Acknowledgements

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The Family and Children First Council’s Prevention Intervention Committee’s (PIC) School/Mental Health Subcommittee, chaired by Terri Oldham, would like to first acknowledge the subcommittee members who actively supported the development of this tool kit (see Appendix H). Special thanks go to the North East Action Network (NEAN), a regional affiliate of the Ohio Mental Health Network for School Success. NEAN initiated the concept of doing a mental health tool kit for their five-county area, which covers Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties. The early stages of this initiative included a combined tool kit committee with members from NEAN and the PIC School/Mental Health Subcommittee (see Appendix I). When funding was obtained through the Board of Cuyahoga County Commissioners, it was decided that the first mental health tool kit would be developed for Cuyahoga County school districts. This document, developed by the FCFC PIC School/Mental Health Subcommittee, will be shared with the other four counties served by NEAN as a model. Each county can proceed to develop a mental health tool kit unique to the needs of its school districts.

The following individuals took time from their busy schedules to review Tool Kit drafts. Each made helpful suggestions for content, as well edits to improve the document: Terri Oldham, Children’s Project Director, CCCMHB; Richard Marountas, Director of Special Projects, The Center for Community Solutions; Lisa Griffith, Manager of Prevention Services, Cuyahoga County Alcohol & Drug Addiction Services Board; Ellen Abraham, NEAN Coordinator; Susan Schraff, Director of Student Services, Cleveland Heights/University Heights School District; Aaron Burko, Social Worker, Cleveland Metropolitan School District; Kate Usaj, Social Worker-Youth Support Services, Cleveland Metropolitan School District, and Dani Marinucci President, Parent to Parent Network.

Special thanks to the following interns from Case Western Reserve University for their help with this project: Jennifer Nye, Julia Ross, and David Zeman.

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Section I: Introduction

School-based Mental Health Tool Kit
for Cuyahoga County School Districts

A. Tool Kit Purpose
The purpose of this tool kit is to provide school administrators, support staff, teachers, and parents with information to facilitate the implementation or improvement of school-based mental health services in Cuyahoga County school districts.

This tool kit highlights the importance of providing school-based mental health services as a critical component of learning support services in the battle to address barriers to academic success for all students. Under the umbrella of student learning support services, there are a number of professionals, programs, and activities within school districts and community schools that encourage positive mental health for students and their families (see Section III). Under the umbrella of community mental health services, there are a number of community agencies that currently provide school-based mental health services to many schools in Cuyahoga County (see list in Appendix B).

This tool kit focuses on school-based mental health services and lists resources for treating and preventing mental health concerns that are often barriers to learning. The tool kit also provides information on substance abuse intervention services related to tobacco, alcohol, and other drug use in Appendix C.

This tool kit focuses on school-based mental health services and lists resources for treating and preventing mental health concerns that are often barriers to learning.

An emphasis will be placed on how districts or schools can integrate mental health services into existing school programs and initiatives that address barriers to learning, such as school climate initiatives:

- Intervention-based Assessment Teams (IBA)
- the Integrated Systems Model [formerly known as the Ohio Integrated Systems Model (OISM)]
- Ohio Department of Education’s Comprehensive System of Learning Supports Guidelines (see page 7 and 8 for Website)

The tool kit describes services primarily for not-for-profit public schools, institutions, and services. There are many privately licensed counselors, social workers, school social workers, school psychologists, psychologists, and psychiatrists, as well as private agencies, clinics, institutions and hospitals that provide mental health services through fees, sliding fees and insurance. These resources can be found by reviewing telephone directories or by contacting specific organizations. For example, the Website for the Cleveland Psychological Association\(^2\) has a referral link to help families find clinical psychologists.

\(^2\) Cleveland Psychological Association [http://www.clevelandpsychology.org/](http://www.clevelandpsychology.org/)
States and school districts throughout the country are working toward developing “new directions in learning support services,” including mental health services. The National Initiative: New Directions for Student Support provides information on efforts in other states and school districts to provide learning supports and address barriers to school success.

There are 31 school districts in Cuyahoga County and 16 community schools (publicly funded charter schools). For the full listing of these schools, including contact information, see Charts 1 and Chart 2 of Appendix A of this tool kit or visit State Support Team Region 3 (SST3), previously the Cuyahoga Special Education Service Center, Website.4,5

Terri Oldham, Children’s Program administrator from the Cuyahoga County Community Mental Health Board (CCCMHB), provided the following information:

“In the School-based Mental Health Services Program, the mental health needs of students are identified and addressed, on-site clinicians are available for mental health consultation, and strong inter-systems collaboration increases the opportunities to prevent more serious difficulties, including suicide.

CCCMHB has taken the lead, in collaboration with school districts and community mental health agencies, to deliver publicly funded mental health services within the schools. Through school-based mental health services, youth with mental health issues can be identified earlier and access to services is improved. The program provides prevention and early intervention to enhance social/emotional development and prevent more serious problems. Intensive treatment is available, when needed.

Seven CCCMHB-contract agencies provide school-based mental health services and work with school personnel to coordinate referrals and services and implement programming that meets the needs of the students.”

During the 2006-2007 school year, school-based mental health services were delivered in 150 schools, representing 15 districts, including 106 Cleveland Metropolitan School District schools and 44 schools in the first-ring suburbs.

One of the purposes of this tool kit is to encourage school and community mental health agency collaboration in order to address barriers to learning that will assist in improving academic success and the overall well-being of students. A good example of

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3 National Initiative: New Directions for Student Support
http://smhp.psych.ucla.edu/summit2002/briefreport(1-03-08).PDF

4 State Support Team Region 3 (SST3)/Public School Districts

5 State Support Team Region 3 (SST3)/Community Schools
http://www.SST3.org/pdf/CommunitySchools.pdf
school-community collaboration is provided in an article prepared by Elizabeth M. Tracy and Evelyn Castro-Guillen of Case Western Reserve University, in collaboration with Susan Schraff of the Cleveland Heights-University Heights School District. Figure 1 is taken with permission from this article, which can be found on the Center for School-Based Mental Health Programs (CSBMHP) Website at Miami University: http://www.units.muohio.edu/csbmhp/index.html.

**Figure 1.**

The Roles of School-Based Personnel and Community-Based Providers In the Provision of Mental Health Services

It would be useful for Cuyahoga County public school districts and community schools to review the Ohio Department of Education’s **A Comprehensive System of**
Learning Supports Guidelines\(^6\) approved by the State Board of Education on July 10, 2007, for guidance on aligning district and community services to address barriers to student academic and behavioral progress.

**B. Tool Kit Usage**

This tool kit can be used in many ways. The intent is to provide information, resources, and tools to enable a school to implement mental health services. However, Web links are provided for those who need more detailed information about school-based mental health services and for school personnel, as well as other professionals, who wish to explore in detail school-based mental health.

<table>
<thead>
<tr>
<th>The Tool Kit Can Be Used to:</th>
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<tbody>
<tr>
<td>1. Maximize learning support services to improve student achievement, mental health and general well-being.</td>
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<tr>
<td>2. Provide information on how to connect external mental health services to current Ohio initiatives to improve learning support services.</td>
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<tr>
<td>3. Help administrators determine what mental health services are needed in their schools.</td>
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<tr>
<td>4. Review possible funding sources.</td>
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<tr>
<td>5. Discuss strategies for implementing mental health services.</td>
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<tr>
<td>6. Develop program evaluation for school-based mental health programs.</td>
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<tr>
<td>7. Review approaches to sustain programs implemented.</td>
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<tr>
<td>8. Access Web links to obtain more information on school-based mental health services.</td>
</tr>
<tr>
<td>9. Share information with parents, teachers, and staff.</td>
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</tbody>
</table>

The tool kit is in a three-ring binder so users can remove pages and/or add new materials. All documents are in black-and-white for easy copying and dissemination. To keep the document as brief as possible, Website links and contact information for other resources are provided.

**Table 1.**

<table>
<thead>
<tr>
<th>Definition of Terms</th>
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<tbody>
<tr>
<td><strong>School-based Mental Health Services:</strong></td>
</tr>
<tr>
<td>• Mental health promotion, education, and the continuum of mental health services—prevention, consultation, assessment, treatment, and follow-up.</td>
</tr>
<tr>
<td>• Provided in a school through the collaboration of the school district’s student support services and the mental health system, in partnership with families.</td>
</tr>
<tr>
<td>• To promote students’ emotional and social well-being, to ensure early identification of mental health needs, and to offer timely access to mental health services to address social, emotional, or behavioral issues. Resulting in school and life success through improved social and emotional maturity.</td>
</tr>
</tbody>
</table>

\(^6\) Ohio Department of Education’s *A Comprehensive System of Learning Supports Guidelines*  
http://smhp.psych.ucla.edu/pdfsdocs/wheresthappening/ohio_LEARNING_SUPPORTS_GUIDELINES_FINAL.pdf
### Definition of Terms

**School-based Substance Abuse Services**
- School-based activities to prevent the use of harmful substances such as tobacco, alcohol, and drugs.
- Services may include informational materials, staff/student workshops, in-class lessons, student and family consultation, referrals for therapeutic counseling.
- Resulting in improved health, behavior, and school success.

**Mental Health Prevention and Treatment**
- An article in the *American Psychologist* journal (Weisz et al., p. 632) provides a useful definition of the continuum of mental health prevention and treatment services.
  - **Health Promotion/Positive Development Strategies** target an entire population with the goal of enhancing strengths so as to reduce the risk of later problems and/or to increase prospects for positive development;
  - **Universal Prevention Strategies** are approaches designed to address risk factors in entire populations of youth—for example, all youngsters in a classroom, in a school, or in multiple schools—without attempting to discern which youths are at elevated risk;
  - **Selected Prevention Strategies** target groups of youth who share a significant risk factor and initiate interventions designed to counter that risk;
  - **Indicated Prevention Strategies** are aimed at youth who have significant symptoms of a disorder …but do not currently meet diagnostic criteria for the disorder;
  - **Treatment Interventions** generally target those who have high symptom levels or diagnosable disorders at the current time.

**Learning Support Services**
- The term “learning support services” refers to any additional help received by students that has the potential to help improve learning outcomes.
- In Ohio, this includes both extra academic assistance and supports to improve behavior.
- School-based mental health is a learning support service that can help students address social, emotional and behavioral barriers to learning.
- Examples of personnel providing these services are school-based pupil personnel such as social workers, psychologists, nurses, and/or mental health professionals from community agencies.
Section II: Prevalence of Mental Health Conditions and Need for Services

A. Prevalence of Mental Health Conditions and Need for Services

A number of studies report on the prevalence of mental health problems in children. One of the most comprehensive reports on children’s mental health needs is found in Chapter Three of Mental Health: A report of the Surgeon General (1999). This report cites a study by Shaffer et al (1996) which reported that 20.9 percent of children and adolescents age 9-17 have mental or addictive disorders. The estimated prevalence of mental health problems in other studies ranges from 16 percent (Roberts, et. al., 1998) to 22 percent (Costello et al., 1996). This supports the statement that about one in five students in school in any given year could have a mental health concern.

One in five students in school in any given year could have a mental health concern.

This translates to at least two or three students with serious emotional problems in every classroom (Florell, 2007). There are degrees of severity.

“When the diagnostic criteria used to estimate the prevalence required the presence of significant functional impairment, estimates dropped to 11 percent. This estimate translates into 4.3 million youth who suffer from a mental illness that results in significant impairments at home, at school and with peers. Finally, when extreme functional impairment is the criterion, the estimates dropped to 5 percent. This means there are 2 million children in the U.S. with extremely severe functional impairments (In Crisis: Online Behavioral Evaluations and Reports, Nov. 16, 2007).”

An online report by the Judge David L. Bazelon Center for Mental Health Law provides additional information on the incidence of mental health problems in youth below the age of 18 as well as the percentage of un-served youth. Discussed is a report by Katoaka, Zhang & Wells (2002) that reports that 79 percent of children ages 6 to 17 with mental disorders and 88 percent of Latino children do not receive needed mental health care.

Another measure of the need for school-based mental health services is the number of students identified by school districts as eligible for special education services in the IDEA-2004 category “Emotional Disturbance” (ED). The December, 2006, child count for Cuyahoga County school districts lists 2,429 students with ED and 71 students with ED in countywide community schools. They receive special education services documented on an Individual Educational Plan (IEP). These students may also receive mental health services (not listed as part of the IEP) by external or school-based mental health agencies as long as the parent or legal guardian approves due process and eligibility procedures for mental health treatment.

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7 Mental Health: A Report of the Surgeon General

The authors of this document could not find data sources documenting the number of children receiving mental health services from privately licensed psychologists, psychiatrists, clinical social workers, and counselors working in private practice or at clinics and hospitals in Cuyahoga County or children receiving services outside the county. The only data found were from the public mental health system; that is only one of a number of entities providing mental health services for children.

The Ohio Department of Mental Health maintains data that provide information on the number of youth below 18 diagnosed with mental health problems in specific years by county in the public mental health system. The data system is called MACSIS (Multi-Agency Community Services Information System), which is primarily a billing database for mental health services for youth. For example, MACSIS lists 12,557 youth diagnosed with mental health problems in Cuyahoga County in 2006 (see Appendix J). This represents close to 4 percent of youth in Cuyahoga County. However, MACSIS does not contain data on youth that receive mental health services from private therapists, agencies, or hospitals. If national estimates are that 16 to 22 percent of youth have mental health concerns, then even with some of these students receiving private help, there are many youth not receiving needed mental health services out of the 50,517 children below 18 in Cuyahoga County.

In July, 2006, the Ohio Mental Health Network for School Success, North East Action Network (NEAN), Data Work Group wrote an excellent brief on why school-based mental health services are important. Ellen Abraham, NEAN coordinator, provided this brief.
B. Helping Students Succeed: The Importance of School Based Mental Health Services

Documenting the Need

- Mental health is not only the absence of mental illness, but includes having the skills needed to deal with life’s challenges. Children do not learn at their optimum when experiencing mental illness or when overwhelmed by life’s stressors.
- The Surgeon General’s Report estimated that up to 20% of youth experience mental health problems in any given year, and approximately 75-80% of youth in need of treatment and support services do not receive adequate care.

75-80% of youth in need of treatment and support services do not receive adequate care.

- Less than 30% of youth with a diagnosed mental disorder receive any service, and of those who do, less than half receive adequate treatment.
- Emotional and behavioral health problems represent significant barriers to academic success and school decorum.
- Children and adolescents with emotional disturbances (5-9% of school-aged youth) have the highest failure rates, with 50% of these students dropping out of high school.
- Emotional disability is the fastest growing special education designation in Ohio, including more than 17,000 students in 2003.
- One in five high school students in Ohio report seriously considering a suicide attempt in the past 12 months. Mental illnesses, including depression greatly increase the risk of suicide.
- Suicide is the 3rd leading case of death among young people and is considered a public health crisis by both the Centers for Disease Control and Prevention and the World Health Organization.
- In 2004, Columbia University’s “TeenScreen” Project was used to screen 1,490 Ohio youth: 358 showed possible signs of mental illness, 128 reported suicidal thoughts, and 56 students reported a suicide attempt.
- Failure to address the mental health needs of students has serious consequences both now and in the future: increased risk for school failure, social isolation, violence, substance abuse, unsafe sexual behavior, incarceration, unemployment and poor health. It is estimated that the U.S. loses 192 billion in income and tax revenue dollars with each cohort of 18 year olds who never complete high school.
- The President’s New Freedom Commission suggests that schools offer unparalleled access to students to address both academic and mental health needs, and these needs are intricately related to each other. Further, students are more likely to seek counseling when services are available in schools (Slade, 2002).
• Federal and state requirements to educate all children place attention on mental health issues, since behavior problems are treatable and without good care often lead to school failure.

C. Documenting Service Solutions
• Research is showing that students who receive social-emotional support and prevention services achieve better academically. School leaders who recognize the relationship between student success, quality instruction and comprehensive school health programs that include attention to student mental health; will more effectively improve student and school outcomes.
• A recent longitudinal study offered strong empirical evidence that interventions supporting students’ social, emotional and decision-making skills also positively impact academic achievement with better overall grades and higher standardized test scores.
• One Cuyahoga County suburban school district saved approximately $1.7 million dollars over the course of six school years by incorporating intensive mental health support directly into their schools. Specialized classrooms blending educational and mental health interventions form the basis of a "cost avoidance" model, thereby enabling this District to service at-risk youth throughout the District.
• Another suburban school district in Cuyahoga County found that youth who received mental health services through their school showed progress toward less serious behavior.
• Results from a study in an Ohio inner city school district showed that youth who received school based mental health services demonstrated statistically significant reductions in psychiatric symptoms as measured by both parent and teacher ratings.

Social skill training has been demonstrated to be an effective means to improve academic achievement and school safety.

• Social skill training has been demonstrated as an effective means to improve academic achievement and school safety. Effective existing social skills training programs as identified by the National Association of School Psychologists include:

  • “Stop and Think” Social Skills Program Part of Project ACHIEVE. Has demonstrated success in reducing student discipline referrals to the principal's office, school suspensions, and expulsions; fostering positive school climates and prosocial interactions; increasing students' on-task behavior; and improving academic performance.
  http://www.projectachieve.info
  • Primary Mental Health Project Targets children K-3 and addresses social and emotional problems that interfere with effective learning. It has been shown to improve learning and social skills, reduce acting, shyness and
anxious behaviors, and increase frustration tolerances.

- **The EQUIP Program** Offers a three-part intervention method for working with antisocial or behavior disordered adolescents. The approach includes training in moral judgment, anger management/correction of thinking errors, and prosocial skills.
  http://www.researchpress.com/scripts/product.asp?item=4848#5134

- **The PREPARE Curriculum** Presents a series of 10 course-length interventions grouped into three areas: reducing aggression, reducing stress, and reducing prejudice. It is designed for use with middle school and high school students but can be adapted for use with younger students.
  http://www.researchpress.com/scripts/product.asp?item=5063

- **The ACCETS Program** Offers a complete curriculum for teaching effective social skills to students at middle and high school levels. The program teaches peer-to-peer skills, skills for relating to adults, and self-management skills.

- **The School Services Sourcebook** (Franklin, Harris & Allen-Meares, 2006) identifies best practice interventions for school based mental health professionals to employ with student populations with mental health diagnoses, developmental disabilities, child abuse, and other health and well-being issues.

- The Center for the Study of Violence Prevention identifies a number of programs proven to reduce youth violence. School based programs include: Life Skills Training (middle school), Promoting Alternative Thinking Strategies (PATHS) (elementary school), Olweus Bullying Prevention Program (grades 4-7), and Toward No Drug Abuse (high school)
  http://www.colorado.edu/cspv/blueprints/

**Sources:**


National Association of Pupil Service Organizations

National Association of School Psychologists, Removing Barriers to Learning and Improving Student Outcomes, 2006.


Ohio Mental Health Network for School Success Advocacy Brief, The Case for Screening and Early Identification, April, 2006

Ohio Mental Health Network for School Success Advocacy Brief, The Case for Programs that Address School Climate, April, 2006
Ohio Mental Health Network for School Success Advocacy Brief, Why We Need School Mental Health Programs and Services, April, 2006

Report of the President’s New Freedom Commission on Mental Health
http://www.mentalhealthcommission.gov

School Social Work Association of America

UCLA Center for Mental Health and Schools, The Current Status of Mental Health in Schools: A Policy and Practice Analysis, March 2006

UCLA Center for Mental Health and Schools, Youngsters’ Mental Health and Psychosocial Problems: What are the Data? June 2005


Prepared by the Ohio Mental Health Network for School Success,
North East Action Network- Data Work Group, July 2006.
Section III: A Framework for a Service Delivery Model

A. School-based Mental Health Services Pyramid

The three-tiered mental health model with the tri-tiered model of school improvement support should be blended to maximize the student support framework in schools. The following sources are helpful in understanding each model: Ohio Department of Education Tri-Tier Model of School Improvement Support and the State Support Team Region 3: ISM.

Tiered School-based Mental Health Services Model

There have been numerous tiered models for public health and behavioral health initiatives. The following model is loosely based on the Response to Intervention Tiered Model and the Positive Behavioral Supports Tiered Model. The intent is to show how school-based mental health and substance abuse services can be linked to the Integrated Systems Model (ISM) supported by the Ohio Department of Education, which addresses both the academic and behavioral needs of students. Throughout Ohio, there are many school districts implementing the ISM Ohio model with leadership and in-service from Regional State Support Teams. In Cuyahoga, the Support Team Region 3, formerly the Cuyahoga Special Education Resource Center, provides implementation support.

9 Ohio Department of Education Tri-Tier Model of School Improvement Support
http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&ContentID=16304&Content=37295

• **Tier 1—Universal:** Programs that support the social and emotional development of all students.

• **Tier 2—Targeted:** Targeted mental health and substance abuse prevention with small groups for students with similar concerns.

• **Tier 3—Intensive:** Individual therapeutic intervention based on a multi-disciplinary team referral or individual evaluations.
B. Selected School-based Mental Health Programs in Each Tier

Here are selected examples of programs utilized by agencies in Cuyahoga County providing school-based mental health services or substance abuse prevention programs. Because these are a sampling of programs, the agencies and schools are not identified. However, the agency descriptions in the appendix describe the services they provide. School staff—school psychologists, school social workers, guidance counselors, and school nurses—also provide these learning support services at times. Some community schools contract with agencies or hire support staff to provide learning supports.

This tool kit advocates that coordination of learning support services should be provided at each school through a leadership team. A description of the roles and responsibilities of team leaders is provided by two new books from the co-directors of the UCLA, School Mental Health Project, which are free on-line: The School Leader’s Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning and The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning. Implementation of the Integrated Systems Model to address academic and behavioral barriers to learning is recommended. Agency school-based mental health providers should be part of the team.

Some programs fit into more then one tier. For example, if mediation training is provided to only a select group of students, then it is a Tier 2 intervention program. However, if it is provided to all students in the school, then it is a Tier 1 universal program.

Tier 1—Universal: Programs that support the social and emotional development of all students.

- Character Education
  - Search Institute’s Developmental Assets
  - Character Counts! Program
    - [http://charactercounts.org/](http://charactercounts.org/)
    - Includes the six pillars of character
      - [http://charactercounts.org/defsix.htm](http://charactercounts.org/defsix.htm)
- Classroom guidance lessons
- Motivation initiatives for all students
  - Student of the week and/or student of the month,
  - Buddy (mentoring) program
- School-wide Behavior & Social Skills Development
  - Positive Behavioral Supports
    - [http://www.pbis.org/schoolwide.htm](http://www.pbis.org/schoolwide.htm)
    - Topics include School-wide, District and State PBS as well as High School PBS, Family PBS, and PBS and the Law
  - Project Achieve: Stop and Think Social Skills Project for Schools
    - [http://www.projectachieve.info/productsandresources/thestopthinksocialskillsprogramschool.html](http://www.projectachieve.info/productsandresources/thestopthinksocialskillsprogramschool.html)

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11 The School Leader’s Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning and The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning

[http://smhp.psych.ucla.edu/mhbook/mhbookintro.htm](http://smhp.psych.ucla.edu/mhbook/mhbookintro.htm)
Safe & Sound (CASEL)

Teacher, staff & parent consultation
  - Mental health professional often consults in areas such as behavior plans, classroom management systems, behaviors at home, and conflict mediation, to name just a few areas.

**Tier 2—Targeted:** Targeted mental health and substance abuse prevention with small groups for students with similar concerns.

- Social skills development
  - Girl’s Circle
  - Promoting Alternative - Thinking Strategies (PATHS)
    - [http://www.colorado.edu/cspv/blueprints/model/programs/PATHS.html](http://www.colorado.edu/cspv/blueprints/model/programs/PATHS.html)
  - Second Step (some schools use this as a universal intervention)

- Violence reduction, anger management & peer mediation
  - Peacemakers Program
  - Winning Against Violent Environments (WAVE)

- Substance abuse and violence prevention
  - LifeSkills
    - [http://www.lifeskillstraining.com/](http://www.lifeskillstraining.com/)

- Family Support
  - Families And Schools Together (FAST)
  - Teen Parent Curriculum

- Grief and loss

**Tier 3—Intensive:** Individual therapeutic intervention based on a multi-disciplinary team referral or individual evaluations.

- Individual assessment to determine eligibility and type of treatment
  - Mental health, substance abuse, or dually diagnosed students
- Individual treatment using evidence-based therapeutic approaches
- Referrals for pharmacological services (evaluation and symptom monitoring)
- Referrals to mental health day treatment
  - Transition services to treatment and when returning to school
- Referrals to mental health residential treatment
  - Transition services to treatment and when returning to school
C. Crisis Intervention

Crisis intervention often leads to Tier 3 intensive intervention for at-risk students. School–based mental health service providers can be a very helpful part of a school systems crisis intervention process.

- If the mental health agency is currently serving a student in crisis, they can be contacted to work with the school crisis team.
- The mental health professional has insight into the student’s concerns that may be helpful; duplication of services can be avoided. For example, in the Cleveland Metropolitan School District, the mental health professional is assigned to each school building and will be called in to help a child currently receiving treatment if that student has a crisis.
- When there is a major crisis effecting or involving many students, mental health professionals are often willing to be part of a team to provide short-term counseling opportunities and trauma debriefing sessions for youth and staff.
- Additional sources for more information about crisis intervention:
  - In Cuyahoga County, Mental Health Services, Inc\(^\text{12}\) provides an array of mental health services. These services include:
    - The Mobile Crisis Team\(^\text{13}\)
    - National Suicide Prevention Lifeline Phone\(^\text{14}\): 1-800-273-TALK (8255)
    - Children Who Witness Violence Program\(^\text{15}\)
  - Center for Mental Health in Schools\(^\text{16}\) has links to the National Association of School Psychologists and the American Psychological Association, plus links to information on crises involving violence, suicide and loss, as well as natural disasters such as hurricanes, floods and fires.

[Go to the Home page – Look in the green circle then click the yellow circle, “Responding to a Crisis.”]

D. Information on Selected Childhood Mental Health Conditions

Determining if a child has a mental health condition is the responsibility of a trained and licensed mental health professional. In Ohio, this includes physicians trained in psychiatry, clinical psychologists, clinical social workers, clinical counselors, and, for school-related conditions, licensed school psychologists. The following resources are not for diagnostic purposes, but to provide additional information to help parents and school personnel understand mental health conditions and to help address concerns as part of school teams addressing barriers to student learning.

A wealth of information may be found on the UCLA Mental Health in the Schools Website.

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\(^\text{13}\) The Mobile Crisis Team [http://www.mhs-inc.org/MobileCrisisTeam.asp](http://www.mhs-inc.org/MobileCrisisTeam.asp)
\(^\text{14}\) National Suicide Prevention Lifeline Phone [http://www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)
\(^\text{16}\) Center for Mental Health in Schools [http://smhp.psych.ucla.edu/](http://smhp.psych.ucla.edu/)
To view the topics, click on the Resources and Publications link and the View Our Resources By Topic link. Then scroll down to access the list of topics.

- Affect and Mood Problems Related to School Aged Youth
- Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth
- Attention Problems: Intervention and Resources
- Behavior Problems: What's a School to Do?
- Bullying Prevention
- Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment
- Conduct and Behavior Problems in School Aged Youth
- Disabilities
- Dropout prevention
- Drug/alcohol abuse
- Depression/suicide
- Eating problems (anorexia, bulimia)
- Gangs
- Gender and sexuality
- Grief
- Learning problems and Learning Disabilities
- Neglect
- Physical/Sexual Abuse
- Pregnancy prevention/support
- Reactions to chronic illness
- Relationship problems
- Self-esteem
- School adjustment (including newcomer acculturation)
- School Interventions to Prevent and Respond to Affect and Mood Problems
- School Interventions to Prevent Youth Suicide
- Sexual Minority Students
- Social and Interpersonal Problems Related to School Aged Youth
- Substance Abuse
- Substance Abuse Prevention: Toward Comprehensive, Multifaceted Approaches
- Suicide Prevention
- Violence Prevention
- Youth Suicide/Depression/ Violence

E. Selected Examples of Useful School-based Mental Health Resources

Here are six useful Internet sites related to school-based mental health services.

1. Center for Mental Health in Schools\(^{17}\)
   a. This center is at UCLA and is funded by the U.S. Department of Health and Human Services. It is co-directed by Dr. Howard Adelman and Dr. Linda Taylor. It has a wealth of information on all aspects of school-based mental health services with an emphasis on technical support to implement learning support services.
   b. A document that became available on February 6, 2008, which provides current information on school-based mental health services, is entitled: *Mental Health in School & School Improvement: Current Status, Concerns, and New Directions*.\(^{18}\) Note: For convenience in downloading, each section of this book can be accessed separately.

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\(^{17}\) Center for Mental Health in Schools [http://smhp.psych.ucla.edu/](http://smhp.psych.ucla.edu/)

\(^{18}\) *Mental Health in School & School Improvement: Current Status, Concerns, and New Directions* [http://smhp.psych.ucla.edu/mhbook/mhbookintro.htm](http://smhp.psych.ucla.edu/mhbook/mhbookintro.htm)
2. Ohio Mental Health Network for School Success Center for School Based Mental Health Programs (CSBMHP)\(^{19}\) and the Ohio Mental Health Network News online\(^ {20}\)
   This is located at Miami University and is staffed by members of the Psychology Department. The Director is Dr. Carl E. Paternite. This Website provides a vehicle for the Ohio Mental Health Network for School Success (OMHNSS) to share their statewide initiatives and local initiatives through six county-based school mental health initiatives. The North East Area Network (NEAN) includes Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties.

3. Center for School Mental Health, University of Maryland School of Medicine\(^ {21}\)
   U.S. Department of Health and Human Services also funds this center. Dr. Mark Weist directs it. To quote from their Website: “Through participation in and development of a broad and growing Community of Practice, the CSMH analyzes diverse sources of information, develops and disseminates policy briefs, and promotes the utilization of knowledge and actions to advance successful and innovative mental health policies and programs in schools.”

4. National Association of School Psychologists\(^ {22}\)
   This Website has a number of helpful publications. The link below is to a publication called *Social/Emotional Development: School-based Mental Health Services and School Psychologists*.

5. Judge David L. Bazelon Center for Mental Health Law\(^ {23}\)
   The Website focus on law, policy, and education advocacy in the area of mental health for adults and children.

6. Social Work Practice & Schools - Ohio State University\(^ {24}\)
   A section of this Website focuses on addressing both non-academic and academic barriers to learning by “focusing on the refinement and coordination of mental health service delivery within schools and districts.” A United States Department of Education’s (USDOE) Mental Health-Education Integration Grant, in partnership with the Ohio Department of Education, is providing funding for two pilot projects in the Fostoria Community Schools and the Lima City Schools.

All of these Websites have useful information regarding school-based mental health services.

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19 Ohio Mental Health Network for School Success Center for School Based Mental Health Programs
   [http://www.units.muohio.edu/csbmhp/index.html](http://www.units.muohio.edu/csbmhp/index.html)
20 Ohio Mental Health Network News online
   [http://www.units.muohio.edu/csbmhp/newsletter.html](http://www.units.muohio.edu/csbmhp/newsletter.html)
21 Center for School Mental Health, University of Maryland School of Medicine
   [http://csmh.umaryland.edu](http://csmh.umaryland.edu)
22 National Association of School Psychologists
23 Judge David L. Bazelon Center for Mental Health Law
   [http://www.bazelon.org](http://www.bazelon.org)
24 Social Work Practice & Schools—Ohio State University
   [http://www.csw.ohio-state.edu/OCCMSI/usdoe.HTML](http://www.csw.ohio-state.edu/OCCMSI/usdoe.HTML)
Section IV: How to Implement School-based Mental Health Services

A. Conduct a Needs Assessment

1. Review the current services your school provides to improve the mental health of students and increase resilience to resist substance abuse (for helpful checklist see Appendix G).

2. The following Websites provide a wealth of information, tools, and road maps for how to set-up school-based learning support services to address barriers to learning:
   a. The Ohio Department of Education25
      i. Resources and Tools for Safe and Supportive Learning26
   b. UCLA Mental Health in the Schools home Web page28
      i. Mental health planning
      a. UCLA Mental Health in the Schools: Mental Health Planning29
   c. Resource teams
      i. UCLA Mental Health in the Schools: Resource Teams30
   d. Example of state-wide learning support with examples of referral forms and procedures
      i. Resource Manual For Intervention And Referral Services (I&RS)31

B. Suggested Components of Effective Mental Health Services to Students (to help analyze the current structures used in your schools and school district)

1. Operates a school-district-level Learning Supports Steering Committee under a director of learning supports (ie. Pupil Personnel Director or Assistant Superintendent) to oversee funding, coordination, and implementation of SBMH.

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25 The Ohio Department of Education http://www.ode.state.oh.us
26 Resources and Tools for Safe and Supportive Learning http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEPrimary.aspx?page=2&TopicRelationID=765
27 The Ohio Community Collaboration Model for School Improvement http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=765&ContentID=8835&Content=34262
28 UCLA Mental Health in the Schools http://smhp.psych.ucla.edu/
29 UCLA Mental Health in the Schools: Mental Health Planning http://smhp.psych.ucla.edu/pdfdocs/planning.pdf
31 Resource Manual For Intervention And Referral Services (I&RS) http://www.state.nj.us/education/students/irs/
a. Steering Committee includes school administrator in charge of learning supports, community agency administrator(s), parent representative(s), and bargaining unit representative(s).

b. Maintains a district level database on all internal and external learning support services in each building or special program updated regularly.

2. Operates a building-level Learning Support Team to address barriers to learning.
   a. The principal or a designee (support staff or teacher) functions as the resource coordinator to document and coordinate the various internal and external services available to the school. Informs the district level data manager of changes in learning support services on a monthly or bi-weekly basis.

3. Uses a collaborative team approach to address mental health concerns.
   a. Effectively uses internal support services (i.e. school counselors, school social workers, school psychologists, school nurses, teacher consultants, etc.) to help at-risk students.
   b. Includes community agency staff on the Learning Support Team:
      i. Cuyahoga County Community Mental Health Board school-based providers.
      ii. Alcohol & Drug Addiction Services Board school-based providers.
      iii. Other social service providers as appropriate.
   c. Administrators, parents, teachers, support staff, and community mental health agencies work together to establish procedures, identify concerns, and implement interventions. All take responsibility to aid the students in need.
   d. Each student referred is assigned a person to function as a case manager to coordinate internal and external (wrap-around) services and to follow the student’s progress.

4. A positive school climate sets the stage for good mental health.
   a. Provides consistent expectations for students from all building staff.
      i. Classroom behavior standards are consistent across classrooms/teachers.
      ii. The behavior standards are in place in the halls, lunchroom, and restrooms.
   b. Provides models for students to emulate.
   c. Provides clear and consistent expectations across the following areas: classrooms, offices, hallways, lunchrooms, bathrooms, recreational areas, school transportation.
   d. Provides a positive identification with the school.
e. Provides an established goal for students to reach in both academic and behavioral areas if they have challenges that are barriers to learning.

f. Provides a welcoming environment for all who enter the school building.

5. Identifies and addresses mental health and behavioral issues early (e.g., preschool, kindergarten, early grades).

6. Works effectively and often with parents.

7. Utilizes external community mental health services to work collaboratively with the school to address mental health barriers to learning.

8. Evaluates service/intervention effectiveness by collecting student outcome data on a regular basis in areas such as mental health service results, student achievement, behavior, and attendance.
   a. Satisfaction surveys completed by students, parents, teachers, administrators, and support staff can provide useful information regarding the effectiveness of mental health services.

C. Determine Programs Needed in Your School
   1. See Appendix G for a helpful checklist
   2. This site provides a list of documents useful to develop learning supports in a school or district:
      http://smhp.psych.ucla.edu/qf/p2312_06.htm
   3. This site provides information on resource mapping to determine services needed in your school:
      http://smhp.psych.ucla.edu/dbsimple.aspx?Primary=1401&Number=9965

D. Utilize Evidence-based Programs
   It is important that any programs that are implemented in the three-tiered model have documentation of their effectiveness. The majority of the programs referenced in this tool kit provide information on research or program evaluation procedures that document their effectiveness. Empirical research on mental health is difficult to conduct because of the ethics involved in treating one group of students and not providing treatment to a control group. In some cases, two different mental health models can be compared and longitudinal research can be done to show progress over time.

   In an effort to document the effectiveness of mental health services in Ohio, the Ohio Mental Health Network for School Success (OMHNSS), in partnership with the Ohio Department of Education (ODE) and the Ohio Department of Mental Health (ODMH), is in the process of developing a registry of effective practice models, strategies, programs, or services. The name of the registry is the Ohio’s Registry of Effective Practice in School Success and Mental Health Programming. The progress of this registry can be followed on the OMHNSS Website, http://www.units.muohio.edu/csbmhp/index.html. As of February 28, 2008, the only
program that has applied to be included in the registry from Cuyahoga County is the School and Community Mental Health Program serving the Cleveland Metropolitan School District.

Documentation of the effectiveness of the school-based mental health services provided to the Cleveland Metropolitan School District can be found in the annual reports provided by the School-community Mental Health Services Committee. These reports show the value of using satisfaction surveys to determine how satisfied students, parents, teachers, and staff are with the mental health services provided. The use of the Ohio Scales provides a measure of the amount of improvement being made by students receiving direct school-based mental health therapy. These documents are not currently online but can be obtained from the following individuals.

- **School & Community Mental Health Services Program Annual Report 2005-2006 School Year.** This extensive report documents pre- and post-assessment of the “problem severity” and “youth functioning” of the students receiving mental health therapeutic services, as well as the degree of satisfaction with school-based mental health services reported by CMSD students, parents, teachers, and administrators. It can be obtained from:
  - James Harvey, The Center for Community Solutions, 1226 Huron Road, Suite 300, Cleveland, OH 44115
  - Terri Oldham, Cuyahoga County Community Mental Health Board, 1400 West 25th Street, Third Floor, Cleveland, Ohio 44113
  - Eugenia Cash, Cleveland Metropolitan School District, Youth & Support Services; Martin Luther King, Jr. High School, 1651 East 71st Street, Cleveland, Ohio 44103


- **Blanche, J., and Winsberg, C. (2006, July) Teacher and Administrator Satisfaction Survey Results: Evaluation FY 06.** (Available from Beech Brook, 3737 Lander Road, Cleveland, OH 44124)

The University of South Florida Research and Training Center for Children’s Mental Health is a good source for information on evidence-based practices. One of the most helpful documents from the center is the document cited below:


For more information on school-based resources from the University of South Florida Research and Training Center for Children’s Mental Health, visit [http://rtckids.fmhi.usf.edu](http://rtckids.fmhi.usf.edu) or call 813-974-4661.
E. Analyze Funding Sources

There are three basic ways to fund school-based mental health services: (1) use of school budget(s), (2) grants (federal, state, and/or local), or (3) reimbursement programs such as Medicaid or private insurance. Often, multiple sources or braided funding is used to provide services that are more comprehensive. The Cleveland Metropolitan School District and some inner-ring suburbs are able to provide mental health services to their schools through Medicaid, which currently provides reimbursement to mental health agencies that provide direct therapeutic services to students from Medicaid-eligible families. Services for non-Medicaid-eligible students as well as prevention services for all students, are currently provided through a grant from the Cuyahoga County Community Mental Health Board. A detailed list of community agencies that provide school-based mental health services begins on page 46.

Some school districts are willing to use their general fund dollars. They have calculated the cost of sending students with mental health issues to residential or day treatment and determined that it is more cost effective to keep these students in school by contracting with a local community mental health agency to provide school-based mental health services. With the passage of the Mental Health Parity Bill (Ohio Senate Bill 116), families with health coverage may have insurance that will cover psychiatric and/or psychological services for students in need of services. These services are generally provided at hospitals, clinics, or mental health agencies in the community, but some agencies may be willing to provide the services in schools, especially high schools that have health/mental health clinics.

At times, districts will use internal support staff such as school psychologists, school social workers, guidance counselors, and school nurses to provide mental health services. Varied funding sources include the general fund, Title I, Title VI B, NCLB, and Early Intervening Services funds through IDEIA. Of course, it would be helpful if both the federal and the state government would provide additional funding for pupil personnel services. This would provide more opportunities for internal staff to provide services and collaborate with mental health agencies. The ideal condition is when the learning support team in a school utilizes both internal staff and external agencies to address barriers to learning by developing comprehensive learning supports for students and their families.

Links to Funding Sources

National:

Substance Abuse & Mental Health Services Administration (SAMHSA)

- http://www.samhsa.gov/

Substance Abuse & Mental Health Services Administration (SAMHSA)/Grants

- http://www.samhsa.gov/grants/

Center for Mental Health in Schools (Go to Contents of Site Map, then scroll down to Technical Assistance from Our Center to get $urfin’ for Funds)

- http://smhp.psych.ucla.edu/

State:

Early Intervening Services (15 percent of special education dollars per district)

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32 Ohio Department of Education Funding Information
http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=973&ContentID=11637&Content=32836
Can be used to reduce special education placements through prevention and intervention services and/or to help address disproportionality issues if your district has been cited. The link below provides an example of the dollars available to each district in Ohio in 2006 for Early Intervening Services if they choose or are mandated to use these funds.

- Ohio Department of Education Funding Information

Ohio Department of Job and Family Services
- http://jfs.ohio.gov/

Local:

Woodruff Foundation
- http://www.woodruff.org/

Alcohol and Drug Addiction Services Board of Cuyahoga County
- http://www.adasbcc.org/

Cuyahoga County Board of County Commissioners
- http://bocc.cuyahogacounty.us/

Cuyahoga County Community Mental Health Board
- http://www.cccmhb.org/

Cuyahoga County Board of Health
- www.ccbh.net
Section V: History, Development, and Policy of School-based Mental Health Services

There is a history dating back to the late 1800s and early 1900s of social service professionals (nurses, visiting teachers, school social workers, counselors and psychologists) hired directly by schools or available in the community at health and mental health clinics. However, the concept of developing school-based mental health services did not begin to take form until school-based health clinics began to include mental health services in the 1980s (Flaherty, Weist & Warner, 1996). The need to address students with emotional and behavioral challenges became evident when Congress enacted the Education for All Handicapped Children Act (Public Law 94-142) on November 29, 1975, and created the special education category, Emotional Disturbance.

Specific mental health services, not directly associated with school health clinics, began to evolve in Los Angeles and Baltimore in the mid-1980s. The UCLA School Mental Health Project (2007) was created in 1986, and Dr. Lois Flaherty, a child and adolescent psychiatrist at the University of Maryland in Baltimore, established another school mental health project in 1989. This led to the federal government funding two programs and designating them national centers to address school-based mental health services. One is the Center for School Mental Health at the University Of Maryland School Of Medicine in Baltimore, Maryland under Dr. Mark Weist; it was established in 2007. The other program is the UCLA Center for Mental Health in Schools at the University of California at Los Angeles, under the direction of Dr. Howard Adelman and Dr. Linda Taylor.

A. The Development of School-based Mental Health Services

Community interest in providing mental health services in public schools has increased over the past few years. At the federal level, the U.S. Public Health Service report on mental health (1999) developed by Surgeon General David Satcher helped the nation focus on mental health issues. A study by Shaffer et al., (1996), included in this report, stated that 20.9 percent of youth between the ages of 9 and 17 had mental health concerns needing treatment. This was followed by President George W. Bush’s New Freedom Commission on Mental Health (2003), which specifically states the need for mental health services in the schools.

Because of a history of separate services for students with mental health problems in schools and in the community, the Office of Special Education Programs (OSEP) supported a unique collaboration. At the state level, the National Association of State Directors of Special Education, the National Association of State Mental Health Program Directors and the Policy Partnership for Implementing IDEA wrote a pioneering position paper on collaborative mental health services (2002). The concept paper, Mental Health, Schools and Families Working Together for all Children and Youth: Toward a Shared Agenda, advocates establishing statewide initiatives for state departments of education to work with state mental health agencies to collaborate on school-based mental health services. This consortium recommended that mental health agencies, schools and special education professionals work together to serve students with emotional disabilities. The Ohio General Assembly Legislative Leaders Forum 2003, focused specifically on mental health services in Ohio schools.

Of primary importance is data that demonstrates that school-based mental health services improve student behaviors and increase student academic success (Armbruster & Lichtman, 1999: Frey & George-Nichols, 2003; Hussey, 2006; Weist et. al., 1999, 2000). As a
result, some states, such as California and New York, are introducing state legislation to support the implementation of school-based mental health services. Last year, federal legislation was introduced:

“Today, on National Children’s Mental Health Day (April 8, 2007), Senators Edward Kennedy, Pete Domenici, and Chris Dodd introduced bipartisan legislation to provide more and better opportunities for our nation’s public school children to get the mental health services they may need. One in five children have a diagnosable mental disorder, yet 75% of children in need of mental health services do not receive them. The Mental Health In Schools Act of 2007 gives competitive grants to local education agencies in order to assist them in providing comprehensive school-based mental health programs for students in K-12.”

B. The President’s New Freedom Commission on Mental Health

This process has begun in Ohio and is supported by the President’s New Freedom Commission on Mental Health. Ohio has a distinct advantage over other states because the past chairman of the President’s New Freedom Commission on Mental Health was Michael F. Hogan, director of the Ohio Department of Mental Health (ODMH) at that time. Another member of the committee that developed the concept paper just cited was Mike Armstrong, the previous director of the Office of Exceptional Children for the Ohio Department of Education. Both state leaders worked to improve mental health services in schools. The commission established specific goals directed at improving mental health in schools, as well as in the community.

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

4.1 Promote the mental health of young children
4.2 Improve and expand school mental health programs
4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies
4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports (U. S. Government Report, 2003)

Ohio was able to secure funds for an initiative to develop a school-based mental health network at the state, county and local level to help develop and support school-based mental health services.

C. Ohio Mental Health Network for School Success

The Ohio Mental Health Network for School Success (OMHNSS) was established in 2001. Its development was originally fostered by a SAMHSA Coalitions for Violence Prevention Grant (PRISM), awarded to the Ohio Department of Mental Health (ODMH) in 2000. The Network is a statewide program, policy, and advocacy organization focusing on school-based mental health issues.

The overall mission of the Network is to “Help Ohio’s schools, community-based agencies and families work together to achieve improved educational and developmental outcomes for children – especially those at emotional or behavioral risk and those with mental health problems.” The current mission, vision and action agenda of the Network can be found at http://www.units.muohio.edu/csbmhp/network/vision.html.

One of the first products of this collaboration was the creation of regional affiliates to coordinate local initiatives throughout the state in 2002 (Ohio Department of Mental Health, 2003 Spring). Dr. Michael Hogan and Dr. Susan Zelman, the State superintendent of education applied for a federal grant titled, “The Shared Agenda Seed Grant.” Ohio was one of six states to receive this grant that provided funds to support the Ohio Mental Health Network for School Success. This network consists of six regional affiliates\(^\text{34}\) encompassing a number of counties\(^\text{35}\) (for details see http://www.units.muohio.edu/csbmhp/network/affiliates.html). The funding also supports the Center for School Based Mental Health Programs at Miami University under the leadership of Dr. Carl Paternite. This center helps coordinate the project and maintains a helpful Website (http://www.units.muohio.edu/csbmhp/). All regional affiliates meet together under the facilitation of Miami University throughout the year, to ensure coordination of efforts and discuss emerging issues, needed actions, or updates related to the Network’s Action Agenda. Training on relevant practices and current issues is also provided at these meetings. Perhaps the most important function of the Network Affiliate meetings is the coordination of many local and statewide initiatives with a keen eye toward connecting and linking efforts.

The Ohio Department of Mental Health has been supportive of the Ohio Mental Health Network for School Success. Kay Rietz, assistant deputy director, ODMH, Office of Children’s Services and Prevention, and Kathy Coate-Ortiz, ODMH, area director NE Ohio, have been actively involved with the implementation of school-based mental health services throughout Ohio.

A successful event organized by the Ohio Mental Health Network for School Success informed and engaged state legislators in a dialogue regarding mental health and schools. This daylong event took place on October 9, 2003, in the chambers of the Ohio State Capitol in Columbus. It was titled, “Legislative Forum on Mental Health & School Success: Creating a Shared Agenda.” State legislators, Ohio Department of Education officials, and members from the Ohio Department of Mental Health were present to hear testimony by students, parents,

\(^{34}\)The regions and their affiliate are: CENTRAL (COAN), Children’s Hospital Behavioral Health Services, Columbus; NORTHCENTRAL (NCAN), Heartland Behavioral Healthcare, Medina & Cuyahoga Falls; NORTHEAST (NEAN), Lakewood City Schools, Lakewood; NORTHWEST (NWAN), Children’s Resource Center, Bowling Green; SOUTHEAST (SEAN), Woodland Centers, Inc., Gallipolis; SOUTHWEST (SWAN), Center for School-Based Mental Health Programs, Department of Psychology Miami University, Oxford.

\(^{35}\)The six regions are given geographic names followed by Ohio Action Network or Action Network. They are: CENTRAL (COAN) which includes the following counties: Champaign, Clark, Crawford, Delaware, Fairfield, Fayette, Franklin, Greene, Highland, Knox, Licking, Logan, Madison, Marion, Morrow, Pickaway, Pike, Ross, Union; NORTHCENTRAL (NCAN): Ashland, Carroll, Columbiana, Holmes, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, Wayne; NORTHEAST (NEAN): Ashtabula, Cuyahoga, Geauga, Lake, Lorain; the NORTHWEST (NWAN): Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Heron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot; SOUTHEAST (SEAN): Adams, Athens, Belmont, Coshocton, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Scioto, Vinton, Washington; SOUTHWEST (SWAN): Brown, Butler, Clinton, Clermont, Darke, Hamilton, Miami, Montgomery, Preble, Shelby, Warren.
educators, and mental health professionals regarding the need for improved and expanded mental health services to help students succeed in school. The testimony was poignant. Students who had overcome severe mental health problems through school supports and therapy, and now were academically and socially successful, gave credence to the value of mental health services. One parent reported that, because her medical insurance did not cover mental health, she had to sell her house to provide funds for her son’s treatment.

The positive policy outcomes from this forum are becoming evident. The Ohio Mental Health Parity Bill has been passed. Mental health insurance parity is one of the recommendations from the President’s New Freedom Commission on Mental Health and former Surgeon General David Satcher. In addition, because of this forum, language was added to Senate Bill 2 regarding Teacher Excellence that states: “The standards for educator professional development developed under division A3 of this section shall include standards that address the crucial link between academic achievement and mental health issues.” As a result, the Educator Standards Board created by this legislation must submit recommendations regarding mental health education for teachers to the Ohio State Board of Education. Another recommendation from this forum is to make sure that health curriculum in schools includes mental health.

D. Effective Practice Integration Council

Another important SAMHSA-funded initiative is the Effective Practice Integration Council (EPIC), which is utilizing the skills of Ohio universities to link with school districts to support school-based mental health services. The funding for EPIC has ended, but the collaboration with the universities will continue as part of the Ohio Mental Health Network for School Success. Faculty members from five universities (Bowling Green State University, Case Western Reserve University, Kent State University, Miami University, and Ohio University) are collaborating with community agencies and school districts to provide their expertise on using data and evidence-based practices to document the effectiveness of school-based mental health services. The following link provides details of these five universities initiatives as well as concept papers related to effective mental health practice: Effective Practice Integration Council. 36

E. North East Action Network (NEAN)

The group serving Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties is called the North East Action Network (NEAN); the supportive local affiliate is Lakewood City Schools. This network has been successful in engaging local schools, mental health agencies, and families in regular meetings to share information, advocate for mental health services, and coordinate school/agency services for children. NEAN has been holding regular meetings to facilitate school-based mental health services in these five counties.

NEAN, 37 under the leadership of Ellen Abraham, NEAN coordinator, developed three working groups: the Data Workgroup, the Tool Kit Workgroup and the Outreach Workgroup. The concept of developing a local school-based mental health tool kit came from Jim Harvey, Youth Development & Education consultant for The Center for Community Solutions. The

36 Effective Practice Integration Council http://www.units.muohio.edu/csbmhp/consultsvcs/epic.html
37 See Appendix for the full listing of committee members.
NEAN Tool Kit Committee was co-chaired by Nicole Stacy and Jim Harvey. When it was learned that the Cuyahoga County Family and Children First Council’s (FCFC) Prevention Initiative Committee’s (PIC) Schools/Mental Health Subcommittee was working on a similar project, the two groups joined forces. The joint group had no funding for this project. When the Cuyahoga County Board of County Commissioners agreed to fund the tool kit under the auspicious of FCFC, it was decided that the tool kit would be initially developed just for Cuyahoga County. This tool kit will be shared with the four other NEAN counties as a model so they can each develop their own individualized county tool kit.38

Section Reference List


Hussey, D. L. (2006). An empirical analysis of urban school-based mental health services (Ohio Department of Mental Health Grant #04-1201). Columbus, OH: ODMH.


38 The history of the Ohio Mental Health Network for school Success and NEAN was developed with the help of the NEAN Coordinator, Ellen Abraham and information gathered from the Ohio Department of Education Web page and the Center for School-Based Mental Health Programs Web page.


Section VI: Parent Resources

The following are selected resources that school administrators, staff, and teachers can share with parents. More detailed information can be found in the Early Childhood section of the tool kit (Section VIII). A bibliotherapy section with helpful Websites, articles, and books can be found in the last section of the tool kit (Appendix E).

- **Mental Health Website for Adolescents**
  - [www.CopeCareDeal.org](http://www.CopeCareDeal.org)
- **“Intervention Central** offers free tools and resources to help school staff and parents to promote positive classroom behaviors and foster effective learning for all children and youth. The site was created by Jim Wright, a school psychologist and school administrator from Central New York.”
  - [http://interventioncentral.org/](http://interventioncentral.org/)
- **United Way 211 First Call for Help** – Mental Health & Counseling. You can search these Web listings or call 211.
  - [http://www.211cleveland.org/Subcategory.aspx?;;0;;;0;Mental%20Health%20and%20Counseling](http://www.211cleveland.org/Subcategory.aspx?;;0;;;0;Mental%20Health%20and%20Counseling)
  - [http://www.211cleveland.org/Subcategory.aspx?;;0;;;164403;Substance%20Abuse%20and%20Other%20Addictions](http://www.211cleveland.org/Subcategory.aspx?;;0;;;164403;Substance%20Abuse%20and%20Other%20Addictions)
- **National Association of School Psychologists**
  - [http://www.nasponline.org/families/index.aspx](http://www.nasponline.org/families/index.aspx)
  - [http://www.nasponline.org/resources/freepubs.aspx](http://www.nasponline.org/resources/freepubs.aspx)
- **School Psychology Quarterly** (an APA journal) Special Issue: *Evidence-Based Parent and Family Interventions in School Psychology*. (Winter 2005) Vol. 20, #4
- **NAMI – Greater Cleveland**
  - [www.namigreatercleveland.org](http://www.namigreatercleveland.org)
- Click on **Education and Support Groups**
  - **Family-to-Family**, NAMI’s signature family education program, provides detailed information about the biology of the brain and family coping skills through a 12-week course that is offered at no cost to participants. The curriculum is taught by trained volunteer family members, focuses on the clinical treatment of the major mental illnesses, and teaches the knowledge and skills that family members need to cope more effectively.
  - **Hand-to-Hand** is a similar nine-week educational program for parents and caregivers of children offered through NAMI Greater Cleveland. This program, taught by trained volunteer family members, offers more focus on the local mental health system and school environment to assist the parent in understanding and navigation of these systems.
  - **Barts Place (Bringing All Relatives Together)** is a program for siblings and offspring to help with coping and understanding mental illness in their family.
- **Parent to Parent Network (P2PN)** Risky behavior and kids—Your best information source
  - Parent to Parent Network
- Promotes education, communication, and networking between parents about issues important to the health, safety, and well-being of children
- P2PN link to mental health resources: http://www.parent2parentnetwork.org/mentalhealth.htm

- Steppingstones:
  - www.steppingstonesmentalhealth.com
  - Mental Health Educational Consulting
    - “Help children with emotional disturbances succeed in school with training and consultation services for educators and families. Many beneficial articles and resources.”
  - The Energy Equation
    - “Bring new life into everyday with Energy Equation tools and strategies. Register for wellness seminars, consultations, or group or individual coaching.”
  - Susan Mikolic, R.N. & Steppingstones President
    - “is an expert on recovery and thriving. She developed the strategies in her ‘Energy Equation’ & ‘Red Light Plan’ while traveling a long journey of personal and family challenges. Now she is putting her experience into a new book called, ‘The Energy Equation’ coming soon!”

- SST3 Directory of Providers: Providers of Specialized Assessments and Services

- Ohio Coalition for the Education of Children with Disabilities
  - http://www.oceed.org/
Section VII: Resources for Staff, Teachers & Parents

A. Agency Web Links

1. American Association of Pediatrics
   http://www.aap.org/healthtopics/behavmenthlth.cfm

2. Article on Bay Village School District Special Early Education Development Program

3. Bellflower Center for Prevention of Child Abuse
   http://www.bellflowercenter.org/Home.asp

4. Bridgeway, Inc.
   http://www.bridgewayinc.org

5. Center for Effective Collaboration and Practice
   http://cecp.air.org/default.asp

6. Center for Families & Children
   http://www.c4fc.org

7. Cleveland Clinic Department of Psychiatry and Psychology
   http://www.clevelandclinic.org/psychiatry

8. Cleveland Public Schools -Winning Against Violent Environments (W.A.V.E.)
   http://disputeresolution.ohio.gov/schools/wave.htm

9. Cuyahoga County Board of Mental Retardation and Developmental Disabilities
   http://www.ccbmrdd.org/behavhealthservices.asp

10. Cuyahoga County Community Mental Health Board
    http://altedmh.osu.edu/challengegrant/grntscs/fundedprograms.html

11. State Support Team Region 3
    http://www.SST3.org

12. Life Skills
    http://www.lifeskillstraining.com/other_prevention_bully.php?cat=Bullying+Prevention+Programs

13. Lutheran Children’s Aid & Family Services
    http://www.bright.net/~lcafs

14. Mental Health America (formerly National Mental Health Association)
    http://www.nmha.org/go/programs

15. Mental Health Services-Child Trauma Services

16. Mental Health Services-Mobile Crisis Team
    http://www.charityadvantage.com/mhs/MobileCrisisTeam.asp

17. National Alliance of Pupil Services Organizations
    http://www.napso.org

18. National Alliance on Mental Illness
    http://www.nami.org

19. National Association of School Psychologists
    http://www.nasponline.org

20. National Institute of Mental Health
    http://www.nimh.nih.gov

21. National Youth Violence Prevention Resource Center
    http://www.safeyouth.org/scripts/topics/bullying.asp
22. Ohio Association for Infant Mental Health
http://www.oaimh.org

23. Ohio Chapter of American Academy of Pediatrics
http://www.ohioaap.org/

24. Ohio Commission on Dispute Resolution & Conflict Management
http://www.disputeresolution.ohio.gov

25. Ohio Criminal Gang Prevention Curriculum
http://www.ag.state.oh.us/citizen/pubs/education/Junior_High.pdf

26. Ohio Department of Education Bullying Prevention resource
http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?Page=3&TopicRelationID=431&ContentID=29364&Content=29798

27. Ohio Department of Job and Family Services
http://jfs.ohio.gov

28. Ohio Department of Mental Health
http://www.mh.state.oh.us

29. Ohio School Counselor Association
http://www.ohioschoolcounselors.org

30. Ohio School Psychologists Association
http://www.ospaonline.org/

31. Ohio Association of School Nurses
http://www.oasn.org

32. Ohio School Social Work Association
www.osswa.org

33. Ohio’s Suicide Prevention Plan 2002

34. Partnership for a Safer Cleveland
http://www.safercleveland.org/about.cfm

35. Positive Education Program
http://www.pepcleve.org

36. Protecting our Future-Child Fatality Review Committee FCFC
http://protectingyourfuture.cuyahogacounty.us/default.htm

37. See Me Hear My Feelings-Support for Adolescents & Teens
http://www.seemehearmyfeelings.com

38. Stepping Stone Mental Health Services

39. Starting Point for Childcare and Early Education Initiative
http://www.starting-point.org

40. Substance Abuse of Greater Cleveland
http://www.saigc.com/index.html

41. Substance Abuse & Mental Health Services Administration SAMHSA

42. U.S. Dept. of Health and Human Services Health Resources & Service Administration
http://www.stopbullyingnow.hrsa.gov/index.asp?area=main

43. Tolerance.org
http://www.tolerance.org

44. Tri-C Global Issues Resource Center
http://www.tri-c.edu/community/girc.htm
45. "Way to Go”  
www.bazelon.org

46. Louis de la Parte Mental Health Institute, University of Southern Florida  
http://mhlp.fmhi.usf.edu/web/mhlp/index.cfm

B. Topic Web Links

1. Self-Injury  
http://www.fragmentedmind.healthyplace2.com/custom2.html  
http://www.clevelandclinic.org/health/health-info/docs/3700/3797.asp?index=12201

2. Aggression Reduction  
http://www.ncdjjdp.org/cpsv/pdf_files/anger_management.PDF
Section VIII: Early Childhood Mental Health

The intent of this section of the tool kit is to provide school staff with resources and information that can be shared with parents regarding the services available for families to facilitate physical and mental health for infants, toddlers and pre-school children.

A. Summary of Cuyahoga County Child Well Being Initiative

Help Me Grow:

In Cuyahoga County, the Early Childhood Initiative began in 1999 to increase the support to families with children up to age five. Since then, public-private collaborations have grown to ensure that young children in Cuyahoga County are successfully developing. The key aspect of the Early Childhood Initiative is to provide preventative care for children before treatment is needed. One of the key programs offered to parents is through the state-funded efforts of Help Me Grow. Help Me Grow offers supportive programming for expectant parents, newborns, infants, toddlers and those with special needs. The County also provides Early Intervention Services designed to identify and help children at biological risk for developmental delay. Health insurance for low- to moderate-income families can be obtained through Healthy Start.

B. Federal Early Childhood Disability Legislation

In Ohio, Infants and Toddlers with Disabilities (IDEA-2004 Part C [formally Part H in P.L. 99-457]) is under the auspices of Help Me Grow, Bureau of Early Intervention Services, Ohio Department of Health. Part B, for ages three to 21, is implemented by the Ohio Department of Education. School districts are responsible under IDEA Child Find regulations to help transition children served by Individual Family Service Plans (IFSP) under IDEA-2004 Part C to Preschool Child with Disabilities, Individual Education Plan (IEP) services under Part B, if the parent and the evaluation team agree continuation of special education services is needed.

C. Early Childhood Mental Health Resources

1.) Prenatal to age Three

- Help Me Grow:
  http://www.helpmegrow.org/
- Invest in Children:
  http://investinchildren.cuyahogacounty.us/publications.asp
- The entire Strategic Plan for Building an Early Childhood System for Cuyahoga County can be found at the following Web address:
  http://investinchildren.cuyahogacounty.us/PDF/executivesummary.pdf
  - Strategic Plan: 2005-2009
    - http://investinchildren.cuyahogacounty.us/publications.asp

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41 Healthy Start http://healthystart.cuyahogacounty.us/
2. Ages Three through Five

- School district contacts for infants and toddlers transitioning from early intervention services to preschool child with disability services:
- Early Childhood Programs for Children Ages Three through Five
- Directory of service providers who work with children of all ages developed by the SST3:
- Early Childhood (0-5 years) Mental Health and Development ToolKit:
  - http://www.connectforkids.org/node/3003
- Early Childhood Mental Health, Social-Emotional Development and Challenging Behaviors:
  - http://www.nectac.org/topics/menhealth/menhealth.asp

Two publicly funded early childhood mental health initiatives that focus on ages birth to three are described below. Other early childhood mental health services for this population are provided through private therapists, hospitals, or mental health organizations.

D. Cuyahoga County’s Early Childhood Mental Health Treatment Program: A Model for County-based Collaboration43

Cuyahoga County has been a leader in this area of mental health through the development of the Cuyahoga County Early Childhood Mental Health Program (ECMH). This program is fully operational and integrated into the county’s Invest in Children initiative.44 The overarching purpose of this program is to ensure children’s optimal development and future success by addressing their early emotional, social, and behavioral concerns. This can be achieved by accomplishing these program goals:

- Prevent more serious mental health needs through providing family-centered, culturally sensitive, mental health interventions.
- Provide coordinated treatment services that ensure all Cuyahoga County children in need have appropriate access to timely, convenient, culturally sensitive early childhood mental health services.
- Advocate, in partnership with Voices for Ohio’s Children and others, to maximize the use of Medicaid funding for the provision of ECMH services.

As early as 1997, Cuyahoga County was home to both early childhood mental health consultation and treatment services seeking to respond in the best ways to the growing number of young children who were experiencing behavioral health issues and attendant problems in

43 The information on the Early Childhood Mental Health Program was obtained from the Cuyahoga County Community Mental Health Board.
child care settings, school, and home. As the demand for early childhood mental health services began to grow, our community’s early childhood leaders recognized that a collaborative committee that could share best practices would best serve Cuyahoga County’s providers and children, identify service gaps, and serve as a forum for research and funding initiatives. At the end of 1998, Cuyahoga County’s Help Me Grow Collaborative formed the Early Childhood Mental Health Committee to provide education, oversight, coordination, evaluation, and advocacy for our county’s nascent early childhood mental health system. In 1999, the Family and Children First Council initiated a comprehensive approach to serving the needs of children under age five, which included early childhood mental health for children birth to age three.

That decade of work has resulted in Ohio’s strongest, most comprehensive early childhood mental health consultation and treatment system. Five providers—Applewood Centers, Beech Brook, Berea Children’s Home and Family Services, Hanna Perkins Center, and Positive Education Program—offer early childhood mental health consultation (called special needs child care, in our community), while six providers collaborate to form the Early Childhood Mental Health Program. This collaboration, includes Achievement Centers for Children, Applewood Centers, Beech Brook, Bellefaire Jewish Children’s Bureau, Berea Children’s Home and Family Services, and the Positive Education Program. It has gained both fiscal and programmatic stability through the formal incorporation of early childhood mental health treatment services into Invest in Children, a community-wide, public-private partnership working to increase the development, funding, visibility, and impact of early childhood services in Cuyahoga County.

Current Services

Six CCCMHB contract agencies—Achievement Centers for Children, Applewood Centers, Inc., Beech Brook, Bellefaire Jewish Children’s Bureau, Berea Children’s Home and Family Services, and Positive Education Program—provide ECMH Program treatment services. Referrals come from a variety of sources, especially Help Me Grow and our county’s five early childhood mental health consultative programs described below (ECMH Consultation). Each year, the Early Childhood Mental Health Program provides services to approximately 450 children.

Cuyahoga County’s Early Childhood Mental Health Program makes treatment services available to children who live in Cuyahoga County and:

- are more than 45 days away from their third birthday at the time of referral
- either have been determined eligible for Early Intervention Services or are currently in the eligibility determination process
- and have an Axis I or Axis II Diagnosis using the DC: 0-3R diagnostic tool\(^{45}\) for children ages four through seven, a DSM-IV-TR diagnosis

\(^{45}\) Typical DC: 0-3R Axis I diagnoses include traumatic stress disorder, mixed disorder of emotional expressiveness, adjustment disorder, and reactive attachment disorder. Axis II diagnoses are disorders of relationships with caregivers; most commonly diagnosed in this pilot is mixed relationship disorder, which indicates alternating, vacillating, inconsistent caregiver-child relationships.
### Appendix A

**List of Public School Districts and Community Schools ("Charter Schools") in Cuyahoga County**

**Chart 1:**

Cuyahoga County Public School Districts


<table>
<thead>
<tr>
<th>School District</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Village</td>
<td>377 Dover Center Road, Bay Village, Ohio 44140</td>
<td>(440) 617-7300</td>
<td><a href="http://www.bayvillageschools.com">www.bayvillageschools.com</a></td>
</tr>
<tr>
<td>Beachwood</td>
<td>24601 Fairmount Boulevard, Beachwood, Ohio 44122</td>
<td>(216) 464-2600</td>
<td><a href="http://www.beachwood.k12.oh.us">www.beachwood.k12.oh.us</a></td>
</tr>
<tr>
<td>Bedford</td>
<td>475 Northfield Road, Bedford, Ohio 44146</td>
<td>(440) 439-4777</td>
<td><a href="http://www.bedford.k12.oh.us">www.bedford.k12.oh.us</a></td>
</tr>
<tr>
<td>Berea</td>
<td>390 Fair Street, Berea, Ohio 44017</td>
<td>(440) 243-6000</td>
<td><a href="http://www.berea.k12.oh.us">www.berea.k12.oh.us</a></td>
</tr>
<tr>
<td>Brecksville-Broadview Heights</td>
<td>6638 Mill Road, Brecksville, Ohio 44141</td>
<td>(440) 740-4011</td>
<td><a href="http://www.bbhcscd.k12.oh.us">www.bbhcscd.k12.oh.us</a></td>
</tr>
<tr>
<td>Brooklyn</td>
<td>9200 Biddulph, Brooklyn, Ohio 44144</td>
<td>(216) 485-8100</td>
<td><a href="http://www.brooklyn.k12.oh.us/">http://www.brooklyn.k12.oh.us/</a></td>
</tr>
<tr>
<td>Chagrin Falls</td>
<td>400 East Washington Street, Chagrin Falls, Ohio 44022</td>
<td>(440) 247-5449</td>
<td><a href="http://www.chagrin-falls.k12.oh.us">www.chagrin-falls.k12.oh.us</a></td>
</tr>
<tr>
<td>Cleveland</td>
<td>1380 East 6th Street, Cleveland, Ohio 44114</td>
<td>(216) 574-8585</td>
<td><a href="http://www.cleveland.k12.oh.us">www.cleveland.k12.oh.us</a></td>
</tr>
<tr>
<td>Cleveland Heights-University Heights</td>
<td>2155 Miramar Boulevard, University Heights, Ohio 44118</td>
<td>(216) 371-7171</td>
<td><a href="http://tiger.chuh.cleveland-heights.k12.oh.us">http://tiger.chuh.cleveland-heights.k12.oh.us</a></td>
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<tr>
<td>Cuyahoga Heights Local</td>
<td>4820 East 71st Street, Cuyahoga Heights, Ohio 44125</td>
<td>(216) 429-5700</td>
<td><a href="http://www.cuyhts.k12.oh.us">www.cuyhts.k12.oh.us</a></td>
</tr>
<tr>
<td>East Cleveland</td>
<td>15305 Terrace Road, East Cleveland, Ohio 44112</td>
<td>(216) 268-6580</td>
<td><a href="http://www.east-cleveland.k12.oh.us">www.east-cleveland.k12.oh.us</a></td>
</tr>
<tr>
<td>Euclid</td>
<td>651 East 222nd Street, Euclid, Ohio 44123</td>
<td>(216) 261-2900</td>
<td><a href="http://www.euclid.k12.oh.us">www.euclid.k12.oh.us</a></td>
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<tr>
<td>Fairview Park</td>
<td>20770 Lorain Road, Fairview Park, Ohio 44126</td>
<td>(440) 331-5500</td>
<td><a href="http://www.leeca.org/fairview">www.leeca.org/fairview</a></td>
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<tr>
<td>Independence Local</td>
<td>7733 Stone Road, Independence, Ohio 44131</td>
<td>(216) 642-5850</td>
<td><a href="http://www.independence.k12.oh.us">www.independence.k12.oh.us</a></td>
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<tr>
<td>Lakewood</td>
<td>1470 Warren Road, Lakewood, Ohio 44107</td>
<td>(216) 529-4092</td>
<td><a href="http://www.lkwdpl.org/schools">www.lkwdpl.org/schools</a></td>
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<td>Mapleton Heights</td>
<td>Mayfield</td>
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<tr>
<td>14605 Granger Road</td>
<td>1101 SOM Center Road</td>
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<td>Maple Heights, Ohio 44137</td>
<td>Mayfield, Ohio 44124</td>
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<tr>
<td>(216) 587-6100</td>
<td>(440) 995-6800</td>
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<td><a href="http://www.mapleheightsk12.com">www.mapleheightsk12.com</a></td>
<td><a href="http://www.mayfield.k12.oh.us">www.mayfield.k12.oh.us</a></td>
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<tr>
<th>North Olmsted</th>
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<tr>
<td>27425 Butternut Ridge Road</td>
<td>6579 Royalton Road</td>
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<tr>
<td>North Olmsted, Ohio 44070</td>
<td>North Royalton, Ohio 44133</td>
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<tr>
<td>(440) 779-3549</td>
<td>(440) 237-8800</td>
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<td>26937 Bagley Road</td>
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<tr>
<td>Olmsted Falls, Ohio 44138</td>
<td>Pepper Pike, Ohio 44124</td>
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<tr>
<td>(440) 427-6000</td>
<td>(216) 831-8600</td>
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<tr>
<td><a href="http://www.ofcs.k12.oh.us/index.html">www.ofcs.k12.oh.us/index.html</a></td>
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<th>Parma</th>
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<tr>
<td>5311 Longwood Avenue</td>
<td>447 Richmond Road</td>
</tr>
<tr>
<td>Parma, Ohio 44134</td>
<td>Richmond Heights, Ohio 44143</td>
</tr>
<tr>
<td>(440) 842-5300</td>
<td>(216) 295-1400</td>
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<tr>
<td><a href="http://www.parmacityschools.org">www.parmacityschools.org</a></td>
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<tr>
<td>21600 Center Ridge Road</td>
<td>15600 Parkland Drive</td>
</tr>
<tr>
<td>Rocky River, Ohio 44116</td>
<td>Shaker Heights, Ohio 44120</td>
</tr>
<tr>
<td>(440) 333-6000</td>
<td>(216) 295-1400</td>
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<tr>
<td><a href="http://rrcs.org/">http://rrcs.org/</a></td>
<td><a href="http://www.shaker.org">www.shaker.org</a></td>
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<td>33800 Inwood Road</td>
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<td>Solon, Ohio 44139</td>
<td>Lyndhurst, Ohio 44124</td>
</tr>
<tr>
<td>(440) 248-1600</td>
<td>(216) 691-2000</td>
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<td><a href="http://www.solonschools.org">www.solonschools.org</a></td>
<td><a href="http://www.sel.k12.oh.us">www.sel.k12.oh.us</a></td>
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<tr>
<td>13200 Pearl Road</td>
<td>4500 Warrensville Center Road</td>
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<tr>
<td>Strongsville, Ohio 44136</td>
<td>Warrensville Heights, Ohio 44128</td>
</tr>
<tr>
<td>(440) 572-7000</td>
<td>(216) 295-7710</td>
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<tr>
<td><a href="http://schools.strongnet.org/districthomepage.html">http://schools.strongnet.org/districthomepage.html</a></td>
<td><a href="http://www.warrensville.k12.oh.us">www.warrensville.k12.oh.us</a></td>
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<p>| Westlake | |
|----------||
| 27200 Hilliard Boulevard | |
| Westlake, Ohio 44145 | |
| (440) 871-7300 | |
| <a href="http://www.wlake.org">www.wlake.org</a> | |</p>
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<tr>
<th>Academy of Cleveland Elementary</th>
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<tr>
<td>9114 Miles Park Avenue</td>
<td>1827 Ansel Road</td>
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<tr>
<td>Cleveland, Ohio 44105</td>
<td>Cleveland, Ohio 44106</td>
</tr>
<tr>
<td>(216) 271-0237</td>
<td>(216) 791-4195</td>
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<td><a href="http://www.citizensacademy.org">www.citizensacademy.org</a></td>
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<tr>
<th>Constellation Community School</th>
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<tbody>
<tr>
<td>3326 Broadview Road</td>
<td>White Hat Management</td>
</tr>
<tr>
<td>Cleveland, Ohio 44109</td>
<td>159 South Mall Street, Suite 210</td>
</tr>
<tr>
<td>(216) 635-1881</td>
<td>Akron, Ohio 44308</td>
</tr>
<tr>
<td><a href="http://www.constellationschools.com">www.constellationschools.com</a></td>
<td>(800) 525-7967</td>
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<tr>
<th>Horizon Science Academy</th>
<th>The Intergenerational School</th>
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<tr>
<td>6000 South Marginal Road</td>
<td>12200 Fairhill Road</td>
</tr>
<tr>
<td>Cleveland, Ohio 44103</td>
<td>Cleveland, Ohio 44120</td>
</tr>
<tr>
<td>(216) 432-3660</td>
<td>(216) 721-0120</td>
</tr>
<tr>
<td><a href="http://www.hsas.org">www.hsas.org</a></td>
<td><a href="http://www.tisonline.org/">http://www.tisonline.org/</a></td>
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<th>International Preparatory School</th>
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<tr>
<td>10701 Shaker Boulevard</td>
<td>3222 Carnegie Avenue</td>
</tr>
<tr>
<td>Cleveland, Ohio 44104</td>
<td>Cleveland, Ohio 44115</td>
</tr>
<tr>
<td>(216) 791-0519</td>
<td>(216) 431-7571</td>
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<tr>
<td></td>
<td><a href="http://www.lifeskillscenter.com">www.lifeskillscenter.com</a></td>
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<thead>
<tr>
<th>Marcus Garvey Academy</th>
<th>Old Brooklyn Montessori</th>
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<tbody>
<tr>
<td>13830 Euclid Avenue, # 2</td>
<td>4430 State Road</td>
</tr>
<tr>
<td>Cleveland, Ohio 44112</td>
<td>Cleveland, Ohio 44109</td>
</tr>
<tr>
<td>(216) 451-7995</td>
<td>(216) 661-7888</td>
</tr>
<tr>
<td><a href="http://www.marcusgarveyacademy.com">www.marcusgarveyacademy.com</a></td>
<td><a href="http://www.constellationschools.com/obcs">www.constellationschools.com/obcs</a></td>
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<tr>
<th>Parma Community School</th>
<th>Parma Heights Community School</th>
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<tr>
<td>7667 Day Drive</td>
<td>1877 Blossom Drive</td>
</tr>
<tr>
<td>Parma, Ohio 44129</td>
<td>Parma Heights, Ohio 44130</td>
</tr>
<tr>
<td>(440) 888-5940</td>
<td>(216) 901-0585</td>
</tr>
<tr>
<td><a href="http://www.constellationschools.com/parma">www.constellationschools.com/parma</a></td>
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<tr>
<th>Pinnacle Academy</th>
<th>Puritas Community School</th>
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<tbody>
<tr>
<td>840 East 22nd Street</td>
<td>15204 Puritas Avenue</td>
</tr>
<tr>
<td>Euclid, Ohio 44123</td>
<td>Cleveland, Ohio 44135</td>
</tr>
<tr>
<td>(216) 731-0127</td>
<td><a href="http://www.constellationschools.com/puritas">www.constellationschools.com/puritas</a></td>
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<th>Summit Academy Community School for Alternative Learners</th>
<th>Westpark Community School</th>
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<tbody>
<tr>
<td>7667 Day Drive, 2nd Floor</td>
<td>16210 Lorain Road</td>
</tr>
<tr>
<td>Parma, Ohio 44129</td>
<td>Cleveland, Ohio 44111</td>
</tr>
<tr>
<td>(440) 888-5407</td>
<td>(216) 688-0271</td>
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<td></td>
<td><a href="http://www.constellationschools.com/westpark">www.constellationschools.com/westpark</a></td>
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Appendix B

School-based Mental Health Agencies and Success Stories

Note: All names in the success stories have been changed to ensure anonymity of the students.

Mental Health Providers

The following list of agencies in Cuyahoga County that provide school-based mental health services is not all-inclusive. It includes a sampling of agencies functioning under the auspices of the Cuyahoga County Community Mental Health Board and a few private agencies available to serve youth and their families. Extensive lists can be found in the telephone directories or from the United Way 211 First Call for Help (211 or (216) 436-2000) at: United Way Services.46 Cuyahoga County Community Mental Health Board’s47 Website also provides a list of community agencies that provide child and/or adult mental health services. Other resources include, the Ohio Psychological Association (OPA) hot line, the State Support Team Region 3, the Ohio School Psychologist Association (OSPA), and the Ohio School Social Work Association (OSSWA).

Districts with the largest numbers of schools served include the Cleveland Metropolitan School District, Cleveland Heights/University Heights City School District, East Cleveland City School District, Orange City School Districts, Bedford, Parma schools. In the Cleveland district, all schools have an assigned mental health provider utilizing eight community mental health providers. Other districts have specific schools receiving services.

APPLEWOOD CENTERS, INC.

Mission

Applewood Centers fosters solutions for children, youth, and families.

History of the Organization

With a rich history dating back to 1832, Applewood Centers continues its tradition of helping children and families in need. Today, the agency offers a variety of behavioral healthcare and social services for children and youth, from birth to age 21, and their families. Services are provided from the agency’s four offices, two residential centers, the Eleanor Gerson School, as well as public and private schools, clients’ homes, and locations throughout the community.

46 United Way Services http://www.uws.org/fcfh/index.asp
47 The Cuyahoga County Community Mental Health Board http://www.cccmhb.org/service/providers/provider.asp
Current School-based Services
Applewood Centers provides services to the following school districts:
- Cleveland Metropolitan School District
- Orange Schools
- Maple Heights Schools
- Mayfield Schools
- Richmond Heights Schools
- Warrensville Heights Schools
- North Coast Academy

School-based services include:
- Individual counseling
- Group counseling
- Consultation with teachers and staff
- Class presentations
- Referrals to other Applewood services when appropriate

Prevention Group services include:
- Anger Management
- Social Skills
- Grief and Loss and Problem Solving
- Applewood Centers also provides crisis response to schools by request

Agency-Based Services We Provide for School-aged Children
Applewood Centers agency-based services to school aged children include:
- Counseling
- Community Psychiatric Supportive Treatment (CPST)
- Partial Hospitalization
- Psychiatry
- Early Childhood Counseling
- Multi-Systemic Therapy (MST)
- Bilingual Services are provided for school-and-office based clients

Out-of-home Services
- Residential services
- Independent living; Shelter care
- Dual Diagnosis Residential Treatment
- Foster care and adoptions

Resources We Provide to School Staff and Parents
- School Presentations
- Behavioral Coaching to Teachers

For More Information
Joan DeGregory Griffiths, LISW
Executive Vice President
Phone: 216-696-5800 (ext. 1251)
Fannie Baxter, LISW
Division Director
Phone: 216-696-5800 (ext. 1116)
Fax: 216-696-6592

Web Address: www.applewoodcenters.org

Applewood Centers, Inc. Success Story
Michael is an eight-year-old African American male diagnosed with ADHD Combined Type and Disruptive Behavior Disorder Not Otherwise Specified. He has been receiving both psychiatry and counseling services through Applewood Centers, Inc. since December, 2002.
Over that time, he has continued to have periods of extreme disruptive and inappropriate behavior, both at home and school. Despite being in an Severe Behavioral Handicap (SBH) classroom, Michael continued to have periods of disruptive behavior. Since the beginning of the school year, he has been learning anger management strategies and effective coping skills.

Michael also has begun to explore his long history of child abuse and neglect, which led to him being placed in foster care at the age of three. Michael has made tremendous strides in his ability to control his anger, both at home and in the school. He has been awarded student of the month, on two separate occasions, and has received a good citizen award through his school. Although Michael still has periods of inappropriate behavior at school, his disruptive behavior has become less severe and less frequent. He has even been able to help his older sister handle her anger by teaching her some of the skills he has learned in therapy.

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**BEECH BROOK**

**Mission**

To advance the emotional well-being of children, youth, and their families by providing effective, innovative behavioral health, permanency, and educational services, and by serving as a strong voice for children, youth, and families.

**History of the Organization**

A history of hope for children and families since 1852.

Founded in 1852 as an orphanage, Beech Brook is now a nationally recognized center for the treatment of emotionally disturbed children and their families. Over the years, the services Beech Brook provides have changed to meet the evolving needs of young children, including those who have been affected by abuse, neglect, violence, substance abuse, and AIDS.

Today, our mission is to advance the emotional well-being of children and their families, by providing innovative, effective behavioral health, permanency, and educational services, and by serving as a strong voice for children and families.

Between its founding in 1852 and 1960, Beech Brook placed thousands of children in nurturing foster care and adoptive families. The agency’s transition to a treatment facility for emotionally scarred and psychologically disturbed children, ages five-12, occurred in the early 1960s, when it became apparent that the majority of children referred to Beech Brook were victims of physical or sexual abuse and neglect. For the last 40 years, Beech Brook has developed and offered a vast array of services, ranging from family life education, to the treatment of severe emotional disturbances in children. In addition, for more than 25 years, Beech Brook has specialized in finding adoptive families for hundreds of special-needs children.

With a staff of more than 400, Beech Brook now serves 13,500-15,000 children in Northeast Ohio on an annual basis. Beech Brook’s programs are as diverse as the children we serve. Our campus programs include, Day Treatment and Partial Hospitalization, Residential Treatment, Intensive Treatment Unit, and classroom education at Gund Elementary School. Our community outreach programs include, Family Health Services, Family Preservation, Outpatient Therapy, Treatment Foster Care, Adoption Services, Early Childhood Mental Health/Autism Services, and the School-based Community Support Program.
Current School-based Services

Services include, case management, home visits, teacher/administrator consultations, individual and family counseling, information, and referrals to other Beech Brook programs or to other agencies.

Agency-based Services We Provide for School-aged Children

We provide a broad spectrum of community-based and in-home services, including:

- Residential Treatment
- Intensive Treatment Unit
- Day Treatment
- Treatment Foster Care
- Spaulding Adoption Services
- School-based Programs
- Pregnancy Prevention
- HIV/AIDS Education and support groups
- Comprehensive Sex Education classes
- Early Start
- Family Preservation
- Early Childhood Services
- Outpatient Therapy
- Two-Ways Home
- Act Team
- Psychiatric services

Resources We Can Provide to School Staff and Parents

We can offer presentations on common childhood diagnosis; behavior management strategies for teachers and parents; teacher/administrator consultations; parent support; and referral information.

For More Information

Paula Atwood, LISW
Vice President, Community-Based Services Cluster
Phone: 216-831-2255 (3178)
Fax: 216-831-0436

Web Address: www.beechbrook.org

Beech Brook Success Story

Mark was a 10-year-old African American enrolled in a cross-categorical special education class when we met in June, 2004. We began work with a dual diagnosis: Adjustment Disorder Unspecified and Oppositional Defiance. His speech teacher provided two, four-inch binders detailing his academic and behavioral history starting at age three. Along with interventions for Mark, it became apparent that the family unit required interventions that would mobilize family and community resources.

Services to the family included, a body of psycho-educational sessions about child development and parenting skills. His mother engaged in family-of-origin work, constructing a genogram to uncover unhealthy patterns within the family, and opened the family system. Introduction to a summer arts program, sponsored by a local church, provided access to wonderful role models who were skilled and dedicated to serving children and families like his. With guidance and encouragement, the family participated in Boy Scouts of America and a local baseball team as well.

Interventions provided to Mark’s homeroom teacher and speech therapist helped him obtain surprising results; his improvement prompted his mother to advocate for enrollment in
more mainstream classes. Through delivery of counseling services, and other coordinated services, Mark and his family were successful in achieving the goals of reducing aggression/defiance, building interpersonal relationship skills, as he came with no friends, and increasing communication skills.

BELLEFAIRE JEWISH CHILDREN’S BUREAU

Mission

Bellefaire Jewish Children Bureau (JCB) is an innovative organization that provides exceptional care and advocacy to enhance the emotional, physical, and intellectual well being of children, young adults, and families in the Jewish and general communities.

In addition to providing direct services, Bellefaire JCB is committed to:

- remaining on the forefront of the youth service and child caring fields;
- responding to emerging needs; and
- building knowledge which contributes to services to children, youth, and their families.

Bellefaire JCB provides its services without regard to race, religion, sex, or national origin, and encourages all clients to develop positive identification with their religious and ethnic backgrounds.

History of the Organization

Founded as a Jewish orphanage in 1868, Bellefaire Jewish Children’s Bureau (JCB) has evolved into one of the nation’s leading providers of child welfare and behavioral healthcare for children, youth and their families. Capitalizing on the richness of experience, stability, and a legacy of success, Bellefaire JCB has been able to grow with the ever-changing needs of America’s children.

By 1948, Bellefaire JCB had grown to include The Jewish Big Brothers Big Sisters Association, JDN Early Childhood Center, and a number of community-based group homes. These associations and mergers laid the foundation for today’s diverse service agency — providing an array of services that includes in-home counseling, foster care, secure residential treatment, adoptions, independent living, preschool, and multi-site community clinics.

As a charter member of the Child Welfare League of America, Bellefaire JCB helped pioneer new psychological treatments for emotionally disturbed children. Today, Bellefaire JCB is pioneering new treatments for children with autism, as well as providing school and community-based interventions for children with behavioral health problems.

Our commitment to meeting current needs with an appropriate array of services; our historical involvement with research and education; and our Board’s commitment to the vision: Helping Children and Preserving Families, enables Bellefaire JCB to be one of the nation’s flagship child and family service agencies.

Current School-based Services

Bellefaire’s school-based program places counselors and social workers in 36 Cleveland Public and East Cleveland schools. Teachers and administrators refer children who may be having behavioral problems or are known to have mental health issues. Bellefaire staff work with these children, providing diagnostic assessments, mental health counseling, both
individual and groups, and community support services. Services are delivered in school and, if needed, in children’s homes.

Agency-based Services We Provide for School-aged Children
Bellefaire JCB provides an array of services to school aged children, including:

- School-based Counseling Program
- Foster Care and Independent Living
- Adoption
- Autism
- Mentoring
- After-school Program
- In Home Family Therapy
- Residential Treatment
- JDN Early Childhood Center
- Social Advocates for Youth Substance Abuse Prevention and Community Services, which includes our Unruly Intensive program
- Juvenile Domestic Violence services
- Psychological Evaluations
- Outpatient Treatment Services

Resources We Can Provide to School Staff and Parents
In addition to the services mentioned above, our school-based therapists also provide Botvin’s Life Skills: Tobacco, Drug, and Alcohol Prevention Program, classroom interventions for managing behaviors, consultation/training with school staff to manage behaviors effectively, and therapeutic group counseling to address anger management and social skill development.

For More Information Contact
Jennifer Blumhagen, MSSA, LISW
Director, School-based Counseling Program
Phone: 216-320-8629
Fax: 216-320-8748

Web Address: www.bellefairejcb.org

Bellefaire JCB Success Story
Ryan presented with continued disruptive and aggressive behaviors, in the home and school environment, and was known as annoying by his peers. As a result, he was given the diagnosis of Disruptive Behavior Disorder-NOS\(^{48}\) by a previous therapist before being transferred to me. Goals were formulated including social skills development, and emotion identification and processing. Ryan took the lead during therapeutic sessions; mostly processing his anger towards the separation of his mother and father, and the lack of father involvement, which Ryan expressed deep sadness about. Sessions also were structured for social skill development interventions.

Ryan continued treatment for the next 10 months, organizing emotions and thoughts about self and family. Symptoms of inattentiveness and hyperactivity became more obvious by this therapist and Ryan’s teachers. He was given an updated diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD), Combined Type after proper assessment using Connors, teacher reports, and behavioral histories. A recommendation for further assessment and follow-up by Ryan’s doctor was given to his parent to pursue possible use of medication for ADHD symptoms.

\(^{48}\) Not Otherwise Specified
Months following the use of ADHD medication and continued counseling, Ryan improved in all skill, academic areas and environments. His grades improved from Ds and Fs to presently, As and Bs. He is currently involved in several sports and was found to be the fourth fastest runner in the 40-yard dash in the Cleveland area. Ryan went on to join student council and is active in his church. He has made lasting friendships and is considered a friend to all. He has won several prizes due to his academics, including a new bike. The most significant change noticed is how others treat him, especially a teacher of 30-years teaching experience, who thought Ryan would amount to nothing. Today, they are friends and the teacher could not speak more highly of him.

- At Intake: Spring of sixth grade—Failing most of his classes
- At Discharge: Fall of eighth grade—Received almost all As.

BEREA CHILDREN’S HOME AND FAMILY SERVICES

Mission
The mission of Berea Children’s Home and Family Services is to improve the lives and opportunities of children, families, and adults by providing an integrated system of effective behavioral health and family support services.

History of the Organization
A legacy of caring for children and families. In 1864, the German Methodist Episcopal Church founded the German Methodist Orphan Asylum, later called the Berea Children’s Home, to shelter Civil War orphans. Our first 100 years, we dedicated to caring for children classified as neglected, dependent, or abandoned.

In 1959, the Child Welfare League of America completed a Board-initiated study that helped lead us in a new direction. The following year, we shifted our focus to serving children and youth needing specialized therapeutic programs. Our aim, whenever possible, became to preserve family relationships, and to create for each child, a sense of continuity and security.

Today, as Berea Children’s Home and Family Services, we continue to respond to the needs of the community’s most vulnerable children and their families. Through a broad range of programs in the community and on our Berea campus, we address the individual mental health and developmental needs of infants, children, youth, adults, and families. In fiscal year 2005, we served over 8,600 children and families residing throughout Ohio.

Berea Children’s Home and Family Services is highly regarded for innovative, comprehensive programming. We operate four components—Out of Home Care, Community Services, Mental Health Services, and Child Care—all of which strive to preserve family relationships, make children and families more self-sufficient, and reduce clients’ need for future social service or court interventions.

Current School-based Services
The School-based Mental Health Services of Berea Children’s Home and Family Services provides services to 38 schools within seven school districts in Cuyahoga County—Cleveland (9), East Cleveland (7), Parma (7), Garfield (2), Lakewood (7), Fairview Park (3), Berea (2), and one (1) Charter School.
Agency-based Services We Provide for School-aged Children

School-based counselors provide behavioral health interventions by masters’ level licensed counselors and social workers. We work in partnership with the schools to provide services that complement school climate enhancement efforts, and are determined by the schools, to be the most beneficial for students. Innovative programming is custom made for the school and includes individual, group, parent, and family services. Assessment, counseling, community psychiatric supportive treatment, case management, prevention, and consultation services are all available. Psychiatric and psychological consultation services are available upon request.

Additional behavioral health services provided for school-aged children through Berea Children’s Home and Family Services include:

- In-Home Family Treatment (Family Preservation)
- Community Mental Health (CPST)
- Outpatient Counseling
- Counseling At Home
- Early Childhood Counseling
- Multi-Systemic Therapy (MST)
- Sister-to-Sister Program
- Pro Kids and Families (CPST)
- Various groups

Additional Resources We Can Provide to School Staff and Parents

Consultation Services—a service which enables the therapist to: interact with school personnel to discuss potential referrals to services; assist teachers with developing behavior intervention strategies for students displaying difficulties in the classroom; participate in IAT/IBA and IEP meetings; assist parents in addressing their concerns about their children; and provide training for school personnel and parents on mental health signs and symptoms.

Prevention Services—a service which allows the therapist to meet with a student in need for one visit, typically an emergency situation, or to provide various groups for students for example, social skills building or conflict resolution groups to address concerns that a particular school may have. Evidenced-based, early intervention, violence prevention social skills groups available include Second Step and the PATHS Program (Promoting Alternative Thinking Strategies).

For More Information

Intake Department
Phone: (440) 260-8300 or Toll-Free Number: (800) 639-4974
Jane Wood, LSW, PCC-S
Assistant Director,
Family Treatment/School Services
Office Phone: (440) 260-8405
Cell Phone: (216) 513-8073
Fax: (440) 260-8476
E-mail: jwood@bchfs.org

Andy Cooper, MSE, LPCC
Director, Community Counseling
Cell Phone: (216) 406-7961
Fax: (440)-260-8476
E-mail: acooper@bchfs.org

Richard R. Frank, President & CEO
Phone: (440) 260-8339
Fax: (440)234-8319
E-mail: rfrank@bchfs.org

Web Address: www.bchfs.org
Berea Children’s Home and Family Services Success Story

Joe is an eight-year-old African American male who resides with his maternal grandparents in the far Eastside of Cleveland. Joe is currently in the second grade. The referral for services included poor academic performance, disrespectful behaviors directed towards staff and students, anger outbursts, failure to adhere to school protocol and regulations, and parent/child conflict in the home. Joe had difficulty following classroom rules, concentrating, and completing assignment, as well as interacting with peers and authority figures. Social and emotional factors were significantly impacting Joe’s educational functioning and emotional well-being. Joe was experiencing extreme difficulties within the regular education curriculum. The numerous behavior problems were impeding Joe’s educational experience, as numerous suspensions and removals resulted from these behaviors. The serious behavioral and emotional disturbances impacted Joe’s potential to achieve academic and social success at the school.

Joe’s inappropriate behaviors met the criteria for a DSM diagnosis of Oppositional Defiant Disorder and Attention Deficit Hyper-Activity Disorder. A persistent pattern of inattention and hyperactivity were experienced daily at the school and home settings. Specific interventions have included a psychiatric consultation, a change in the academic placement, as well as development of pro-social, anger management, and conflict resolution skills. The frequency, duration, and intensity of the undesired behaviors were a concern of both school officials and family members. He currently is completing his schoolwork in a self-contained room. In addition, Joe is taking Adderall medication to assist with his ADHD. The empowerment of the parents has been instrumental in bringing about positive change for Joe in the school, home, and community settings.

Both Joe and his family have been very cooperative and receptive to the counseling service. The overall functioning of the identified client has improved drastically, as reported by parents, teacher, and others. Joe has been attending school daily without any significant problems, completing his academic work, remaining on task, and maintaining positive peer relationships with other students. It should be noted that the daily office reports, phone calls to the family, and suspensions have come to a halt. School officials have decided to allow Joe to remain at the school as a referral to PEP has been rescinded. The growth of this individual can be attributed to the hard work and dedication of the school, parents, individual, and the overall support system that has been developed. The interpersonal relationships within the family unit have improved and remain without significant conflict. Joe’s parents have developed appropriate skills for monitoring and managing their child’s behaviors. Improved direct contact and communication between the family and school officials has proved to be instrumental in bringing about positive change. The parents’ active role in Joe’s educational experience has been vital to the academic and behavioral success.

Joe and his family’s willingness to address the areas of concern have been instrumental in bringing about positive change. Joe has benefited tremendously from available Mental Health Services provided by School-based Mental Health Services.
CLEVELAND CHRISTIAN HOME

Mission
The Cleveland Christian Home exists to be a haven of hope and healing for children, youth, and families struggling with mental illness, abuse, and neglect.

History of the Organization
The Cleveland Christian Home was founded in 1900 by Reverend Henry Timme, a pastor in the Christian Church, as a haven for abandoned or orphaned children. The orphanage expanded in 1908, and continued to care for orphans. In the 1960s, societal factors led the Home to transform its residence into a residential treatment center. During the next four decades, the Home expanded its ministry to include other services for children who needed a home away from home, including foster care, adoption, and independent living, as well as a range of community-based services such as School-based counseling, family preservation, and Children Who Witness Violence counseling.

Current School-based Services
Currently, Cleveland Christian Home’s serves seven schools in the Cleveland Metropolitan School District, as well as two charter schools in Cuyahoga County.

Agency-based Services We Provide for School-Aged Children
Cleveland Christian Home’s school-based therapists provide individual and group counseling, prevention groups, classroom interventions, community supports for students and families, as well as consultation with school staff and community agencies.

Resources We Can Provide to School Staff and Parents
Cleveland Christian Home’s Staff are equipped with outcome-based early intervention and prevention curriculum (Girls Circle Curriculum; Positive Adolescent Choices Training Program), culturally relevant practices, teacher training, programming and consultation, diagnostic assessments, and treatment planning, as well as community linkage and system support to enhance the ability of the students to succeed, both academically and at home.

For More Information
Colleen Doody, LISW
Clinical Supervisor
(216) 688-72535
Email: cdoody@cchome.org

Web Address: http://cchome.org/

Cleveland Christian Home Success Story
Peter has been seen since November, 2001, after a referral from his teacher. The teacher reported that Peter continuously acted-out in class, which was very disruptive; got into many verbal fights with peers, occasional bouts of crying when he became frustrated, needs to improve grades academically, and complete homework assignments.
Peter’s mother agreed to the referral. She is concerned because Peter is mean to his siblings and often gets into fights with his younger four-year old brother. Peter’s parents were
living together; however, the father is currently in prison and scheduled to go to a half-way house in one-month.

In addition to issues of self-control, Peter suffered from low self-esteem, partially stemming from being overweight and teased by peers. Counseling services would also concentrate on anger issues and completing school assignments.

During the time I have seen Peter, he has worked on anger management, self-esteem, and self-control. Because of his excellent progress he was put on the peer mediation team, allowed to join the safety patrol, and was named student of the week. Since his sessions began, he has brought up three of his grades, and has received good reports for behavior and completion of homework assignments. Peter’s mother reports that outbursts with his younger brother have decreased drastically. In addition, he has lost 10 pounds and is taking better care of his personal hygiene. Peter reports feeling better about himself and is proud of what he has accomplished.

FAIRVIEW HOSPITAL SCHOOL-BASED HEALTH CENTER

Mission
The mission of the Fairview Hospital School-based Health Center is to encourage good health and wellness—since a healthy child is able to learn better, and through learning, is able to develop to his/her full potential.

History of the Organization
On March 20, 1998, a partnership was formed between Fairview Hospital and Louis Agassiz Elementary School of the Cleveland Metropolitan School District through the creation of the School-based Health Center (SBHC). Fairview Hospital School-based Health Center provides on-site health education and mental health services to students, families, and staff.

In July 2005, the School-based Health Center was awarded a grant from the Ohio Department of Health to continue and expand services at Louis Agassiz K-8 School.

Current School-based Services
The Fairview Hospital School-based Health Center provides the following services at Louis Agassiz K-8 School, which is a part of the Cleveland Metropolitan School District:

Mental Health Services:
- Individual Counseling
- Functional Behavioral Assessments
- Educational Support Groups
  - Anger Management
  - Changing Families
  - Grief and Loss
  - Teen Groups
  - Friendship Groups
- Monthly Classroom Guidance Lessons
- Character Counts! Programs
- L.A. Peacemakers (peer mediation)
- Crisis Response Training
- Community Referral Information
- Buddy Program (peer mentors)

Health Education
- Bike Helmet Safety Programs
• Nutrition/Exercise Support Groups
• Staff Wellness
• Walking Programs

• S.H.O.U.T. Group (anti-tobacco group)
• Referral Information

For More Information
Christina Hein
Community Outreach Coordinator
Fairview Hospital Wellness Center
Phone: (216) 476-4043
E-mail: christina.hein@fairviewhospital.org

Meredith Ondak
Mental Health Intervention Specialist
Fairview Hospital
Phone: (216) 889-4052
E-mail: meredith.ondak@fairviewhospital.org

Rita Sfiligoj
Health Resource Coordinator
Fairview Hospital
(216) 889-4052
E-mail: rita.sfiligoj@fairviewhospital.org

Fairview Hospital School-based Health Center Success Story

I would like to tell you Allison’s story, because it is a great example of the services that the Fairview Hospital School-based Health Center provides, and how important it is that we are based at the school and accessible to our students and families.

Allison is in eighth grade and to many staff members she is the model student. She has excellent grades, attends school, no behavior problems, and is a conflict mediator and member of the S.H.O.U.T. anti-tobacco team.

Two years ago, two sixth grade girls came to the school-based health center and stated that they needed to talk to someone and thought of me because they remembered our classroom guidance lesson about responsibility. A friend of theirs was cutting herself and they felt it was their responsibility as a friend to get her help. Cutting is a type of self-injury where the person will injure him or herself on purpose by making scratches or cuts on their body with a sharp object—enough to break the skin and make it bleed.

The two friends asked me to help them talk with Allison. An intervention meeting was arranged and when Allison was confronted by her friends, myself, and eventually her parents, whom I had to notify, she was very angry and felt betrayed. At the end of our meeting, I referred her to the Lakewood Hospital Teen Health Center and she soon began treatment. For the rest of the year Allison did not speak to me. I kept in contact with her parents to monitor her treatment progress.

At the start of the 2005-2006 school year, Allison asked if she could begin weekly counseling sessions with me. Her community-based counselor, parents, teachers and I worked together to develop a plan for home and school. During her sixth and seventh grade years, Allison struggled with her feelings and how to release them in healthy ways. Through school-based intervention, counseling, and most importantly, the love and support of her family and friends, Allison has made healthy progress. She has not cut herself in over seven months, continues to attend weekly group and individual counseling sessions, and has achieved many of the goals she set for herself.
On the last day of school I received a card in my school mailbox. It read:

Dear Mrs. X,
Thank you so much you really helped me and made it okay for me to come to school. I am so happy you are at my school and I started seeing you for counseling this year. I am a little worried about this summer but I will remember what we talked about and if I am having a hard time I will let my counselor know. I hope you have a nice summer. Bye and thanks again.
Allison

It is students like Allison that highlight the need for our program and the impact that our services can make in the lives of the school community.

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**MURTIS TAYLOR HUMAN SERVICES SYSTEM**

**Mission**
The mission of Murtis Taylor Human Services System is to serve and empower individuals and families to function effectively and strengthen our communities by providing quality human services, behavioral health care, and community programs.

**History of the Organization**
Murtis Taylor Human Services System was established in 1948, as a Settlement House providing an array of community-based health and human services. Current services include comprehensive community mental health, for children and adults. through nine locations in three cities.

**Current School-based Services**
Cuyahoga County Cleveland Metropolitan School District

**Agency-based Services We Provide for School-aged Children:**
In school and community based treatment (individual counseling)

- Behavioral Health Assessment
- Psychiatric Services
- Community Psychiatric Support (Case Management)
- Adolescent Support Groups
- Prevention Consultation and Treatment Services

**Resources We Can Provide to School Staff and Parents:**
- Professional Development Training
- Anger Management
- Social Skill Building
- Behavioral Modification Training for Parent

**For More Information**
Julius Simmons, LISW
Phone: (216)-283-4400 ext 2418
Fax: (216) 283-8740

**Web Address:** www.murtistaylor.com
Murtis Taylor Human Services System Success Story

A month ago, our MDC program received a referral on a 15-year-old male named “Julian.” A school referred him to us because for the past two years he attended school and just slept all day in class. Our Direct Care staff met with Julian and discovered that he was not doing well in school because he was mad at his father after his parents divorced. Julian knew that finishing school was very important to his Father, so, he thought a good way to get back at him would be to flunk out of school.

After meeting with Julian, our staff met with his teacher. We discussed possible intervention scenarios and the teacher agreed to pass the youth, if he completed his classroom assignments for the rest of the grading period. Our staff followed up with the student, and helped him understand that his current path would hurt himself more than anyone else. His father was not going to suffer the consequences resulting from him flunking out of school. Julian would ultimately suffer as an adult with no education.

Julian made a commitment to make a positive change, and began doing his class work. Now, every day after classes, he goes to our MDC counseling room and completes his assignments. We have since learned that this case resulted from no one asking the right questions and not working together as a team. If someone had intervened with this young man sooner, he may not have thrown away the last two years of his education. The current goal now is to continue encouraging Julian to pass his classes, but also to reintegrate him back into his regular class schedule, with a positive attitude fostered by looking forward to a successful future.
Appendix C
School-based Alcohol and Other Drug Prevention Services
Alcohol and Drug Addiction Services Board of Cuyahoga County
Prevention Services Provided to Cuyahoga County

The Alcohol and Drug Addiction Services Board of Cuyahoga County plans, monitors, and evaluates alcohol and other drug addiction services that encourage wellness, prevention, and recovery for the residents of Cuyahoga County. The alcohol and drug prevention network is made up of 23 community-based agencies that provide services in Cuyahoga County. In 2005-2006, 13 of these agencies, using four evidence-based curricula, provided evidence-based prevention education, life skills, and tutoring to over 430 Cleveland Metropolitan School District K-12 classes.

Evidence-based prevention programs used for the 2005-2006 school year were Botvin’s Life Skills, Positive Action, Lion’s Quest, and New York Times Marijuana Prevention. These programs have been proven to help students develop the social and behavioral skills necessary for them to interact in a positive fashion with students and teachers, and reach their academic goals.

For resources, regarding prevention services programs:
Ohio Resource Network Clearinghouse
6185 Huntley Road, Suite P
Columbus, Ohio 43229
Web address: www.EBasedPrevention.org

Ohio citizens may obtain free materials, related to substance abuse and violence prevention, through the Ohio Resource Network Clearinghouse. There is also no cost for shipping and handling. A selection of over 700 different items include resources for prevention and treatment professionals, and informational brochures, booklets, toolkits, and posters for all age groups. You can view descriptions of the materials by category and place your order on the online clearinghouse. Orders are usually processed within four to six business days and walk-in visitors are welcome at the ORN Clearinghouse (Monday-Friday 9 a.m.–5 p.m.).

BELLEFAIRE JCB
22001 Fairmount Boulevard
Shaker Heights, OH 44118
www.bellefairejcb.org

For More Information:
Adam G. Jacobs, Ph.D.
Phone: (216) 932-2800

For Prevention Services:
Judy Stenta, MSW, ACSW, LSW
Phone: (216) 320-8203
Email: stentaj@bellefairejcb.org
Mission

Bellefaire JCB is an innovative organization that provides exceptional care and advocacy to enhance the emotional, physical, and intellectual well-being of children, young adults, and families in the Jewish and general communities.

History of the Organization

Founded in 1868, Bellefaire JCB, a not-for-profit organization, has evolved into one of the nation’s leading providers and innovators of permanency, advocacy, and behavioral healthcare for children, youth, and their families. Building upon this rich legacy, Bellefaire JCB is a committed, multi-disciplinary agency with a mission to serve the ever-changing wellness needs of children.

CATHOLIC CHARITIES SERVICES CORPORATION
7911 Detroit Avenue
Cleveland, OH 44102
www.clevelandcatholiccharities.org

For More Information:
Tom Woll
Phone: (216) 391-2900

For Prevention and Hispanic Services:
Ramonita Rodriguez-Johnson, LICDC
Ohio prevention specialist I
Phone: (216) 696-2197

Mission

Catholic Charities Services Corporation continues the mission of Jesus by responding to those in need through an integrated system of quality services designed to respect the dignity of every person, and build a just and compassionate society. In addition to abiding by this mission, the staff of La Providencia /Hispanic Family Center also embraces its individual mission, which is to provide quality social, health, cultural, and educational services to the Hispanic community to create an economically strong community.

History of the Organization

Catholic Charities Services Corporation (CCSC), which is one of the largest not-for-profit social service organizations in Northeast Ohio, has the capacity to offer services out of 42 sites, covering 3,500 square miles in the eight-county area of the Cleveland Catholic Diocese. CCSC, which is a faith-based organization, has been serving people regardless of religious affiliation since 1912.

Catholic Charities Services of Cuyahoga County has been serving the Hispanic community in Cleveland for more than 30 years, starting in 1974, with the Hispanic Drug and Alcohol Prevention Program. Prevention services were provided to Cleveland schools at that time. Outpatient treatment for Hispanic men, women, and youth were added later. Services help families cope with personal and social problems, and adapt to a new culture while preserving their heritage.

In 1996, the seed was planted to build on services that were already in place in the Catholic Charities Services system that offer support, celebration, and education to the Hispanic community. La Providencia Family Center is a way to work with the whole family on Cleveland’s west side. All programs focus on the family – children, youth, adults, and older
adults – the essential functions of each family member, and how the family fits into the community.

CLEVELAND URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM
1215 East 79th Street
Cleveland, OH 44103
www.umadaops.com/cleveland.htm

For More Information:
Jessica B. Horne, Executive Director
Phone: (216) 361-2040
E-mail: cleumadaop@aol.com

Honey Bell-Bey, Director
Adolescent and Intervention Services
E-mail: hbeyumadaop@aol.com

Mission
Cleveland Urban Minority Alcoholism and Drug Abuse Outreach Program’s (UMADAOP) mission is to improve the quality of life in the African-American community by significantly preventing the use, misuse, and abuse of alcohol, tobacco, and other drugs. To this end, Cleveland UMADAOP commits to efforts that ensure that the African American community is informed of the availability and accessibility of diverse social, education, and economic resources, which can improve its quality of life and prevent, reduce, and/or eliminate those conditions (i.e., substance use, abuse, and addiction; drug related problems, teen pregnancy, HIV/AIDS, etc.) which become barriers to improving quality of life.

History of the Organization
The Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) of Ohio were established in 1980, via legislation spearheaded by former State Representative William L. Mallory. Since that time, Cleveland UMADAOP has provided quality, innovative, age-appropriate, and culturally relevant services to youth from at-risk environments.

THE CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE UNIT
1925 St. Clair Avenue
Cleveland, OH 44114

For More Information:
Matt Carroll, Director
Phone: (216) 664-6666
E-mail: mcarroll@city.cleveland.oh.us

For Prevention Services:
Lydia Hill, MPA, MA, PC, Supervisor
11100 St. Clair Avenue
Cleveland, Ohio 44108
Phone: (216) 664-7070
Fax: (216) 664-6149
E-mail: lhill@city.cleveland.oh.us
Mission

The City of Cleveland Department of Public Health Office of Mental Health and Substance Abuse Unit is committed to improving the quality of life in Cleveland by promoting healthy behavior, protecting the environment, preventing disease, and making the City a healthy place to live, work, and visit.

History of the Organization

The Office of Mental Health and Substance Abuse Unit has been in existence, under the auspices of the City of Cleveland Department of Public Health, for over 15 years. The Office of Mental Health and Substance Abuse Unit offers a chemical dependency treatment program for adults and a prevention program for youth (formerly the Student Assistance Program).

Services

Prevention Services provides prevention programming in the schools and in the community. We offer three prevention services: Prevention Education, Prevention Alternatives, and Prevention Community-Based Processes.

Prevention Education is currently offered to three contracted schools in the Cleveland Metropolitan School District: Glenville, John Marshall, and South high schools. We offer 12-week sessions to health education classes utilizing the TND curriculum.

Prevention Alternatives is offered to after-school programs/groups and during the summers (WIA, YEOP, and YOU). We implement five very different programs under this service: Youth Mentoring Training, Videography, Peer Leadership, TeenBiz, and Youth Grant Writing.

Prevention Community-Based Processes is offered to nonprofit organizations or developing nonprofit organizations that provide prevention services to youth but are in need of training to assist with developing prevention skills, certification, or structural components. We currently service B.R.I.C.K. and Haven 4 Hope.

COMMUNITY ACTION AGAINST ADDICTION, INC.
5209 Euclid Avenue
Cleveland, OH 44103

For More Information:
Ronald Winbush Phone: (216) 881-0765
Fax: (216) 431-2190
Atoiya Dillard
Clinical/Prevention Secretary
Phone: (216) 881-0765 (ext. 226)
Fax: (216) 431-2190

Dr. Deborah Watson-Laster
Clinical/Prevention Director
Phone: (216) 881-0765 (ext. 204)
Fax: (216) 431-2190
Daisetta Harris
Community Educator/Prevention Specialist
Phone: (216) 881-0765 (ext. 242)
Fax: (216) 431-2190
Antonio Appling  
Community Educator/Prevention Specialist  
Phone: (216) 881-0765 (ext. 247)  
Fax: (216) 431-2190  

Sharon Johnson  
Clinical Counselor  
Phone: (216) 881-0765 (ext. 227)  
Fax: (216) 431-2190  

Rev. Frank Smith  
Intern/Community Educator  
Phone: (216) 881-0765 (ext. 250)  
Fax: (216) 431-2190  

Mission  
The mission of Community Action Against Addiction, Inc. (CAAA) is to provide comprehensive professional services for chemically dependant individuals and to be an advocate for positive change in the field of Addiction Services.  

History of the Organization  
Community Action Against Addiction, Inc. (CAAA), which is funded by the Ohio Department of Health, The Ohio Department of Alcohol and Drug Addiction Services, and The Alcohol and Drug Addiction Services Board of Cuyahoga County, has been serving Cuyahoga County since 1971. The staff consists of a physician, licensed social workers, certified chemical dependency counselors, registered nurses, and HIV counselors. The staff at CAAA works as a team to integrate all services into a total care plan that provides a consistent and continuous service delivery vehicle to all clients of the organization.  

Goals  
The goals of the agency are:  
- To assist individuals in overcoming their physical and psychological dependency on drugs.  
- To provide medical counseling services to drug-dependent individuals.  
- To provide chemically dependent individuals greater opportunities for productive lifestyles.  
- To inform the public about the legal, social, and medical consequences of drug abuse.  
- To provide assistance to outside Employee Assistance Programs.  
- To provide relapse prevention and support services to individuals who are in recovery and their families.  

Services  
Treatment services are directed to assist the individual in behavioral modification interventions that seek to ultimately result in the elimination of the chemical abuse cycle. Individual and group services are an essential part of treatment.  
- **Medical Services**—Physical examinations, urinalysis screenings, medical referrals, and blood screening.  
- **Opiate Treatment Services**—Assessment, relapse prevention, and referral and information services.
• **Cocaine Treatment Services**—Three-to-six month outpatient treatment program, assessment, drug education, and relapse prevention.

• **Aftercare Treatment Services**—Three-to-four month outpatient treatment program, individual, family and group education services, and referral and information services.

• **HIV/AIDS Services**—Four-week Safety Counts sessions that include HIV/AIDS education and counseling, Pre- and Post- HIV/AIDS test counseling, and anonymous HIV/AIDS testing.

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THE COVENANT, INC.
1515 West 25th Street
Cleveland, OH 44113
www.the-covenant.org

**For More Information:**
Richard Piazza, executive director
Phone: (216) 574-9000 ext. 301

Brian Holmberg, M.A. OCPS II
Prevention Coordinator
Phone: (216) 574-9000 ext. 209

**Mission**

The Convent’s mission is to assist children, adolescents, and their families who are addressing chemical dependency and mental health problems, so that they have an opportunity to pursue a happy, healthy, and productive lifestyle. The Covenant pursues this mission by providing high quality, comprehensive, and intensive treatment, and prevention services to those in need, regardless of their ability to pay.

**History of the Organization**

The Covenant opened in 1984, as one-of-a-handful of urban-based adolescent treatment programs in the country. We set out to help youth become drug and alcohol free, regardless of their ability to pay for our services. Since then, we have helped thousands of young people recover from chemical dependency and go on to lead healthy, productive lives.

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EAST CLEVELAND NEIGHBORHOOD CENTER
13830 Euclid Avenue
East Cleveland, OH 44112

**For More Information:**
Thelma Shepherd, ACSW, LISW
Executive Director
Phone: (216) 451-8172
Fax: (216) 451-8241
E-mail: tshepherd@xcelnet.net

Jackie Johnson
Phone: (216) 451-8172
Fax: (216) 451-824
E-mail: jjohnson46@sbcglobal.net
Mission
The East Cleveland Neighborhood Center’s mission is to improve quality of live for the residents of East Cleveland by providing prevention and intervention services.

History of the Organization
The Neighborhood Center had its humble beginnings as a summer camp program sponsored by St. Paul Episcopal Church in East Cleveland. The East Cleveland Neighborhood Center was incorporated in 1986, and became a member of the Neighborhood Centers Association, as well as the United Way of Greater Cleveland.

Services
From its humble beginnings, it has grown into a diversified organization that still provides summer camp, in addition to other family services and programs that address community needs as defined by the East Cleveland community. The organization does not solely serve the East Cleveland community. It also serves families from the adjoining communities of Cleveland and Cleveland Heights. No one is turned away.

We operate from a Family Resource Center model and our holistic priorities are:
(1) Enhance family living skills for optimal development of children and well-being of each family member.
(2) Provide opportunities for enjoyment and development of individual skills and interest.
(3) Assist families in crises.
(4) Increase economic opportunity and security for families.
(5) Facilitate positive connections, mutual help, and cooperation among families.
(6) Strengthen the capacity of families to improve community conditions and obtain needed resources.
(7) Increase access to existing services and build collaboration and cooperation among other human services organizations.

The types of programs the Center has provided range from truancy reduction, juvenile delinquency prevention, ATOD juvenile prevention services, pregnancy prevention services, foster care programming, parenting programming, school-to-work, and youth cultural/historical exposure tours. The Center is the human services hub of the community.

EAST SIDE CATHOLIC CENTER AND SHELTER
11701 Shaker Blvd.
P.O. Box 20177
Cleveland, OH 44120

For More Information:
Michelle Burley Keys  Pauletta Steele
Executive Director        Phone: (216) 231-5556
Phone: (216) 231-5556    Fax: (216) 231-6079
Fax: (216) 231-6079
E-mail: keys50@msn.com
Mission

East Side Catholic Center and Shelter, Inc. will provide a continuum of clinical and supportive services to women, children, and family members to restore value, dignity, hope, and self-determination to improve their quality of life.

East Side Catholic Centers and Shelter, Inc. will also provide safe, temporary housing, education, health, and life skills services to women, children, and families of Cuyahoga County.

Philosophy

Women and children are the most vulnerable members of society, requiring critical resources to help them overcome hardships. We believe that troubled women can be helped to understand how their past has led them to hopelessness, homelessness, or substance abuse. We provide tools for cognitive restructuring to empower these women to change their course for a more productive future. This new course of self-understanding will serve to break the cycle of conflict and dependency to the betterment of their families and communities. The tools used are: Cognitive Behavioral Therapy, the 12 steps, and various support groups (i.e. NA, CA, etc.).

Purpose

The East Side Catholic Center and Shelter, Inc. is a private, nonprofit, tax-exempt organization that serves homeless, abused, and addicted women without regard to race, color, creed, or disability. We are located on the southeast side of Cleveland, and serve women and children throughout the region.

Services

- The Emergency Shelter
- The Iwo San Program — Six-month residential substance abuse program.
- The Miracle Village Program — Ninety-day outpatient program with housing support.
- The New Beginning Program — An outpatient substance abuse program.
- The Kiddie Academy — A licensed day care center open to the public.
- Job Training and Placement Program — A job skills training and placement program open to the general public.
- The Prevention Program — An educational service program open to the general public.
History of the Organization
The Golden Ciphers is an African-American grassroots organization designed to assist in reconnecting family structures and communities. They provide prevention services for the Cleveland Metropolitan School District (CMSD) and the DePaul Family Center.

Mission
The mission of the Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program is to empower the Hispanic/Latino community to reduce the negative impacts of HIV/AIDS, violence, and abuse of alcohol, tobacco, and other drugs through culturally sensitive, holistic prevention, education, intervention, treatment, and re-entry programs.

History of the Organization
The Hispanic Urban Minority Alcohol and Drug Abuse Outreach Program was initially established in 1981, as the Urban Minority Outreach Program (UMOP), first providing services under the auspices of the Cleveland Department of Health, and later as a part of the Catholic Counseling Center. In October, 1989, the program changed its name to the Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program (Hispanic UMADAOP) and established itself as a 501(c)3 nonprofit social service agency.
NORTHERN OHIO RECOVERY ASSOCIATION
3746 Prospect Avenue
Cleveland, OH 44115
www.norainc.org

For More Information:
Anita Bertand, Executive Director
Phone: (216) 391-NORA

Judy Wright
Associate Director, BS, LICDC
Phone: (216) 391-6672
E-mail: jwrigh@norainc.org

Delilah Bell-Fowler
Prevention Specialist, Registered Applicant
2114 Noble Road
East Cleveland, Ohio 44112
Phone: (216) 324-4287
E-mail: delilahbmiracles@aol.com

Mission
The mission of the Northern Ohio Recovery Association (NORA) is to prevent the use of alcohol, tobacco, and other drugs by providing quality services to youth, adults, families, and communities of diverse cultures in Cuyahoga, Lorain, and Summit Counties of Northeast Ohio.

History of the Organization
NORA was formed in 1996, as a nonprofit 501(c)3 organization, designed to provide information, education, and peer support to the recovery community and general public. Using this expertise, NORA was able to acquire a Recovery Community Support Program (RCSP) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2004, which has since become one of NORA’s signature programs as a leading edge recovery management model, and from which our other services evolved.

Since our inception, we have developed and implemented intensive outpatient programs for adolescents and adult women, a substance abuse prevention/education program for youth, youth mentoring programs, a teen parenting/child abuse prevention program for young males and females, a victim assistance program, and transitional housing programs for men and women with children.

In 2005-2006, NORA provided services to approximately 15 neighborhood community centers, charters schools, day cares, and public schools. As of the 2006-2007 school year, NORA has focused their services primarily on charter schools and community centers.

RECOVERY RESOURCES
3950 Chester Avenue
Cleveland, OH 44114
www.recres.org

For More Information:
Helen Jones
Phone: (216) 431-4131

Megan Kleidon - Prevention Coordinator
Phone: (216) 431-4131 ext. 1108
Email: mkleidon@recres.org
Mission

Recovery Resources is a nonprofit, community-based, behavioral healthcare organization that helps people triumph over mental illness, alcoholism, drug, and other addictions. Recovery Resources serves over 15,000 people annually.

History of the Organization

Originally established as the Center on Alcoholism in 1955, the center merged with the Greater Cleveland chapter of the National Council on Alcoholism (now known as the National Council on Alcoholism and Drug Dependency) in 1977. The new organization was named Alcoholism Services of Cleveland. Alcoholism Services of Cleveland was among the earliest adapters of integrated treatment — not just for those who suffered from mental illness and alcoholism or drug addictions, but for those who suffered from other forms of addiction, such as gambling, as well as the many social problems that stemmed from addiction. Increasingly, the goal became to treat the whole patient by delivering a wider range of programs and services.

Reflective of its move toward integrated treatment, Alcoholism Services changed its name to Recovery Resources in 1996. In 1999, Neighborhood Counseling Center — another early adapter of dual diagnosis and integrated services — merged with Recovery Resources, resulting in one of the 25 largest nonprofit organizations in Greater Cleveland. The highly successful integration of these two organizations produced both greater economic efficiency, and a much greater depth and breadth of services for the community.
Appendix D
Neighborhood Links—Information and Resources

Achievement Centers for Children
Patricia Nobili, Executive Director
4255 Northfield Road
Highland Hills, Ohio 44128
Phone: (216) 292-9700 (ext. 4255)
Fax: (216) 292-9721
www.achievementcenters.org

The Achievement Centers for Children provides counseling and mental health assessments for children, teens, and adults who have a physical, medical, neurological, and/or developmental disability. Also available are specialized mental health services, which provide relationship-based counseling to families and young children, birth to five years of age, who are experiencing behavioral health issues. Rehabilitation therapies, recreational services, autism programs, family support services, and childcare services for individuals with special needs and their families are also provided. To learn more, contact Robin Webber at (216)-292-9700.

Bellflower Center for Prevention of Child Abuse
Bill Eyman, Executive Director
11811 Shaker Boulevard, Suite 220
Cleveland, Ohio 44120
Phone: (216) 229-8800
Fax: (216) 229-2474
www.bellflowercenter.org

Bellflower Center for Prevention of Child Abuse provides services to children, adults, and families through a variety of programs relating to child abuse prevention through treatment and parenting. Individuals may receive mental health assessments, individual therapy, or attend group therapy. Bellflower Center offers home visiting programs for qualifying families. Crisis intervention is available through our 24-Hour Family Helpline, (216) 229-8800.

Bridgeway, Inc.
David Lundeen, Chief Executive Officer
2202 Prame
Cleveland, Ohio 44109
Phone: (216) 281-2660
Fax: (216) 281-5183
www.bridgewayinc.org

Bridgeway offers community psychiatric support services, counseling, crisis intervention, employment, vocational, residential, Project One-to-One, and independent living services to adults with severe mental illness and substance abuse issues. Also offered are adult
sex offenders services, family preservation, parenting, and counseling services with a family focus to older youth and adults. Drug and alcohol prevention services for children and youth are provided through our Playhouse. Treatment services for adults are provided through our UNBAR program.

Catholic Charities Services of Cuyahoga County, Parmadale
Thomas Woll, Chief Executive Officer
7800 Detroit Avenue
Cleveland, Ohio 44102
Phone: (216) 939-3700
Fax: (216) 631-3654
www.clevelandcatholiccharities.org

Outpatient counseling services are provided to individuals, children, and families within a family context. Services may include mental health assessment, individual counseling, and group counseling. Other services may be available on a case-by-case basis, depending on specific need and staff/program availability. Fees for mental health services are set on a sliding scale basis, with private insurance and Medicaid being utilized when applicable. The Catholic Charities System also provides services to individuals with chemical dependency issues and a number of services are available to older adults.

Established in 1925, Parmadale has a distinguished history of serving youth and families within Cuyahoga County. As part of the Catholic Charities Services Corporation, Parmadale provides emotional trauma-recovery, adoption, and foster care services for children and families in distress. Services include an integrated system of intensive and staff-secure adolescent residential treatment, foster care, adoption, and community-based mental health services, including mental health assessment, counseling, and psychiatric-supported community treatment services.

Center for Families and Children
Sharon Sobol Jordan, President and Chief Executive Officer
4500 Euclid Avenue
Cleveland, Ohio 44103.
Phone: (216) 432-7200
Fax: (216) 432-7251
www.c4fc.org

The Center for Families and Children serves more than 25,000 individuals, families, and children at 14 individual sites. Professional staff in childcare and early childhood education, counseling and mental health, youth services, and the Fathers and Families Together Program, work with people faced with family conflict, personal crisis, and severe mental illness. The Ease@Work division provides an array of work—family benefit programs to area businesses and corporations.

Children's Community Access Program
Carlton Betts, Jr., R.N.
2245 Warrensville Center Road, #50
University Heights, Ohio 44118
Phone: (216) 361-0285
Fax: (216) 361-0644
www.ccap4kids.org
Please call for information about services.

Connections: Health.Wellness.Advocacy (formerly North East Ohio Health Services)
Roknedin Safavi, M.D., Executive Director
One Commerce Park Square, Suite 400
Beachwood, Ohio 44122
Phone: (216) 831-6466
Fax: (216) 766-6084
www.neohs.org

Connections: Health.Wellness.Advocacy provides community behavioral health services to residents of Cuyahoga County. It is recognized as a quality leader and certified by the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services. A provider for the Cuyahoga County Community Mental Health Board and the Alcohol & Drug Addiction Services Board of Cuyahoga County.

Its services include mental health assessment, professional counseling for individuals and families, psychiatric treatment, nursing, as well as community psychiatric supportive treatment services (case management) for clients with severe mental illness, including psychiatric hospital liaison. Children and adolescent services, family services, as well as a geriatric clinic, residential care, comprehensive Schizophrenia Treatment Program, Driver Intervention Program, chemical dependency treatment, treatment for “dual diagnosis,” Perinatal/Women’s Program, as well as special services for the hearing impaired, are also among the established, well-recognized services.

Cuyahoga County Community Mental Health Board
140 West 25th Street, 3rd Floor
Cleveland, Ohio 44113
Phone: (216) 241-3400
www.cccmhb.org

The Elisabeth Severance Prentiss Bereavement Center
Phone: (216) 486-6838 or (800) 707-8922
Fax: (216) 481-4987
www.hospicewr.org

The Hospice of Western Reserve provides palliative end-of-life care, caregiver support, and bereavement services throughout Northern Ohio. In celebration of the individual worth of each life, we strive to relieve suffering, enhance comfort, promote quality of life, foster choice in end-of-life care, and support effective grieving.
The bereavement center’s mission is to assist the bereaved as they move through the grief process by providing support groups, education and training, consultation, bereavement counseling, and crisis response to the bereaved and those who work with them.

The following grief services are provided to schools in Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties: immediate, on-site crisis intervention services support for administrators, staff, students, and parents, which includes crisis response debriefing, staff consultation, individual counseling, group counseling, memorializing activities, and follow-up services. Classroom presentations are also provided with presentation topics that include: death is a part of life, traumatic death, anticipating a death, common grief reactions, coping with death, how to help a grieving friend.

The bereavement center also provides student grief support for both short- and long-term grief groups and long-term traumatic grief groups as well as agency-based services for school-aged children, which includes: individual grief counseling for children and teens, monthly and six-week bereavement support groups, bereavement camp, and crisis response.

The resources provided to school staff and parents by the bereavement center are staff consultation and program development. Staff training is provided on the following topics: overview of grief and loss, children’s grief reactions, supporting students through loss, grief activities for the classroom, school crisis response. Parent education is provided on the following topics: overview of grief and loss, children’s grief reactions, supporting students through loss.

Epilepsy Association
Kelley Needham, Executive Director
2831 Prospect Avenue
Cleveland, Ohio 44115
Toll free: (800) 653-4300
Phone: (216) 579-1330
Fax: (216) 579-1336
www.epilepsyinfo.org

Offers comprehensive education and social services to individuals with epilepsy and their families. For persons who have both epilepsy and mental illness, these services include case management and counseling services.

Far West Center
Helen M. (Kelly) Dylag, President
29133 Health Campus Drive
Westlake, Ohio 44145
Phone: (440) 835-6212
Fax: (440) 835-6231
www.farwestcenter.com

Far West Center is a private, nonprofit, behavioral health center serving individuals and families in western Cuyahoga County since 1976. Far West Center is accredited by JCAHO. Services include: Mental Health Assessment; Individual, Family and Group Counseling, and
Psychotherapy; Psychiatric and Medication Management; Community Psychiatric Treatment Support for individuals and groups; and Partial Hospitalization. Specialized programs include: The Family Program, offering education and support for family caregivers; The Compeer Program, building bridges of friendship between clients and volunteers; The Help for Mom Program for women at-risk of postpartum depression.

A multidisciplinary team of professionals work together to provide recovery-oriented care for persons with a severe mental illness and their families, as well as helping persons experiencing severe life stress to achieve their highest level of health and well being. To request service, call the Intake Office at (440) 835-6212. Far West Center is located on the Westlake Health Campus, 3 miles south of the I-90 Crocker—Bassett exit.

**Jewish Family Service Association**
Milton J. Schachter, President and Chief Executive Officer
Ascentia: Pathways to Community Living, The Drost Family Center
24075 Commerce Park Road
Beachwood, Ohio 44122
Phone: (216) 292-3999
Fax: (216) 292-6313
www.ascentia.org

JFSA’s Ascentia program provides integrated comprehensive services to individuals with serious mental illness and/or mental retardation and developmental disabilities, and their families.

Services include Community Support Services (case management, care coordination, peer support, assertive community treatment [ACT], and an emergency response team), Family Advocacy & Support (education, advocacy, financial and legal planning, pooled disability trust, and lifetime planning), Clinical & Therapeutic Services (medication management, nursing, health and wellness education, counseling, assessment and testing, Psychobiology Clinic, and research), Residential Services (group residences, housing development, supportive living, specialized housing, center for independent living), and Work & Recreation Services (social and recreational activities, volunteer opportunities, vocational and employment services, job coaching, and computer instruction). Services are primarily delivered in the eastern suburbs.

**Laurelwood Hospital**
35900 Euclid Avenue
Phone: (440) 953-3000
Fax: (440) 953-3344
http://www.laurelwoodhospital.com

The Laurelwood Hospital operates a for-profit facility for mental health and addictive disease services. It offers a full continuum of care, including inpatient, partial hospitalization and intensive outpatient therapy programs for mental health and addiction recovery. It also provides comprehensive services with separate programs to address the needs of children, adolescents, and adults. Outpatient services are available in Mentor and Beachwood.
Mental Health Services, Inc. (MHS)
Steve Friedman, Ph.D., Executive Director
1744 Payne Avenue
Cleveland, Ohio 44114
Phone: (216) 623-6555
Fax: (216) 623-6539
24-Hour Mental Health Emergency/Information & Referral Services for Adults and Children
(216)623-6888
www.mhs-inc.org

MHS is the provider of 24-hour-a-day, 7-day-a-week, crisis intervention services to children, adolescents, and adults in Cuyahoga County. Crisis services include information, referral and hotline services. The agency operates the Children Who Witness Violence Program for Cuyahoga County. MHS also provides countywide services to adults who are homeless, severely mentally disabled, and not linked with another agency. These services include: outreach, counseling/psychotherapy, intensive community support, medical screening, representative payee, emergency shelter, and housing programs with varying levels of support and supervision. In addition, MHS provides the following services for homeless persons with a physical or developmental disability and/or HIV/AIDS: outreach, medical screening, representative payee, and emergency shelter.

MetroHealth Center for Community Health
Behavioral Medicine
Toni Love Johnson, M.D., Director
2500 MetroHealth Drive
Cleveland, Ohio 44109
Phone: (216) 778-3745
www.metrohealth.org

The MetroHealth Medical Center provides the following mental health services: mental health assessment, individual and group behavioral health counseling and therapy, pharmacologic management, and partial hospitalization. For children: mental health assessment, pharmacologic management, and individual behavioral health counseling and therapy services are offered.

Ohio Mentor, Inc
Lisa Clark, Children’s & Mental Health Service Administrator
9800 Rockside Road, Suite 800
Valley View, Ohio 44125
Toll Free 800-249-0953
Phone 216-525-1885
Fax 216-525-1894
www.thementornetwork.com
Ohio Mentor, Inc., provides mental health services to children and adolescents, adults, and families. Services include mental health assessments, individual and group counseling/psychotherapy, community psychiatric supportive treatment services (CSPT—case management), and pharmacologic management services (medication somatic). Ohio Mentor, Inc., provides services at the office, in the home, and in the community in order to best meet the needs of the persons served.

**Positive Education Program**
Frank Fecser, Ph.D., Executive Director
The Rico F. Pallotta Building
3100 Euclid Avenue
Cleveland, Ohio 44115
Phone: (216) 361-4400
Fax: (216) 361-8600
www.pepcleve.org

Positive Education Program (PEP) helps troubled and troubling children and youth successfully learn and grow through the Re-ED approach, blending quality education and mental health services in partnership with families, schools, and communities. PEP’s programs include Day Treatment Centers that serve school-age children and youth who have been diagnosed with an emotional disturbance in an integrated educational and mental health environment. PEP’s 10 centers are located throughout Northeast Ohio and have the ability to serve children with multiple disabilities. PEP Assist is a consulting and training service provided to schools and programs designed to teach best practices for working with at-risk children.

A continuum of early childhood services include two Early Childhood (ECC), Day Care Plus, and Help Me Grow. PEP ECCs serve families with young children, from birth through kindergarten age, with serious behavioral difficulties by providing short-term educational and therapeutic services to the child and the family. Day Care Plus provides consultation services and technical assistance to childcare providers, and support for families with children experiencing difficulties in the child care setting.

PEP is a provider of Help Me Grow Ongoing Home Visiting services in Cuyahoga County. Help Me Grow provides support and services to promote the well being of children, birth to age three, who are at risk for developmental delay, abuse, or neglect. Connections a program designed to serve children and youth who have been diagnosed with a serious emotional disturbance, and are either at serious risk of removal from their families and the community, or are returning to their families and the community from placement. Connections is involved with two or more of Cuyahoga County’s child service systems, such as the Department of Children and Family Services and/or the Juvenile Court. Using a unique mix a traditional mental health services and high fidelity wraparound, PEP provides care management to children, youth, and their families through Tapestry.

Group Homes serves adolescent males who have both an emotional disturbance and a cognitive disability. Goals for clients include family reunification, identification of permanent caretakers, or transition into independent living. Through its many programs, PEP touches the lives of 3,000 children and families each year.
University Settlement
4800 Broadway Avenue
Cleveland, OH 44127
Phone: (216) 641-8948
www.universitysettlement.org

University Settlement exists to enhance the quality of life for all people within the community.

Established in 1926, by Western Reserve University (now Case Western Reserve University) as a training site for social workers, the Settlement’s original purpose was to help European immigrants adapt to their new environment. In 1936, the agency became independent of the University, and in the 1970s, redirected its efforts and created programs that strengthened families, eased hunger and homelessness, created and improved housing, and addressed the special needs of our most vulnerable citizens—children and the elderly. University Settlement takes pride in its tradition of being in the forefront in identifying human service needs, and developing quality programs to address them.

Visiting Nurse Association
Mary Lou Stricklin, Chief Executive Officer
2500 East 22nd Street
Cleveland, Ohio 44115
Intake: (216) 931-1400
Phone: (216)-931-1300
Fax: (216) 694 6379
www.vnacleveland.com

The Visiting Nurse Association (VNA) of Cleveland is a voluntary, nonprofit agency, providing quality homecare to the people of Northeast Ohio. Its nursing, rehabilitation, and home care aid services help individuals to reach optimal health by coordinating care, and instructing families to function as caregivers. Behavioral Health nursing specialists and therapists provide community-based treatment for children, adolescents, and adults with emotional, behavioral, psychiatric, and chemical dependency problems.

West Side Ecumenical Ministry
Judith Peters, President and Chief Executive Officer
5209 Detroit Avenue
Cleveland, Ohio 44102
Phone: (216) 651-2037
Fax: (216) 651-4145
www.wsem.org

Counseling Solutions is the Behavioral Health Program of West Side Ecumenical Ministry, which supports the needs of adults, adolescents, and children (age 3 and over) in Cuyahoga County who are living with mental illness or emotional disturbance. WSEM delivers mental health assessments, community psychiatric supportive treatment and behavioral health
counseling and therapy to children and adults. Psychiatric services are provided to adults as needed, in addition to talk therapy and community support. WSEM refers persons served to appropriate providers, as needed if we are unable to serve all their needs.

Counseling Solutions provides the following behavioral health services: mental health assessment to individuals pharmacologic management service to adult individuals, behavioral health counseling and therapy for individuals and groups, and community psychiatric supportive treatment for individuals and groups.

The staff consists of qualified professionals who meet the regulatory requirements of experience, education, training, skill, and competency to provide clinical services to the clients of Counseling Solutions.

Services are provided in a traditional office setting in the Counseling Solutions building, in the homes of persons served, as well as in other appropriate settings that best meet the needs of the client and the community.
Appendix E
Bibliotherapy

A section on bibliotherapy is included in this tool kit because providing information on mental health through books, videos and the electronic media can benefit youth, parents, teachers, and mental health professionals as they seek solutions to mental health issues. Research has supported bibliotherapy through studies that demonstrated improved outcomes for youth. The following list provides a sampling of some of the resources available as well as Web links to more extensive resources.

Bibliotherapy—Children’s Books About Death
Bibliotherapy is the use of books to help children cope. This list of children’s books about death is designed to help you find the best book for a child ...

www.best-childrens-books.com/childrens-books-about-death.html - 13k -

Children’s Books About Death

Culled from eight sources
These children’s books about death and dying were recommended on more than one highly regarded list.

Children’s books about death and dying

Appearing on 4 bibliotherapy booklists

- I Had a Friend Named Peter by Miriam Cohen
- Old Pig by Margaret Wild
- Tenth Good Thing about Barney by Judith Viorst
- What’s Heaven? by Maria Shriver
- When Dinosaurs Die: A Guide to Understanding Death by Laurie Krasney Brown

Appearing on 3 bibliotherapy booklists

- Accident, The by Carol Carrick
- Badger’s Parting Gifts by Susan Varley
• Fall Of Freddie the Leaf, The by Leo Buscaglia
• Goodbye Boat, The by Mary Joslin
• Goodbye Mousie by Robie H. Harris
• Grandpa's Slide Show by D. Gould
• I'll Always Love You by Hans Wilhelm
• Jim's Dog Muffin by Miriam Cohen
• Saying Goodbye to Daddy by Judith Vigna
• Saying Goodbye to Grandma by Jane Resh Thomas
• Sophie by Mem Fox
• Swan Sky by Keizaburo Tejima
• When A Pet Dies by Fred Rogers

Appearing on 2 bibliotherapy booklists

• A Gift for Abuelita: Celebrating the Day of the Dead by Nancy Leunn
• A Little Bit of Rob by Barbara J. Turner
• Abuelita's Paradise by Carmen Santiago Nodar
• Alfie and the Birthday Surprise by Shirley Hughes
• Annie and the Old One by Miska Miles
• Black Dog Who Went Into the Woods, The by Edith Thatcher Hurd
• Cat Heaven by Cynthia Rylant
• Day Chubby Became Charles, The by Achim Broger
• Emma Says Goodbye: A Child's Guide to Bereavement by Carolyn Nystrom
• Everett Anderson's Goodbye by Lucille Clifton
• Fireflies, Peach Pies & Lullabies by Virgina Kroll
• Fox Song by Joseph Bruchac
• Frog and the Birdsong by Max Velthuijs
• Goodbye Max by Holly Keller
• Grandad Bill's Song by Jane Yolen
• Happy Funeral, The by Eve Bunting
• How Do I Feel About When People Die? by Sarah Levette
• How ItFeels When a Parent Dies by Jill Krementz
• How to Live Forever by Colin Thompson
• Jasper's Day by Marjorie Blain Parker
• Let's Talk about When a Parent Dies by Elizabeth Weitzman
• Lifetimes by Bryan Mellonie and Robert Ingpen
• Molly's Rosebush by Janice Cohn
• Mustard by Charlotte Towner Graeber
• Nana Upstairs and Nana Downstairs by Tomie DePaola
• On Call Back Mountain by Eve Bunting
• Pearl's Marigolds for Grandpa by Jane Breskin Zalben
• Remembering Mum by Ginny Perkins
• Sadako and the Thousand Paper Cranes by Eleanor Coerr
• Saddest Time, The by Norma Simon
• **When Someone Dies** by Sharon Greenlee
• **You Hold Me and I'll Hold You** by Jo Carson

**Children's books about death and dying**

The books are fiction and non-fiction, picture books and mostly text. For that reason, you'll want to find out more about them to determine which is right for a particular situation.

This library locator finds the libraries nearest you.

Bibliotherapy is the use of books to help children understand and heal. On the bibliotherapy page, you can learn more and find lists of children’s books appropriate for other situations.

This list of children’s books about death was compiled by consulting some of the best bibliotherapy booklists on the subject (from the US, Britain and Canada) and finding the books that were common to more than one list.

The eight sources I consulted were:

- The Bibliotherapy Education Project at Oregon State University
- Children’s Books About Death and Dying at The Logan (Utah) Library
- Death Booklist, culled from professional listservs by librarian Nancy Keane
- El Paso (Texas) Public Library bibliotherapy booklist by librarian Laurel Indalecio
- Sensitive Issues: Death from the Seattle (Washington) Public Library
- Bereavement: A Booklist for Children and Young People from the Birmingham (UK) Public Libraries
- Children's Books About Death and Dying, Homewood (Illinois) Public Library
- Picture Books Concerning Death and Loss, Penticton (British Columbia) Public Library

Amazon search results for children’s books about death and dying. The [bibliotherapy](#) page contains more booklists.

Best Children’s Books - Find, Read or Write home page.
Bibliotherapy Bookshelf: Books to Help Young Children Cope in Today's World

When young children are experiencing difficulties in their daily lives, reading about characters with similar problems can help them cope. Experienced therapists use children's books to solve emotional problems in a technique known as "Bibliotherapy."

The list below includes some of the titles owned by Carnegie Library of Pittsburgh that may be useful for caregivers, teachers, parents, and other concerned adults working with preschool children. The titles recommended are not intended to replace professional counseling but rather to help ease the concerns and fears of young children in today's world. Not every book is available at all locations, but any title can be requested.

Please ask the children's librarian for additional titles on any topic you are interested in as new books are always being published and added to the collection.

http://www.carnegielibrary.org/kids/booknook/bibliotherapy/

Adolescent Books About Mental Health

http://www.sunnylandstrust.org/programs/programs_list.htm?cat_id=1484

Adolescent Mental Health Initiative

The Annenberg Foundation Trust at Sunnylands' Adolescent Mental Health Initiative has three primary objectives:

- Understanding the origins, paths, prevention, and treatment of adolescent mood disorders, schizophrenia, anxiety disorders, eating disorders, alcohol and drug abuse, and suicide.
- Understanding how adolescent mental health disorders can be prevented, their recurrence reduced, and their effects blunted.
- Developing effective means to communicate these insights to adolescents in need, their families, counselors, teachers, physicians, and friends.

The project convened seven commissions of mental health experts to summarize existing knowledge about adolescent mental health, identify future research priorities, and produce a volume disseminating their findings. Published by Oxford University Press, *Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don’t Know*, is a definitive guide for mental health practitioners on ways to enhance positive youth development, as well as identify and treat adolescent depression, bipolar disorder, eating disorders, anxiety disorders, schizophrenia, and alcohol and drug abuse. In addition, this Sunnylands' initiative created a mental health Website for teens and is developing 12 books—four for parents and eight for teens. The books are designed to help adolescents, parents, guidance counselors, and school health professionals deal with prevalent disorders.

These works, published by Oxford University Press, are being widely distributed to the medical community and the schools.
Related Resources & Publications

Treating and Preventing Adolescent Mental Health Disorders
What We Know and What We Don’t Know
Published: 2005

If Your Adolescent Has Depression or Bipolar Disorder: An Essential Resource for Parents
Published: 2005

If Your Adolescent Has an Anxiety Disorder: An Essential Resource for Parents
Published: 2006

Mind Race: A Firsthand Account of One Teenager’s Experience with Bipolar Disorder
Published: 2006

What You Must Think Of Me: A Firsthand Account of One Teenager’s Experience with Social Anxiety Disorder
Published: 2007

Monochrome Days: A Firsthand Account of One Teenager’s Experience with Depression
Published: 2007
Next To Nothing: A Firsthand Account of One Teenager’s Experience with an Eating Disorder
Published: 2007

- Adolescent Anxiety Disorders Commission
- Adolescent Schizophrenia Commission
- Adolescent Eating Disorders Commission
- Adolescent Substance and Alcohol Abuse Commission

- Adolescent Depression and Bipolar Disorder Commission
- Adolescent Suicide Prevention Commission
- Positive Youth Development Commission

CopeCareDeal
Mental Health Website for Adolescents
Published: 2005
Appendix F
Universal Learning Support: Search Institute Development Assets

Mission
Search Institute is an independent nonprofit organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities. To accomplish this mission, the institute generates and communicates new knowledge, and brings together community, state, and national leaders.

At the heart of the institute's work is the framework of 40 Developmental Assets, which are positive experiences and personal qualities that young people need to grow up healthy, caring, and responsible.

Search Institute Information Brochure
The Search Institute information brochure is designed as an introduction to Search Institute and the concept of 40 Developmental Assets. It contains a brief explanation of the assets, areas of work at Search Institute, the asset categories, and a listing of "25 Ways to Show Kids You Care." It can be printed out in either black-and-white or in color and is then tri-folded.

Areas of Work
1) Research—Search Institute conducts applied scientific research on positive child and adolescent development to strengthen and deepen the scientific foundations of the Developmental Assets framework. In addition, the institute studies how communities attend to young people’s developmental needs. The survey services unit offers school districts and communities comprehensive profiles of their youth based on the framework of Developmental Assets.

2) Communication—Search Institute provides a wide range of publications and practical tools to equip community and organization leaders, parents, and young people to build Developmental Assets. The resources present, interpret, and apply the institute’s research and share innovations from asset-building communities. The institute also provides information through this Web site.

3) Networking—Search Institute provides opportunities for leaders and practitioners engaged in asset building to learn from each other. These include the annual Healthy Communities • Healthy Youth National Conference, and Healthy Youth listserv, a network of state asset-building initiatives, alliances with national organizations, and related activities. With support from the Donald W. Reynolds Foundation, the institute is facilitating the formation of statewide asset-building networks in Arkansas, Nevada, and Oklahoma. The institute has also been an active partner in the formation of statewide networks in Colorado, Kansas, and Indiana.

4) Community supports—Search Institute provides limited strategic consulting and telephone technical assistance to support and learn from community asset-building

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50 Healthy Youth listserv http://www.search-institute.org/participate/subscribe.html
initiatives. A major current initiative focuses on strengthening the capacity of school communities to build Developmental Assets.

5) **Training**—Through a partnership with Vision Training Associates, Search Institute-developed training, and training of trainers is available for multiple groups in communities.

**What are Developmental Assets?**

Search Institute’s 40 Developmental Assets® are concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults.

The list below describes the 40 Developmental Assets for Adolescents (ages 12-18). Visit our page of Asset Lists for translations and lists for other age groups.

### The 40 Developmental Assets for Adolescents

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Asset Name &amp; Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXTERNAL ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Support</td>
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<tr>
<td>Family support</td>
<td>Family life provides high levels of love and support.</td>
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<tr>
<td>Positive family communication</td>
<td>Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).</td>
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<tr>
<td>Other adult relationships</td>
<td>Young person receives support from three or more nonparent adults.</td>
</tr>
<tr>
<td>Caring neighborhood</td>
<td>Young person experiences caring neighbors.</td>
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<tr>
<td>Caring school climate</td>
<td>School provides a caring, encouraging environment.</td>
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<tr>
<td>Parent involvement in schooling</td>
<td>Parent(s) are actively involved in helping young person succeed in school.</td>
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<tr>
<td>Empowerment</td>
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<tr>
<td>Community values youth</td>
<td>Young person perceives that adults in the community value youth.</td>
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<tr>
<td>Youth as resources</td>
<td>Young people are given useful roles in the community.</td>
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<tr>
<td>Service to others</td>
<td>Young person serves in the community one hour or more per week.</td>
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<tr>
<td>Safety</td>
<td>Young person feels safe at home, at school, and in the neighborhood.</td>
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<tr>
<td>Boundaries and Expectations</td>
<td>Family boundaries</td>
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<td></td>
<td>Family has clear rules and consequences, and monitors the young person’s whereabouts.</td>
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</table>

**INTERNAL ASSETS**

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<thead>
<tr>
<th>Commitment to Learning</th>
<th>Achievement motivation</th>
<th>Young person is motivated to do well in school.</th>
<th>School engagement</th>
<th>Young person is actively engaged in learning.</th>
<th>Homework</th>
<th>Young person reports doing at least one hour of homework every school day.</th>
<th>Bonding to school</th>
<th>Young person cares about her or his school.</th>
<th>Reading for pleasure</th>
<th>Young person reads for pleasure three or more hours per week.</th>
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</thead>
<tbody>
<tr>
<td>Positive Values</td>
<td>Caring</td>
<td>Young person places high value on helping other people.</td>
<td>Equality and social justice</td>
<td>Young person places high value on promoting equality and reducing hunger and poverty.</td>
<td>Integrity</td>
<td>Young person acts on convictions and stands up for her or his beliefs.</td>
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<tr>
<td><strong>Honesty</strong></td>
<td>Young person &quot;tells the truth even when it is not easy.&quot;</td>
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<td><strong>Responsibility</strong></td>
<td>Young person accepts and takes personal responsibility.</td>
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<td><strong>Restraint</strong></td>
<td>Young person believes it is important not to be sexually active or to use alcohol or other drugs.</td>
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<tr>
<td><strong>Social Competencies</strong></td>
<td><strong>Planning and decision making</strong></td>
<td>Young person knows how to plan ahead and make choices.</td>
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<tr>
<td><strong>Interpersonal competence</strong></td>
<td>Young person has empathy, sensitivity, and friendship skills.</td>
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<td><strong>Cultural competence</strong></td>
<td>Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</td>
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<td><strong>Resistance skills</strong></td>
<td>Young person can resist negative peer pressure and dangerous situations.</td>
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<td><strong>Peaceful conflict resolution</strong></td>
<td>Young person seeks to resolve conflict nonviolently.</td>
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<td><strong>Positive Identity</strong></td>
<td><strong>Personal power</strong></td>
<td>Young person feels he or she has control over &quot;things that happen to me.&quot;</td>
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<td><strong>Self-esteem</strong></td>
<td>Young person reports having a high self-esteem.</td>
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<td><strong>Sense of purpose</strong></td>
<td>Young person reports that &quot;my life has a purpose.&quot;</td>
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<td><strong>Positive view of personal future</strong></td>
<td>Young person is optimistic about her or his personal future.</td>
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This list is an educational tool. It is not intended to be, nor is it appropriate, as a scientific measure of the developmental assets of individuals. Copyright © 1997, 2007 by Search Institute. All rights reserved. This chart may be reproduced for educational, noncommercial use only (with this copyright line). No other use is permitted without prior permission from Search Institute, 615 First Avenue N.E., Suite 125, Minneapolis, MN 55413; 800-888-7828. See Search Institute's Permissions Guidelines and Request Form. The following are registered trademarks of Search Institute: Search Institute®, Developmental Assets® and Healthy Communities • Healthy Youth®.
Appendix G
Student Support Services Checklist

A brief checklist that can be helpful in determining the services you have or do not have, to address student barriers to learning. Check ☐ yes or ☐ no and then add any helpful comments about services you want to review, improve, or add.

PROGRAMS TO ADDRESS BARRIERS TO LEARNING:

DOES YOUR SCHOOL HAVE PROGRAMS OR SERVICES:

☐ TO IMPROVE SCHOOL CLIMATE?
  □ Yes  □ No
  • Comments:________________________________________

☐ TO IMPROVE STUDENT BEHAVIOR?
  □ Yes  □ No
  • Comments:________________________________________

☐ TO IMPROVE STUDENT MENTAL HEALTH?
  □ Yes  □ No
  • Comments:________________________________________
    o Mental Health Service from a Community Agency
      □ Yes  □ No
    • Comments:________________________________________

☐ TO ADDRESS THREATS OF VIOLENCE?
  □ Yes  □ No
  • Comments:________________________________________

☐ TO ADDRESS SUICIDE IDEATION?
  □ Yes  □ No
  • Comments:________________________________________

☐ TO IMPROVE POSITIVE YOUTH DEVELOPMENT?
  □ Yes  □ No
  • Comments:________________________________________

☐ TO IMPROVE SERVICE COORDINATION?
  □ Yes  □ No
  • Comments:________________________________________
○ TO IMPROVE COMMUNITY ENGAGEMENT
  □ Yes □ No
  • Comments:__________________________________________

○ TO IMPROVE SAFETY & SECURITY?
  □ Yes □ No
  • Comments:__________________________________________

○ TO HELP PARENTS ADDRESS BARRIERS TO LEARNING?
  □ Yes □ No
  • Comments:__________________________________________

○ FOR STAFF PROFESSIONAL DEVELOPMENT TO ADDRESS BARRIERS TO LEARNING?
  □ Yes □ No
  • Comments:__________________________________________

INTERNAL SERVICES AVAILABLE

SERVICE COORDINATION
  _____INTERVENTION ASSISTANCE TEAMS (IAT)
  _____INTERVENTION BASED ASSESSMENT TEAMS (IBA)
  _____RESOURCE-ORIENTED TEAMS
  _____BUILDING LEADERSHIP TEAMS
  _____INTEGRATED SYSTEMS MODEL TEAM (ISM)
  _____OTHER

COMMENTS:

INTERNAL SUPPORT STAFF AVAILABLE
  _____SCHOOL PSYCHOLOGIST
  _____SCHOOL NURSE
  _____SCHOOL COUNSELOR
  _____SCHOOL SOCIAL WORKER
  _____PARENT LIAISON
  _____SPECIAL EDUCATION SERVICES:
    _____SPEECH THERAPIST
    _____OCCUPATIONAL THERAPIST
    _____PHYSICAL THERAPIST
    _____INTERVENTION SPECIALIST
    _____OTHER
COMMENTS:

SCHOOL-BASED COMMUNITY SERVICES AVAILABLE:

_____ MENTAL HEALTH SERVICES
_____ DRUG & ALCOHOL SERVICES
_____ CHILD NEGLECT & ABUSE SERVICES
_____ SAFETY & SECURITY SERVICES
_____ FAITH BASED ORGANIZATIONS
_____ OTHER

COMMENTS:

NOTES:
Appendix H
Prevention Initiatives Committee (PIC), Family and Children First Council (FCFC)
Schools/Mental Health Subcommittee
ROSTER
Chair: Terri Oldham

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Appendix I
North East Action Network (NEAN) Tool Kit Committee

ROSTER
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Winter/Spring 2006

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## Appendix J

**MACSIS Diagnosis Data, CCCMHB, Under Age 18, Billing Data**
(Ranked on number in 2006)

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>2006</th>
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<tbody>
<tr>
<td></td>
<td>Under 18</td>
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<tr>
<td>Non-psychotic</td>
<td>4,566</td>
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<td>Adjustment problems</td>
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<td>Conduct disorder</td>
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<td>Childhood disorder</td>
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<tr>
<td>Other diagnoses</td>
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<tr>
<td>Major affective disorder</td>
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<tr>
<td>Other psychoses</td>
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<tr>
<td>Schizophrenia</td>
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<tr>
<td>Mental retardation</td>
<td>28</td>
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<tr>
<td>Drug/alcohol</td>
<td>27</td>
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<tr>
<td>Personality disorder</td>
<td>22</td>
</tr>
<tr>
<td>Organic psychosis</td>
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<tr>
<td><strong>Total</strong></td>
<td>12,557</td>
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