



2021 SCHOOL-BASED BEHAVIORAL HEALTH SERVICES SUMMARY REPORT



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Data Source: NAMI.org

Summary of Findings

The Ohio Council of Behavioral Health and Family Services Providers has surveyed members to gather data on school-based services and partnerships since 2017. In the past four years, the prevalence of providers in school-settings has increased significantly. In 2017, 36 community behavioral health provider organizations reported delivering school-based behavioral health services in more than 200 school districts and over 1,160 school buildings across Ohio. At the time that number represented approximately one-third of Ohio's school buildings. **In our most recent survey, conducted in February 2021, 76 community behavioral health provider organizations reported delivering school-based services in 710 school districts, ESCs, alternative, private, and charter schools and over 2,800 school buildings across the state.** In four years, the number of buildings receiving services more than doubled and community behavioral health provider organizations are now reaching approximately 73% of the schools in Ohio.

Growth in School-Based Services

Community behavioral health providers offered services to students in an additional 224 buildings across the state, representing a 9% increase from the previous year. This is despite disruptions and a myriad of school schedules resulting from the global pandemic. The continued growth is indication of the strong partnerships that community behavioral health organizations have developed with school districts over the past four years. **80% of community providers reported being involved in general planning activities with school partners and two-thirds are organizational members of the school district's planning team.** These partnerships are in the best interest of the students, the community, and schools because they allow access to services that are not always available otherwise and extend beyond the traditional school day and school year.

The Importance of School-Community Provider Partnerships

The availability of behavioral health services in schools has continued to increase and will be a critical asset to support students as need and demand for mental health service is accelerating due to the impact of COVID-19. According to the U.S. Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Approximately 60% of students do not receive the treatment they need due to stigma and lack of access to services. Of those who do get help, nearly two thirds do so only in school. A recent report by [FAIR Health](#) found that mental health visits doubled between March and April 2020 compared to 2019 while medical appointment declined by 50% as a result of the COVID-19 pandemic. Additionally, the same report found that for youth ages 13-18, anxiety disorders increased by 93.6% as a percentage of all medical claims in April 2020 compared to April 2019, major depression increased by 83.9%, and adjustment disorders increased by 89.7%. Meeting the full continuum of needs for students is best achieved through partnerships with community-based providers who can build relationships with children and families in the school and offer additional support in the community once rapport is established. This model not only reduces gaps and potential redundancy in care, but also reduces confusion for families and offers support beyond school hours.

Behavioral Health Workforce Shortage

The shortage in the behavioral health workforce is a national issue limiting access to treatment across the country and in all settings amidst an opiate epidemic and during a time of unprecedented suicides. The global pandemic has only increased the demand for behavioral healthcare treatment. Additionally, the pandemic has impacted community providers school-staffing as schools were providing virtual learning or hybrid options for a significant portion of the last year. Of the 76 organizations who

responded to the survey, 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams. Although school partnerships are extremely important and valuable, schools are also one of the top competitors in hiring behavioral health workforce. Based on survey responses, 43% of organizations reported schools as one of their top competitors for staff with salary and schedule being the top reasons school-based staff leave community-based behavioral health organizations. Separately, almost 40% of provider organizations reported schools directly recruited and hired staff from their organizations. More must be done to further explore workforce issues to respond to rising demand and needs for social-emotional supports and services needed in school and communities.

Student Wellness and Success Funds

Ohio has historically supported school-based behavioral health services, including through budget investments like the Student Wellness and Success funding. According to the December 2020 Ohio Department of Education [Student Wellness and Success Fund Survey Data Report](#), school districts reported mental health services as the most popular use of these funds and 404 school districts reported partnering with community-based mental health providers. Based on provider report in our survey, there was a 55% increase in the number of organizations providing services in schools directly attributed to these funds. The Student Wellness and Success funding is an important investment to help the continued growth of behavioral health services in schools. Providing school-based behavioral health services has been shown to reduce barriers to accessing services and create safer school environments. Additionally, students are more likely to seek services voluntarily when services are available in school.

Recommendations

Ohio schools and community behavioral health providers have continued to increase the availability of behavioral health services in schools over the past four years. Continuing to build on the existing infrastructure through partnerships with community-based providers and expanding services in schools is the most effective way to provide prevention and treatment services to Ohio's youth. Given the increased demand for services caused by the pandemic, we must further expand school-based behavioral health services, leveraging school and community partnerships by:

- Providing a stable funding source specifically for prevention, consultation, early intervention, and treatment services in schools and timely referrals to community treatment services.
- Implementing the ODE Whole Child Framework to further expanding partnerships between schools and community behavioral health organizations to support social-emotional development, routinely offer prevention programming, provide mental health and addiction services, and increase coordination of care through regular communication between schools, families, and behavioral health providers.
- Investing in the community-behavioral health workforce by establishing funding for tuition reimbursement and/or loan forgiveness programs.
- Increasing school-based screening efforts to identify youth with mental health and substance abuse needs and provide them with the resources they need as required by Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the Individuals with Disabilities Education Act (IDEA) and Americans with Disabilities Act (ADA).
- Targeting prevention programs to youth who have risk factors, such as ADHD, anxiety, and depression, and have a family history of mental illness or substance use disorders.
- Providing education to families, schools, and providers on federal insurance parity to support access to treatment services in schools for children with mental, emotional, and behavioral conditions.

School-Community Based Provider Partnership Data

Community Behavioral Health Centers (CBHC) Responding: 76

Number of School Districts, ESCs, Alternative, Private, & Charter Schools Served: 710

Number of School Buildings with School-Based BH Services: 2,827

- Elementary: 1,269
- MS: 743
- HS: 672
- ESC/Other: 143

Types of Services Available in Schools (n=76 CBHCs)

- 61 CBHCs reported offering ALL LEVELS of services (prevention, consultation, and treatment) in school-based programs. Services provided are customized based on the needs of the building.
- 73 CBHCs offer PREVENTION services through their school-based school partnerships.
 - 57 offer universal interventions, 50 offer staff support, 48 offer selected interventions, 43 offer parent support, 41 offer targeted interventions and 20 offer peer support services.
- 68 CBHCs offer CONSULTATION services to schools.
 - 64 organizations reported offering student-specific consultation. 60 offer consultation to teachers, and 55 reported offering classroom level consultation.
- 67 CBHCs offer TREATMENT Services in school settings.
 - Individual Counseling, Assessment, CPST/TBS, and Crisis Services were again the most frequently reported treatment services.
- 68 CBHCs COLLABORATE with the schools in a variety of planning endeavors.
 - 61 organizations are involved in general planning, 60 organizations are involved in planning to engage families in their behavioral health needs, 57 organizations are involved in planning the social and emotional learning strategies for students, and 50 organizations are members of the school districts' planning team.

Top 3 most frequently requested services in school-based programs:

- Individual Counseling
- Prevention services (all levels)
- Consultation

Funding for School-Based Behavioral Health Services:

- 63 organizations reported payment for treatment services using the community BH Medicaid program and 4 reported using the Medicaid School program.
- 38 provider organizations reported billing commercial insurance.
- 61 organizations reported using ADAMH Board funds to pay for school based BH services.

- 36 organizations reported relying on grant or foundation funding for services delivered in schools.
- 53 provider organizations reported having a school contract or MOU for a specified number of hours or personnel.
- 31 organizations reported Student Wellness and Success Funds were used to pay for school-based services.

School-based providers report utilizing a variety of evidenced-based prevention curricula in schools. Below is a table of the most used programs.

Prevention Curriculum	Number of Providers Implementing in Schools
Signs of Suicide Prevention Program	33
Botvin Lifeskills Training	27
PAX Tools	20
Therapeutic Crisis Intervention (CPI)	13
Keepin' it REAL	5
Olweus Bullying Prevention Program	4
Say Something	3
Creating Lasting Family Connections	2
Other:	51
The most used other curricula include: Too Good for Drugs (12), Project ALERT (5), Too Good for Violence (4), Zones of Regulation (5), Safety First (3), QPR (3), and COPE2Thrive (2).	

Workforce shortage

- 29 organizations reported a total of 84.6 FTEs have been hired by schools or ESCs in their service area.
- 47 organizations reported a total of 234.25 FTEs needed to fully staff their school-based teams.

Workforce turnover rates (75 providers responded)

- 30 organizations reported turnover rates of 10% or less
- 19 organizations reported turnover rates of 11-20%
- 12 organizations reported turnover rates of 21-30%
- 8 organizations reported turnover rates of 31-40%
- 4 organizations reported turnover rates of 41-50%
- 2 organizations reported turnover rates of 51-50%

Behavioral Health providers report their top 3 competitors for school-based staff are:

1. Other Community Behavioral Health Providers (48 reported)
2. Private Practice (35 reported)
3. Schools (33 reported)

The top 2 reasons staff leave are:

1. Salary (58 reported)
2. Schedule (19 reported)

Schools/School Districts Identified as RECEIVING School-Based Behavioral Health Services

<u>School/School District</u>	<u>BH Provider Organization</u>
A Plus Children's Academy	The Heritage of Hannah Neil
ACLD School	Alta Care Group, Inc.
Ada Exempted Village Schools	Family Resource Center
Adena Local Schools	Integrated Services for Behavioral Health
Akron Public Schools	CHC Addiction Services
	Child Guidance & Family Solutions
	Greenleaf Family Center
	Red Oak Behavioral Health
Alliance City Schools	Child and Adolescent Behavioral Health
	CommQuest Services
	OhioGuidestone
Alpha - Perry County	Integrated Services for Behavioral Health
Amanda Clearcreek Local Schools	New Horizons Mental Health Services
	The Recovery Center
Archbishop Hoban High School	Greenleaf Family Center
Archbold Area Schools	Maumee Valley Guidance Center
Ashland City Schools	Appleseed Community Mental Health Center, Inc.
	Ashland County Council on Alcoholism & Drug Abuse
Ashland County Community Academy	Appleseed Community Mental Health Center, Inc.
Ashland County West-Holmes Career Center	Appleseed Community Mental Health Center, Inc.
Ashtabula Area City Schools	Community Counseling Center
Ashtabula County Technical and Career Campus	Community Counseling Center
Athens City School District	Boundless
Auburn Career Center	Crossroads Health
Aurora City Schools	Children's Advantage
	Townhall II
Austintown School District	Alta Care Group, Inc.
Avon Lake City School District	The LCADA Way
Avon Local School District	The LCADA Way
Ayersville Local Schools	Maumee Valley Guidance Center
Barberton City Schools	CHC Addiction Services
	Child Guidance & Family Solutions
	Greenleaf Family Center
	Red Oak Behavioral Health
Batavia Local Schools	Child Focus
Bay Village City Schools	Recovery Resources
Beachwood City Schools	Positive Education Program
Beaver Local Schools	Family Recovery Center
Beaver Local Schools	The Counseling Center of Columbiana County

<u>School/School District</u>	<u>BH Provider Organization</u>
Beavercreek City Schools	TCN Behavioral Health Services
Bedford City School District	Beech Brook
Bellaire School District	Southeast Healthcare
Bellbrook-Sugarcreek Local Schools	TCN Behavioral Health Services
Bellefontaine City Schools	TCN Behavioral Health Services
Belmont Career Center	Southeast Healthcare
Benjamin Logan Local Schools	TCN Behavioral Health Services
Benton-Carroll Salem Schools	Bayshore Counseling Services
Berea City Schools	OhioGuidestone
Berne Union Local Schools	OhioGuidestone
Berne Union Local Schools	The Recovery Center
Bethel-Tate Local Schools	Child Focus
Bexley City Schools	Nationwide Children's Hospital
	Boundless
	OhioGuidestone
	Recovery & Prevention Resources of Delaware and Morrow Counties
	Syntero, Inc.
Big Walnut Local Schools	Townhall II
Bio-Med Science Academy	AllWell Behavioral Health Services
Bishop Fenwick Rosecrans	OhioGuidestone
Black River Academy	OhioGuidestone
Black River Local Schools	OhioGuidestone
	New Horizons Mental Health Services
	The Recovery Center
Bloom Carroll Local Schools	Alta Care Group, Inc.
Boardman School District	Meridian Healthcare
Boardman School District	Family Resource Center
Botkins Local Schools	Children's Resource Center
Bowling Green City Schools	Positive Education Program
Brecksville-Broadview Heights City Schools	Red Oak Behavioral Health
Bridgeport Exempted Village Schools	Southeast Healthcare
Bristol Local Schools	Family & Community Services, Inc.
Brooklyn City Schools	OhioGuidestone
Brown Local School District	Community Mental Health
	OhioGuidestone
	Positive Education Program
Brunswick City Schools	Maumee Valley Guidance Center
	Coleman Professional Services
	Community Counseling Center
	OhioGuidestone
Buckeye Local Schools	Boundless
Buckeye Valley Local Schools	

<u>School/School District</u>	<u>BH Provider Organization</u>
	Recovery & Prevention Resources of Delaware and Morrow Counties
	Syntero, Inc.
Building Bridges	Community Counseling Center
Caldwell EVSD	AllWell Behavioral Health Services
Cambridge City Schools	AllWell Behavioral Health Services
Campbell School District	Alta Care Group, Inc.
	Boundless
	Nationwide Children's Hospital
Canal Winchester Local Schools	OhioGuidestone
	Alta Care Group, Inc.
Canfield Local Schools	Family & Community Services, Inc.
	Child and Adolescent Behavioral Health
Canton City Schools	CommQuest Services
Canton Local Schools	CommQuest Services
	Boundless
	National Youth Advocate Program
	Maryhaven, Inc.
	Recovery & Prevention Resources of Delaware and Morrow Counties
Cardington-Lincoln Local Schools	Syntero, Inc.
Carrollton Exempted Village School District	Community Mental Health
Carter Center for Educational Excellence	Child Focus
Cascade Career Preparatory	OhioGuidestone
Case Preparatory Academy	Red Oak Behavioral Health
Cedar Cliff Local Schools	TCN Behavioral Health Services
Centerville City Schools	South Community
Central Local Schools	Maumee Valley Guidance Center
Chardon City Schools	Beech Brook
Chillicothe City Schools	Integrated Services for Behavioral Health
	Anazao Community Partners
Chippewa Local Schools	Greenleaf Family Center
	Child Focus
	eXclusive Services
	Greater Cincinnati Behavioral Health Services
	St. Joseph Orphanage
	Talbert House
	The Children's Home
Circleville City Schools	Boundless
Claymont City Schools	OhioGuidestone
Clearfork Valley Local Schools	Catalyst Life Services
Clearview Local School District	Applewood Centers, Inc.

<u>School/School District</u>	<u>BH Provider Organization</u>
	The LCADA Way
Clermont Educational Collaborative South	Child Focus
Clermont Northeastern Local Schools	Child Focus
	The Children's Home
Cleveland Central Catholic	Bellefaire JCB
Cleveland Heights City Schools	Positive Education Program
Cleveland Metropolitan School District	Applewood Centers, Inc.
	Beech Brook
	Bellefaire JCB
	Murtis Taylor Human Services System
	National Youth Advocate Program
	OhioGuidestone
	Recovery Resources
College Hill Fundamental Academy	Greater Cincinnati Behavioral Health Services
Columbia Local Schools	Applewood Centers, Inc.
	Positive Education Program
Columbiana Exempted Village School District	Family Recovery Center
Columbus City Schools	Community for New Direction
	Directions for Youth and Families
	National Youth Advocate Program
	Nationwide Children's Hospital
	North Community Counseling Centers
	Southeast Healthcare
Conneaut Area City Schools	Community Counseling Center
Constellation Schools	Bellefaire JCB
	OhioGuidestone
Copley-Fairlawn City Schools	CHC Addiction Services
	Child Guidance & Family Solutions
	Greenleaf Family Center
Coshocton City Schools	AllWell Behavioral Health Services
	Coshocton Behavioral Health Choices
Coshocton Career Center	AllWell Behavioral Health Services
Coventry Local Schools	Greenleaf Family Center
Crestview Local School District	Appleseed Community Mental Health Center, Inc.
	Ashland County Council on Alcoholism & Drug Abuse
	Family Recovery Center
	The Counseling Center of Columbiana County
Crestwood Local Schools	Children's Advantage
	Townhall II
Cuyahoga County Schools	Positive Education Program
Cuyahoga Falls City Schools	CHC Addiction Services
	Child Guidance & Family Solutions

<u>School/School District</u>	<u>BH Provider Organization</u>
	Greenleaf Family Center
Cuyahoga Heights City School District	Applewood Centers, Inc.
	Anazao Community Partners
Dalton Local Schools	The Counseling Center of Wayne & Holmes Counties
Deer Park Community City Schools	The Children's Home
Delaware Area Career Center	Maryhaven, Inc.
	Boundless
	Recovery & Prevention Resources of Delaware and Morrow Counties
Delaware City Schools	Syntero, Inc.
Delphos City Schools	Westwood Behavioral Health Center
	Community Mental Health
Dover City Schools	OhioGuidestone
	Boundless
Dublin City Schools	Syntero, Inc.
Early College Schools	OhioGuidestone
	Bellefaire JCB
East Cleveland City Schools	OhioGuidestone
East Holmes Local Schools	Anazao Community Partners
East Knox Local Schools	Boundless
East Liverpool City Schools	Family Recovery Center
	Family Recovery Center
East Palestine City Schools	The Counseling Center of Columbiana County
Eastland/Fairfield Career Centers	New Horizons Mental Health Services
Eastwood Local School District	Children's Resource Center
Eaton Community Schools	South Community
Edgerton Local Schools	Maumee Valley Guidance Center
Edon Northwest Local Schools	Maumee Valley Guidance Center
EHOVE Career Center	Bayshore Counseling Services
	Children's Resource Center
Elmwood Local School District	Family Resource Center
	Applewood Centers, Inc.
	Beech Brook
	OhioGuidestone
Elyria City School District	The LCADA Way
Elyria Community Schools	OhioGuidestone
Emerson Academy	Samaritan Behavioral Health, Inc.
	Bellefaire JCB
	OhioGuidestone
	Positive Education Program
Euclid City Schools	Recovery Resources
Evergreen Local Schools	Maumee Valley Guidance Center

<u>School/School District</u>	<u>BH Provider Organization</u>
Fairbanks Local School District	Maryhaven, Inc.
Fairborn City Schools	TCN Behavioral Health Services
Fairfield City Schools	St. Joseph Orphanage
Fairfield County ESC	New Horizons Mental Health Services
Fairlawn Local Schools	Family Resource Center
Fairport Harbor Schools	Crossroads Health
Fairview Park City Schools	OhioGuidestone
Fayette Local Schools	Maumee Valley Guidance Center
Fayetteville-Perry Schools	Child Focus
Felicity-Franklin Local Schools	Child Focus
Field Local Schools	Children's Advantage
	Coleman Professional Services
	Family & Community Services, Inc.
	Family Resource Center
Findlay City Schools	Family Resource Center
Firelands Local Schools	The LCADA Way
Forest Hills School District	Child Focus
Fort Loramie Local Schools	Family Resource Center
Fostoria City Schools	Family Resource Center
Foundations Academy	Catalyst Life Services
Foxfire Schools	Muskingum Behavioral Health
Franklin Local School District	New Horizons Mental Health Services
Gahanna Jefferson Public School District	Boundless
	Concord Counseling Services
Galion City Schools	Boundless
Gallia County Local Schools	Field of Hope Community Campus
Gamble Montessori Schools	Greater Cincinnati Behavioral Health Services
Garaway Local Schools	OhioGuidestone
Garfield Heights City School District	Children's Advantage
	Applewood Centers, Inc.
	Beech Brook
	OhioGuidestone
Geauga Local Schools	Positive Education Program
Geneva Area City Schools	Community Counseling Center
Genoa Area Local Schools	National Youth Advocate Program
	OhioGuidestone
Georgetown Exempted Village Schools	Child Focus
Gladden Community House	Integrated Services for Behavioral Health
Goshen Local School District	Child Focus
	Greater Cincinnati Behavioral Health Services
Graham Local Schools	TCN Behavioral Health Services
Grand Valley Local Schools	Community Counseling Center

<u>School/School District</u>	<u>BH Provider Organization</u>
Grandview Heights Schools	Syntero, Inc.
Grant Career Center	Child Focus
Granville Exempted Village Schools	Boundless
	OhioGuidestone
Great Oaks Career Campus	Child Focus
	The Children's Home
Green Local Schools	Child Guidance & Family Solutions
	Greenleaf Family Center
	Shawnee Family Health Center
Greeneview Local Schools	TCN Behavioral Health Services
Groveport Madison Local School District	Boundless
	Concord Counseling Services
Hamilton City Schools	Community First Solutions
	St. Joseph Orphanage
Hamilton County ECS Head Start	The Children's Home
Hamilton Local Schools	Boundless
	OhioGuidestone
Hancock County Schools	Family Resource Center
Hardin Northern Schools	Family Resource Center
Hardin-Houston Local Schools	Family Resource Center
Harrison County Career Center	Southeast Healthcare
Highland Local Schools	OhioGuidestone
	Recovery & Prevention Resources of Delaware and Morrow Counties
	Syntero, Inc.
Hilliard City School District	Boundless
	Syntero, Inc.
Hillsdale Local School District	Appleseed Community Mental Health Center, Inc.
	Ashland County Council on Alcoholism & Drug Abuse
Hoban High School	Red Oak Behavioral Health
Hopewell Schools	Coshocton Behavioral Health Choices
Howland Local Schools	Family & Community Services, Inc.
Huber Heights City Schools	South Community
Hudson City Schools	Child Guidance & Family Solutions
	Greenleaf Family Center
Huntington Local Schools	Integrated Services for Behavioral Health
Huron City Schools	Bayshore Counseling Services
Imagine Charter School	Red Oak Behavioral Health
Immaculate Conception Catholic School	OhioGuidestone
Indian Creek Local School District	Coleman Professional Services
Indian Lake Local Schools	TCN Behavioral Health Services
Indian Valley Local Schools	OhioGuidestone

<u>School/School District</u>	<u>BH Provider Organization</u>
Jackson Center Local Schools	Family Resource Center
Jackson Milton School District	Alta Care Group, Inc.
Jackson Schools	CommQuest Services
James A. Garfield Local Schools	Greenleaf Family Center
	Townhall II
Jefferson Area Local Schools	Community Counseling Center
	OhioGuidestone
	Signature Health Inc.
Joint Vocational Schools	OhioGuidestone
Kent City Schools	Children's Advantage
	Coleman Professional Services
	Greenleaf Family Center
	Townhall II
Kenton City Schools	Family Resource Center
Kettering City Schools	South Community
Keystone Local School District	Bellefaire JCB
	The LCADA Way
Kids Care Elementary	The Heritage of Hannah Neil
KIPP Academy Columbus	Nationwide Children's Hospital
	OhioGuidestone
Kirtland Local Schools	Crossroads Health
Knox County Schools	Alcohol & Drug Freedom Center of Knox County
Lake Catholic Schools	Crossroads Health
Lake Local Schools	Child and Adolescent Behavioral Health
	Children's Resource Center
	Positive Education Program
Lakewood City Schools	Bellefaire JCB
	OhioGuidestone
	Positive Education Program
Lakewood Local Schools	Boundless
	Recovery Resources
Lakota Schools	Family Resource Center
Lancaster City Schools	Boundless
	New Horizons Mental Health Services
	OhioGuidestone
	The Recovery Center
Leetonia Exempted Village Schools	Family Recovery Center
Leetonia Local Schools	The Counseling Center of Columbiana County
Leona Group Charter School	Harbor
Lexington Local Schools	Catalyst Life Services
Liberty Center Local Schools	Maumee Valley Guidance Center
Liberty Preparatory School	Anazao Community Partners

<u>School/School District</u>	<u>BH Provider Organization</u>
	New Horizons Mental Health Services
Liberty Union-Thurston Local Schools	The Recovery Center
Licking Heights Local School District	Boundless
Lincolnview Local Schools	Westwood Behavioral Health Center
	Family Recovery Center
Lisbon Exempted Village Schools	The Counseling Center of Columbiana County
Lockland School District	St. Joseph Orphanage
Logan-Hocking School District	Boundless
London City Schools	Mental Health Services for Clark & Madison Counties
	Applewood Centers, Inc.
	Beech Brook
	Bellefaire JCB
	National Youth Advocate Program
	OhioGuidestone
	Positive Education Program
Lorain City Schools	The LCADA Way
	Bellefaire JCB
Lorain Community School	OhioGuidestone
Lorain County Schools	The Nord Center
Lorain ESC	Positive Education Program
Lorain Preparatory	OhioGuidestone
	Appleseed Community Mental Health Center, Inc.
Loudonville-Perrysville Exempted Village Schools	Ashland County Council on Alcoholism & Drug Abuse
Louisville Schools	CommQuest Services
Loveland City Schools	The Children's Home
Lowellville School District	Alta Care Group, Inc.
	Catalyst Life Services
Lucas Local Schools	New Concepts
Mad River Local Schools	Samaritan Behavioral Health, Inc.
	Catalyst Life Services
	Crossroads Health
Madison Local Schools	Talbert House
Mahoning County Career and Technical Center	Alta Care Group, Inc.
Manchester Local Schools	Child Guidance & Family Solutions
	Greenleaf Family Center
Mansfield City Schools	Catalyst Life Services
Maple Heights City School District	Applewood Centers, Inc.
	Appleseed Community Mental Health Center, Inc.
Mapleton Local School District	Ashland County Council on Alcoholism & Drug Abuse
Maplewood Career Center	Children's Advantage
Maplewood Local Schools	Family & Community Services, Inc.
Mariemont City Schools	Child Focus

<u>School/School District</u>	<u>BH Provider Organization</u>
	Boundless
Marion City Schools	OhioGuidestone
Marlington Local Schools	Child and Adolescent Behavioral Health
Martins Ferry Local School District	Southeast Healthcare
	Boundless
Marysville Exempted Village School District	Maryhaven, Inc.
	Child and Adolescent Behavioral Health
Massillon City Schools	CommQuest Services
Maumee City Schools	Harbor
Mayfield City Schools	Bellefaire JCB
Maysville	AllWell Behavioral Health Services
McDonald Local Schools	Family & Community Services, Inc.
Mechanicsburg Local Schools	TCN Behavioral Health Services
	Bellefaire JCB
	OhioGuidestone
Medina City Schools	Positive Education Program
Mentor City Schools	Crossroads Health
Miami Valley Career Technology Center	Samaritan Behavioral Health, Inc.
Miamisburg City Schools	South Community
Mid-East Career and Technology Center	AllWell Behavioral Health Services
	Bellefaire JCB
Midview Local Schools	The LCADA Way
	Child Focus
Milford Exempted Village Schools	The Children's Home
Millcreek-West Unity Local Schools	Maumee Valley Guidance Center
Milton Union Local Schools	Samaritan Behavioral Health, Inc.
Minerva Local Schools	CommQuest Services
Minster Local Schools	Family Resource Center
	CHC Addiction Services
	Greenleaf Family Center
	Red Oak Behavioral Health
Mogadore Local Schools	Townhall II
Montgomery County ESC	South Community
Montpelier Exempted Village Schools	Maumee Valley Guidance Center
Morgan Local	AllWell Behavioral Health Services
	Maryhaven, Inc.
	Recovery & Prevention Resources of Delaware and Morrow Counties
Mount Gilead Exempted Village School District	Syntero, Inc.
Mount Healthy City Schools	The Children's Home
	Alcohol & Drug Freedom Center of Knox County
Mount Vernon City Schools	Boundless

<u>School/School District</u>	<u>BH Provider Organization</u>
Muskingum County	AllWell Behavioral Health Services
Napoleon City Schools	Maumee Valley Guidance Center
New Albany-Plain Local Schools	Concord Counseling Services
New Boston Local Schools	Shawnee Family Health Center
New Bremen Local Schools	Family Resource Center
New Knoxville Local Schools	Family Resource Center
New Lebanon Local Schools	South Community
New Lexington City Schools	AllWell Behavioral Health Services
New Philadelphia City Schools	Community Mental Health
	OhioGuidestone
New Richmond Exempted Village Schools	Child Focus
	Greater Cincinnati Behavioral Health Services
Newark City Schools	Boundless
Newcomerstown Exempted Village Schools	OhioGuidestone
Niles City Schools	Meridian Healthcare
Nordonia City Schools	CHC Addiction Services
	Greenleaf Family Center
North Baltimore Local Schools	Children's Resource Center
North Canton Schools	CommQuest Services
North Central Local Schools	Maumee Valley Guidance Center
North College Hill City Schools	St. Joseph Orphanage
North Fork Local Schools	New Horizons Mental Health Services
North Olmsted City School District	Beech Brook
North Ridgeville City School District	The LCADA Way
North Royalton City Schools	Positive Education Program
North Union Schools	OhioGuidestone
Northeastern Local Schools	Maumee Valley Guidance Center
Northern Local	AllWell Behavioral Health Services
Northmont City Schools	South Community
Northmor Local Schools	Boundless
	Maryhaven, Inc.
	Recovery & Prevention Resources of Delaware and Morrow Counties
	Syntero, Inc.
Northridge Local Schools	New Horizons Mental Health Services
Northwest Local Schools	Greenleaf Family Center
	Shawnee Family Health Center
	The Children's Home
Northwestern Local Schools	Anazao Community Partners
Northwood Local School District	Children's Resource Center
Norton City Schools	Greenleaf Family Center
	Red Oak Behavioral Health

<u>School/School District</u>	<u>BH Provider Organization</u>
Norwalk City Schools	Positive Education Program
Norwayne Local Schools	Anazao Community Partners
Norwood City Schools	Talbert House
Oberlin City Schools	Applewood Centers, Inc.
	Positive Education Program
	The LCADA Way
Olentangy Local Schools	Boundless
	Recovery & Prevention Resources of Delaware and Morrow Counties
	Syntero, Inc.
Ontario Local Schools	Catalyst Life Services
Opportunity School	The Counseling Center of Columbiana County
Orange City Schools	Beech Brook
Oregon City Schools	Harbor
Orrville City Schools	The Counseling Center of Wayne & Holmes Counties
Otsego Local School District	Children's Resource Center
Our Lady of the Elms	CHC Addiction Services
	Greenleaf Family Center
Painesville City Schools	Crossroads Health
	Signature Health Inc.
Paint Valley Local Schools	Integrated Services for Behavioral Health
Parma City Schools	OhioGuidestone
	Positive Education Program
	Recovery Resources
PATHE Center	Children's Resource Center
Pathways ESC	OhioGuidestone
Patrick Henry Local Schools	Maumee Valley Guidance Center
Paulding Exempted Village Schools	National Youth Advocate Program
Penta Career Center	Children's Resource Center
Perkins Schools	Bayshore Counseling Services
Perry Local Schools	CommQuest Services
	Crossroads Health
	National Youth Advocate Program
Perrysburg Schools	Children's Resource Center
Pettisville Local Schools	Maumee Valley Guidance Center
Pickaway Ross Career and Technology Center	Integrated Services for Behavioral Health
Pickerington Local Schools	Boundless
	New Horizons Mental Health Services
	OhioGuidestone
	The Recovery Center
Pike-Delta-York Local Schools	Maumee Valley Guidance Center
Pike-Ross ESC	Integrated Services for Behavioral Health

<u>School/School District</u>	<u>BH Provider Organization</u>
Piketon Local Schools	Integrated Services for Behavioral Health
Piqua City Schools	Samaritan Behavioral Health, Inc.
Plain Local Schools	Child and Adolescent Behavioral Health
	CommQuest Services
Pleasant Local Schools	OhioGuidestone
Poland School District	Alta Care Group, Inc.
	Meridian Healthcare
Port Clinton City Schools	Bayshore Counseling Services
Portage County Schools	Positive Education Program
Portage Lakes Career Center	Red Oak Behavioral Health
Portsmouth West Schools	Shawnee Family Health Center
Princeton City Schools	National Youth Advocate Program
	Talbert House
	The Children's Home
Pymatuning Valley Local Schools	Community Counseling Center
Randall Park High School	Bellefaire JCB
Ravenna City Schools	Children's Advantage
	Townhall II
Reading Community Schools	The Children's Home
Revere Local Schools	CHC Addiction Services
	Greenleaf Family Center
Reynoldsburg City Schools	Boundless
	Community for New Direction
	Nationwide Children's Hospital
	Southeast Healthcare
	The Buckeye Ranch
Richmond Heights City School District	Applewood Centers, Inc.
Richmond Heights Local Schools	Positive Education Program
Ridgedale Local Schools	OhioGuidestone
Ridgemont Local Schools	Family Resource Center
Ridgewood Local School District	Coshocton Behavioral Health Choices
Ripley Union Lewis Huntington School District	Child Focus
Rittman Academy	Anazao Community Partners
River Valley Local Schools	OhioGuidestone
Riverside Local School District	Crossroads Health
Riverside Local Schools	TCN Behavioral Health Services
Riverview Local School District	Coshocton Behavioral Health Choices
Rootstown Local Schools	Children's Advantage
	Coleman Professional Services
	Greenleaf Family Center
	Townhall II
Rossford Exempted Village School District	Children's Resource Center

<u>School/School District</u>	<u>BH Provider Organization</u>
Russia Local Schools	Family Resource Center
Sacred Heart Catholic School	AllWell Behavioral Health Services
Salem City Schools	Family Recovery Center
	The Counseling Center of Columbiana County
Sandusky City Schools	Bayshore Counseling Services
Sandy Valley Schools	Child and Adolescent Behavioral Health
School of Bright Promise	Coleman Professional Services
Scioto County Career Tech	Shawnee Family Health Center
Scioto County Schools	The Counseling Center
Sebring School District	Alta Care Group, Inc.
Seton Catholic Schools	Greenleaf Family Center
Shadyside School District	Southeast Healthcare
Shaker Heights City Schools	Bellefaire JCB
Shawnee Local Schools	Family Resource Center
Sheffield-Sheffield Lake City Schools	OhioGuidestone
	Positive Education Program
	The LCADA Way
Sidney City Schools	Family Resource Center
Solon City Schools	New Directions
	Positive Education Program
South Euclid-Lyndhurst City Schools	Bellefaire JCB
	New Directions
	OhioGuidestone
South Range School District	Alta Care Group, Inc.
Southeast Local Schools	Children's Advantage
	The Counseling Center of Wayne & Holmes Counties
	Townhall II
Southeastern Local Schools	Boundless
	Integrated Services for Behavioral Health
Southern Local Schools	AllWell Behavioral Health Services
	Coleman Professional Services
	Family Recovery Center
	Integrated Services for Behavioral Health
Southwest Licking Schools	Boundless
Southwest Local School District	The Children's Home
South-Western City Schools	Boundless
	Community for New Direction
	Directions for Youth and Families
	National Youth Advocate Program
	OhioGuidestone
	The Buckeye Ranch
Springfield City Schools	CHC Addiction Services

<u>School/School District</u>	<u>BH Provider Organization</u>
	Greenleaf Family Center
	Mental Health Services for Clark & Madison Counties
	OhioGuidestone
	Red Oak Behavioral Health
St John School	Community Counseling Center
St. Augustine	Greenleaf Family Center
St. Bernard Elmwood Place School District	Greater Cincinnati Behavioral Health Services
St. Mary	Greenleaf Family Center
St. Mary's Schools	Family Resource Center
St. Peter in Chains Catholic School	Community First Solutions
St. Vincent	Greenleaf Family Center
STAR	OhioGuidestone
Stark County Catholic Schools	CommQuest Services
Stark County Educational Service Center	CommQuest Services
Steubenville City Schools	Coleman Professional Services
Stow-Munroe Falls City Schools	CHC Addiction Services
	Child Guidance & Family Solutions
	Greenleaf Family Center
Strasburg-Franklin Local Schools	OhioGuidestone
Streetsboro Schools	Townhall II
Struthers School District	Alta Care Group, Inc.
	Meridian Healthcare
Stryker Local Schools	Maumee Valley Guidance Center
Summit Academy	Bellefaire JCB
	Signature Health Inc.
Summit County ESC	Greenleaf Family Center
Summit County Schools	Positive Education Program
Sunbridge Schools	Zepf Center
Swanton Local Schools	Maumee Valley Guidance Center
Switzerland School District	Southeast Healthcare
Sylvania Schools	Harbor
Tallmadge City Schools	CHC Addiction Services
Tallmadge City Schools	Greenleaf Family Center
Tallmadge City Schools	Red Oak Behavioral Health
Tecumseh School District	Mental Health Services for Clark & Madison Counties
The Art & College Preparatory Academy	Nationwide Children's Hospital
The Brilliance School	Alta Care Group, Inc.
The Dayton Regional STEM School	South Community
The Modern College of Design	South Community
Three Rivers Local School District	The Children's Home
Toledo Catholic Schools	Harbor
Toledo Charter Schools	OhioGuidestone

<u>School/School District</u>	<u>BH Provider Organization</u>
Toledo Public Schools	Harbor
	National Youth Advocate Program
	OhioGuidestone
	Unison Health
Tomorrow Center	Syntero, Inc.
Towpath Trail High School	Red Oak Behavioral Health
Triad Local Schools	TCN Behavioral Health Services
Tri-Valley Local School District	Boundless
Trotwood Madison City Schools	Samaritan Behavioral Health, Inc.
Trumbull County Education Service Center	Family & Community Services, Inc.
Tuscarawas Central Catholic	Community Mental Health
	OhioGuidestone
Tuscarawas Valley Local Schools	OhioGuidestone
Tuslaw Local Schools	Child and Adolescent Behavioral Health
Twinsburg City Schools	Beech Brook
	CHC Addiction Services
Union-Scioto Local	Integrated Services for Behavioral Health
United Local Schools	Family Recovery Center
United Local Schools	The Counseling Center of Columbiana County
United School Network	The Heritage of Hannah Neil
University Heights City Schools	Positive Education Program
Upper Arlington City Schools	Boundless
	Syntero, Inc.
Urbana City Schools	TCN Behavioral Health Services
Valley Local Schools	Shawnee Family Health Center
Valleyview Local Schools	South Community
Van Wert City Schools	Westwood Behavioral Health Center
Vandalia Butler City Schools	Samaritan Behavioral Health, Inc.
Vantage Career Center	Westwood Behavioral Health Center
Vermillion Local Schools	OhioGuidestone
	Positive Education Program
Vinton Local Schools	Integrated Services for Behavioral Health
Wadsworth City Schools	Bellefaire JCB
Wadsworth City Schools	Red Oak Behavioral Health
Walnut Hills High School	Greater Cincinnati Behavioral Health Services
Walnut Township Local Schools	New Horizons Mental Health Services
	The Recovery Center
Wapakoneta City Schools	Family Resource Center
Warren City Schools	Family & Community Services, Inc.
Warrensville Heights City School District	Beech Brook
Waterloo Local Schools	Children's Advantage
	Greenleaf Family Center

<u>School/School District</u>	<u>BH Provider Organization</u>
	Townhall II
Wauseon Exempted Village Schools	Maumee Valley Guidance Center
Waverly City Schools	Integrated Services for Behavioral Health
Wayne County Schools Career Center	The Counseling Center of Wayne & Holmes Counties
Wayne Trace Local Schools	Westwood Behavioral Health Center
Waynesfield Local Schools	Family Resource Center
Wellington School District	Applewood Centers, Inc.
Wellsville Local Schools	Family Recovery Center
West Branch School District	Alta Care Group, Inc.
West Carrollton City Schools	Samaritan Behavioral Health, Inc.
	Child Focus
West Clermont Local School District	Greater Cincinnati Behavioral Health Services
West Geauga Local Schools	Crossroads Health
West Holmes Local Schools	Anazao Community Partners
West Liberty-Salem Local Schools	TCN Behavioral Health Services
Western Brown Local Schools	Child Focus
Western Local Schools	Integrated Services for Behavioral Health
Western Reserve School District,	Alta Care Group, Inc.
	Boundless
Westerville City School District	Concord Counseling Services
Westfall Local School District	Boundless
	Bellefaire JCB
Westlake City Schools	New Directions
Westwood Community Schools	Integrated Services for Behavioral Health
Whitehall City Schools	OhioGuidestone
	Crossroads Health
Wickliffe City Schools	Signature Health Inc.
Williamsburg Local Schools	Child Focus
Willoughby-Eastlake City Schools	Crossroads Health
Windham Exempted Village Schools	Children's Advantage
	Townhall II
Winton Woods City Schools	Talbert House
	CHC Addiction Services
	Greenleaf Family Center
	Positive Education Program
Woodridge Local Schools	Red Oak Behavioral Health
Wooster City Schools	Anazao Community Partners
Wooster International Baccalaureate	Anazao Community Partners
	Boundless
Worthington City Schools	North Community Counseling Centers
Wyoming City Schools	The Children's Home
Xenia City Schools	TCN Behavioral Health Services

<u>School/School District</u>	<u>BH Provider Organization</u>
Yellow Springs Schools	TCN Behavioral Health Services
Youngstown City School District	Alta Care Group, Inc.
Youngstown Diocese	Alta Care Group, Inc.
Zane Trace Local Schools	Integrated Services for Behavioral Health
Zanesville City JDC	AllWell Behavioral Health Services
	AllWell Behavioral Health Services
Zanesville City Schools	Muskingum Behavioral Health
Zanesville Community School	New Horizons Mental Health Services

Community Behavioral Health Providers Delivering School Based Services

BH Provider Organization	School Districts
Alcohol & Drug Freedom Center of Knox County	Knox County Schools
	Mount Vernon City Schools.
	Bishop Fenwick Rosecrans
	Caldwell EVSD
	Cambridge City Schools
	Coshocton Career Center
	Coshocton City Schools
	Head Start
	Help Me Grow
	Maysville Local Schools
	Mid-East Career and Technology Center
	Morgan Local Schools
	Muskingum County
	New Lexington City Schools
	Northern Local Schools
	Sacred Heart Catholic School
	Southern Local Schools
	Zanesville City Schools
	Zanesville City JDC
Allwell Behavioral Health Services	
	ACLD School
	Austintown School District
	Boardman School District
	Campbell School District
	Canfield Local Schools
	Jackson Milton School District
	Lowellville School District
	Mahoning County Career and Technical Center
	Poland School District
	Sebring School District
	South Range School District
	Struthers School District
	The Brilliance School
	West Branch School District
	Western Reserve School District,
	Youngstown City School District
	Youngstown Diocese
Alta Care Group, Inc.	
	Chippewa Local Schools
	Dalton Local Schools
	East Holmes Local Schools
	Liberty Preparatory School
Anazao Community Partners	

BH Provider Organization	School Districts
	Northwestern Local Schools
	Norwayne Local Schools
	Rittman Academy
	West Holmes Local Schools
	Wooster City Schools
	Wooster International Baccalaureate
Appleseed Community Mental Health Center, Inc.	Ashland City Schools
	Ashland County Community Academy
	Ashland County West-Holmes Career Center
	Crestview Local School District
	Hillsdale Local School District
	Loudonville-Perrysville Exempted Village School District
	Mapleton Local School District
Applewood Centers, Inc.	Cleveland Metropolitan School District
	Clearview Local School District
	Columbia Local School District
	Cuyahoga Heights City School District
	Elyria City School District
	Garfield Heights City School District
	Lorain City Schools
	Maple Heights City School District
	Oberlin City Schools
	Richmond Heights City School District
	Wellington School District
Ashland County Council on Alcoholism & Drug Abuse	Ashland City Schools
	Crestview Local School District
	Hillsdale Local School District
	Loudonville-Perrysville Exempted Village Schools
	Mapleton Local School District
Bayshore Counseling Services	Benton-Carroll Salem Schools
	EHOVE Career Center
	Huron City Schools
	Perkins Schools
	Port Clinton City Schools
	Sandusky City Schools
Beech Brook	Bedford City School District
	Chardon City Schools
	Cleveland Metropolitan School District
	Elyria City School District
	Garfield Heights City School District
	Lorain City Schools

BH Provider Organization	School Districts
	North Olmsted City School District
	Orange City Schools
	Twinsburg City Schools
	Warrensville Heights City School District
Bellefaire JCB	Cleveland Metropolitan School District
	Cleveland Central Catholic
	Constellation Schools
	East Cleveland City Schools
	Euclid City Schools
	Keystone Local School District
	Lakewood City Schools
	Lorain City Schools
	Lorain Community Schools
	Mayfield City Schools
	Medina City Schools
	Midview Local Schools
	Randall Park High School
	Shaker Heights City Schools
	South Euclid-Lyndhurst City Schools
	Summit Academy
	Wadsworth City Schools
	Westlake City Schools
Boundless	Athens City School District
	Big Walnut Local Schools
	Buckeye Valley Local Schools
	Canal Winchester Local Schools
	Cardington-Lincoln Local Schools
	Circleville City Schools
	Delaware City Schools
	Dublin City Schools
	East Knox Local Schools
	Gahanna Jefferson Public School District
	Galion City Schools
	Granville Exempted Village Schools
	Groveport Madison Local School District
	Hamilton Local Schools
	Hilliard City School District
	Lakewood Local Schools
	Lancaster City Schools
	Licking Heights Local School District
	Logan-Hocking School District
	Marion City Schools

BH Provider Organization	School Districts
	Marysville Exempted Village School District
	Mount Vernon City Schools
	Newark City Schools
	Northmor Local Schools
	Olentangy Local Schools
	Pickerington Local Schools
	Reynoldsburg City Schools
	Southeastern Local Schools
	Southwest Licking Schools
	South-Western City Schools
	Tri-Valley Local School District
	Upper Arlington City Schools
	Westerville City School District
	Westfall Local School District
	Worthington City Schools
Catalyst Life Services	Clearfork Valley Local Schools
	Foundations Academy
	Lexington Local Schools
	Lucas Local Schools
	Madison Local Schools
	Mansfield City Schools
	Ontario Local Schools
CHC Addiction Services	Akron Public Schools
	Barberton City Schools
	Copley-Fairlawn City Schools
	Cuyahoga Falls City Schools
	Mogadore Local Schools
	Nordonia City Schools
	Our Lady of the Elms
	Revere Local Schools
	Springfield City Schools
	Stow-Munroe Falls City Schools
	Tallmadge City Schools
	Twinsburg City Schools
	Woodridge City Schools
Child and Adolescent Behavioral Health	Alliance City Schools
	Canton City Schools
	Lake Local Schools
	Massillon City Schools
	Marlington Local Schools
	Plain Local Schools
	Sandy Valley Schools

BH Provider Organization	School Districts
	Tuslaw Local Schools
	Batavia Local Schools
	Bethel-Tate Local Schools
	Carter Center for Educational Excellence
	Cincinnati Public Schools
	Clermont Educational Collaborative South
	Clermont Northeastern Local Schools
	Fayetteville-Perry Schools
	Felicity-Franklin Local Schools
	Forest Hills School District
	Georgetown Exempted Village Schools
	Goshen Local School District
	Grant Career Center
	Great Oaks Career Campus
	Mariemont City Schools
	Milford Exempted Village Schools
	New Richmond Exempted Village Schools
	Ripley Union Lewis Huntington School District
	West Clermont Local School District
	Western Brown Local Schools
Child Focus	Williamsburg Local Schools
Child Guidance & Family Solutions	Akron Public Schools
	Barberton City Schools
	Copley-Fairlawn City Schools
	Cuyahoga Falls City Schools
	Green Local Schools
	Hudson City Schools
	Manchester Local Schools
	Stow-Munroe Falls City Schools
Children's Advantage	Aurora City Schools
	Crestwood Local Schools
	Field Local Schools
	Garfield Heights City Schools
	Kent City Schools
	Maplewood Career Center
	Ravenna City Schools
	Rootstown Local Schools
	Southeast Local Schools
	Waterloo Local Schools
Children's Resource Center	Windham Exempted Village Schools
	Bowling Green City Schools
	Eastwood Local School District

BH Provider Organization	School Districts
	Elmwood Local School District
	Lake Local Schools
	North Baltimore Local Schools
	Northwood Local School District
	Otsego Local School District
	PATHE Center
	Penta Career Center
	Perrysburg Schools
	Rossford Exempted Village School District
Coleman Professional Services	Buckeye Local Schools
	Field Local Schools
	Indian Creek Local School District
	Kent City Schools
	Rootstown Local Schools
	School of Bright Promise
	Southern Local Schools
	Steubenville City Schools
CommQuest Services	Alliance City Schools
	Canton City Schools
	Canton Local Schools
	Jackson Schools
	Louisville Schools
	Massillon City Schools
	Minerva Local Schools
	North Canton Schools
	Perry Local Schools
	Plain Local Schools
	Stark County Catholic Schools
	Stark County Educational Service Center
Community Counseling Center	Ashtabula Area City Schools
	Ashtabula County Technical and Career Campus
	Buckeye Local Schools
	Building Bridges
	Conneaut Area City Schools
	Geneva Area City Schools
	Grand Valley Local Schools
	Jefferson Area Local Schools
	Pymatuning Valley Local Schools
	St John School
Community First Solutions	Hamilton City Schools
Community for New Direction	St. Peter in Chains Catholic School
	Columbus City Schools

BH Provider Organization	School Districts
	South-Western City Schools
	Reynoldsburg City Schools
Community Mental Health	Brown Local School District
	Carrollton Exempted Village School District
	Dover City Schools
	Head Start
	New Philadelphia City Schools
	Tuscarawas Central Catholic
Concord Counseling Services	Gahanna Jefferson Public School District
	Groveport Madison Local School District
	New Albany-Plain Local Schools
	Westerville City School District
Coshocton Behavioral Health Choices	Coshocton City Schools
	Hopewell Schools
	Ridgewood Local School District
	Riverview Local School District
Crossroads Health	Auburn Career Center
	Fairport Harbor Schools
	Kirtland Local Schools
	Lake Catholic Schools
	Madison Local Schools
	Mentor City Schools
	Painesville City Schools
	Perry Local Schools
	Riverside Local Schools
	West Geauga Local Schools
	Wickliffe City Schools
	Willoughby-Eastlake City Schools
Directions for Youth and Families	Columbus City Schools
	South-Western City Schools
eXclusive Services, Inc.	Cincinnati Public Schools
Family & Community Services, Inc.	Bristol Local Schools
	Canfield Local Schools
	Howland Local Schools
	Maplewood Local Schools
	McDonald Local Schools
	Trumbull County Education Service Center
	Warren City Schools
Family Recovery Center	Beaver Local Schools
	Columbiana Exempted Village School District
	Crestview Local School District
	East Liverpool City Schools

BH Provider Organization	School Districts
	East Palestine City Schools
	Leetonia Exempted Village Schools
	Lisbon Exempted Village Schools
	Salem City Schools
	Southern Local Schools
	United Local Schools
	Wellsville Local Schools
	Ada Exempted Village Schools
	Botkins Local Schools
	Elmwood Local School District
	Fairlawn Local Schools
	Findlay City Schools
	Fort Loramie Local Schools
	Fostoria City Schools
	Hancock County Schools
	Hardin Northern Schools
	Hardin-Houston Local Schools
	Jackson Center Local Schools
	Kenton City Schools
	Lakota Schools
	Minster Local Schools
	New Bremen Local Schools
	New Knoxville Local Schools
	Ridgemont Local Schools
	Russia Local Schools
	Shawnee Local Schools
	Sidney City Schools
	St. Mary's Schools
	Wapakoneta City Schools
Family Resource Center	Waynesfield Local Schools
Field of Hope Community Campus	Gallia County Local Schools
Greater Cincinnati Behavioral Health Services	Cincinnati Public Schools
	College Hill Fundamental Academy
	Gamble Montessori Schools
	Goshen Local School District
	New Richmond Exempted Village Schools
	St. Bernard Elmwood Place School District
	Walnut Hills High School
	West Clermont Local School District
Greenleaf Family Center	Akron Public Schools
	Archbishop Hoban High School
	Barberton City Schools

BH Provider Organization	School Districts
	Chippewa Local Schools
	Copley-Fairlawn City Schools
	Coventry Local Schools
	Cuyahoga Falls City Schools
	Field Local Schools
	Green Local Schools
	Hudson City Schools
	James A. Garfield Local Schools
	Kent City Schools
	Manchester Local Schools
	Mogadore Local Schools
	Nordonia City Schools
	Northwest Local Schools
	Norton City Schools
	Our Lady of the Elms
	Revere Local Schools
	Rootstown Local Schools
	Seton Catholic Schools
	Springfield City Schools
	St. Augustine
	St. Mary
	St. Vincent
	Stow-Munroe Falls City Schools
	Summit County ESC
	Tallmadge City Schools
	Waterloo Local Schools
	Woodridge Local Schools
Harbor	Leona Group Charter School
	Maumee City Schools
	Oregon City Schools
	Sylvania Schools
	Toledo Catholic Schools
	Toledo Public Schools
Integrated Services for Behavioral Health	Adena Local Schools
	Alpha - Perry County
	Chillicothe City Schools
	Gladden Community House
	Huntington Local Schools
	Paint Valley Local Schools
	Pickaway Ross Career and Technology Center
	Pike-Ross ESC
	Piketon Local Schools

BH Provider Organization	School Districts
	Southeastern Local Schools
	Southern Local Schools
	Union-Scioto Local
	Vinton Local Schools
	Waverly City Schools
	Western Local Schools
	Westwood Community Schools
	Zane Trace Local Schools
Maryhaven, Inc.	Cardington-Lincoln Local Schools
	Delaware Area Career Center
	Fairbanks Local School District
	Marysville Exempted Village School District
	Mount Gilead Exempted Village School District
	Northmor Local Schools
	Archbold Area Schools
	Ayersville Local Schools
	Bryan City Schools
	Central Local Schools
	Edgerton Local Schools
	Edon Northwest Local Schools
	Evergreen Local Schools
	Fayette Local Schools
	Liberty Center Local Schools
	Millcreek-West Unity Local Schools
	Montpelier Exempted Village Schools
	Napoleon City Schools
	North Central Local Schools
	Northeastern Local Schools
	Patrick Henry Local Schools
	Pettisville Local Schools
	Pike-Delta-York Local Schools
	Stryker Local Schools
	Swanton Local Schools
Maumee Valley Guidance Center	Wauseon Exempted Village Schools
Mental Health Services for Clark & Madison Counties	London City Schools
	Springfield City Schools
	Tecumseh School District
Meridian Healthcare	Boardman School District
	Niles City Schools
	Poland School District
	Struthers School District
Murtis Taylor Human Services System	Cleveland Metropolitan School District

BH Provider Organization	School Districts
Muskingum Behavioral Health	Foxfire Schools
	Zanesville City Schools
National Youth Advocate Program	Cardington-Lincoln Local Schools
	Cleveland Metropolitan School District
	Columbus City Schools
	Genoa Area Local Schools
	Lorain City Schools
	Paulding Exempted Village Schools
	Perry Local Schools
	Princeton City Schools
	South-Western City Schools
	Toledo Public Schools
Nationwide Children's Hospital	Bexley City Schools
	Canal Winchester Local Schools
	Columbus City Schools
	KIPP Academy Columbus
	Reynoldsburg City Schools
	The Art & College Preparatory Academy
New Concepts	Lucas Local Schools
New Directions	Solon City Schools
	South Euclid-Lyndhurst City Schools
	Westlake City Schools
New Horizons Mental Health Services	Amanda Clearcreek Local Schools
	Bloom Carroll Local Schools
	Eastland/Fairfield Career Centers
	Fairfield County ESC
	Franklin Local School District
	Lancaster City Schools
	Liberty Union-Thurston Local Schools
	North Fork Local Schools
	Northridge Local Schools
	Pickerington Local Schools
	Walnut Township Local Schools
	Zanesville Community School
North Community Counseling Centers	Columbus City Schools
	Worthington City Schools
OhioGuidestone	Alliance City Schools
	Berea City Schools
	Berne Union Local Schools
	Big Walnut Local Schools
	Black River Academy
	Black River Local Schools

BH Provider Organization	School Districts
	Brooklyn City Schools
	Brunswick City Schools
	Buckeye Local Schools
	Canal Winchester Local Schools
	Cascade Career Preparatory
	Claymont City Schools
	Cleveland Metropolitan School District
	Constellation Schools
	Dover City Schools
	Early College Schools
	East Cleveland City Schools
	Elyria City School District
	Elyria Community Schools
	Euclid City Schools
	Fairview Park City Schools
	Garaway Local Schools
	Garfield Heights City School District
	Genoa Area Local Schools
	Granville Exempted Village Schools
	Hamilton Local Schools
	Highland Local Schools
	Immaculate Conception Catholic School
	Indian Valley Local Schools
	Jefferson Area Local Schools
	Joint Vocational Schools
	KIPP Academy Columbus
	Lakewood City Schools
	Lancaster City Schools
	Lorain City Schools
	Lorain Community School
	Lorain Preparatory
	Marion City Schools
	Medina City Schools
	New Philadelphia City Schools
	Newcomerstown Exempted Village Schools
	North Union Schools
	Parma City Schools
	Pathways ESC
	Pickerington Local Schools
	Pleasant Local Schools
	Ridgedale Local Schools
	River Valley Local Schools

BH Provider Organization	School Districts
	Sheffield-Sheffield Lake Schools
	South Euclid-Lyndhurst City Schools
	South-Western City Schools
	Springfield City Schools
	STAR
	Strasburg-Franklin Local Schools
	Toledo Public Schools
	Toledo Charter Schools
	Tuscarawas Central Catholic
	Tuscarawas Valley Local Schools
	Vermillion Local Schools
	Whitehall City Schools
Positive Education Program	Beachwood City Schools
	Brecksville-Broadview Heights City Schools
	Brunswick City Schools
	Cleveland Heights City Schools
	Columbia Local Schools
	Cuyahoga County Schools
	Euclid City Schools
	Geauga Local Schools
	Lake Local Schools
	Lakewood City Schools
	Lorain City Schools
	Lorain ESC
	Medina City Schools
	North Royalton City Schools
	Norwalk City Schools
	Oberlin City Schools
	Parma City Schools
	Portage County Schools
	Richmond Heights Local Schools
	Sheffield-Sheffield Lake Schools
	Solon City Schools
	Summit County Schools
	University Heights City Schools
	Vermillion Local Schools
	Woodridge Local Schools
Recovery & Prevention Resources of Delaware and Morrow Counties	Big Walnut Local Schools
	Buckeye Valley Local Schools
	Cardington-Lincoln Local Schools
	Delaware City Schools
	Highland Local Schools

BH Provider Organization	School Districts
	Mount Gilead Exempted Village Schools
	Northmor Local Schools
	Olentangy Local Schools
Recovery Resources	Bay Village City Schools
	Cleveland Metropolitan School District
	Euclid City Schools
	Lakewood Local Schools
	Parma City Schools
Red Oak Behavioral Health	Akron Public Schools
	Barberton City Schools
	Brecksville-Broadview Heights City Schools
	Case Preparatory Academy
	Hoban High School
	Imagine Charter School
	Mogadore Local Schools
	Norton City Schools
	Portage Lakes Career Center
	Springfield City Schools
	Tallmadge City Schools
	Towpath Trail High School
	Wadsworth City Schools
	Woodridge Local Schools
Samaritan Behavioral Health, Inc.	Emerson Academy
	Mad River Local Schools
	Miami Valley Career Technology Center
	Milton Union Local Schools
	Piqua City Schools
	Trotwood Madison City Schools
	Vandalia Butler City Schools
	West Carrollton City Schools
Shawnee Family Health Center	Green Local Schools
	New Boston Local Schools
	Northwest Local Schools
	Portsmouth West Schools
	Scioto County Career Tech
	Valley Local Schools
Signature Health Inc.	Jefferson Area School District
	Painesville City Schools
	Summit Academy
	Wickliffe City Schools
South Community	Centerville City Schools
	Eaton Community Schools

BH Provider Organization	School Districts
	Huber Heights City Schools
	Kettering City Schools
	Miamisburg City Schools
	Montgomery County ESC
	New Lebanon Local Schools
	Northmont City Schools
	The Dayton Regional STEM School
	The Modern College of Design
	Valleyview Local Schools
Southeast Healthcare	Bellaire School District
	Belmont Career Center
	Bridgeport Exempted Village Schools
	Columbus City Schools
	Harrison County Career Center
	Martins Ferry Local School District
	Reynoldsburg City Schools
	Shadyside School District
	Switzerland School District
St. Joseph Orphanage	Cincinnati Public Schools
	Fairfield City Schools
	Hamilton City Schools
	Lockland School District
	North College Hill City Schools
Syntero, Inc.	Big Walnut Local Schools
	Buckeye Valley Local Schools
	Cardington-Lincoln Local Schools
	Delaware City Schools
	Dublin City Schools
	Grandview Heights Schools
	Highland Local Schools
	Hilliard City School District
	Mount Gilead Exempted Village Schools
	Northmor Local Schools
	Olentangy Local Schools
	Tomorrow Center
	Upper Arlington City Schools
Talbert House	Cincinnati Public Schools
	Norwood City Schools
	Madison Local Schools
	Princeton City Schools
	Winton Woods City Schools
TCN Behavioral Health Services	Beavercreek City Schools

BH Provider Organization	School Districts
	Bellbrook-Sugarcreek Local Schools
	Bellefontaine City Schools
	Benjamin Logan Local Schools
	Cedar Cliff Local Schools
	Fairborn City Schools
	Graham Local Schools
	Greeneview Local Schools
	Indian Lake Local Schools
	Mechanicsburg Local Schools
	Riverside Local Schools
	Triad Local Schools
	Urbana City Schools
	West Liberty-Salem Local Schools
	Xenia City Schools
	Yellow Springs Schools
The Buckeye Ranch	Reynoldsburg City Schools
	South-Western City Schools
	Cincinnati Public Schools
	Clermont Northeastern Local Schools
	Deer Park Community City Schools
	Great Oaks Career Campus
	Hamilton County ECS Head Start
	Loveland City Schools
	Milford Exempted Village Schools
	Mount Healthy City Schools
	Northwest Local Schools
	Princeton City Schools
	Reading Community Schools
	Southwest Local School District
	Three Rivers Local School District
The Children's Home	Wyoming City Schools
The Counseling Center	Scioto County Schools
	Beaver Local Schools
	Crestview Local School District
	East Palestine City Schools
	Leetonia Exempted Village Schools
	Lisbon Exempted Village Schools
	Opportunity School
	Salem City Schools
	United Local Schools
The Counseling Center of Columbiana County	
The Counseling Center of Wayne & Holmes Counties	Dalton Local Schools
	Orrville City Schools

BH Provider Organization	School Districts
	Southeast Local Schools
	Wayne County Schools Career Center
The Heritage of Hannah Neil	A Plus Children's Academy
	Kids Care Elementary
	United School Network
The LCADA Way	Avon Lake City School District
	Avon Local School District
	Clearview Local School District
	Elyria City School District
	Firelands Local Schools
	Keystone Local School District
	Lorain City Schools
	Midview Local Schools
	North Ridgeville City School District
	Oberlin City Schools
	Sheffield-Sheffield Lake Schools
The Nord Center	Lorain County Schools
The Recovery Center	Amanda Clearcreek Local Schools
	Berne Union Local Schools
	Bloom Carroll Local Schools
	Lancaster City Schools
	Liberty Union Thurston Local Schools
	Pickerington Local Schools
	Walnut Township Local Schools
Townhall II	Aurora City Schools
	Bio-Med Science Academy
	Crestwood Local Schools
	Field Local Schools
	James A. Garfield Local Schools
	Kent City Schools
	Mogadore Local Schools
	Ravenna City Schools
	Rootstown Local Schools
	Southeast Local Schools
	Streetsboro Schools
	Waterloo Local Schools
	Windham Exempted Village Schools
Unison Health	Toledo Public Schools
Westwood Behavioral Health Center	Delphos City Schools
	Lincolnvlew Local Schools
	Wayne Trace Local Schools
	Van Wert City Schools

BH Provider Organization	School Districts
	Vantage Career Center
Zepf Center	Sunbridge Schools

Community Behavioral Health Provider Profiles

Provider Organization Name:	Alcohol & Drug Freedom Center of Knox County		
Primary Contact	Debbie Cline		
Phone	740-397-2660	Email:	debbiec@freedomctr.net
Partnering School District(s) (List all districts by name)	Mount Vernon City Schools, Knox County Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided: __2__ Elementary __0__ Middle School __1__ High School __24__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Second Step, Too Good For Drugs, Life Skills
What are the most common services being requested of your school-based behavioral health providers?	Social/emotional education Tobacco/vaping education
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _Unknown_____

Provider Organization Name:	Allwell Behavioral Health Services		
Primary Contact	Jim Still-Pepper		
Phone	740-454-9766	Email:	jstillpepper@allwell.org
Partnering School District(s) (List all districts by name)	Bishop Fenwick Rosecrans, Caldwell EVSD, Coshocton Career Center, Maysville, Mid East, Zanesville City, Zanesville City JDC, Morgan Local, New Lexington, Cambridge, Northern Local, Southern Local, Coshocton City, Head Start, Muskingum County, Help Me Grow, Sacred Heart Catholic School		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
<u>14</u> Elementary <u>9</u> Middle School <u>9</u> High School <u>7</u> ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Family Wellness, CPST Living Skills
What are the most common services being requested of your school-based behavioral health providers?	Prevention and education services, counseling, family case management, crisis debriefing and crisis intervention.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Alta Care Group, Inc.		
Primary Contact	Joe Shorokey		
Phone	330-793-2487	Email:	joes@altacaregroup.org
Partnering School District(s) (List all districts by name)	Austintown School District, ACLD School, Boardman School District, Campbell School District, The Brilliance School, Canfield School District, Youngstown Diocese, Jackson Milton School District, Lowellville School District, Mahoning County Career and Technical Center, Poland School District, Sebring School District, South Range School District, Struthers School District, West Branch School District, Western Reserve School District, Youngstown City School District		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__13__ Elementary __16__ Middle School __14__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention

	<input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: MindUP, SuperFlex
What are the most common services being requested of your school-based behavioral health providers?	Diagnostic Assessment, Behavioral intervention/support, parent engagement, group intervention, classroom presentations related to prevention and on specific topics as needed.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Anazao Community Partners		
Primary Contact	Mark Woods		
Phone	330-621-4395	Email:	woodsm@anazaocommunitypartners.org
Partnering School District(s) (List all districts by name)	Chippewa Local Schools, Northwestern Local Schools, Dalton Local Schools, West Holmes Local Schools, East Holmes Local Schools, Wooster City Schools, Liberty Preparatory School, Rittman Academy, Norwayne Local Schools, International Baccalaureate (Wooster)		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
<u>7</u> Elementary	<u>7</u> Middle School	<u>9</u> High School	<u>1</u> ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other: Insight, Men of Honor (One Circle Foundation)
What are the most common services being requested of your school-based behavioral health providers?	Individual Counseling, CPST and SUD Case Management and Staff, Staff Support and Professional Services and Parent/Caregiver Services
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other: K-12 Prevention Funding
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other <u>services outside of behavioral health</u>

Provider Organization Name:	Appleseed Community Mental Health Center Inc.		
Primary Contact	Jerry Strausbaugh		
Phone	419-281-3716	Email:	jstrausbaugh@appleseedcmhc.org
Partnering School District(s) (List all districts by name)	Ashland City School District; Loudonville-Perrysville Local School District; Mapleton Local School District; Hillsdale Local School District; Crestview Local School District; Ashland County Community Academy; Ashland County West-Holmes Career Center. .		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
___8___Elementary ___5___Middle School ___6___High School ___1___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: QPR; Just Say Hello
What are the most common services being requested of your school-based behavioral health providers?	Crisis Intervention; Assessment; Triage; Individual Counseling; Group Counseling; Prevention; Consultation; Supporting staff in their personal MH/SUD issues.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Applewood Centers, Inc.		
Primary Contact	Lori Konieczka, MSSA, LISW-S		
Phone	216-532-2940	Email:	lkonieczka@applewoodcenters.org
Partnering School District(s) (List all districts by name)	Cuyahoga County: Cleveland Metropolitan School District; Cuyahoga Hts. City School District; Garfield Hts. City School District; Maple Hts. City School District; Richmond Hts. City School District Lorain County: Clearview School District; Elyria City School District; Lorain City School District; Wellington School District; Columbia School District; Oberlin City School District		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__37__ Elementary __11__ Middle School __15__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: parent
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input checked="" type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Zones of Regulation; Thinking, Feeling, Behaving, Girls Circle, Boys Council, etc.
What are the most common services being requested of your school-based behavioral health providers?	Individual Counseling; Individual Consultation w/ students; Prevention groups and 1x topics; Consultation with teachers/parents
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other: K-12 Funding
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other Due to COVID it has been challenging to find out specifically how each district is using these funds.

Provider Organization Name:	Ashland County Council on Alcoholism & Drug Abuse		
Primary Contact	Sheryl Lawrence		
Phone	419-496-0780 direct	Email:	sherlawrence@zoominternet.net
Partnering School District(s) (List all districts by name)	Ashland City Schools Hillsdale Local Schools Mapleton Local School District Crestview Local School District Loudonville-Perrysville Exempted Village Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
___5___ Elementary ___5___ Middle School ___7___ High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good For Drugs
What are the most common services being requested of your school-based behavioral health providers?	Opiates, vaping, socio-emotional learning
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other don't know _____

Provider Organization Name:	<i>BAYSHORE COUNSELING SERVICES</i>		
Primary Contact	<i>SARA STAHL</i>		
Phone	<i>419-626-9156</i>	Email:	<i>SSTAHL@BAYSHORECS.ORG</i>
Partnering School District(s) (List all districts by name)	PORT CLINTON CITY SCHOOLS, SANDUSKY CITY SCHOOLS, PERKINS SCHOOLS, BENTON-CARROLL SALEM SCHOOLS, HURON CITY SCHOOLS, EHOVE,		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
___5___Elementary ___1___Middle School ___1___High School 2___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: <i>PARENTS, OTHER AGENCIES</i>
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling (different schools receive different services) <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: P.O.W.E.R (preventionists offering wellness resources) We also use ROX, DINA, 2 nd STEP and COPE 2 THRIVE.
What are the most common services being requested of your school-based behavioral health providers?	<i>Schools vary in their requests. From the preschool-1st grade DINA character dev. Program, to classroom/group prevention, to individual behavioral management to counseling. Some are using monies to train and purchase their chosen evidence based program for my staff to then implement.</i>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Beech Brook		
Primary Contact	Jennifer H. Bruehler, LISW-S		
Phone	216-831-2255 x4001	Email:	jbruehler@beechbrook.org
Partnering School District(s) (List all districts by name)	Cleveland Metropolitan School District; Bedford City School District; North Olmsted City School District; Lorain City School District; Elyria City School District; Garfield Heights City School District; Warrensville Heights City School District; Twinsburg City Schools; Chardon City Schools, Orange City Schools, various charter schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__48__ Elementary __35__ Middle School 15__ High School ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: other school staff including administration and support staff; "Learning pods" during Covid-related online instruction
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Connect: An Attachment Based Program for Parents and Caregivers
What are the most common services being requested of your school-based behavioral health providers?	<p>The schools can vary in their requests depending on the needs of the school. Most schools request “technical assistance”, generally in the area of assessing and managing suicide risk and/or escalated behavior or emotional difficulties. They also request treatment services for students that are beyond their ability to manage within the resources available at the school. Over the course of this school year there has been an increase in requests for teacher, parent and student support groups around coping with stress and anxiety related to issues surrounding COVID 19</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Bellefaire JCB		
Primary Contact	Ali Trotter		
Phone	216.320.8491	Email:	trottera@bellefairejcb.org
Partnering School District(s) (List all districts by name)	CMSD, Shaker Heights, Mayfield, South Euclid/Lyndhurst, Westlake, Lakewood, East Cleveland, Euclid, Constellation Schools, Cleveland Central Catholic, Randall Park High School, Medina City Schools, Wadsworth City Schools, Lorain City Schools, Lorain Community Elementary/Middle School, Keystone, Midview Local, Summit Academy,		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__62__ Elementary __44__ Middle School __14__ High School __1__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Alternative School		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	<ul style="list-style-type: none"> • Assessment • Individual Counseling • Consultation (for students, staff and parents) • Prevention (for students staff and parents) • Groups
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data Depends on the data. Contact me if you would like to discuss further
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Boundless		
Primary Contact	Jennifer Riha		
Phone	419-388-5838	Email:	jriha@iamboundless.org
Partnering School District(s) (List all districts by name)	Athens City School District, Big Walnut Local Schools, Buckeye Valley Local Schools, Canal Winchester Local Schools, Cardington-Lincoln Local Schools, Circleville City Schools, Delaware City Schools, Dublin City Schools, East Knox Local Schools, Gahanna Jefferson Public School District, Galion City Schools, Granville Exempted Village School District, Groveport Madison Local School District, Hamilton Local Schools, Hilliard City School District, Lakewood Local Schools, Lancaster City School District, Licking Heights Local School District, Logan-Hocking School District, Marion City Schools, Marysville Local School District, Mount Vernon City Schools, Newark City Schools, Northmor Local School District, Olentangy Local School District, Pickerington Local School District, Reynoldsburg City Schools, South-Western City School District, Southeastern Local School District, Southwest Licking Schools, Tri-Valley Local School District, Upper Arlington City Schools, Westerville City School District, Westfall Local School District, Worthington City Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
___3___Elementary ___3___Middle School ___2___High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other: Note: Boundless is not a “typical” school-based services provider. It does do some school integrated/ community-based services, but on a small scale. The vast majority of these services are separate facility placement contracts or agreements with districts across the state in one of Boundless’ 6 Center Based Programs.		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff

Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Separate facility, education-integrated services for children with high acuity autism and other co-occurring MH/IDD.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data

<p>What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)</p>	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Community Behavioral Health Medicaid<input type="checkbox"/> Medicaid School Program (MSP)<input checked="" type="checkbox"/> Private/Third Party Insurance<input checked="" type="checkbox"/> Contract with School District<input type="checkbox"/> ADAMH Board Funds (state-local)<input type="checkbox"/> Grants/ Private Foundation<input type="checkbox"/> Student Wellness and Success Funds<input checked="" type="checkbox"/> Other: ASP
<p>How are the schools you work with making use of the School Wellness and Success funding this year?</p>	<ul style="list-style-type: none"><input type="checkbox"/> New Programs/Services<input type="checkbox"/> Expanding Current Programs/Services<input type="checkbox"/> Sustaining Existing Programs/Services<input type="checkbox"/> Other _____

Provider Organization Name:	Catalyst Life Services		
Primary Contact	Erin Schaefer, LPCC-S, IMFT-S		
Phone	419-774-6842	Email:	erin@catalystlifeservices.org
Partnering School District(s) (List all districts by name)	Mansfield City Schools, Foundations Academy, Madison Local Schools, Clearfork Valley Local Schools, Lucas Local Schools, Ontario Local Schools, Lexington Local Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__9__ Elementary __5__ Middle School ____ High School ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Preschools		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Triple P Parenting Program
What are the most common services being requested of your school-based behavioral health providers?	Counseling, crisis supports, connection to community resources
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	CHC Addiction Services		
Primary Contact	Lauren Munk		
Phone	330-608-7634	Email:	Lauren.munk@chcaddiction.org
Partnering School District(s) (List all districts by name)	Akron, Barberton, Copley, Cuyahoga Falls, Mogadore, Nardon, Our Lady of Elms, Revere, Springfield, Stow-Monroe Falls, Tallmadge, Twinsburg, Woodridge,		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__2__ Elementary __25__ Middle School __7__ High School __1__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Mendez Foundation, Too Good For Drugs/Violence, Project Alert
What are the most common services being requested of your school-based behavioral health providers?	Health classroom presentations on Alcohol, tobacco, other drugs, gambling, and dating violence
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Child and Adolescent Behavioral Health		
Primary Contact	Kimberly Cernansky LISW-S		
Phone	330-806-5931	Email:	kcernansky@childandadolescent.org
Partnering School District(s) (List all districts by name)	Alliance City Schools, Canton City Schools, Lake Local Schools, Massillon City Schools, Marlinton Local Schools, Plain Local Schools, Sandy Valley Schools, Tuslaw Local Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
31-Elementary	10-Middle School	8-High School	___ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: Parent engagement, linkage to community
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: CASTS, All Stars, Strengthening families, Youth Led Prevention, Incredible Years Dina Dinosaur, Triple P
What are the most common services being requested of your school-based behavioral health providers?	<p>The most common services requested are as follows: Crisis intervention, intervention strategies for test anxiety, depression, anxiety, behavioral concerns, ADHD, trauma, loss and grief, interpersonal concerns, self-esteem issues, substance use, bullying, LGBTQ, Covid related stressors, remote learning stressors, adjustment to family stressors (moving, divorce, etc.) assistance with behavior plans, participation in CARE teams, providing education to staff regarding above topics, referral resources, staff collaboration. The above list is for both treatment clients as well as consultation clients.</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Child Focus		
Primary Contact	Krissie Myers, Laura Stith		
Phone	513-752-1555	Email:	kmyers@child-focus.org
Partnering School District(s) (List all districts by name)	<ul style="list-style-type: none"> • Batavia Local Schools • Bethel-Tate Local Schools • Carter Center for Educational • Cincinnati Public Schools • Clermont Educational Collaborative South • Clermont Northeastern Schools • Fayetteville-Perry Schools • Felicity-Franklin Local Schools • Forest Hills School District • Georgetown Exempted Village Schools • Goshen Local School District • Grant Career Center • Great Oaks Career Campuses • Mariemont City Schools • Milford Exempted Village Schools • New Richmond Exempted Village Schools • Ripley Union Lewis Huntington School District • West Clermont Local School District • Western Brown Local Schools • Williamsburg Local Schools 		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
<u>42</u> Elementary <u>18</u> Middle School <u>18</u> High School <u>6</u> ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: <u>parents and guardians</u>
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Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Prevention is our most requested school based service because of its ease of access and its ability to connect students with other mental health services. Consultation, TBS, individual and group counseling are also highly requested.

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p> <input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data </p>
<p>What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)</p>	<p> <input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other: </p>
<p>How are the schools you work with making use of the School Wellness and Success funding this year?</p>	<p> <input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other: <u>We are not completely certain, but it is our understanding that the schools supplanted with these funds.</u> </p>

Provider Organization Name:	Child Guidance & Family Solutions		
Primary Contact	Cassi Galloway		
Phone	(330) 762-0591	Email:	gallc@cgfs.org
Partnering School District(s) (List all districts by name)	Akron Public Schools, Green, Barberton City Schools, Hudson, Cuyahoga Falls, Stow, Manchester, Copley/Fairlawn,		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__18__ Elementary __8__ Middle School __9__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Early Childhood Mental Health Consultation, Incredible Years, QPR, Girls Rox, Youth to Youth Drug Prevention
What are the most common services being requested of your school-based behavioral health providers?	Consultation, mental health education for staff, treatment for students
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Children's Advantage		
Primary Contact	Mary McCracken LISW-S		
Phone	330-296-5552	Email:	Mmccracken@childrensadvantage.org
Partnering School District(s) (List all districts by name)	Aurora, Crestwood, Garfield, Kent, Field, Ravenna, Rootstown, Maplewood Career Center, Waterloo, Windham, Southeast		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__21__ Elementary __10__ Middle School __8__ High School __1__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: alt education		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Red Flags
What are the most common services being requested of your school-based behavioral health providers?	Consultation with students, case management with students in the schools and follow up with home visits with the family, counseling in the school
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Children's Resource Center		
Primary Contact	Noelle Duvall		
Phone	419-352-7588	Email:	noelled@crcwoodcounty.org
Partnering School District(s) (List all districts by name)	Bowling Green; Elmwood; Eastwood; Penta Career Center; Penta CBI; PATHE; Rossford; Perrysburg; Northwood; Lake; Otsego; North Baltimore;		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
10 Elementary _10_ Middle School _15_ High School _1_ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: PATHS; Second Step; Reconnecting Youth; COPE2Thrive; FFT
What are the most common services being requested of your school-based behavioral health providers?	The most common request is for Therapy services
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Coleman Professional Services, Jefferson County		
Primary Contact	Kristy Good, Chief Officer		
Phone	740-512-3847	Email:	Kristy.good@colemanservices.org
Partnering School District(s) (List all districts by name)	Buckeye Local School District, Indian Creek Local School District, Southern Local School District, Steubenville City Schools, Alternative School, School of Bright Promise.		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__5__ Elementary __4__ Middle School __4__ High School __2__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific: School of Bright Promise <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Alternative School		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual Counseling services. Youth day program was requested just prior to the onset of COVID-19. With the impact of the pandemic on school programs and delivery of education, this has been a challenge to get started. Most of the youth that would have been referrals to the program have been transitioned to remote learning versus in-person learning.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available: DLA20 Assessment on all clients. <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Coleman Professional Services (Portage)		
Primary Contact	Bill Russell		
Phone	330-676-8021	Email:	Bill.russell@colemanservices.org
Partnering School District(s) (List all districts by name)	Kent City Schools Rootstown Schools, Field Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__1__ Elementary __3__ Middle School __3__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Assessment, Counseling, Case Management
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input checked="" type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	CommQuest Services		
Primary Contact	SBMH Program Manager Cynthia Hendricks, LPCC-S		
Phone	330-455-0374	Email:	Cynthia.Hendricks@commquest.org
Partnering School District(s) (List all districts by name)	Alliance City Schools, Canton City Schools, Canton Local Schools, Louisville Schools, Minerva Local Schools, North Canton Schools, Jackson Schools, Perry Local Schools, Plain Local Schools, Massillon City Schools, Stark County Educational Service Center, Stark County Catholic Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
_26__Elementary _16__Middle School _16__High School 17__ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Parochial, Pre-K and Preschool		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other: Parent Consultation
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input checked="" type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: CAST (Coping and Support Training), All Stars, ECMH, Strong African American Families Prevention Program, Strengthening Families Prevention Program, Incredible Years Dina Dinosaur Program
What are the most common services being requested of your school-based behavioral health providers?	Early Child Mental Health Consultation & Early Childhood Prevention School Based Consultation School Based Treatment School Based Prevention Family Prevention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Community Counseling Center		
Primary Contact	Karen Fronczak		
Phone	440-998-4210	Email:	karen.fronczak@cccOhio.com
Partnering School District(s) (List all districts by name)	Ashtabula Area City Schools, Buckeye Local Schools, Conneaut Area City Schools, Grand Valley Local Schools, Geneva Area City Schools, Jefferson Area Local Schools, Pymatuning Valley Local Schools, Building Bridges, Ashtabula County Technical and Career Campus, St John School		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__16__ Elementary __7__ Middle School __7__ High School __3__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Private		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I – Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Zones of Regulation
What are the most common services being requested of your school-based behavioral health providers?	Behavioral interventions, crisis interventions, assessments, trainings (i.e. Trauma Informed Care, Resiliency), prevention, individual and group services, teacher consultations, educator wellness trainings and added support groups, providing both in person and telehealth services depending on school and client need
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Community First Solutions		
Primary Contact	Erin Day, Vice President		
Phone	513-225-3746	Email:	eday@community-first.org
Partnering School District(s) (List all districts by name)	Hamilton City Schools St. Peter in Chains Catholic School		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__1__ Elementary __ Middle School __1__ High School __ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	SUD groups, individual counseling, “crisis” non-suicide
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other ____ Do not know we have not had any discussions regarding ____

Provider Organization Name:	Community for New Direction		
Primary Contact	John Dawson		
Phone	614-981-4389	Email:	jdawson@cndcolumbus.org
Partnering School District(s) (List all districts by name)	Columbus City Schools, Reynoldsburg, South Western		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
15 Elementary _5_ Middle School ___3_ High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	ATOD (Alcohol Tobacco and Other Drugs), Violence/Bullying Prevention and Mentoring
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Community Mental Health		
Primary Contact	Jim Feicht LISW-S		
Phone	330-627-4313	Email:	jfeicht@cmhdover.org
Partnering School District(s) (List all districts by name)	Brown Local School District, Carrollton Schools, New Philadelphia City Schools, Tuscarawas Central Catholic MS/HS, Dover City Schools, 9 Head Start classrooms in Carroll and Tuscarawas Counties		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__10__ Elementary __5__ Middle School __5__ High School __9__ Head Starts __ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Head Starts 9 programs		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: Administrative, Training
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Psychoeducational groups customized to need identified jointly
What are the most common services being requested of your school-based behavioral health providers?	Assessment, individual and group counseling, and TBS services
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Concord Counseling Services		
Primary Contact	Anne Karapontso (GMLS, NAPLS) & Alex Caughell (WCS, GJPS)		
Phone	614-882-9338	Email:	annekarapontso@concordcounseling.org & alexcaughell@concordcounseling.org
Partnering School District(s) (List all districts by name)	Groveport Madison Local Schools, New Albany-Plain Local Schools, Westerville City Schools, Gahanna-Jefferson Public Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
___15___ Elementary ___11___ Middle School ___7___ High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: community providers
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment (Gahanna and Groveport only)	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good For Drugs, Project Alert, Safety First, Stanford Tobacco, Girls in Real Life Situations, Skill streaming, Strong Start/Kids/Teens, Coping 10.1, Trails to Wellness Coping with COVID, Coping with Anxiety, Worry Warriors, Children in Change, No Kidding About Bullying, Thinking Feeling Behaving, Zones of Regulation, Resilience Builder, Hunter and His Amazing Remote, Executive Functioning, Study Skills, Test Anxiety, Growth Mindset
What are the most common services being requested of your school-based behavioral health providers?	Individual & Group services, crisis intervention, referral and linkage to community, consultation & collaboration, re-entry support from hospitalization, professional development
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other <u>getting staff trauma certified WCS & GJPS</u>

Provider Organization Name:	Coshocton Behavioral Health Choices		
Primary Contact	Jeanette Hall		
Phone	740-622-0033	Email:	jhall@coshoctonbhc.org
Partnering School District(s) (List all districts by name)	Riverview Coshocton Ridgewood Hopewell School		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__5__ Elementary __3__ Middle School __3__ High School __2__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention

	<input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too good for drugs
What are the most common services being requested of your school-based behavioral health providers?	Individual counseling, Too good for drugs
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable Just started the process <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Crossroads Health		
Primary Contact	Lauren Wright, LPCC-S		
Phone	440-255-1700	Email:	LWright@CrossroadsHealth.org
Partnering School District(s) (List all districts by name)	Contracted: Auburn Career Center, Kirtland, Madison Local, Mentor, Painesville City, Perry, Riverside Local, Wickliffe Day Treatment: Fairport Harbor, Kirtland, Madison Local, Mentor, Painesville City, Perry, Riverside Local, Wickliffe, Willoughby-Eastlake, West Geauga Prevention: Fairport, Kirtland, Lake Catholic, Madison Local, Mentor, Painesville City, Perry, Riverside Local, Wickliffe, Willoughby-Eastlake Trauma Sensitive Schools: Fairport Harbor, Kirtland, Madison Local, Mentor, Painesville City, Perry, Riverside Local, Wickliffe, Willoughby-Eastlake		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__26__ Elementary __12__ Middle School __11__ High School __1__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Career/Technical, Emotional Disturbance, Day Treatment, Private School		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH

	<input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Second Step, Aggression Management De-escalation (AMD), Circles Program, Zones of Regulation, Courageous Classroom, Safety First, StrategicPrevention Framework, Ending the Silence
What are the most common services being requested of your school-based behavioral health providers?	<p>Contract: Individual and group early intervention and ongoing treatment for mental/behavioral health needs; Consultation with district staff around identified, targeted, and universal needs; Diagnostic assessments; Risk assessments; Classroom presentations on a variety of topics: mindfulness, healthy relationships, grief, social skills, etc.; connection with caregivers; Professional Development presentations on a variety of topics: basic mental health awareness, classroom interventions, reporting abuse/neglect, LGBTQ+, etc.</p> <p>Day Treatment: School Placement/changes in determination of least restrictive environment</p> <p>Prevention: Social Emotional Learning based on the CASEL competencies for elementary aged youth, Leadership Trainings, Alcohol and Other Drug prevention/education presentations, Online Safety and Identity prevention/education presentations, Youth Led Prevention groups, Ending the Silence Suicide Prevention presentations, Got a Hand Take a Hand (GAHTAH) suicide prevention programming, Bullying presentations</p> <p>Trauma Sensitive Schools (pieces of this initiative are yet to come by the end of the school year but are included in the information below for completeness): Live presentations to district administration to understand the positive impact of a Trauma Sensitive School (TSS) climate on staff and students, gathering baseline data, Presentations and consultations with Core Implementation Teams, Pre-</p>

	recorded/Asynchronous training videos and supplemental resources on topics associated with TSS (What is Trauma, Safety and Relationships, Emotional Regulation, Secondary Traumatic Stress and Staff Resilience), Question & Answer sessions and ongoing consultation, Signs of Suicide trainings, Consultation around Screeners and appropriate use, Orientation Video material for incoming district new-hires, Sustainability planning
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable Just started the process <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other: K-12 Prevention Funds
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other - Paying salary and benefits for existing district-employed staff; hiring district-employed staff

Provider Organization Name:	Directions for Youth & Families		
Primary Contact	Maranda Libster		
Phone	614-294-2661	Email:	mllibster1@dfyf.org
Partnering School District(s) (List all districts by name)	Columbus City School District & Southwestern City School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided: ___38___Elementary 10___Middle School _3___High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Positive Action & HOPE (Health & Opioid Prevention & Education) Curriculums
What are the most common services being requested of your school-based behavioral health providers?	Individualized counseling services for students experiencing mental health, behavioral and/or emotional concerns.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other ____unknown____

Provider Organization Name:	eXclusive Services, Inc.		
Primary Contact	Jade Colon		
Phone	(513)544-4845	Email:	jcolon@xservices.org
Partnering School District(s) (List all districts by name)	Cincinnati Public Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__1__ Elementary __ Middle School __1__ High School __ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Youth Leadership Development Academy
What are the most common services being requested of your school-based behavioral health providers?	Prevention, mentorship, assessing, counseling, and groups.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input checked="" type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Family & Community Services, Inc.-Valley Counseling Services		
Primary Contact	Jody Klase		
Phone	330.394.6244	Email:	jklase@fcsohio.org
Partnering School District(s) (List all districts by name)	Howland Local Schools, McDonald Local Schools, Warren City Schools, Bristol Local Schools, Maplewood Local Schools, Canfield Local Schools, Trumbull County Education Service Center ED Classrooms.		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
<u>11</u> Elementary <u>10</u> Middle School <u>6</u> High School <u>12</u> ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: CASEL
What are the most common services being requested of your school-based behavioral health providers?	Behavior Intervention Individual Counseling Crisis Intervention Staff Training Consultation
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Family Recovery Center		
Primary Contact	Joe Rawson		
Phone	330-424-0531	Email:	jrawson@familyrecovery.org
Partnering School District(s) (List all districts by name)	Wellsville Local, Southern Local, East Liverpool City, Beaver Local, Lisbon David Anderson, United Local, Salem City, Leetonia Local, Columbiana, Crestview Local, East Palestine City		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__12__ Elementary __11__ Middle School __11__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input checked="" type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Life skills training and QPR Suicide Prevention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Family Resource Center		
Primary Contact	Ginny Williams		
Phone	567-200-2546	Email:	Ginny.williams@frcohio.org
Partnering School District(s) (List all districts by name)	Sidney City Schools, Jackson Center, Botkins, Fairlawn, Ft. Lormie, Houston, Russia, Wapakoneta, St. Mary's, New Knoxville, New Bremen, Minster, Waynesfield, OPP, ACE, ESC Elementary Middle, ESC High, Shawnee, Elmwood, Shawnee Maplewood, Shawnee Middle, High, Hardin Northers, Kenton High, Kenton Middle, Ridgemont, Kenton Elementary, Ada, Hancock County Schools, Findlay City Schools, Lakota Schools, Fostoria City Schools.		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
28 Elementary	26 Middle School	23 High School	4 ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: School Counselors, Principals and staff
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: SEL, Stress Toolkit, Dinosaur School, We Thinkers!
What are the most common services being requested of your school-based behavioral health providers?	Mental Health Consultation, Mental Health treatment services and crisis intervention service.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Field of Hope Community Campus		
Primary Contact	Amber Richards (Executive Director)		
Phone	740-245-3051	Email:	amberrichards@fieldofhope.life
Partnering School District(s) (List all districts by name)	Gallia County Local Schools 4836 St. Rt. 325 Patriot, Ohio 45686 Phone: 740-379-9085 Fax: 740-379-9138		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__4__Elementary __2__Middle School __2__High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST

	<input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input checked="" type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other: Sparks (Search institute curriculum)
What are the most common services being requested of your school-based behavioral health providers?	The most common services that are being requested at this time is social emotional regulation in the classroom as well as trauma informed care.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Field of Hope Community Campus		
Primary Contact	Amber Richards (Executive Director)		
Phone	740-245-3051	Email:	amberrichards@fieldofhope.life
Partnering School District(s) (List all districts by name)	Gallia County Local Schools 4836 St. Rt. 325 Patriot, Ohio 45686 Phone: 740-379-9085 Fax: 740-379-9138		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__4__Elementary __2__Middle School __2__High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST

	<input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input checked="" type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other: Sparks (Search institute curriculum)
What are the most common services being requested of your school-based behavioral health providers?	The most common services that are being requested at this time is social emotional regulation in the classroom as well as trauma informed care.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Greenleaf Family Center		
Primary Contact	April Brewer		
Phone	330-376-9494 Ext 221	Email:	bapril@greenleafctr.org
Partnering School District(s) (List all districts by name)	Akron Public, Arch Bishop Hoban, Barberton City, Chippewa Local, Copley-Fairlawn City, Coventry Local, Cuyahoga Falls City, Field Local, Green City, Hudson City, James A. Garfield Local, Kent City, Manchester Local, Mogadore Local, Nardon City, Northwest Local, Norton City, Our Lady of the Elms, Revere Local, Rootstown Local, Seton Catholic, Springfield City, St. Augustine, St. Vincent St Mary, Stow Munroe Falls City, Summit County ESC, Tallmadge City, Waterloo Local, Woodridge Local.		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
<u> 3 </u> Elementary <u> 26 </u> Middle School <u> 26 </u> High School <u> 1 </u> ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention

	<input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Classroom-based suicide prevention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Harbor		
Primary Contact	Valerie Moyer		
Phone	419-475-4449	Email:	vmoyer@harbor.org
Partnering School District(s) (List all districts by name)	Toledo Public, Maumee, Sylvania, Toledo Catholic, Washington Local, Oregon City, Leona Group, Charter Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__20__ Elementary __15__ Middle School __7__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Childcare centers, preschools, Early Head Start, Head Start		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Conscious Discipline; The Incredible Years; Devereux; Georgetown Model of IECMH/New Ohio Model of IECMH
What are the most common services being requested of your school-based behavioral health providers?	<ul style="list-style-type: none"> • Childcare centers often request classroom focused support and child/family focused support • LifeSkills • Second step • Project ALERT
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Integrated Services for Behavioral Health		
Primary Contact	Kim Dement		
Phone	740-702-2210 ext. 109	Email:	kdement@isbh.org
Partnering School District(s) (List all districts by name)	Union-Scioto Local; Zane Trace; Southeastern; Adena; Huntington; Chillicothe City; Paint Valley; Pickaway Ross Career and Technology Center; Waverly City; Western Local; Southern Local; Alpha in Perry County; Pike-Ross ESC; Piketon local schools; Youth Build/Westwood Community Schools; Gladden Community House (Pre-K), Vinton Local Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__13__Elementary __11__Middle School __13__High School __4__ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: HOPE project (suicide peer to peer)
What are the most common services being requested of your school-based behavioral health providers?	TBS; Medicine; counseling; in home family services; classroom behavioral support
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other: Reclaim Ohio dollars from juvenile courts
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other ____some are looking at adding evidenced based programming_____

Provider Organization Name:	Maryhaven, Inc.		
Primary Contact	Melissa Mitchell		
Phone	614-445-8131	Email:	mjmitchell@maryhaven.com
Partnering School District(s) (List all districts by name)	Cardington-Lincoln Local School District, Northmor Local School District, Mount Gilead Exempted Village School District, Delaware Area Career Center, Marysville Exempted Village School District, Fairbanks Local School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__6__ Elementary __3__ Middle School _8__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: Guidance Counselor
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Reconnecting Youth
What are the most common services being requested of your school-based behavioral health providers?	Screening, Diagnostic Assessment, Crisis Intervention, Behavioral Intervention Plans, Wraparound Programs/Services, Alternatives to Suspension or Expulsion, Staff Training and Classroom Training, Prevention and school navigation/case management.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Maumee Valley Guidance Center		
Primary Contact	Karen VonDeylen		
Phone	419-785-3835	Email:	kvondeylen@mvgcoho.org
Partnering School District(s) (List all districts by name)	Ayersville, Central Local, Northeastern, Archbold, Evergreen, Fayette, Pettisville, Pike-Delta-York, Swanton, Wauseon, Liberty Center, Napoleon City, Patrick Henry, Bryan City, Edgerton, Edon Northwest, Millcreek-West Unity, Montpelier, North Central, Stryker		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__16__ Elementary __16__ Middle School __16__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Mental Health First Aid, Incredible Years
What are the most common services being requested of your school-based behavioral health providers?	Suicide Prevention, Staff Support and Education, Individual Counseling
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Mental Health Services for Clark and Madison Counties		
Primary Contact	Kelly Rigger		
Phone	937-629-3117	Email:	Kelly.rigger@mhscc.org
Partnering School District(s) (List all districts by name)	Springfield City Schools London City Schools Tecumseh School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
14 Elementary _5_ Middle School _3_ High School _ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual therapy CPST skill building
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Meridian Healthcare		
Primary Contact	Nikunj Patel		
Phone	330-270-5324	Email:	npatel@meridianhealthcare.net
Partnering School District(s) (List all districts by name)	Boardman, Niles, Struthers, Poland		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
<input checked="" type="checkbox"/> _X_ Elementary <input checked="" type="checkbox"/> _X_ Middle School <input type="checkbox"/> ____ High School <input type="checkbox"/> ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good for Drugs
What are the most common services being requested of your school-based behavioral health providers?	Case management services for families and out of school resources.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Murtis Taylor Human Services System		
Primary Contact	Lovell Custard President and CEO		
Phone	216-283-4400 Ext.2296	Email:	Lcustard@murtistaylor.org
Partnering School District(s) (List all districts by name)	Cleveland Municipal School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
<u>12</u> Elementary <u> </u> Middle School <u>6</u> High School <u>1</u> ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Newcomers Academy Thomas Jefferson/Refugees School		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input checked="" type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input checked="" type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Psychiatric Diagnostic Assessment with or without medication, psychotherapy, case management, consultation and prevention services.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Muskingum Behavioral Health		
Primary Contact	Kris Headley		
Phone	740-454-1266	Email:	kheadley@mbhealth.org
Partnering School District(s) (List all districts by name)	Zanesville City Schools Foxfire Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__4__ Elementary __1__ Middle School __1__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Partnering with Community Centers, Using school funding when schools closed or after school		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good for Drugs; Too Good for Violence; Love and Logic
What are the most common services being requested of your school-based behavioral health providers?	Too Good for Drugs and Too Good for Violence
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other _Supplanting SRO funding; Hire “Prevention Professional” noncertified;

Provider Organization Name:	National Youth Advocate Program		
Primary Contact	Danielle Greiner, LPCC-S		
Phone	419-810-6240	Email:	dgreiner@nyap.org
Partnering School District(s) (List all districts by name)	Paulding, Perry, Princeton, Toledo Public, Genoa, Cardington, Southwestern City, Columbus City, Lorain City, Cleveland Public		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
18 Elementary _9_ Middle School _4_ High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual psychotherapy Group psychotherapy TBS/CPST Staff Development on mental health topics
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Nationwide Children's Hospital		
Primary Contact	Dr. Glenn Thomas		
Phone	614-722-2570	Email:	Glenn.Thomas@NationwideChildrens.org
Partnering School District(s) (List all districts by name)	Columbus City Schools Reynoldsburg City Schools Bexley City Schools Canal Winchester City Schools KIPP Academy The Arts & College Preparatory Academy		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__31__ Elementary __19__ Middle School __24__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR

	<input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: PAX Good Behavior Game, Skill streaming, Relationships Plus, Too Good for Drugs/Violence, ROX
What are the most common services being requested of your school-based behavioral health providers?	Individual and family counseling, crisis intervention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other _unknown_____

Provider Organization Name:	Philio, Inc. dba New Concepts		
Primary Contact	Janice Edwards		
Phone	(419) 531-5544	Email:	jedwards@newconceptsio.org
Partnering School District(s) (List all districts by name)	Lucas		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__5__ Elementary __ Middle School ____ High School ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input checked="" type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Mental Health and Trauma focused services.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other _____unknown_____

Provider Organization Name:	New Directions		
Primary Contact	Lauren Wright, LPCC-S		
Phone	440-255-1700	Email:	LWright@CrossroadsHealth.org
Partnering School District(s) (List all districts by name)	Contracted: Westlake City Schools; Prevention: Solon City Schools & South Euclid-Lyndhurst City Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__0__ Elementary __2__ Middle School __1__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports

	<input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Courageous Classroom, Safety First
What are the most common services being requested of your school-based behavioral health providers?	<p>Contracted services are primarily for screening, early intervention, and ongoing treatment or referral to treatment for concerns surrounding students' substance use. These can stem from drug screens performed by the school, behavioral observations, or student/caregiver request.</p> <p>Prevention services have met Universal prevention needs via asynchronous videos providing education, pre-recorded dialogue, resource provision; prevention presentations about alcohol and other drugs have also been presented virtually to health classes. Selected prevention needs have been addressed via prevention groups for students identified by the school district; topics have included but are not limited to youth empowerment, stress management, healthy coping. Signs of Suicide (SOS) programming is in the planning stages of implementation with a district.</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other: K-12 Prevention Funds
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	New Horizons Mental Health Services		
Primary Contact	Justine Simpson		
Phone	740.901.2506	Email:	jsimpson@newhorizonsmentalhealth.org
Partnering School District(s) (List all districts by name)	Amanda Clearcreek, Lancaster City, Bloom Carroll, Pickerington, Liberty Union, Fairfield ESC, Walnut Township, Franklin Local School District, Northridge, North Fork, Zanesville Community School, Eastland/Fairfield Career Centers		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
___5___Elementary ___5___Middle School ___4___High School ___4/3___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual counseling, small groups, crisis intervention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	North Community Counseling Centers		
Primary Contact	Michelle Meffley, LISW-S		
Phone	614-813-1083	Email:	mmeffley@northcommunity.com
Partnering School District(s) (List all districts by name)	Worthington City Schools Select Columbus City Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__19__ Elementary __10__ Middle School __8__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual treatment services (Case management and psych individual.), and group services. (Prevention and treatment.)
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other __unknown _____

Provider Organization Name:	OhioGuidestone		
Primary Contact	Jane Wood, MS, LSW, LPCC-S, Director, Community Counseling		
Phone	216-513-8073	Email:	Jane.Wood@OhioGuidestone.org
Partnering School District(s) (List all districts by name)	<p>We serve 292 + Schools throughout the State of Ohio from our Regional offices:</p> <p>Cuyahoga – Cleveland Metropolitan, Parma, East Cleveland, Euclid, Garfield Heights, Brooklyn, Berea, Fairview, Lakewood, South Euclid-Lyndhurst, several Charter, Private and Parochial Schools.</p> <p>Lorain –Lorain City, Elyria City, Constellation Schools- Lorain Community School, Sheffield Schools, Vermillion City Schools, Charter Schools-Joint Vocational School & Lorain Preparatory, Black River Academy, Educational Service Center-Pathways to Success. Elyria Community Elementary, Elyria Middle School, Early College</p> <p>Medina – Brunswick, Highland, Black River, Buckeye, Medina City Schools.</p> <p>Stark/Summit – Charter- Cascade Career Prep and Alliance City Schools</p> <p>Tuscarawas/Carroll – Newcomerstown, Garaway, Indian Valley, Tuscarawas Central Catholic, Immaculate Conception, STAR, Strasburg-Franklin, Tusc.Valley, New Philadelphia City, Dover, Claymont</p> <p>Central Ohio – (Franklin) -Hamilton Local, Whitehall City, KIPP Columbus, Southwestern City. (Delaware) – Big Walnut Local Schools. (Fairfield) – Lancaster City, Pickerington City, Berne Union Local Schools, Canal Winchester School District (Madison) –Jefferson Local Schools. (Marion) – Pleasant Local, Marion City Schools, Ridgedale Local Schools, River Valley Local Schools (Union)- North Union Schools (Licking) Granville Exempted Village Schools</p> <p>Lucas/ARM –Springfield, Toledo Public, Toledo Charter. (Ottawa) – Genoa.</p>		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
138-Elementary	36- Middle School	61- High School	10+-ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Alternative Schools and High Education		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: Prevention Services/Groups, K-12 Prevention services
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input checked="" type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Catch My Breath, LEADS, Second Step, Incredible Years

What are the most common services being requested of your school-based behavioral health providers?	Diagnostic Evaluation, Psychotherapy, Therapeutic Behavioral Services, Community Psychiatric Supportive Treatment, Consultation, Prevention, Professional Development, Crisis Intervention.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Positive Education Program		
Primary Contact	Habeebah R. Grimes		
Phone	216-361-4400	Email:	hrgrimes@pepcleve.org
Partnering School District(s) (List all districts by name)	<p>PEP Assist: Any interested district can contract for this service. The current list includes these districts: Beachwood, Brecksville – Broadview Heights, Brunswick, Cleveland Heights – University Heights, Columbia, Euclid, Lakewood, Lorain, Lorain ESC, Norwalk, North Royalton, Oberlin, Parma, Richmond Heights, Sheffield – Sheffield Lake, Solon, Woodbridge, Vermillion.</p> <p>PEP Day Treatment Centers (DTCs): More than 50 districts in Northeast Ohio contract for this service. This list is inclusive of nearly all Cuyahoga and Lorain County districts, as well as districts in contiguous counties such as Geauga, Lake, Medina, Portage, and Summit, among others.</p> <p>PEP Early Childhood Plus: Cleveland Metropolitan School District and Euclid City Schools use this service in preschool classrooms. Additionally, PEP is one of seven providers of the OMHAS Whole Child Matters project, and provides training to early childhood educators and practitioners to assist them in gaining mental health certification.</p> <p>Integrated Health SAY Yes Pilot: PEP is providing direct service mental health treatment in a CMSD school connected with the district's large scale Say Yes initiative.</p>		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
_53_Elementary 21_Middle School _19_High School __6_ESC/Other (PEP DTCs)			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Separate Facility – Special Education (PEP Day Treatment Centers)		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: PBIS	<div style="border: 1px solid black; padding: 5px;"> These services are provided through PEP's training and consultation program known as PEP Assist. </div>
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff	

Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT	<p>These services are provided through PEP's six Day Treatment Centers (DTCs) located in Northeast Ohio as well as the CMSD Say Yes pilot.</p>
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services	<p>These services are provided primarily through PEP's early childhood program known as PEP Early Childhood Plus and through PEP Assist.</p>
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: : PATHS, Lions Quest, Neurosequential Model of Education (NME), Neurosequential Model of Therapeutics (NMT), Sanctuary, Conscious Discipline, PEP Intervention Based Bibliotherapy Curriculum	
What are the most common services being requested of your school-based behavioral health providers?	<p>Services provided through PEP Day Treatment Centers, specifically inclusive of TBS Group Services Per Diem, are requested most by area school districts.</p> <p>For PEP Assist, demand is greatest for consultation services for classrooms and teachers, often focused on trauma-informed practices, social-emotional learning, conflict de-escalation, and classroom management.</p> <p>Additionally, PEP is one of seven providers of the OMHAS Whole Child Matters training, and there is strong demand for these trainings which help early childhood educators gain mental health certification.</p>	

<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p> <input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data Challenges with our current EHR combined with COVID realities makes it difficult to share the data at this time </p>
<p>What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)</p>	<p> <input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other: </p>
<p>How are the schools you work with making use of the School Wellness and Success funding this year?</p>	<p> <input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____ </p>

Provider Organization Name:	Recovery & Prevention Resources of Delaware and Morrow Counties		
Primary Contact	Tony Williams		
Phone	(740) 369-6811	Email:	tw@rprdm.org
Partnering School District(s) (List all districts by name)	Olentangy Local Schools, Delaware City Schools, Big Walnut Local Schools, Buckeye Valley Local Schools, Mt. Gilead Schools, Cardington-Lincoln Local Schools, Highland Local Schools, Northmor Local Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided: _15_ Elementary _4_ Middle School _1_ High School ___ESC/Other ** Numbers have decreased because of COVID. Not all schools have platforms that allow staff to be comfortable allowing use to instruct via telehealth, which is our primary method this school year. **			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good for Violence, Too Good for Drugs
What are the most common services being requested of your school-based behavioral health providers?	Prevention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other Unknown.

Provider Organization Name:	Recovery Resources		
Primary Contact	Ayme McCain		
Phone	216-431-4131 ext. 1206	Email:	amccain@recres.org
Partnering School District(s) (List all districts by name)	Cleveland Metropolitan School District; Parma; Bay Village; Euclid; Lakewood		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__5__ Elementary __5__ Middle School __5__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Prevention education specifically on mental health and awareness; suicide prevention; coping with stress and anxiety
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other _____

Provider Organization Name:	Red Oak Behavioral Health		
Primary Contact	Megan Kleidon, CEO		
Phone	330-996-4600	Email:	mkleidon@redoakbh.org
Partnering School District(s) (List all districts by name)	Akron Public Schools, Barberton City Schools, Brecksville-Broadview Heights City Schools, Case Preparatory Academy, Hoban High School, Imagine Schools, Mogadore Local Schools Norton City Schools, Portage Lakes Career Center, Springfield Local Schools, Tallmadge City Schools, Towpath Trail High, Wadsworth City Schools, Woodridge Local Schools.		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__46__ Elementary __21__ Middle School __20__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: (Career Center)		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention

	<input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Consultation regarding behaviors in the classroom, support for students who are disengaged in learning, support for students and staff post a crisis.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Samaritan Behavioral Health Inc		
Primary Contact	Amy Monteith		
Phone	937-475-4097	Email:	ammonteith@premierhealth.com
Partnering School District(s) (List all districts by name)	Vandalia Butler City Schools, West Carrollton City Schools, Miami Valley Career Technology Center, Piqua City Schools, Milton Union Local Schools, Mad River Local Schools, Emerson, Trotwood Madison Schools,		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
_16__Elementary _5__Middle School _5__High School 2__ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Career Center		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Crisis management, groups
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input checked="" type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Shawnee Family Health Center		
Primary Contact	Corissa Boggs		
Phone	740-355-8641	Email:	c.boggs@shawneemhc.org
Partnering School District(s) (List all districts by name)	Green Franklin Furnace, New Boston, Valley Schools, Portsmouth West Schools, Northwest Schools, Scioto County Career Tech		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__7__Elementary __7__Middle School __7__High School __1__ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	We provide one on one counseling, groups, Consultation with teachers and staff. Outreach with family. Crisis intervention\prescreens
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other ____Allowing our services during the school day. Educational groups as requested. Prescreens and crisis on site. The needs are being met without worrying about cl missing school and having transportation_____

Provider Organization Name:	Signature Health Inc.		
Primary Contact	Patty Smith		
Phone	216-856-2181	Email:	psmith@shinc.org
Partnering School District(s) (List all districts by name)	Painesville City Schools Summit Academy (private charter) Wickliffe City Schools Jefferson School District		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
6 Elementary _4_ Middle School _3_ High School _ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Diagnostic assessment, individual and group counseling. Crisis intervention/consultation. Violence Risk assessment (Painesville only) Participation in treatment planning with students, staff and parents. Teacher consultation, behavior management One district has opened a Family Resource Center with other community entities participating. We are offering primary care at that FRC, and they have asked us to participate in community based presentations, programs etc., which will expand greatly once Covid has passed.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other created Family Resource Center____/ primary care on site _____

Provider Organization Name:	South Community		
Primary Contact	Stephanie Stratton		
Phone	937-643-7088	Email:	sstratton@southcommunity.com
Partnering School District(s) (List all districts by name)	Montgomery County ESC, Eaton Community Schools, Northmont City Schools, Miamisburg City Schools, Kettering City Schools, Centerville City Schools, New Lebanon Local Schools, Huber Heights City Schools, The Dayton Regional Stem School, The Modern College of Design, Valley View Local School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__37__ Elementary	12__ Middle School	_9__ High School	_5__ ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual, group and crisis as well as consultation; In addition we are providing a day treatment classroom in Eaton community schools
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Southeast Healthcare		
Primary Contact	Wendy Williams		
Phone	614-225-0980	Email:	williams@seohio.com
Partnering School District(s) (List all districts by name)	Shadyside School District, Switzerland School District, Bridgeport Exempted Village Schools, Martins Ferry Local School District, Bellaire School District, Belmont Career Center, Harrison County Career Center, Columbus Public, Reynoldsburg		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
15__Elementary	20_Middle School	21_High School	2_ESC/Other
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input checked="" type="checkbox"/> Other: Administration
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Crisis intervention, after-school programming counseling and prevention
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available (for some services) <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	St. Joseph Orphanage		
Primary Contact	Susan Ballard		
Phone	513-741-3100	Email:	Susan.ballard@sjokids.org
Partnering School District(s) (List all districts by name)	Fairfield City Schools, Hamilton City Schools, Cincinnati Public Schools, Lockland School District, North College Hill School District		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
11 Elementary _7_ Middle School _8_ High School _2_ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

<p>Prevention</p> <p>Provided to 1 school with for the 20-21 school year due to grant funding</p>	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
<p>What prevention curriculum or social emotional programs are you utilizing in schools?</p>	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Second Step
<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Therapy and case management services are our most commonly requested services, with individual crisis support for students having acute behavioral health needs also being highly requested.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
<p>What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)</p>	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
<p>How are the schools you work with making use of the School Wellness and Success funding this year?</p>	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Syntero, Inc.		
Primary Contact	Susan Ortega (Franklin County) / Erica Wood (Delaware/Morrow Counties)		
Phone	614-889-5722	Email:	sortega@syntero.org / ewood@syntero.org
Partnering School District(s) (List all districts by name)	Grandview Heights, Upper Arlington, Dublin, Hilliard, TOLLES, Big Walnut, Buckeye Valley, Delaware City, Olentangy, Northmor, Highland, Mt. Gilead, Cardington		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__62__ Elementary __24__ Middle School __19__ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment (Delaware & Morrow Counties Only)	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Delaware/Morrow Counties: Crisis Assessments, Targeted Prevention, MH Treatment Franklin County: Universal (Professional Development: Identifying and supporting youth impacted by mental health of substance use concerns & Signs of Suicide classroom education); small groups and individual supports/consultation
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Talbert House		
Primary Contact	Nichol Boberg, LPCC-S		
Phone	513-751-7747 X 2677	Email:	Nichol.Boberg@talberthouse.org
Partnering School District(s) (List all districts by name)	Cincinnati Public Schools, Winton Woods City School District, Princeton City Schools, Norwood City Schools, Madison Local Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__17__ Elementary __6__ Middle School __6__ High School __1__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other: Therapeutic/Alternative School programs		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Universal prevention programs to address anxiety, social isolation, and depression as a result of schools being remote and students not having consistent peer interactions.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	TCN Behavioral Health Services		
Primary Contact	Rachel Miller		
Phone	937-347-1813	Email:	rmiller@tcn.org
Partnering School District(s) (List all districts by name)	Beavercreek, Bellbrook-Sugarcreek, Bellefontaine, Ben Logan, Cedar Cliff, Fairborn, Graham, Greeneview, Indian Lake, Mechanicsburg, Riverside, Triad, Urbana, West Liberty-Salem, Xenia, Yellow Springs		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
9 Elementary _13_ Middle School _12_ High School ____ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Child Safety Matters, Yellow Ribbon Suicide Prevention
What are the most common services being requested of your school-based behavioral health providers?	individual counseling; Signs of Suicide (SOS)
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input checked="" type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Buckeye Ranch		
Primary Contact	Kamilah Twymon		
Phone	614-512-5882	Email:	Kamilah.Twymon@buckeyeranch.org
Partnering School District(s) (List all districts by name)	Reynoldsburg, Southwestern		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__3__ Elementary __2__ Middle School __1__ High School __2__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports

	<input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: <i>Zones of Regulation and Skill Streaming</i>
What are the most common services being requested of your school-based behavioral health providers?	<p>We have a Day Treatment program for students in grades 3-12. We take students from districts in Franklin and contiguous counties.</p> <p>Clinicians in our community and evidence-based programs are requested to provide therapy and support to students with non-academic barriers to functioning in the academic setting. Additional requested services include training for school staff and families. We partner closely with the South-Western City School District and are integrated into two of their buildings. They requested to directly contract our services to work with their Tier 2 and Tier 3 students to remove barriers related to a Medicaid and insurance reimbursement model.</p> <p>Our Somali Program provides prevention and therapy services to immigrants and refugees in the Somali community. We have staff integrated into two schools in the Columbus City Schools District with a high Somali student population. Clinicians from this program are often requested to provide training and resources to other schools in the district.</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Children's Home		
Primary Contact	Debbie Gingrich		
Phone	513-527-7200	Email:	dgingrich@bestpoint.org
Partnering School District(s) (List all districts by name)	Cincinnati Public Schools Clermont Northeastern Deer Park Community City Schools Hamilton County ECS Head Start Loveland City Schools Mt Healthy City Schools Milford Exempted Village School District Northwest Local School District Princeton City Schools Reading Community Schools Southwest Local School District Three Rivers Local School District Wyoming City Schools Great Oaks		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__38__ Elementary __20__ Middle School __19__ High School __2__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input checked="" type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT
Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Teaching Family Model, Girls Circle/Boys Council, Restorative Practices

<p>What are the most common services being requested of your school-based behavioral health providers?</p>	<p>Counseling (individual and group primarily), SUD counseling, case management, E & M services, crisis support and intervention, prevention, day treatment, teacher training and consultation.</p>
<p>Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?</p>	<p> <input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data </p>
<p>What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)</p>	<p> <input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other: </p>
<p>How are the schools you work with making use of the School Wellness and Success funding this year?</p>	<p> <input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____ </p>

Provider Organization Name:	The Counseling Center		
Primary Contact	Max Liles		
Phone	(740) 357-7693	Email:	mliles@thecounselingcenter.org
Partnering School District(s) (List all districts by name)	Scioto County		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
1 Elementary _1_ Middle School ____ High School ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: "Too Good for Drugs / Too Good for Violence"
What are the most common services being requested of your school-based behavioral health providers?	<p>Assessment and Individual Counseling.</p> <p>Universal and Selective Prevention.</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other <u>Unknown</u>

Provider Organization Name:	The Counseling Center of Columbiana County		
Primary Contact	Lauren Adair, LPCC-S		
Phone	330-424-9573 x323	Email:	ladair@colmhc.org
Partnering School District(s) (List all districts by name)	Beaver Local Schools, Crestview Local Schools, East Palestine Schools, Leetonia Exempted Village Schools, Lisbon Exempted Village Schools, Opportunity School, Salem City Schools, United Local Schools		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__7__Elementary __7__Middle School __6__High School __1__ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual counseling for students and assisting in leading group counseling services with school counselors.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Counseling Center of Wayne & Holmes Counties		
Primary Contact	Dave Stauffer		
Phone	330-264-9029	Email:	dstauffer@ccwhc.org
Partnering School District(s) (List all districts by name)	School Counselors are assigned to: Dalton, Southeast, Orrville and Wayne County Schools Career Center SOS is provided to most of the school districts in the two county area.		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
5 Elementary _11_ Middle School _12_ High School ___ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	<p>Counseling for individual students,</p> <p>And universal prevention programs like SOS.</p>
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data (not compiled across schools, and not available this past year)
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input checked="" type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Heritage of Hannah Neil		
Primary Contact	Lesley Puett		
Phone	(614) 409-1400	Email:	Lpuett@eastway.org
Partnering School District(s) (List all districts by name)	United School Network Kids Care Elementary A Plus Children's Academy		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__9__ Elementary __4__ Middle School __2__ High School __0__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin’ it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: CBT
What are the most common services being requested of your school-based behavioral health providers?	Self –Regulation Behavior Modification Academic Support
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other __Unknown_____

Provider Organization Name:	The LCADA Way		
Primary Contact	Jose Flores – Director of Community Education and Prevention Services		
Phone	440-989-5912	Email:	jflores@thelcadaway.org
Partnering School District(s) (List all districts by name)	Avon, Avon Lake, Clearview, Elyria, Firelands, Keystone, Lorain, Oberlin, Sheffield/Sheffield Lake, North Ridgeville, & Mid-View.		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__4__ Elementary __6__ Middle School __11__ High School __x__ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input checked="" type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input checked="" type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	SEL – evidence based ATOD education for students ATOD education for community
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input checked="" type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Nord Center		
Primary Contact	Melissa Mack, LPCC-S		
Phone	440-204-4137	Email:	mmack@nordcenter.org
Partnering School District(s) (List all districts by name)	We have office based staff that do part school based work in Lorain County schools. They are not primarily school based staff and the answers below reflect what is relevant to their work.		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
1 Elementary ___ Middle School 1 High School ___ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Consultation for MH concerns
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input checked="" type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input checked="" type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	The Recovery Center		
Primary Contact	Trisha Farrar		
Phone	740-687-4500	Email:	tfarrar@therecoverycenter.org
Partnering School District(s) (List all districts by name)	Pickerington, Lancaster City, Berne Union, Amanda Clearcreek, Liberty Union-Thurston, Walnut Township, Bloom Carroll		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
12 Elementary _11_ Middle School _8_ High School _ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Prevention – Too Good for Drugs, Too Good for Violence, Project Alert, Reconnecting Youth, intervention groups, Red Flags Depression, other prevention programs
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other We don't know – not for our services

Provider Organization Name:	Townhall II		
Primary Contact	Sarah McCully		
Phone	330-346-3025	Email:	Sarahmc@townhall2.com
Partnering School District(s) (List all districts by name)	Aurora City Schools, Crestwood Local Schools, Field Local Schools, James A. Garfield Local Schools, Kent City Schools, Ravenna City Schools, Rootstown City Schools, Southeast Local Schools, Streetsboro City Schools, Windham Exempt Village Schools, Waterloo Local Schools, Bio-Med Science Academy, Mogadore City Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
20 Elementary	13 Middle School	12 High School	4 ESC/Other (Head Start)
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input type="checkbox"/> Classroom <input type="checkbox"/> Teacher <input type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input type="checkbox"/> Assessment <input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input type="checkbox"/> TBS <input type="checkbox"/> PSR <input type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input checked="" type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input checked="" type="checkbox"/> Tier III – Targeted <input checked="" type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Too Good for Drugs, Project Alert, Sexual Assault Prevention (Stand Up), Personal Body Safety, Nurturing Parenting Program for Teens, Active Parenting 4 th Edition, Parenting Wisely, Second Step, Child Abuse Recognition and Reporting Training
What are the most common services being requested of your school-based behavioral health providers?	Too Good for Drugs, Project Alert, Personal Body Safety, Active Parenting, Stand Up, (SOS will be implemented starting this spring. We just received funding for it and the schools are excited to have this implemented in the classrooms).
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input checked="" type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other __Not sure_____

Provider Organization Name:	Unison Health		
Primary Contact	Erika Jay, MA, LPCC-S		
Phone	419-936-7595	Email:	ejay@unisonhealth.org
Partnering School District(s) (List all districts by name)	Toledo Public Schools		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__7__ Elementary __ Middle School __1__ High School __ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input checked="" type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input checked="" type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input checked="" type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input checked="" type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Individual therapy, case management and classroom-based day treatment groups.
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input checked="" type="checkbox"/> Yes – outcomes data is available <input type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input checked="" type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input checked="" type="checkbox"/> New Programs/Services <input checked="" type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____

Provider Organization Name:	Westwood Behavioral Health Center		
Primary Contact	Mark Spieles		
Phone	419-238-3434	Email:	mspieles@westwoodbehavioral.com
Partnering School District(s) (List all districts by name)	Delphos City, Lincolnview Local, Wayne Trace, Vantage Career Center, Van Wert City		
<u>Please indicate the number of school buildings</u> in which school-based behavioral health services are provided:			
__4__Elementary __3__Middle School __4__High School __ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input checked="" type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input type="checkbox"/> Charter School <input checked="" type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> PSR <input type="checkbox"/> CPST <input checked="" type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input checked="" type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input checked="" type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input checked="" type="checkbox"/> Other: Protecting You, Protecting Me
What are the most common services being requested of your school-based behavioral health providers?	Assessment and individual therapy
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input checked="" type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input type="checkbox"/> Sustaining Existing Programs/Services <input checked="" type="checkbox"/> Other __Unknown_____

Provider Organization Name:	Zepf Center		
Primary Contact	Jennifer Jancsin		
Phone	419-841-7701 ext. 3103	Email:	jjancsin@zepfcenter.org
Partnering School District(s) (List all districts by name)	Sunbridge		
Please indicate the number of school buildings in which school-based behavioral health services are provided:			
__1__ Elementary __ Middle School ____ High School ____ ESC/Other			
In what type of classroom setting(s) are you delivering behavioral health services? Please check all that apply	<input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Disability Specific <input checked="" type="checkbox"/> Charter School <input type="checkbox"/> Other:		

What types of services do you provide in school settings? **Please check all that apply.**

Consultation	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Teacher <input checked="" type="checkbox"/> Student Specific <input type="checkbox"/> Other:
Collaborative Practices with School Partnership	<input checked="" type="checkbox"/> Planning (generally) <input checked="" type="checkbox"/> Involved in Planning Social Emotional Learning Strategies <input checked="" type="checkbox"/> Engaging Families in Social, Emotional, and Behavioral Health Needs <input type="checkbox"/> Data Collection and Informed Decision Making <input checked="" type="checkbox"/> Participating in School Planning Teams <input checked="" type="checkbox"/> Policies Related to Behavioral Health of Students and Staff
Treatment	<input checked="" type="checkbox"/> Assessment <input checked="" type="checkbox"/> Individual Counseling <input checked="" type="checkbox"/> Group Counseling <input type="checkbox"/> Day Treatment (TBS Group Services Per Diem) <input type="checkbox"/> SUD IOP <input type="checkbox"/> SUD PH <input checked="" type="checkbox"/> TBS <input type="checkbox"/> PSR <input checked="" type="checkbox"/> CPST <input type="checkbox"/> SUD Case Management <input checked="" type="checkbox"/> Crisis Intervention <input type="checkbox"/> SBIRT

Prevention	<input type="checkbox"/> Tier I - Universal <input type="checkbox"/> Tier II - Selected <input type="checkbox"/> Tier III – Targeted <input type="checkbox"/> Peer to Peer Supports <input checked="" type="checkbox"/> Staff Support and Professional Services <input checked="" type="checkbox"/> Parent/Caregiver Services
What prevention curriculum or social emotional programs are you utilizing in schools?	<input type="checkbox"/> Botvin LifeSkills Training (LSC) <input type="checkbox"/> Creating Lasting Family Connections (CLFC) <input type="checkbox"/> Keepin' it REAL (KIR) <input type="checkbox"/> Olweus Bullying Prevention Program <input type="checkbox"/> PAX Tools <input type="checkbox"/> Say Something <input type="checkbox"/> Signs of Suicide Prevention Program (SOS) <input type="checkbox"/> The Mandt System <input checked="" type="checkbox"/> Therapeutic Crisis Intervention (CPI) <input type="checkbox"/> Other:
What are the most common services being requested of your school-based behavioral health providers?	Trauma, behavioral modification, grief and loss, during the pandemic it has been online learning struggles
Do you track outcomes data on the effectiveness of your school-based services? If yes, will you share a summary?	<input type="checkbox"/> Yes – outcomes data is available <input checked="" type="checkbox"/> No – outcomes data is unavailable <input type="checkbox"/> Yes – able to share data (please attach outcomes data summary with survey) <input type="checkbox"/> No – unable to share data
What is the reimbursement or financing mechanism for your school-based services? (Check all that apply)	<input checked="" type="checkbox"/> Community Behavioral Health Medicaid <input type="checkbox"/> Medicaid School Program (MSP) <input type="checkbox"/> Private/Third Party Insurance <input type="checkbox"/> Contract with School District <input checked="" type="checkbox"/> ADAMH Board Funds (state-local) <input type="checkbox"/> Grants/ Private Foundation <input type="checkbox"/> Student Wellness and Success Funds <input type="checkbox"/> Other:
How are the schools you work with making use of the School Wellness and Success funding this year?	<input type="checkbox"/> New Programs/Services <input type="checkbox"/> Expanding Current Programs/Services <input checked="" type="checkbox"/> Sustaining Existing Programs/Services <input type="checkbox"/> Other _____