office staff.
- » Understand and be clear about how your services relate to the school's goals for academic achievement.
- » Schedule regular times to meet with those who work inside the school and identify the lead clinician within the school who assumes a liaison or coordinating role with community-based providers.
- » Share information and offer prompt feedback to teachers and other pupil services professionals about your work with the student. Obtain appropriate releases of information so that this can occur.
- » Spend more time in schools and be reliable about your schedule. Staff need to spend time on the campus in addition to the time spent with clients. This promotes visibility.

## Strategies and resources school and community-based providers can draw upon to navigate the school-community partnership.

- » Gain knowledge of other disciplines roles, credentials, and services (for example, Flaherty et al., 1998 provides a review of roles and credentials of differing professionals as preparation for interdisciplinary work in schools).
- » Develop mechanisms to facilitate referrals and to monitor and follow up on referrals.
- » Use the team process and the coordinating role of the school-employed team leader/coordinator to share information and develop goals that are aligned with and supportive of the school's goals
- » Ensure adequate planning and preparation for the delivery of contracted or billable services to a school (Alvarez & Bye, 2006 provide guidelines for school administrators when contracting for services including documentation, coordination of services, evidence-based practices, congruence with goals of school, space, scheduling, supervision, and liability, among others)
- » Conduct annual surveys for feedback purposes (e.g. school personnel evaluate community providers and vice versa).
- » Establish regularly scheduled case review meetings where community providers and school personnel come together to review referrals, dispositions, and outcomes.
- » To address issues of turf, ensure that all school personnel understand the purpose of mental health services to be provided and that existing support services within the school are identified and utilized appropriately (Waxman, Weist, & Benson, 1999).

As school and community-based providers work together to find solutions that work within their school system that build upon each others' strengths and resources, they can better meet their common goal of service to students and families.

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## Trauma and Schools <sup>1</sup>

### Traumatic experiences may have devastating long term effects on children.

- » A traumatic event is “marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death” in which a person’s ability to cope is overwhelmed.
- » The range of potentially traumatic experiences is quite broad including child maltreatment, natural disasters, kidnappings, domestic violence, fires, severe motor vehicle accidents, community violence, etc.
- » Roughly one in four children will experience a traumatic event by the age of 16. Of these children, 28% will experience two or more traumatic events by the age of 16.
- » However, not all children who experience a potentially traumatic experience will be traumatized.
- » Several factors influence the impact of the trauma: age of the victim, relationship to the perpetrator, context (within the family, among peers, within the community), type of trauma, severity, duration of exposure, chronicity of the trauma, and the response of others.
- » Reactions to trauma vary according to a child’s developmental level.
  - » Preschoolers may show regressive behaviors such as thumb-sucking or bed wetting, have temper tantrums, cry, display disorganized behavior, have nightmares, become aggressive, or exhibit “magical” thinking.
  - » School-age children may become angry or moody, experience difficulties sleeping, complain of somatic problems, worry about being abandoned, feel sadness, become aggressive, display avoidance of traumatic reminders, etc.
  - » In adolescence, trauma symptoms may manifest in ways similar to adults—through withdrawal, numbing, and hyperarousal. Adolescents may also engage in risky behaviors, become disobedient, feel alienated because of their traumatic experience, etc.
- » Trauma is related to a host of negative outcomes including depression, school problems, behavior problems, dissociative symptoms, fears, eating disorders, substance abuse, victimization, anxiety, delinquency, and Post-Traumatic Stress Disorder.

### Posttraumatic symptoms may manifest in the classroom in poor academic performance, behavioral problems, and relationship difficulties.

- » Academically, traumatized children may exhibit:
  - » Difficulties with sustained attention
  - » Slow processing speed due to increased arousal
  - » Difficulty with verbal problem-solving tasks and expressing emotions
  - » Deficits in executive functioning tasks (i.e., goal setting, planning, etc.)
  - » Trouble sequentially organizing material which may result in reading, writing, and verbal communication problems
  - » Difficulty taking others’ perspectives
- » Behaviorally, traumatized children may show:
  - » Increased aggression
  - » Difficulty recognizing and regulating emotions
  - » Defiant behavior
- » In their peer relationships, traumatized children may:
  - » Show aggression
  - » Display poor social skills
  - » Exhibit social withdrawal
  - » Be rejected by peers

### Schools can create trauma-sensitive environments to reduce the impact of the trauma.

- » In order for traumatized children to feel physically and emotionally safe, create a school-wide supportive culture in which bullying and teasing are not accepted.
- » Develop trauma sensitive school policies and procedures.
  - » Develop procedures for handling the news that a child has been traumatized and determining what information should be shared with teachers and others.
  - » Create policies that balance the need to hold children accountable for their behavior with the need to be supportive and understanding when their behavior is driven by their trauma. Not every behavior will be tied to the trauma, but some may be. It is important for children to understand the reasons for the inappropriate behavior when it is tied to the trauma, otherwise teachers’ responses to the behavior may not be effective.
- » Modify academic instruction and assignments to benefit children who have been traumatized.
  - » Balance the need to maintain typical school expectations with flexibility in order to be supportive and promote success.
  - » Maintain consistent routines to enhance feelings of normalcy.
  - » Create activities that do not require children to be put on the spot (e.g., oral presentations or calling on children who are not raising their hands during class).
  - » Present material in multiple formats (i.e., visually, verbally, through games, group work) so that children who have high levels of arousal have more opportunities to absorb what is being presented.
  - » Build opportunities for choice into the daily routine to give children a sense that they have some control over what happens to them.
  - » Focus on children’s strengths instead of weaknesses and provide encouragement.
- » Strengthen relationships between school personnel and traumatized children.
  - » Listen and accept children’s feelings without judgment.
  - » Reassure children that it is normal to have a rough time following a traumatic experience.
- » Develop a referral process so that children who may need additional professional services can get the help they need.



## The Y.E.S.S. Program Receives Recognition for Innovations in Training

Dr. Julie Owens and Dr. Jane Hamel-Lambert, Ohio University

Several national initiatives (e.g., President's New Freedom Commission on Mental Health) underscore the importance of redesigning our nation's health care system. The vision for change begins with transforming the education and training of health professionals and culminates in efficient, integrated, interprofessional teams that collaboratively deliver evidence-based interventions in settings where children receive other primary services, such as schools.

The child specialty area within the clinical psychology doctoral program at Ohio University is making significant modifications to graduate training experiences to better prepare mental health providers for interprofessional collaboration within transformed models of service delivery. Specifically, the Youth Experiencing Success in School (Y.E.S.S.) Program ([www.yessprogram.org](http://www.yessprogram.org)), directed by Dr. Julie Owens, is a school mental health program that is providing experiential training opportunities that prepare graduate students for research and clinical practice in an interdisciplinary climate. The development of the training experiences has been an iterative process expanding each year to include students and faculty from different disciplines, additional training content, and innovations in use of

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## 3 Training Components

1. Intensive training in evidence-based practices associated with school-based mental health programming via year-long traineeships.
2. Interprofessional didactic seminars to deepen students' understanding of school culture and to expose students to professionals from other disciplines (i.e., medicine, nursing, speech-language pathology, special education, law).
3. Interactive, interprofessional video-conference training series allows students from psychology and social work to practice communicating via videoconference technology with psychiatry residents about evidence-based practices, discipline-specific biases, and challenges to interprofessional collaboration. This occurs through a collaborative partnership with Dr. Kathleen Quinn, Training Director of Child and Adolescent Psychiatry within the Department of Psychiatry and Psychology at The Cleveland Clinic Foundation.

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technology. We currently conceptualize the training program as having three components (see above).

Graduate training within the Y.E.S.S. Program departs from business-as-usual in several ways. First, students are not trained in isolation. Throughout the year-long training experience, psychology graduate students and social work students simultaneously participate in all aspects of training. In addition, on a weekly basis, all trainees interface with professionals from multiple disciplines and engage in interdisciplinary assessment, treatment planning, intervention, and problem solving. Second, in the context of the research agenda, we examine the effectiveness of evidence-based practices in community settings. Thus, trainees learn how to simultaneously engage in research and practice, and to examine intervention effectiveness in settings that provide high external validity for the findings. Third, trainees participate in program planning meetings that are attended by multiple stakeholders. This experience exposes them to group processes involved in organizational leadership and the development and maintenance of university-community partnerships. Fourth, trainees participate in an interprofessional training series that

informs them of the roles, language, and laws associated with multiple disciplines with whom they will likely interface. Finally, trainees partake in an interactive, interprofessional video-conference training series. By exposing them to innovative technology, we seek to enhance students' comfort with such technology and teach them how to be early adopters of innovation.

The innovations in our training program have been funded by grants from the Ohio Department of Mental Health's Office of Best Practices Residency and Training Program (OU05-26; OUPS06-12; OUPS07-12) and the Health Resources and Services Administration's Quentin Burdick Program for Rural Interdisciplinary Training (D36HP03160). Because of these innovative training experiences, The Y.E.S.S. Program recently received national recognition through the Annapolis Coalition's Registry of Innovative Practices in Child and Adolescent/School-Based Mental Health. Dr. Owens is appreciative of the opportunities that the Athens and Logan communities have provided for her students and her research.

# The Classroom Wellness Translator: An Overview of its Origins, Purpose, and Design Capabilities

Robert Smedley, Associate Director of the Mental Health & Recovery Board of Wayne and Holmes Counties

The Classroom Wellness Translator (CWT) was developed as a project of the North Central Region Action Network (NCAN) of the Ohio Mental Health Network for School Success, funded through the Ohio Department of Mental Health and the Ohio Department of Education.

**Origins:** The idea for the “Translator” project emerged from an NCAN action meeting in the spring of 2002 at a moment when members realized that some of the school and social service representatives in the room were “talking past” each other. Although they were referring to the same phenomena, they didn’t realize that their professional languages used two different terminologies to describe the phenomena.

**Product Development:** Following the 2002 meeting, an Action Committee work group quickly created a “translator” model in Excel to demonstrate how two language systems could be compared. The model was prototyped in the spring of 2003 through a grant from the Ohio State University and Miami University of Ohio. These two universities made grants available to the six regional action networks in Ohio for the development of projects related to the Ohio Mental Health Network for School Success’ action agenda and the Shared Agenda Initiative published by the Ohio Department of Mental Health and the Ohio Department of Education. The Classroom Wellness Translator was one of 5 projects developed by the North Central Action Network.

As the project took shape, the Classroom Wellness Translator was developed as a CD-based Internet site with informational articles and Internet addresses linked to “libraries” of other articles on subjects related both directly and indirectly to mental wellness and school success. The design purpose of this CD/site is to help teachers translate the social and emotional “mental health events” that occur every day in their classrooms from a common teacher “language” (i.e. fearful, sensitive, underachiever, hurtful, attention problems) into common mental health terms and references. These common mental health terms and references are explained by articles and links to internet sites where deeper explanations can be found. The translator cross-walks 12 of the most common student behavioral problems identified by teachers with five health domains that are used to define mental health (i.e. emotion, behavior, physical health, environment, and learning).

**Basic Intentions and Themes:** The Action Committee work group intended the Classroom Wellness Translator to be a classroom aide, a CD tool available in the classroom to assist teachers and mental health professionals communicate about common classroom frustrations. By using this tool, teachers are able to take the CD to a computer at any moment and access information that provides them with a better

understanding of the behaviors they are seeing, the emotional impacts of those behaviors on the student, any physical/medical implications, the most effective environments for modifying those behaviors, and prevention/treatment strategies that would best assist the student. The prototype is armed with methods to link students with identified needs to local service providers. The prototype currently lists providers in the Wayne/Holmes County area of Ohio, but contains instruction regarding the larger “network of care” that can assist the user in accessing information regarding providers in other areas.

The developers of the Classroom Wellness Translator drew a lot of their information from articles that focused on the relationship between neurobiology and mental health, based on the belief that healthy brains are essential for both mental health and learning. It remains our belief that the most basic

THE “TRANSLATOR” IS AN ATTEMPT TO TAKE THE MYSTERY OUT OF CHILDHOOD MENTAL ILLNESS BY PROVIDING INFORMATION THAT EXPLAINS THE RELATIONSHIP BETWEEN EMOTIONS, THE BRAIN, THE BODY, AND THE ENVIRONMENT IN A MATTER-OF-FACT WAY.

connection between the mental health and education fields is in understanding what makes a healthy brain and how that relates to learning and mental health. The “translator” is an attempt to take the mystery out of childhood mental illness by providing information that explains the relationship between

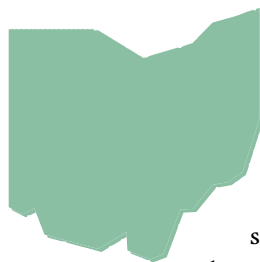
emotions, the brain, the body, and the environment in a matter-of-fact way. It is designed to provide a conduit to articles, online libraries, and information useful in promoting a mentally healthy classroom environment. Because the science is just now moving in this direction, the articles we selected are often summaries of research or practical applications of basic theories in which the cross-walked terms are used. These articles were researched, when time allowed, by our busy membership on a voluntary basis. We fully anticipate that the second edition of the Classroom Wellness Translator will feature more focused research and language studies, as well as improvements in the interactivity of the tool.

**Evaluation Form:** The CWT includes a handy, automated Product Evaluation tool to enable the teacher to provide immediate feedback to the product development group. This tool automatically reports the teacher's name, time spent, ease of use, quality of the articles, access, Internet sites, and overall satisfaction, while allowing for comments in narrative form. The evaluation is then sent via email to the project designer for feedback. Currently, the project designer is developing users' focus groups as a means of sharpening the tool and moving the project toward foundation support for greater distribution.

It is fitting to conclude this overview on the development and purpose of the Classroom Wellness Translator using the words of Michael Hogan who, at that time, was the Director of the Ohio Department of Mental Health.

"The key to improving academic achievement is to identify mental health problems early and, when needed, provide adequate services and links to services."

...President's New Freedom Commission Report on Mental Health, U.S. Dept. of Health and Human Services, 2003.



## Ohio's US DOE Mental Health Integration Grant

Prepared by: Aidyn Iachini, M.A., The Ohio State University

Providing students and families with the services and supports they need is an emerging priority for schools and districts across Ohio, as non-academic, in addition to academic barriers, are found to impede student success. As schools and districts begin to examine existing learning supports, oftentimes questions arise in relationship to the linkages between them, such as:

How do we get the right students to the right supports?

How do we ensure timely and effective communication between teachers, community partners, families, and students?

Are teachers aware of how to refer students to supports and services?

Are there multiple individuals who sit on similar teams, such as IAT, grade-level teams, etc?

All of these questions are critical as schools and districts begin to expand, refine, and coordinate services and supports for youth and their families.

With support through The United States Department of Education's (USDOE) Mental Health-Education Integration Grant, The Ohio State University (OSU) has developed tools and resources to help schools and districts begin to address these questions. One such tool is the School Linkage Protocol Technical Assistance Guide: School Improvement through the Enhancement of the Learning Support Continuum (Anderson-Butcher, Iachini, & Wade-Mdivanian, 2007). This tool highlights key considerations related to the mapping and refinement of existing school and community services and supports with the aim to help schools develop a system that ensures the right students receive the right supports in a timely and efficient manner.

Currently, two districts in Ohio are piloting this Linkage Protocol, including Lima City Schools, particularly Freedom Elementary School, and Fostoria Community Schools. School-based leadership teams have come together to examine existing services and supports in their buildings, and have begun to determine strategies to refine what is already in place. Additionally, through mapping current linkages and examining current resources, it has allowed for a determination of the services and supports students and families still need, allowing for the opportunity to develop new community partnerships.

As the Linkage Protocol is piloted, it is important to gain insight from key leaders and stakeholders. Currently, credibility checks around the Linkage Protocol are being conducted in partnership with Miami University to establish content validity. Next iterations of the Linkage Protocol will be guided by the results of these focus groups, as well as the school-based pilot work, with the intention to improve the usefulness of this tool for the practitioner.

For more information on the Linkage Protocol and the current pilot work, please contact Aidyn Iachini at [iachini.3@osu.edu](mailto:iachini.3@osu.edu).

Anderson-Butcher, D., Iachini, A., & Wade-Mdivanian, R. (2007). School linkage protocol technical assistance guide: Expanded school improvement through the enhancement of the learning support continuum. Columbus, OH: College of Social Work, Ohio State University.

# OMHNSS Focus on Policy Development and Advocacy

Prepared by Kay Rietz, Ohio Department of Mental Health

In recognition of the growing interest and opportunities for influencing public policy for expanded school mental health, the OMHNSS leadership has organized an energetic workgroup on Policy Development and Advocacy (PDA).

The PDA Workgroup is comprised of parents, educators, and mental health professionals representing each of the six Regional Action Networks as the designated PDA liaisons for their region. OMHNSS advocacy connects to public policy or legislation, representing strategies, actions, and solutions proposed to inform or influence local, state, or federal decision-making related to school mental health.

The workgroup members developed the mission of PDA to advocate for the development and implementation of policies that promote a positive school climate through school-based mental health services and supports. Current PDA activities connect directly with emerging events and public policy opportunities, including:

- Organizing participation in the Resiliency Ring around the Ohio Statehouse on May 8, National Children's Mental Health Awareness Day
- Sponsoring the review of Ohio General Assembly draft legislation for school-based suicide prevention screening, assessment, and programming
- Promoting bullying prevention policies, programs, and services that have proven effectiveness
- Connecting with existing local, state, and national coalitions for children's mental health to support expanded school mental health

The OMHNSS leverages increasing potential to link communities with policymakers to advance a shared agenda among families, educators, and mental health partners. The PDA workgroup envisions a long-term goal to develop broad-based support for future legislation, including a budget line item that formalizes a basic state standard of student support and mental health services to be available for all Ohio students.



Published by:  
Center for School-Based Mental Health Programs  
Department of Psychology  
Miami University  
Oxford, OH 45056

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